

# ADMINISTRACION PARA LA SALUD

REVISION BIBLIOGRAFICA  
DE 15.000 REFERENCIAS  
CON MICROFICHA DE  
ARTICULOS CIRCA DE 1982

## Tomo I



SUB PROGRAMA DE EDUCACION EN ADMINISTRACION DE SALUD  
OFICINA DE DOCUMENTACION E INFORMACION  
ORGANIZACION PANAMERICANA DE LA SALUD/ORGANIZACION MUNDIAL DE LA SALUD  
FUNDACION W.K. KELLOGG

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## INTRODUCCION

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Desde 1980 el Sub Programa de Educación para Administración de Servicios de Salud de la OPS, con apoyo de la Fundación W. K. Kellogg (1) (2) ha venido desarrollando una serie de eventos orientados a mejorar en calidad y cantidad los cursos responsables para la formación de personal para la gerencia de servicios de salud.

En 1979 América Latina y El Caribe contaban con 44 cursos y para 1983 aumentó a más de 60, con estructura curricular distinta pero con objetivos similares (3). En 100% de los programas hay una gran demanda para informaciones bibliográficas de apoyo a clases, investigaciones y publicaciones. Este hecho de falta de documentos en las instituciones de educación para administración de la salud no es un fenómeno específico de esta area sino una situación generalizada en las Ciencias de la Salud de Latino América donde 70% de escuelas no tienen más que 100 revistas en sus bibliotecas.

En el período comprendido entre 1980 y 1983 la OPS promovió reuniones en diferentes países de la Región (Costa Rica, Brasil, Barbados, Venezuela, Chile y Panamá) con el objetivo de recolectar publicaciones de disciplinas específicas de Administración de Salud, además de discutir los respectivos contenidos curriculares de temas como Comportamiento Organizacional (4); Economía, Finanzas y Control de Costos (5); Planificación y Evaluación (6); Investigación de Operaciones y Analisis de Sistemas (7) (8); Administración de Salud en Cursos de Enfermería (9); Administración Estratégica (10) y Epidemiología (11).

La realización de estos talleres reunió a más de 250 expertos, quienes concluyeron que en nuestra Región poco se hace en Investigación de

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de Servicios de Salud y cuando ocurre o no se publica o se publica en revistas de circulación muy limitada.

Preocupados con esta situación el Sub-Programa de Educación en Administración de Salud comenzó a distribuir los documentos de trabajo utilizados en los talleres arriba indicados para todos los cursos, profesores y Ministerios de Salud de la Región como un paso inicial para fortalecer los programas y proyectos de Investigación de la Región.

Otro mecanismo fue buscar información básica de "PLANIFICACION Y ADMINISTRACION EN MATERIA DE SALUD" obtenida, empleando el servicio de Acopio de Información "DIALOG" \* en el banco de información MEDLINE\*\* a través de su Oficina de Información y Documentación en Washington, D.C., utilizando la conexión telefónica de una terminal conectada al computador ubicado en California, U.S.A.

La "PLANIFICACION Y ADMINISTRACION EN MATERIA DE SALUD", publicada por la Biblioteca Nacional de Medicina de los Estados Unidos, contiene referencias a publicaciones de carácter no clínico sobre todos los aspectos de la planificación, los establecimientos, el seguro de salud, la administración financiera y la general, la planificación, el otorgamiento de licencias y la acreditación del personal de atención sanitaria. Algunas referencias que aparecen en este documento se extraen de "MEDLINE"\* y del índice de publicaciones hospitalaria de la Asociación de Hospitales y de otros periódicos de especial importancia en el campo de la atención primaria de salud.

Son aproximadamente 15,000 referencias bibliográficas publicadas "circa" de 1982 distribuidas en capítulos ordenados alfabéticamente de "A" (Administración de Personal hasta "U" (Unidad Mobil). Las referencias anotadas con la señal • fueron microfichadas y se encuentran ordenadas numéricamente en el sobre en la caratula de este documento.

\* DIALOG (Lockheed Information systems)

\*\* MEDLINE (Medical Literature Analysis Retrieval System on line)

Esta innovación de enviar a los programas la copia microfichada de los documentos, fue la primera acción de ofrecer a los lectores copia de algunos artículos de la mayoría de los capítulos, ya que todos los países de la Región cuentan con aparatos para lectura de estas fichas. Además de las referencias bibliográficas se disponen también con copias de 854 artículos.

Determinados temas, por sus características aparecen en más de un capítulo, como es el caso por ejemplo de "Health Care in Poland" que entra en los capítulos de "calidad", "Medicina del Estado" y otros. De la misma forma artículos sobre Riesgo entran en el capítulo de Riesgo, Gerencia" y también aparecen en el de "Finanzas, Gerencia".

En la muestra de registro que figura a continuación se observa la colocación de los rubros clase.

AN 0184753 81212221  
TI Evaluación de las razones de los cambios del personal de enfermería: comparación de entrevistas del personal saliente y de datos de los grupos de estudio.  
AU Weisman CS; Alexander CS; Chase GA  
JN PY Evaluación de profesionales de salud, junio de 1981, 4 (2)  
p 107-27.  
SN JC 0163-2787 Código del Periódico: ENK  
CN Contrato/subvención No.: NU 00568  
LA Idiomas: Ingles  
JA Anuncio del periódico: 8110  
SF Sección del archivo: salud

- AB Los datos obtenidos en un estudio de los cambios del personal de enfermería se emplean para comparar los hallazgos basándose en dos técnicas, evaluar las razones de las renunciaciones de miembros del personal de enfermería de hospitales en un año dado.
- GS Rótulos: Humano; Apoyo, Gobierno de los Estados Unidos, Servicio de Salud Pública, EUA
- DE Fuente de las descripciones: Estudios de evaluación; entrevistas, \* Satisfacción en el trabajo; \* Personal de Enfermería, Hospital, \* Personal de Enfermería, Hospital; Suministros y Distribución; \* Gestion del Personal; Estados Unidos de América.

Códigos:

- |     |   |     |   |
|-----|---|-----|---|
| AB  | Abstracto o resumen   | JC  | Código del Periódico (Biblioteca Nacional de Medicina)  |
| AN  | Número de acceso NLM  | JN  | Nombre del periódico                                    |
| AU  | Autor   | LA  | Idioma  |
| CA  | Número de llamada NLM   | NA  | Persona mencionada                                      |
| CAS | Número de Registro de Substancias Químicas                          | NLM | Biblioteca Nacional de Medicina, EUA                    |
| CN  | Número de Contrato/ Subvención                                      | PY  | Año de publicación                                      |
| DC  | Código de descripción MESH (Encabezamiento de materias en Medicina) | RN  | Número de registro CAS                                  |
| DE  | Fuente de la descripción  | SF  | Sección del Archivo                                     |
| DT  | Tipo de documento   | SL  | Idioma del resumen                                      |
| GS  | Rótulo de verificación  | SN  | ISSN (Registro Internacional de publicaciones seriadas) |
| ID  | Identificación  | TI  | Título  |

ISSN	Registro Internacional de Publicaciones seriadas	(1 1 2)	Las referencias indicadas por la señal ● fueron copiadas integralmente y microfichadas. El número (1 1 2) arriba representa el No. de la microficha.
JA	Anuncio en el periódico		

Los datos que aparecen en el registro dependen del formato requerido y del tipo de registro.

Esta extensa revisión de las publicaciones "circa" de 1982 revelan dos grandes áreas de interés en la bibliografía mundial. Primero, los innumerables artículos que tratan directa o indirectamente de "control de costos" y segundo, la tendencia de estudios sobre "circuitos de calidad." en varios capítulos ("gerencia participativa", "enfermería", etc.)

En cuanto a los idiomas de los artículos, se nota que la gran mayoría son en inglés, seguidos a distancia del alemán, francés, danés, sueco y ruso. Los artículos que tratan específicamente de temas Latinoamericanos y del Caribe son raros. Para reparar este hecho esperamos en un futuro próximo desarrollar investigación bibliográfica sobre Administración de Servicios de Salud utilizando el Index Medicus Latinoamericano editado por la Biblioteca Regional de Ciencias Médicas y de la Salud (BIREME), la continuidad de los Cuadernos de Administración dentro de la Serie de Desarrollo de Recursos Humanos de la OPS (12-23) y principalmente, estimulando a estudiantes, profesores y sus respectivas instituciones a publicar en revistas de reconocimiento universal para cada vez más difundir conocimientos o experimentos implementados en América Latina y el Caribe.

Este documento no hubiera sido posible realizar sin la colaboración de la Señorita Sylvia Chavarry, paciente secretaria en todo momento, Sra. María Teresa Astroza, de la Unidad de Información y Documentación de la OPS, Washington, D.C. y Luis Toscano, responsable por la reproducción de los documentos, a quien extendemos nuestros agradecimientos.

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- (3) OPS- Directorio de Programas Regulares de Educación en Administración de Atención de la Salud de América Latina y el Caribe. 4a Edición - Serie de Recursos Humanos No. 46 - 1982, 275ps.
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- (6) Informe del Taller de Educación de Planificación y Evaluación de Servicios de Salud - Revista Educación Médica y Salud 16 , 2 (1982) 214-225
- (7) Informe del Taller de Educación de Investigación de Operaciones y Analisis de Sistemas - Revista Educación Médica y Salud 16 4 (1982) 577-595
- (8) OPS - Book of Readings: Educational of Operational Research and System Analysis in Health Services Administration Program. Serie Desarrollo de Recursos Humanos. No. 50 (1983) 420pgs.
- (9) Informe del Taller de Educación de Administración en Cursos de Enfermería. Revista Educación Médica y Salud 17, 3 (1983) 1-12
- (10) Informe del Taller de Educación de Administración Estratégica Revista Educación Médica y Salud 17 2 (1983) 204-212
- (11) Informe del Taller de Epidemiología en Cursos de Administración Revista Educación Médica y Salud 17 1 (1983) 110 - 112



- (12) OPS - Serie Desarrollo de Recursos Humanos No. 41  
"Módulo AUPHA para Solución de Problemas en la Administración de Salud", 1982 - 122pgs.
- (13) OPS - Serie Desarrollo de Recursos Humanos No. 36  
"Revisión Bibliográfica sobre Administración de Servicios de Salud" (Comportamiento Organizacional; Evaluación y Planificación, Economía, Finanzas y Control de Costos; Investigación de Operaciones y Análisis de Sistemas) 1981, 584pgs.
- (14) OPS - Serie Desarrollo de Recursos Humanos No. 51  
"Enseñanza de Administración en Programas de Enfermería" Bibliografía comentada," 1983, 193pgs.
- (15) OPS - Serie Desarrollo de Recursos Humanos No. 40  
"Administración para el Desarrollo de la Salud," 1982, 107pgs.
- (16) OPS - Serie Desarrollo de Recursos Humanos No. 40  
"Administración para el Desarrollo de la Salud," 1982 107pgs.
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"Libro de Lectura sobre Comportamiento Organizacional de los Servicios de Salud."
- (21) OPS - Serie Desarrollo de Recursos Humanos (a publicarse)  
"Libro de Lectura sobre Economía, Finanzas y Control de Costos aplicada a los Servicios de Salud.
- (22) OPS - Administración de Servicios de Salud - Contenido de disciplinas - 1983
- (23) Enseñanza de Administración en Programas de Medicina  
Serie Desarrollo de Recursos Humanos No. 55 - 230pgs.

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**ADMINISTRACION DE PERSONAL**

**00001**

00003

00001

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 Stefanu C; Pate ML; Anderson RM  
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**Use the Q-test to sort your statistical odd ducks.**  
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 Roseman E  
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 Acuff HA  
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**"I won't be in today".**  
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● **Why RNs quit: the need for management reappraisal of the "propensity to leave".**

Friss L  
 Hosp Health Serv Adm ,Nov-Dec 1982, 27 (6) p28-44. ISSN 0364-4553  
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**What it takes. Leadership.**  
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 Journal Code: G9S  
 Languages: ENGLISH

0230002 83108335  
**Appraisal feedback interviews.**  
 Hosp Superv Bull ,Jan 30 1983, (454) p4-5. ISSN 0018-585X  
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 Languages: ENGLISH

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 Moccia P  
 Health PAC Bull ,Sep-Oct 1982, 13 (5) p15-7, 20-3. ISSN 0017-9051  
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**Performance review guidelines revisited.**  
 Zielski K  
 Healthc Financ Manage ,Feb 1983, 37 (2) p76-7. ISSN 0018-5639  
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0229846 83104154  
**Going in circles?**  
 Comer SW  
 Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p9-10. ISSN 0190-0447  
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00010 83108343

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0229835 83104056  
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Miller DB  
Contemp Adm ,Sep 1982, 5 (9) p45-50, ISSN 0191-9873  
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**Hiring right.**  
Puckett RP  
Contemp Adm ,Sep 1982, 5 (9) p16-8, ISSN 0191-9873  
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0229811 83104032  
**Making or breaking the new employee.**  
Puckett RP  
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0229737 83126372  
**Changes in the U.S. Army aviator selection and training program.**  
Brown WR; Dohme JA; Sanders MG  
Aviat Space Environ Med ,Dec 1982, 53 (12) p1173-6,  
ISSN 0095-6562 Journal Code: 9JA  
Languages: ENGLISH  
The Army's aviator selection program began in the mid 1950's. The first Flight Aptitude Selection Test (FAST) was implemented in 1966 and remained in use until 1980 when changes in personnel, aircraft, and tactics necessitated an improved or revised FAST (RFAST). This paper presents an overview of 1) the composition of the FAST and RFAST; 2) the advantages of the RFAST; and 3) the predictive validity estimates for the FAST and RFAST. Also presented are examples of current research projects which show promise for increasing effectiveness and for broadening the scope of the Army aviator selection program.

0229736 83126371  
**Sex as a moderator variable in the selection and training of persons for a skilled task.**  
McCloy TM; Koonce JM  
Aviat Space Environ Med ,Dec 1982, 53 (12) p1170-2,  
ISSN 0095-6562 Journal Code: 9JA  
Languages: ENGLISH  
We gave 51 male and 52 female Air Force Academy Cadets a battery of five cognitive and three perceptual motor tests before they were taught four basic flight maneuvers followed

by a complex chandelle maneuver. The results showed that the males were much faster in attaining the criterion level of performance on the flight tasks, and that some of the sex differences in the acquisition of task skills can be reduced by means of pretraining on specific cognitive and motor skills. In the prediction of trials to criterion (acquisition rate) of both the basic and the complex flight maneuvers, individually tailoring the regression equations by sex--as opposed to utilizing general overall regression equations--greatly enhanced the predictive capability.

0229735 83126370  
**Validation of a proposed pilot-trainee selection system.**  
Koonce JM  
Aviat Space Environ Med ,Dec 1982, 53 (12) p1166-9,  
ISSN 0095-6562 Journal Code: 9JA  
Languages: ENGLISH  
The use of an Aircrew Psychomotor Test Device and the Air Force Officer Qualifying Test have been proposed for the selection of U.S. Air Force pilot training candidates. Random samples of the U.S. Air Force Academy's class of 1978 and the class of 1979 were given the proposed tests and followed through undergraduate pilot training. The results cast serious doubt as to the utility of these tests in selecting U.S. Air Force Academy cadets for pilot training.

0229662 83125233  
**Selecting surgical chairmen or playing golf with matchsticks.**  
Shumacker HB Jr  
Ann R Coll Surg Engl ,Jan 1983, 65 (1) p59-60, ISSN  
0035-8843 Journal Code: 5VV  
Languages: ENGLISH

0229596 83124095  
**Tenure today.**  
Fleming JW  
Am J Nurs ,Feb 1983, 83 (2) p279-80, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

00003

0229171 83118120  
**Resident recruiting, patient care, and problem solving: threats from within [editorial]**  
Bennett JE  
Plast Reconstr Surg ,Feb 1983, 71 (2) p248. ISSN 0032-1052 Journal Code: P95  
Languages: ENGLISH

0228961 83116182  
**Preventing staff turnover: train employees to be long-term members of the dental team.**  
Skillman K  
Ohio Dent J ,Jan 1983, 57 (1) p34-6. ISSN 0030-087X  
Journal Code: OGD  
Languages: ENGLISH

0228960 83116181  
**Preparing legal employment applications: state and federal laws govern content.**  
Nathan JE; King GR  
Ohio Dent J ,Jan 1983, 57 (1) p27-31. ISSN 0030-087X  
Journal Code: OGD  
Languages: ENGLISH

0228959 83116180  
**Help wanted: selecting new staff members.**  
Quinn N  
Ohio Dent J ,Jan 1983, 57 (1) p23-5. ISSN 0030-087X  
Journal Code: OGD  
Languages: ENGLISH

0228958 83116179  
**Defining personnel policies in an office manual.**  
Buchanan RS  
Ohio Dent J ,Jan 1983, 57 (1) p15-21. ISSN 0030-087X  
Journal Code: OGD  
Languages: ENGLISH

0228906 83115969  
**The ten-hour schedule.**  
Kellmann D  
Nurs Manage ,Feb 1983, 14 (2) p58-62. ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228882 83115906

**Employee rights vs. hospital prerogatives.**  
Nurs Life ,Jan-Feb 1983, 3 (1) p80. ISSN 0279-3091  
Journal Code: DA6  
Languages: ENGLISH

0228858 83115841  
**A clinical career pathway: the Mount Sinai experience, Part I.**  
Wieczorek RR; Weissman GK; Hiatt H  
Nurs Health Care ,Dec 1982, 3 (10) p533-5. ISSN 0276-5284 Journal Code: N77  
Languages: ENGLISH

0228844 83115201  
**No smoking: a profitable policy.**  
NADL J ,Jan-Feb 1983, 30 (1) p28-9. Journal Code: NPF  
Languages: ENGLISH

0228608 83111767  
**Improving communications between counselors and employers.**  
Phillips RJ; Smith RD  
J Rehabil ,Oct-Dec 1982, 48 (4) p54-6. ISSN 0022-4154  
Journal Code: JW7  
Languages: ENGLISH

0228554 83111178  
**Patient classification systems: the ideal vs. reality.**  
Alward RR  
J Nurs Adm ,Feb 1983, 13 (2) p14-9. ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

This author identifies a critical problem in the wholesale adoption of patient classification systems (PCSs) in nursing departments. She suggests that without attention to their reliability and validity for the specific institution's standards and practice, PCSs may frustrate, rather than assist, the nursing administrator's efforts to predict staffing needs. Here she describes an "ideal" PCS and compares it with the reality of today's systems. She then suggests ways that nursing administrators can move closer to this ideal system and make PCSs more useful management tools.

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J Nurs Adm ,Oct 1982, 12 (10) p5-9, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

A management information system (MIS) is a tool for managing resources effectively. After reviewing some concepts and principles for effective data management, Hanson clearly applies the concepts to nurse staffing systems, which manage human resources. He defines a seven-step process for establishing an MIS, from defining the management objective to implementing the system. Pointing out that an MIS need not be computerized to be effective, Hanson presents a positive perspective and clarifies some often-misconceived notions about management information systems and the paper printouts they generate. In the next issue of JONA, a second article by Hanson will take a more detailed look at the variety, use, and usefulness of staffing statistics available from an MIS for staffing. These articles are based on material in a forthcoming book, Management Systems for Nursing Service Staffing, to be published by Aspen Systems Corporation, Rockville, Maryland.

0228543 83111167

**Using registry nurses: coping with cost and quality issues.**

Sheridan DR; Bronstein JE; Walker DD

J Nurs Adm ,Oct 1982, 12 (10) p26-34, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

If a nursing service uses agency nurses to help cope with staff shortages, the nursing administrator must manage the cost and quality of care delivered by these nurses. The authors describe their hospital's system for using agency nurses. The components of their system--an orientation program, contracts with the agencies, and systematic performance evaluation--can be used or adapted in other institutions.

0228553 83111177

**Nursing Classification System: foundation for personnel planning and control.**

Dale RL; Mable RJ

J Nurs Adm ,Feb 1983, 13 (2) p10-3, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

This article demonstrates the usefulness of the Nursing Classification System (NCS) as an operational planning and control tool. Inherent in the NCS is sensitivity both to the quality of nursing care standards and to the variability in patient acuity levels. Consequently, the NCS provides a more effective basis for setting and monitoring productivity objectives in nursing service areas than cruder measures, such as full-time equivalents per patient day. Here the authors introduce and illustrate the concept of workload indexing, a means by which the NCS assists in defining staffing needs and monitoring workload and performance. The nursing administrator will gain insight into a simple and economical method of fiscal accountability for the personnel budget.

0228550 83111174

**Recruit from within: hospital nurse retention in the 1980s.**

Weisman CS

J Nurs Adm ,May 1982, 12 (5) p24-31, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

Nursing administrators and nurse recruiters coping with staffing shortages can profit from some recent studies of the causes of nursing turnover. Research reveals that the problem lies not in the motivations or characteristics of individual nurses but the nature of hospital nursing jobs and incentive structures. Using the research findings as a basis for discussion, Weisman suggests target areas for administrative intervention in the design of hospital nursing jobs. Her insightful commentary provides stimulus for some basic rethinking of the nature of nursing jobs and the traditional employer-employee relationship between hospitals and nurses--as well as some specific suggestions for "recruiting from within" to retain those productive nurses in whom the hospital has already invested time and money.

0228549 83111173

**Taking over: notes to the new executive.**

Sherman VC

J Nurs Adm ,May 1982, 12 (5) p21-3, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

00005

0228546 83111170

**Applying management information systems to staffing.**

Hanson RL

00005

0228542 83111166

**The 12-hour weekend plan--does the nursing staff really like it?**

Metcalfe ML  
J Nurs Adm ,Oct 1982, 12 (10) p16-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

After nursing administrators at one Boston hospital implemented a new system for weekend coverage, they surveyed the staff's response to the trial plan. Here the author explains their system, what they learned when they measured its effects, and how they used staff responses to improve it. They proceed to examine the new system's effects on recruitment and absenteeism. The experiences shared here should assist other nursing administrators who are looking at new scheduling approaches and their viability in resolving staffing problems.

0228139 83105857

**Making the best use of salespeople.**

Russell B  
Dent Lab Rev ,Dec 1982, 57 (12) p32-3, ISSN 0011-8672  
Journal Code: E1M  
Languages: ENGLISH

0228135 83105851

**Hire office staff--successfully.**

Case J  
Dent Manage ,Feb 1983, 23 (2) p17-20, 22, 25-6, ISSN 0011-8680  
Journal Code: E1C  
Languages: ENGLISH

0228067 83104182

**Nursing management in critical care units. Effective disciplinary action.**

Bray KA  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p10, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

0228062 83104173

**Performance appraisal of staff nurses - part III. Developing performance standards and an evaluation tool for staff nurses.**

Bray KA  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p36-44, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

0228061 83104172

**Patient classification index documents staffing needs.**

Burger J; Schmitt P  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p33-5, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

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0227993 83102857

**Job sharing, a solution to the personal energy crisis.**

Friese P; Stefura E  
Can Nurse ,Jan 1983, 79 (1) p20-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0227932 83102180

**Shortlisting trainees. Two north London schemes compared.**

Campkin MR  
Br Med J [Clin Res] ,Jan 8 1983, 286 (6359) p110-1, ISSN 0011-8680  
Journal Code: B4X  
Languages: ENGLISH

0227854 83096740

**Listening to the staff: the use of a personnel audit in a youth services agency.**

Field JL; Barnes FH  
Adm Soc Work ,Spring 1982, 6 (1) p69-75, ISSN 0011-8680  
Journal Code: 2H3  
Languages: ENGLISH

00007

0227852 83096738

**Fantasy and reality of staff involvement in organizational change.**

Weissman HH  
Adm Soc Work ,Spring 1982, 6 (1) p37-45, ISSN 0011-8680  
Journal Code: 2H3  
Languages: ENGLISH

Clinical staff at the lower levels of agencies are more likely to initiate and implement organizational changes if they operate from a sound conception of accountability. Change agents are in danger of becoming modern day Don Quixotes unless they focus on creating accountability systems that support agency efforts to change. Designing systems capable of changing is the challenge for all levels of staff.

00006

0227848 83096144  
**Will you ever collect a pension?**  
Across Board (NY) ,Sep 1982, 19 (8) p43-50, ISSN  
0147-1554 Journal Code: 088  
Languages: ENGLISH

0227834 83094202  
**Computer-based learning: deciphering the alphabet soup.**  
Reynolds A  
Training ,Jan 1983, 20 (1) p65-6, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227833 83094201  
**Blood and black bile: four-style behavior models in training.**  
O'Brien RT  
Training ,Jan 1983, 20 (1) p54-7, 60-1, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227829 83094197  
**Eight steps to clarify a training philosophy for you and your department.**  
Feldman M  
Training ,Aug 1982, 19 (8) p48-51, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227828 83094196  
**How 'authoring' programs help you create interactive CAI.**  
Gayeski DM; Williams DV  
Training ,Aug 1982, 19 (8) p32-5, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227826 83094194  
**A trainer's guide to successful productivity improvement planning.**  
Smith J  
Training ,Mar 1982, 19 (3) p41-4, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227824 83094192  
**Task analysis: training's enduring workhorse.**

Training ,Feb 1982, 19 (2) p80-3, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227823 83094191  
**Six media guidelines for memorable training.**  
Witt GA  
Training ,Feb 1982, 19 (2) p56-7, 61-2, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227822 83094190  
**How computers can help adults overcome the fear of learning.**  
Neher WR; Hauser L 3d  
Training ,Feb 1982, 19 (2) p48-50, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

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● 0227799 83092048  
**Personnel scheduling--making it work for everyone.**  
Cardarella D  
Radio1 Manage ,Sep 1982, 4 (4) p11-3, ISSN 0198-7097  
Journal Code: Q5J  
Languages: ENGLISH

0227798 83091803  
**Compressed shift schedules: altering the relationship between work and non-work.**  
Cunningham JB  
Public Adm Rev ,Sep-Oct 1982, 42 (5) p438-47, ISSN  
0033-3352 Journal Code: QIN  
Languages: ENGLISH

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● 0227796 83091801  
**From MBO to MBR.**  
Brumback GB; McFee TS  
Public Adm Rev ,Jul-Aug 1982, 42 (4) p363-71, ISSN  
0033-3352 Journal Code: QIN  
Languages: ENGLISH

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0227792 83091797  
**Unifying planning and management in public organizations.**  
Jensen DR  
Public Adm Rev ,Mar-Apr 1982, 42 (2) p157-62, ISSN  
0033-3352 Journal Code: QIN  
Languages: ENGLISH

0227788 83091793  
**Measuring individual performance.**  
Smith RF; Tucker K  
Public Relat J ,Oct 1982, 38 (10) p27-8, ISSN 0033-3670  
Journal Code: QH5  
Languages: ENGLISH

0227781 83091467  
**10 ways to avoid medical office problems.**  
Trounson JW  
Physicians Manage ,Nov 1982, 22 (11) p73-5, 79, 82,  
ISSN 0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227741 83090733  
**Selecting an arbitrator for a discrimination grievance.  
Elements to be aware of.**  
Wrong EG  
Pers Adm ,Jan 1983, 28 (1) p58-9, 74, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227740 83090732  
**Interest arbitration examined. It's not the panacea some  
believe it to be.**  
Johnson R  
Pers Adm ,Jan 1983, 28 (1) p53-7, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227739 83090731  
**The decertification of a union: the rules of the game.**  
Swann JP  
Pers Adm ,Jan 1983, 28 (1) p47-51, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227738 83090730  
**Are there grievances against your non-union grievance**

**procedure? A discussion of avoidable mistakes.**  
Drost DA; O'Brien FP  
Pers Adm ,Jan 1983, 28 (1) p36-42, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227736 83090728  
**A programmatic procedure for evaluating personnel policies.**  
King AS  
Pers Adm ,Sep 1982, 27 (9) p82-95, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227735 83090727  
**Senior management views the human resource function.**  
Foltz R; Rosenberg K; Foehrenbach J  
Pers Adm ,Sep 1982, 27 (9) p37-51, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227734 83090726  
**Issues in hiring the handicapped: a positive outlook.**  
Strom LJ; Ferris GR  
Pers Adm ,Aug 1982, 27 (8) p75-81, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227731 83090723  
**Mental distress: possible implications for the future.**  
Novit MS  
Pers Adm ,Aug 1982, 27 (8) p47-53, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227730 83090722  
**A human resources counseling model: the alcoholic employee.**  
Appelbaum SH  
Pers Adm ,Aug 1982, 27 (8) p35-44, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

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0227729 83090721  
**Smoking in the workplace: a review of human and operating costs.**  
Kent DC; Schram M; Cenci L  
Pers Adm ,Aug 1982, 27 (8) p29-33, 83, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227725 83090639  
**Recruitment: what you should know about display advertising.**  
Resnik R  
Pers J ,Sep 1982, 61 (9) p648-51, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227724 83090638  
**Employee selection: must every job test be validated?**  
Baker DD; Terpstra DE  
Pers J ,Aug 1982, 61 (8) p602-5, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227723 83090637  
**Avoiding religious discrimination in the workplace.**  
Hollon CJ; Bright TL  
Pers J ,Aug 1982, 61 (8) p590-4, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227722 83090636  
**Outplacement: program guidelines that ensure success.**  
Henriksen D  
Pers J ,Aug 1982, 61 (8) p583-9, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227721 83090635  
**Recruitment: a prescription for hiring headaches.**  
Hochheiser RM  
Pers J ,Aug 1982, 61 (8) p578-82, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227720 83090634  
**Let's put appraisal back in performance appraisal: Part I.**  
Graves JP

Pers J ,Nov 1982, 61 (11) p844-9, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227719 83090633  
**Are you a skilled interviewer?**  
Cogger JW  
Pers J ,Nov 1982, 61 (11) p840-3, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227717 83090631  
**A CEO's view of the human resources function.**  
Flavin JB  
Pers J ,Nov 1982, 61 (11) p827, 828, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227715 83090629  
**Guidelines for effective and defensible performance appraisal systems.**  
Wells RG  
Pers J ,Oct 1982, 61 (10) p776-82, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227713 83090627  
**The human resources management system: Part I.**  
Ceriello VR  
Pers J ,Oct 1982, 61 (10) p764-7, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227711 83090625  
**Managing technostress: optimizing the use of computer technology.**  
Brod C  
Pers J ,Oct 1982, 61 (10) p753-7, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

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0227710 83090624  
**Who will lead the computer revolution?**  
Lauer PH; Sbarbaro RD  
Pers J ,Oct 1982, 61 (10) p736-8, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227704 83090537  
**Can we really motivate people?**  
Reinhardt RL  
Nurs Homes ,Nov-Dec 1982, 31 (6) p20-2, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0227674 83088504  
**Truth's a strong weapon in firing worker.**  
Horty JF  
Mod Health Care ,Jan 1983, 13 (1) p136, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227632 83087932  
**How to write-and read-letters of recommendation.**  
Wechsler H  
Med Econ ,Aug 23 1982, 59 (17) p145-6, 151-2, 156, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0227613 83087029  
**Innovative approaches to complaint/grievance resolution.**  
Briggs S  
Labor Law J ,Aug 1982, 33 (8) p454-9, ISSN 0023-6486  
Journal Code: KYW  
Languages: ENGLISH

0227612 83087028  
**Employee discipline and due process rights: is there an appropriate remedy?**  
Hogler RL  
Labor Law J ,Dec 1982, 33 (12) p783-97, ISSN 0023-6486  
Journal Code: KYW  
Languages: ENGLISH

0227559 83081087  
**Voluntary time off helps control costs.**  
Hosp Prog ,Jan 1983, 64 (1) p30, ISSN 0018-5817

Journal Code: GD1  
Languages: ENGLISH

0227553 83081050  
**Health care manager's notebook: recruiting and interviewing.**  
Day CM  
Hosp Forum ,Jan-Feb 1983, 26 (1) p43-6, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0227481 83076671  
**Performance appraisals can improve efficiency.**  
Korneluk G  
Can Doct ,Sep 1982, 48 (9) p61-4, ISSN 0008-3429  
Journal Code: CG4  
Languages: ENGLISH

0227467 83076575  
**Communications ease introduction of new health plan.**  
Cain C  
Bus Insur ,Nov 15 1982, 16 (46) p27-8, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0227459 83076064  
**Assessing your appraisal style.**  
Sanzotta D  
Superv Manage ,Dec 1982, 27 (12) p2-7, ISSN 0039-5919  
Journal Code: BQJ  
Languages: ENGLISH

0227426 83100110  
**Full-time, part-time: a study of opinions.**  
Cameron-Hill PD  
Aust Nurses J ,Oct 1982, 12 (4) p37-9, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

00010

0227231 83097551

**Pharmacist activities under alternative staffing arrangements.**

Dostal MM; Daniels CE; Roberts MJ; Giese RM  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2098-101, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The proportions of time pharmacists spent in professional and nonprofessional activities is compared under alternative staffing arrangements. Daily activities were observed in three pharmacy satellites each serving approximately 100 beds of a 730-bed hospital. Ten pharmacy administrators and residents recorded more than 8000 observations over a 14-day period, 24 hours per day. In each observation, basic functions were noted; these were chosen from a list compiled to include all pharmacy activities. A specific staffing pattern was identified in each observation. The observations were then categorized as professional or nonprofessional activities as predefined by the majority of the pharmacy staff. As staffing patterns varied, significant differences occurred in the ratio of professional to nonprofessional activities. The greatest percentage of professional activity was observed when one pharmacist worked with more than one technician; where the staffing pattern contained more pharmacists than technicians, a smaller percentage of the pharmacists' time was used in professional activity. Overall, pharmacists were engaged in activities considered professional in 52% of the observations.

Assuming that the most efficient use of pharmacy personnel involves a high ratio of professional to nonprofessional activity in the pharmacists' workload, the optimum staffing arrangement would include at least the same number of technicians as pharmacists. Factors other than staff mix affect efficient management of pharmacists' professional time.

0226818 83091703

**Ability, training performance, and demographic factors in voluntary turnover among psychiatric aides.**

Distefano MK Jr; Pryer MW  
Psychol Rep ,Oct 1982, 51 (2) p619-22, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

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0226811 83091682

**Job characteristics, job satisfaction, motivation and the role of context variables: a study of hospital pharmacists.**

Hunt M; Head TC; Sorensen PF Jr  
Psychol Rep ,Oct 1982, 51 (2) p394, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0226650 83089758

**Putting leaders, consultants & teachers on the line.**

Morath J  
Nurs Manage ,Jan 1983, 14 (1) p50-2, ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH

0226599 83089603

**Cost quality and staffing considerations for I.V. teams.**

Seymour SB  
NITA ,Sep-Oct 1982, 5 (5) p325-7, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0225980 83083166

**Personnel policies for orthodontic offices.**

Moawad K  
J Clin Orthod ,Aug 1982, 16 (8) p520-3, ISSN 0022-3875  
Journal Code: HSV  
Languages: ENGLISH

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0225902 83081992

**An American version of Theory Z.**

Brown M  
Health Care Manage Rev ,Fall 1982, 7 (4) p23-5, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0225710 83080187

**C.H.A. job exchange--an idea whose time has come!  
[editorial]**

LeTouze D  
Dimens Health Serv ,Oct 1982, 59 (10) p4-5, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH, FRENCH

00013

0225661 83080019

**How to avoid a staff infection.**

Weiss J  
Dent Manage ,Dec 1982, 22 (12) p30-3, ISSN 0011-8680  
Journal Code: E1C  
Languages: ENGLISH

00011

Languages: ENGLISH

0225637 83079836  
**Legal issues in nursing.**  
Dean KA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p31-2, Journal  
Code: EXE  
Languages: ENGLISH

0225200 83068586  
**Nursing staff management systems.**  
Winslow C  
Tex Hosp ,Nov 1982, 38 (6) p35-7, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225588 83078712  
**Hiring staff: how to use a reference questionnaire.**  
Chasteen JE  
Dentalpractice ,Jul-Aug 1982, 3 (7) p36-8, Journal  
Code: D90  
Languages: ENGLISH

0225196 83068582  
**Nurse retention revisited.**  
Rogers BH  
Tex Hosp ,Nov 1982, 38 (6) p20-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225530 83078018  
**How to write a personnel manual.**  
Ellman ES  
Colo Med ,Oct 1982, 79 (10) p336-9, ISSN 0035-760X  
Journal Code: D15  
Languages: ENGLISH

0225147 83068533  
**How to set up a training program.**  
Moore PA  
Top Health Rec Manage ,Dec 1982, 3 (2) p8-14, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225500 83077163  
**Job descriptions: a valuable tool for the dental office.**  
de St. Georges J  
CDA J ,Mar 1982, 10 (3) p73-5, ISSN 0091-4231 Journal  
Code: CRA  
Languages: ENGLISH

0225141 83068527  
**Orientation: what do you do after saying hello?**  
Abrams L  
Top Health Rec Manage ,Dec 1982, 3 (2) p39-45, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225498 83077157  
**Staff management: eliminate the guesswork.**  
Mona R; Watson M  
CDA J ,Nov 1982, 10 (11) p67-9, ISSN 0091-4231  
Journal Code: CRA  
Languages: ENGLISH

0225128 83068310  
**A method for comparing hospital pharmacy staffing patterns.**  
Strandberg LR; Smith MC; Sanger JM  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p27-39, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225346 83075040  
**Attitudes of dentists towards delegation.**  
Woolgrove J; Harris R  
Br Dent J ,Nov 2 1982, 153 (9) p339-40, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0225286 83072345  
**Delegating responsibility effectively.**  
Am Laund Dig ,Nov 15 1982, 47 (11) p44-5, ISSN  
0002-9718 Journal Code: 325

00012



0225121 83068185  
**The tools to do the job.**  
McGettigan EE; Hyde JP  
Text Rent ,Nov 1982, 66 (3) p85-6, 88, ISSN 0024-3825  
Journal Code: VNP  
Languages: ENGLISH

0225070 83063984  
**Critical job events, acute stress, and strain: a multiple interrupted time series.**

Eden D  
Organ Behav Hum Perform ,Dec 1982, 30 (3) p312-29, ISSN 0030-5073  
Journal Code: OK6

Languages: ENGLISH  
A critical job event (CJE) is defined as a time-bounded peak of performance demand made on the individual as an integral part of his job. Though such events are an important source of acute job stress and are amenable to longitudinal study, relevant research has been scant. In the present study, the effects of acute objective stress on subjective stress and on psychological and physiological strain were assessed among 39 first-year nursing students in an interrupted time series with multiple replications. Strain was measured five times, twice in anticipation of CJE interspersed by three low-stress occasions. The CJEs were providing the first comprehensive patient care and the final exam in nursing. A consistently confirmatory pattern of significantly rising and falling strain was found for anxiety, systolic blood pressure, and pulse rate; qualitative overload and serum uric acid changed as predicted four times out of five. CJE research can redress past overemphasis on chronic organizational stress and strengthen causal interpretation.

0224994 83061131  
**There is no motivational magic.**  
Cosgrove DJ; Dinerman RL  
Manage Rev ,Aug 1982, 71 (8) p58-61, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0224993 83061130  
**Warning: traditional employee attitude surveys don't work.**  
Cooper MR  
Manage Rev ,Aug 1982, 71 (8) p56-7, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0224991 83061128  
**The value of assertiveness in interpersonal communication.**  
Hulbert JE; Hulbert D

Manage Rev ,Aug 1982, 71 (8) p23-6, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0224990 83060898  
**Burdine: sex discrimination, promotion, and arbitration.**  
Hauck VE  
Labor Law J ,Jul 1982, 33 (7) p434-41, ISSN 0023-6486  
Journal Code: KYW  
Languages: ENGLISH

0224846 83055247  
**The Hawthorne study revisited.**  
Trudeau T  
Hosp Top ,Nov-Dec 1982, 60 (6) p17, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224659 83050247  
**Quaker Oats is cooking up health incentives.**  
Cain C  
Bus Insur ,Nov 22 1982, 16 (47) p1, 84-5, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0224620 83074297  
**Choosing criteria for choosing nurses.**  
Roberts KL  
Aust Nurses J ,Sep 1982, 12 (3) p37-40, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0223935 83065810  
**The role of the arbitration process in changing mental illness and mental retardation systems.**  
Ladimer I  
Psychiatr Q ,Summer 1982, 54 (2) p123-37, ISSN 0033-2720  
Journal Code: QBP  
Languages: ENGLISH

00013

0223891 83064731  
**Survival kit for managers. 9. Labour relations and discipline.**  
Carr A  
Nurs Mirror ,Dec 1 1982, 155 (22) p39-40, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223881 83064713  
**Survival kit for managers. 8. Staff appraisal and development.**  
Pincus J  
Nurs Mirror ,Nov 24 1982, 155 (21) p47-9, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223865 83064691  
**Survival kit for managers. 7. The shortlist and interview.**  
Pincus J  
Nurs Mirror ,Nov 17 1982, 155 (20) p39-42, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223855 83064671  
**Survival kit for managers. 6. Recruitment and selection.**  
Pincus J  
Nurs Mirror ,Nov 10 1982, 155 (19) p42-3, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223670 83063721  
**The art of effective communication.**  
Worthington J  
Nurs Manage ,Nov 1982, 13 (11) p47-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

00015

0223666 83063716  
**Administrative turnover.**  
Sredl DR  
Nurs Manage ,Nov 1982, 13 (11) p24-30, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223664 83063714  
**Comparing classification systems.**

Jackson BS; Resnick J  
Nurs Manage ,Nov 1982, 13 (11) p13-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223661 83063711  
**Art & science of management. Raising their sights.**  
Levenstein A  
Nurs Manage ,Oct 1982, 13 (10) p70-71, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223654 83063704  
**Performance appraisal.**  
Clark MD  
Nurs Manage ,Oct 1982, 13 (10) p27-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223425 83061182  
**Commitment predictors of nursing personnel's intent of leave.**  
Martin TN  
Med Care ,Nov 1982, 20 (11) p1147-53, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

The simultaneous investigation of job, organizational, career, and community commitment on intent to leave is empirically tested in a study of 73 hospital personnel. Previous work on organizational commitment served as the proxy for definitional clarification and measurement development of a 44-item questionnaire for all commitment concepts. Three measures of the "importance" of correlated predictors are used to indicate the findings. Higher intent to leave was predicted by lower job commitment. Limitations of the study and implications of the results are discussed.

0223368 83060441  
**Profile of a successful interview.**  
McCall P  
JEN ,Nov-Dec 1982, 8 (6) p320-1, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

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0223362 83060433  
**Basic budgeting for ED nursing personnel.**  
Piper LR  
JEN ,Nov-Dec 1982, 8 (6) p285-87, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223253 83059004  
**Managing human resources.**  
Hanson RL  
J Nurs Adm ,Dec 1982, 12 (12) p17-23, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0223176 83058218  
**Recruitment, selection and education of dental auxiliaries.**  
Mitchell BV; Ryan LD  
J Indiana Dent Assoc ,Jul-Aug 1982, 61 (4) p23-4, ISSN  
0019-6568 Journal Code: IGB  
Languages: ENGLISH

0222834 83054230  
**Don't be scared off by a prima donna!**  
Scott H  
Dent Econ ,Oct 1982, 72 (10) p49-50, 52, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

0222795 83054159  
**Hiring smarter--how to reduce dental staff turnover.**  
McDonald-Smith MC  
Dent Manage ,Oct 1982, 22 (10) p44-5, 47, ISSN  
0011-8680 Journal Code: E1C  
Languages: ENGLISH

0222710 83052659  
**No gripes allowed.**  
Emmott LF  
Dentalpractice ,Oct 1982, 3 (9) p37, 39, Journal Code:  
D90  
Languages: ENGLISH

0222516 83050615  
**Twelve-hour shifts, a way to beat the "prime time" blues.**  
McColl CM  
Can Nurse ,Dec 1982, 78 (11) p28-31, ISSN 0008-4581

Journal Code: CL9  
Languages: ENGLISH

0222301 83041655  
**Ten myths about criterion reference performance appraisal.**  
Berger L; Clipp FP  
South Hosp ,Sep-Oct 1982, 50 (5) p8-9, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0222289 83040700  
**Employee discrimination liability: an insurable risk.**  
Boggs RR  
Risk Manage ,Nov 1982, 29 (11) p30-40, ISSN 0035-5593  
Journal Code: TG5  
Languages: ENGLISH

0222278 83039517  
**Recognize and control conflict.**  
Weber JO; DeBord WA  
Prof Saf ,Nov 1982, 27 (11) p18-22, ISSN 0099-0027  
Journal Code: PZW  
Languages: ENGLISH

0222242 83038804  
**Pragmatic management in long-term health care facilities.**  
Bloom RS  
Nurs Homes ,Sep-Oct 1982, 31 (5) p22-8, ISSN 0029-649X  
Journal Code: D96  
Languages: ENGLISH

0222185 83032274  
**Organizational philosophy and nurse staffing: three-step decision process.**  
Shukle RK  
J Long Term Care Adm ,Fall 1982, 10 (3) p22-8, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

00015

00018

0222167 83030431

**Medical staff committees benefit from job descriptions.**

Topham AS

Hosp Med Staff ,Nov 1982, 11 (11) p22-5, ISSN 0090-0710

Journal Code: G93

Languages: ENGLISH

When new medical staff officers and committees begin their terms, the confusion potential runs high. Job descriptions a la industry have helped facilitate the orientation of officers and the smooth running of committees.

00019

0222144 83030247

**Improving the selection of family medicine residents through development of multi-dimensional policy models.**

Parker BR; Skinner BD

Health Policy Educ ,Oct 1982, 3 (3) p229-47, ISSN 0165-2281 Journal Code: G2I

Languages: ENGLISH

The annual cost of training a single family medicine resident may now exceed \$50,000. This, together with the fact that normally only a small fraction of those applying for family medicine residency is selected for admission, creates a decision problem of enormous import to affected institutions. Despite these considerations, the applicant evaluation and selection process remains relatively subjective, with results often disappointing. In the current paper, a preference-based approach is proposed that first models the evaluation/selection process on the basis of well-defined cognitive and noncognitive criteria. It is suggested that validation of this model be based on future performance levels of both the accepted and rejected cohorts during and following their residencies. Discrepancies between future success levels and predicted outcomes may then be translated into appropriate control actions designed: (1) improve the definition/measurement of selection criteria; (2) enhance the evaluation/selection policies and decisions of the admissions committee; and (3) better inform potential applicants of the department's program and selection philosophies. The approach is applied to two recent, accepted cohorts of the University of North Carolina Department of Family Medicine. Preliminary results indicate that the procedure is capable of improving the in-residency success levels of selected applicants, and that these levels can be better predicted than when no formal, i.e., analytic, process is followed.

0222135 83029580

**The rules aren't everything.**

MacFarlane SJ

Health Care (Don Mills) ,Oct 14 1982, 24 (7) p19, ISSN 0226-5788 Journal Code: GKM

Languages: ENGLISH

0222128 83029573

**Counseling the marginal performer.**

Muniz P; Chasnoff R

J Am Med Rec Assoc ,Oct 1982, 53 (5) p61-7, ISSN 0273-9976 Journal Code: GJV

Languages: ENGLISH

0222083 83029181

**Health care manager's notebook: problem people.**

Fink MM

Hosp Forum ,Nov-Dec 1982, 25 (6) p51-4, ISSN 0018-5663 Journal Code: GDE

Languages: ENGLISH

0222082 83029180

**Picking promotable people.**

Silber MB

Hosp Forum ,Nov-Dec 1982, 25 (6) p45-9, ISSN 0018-5663 Journal Code: GDE

Languages: ENGLISH

0222002 83027254

**Chalktalk.**

Miller C

Exec Housekeep Today ,Oct 1982, 3 (10) p8-9, Journal Code: EHV

Languages: ENGLISH

00016

0221993 83027131

**National origin harassment in the work place: recent guideline developments from the EEOC.**

Hollon CJ; Bright TL  
Employee Relat Law J ,Autumn 1982, 8 (2) p282-93, ISSN  
0098-8898 Journal Code: EE9

Languages: ENGLISH

In December 1980 the EEOC published its revised "Guidelines on Discrimination Because of National Origin." The revised guidelines expand the definition of national origin harassment and declare it a violation of Title VII. According to the EEOC, the guidelines reaffirm the position the Commission has taken in earlier decisions. In the following article, the authors examine the EEOC's position on national origin harassment. Using the guidelines as a frame of reference, they look at both EEOC decisions issued prior to the guidelines and court decisions that may offer employers guidance regarding impermissible conduct and liability in this area.

0221992 83027130

**Legal obstacles to alternative work-force designs.**

Fasman ZD  
Employee Relat Law J ,Autumn 1982, 8 (2) p256-81, ISSN  
0098-8898 Journal Code: EE9

Languages: ENGLISH

Given the changing industrial realities we now face, more and more employers and their employees are becoming involved in cooperative work ventures such as work teams, quality circles, and joint employer-employee committees. Successful ventures of this sort minimize the adversary nature of the relationship between management and labor and enhance employees' sense of responsibility and authority. The result is better working relationships and increased productivity. In both union and nonunion settings, however, employers face legal obstacles to work-force redesign. In the following article, the author discusses these obstacles and offers some suggestions on how they may be avoided.

0221990 83027128

**Employer remedies for work stoppages that violate no-strike provisions.**

Gies TP  
Employee Relat Law J ,Autumn 1982, 8 (2) p178-97, ISSN  
0098-8898 Journal Code: EE9

Languages: ENGLISH

An employer faced with a work stoppage that violates a contractual no-strike provision has several alternatives: the employer can seek an injunction against the strike, discipline employees involved in the strike, or attempt to recover damages for violations of the collective bargaining agreement.

Each of these remedies, however, presents practical problems in terms of employer-employee relations as well as legal questions regarding the extent of relief available. In the following article, the author examines the remedies available

to an employer when employees engage in activity that violates a no-strike provision. He also examines the impact of recent cases on an employer's ability to enforce a no-strike pledge.

0221871 83047131

**Sharing decision making with staff.**

Jordan CH  
AORN J ,Sep 1982, 36 (3) p391-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0221753 83045866

**Effectiveness of recruitment and information techniques in occupational therapy.**

Townsend KR; Mitchell MM  
Am J Occup Ther ,Aug 1982, 36 (8) p524-9, ISSN  
0272-9490 Journal Code: 305  
Languages: ENGLISH

A national survey was conducted to determine how occupational therapists became interested in the field. Results from the study demonstrated that personal contact was the most effective technique for creating an interest in occupational therapy. However, books, magazines, aide and volunteer jobs, guidance counselors, and career days were adjuncts to the recruitment process. This study provides data concerning previous productive means that have been used in recruitment and suggests specific actions for future recruitment.

0221666 83045407

**Nursing turnover syndrome.**

Carew C  
Alumnae Mag (Baltimore) ,Sep 1982, 82 (1) p12-4, ISSN  
0002-6700 Journal Code: 3B2  
Languages: ENGLISH

00017

0221489 83041748

**Office personnel and medicolegal claims.**

Bettman JW

Surv Ophthalmol ,Jul-Aug 1982, 27 (1) p64-6, ISSN  
0039-6257 Journal Code: VCT  
Languages: ENGLISH

In the current litigious milieu much can be done by office personnel to forestall the occurrence of a claim or to diminish the probability of the plaintiff succeeding if it should occur. Among the important factors are a friendly, courteous attitude, no matter how trying the circumstances, and proper training of the personnel in handling of emergencies, failures or cancellations of appointments, requests for refills of prescriptions, malfunctioning of equipment, and confrontation with attorneys.

0221400 83041325

**Understaffing living with the reality.**

Greenlaw J

SD Nurse ,Aug 1982, 24 (3) p29-31, ISSN 0038-335X  
Journal Code: UK1  
Languages: ENGLISH

0221284 83039879

**Management of the dental office: an objective-based educational program approach.**

Coury TL; Miranda FJ; Biggs JT

Quintessence Int ,Jun 1982, 13 (6) p685-90, ISSN  
0033-6572 Journal Code: QLP  
Languages: ENGLISH

0221219 83038981

**Professional development: anatomy of an interview.**

Dunn BH

Orthop Nurs ,Sep-Oct 1982, 1 (5) p33-7, ISSN 0744-6020  
Journal Code: PAD  
Languages: ENGLISH

0221176 83038858

**Down Memory Lane: Room 80-and after.**

Warren-Farrow D

Nurs Mirror ,Sep 29 1982, 155 (13) p70, ISSN 0029-6511  
Journal Code: D98  
Languages: ENGLISH

0221132 83038763

**Industrial relations - the good news.**

Slack P

Nurs Times ,Oct 6-12 1982, 78 (40) p1656-7, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221054 83038534

**Administrative decision making: staff-patient ratios (a patient classification system for a psychiatric setting).**

Schroder PJ; Washington WP

Perspect Psychiatr Care ,Jul-Sep 1982, 20 (3) p111-23,  
ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

In this article, we have described a patient classification system in use at the C.F. Menninger Memorial Hospital. It is a type of factor evaluation, in which we use critical indicators or descriptors of care as units of measurement. Each critical indicator represents a grouping of nursing activities rather than concrete time measurement of each activity. The ten critical indicators of patient care needs and nursing activities which were identified were divided into two major categories: routine and extra. Each category was then subdivided to reflect a range or variation of care levels. This type of patient classification systems appears to have an advantage over other classification systems when applied to psychiatric nursing. The factor evaluations are broad enough in scope to allow inclusion of patient assessment, documentation, and use of the nursing process, while providing a measurement of psychological and psychosocial needs of the patient which are frequently absent in other classification systems that rely on task measurements or acuity levels alone.

Because of its practicality it has been readily accepted by nurses working on psychiatric units, and the nurse administrator's effort to put a classification system in place has been made easier.

0220980 83037863

**Health screening: 2.**

Scott T

Occup Health (Lond) ,Aug 1982, 34 (8) p376-84, ISSN  
0029-7917 Journal Code: ODB  
Languages: ENGLISH

0220973 83037850

**Art and science of management: face to face.**

Levenstein A

Nurs Manage ,Sep 1982, 13 (9) p54-6, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

00018

0220971 83037848  
**Supplemental staffing agencies: friend ... or foe?**  
Brown LE; Lewin BA  
Nurs Manage ,Sep 1982, 13 (9) p37-47, ISSN 0744-6314  
Journal Code: QBV  
Languages: ENGLISH

0220968 83037844  
**Interviewing & selecting staff.**  
LaRocco S  
Nurs Manage ,Sep 1982, 13 (9) p22-4, ISSN 0744-6314  
Journal Code: QBV  
Languages: ENGLISH

0220893 83036910  
**Anatomy of an ad campaign.**  
O'Brien B  
NANR News ,May-Jun 1982, 6 (10) p9, Journal Code: NQR  
Languages: ENGLISH

0220892 83036909  
**College recruiting - a business proposition.**  
Hess HR  
NANR News ,May-Jun 1982, 6 (10) p8, Journal Code: NQR  
Languages: ENGLISH

00020  
0220585 83033513  
**Faculty development and human resources management in the academic medical setting.**  
Goldman JA  
J Med Educ ,Nov 1982, 57 (11) p860-5, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

Faculty members of academic medical centers are resources of the institution, and their maturation is part of the academic medical center's program of human resource development. Although the individual is ultimately responsible for his own development, programs of human resource management should be developed for academic medicine. Four basic areas have been suggested for these programs: professional development, institutional development, curricular change, and organizational change. Professional development is the area of most activity but is limited mainly to assessing the faculty member's teaching ability. Research aimed at the evaluation of clinical teaching is a relatively new field. Medical student and house officer evaluation, the use of videotapes, and the enlistment of educational consultants and technologists have begun, but there is little continuing research using these techniques and others at most institutions. The evaluation material is used to help the medical educator but only if the

faculty member seeks out and uses the evaluation material to improve his teaching skills. As the educational process is linked more to the rewards system of the medical school, such as promotion, internal grants, and merit pay, motivation for improvement in instruction will be more universal. Medical academic human resource management will truly arrive only when the faculty members themselves perceive the need and desire it.

0220505 83032758  
**Control of manual lifting hazards: II. Job redesign.**  
Ayoub MA  
J Occup Med ,Sep 1982, 24 (9) p668-76, ISSN 0022-3212  
Journal Code: JFR  
Languages: ENGLISH  
Job content and workplace components can be altered to assure that lifting stresses remain within the acceptable limits defined for the industrial population-at-large. The plan for redesign advocates (1) maintaining the weight handled within the recommended limits; (2) modifying the workplace to enhance postural stability and to avoid handling weights and excessive physical loading; and (3) increasing available job time by reducing frequency of lifts and/or introducing appropriate rest periods. Limits recommended by the National Institute for Occupational Safety and Health on acceptable loads are reviewed.

0220499 83032713  
**Nurse discontent: the search for realistic solutions.**  
Ginzberg E; Patray J; Ostow M; Brann EA  
J Nurs Adm ,Nov 1982, 12 (11) p7-11, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0220497 83032711  
**Staffing statistics: their use and usefulness.**  
Hanson RL  
J Nurs Adm ,Nov 1982, 12 (11) p29-35, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00019

0220338 83031548

**A method of estimating nursing workload.**

Henney CR; Chrissafis I; McFarlane J; Crooks J  
J Adv Nurs ,Jul 1982, 7 (4) p319-25, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

A real-time nursing computer system operational on six medical wards allows the automatic data capture of all nursing procedures carried out for all patients. Each nursing procedure has been graded by an experienced nurse on a 5-point scale (Ninewells Index I), with grade 5 representing the greatest workload. A Delphi type survey was carried out by a questionnaire involving 115 medical charge nurses in Scotland who graded the same procedures on a 5-point scale (Delphi Index I). Good agreement with the two indices was found. The Delphi Index I was transferred from the original scale to an interval scale (Delphi Index II) to facilitate statistical handling of data and conversion to timings. The conversion of Delphi Index II to timings (Ninewells Index II) was achieved by using data from three extensive work studies. It is suggested that Ninewells Index II is a practical problem of staff allocation in medical wards.

0220147 83029188

**Alternative scheduling for OR personnel results in more surgeries, less overtime.**

Curtis RS; Scott EJ  
Hospitals ,Nov 16 1982, 56 (22) p48, 50, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0220120 83029143

**Motivational management: coping with burnout.**

Richardson M; West P  
Hosp Community Psychiatry ,Oct 1982, 33 (10) p837-40,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Burnout, the emotional state that accompanies an overload of stress, generally has been ascribed to organizational or personal causes. Motivational management is an approach to identifying the causes of burnout among workers and determining ways to effectively intercede. The authors conducted workshops to help staff combat burnout at a public health agency, a small community hospital, and a preschool for handicapped children. During the first phase of the workshop participants generated a list of problems that contributed to their sense of burnout. They then assigned each problem a personal, organizational, or environmental cause. During the second phase participants decided who should accept responsibility for developing and executing strategies for change. The authors believe motivational management techniques can also be used to explore burnout in other roles such as those of parent, child, friend, or community member.

0220055 83028019

**A part-time clerk may solve busy office problems.**

Lang KA  
Dent Econ ,Jun 1982, 72 (6) p85-6, ISSN 0011-8583  
Journal Code: E2M

Languages: ENGLISH

0220042 83027993

**Seven steps for reducing dental staff turnover.**

Moawad K  
Dent Manage ,Apr 1982, 22 (4) p49-61, ISSN 0011-8680  
Journal Code: E1C

Languages: ENGLISH

0219805 83024052

**Changing the method of selection at Northwick Park.**

Samuel DW; Cohen BU  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1087-9,  
Journal Code: B4X

Languages: ENGLISH

0219714 83022560

**The effectiveness of an eight hour/ten hour day shift rotation.**

Curtis RA  
AANNT J ,Oct 1982, 9 (5) p11-4, ISSN 0744-1479  
Journal Code: AAX

Languages: ENGLISH

00020



0219676 83014499

**Turnover benefits: the other side of the "costs" coin.**

Kesner IF; Dalton DR  
Personnel ,Sep-Oct 1982, 59 (5) p69-76, ISSN 0031-5702  
Journal Code: PAP  
Languages: ENGLISH

High levels of turnover have traditionally been viewed by human resources managers as having a negative effect on the organization. But the authors--Idalene F. Kesner, associate instructor in business policy, and Dan R. Dalton, assistant professor of administrative and behavioral studies, both at the Graduate School of Business, Indiana University--maintain that responsible levels of employee turnover may have both direct and indirect benefits for the organization. Such benefits include displacement of poor performers, an infusion of new knowledge in the organization, and the stimulation of changes in policies and practices. In addition, of course, there are opportunities for cost reduction and consolidation. Using data compiled from the experience of a California public utility, the authors show how to calculate the direct, hard-dollar value of the savings that can be realized in regular pay, overtime pay, pension contributions, earned but unused sick leave, and other areas.

0219675 83014498

**Racial diversity in organizations and its implications for managements.**

Fant OD  
Personnel ,Sep-Oct 1982, 59 (5) p60-8, ISSN 0031-5702  
Journal Code: PAP  
Languages: ENGLISH

In a productive organization, policies, programs, and job structures promote harmony in a racially diverse workforce and therefore utilize the talents and abilities of all its employees. But according to Ora D. Fant, vice-president and senior staff consultant with Goodmeasure, Inc., people of color are still often underutilized and isolated in the workplace, and this interferes with a true assessment of their contributions and value to the organization. Fant explains the dynamics behind such counterproductive treatment and offers both (1) organizationwide recommendations for effective workforce integration and (2) guidelines to help individual managers work more effectively with people of color.

0219339 83019862

**Building a ladder.**

Gassert C; Holt C; Pope K  
Am J Nurs ,Oct 1982, 82 (10) p1527-8, 1530, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219338 83019861

**Looking at ladders.**

Huey FL  
Am J Nurs ,Oct 1982, 82 (10) p1520-6, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219331 83019838

**Turnover of direct-care staff in a national sample of residential facilities for mentally retarded people.**

Lakin KC; Bruininks RH; Hill BK; Hauber FA  
Am J Ment Defic ,Jul 1982, 87 (1) p64-72, ISSN 0002-9351  
Journal Code: 3MA  
Languages: ENGLISH

00021

0219328 83019835

**Social ecology of supervised communal facilities for mentally disabled adults: VII. Productivity and turnover rate in sheltered workshops.**

Melstrom MA  
Am J Ment Defic ,Jul 1982, 87 (1) p40-7, ISSN 0002-9351  
Journal Code: 3MA  
Contract/Grant No.: 10321  
Languages: ENGLISH

Turnover, reasons for termination, productivity, and number of hours worked as a function of demographic data, workshop settings, and measures of sociability for mentally disabled adults at six sheltered workshop settings were examined. An annual turnover rate of 48 percent was found, but only residence type and workshop setting were related to length of time in the workshop before termination. Physical attractiveness and sociability (as observed during free periods at the workshops) were positively related to productivity, but only workshop settings predicted number of hours worked. Clients who terminated from the agency for positive reasons were highest in sociability and desire for affiliation, whereas clients who terminated for negative reasons were lowest in sociability and desire for affiliation. Sex, age, IQ, diagnosis, and history of institutionalization were unrelated to vocational variables.

0219031 83015747

**Staffing: to expand or not expand.**

Ponce ML; Ponce AZ; Bardzinski M  
Quintessence Int ,Apr 1982, 13 (4) p473-80, ISSN 0033-6572  
Journal Code: QLP  
Languages: ENGLISH

00021

0219000 83015474

**Factors related to job turnover in physical therapy.**

Harkson DG; Unterreiner AS; Shepard KF

Phys Ther ,Oct 1982, 62 (10) p1465-70, ISSN 0031-9023

Journal Code: P6W

Languages: ENGLISH

The purpose of this study was to determine the relative importance of personal and work-related factors in relation to job turnover in the physical therapy profession. A survey questionnaire was mailed to a nationwide sample of 820 physical therapists, and 567 responses (69%) were used in the data analyses. The two most important reasons for leaving a job were "desire to pursue a different area of physical therapy" and "insufficient salary to meet financial needs." Significant differences were found in the relative importance of job-turnover factors when the sample was stratified according to physical therapy education level, percentage of time in direct patient care, years in the physical therapy profession, and sex. A careful look at the factors contributing to job turnover will help physical therapy administrators retain staff members.

0218845 83013718

**The stress of job loss.**

Tabor M

Occup Health Saf ,Jun 1982, 51 (6) p20-6, ISSN

0362-4064 Journal Code: ODE

Languages: ENGLISH

0218831 83013654

**Work evaluations: are they effective?**

Lorraine K

Nurs Manage ,Apr 1982, 13 (4) p44-6, Journal Code: OBV

Languages: ENGLISH

0218830 83013653

**Opportunity for managerial growth.**

Hendricks DE

Nurs Manage ,Apr 1982, 13 (4) p40-2, Journal Code: OBV

Languages: ENGLISH

0218728 83012314

**Pre-registration appointment in the 1980s--a replacement for a well-tried computerized system.**

Johns KA; Dean CE

Med Educ ,Jul 1982, 16 (4) p223-6, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

A new computerized system for the allocation of pre-registration house-officer appointments to medical

graduates at the Welsh National School of Medicine is described. The need to withdraw an earlier system, used through much of the 1970s, is explained, and the advantages possessed by the new system are discussed.

00022

0218452 83008884

**Characteristics of the residency interview process preferred by medical student applicants.**

Schneeweiss R; Bergman J; Clayton J

J Fam Pract ,Oct 1982, 15 (4) p669-72, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

This study elucidates the characteristics of the interview day preferred by medical students applying to family practice residencies. Interviews and informal meetings with residents were regarded as being the most helpful, followed by interviews with the director or faculty. Perceptions of other components of the interview day are also described. October was the month most students preferred, and two interviews each lasting 20 to 30 minutes were considered ideal. Group interviews were regarded negatively. The results of this survey are generalizable to other residency programs and could be helpful in planning the interview day.

0218341 83008046

**Janforum. Nurse/patient dependency revisited (somewhat apologetically).**

Moores B; Barr L

J Adv Nurs ,May 1982, 7 (3) p269-71, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

00022

00023

0218210 83006467

**Managing professional work: three models of control for health organizations.**

Scott WR

Health Serv Res ,Fall 1982, 17 (3) p213-40, ISSN 0017-9124 Journal Code: G2L

Languages: ENGLISH

Three arrangements for structuring the work of professional participants in professional organizations are described, contrasted and evaluated. Arguments are illustrated by application to the organization of physicians within hospitals. The primary rationale, the support structures that have fostered its development, the key structural features and the advantages and disadvantages of each arrangement are described. The effect on these arrangements of structures and forces external to any particular professional organization is emphasized. (80 Refs.)

0217886 83001245

**Shortlisting trainees: thoughtful applications wanted in Birmingham.**

Dickinson KG

Br Med J [Clin Res] ,Oct 2 1982, 285 (6346) p946-7, Journal Code: B4X

Languages: ENGLISH

0217701 8227741

**The Criterion Referenced Performance Appraisal System can add to the effectiveness of the hospital and...improve quality of care.**

Berger L; Clipp FP

South Hosp ,Jul-Aug 1982, 50 (4) p9-12, ISSN 0038-4178 Journal Code: VAB

Languages: ENGLISH

0217691 82277339

**The control function of management.**

Merchant KA

Sloan Manage Rev ,Summer 1982, 23 (4) p43-55, ISSN 0019-848X Journal Code: UTP

Languages: ENGLISH

The control function of management can be a critical determinant of organizational success. Most authors discuss control only through feedback and adjustment processes. This article takes a broader perspective on control and discusses the following questions: What is good control? Why are controls needed? How can good control be achieved? If multiple control strategies are feasible, how should the choice among them be made?

0217659 82275151

**An all-purpose exhibit booth for recruiting and promoting at conventions.**

Profiles Hosp Mark ,3d Quarter 1982, 7 p78-9, Journal Code: PZD

Languages: ENGLISH

00024

0217606 82272302

**Dilemmas of managing participation.**

Kanter RM

Organ Dyn ,Summer 1982, 11 (1) p5-27, ISSN 0090-2616 Journal Code: NQ2

Languages: ENGLISH

There are two reasons that current corporate efforts to achieve employee "participation" often seem fragile and temporary: unrealistic expectations about the appropriate use of participation and a failure to manage participation efforts for maximum success. Participation is most appropriate when, for example, expertise is diffused, issues are controversial, problems cut across existing roles, or the development of people is desired; autonomy and individual responsibility may be more appropriate under the opposite conditions. Kanter discusses six sets of dilemmas that must be resolved to ensure that participating teams work effectively for the organization: dilemmas around initiation, structure, issue choice, teamwork, links between teams and their environment, and evaluation/continuation. Kanter concludes that participation works best when it is well managed. Participation is best viewed not as a permanent "program" or a "formula" but as temporary episodes of high involvement alternating with a more routine everyday structure.

0217570 82271239

**Matching talents to problems.**

Vernon GL

Med Group Manage ,Jul-Aug 1982, 29 (4) p59-62, 66, ISSN 0025-7257 Journal Code: MA7

Languages: ENGLISH

Which type of manager are you--the superstar, the visionary, the traditionalist, the catalyst, or old reliable? There are as many useful managerial skills, abilities, and approaches as there are managers. By carefully analyzing the problems at hand in your organization and assigning employees with particular management talents to correct the problems for which they are best suited, your organization can be strengthened. The author identifies several of the talent areas most important to good management, and matches talents to specific problems.

00023

0217494 82265029  
**Turnover of hospital chief executive officers: a hospital association perspective.**  
Kinzer DM  
Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p11-33, ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217428 82263904  
**Resources of establishing a work performance program.**  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p59-61, ISSN 0273-9976 Journal Code: GJV  
Languages: ENGLISH

0217358 82263501  
**Qualifications for managing your assets.**  
Marryott OL  
Hosp Mater Manage Q ,May 1982, 3 (4) p35-9, ISSN 0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217352 82263438  
**Thorough evaluation reports, procedures protect hospital from discrimination charges.**  
Regan WA  
Hosp Prog ,Sep 1982, 63 (9) p67, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217336 82263422  
**Clearly defined grievance policy forestalls discrimination suit.**  
Regan WA  
Hosp Prog ,Oct 1982, 63 (10) p72, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217318 82263394  
**Health care manager's notebook: employee discipline.**  
Lorenz FJ  
Hosp Forum ,Sep-Oct 1982, 25 (5) p51-4, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0217272 82263268  
**Staffing and training.**

Zielski K  
Healthc Financ Manage ,Sep 1982, 36 (9) p110, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217212 82260827  
**Employee suggestions systems: how hospitals can capitalize on employee creativity.**  
Cost Containment ,Sep 14 1982, 4 (17) p3-6, ISSN 0198-9782 Journal Code: DSR  
Languages: ENGLISH

0217194 82258575  
**Should medical working hours be regulated?**  
Lortie F  
Can Doct ,Jul 1982, 48 (7) p10-1, ISSN 0008-3429  
Journal Code: CG4  
Languages: ENGLISH

0217128 82283577  
**The role of the hygienist in dental practice.**  
McIntyre JM  
Aust Dent J ,Apr 1982, 27 (2) p124-8, ISSN 0045-0421  
Journal Code: 9EB  
Languages: ENGLISH

00024

00025

0216943 82281426

**Quality circles as a management tool for hospital pharmacy.**

Parness MI

Am J Hosp Pharm ,Jul 1982, 39 (7) p1189-92, ISSN  
0002-9289 Journal Code: 3IO

Languages: ENGLISH

A pharmacy department's experience with a quality circle program is described. The quality circle is a type of participative management where a group of employees within a department voluntarily meets on a regular basis to identify and research departmental problems and formulate alternative solutions for management. The pharmacy department formed one of the first five circles at the hospital. Each circle meets for one hour weekly on hospital time. The pharmacy quality circle includes three staff pharmacists, two support staff, and a pharmacy supervisor who serves as the leader. Through brainstorming sessions, the circle has identified problems within the department. The circle collects data to help define the problems, and specific solutions are presented to management. Among the solutions recommended have been: assigning a clerk as a receptionist at the pharmacy front window so that the pharmacist would not be interrupted; widening the front window to accommodate separate lines for inpatient and outpatient prescriptions; and instituting a double-ticket procedure to help retrieve employee prescriptions. Management accepted and instituted all of the circle's proposals. The quality circle has been a successful management tool in this pharmacy department.

0216891 82281205

**Efficacy of enforcement in an industrial hearing conservation program.**

Hager WL; Hoyle ER; Hermann ER

Am Ind Hyg Assoc J ,Jun 1982, 43 (6) p455-65, ISSN  
0002-8894 Journal Code: 3CI

Contract/Grant No.: 5 T01 OH 07049; 5 T15 OH 07104

Languages: ENGLISH

Relative efficacy of various levels of enforcement in the use of personal hearing protective devices was investigated among employees of a large industrial plant. The main variable was that each of four groups of employees worked during a different period of enforcement policy on the use of personal hearing protection. Analysis of variance of mean hearing levels using three different audiometric grading schemes with different levels of sensitivity, namely, the 0.5, 1, 2 kHz Hearing Level Index, the 1, 2, 3 kHz Hearing Level Index, and the 4000 Hz single puretone test indicate that the enforcement policy did have a dramatic effect on the efficacy of the hearing conservation program and should give similar results in other industrial settings. When and where the use of personal hearing protection was left to the employee it was found that hearing loss among the noise-exposed was very much in excess of that among a non-noise-exposed group. Mandatory use of personal protective devices was found to be much more effective in conserving hearing than the voluntary approach. Mandatory use of earmuffs exclusively proved to be less

effective than mandatory use of personal hearing protection when the employee was given a choice of earmuffs or earplugs. Enactment of the Occupational Safety and Health Act did not result in greater hearing conservation over the existing company mandatory hearing conservation program which is quite effective.

0216834 82280396

**Motivation and the activation process.**

McFadden PL

AANA J ,Jun 1982, 50 (3) p270-8, ISSN 0094-6354  
Journal Code: Q2P

Languages: ENGLISH

0216436 82276249

**The management menace.**

Halterman CD; Halterman CA

Quintessence Dent Technol ,May 1982, 6 (5) p449-52,  
Journal Code: Q99

Languages: ENGLISH

0216346 82275703

**Measuring ward milieu and the impact of staff turnover on a psychiatry unit.**

Kobos JC; Redmond F; Sterling J

Psychol Rep ,Jun 1982, 50 (3 Pt 1) p879-85, ISSN  
0033-2941 Journal Code: QF6

Languages: ENGLISH

0216014 82273361

**Safety: the social implications of shift work.**

Clayton R

Occup Health (Lond) ,Jul 1982, 34 (7) p319-21, ISSN  
0029-7917 Journal Code: ODB

Languages: ENGLISH

0215983 82273310

**Managing employee performance.**

Smith J

Nurs Manage ,Aug 1982, 13 (8) p14-6, Journal Code: DBV  
Languages: ENGLISH

00025

0215940 82273217  
**Are baccalaureate students prepared to assume first-level management position?**  
Kalisz MA; Ryan ME  
Nurs Leadersh ,Sep 1982, 5 (3) p23-7, ISSN 0164-7865  
Journal Code: OBG  
Languages: ENGLISH

0215904 82273140  
**The nursing service administrator: a democratic authority figure.**  
Cochran J  
Nurs Adm Q ,Summer 1982, 6 (4) p61-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215902 82273138  
**The emperor's new clothes.**  
Bille DA  
Nurs Adm Q ,Summer 1982, 6 (4) p52-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

00026

0215900 82273136  
**Implementing conceptual job descriptions: a retrospective view.**  
Mitchell N  
Nurs Adm Q ,Summer 1982, 6 (4) p46-7, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215899 82273135  
**Recruitment and retention: a staff self-promotional model.**  
Crewell JL; Norton F  
Nurs Adm Q ,Summer 1982, 6 (4) p42-7, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215895 82273131  
**On the scene: University of California Irvine. Up the ladder: development of a clinical series job description.**  
Casey NP; Casey P  
Nurs Adm Q ,Summer 1982, 6 (4) p28-32, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215774 82271509  
**The grievance procedure.**  
Mich Nurse ,Jul 1982, 55 (6) p8-10, ISSN 0026-2366  
Journal Code: MX6  
Languages: ENGLISH

0215512 82268272  
**Big hat, no cattle: managing human resources, Part 2.**  
Skinner W  
J Nurs Adm ,Sep 1982, 12 (9) p32-5, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0215511 82268271  
**Dialogue in print: relating nursing staff quality to patients' needs.**  
Hanson RL; Cleland V  
J Nurs Adm ,Sep 1982, 12 (9) p29-31, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0215509 82268269  
**A clinical ladder? Maybe.**  
del Bueno DJ  
J Nurs Adm ,Sep 1982, 12 (9) p19-22, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0215505 82268265  
**Job analysis: the basis of effective appraisal.**  
Ignatavicius D; Griffith J  
J Nurs Adm ,Jul-Aug 1982, 12 (7-8) p37-41, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0215503 82268263  
**Big hat, no cattle: managing human resources, Part 1.**  
Skinner W  
J Nurs Adm ,Jul-Aug 1982, 12 (7-8) p27-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00026

0215373 82266718  
**Personnel: the key to a successful energy management program.**  
Claar CN; Lambert CU  
J Am Diet Assoc .Sep 1982, 81 (3) p288-90, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0215367 82266708  
**Training effectiveness in school food service.**  
Reed LE  
J Am Diet Assoc .Aug 1982, 81 (2) p176-9, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0215341 82266578  
**Faculty retention in dental hygiene programs.**  
Ley ES  
J Dent Educ .Sep 1982, 46 (9) p533-6, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

This study assesses the extent to which faculty turnover in dental hygiene programs is related to the type of educational institution. A questionnaire was mailed to 201 dental hygiene program directors; 175 responded (87 percent). Nearly 47 per-cent of the directors associated with programs in state colleges and universities indicated they had experienced some degree of difficulty retaining faculty in the past five years; less than 18 percent of those in community colleges and technical schools experienced similar problems. Faculty attrition due to personal reasons and job and salary dissatisfaction occurred to a slightly greater extent in state educational institutions than in community colleges and technical schools. Achieving tenure was perceived as a problem primarily by directors of programs in state colleges and universities. Although inadequate salary was a direct cause of attrition in some cases, the degree to which it influenced personal reasons for leaving was not determined.

0215289 82265334  
**How to pick a practice associate.**  
Herrick JB  
J Am Vet Med Assoc .Aug 1 1982, 181 (3) p291, ISSN  
0003-1488 Journal Code: HAV  
Languages: ENGLISH

0215210 82264795  
**Management incentive systems and economic performance in health care organizations.**  
Cleverley WD; Mullen RP

Health Care Manage Rev .Winter 1982, 7 (1) p7-14, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215204 82264789  
**Hospital nurse staffing: an urgent need for management reappraisal.**  
Friss L  
Health Care Manage Rev .Winter 1982, 7 (1) p21-7, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215181 82264578  
**The Aberdeen Formula as an illustration of the difficulty of determining nursing requirements.**  
Gault AR  
Int J Nurs Stud .1982, 19 (2) p61-77, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

0215010 82262463  
**Evaluating the 12-hour shift schedule.**  
Davis C  
Dimens Health Serv .Jun 1982, 59 (6) p30-1, 33-4, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214983 82262249  
**Choosing the right employee retirement plan for your business.**  
Randle PA  
Dent Lab Rev .Jun 1982, 57 (6) p14-6, 18, ISSN  
0011-8672 Journal Code: E1M  
Languages: ENGLISH

0214981 82262246  
**Motivating employees for higher productivity.**  
Obst G  
Dent Lab Rev .May 1982, 57 (5) p18-9, ISSN 0011-8672  
Journal Code: E1M  
Languages: ENGLISH

00027

0214980 82262245  
**Quality circle: putting participative management into practice.**  
Dent Lab Rev ,May 1982. 57 (5) p18-21. ISSN 0011-8672  
Journal Code: E1M  
Languages: ENGLISH

0214937 82261205  
**Rotational scheduling in the ICU.**  
Baldonado A; Stahl DA  
Dimens Crit Care Nurs ,Jul-Aug 1982. 1 (4) p241-3. ISSN 0730-4625 Journal Code: EAD  
Languages: ENGLISH

0214765 82258877  
**The best of two worlds: an appraising look at joint appointments in Canada today.**  
Davis L; Tomney P  
Can Nurse ,Sep 1982. 78 (8) p34-7. ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0214743 82258776  
**Effects of a four-day work week experiment on the provision of community health services.**  
Hosking DJ; Radojevic CA; Seaborn JR  
Can J Public Health ,Mar-Apr 1982. 73 (2) p123-7. ISSN 0008-4263 Journal Code: CK6  
Languages: ENGLISH

0214511 82247343  
**Societal changes and the human resources component in long term care.**  
Miller DB  
Nurs Homes ,Jul-Aug 1982. 31 (4) p4-9. ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0214445 82240342  
**Staff development: determining its value.**  
Smith HL  
J Am Health Care Assoc ,Jul 1982. 8 (4) p8, 10, 12-4.  
ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214443 82240340

**People are the best productivity resource.**  
LaPrairie J  
J Am Health Care Assoc ,Jul 1982. 8 (4) p6-7. ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214439 82240336  
**Targeting for results -- identifying employee promotion potential.**  
Winn S; Elder B  
J Am Health Care Assoc ,Jul 1982. 8 (4) p4-6. ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214412 82238853  
**Personality type key to time use [interview]**  
Kozoll C  
Hosp Superv Bull ,Jul 30 1982. (442) p1-5. ISSN 0018-585X Journal Code: G9S  
Languages: ENGLISH

00027

0214344 82237917  
**Hospital Linen Services Symposium paper: effective management.**  
Law RH  
Hosp Eng ,Aug 1982. 36 (6) p20-2. ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0214332 82237866  
**Productivity measurements for M.M.**  
Young S  
Hosp Purch Manage ,Aug 1982. 7 (8) p6. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0214319 82237796  
**Self appraisal.**  
Zielski K  
Healthc Financ Manage ,Jul 1982. 36 (7) p78-9. ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

00028



0214271 82235589  
**The aging of age discrimination--evolving ADEA interpretations and employee relations policies.**  
Rosenblum M; Biles G  
Employee Relat Law J ,Summer 1982, 8 (1) p22-36, ISSN  
0098-8898 Journal Code: EE9  
Languages: ENGLISH

0214259 82234721  
**The potential for performance-based benefit plans.**  
Brunker GP  
Compens Rev ,3d Quarter 1982, 14 (3) p23-32, ISSN  
0010-4248 Journal Code: DOA  
Languages: ENGLISH

0214248 82233195  
**A three-part performance appraisal system.**  
Khan MK  
Can J Med Technol ,Jun 1982, 44 (2) p93-5, ISSN  
0008-4158 Journal Code: CIO  
Languages: ENGLISH

0214237 82232672  
**Documenting employee problems.**  
White RN  
Superv Manage ,Aug 1982, 27 (8) p38-42, ISSN 0039-5919  
Journal Code: BQJ  
Languages: ENGLISH

0214235 82232670  
**On firing: should it be formalized?**  
White RK  
Superv Manage ,Aug 1982, 27 (8) p26-31, ISSN 0039-5919  
Journal Code: BQJ  
Languages: ENGLISH

0214195 82256299  
**Hitting hard without striking: what courage and cohesion did for the nurses at Victoria's W.G.H.**  
Whitehead C  
Aust Nurses J ,May 1982, 11 (10) p45-6, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0214065 82254203  
**Indicators of response to a mass media CPR recruitment**

**campaign.**

Selby ML; Kautz JA; Moore TJ; Gombeski WR Jr; Ramirez AG; Farge EJ; Forthofer RN  
Am J Public Health ,Sep 1982, 72 (9) p1039-42, ISSN  
0090-0036 Journal Code: 3XW  
Contract/Grant No.: 17269  
Languages: ENGLISH

Respondents to a mass media cardiopulmonary resuscitation (CPR) recruitment campaign in Harris County, Texas were more likely than non-respondents to be White, female, and under 45 years of age, to have had previous CPR training, experienced an incident in which knowledge of CPR might have been useful, or to have a friend or relative with a relevant medical history. The majority of the respondents were housewives, and professionals or technical workers, particularly in the health field. Findings can be used to identify audiences for future mass media CPR campaigns.

0214004 82253906  
**Adaptation of a workload measurement system.**  
Toohey JB; Herrick JD; Trautman RT  
Am J Hosp Pharm ,Jun 1982, 39 (6) p999-1004, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

An adaptation of a previously reported patient-care unit (PCU) system of workload measurement is described. A PCU is any distributive or clinical pharmacy activity related to patient care, and the PCU system of workload measurement relates the activity frequency and the usual time required to complete each activity. The key to the system is the weighting factor (usual time) for each PCU. The PCU system was modified by breaking each PCU into its various elements and determining the time required to complete each element. Several time units were available from references; other units specific for hospital pharmacy were measured. The modified PCU definitions, counting mechanisms, and weighting factors used at the study hospital are included in an appendix. The number of service hours, which is the product of the frequency of each activity and its weighting factor, is an indicator of personnel time devoted to each pharmacy activity. The cost per service hour can be computed and used to set fees for each pharmacy activity. Other practical applications of the PCU system include evaluation of staffing patterns, trend analysis, and documentation of clinical services. The modified PCU system provides a more precise measurement of weighting factors than previously described methods, and it can be adapted by other institutions.

00029

0213274 82246206  
**Criteria-based performance appraisals.**  
Lerch EM  
Nurs Manage ,Jul 1982, 13 (7) p28-30, Journal Code:  
OBV  
Languages: ENGLISH

0213245 82246127  
**Finding the right job fit: by playing matchmaker with jobs and employees.**  
Miller DB  
Nurs Life ,Jul-Aug 1982, 2 (4) p62-4, Journal Code:  
OA6  
Languages: ENGLISH

0213242 82246123  
**Variety, challenge, and new insights--the benefits of rotating shifts.**  
Burnette S  
Nurs Life ,Jul-Aug 1982, 2 (4) p50-5, Journal Code:  
OA6  
Languages: ENGLISH

0213147 : 82245016  
**"Staffing the professional office". Critical key to success.**  
Mich Med ,Apr 1982, 81 (18) p225-8, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0213109 82244035  
**The ten hour break between shifts: facts and questions.**  
Staunton P  
Lamp ,Mar-Apr 1982, 39 (2) p21-5, ISSN 0047-3936  
Journal Code: LOP  
Languages: ENGLISH

0212340 82222668  
**More than a bulletin board: employee publications have a new role to play, one that will reassure, guide, instruct, and above all, help employees prepare for tomorrow.**  
Howard E  
Public Relat J ,Jul 1982, 38 (7) p34-5, ISSN 0033-3670  
Journal Code: QH5  
Languages: ENGLISH

0212316 82221732

**The corrective discipline process.**  
Asherman IG  
Pers J ,Jul 1982, 61 (7) p528-31, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

00028

0212310 82221072  
**Type A behavior, need for control, and reactions to group participation.**  
Sanders GS; Malkis FS  
Organ Behav Hum Perform ,Aug 1982, 30 (1) p71-86, ISSN 0030-5073 Journal Code: OK6  
Languages: ENGLISH  
The present study examines the behavior of Type A coronary-prone subjects in group problem-solving sessions. Subjects discuss possible solutions to two problems in same-sex groups containing both Type As and Bs. As are much more likely than Bs to be seen as leaders and are rarely nominated as the least helpful member. Although A and B leaders are both seen as moderately likeable, A leaders' problem solutions are rated as lower in quality. Manipulations of problem importance and incentive for good solutions have similar effects on As and Bs. The results are discussed as being generally consistent with the proposal that Type As are primarily motivated by a need for control. Some indirect support is obtained for the idea that As are more susceptible than Bs to learned helplessness.

0212306 82220182  
**National Safety Council: writing and publishing employee safety regulations.**  
Natl Saf News ,Jul 1982, 126 (1) p51-4, ISSN 0028-0100  
Journal Code: NTC  
Languages: ENGLISH

0212280 82219556  
**It pays to give employees a day off to ponder their performance problems.**  
Harvey EL  
Mod Health Care ,Jul 1982, 12 (7) p148, 152, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

00030

0212270 82219135

**Getting to the roots of poor performance.**

Reimer HW  
Manage World ,Jul 1982, 11 (7) p37-8, ISSN 0090-3825  
Journal Code: MIP  
Languages: ENGLISH

0212255 82218998

**Developing job descriptions.**

Hermann WJ  
Med Group Manage ,May-Jun 1982, 29 (3) p44-6, 48, ISSN  
0025-7257 Journal Code: MA7  
Languages: ENGLISH

0212233 82215552

**The effect of managerial interventions on high personnel turnover in nursing homes.**

Stryker R  
J Long Term Care Adm ,Summer 1982, 10 (2) p21-33, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

This study indicates that administrator attention and intervention can reduce high turnover in nursing homes. It also indicates a need to investigate the contributing factors in a specific organization, to select interventions based on this knowledge and for multiple but related actions that will support one another. Increased supervision of new employees, increased recruitment efforts, supervisory training, revised personnel policies, and avoidance of personnel pools seem to have particularly high impact on the reduction of turnover in nursing homes and are recommended as a place to begin. (45 Refs.)

0212232 82215551

**Biographical factors related to employment tenure: a study of nurse aides in nursing homes.**

Wallace RW; Brubaker TH  
J Long Term Care Adm ,Summer 1982, 10 (2) p11-9, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH  
(26 Refs.)

0212231 82215550

**Personnel management in long-term care administration.**

Havens JB  
J Long Term Care Adm ,Summer 1982, 10 (2) p1-10, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH  
Foremost among the serious issues surrounding long-term care is the question of appropriate staffing for quality patient

care. The philosophy of personnel management in controlling the key factors of the institution's objectives will enhance the employee's capability and understanding. The approach in personnel management techniques should then be designed to involve management, supervisory personnel, and the employee. Employee efficiency, quality performance, and advancement of the overall goals are the desired end results. Employees should be constantly challenged to allow them to contribute their best efforts and achieve their potential. While both methods and the workforce are undergoing constant and dramatic changes, people continue to be management's greatest asset.

0212204 82213292

**What happens to health care employees after they are fired?**

Wahn EV  
Health Manage Forum ,Summer 1982, 3 (2) p26-39,  
Journal Code: G56  
Languages: ENGLISH

0212164 82212388

**Participative management.**

Hatfield BP  
Hosp Top ,Jul-Aug 1982, 60 (4) p6, 32, 42, ISSN  
0018-5868 Journal Code: GD6  
Languages: ENGLISH

0212148 82212354

**Strong internal grievance procedure may forestall employees' civil suits.**

Regan WA  
Hosp Prog ,Jul 1982, 63 (7) p92-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0212139 82212286

**Health care manager's notebook: managing productivity.**

Sherman VC  
Hosp Forum ,Jul-Aug 1982, 25 (4) p41-4, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

00031

0212129 82212276  
**Who's afraid of incentive bonus schemes? 2. Control of incentive bonus schemes.**  
Hanafin J; Jupp B; Towers G  
Hosp Health Serv Rev ,May 1982, 78 (5) p136-9. Journal Code: GC5  
Languages: ENGLISH

0212112 82212259  
**Enabling the disabled.**  
Pati GC; Morrison G  
Harv Bus Rev ,Jul-Aug 1982, 60 (4) p152-3, 156, 158 passim, ISSN 0017-8012 Journal Code: GBE  
Languages: ENGLISH

In 1974, Congress passed Public Law 93-516, the Vocational Rehabilitation Act, and in 1975, Public Law 94-142, the Education of All Handicapped Children Act. The spirit of both laws is to bring people with physical or mental impairments into the mainstream of American life. At school, dealing with a fear of disability and adjusting to the special needs of others is to become part of everyone's education. At work, the handicapped are to have a fair chance to do the jobs they are qualified for, and employers are to make reasonable accommodations to their handicapped employees' needs. Many companies have taken up the spirit of these laws. The authors describe how clear job descriptions and practical adjustments have made their rehabilitation and hiring programs work. The success of these programs offers encouragement to companies that are just starting out in such efforts.

0212056 82209735  
**Job sharing in health care: an innovative concept begins to catch on.**  
Cost Containment ,Jul 13 1982, 4 (13) p3-6, ISSN 0198-9782 Journal Code: DSR  
Languages: ENGLISH

0211995 82207197  
**When family stress affects worker productivity.**  
Ross JK; Halatin T  
Superv Manage ,Jul 1982, 27 (7) p2-8, ISSN 0039-5919 Journal Code: BQJ  
Languages: ENGLISH

0211864 82229136  
**Personal characteristics of house staff candidates: a quantitative analysis of relative weights.**  
Greganti MA; McGaghie WC; Finn WF  
Ann Intern Med ,Jul 1982, 97 (1) p108-11, ISSN 0003-4819 Journal Code: 5A6

Languages: ENGLISH  
We surveyed the faculty, fellows, and residents of a department of medicine to determine the relative importance of each of eight personal characteristics evaluated during the interview of house staff candidates. A booklet containing all possible pairings of the eight characteristics was distributed to 219 participants who were asked which member of each pair should have greater weight for assigning an overall interview grade. Usable data were returned by 172 persons (79%) and analyzed by the psychometric scaling method of paired comparisons. The four characteristics with the greatest relative weights were professional attitude, maturity, enthusiasm and energy, and knowledge. The faculty, fellows, and residents were highly consistent in their judgments. However, three of the characteristics (motivation for clinical practice, knowledge, and verbal skill) significantly distinguished the three departmental groups. These results show that utility of the paired comparison method for identifying a department's weighting of variables for selection of house staff.

0211774 82228186  
**Medical education and recruitment in psychiatry [editorial]**  
Pardes H  
Am J Psychiatry ,Aug 1982, 139 (8) p1033-5, ISSN 0002-953X Journal Code: 3VG  
Languages: ENGLISH

0211737 82227793  
**Non-nursing functions. A new administration responds.**  
Sweeny VK; Hoffman JC  
Am J Nurs ,Jul 1982, 82 (7) p1093-4, ISSN 0002-936X Journal Code: 3MW  
Languages: ENGLISH

0211736 82227792  
**Non-nursing functions. The nurses state their case.**  
Byrnes MA  
Am J Nurs ,Jul 1982, 82 (7) p1089-93, ISSN 0002-936X Journal Code: 3MW  
Languages: ENGLISH

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0211570 82224633  
**Dentistry and the new work schedules in America.**  
Tic ,Apr 1982, 41 (4) p1-4, ISSN 0040-6716 Journal  
Code: VRR  
Languages: ENGLISH

0211348 8222514  
**A physiology chairman's objectives in selecting young  
faculty members: criteria in a smaller medical school setting.**  
Filkins JP  
Physiologist ,Apr 1982, 25 (2) p65-7, ISSN 0031-9376  
Journal Code: P7Z  
Languages: ENGLISH

0211200 82221503  
**Controlling absence.**  
Roberts C  
Nurs Times ,Jun 9-15 1982, 78 (23) p979-82, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0211151 82221437  
**Associated degree nursing: faculty preparation and  
commitment.**  
Heller BR  
Nurs Outlook ,May 1982, 30 (5) p310-1, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0211074 82220847  
**Teaching & evaluating nursing management.**  
Kirkis J  
Nurs Manage ,Jun 1982, 13 (6) p41-3, Journal Code: OBV  
Languages: ENGLISH

0211071 82220844  
**Managing conflict: comparing strategies and their use.**  
Marriner A  
Nurs Manage ,Jun 1982, 13 (6) p29-31, Journal Code:  
OBV  
Languages: ENGLISH

0211068 82220841  
**Misconceptions of a CC manager.**  
Bargagliotti LA  
Nurs Manage ,Jun 1982, 13 (6) p14-6, Journal Code: OBV

Languages: ENGLISH

0210810 82217661  
**Implementing staggered twelve-hour shifts for ED nurses.**  
Schulmerich SC  
JEN ,May-Jun 1982, 8 (3) p127-31, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0210681 82216048  
**Decentralized budgeting: holding the purse strings, Part 2.**  
Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm ,Jun 1982, 12 (6) p34-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0210635 82215567  
**The employer's rights and responsibilities in hiring and  
firing employees.**  
DeHaven D  
J Med Assoc Ga ,May 1982, 71 (5) p359-62, ISSN  
0025-7028 Journal Code: IZB  
Languages: ENGLISH

0209941 82207453  
**The distinction awards system in England and Wales 1980.**  
Bruggen P; Bourne S  
Br Med J [Clin Res] ,May 22 1982, 284 (6328) p1577-80,  
Journal Code: B4X  
Languages: ENGLISH

0209928 82207396  
**Organising and training staff.**  
Drury VW  
Br Med J [Clin Res] ,May 15 1982, 284 (6327) p1447-9,  
Journal Code: B4X  
Languages: ENGLISH

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0209718 82197282  
**Developing a policy manual.**  
Smith TW  
Pers J ,Jun 1982, 61 (6) p446-9, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0209708 82197059  
**Personnel training and development in nursing homes: an operational view.**  
Elbert NF; Smith HL  
Nurs Homes ,May-Jun 1982, 31 (3) p4-11, ISSN 0029-649X  
Journal Code: D96  
Languages: ENGLISH

0209705 82197056  
**Evolution in the nursing home/supplemental nursing service relationship.**  
Sorensen AC  
Nurs Homes ,May-Jun 1982, 31 (3) p27-8, ISSN 0029-649X  
Journal Code: D96  
Languages: ENGLISH

0209610 82194515  
**Incentive program is one key to central plant's success.**  
Laund News ,Jun 1982, 8 (6) p5, Journal Code: L4R  
Languages: ENGLISH

0209608 82194009  
**How to make OD work better for your organization.**  
Bauer RW  
Manage Rev ,Jun 1982, 71 (6) p56-61, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0209607 82194008  
**Study circles: personal and professional fulfillment for employees.**  
Osborne KQ; Shevat RS  
Manage Rev ,Jun 1982, 71 (6) p37-42, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0209566 82189471  
**Stay well incentive plan--a new concept in health care.**  
Barlas G

Issues Health Care ,1982, 3 (1) p47-9, Journal Code:  
G3N  
Languages: ENGLISH

0209530 82189435  
**The four alternative approaches to employment candidate "honesty" screening.**  
Strand AL  
Healthcare Prot Manage ,Apr-Jun 1982, 2 (3) p10, 22-3.  
Journal Code: G21  
Languages: ENGLISH

0209456 82188330  
**Who's afraid of incentive bonus schemes? 1. Implementing bonus schemes.**  
Hanafin J; Jupp B; Towers G  
Hosp Health Serv Rev ,Apr 1982, 78 (4) p110-5, Journal  
Code: GC5  
Languages: ENGLISH

0209455 82188329  
**The NHS incentive scheme revisited.**  
Banyard R  
Hosp Health Serv Rev ,Apr 1982, 78 (4) p107-10,  
Journal Code: GC5  
Languages: ENGLISH

0209441 82188220  
**Personnel management: a stepping stone to the middle.**  
Binks M  
Health Soc Serv J ,Apr 29 1982, 92 (4794) p532-3, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0209440 82188219  
**Personnel management: an overdue review.**  
Smith J  
Health Soc Serv J ,Apr 29 1982, 92 (4794) p529-31, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

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0209439 82188218

**Personnel management: it's not what you do, it's the way you do it.**

Dearden B  
Health Soc Serv J ,Apr 29 1982, 92 (4794) p526-8, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0209437 82188216

**Nurse retention: how concerned should you be?**

Del Bueno DJ  
Health Serv Manager ,Jun 1982, 15 (6) p5, 13, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0209118 82203492

**Evaluating the performance of technician trainees.**

Oleen MA  
Am J Hosp Pharm ,May 1982, 39 (5) p814-7, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The development and use of a behavioral performance evaluation form for pharmacy technicians in a hospital-based training program is described. The behavior anchors for the evaluation form were derived from a task analysis of the technician position and a modified critical-incident technique. The appraisal factors were classified under six basic work areas: (1) procurement, (2) intravenous admixtures and sterile solutions, (3) automatic replenishment, (4) manufacturing and prepacking, (5) outpatient dispensing, and (6) inpatient dispensing or unit dose. Five rating categories ranging from exceptional to unsatisfactory were given point values. After an evaluation is completed, the supervising pharmacist reviews it with the trainees and sets objectives for the next appraisal period. The form can be used at regular intervals to assess the trainees' progress, and it can be used in the annual review of a technician's performance. The performance evaluation of technician trainees can determine the proficiency gained from a training program and identify areas where further instruction is needed.

00029

0209111 82203481

**Consistency in job descriptions, the interview process, and employee evaluations.**

Lewis J  
Am J Hosp Pharm ,Apr 1982, 39 (4) p643-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0208772 82199233

**Wanted: longer (and shorter) shifts...plus a little choice in the matter.**

Gulack R  
RN ,Jun 1982, 45 (6) p34-9, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0208732 82198906

**An alumni oriented approach to sport management curriculum design using performance ratings and a regression model.**

Ulrich D; Parkhouse BL  
Res Q Exerc Sport ,Mar 1982, 53 (1) p64-72, ISSN  
0270-1367 Journal Code: R6Y  
Languages: ENGLISH

0208541 82197089

**Implications of reduced hours: shorter hours, more nurses.**

Porter S  
Nurs Mirror ,Apr 14 1982, 154 (15) p38-40, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0208475 82196969

**Strictly in confidence.**

Slack P  
Nurs Times ,Mar 31-Apr 6 1982, 78 (13) p522, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208300 82196075

**Fear of floating to a surgical unit.**

Nursing (Horsham) ,May 1982, 12 (5) p66-7, ISSN  
0360-4039 Journal Code: 0A3  
Languages: ENGLISH

0208286 82196027

**Nursing administration's role in establishing a creative climate.**

Huckabay LM  
Nurs Adm Q ,Spring 1982, 6 (3) p64-7, ISSN 0363-9568  
Journal Code: 0AE  
Languages: ENGLISH

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0208283 82196024  
**On the scene: Barnes Hospital. How it works for us: panel discussion by circle leaders.**  
Nurs Adm Q ,Spring 1982, 6 (3) p36-46, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0208281 82196022  
**On the scene: Barnes Hospital. An administrator looks at circles.**  
Frank RE  
Nurs Adm Q ,Spring 1982, 6 (3) p27-30, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0208280 82196021  
**On the scene: quality control circles at Barnes Hospital.**  
Moore RC; Klein WF  
Nurs Adm Q ,Spring 1982, 6 (3) p23-7, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0207678 82189425  
**Survey of critical care nursing practice. Part IV. Staffing and training of intensive care unit personnel.**  
Sullivan S; Brev C  
Heart Lung ,May-Jun 1982, 11 (3) p237-41, Journal Code: G2V  
Contract/Grant No.: 1D10NU290818-01  
Languages: ENGLISH

0207503 82188317  
**Staffing patterns and the weekly cycle of community meetings on an adult inpatient unit.**  
Ritvo JI  
Hosp Community Psychiatry ,May 1982, 33 (5) p384-5, ISSN 0022-1597 Journal Code: GCJ  
Contract/Grant No.: MH-14503  
Languages: ENGLISH

0207389 82187462  
**Take the guesswork out of hiring.**  
Lang KA  
Dent Econ ,FebU 1982, 72 (2) p41-2, 44, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

0207365 82187412  
**Performance appraisal: an overview.**  
Slesnick D; Kohler J  
Fla Nurse ,Apr 1982, 30 (4) p14-5, ISSN 0015-4199  
Journal Code: EXB  
Languages: ENGLISH

0207276 82185609  
**Nursing management in critical care units. Performance appraisal of staff nurses: Part I.**  
Bray KA  
Crit Care Nurse ,Mar-Apr 1982, 2 (2) p7-13, ISSN 0279-5442 Journal Code: DT8  
Languages: ENGLISH

0206885 82171810  
**Making employee surveys work for your organization.**  
Fonvielle WH  
Manage Rev ,Apr 1982, 71 (4) p47-54, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0206884 82171492  
**Alternatives to fixed scheduling.**  
Lampi GL  
J Patient Acc Manage ,Apr-May 1982, p20-1, Journal Code: KOH  
Languages: ENGLISH

0206852 82168581  
**Illegal aliens: facts you should know.**  
Vaccaro PL; Byrne EA  
J Am Health Care Assoc ,Jan 1982, 8 (1) p97-8, ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH



0206802 82166939  
**Incentive program for administrators: adopting big business attitudes in health care?**  
Showalter RH Jr  
Hosp Financ Manage ,May 1982, 36 (5) p50-2, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206752 82166192  
**Improving communication skills.**  
J Am Med Rec Assoc ,Apr 1982, 53 (2) p101-5, ISSN  
0025-7486 Journal Code: GJV  
Languages: ENGLISH

0206723 82166013  
**Training supervisors--through behavior modeling: an approach used at North Carolina Memorial Hospital for four years.**  
Goldfinch J  
Hosp Top ,May-Jun 1982, 60 (3) p33-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0206682 82165845  
**Nurse staffing: targets for quality.**  
Goldstone L; Collier M  
Health Soc Serv J ,Mar 25 1982, 92 (4789) p362-5, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

00030

0206677 82165840  
**Making ambulatory surgery easy.**  
Baader MJ  
Health Serv Manager ,May 1982, 15 (5) p13-4, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0206648 82164635  
**Self inspection in housekeeping.**  
DeGiudice FR  
Exec Housekeep Today ,Apr 1982, 3 (4) p16-7, Journal  
Code: EHV  
Languages: ENGLISH

0206613 82162626  
**Staffing and scheduling options.**  
Rasmussen SR

CCQ ,Jun 1982, 5 (1) p35-41. ISSN 0160-2551 Journal  
Code: CPW  
Languages: ENGLISH

0206410 82179638  
**A study of job turnover among clinical laboratory personnel.**  
Karni KR; Studer WM; Carter SJ  
Am J Med Technol ,Jan 1982, 48 (1) p49-59, ISSN  
0002-9335 Journal Code: 3L0  
Languages: ENGLISH

A study of job turnover in clinical laboratories in the Minneapolis-St. Paul area was conducted in the years 1970, 1975, and 1980. Annual turnover rates for all laboratory personnel were 20%, 19% and 15% respectively. The groups with the lowest turnover were cytotechnologists, histologic technicians and clinical laboratory scientists (medical technologists). The highest turnover occurred among clinical laboratory technicians and "others," primarily supportive personnel such as phlebotomists, assistants, and aides.

0206398 82179596  
**Improving supervisory skills in the management of unionized technicians.**  
Whalen FJ  
Am J Hosp Pharm ,Mar 1982, 39 (3) p450-2, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The development and implementation of a labor-relations program that was designed to improve staff pharmacist supervisory skills and work relations with unionized technician is described. This program of a large hospital pharmacy department was created at a time when the technician staff was being expanded substantially and the staff pharmacists lacked supervisory skills. The objective was to give both pharmacists and technicians an understanding of how job duties and responsibilities are integrated with the policies and procedures of the pharmacy and the hospital and with the requirements of the union contract. The program also provided the staff pharmacist with training in supervisory skills. A five-session course covered 20 labor-relations topics, including employee and management rights and responsibilities, employee relations, and discipline and grievance procedures. The program took a positive approach to improving interrelationships between the professional and technical staffs of the department.

00037

0206040 82175429

**Employee development via performance reviews.**

Borkan S

Quintessence Dent Technol ,Jan 1982, 6 (1) p75-9,  
Journal Code: Q99

Languages: ENGLISH

0205859 82173688

**Staff turnover - a hidden office cost.**

Winter L

NY State Dent J ,Mar 1982, 48 (3) p163-5, ISSN  
0028-7571 Journal Code: DB6

Languages: ENGLISH

0205858 82173687

**The ABC's of office happiness.**

Swart RJ

NY State Dent J ,Mar 1982, 48 (3) p160-1, ISSN  
0028-7571 Journal Code: DB6

Languages: ENGLISH

0205546 82169564

**Relating nursing staff quality to patients' needs.**

Cleland V

J Nurs Adm ,Apr 1982, 12 (4) p32-7, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

0205544 82169562

**Nurse staffing in a decentralized organization: part II.**

Althaus JN; Hardyck NM; Pierce PB; Rodgers MS

J Nurs Adm ,Apr 1982, 12 (4) p18-22, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

It must be emphasized that none of the steps described in this planning process emerged overnight. Rather, they were achieved through a process of evolution, sometimes through trial and error, and always with consultation and participation by many members of the hospital nursing staff. Participation by many in the process of planning for a workable staffing system has been essential to its success. Indeed, creative scheduling by the head nurse is possible because of the way in which the system has been organized. The fact that head nurses are responsible for staffing their own units makes it infinitely easier for them to see what they need to make their units operate effectively and efficiently. Creative scheduling includes the possibility of arranging nurses' hours outside the rigid three-shift schedule used by so many hospitals. Many El Camino nurses now report for work at different hours. In addition, the use of flexible work

weeks has proven valuable. Some head nurses now allow for a ten-hour, four-day work week; in emergency staffing situations there have, on occasion, been twelve-hour days. Even as this system evolves, it faces change. Just as the requirements for staff cannot be rigid, so must problem solving be flexible and constantly under review. The fact that El Camino believes in constant monitoring of its system is essential to its success.

A key philosophical foundation of decentralization is that it must be subject to change. This is no less true in staffing than in other parts of the decentralization structure. By agreeing that change is constant and necessary and that participation is required at all levels of the staffing planning process, we have constructed the outlines of a system that will work in the future as well as it does in the present. Our system centers around the head nurses. It involves their planning; thus it also involves the support of those members of the nursing staff who can provide essential information. But the decisions about how to use the information remain with the head nurse. And that, as much as anything, is at the heart of the decentralized nursing structure.

0205494 82169064

**The selection of special educators and learning disability specialists.**

Wilson B; Sapir SG

J Learn Disabil ,Mar 1982, 15 (3) p166-72, ISSN  
0022-2194 Journal Code: IWO

Languages: ENGLISH

00038

0205314 82166411

**High medical consultation rates of lead workers after industrial dispute over lead effects.**

Araki S; Murata K; Yanagihara S; Ushio K  
Int Arch Occup Environ Health ,Feb 1982, 49 (3-4)  
p241-50, ISSN 0340-0130 Journal Code: GPN  
Languages: ENGLISH

Medical consultation rates were compared between a group of lead workers (346 males) and two groups of non-lead workers (317 and 329 males) in a newspaper company where a serious industrial dispute took place over health effects of lead three years before this study. The comparison was also made within the group of lead workers. Maximal blood lead concentrations (PbBs) ranged from 0.1 mumol/kg to 3.6 mumol/kg (74 microgram/100 g) with an average of 1.3 mumol/kg in the past three years. Ages averaged 35 years in lead workers, and 34 and 30 years in non-lead workers, the ranges being 19-55 years in all. The consultation rate of lead workers was significantly higher than that of both the non-lead workers (P less than 0.001), when the number of workers who consulted physicians or dentists once or more for a year per 100 workers (general consultation rate) was compared. Disease-specific consultation rates were also higher in lead workers for seven categories of diseases and injuries such as hypertensive disease and peptic ulcers. When lead workers were divided into three groups by PbB or erythrocytes delta-aminolevulinic acid dehydratase (ALAD) levels, however, no significantly high rate was found in the higher PbB groups not lower ALAD groups in terms of general and disease-specific consultation rates. It was concluded that the industrial dispute might have been a major cause of the high consultation rate of lead workers.

0205272 82165970

**Home care agency DKs 4-40 workweek.**

Large N; Resick MJ  
Hospitals ,May 16 1982, 56 (10) p58-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0205207 82165423

**The management clinic: conducting performance appraisals.**

Brown R; Slattery S  
Dimens Health Serv ,Feb 1982, 59 (2) p18-9, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0204968 82162194

**Performance evaluation.**

Thorogood L  
Can J Psychiatr Nurs ,Jan-Mar 1982, 23 (1) p8-9, ISSN  
0008-4247 Journal Code: CJP  
Languages: ENGLISH

0204852 82160752

**Epilepsy in the British Steel Corporation: an evaluation of sickness, accident, and work records.**

Dasgupta AK; Saunders M; Dick DJ  
Br J Ind Med ,May 1982, 39 (2) p145-8, ISSN 0007-1072  
Journal Code: AXS  
Languages: ENGLISH

Information relating to sickness, accident, and work records in 45 people with epilepsy employed in the British Steel Corporation was obtained and compared with 38 matched control subjects. Fewer people with epilepsy were prepared to do shift work compared with controls, and prolonged absence from work due to sickness was more frequent in the epileptic group. There was no difference between the two groups in four out of five factors relating to job performance. Those in the epileptic group who had an associated personality disorder had significantly poorer job performance ratings.

0204780 82154462

**'Marketing' skills tried in VA drive for nurses.**

Jemison T  
US Med ,Apr 1 1982, 18 (7) p1, 16-7, ISSN 0042-1227  
Journal Code: WZP  
Languages: ENGLISH

0204680 82151132

**Recruiting roundup.**

Profiles Hosp Mark ,2d Quarter 1982, (6) p38-41,  
Journal Code: PZO  
Languages: ENGLISH

0204645 82151097

**IdeaBank for cost containment.**

Profiles Hosp Mark ,1st Quarter 1982, (5) p14-7,  
Journal Code: PZO  
Languages: ENGLISH

00039

0204639 82150502

**Managing laboratory personnel--are you prepared? Part II.**

Dorsey DB  
Pathologist ,Apr 1982, 36 (4) p199-202, ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH

At the center of the hardware in the clinical laboratory are people, and managing these people can be difficult for the resident who has had no management experience or instruction in management skills. Last month, in the first of the two part article, the author explained how a pathologist's administrative role differs from his role as a physician, reviewed management styles, and discussed management tools the laboratory director needs to organize and operate a laboratory. Here, he focuses on the orientation program for new employees, motivational factors, and the importance of personnel policies, job performance evaluation, counseling and disciplinary action, and proper delegation of responsibilities.

0204601 82148155

**Hospital information systems: computer helps unit justify staffing pattern.**

Bendix J  
Mod Health Care ,Apr 1982, 12 (4) p113, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0204482 82140561

**Carner's codes, Chapter 1: your compensation.**

Carner DC  
Hosp Forum ,May-Jun 1982, 25 (3) p45, 47-8, 51 passim,  
ISSN 0018-5663 Journal Code: GDE  
Languages: ENGLISH

0204441 82140462

**Nurse staffing: using resources for better efficiency and effect.**

Grazman TE  
Health Serv Manager ,Apr 1982, 15 (4) p11-4, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0204387 82137737

**Accessibility: the barriers are more than physical.**

Fairweather RG  
Hosp Trustee ,Mar-Apr 1982, 6 (2) p5-7, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0204370 82136330

**Updating of National Service and U.S. Government Life Insurance regulations: Veterans Administration. Final regulations.**

Fed Regist ,Mar 18 1982, 47 (53) p11656-61, ISSN  
0097-6326 Journal Code: B58

Languages: ENGLISH  
The Veterans Administration is amending its regulations relating to insurance matters to (1) permit a Veterans Administration physician's assistant to conduct certain physical examinations that are required for insurance purposes, (2) reflect that the law permits the conversion or exchange of National Service Life Insurance policies to insurance on a modified life plan with reduction at 70, (3) update certain Agency insurance service personnel job titles, and (4) update insurance information pamphlet and policy form references. In addition, certain terms are being changed to eliminate gender reference in those regulations which are being amended. These changes result from a review of the Agency's insurance regulations.

0203656 82150441

**Leadership qualities: rule by example.**

Wilkinson R  
Nurs Mirror ,Mar 17 1982, 154 (11) p32, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0203629 82150379

**A case for concern.**

Dopson L  
Nurs Times ,Feb 24-Mar 2 1982, 78 (8) p305, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0203585 82150307

**The search interview.**

Heller BR; Okolowski RS; O'Driscoll RM; Frain M; Brody JK  
Nurs Outlook ,Mar 1982, 30 (3) p182-5, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

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0203584 82150306  
**The search committee process.**  
Bayne MV; Parker B; Todd A  
Nurs Outlook ,Mar 1982, 30 (3) p178-81, ISSN 0029-6554  
Journal Code: O9H  
Languages: ENGLISH

0203480 82149346  
**Contingency nursing.**  
Shearer KM  
Nurs Manage ,Mar 1982, 13 (3) p56-8, Journal Code: OBV  
Languages: ENGLISH

0203476 82149342  
**Art and science of management: your basic resource.**  
Levenstein A  
Nurs Manage ,Mar 1982, 13 (3) p40-2, Journal Code: OBV  
Languages: ENGLISH

0203475 82149341  
**Reducing workloads for staff nurses.**  
Trofino J  
Nurs Manage ,Mar 1982, 13 (3) p37-8, Journal Code: OBV  
Languages: ENGLISH

0203473 82149339  
**Employee discipline: be positive not punitive.**  
Steines PA  
Nurs Manage ,Mar 1982, 13 (3) p29-32, Journal Code:  
OBV  
Languages: ENGLISH

0203470 82149335  
**Staffing: what the books don't tell you!**  
Holle ML  
Nurs Manage ,Mar 1982, 13 (3) p14-6, Journal Code: OBV  
Languages: ENGLISH

0203466 82149330  
**A permanent day shift for staff.**  
Weaver CG  
Nurs Manage ,Feb 1982, 13 (2) p30-2, Journal Code: OBV  
Languages: ENGLISH

0203462 82149326  
**Art and science of management: Shift rotation--a nursing challenge.**  
Levenstein A  
Nurs Manage ,Feb 1982, 13 (2) p16-7, Journal Code: OBV  
Languages: ENGLISH

0203436 82149234  
**Personnel management and the nurse.**  
Potter A  
Nurs Focus ,Jan-Feb 1982, 3 (5-6) p31, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0203433 82149231  
**Why a nurse in personnel?**  
Taylor JC  
Nurs Focus ,Jan-Feb 1982, 3 (5-6) p16, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0203405 82149165  
**An alternative to collective bargaining.**  
Sorrentino NM  
Nurs Adm Q ,Winter 1982, 6 (2) p81-4, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0203404 82149164  
**Breaking a union organizing effort--a rural hospital's experience.**  
Porter-O'Grady T; Harrell RD  
Nurs Adm Q ,Winter 1982, 6 (2) p75-80, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0203400 82149160  
**Mini on the scene: Seattle, Washington. Agency shop and the nurse administrator.**  
Cannon P  
Nurs Adm Q ,Winter 1982, 6 (2) p56-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

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0203399 82149159

**Mini on the scene: Seattle, Washington. Role of the nurse administrator in labor negotiations.**

DeGraw DK  
Nurs Adm Q ,Winter 1982, 6 (2) p50-6, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

0203141 82146413

**Teamwork/personnel conflicts.**

King BW  
JEN ,Jan-Feb 1982, 8 (1) p51-4, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0203003 82144843

**Nurse staffing in a decentralized organization: Part I.**

Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm ,Mar 1982, 12 (3) p34-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0203001 82144841

**The environment of decision.**

Barnard C  
J Nurs Adm ,Mar 1982, 12 (3) p25-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0203000 82144840

**Calculating nurse turnover indices.**

Duxbury ML; Armstrong GD  
J Nurs Adm ,Mar 1982, 12 (3) p18-24, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0202999 82144839

**Job expectations of senior nursing students.**

Burton CE; Burton DT  
J Nurs Adm ,Mar 1982, 12 (3) p11-7, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0202879 82143404

**Auxiliary turnover in 13 dental offices.**

Bader JD

J Am Dent Assoc ,Mar 1982, 104 (3) p307-12, ISSN  
0002-8177 Journal Code: H5J  
Languages: ENGLISH

0202685 82140613

**Labor relations--how to administer the grievance procedure.**

Metzger N; Ferentino JM  
Hospitals ,May 1 1982, 56 (9) p89-92, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0202450 82138151

**The employee--beginning to end.**

Prange C  
Chronicle ,Feb 1982, 45 (2) p27, 32, ISSN 0030-2201  
Journal Code: D7N  
Languages: ENGLISH

0202205 82130079

**Recruitment campaign draws national attention.**

Resnik D  
Tex Hosp ,Feb 1982, 37 (9) p30-1, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202165 82127512

**Proper staffing of an occupational safety and health office.**

Fine WT  
Prof Saf ,Mar 1982, 27 (3) p20-4, ISSN 0099-0027  
Journal Code: PZW  
Languages: ENGLISH

00042

0202151 82127043

**Managing laboratory personnel--are you prepared? Part I.**

Dorsey DB

Pathologist ,Mar 1982, 36 (3) p137-40, ISSN 0031-3017  
Journal Code: PAG

Languages: ENGLISH

Long a neglected subject, management is increasingly recognized as a tool that allows an organization to function optimally. Because medical schools do not stress management training, the pathologist can encounter problems when immersed for the first time into the field of management. In the first of a two-part article, the author explains how a pathologist's administrative role differs from his role as a physician, reviews briefly the different management styles, and discusses important management tools the laboratory director needs to organize and operate a laboratory.

0202149 82126900

**The formula for successful interviewing of food service personnel.**

Zaccarelli HE

Nurs Homes ,Jan-Feb 1982, 31 (1) p8-11, ISSN 0029-649X  
Journal Code: 096

Languages: ENGLISH

00031

0202137 82126519

**Theory Z--an alternative management style.**

Herkimer AG Jr; Herkimer F

Patient Acc ,Feb 10 1982, 5 (2) p2-3, ISSN 0195-7775  
Journal Code: OTE

Languages: ENGLISH

0202031 82119665

**Hiring a medical director.**

Lloyd JS

Hosp Med Staff ,Mar 1982, 11 (3) p17-22, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

Hiring a medical director involves more than specifying the basic qualifications a candidate should have. The hospital board and administration should clearly delineate its policy toward practice privileges for the medical director and the reporting relationship desired. This article also examines how to begin a search, how to tailor a campaign to attract qualified candidates, and various compensation considerations.

0202026 82119636

**A combined leave benefit system for the control of absenteeism in health care organizations.**

Schneller GD 4th; Kopelman RE; Silver JJ Jr

Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p63-74, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0202025 82119635

**The hospital administrator and organizational change: do we recruit from outside?**

Brady GF; Helmich DL

Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p53-62, ISSN  
0364-4553 Journal Code: G9T

Languages: ENGLISH

0202022 82119632

**Nursing shortage threatens ward closure? An analysis of one medical center's response.**

Lipscomb J; Toth PS; Wurster G

Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p18-25, ISSN  
0364-4553 Journal Code: G9T

Languages: ENGLISH

0201996 82119545

**The impact of alienated attitudes on employee performance.**

Strand AL

Healthcare Prot Manage ,Jan-Mar 1982, 2 (2) p6,  
Journal Code: G21

Languages: ENGLISH

0201910 82118455

**Staff appraisal & performance review--practical perspectives.**

Walton M

Health Serv Manpow Rev ,Feb 1982, 8 (1) p7-11, ISSN  
0306-0233 Journal Code: GBY

Languages: ENGLISH

0201909 82118454

**Job grading and reorganisation, past and present.**

Ellis D

Health Serv Manpow Rev ,Feb 1982, 8 (1) p3-7, ISSN  
0306-0233 Journal Code: GBY

Languages: ENGLISH

00043

0201860 82116975

**Incentive programs: do they really work?**

Wood W  
Exec Housekeep Today ,Feb 1982, 3 (2) p8, Journal  
Code: EHV  
Languages: ENGLISH

0201594 82132646

**Hiring drug information personnel.**

Hatfield SM; Ifshin SL; Abramowitz PW  
Am J Hosp Pharm ,Feb 1982, 39 (2) p288-91, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

An analysis of the functions performed at a drug information center (DIC) is described as the basis for hiring personnel. A functional job analysis demonstrated a division in the duties of DIC personnel. The workload demanded a drug literature specialist (DLS) to access, store, and retrieve drug information, and a practitioner in drug information (PDI) to analyze this information and make the appropriate clinical judgements. The DIC hired a DLS with a background in library science and experience with computer searching techniques to work with the PDI. It is suggested that the combination of a qualified librarian and a drug information pharmacist can provide the DIC with the optimal personnel. The analysis was a valuable tool in selecting personnel who possess the appropriate skills, job understanding, attitude, and innovative abilities.

0201591 82132643

**Job content and pharmacists' job attitudes.**

Quandt WG; McKercher PL; Miller DA  
Am J Hosp Pharm ,Feb 1982, 39 (2) p275-9, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The relationships between job content and hospital pharmacists' work attitudes are examined. A 152-item questionnaire was mailed to 507 hospital pharmacists in southeastern Michigan. The questionnaire included measures of job dimensions, psychological states, and personal and work outcomes. Mean scores for 34 subscales consisting of 2-5 related items were computed. Background characteristics were also assessed. Using factor analysis, the respondents were categorized as clinical, inpatient, outpatient, or generalists depending on their reported relative time spent performing 23 nonadministrative job functions. Analysis of variance was performed across the four groups for each subscale; the level of significance was set at 0.001. The response rate was 56%, representing 283 completed questionnaires. The clinical, outpatient, inpatient, and generalist pharmacist groups consisted of 43, 36, 70, and 134 respondents, respectively. There was a prevalent trend in the rank order in which pharmacists in the four groups responded to various subscales. The clinical group had the highest scores for 13 of the 14

subscales that were significantly different across pharmacist groups. Alternatively, in all but one of the significantly different subscales the inpatient group ranked lowest. Because pharmacists in the clinical group consistently scored higher than the other groups on scales measuring components of job enrichment, the authors concluded that the challenge of hospital pharmacy managers is to adapt the positive features of clinical practice to other areas of the profession.

0201382 82128899

**Leadership at work. Picking winners: a primer for hiring staff.**

Del Bueno DJ  
RN ,Feb 1982, 45 (2) p96-100, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0201113 82126859

**Consultation and involvement.**

Slack P  
Nurs Times ,Jan 13-19 1982, 78 (2) p67-8, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0201108 82126852

**Disciplinary procedures.**

Slack P  
Nurs Times ,Jan 13-19 1982, 78 (2) p49, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0200999 82126143

**Retention crisis.**

Hill BS  
Nurs Manage ,Jan 1982, 13 (1) p20-1, Journal Code: OBV  
Languages: ENGLISH

0200998 82126142

**A case study: night supervision.**

Sherwood T  
Nurs Manage ,Jan 1982, 13 (1) p16-9, Journal Code: OBV  
Languages: ENGLISH

00044



0200662 82121870

**How does the 12-hour shift affect patient care?**

Vik AG; MacKay RC  
J Nurs Adm ,Jan 1982, 12 (1) p11-4, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0200210 82118501

**Nursing marketing audit charts course for future.**

Walter CM  
Hospitals ,Mar 1 1982, 56 (5) p33-4, 36, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0199262 82107503

**Active strategies for combating stress.**

Same Day Surg ,Jan 1982, 6 (1) p5-10, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

00032

0199060 82096901

**MBO--management by objectives (or objections).**

Hatfield BP  
Hosp Top ,Jan-Feb 1982, 60 (1) p42, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00033

0199056 82096897

**Quality circles in nursing.**

Hatfield B  
Hosp Top ,Jan-Feb 1982, 60 (1) p34, 40, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199055 82096896

**Consultant's corner: nursing turnover has increased dramatically.**

Steinle JG  
Hosp Top ,Jan-Feb 1982, 60 (1) p31-4, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199026 82096850

**Earned time policy aims to improve RN attendance.**

Cwiek MA  
Hosp Prog ,Feb 1982, 63 (2) p49-50, ISSN 0018-5817

Journal Code: GD1  
Languages: ENGLISH

0199014 82096838

**Nurse counselor: new strategy to retain nurses.**

Cwiek PL  
Hosp Prog ,Jan 1982, 63 (1) p50-1, 58, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0198761 82110964

**System to measure the use of pharmacy personnel.**

Hunt ML Jr; Tuck BA; Adams CT  
Am J Hosp Pharm ,Jan 1982, 39 (1) p82-5, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

The development of a program to monitor the use of pharmacy personnel is described. The program is part of a hospital-wide Labor Information System developed to support requests for additional staff, to highlight opportunities for improved and allocation of manpower, and to serve as a conceptual model of the department from a manpower perspective when communicating with other members of the hospital organization. Nine major functions of the pharmacy department were identified. Detailed activities for each function were listed along with the type of personnel who performed each activity. Standards representing the amount of time spent on each activity were then developed. Variable, fixed, and open standards were used. Workload volumes are tabulated on a biweekly basis and entered into a computer. Payroll data covering the same period are simultaneously fed into the computer system. The resulting computer-generated report compares the service hours necessary to perform the actual workload (based on the predetermined time standards) to the available hours actually worked by each job category of pharmacy personnel. The ratio of service hours to available hours measures the use of personnel by functional activity. The system has been successfully applied to support requests for additional personnel, to forecast staffing needs for new programs, and to make operational improvements. In addition, the system has the capacity to accurately monitor personnel time for providing clinical services.

00045

0198407 82107381  
**We bit the bullet.**  
Alt J; Brown DL; Wilson F  
RN ,Jan 1982, 45 (1) p52, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0198406 82107380  
**A 'magic' solution for all our staffing ills.**  
Van Meter M  
RN ,Jan 1982, 45 (1) p49-51, 53, ISSN 0033-7021  
Journal Code: TWP  
Languages: ENGLISH

0197499 82096799  
**The nurse shortage: how can we turn the exodus around?**  
Kernaghan SG  
Hospitals ,Feb 1 1982, 56 (3) p53-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
The nurse shortage can be seen as a symptom of the problems caused by the unwillingness of most hospital power groups to share their control of both resources and decision making. Nurses will continue to leave hospital work if hospitals persist in ignoring nurses' pleas for a share of the rewards and power that should be commensurate with the enormous contributions they make to patient care.

0197053 82082072  
**Occupational health in organizations: strategies for personnel effectiveness.**  
Schuler RS  
Pers Adm ,Jan 1982, 27 (1) p48-52, 54-5, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

**ADMINISTRACION PUBLICA**

00047

0247962 83168298

**[Developmental trends in the public health service in Germany. Reflections on historical sociology of public health care]**

Entwicklungslinien des öffentlichen Gesundheitsdienstes in Deutschland. Vorüberlegungen zur historischen Soziologie öffentlicher Gesundheitsvorsorge.

Labisch A

Off Gesundheitswes (GERMANY, WEST) ,Nov 1982, 44 (11)  
p745-61, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0247961 83168297

**[Are the public health physician and the Public Health Department unnecessary? What is the future of public health service?]**

Sind der Amtsarzt und das Gesundheitsamt überflüssig? Wie steht es mit der Zukunft des öffentlichen Gesundheitsdienstes?

Stein HA

Off Gesundheitswes (GERMANY, WEST) ,Nov 1982, 44 (11)  
p743-4, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0247700 83168006

**[Proposal of the Gold Medal Merit Group of Public Health on the subject of infectious diseases]**

Mozione del Gruppo Medaglie d'Oro al Merito della Sanita Pubblica in tema di malattie infettive.

Minerva Med (ITALY) ,Feb 28 1983, 74 (8) p413-4, ISSN  
0026-4806 Journal Code: N6M

Languages: ITALIAN

0247288 83167589

**Successful pediatric primary care in a public health setting.**

Irons TG

NC Med J (UNITED STATES) ,Feb 1983, 44 (2) p88-91, ISSN  
0029-2559 Journal Code: NTX

Languages: ENGLISH

0245613 83165805

**[Physicians and the health crisis]**

Medicos y crisis de la sanidad.

Nolasco Acarin P

Med Clin (Barc) (SPAIN) ,Jan 15 1983, 80 (1) p31-6,  
ISSN 0025-7753 Journal Code: LTQ

Languages: SPANISH

0245156 83165327

**[Health and society. Effective in parliamentary committees]**

Sante et societe. Efficace dans les commissions parlementaires.

Grand-Greub H

Krankenpflege (Bern) (SWITZERLAND) ,Jan 1983, (1) p45,  
ISSN 0253-0465 Journal Code: KX7

Languages: FRENCH

0245096 83165267

**[Tasks of public health and medical science in further developing oncologic services to the population in light of the resolutions of the 24th Party Congress]**

Zadachi zdravookhraneniia i meditsinskoj nauki v dal'neishem razvitii onkologicheskoi pomoshchi naseleniiu v svete reshenii XXVI s"ezda KPSS.

Burenkov SP

Klin Med (Mosk) (USSR) ,Jan 1983, 61 (1) p6-15, ISSN  
0023-2149 Journal Code: KW2

Languages: RUSSIAN

00034

0240196 83160273

**The effective application of contingency theory in health settings: problems and recommended solutions.**

Strasser S

Health Care Manage Rev (UNITED STATES) ,Winter 1983, 8  
(1) p15-23, ISSN 0361-6274 Journal Code: G11

Languages: ENGLISH

Contingency theory as a managerial perspective is conceptually elegant, but it may cause a number of unforeseen problems when applied in real work settings. Health care administrators can avoid many of these problems by using a hybrid contingency theory framework that blends the manager's own perceptions and experience with established contingency models.

0239520 83159593

**Practical evaluation of a tuberculosis control programme in Algeria.**

Larbaoui D

Indian J Chest Dis Allied Sci (INDIA) ,Apr-Sep 1982, 24  
(2-3) p208-12, ISSN 0377-9343 Journal Code: GI2

Languages: ENGLISH

00048

00035

0232282 83146708

**Systemic approach to planning socialist health services.**

Kant VI

Sante Publique (Bucur) ,1982, 25 (3) p163-70, ISSN

0048-9107 Journal Code: U9T

Languages: ENGLISH

0231804 83142592

**[The future of public health--organization and tasks]**Zur Zukunft des öffentlichen Gesundheitsdienstes--Organisat-  
ion und Aufgaben.

Femmer HJ

Off Gesundheitswes ,Dec 1982, 44 (12) p805-14, ISSN

0029-8573 Journal Code: OFE

Languages: GERMAN

0230357 83128268

**NHS reorganisation. Getting down to units.**

Bussey A

Br Med J [Clin Res] ,Aug 28 1982, 285 (6342) p663-4,

Journal Code: B4X

Languages: ENGLISH

0229799 83103411

**Developments in hospice care: New York State demonstrations.**

Caring ,Feb 1983, p13-4, Journal Code: C9V

Languages: ENGLISH

0229459 83122424

**The changing role of the Health Extension Officer in Papua  
New Guinea.**

Crouch PR

Papua New Guinea Med J ,Jun 1982, 25 (2) p77-8, ISSN

0031-1480 Journal Code: YEU

Languages: ENGLISH

0228970 83116203

**A matter of worth.**

Dell RA

Ohio State Med J ,Dec 1982, 78 (12) p817-8, 821, ISSN

0030-1124 Journal Code: OGS

Languages: ENGLISH

0228955 83116170

**[Attempts at optimizing rubella vaccination by the Public  
Health Service]**Versuche zur Optimierung der Rotelnimpfung durch das  
Gesundheitsamt.

Sander J; Paris-Wittkamper D; Niehaus C

Off Gesundheitswes ,Sep 1982, 44 (9) p642-3, ISSN

0029-8573 Journal Code: OFE

Languages: GERMAN

0227869 83098117

**States' activities on block grants outlined.**

Am Med News ,Jan 14 1983, 26 (2) p24, ISSN 0001-1843

Journal Code: 3YS

Languages: ENGLISH

0227580 83081881

**There are alternatives.**

Young QD

Internist ,Jul-Aug 1982, 23 (6) p11-2, ISSN 0020-9546

Journal Code: GVZ

Languages: ENGLISH

0227536 83080954

**Bring it all back home: a prospectus for the Illinois Health  
Service Authority.**

Gelder M

Health Med ,Winter 1982, 1 (1) p8-22, Journal Code:

GAH

Languages: ENGLISH

0227535 83080953

**Block grants: the states take the money and run.**

Knauss J

Health Med ,Winter 1982, 1 (1) p5-7, 24, Journal Code:

GAH

Languages: ENGLISH

0227264 83097711

**Public health nurse. Generalist or specialist?**

Pinckney CA; Kimbro CD

Am J Nurs ,Jan 1983, 83 (1) p86-8, ISSN 0002-936X

Journal Code: 3MW

Languages: ENGLISH

00049

0225805 83081055

**A state of transition. State health officers try to judge outbacks, growing need, and added responsibilities.**

Friedman E  
Hospitals ,Jan 16 1983, 57 (2) p68-73, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0225455 83076808

**The development of Indian Boards of Health in Alberta.**

Nuttall RN  
Can J Public Health ,Sep-Oct 1982, 73 (5) p300-3, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0225210 83068596

**Communicable disease reporting.**

Wilson R  
Tex Hosp ,Dec 1982, 38 (7) p30, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225207 83068593

**Texas Department of Human Resources.**

Pendergrass RK  
Tex Hosp ,Dec 1982, 38 (7) p15-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225206 83068592

**Texas Department of Health.**

Bernstein R  
Tex Hosp ,Dec 1982, 38 (7) p12-4, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0224879 83055441

**Forecast '83.**

Health Care (Don Mills) ,Nov 20 1982, 24 (8) p13-7, 45,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0224874 83055421

**Implementation of a data release policy.**

Lichtig LK  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p34-42, ISSN

0273-9976 Journal Code: GJV

Languages: ENGLISH

0224719 83053545

**Behavioral evaluation of a state program of deinstitutionalization of the developmentally disabled.**

Walsh JA; Walsh RA  
Eval Program Plann ,1982, 5 (1) p59-67, ISSN 0149-7189  
Journal Code: EOB  
Languages: ENGLISH

The purpose of this study was to evaluate one phase of a statewide program of deinstitutionalizing developmentally disabled individuals. Forty adults who had spent a minimum of six months in community placements were evaluated with respect to changes in behavior associated with movement out of state institutions and into community settings such as group homes and day activity centers. Pre- and post-deinstitutionalization measures were taken with the Behavior Development Survey. Post-deinstitutionalization measures on Cataldo and Risley's Resident Activity Manifest were compared to the same measures obtained on 159 developmentally disabled individuals scheduled for deinstitutionalization. A consistent pattern of positive changes on both instruments favored deinstitutionalization, but changes could not be unequivocally attributed to movement out of the institutions per se.

0223543 83062788

**The teaching hospital and the future role of state government.**

Schramm CJ  
N Eng J Med ,Jan 6 1983, 308 (1) p41-5, ISSN 0028-4793  
Journal Code: NDW  
Languages: ENGLISH

0223402 83060974

**Physician recruitment program.**

J Tenn Med Assoc ,Jul 1982, 75 (7) p487-8, ISSN  
0040-3318 Journal Code: K7J  
Languages: ENGLISH

00050

0223095 83057384  
**Efficient local-state-federal public health systems.**  
Eisea WR  
J Public Health Policy ,Sep 1982, 3 (3) p348-50, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0223094 83057383  
**Coping with a changing health scene; a local health department's experience.**  
Brumback CL  
J Public Health Policy ,Sep 1982, 3 (3) p342-7, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0223093 83057382  
**Can local health departments survive the current fiscal crisis? Panel discussion.**  
J Public Health Policy ,Sep 1982, 3 (3) p328-41, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0223092 83057381  
**Can local health departments survive the current fiscal crisis?**  
Weisbuch JB  
J Public Health Policy ,Sep 1982, 3 (3) p315-27, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

00036

0223090 83057379  
**Health policy, A social contract: a comparison of the United States and Canada.**  
Lee SS  
J Public Health Policy ,Sep 1982, 3 (3) p293-301, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0222880 83054466  
**Telehealth in Ontario.**  
Luterbach EJ  
Dimens Health Serv ,Aug 1982, 59 (8) p32, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0221072 83038673

**Construct for public health nursing.**  
White MS  
Nurs Outlook ,Nov-Dec 1982, 30 (9) p527-30, ISSN  
0029-6554 Journal Code: D9H  
Languages: ENGLISH

0221070 83038671  
**Implications of the competition model.**  
Ehlinger EP  
Nurs Outlook ,Nov-Dec 1982, 30 (9) p518-21, ISSN  
0029-6554 Journal Code: D9H  
Languages: ENGLISH

0221068 83038669  
**The computer in public health: today and tomorrow.**  
Saba VK  
Nurs Outlook ,Nov-Dec 1982, 30 (9) p510-4, ISSN  
0029-6554 Journal Code: D9H  
Languages: ENGLISH

0220843 83036344  
**Blood lead levels in Queensland children.**  
Rathus M; Latham S; Golding G; Rowan C  
Med J Aust ,Aug 21 1982, 2 (4) p183-5, ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH

0220729 83035200  
**Administration of medications during school hours.**  
Dorsett T  
J Sch Health ,Sep 1982, 52 (7) p444-5, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

00051

00037

0220319 83031369

**A method for using epidemiologic data to estimate the potential impact of an intervention on the health status of a target population.**

Morgenstern H; Bursic ES  
J Community Health ,Summer 1982, 7 (4) p292-309, ISSN  
0094-5145 Journal Code: HUT  
Contract/Grant No.: 5-DD4-AH-01759-03; 1-POI-CA-16359-05  
Languages: ENGLISH

A general method is proposed for estimating the potential impact of a prevention program involving risk factor modification on the incidence of specific diseases in a target population. An evaluative framework for comparing alternative intervention strategies is also presented. On the basis of results from epidemiologic studies, the user must specify certain parameters regarding the distribution of the risk factor that is to be modified in the population, the magnitude of the association between the risk factor and disease, and the total risk of disease in the population. A quantitative measure, called the potential impact fraction, is derived to estimate the proportion of expected new cases that may be prevented under intervention programs of varying success. Estimates of this measure are then used to assess the potential efficacy, effectiveness, adequacy, and efficiency of planned intervention strategies. The method is illustrated with published data relating relative weight and coronary heart disease among middle-aged U.S. men, comparing different strategies of weight reduction. Key assumptions of the method and interpretation of results are discussed.

0220101 83028943

**[The state is not a judge in scientific matters. A drive towards strengthening of professional commissions in the Public Health Service in matters of admission and revocation of drugs]**

Der Staat ist kein Wissenschaftsrichter. Vorstoss zur Stärkung der Fachkommissionen beim Bundesgesundheitsamt bei Zulassung und Zulassungswiderruf von Arzneimitteln.

Girstenbrey W  
Fortschr Med ,Aug 26 1982, 100 (31-32) p1425-6, ISSN  
0015-8178 Journal Code: F62  
Languages: GERMAN

0219640 83006502

**Current issues in health policy making for the Government of British Columbia. A collection of occasional papers--U.B.C. Health Policy Study Group.**

Health Manage Forum ,Autumn 1982, 3 (3) p27-86, ISSN  
0712-5046 Journal Code: G56  
Languages: ENGLISH

0218730 83012319

**A primary health care project in Sarawak.**

Chen PC; Tan YK  
Med J Malaysia ,Mar 1982, 37 (1) p25-34, ISSN 0300-5283  
Journal Code: M2M  
Languages: ENGLISH

0218708 83011952

**Current concepts of child abuse and neglect.**

White ER; Guehl RL; White AH; Spottswood JP; Morgenstern MS  
Leg Med ,1982, p41-57, ISSN 0197-9981 Journal Code:  
L3Q  
Languages: ENGLISH

0218705 83011948

**The physicians' role in highway safety--reporting requirements.**

Gregory DR  
Leg Med ,1982, p257-66, ISSN 0197-9981 Journal Code:  
L3Q  
Languages: ENGLISH

0218700 83011943

**The legal noose gets tighter.**

Hirsh HL  
Leg Med ,1982, p187-211, ISSN 0197-9981 Journal Code:  
L3Q  
Languages: ENGLISH

00052



0218657 83011617

**Effect of a WIC program on children's clinic activity in a local health department.**

Kotch JB; Whiteman D  
Med Care ,Jul 1982, 20 (7) p691-8, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Two years' encounter data from a local health department in rural North Carolina are analyzed to determine the extent to which WIC increased the demand for health department services.

WIC clinic visits were found to contribute disproportionately to Children's Clinic activity. Nearly 80 per cent of the increase in total clinic encounters from FY78 to FY79 was attributable to WIC alone. Whereas in the first quarter of FY78 only 18 per cent of Children's Clinic encounters by infants were to WIC clinics, that number had risen to more than 58 per cent by the last quarter of FY79. The number of children on WIC as a percentage of all non-WIC encounters with public health nurses increased during the same period from 19 to 34 per cent. Finally, infants who came for the first time to the Children's Clinic to be certified for WIC contributed an increasing percentage of all infants seen in non-WIC clinics, from 0 per cent at the start of the study to almost 15 per cent by the final quarter. It is concluded that the presence of the WIC program in this local health department was responsible for substantial increases in non-WIC clinical activity that were not supported financially by WIC or any other source.

0218628 83011301

**State responsibility for the control of asbestos in the schools.**

Stavisky LP  
J Sch Health ,Aug 1982, 52 (8) p358-64, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0218206 83006462

**The elderly patient in the acute hospital sector.**

Bouchier IA; Williamson J  
Health Bull (Edinb) ,Jul 1982, 40 (4) p179-82, ISSN 0374-8014  
Journal Code: G1Y  
Languages: ENGLISH

0218171 83005972

**Health care in Poland: from crisis to crisis.**

Millard LF  
Int J Health Serv ,1982, 12 (3) p497-515, ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

During its first twenty years the Polish health service represented a neglected sector of government activity, as the

development of heavy industry remained the predominant economic goal, with social policy regarded as a "nonproductive" sphere. When Edward Gierek came to power in 1970, the promise of reform extended throughout society to include health. However, despite a fundamental organizational reform, the health service has remained in a state of crisis, currently worsening as a result of mounting economic dislocation and political tension. Inadequate access to treatment, lack of continuity of care, poor quality of care, profound shortages of drugs and supplies, and the absence of preventive medicine are some of the manifestations of this crisis. Its main causes lie in the political weakness of the Ministry of Health, with consequent underfunding and the nonfulfillment of its plans. This situation is exacerbated by continuing organizational fragmentation, the neglect of primary care, the existence of conflicting aims in health policy, and the dominance of an ideology of clinical specialism.

0218167 83005968

**Health status and the development of health services in colonial state: the case of British Malaya.**

Leng CH  
Int J Health Serv ,1982, 12 (3) p397-417, ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

The health of a population and the development of health services in a country at a particular time in history are directly linked to the socioeconomic system. This paper discusses health and health services in Malay Peninsula during the time that it was a British colony. Economic production under British colonialism, which is basically a capitalist system, is organized primarily for the purpose of realizing profits. The health of the population is in direct conflict with and generally subordinated to this main objective. The pattern of health that emerges reflects this general framework. Moreover, health services under the colonialist system are developed primarily to serve the economic interests of the colonialists. Hence, the structure of health services is biased toward curative medicine and centered mainly in the urban areas.

0217841 83001002

**Screening in disease prevention.**

Crown J  
Br J Hosp Med ,Jun 1982, 27 (6) p577-81, ISSN 0007-1064  
Journal Code: BZ5  
Languages: ENGLISH

00053

0217813 83000947

**Some reflections on the past and present relationship between the PSROs and the State Health Department.**

Goldstein HB  
Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p122-6, ISSN  
0028-7091 Journal Code: BQD  
Languages: ENGLISH

0217812 83000946

**The relationship between the Professional Standards Review Organizations and the State Health Department.**

McGarvey MR  
Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p114-21, ISSN  
0028-7091 Journal Code: BQD  
Languages: ENGLISH

0216609 82277720

**Public health in the Mongolian People's Republic in the 60 years since the People's Revolution.**

Demberel B; Baldandorzkh D  
Sante Publique (Bucur) ,1982, 25 (1) p13-20, ISSN  
0048-9107 Journal Code: U9T  
Languages: ENGLISH

0216539 82277352

**Man-made lakes and man-made diseases. Towards a policy resolution.**

Hunter JM; Rey L; Scott D  
Soc Sci Med ,1982, 16 (11) p1127-45, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Throughout the tropical world, in Africa, Asia and Latin America, the construction of water impoundments, for irrigation and other purposes, in areas of endemic water-related diseases, has inexorably intensified community levels of infection, and also created new areas of transmission. The clearest 'indicator' disease is a schistosomiasis, but other are involved such as malaria and the filariases. An assessment for the future suggests a worsening situation because of population growth, the demand for food production, and the increased technological capacity of the "bulldozer revolution" to effect earth impoundments. The typical sectoral dichotomy in which a department of agriculture creates a disease outbreak through its development activity, leaving its counterpart department of public health to cope on the curative basis, where possible, is strongly deplored. A policy position is offered whereby disease prevention measures are integrated with development projects from the beginning, and infrastructural investment and operational costs for health maintenance are identified and incorporated in the total benefit-cost analysis. The need for the communications network on ecological and health effects is

pointed out; and a typology for registration of dams is offered in support of policy implementation.

0216070 82273632

**Guidelines for amniocentesis and genetic counselling.**

Jackson LG  
Penn Med ,Jun 1982, 85 (6) p35-8, ISSN 0031-4595  
Journal Code: OOG  
Languages: ENGLISH

0216027 82273377

**[Enterocolitis caused by Campylobacter fetus subsp. jejuni--epidemiology and hygiene with special reference to federal legislation and public health measures]**

Enterocolitis durch Campylobacter fetus subsp. jejuni--Epidemiologie und Seuchenhygiene unter besonderer Berücksichtigung des Bundesseuchengesetzes und amtsärztlicher Massnahmen.

Wundt W; Kasper G  
Off Gesundheitswes ,Jun 1982, 44 (6) p357-60, ISSN  
0029-8573 Journal Code: OFE  
Languages: GERMAN

0215846 82272272

**A strategy for the reduction of childhood injuries in Massachusetts: SCIPP.**

Gallagher SS; Guyer B; Kotelchuck M; Bass J; Lovejoy FH Jr;  
McLoughlin E; Mehta K  
N Engl J Med ,Oct 14 1982, 307 (16) p1015-9, ISSN  
0028-4793 Journal Code: NOW  
Contract/Grant No.: MCH 022001-02  
Languages: ENGLISH

0215808 82271728

**Population-based studies of diabetes mellitus in Minnesota: rationale and methods.**

Wannamaker JL; Bender AP; Muckala KA  
Minn Med ,Jul 1982, 65 (7) p429-31, ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

00054

0215758 82271332  
[Epidemiological problems in African cities(author's  
transl)]

Problemes epidemiologiques des grandes villes africaines.  
Gateff C; Le Bras J  
Med Trop (Mars) ,May-Jun 1982, 42 (3) p259-67, ISSN  
0025-682X Journal Code: MHQ  
Languages: FRENCH Summary Languages: ENGLISH

0215453 82267615  
Statutory reporting requirements of physicians.

Morgan WR  
J Med Assoc State Ala ,May 1982, 51 (11) p16-29, ISSN  
0025-7044 Journal Code: IZJ  
Languages: ENGLISH

0215408 82266889  
A critical overview of U.S. acupuncture regulation.

McRae G  
J Health Polit Policy Law ,Spring 1982, 7 (1) p163-96,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

The ancient Oriental art and science of acupuncture, known in the U.S. for a decade, still is practiced here only to a limited extent and does not seem likely to spread. The primary reason, this article hypothesizes, is the stifling effect of acupuncture regulation, which typically prohibits trained nonphysician acupuncturists, mostly Orientals, from performing the therapy. Although all states permit licensed physicians to practice acupuncture with little or no training, few physicians have shown any interest in learning acupuncture and adding it to their practice. The result is that acupuncture services are scarce or unavailable in most states, and the public's newly recognized right to acupuncture treatment is therefore burdened or effectively denied. Current statutory and medical board regulation of acupuncture is described and evaluated from the standpoint of whether it encourages the practice of acupuncture by persons trained in the therapy. The article finds that both physician-limitation and supervised-practice regulations inhibit or eliminate acupuncture services, while acupuncture licensing laws foster availability of the therapy. The article recommends that states establish autonomous boards of acupuncture to license practitioners, and concludes that a coordinated national effort by acupuncturists and their lay and medical supporters will be necessary to achieve widespread adoption of licensing laws.

0215306 82266282  
A cruel sham. Testimony on Resolution Number 695 before the Philadelphia City Council Concerning Nuclear War, April 21, 1982 [editorial]

Shapiro SH  
J Public Health Policy ,Jun 1982, 3 (2) p122-9, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0215305 82266281  
To plan for a hoax is a disservice to the people. Remarks before the Joint Legislative Forum on Nuclear War Preparedness in California, March 17, 1982 [editorial]

Myers BA  
J Public Health Policy ,Jun 1982, 3 (2) p119-21, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0215304 82266280  
Armageddon: the civil defense fraud [editorial]  
J Public Health Policy ,Jun 1982, 3 (2) p117-8, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0215235 82264820  
HCMR interview: Joseph F. Harkins [interview by Montague Brown and Barbara P. McCool]  
Harkins JF  
Health Care Manage Rev ,Summer 1982, 7 (3) p89-96, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215201 82264771  
Controversy at Love Canal.  
Paigen B  
Hastings Cent Rep ,Jun 1982, 12 (3) p29-37, ISSN  
0093-0334 Journal Code: GOT  
Languages: ENGLISH

00055

- 0215068 82263206  
**[Vaccinations for adults. Compiled according to recommendations by the permanent Commission on Vaccinations of the Federal Health Administration in Berlin]**  
 Impfungen für Erwachsene. Zusammengestellt nach Empfehlungen der Ständigen Impfkommision des Bundesgesundheitsamtes Berlin.  
 Fortschr Med ,Jun 24 1982, 100 (24) p1143-6, ISSN 0015-817B Journal Code: F62  
 Languages: GERMAN
- 0214746 82258779  
**Public health and the charter of rights.**  
 Rozovsky LE; Rozovsky FA  
 Can J Public Health ,Mar-Apr 1982, 73 (2) p86-7, ISSN 0008-4263 Journal Code: CK6  
 Languages: ENGLISH
- 0214745 82258778  
**Medical reporting of gonorrhoea: the time factor explored.**  
 Scatliff JN  
 Can J Public Health ,Mar-Apr 1982, 73 (2) p131-3, ISSN 0008-4263 Journal Code: CK6  
 Languages: ENGLISH
- 0214475 82244523  
**States may get more health programs but less money under Reagan plan.**  
 Med World News ,Aug 16 1982, 23 (17) p18, 23, ISSN 0025-763X Journal Code: MGW  
 Languages: ENGLISH
- 0214423 82240239  
**Primary health care delivery and public health departments: a model and simulation.**  
 Kirkman-Liff BL  
 J Ambulatory Care Manage ,Aug 1982, 5 (3) p14-25, ISSN 0148-9917 Journal Code: H49  
 Languages: ENGLISH
- 0214335 82237885  
**Canadian group announces guide for health worker immunization.**  
 Hosp Employee Health ,Aug 1982, 1 (8) p104-6, Journal Code: GC6  
 Languages: ENGLISH
- 0214282 82237203  
**The dubious values of community health fairs: a position paper.**  
 Allanson JF  
 Health Values ,Jul-Aug 1982, 6 (4) p17-9, ISSN 0147-0353 Journal Code: FX6  
 Languages: ENGLISH
- 0214099 82254425  
**Effectiveness of the pediatric nurse practitioner well-baby clinics in West Alabama.**  
 Bellet PS; Leeper JD  
 Ala J Med Sci ,Apr 1982, 19 (2) p126-8, ISSN 0002-4252 Journal Code: 35H  
 Languages: ENGLISH
- 0213653 82249542  
**[Data processing and the information sciences in public health. The importance of specialty records]**  
 L'informatique et les sciences de l'information en sante publique. L'importance des dossiers de specialites.  
 Goupy F; Yvon PJ; Chevallier J; Gremy F  
 Rev Prat ,Jun 11 1982, 32 (33) p2235-41, ISSN 0035-2640 Journal Code: T1D  
 Languages: FRENCH Summary Languages: ENGLISH
- 0213363 82246343  
**[Social work in the health department]**  
 Sozialarbeit im Gesundheitsamt.  
 Tessin K; Nietzsche J  
 Off Gesundheitswes ,May 1982, 44 (5) p319-23, ISSN 0029-8573 Journal Code: OFE  
 Languages: GERMAN
- 0213351 82246322  
**[Is there still an alternative? Discussion of the future of the West German Public Health Service]**  
 Gibt es noch eine Alternative? Ein Beitrag zur Diskussion über die Zukunft des öffentlichen Gesundheitsdienstes in der Bundesrepublik Deutschland.  
 Reuter H  
 Off Gesundheitswes ,Apr 1982, 44 (4) p200-4, ISSN 0029-8573 Journal Code: OFE  
 Languages: GERMAN

00056

0213250 82246156

**Physician discipline; Board of Regent's role.**

Asher RS

NY State J Med ,May 1982, 82 (6) p953-5, ISSN 0028-7628

Journal Code: OBA

Languages: ENGLISH

0212915 82240669

**Iowa Family Planning Program.**

Adams CS

J Iowa Med Soc ,Apr 1982, 72 (4) p165-8, ISSN 0021-0587

Journal Code: IIF

Languages: ENGLISH

0212880 82240345

**Kenya: young nation with health problems.**

Boyland MJ

J Am Med Wom Assoc ,May 1982, 37 (5) p126-8, ISSN

0098-8421 Journal Code: H7R

Languages: ENGLISH

0212242 82217173

**Funding problems in human services: a local government perspective.**

Kelly-Rader M

J Health Hum Resour Adm ,Spring 1982, 4 (4) p487-512,

ISSN 0160-4198 Journal Code: KD1

Languages: ENGLISH

0212240 82217171

**Productivity in human services: an overview.**

Baumheier EC

J Health Hum Resour Adm ,Spring 1982, 4 (4) p451-64,

ISSN 0160-4198 Journal Code: KD1

Languages: ENGLISH

0211802 82228249

**Trends and patterns in characteristics of local health administrators.**

Rohrer HH; Dellaportas G

Am J Public Health ,Aug 1982, 72 (8) p846-9, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

A survey of 1251 local health departments in 1980-81 (response rate 54 per cent) revealed that 74 per cent of those responding were headed by males, 96 per cent by Whites, 16 per cent by directors 60 or over. Forty per cent of the directors were physicians, a substantially lower percentage than that

reported a decade ago. Physicians and males were most prevalent in large departments. Two-thirds of the smallest departments were headed by women, usually nurses.

0210929 82219173

**Speed and quality of responses from state mental retardation agencies to parental requests for assistance.**

Fletcher D

Ment Retard ,Feb 1982, 20 (1) p8-10, Journal Code: MTW

Languages: ENGLISH

0210875 82218195

**Tennessee Renal Disease Program.**

J Tenn Med Assoc ,Jan 1982, 75 (1) p50, 52, ISSN

0040-3318 Journal Code: K7J

Languages: ENGLISH

0210503 82214433

**State-level decision making for public health: the status of boards of health.**

Gilbert B; Moos MK; Miller CA

J Public Health Policy ,Mar 1982, 3 (1) p51-63, ISSN

0197-5897 Journal Code: H55

Languages: ENGLISH

0210502 82214432

**The epidemiologic basis of environmental and occupational health policy: the New Jersey experience.**

Koplin AN; Altman R; Finley JE

J Public Health Policy ,Mar 1982, 3 (1) p39-50, ISSN

0197-5897 Journal Code: H55

Languages: ENGLISH

00057

00038

0210398 82212890

**Ideologies in the Swedish health sector today: the crisis of the social democracy.**

Diderichsen F

Int J Health Serv ,1982, 12 (2) p191-200, ISSN

0020-7314 Journal Code: GRJ

Languages: ENGLISH

Sweden has a long tradition of social democracy and corporate cooperation. Social problems are treated as technological questions that always should be solved through rational and neutral means. Today Sweden faces a crisis of economy as well as a crisis of medicine. In the spirit of consensus, the state has proposed a new health reform emphasizing the responsibility of the public health service to prevent disease and provide equal access to care. It is claimed that improved health planning, based on epidemiological knowledge on inequalities, can solve the crisis in medicine within an improved system of primary care and prevention. However, in the context of the current economic crisis, the struggle against health hazards and cuts in public spending has intensified and the gap between the ideology of technological rationalism and reality has widened.

0210305 82212182

**[Federal health administration]**

Das Bundesgesundheitsamt.

Uberla K

Fortschr Med ,Feb 11 1982, 100 (6) p197-8, 243-4, ISSN

0015-8178 Journal Code: F62

Languages: GERMAN

00039

0209755 82199673

**Applying management science in developing countries: ABC analysis to plan public drug procurement.**

Quick JD

Socioecon Plann Sci ,1982, 16 (1) p39-50, ISSN

0038-0121 Journal Code: UUV

Languages: ENGLISH

Despite the vital role of pharmaceuticals in the prevention and treatment of major causes of death and disability in the developing world, high costs and frequent shortages remain chronic problems for drug supply programs. Yet, management techniques developed to optimize the use of scarce resources have had limited application in the settings of greatest need. An important determinant of the cost and supply of drugs is the procurement pattern. This study reviews procurement patterns in selected public supply programs and, using management science techniques, compares alternative procurement patterns in terms of inventory costs and shortages. Using drug cost and quantity estimates from two countries, a simulated ABC analysis was performed. This analysis showed drug inventories to be typical of industrial inventories: Over 80% of the consumption in dollars was accounted for by less than 20% of the drugs. Procurement

patterns with more frequent purchasing or delivery of high usage drugs could reduce average inventories 20-50% over the commonly observed annual purchasing pattern. Sensitivity analysis of the results confirmed that variability in the delivery time and consumption pattern has a significant impact on the efficiency and economy of a procurement system. Closer supplier monitoring and better forecasting should reduce this variability.

00040

0209754 82199672

**A framework for designing an MIS for health delivery system in rural India.**

Bhatnagar SC

Socioecon Plann Sci ,1982, 16 (1) p15-9, ISSN 0038-0121

Journal Code: UUV

Languages: ENGLISH

A framework for designing an information system for planning and monitoring of rural health services is proposed in the Indian context. For effective monitoring the framework emphasizes selection of a set of programmed and non-programme indicators on inputs, activities, efficiency and impact and their integration at the district level. For planning, a village level data base is proposed which will integrate environmental data with health programme data. Illustrative examples are provided for key features of the MIS and finally those elements of the information system which are either too complex or too voluminous to be handled manually are identified and the possibility of using computers for such analysis is explored.

0209699 82196763

**The editors interview David H. Pingree.**

Pingree DH

New Engl J Hum Serv ,Spring 1982, 2 (2) p6-13, ISSN

0277-996X Journal Code: DOG

Languages: ENGLISH

0209697 82196761

**Human services during economic depression: how Michigan is coping.**

Matthews LA

New Engl J Hum Serv ,Spring 1982, 2 (2) p22-30, ISSN

0277-996X Journal Code: DOG

Languages: ENGLISH

00058

0208948 82201325  
[Importance of the new draft of the ordinance TGL  
200-0624/01 "Electrotechnical installations in spaces used for  
medical purposes" for the physician as a public health  
director]

Die Bedeutung der Neufassung TGL 200-0624/01  
"Elektrotechnische Anlagen in medizinisch genutzten Raumen"  
für den Arzt als staatlichen Leiter.

Menz W  
Z Arztl Fortbild (Jena) ,Feb 1982, 76 (3) p107-9, ISSN  
0044-2178 Journal Code: XS6  
Languages: GERMAN

0208170 82194957  
MDPH goes after statistics of mild, as well as severe,  
vaccine reactions.

Berlin BS  
Mich Med ,Feb 1982, 81 (8) p100, 102, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208101 82194065  
Privacy and computerized health information in community  
health centers and district health agencies.

Trute B; Tonn R  
Med Care ,Feb 1982, 20 (2) p202-15, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

0208067 82193657  
An analysis of South Carolina's high risk perinatal program.  
Heins HC Jr; Sear A  
J SC Med Assoc ,Mar 1982, 78 (3) p142-4, ISSN 0038-3139  
Journal Code: KON  
Languages: ENGLISH

0207848 82191141  
Worksite intervention program.  
J Iowa Med Soc ,Feb 1982, 72 (2) p72-3, ISSN 0021-0587  
Journal Code: IIF  
Languages: ENGLISH

0207445 82187641  
Beating the language barrier.  
Websdale H  
Dimens Health Serv ,May 1982, 59 (5) p26-7, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

It appears from available information that although nations  
such as Canada and the United States are making concerted  
efforts to come to terms with the linguistic and health  
requirements of their ethnic communities. Australia is leading  
the way in terms of having found an effective solution to the  
problem. The New South Wales Health Commission's scheme is  
comprehensive, covering all aspects of health care in public  
hospitals and in the community. We envisage that other states  
will soon follow the example set by New South Wales.

00041

0207173 82184011  
Education of the Medical Officer of Health in Canada.  
Hancock T; Best EW; Le Riche H  
Can J Public Health ,Jan-Feb 1982, 73 (1) p35-8, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0207085 82183314  
Clinical immunology as a new specialty in public health: a  
model for developing countries.

Bianco NE  
Bull Pan Am Health Organ ,1982, 16 (1) p65-70, Journal  
Code: BSB  
Languages: ENGLISH

0206904 82172631  
Mental Health Department accelerates public-to-private  
shift.

Gould R  
Mich Hosp ,Apr 1982, 18 (4) p5, 7-8, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206142 82176393  
[The ORSEC plan and public health]  
Plan ORSEC et sante publique.  
Cointier R  
Soins Chir ,Feb 1982, (12) p3-6, ISSN 0038-0814  
Journal Code: UUP  
Languages: FRENCH

00059

0205763 82172663  
**We still need health care regulation, but it must be organized, effective.**  
Walker B  
Mich Med ,Mar 1982, 81 (13) p150-1, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0204720 82153386  
**Health and human services block grants: the state and local dimension.**  
Beyle TL; Dusenbury PJ  
State Gov ,1982, 55 (1) p2-13, ISSN 0039-0097 Journal Code: U9M  
Languages: ENGLISH

0204379 82136339  
**Picking up block grants--where there's a will, there's not always a way.**  
Stanfield RL  
Nat'l J (Wash) ,Apr 10 1982, 14 (15) p616-20, ISSN 0360-4217 Journal Code: B7D  
Languages: ENGLISH

0203885 82152933  
**[Glimpses of public health in China]**  
Apercus de sante publique en Chine.  
Messe N  
Soins ,Feb 1982, 27 (3) p49-52, ISSN 0038-0814  
Journal Code: UUU  
Languages: FRENCH

0203623 82150370  
**Nursing personnel: integration or independence?**  
Hudson P; Tiddy N  
Nurs Times ,Feb 17-23 1982, 78 (7) p268-9, ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0203383 82148965  
**The effect of medical institutions on doctor-patient interaction in Costa Rica.**  
Low SM  
Milbank Mem Fund Q ,Winter 1982, 60 (1) p17-50, ISSN 0026-3745 Journal Code: NOW  
Contract/Grant No.: F01 54060-01 (1972-1974)  
Languages: ENGLISH  
The nature and quality of interaction and communication

between doctor and patient is an important determinant in adequacy of health care. But patient behavior and physician performance are themselves influenced by the institutional and political setting. Study of two Costan Rican medical care systems reveals how historical differences in ideology and expectation can shape institutions and their services.

0201808 82114701  
**Budget cuts hit chief weapon in war on childhood diseases, say critics.**  
Stein J  
Nat'l J (Wash) ,Mar 13 1982, 14 (11) p462-4, ISSN 0360-4217 Journal Code: B7D  
Languages: ENGLISH

0201491 82131011  
**West Virginia's Department of Health: philosophy and direction.**  
Hansbarger LC  
W Va Med J ,Feb 1982, 78 (2) p41-5, ISSN 0043-3284  
Journal Code: XMR  
Languages: ENGLISH

00060



0200908 82125245

**Socioeconomic evaluation of a state-funded comprehensive hemophilia-care program.**

Smith PS; Keyes NC; Forman EN  
N Engl J Med ,Mar 11 1982, 306 (10) p575-9, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

To assess the effectiveness, cost, and socioeconomic gains associated with a comprehensive state-funded hemophilia program, we compared data from a three-year experience with such a program in Rhode Island with those from the preceding year. Self-treatment, integration of children into school, and achieving satisfying employment of adults are the main goals of the program. During the most recent year, 77 per cent of the patients with severe hemophilia in the state received total care through the Hemophilia Center. Twenty-eight of the 43 patients now treat themselves, the annual number of hospital days per patient has decreased from 12.6 to 3.5, and the number of visits to hospital facilities has fallen from 34 to 2.4, while the yearly cost of clotting factor per patient has remained about \$7,000. Altogether, this has saved more than \$10,000 each year for treatment, despite the cost of rehabilitative surgery. Numbers of days lost from school and work have decreased twofold and threefold, respectively. Best of all, comprehensive care has vastly improved the quality of life for patients with hemophilia in Rhode Island.

0200678 82121931

**The regulatory status of hospital occupational medicine: a need for change.**

Lewy R  
J Occup Med ,Feb 1982, 24 (2) p133-4, ISSN 0022-3212  
Journal Code: JGN  
Languages: ENGLISH

0199280 82108623

**Texas Agent Orange Act takes effect.**

Tex Hosp ,Jan 1982, 37 (8) p30, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0199137 82099096

**Occupational health training of local health department personnel: a curriculum model and implications of training.**

El-Ahraf A; Null DH; Wheaton JM; Boling DR  
J Environ Health ,Jan-Feb 1982, 44 (4) p169-75, ISSN  
0022-0892 Journal Code: IAC  
Languages: ENGLISH

The Occupational Safety and Health Act of 1970 assigns to the federal government specific responsibilities for regulating safety and health in industry. At the same time, occupational health programs have traditionally been, and

continue to be, one responsibility of local and state health agencies. In California, local health agencies are required to provide occupational health services in larger jurisdictions. Professional level positions which may be required include: Occupational health physician, occupational health nursing consultant, industrial hygienist or occupational health sanitarians, industrial hygiene engineer, and industrial hygiene chemist. Frequently a local health agency may satisfy its occupational health requirements by training a registered sanitarian to become an occupational health sanitarian.

0198555 82108289

**Von Recklinghausen neurofibromatosis: new perspectives.**

Riccardi VM; Riccardi SL  
Tex Med ,Jan 1982, 78 (1) p43-4, ISSN 0040-4470  
Journal Code: VNA  
Contract/Grant No.: RRO0188; RRO0350  
Languages: ENGLISH

0198096 82103849

**Sounding Board. Performance-based rating of methadone maintenance programs.**

Dole VP; Nyswander ME; Desjarlais D; Joseph H  
N Engl J Med ,Jan 21 1982, 306 (3) p169-71, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0197003 82079817

**New York Health Dept. and JCAH defend commercial-plant monitoring.**

Carey DL  
Laund News ,Jan 1982, 8 (1) p1, 14, Journal Code: L4R  
Languages: ENGLISH

00061

**AIRE ACONDICIONADO**

00062

0227385 83099389

**Quantitative noise analysis in a modern hospital.**

Aitken RJ

Arch Environ Health ,Nov-Dec 1982, 37 (6) p361-4, ISSN  
0003-9896 Journal Code: 6Y0

Languages: ENGLISH

Quantitative noise analysis of a general surgical ward in a modern hospital showed that the level of noise was in excess of recommended levels and of sufficient intensity to disturb sleep. Individual noises in excess of 50 dB(A) were recorded in every area at all times of the day. Internal hospital sounds were responsible for most noise; staff and audible warning devices were the main sources of noise over 70 dB(A). Octave waveband analysis showed that both the general ward noise and the noise of the air conditioning were in excess of recommended levels.

0222996 83055905

**Air ionization in radiotherapy rooms.**

Salasinski K

Int J Biometeorol ,Jun 1982, 26 (2) p165-7, ISSN  
0020-7128 Journal Code: GQS

Languages: ENGLISH

0217382 82263525

**New turbo-modulator saves 29% energy [Interview]**

Orben KE

Hosp Top ,Sep-Oct 1982, 60 (5) p11-2, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0214622 79066226

**[Adverse effects of modern inhalation anesthetics. 2. Control of amounts and elimination of escaping anesthesia gases]**

Gesundheitsschaden durch moderne Inhalationsnarkotika. Teil 2: Beschränkung der Menge und Eliminierung überschüssiger Narkosegase.

Blaum U; Pfluger H

Fortschr Med ,14 Dec 1978, 96 (47-48) p2365-70, ISSN  
0015-8178 Journal Code: F62

Languages: GERMAN Summary Languages: ENGLISH

This paper presents a review on the pathological effects caused by acute or chronic exposure to the inhalation anesthetics halothane, methoxyflurane, or enflurane. Methoxyflurane has a dose-related nephrotoxicity due to its metabolic degradation with release of fluoride ions whereas suggested pathological renal effects of halothane or enflurane are still under discussion. As to the syndrome of halothane- (or enflurane-, methoxyflurane-) associated hepatitis no dose-dependent hepatotoxicity has been proven but interactions

with hypoxia, hypotension, drug-pretreatment, and perhaps genetic abnormalities should be kept in mind. Severe hematologic alterations are effected by prolonged exposure to N2O or halothane and alterations of tumor immunity caused by anesthetic agents are reported, too. From clinical studies and observations of pregnant animals, a correlation between the incidence of miscarriages or malformations and chronic exposure to low doses of inhalation agents may be stated. Nevertheless, an inhalation agent is easy to control because it can be eliminated quickly in the case of complications. Therefore, one would not like to miss these inhalation agents in clinical practice but the immission into the operating room should be limited. Moreover, the best way to keep the operating room clean from waste anesthetic gases is the installation of a scavenging system which is connected to suction.

0213333 82246294

**[Possibilities of saving climate control systems in old hospital buildings]**

Möglichkeiten der Sanierung raumluftechnischer Anlagen in Krankenhausaltbauten.

Steffen K

Off Gesundheitswes ,Jan 1982, 44 (1) p46-54, ISSN  
0029-8573 Journal Code: OFE

Languages: GERMAN

0213330 82246291

**[Climate control systems and hospital hygiene]**

Raumluftechnische Anlagen und Krankenhaushygiene. Steuer W

Off Gesundheitswes ,Jan 1982, 44 (1) p32-7, ISSN  
0029-8573 Journal Code: OFE

Languages: GERMAN

00063

0210777 82217218

**Risk factors for heatstroke. A case-control study.**

Kilbourne EM; Choi K; Jones TS; Thacker SB

JAMA Jun 25 1982, 247 (24) p3332-6, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

To identify risk factors associated with heatstroke, a case-control study in St Louis and Kansas City, Mo. was conducted during July and August 1980. Questionnaire data were gathered for 156 persons with heatstroke (severe heat illness with documented hyperthermia) and 462 control subjects matched by age, sex, and neighborhood of residence. A stepwise linear logistic regression procedure was used to identify factors significantly associated with heatstroke. Alcoholism, living on the higher floors of multistory buildings, and using major tranquilizers (phenothiazines, butyrophenones, or thioxanthenes) were factors associated with increased risk. Factors associated with decreased risk were using home air conditioning, spending more time in air-conditioned places, and living in a residence well shaded by trees and shrubs. Being able to care for oneself, characteristically undertaking vigorous physical activity, but reducing such activity during the heat, and taking extra liquid were also associated with decreased risk. Our findings also suggest effective preventive measures. During a heat wave, the greatest attention should be directed toward high-risk groups, and relief efforts should include measures shown to be associated with reduced risk.

0207332 82186256

**[Efficient disinfection in a hospital]**

Sinnvolle Desinfektion in der Klinik.

Daschner F

Dtsch Med Wochenschr, Apr 30 1982, 107 (17) p670-2.

ISSN 0012-0472 Journal Code: ECL

Languages: GERMAN

(9 Refs.)

0206671 82165824

**Large building air conditioning: a case for central systems.**

Wilson L

Heat Piping Air Cond, May 1982, 54 (5) p61, 63-7.

Journal Code: F94

Languages: ENGLISH

0186978 81271594

**Particle-free environment for refractive keratoplasty.**

Stern AL; Taylor DM

Ophthalmic Surg, May 1981, 12 (5) p360-2, ISSN

0022-023X Journal Code: OIC

Languages: ENGLISH

The refractive keratoplasty techniques of keratomileusis and keratophakia require meticulous care to avoid intralaminar

foreign particles. A portable High Efficiency Particular Air Filter Unit has been designed to meet the needs of those surgeons clinically performing this surgery. The unit, combined with amorphic techniques has minimized the clinical problem of particulate matter for the general hospital.

0186820 81270140

**Air-conditioning, health and outdoor thermal comfort in some local cities.**

Ilyas M

Med J Malaysia, Dec 1980, 35 (2) p131-3, ISSN 0300-5283

Journal Code: M2M

Languages: ENGLISH

0185551 81255217

**[The bacteria stop system of Meierhans-Weber as room air technical alternative to laminar-air-flow and its air hygienic effectiveness]**

Das Keimstoppsystem von Meierhans-Weber als raumluftechnische Alternative zum Laminar-air-flow und seine lufthygienische Wirksamkeit.

Thomas G; Thomas A; Meierhans R

Arch Orthop Trauma Surg, 1981, 98 (3) p173-81, ISSN 0344-8444 Journal Code: 8AD

Languages: GERMAN Summary Languages: ENGLISH

Statistics of wound infections demonstrate the linear dependence between postoperative wound infection and the quantity of bacteria in the air of operating theatres. In the most extensive examination series we have made as yet with a special work group of DGOT the quantity of bacteria in the air of non air-conditioned operating theatres and such fitted out with different aircleaning systems was determined. Non air-conditioned operating theatres proved so extremely infected that the risk of wound infection cannot be borne any more in the future. Also air-conditioned systems according to DIN 1946/4 with an average of 190 bacteria/m<sup>3</sup> are not sufficiently secure for bone and joint surgery. In Switzerland for such operations a value of 10/m<sup>3</sup> at the most is admissible. Such equivalents have been attained only with LAF until today. After extensive air tests the so-called "Keimstop"-system by Meierhans and Weber is to be considered the sole system suitable to supplement air conditioning DIN 1946/4. This combination yields the same effect as the expensive LAF systems.

00064

00042

0184266 81240036

**Bacterial fouling of a hospital closed-loop cooling system by Pseudomonas sp.**

du Moulin GC; Doyle GO; MacKay J; Hedley-Whyte J  
 J Clin Microbiol, Jun 1981, 13 (6) p1060-5, ISSN  
 0095-1137 Journal Code: HSH  
 Contract/Grant No.: GM15904  
 Languages: ENGLISH

During the summer of 1979 the air-conditioning system at a hospital in Boston deteriorated, and this led to total failure of some chilling units. Patient care and operating-room areas were affected. Investigation of the problem ruled out mechanical and electrical causes, but revealed a strain of Pseudomonas sp. biofouling heat transfer tubes of the closed chilled water system. The pseudomonads apparently were stimulated to grow by low concentrations of ethylene glycol antifreeze. The proximate source of these organisms was an expansion tank located in a 33 degrees C environment. The organisms probably originated from the potable water supply of the hospital. Fouling was eventually cleaned by prolonged and expensive treatments of the closed chilled water system. Pseudomonas sp. is frequently isolated from hospital-acquired infections at our institution (Beth Israel Hospital, Boston, Mass.); however, our studies with fluorescent dye tracers indicated that organisms were prohibited from entering patient areas via contaminated water from the chillers. Microbiologists must become cognizant of seemingly unimportant microbial environments within hospitals that may indirectly contribute to hospital-acquired infections.

0181184 81207992

**An investigation of operating theatre staff exposed to humidifier fever antigens.**

Cockcroft A; Edwards J; Bevan C; Campbell I; Collins G; Houston K; Jenkins D; Latham S; Saunders M; Trotman D  
 Br J Ind Med, May 1981, 38 (2) p144-51, ISSN 0007-1072  
 Journal Code: AXS  
 Languages: ENGLISH

Sixty staff working in a hospital operating theatre, where a case of humidifier fever had been identified, were studied together with 49 subjects working in other parts of the hospital. They each had a blood test for serology, a skin test, and a chest radiograph and completed a questionnaire. The theatre staff also had pulmonary function tests. The theatre humidifier was found to contain several organisms including amoebae and antigens cross-reacting highly with those implicated in previous outbreaks of humidifier fever. Of the 60 exposed subjects, 25 had developed antibodies, nine had probable symptoms of humidifier fever, and six possible symptoms. There was a strong association between symptoms and antibodies ( $p = 6 \times 10^{-5}$  by Fisher's exact test). The development of antibodies was also related to duration of exposure in the theatre ( $p$  less than 0.01 by X2 test for trend) and inversely to smoking ( $p = 0.0073$  by Fisher's exact test) but not to history of atopy. Because of the presence of antigens and because certain biocides added were ineffective

in controlling antigenic build-up the humidifier was switched off. Eight months later specific IgG levels in the theatre staff sera, estimated by an enzyme-linked immunosorbent assay technique, had fallen on average by 25%. Inhalation challenge with humidifier water was performed in eight subjects. Four subjects reacted to the challenge, including both those with antibodies and previous symptoms.

0180020 81199010

**Trace anesthetic vapors in hospital operating-room environments.**

Choi-Lao AT  
 Nurs Res, May-Jun 1981, 30 (3) p156-61, ISSN 0029-6562  
 Journal Code: D9K  
 Languages: ENGLISH

This study investigated concentrations of halothane anesthetic vapors in the operating rooms of two hospitals in the Ottawa, Ontario, Canada, area. Air samples, taken by active charcoal tubes and dosimeter badges, were analyzed by a gas chromatographic technique. Readings of 71 samples taken from hospital A and 65 samples from hospital B ranged from 1.0 to 29.4 parts per billion (ppb) for the active period and 0.1 to 3.8 ppb for the inactive period. All samples showed trace concentrations of halothane, but were well below the recommended maximal level.

0179710 81196169

**Investigation and control of an outbreaks of legionnaires' disease in a district general hospital.**

Fisher-Hoch SP; Bartlett CL; Tobin JD; Gillett MB; Nelson AM; Pritchard JE; Smith MG; Swann RA; Talbot JM; Thomas JA  
 Lancet, Apr 25 1981, 1 (8226) p932-6, ISSN 0023-7507  
 Journal Code: LOS  
 Languages: ENGLISH

Between December, 1979, and July, 1980, 12 cases of legionnaires' disease were recognised in a district general hospital. 11 of the patients probably acquired their infection within the hospital. Epidemiological and environmental studies indicated that the plumbing system and possibly also the air-conditioning cooling-tower exhaust in the new building of the hospital were the sources of infection. Chlorination of the cold-water supply and raising the hot-water temperature appeared to terminate the outbreak.

00065

0178314 81182503

**Spread of microorganisms by air-conditioning systems-especially in hospitals.**

Gundermann KO  
Ann NY Acad Sci ,1980, 353 p209-17, ISSN 0077-8923  
Journal Code: 5NM  
Languages: ENGLISH

00043

0175787 81156601

**Air conditioning systems.**

Lorenz R  
Acta Neurochir (Wien) ,1980, 55 (1-2) p49-61, ISSN  
0001-6268 Journal Code: 19C  
Languages: ENGLISH

There are some basic requirements for air conditioning systems in operating theatres. 1. Obviously the regulation of temperature and humidity is necessary, but cleaning of fresh air and circulating air is much more important. 2. Concerning cleaning, a high standard of filtration of air is demanded to avoid contamination of wounds. 3. So far only HEPA-filters, a technical description, give security and safety. They filter particles down to under 1 micrometer and have a filtration rate of more than 99.9%. 4. The ventilation rate is directly related to the germ concentration in the air. The higher the ventilation rate the cleaner the air during working. 5. To avoid turbulences unidirectional or uniform flow is necessary.

This technique has become popular as the laminar flow technique. To get such a flow an air flow velocity of 0.45 +/- 0.1 m/s is necessary. 6. The arrangement of the different working places in an operating theatre is very important. Instrument tables and the operation field itself have to be in the zone of first air. 7. One of the commonest germ dispersion sources is the human body. Proper dressing and behaviour have to be observed. The airflow behind a person (in laminar cross flow) or under a person (in laminar down flow for instance when the neurosurgeon bends his head over the operating field) has to be regarded as contaminated. 8. Hygienic controls must be made in the operation theatre when unused and also under working conditions, in a sophisticated manner. If all these points are respected a real clean room technique is possible with considerable lowering of the risk of infection for the patient. Obviously all the other rules of hygiene, i.e., asepsis and antisepsis, elaborated since the days of Lister, have to be strictly respected.

0174204 81141639

**[Optimum utilization of the ventilation system to reduce airborne bacteria in operating rooms]**

Optimale Nuzung der Luftung zur Reduktion des Luftkeimgehalts in Operationssalen.  
Wanner HU; Huber G; Meierhans R; Weber BG  
Helv Chir Acta ,Sep 1980, 47 (3-4) p493-504, ISSN  
0018-0181 Journal Code: G4P  
Languages: GERMAN Summary Languages: ENGLISH

In 4 operating theatres with 4 different air-conditioning equipments, the number of bacteria per m<sup>3</sup> circulating air in the neighbourhood of the open wound has been investigated. The testing has been performed on comparable aseptic operations. The worst results were obtained in 2 conventional theatres, equipped with a modern-up-to-date air-conditioning. The number of bacteria was ranging between 230 and 270 per m<sup>3</sup>. A much better results was obtained in a theatre, equipped with a so-called germ-stop-wall, dividing the theatre into 2 sections, separating the surgical team and the open wound completely from the anaesthetist and other staff. With this arrangement, 45 germs per m<sup>3</sup> were found. The best result with no bacteria at all is present in a vertical flow-enclosure with an exchange rate of 32 per hour. According to our 10-year experience, for aseptic surgery sterile air techniques should be adopted to improve asepsis and to decrease the risk of postoperative infection.

0170518 81092362

**Use of land water for low grade heating/cooling source at Bristol Royal Infirmary.**

Ames RC  
Hosp Eng ,Jan-Feb 1981, 35 (1) p6-7, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0169982 81105705

**The Leiden scavenging system: a simple and effective anti-pollution device.**

Spierdijk J; Burm AG; Reijger V; Stropkap H  
Acta Anaesthesiol Belg ,1980, 31 Suppl p217-21, ISSN  
0001-5164 Journal Code: 082  
Languages: ENGLISH

The Leiden scavenging system, a device to reduce air pollution by anesthetic gases and vapours in operating rooms, is described. The system can be used in combination with different suction sources (vacuum pipeline, injector, fan or pump, air conditioning system). A special disposal network, to be used in combination with the scavenging system, is also shown.

00066

0163947 81048079  
**Body temperature in children following anaesthesia in non-airconditioned theatre.**  
Paul AK  
J Indian Med Assoc ,Apr 16 1980, 74 (8) p148-50, ISSN 0019-5847 Journal Code: IFR  
Languages: ENGLISH

00044

0163201 81033900  
**Solar heating/cooling systems.**  
Hanks DJ  
Specif Eng ,Oct 1980, 44 (5) p91-5, Journal Code: UXT  
Languages: ENGLISH

0162857 81024489  
**Problem: how to reduce stress & increase productivity.**  
Jacobs B  
Food Manage ,Oct 1980, 15 (10) p90, ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0162542 81035655  
**[Investigations on the concentration of air-borne germs in conventionally air-conditioned operating theaters (author's transl)]**  
Untersuchungen über den Luftkeimgehalt in konventionell klimatisierten Operationssälen.  
Duvlis Z; Drescher J  
Zentralbl Bakteriologie [B] ,Feb 1980, 170 (1-2) p185-98, ISSN 0172-5602 Journal Code: Y5Q  
Languages: GERMAN Summary Languages: ENGLISH  
The factors influencing the concentration of air-borne bacteria during operations have been analysed. It was found that the concentration of air-borne bacteria depended primarily on the number of persons present in the operating theater, the air exchange rate per hour and the room volume. Persons with sterile dress were found to have much less influence than did persons with unsterile dress. A formula describing the relationship between the average concentration of air-borne germs in operating theaters, the number of persons in sterile and unsterile dress, the air exchange rate and the room volume was derived. In a total of 142 operations, the formula has been found to give reliable estimates of the concentration of air-borne germs. This equation can be used for testing whether or not the concentration of air-borne bacteria in an operating theater is within acceptable limits which have been defined.

0162045 81030615  
**[Adequate disinfection in pediatric hospitals]**

Sinnvolle Desinfektion in Kinderkliniken.  
Daschner F  
Monatsschr Kinderheilkd ,Jun 1980, 128 (6) p400-4, ISSN 0026-9298 Journal Code: NHO  
Languages: GERMAN  
(21 Refs.)

0159224 80258767  
**Central air conditioning.**  
Hanks DJ  
Specif Eng ,Aug 1980, 44 (2) p110-2, Journal Code: UXT  
Languages: ENGLISH

0159217 80258432  
**"New" Legionnaires' disease? It may predate us on earth.**  
Pogash C  
Sci Dig ,Oct 1980, 88 (4) p33-7, ISSN 0036-8296  
Journal Code: UGQ  
Languages: ENGLISH

0153995 80218130  
**Assessment of waste anaesthetic gas scavenging systems under simulated conditions of operation.**  
Ilsley AH; Crea J; Cousins MJ  
Anaesth Intensive Care ,Feb 1980, 8 (1) p52-64, Journal Code: 4M5  
Languages: ENGLISH  
A critical assessment of available waste anaesthetic gas scavenging devices was made by simulating the worst theatre conditions as well as ideal conditions. Only one of the scavenging devices tested proved to be unacceptable. However, the critical nature of suction flow rates was revealed and the ineffectiveness of air conditioning in the absence of adequate scavenging was highlighted.

0144990 80141607  
**[Operating room department - planning, architectural prerequisites, arrangement and completion. 1]**  
Die Operationsabteilung - Planung, bauliche Voraussetzungen, Anordnung und Ablauf (1. Teil).  
Dupmann H; Lindner K  
Krankenpflege (Frankfurt) ,Mar 1980, 34 (3) p93-5, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

00067

0143822 80120349  
**Building codes cramp energy efforts.**  
LaViolette S  
Mod Health Care ,Mar 1980, 10 (3) p88, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0143279 80093150  
**[Air microorganisms and the human impact]**  
Mikroorganismen in der Luft und ihre Beeinflussung durch den Menschen.  
Botzenhart K  
Fortschr Med ,Dec 1 1979, 97 (45) p2112-6, ISSN 0015-8178  
Journal Code: F62  
Languages: GERMAN

0141714 80113645  
**Hints on conserving energy in your hospital.**  
Austerwell L  
Dimens Health Serv ,Feb 1980, 57 (2) pE4-5, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

00045

0140475 80099505  
**An outbreak of Legionnaires' disease associated with a contaminated air-conditioning cooling tower.**  
Dondero TJ Jr; Rendtorff RC; Mallison GF; Weeks RM; Levy JS; Wong EW; Schaffner W  
N Engl J Med ,Feb 14 1980, 302 (7) p365-70, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

In August and September 1978, an outbreak of Legionnaires' disease occurred in Memphis, Tennessee. Of the 44 ill, 39 had been either patients, employees, visitors, or passers-by at one Memphis hospital (Hospital A) during the 10 days before. Assuming an incubation period of between two and 10 days, the onset of cases correlated precisely with the use of Hospital A's auxiliary air-conditioning cooling tower. *L. pneumophila* was recovered from two samples of water from the tower. Infection appeared to have occurred both outside and within the hospital. A significant association was demonstrated between acquisition of Legionnaires' disease and prior hospitalization in those areas of Hospital A that received ventilating air from air intakes near the auxiliary cooling tower. Tracer-smoke studies indicated that contaminated aerosols from the tower could easily reach these air intakes, as well as the street below, where four passers-by had been before they contracted Legionnaires' disease. This represents a common-source outbreak in which the source of *L. pneumophila* infection and airborne transmission were identified.

0137039 80066134  
**Indoor spread of respiratory infection by recirculation of air.**

Riley RL  
Bull Physiotherol Respir (Nancy) ,Sep-Oct 1979, 15 (5) p699-705, ISSN 0007-439X  
Journal Code: BTF  
Languages: ENGLISH

Stimulated by an outbreak of measles that was spread throughout a school by the ventilating system, we looked into the possibility of preventing this hazard in air conditioned buildings. The amount of air recirculated by air conditioning systems increases as the temperature difference between indoor and outdoor air increases and often exceeds 70 per cent. Germicidal u.v. radiation in central supply ducts seems almost ideally suited for disinfecting recirculated air, being effective, safe, and cheap. The effectiveness of disinfecting recirculated air in blocking person to person transmission of airborne infection can be predicted to be great at the beginning of a potential outbreak and negligible during an established epidemic. Infection introduced by the air conditioning process, recently implicated in causing Legionnaires' Disease, might also be prevented. Air disinfection would supplement immunization in the control of respiratory infection and might be cost effective.

00068



**AMBULATORIOS**

00069

0233279 83143031

**Alternatives to the conventional in-hospital delivery: the Childbearing Center experience.**

Cannoodt L; Sieverts S; Schachter M  
Acta Hosp , Winter 1982, 22 (4) p324-39, ISSN 0044-6009  
Journal Code: OU4  
Languages: ENGLISH

0232941 83133814

**The minor emergency center: preview of coming attractions.**

Mages PM  
Healthmarketing , Jan-Feb 1983, 2 (1) p5-7, Journal  
Code: F9N  
Languages: ENGLISH

0232651 83150759

**Freestanding emergency physicians [editorial]**

Krome RL  
Ann Emerg Med , Mar 1983, 12 (3) p188-9, ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH

0232027 83143909

**[Incidence of laxative abuse in patients at an internal medicine outpatient clinic]**

Hufigkeit des Laxantienabusus an einem internistischen Ambulatorium.  
Neeser P; Dubach UC  
Praxis , Jan 25 1983, 72 (4) p124-7, ISSN 0032-7026  
Journal Code: PK9  
Languages: GERMAN Summary Languages: ENGLISH

0231466 83140150

**Health problems encountered by pediatric nurse practitioners and pediatricians in ambulatory care clinics.**

Chen SP; Barkauskas VH; Ohlson VM; Chen EH; DeStefano LM  
Med Care , Feb 1983, 21 (2) p168-79, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 5R02 NU 00588  
Languages: ENGLISH

This study documents the health problems managed by pediatric nurse practitioners (PNPs) and pediatricians and examines the effects of setting and provider group on the distribution of health problems. Proportional samples by clinic were selected from a total of 11,968 patient visits to five ambulatory care clinics during an 18-week period in 1978.

A patient encounter form was devised and the ICD-9-CM was used as the coding system. Results indicated 1) distributions of health problems differed significantly between the PNPs and

the pediatricians in each clinic; 2) setting significantly effected the distributions of both types of health problems; and 3) provider group significantly affected the distribution of health problems with V codes but not frequently reported problems given a setting. The PNPs caseloads differ from pediatrician caseloads in diagnostic categories and wellness emphases. Community-based settings seem to be especially appropriate for nurse practitioner practice.

00046

0231465 83140149

**The effect of algorithms on the cost and quality of patient care.**

Orient JM; Kettel LJ; Sox HC Jr; Sox CH; Berggren HJ; Woods AH; Brown BW; Lebowitz M  
Med Care , Feb 1983, 21 (2) p157-67, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

In a Veterans Administration ambulatory care facility staffed by experienced nurse practitioners, we observed the length of visits, time utilization for various activities, and the use of diagnostic tests before and after introducing algorithms for 12 common chief complaints. Charges for diagnostic tests decreased as much as 40 per cent, primarily because of reduced utilization of radiographs such as spine films. Nurse practitioner productivity was unaffected once the nurse practitioners became familiar with the algorithms. Outcome of illness did not change measurably, but the process of care improved as reflected by more complete data collection documented in the medical record.

00070

0231378 83139194

**Impotence in medical clinic outpatients.**

Slag MF; Morley JE; Elson MK; Trencle DL; Nelson CJ; Nelson AE; Kinlaw WB; Beyer HS; Nuttall FQ; Shafer RB  
JAMA ,Apr 1 1983, 249 (13) p1736-40, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

One thousand one hundred eighty men in a medical outpatient clinic were screened as to the presence of impotence. Four hundred one men (34%) were impotent, and of those, 188 (47%) chose to be examined for their problem. After a comprehensive evaluation the following diagnoses were obtained: medication effect, 25%; psychogenic, 14%; neurological, 7%; urologic, 6%; primary hypogonadism, 10%; secondary hypogonadism, 9%; diabetes mellitus, 9%; hypothyroidism, 5%; hyperthyroidism, 1%; hyperprolactinemia, 4%; miscellaneous, 4%; and unknown causes, 7%. The mean age of the impotent patients was 59.4 years, and the prevalence of alcoholism was 7%. Luteinizing hormone, follicle-stimulating hormone, testosterone, thyroxine, triiodothyronine (T3), T3 resin uptake, and prolactin studies were necessary to diagnose individual cases. We conclude that erectile dysfunction is a common and often overlooked problem in middle-aged men followed in a medical clinic.

0231322 83138739

**A simplified cost-finding methodology.**

Costich JF  
J Med Educ ,Mar 1983, 58 (3) p203-4, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0230976 83134928

**Radiographic workload and use factors for orthopedic facilities.**

Bushong SC; Glaze SA  
Health Phys ,Jan 1983, 44 (1) p53-9, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

Observations of technique factors at 9 radiographic installations dedicated to orthopedic radiography have been made. Monthly area radiation measurements with thermoluminescent dosimeters were made at three of these facilities. The results of these observations and measurements suggest that current NCRP recommended assumptions utilized in protective barrier computations result in considerably more shielding than is necessary. We observed an average workload of 224 mA min/wk and a maximum weekly average of 670 mA min/wk. The use factor for the chest wall averaged 5%. That for all other vertical barriers was less than 1%. The average operating potential was 75 kVp. Room radiation measurements confirm the suggestion that at least two of the walls and the control booth barrier in an orthopedic radiographic facility may be considered secondary barriers.

0230614 83130632

**Nursing management in critical care units. Developing a project proposal.**

Bray KA  
Crit Care Nurse ,Jan-Feb 1983, 3 (1) p24-8, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

00047

0230231 83121375

**Planning tips for ambulatory care construction projects.**

Sprague JG  
Trustee ,Feb 1983, 36 (2) p24, 26, 29, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

The growing ambulatory care market has attracted the attention of many hospitals. This article details the ownership, organizational, financing, marketing, and design considerations that must be addressed as part of the planning for construction of ambulatory care programs.

0230159 83117862

**Countdown: center devises strategies for meeting break-even deadline.**

Burke B  
Promot Health ,Mar-Apr 1983, 4 (2) p1-3, 6, ISSN 0272-9709  
Journal Code: PZU  
Languages: ENGLISH

0230105 83114490

**Ambulatory care centers: off and running.**

Becker BL  
MLQ Med Lab Obs ,Jan 1983, 15 (1) p39-44, ISSN 0580-7247  
Journal Code: MLS  
Languages: ENGLISH

0230104 83114489

**Alternatives to hospitals: a look at the growing competition.**

Unger WJ  
MLQ Med Lab Obs ,Jan 1983, 15 (1) p32-5, ISSN 0580-7247  
Journal Code: MLS  
Languages: ENGLISH

00071

0230030 83109892  
**Financial modeling: the impact of ambulatory care services on the hospital.**  
Jennings MC  
J Ambulatory Care Manage ,Feb 1983, 6 (1) p38-49, ISSN 0148-9917 Journal Code: H49  
Languages: ENGLISH

0230027 83109889  
**Role of ambulatory care in developing a strategic plan.**  
Black JT  
J Ambulatory Care Manage ,Feb 1983, 6 (1) p1-15, ISSN 0148-9917 Journal Code: H49  
Languages: ENGLISH

0229864 83104929  
**Freestanding emergency centers.**  
Luther D  
Emerg Med Serv ,Sep-Oct 1982, 11 (5) p31-3, ISSN 0094-6575 Journal Code: EF8  
Languages: ENGLISH

0229443 83122164  
**[Unity of hospital and ambulatory care using the example of a service area]**  
Einheit von stationärer und ambulanter Betreuung am Beispiel eines territorialen Einzugsbereiches.  
Magyar K; May W  
Z Gesamte Hyg ,Sep 1982, 28 (9) p673-5, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0229438 83122158  
**[Cooperative relations--basic conditions for effective medical care in a given area]**  
Kooperationsbeziehungen--Grundvoraussetzung für eine wirksame medizinische Betreuung im Territorium.  
Hoffmann W; Hetzke E; Metzsig H  
Z Gesamte Hyg ,Sep 1982, 28 (9) p656-8, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0229437 83122157  
**[Social hygiene aspects of the planning and organization of ambulatory medical care]**  
Sozialhygienische Aspekte bei der Planung und Organisation der ambulanten medizinischen Betreuung.  
Dubel W

Z Gesamte Hyg ,Sep 1982, 28 (9) p654-6, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0229342 83120575  
**[Pregnancy and environment. Monitoring and outcome of pregnancy of women followed in non-hospital maternal-child welfare centers]**  
Grossesse et environnement surveillance et issue de la grossesse de femmes suivies en centres de protection maternelle infantile (PMI) non hospitaliers.  
Spira N  
Soins Gynecol Obstet Pueric Pediatr ,Sep 1982, (16) p43-4, ISSN 0151-6655 Journal Code: VAP  
Languages: FRENCH

0229212 83119206  
**[Adolescents, does their health need looking after? Review of adolescent health needs for the sake of health professionals]**  
Les adolescents ont-ils besoin que l'on s'occupe de leur sante? Revue des besoins de sante des adolescents a l'intention des professionnels de la sante.  
Michaud PA  
Rev Med Suisse Romande ,Nov 1982, 102 (11) p1099-115, ISSN 0035-3655 Journal Code: SR5  
Languages: FRENCH  
(173 Refs.)

0229198 83118427  
**[Problems of radiation protection and their solution for afterloading therapy in a roentgen deep therapy room at the Martin Luther University Radiologic Clinic in Halle]**  
Probleme des Strahlenschutzes und ihre Lösung bei der Afterloading-Therapie in einem Rontgen-Tiefentherapieaum in der Radiologischen Klinik der Martin-Luther-Universität Halle.  
Rauh G  
Radiobiol Radiother (Berl) ,1982, 23 (5) p563-75, ISSN 0033-8184 Journal Code: QD1  
Languages: GERMAN Summary Languages: ENGLISH

00072

0228422 83109632  
**Causes and implications of variation in hospital utilization.**  
Brewer WR; Freedman MA  
J Public Health Policy ,Dec 1982, 3 (4) p445-54, ISSN 0197-5897 Journal Code: HS5  
Languages: ENGLISH

0227512 83078741  
**"The physician's need for an informational system in an ambulatory care setting".**  
Turman WG  
Comput Healthc ,Jan 1983, 4 (1) p64, Journal Code: D98  
Languages: ENGLISH

0227508 83078737  
**Trends in ambulatory care information systems.**  
Linn NA; Pugliese DF  
Comput Healthc ,Jan 1983, 4 (1) p26-8, 32, Journal Code: D98  
Languages: ENGLISH

00048

● 0226580 83089409  
**Marketing of a military ambulatory surgical center.**  
Lonneville MW; Steinbruckner KP  
Mil Med ,Nov 1982, 147 (11) p963-6, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

00049

● 0226158 83084646  
**Medicine in the Mexican Sierra Madre.**  
Mull JD; Mull DS  
J Fam Pract ,Jan 1983, 16 (1) p189-91, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0226152 83084635  
**Task and cost analysis of integrated clinical pharmacy services in private family practice centers.**  
Nelson AA Jr; Beno CE; Davis RE  
J Fam Pract ,Jan 1983, 16 (1) p111-6, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Costs and activities required for the provision of integrated clinical pharmacy services were examined in private family medicine centers in rural South Carolina. Work sampling and financial data for a one-year period were merged, yielding an average clinical service cost of \$1.65 per center patient

visit. Pharmacists in family medicine environments spent almost twice the amount of time in clinical activities as has been shown in studies of their colleagues in chain store environments, and one half as much time in prescription-dispensing activities. A greater proportion of the former's workday was also spent in communication with patients. Costs for prescriptions dispensed in these rural centers combined with the average national net profit per prescription yielded a total cost that was within a few cents of the national average. Hence, costs can be controlled to the extent that maintenance of a competitive prescription-pricing policy is possible. Integration of clinical pharmacy services in family practice centers appears to be an economically viable practice model.

0225910 83082000  
**Pain centers: an alternative for management of chronic pain.**  
Sarkar S  
Health Care Manage Rev ,Fall 1982, 7 (4) p77-84, ISSN 0361-6274 Journal Code: G11  
Languages: ENGLISH

00050

● 0225451 83076802  
**Managing health care in Afghanistan.**  
Law CE  
Can Med Assoc J ,Jan 15 1983, 128 (2) p186-90, ISSN 0008-4409 Journal Code: CKW  
Languages: ENGLISH

0225276 83072259  
**Emergency centers not a threat--study.**  
Shaw J  
Am Med News ,Oct 22-29 1982, 25 (41) p15-6, ISSN 0001-1843 Journal Code: 3YS  
Languages: ENGLISH

0225095 83066167  
**Kidney dialysis: a taxpayers' nightmare.**  
Robinson D  
Read Dig ,Oct 1982, 121 (726) p149-52, ISSN 0034-0375  
Journal Code: QZ4  
Languages: ENGLISH

00073

0224974 83057753

**Ambulatory care centers in Kentucky: a survey of pharmacy services.**

Fink JL 3d

J Ambulatory Care Manage ,Nov 1982, 5 (4) p34-40, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

00051

0224972 83057751

**Ambulatory health care centers: image and preference among consumers.**

Klegon DA; Kingstrom PD; Gregory DD

J Ambulatory Care Manage ,Nov 1982, 5 (4) p16-23, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

0224764 83055025

**Brookwood Medical Inn: A new kind of hospital bed reduces patient costs.**

Lindsey HT

Healthc Financ Manage ,Dec 1982, 36 (12) p82, 84, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224318 83070414

**Appraisal of a newly developed self-collection device for obtaining cervical specimens.**

Noguchi M; Nakanishi M; Kato K

Acta Cytol (Baltimore) ,Sep-Oct 1982, 26 (6) p633-5,

ISSN 0001-5547 Journal Code: OLI

Languages: ENGLISH

The Kato self-collection method of obtaining cervical samples was used on 150 subjects who also had physician-prepared scrape smears performed for a comparative study of the cytodiagnostic results. Comparison of the cytologies on the two types of specimens showed total agreement as to whether a case was positive or negative; the only disagreements were in the degree of severity of some of the positive cases. If the apparatus is improved further, the Kato self-collection system may become useful for mass screening, particularly in medically remote or rural areas.

0224135 83067958

**Evaluation of an advertising program on sexually transmitted diseases.**

Labonte RN

Sex Transm Dis ,Jul-Sep 1982, 9 (3) p115-9, Journal

Code: U9G

Languages: ENGLISH

The Division of Venereal Disease Control in British Columbia

undertook a three-year, \$235,000 advertising campaign to increase demand for information on sexually transmitted disease, increase clinic attendance, and decrease the incidence of gonorrhoea. As a result of the campaign, demand for information increased, and 150,000 calls were received on the recorded Venereal Disease Information Line. Annual attendance at the province's main clinic in Vancouver rose by 4,500 visits (a 25% increase), and the increase was significantly related to radio advertising. The number of reported cases of gonorrhoea at the clinic dropped by 3.8%; the decrease was entirely within the female population. The campaign may have contributed to increased detection of nongonococcal infections, although lack of precampaign data does not permit full evaluation. The campaign was judged not to be cost-effective, and lack of integration with other services, especially expansion of clinic facilities and staff, led to early cancellation.

00074

00052

● 0223972 83065978

**Evaluation of the use of rural health clinics: attitudes and behaviors of primary care physicians in service areas of nurse practitioner clinics.**

Sharpe TR; Banahan BF 3d  
Public Health Rep ,Nov-Dec 1982, 97 (6) p566-71, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

In response to concerns of the directors of Rural Health Initiative projects in Mississippi, a study was conducted to examine factors related to use of rural health clinics. This report focuses on attitudes and behaviors of primary care physicians in the service areas of four clinics staffed by nurse practitioners. Data for this evaluation were obtained via mail questionnaires sent to 41 primary care physicians in the service areas of the clinics. Usable responses were received from 25 (61.0 percent) of the physicians. The data indicate that a majority of these physicians approve of the nurse practitioner concept. Although there is evidence to support a positive correlation between previous experience and knowledge concerning nurse practitioners and physician acceptance of the nurse practitioner concept, only about half of the physicians reported that anyone had ever contacted them to talk about the clinic. Only about a quarter of the physicians had ever visited the rural health clinic, but 60 percent indicated that they would like to do so. These findings indicate a need to develop closer working relationships with all primary care physicians in the service area of a rural health clinic. The data indicate that when such a closer relationship existed, physicians were satisfied with the outcome of interactions. Twelve (48 percent) physicians stated that they had patient(s) referred to them by the clinic. Among these physicians 77.8 percent were satisfied with the information that they had received on the patient's condition. Fewer physicians (8 or 32.0 percent) reported that they had received a call from the nurse practitioner clinic to consult about one of the physician's patients. The physicians were satisfied with the outcome of the consultation in each instance that was reported.

0223758 83064096

**Headache centres.**

Wilkinson M  
Panminerva Med ,Jan-Mar 1982, 24 (1) p33-5, ISSN  
0031-0808 Journal Code: QQN  
Languages: ENGLISH

0223756 83064094

**Migraine trust.**

Mullis DR  
Panminerva Med ,Jan-Mar 1982, 24 (1) p25-8, ISSN  
0031-0808 Journal Code: QQN  
Languages: ENGLISH

0223755 83064090

**The prediction of treatment outcome at a multidisciplinary pain center.**

Aronoff GM; Evans WO  
Pain ,Sep 1982, 14 (1) p67-73, ISSN 0304-3959 Journal  
Code: OPF  
Languages: ENGLISH

The purpose of this study was to determine if some commonly used admission variables could predict treatment outcome on a multidisciplinary pain center. Specifically, it was designed as a prospective study of an index proposed by Maruta et al. The subjects were 104 patients. The 4 outcome measures used were staff judgment, patient judgment, change in pain scores and change in mood. With the exception of a negative correlation with age, none of the other variables predicted outcome. The index of Maruta did not predict outcome.

0223754 83064089

**Pain and laterality in a British pain clinic sample.**

Hall W; Clark IM  
Pain ,Sep 1982, 14 (1) p63-6, ISSN 0304-3959 Journal  
Code: OPF  
Languages: ENGLISH

0223749 83063957

**Analysis of alcoholism facilities' compliance with JCAH standards.**

Downey JE; Weedman RD; Graveline K  
QRB ,Sep 1982, 8 (9) p27-8, ISSN 0097-5990 Journal  
Code: DKP  
Languages: ENGLISH

00075

0223131 83057784

**Nutritional status of women attending family planning clinics.**

Roe DA; Campbell C; Sheu CC; Hale-Wickham A; Jackson R  
J Am Diet Assoc ,Dec 1982, 81 (6) p682-7, ISSN  
0002-8223 Journal Code: H6F  
Contract/Grant No.: HSA 240-BCHS-106(6)DE  
Languages: ENGLISH

A study was carried out to define nutritional problems of women attending family planning clinics (FPCs). Methods of nutritional assessment were chosen to examine relationships between diet and biochemical measures of folacin, riboflavin, and vitamin A status. Findings showed that in the sample of 219 FPC women, 30 percent were obese, 75 percent were low or deficient in plasma folacin, 58 percent were low or deficient in erythrocyte folacin, and 39 percent were low or deficient in riboflavin status (by erythrocyte glutathione reductase assay). Monotonous diets, low plasma folacin, and obesity were characteristic of less well-educated women. Women on contraceptive steroids had slightly lower red blood cell folacin. Riboflavin status was not related to intake of contraceptive steroids but was related to ethnicity.

0223063 83056419

**Patterns of contraceptive use among female adolescents: method consistency in a clinic setting.**

Gorosh M  
J Adolesc Health Care ,Sep 1982, 3 (2) p96-102, ISSN  
0197-0070 Journal Code: HAM  
Languages: ENGLISH

Major changes in contraceptive use among adolescents in the United States have been documented through surveys and analysis of family planning program service statistics. While we know of the changes in the adolescent population as a whole and those served by organized family planning programs, little is known about the patterns of contraceptive use by individuals. This study examines patterns of contraceptive use among 547 clients of a new contraceptive and counseling service for adolescents in New York City. The principal concern is consistency of contraceptive method use as determined from clinic statistics. Findings show generally high degrees of method consistency, with new and current users displaying more consistency than prior users. Among clients who switch methods, two major patterns emerged: switching among the more effective methods and from less effective to more effective methods. Younger new users were the most consistent subgroup suggesting that a service designed for adolescents may have a positive influence on teenagers without prior contraceptive experience. Prior users were the least consistent subgroup suggesting that programs incorporate screening procedures to identify prior users and to develop new approaches to understanding their past contraceptive use patterns to improve their future use.

0223057 83056411

**Lowering broken appointment rates at a teenage health center.**

Neinstein LS  
J Adolesc Health Care ,Sep 1982, 3 (2) p110-3, ISSN  
0197-0070 Journal Code: HAM  
Languages: ENGLISH

In an attempt to increase physician efficiency by lowering the "no show" rate of adolescents in a teenage health center, the possible variables related to broken appointments were explored. A new triage system was implemented. While most of the variables studied did not differ between the "show" and "no show" adolescents, there were significant differences based on the chief complaint. Those teenagers seen for well adolescent care had a 55% "no show" rate, those with noncosmetic problems had a 37% "no show" rate, and those with cosmetic complaints had a zero "no show" rate. With the implementation of a new triage system which required parent/adolescent involvement, the "no show" rate fell by 50%, thus dramatically decreasing the waiting time for initial appointment and improving the utilization of physician and nurse time.

0222871 83054457

**Thermographic pain detection: a hot issue.**

Szulys R  
Dimens Health Serv ,Nov 1982, 59 (11) p9-10, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222722 83052746

**Adolescent diabetes clinic: a specialized treatment approach.**

Gunter-Hunt G; Parker LR; Spencer ML  
Diabetes Educ ,Fall 1982, 8 (3) p36-8, ISSN 0145-7217  
Journal Code: EBG  
Contract/Grant No.: P60-AM20572  
Languages: ENGLISH

00076



0221897 83047643

**Functional assessment: bridge between family and rehabilitation medicine within an ambulatory practice.**

Seltzer GB; Granger CV; Wineberg DE  
Arch Phys Med Rehabil ,Oct 1982, 63 (10) p453-7, ISSN 0003-9993 Journal Code: 88K  
Languages: ENGLISH

This study describes development of a functional assessment instrument used to screen ambulatory care patients who have difficulty performing daily activities. Sample selection occurred in 2 stages. In the first stage, an interdisciplinary team used clinical selection criteria in order to screen patients into 2 groups: group 1, those likely to have functional limitations; and group 2, those not likely to have functional limitations. Using clinical selection criteria for a 3-week period in an ambulatory primary care setting, it was found that 20% of the outpatients seen fell into group 1. In the second stage, a randomly selected subsample of 194 persons was used, with 97 in group 1, and 97 in group 2. The Functional Assessment Screening Questionnaire (FASQ) was tested using this second sample. The FASQ was found to discriminate between the 2 groups, with those in group 1 having a significantly greater number of functional difficulties than those in group 2. An analysis was conducted to investigate which diagnostic problems were more likely to be associated with patients reporting functional limitations. Fourteen diagnostic patient problems found to be significantly more limiting than for the total sample were identified. The factor structure of the FASQ was examined and a format for clinically integrating the FASQ factors was offered.

0221222 83039099

**Competition: the surging tide.**

Howard RB  
Postgrad Med ,Nov 1982, 72 (5) p13, 16, ISSN 0032-5481  
Journal Code: PFK  
Languages: ENGLISH

0221024 83038178

**[Initial experiences at a newly built nephrology clinic for children in Berlin-Marzahn]**

Erste Erfahrungen eines kindernephrologischen Dispensaires im Neubaugebiet Berlin-Marzahn.  
Zuckermann GA; Giersch B  
Padiatr Grenzgeb ,1982, 21 (3) p225-8, ISSN 0030-932X  
Journal Code: 000  
Languages: GERMAN Summary Languages: ENGLISH

0220543 83033241

**Drill biopsy as an outpatient procedure for definitive diagnosis of breast swellings (a preliminary communication).**

Kamdar MS; Bapat RD; Bhaktani KC; Desai MB; Kulkarni AG;

Rajaram S; Chitale AR

J Postgrad Med ,Apr 1982, 28 (2) p98-100, ISSN 0022-3859 Journal Code: JS7  
Languages: ENGLISH

00053

● 0220480 83032427

**Utilization and cost effectiveness of a family practice center.**

Farrell DL; Worth RM; Mishina K  
J Fam Pract ,Nov 1982, 15 (5) p957-62, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

In a prepaid group practice setting, a group of 45 Family Practice Center patients, carefully matched by age, sex, and employment, were compared with a group of 63 patients attending medical and pediatric clinics. Utilization rates for physician and nonphysician visits and costs of laboratory and x-ray services during a period of 33 months were examined. Despite a 25 percent greater prevalence of significant chronic medical problems, the family practice group used specialist care less than one half as much as did the matching group and made one extra physician visit per patient per year. Costs for laboratory and x-ray procedures did not differ significantly. Satisfaction expressed in responses to telephone interviews of both groups was found to be somewhat greater among the family practice patients. The findings of this study provide some support for greater cost effectiveness and patient satisfaction of family practice compared with alternative modes of primary care.

00077

0220445 83031937

**Antimicrobial sensitivity patterns of hospital and non-hospital strains of Staphylococcus aureus isolated from nasal carriers.**

Paul MQ; Aderibigbe DA; Sule CZ; Lamikanra A  
J Hyg (Lond) ,Oct 1982, 82 (2) p253-60, ISSN 0022-1724

Journal Code: IEF

Languages: ENGLISH

The nasal carriage rate of Staphylococcus aureus was significantly higher in hospitalized persons (children, adult females and staff) - 53.8%, - than in similar persons at a local clinic - 29.8% (P less than 0.001) - in Ile-Ife, Nigeria. However, unlike studies carried out elsewhere, a higher proportion of S. aureus strains obtained from persons at the clinic were resistant to commonly used antimicrobial agents than were strains isolated in the hospital. This has been attributed to the ease at which these drugs can be obtained by the general population and used unsupervised and indiscriminately. Methicillin was the most effective antimicrobial agent against pathologic staphylococci (2.2% resistance), followed by erythromycin (16.5% resistance), co-trimoxazole (28.0% resistance), chloramphenicol (76.9% resistance), tetracycline (78.6% resistance) and penicillin and ampicillin (97.8% resistance). The widespread resistance of S. aureus to penicillin and ampicillin (and other antimicrobial agents) is of clinical significance in the treatment of post-operative infections, since carriers are reportedly more prone to such infections than are non-carriers.

0219659 83012497

**National firms plan dozens of alternative care unit [news]**

Johnson DE; Punch L  
Mod Health Care ,Oct 1982, 12 (10) p25-6, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0219587 83002864

**Pharmacy in the health care center: a model for health care delivery.**

Stark DC; Wertheimer AI  
Contemp Pharm Pract ,Winter 1982, 5 (1) p27-31, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

Health care consumers use a plethora of services which are accessible on an ambulatory basis. These include the services of pharmacists, optometrists, nurses, dentists, audiologists, orthotics, and so forth. Since many of these services are provided in physically and financially separate facilities and often are not located in close proximity to one another, consumers may spend a large amount of time traveling between locations. Economic inefficiencies due to the size and dispersion of separate and independent facilities may produce an increase in the cost of ambulatory health care services.

Thus, the concept of a health care center, an ambulatory health care analog to the multispecialty shopping center, is proposed as a potential alternative and improvement in the delivery of these services. Space, location, personnel, and initial capital requirements for a model health care center are projected based on existing data for the establishment of each separate auxiliary health care facility. Projections are made to determine the appropriate and necessary site for the health care center's trade area. Potential revenues are calculated by examining some pharmacy operations which are beginning to pioneer these areas and utilizing revenue figures for the various individual services. The results indicate that the pharmacy, as a frequently visited health care facility, may be an excellent choice around which to develop the health care center concept in metropolitan areas.

0219508 83021885

**Industry concerns regarding the practice of remanufacture and reuse of single-use hemodialyzers.**

Phillips GB

Artif Organs ,May 1982, 6 (2) p225-6, Journal Code:

8ZK

Languages: ENGLISH

00054

0219298 83019716

**Legal consequences of disposable dialyzer reuse.**

Hallquist SG

Am J Law Med ,Spring 1982, 8 (1) p1-25, ISSN 0098-8588

Journal Code: 3IP

Languages: ENGLISH

This Article discusses potential legal liability for adverse effects resulting from reuse of disposable hemodialysis equipment. After explaining the dialysis process and the health risks involved with the reuse of dialyzers, the Article outlines possible theories of recovery for injured dialysis patients. The Article describes the possibility of recovery under a negligence theory against either the treating physician or the institutional provider, and includes a discussion of applicable statutory law. The remainder of the Article discusses possible recovery under the theory of strict liability.

00078

0218766 83013057  
**Are pain centers viable?**  
Ghia JN; Sugfoka K  
NC Med J ,Jul 1982, 43 (7) p493-5, ISSN 0029-2559  
Journal Code: NTX  
Languages: ENGLISH

0218496 83009430  
**Editor's Introduction: Sexological aspects of substance use & abuse.**  
Smith DE  
J Psychoactive Drugs ,Jan-Jun 1982, 14 (1-2) p1-3, ISSN 0279-1072  
Journal Code: JLP  
Languages: ENGLISH

00055

● 0218195 83006272  
**Walk-in clinic drop-outs.**  
Ray R; Beig MA; Gopinath PS  
Int J Soc Psychiatry ,Autumn 1982, 28 (3) p179-84, ISSN 0020-7640  
Journal Code: GT5  
Languages: ENGLISH  
Data were collected among 159 consecutive new patients in a walk-in clinic. Patients were given an appointment for a subsequent visit after the initial clinical diagnostic interview, and 61% completed their referral. A long waiting list and a diagnosis of depressive neurosis were significantly associated with drop-out. Possible forms of follow-up are suggested.

0218133 83005470  
**Slicing the pie thinner: hospitals and physicians square off over primary care services.**  
Friedman E  
Hospitals ,Oct 16 1982, 56 (20) p62-4, 68, 71 passim, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0217867 83001155  
**Organisation of diabetic care.**  
Thorn PA; Watkins PJ  
Br Med J [Clin Res] ,Sep 18 1982, 285 (6344) p787-9,  
Journal Code: B4X  
Languages: ENGLISH

0217593 82271751  
**MHS tests alcoholism care outside hospitals [news]**  
Wallace C  
Mod Health Care ,Sep 1982, 12 (9) p66, ISSN 0160-7480

Journal Code: NFA  
Languages: ENGLISH

0216928 82281387  
**Salmonellosis at rural and urban clinics in Bangladesh: epidemiologic and clinical characteristics.**  
Blaser MJ; Huq MI; Glass RI; Zimicki S; Birkness KA  
Am J Epidemiol ,Aug 1982, 116 (2) p266-75, ISSN 0002-9262  
Journal Code: 3H3  
Languages: ENGLISH

The authors studied the frequency of diarrheal illness associated with non-typhi Salmonella at two clinics in Bangladesh for the years 1977-1979. Non-typhi salmonellae were isolated from 0.29% of fecal specimens or rectal swabs in an urban area and 0.26% of similar specimens in a rural area; the frequency of isolations peaked in the summer months. Isolations of Shigella and Vibrio cholerae were much more common than Salmonella. Only two of 50 Salmonella isolates were resistant to more than one antibiotic. None of 13 isolates tested produced an enterotoxin. S. java and S. virchow accounted for 64% of all the isolates. Patients with diarrheal illness associated with isolation of Salmonella frequency had vomiting (88%), watery diarrhea (78%), abdominal pain (61%), and fever (39%), but the clinical features of the illnesses and the socioeconomic backgrounds of the patients could not be distinguished from those of matched controls who were attending the same clinic. The infrequency of Salmonella infection in an area where several other bacterial and viral enteric diseases are hyperendemic requires further investigation.

00056

● 0216632 8227761  
**Ambulatory surgery.**  
Detmer DE; Buchanan-Davidson DJ  
Surg Clin North Am ,Aug 1982, 62 (4) p685-704, ISSN 0039-6109  
Journal Code: VAN  
Languages: ENGLISH

00079

0215702 82270719

**Psychosocial factors affecting adherence to medical regimens in a group of hemodialysis patients.**

Cummings KM; Becker MH; Kirscht JP; Levin NW  
Med Care ,Jun 1982, 20 (6) p567-80, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

The present research was designed to identify psychosocial correlates of adherence among patients receiving hemodialysis at two outpatient clinics. The 116 participants were interviewed concerning their knowledge of treatment, health beliefs, treatment history, social support, personal characteristics, and adherence to the medication, diet and fluid-intake aspects of the regimen. In addition, medical record data were obtained on serum phosphorus and serum potassium levels, and on between-dialysis weight gains. The magnitude of relationships between predictors and adherence measures varied, depending on the method used to measure adherence. For the self-report measures, beliefs concerning the efficacy of the behavior and barriers to the behavior, along with reported family problems, proved to be consistent predictors. Other beliefs and characteristics did not contribute significantly. For the medical chart information, however, the predictive factors were less consistent. In general, situational factors seem to be the major contributors to patient adherence, and adherence itself is seen as a complex and multidimensional phenomenon.

0214605 82254249

**Drive-in clinic: a clean, efficient setup.**

Carrell S  
Am Med News ,Jul 23 1982, 25 (27) p14, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0214274 82235600

**Freestanding growth is booming in Georgia.**

Sellers T  
Emerg Dep News ,Jul 1982, 4 (7) p1, 4, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

00057

0214085 82254230

**Use of health services.**

Parker RL; Hinman AR  
Am J Public Health ,Sep 1982, 72 (9 Suppl) p71-7, ISSN 0090-0036  
Journal Code: 3XW  
Languages: ENGLISH

0213755 82250729

**An experiment in medical communication.**

Brown JH  
Tex Med ,May 1982, 78 (5) p45-6, ISSN 0040-4470  
Journal Code: VNA  
Languages: ENGLISH

0213035 82242408

**Dilatation and evacuation procedures and second-trimester abortions. The role of physician skill and hospital setting.**

Cates W Jr; Schulz KF; Grimes DA; Horowitz AJ; Lyon FA; Kravitz FH; Frisch MJ  
JAMA ,Aug 6 1982, 248 (5) p559-63, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Some clinicians have hesitated to perform dilatation and evacuation (D & E) procedures at 13 weeks' gestation or later because D & Es are more difficult to perform safely than suction-curettage procedures. Moreover, many clinicians still believe all second-trimester abortion procedures should be performed in a hospital. To evaluate these concerns, we analyzed 24,664 abortion performed between 1973 and 1978 by four physicians associated with a large outpatient abortion facility; 3,711 (15%) of the abortions were second-trimester procedures. Dilatation and evacuation was associated with a lower rate of serious complications per 100 procedures (0.23) than instillation of either dinoprost (prostaglandin F2 alpha) (1.28) or hypertonic saline (2.26). In addition, D & E had lower rates for most other specific complications. We conclude that D & E, while requiring more operator skill than earlier suction-curettage procedures, can be learned by gynecologists familiar with suction-curettage, can be performed more safely than the alternative instillation procedures, and can be safely practiced in selected ambulatory settings.

0212262 82219023

**Retired doctors: doing good, feeling great.**

Harsham P  
Med Econ ,Jul 5 1982, 59 (14) p216-9, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

00080

00058

0211522 82224343

**Primary health care nurse training in Kwazulu. An evaluation of diagnostic flow charts versus a conventional training method.**

Solarsh G; Irwig LM; Reinach SG; Muller EJ

S Afr Med J ,Jul 17 1982, 62 (3) p100-4, ISSN 0038-2469

Journal Code: U4R

Languages: ENGLISH

Diagnostic flow charts have been adapted for the training of primary health care (PHC) nurses in a rural area of South Africa. We designed a randomized controlled trial to assess whether nurses' clinical competence differed if they were trained using flow charts or using conventional patient-centered teaching. Although clinical competence improved during the training programme, this improvement did not differ significantly according to which of the two training methods was used. The nurses in this trial had considerable earlier experience and some training in primary care. Before the trial they had a high level of clinical competence and may already have developed their own diagnostic strategies. We therefore cannot make inferences from our study about whether or not flow charts will be a valuable addition in PHC. Flow charts need to be adapted to take into account where, by whom, and for what purpose they will be used. They must then be tested to ensure that they only rarely result in incorrect diagnosis and treatment. A decision on the use of flow charts in the training of PHC nurses should be based on further educational trials and long-term follow-up of trained health workers. Nurses should participate in educational trials at the start of their careers in PHC. The additional value of flow charts in the auditing of competence and assessment of educational needs should also be explored.

0211163 82221449

**Public health nursing practice - an administrator's view.**

Ervin N

Nurs Outlook ,Jul-Aug 1982, 30 (7) p390-4, ISSN

0029-6554 Journal Code: 09H

Languages: ENGLISH

0211000 82220280

**The proposed reimbursement regulation.**

Hanson K

Nephrol Nurse ,May-Jun 1982, 4 (3) p12-6, Journal

Code: NW9

Languages: ENGLISH

0210664 82215720

**The emergi-center and family practice in the 1980s.**

Corpron DO

J Fam Pract ,Jul 1982, 15 (1) p194-6, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

0210157 82209671

**BP: a microcomputer program for use in a hypertension clinic.**

Kelman AW; Reid JL; Rubin PC

Comput Programs Biomed ,Apr 1982, 14 (2) p185-9, ISSN 0010-468X Journal Code: D01

Languages: ENGLISH

This paper presents details of a computer program, BP, designed for use with an outpatient clinic. The program is implemented on a PET4000, microcomputer and is intended principally for a hypertension follow-up clinic, although it could be easily adapted for other clinics. It allows for initial patient data entry, the entry of data acquired at subsequent visits, the alteration of data, list of all data or a pre-determined subset, and a data sort and tabulation facility. The program is intended to be run by staff who have little experience with computers.

0209865 82203953

**15 years later, free clinic still thriving: Haight-Ashbury Free Clinic still alive and well.**

Fletcher DJ

Am Med News ,Jun 4 1982, 25 (21) p11-2, ISSN 0001-1843

Journal Code: 3YS

Languages: ENGLISH

0209853 82203941

**Tennessee physicians oppose hospitals' freestanding ER units.**

Am Med News ,May 7 1982, 25 (17) p12, ISSN 0001-1843

Journal Code: 3YS

Languages: ENGLISH

0209670 82195178

**Firms compete with M.D.s, hospitals [news]**

Wallace C

Mod Health Care ,Jun 1982, 12 (6) p40, 42, 44, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

00081

0209622 82194590  
**A relationship of space and purpose.**  
Bellack B; Champion RW  
Med Group Manage ,Mar-Apr 1982, 29 (2) p66-9, 74, ISSN  
0025-7257 Journal Code: MA7  
Languages: ENGLISH

00059

0209419 82187123  
**Issues in family planning clinic management.**  
Hudgins AA; Graves JL; Abbott BW; Blair ER; Meyers C; Van  
Ness P  
Fam Community Health ,May 1982, 5 (1) p47-59, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0209418 82187122  
**Reproductive health care: delivery of services and  
organizational structure.**  
Johnson JM  
Fam Community Health ,May 1982, 5 (1) p41-6, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0209396 82186440  
**Alabama F-S clinic seen as threat to hospital ED viability.**  
Sellers T  
Emerg Dep News ,Jun 1982, 4 (6) p18, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

0209393 82186437  
**FP hackles rising over free standings.**  
McCann J  
Emerg Dep News ,Apr 1982, 4 (4) p1, 7, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

0208178 82194965  
**Henry Ford Hospital forerunner in state trend to ambulatory  
care.**  
Mich Med ,Feb 1982, 81 (8) p81, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208177 82194964  
**How the Michigan Hospital Association views growth of**

**hospital satellites.**  
Potter DP  
Mich Med ,Feb 1982, 81 (8) p77-80, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208176 82194963  
**Two concerned MSMS members look at hospital satellite  
clinics.**  
Toteff RJ  
Mich Med ,Feb 1982, 81 (8) p75-6, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208175 82194962  
**Two concerned MSMS members look at hospital satellite  
clinics.**  
Herrington KB  
Mich Med ,Feb 1982, 81 (8) p75-6, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208174 82194961  
**Greater Detroit Area Hospital Council pinpointing satellite  
clinic growth trends. From the Greater Detroit Area Hospital  
Council.**  
Mich Med ,Feb 1982, 81 (8) p70-1, 76, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0208173 82194960  
**Satellite clinics: the issues are competition, quality of  
care, and costs.**  
Angell DE  
Mich Med ,Feb 1982, 81 (8) p68-9, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

00082

0208113 82194077

**Utilization of specialized ambulatory care by the elderly. A study of a clinic.**

Ingman SR; Lawson IR  
Med Care ,Mar 1982, 20 (3) p331-8, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Specialized ambulatory geriatric care remains an understudied topic. This article analyzes the organization of one special clinic that was established in an apartment block of elderly housing. The findings indicated that as the number of nurse practitioners and case workers' visits rose steadily during the first four years of the clinic's existence, visits to the clinic physicians declined by approximately one visit per client per year. The clinic population utilized less inpatient hospital care than other nonusing residents, and less than other residents of similar age in Connecticut. There was reduced usage of intermediate nursing home care (as opposed to skilled nursing care). Hence, how geriatric ambulatory care is delivered affects institutionalization. In the interests of general well-being and economy, more attention should be paid to this extramural phase of medical care of the elderly.U

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● 0207874 82191354

**Cost-effectiveness analysis of computerized ECG interpretation system in an ambulatory health care organization.**

Carel RS  
J Med Syst ,Apr 1982, 6 (2) p121-30, ISSN 0148-5598  
Journal Code: IZM

Languages: ENGLISH

The cost-effectiveness of a computerized ECG interpretation system in an ambulatory health care organization has been evaluated in comparison with a conventional (manual) system. The automated system was shown to be more cost-effective at a minimum load of 2,500 patients/month. At larger monthly loads an even greater cost-effectiveness was found, the average cost/ECG being about \$2. In the manual system the cost/unit is practically independent of patient load. This is primarily due to the fact that 87% of the cost/ECG is attributable to wages and fees of highly trained personnel. In the automated system, on the other hand, the cost/ECG is heavily dependent on examinee load. This is due to the relatively large impact of equipment depreciation on fixed (and total) cost. Utilization of a computer-assisted system leads to marked reduction in cardiologists' interpretation time, substantially shorter turnaround time (of unconfirmed reports), and potential provision of simultaneous service at several remotely located "heart stations."

0207039 82178228

**Clinics of the urban epilepsy program.**

Juarez G; Lund GF; Quash MF

Urban Health ,Mar 1982, 11 (2) p46-8, Journal Code:

X6C

Languages: ENGLISH

0206925 82172845

**Ambulatory care centers take up downtown market [news]**

Bendix J  
Mod Health Care ,May 1982, 12 (5) p17-8, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0206895 82172492

**How--and what--feminist health clinics are doing.**

White JS  
Med Econ ,May 10 1982, 59 (10) p301-6, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0206799 82166936

**The integrated system: small clinic blends word, data processing.**

Gauthier D  
Hosp Financ Manage ,May 1982, 36 (5) p38, 42-3, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

0206523 82181358

**Evaluating commercial weight-loss clinics.**

Gotto AM Jr; Foreyt JP; Goodrick GK  
Arch Intern Med ,Apr 1982, 142 (4) p682-3, ISSN 0003-9926  
Journal Code: 7FS  
Languages: ENGLISH

0206014 82175211

**A review of preschool assessment of children with follow-up arrangements at a local progress clinic.**

Leff S  
Public Health ,Jan 1982, 96 (1) p20-4, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

00083

00061

0205391 82167922

**An ecological and behavioral approach to outpatient dialysis treatment.**

Tucker CM; Mulkerne DJ; Ziller RC

J Chronic Dis ,1982, 35 (1) p21-7, ISSN 0021-9681  
Journal Code: HQV

Languages: ENGLISH

A treatment-research program is described which was implemented in an outpatient dialysis treatment unit to facilitate patients' psychosocial adjustment and quality of life. The program's theoretical framework and multifaceted treatment approach are based on an ecological-behavioral model of community intervention research. The effects of the program were evaluated from (1) pre- and post-measures of patients' and nurses' self-esteem and level of hope, (2) behavior changes, and (3) program evaluations from patients, nurses and doctors. These indices suggest that the program resulted in positive psychosocial consequences for patients and nurses.

0205352 82166801

**Exposure to the operator and patient during short wave diathermy treatments.**

Stuchly MA; Repacholi MH; Lecuyer DW; Mann RD

Health Phys ,Mar 1982, 42 (3) p341-66, ISSN 0017-9078  
Journal Code: G2H

Languages: ENGLISH

Short-wave diathermy is one of the most popular treatment modalities used to relieve pain through localized heating. In Canada its use in hospitals is as frequent as that of ultrasonic therapy devices and about 10 times more popular than microwave diathermy. Intensities of the electric and magnetic fields around applicators of 7 different diathermy units were measured at the operator position and at various untreated areas of the patient during 11 treatment regimes using 5 types of applicators. Exposure to the operator in the normal operating position, behind the device console, usually does not exceed the limits recommended by the Canadian Federal Government. The intense fields around the applicators and the cables extend up to 0.5 m and are a source of potential overexposure to the operator.

0205276 82165974

**Health care delivery: care in the canyon.**

Friedman E

Hospitals ,May 16 1982, 56 (10) p67-9, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0204847 82160576

**Special clinics for hypertension--the role of the hypertension detection--and follow-up programme.**

Kass EH

Br J Clin Pharmacol ,Jan 1982, 13 (1) p81-6, ISSN 0306-5251 Journal Code: AU9

Languages: ENGLISH

The hypertension detection and follow up programme of the National Heart, Lung and Blood Institute has been briefly described, the basis given for dividing the participants into two groups, one referred to the conventional care system (referred care) and the other referred to intensive care in special clinics in which treatment was administered according to protocol in a series of graded steps in response to the therapeutic effect observed with the preceding steps (stepped care). Substantial reductions in mortality from all cardiovascular causes, including acute myocardial infarction, stroke, and other major evidences of mortality and morbidity were observed. The effect was uniform for all groups, irrespective of presence or absence of target organ damage and irrespective of race, age, and sex. Although a certain number of anomalies exist in the data, as might be expected from a study involving some 11,000 participants, the overall implication that a carefully graded and carefully developed programme of therapy confers major benefits to a population, in terms of morbidity and mortality, seems warranted. The degree to which the conventional care system can provide similar care to the hypertensive population, and experience similar benefits, represents a major challenge for the immediate future.

0204776 82154351

**Climacteric Center focuses on preventing osteoporosis.**

Champlin L

Today's Nurs Home ,Mar 1982, 3 (3) p1, 12, ISSN 0274-5089 Journal Code: WLG

Languages: ENGLISH

0204714 82152480

**Need for transfer agreements.**

Same Day Surg ,Apr 1982, 6 (4) p46-7, ISSN 0190-5066  
Journal Code: UBL

Languages: ENGLISH

0204612 82148166

**Congress builds case to oppose dialysis reimbursement proposals [news]**

Robinson ML

Mod Health Care ,Apr 1982, 12 (4) p42, 44, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

00084



00062

0203811 82151616  
**Experience of the Checkerboard Area Health System in  
 planning for rural health care.**

Reid RA; Smith HL  
 Public Health Rep ,Mar-Apr 1982, 97 (2) p156-64, ISSN 0033-3549  
 Journal Code: QJA  
 Languages: ENGLISH

The design of rural health care delivery systems often is based on concepts obtained from urban models. The implicit planning premises of successful urban models, however, may be inappropriate for many rural systems. An alternative model planned and implemented in the checkerboard region of rural northwest New Mexico has proved to be successful. This experience may be helpful to health care policymakers and planners confronted with environments that are not congruent with typical urban settings. The checkerboard region presented a challenging health planning environment characterized by formidable geographic, population, economic, and health behavior constraints. The Checkerboard Area Health System (CAHS), designed to provide comprehensive services in an area dominated by these constraints, was formed around a central diagnostic and treatment facility with six satellite clinics. The CAHS used an innovative administrative structure, extended the productivity of traditional providers by extensive use of mid-level and ancillary personnel, and created an effective referral network. These features are distinctly different from those of urban health care models. Overall, the CAHS attained a high rate of inpatient use. Additionally, the performance of the outpatient program indicates that traditional ambulatory care can be integrated with other health services that are more oriented toward health promotion and disease prevention. Finally, the emergency room at the central facility has attained an impressive record that, like the inpatient and outpatient areas, is responsive to the needs of the target population.

0203237 82147393  
**The work of a pain clinic [editorial]**  
 Lancet ,Feb 27 1982, 1 (8270) p486-7, ISSN 0023-7507  
 Journal Code: LOS  
 Languages: ENGLISH

0202512 82139366  
**Abortion services in the United States, 1979 and 1980.**  
 Henshaw SK; Forrest JD; Sullivan E; Tietze C  
 Fam Plann Perspect ,Jan-Feb 1982, 14 (1) p5-8, 10-5,  
 ISSN 0014-7354 Journal Code: ERK  
 Languages: ENGLISH

0202140 82126656  
**The editors interview Christopher Blagg.**  
 Blagg C

New Engl J Hum Serv ,Winter 1982, 2 (1) p6-16, Journal  
 Code: OOG  
 Languages: ENGLISH

00063

0201785 82114143  
**A model for holistic care.**

Ropp R  
 Bull Am Protestant Hosp Assoc ,Winter 1982, 45 (1) p25-7  
 ISSN 0003-0635 Journal Code: BA9  
 Languages: ENGLISH

0201212 82127159  
**Establishing lithium clinics in office practice.**  
 Hasan MK; Mooney RP  
 Postgrad Med ,Feb 1982, 71 (2) p182, 186, 190, ISSN  
 0032-5481 Journal Code: PFK  
 Languages: ENGLISH

0200767 82122480  
**Recognition of anxiety and depression by residents in a  
 general medicine clinic.**  
 Walker FB; Novack DH; Brynes G; Kaiser DL  
 J Med Educ ,Mar 1982, 57 (3) p195-7, ISSN 0022-2577  
 Journal Code: J13  
 Languages: ENGLISH

0199187 82103661  
**Freestanding centers vie for hospital patients [news]**  
 Bendix J  
 Mod Health Care ,Jan 1982, 12 (1) p28, ISSN 0160-7480  
 Journal Code: NFA  
 Languages: ENGLISH

0198978 82095553  
**Industrial satellites: Detroit clinic goes to the workers.**  
 Jacknow D  
 Group Pract J ,Jan-Feb 1982, 31 (1) p30, 32-3, ISSN  
 0199-5103 Journal Code: ET9  
 Languages: ENGLISH

00085

0196838 82074161

**Emergicenters: the next wave.**

O'Donovan T; O'Donovan P

Health Serv Manager, Jan 1982. 15 (1) p1-3, ISSN

0363-020X Journal Code: GAP

Languages: ENGLISH

00086

0229708 83125897

**Efficacy of desipramine in depressed outpatients. Response according to research diagnosis criteria diagnoses and severity of illness.**

Stewart JW; Quitkin FM; Liebowitz MR; McGrath PJ; Harrison WM; Klein DF

Arch Gen Psychiatry ,Feb 1983, 40 (2) p202-7, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: MH 30906-03

Languages: ENGLISH

The efficacy of desipramine for mild depression was tested in a double-blind, placebo-controlled study of outpatients with scores below 19 on the Hamilton Rating Scale for Depression (HAM-D). Of 103 such patients, 23 dropped out and 16 improved during a ten-day placebo period. Among 64 patients completing the randomized portion of the study, significantly more improved with desipramine than with placebo. The Research Diagnostic Criteria (RDC) category of major depressive disorder largely accounted for the drug-placebo response difference found for the entire sample. Patients with intermittent depressive disorder improved significantly less frequently with desipramine than patients with major depressive disorder. Independent of RDC diagnosis, severity of illness correlated with outcome. Thus, patients with pretreatment HAM-D scores at or above the median demonstrated significant drug effect, while patients with lower pretreatment HAM-D scores did not.

0228492 83110287

**Office evaluation of the pulmonary patient. Part 2.**

Dukes RJ

J Indiana State Med Assoc ,Dec 1982, 75 (12) p872-3, ISSN 0019-6770 Journal Code: IGN

Languages: ENGLISH

0228264 83107494

**Factors contributing to the phenomenal growth of medicare expense for hospital-based ambulatory care.**

Manheim LM; Friedman B

Inquiry ,Winter 1982, 19 (4) p295-307, ISSN 0020-1731 Journal Code: GOT

Languages: ENGLISH

0227397 83099690

**Diagnosing borderline conditions in an outpatient setting.**

Koenigsberg HW; Kernberg OF; Schomer J

Arch Gen Psychiatry ,Jan 1983, 40 (1) p49-53, ISSN 0003-990X Journal Code: 72C

Languages: ENGLISH

Application of the Gunderson-Kolb Diagnostic Interview for Borderline to a population of psychiatric outpatients

suggested two complicating factors in diagnosing borderline conditions in an ambulatory setting: the reduced level of borderline symptoms and the confounding presence of recompensated psychotic patients. Overlap between the Gunderson and Kernberg borderline constructs, which is relatively high in the inpatient setting, is diminished in the outpatient setting. Contrary to expectation, distinguishing borderline patients from patients with other personality disorders was not a source of difficulty.

0227393 83099578

**Fiberoptic bronchoscopy in outpatient facilities, 1982.**

Ackart RS; Foreman DR; Klayton RJ; Donlan CJ; Munzel TL; Schuler MA

Arch Intern Med ,Jan 1983, 143 (1) p30-1, ISSN 0003-9926 Journal Code: 7FS

Languages: ENGLISH

0227392 83099575

**Fiberoptic bronchoscopy as an outpatient procedure [editorial]**

Khan MA

Arch Intern Med ,Jan 1983, 143 (1) p25-6, ISSN 0003-9926 Journal Code: 7FS

Languages: ENGLISH

0227292 83098052

**The dexamethasone suppression test in depressed outpatients and normal control subjects.**

Peselow ED; Goldring N; Fieve RR; Wright R

Am J Psychiatry ,Feb 1983, 140 (2) p245-7, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

In contrast to a recently published report by Amsterdam and associates, the authors noted a higher frequency of abnormal dexamethasone suppression test results in 88 outpatients with primary depression (particularly the endogenous subtype) than in 49 normal controls.

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0227280 83098026

**Underrecognition of patients' psychosocial distress in a university hospital medical clinic.**

Thompson TL 2d; Stoudemire A; Mitchell WD; Grant RL  
Am J Psychiatry ,Feb 1983, 140 (2) p158-61, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Seventeen areas of psychosocial distress were evaluated in 87 university hospital internal medicine clinic patients by a self-administered questionnaire and a psychiatric interview. These patients' internists then predicted the patients' distress level in each area. Their predictions correlated significantly with their patients' self-reports of distress-level problems in only 3 of the 17 areas. Even when the internists felt that they had sufficient information to make an accurate prediction, their perceptions were often erroneous, including evaluations of such areas as suicidal ideation and drug use. These data suggest the need for active psychiatric education components in internal medicine training programs.

0227045 83095099

**The National Ambulatory Medical Care Survey, United States, 1979 summary.**

Gagnon RO; DeLozier JE; McLemore T  
Vital Health Stat [13] ,Sep 1982, 13 (66) p1-69, ISSN  
0083-2006 Journal Code: XE7  
Languages: ENGLISH

0226816 83091696

**Validity and reliability of the Eysenck Personality Inventory with outpatients.**

Gabrys JB  
Psychol Rep ,Oct 1982, 51 (2) p541-2, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0226702 83090161

**Outpatient management of children in diabetic ketoacidosis.**

Lillo R; Masteller D  
Pediatr Nurs ,Nov-Dec 1982, 8 (6) p383-5, 402, ISSN  
0097-9805 Journal Code: OUN  
Languages: ENGLISH

0226598 83089601

**Orientation program for an outpatient infusion center.**

Acevedo ML  
NITA ,Sep-Oct 1982, 5 (5) p316-8, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226270 83085702

**Ambulatory care in medical residency: integration of private practitioner's office with traditional sites.**

Bane S; Criscione T  
J Med Educ ,Jan 1983, 58 (1) p64-6, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0224971 83057750

**A guide for enhancing health care compliance in ambulatory care settings.**

Feldman RH  
J Ambulatory Care Manage ,Nov 1982, 5 (4) p1-15, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH  
(57 Refs.)

0224952 83056341

**Side effects and lack of complaint in psychiatric outpatients.**

Forrester RL; Norton JC  
Hosp Formul ,Sep 1982, 17 (9) p1228-30, 1235, ISSN  
0098-6909 Journal Code: G96  
Languages: ENGLISH

0224891 83056111

**How appropriate is office care?**

Nuckolls JG  
Internist ,Mar 1982, 23 (2) p11-2, ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

00065

0224669 83051860

**Ambulatory care--a new research frontier.**

Rogers DE  
Clin Res ,Apr 1982, 30 (2) p107-11, ISSN 0009-9279  
Journal Code: DIX  
Languages: ENGLISH

00088

0224120 83067606

**[Experiment with a new health care structure in the framework of psychiatric department policy: "The Club"]**

Experience d'une nouvelle structure de soins dans le cadre de la politique de secteur psychiatrique: "Le Club".

Stromboni J

Soins Psychiatr ,Sep 1982, (23) p37-42, ISSN 0241-6972  
Journal Code: UUU

Languages: FRENCH

0223769 83064223

**Prediction of child abuse in an ambulatory setting.**

Rosenberg NM; Meyers S; Shackleton N

Pediatrics ,Dec 1982, 70 (6) p879-82, ISSN 0031-4005  
Journal Code: DXV

Languages: ENGLISH

A prospective random study was performed on 476 patients, up to 2 years of age, by full-time registered nurses in the emergency room. The parent (caretaker) and child were assessed in an effort to predict child abuse. The incidence of abuse rose from 2.5% to 15.2% if one or more abnormal features were present in parent or child (p less than .0003). Abuse developed in 19% of unkempt children and 28% of children with abnormal bruises, burns, or bites. The incidence of abuse increased to 42% (P less than .002) when these factors were present together. An unkempt child with an abnormal parenting pattern and a 30% chance of being abused (P = .007).

0222641 83052166

**A controlled study of inpatient vs. outpatient treatment of delinquent drug abusing adolescents: one year results.**

Amini F; Zilberg NJ; Burke EL; Salasnek S

Compr Psychiatry ,Sep-Oct 1982, 23 (5) p436-44, ISSN 0010-440X  
Journal Code: D09

Contract/Grant No.: D A00484-03; RA0IDA0048402

Languages: ENGLISH

0220318 83031368

**Predicting rural health care utilization with archival data.**

Wright DD; Kane RL; Kronhaus A; Woolley FR; Altman D

J Community Health ,Summer 1982, 7 (4) p284-91, ISSN 0094-5145  
Journal Code: HUT

Languages: ENGLISH

This study explored the usefulness of archival data in predicting rural health care utilization. A regression model was used to see how well observed utilization for local populations could be predicted by calculating expected values in advance from age- and sex-specific national rates applied to local age and sex profiles. Although the correlation between observed and expected utilization was reasonably high (r = 0.92), an attempt was then made to improve prediction by considering other data that do not require independent

collection. These archival data included indicators of historic utilization (local Medicaid payments, the percentage of births to county residents occurring in the mother's county of residence, percentage of children immunized, and infant mortality) and services already available. Observed utilization data were obtained by surveys in eight rural counties, and the predictor was tested on three additional rural communities. A predictor equation that added to the expected utilization only one variable (the percentage of births to county residents occurring in the mother's county of residence) was found to account for approximately 95% of the variance in observed utilization. This predictor is recommended for planners who need convenient, low-cost market feasibility estimates for proposed project sites and a way to establish intermediate goals or incentives during early project development.

0219490 83021493

**Outpatient treatment of prescription opioid dependence: comparison of two methods.**

Tennant FS Jr; Rawson RA

Arch Intern Med ,Oct 1982, 142 (10) p1845-7, ISSN 0003-9926  
Journal Code: 7FS

Languages: ENGLISH

Twenty-one patients dependent on prescription opioids were treated by 21-day detoxification followed by psychotherapeutic counseling (D/C), and 21 patients were detoxified 21 days and provided opioid maintenance if detoxification was unsuccessful (D/M). Only five of 21 (23.8%) patients in the D/C group compared with 20 of 21 (95.2%) in the D/M group completed three weeks of treatment. No patient initially perceived that chronic pain due to a medical condition would be an impediment to withdrawal from opioids, but pain that was masked by opioid dependency and that emerged during detoxification proved to be an insurmountable barrier to total withdrawal in the majority of patients. Treatment of outpatients with dependence on prescription opioids is best provided by opioid maintenance therapy and adjunctive pain therapy.

00089

00066

0219358 83020094

**A comparison of hospitalized and nonhospitalized borderline patients.**

Koenigsberg HW

Am J Psychiatry ,Oct 1982, 139 (10) p1292-7, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

The author compared 14 hospitalized borderline patients with 24 nonhospitalized patients given the same diagnosis. Twenty-nine clinical features of borderline patients were examined using the semistructured Diagnostic Interview for Borderlines. Although a few specific differences emerged in such areas as drug abuse, self-mutilation, and psychotherapy experience, both hospitalized and nonhospitalized patients manifested characteristic borderline traits of disturbed impulse-action patterns, psychotic experiences, poor regulation of affect, and disturbed interpersonal relationships. These findings are consistent with those of other studies and suggest that hospitalized and nonhospitalized borderline patients represent the same diagnostic entity.

0219108 83017021

**A walk-in and telephone inquiry service: a function of a hospital social work department.**

Horn B; Manuele GM; Olvany BF

Soc Work Health Care ,Spring 1982, 7 (3) p47-56, ISSN

0098-1389 Journal Code: U95

Languages: ENGLISH

This article describes a study undertaken to evaluate the Walk-In and Telephone Inquiry Service provided by a social work department in a general hospital division of a large, voluntary, metropolitan teaching hospital. The major social work function provided in such a service is information and referral; to provide this service, a psychosocial evaluation and counseling are essential. This service is valuable to and utilized by many individuals, professionals and community agencies. It can become the point where individuals enter the health care system. Issues related to policy making, institutional costs and cost benefits are discussed.

00067

0219089 83016762

**Evaluation of educational methods in a comprehensive cost-containment project in ambulatory care.**

Chilton LA; Applegate WB; Bennett MD; Skipper BE; White RE

South Med J ,Oct 1982, 75 (10) p1251-5, ISSN 0038-4348

Journal Code: UVH

Languages: ENGLISH

The cost of medical care in the United States is a matter of great concern to many health policy makers and physicians as well as to the seekers of care. At the University of New Mexico, a comprehensive cost-containment education program was devised and put into effect with residents from three primary care disciplines. In addition to documenting the effectiveness

of the educational package in reducing patients charges, we asked house staff to state which parts of the package were of most use. Wall posters displaying charges for commonly ordered tests, procedures, and prescription items and the distribution of sample bills for patients seen by the individual resident were rated most highly. A test of knowledge of charges to patients did not show resident improvement after education. Cost-containment education can be effective in reducing patient charges, even if physicians do not internalize the actual charge data. We recommend the inclusion of cost-containment education in all primary care training programs, as these physicians play such an important role in the generation of patient charges.

00068

0218662 83011622

**Effectiveness of an ambulatory care telephone service in reducing drop-in visits and improving satisfaction with care.**

Stirewalt CF; Linn MW; Godoy G; Knopka F; Linn BS

Med Care ,Jul 1982, 20 (7) p739-48, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

The purpose of this research was to determine whether a specialized telephone service could cut down on unscheduled visits to ambulatory care and improve satisfaction with care. Patients who were to receive care (N = 561) were assigned randomly to a specialized telephone service or a control group. They were measured with regard to satisfaction with care before being assigned and 6 months later. The number of scheduled and unscheduled visits also were monitored for a 1-year follow-up period. The telephone service, which provided a triage system for referrals as well as a source of central contact for scheduling or for complaints, helped to improve satisfaction and reduce the number of unscheduled visits within 6 months. Such a service also may have application in other problem areas in the delivery of quality ambulatory care.

0218640 83011370

**A portable radiotelemetry receiver for ambulatory monitoring.**

Slater EJ; Evans DF; Foster GE; Hardcastle JD

J Biomed Eng ,Jul 1982, 4 (3) p247-51, ISSN 0141-5425

Journal Code: K6K

Languages: ENGLISH

00090

00069

0218546 83010162

**House staff education and ambulatory care.**

Soslow AR

J Med Educ ,Oct 1982, 57 (10 Pt 1) p808, ISSN 0022-2577.

Journal Code: J13

Languages: ENGLISH

0218248 83006777

**The teen-tot clinic: an alternative to traditional care for infants of teenaged mothers.**

Nelson KG; Key D; Fletcher JK; Kirkpatrick E; Feinstein R

J Adolesc Health Care ,Aug 1982, 3 (1) p19-23, ISSN

0197-0070 Journal Code: HAM

Languages: ENGLISH

A comprehensive interdisciplinary clinic was established to provide health care for teenaged mothers less than 16 years old and their infants. Thirty-five mother-infants pairs using this clinic were matched with 70 mother-infant pairs who used "traditional" health care facilities. Significant differences in infant outcomes of immunization status at 6 months (91% versus 46% completed), and weight (97% versus 83% within "normal" range) and maternal outcomes of contraceptive use (91% versus 63%), enrollment in educational programs (86% versus 66%), and repeat pregnancy rate (16% versus 38%) were found between Teen-Tot Clinic participants and the control group. Coordination and consolidation of services for teenaged mothers and their infants appears to favorably influence their short-term outcomes.

0217971 83002727

**Ambulatory ECG processing on a general purpose minicomputer.**

LeBlanc AR; Senecal L; Nadeau RA

Comput Biomed Res ,Aug 1982, 15 (4) p323-41, ISSN

0010-4809 Journal Code: D0F

Languages: ENGLISH

0217814 83000948

**Bronx Professional Standards Review Organization: experiences with ambulatory care review.**

Morehead MA

Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p127-32, ISSN

0028-7091 Journal Code: B00

Languages: ENGLISH

0216353 82275727

**Diabetics' self-report of medical utilization: a test of validity.**

Turkat ID

Psychol Rep ,Jun 1982, 50 (3 Pt 2) p1160-2, ISSN

0033-2941 Journal Code: QF6

Languages: ENGLISH

0215715 82270732

**Visits to physicians by Asian/Pacific Americans.**

Yu ES; Cypress BK

Med Care ,Aug 1982, 20 (8) p809-20, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

The purpose of this paper is to disseminate some of the findings from the 1979 National Ambulatory Medical Care Survey (NAMCS) where, for the first time in its history, data are available on the characteristics of visits to office-based physicians by Asian/Pacific Americans. The NAMCS Program is the only source for such data which is based on a national probability sample survey of physician-patient encounters. Among the findings are: 1) no significant difference was observed between Asian/Pacific Islanders and the white majority with regard to the patient's sex, return-visit ratio, or the kinds of diagnostic and therapeutic services rendered by the sampled physicians. 2) Children appear to be the major utilizers of ambulatory medical care among Asian/Pacific Americans. 3) In every age group, the visit rate to office-based physicians is lower for Asian/Pacific Americans when compared with white Americans. 4) A significantly smaller percentage of Asians or Pacific Islanders, in contrast to other specified race/ethnic groups, had visited a physician for injury or poisoning, and a substantial proportion of their visits were apparently made for preventive care. 5) Significantly fewer visits were made by Asian/Pacific Americans to the office of a surgeon or a psychiatrist. The demographic antecedents and cultural underpinnings of these findings are discussed.

00091

00070

0215714 82270731

**Use of illness-related ambulatory physician services in Finland.**

Kekki P

Med Care .Aug 1982, 20 (8) p797-808, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

The total utilization rate of ambulatory illness-related physician services in Finland is higher in big urban health center areas than in rural areas. When only the health center physician utilization rates were studied the finding was opposite. A notable finding related to the impact of the national health planning were the surprisingly equal average utilization rates of public sector health services (health center physician and general hospital outpatient services combined) in both areas. In fact, use of cheaper public services was greater in rural than in urban areas. The difference in total use rates was almost entirely due to the larger use of more expensive private physician services in urban areas. At present, there is a great pressure for increasing the supply of health center services in urban areas to the same level as in rural districts. One of the fundamental questions seems to be the pricing of the two service sectors--public and private.

00071

0215712 82270729

**A review of methods for ambulatory medical care evaluations.**

Palmer RH; Nesson HR

Med Care .Aug 1982, 20 (8) p758-81, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: 5 R1BHS03087-02

Languages: ENGLISH

Medical Care Evaluations (MCEs) are in widespread use in hospitals in the United States as a means of evaluating and improving the quality of patient care. Increasingly, MCEs are required or used in ambulatory care facilities, particularly group practices. Mandatory quality assurance programs require internal review subject to monitoring by external reviewers. For internal self-evaluation, multiple simple task-oriented evaluations prove more feasible than the complex multifaceted all-in-one evaluations often used by external reviewers. A detailed review of methods for designing such focused, internally conducted evaluations of medical care is presented, covering the following issues: identification of problems for evaluation; use of process versus outcome data; choice of data source, topics and criteria; indices for case identification; units of care to be studied; and feedback interventions. (106 Refs.)

00072

0215206 82264791

**Planning for ambulatory care delivery systems: a market segment approach.**

Klegon DA; Gregory DD; Kingstrom PO

Health Care Manage Rev .Winter 1982, 7 (1) p35-45, ISSN

0361-6274 Journal Code: G11

Languages: ENGLISH

0214601 82253462

**Drug utilization in office practice by age and sex of the patient: National Ambulatory Medical Care Survey, 1980.**

Koch H

Advance Data .Jul 26 1982, (81) p1-11, ISSN 0147-3956  
Journal Code: 2GY

Languages: ENGLISH

0214600 82253461

**Medication therapy in office visits for hypertension: National Ambulatory Medical Care Survey, 1980.**

Cypress BK

Advance Data .Jul 22 1982, (80) p1-11, ISSN 0147-3956  
Journal Code: 2GY

Languages: ENGLISH

0214527 82249596

**ASIM cost-containment plan promotes ambulatory health care.**

Same Day Surg .Aug 1982, 6 (8) p103, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

00092



0214128 82254967

**Intensive ambulatory treatment of insulin-dependent diabetes.**

Felig P; Bergman M  
Ann Intern Med ,Aug 1982, 97 (2) p225-30, ISSN  
0003-4819 Journal Code: 5A6  
Languages: ENGLISH

The therapy for insulin-dependent diabetes has been changing in the last 3 years with the increasing application of intensive ambulatory treatment programs involving self-monitoring of blood glucose levels by the patient. Insulin is administered either as multiple manual daily injections or as a continuous subcutaneous infusion delivered by a portable pump. We discuss the implementation, efficacy, complications (including recent reports of deaths in pump-treated patients), and cost of such programs. The potential effectiveness in preventing the long-term complications of diabetes warrants offering a program of self-monitoring of blood glucose levels combined with multiple manual daily insulin injections as a routine treatment option to virtually all patients with insulin-dependent diabetes. Additional observations on safety and efficacy are needed before insulin pump treatment can be considered a routine option. Furthermore, whether intensive treatment involving either manual or pump administration of insulin alters the risk of hypoglycemia as compared with conventional management remains to be established.

0213375 82246517

**Symposium on office orthopedic practice.**

Orthop Clin North Am ,Jul 1982, 13 (3) p427-657, ISSN  
0030-5898 Journal Code: DKN  
Languages: ENGLISH

0212916 82240802

**Improved diabetic control in an ambulatory group setting.**

James T 3d  
J Ky Med Assoc ,May 1982, 80 (5) p283-5, ISSN 0023-0294  
Journal Code: IV8  
Languages: ENGLISH

0212575 82235454

**Out-patient detoxification of patients addicted to sedative-hypnotics and anxiolytics.**

Hawthorne JW; Zabora JR; D'Lugoff BC  
Drug Alcohol Depend ,Apr 1982, 9 (2) p143-51, ISSN  
0376-8716 Journal Code: EBS  
Languages: ENGLISH

Due to the risk of seizures and other potentially life threatening complications, it has been accepted practice to detoxify patients addicted to sedative-hypnotics or minor tranquilizers in an in-patient setting. Using the procedures

for patient selection and management described below, we have been able to detoxify as out-patients approximately two-thirds of 69 patients who were found to be in need of detoxification.

Out-patients experienced no serious complications during or immediately following detoxification and were not significantly less likely than in-patients to complete treatment. We present here some guidelines which will assist practitioners in identifying patients who are appropriate for out-patient detoxification and describe approaches to patient management that have proven effective.

0212486 82233304

**A comparative trial of home and hospital psychiatric treatment: financial costs.**

Fenton FR; Tessier L; Contandriopoulos AP; Nguyen H;  
Struening EL  
Can J Psychiatry ,Apr 1982, 27 (3) p177-87, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

The financial costs of community-based treatment, stressing home treatment, were compared with the cost of hospital-based treatment during one year. Of 155 patients destined to receive inpatient treatment, 76 were randomly assigned to home treatment, 79 to hospital treatment; the two groups were similar as to important social, demographic, and clinical characteristics. The principal differences between the two treatments concerned the focus of treatment, the locale of treatment, the degree to which continuity of treatment was maintained, and the roles of the respective treatment staffs. Manpower and operating costs, measured in dollars, were estimated in two ways. Either way, hospital-based treatment was more expensive during the year: 64.1% more expensive (+3,250 vs. +1,980 per patient) in the first instance, 108.9% more expensive (+6,750 vs. +3,230 per patient) in the second. With two exceptions during the first month of treatment, the proportions of patients and families receiving either treatment who incurred other costs of treatment were low, and the differences between groups were not significantly different. A higher proportion of patients and families receiving home-based treatment defrayed the cost of the patient's psychotropic drugs; second, a higher proportion of families of patients receiving hospital-based treatment defrayed transportation costs. The proportions of patients and families incurring costs of the consequences of illness were low, and the differences between treatment groups were not significant. We compared this study with similar studies, discussed the generalizability of the results of this study and similar studies, and identified issues for future research.

00093

0212252 82218995  
**The seesaw syndrome: development of a successful hospital-based ambulatory care program.**  
Easton IS  
Med Group Manage ,May-Jun 1982, 29 (3) p24-6, ISSN  
0025-7257 Journal Code: MA7  
Languages: ENGLISH

0211558 82224420  
**The financial stability of hospital-based ambulatory dental services.**  
Johnson ES  
Spec Care Dentist ,Mar-Apr 1982, 2 (2) p82-3, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0211271 82221833  
**Suprapubic bladder puncture in a private pediatric practice.**  
Simon G  
Postgrad Med ,Jul 1982, 72 (1) p63-4, 66, ISSN  
0032-5481 Journal Code: PFK  
Languages: ENGLISH

Suprapubic bladder puncture was performed 185 times in 126 girls in a private pediatric practice. Cultures of urine obtained by aspiration confirmed symptoms as indicative of urinary tract infection in 59% of instances and confirmed positive cultures of urine obtained by voiding in 57% of instances. Since suprapubic bladder puncture avoids the problem of contamination, it enables a certainty in diagnosis that voided specimens cannot. The procedure was easily accomplished in the office and was readily accepted by parent and child. No complications were observed.

0211141 82221285  
**Drug therapy for ambulatory pediatric patients in 1979.**  
Kennedy DL; Forbes MB  
Pediatrics ,Jul 1982, 70 (1) p26-9, ISSN 0031-4005  
Journal Code: DXV  
Languages: ENGLISH

Little data are available on the use of drugs in children on an outpatient basis. Therefore, the present study investigated national patterns in the prescribing of drugs for children by office-based physicians during 1979, in order to describe the most commonly encountered pediatric drug therapies. The data are presented as descriptive norms of drug therapy by office-based physicians in two pediatric subgroups, 0 to 2 years old and 3 to 9 years old. Anti-infective drugs and cough and cold preparations accounted for approximately 50% of drugs used. Tetracycline and its congeners continue to be used in pediatric patients. Despite apparent advantages of amoxicillin, ampicillin is still widely used.

0210797 82217304  
**Outpatient intravenous antibiotic therapy [editorial]**  
Frame PT  
JAMA ,Jul 16 1982, 248 (3) p356, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0210795 82217296  
**Intravenous antibiotic therapy in an outpatient setting.**  
Poretz DM; Eron LJ; Goldenberg RI; Gilbert AF; Rising J; Sparks S; Horn CE  
JAMA ,Jul 16 1982, 248 (3) p336-9, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

A program has been developed for the outpatient administration of parenteral antibiotics. To date, more than 150 patients with osteomyelitis, septic arthritis, pyelonephritis, endocarditis, and other infections have been treated. Antibiotic solutions were prepared in the hospital pharmacy and given to the patient to be kept refrigerated at home until used. Patients administered their own antibiotics by means of a heparin lock, which was replaced every four days or when necessary. Complications were infrequent. Many patients were able to return to work while receiving therapy; others enjoyed the comfort of being at home. Cost reductions were substantial, calculated to be at least \$142 a day, or the charge for a semiprivate room in 1981. In addition to the cost savings, critically needed hospital beds were freed for more acutely ill patients.

0210489 82213769  
**A longitudinal survey of side effects in a lithium clinic.**  
Lyskowski J; Nasrallah HA; Dunner FJ; Bucher K  
J Clin Psychiatry ,Jul 1982, 43 (7) p284-6, ISSN  
0160-6689 Journal Code: HIC  
Languages: ENGLISH

The cross-sectional and longitudinal patterns of lithium side effects were surveyed in a prospective 12-month study. The use of other psychotropic medication (antidepressants, neuroleptics) in addition to lithium was associated with a higher frequency of complaints. The presence of noneuthymic mood was not associated with changes in the incidence of side effects. Persistent side effects were not related to current age, age at onset of illness, severity of illness, or duration of lithium therapy. The chronicity of lithium therapy was not specifically associated with the presence or absence of any of the 23 side effects surveyed.

00094

0210012 82208148

**Portable infusion pumps in ambulatory cancer chemotherapy.**

Plasse T; Ohnuma T; Bruckner H; Chamberlain K; Mass T; Holland JF

Cancer ,Jul 1 1982. 50 (1) p27-31. ISSN 0008-543X  
Journal Code: CLZ

Contract/Grant No.: CA-15936

Languages: ENGLISH

Fifty-seven adult patients receiving chemotherapy were treated with a total of 133 infusions using portable user-worn infusion pumps, the Autosyringe AS\*2F Cormed ML6-4, and two earlier versions of the latter, the Sigmamotor ML6-2 and ML6-3. Ninety-eight infusions were given on an ambulatory basis. Fourteen infusions were given through peripheral venous catheters, 115 through central venous catheters, and four intra-arterially. Of 127 evaluable infusions, 65 were completed within 5% and 87 within 10% of the planned rate; results are similar for both inpatient and outpatient infusions. The Cormed ML6-4 pump was equal to the Autosyringe AS\*2F in reliability but superior to the latter in patient preference. There were no instances of dangerously rapid administration of the drug. The only serious catheter complications were a pneumothorax after insertion of a subclavian catheter in one patient and cellulitis in a leukopenic patient with a Broviac catheter. All but three patients preferred outpatient therapy to hospitalization. Outpatient therapy costs about \$300 per day less than in-hospital treatment.

0209831 82202612

**Drugs most frequently used in office-based practice: National Ambulatory Medical Care Survey, 1980.**

Koch H

Advance Data ,May 12 1982. (78) p1-12. ISSN 0147-3956  
Journal Code: 2GY

Languages: ENGLISH

00073

0209693 82196423

**Decision aid development for use in ambulatory health care settings.**

White CC 3d; Wilson EC; Weaver AC

Oper Res ,May-Jun 1982. 30 (3) p446-63. Journal Code: OKC

Contract/Grant No.: NCHS-HS02738

Languages: ENGLISH

An approach is presented using interactive microcomputers for the development of diagnostic decision aids applicable to some complaints encountered in ambulatory care. The central feature of the descriptive phase of the approach is the use of the underlying (and perhaps dynamic) state of patient health. The central feature of the prescriptive phase of the approach is quick, simple assessment which produces a set of nondominated diagnostic tests, the selection of which is biased by the subjectively determined disease(s) that the

diagnostician wishes to rule out or confirm. We present an application of the approach to the complaint, "diarrhea of recent onset in adults," discuss the hardware/software implementation, and summarize preliminary evaluation results.

00074

0209126 82203508

**Hospital expansion of ambulatory-care services: implications for pharmacy.**

Kushner D

Am J Hosp Pharm ,May 1982. 39 (5) p863-4. ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

Implications for hospital and community pharmacists of the hospital industry's increased involvement in ambulatory care are discussed. There will certainly be competition between hospital and community pharmacists for the right to provide pharmaceutical services to ambulatory patients. Various developments are encouraging hospitals to expand their ambulatory services, and these will increase the competition and add urgency to minimizing confrontation between the two groups. The need for a forum within pharmacy to discuss difficult issues such as this is emphasized.

00095

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● 0209115 82203489

**Trends and initiatives in hospital ambulatory care.**

Burns LA

Am J Hosp Pharm ,May 1982, 39 (5) p799-805, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

Changes in the financing and delivery of hospital ambulatory care are discussed. Ambulatory care encompasses a wide spectrum of clinical services provided to patients who are not confined overnight to an institutional bed as inpatients. There are a large and growing number of ways hospitals and physicians cooperate to provide ambulatory-care services. Technological advancements, which have spurred changes in other sectors of medicine, have also changed patterns of medical practice in ambulatory care. Some of the reasons why hospitals develop and expand ambulatory-care programs relate to the changing demand for health services, the shifting preferences of third-party payers and regulators, competitive influences, diversification of risk, and use of such programs as feeders for inpatient services and as teaching and research settings. Although outpatient revenues are a small portion of total hospital revenues, they are growing more rapidly than inpatient revenues. Changes in the health industry that offer opportunities to hospitals are described, such as the increasing physician supply and the formation of group practices, the climate of cost consciousness and price competition, and the trend toward new corporate structures for hospitals. These changes portend changes for hospital pharmacists and give them the opportunity to increase their clinical roles in providing ambulatory care.

0209045 82203103

**Prevalence and magnitude of S-T segment and T wave abnormalities in normal men during continuous ambulatory electrocardiography.**

Armstrong WF; Jordan JW; Morris SN; McHenry PL

Am J Cardiol ,May 1982, 49 (7) p1638-42, ISSN 0002-9149

Journal Code: 3D0

Contract/Grant No.: HL 06308; HL 07182

Languages: ENGLISH

Fifty asymptomatic normal male volunteers, mean age 44.6 years (range 35 to 59), were prospectively studied to ascertain the prevalence and magnitude of S-T segment and T wave changes detected during continuous ambulatory electrocardiographic monitoring. Transient S-T segment depression of 1.0 mm or more was recorded in 15 (30 percent) of the subjects, and labile T wave inversion of up to 3 mm occurred in an additional 18 (36 percent). The presence of ST-T changes during monitoring did not correlate with age, daily activity status or heart rate. There was also no correlation with the S-T segment response or work performance during treadmill exercise testing. It is concluded that S-T segment depression and T wave inversions are commonly observed during ambulatory electrocardiographic monitoring of normal men. Therefore, similar changes observed in patients with coronary artery disease should be interpreted with caution.

0208755 82199193

**[Belfort: an integrated health center at its beginning]**

Belfort: un centre de sante integre a ses debuts.

Wehrlin N

Rev Infirm ,Apr 1982, 32 (8) p8-11, ISSN 0035-144X

Journal Code: S7T

Languages: FRENCH

0208751 82199178

**[Carmes Street at Limoges]**

Rue des Carmes a Limoges.

Rev Infirm ,Mar 1982, 32 (6) p24-5, ISSN 0035-144X

Journal Code: S7T

Languages: FRENCH

00076

● 0208105 82194069

**Evaluation methodology for ambulatory care information systems.**

Simborg DW; Whiting-O'Keefe QE

Med Care ,Mar 1982, 20 (3) p255-65, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: LM03590; HS03582

Languages: ENGLISH

The central purpose of an ambulatory care information system is to communicate information to the practitioner to facilitate clinical decision making. The clinical decision can be considered the dependent output variable in a process in which the information system, the patient, clinician characteristics and the environment are the independent input variables. Evaluation methodologies must consider these relationships. Approaches using patients outcomes are problematic because of indirect relationship between the information system and patient outcomes, which limits both sensitivity and validity. A process measure technique that focuses on the clinical decision directly as the measure of output could be appropriate if the represented a generic sampling of clinical decisions made in ambulatory care. A new method under development based on an information theory concept may be more widely applicable than currently available methods.

00096

0208096 82194060

**Episode-based efficiency comparisons for physicians and nurse practitioners.**

Salkever DS; Skinner EA; Steinwachs DM; Katz H  
Med Care ,Feb 1982, 20 (2) p143-53, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: HSO0427; HSO1964

Languages: ENGLISH

Most previous studies comparing the efficiency of new health practitioners with that of physicians have used the visit as the basic unit of output. Several researchers have noted, though, that the episode is a conceptually superior output unit in several respects, although it is more complex to deal with methodologically. This study demonstrates the application of episode-based methods for comparing the efficiency of physicians with that of nurse practitioners. Data are drawn from the information system of the Columbia Medical Plan and from observations of provider time inputs. The analysis is confined to care episodes for otitis media and sore throat in the Department of Pediatrics. Results indicate that per episode costs with nurse practitioners as the initial provider are approximately 20 per cent below the costs of episodes in which physicians are the initial provider. Examination of a limited amount of data on patient-reported measures of effectiveness indicates that while nurse practitioners' care is less costly, it is not less effective. These findings are particularly interesting in light of recent doubts expressed about cost-savings from using new health practitioners, and particularly nurse practitioners, in group practice settings.

0208095 82194059

**Physician performance in a prepaid health plan: results of the peer review program of the Health Insurance Plan of Greater New York.**

Deuschle JM; Alvarez B; Logsdon DN; Stahl WM; Smith H Jr  
Med Care ,Feb 1982, 20 (2) p127-42, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

A peer review program to evaluate the quality of medical care was established by the Health Insurance Plan of Greater New York in 1973. Physician performance is assessed through application of explicit process criteria to medical care as recorded in the patient record. A total of 6,788 records were reviewed in terms of the clinical management of acute otitis media, hypertension and breast lesions. Follow-up procedures to bring about positive changes in delivery of health care were integrated into the program at the time of the initial audit. Reaudit of 715 records were used to measure change in physician compliance with medical care standards. Results of this audit/reaudit process demonstrated statistically significant improvement in quality of clinical practice as measured by the assessment parameters.

0208094 82194058

**Alcoholism, morbidity and care-seeking. The inpatient and ambulatory service utilization and associated illness experience of alcoholics and matched controls in a health maintenance organization.**

Putnam SL  
Med Care ,Jan 1982, 20 (1) p97-121, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: 5H84-AA-02210

Languages: ENGLISH

The issue of whether outpatient treatment of alcoholism is cost-advantageous, in the long run, for health maintenance organizations (HMOs) depends in part on whether alcoholics represent a relatively heavy burden on the health care delivery system. To clarify this issue, the paper asks whether alcoholics utilize HMO services at higher rates and in different ways than do other HMO members, and whether alcoholics experience more illnesses and injuries associated with their service utilization. The study subjects were alcoholics, identified during one year as new clients of an HMO's counseling department, which houses an alcoholism treatment component. Study subjects were matched with controls on the basis of sex, age, date of HMO enrollment, type of membership and family size. HMO medical records provided data on service utilization and associated morbidities during the three-year study period. Alcoholics were found to have utilized about 50 per cent more of all HMO services studied than did their matched controls. Alcoholics were especially high utilizers of more expensive, inpatient services. Psychosocial problems and problems classified as accidents, poisonings and violence were much more likely to underlie alcoholics' hospitalizations, and, to a lesser extent, their outpatient non-counseling utilization, than was the case for controls. Some tendency was noted for more chronic illnesses to be associated with alcoholics' service utilization, and more acute illnesses with controls' utilization.

00097

Languages: ENGLISH

0207795 82190811

**Use of nutritional supplements in an ambulatory elderly population.**

Hale WE; Stewart RB; Cerda JJ; Marks RG; May FE  
J Am Geriatr Soc ,Jun 1982, 30 (6) p401-3, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

The use of nutritional supplements by 3,192 ambulatory elderly participants in a health screening program is described. The 2,009 women used vitamin (45.5 per cent) and mineral (22.4 per cent) products with significantly greater frequencies than did the 1,183 men (34.0 per cent and 15.0 per cent, respectively); chi-square, P less than 0.01. The most commonly used vitamin products were multiple vitamins, multiple vitamins with minerals, vitamin E, and vitamin C; for minerals, the ranking was potassium chloride, calcium salts, and ferrous sulfate. Eighty-two participants (2.5 per cent) reported the use of four or more supplements. Many older Americans are spending a great deal of money for nutritional supplements, whereas it would seem that the money could be better spent to improve the quality of their diet.

00078

0206840 82168506

**Hospital-based ambulatory care: status and perspective on the future.**

Crane RM  
J Ambulatory Care Manage ,May 1982, 5 (2) p51-9, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

00079

0206839 82168505

**Reorganization of ambulatory care in an academic medical center.**

Grossman JH  
J Ambulatory Care Manage ,May 1982, 5 (2) p44-50, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0207504 82188318

**Group psychotherapy for elderly female Hispanic outpatients.**

Franklin GS; Kaufman KS  
Hosp Community Psychiatry ,May 1982, 33 (5) p385-7,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0206203 82177845

**Physicians' knowledge of common outpatient medical costs in the Kanawha Valley- Charleston, West Virginia.**

Perrine TR  
W Va Med J ,Apr 1982, 78 (4) p90-7, ISSN 0043-3284  
Journal Code: XMR  
Languages: ENGLISH

0207351 82186766

**Reliability of serial 24 h ambulatory electrocardiography in predicting cardiac death after myocardial infarction.**

Moller M  
Eur Heart J ,Feb 1982, 3 (1) p67-74, ISSN 0195-668X  
Journal Code: EMB  
Languages: ENGLISH

0205921 82174349

**Impressions of nurses working in community health.**

Nurs Montreal ,Apr 1982, 6 (2) p11-2, ISSN 0710-6157  
Journal Code: 09B  
Languages: ENGLISH, FRENCH

0207186 82184187

**The Moditen Clinic: a nursing role in the management of psychiatric out-patients.**

LaLonde LM  
Can Nurse ,May 1982, 78 (5) p38-9, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00077

0206866 82168699

**Planning models for outpatient care: a marketing approach.**

Gregory D; Kingstrom P; Reardon T  
J Health Care Mark ,Winter 1982, 2 (1) p21-30, Journal  
Code: IAO

00098

0205667 82171525

**An infra-red reflectance system for ambulatory characterization of left ventricular function.**

Brown TR; MacGregor J  
J Biomed Eng ,Apr 1982, 4 (2) p142-8, ISSN 0141-5425  
Journal Code: K6K  
Languages: ENGLISH

An optical method of detecting the arterial pulse is described. The system employs an infra-red light emitting diode (LED) and phototransistor arranged to operate in the reflectance mode and sited over the superficial temporal artery. The LED is pulsed and the signal recovery system performs a synchronous sample-and-hold function on the phototransistor output. This arrangement improves peak light output relative to ambient light and extends battery life. The transducer, used at its site of application over the temporal artery produces an arterial pulse-wave relatively resistant to motion artefact, and is thus suitable for ambulatory monitoring applications. The pulsewave can be used to obtain measurements of left ventricular ejection time with the accuracy required for clinical systolic time interval investigations.

0204938 82161848

**Routine colonic lavage is unnecessary for double-contrast barium enema in outpatients.**

De Lacey G; Benson M; Wilkins R; Spencer J; Cramer B  
Br Med J [Clin Res] ,Apr 3 1982, 284 (6321) p1021-2,  
Journal Code: B4X  
Languages: ENGLISH

0204860 82160771

**A randomized controlled trial of complete bed rest versus ambulation in the management of proteinuric hypertension during pregnancy.**

Mathews DD; Agarwal V; Shuttleworth TP  
Br J Obstet Gynaecol ,Feb 1982, 89 (2) p128-31, ISSN  
0306-5456 Journal Code: AZC  
Languages: ENGLISH

Forty patients participated in a randomized controlled trial of complete bed rest versus ambulation as desired in the management of proteinuric hypertension during pregnancy. Daily increases in serum human placental lactogen and oestriol concentrations were greater in the rested group. An especially 'at risk' group of 10 patients with both hyperuricaemia and severe fetal growth retardation was identified. Strict confinement to bed in these cases seemed to encourage the development of the premonitory symptoms of eclampsia, but was associated with a better prognosis for the fetus.

community health care.

Cost Containment ,Mar 23 1982, 4 (6) p3-6, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0204308 82159442

**Tardive dyskinesia in psychiatric outpatients: a study of prevalence and association with demographic, clinical, and drug history variables.**

Mukherjee S; Rosen AM; Cardenas C; Varia V; Olarte S  
Arch Gen Psychiatry ,Apr 1982, 39 (4) p466-9, ISSN  
0003-990X Journal Code: 72C  
Languages: ENGLISH

We examined 153 psychiatric outpatients, on a maintenance regimen of neuroleptics, for tardive dyskinesia (TD) and parkinsonism. Demographic, clinical, and drug history data were collected to assess whether any of these factors were significantly associated with TD. After initial univariate screening, significant variables were analyzed by multivariate statistical methods. Tardive dyskinesia was significantly associated with the use of high-potency or high-dosage neuroleptics and depot fluphenazine, whereas low-potency neuroleptics were negatively correlated with moderate TD. Age, but not sex, correlated significantly with TD, as did histories of incoherence, grandiose delusions, and teeth or denture problems. Parkinsonism and TD were strongly associated. Although the prevalence of TD was quite high, there were no severe involvements of any of the Abnormal Involuntary Movement Scale body areas.

00080

● 0204399 82137914

Ambulatory services center: a hospital's commitment to

00099

0204208 82158363

**Pathophysiologic evaluation of chronic venous stasis with ambulatory venous pressure studies.**

Schanzer H; Peirce EC 2d  
Angiology ,Mar 1982, 33 (3) p183-91, ISSN 0003-3197  
Journal Code: 4UA

Languages: ENGLISH

Seven normal controls and 51 lower extremities with venous insufficiency in 45 patients were studied with ambulatory venous pressure. Measurements were done at rest and during 15 seconds of exercise without a tourniquet and with 1 or 2 tourniquets at different levels of the extremity. The decrease in pressure during exercise and the time to return to standing levels were used to calculate a venous sufficiency index. Six pathologic categories were identified in patients with chronic venous stasis. Incompetence of perforators was present in 17 cases. A combination of long saphenous vein and perforator incompetence was detected in 10 cases. Thirteen cases had a pattern of regurgitant deep vein incompetence. Two cases had incompetence of the saphenous system. A deep vein obstruction pattern was present in 3 other patients. Ascending and retrograde phlebography was done in 30 of these cases. There was an 83.3% correlation between the venous pressure and phlebographic tests. Contrast studies were found to be complementary and added extra-anatomical information. Based on these special studies, a rational approach to the treatment of venous insufficiency has evolved. The early results are encouraging.

0204101 82156970

**Cardiac catheterization in infants and children can be an outpatient procedure.**

Cumming GR  
Am J Cardiol ,Apr 1 1982, 49 (5) p1248-53, ISSN  
0002-9149 Journal Code: 3DQ

Languages: ENGLISH

Many cardiac catheterization procedures in infants and children can be performed on an outpatient basis. This has been the practice in a pediatric hospital for 18 years. Over the last 12 years 1,355 of 2,133 catheterization procedures were performed on an outpatient basis. Excluding newborns, 45 percent of infants under 1 year of age having catheterization procedures were studied as outpatients. After age 1 year, 83 percent of the patients were studied as outpatients. Many of the patients admitted to the hospital would have been suitable for outpatient study. There were no significant complications related to the outpatient program. The main advantage would seem to be a reduction in anxiety concerning the test for children and their parents.

0204096 82156860

**Long-term hemodynamic and clinical efficacy of captopril therapy in ambulatory management of severe chronic congestive heart failure.**

Awan NA; Amsterdam EA; Hermanovich J; Bommer WJ; Needham KE; Mason DT

Am Heart J ,Apr 1982, 103 (4 Pt 1) p474-9, ISSN  
0002-8703 Journal Code: 3BW

Contract/Grant No.: HL 14780

Languages: ENGLISH

The 6-month extended vasodilator efficacy of the oral angiotensin converting enzyme (ACE) inhibitor, captopril (CPT), was evaluated by sequential cardiac catheterization, nuclear scintigraphy, echocardiography, treadmill exercise, and symptomatology in nine patients with severe chronic left ventricular (LV) failure (CHF). CPT lowered LV filling pressure (from 23 to 14 mm Hg acutely (p less than 0.001) and to 14 mm Hg (p less than 0.01) with continuous 6-month therapy; concomitantly CPT raised cardiac index from 2.03 to 2.46 L/min/m<sup>2</sup> initially (p less than 0.02) and to 2.33 L/min/m<sup>2</sup> (p less than 0.02) at 6 months. Simultaneously CPT raised LV ejection fraction from 0.21 to 0.25 acutely (p less than 0.01) and to 0.30 (p less than 0.001) and to 60 mm (p less than 0.001) at 6 months. These beneficial actions of CPT on LV pump function raised treadmill exercise duration (from 339 to 426 seconds initially (p less than 0.05) and to 499 seconds (p less than 0.05) at 6 months, while considerably reducing CHF symptomatology (p less than 0.001). Thus ACE inhibition by CPT provides markedly beneficial sustained hemodynamic and clinical improvement in advanced LV failure without fluid accumulation or late vasodilator drug tolerance.

0203084 82145473

**Outpatient management of hypertension by general medicine and traditional track residents.**

Robie PW; Andrus PL  
J Med Educ ,Apr 1982, 57 (4) p330-1, ISSN 0022-2577  
Journal Code: J13

Contract/Grant No.: D28-PE16005

Languages: ENGLISH

00081

● 0203081 82145469

**Teaching in the ambulatory care setting.**

Medley ES  
J Med Educ ,Apr 1982, 57 (4) p322-3, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

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00082

0202226 82132253  
1980 summary: National Ambulatory Medical Care Survey.  
McLemore T; Koch H  
Advance Data ,Feb 22 1982, (77) p1-9, ISSN 0147-3956  
Journal Code: 2GY  
Languages: ENGLISH

0202009 82119619  
Managing hospital ambulatory receivables.  
Baggett FB  
Hosp Financ Manage ,Mar 1982, 36 (3) p47-9, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0201602 82132659  
ASHP minimum standard for ambulatory-care pharmaceutical services.  
Am J Hosp Pharm ,Feb 1982, 39 (2) p316, ISSN 0002-9289  
Journal Code: 3IO  
Languages: ENGLISH

0200466 82120455  
The abnormal outpatient chemistry panel serum alkaline phosphatase: analysis of physician response, outcome, cost and health effectiveness.  
Amberg JM; Schneiderman LJ; Berry CC; Zettner A  
J Chronic Dis ,Feb 1982, 35 (2) p81-8, ISSN 0021-9681  
Journal Code: HQV  
Languages: ENGLISH  
Physician response to, as well as outcome, cost and health effectiveness of the alkaline phosphatase component of an automated chemical screening panel in the primary medical care setting were studied. Out of 118 unexpected deviations, only one new diagnosis resulted--type A viral hepatitis. Because only one new diagnosis was made during the study period, estimates are tentative; however, when compared to other tests, the alkaline phosphatase component has a low health effectiveness (0.0298 Discounted Well-Years) and a low cost-effectiveness (\$85,400 per Discounted Well-Years) and does not appear to be an economic way to make new diagnoses of therapeutically responsive diseases in the primary care setting.

0200281 82118952  
[Nurses faced with the problems of prostitution. Prostitution and health: dispensaries]  
L'infirmiere face aux problemes de la prostitution.  
Prostitution et sante: les dispensaires.  
Barthes AM  
Infirm Fr ,Dec 1981, (230) p7-18 contd, ISSN 0019-9613

Journal Code: GOD  
Languages: FRENCH

0200179 82118020  
Colonoscopy and polypectomy in nonhospitalized patients.  
Norfleet RG  
Gastrointest Endosc ,Feb 1982, 28 (1) p15-6, ISSN  
0016-5107 Journal Code: FH8  
Languages: ENGLISH  
To determine whether colonoscopy and polypectomy could be performed safely without admission to the hospital, 594 consecutive procedures were analyzed for complications. Two hundred three patients have had colonoscopy and 132 polypectomies without admission to the hospital and without death. The complication rate was no different in this group than in equivalent patients who were hospitalized for the same procedure.

00083

0199135 82098969  
Management of health manpower in rural ambulatory care programs: responding to the trends.  
Goldsmith SB  
J Ambulatory Care Manage ,Feb 1982, 5 (1) p77-85, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

00084

0199134 82098968  
Word processing in ambulatory care.  
Frisch LE  
J Ambulatory Care Manage ,Feb 1982, 5 (1) p65-75, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

00085

0199128 82098962  
Managing start-up utilization in ambulatory care.  
Baloff N; Griffith MJ  
J Ambulatory Care Manage ,Feb 1982, 5 (1) p1-12, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

00101

0199088 82097652

**Evaluating the impact of ambulatory care on health care costs.**

Kropf R  
Health Care Plann Mark ,Jan 1982, 1 (4) p25-38, ISSN  
0271-1222 Journal Code: G2Y  
Languages: ENGLISH

00086

0198419 82107474

**[Survey of health facilities in Quebec]**

Apercu sur les structures sanitaires du Quebec.  
Faugier C  
Rev Infirm [Inf] ,Oct 1981, (16) p6-8, ISSN 0397-7897  
Journal Code: T83  
Languages: FRENCH

00087

0197862 82100917

**Resident preferences for the clinical teaching of ambulatory care.**

Stritter FT; Baker RM  
J Med Educ ,Jan 1982, 57 (1) p33-41, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The content and teaching behaviors of clinical teaching in ambulatory care and, in particular, in family practice centers are important to residents as they attempt to learn the varied aspects of patient care. This paper is based on a study of family medicine residents' preferences for the content areas of family medicine emphasized by those attending physicians perceived by the residents as the "best" clinical teachers in their respective centers. Also included in the study were the specific teaching behaviors of those same clinical teachers. A statistical analysis of the preferences of residents provided an indication of the dimensions of clinical teaching in resident education. Further, certain individual characteristics of residents were found to influence their perceptions. It was concluded that selected content areas should receive more emphasis and that the human aspects of clinical teaching are more important than technical teaching skills. These perceptions were helpful in suggesting ways of improving the teaching of residents and faculty development.

0192106 82041151

**[Institutional setting for the practice of occupational medicine in Quebec]**

Le cadre institutionnel de la pratique de la medecine du travail au Quebec.  
Landry P  
Union Med Can ,Aug 1981, 110 (8) p691-5, ISSN 0041-6959  
Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0169742 81102986

**[A municipal initiative: the Health Center of Goussainville]**  
Une initiative municipale: le Centre de Sante de Goussainville.

Burrus D  
Rev Infirm [Inf] ,Apr 1980, (4) p2-4, ISSN 0397-7897  
Journal Code: T83  
Languages: FRENCH

0157235 80248352

**[Reflexions of a nurse on the fight against tuberculosis after the closure of numerous dispensaries: reality or utopia?]**

Reflexion d'une infirmiere sur la lutte antituberculeuse apres la fermeture de nombreux dispensaires: realite ou utopie?  
Mougard F  
Infirm Fr ,Jun 1980, (216) p27-9, ISSN 0019-9613  
Journal Code: GOD  
Languages: FRENCH

0144454 80136354

**[Habitat Soleil]**

Habitat Soleil.  
Baillargeon L  
Infirm Can ,Mar 1980, 22 (3) p26-8, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0141828 80114565

**[The reality of adolescence and its health needs]**

La realite adolescente et ses besoins de sante.  
Dufour-Tremblay S  
Infirm Can ,Jan 1980, 22 (1) p14-7, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

00102

0136172 80060050

**[Analysis of health reforms in Quebec. II. Reforms proposed by the Castonguay-Nepveu Commission]**

Analyse des reformes sanitaires survenues au Quebec. II -- La reforme proposee par la commission Castonguay-Nepveu.

Wallot H  
Union Med Can ,Jul 1979, 108 (7) p846-8, 851-2, 857-8  
passim, ISSN 0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0123890 79208940

**[The nursing assistant and her role in a local community health center]**

L'infirmiere auxiliaire a sa place dans un C.L.S.C.  
Gauthier C  
Auxiliaire ,Mar 1979, 52 (1) p8-10, Journal Code: 9I7  
Languages: FRENCH

0122004 79193381

**[The status of local community health services in the health services distribution system]**

La situation des CLSC dans le systeme de distribution des services de sante.

Fontaine L  
Infirm Can ,Jun 1979, 21 (6) p38-9 concl, ISSN  
0019-9605 Journal Code: G09  
Languages: FRENCH

0116201 79150103

**[Local community health centers: specific functions. In home care services and primary health care. In an occupational health program]**

Les CLSC: fonctions specifiques. Dans les programmes de soins a domicile et de premiere ligne. Dans un programme de sante au travail.

Fontaine L  
Infirm Can ,May 1979, 21 (5) p35-9, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

00088

● 0115046 79139283

**[Training of rural health personnel in the socialist republic of Vietnam]**

Formation des cadres sanitaires ruraux dans la republique socialiste du Viet Nam.

Cau HD  
Sante Publique (Bucar) ,1978, 21 (1-2) p3-11, ISSN  
0048-9107 Journal Code: U9T  
Languages: FRENCH Summary Languages: ENGLISH

0111337 79108798

**[Local community health centers; nurses' role]**

Les CLSC; les fonctions de l'infirmiere et de l'infirmier.  
Fontaine L

Infirm Can ,Mar 1979, 21 (3) p31-5, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0108613 79087936

**[Local Community Health Centers: nurses' objectives and general functions]**

Les CLSC: objectifs et fonctions generales de l'infirmiere et de l'infirmier.

Fontaine L  
Infirm Can ,Feb 1979, 21 (2) p35-7, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0108193 79083413

**[Community multidisciplinary approach to a particular focus of active pulmonary tuberculosis]**

Approche pluridisciplinaire de la communaute d'un foyer particulier de tuberculose pulmonaire active.

Romanelli A; Gould A; Snieska A; Simmons G; Huey F; Tuchfeld S; Pijchig N; Dignan C; Benjamin P; Gavia C; Marquez B; Ferraro R  
Bull Int Union Tuberc ,1976, 51 (1 Pt 2) p749-53, ISSN  
0074-9249 Journal Code: BMB  
Languages: FRENCH

0108189 79083409

**[Role of neighborhood health centers in the campaign against tuberculosis and other current contagious diseases]**

Role des dispensaires de voisinage dans la lutte contre la tuberculose et d'autres maladies contagieuses courantes.

Mehrotra ML  
Bull Int Union Tuberc ,1976, 51 (1 Pt 2) p729-31, ISSN  
0074-9249 Journal Code: BMB  
Languages: FRENCH

00103

00089

● 0106103 79066864

**[Local community health centers: general orientation]**

Les CLSC (centres locaux de services communautaires):  
l'orientation generale.

Fontaine L

Infirm Can ,Jan 1978, 21 (1) p34-6, ISSN 0019-9605

Journal Code: G09

Languages: FRENCH

0092949 78146161

**The introduction of a network of local community health centres: 4 years of experience [editorial]**

Desrosiers G

Can J Public Health ,Jan-Feb 1978, 69 (1) p7-12, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH, FRENCH

0071704 78054855

**[Legal basis of nursing care centers]**

Naissance juridique des centres de soins infirmiers.

Soins ,20 Sep 1977, 22 (18) p53-4, ISSN 0038-0814

Journal Code: UUJ

Languages: FRENCH

00104

0232412 83148389

**[The functional after-care of the knee joint after plastic surgery of the ligaments in general anterior instability]**

Die funktionelle Nachbehandlung des Kniegelenks nach Bandplastiken bei globaler vorderer Instabilität.

Munzinger U; Meyer RP; Baumgartner H

Z Rheumatol ,Nov-Dec 1982, 41 (6) p268-71. ISSN

0301-6382 Journal Code: YOV

Languages: GERMAN

0232308 83146887

**[First fitting of a prosthesis to a above-knee amputees at the Bellikon after-care center]**

Die prothetische Erstversorgung von Oberschenkelamputationen im NBZ Bellikon.

Fitzlaff G

Ther Umsch ,Jan 1983, 40 (1) p34-8. ISSN 0040-5930

Journal Code: VPT

Languages: GERMAN Summary Languages: ENGLISH

0231120 83136726

**Parasuicide. A review of treatment interventions.**

Hirsch SR; Walsh C; Draper R

J Affective Disord ,Dec 1982, 4 (4) p299-311. ISSN

0165-0327 Journal Code: H3V

Languages: ENGLISH

From review of studies of treatment intervention in parasuicide it is concluded that: (1) Suicide prevention centres do not lower the incidence of suicide. (2) Retrospective follow-up studies of patients self-selected for treatment or no treatment find that patients who attend for treatment have a lower repeat rate of parasuicide. This may have nothing to do with treatment. (3) Intensive domiciliary follow-up for 3-6 months after inpatient treatment in a specialised unit for parasuicide is no better at preventing further parasuicides than conventional follow-up in outpatient department or via the GP. (4) A multidisciplinary outreach programme was effective in one study but not three others. (5) Behaviour therapy was no better than insight oriented psychotherapies when administered intensely over 10 days for inpatients with a previous history of overdose. (6) Medication in the form of depot flupenthixol, 20 mg every 4 weeks was significantly better than placebo for chronic repeaters (3 or more attempts) but Mianserin 30 mg/d was not. (7) There was no relationship between improved symptoms, improved social circumstances or the repeat rate for parasuicide. In a controlled trial conducted by the authors in parasuicides, Mianserin 60 mg/d reduced depressive symptoms significantly more rapidly than Nomifensine or placebo but there was no difference by 6 weeks and the risk of repeat was not affected.

0231003 83135126

**[Care of patients during and after radiotherapy of malignant otorhinolaryngologic tumors]**

Betreuung der Patienten während und nach einer Strahlenbehandlung von bosartigen Tumoren des HNO-Bereichs.

Sack H

HNO ,Nov 1982, 30 (11) p393-6. ISSN 0017-6192 Journal

Code: G9P

Languages: GERMAN

0230866 83133939

**Deinstitutionalization and the private general hospital inpatient unit: implications for clinical care.**

Schoonover SC; Bassuk EL

Hosp Community Psychiatry ,Feb 1983, 34 (2) p135-9. ISSN

0022-1597 Journal Code: GCJ

Languages: ENGLISH

Deinstitutionalization has led to a rapid shift from reliance on state hospitals to use of community-based inpatient psychiatric services. While these inpatient units were initially envisioned as an integral part of the community mental health system, a number of sociopolitical and clinical pressures have caused general hospitals to respond to their new responsibilities in different ways. The authors review trends in deinstitutionalization, the diverging interests of public and private general hospitals, and problems in patient care that result. Based on a discussion of how Beth Israel Hospital, a nonprofit private general hospital in Boston, has dealt with such issues, they describe adaptive responses in four areas: admission criteria, patient management approaches, aftercare planning, and staff training.

00105

0230455 83128855

**Admission of whole families.**

Dydyk B; French G; Gertsman C; Morrison N

Can J Psychiatry ,Dec 1982, 27 (8) p640-3, ISSN

0706-7437 Journal Code: CLR

Languages: ENGLISH

This is a program description of a short-term residential unit in which whole families are assessed and treated. This unit provides an alternative treatment format for exploring situations where removal of the child appears to be the only remaining option. It also provides an in-depth consultation for agencies who are "stuck" in their treatment of family systems and allows for the teaching of family systems intervention techniques in a non-threatening way. It also allows an opportunity for an external system to reframe, what are, to the involved clinician, impasses with clinical problems. The program, because of its structure, introduces anxiety and tension into systems with chronic mental health problems. It, therefore, serves as, not a panacea, but as an adjunct to more traditional treatment for rigid and resistant systems.

0230106 83114491

**After care: shortening the hospital stay.**

Benezra N

MLO Med Lab Obs ,Jan 1983, 15 (1) p47-8, 50, ISSN

0580-7247 Journal Code: MLS

Languages: ENGLISH

0230104 83114489

**Alternatives to hospitals: a look at the growing competition.**

Unger WJ

MLO Med Lab Obs ,Jan 1983, 15 (1) p32-5, ISSN 0580-7247

Journal Code: MLS

Languages: ENGLISH

0229946 83107080

**Community program serves released psychiatric patients.**

Hosp Prog ,Feb 1983, 64 (2) p28-9, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0229715 83125962

**[Results of a clinico-experimental evaluation of suicide prevention programs]**

Ergebnisse der klinisch-experimentellen Evaluation von suizidprophylaktischen Versorgungsprogrammen.

Kurz A; Moller HJ

Arch Psychiatr Nervenkr ,1982, 232 (2) p97-118, ISSN

0003-9373 Journal Code: 8DE

Languages: GERMAN Summary Languages: ENGLISH

With regard to methodological shortcomings and heterogeneity of the outcome of experimental studies in the field of suicide prevention only tentative conclusions can be drawn from the results. Suicide prevention programs where contact to patients is actively established and maintained seem to be more effective in reducing the rate of further suicide attempts than passive strategies which leave it to the patients to initiate and continue a therapeutic relationship. This advantage emerges more clearly when patients are repeatedly or even continually motivated to utilize advice and treatment facilities. The intensity of outpatient aftercare services may also have a considerable influence on the effectiveness of suicide prevention.

0229362 83121163

**[Follow-up of patients with ovarian carcinomas from the point of view of the radiologist]**

Die Nachsorge des Ovarialkarzinoms aus der Sicht des Radiologen.

Atzinger A; Wagner RK

Strahlentherapie ,Nov 1982, 158 (11) p668-73, ISSN

0039-2073 Journal Code: VIZ

Languages: GERMAN Summary Languages: ENGLISH

During a radiotherapy of ovarian carcinomas and other gynecologic tumors, special attention must be given to the reaction of the organs of urinary excretion as well as of the small and large intestine, especially if the irradiation is applied by the moving strip method or as an abdominal bath with an irradiation field comprising the whole abdominal and diaphragmatic region. The early and late radiogenic reactions of our great number of patients were routinely examined. A continuous control of the urinary excretion conditions before, during and after radiotherapy is absolutely necessary. These examinations are also of high relevance with regard to the early recognition of recurrences. An additional control of the rectum and sigmoid region is necessary with respect to late lesions. Regular ultrasonic or CT examinations are important in order to early recognize metastases in the preferred regions of formation of metastases which are hardly accessible by other methods (intraperitoneal dissemination with ascites, surface of the diaphragm, local extension, retroperitoneal lymph nodes, and transdiaphragmatic extension to the interpleural lymph nodes). Finally the authors present their first experiences with the NMR technique in radio-oncology and discuss the value of tumor markers in case of ovarian carcinomas.

00106

00090

0229177 83118180

**Who receives the aftercare? Utilization of services by discharged in-patients.**

Keane P; Fahy TJ  
Psychol Med ,Nov 1982, 12 (4) p891-902, ISSN 0033-2917  
Journal Code: QER  
Languages: ENGLISH

A prospective one-year follow-up of 216 in-patients showed that utilization of aftercare was significantly associated with certain clinical and social factors in the year after discharge from hospital. Rural domicile, a diagnosis of schizophrenia, long dependence on services, and ease of access to care comprised an aftercare dependency syndrome with substantial predictive power. Alcoholic and personality disordered patients were light users of services. Staff-patient relationships and attitudes of staff and patients to the need for aftercare were important. Depot neuroleptics were associated with high levels of aftercare for patients with chronic schizophrenia. The findings reveal the steady silting up of a new area service for the adult mentally ill by patients with a combination of social disadvantage and severe chronic psychosis. Family doctors played very little part in the delivery of aftercare. Some implications of the findings for the future development of community-based psychiatric services are discussed.

0229084 83117137

**Anytown anecdotes: a case of crossed lines.**

Parnell J  
Nurs Mirror ,Dec 8 1982, 155 (23) p54-5, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0228207 83107026

**Oregon's innovative system for supervising offenders found not guilty by reason of insanity.**

Rogers JL; Bloom JD; Manson S  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1022-3,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0228206 83107025

**A mutual-performance contract to close the gap between hospital and community.**

McRae J  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1020-1,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0227557 83081085

**Discharge planning improves aftercare for elderly.**

Hosp Prog ,Jan 1983, 64 (1) p22-4, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0226899 83093055

**[The alcoholic in the post-withdrawal periods. Conditions of their care and results after 2 years. Apropos of 200 cases]**

L'alcoolique en post-cure. Modalites de prise en charge et resultats apres deux ans. A propos de deux cents cas.  
Bonnaffoux D; Jeanparis F; Bourgeat P; Laporte P  
Sem Hop Paris ,Oct 7 1982, 58 (36) p2079-81, ISSN 0037-1777 Journal Code: ULD  
Languages: FRENCH Summary Languages: ENGLISH

The authors report on two years of their experience in caring for alcoholics after withdrawal. In evaluating results, improvements in asthenia, depression, and anxiety, as well as in the aptitude to resume a normal life, with satisfactory familial, conjugal, sexual, professional and social achievements, are considered. Overall results are given in terms of abstinence, relapse, hospitalization, and normalization of behavior and character.

0225876 83081824

**Treatment of schizophrenic patients in their homes through a visiting nurse- some issues in the nurse's training.**

Pai S; Nagarajaiah  
Int J Nurs Stud ,1982, 19 (3) p167-72, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

0225098 83066315

**Studies of maintenance pharmacotherapy in schizophrenia: the Hillside Series.**

Kane JM; Rabiner CJ  
Psychiatr Hosp ,Spring 1982, 13 (2) p47-9, Journal Code: Q9X  
Languages: ENGLISH

00107

0224598 83073776

**[Epidemiological basis for the organization of after care in female breast cancer in the capital of East Germany-Berlin in the period from 1968 to 1980]**

Epidemiologische Grundlagen für die Organisation der Nachbetreuung beim Mammakarzinom der Frau in der Hauptstadt der DDR-Berlin in der Periode 1968 bis 1980.

Panzer D

Arch Geschwulstforsch .1982, 52 (5) p407-22, ISSN 0003-911X Journal Code: 746

Languages: GERMAN Summary Languages: ENGLISH

The basis for a scientific aftercare are such characteristics as recurrence and metastasis rates, lethality classified according to age-groups and duration of observation. Comparable data like 5-years-lethality by age-groups in 1968 and 1973 (female patients with cancer of the breast diagnosed in the capital of the G.D.R., Berlin), causes of death, cumulative relative survival rates, excess mortality are of importance for the follow-up intensity directed to this group of patients by the cancer centre, the general-practitioner and the out-patient oncological department. The most important task will still be early diagnosis of malignant tumours, because detection of curable stages will have better results and such patients need less intensive aftercare.

0223729 83063830

**[A course study on schizophrenic psychoses within the scope of psychiatric before and after care]**

Eine Verlaufsuntersuchung bei schizophrenen Psychosen im Rahmen der psychiatrischen Vor- und Nachsorge.

Kormendy E

Off Gesundheitswes .Oct 1982, 44 (10) p667-72, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0223365 83060437

**Children and parents and otitis media.**

Wagner JA; Kloepper C

JEN .Nov-Dec 1982, 8 (6) p306-7, ISSN 0099-1767  
Journal Code: KRU

Languages: ENGLISH

0222747 83053019

**[Realization of aftercare in practice]**

Die Realisierung der Nachsorge in der Praxis.

Erpenstein H

Dtsch Zahnarztl Z .1982, 37 (7) p625-32, ISSN 0012-1029  
Journal Code: ED7

Languages: GERMAN

0222746 83053018

**The importance of aftercare for the success or unsuccess in periodontal therapy - a conceivable model.**

Rosling B

Dtsch Zahnarztl Z .1982, 37 (7) p619-24, ISSN 0012-1029  
Journal Code: ED7

Languages: ENGLISH

0222296 83041417

**Collaborative discharge planning for the deinstitutionalized.**

Altman H

Soc Work .Sep 1982, 27 (5) p422-7, ISSN 0037-8046  
Journal Code: UUD

Languages: ENGLISH

0222058 83029080

**Healthcare survival. Competition: how will it affect hospitals?**

Goldsmith JC

Healthc Financ Manage .Nov 1982, 36 (11) p64-6, 70-4,  
ISSN 0018-5639 Journal Code: GBC

Languages: ENGLISH

0221596 83043655

**[Oncological after care. The involvement of the general practitioner as education object of general medicine]**

Onkologische Nachsorge. Die Mitarbeit des Allgemeinarztes als Unterrichtsgegenstand der Allgemeinmedizin.

Isele H

ZFA (Stuttgart) .Aug 20 1982, 58 (23) p1211-7, ISSN 0341-9835  
Journal Code: XZ5

Languages: GERMAN

00108



0220996 83037916

[Clinical, psychological and social aspects of the after care of cancer patients]

Klinische, psychologische und soziale Aspekte bei der Nachsorge Krebskranker.

Sieberth E  
Onkologie, Aug 1982, 5 Suppl p64-6, ISSN 0378-584X  
Journal Code: OHR

Languages: GERMAN Summary Languages: ENGLISH

The follow-up cancer care has to be based on pathophysiological and psychological principles. Follow-up treatment and rehabilitation must be applied individually. Between these two pillars of follow-up cancer care we find the psychic care and the psychological guidance of the patients--factors of high importance. In all cases of follow-up cancer care, as detailed here, in the last time we find a new group of people approaching us: the self-help groups. In spite of hardly any experience, it seems to be certain that these self-help groups can do a lot in the follow-up cancer care, considering how much there is to do in the vast field of medicine and psychology.

0220801 83035967

[Multimorbidity of cancer patients. Study of 480 cancer patients]

Multimorbidität von Krebspatienten. Studie an 480 Karzinom-Patienten.

Kirsch JJ; Müller J; Pitule H  
Med Welt, Aug 20 1982, 33 (33) p1116-8, ISSN 0025-8512  
Journal Code: MIM

Languages: GERMAN

0220682 83035073

[After care and rehabilitation: challenge to medicine and nursing]

Nachsorge und Rehabilitation: Herausforderung an Medizin und Pflege.

Reifenrath W  
Krankenpflege (Frankfurt), Jul-Aug 1982, 36 (7-8)  
p237-40, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220672 83035059

[Maternal happiness has many question marks]

"Muttermilch" hat viele Fragezeichen.

Boelsen-Hein B  
Krankenpflege (Frankfurt), Oct 1982, 36 (10) p313-4,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220117 83029140

The optimal length of hospitalization for psychiatric patients: a review of the literature.

Mattes JA

Hosp Community Psychiatry, Oct 1982, 33 (10) p824-8,  
ISSN 0022-1597 Journal Code: GCU  
Languages: ENGLISH

In recent years, several controlled studies have evaluated the value of different lengths of psychiatric hospitalization and of alternatives to hospitalization. The author reviews such studies, noting that most findings suggest that longer stay does not decrease subsequent hospitalization, and does not clearly improve social adjustment or diminish psychopathology. Longterm hospitalization may increase the patient's commitment to continued psychiatric care, but short stay with optimal aftercare planning may be just as beneficial. Long-term hospitalization is necessary clinically for some patients, but the evidence is consistent and convincing in indicating that hospitalization should be kept as short as feasible. (49 Refs.)

0219049 83016526

[Esophageal cancer today]

Das Ösophaguskarzinom heute.

Barbier P; Joss R; Scheurer U; Aeberhard P  
Schweiz Med Wochenschr, Jul 24 1982, 112 (30) p1073-86,  
ISSN 0036-7672 Journal Code: UEI  
Languages: GERMAN  
(152 Refs.)

00109

0219007 83015592

**[Care of patients after attempted suicide: tasks, problems and possibilities of improvement]**

Versorgung von Patienten nach Selbstmordversuch - Aufgaben, Probleme und Verbesserungsmöglichkeiten.

Moller HJ; Torhorst A; Wachtler C

Psychiatr Prax ,Jul 1982, 9 (4) p106-12, ISSN 0303-4259

Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Inpatient and post-inpatient psychiatric/psychotherapeutic treatment of suicides poses a considerable number of problems which have to be handled by the institutions concerned: These problems are formidable because of the high incidence of attempted suicides and the considerable amount of work necessarily involved in caring for such persons. Care should by no means be restricted to the acute crisis; attempts should also be directed by preventing relapses and at improving the overall psychopathological status and social readjustment. The present manner in which suicides are looked after has quite a number of drawbacks, e.g. insufficient attention is paid to the requirements of the inpatient; patients fail to refer to the hospital during the period of their post-suicide attempt care; the incidence of "dropouts" during outpatient aftercare is very high; there is insufficient cooperation between the persons and institutions involved in the care programme. Improvements are presented which have been successfully tried out in practice.

0218616 83011005

**[Results of cardiac surgery and conclusions for medical after-care]**

Ergebnisse nach Herzoperationen und die Schlussfolgerungen für die ärztliche Nachsorge.

Richter H; Schneider P; Meister EM; Hausler HJ

Kinderarztl Prax ,May 1982, 50 (5) p227-30, ISSN

0023-1495 Journal Code: KVD

Languages: GERMAN Summary Languages: ENGLISH

00091

0214398 82238589

**Providing aftercare services directly in patients' residential neighborhoods.**

Patterson J; Kelly JA

Int J Partial Hosp ,Apr 1982, 1 (2) p131-9, ISSN

0272-4308 Journal Code: GTB

Languages: ENGLISH

0214397 82238588

**Therapeutic strategies for the aftercare of the schizophrenic: an object relations perspective.**

Baker EL; McColley S

Int J Partial Hosp ,Apr 1982, 1 (2) p119-29, ISSN

0272-4308 Journal Code: GTB

Languages: ENGLISH

0214395 82238586

**Involving boarding home owners in the clinical process: a case study.**

Moyer AA

Int J Partial Hosp ,Jan 1982, 1 (1) p99-104, ISSN

0272-4308 Journal Code: GTB

Languages: ENGLISH

0213134 82244386

**[Postoperative care of patients with chronic pancreatitis (author's transl)]**

Nachsorgeprobleme bei Patienten mit chronischer Pankreatitis.

Rosenberger J

Leber Magen Darm ,Apr 1982, 12 (2) p80-4, ISSN

0300-8622 Journal Code: L3P

Languages: GERMAN Summary Languages: ENGLISH

137 patients, who had had surgery of the pancreas, were followed up postoperatively; 72 of these had had resection of pancreas, 65 patients had organ preserving surgery. Diabetes occurred in 44% of the total group. Control of diabetes was adequate only in 19%. 89 patients had an insufficient exocrine pancreatic function; substitution with pancreatic enzyme products was not adequate in 39 patients in this group. 65% took up work again, the working ability being reduced by less than 33%. 14% of the whole group retired immediately after operation from working life, 6% remained jobless for longer periods of time. After surgery of the pancreas patients should be encouraged to active work; granting pensions too generously will increase the relapse rate of alcoholism. In 6 cases of subtotal surgery and in 21 cases of organ preserving surgery operation had to be done for a second time. A classification is proposed for evaluation of postoperative results.

00110

0213133 82244384

**[Problems after surgery of the colon (author's transl)]**

Probleme nach chirurgischen Eingriffen am Dickdarm.

Thielemann-Jonen I

Leber Magen Darm ,Apr 1982, 12 (2) p64-73, ISSN

0300-8622 Journal Code: L3P

Languages: GERMAN Summary Languages: ENGLISH

After surgery of the colon 3 types of sequelae may be observed: 1. Acute intra- and postoperative complications, as insufficiency of the anastomosis, ileus, and rebleeding; sequelae of these acute complications may be stenosis of the stenosis and intraabdominal adhesions. 2. Chronic postoperative syndromes like blind-loop syndrome, diarrhoea and/or continence problems, problems arising from an anus praeter, disturbances of sexual and bladder function. These symptoms occur rather rarely after partial resection of the rectum or amputation of the rectum. 3. Recurrence of the main disease, especially cancer disease, be it a local recurrence or metastasis. A well organized follow-up of cancer patients may increase survival time only in a few cases, but it definitely may improve quality of life by different means.

0210224 82210274

**[Programmed after care of breast cancer. Results of a follow-up model after 2 years later]**

Programmierte Nachsorge beim Mammakarzinom. Ergebnisse eines Nachsorge Modells nach zwei Jahren.

Queisser W; Lochbuehler H; Filzmayer P; Trede M; Braun-Munzinger U; Harter G

Dtsch Med Wochenschr ,Jun 11 1982, 107 (23) p890-5, ISSN 0012-0472 Journal Code: ECL

Languages: GERMAN Summary Languages: ENGLISH

In two years 359 patients with breast cancer were evaluated in a cooperative follow-up programme in which the organisation and documentation were done in hospital, the medical care and investigations by the family doctor. 72% of 316 evaluable patients remained in regular control. 63% chose the family doctor for follow-up while the others preferred hospital. In the first year 71-80% attended their appointments, in the second year 60-74%. Statistically significant parameters for detection of metastases were the following: general condition, local signs, palpable lymph nodes, markedly increased ESR, alkaline phosphatase, chest radiograph, and bone scan. Cumulative freedom from recurrence in the whole group diminished from 1.0 to 0.631 in 25 months, cumulative survival from 1.0 to 0.876 in 20 months. In both groups there were significant differences between stages I, II and III. Forty patients (16%) out of 250 developed a recurrence within 2.25 years, in five (2%) a second carcinoma developed. There was a high proportion of local recurrences (20 out of 40) and these often led to generalised disease (11 out of 20).

0208959 82201538

**[Therapy of drug addicts]**

Zur Therapie Drogenabhaenger.

Torhorst A

ZFA (Stuttgart) ,Apr 10 1982, 58 (10) p546-50, ISSN

0341-9835 Journal Code: XZ5

Languages: GERMAN

0208006 82193111

**High-risk infants: the need for nursing follow-up.**

Noga KM

JOGN Nurs ,Mar-Apr 1982, 11 (2) p112-5, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

The goal of perinatal care can no longer focus only on the medical management of mother and infant, but instead must take a more global approach and focus on the entire family. One aspect of family care is to provide comprehensive nursing follow-up to the high-risk family at the time of the mother's and infant's discharge. To meet this need, a program was developed to educate all interested community nurses to the specific needs of the high-risk family. Evaluation indicates that the program helped nurses to provide consistent comprehensive care to these families, who were very grateful for home visits by a community nurse.

0206775 82166506

**The ACCORD project.**

Scopp AU

AMHC Forum ,Apr 1982, 34 (2) p47-9, Journal Code: GQY

Languages: ENGLISH

00111

0206440 82179810

**Assessing patient satisfaction with state hospital and aftercare services.**

Bene-Kociemba A; Cotton PG; Fortgang RC  
Am J Psychiatry ,May 1982, 139 (5) p660-2, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

To assess patients' satisfaction with state hospital and aftercare services, the authors administered an open-ended interview to 22 former state hospital patients. The patients expressed marked dissatisfaction with their treatment in the hospital, but 78% said they were helped by the aftercare services. Important components of their satisfaction were feeling helped, feeling understood, and feeling that the aftercare worker was available when needed. Frequency and length of meetings and types of assistance were not related to satisfaction. The patients reported that the psychotherapeutic and task-oriented assistance were equally helpful.

0205658 82171218

**Aftercare instruction: wound care. From the Patient Teaching Committee, Department of Emergency Nursing, Hennepin County Medical Center.**

JEN ,Mar-Apr 1982, 8 (2) p94, ISSN 0099-1767 Journal  
Code: KRU  
Languages: ENGLISH

0205245 82165677

**Health fairs for older adults. After the fair is over...**

La Monica G; Rotherham D  
Geriatr Nurs (New York) ,May-Jun 1982, 3 (3) p175-6,  
Journal Code: FW7  
Languages: ENGLISH

0205140 82164518

**[Conservative treatment of acute pancreatitis]**

Konservative Therapie der akuten Pankreatitis.  
Lankisch PG  
Dtsch Med Wochenschr ,Apr 23 1982, 107 (16) p630-5,  
ISSN 0012-0472 Journal Code: ECL  
Languages: GERMAN

0204080 82156074

**Long-term social prognosis after hip fractures.**

Jensen JS; Bagger J  
Acta Orthop Scand ,Feb 1982, 53 (1) p97-101, ISSN  
0001-6470 Journal Code: 1GD  
Languages: ENGLISH

A long term follow-up study of 518 patients with hip fractures was undertaken 2.5 years after the operation. The

total mortality was 35 per cent (180/518). The risk of social deterioration for patients admitted from home was 47 per cent (132/281). A statistical analysis showed this risk to be determined primarily by the age of the patient and secondarily by the placement of the patient on discharge from hospital. A thorough description of these factors is presented.

0203841 82152102

**[Health education and group work during in-patient rehabilitation following myocardial infarction (author's transl)]**

Gesundheitserziehung und Gruppenarbeit in der Rehabilitation von Patienten mit Herzinfarkt im Rahmen der Anschlussheilbehandlung.

Herzog M; König K; Maas A; Neufert R  
Rehabilitation (Stuttg) ,Feb 1982, 21 (1) p8-12, ISSN  
0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

Starting from the usual in-patient rehabilitation measures for myocardial infarction patients and based on the authors' clinical experiences, a working model is presented concerning the health educational care of patients undergoing rehabilitation procedures immediately following infarction or bypass operation. The new concept is based on a psychosomatic view of the cardiovascular diseases, and uses group-dynamic elements in its methodological approach. The rehabilitational tasks of health education are understood as therapeutic strategies and are aimed at achieving changes on the attitudinal and behavioural level.

0203138 82146410

**Aftercare concerns of rape victims.**

Danis DM  
JEN ,Jan-Feb 1982, 8 (1) p42-3, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

00112

0201048 82126540  
**Failure to thrive.**  
Goldbloom RB  
Pediatr Clin North Am ,Feb 1982, 29 (1) p151-66, ISSN  
0031-3955 Journal Code: OUM  
Languages: ENGLISH

Reviewing the chronological evolution of our understanding of why some children fail to thrive without obvious organic cause permits us to develop a rational contemporary approach to diagnosis and management. Originally recognized as a phenomenon of children living in institutions, it later became clear that it could occur in children living with their families. While emotional deprivation was at first emphasized as the principal determinant of growth failure, it is now apparent that the major mediating mechanism is insufficient caloric intake. Thus prior to nutritional recovery it may be difficult to segregate whether emotional symptoms in the child reflect the causes or effects of malnutrition. With rare exceptions, an etiologic diagnosis can be suspected on the basis of history, physical examination, and family assessment. Nonspecific investigative screening of such children has proved to be without value. Successful management depends on recognition of the supernormal caloric intake required to induce rapid catch-up growth. Aggressive hyperalimentation combined with intensive emotional stimulation and often with active family participation offer the best chances of a successful outcome.

0200938 82125615  
**[Effects of a psychiatric hospital outpatient service on the problem of mental health care (author's trans)]**  
Auswirkungen einer Ambulanz am psychiatrischen Krankenhaus auf die psychiatrische Versorgung.  
Creutz R; Kahler HD; von Wedel-Parlow U  
Nervenarzt ,Jan 1982, 53 (1) p39-45, ISSN 0028-2804  
Journal Code: NWS  
Languages: GERMAN

0200109 82116679  
**[Therapy of soft tissue neoplasms]**  
Therapie der Weichgewebstumoren.  
Bruch HP; Kern E  
Dtsch Med Wochenschr ,Feb 12 1982, 107 (6) p225-7, ISSN  
0012-0472 Journal Code: ECL  
Languages: GERMAN

0200023 82115640  
**Optimal resources for the care of patients with acute myocardial infarction and chronic coronary heart disease. Coronary Heart Disease Study Group.**  
Yu PN; Conti CR; Jones P; Humphries JD; Rackley CE; Resnekov L; Schlant RC

Circulation ,Mar 1982, 65 (3) p654B-667B, Journal  
Code: DAW  
Languages: ENGLISH

0200020 82115603  
**Physician practice in the management of patients with uncomplicated myocardial infarction: changes in the past decade.**

Wenger NK; Hellerstein HK; Blackburn H; Castranova SJ  
Circulation ,Mar 1982, 65 (3) p421-7, Journal Code:  
DAW

Languages: ENGLISH  
To determine changes in the patterns of care between 1970 and 1980 for patients with uncomplicated acute myocardial infarction, questionnaires were sent to almost 6000 physicians in 1979 and responses were compared with those of a similar survey taken in 1970. Almost all physicians in 1979 reported the availability and use of an intensive care/coronary care unit facility with continuous electrocardiographic monitoring. Progressive-care facilities are also becoming more widely available. The median length of hospitalization has decreased markedly. Early ambulation and an earlier return to work are more common. There is a high level of informal patient and patient-family counseling about myocardial infarction and its management, both during and after hospitalization, and wider use of educational materials. Most physicians continue to recommend progressive physical activity after hospitalization. The routine prescription of anticoagulant therapy during hospitalization has declined, while prescription of prophylactic antiarrhythmic agents has increased. Nitrate drugs and tranquilizers are routinely prescribed by a large percentage of physicians for their patients with uncomplicated myocardial infarction. Use of standard exercise tests has increased among all physician specialties. The treadmill test is most often used, and testing is typically done 6 weeks after infarction. A significant increase in the availability of and familiarity with exercise testing is characteristic of all medical specialties. Symptoms of new chest pain and palpitations are now considered important enough to warrant the recommendation to report immediately to an emergency room. Other current findings include the routine use of coronary angiography by a large percentage of physicians to evaluate the need for surgical intervention, and the routine posthospitalization prescription by only a small percentage of physicians of aspirin and of nitrate drugs for patients with uncomplicated myocardial infarction.

00113

0198890 82112452

**Fluphenazine vs placebo in patients with remitted, acute first-episode schizophrenia.**

Kane JM; Rifkin A; Quidkin F; Nayak D; Ramos-Lorenzi J

Arch Gen Psychiatry .Jan 1982. 39 (1) p70-3. ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: MH 21337-03

Languages: ENGLISH.

Twenty-eight patients who had recently recovered from an acute-onset, first-episode schizophrenic illness were randomly given fluphenazine hydrochloride or decanoate or placebo for a one-year period in a double-blind study. Seven of 17 patients (41%) receiving placebo experienced a psychotic relapse, whereas none of 11 drug-treated patients experienced a relapse. Eighteen (69%) of the 26 patients available for follow-up (mean interval, 3.5 years) experienced a second psychotic relapse either during the study or afterward, and 50% (14/28) of the original sample experienced a third episode.

00114

0232886 83131464

**The problems of out-patient visits.**

Shaw CD

Health Trends ,Nov 1981, 13 (4) p107-8, ISSN 0017-9132

Journal Code: EJN

Languages: ENGLISH

0232880 83131458

**A survey of pain relief clinics in the South Western Region.**

Alexander JI

Health Trends ,Aug 1981, 13 (3) p65-6, ISSN 0017-9132

Journal Code: EJN

Languages: ENGLISH

All the district general hospitals in the South Western Health Region have a pain relief service in existence or planned for the immediate future. Almost all are recognized by the allocation of anaesthetic consultant sessions. In most cases, this allocation is less than the time required for pain relief. All the consultants concerned work in single disciplinary clinics and accept both in-patient and out-patient referrals. They provide an advisory and therapeutic service to patients in the care of other clinicians and give tuition, mainly to junior anaesthetists. Most also undertake domiciliary assessment and treatment. In most clinics the Pain Relief Service is hampered by inadequate facilities. The minimum facilities for a basic efficient service are here reviewed.

0232462 83149137

**Effects of a formalized diabetes education.**

Karlander SG; Kindstedt K

Acta Med Scand ,1983, 213 (1) p41-3, ISSN 0001-6101

Journal Code: 14G

Languages: ENGLISH

A previous study of patients attending a diabetic out-patient clinic indicated that their metabolic control was inadequate and their knowledge of diabetes and diabetes management was generally low. In an attempt to improve the situation, we organized a five-day education programme comprising formal lessons about diabetes, diet and nutrition. Altogether 83 patients completed the course. The test scores before and one year after the course indicated that the patients' knowledge had improved. Metabolic control, however, was essentially unchanged at the follow-up.

0227584 83082013

**Time series analysis of out patients at Urban Health Centre, Suraj Kund, Meerut.**

Garg BS; Singh JV; Gupta SC

Health Popul Perspect Issues ,Oct-Dec 1981, 4 (4) p260-5

Journal Code: G2G

Languages: ENGLISH

Time series analysis of out-patients at Urban Health Centre, Suraj Kund, Meerut, was done using the out-patient attendance of last five years, with the aim to find out the values to help in coping up with the problem of health administration and management. The least square method and ratio-to-trend method were adopted for calculating the secular trend and seasonal variations respectively. There was an increasing trend in out-patients attendance indicating the increasing popularity of the Urban Health Centre. It was found that in second and third quarter of the year the out-patient attendance increased extraordinarily due to various reasons. The two more aspects of time series, i.e. cyclical trend and irregular fluctuation could not be analysed due to their insignificant impact over the health management system.

0226583 83089422

**A comparison of nurse practitioner and physician costs in a military out-patient facility.**

Brodie B; Rowell P; Bancroft B; Wolf W

Milit Med ,Dec 1982, 147 (12) p1051-3, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0225825 83081213

**A review of solvent abusers and their management by a child psychiatric out-patient service.**

Skuse D; Burrell S

Hum Toxicol ,Jul 1982, 1 (3) p321-9, ISSN 0144-5952

Journal Code: GFR

Languages: ENGLISH

00115

0225404 83076114

**The response of out-patient opiate addicts to the provision of a temporary increase in their prescribed drugs.**

Gossop M; Strang J; Connell PH  
Br J Psychiatry ,Oct 1982, 141 p338-43, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

Addicts who use illicit drugs despite receiving a maintenance prescription present a difficult management problem for drug dependence clinics. This study looks at a small group of such addicts and at their response to the provision of a temporary increase in their prescribed opiates. The results indicate that this increase led to a reduction in illicit drug use and to improvements in social functioning. These and other findings are discussed. It is suggested that clinics should be more prepared to consider such temporary increases, but the need for careful monitoring and for the involvement of more than one member of the treatment team is stressed.

0220071 83028259

**Assessment of the outcome of an educational programme of diabetes self-care.**

Beggan MP; Cregan D; Drury MI  
Diabetologia ,Sep 1982, 23 (3) p246-51, ISSN 0012-186X  
Journal Code: E93

Languages: ENGLISH

The efficacy of our current educational programme for diabetic patients was assessed. Cognitive and behavioural tests were administered to 75 Type 1 (insulin-dependent) diabetic patients, aged less than or equal to 30 years attending the Diabetic Clinic of the Mater Misericordiae Hospital, Dublin, Ireland. An overall deficiency in knowledge was evident. Fifty-one patients responded incorrectly to greater than 20% of the items tested. Twenty-nine patients lacked the ability to communicate a simple understanding of diabetes. Whereas most (70 +) correctly identified the methodology of urinalysis, uncertainty was evident concerning appropriate action needed in response to such tests. Forty-nine did not know the significance of thirst and polyuria and 20 were unaware that hyperglycaemia could progress to coma. The ability to modify insulin dosage was poor as was the ability to use exchanges. Of patients aged greater than or equal to 20 years, those from the Dublin region scored better than did those from surrounding towns or rural areas, ( $r = 0.5$ ;  $p$  less than 0.01). Regular out-patient attenders scored less well than non-attenders ( $r = 0.24$ ;  $p$  less than 0.05) but had better glycosylated haemoglobin levels ( $r = 0.3$ ;  $p$  less than 0.01). Glycosylated haemoglobin showed no significant correlation with level of knowledge held.

0219067 83016719

**Patient stress and the computer in the consulting room.**  
Cruickshank PJ

Soc Sci Med ,1982, 16 (14) p1371-6, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

This study assesses patient reactions to the use of diagnostic computers by doctors. The setting was a hospital out-patient clinic, and the patients were new referrals with dyspeptic symptoms. Patient reactions were measured through a mood questionnaire of stress and arousal, and a questionnaire on attitudes to the medical use of computers. Patient self-reported stress was more likely to have increased after the consultation if the computer had been used ( $P$  less than 0.05). There was a trend for computer patients to show attenuation of the typical post-consultation drop in stress. However, patients who had experienced the computer being used had more favourable attitudes towards medical computer use than inexperienced patients (as assessed by a subsequent postal survey;  $P = 0.007$ ). Multiple regression showed that while experience of the computer was a determinant of attitudes, patient stress after the consultation was extremely significant ( $P$  less than 0.001) with highly-stressed patients being the least welcoming to medical computers, whether or not they had experience of the computer. It is suggested that doctors planning to use computers should take care to preserve their 'human touch' particularly for nervous patients.

0219008 83015593

**[Community mental health in Israel]**

Sektorisierte Psychiatrie in Israel.

Muller K; Muller P

Psychiatr Prax ,Jul 1982, 9 (4) p113-8, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

The current state of mental health care in Israel is described, considering the historical and sociodemographic background. Predominating are community out-patient clinics and cooperation of out-patient and in-patient services, whereas the number of beds and the size of wards is comparatively small. The country is consequently divided into catchment areas with a flexible adjustment according to the geographical characteristics and practical means. Generally the centres are richly staffed instead of expensive buildings.

In a short amount of time and by comparatively small means, a modern and humane psychiatric and psychotherapeutic care has been established, fairly meeting the needs of the patient concerned.

00116



0217860 83001108

**A comparison of cephazolin sodium and co-trimoxazole as prophylactic antibiotics in out-patient urinary tract endoscopy.**

Hart AJ; Houston DR; McAllister TA  
Br J Urol ,Aug 1982, 54 (4) p417-20, ISSN 0007-1331  
Journal Code: B3K

Languages: ENGLISH

Five-hundred patients were entered into a study to compare intramuscular cephazolin sodium with intramuscular co-trimoxazole in reducing the incidence of post-endoscopy rigor in out-patients. Urine cultures were carried out immediately before, immediately after, and 24 h after endoscopy and the incidence of post-procedure symptoms was elicited by pre-paid reply post cards. Similar rigor rates (9%) were obtained in the 2 groups. The incidence of sensitivity of the significant cultured organisms to the 2 antibiotics was high, but no correlation was found between the presence of infected urine and rigor, and possible reasons for this are discussed. Patients found intramuscular administration of co-trimoxazole to be painful and the 10% incidence of rigor is no improvement on the 8% rigor rate obtained in those who received cephazolin.

0216478 82276787

**Simplified computerization of data-base for diabetic patients.**

Carandente G; Dossi G; Luzzana M; Brown B; Berger DL; Pozza G  
Ric Clin Lab ,Apr-Jun 1982, 12 (2) p395-400, ISSN 0390-5748  
Journal Code: TEA

Languages: ENGLISH

A computerized data-base for the management of the out-patient clinic for diabetes and of the hospital diabetic patients has been developed by means of low cost commercial microcomputer. The program is able to supply lists of sets of patients chosen from user-defined characteristics. The system also allows the selected listin of recall letters for periodic examinations, the printing of registers for medical and administrative use and for statistical analysis. The system is easy to learn and easy to use. The operator-computer interaction is colloquial through the use of a video-terminal, permitting the use by nominally-trained staff.

0215047 82262968

**[Experiences with a rapid culture test for identification of Candida in an out-patient gynecological clinic]**

Erfahrungen mit einem kulturellen Schnelltest zum Candidanachweis in einer gynakologischen Ambulanz.

Grünberger W; Pateisky N; Husslein P; Schmid R  
Gynakol Rundsch ,1982, 22 (2) p107-12, ISSN 0017-6001  
Journal Code: FX2

Languages: GERMAN

0214663 82257957

**Community psychiatric nursing for neurotic patients: a controlled trial.**

Paykel ES; Mangen SP; Griffith JH; Burns TP  
Br J Psychiatry ,Jun 1982, 140 p573-81, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

Seventy-one neurotic patients requiring follow-up were randomly assigned to routine psychiatric out-patient care or to supportive home visiting from community psychiatric nurses as their main treatment agents and were assessed every six months for 18 months. No differences were found between effectiveness of the two modes of service on symptoms, social adjustment or family burden. Patients seeing community psychiatric nurses reported greater satisfaction with treatment. Community psychiatric nursing resulted in a marked reduction in out-patient contacts with psychiatrists and other staff, more discharges, and a small increase in general practitioner contact for prescribing. Care of such patients by community psychiatric nurses is a valuable alternative mode of deployment within the psychiatric team.

00117

0208446 82196924

**A Patient Satisfaction Instrument: precision by replication.**

Hinshaw AS; Atwood JR  
Nurs Res , May-Jun 1982, 31 (3) p170-5, 191, ISSN  
0029-6562 Journal Code: 09K  
Languages: ENGLISH

The Patient Satisfaction Instrument (PSI) was developed over a series of five clinical and administrative studies during a period of eight years, with a total of 600 patients, primarily medical-surgical inpatients and outpatients. The process illustrates measurement precision by replication. The PSI is a Likert-type summated rating scale with three dimensions of patient satisfaction: technical-professional care, trust, patient education. It was adapted for use with inpatients from Risser's out-patient instrument. Internal consistency estimates appear satisfactory and stable across the various studies; for example, alpha coefficients for the Technical-Professional subscale average .79, Education coefficients average .78, and Trust coefficients average .88. Interitem, item-subscale, and interscale correlations corroborate the alphas. Construct validity estimates were made via convergent/discriminant technique, discriminance, and predictive modeling. Empirical correlations moderately substantiated the multiple, convergent/discriminant predictions. Discriminance was strongly documented for all but the Education subscale, which had modest support. Predictive modeling produced moderate to strong validity estimates. Overall, the PSI has acceptable levels of validity and reliability with refinements indicated.

0207765 82190724

**Prognostic factors determining response to antidepressant drugs in psychiatric out-patients and general practice.**

Tyrer PJ; Lee I; Edwards JG; Steinberg B; Elliott EJ;  
Nightingale JH  
J Affective Disord , Sep 1980, 2 (3) p149-56, ISSN  
0165-0327 Journal Code: H3V  
Languages: ENGLISH

The outcome of antidepressant drug treatment was measured in 200 patients, 145 seen in psychiatric out-patient clinics and 55 in general practice, after 4 weeks of therapy. The results of the 200 patients taken together suggested that prognosis was largely determined by factors dependent on the natural history of the disorder and that clinical symptoms were unimportant, but when the results for patients in each drug group were analysed separately symptoms were more important than natural history factors. We conclude that clinical symptoms are only important predictors of response to antidepressant drugs when the patients studied are homogeneous with regard to natural history factors, particularly duration of illness.

0204071 82155912

**Patterns of psychotropic drug prescriptions in two**

**psychiatric hospitals and two out-patient clinics.**

Hosek K; Bacikova B; Vinar O  
Act Nerv Super (Praha) , 1981, 23 (4) p261-3, ISSN  
0001-7604 Journal Code: 06J  
Languages: ENGLISH

0201468 82130107

**An assessment of default and non-compliance in tuberculosis control in Pakistan.**

Sloan JP; Sloan MC  
Trans R Soc Trop Med Hyg , 1981, 75 (5) p717-8, ISSN  
0035-9203 Journal Code: WBU  
Languages: ENGLISH

Rates in particular for default from clinics and to a lesser degree non-compliance to treatment for patients with pulmonary tuberculosis have rarely been described quantitatively in the literature. In this report we describe studies in which an outpatient population in rural Pakistan was found retrospectively to have a default rate of 66%, and a non-compliance rate of 53% for P.A.S. and 60% for isoniazid measured by objective pharmacological tests. Suggestions are made for a change from the established out-patient approach, to intermittent high dose chemotherapy administered by health workers in the community.

0199645 78211991

**Integrated leprosy control in Guyana.**

McDougall AC; Rose P  
Bull Pan Am Health Organ , 1978, 12 (1) p11-6, Journal  
Code: BSB  
Languages: ENGLISH

Guyana instituted a "find and treat" leprosy program in 1971 that made use of existing out-patient facilities and staff. The program, based on an integrated domiciliary approach to diagnosis, treatment, and examination of contacts, has proved successful. This article describes development of the program and discusses the prospects for control and eventual eradication of leprosy in Guyana.

0199586 78207753

**Organization and efficacy of an out-patient hypertension clinic.**

Anderson O; Berglund G; Hansson L; Sannerstedt R; Sivertsson R; Wikstrand J; Wilhelmsen L  
Acta Med Scand , 1978, 203 (5) p391-8, ISSN 0001-6101  
Journal Code: 14G  
Languages: ENGLISH

00118

0199157 82103128

**Out-patient workload--another look.**

Morey DW

Med Rec (Truro) ,Nov 1981, 22 (4) p90-3, ISSN 0025-7478

Journal Code: MF7

Languages: ENGLISH

0198387 82107199

**[Statistical data on abortions performed in 1979 in a Belgian out-patient clinic (author's transl)]**

Etude statistique des avortements pratiques en 1979 dans un centre belge non hospitalier.

Vekemans M; Dohmen B

Rev Med Brux ,Nov 1981, 2 (9) p851-64, ISSN 0035-3639

Journal Code: SLK

Languages: FRENCH Summary Languages: ENGLISH

0197236 82092485

**The efficacy of cognitive therapy in depression: a treatment trial using cognitive therapy and pharmacotherapy, each alone and in combination.**

Blackburn IM; Bishop S; Glen AI; Whalley LJ; Christie JE

Br J Psychiatry ,Sep 1981, 139 p181-9, ISSN 0007-1250

Journal Code: BIK

Languages: ENGLISH

We report an extensive study which compares cognitive therapy, antidepressant drugs and a combination of these two, in depressed patients seen either in general practice or an out-patient department. One-hundred and forty patients were screened for primary depression and 64 patients completed the trial. All were rated on seven measures of mood, including independent observer-rated and self-rated depression and scales of anxiety and irritability. Patients were randomly assigned to cognitive therapy, antidepressants or a combination of the two. The antidepressant drug group did less well in both hospital and general practice and combination treatment was superior to drug treatment in both hospital and general practice. In general practice, cognitive therapy was superior to drug treatment. The presence of endogenous features did not affect response to treatment. The results are discussed in terms of Beck's cognitive theory of depression and factors of presumed causal importance of depression in general practice.

0196510 82087919

**Characteristics of depressive patients contacting psychiatric services in four cultures. A report from the who collaborative study on the assessment of depressive disorders.**

Jablensky A; Sartorius N; Gulbinat W; Ernberg G

Acta Psychiatr Scand ,Apr 1981, 63 (4) p367-83, ISSN

0001-690X Journal Code: 1VY

Languages: ENGLISH

The paper is a report on results obtained in the course of a multi-centre international study on depressive disorders in four countries, which was sponsored and co-ordinated by the World Health Organization. A screen form was developed and tested in order to select depressive patients among psychiatric in-patient and out-patient populations. The patients selected in this way were assessed clinically by experienced investigators using the WHO schedule for Standardized Assessment of Depressive Disorders (SADD). A total of 53 patients were evaluated in the five research centres, and the data were utilized in uni- and multivariate statistical analyses aiming to establish whether similar cases of depression could be found in different cultures, to describe their characteristics and to ascertain the extent to which diagnostic concepts and classification categories could be applied in different settings. The results point to a considerable degree of similarity in depressive symptomatology across the cultures if particular selection criteria are applied, and suggest that broad diagnostic groupings such as 'endogenous' and 'psychogenic' depressions could be used consistently by clinicians working in different cultures.

0196180 82082941

**Exercise training for children with asthma. Out-patient programme and a residential experiment.**

Mallinson BM; Cockroft C; Burgess DA; David TJ

Physiotherapy ,Apr 10 1981, 67 (4) p106-8, ISSN 0031-9406 Journal Code: P8C

Languages: ENGLISH

0194160 82061572

**[The out-patient blood pressure clinic at St. Pierre's Hospital, Brussels (author's transl)]**

La consultation d'hypertension arterielle de l'hopital Saint-Pierre : bilan de plus de vingt ans d'activite.

Demaret JC

Rev Med Brux ,Sep 1981, 2 (7) p641-6, ISSN 0035-3639

Journal Code: SLK

Languages: FRENCH Summary Languages: ENGLISH

00119

0193012 82047586

**Psychiatric interviewing techniques V. Experimental study: eliciting factual information.**

Cox A; Rutter M; Holbrook D  
Br J Psychiatry, Jul 1981, 139 p29-37, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

Four experimental interview styles, each recommended by experts in the field, were compared for their efficiency in eliciting factual information during the initial diagnostic interviews with the mothers of children referred to a psychiatric out-patient clinic. If encouraged to talk freely, mothers tended to mention most (but not all) key issues without the need for standardized questioning on a pre-determined range of topics. However, systematic questioning was essential in order to obtain good quality factual data. Better data were obtained when interviewers were sensitive and alert to factual cues and chose their probes with care. Clinically significant factual information, idiosyncratic to the family and outside the range of standard enquiry was common, but was obtained satisfactorily with all four styles. No one style was generally preferred by informants. The advantages of systematic questioning for obtaining factual information were not associated with any disadvantages with respect to the eliciting of emotions and feelings.

0192134 82041934

**[Prevention of hypertension of the city borough of Schwedt/Oder--results to date of a regional intervention program]**

Hypertoniebekämpfung im Stadtkreis Schwedt/Oder--bisherige Ergebnisse eines territorialen Interventionsprogramms.

Grafner L; Fischer H; Knappe J; Heinrich J  
Z Gesamte Inn Med, Aug 1 1981, 36 (15) p520-4, ISSN 0044-2542 Journal Code: XUY

Languages: GERMAN Summary Languages: ENGLISH

More than 1,100 women and about 1,400 men, detected as being hypertensives in population screenings for cardiovascular diseases and coronary risk factors on 30-59 year-old females and 30-64-year-old males 1975 and 1976, respectively, in Schwedt - participation rate in both screenings 78 per cent (6,514 females and 7,137 males, respectively) - underwent an intervention programme carried out by all the general practitioners, physicians for industrial medicine and internists, working in the out-patient clinics of the territory. But in 1979 only 500 of these women and approximately 800 of these men were under continuous control. These registration rates after both the screenings as well as after the first follow-up in women 1977, therefore, have to be considered as unsatisfying. That lack in registration is mainly up to the enormous fluctuation of patients - and inhabitants at all-, being a characteristic feature of the population of the newly built town of Schwedt. In order to overcome these effects of migration within the territory and to improve supervision in hypertensives, a new control system

regarding the peculiarities of Schwedt was established. In contrary to the falling registration an efficient lowering of blood pressure levels was achieved in those patients cooperating well, revealing normotensive diastolic mean values and systolic mean values, ranging from normotension to the lower borderline pressures. In women who showed a more impressive effect of treatment than men, the effective lowering could be maintained over a 4-year-follow-up period up to now.

0191815 82037214

**[Multiple admission to hospital of diabetic patients (author's transl)]**

Les diabétiques multihospitalisés.

Schrub JC; Courtois H; Vuillermet P

Nouv Presse Med, Sep 19 1981, 10 (33) p2723-6, ISSN 0301-1518 Journal Code: Q5Q

Languages: FRENCH Summary Languages: ENGLISH

Within an 8 years' period, 29 insulin-dependent diabetic patients were admitted to hospital on more than 5 occasions, which represents 177 admissions for a total of 3407 days. In almost 70% of the cases loss of control of diabetes was the only reason for admission, and in 33% there was no urgency. Diabetes was unquestionably severe in all patients and truly unstable in 6, but socio-economic reasons accounted for at least one admission in 17 patients and for all admissions in 8. The remaining 64 admissions for uncontrolled diabetes were mostly due to the patients' carelessness. Twelve patients totalling 97 admissions never attended the out-patient clinic.

Such carelessness seems to have arisen partly from reactive depression and partly from personality disorders, but the physicians' responsibility cannot be dismissed. In order to reduce the number of unnecessary admissions, diabetologists should provide improved patients' training, pay more attention to their psycho-affective problems and demand regular out-patient attendance.

0191600 82033257

**Attendance pattern of patients. A study of out-patient attendance and drop-out rates.**

Bai KI; Sastry VN; Reddy PS

J Trop Pediatr, Aug 1981, 27 (4) p226-8, ISSN 0142-6338

Journal Code: KAW

Languages: ENGLISH

0190250 82019905

**[Experiences with rehabilitation of children after severe head injuries (author's transl)]**

Praktische Erfahrungen in der Rehabilitation von Kindern nach schwerem Schadel-Hirn-Trauma.

Piorreck S

Z Kinderchir ,Jul 1981, 33 (3) p221-8, ISSN 0174-3082  
Journal Code: YF2

Languages: GERMAN Summary Languages: ENGLISH

In the Federal Republic of Germany, there are at present too few centers which are responsible for the rehabilitation of children and adolescents who receive severe head injuries. Up to now, attempts have been made to seek out the institutions responsible and to tabulate the rehabilitation opportunities they offer. Furthermore, the typical follow-up grades after severe head trauma will be mentioned and the necessary methods of treatment in each case ordered accordingly. The opportunity for clinical rehabilitation should first of all be accessible to all children and adolescents who suffer from such injuries; this can later be converted into out-patient rehabilitation. Time spent on the wards during this period in hospital varies, depending on the grade of retardation, ranging approximately from 6 weeks to 1 year for the less severe cases up to 4 years and occasionally longer for the severely retarded.

0188757 82004341

**Gamma-glutamyltransferase, aspartate aminotransferase and alkaline phosphatase as markers of alcohol consumption in out-patient alcoholics.**

Gluud C; Andersen I; Dietrichson O; Gluud B; Jacobsen A; Juhl E

Eur J Clin Invest ,Jun 1981, 11 (3) p171-6, ISSN 0014-2972 Journal Code: EN3

Languages: ENGLISH

Serum activity of gamma-glutamyltransferase, aspartate aminotransferase and alkaline phosphatase were determined in 316 patients attending an out-patients clinic for treatment of alcoholism. The activity of gamma-glutamyltransferase was raised in 34% and that of aspartate aminotransferase and alkaline phosphatase in 18% and 7%. Neither the activity of gamma-glutamyltransferase, aspartate aminotransferase nor alkaline phosphatase showed any significant (P greater than 0.05) correlation with the history of alcohol consumption. The activities of gamma-glutamyltransferase and aspartate aminotransferase were raised significantly more often in patients with recent alcohol consumption than in patients who had abstained for more than 9 days. The concentration of alkaline phosphatase was not significantly (P greater than 0.05) different in these groups. The predictive value of raised and normal activities of gamma-glutamyltransferase, in deciding whether a patient had had recent alcohol consumption or not, was not superior to the predictive value of raised and normal activities of aspartate aminotransferase.

0187158 81272428

**Out-patient departments: patients first!**

Wilson-Barnett J

Nurs Mirror ,Jul 29 1981, 153 (5) p21-2, Journal Code: 098

Languages: ENGLISH

0186869 81270705

**Coordinated out-patient management of chronic pain at the University of Virginia Pain Clinic.**

Carron H; Rowlingson JC

Natl Inst Drug Abuse Res Monogr Ser ,1980, 36 p84-91, ISSN 0361-8595 Journal Code: NR9

Languages: ENGLISH

The Pain Clinic at the University of Virginia Medical Center is a comprehensive facility providing a coordinated team approach to the management of chronic pain syndromes. The Clinic is primarily an out-patient facility, although in-patient therapy in clinic-assigned beds is available for special problems. Approximately 1,500 new patients are seen annually in the Clinic's own facilities, resulting in approximately 3,500 patient visits. All diagnostic facilities are readily available, and all somatic modulation and psychotherapeutic techniques are utilized for pain management.

Referrals are accepted only from physicians and then only after all medical records, the Clinic's Patient Assignment Inventory Narrative (a screening brochure), and special studies are reviewed. The initial evaluation includes, as well, history taking, physical examination, psychological testing and interview, special studies, specialty consultations, and family interview. A therapeutic plan is then developed and discussed with the patient and family members. The Clinic's philosophy is to encourage the patient to assume responsibility for all aspects of the treatment program including drug detoxification, activity and exercise programs, and functional performance.

0186614 81267021

**Out-patient treatment of haemorrhoids.**

Leicester RJ

J R Nav Med Serv ,1981, 67 (1) p23-5, ISSN 0035-9033  
Journal Code: JVL

Languages: ENGLISH

00121

0184616 81244451

**Children and Huntington's disease: some clinical observations of children-at-risk.**

Kosky R

Med J Aust ,Apr 18 1981, 1 (8) p405-7, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

Six children who were at risk for Huntington's disease were independently referred to a child psychiatry out-patient clinic. The clinical findings are presented. It was concluded in five cases that the symptoms could not be explained in terms of emotional reactions and that the children in these cases had evidence of cerebral dysfunction. The implications of this conclusion are discussed. The management of the children and their families and the progress of the children are also discussed.

0181455 81211156

**Vaginal administration of 15-methyl-PGF2 alpha methyl ester for preoperative cervical dilatation. Task force on prostaglandins for fertility regulation. The World Health Organization.**

Contraception ,Mar 1981, 23 (3) p251-9, ISSN 0010-7824  
Journal Code: DQN

Languages: ENGLISH

A multicentre clinical trial under the auspices of the World Health Organization's Task Force on Prostaglandins for Fertility Regulation involved 1001 primigravidae patients, 8-12 weeks pregnant, randomly treated either with 1.0 mg of 15-methyl-PGF2 alpha methyl ester in a vaginal suppository or a placebo suppository. Vacuum aspiration was undertaken three or twelve hours following insertion of the suppository. The results show that sufficient cervical dilatation can be achieved with a prostaglandin suppository which allows easier vacuum aspiration with less operative bleeding a fewer short-term complications. Diarrhoea and vomiting were more common in the treated group. The twelve-hour prostaglandin treatment period resulted in more dilatation up to the 10th week of pregnancy but also caused a higher incidence of side effects. If maximal dilatation is aimed for by twelve hours, pretreatment is preferable. If out-patient management is required, the three-hour schedule may be more convenient.

0178120 81180062

**Arterial surgery: research and principles of treatment during 20 years at the Seraphimer Hospital.**

Koyamees A

Acta Chir Scand [Suppl] ,1980, Suppl 500 p53-5, ISSN 0301-1860  
Journal Code: OKC

Languages: ENGLISH

At the Seraphimer Hospital the main interest in the vascular surgical basic research has been microangiography, clinical physiological diagnostic methods, isotope clearance techniques and metabolic changes in ischemic tissues. Clinical vascular

surgical research has mainly been reconstructive arterial surgery in patients with ischemic gangrene, deep femoral artery reconstruction, treatment of arterial embolism and the use of sympathectomy blocks. Walking exercises have been supervised by physiotherapists and all patients have been recommended to stop smoking. Anticoagulants have been reserved for prophylactic treatment of patients who postoperatively still have other critical stenoses. Regular post-operative examinations have been performed at the vascular surgical out-patient department.

0175340 81151487

**WHO collaborative study: assessment of depressive disorders.**

Sartorius N; Jablensky A; Gulbinat W; Ernberg G

Psychol Med ,Nov 1980, 10 (4) p743-9, ISSN 0033-2917  
Journal Code: QER

Languages: ENGLISH

In the context of an ongoing WHO research programme in depression, a total of 573 patients consulting psychiatrists in Canada, Iran, Japan and Switzerland were assessed with the WHO/SADD schedule which proved to be a simple and reliable instrument for standardized recording of clinical data. The results indicated that the "average" depressive patients seeking care in culturally different settings have many clinical features in common. A screening instrument, developed in the same study, has been shown to be effective in selecting depressive patients among in- and out-patient populations.

0175088 81149994

**Play therapy in the pediatric out-patient department.**

Zilliacus K; Enberg S

Paediatrician ,1980, 9 (3-4) p224-30, ISSN 0300-1245  
Journal Code: 00T

Languages: ENGLISH

0173578 81134783

**Childhood autism and social class: a question of selection?**

Wing L

Br J Psychiatry, Nov 1980, 137 p410-7, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

Children with typical autism, other early childhood psychoses and severe mental retardation without autistic behaviour were identified in an epidemiological study in an area of South East London. The social class distribution of their fathers was examined and no significant differences were found between the groups, nor in a comparison with the general population of the area. Fathers of children with autism and related conditions referred to an out-patient clinic with a special interest in autism, mostly at their own request, and fathers joining the National Society for Autistic Children, were of higher social class than both the average for England and Wales and the fathers of the study children. Joining the NSAC during its early years, and keeping up membership were also linked with higher social class. The findings supported the view that reports of a social class bias in autism may be explained by factors affecting referral and diagnosis.

0172746 81132085

**A modern burns unit.**

Thomsen M; Sorensen B

Ann Chir Gynaecol, 1980, 69 (5) p173-7, ISSN 0355-9521  
Journal Code: 51N

Languages: ENGLISH

In the year 1961 a special Burns Unit was opened in the old Municipal Hospital. As it was decided to build the new Hvidovre Hospital it was planned also to move the Burns Unit to this large University hospital which contained all other specialities. The department for plastic surgery and the Burns Unit consists of 35 beds, 7 of which are part of the intensive care unit. The Unit also runs an extensive out-patient service both for patients with burns and plastic surgery cases. Patients with acute burns are admitted to a special room in the emergency ward with facilities for flushing burns and corrosions. The plan of the Unit and the principles of treatment are discussed. Most of the admitted patients come now from parts of Denmark other than the City of Copenhagen, so according to its tradition the Unit continues to function both as a centralized and a specialized Burns Centre.

0168712 81092329

**Design of ambulatory center energizes patient-focused care.**

Routledge J

Hospitals, Feb 16 1981, 55 (4) p122, 124, 126, ISSN 0018-5973  
Journal Code: GDJ

Languages: ENGLISH

Ambulatory care center that delivers comprehensive out-patient medical care is described on a 50 acre site and uses a large, spacious atrium as the focus of patient

management, including the movement of patients to different services.

0168146 81074222

**Report and success rates in obtaining out-patient case notes.**

Smith BA

Med Rec (Truro), Nov 1980, 21 (4) p97-105, ISSN 0025-7478  
Journal Code: MF7

Languages: ENGLISH

0167329 81077653

**Comparison of complications between in-hospital patients and out patients for aesthetic surgical procedures: a ten-year study.**

Klein DR; Rosenberg A

Plast Reconstr Surg, Jan 1981, 67 (1) p17-9, ISSN 0032-1052  
Journal Code: P95

Languages: ENGLISH

On the basis of the clinical evidence and the statistical analysis of the 10-year survey, this study would confirm our hypothesis that in the surgical procedures performed-rhytidectomy and augmentation mammoplasty-there is no significant difference in the rate of serious complications between the inpatient group and the outpatient group. It would seem appropriate that further studies should be undertaken to evaluate other procedures and other complications. If we are to embark further on the course of out patient aesthetic surgery, we must strive for greater statistical knowledge in the area of complications and risk factors to evaluate our results better, keeping in mind our ultimate goal of continually improving our art.

00123

0167173 81076471

**[Continuous ambulatory peritoneal dialysis (author's trans)]**

La dialyse peritoneale continue ambulatoire.  
Nouv Presse Med ,Nov 8 1980, 9 (42) p3153-63, ISSN  
0301-1518 Journal Code: 05Q

Languages: FRENCH Summary Languages: ENGLISH  
Continuous ambulatory peritoneal dialysis (CAPD) required rapid technique and high quality material. This paper describes the material prepared and supplied by the Central Pharmacy of Paris Public Hospitals and the results obtained with this material in the Nephrology Department of the Pitie-Salpetriere Hospital. The peritoneal catheter, introduced under local anaesthesia, is the double-cuffed Tenckhoff catheter. The two dialysates routinely used mainly differ in glucose concentration (83 and 250 mmol/l respectively). The plastic bags are made of polyvinylchloride; those for adults have a capacity of 2.8 l and contain 2 l of dialysate; smaller bags are available for children and adolescents. The patients are trained in an independent out-patient unit opened from 8 a.m. to 9 p.m. The average duration of training is 10 days, and audio-visual aids are widely used. Between August, 1978 and February, 1980 forty-seven patients were accepted for training. Their mean age at the start of treatment was 65 years, and the follow-up was 308 patient-months. During this period there were 5 deaths, only one of which could be blamed on the dialysis technique. There was one peritonitis per 7.5 patient-months, and the mean duration of hospital treatment for all complications was 15 days per patient-year. In view of the patients' age and of the deliberate selection of high-risk patients (including 8 diabetics), these results are very encouraging. However, a longer follow-up is needed to determine the exact place of CAPD among the various treatments of end stage renal failure.

0165214 81062631

**[Drug monitoring in psychiatry (author's trans)]**

Drug Monitoring in psychiatrischen Kliniken. Bericht der Arbeitsgruppe für Medikamenten-Überwachung in der Psychiatrie.  
Rüther E; Benkert O; Eckmann F; Eckmann I; Grohmann R; Helmchen H; Hippus H; Müller-Derlinghausen B; Poser W; Schmidt L; Stille G; Strauss A; Uberla K  
Arzneimittelforsch ,1980, 30 (8) p1181-3, ISSN  
0004-4172 Journal Code: 91U

Languages: GERMAN Summary Languages: ENGLISH  
The Study Group for Drug Surveillance in Psychiatry (AMUP) has been working since July 1978 as a task force group of the "Arbeitsgemeinschaft für Neuropsychopharmakologie und Pharmakopsychiatrie" (AGNP). A protocol was designed for the initiation of drug monitoring in psychiatric hospitals. With support of the Bundesgesundheitsamt, Berlin, the first part of this project was started as a practicability study in the psychiatric hospitals of the Universities of Berlin, Göttingen, and Munich and in the municipal hospital of Schleswig. The study includes 7650 in-patients. It is based on

the following methods: intensive drug monitoring, organized spontaneous monitoring of adverse drug reactions and registration of drug applications. This drug monitoring system in psychiatry will be expanded to other psychiatric hospitals, and eventually to out-patient clinics as well as private practices within the next two years.

0164940 81058769

**The influence of supervision and endogenous insulin secretion on the course of insulin-dependent diabetes mellitus.**

Deckert T  
Acta Endocrinol [Suppl] (Copenh) ,1980, 238 p31-8, ISSN  
0302-9522 Journal Code: ONF  
Languages: ENGLISH

In order to study the importance of out-patients' supervision on survival, a prospective study of 1061 juvenile diabetics was performed. After the first hospitalization at the Steno Memorial Hospital 5.3 +/- 4.5 years after the onset of diabetes, this population of diabetics was divided into two comparable groups by their own practitioners. One group (n = 525) was referred for further out-patient supervision to the out-patient clinic, the other group (n = 536) was not. 96.7% of the patients were followed at least 25 years. A highly significant increased survival was seen in patients seen in 4-5 times a year at the diabetic out-patient clinic. Death from ketoacidosis, hypoglycemia, and suicide was significantly higher in the group not referred for further out-patient control, and death in uremia occurred earlier in this group. Juvenile diabetics with long-standing diabetes and persisting endogenous insulin secretion evaluated on the basis of C-peptide examination had significantly less severe retinopathy and nephropathy than comparable patients without endogenous insulin secretion, and survival of juvenile diabetics with clinical indications of persisting endogenous insulin secretion seems not to be different from non-diabetics.

00124



0164452 81052942

**Attendance failure at paediatric medical outpatient clinics.**

Kellaway GS; Brown SA

NZ Med J ,Jul 9 1980, 92 (663) p15-7, ISSN 0028-8446

Journal Code: DBQ

Languages: ENGLISH

Failure in attendance at medical out-patient clinics at Princess Mary Paediatric Hospital occurred in 46 percent of patients. This was due to patient error, administration error and patient non-compliance. Failure in attendance by Polynesians was due to error and non-compliance; caucasians mainly non-compliance. Hospital administrative errors accounted for default in 6 percent of all patients. Methods of reducing the problem of failure in attendance at out-patient clinics are considered. The aim of this study was to determine the incidence of failure in attendance at Princess Mary Paediatric Hospital (PMH) medical out-patient clinics (OPC) and to establish the reasons for default.

0162554 81036177

**Metabolic control of diabetes mellitus during routine management at an out-patient department.**

Karlander SG; Alinder I; Hellstrom K

Acta Med Scand ,1980, 207 (6) p475-81, ISSN 0001-6101

Journal Code: 14G

Languages: ENGLISH

The current study comprised 376 living and 140 deceased diabetic patients. A majority of the patients had received oral hypoglycemic agents (tablets) or insulin, while a modified diet alone had been prescribed for a minority. The mean age of the tablet-treated patients (67 and 73 years for those now alive and deceased, respectively) was in general 6--10 years higher than that of insulin-treated patients. The mean morning blood glucose level ranged between 8.3 and 10.5 mmol/l. A considerable number of the tablet-treated patients were overweight and hypertriglyceridemic. About one third of the patients in both groups were considered to be in a fairly good state of metabolic control, arbitrarily defined as a urinary glucose excretion of less than 110 mmol/24h, a relative body weight of less than 115% and a serum triglyceride level below 2.0 mmol/l. Cardiovascular disease was the cause of death in 60--70% of the patients. Patients with clinical evidence of atherosclerosis did not differ from age-matched pairmates without signs of macroangiopathy with regard to hyperglycemia and hyperglucosuria. However, the prevalences of hypertriglyceridemia, hypertension and overweight tended to be higher in the former. It is concluded that factors of importance for development of atherosclerosis in a non-diabetic population should be considered in the treatment of diabetes mellitus.

0160560 81014358

[A psychiatric survey of a metropolitan district. An analysis of the out-patient-service of the Rheinische

**Landesklinik Köln-Merheim (author's transl)]**

Psychiatrisch-epidemiologische Patientenstatistik innerhalb einer Grossstadtregion. Eine Untersuchung der Ambulanz der Rheinischen Landesklinik Köln-Merheim.

Jakumeit U; Nehls C

Psychiatr Prax ,Aug 1980, 7 (3) p133-54, ISSN 0303-4259

Journal Code: OCK

Languages: GERMAN Summary Languages: ENGLISH

In the last years there has been an increasing interest in psychiatric surveys as basis of epidemiologic studies and morbidity investigations. Numerous statistics from hospitals, from general psychiatrists and general practitioners have been referred to and constitute the basis for the 'Enquete zur Lage der Psychiatrie in der Bundesrepublik Deutschland'. The out-patient-service of the Rheinische Landesklinik Köln-Merheim is operating in line with the recommendations of the Enquete committee as one of the first psychiatric establishments in the BRD and as the first in Nordrhein-Westfalen. It consists in a community psychiatric service closely attached to a psychiatric clinic, which is in charge of the overall psychiatric assistance for a municipal district of 500.000 inhabitants. The present study outlines the frequency and categories of psychiatric diagnosis in the psychiatric out-patient-service during a period of 9 months. The case register of ICD underlies the classification of mental diseases. By evaluating a rating scale which had been established for every patient it was possible to demonstrate correlations between diagnosis, age, sex, social status, marital status and nationally. Almost all diagnosis groups demonstrate a prevalence of the female sex except for alcoholism, drug addiction and gerontopsychiatric troubles. Neurotic diseases come at the first place, followed by schizophrenic illnesses. Compared to an evaluation of 1975 there has been an increase of schizophrenia. This fact reveals a modification of concept which puts more stress on after care of ancient in-patients. This group of patients will probably represent the greatest share of out-service patients in future.

00125

0159565 81003362

**[Frequency and time of diagnosis of congenital heart defects in an out-patient clinic (author's transl)]**

Häufigkeit und Zeitpunkt der Diagnose von angeborenen Herzfehlern in der Praxis.

Friedl G; Rautenburg HW

Dtsch Med Wochenschr ,Jul 4 1980, 105 (27) p954-8, ISSN 0012-0472 Journal Code: ECL

Languages: GERMAN Summary Languages: ENGLISH

The frequency of different forms of congenital heart disease was obtained from among a group of 1066 patients seen in a paediatric-cardiological out-patient clinic, the diagnosis being confirmed by cardiac catheterisation and (or) angiocardiology. Also recorded and analysed was the time the various defects, subsequently confirmed by other methods, were first diagnosed in an out-patient clinic. It became clear that cyanotic lesions and acyanotic ones with a large left to right shunt as well as additional pulmonary stenosis were diagnosed earlier than atrial septal defect, persistent ductus arteriosus, coarctation of the aorta, aortic stenosis or pulmonary stenosis--some of which were first noted by their murmur during examinations in the nursery school.

0159414 81001388

**Anaesthesia for day-care surgery: a symposium (IV). Anaesthesia for paediatric out-patients.**

Steward DJ

Can Anaesth Soc J ,Jul 1980, 27 (4) p412-6, ISSN 0008-2856 Journal Code: CG7

Languages: ENGLISH

Out-patient surgery for infants and children offers the advantages of minimal emotional upset, less risk of infection, and fiscal economy. Many different operations can be done in the out-patient department and most children can be accepted for general anaesthesia for these operations. Preparation of the child is similar to that required for in-patient surgery. Premedication is unnecessary and contraindicated. A variety of techniques may be selected for induction of anaesthesia without unduly prolonging recovery. General inhalation anaesthesia with halothane is preferred for maintenance. Careful tracheal intubation should be utilized whenever indicated. Regional analgesia has many advantages over narcotic analgesics in the treatment of post-operative pain. A follow-up service should be provided. (14 Refs.)

0159412 81001386

**Anaesthesia for day-care surgery: a symposium (II). Organization of the out-patient surgical facility.**

Edelst G; Urbach G

Can Anaesth Soc J ,Jul 1980, 27 (4) p406-8, ISSN 0008-2856 Journal Code: CG7

Languages: ENGLISH

The organization of three main types of out-patient anaesthesia facility are discussed. These are the hospital

unit with independent facilities, the integrated hospital unit and the independent out-patient surgical centre. The use of an out-patient facility for minor surgical procedures has been suggested as a less expensive alternative to in-patient management. Some of the advantages and disadvantages are outlined.

0158232 80257898

**[Medical rehabilitation in the Netherlands (author's transl)]**

Medizinische Rehabilitation in den Niederlanden. Stand Sommer 1979.

Schmidt-Kessen W

Rehabilitation (Stuttg) ,Aug 1980, 19 (3) p133-8, ISSN 0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

The present state-of-the-art in "Revalidation" in the Netherlands is described, where the term is used to denote medical rehabilitation including prevocational assessment of physically disabled persons. Sample surveys in 1971/72 revealed insufficient awareness and under-use of existing rehabilitation services. Since then, special emphasis has been placed on out-patient rehabilitation (clinics), with facilities and services being organised so as to serve a region of appr. 300,000 persons each, or an area within a radius of 30 kms from the facility. Organisation and staff schedules of rehabilitation facilities are discussed. Recently, marked preference of the "active" therapists can be noted. As in other countries, further development of the Anglo-Saxon team concept has, in the Netherlands too, given rise to a number of problems which are discussed more fully.

0155500 80232018

**The pattern of psychotropic drug usage in a general out-patient clinic.**

Yeoh OH

Med J Malaysia ,Dec 1979, 34 (2) p167-70, ISSN 0300-5283 Journal Code: M2M

Languages: ENGLISH

0154303 80203016

**Hospital out-patient services.**

Sivaraman P

Hosp Adm (New Delhi) ,Sep-Dec 1979, 16 (3-4) p160-5, ISSN 0018-5531 Journal Code: GCK

Languages: ENGLISH

00126

0152444 80201429

**Disease patterns among civil servants in Addis Ababa: an analysis of out-patient visits to a bank employees' clinic.**

Teklu B

Ethiop Med J ,Jan 1980, 18 (1) p1-6, ISSN 0014-1755

Journal Code: EMQ

Languages: ENGLISH

0149160 80158252

**Out-patient survey of the North Western Region.**

Cottrell KM

Hosp Health Serv Rev ,Dec 1979, 75 (12) p432-4,

Journal Code: GC5

Languages: ENGLISH

0148915 80174221

**[Comparison of hospitalized hypertensive patients and those consulting in a specialized unit. Initial clinical state and patient compliance]**

Comparaisons des hypertendus hospitalises et consultants dans une unite specialisee. Etat initial et observation des conseils medicaux.

Froment A; Milon H; Gallavardin P; Gosset S; Gravier C

Arch Mal Coeur ,Oct 1979, 72 (10) p1137-45, ISSN

0003-9683 Journal Code: 7SM

Languages: FRENCH Summary Languages: ENGLISH

This study is based on a series of 1919 hypertensive patients examined consecutively either in hospital or in the out patient clinic between 1969 and 1977 and reviewed in February 1977 by a postal questionnaire. The initial presentation of in-patients and out-patients differed very significantly in the same specialised department: the patients hospitalised were seen at a more advanced stage of their hypertensive illness. Neither group was truly representative of the general population of hypertensive patients. The percentage of patient compliance was only slightly lower in the out-patients. The mortality rate observed did not differ significantly from the expected mortality rate in out-patients; despite treatment it remained over 200% greater in the hospitalised group. It would seem desirable to develop out-patient rather than in-patient hospital facilities for the treatment of hypertension, despite the foreseeable practical difficulties.

0146377 80151265

**Evaluation of a decentralized system for chronic disease care: seven years of observation.**

Miller ST; Zwagg RV; Joyner MB; Runyan JW Jr

Am J Public Health ,Apr 1980, 70 (4) p401-5, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

Observations of a publicly-financed system for the medical

care of a large number of persons with chronic diseases have been made over seven years. The system combines decentralized, nurse-staffed neighborhood clinics, operated by a public health department, with a central referral clinic for consultations and the management of complicated problems. After seven years in the chronic disease program 55% of 1,004 patients with diagnoses of diabetes mellitus, hypertension, and cardiac diseases were still receiving care, 19% had died, and 26% had been lost to the program. In the seventh year, the mean diastolic blood pressure in hypertensives was 84 mm Hg and the mean serum glucose in diabetics was 203 mg/dl. For the group under care, hospital days/1000/year were 74% of the rate during the year before referral to the program and out-patient visits/1000/year were approximately the same as before referral. However, two-thirds of the visits, formerly made to a public hospital, were now being made to neighborhood clinics. The system appears to be an effective method of providing medical services for persons who formerly used the public hospital as their source of outpatient care.

0146227 80150280

**Psychiatric illness in a neurological out-patient department in North East England. Use of the General Health Questionnaire in the prospective study of neurological out-patients.**

Kirk CA; Saunders M

Acta Psychiatr Scand ,Nov 1979, 60 (5) p427-37, ISSN 0001-690X Journal Code: 1VY

Languages: ENGLISH

342 patients referred to a neurological out-patient department in North East England between November 1975 and November 1976 were studied prospectively using two methods of psychiatric case identification, by clinical interview and by use of the General Health Questionnaire. The population of psychiatric patients identified by clinical techniques is different from that identified by the GHQ and it is concluded that GHQ cannot be used for routine screening in the neurological clinic. Clinical data were compared with a previous retrospective study. Clinical assessment revealed 27% with psychiatric disorders whilst GHQ showed a probable psychiatric morbidity of 48% with a cut off score of 11/12 and 21% with our best cut off score of 26/27. Statistical problems with this method are discussed and the results of this study compared with others using the same questionnaire. Aspects of organic and psychiatric disorder in a neurological clinic are discussed.

00127

0145147 80142910

**[Psychological care for diabetic children, adolescents and their parents (author's transl)]**

Psychologische Betreuung diabetischer Kinder und Jugendlicher und ihrer Eltern.

Hurter H; Hurter P

Monatsschr Kinderheilkd ,Jan 1980, 128 (1) p11-5, ISSN 0026-9298 Journal Code: NHO

Languages: GERMAN Summary Languages: ENGLISH

A model of the psychological care for diabetic children, adolescents and their parents is presented. The model was developed from experiences gained in an out-patient clinic for diabetic children, based on individual, family and group discussions. It proved necessary to start psychological care immediately after the manifestation of diabetes. The psychological problems of diabetic children and adolescents as well as their parents vary with age. This calls for a grouping according to the age of the individual patient. The aim of the psychological care is to help the patients and their parents to accept the fact of diabetes, and to allow a more conflict-free adjustment to the new burden involved. A further aim is to prevent the development of neurosis. The clinical manifestation of neurosis in diabetic children and adolescents is characterized by symptoms specific to diabetes.

0144011 80094821

**Therapy improvement in two out-patient mental health clinics.**

Johansson SL; Silverberg R; Lilly RS

J Community Psychol ,Jan 1980, 8 (1) p34-44, ISSN 0090-4392 Journal Code: HUU

Languages: ENGLISH

This study describes clients, therapists, treatment characteristics, and therapy outcomes for 551 consecutive, first-time clients at two out-patient mental health clinics. Significant improvement was found on target problems, global outcome ratings, and Hopkins Symptom Checklist scores for clients who mutually terminated therapy. The target problem and outcome ratings remained higher for this group than for dropouts at a six-month follow-up interview. Clients who improved most were those who were initially most uncomfortable and disturbed. Improvement was also strongly related to the number of therapy sessions. The implications of these and other results are discussed.

0143600 80114093

**Rural clinics try out patient education in four demo projects.**

Health Care Educ ,Feb-Mar 1980, 9 (1) p1, 22, ISSN 0160-7006 Journal Code: GBA

Languages: ENGLISH

0142559 80122115

**[Access to medical care of patient with hypertension: influence of socio-professional categories (author's transl)]**

L'accès de l'hypertendu aux soins: influence des catégories socio-professionnelles.

Degoulet P; Devries C; Wolf JP; Plouin PF; Menard J

Nouv Presse Med ,Jan 5 1980, 9 (1) p15-9, ISSN 0301-1518 Journal Code: 050

Languages: FRENCH Summary Languages: ENGLISH

An analysis of socio-professional categories was performed in 712 active hypertensive men, referred between January 1st 1976 and December 31st 1977 to the hypertension out patient clinic of the Saint-Joseph Hospital, Paris. The percentages of senior executives, middle executives and patients with liberal professions, were higher than those calculated in the whole French population. In contrast, the percentages of craftsmen, shopkeeper, employees and manual workers were lower. Furthermore, blood pressure levels obtained by history and those found at first consultation were higher in employees and manual workers than in patients from a higher socio-economic level. The social differences which are observed may be related to known data concerning mortality, morbidity and drug consumption according to socio-professional categories. They should lead physicians and health care administrators to seek more effective and egalitarian methods of prevention.

0139607 80088828

**Sexual and marital problems in a psychiatric out-patient population.**

Swan M; Wilson LJ

Br J Psychiatry ,Oct 1979, 135 p310-4, ISSN 0007-1250 Journal Code: B1K

Languages: ENGLISH

The study aimed to identify those patients referred to a psychiatric out-patient clinic who had sexual or marital difficulties and who could be offered help with these problems, although none of the patients had been referred primarily for sexual or marital therapy. The methods of assessment formed a series of filtering devices for screening the sample, and possible reasons for discrepancies in the results are discussed. Twelve per cent of the sample had sexual or marital problems and were offered treatment, and it is suggested that this proportion may be an underestimate of the 'true' frequency of such problems in the sample. Implications of this finding for the provision of treatment resources in the psychiatric out-patient setting are considered.

00128

0138793 80082632

**Efficiency of address cards, experienced health visitors and motivated registry clerks in obtaining the home address of urban patients in South India.**

Radhakrishna S; Satagopan MC; Krishnaswami KV; Tripathy SP; Fox W

Tubercle ,Sep 1979, 60 (3) p151-7, ISSN 0041-3879  
Journal Code: WH9

Languages: ENGLISH

The address card, a card on which the patient's home address is asked to be recorded by the local postman, or by a knowledgeable and literate neighbour, relative or friend, was investigated for acceptability and efficiency in 4 tuberculosis out-patient clinics, in an urban community with substantial levels of illiteracy in Madras City. In the 4 clinics combined, 96% of the patients who reattended returned the completed card. Letters posted to the address on the card were received by 85% of 419 patients, while 5% were returned by the post office as undelivered and a further 4% were, in all probability, not delivered; no information was available about the remaining 6%. A formal comparison in 392 of the above patients demonstrated the address card method to be significantly more efficient than interrogation by experienced health visitors. A retrospective comparison suggested that the efficiency of experienced health visitors was slightly better than that of highly motivated registry clerks, the proportions of letters received being 72% and 65% respectively.

0137014 80065422

**Aspects of the patient intake process in a psychotherapy clinic.**

Tyson RL; Reder P  
Br J Med Psychol ,Dec 1979, 52 (4) p309-20, ISSN

0007-1129 Journal Code: AYD

Languages: ENGLISH

Recent interest in psychotherapy services in the National Health Service has raised questions regarding the availability of existing psychotherapy facilities. In attempting to answer some of these questions, a study was made of aspects of the referral and assessment segments of the intake process of 180 patients referred in 1975 to the Paddington Centre for Psychotherapy Adult Out-patient Department. Of this group, 137 were referred for individual psychoanalytically oriented psychotherapy, 82 of whom were offered assessment interviews, 45 offered treatment and 40 actually began treatment during the study period. An additional seven patients originally assessed for group therapy were offered and began individual treatment. Some characteristics of the referral population, the referring agencies, the effects of a waiting list, and the phenomenon of dropouts are discussed and compared with findings from other Centres.

0132346 80013767

**Protocols in ambulatory care.**

Komaroff AL; Ervin CT; Pass TM; Sherman H  
Public Health Rev ,Jan-Jun 1978, 7 (1-2) p135-55, ISSN  
0301-0422 Journal Code: Q10

Languages: ENGLISH

Protocols offer a mechanism for bringing together two major trends in outpatient care. The first trend is the delegation of certain clinical tasks and responsibilities to health workers other than physicians, and to patients themselves. The second trend is the movement toward standard-setting, peer review, audit and quality assurance, and cost-effectiveness of medical practices. Most of the studies of the use of protocols have been with nurse practitioners, physician assistants, office nurses, and health workers. These studies indicate that non-physicians using protocols - in comparison with physicians using traditional methods - give care that is equally thorough, and that leads to comparably accurate diagnosis treatment, and appropriate referral to physicians. Additionally, health workers guided by protocols achieve relief of patients; symptoms and patient satisfaction, and provide care that is efficient in terms of practitioner time, medication, and test ordering. Consequently, health workers using protocols can reduce the cost of care. Protocols have been developed for use in out-patient areas in both developed and developing nations. Protocols can also be easily audited as part of a quality assurance program, effecting even further saving in costly provider time. (39 Refs.)

0131114 80011203

**A video-recording system for evaluating the clinical interview--a simple, inexpensive method.**

Russell ML; Insull W Jr  
Med Prog Technol ,Jun 15 1979, 6 (3) p141-5, ISSN  
0047-6552 Journal Code: M9H

Languages: ENGLISH

A simple, inexpensive video-recording system was designed to provide raw data for the evaluation of therapist interview behaviors in the out-patient clinic. The system uses a combination of commercially available cameras, lenses, and recording equipment which do not require technical audio-video expertise to operate. Video-cassette recordings are produced that contain full-face, head-and-shoulders images of both the therapist and the patient. An automatic search control terminal rapidly locates any point on the video-cassette for review. Using normal clinic lighting and little space, the system is easily installed in any existing clinic examination room. A description of the system's use in examining the counseling and interviewing skills of a medical clinic staff is presented.

00129

0130395 80003321

**[Time and cost per patient consultation in an out-patient clinic (author's transl)]**

Zeit-und Kostenaufwand pro Patient in der ambulanten Praxis.  
Vosseler MG; Hinden M; Dubach UC  
Dtsch Med Wochenschr ,Aug 31 1979, 104 (35) p1227-31,  
ISSN 0012-0472 Journal Code: ECL  
Languages: GERMAN Summary Languages: ENGLISH

0124846 79217278

**Nutritional care in pregnancy: the patient's view. III. Perceived need for advice and effectiveness of advice received.**

Orr RD; Simmons JJ  
J Am Diet Assoc ,Aug 1979, 75 (2) p136-40, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Interviews were conducted with ninety-two pregnant women who attended the out-patient clinic of a major obstetrical teaching hospital. Information was obtained on the patients' perception of their need for dietary advice during pregnancy and selected demographic, nutritional, and medical care characteristics, as well as their response to, and satisfaction with, the dietary advice and treatment they received. The patients' perceived need for dietary advice appears to be an important factor in the apparent effectiveness of prenatal dietary counseling. Patients who expressed a need for dietary advice were more likely to consider diet important during pregnancy, to have positive feelings toward nutrition services, to have visited the dietitian, and to report making changes in their diet because of the advice received. Little association was observed between demographic and medical care characteristics of patients or more objective measures of need for dietary advice and the patients' own perception of need. It is suggested that patients whose expressed need for counseling is at variance with objective measures are a group requiring special attention.

0124845 79217277

**Nutritional care in pregnancy: the patient's view. II. Perceptions, satisfaction, and response to dietary advice and treatment.**

Orr RD; Simmons JJ  
J Am Diet Assoc ,Aug 1979, 75 (2) p131-6, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Ninety-two pregnant women attending the out-patient clinic of a major obstetrical teaching hospital were interviewed. Information on their perception of diet during pregnancy, response to dietary advice, and satisfaction with the type and amount of dietary information given was collected. Almost all subjects considered diet to be important during pregnancy. Prenatal dietary advice was perceived as somewhat restrictive,

and for approximately a third of the subjects, compliance with dietary advice was a serious concern. Most subjects indicated making some dietary changes during pregnancy, usually as a result of the advice received. Poor compliance was reported with iron supplementation, and many of the women attributed adverse symptoms to this medication. Subjects appeared more satisfied with the amount than the type of dietary advice received, and negative or noncommittal attitudes toward nutrition services were expressed by half of the subjects. Feeling of guilt, attitudes of other professionals, and perceived difficulties of complying with dietary instructions were the major reasons given for these negative feelings. Rescheduling and better integration of nutrition services in the prenatal visit are suggested to improve patient satisfaction with dietary counseling.

0124844 79217276

**Nutritional care in pregnancy: the patient's view. I. Amount, type, and sources of dietary advice and treatment.**

Orr RD; Simmons JJ  
J Am Diet Assoc ,Aug 1979, 75 (2) p126-31, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Interviews were conducted with ninety-two pregnant women who attended an out-patient clinic of a major obstetrical teaching hospital. All were between thirty-four and thirty-eight weeks pregnant when interviewed. Information was obtained on the amount, type, and sources of professional dietary advice; current dietary treatments; and the patterns and nature of the patients' contacts with dietitian. The dietitian was the major source of prenatal dietary advice. Only one-third of subjects received additional advice from other professionals, usually the nurse. Physicians were rarely identified as a source of dietary advice. Approximately one-third of subjects reported receiving dietary instructions to restrict intakes of calories and/or sodium. Physicians instituted these restrictions more frequently than did nurses. Few patients were referred to the dietitian for advice on these diets. Multivitamin and iron supplements were prescribed routinely. Three-quarters of subjects made at least one visit to the nutrition service, generally early in their prenatal care. For most subjects, this was their first experience with a dietitian. Nurses made considerably more referrals to the dietitian than did physicians. There would appear to be a need to educate other health professionals, especially physicians, on the advantages of more liberal diets and weight gain in pregnancy and on the special skills of the dietitian in promoting sound nutritional habits.

00130

0124797 79217103

**New attendants at the out-patient clinic of the Department of Dermato-Venereology, Dr. Cipto Mangunkusmo Teaching and General Hospital, Jakarta, 1978.**

Kosasih A; Soebaryo RW  
J Dermatol (Tokyo) ,Feb 1979, 6 (1) p13-9, ISSN 0385-2407 Journal Code: HZ7  
Languages: ENGLISH

0124513 79214109

**[Trends in some treatment-criteria of patients of a dermatological children-ward (author's trans!)]**

Entwicklungstendenzen im Patientengut einer dermatologischen Kinderstation.

Kussatz I; Barth J; Gast W  
Dermatol Monatsschr ,Apr 1979, 165 (4) p264-9, ISSN 0011-9083 Journal Code: E2J  
Languages: GERMAN Summary Languages: ENGLISH

In comparative studies on some treatment-criteria of patients of a dermatological children-ward between 1967, 1969, 1971, 1973, 1975 and 1977 we found a tendency to increased out-patient-treatment, a reduction in period of clinical sojourn and a significant increase in patients drug consumption. Most important reasons of this development are the following: Temporary decrease of birth rate in GDR; increased capacity of out-patient-treatment in the Leipzig-area; application of more effective drugs; improvements in management of clinical treatment. About 50% of treated in-patients are 0 to 3 years old. The great importance of a qualified dermatological treatment for success of clinical sojourn on a children-ward is underlined.

0124388 79210899

**Chemotherapy of advanced head and neck cancer with methotrexate, bleomycin, and cis-diamminedichloroplatinum II in an effective outpatient schedule.**

Vogl SE; Kaplan BH  
Cancer ,Jul 1979, 44 (1) p26-31, ISSN 0008-543X  
Journal Code: CLZ  
Languages: ENGLISH

Thirty-one patients with advanced cancer of the head and neck, twenty-six of whom had failed prior irradiation, were treated with an out-patient chemotherapy regimen combining methotrexate, bleomycin, and cis-diamminedichloroplatinum (II). The overall response rate among evaluable patients was 61%, with 22.5% complete remission. If 6 additional patients not completing 3 weeks of treatment are included, the response rate was 51.4%. The median duration of partial remission was 3 months, but none of the complete remitters has relapsed with a follow-up of two to twenty months (median six). Response rate was not dependent on performance status, prior irradiation, or primary site. Toxicity was mild. The remission rate and duration suggest that this regimen may be superior to single agents, and as effective as more complicated and toxic

regimens using higher doses of the same drugs.

0120050 79184816

**Depressive symptomatology in patients attending a hospital-based general out-patient clinic.**

Jegede R  
Afr J Med Med Sci ,Dec 1978, 7 (4) p207-10, ISSN 0309-3913 Journal Code: 29G  
Languages: ENGLISH

The prevalence of depressive symptomatology was estimated in 154 patients attending a general out-patient clinic for the first time. The instrument used was Zung's Self-rating Depression Scale (SDS). The mean score on the SDS fell within the range of scores obtained by mildly depressed patients in previous studies. Even though many patients obtained scores corresponding to moderate or severe depression, non of the patients was referred to the psychiatric out-patient clinic located in the same hospital. The findings are discussed with respect to their diagnostic significance and the role of the general practitioner in the management of patients with psychiatric disorder.

0117122 79158568

**Psychological stress, ego defenses, and cortisol production in children hospitalized for elective surgery.**

Knight RB; Atkins A; Eagle CJ; Evans N; Finkelstein JW; Fukushima D; Katz J; Weiner H  
Psychosom Med ,Feb 1979, 41 (1) p40-9, ISSN 0033-3174  
Journal Code: QGR  
Languages: ENGLISH

This study was designed to investigate the relationship between the effectiveness of coping mechanisms and physiological indicators of distress in children faced with the experience of hospitalization and surgery. Twenty-five children between the ages of 7 and 11 were studied in the out-patient department, 2 weeks before surgery, and again during their hospital stay. Effectiveness of defenses and defense style was measured by a clinical interview and by the Rorschach test. Cortisol production rates were measured by the analysis of 24-hour urine collections at home and again in the hospital. Ward adjustment was also rated by a ward questionnaire. The results indicated no relationship between defense effectiveness and cortisol production rates in the out-patient department and an inverse relationship between cortisol production and defense effectiveness under the stress of hospitalization. Defense style was found to correlate with coping under stress. Four different groups of children emerged, suggesting four different types of reaction to the hospital experience.

00131

0117107 79158390

**[Intra-femoral artery injections in a hospital angiology clinic]**

Les injections intra-arterielles femorales en consultation hospitaliere d'angiologie.

Griton P

Phlebologie ,Jan-Mar 1979, 32 (1) p47-52, ISSN 0031-8280 Journal Code: P66

Languages: FRENCH Summary Languages: ENGLISH

Intra-arterial injections of vasodilators are due to Henri Reboul. After a recent disfavor, the modern equipment together with a simple and detailed technique make it possible to easily do repeated injections. The only accidents are hematomas due to insufficient compression. Use of anticoagulants is the main counter-indication. Lidocain hydrochloride or pure scylocain 1% are the safest drugs. The antispasmodic papaverine, various vasodilators, antibiotics and heparin can be added. In out patient clinics, the rate of injections is one to three per week for a series of 10 injections at the most. Stage II arteritis is the ideal situation and successes are also found in stages III and IV. During the first visit for a acute phlebitis intra-arterial injection of scylocain with 100 mg. heparin makes it possible to start the necessary therapy with anticoagulants. The simple post-phlebitis venous edema seems a case in which the technique should be used.

0115448 79143383

**[Trial of Idarac in stomatology and maxillofacial surgery (author's transl)]**

Essai de l'Idarac en stomatologie et chirurgie maxillo-faciale.

Peri G; Ounsamone BN

Ann Otolaryngol Chir Cervicofac ,Jul-Aug 1978, 95 (7-8) p527-30, ISSN 0003-438X Journal Code: 5QD

Languages: FRENCH Summary Languages: ENGLISH

In the light of a study involving a group of 50 patients hospitalised or seen on an ambulatory basis in a department of Stomatology and Maxillofacial surgery, Idarac (floctafenine) was felt to be an effective analgesic, at an average dose of 4 tablets. Tolerance was excellent from a clinical standpoint, rendering the drug easy to use, both on an out-patient basis as well as postoperatively.

0115249 79142023

**The prognosis of insulin dependent diabetes mellitus and the importance of supervision.**

Deckert T; Poulsen JE; Larsen M

Acta Med Scand [Suppl] ,1979, (624) p48-53, Journal Code: 14K

Languages: ENGLISH

1451 patients with IDDM, onset before 1953 and before the age of 30 were followed until death or until 1976. Survival with diabetes, relative survival and the influence of

supervision on survival were examined. It is shown that only 50% of the patients survived more than 30 diabetes years. The patients had an overmortality of more than 600% in relation to age and sex matched non-diabetics. Frequent supervisions in the out-patient clinic reduced as well the overmortality as the prevalence of severe complications significantly.

0114238 79133588

**A preliminary report of an out-patient systems study in Sri Lanka.**

Nimalasuriya A; Gafoor AL

Med Inf (Lond) ,Dec 1978, 3 (4) p327-31, Journal Code: LUG

Languages: ENGLISH

Out-patient medical clinics in Sri Lanka often have long queues of patients waiting to see a doctor partly due to a shortage of doctors. To apply operational research techniques to optimize the functioning of the clinic, an initial step is to determine the distributional pattern of patient arrival times and the doctors' service times. The results showed that the arrival times of patients were time dependent. However, analysis of half-hourly data of inter-arrival times showed a negative exponential distribution. The doctor's service time varied from doctor to doctor and whether new or follow up patients were being seen. Each of the service times seemed to fit into an Erlangian distribution.

0112154 79116791

**Age distribution of patients attending the out-patient department University of Benin Teaching Hospital: a retrospective study.**

Oyarebu KA

Public Health ,Jan 1979, 93 (1) p42-5, ISSN 0033-3506 Journal Code: Q17

Languages: ENGLISH

00132



0111480 79110559

**Comparison of oral sucrose and glucose electrolyte solutions in the out-patient management of acute gastroenteritis in infancy.**

Hutchins P; Matthews TH; Manly JE; Lawrie B; Walker-Smith JA  
J Hyg (Lond) ,Feb 1979, 82 (1) p15-9, ISSN 0022-1724  
Journal Code: IEF

Languages: ENGLISH

Seventy-three children under the age of 18 months presenting with acute gastroenteritis were given an electrolyte mixture with added sucrose or glucose in a randomized double-blind trial. The time taken to recovery in those successfully treated as out-patients was identical. However, of the 34 who received glucose, 11 (32%) required admission compared with 7 (18%) of the 39 who received sucrose. There was a wide range of osmolality of the made-up feeds, indicating inaccuracy in diluting the solutions as prescribed, but this did not in general correlate with need for admission. Sucrose-electrolyte solution is at least as effective as a glucose-electrolyte solution for the out-patient management of acute gastroenteritis in infancy. The cheapness and easy availability of sucrose commends its use in developed and developing countries.

0111070 79106452

**A controlled comparative study of the use of porcine xenograft in the treatment of partial thickness skin loss in an occupational health centre.**

Chatterjee DS  
Curr Med Res Opin ,1978, 5 (9) p726-33, ISSN 0300-7995  
Journal Code: DUX

Languages: ENGLISH

Twenty-eight patients with partial thickness skin loss of the limbs, mainly due to burns, were treated on an out-patient basis in an occupational health centre. Thirteen patients were treated with porcine skin graft and the other 15 by the conventional method with paraffin gauze. The results showed that the median healing time was 13 days in the porcine skin graft group and 28 days in the control group. Other than healing time, the effects of porcine xenograft in reducing pain, infection and sickness absence were far greater than those with conventional treatment. From a comparison of total dressing costs, it was estimated that for lesions of comparable size the cost of treatment with porcine xenograft was approximately one-third of that using paraffin gauze.

0111068 79106444

**Experience with a sustained-release formulation of oxprenolol in the management of angina pectoris in hospital out-patient departments.**

Forrest WA  
Curr Med Res Opin ,1978, 5 (9) p669-74, ISSN 0300-7995  
Journal Code: DUX

Languages: ENGLISH

One hundred and two patients with angina pectoris under treatment with beta-receptor antagonists prescribed on a multi-dose basis were openly switched to treatment with once-daily sustained-release oxprenolol (160 mg per tablet). Eighty-eight patients were successfully managed on once-daily oxprenolol and 70% achieved significant benefit with a single morning dose of 160 mg. The mean number of anginal attacks and the mean glyceryl trinitrate consumption were both significantly reduced. It is concluded that once-daily treatment with oxprenolol in sustained-release form offers the advantage of reduced tablet ingestion without symptomatic detriment in the management of angina pectoris.

0109992 79100850

**[Organisation of bronchitis dispensaries-problems and present situation in the north-eastern region of the GDR (a pilot study of the bronchitis dispensary of the Pediatric Clinic, University of Greifswald) (author's transl)]**

Organisation eines Bronchitis-Dispensaire-Probleme und gegenwartiger Stand im Nordosten der DDR (Eine Pilotstudie aus dem Bronchitis-Dispensaire der Universitat-Kinderklinik Greifswald).

Wiersbitzky S; Ballke EH; Kaden B  
Aerztl Jugendkd ,Oct 1978, 69 (5) p320-6, ISSN 0001-9518  
Journal Code: 2TK

Languages: GERMAN Summary Languages: ENGLISH

The data on the care of children with CNSLD obtained from pediatricians working at out-patient departments in 15 districts of the Rostock and Neubrandenburg counties (in the north-eastern region of the GDR) are analyzed in a pilot study. This survey shows that there are 6 standard bronchitis dispensaries and an additional dispensary with highly specialized diagnostic equipment (Pediatric Clinic of the University of Greifswald) in 7 of the districts. In the remaining districts care of these children is provided within the framework of general medical outpatient care. 2% of the children having CNSLD only 36% receive medical treatment, which is a rather low percentage. This situation will be improved on the basis of better cooperation with the family doctors and the out-patient departments for lung diseases.

00133

0108242 79083815

**Anaesthesia for ambulatory surgery.**

Dechene JP

Can Anaesth Soc J ,Nov 1978, 25 (6) p512-6, ISSN  
0008-2856 Journal Code: CG7

Languages: ENGLISH

Most surgeons and hospital administrators now recognize that many surgical procedures can be done on an out-patient basis and anaesthetists have been instrumental in developing and implementing the practice of short-stay surgery. It is our opinion that general anaesthesia using enflurane and Alfathesin will increase the safety of ambulatory surgery.

0107427 79077850

**An ophthalmic consultant's out-patient clinics. Profile of diagnoses and ways of improving efficiency.**

Phillips CI; Vaid RL

Trans Ophthalmol Soc UK ,Sep 1977, 97 (4) p506-7, ISSN  
0078-5334 Journal Code: WA1

Languages: ENGLISH

0105930 79065022

**Operational study of the out-patient department at the Public Health College Hospital at Gondar, Ethiopia.**

Zein A

Ethiop Med J ,Apr 1978, 16 (2) p45-52, ISSN 0014-1755  
Journal Code: EMQ

Languages: ENGLISH

0103361 79048665

**MMPL-differences between fee-paying and non-fee-paying psychotherapy clients.**

Brown JB; Dunbar PW

J Clin Psychol ,Oct 1978, 34 (4) p953-4, ISSN 0021-9762  
Journal Code: HTJ

Languages: ENGLISH

Compared the MMPI profiles of 23 randomly selected fee-paying clients (FP group) of an out-patient psychiatry clinic to those of 23 clients who left unpaid bills (NFP group). All Ss had been terminated at least 2 months. No differences between groups were found on age, education, income, fee level, number of therapy sessions, sex, or marital status. The NFP group scored significantly higher on the F, Paranoia, and Schizophrenia scales. Additionally, the NFP group endorsed significantly more critical items and generated a greater number of mean scale scores over 70. These results suggest a relationship between degree of psychopathology and non-fee-payment.

**Tricyclic antidepressants in the treatment of depressions. A double-blind clinical comparison of clomipramine (Anafranil) and amitriptyline.**

Kampman R; Nummikko-Pelkonen A; Kuha S

Acta Psychiatr Scand ,Aug 1978, 58 (2) p142-8, ISSN  
0001-690X Journal Code: 1VY

Languages: ENGLISH

The clinical efficacy of oral clomipramine and amitriptyline treatment (50--125 mg/day) was compared over a period of 2 months in 72 depressive patients visiting a psychiatric out-patient clinic. Both drugs were equally effective as measured by the Hamilton Rating Scale for Depression. According to a nurse's independent evaluation of 13 items the two drugs were equipotent in relieving depressive symptoms and no statistically significant differences between the treatment groups were found in the global evaluation by the investigator and the patient. A trend in favour of clomipramine was, however, seen in several parameters. The declines in the Hamilton Rating Scale scores and the nurse's evaluation scores were highly significant during the first 2 weeks of treatment (P less than 0.001) in both groups and the scores continued to decrease during the 2nd month of the study. The most common unwanted effects were dryness of the mouth and fatigue. The frequency of side effects was 51% in the clomipramine group and 43% in the amitriptyline group. The side effects were generally mild and transient and called for discontinuation of treatment in only one case in each group.

00134

0099505 79018180

0099446 79017260

**[Preventive medicine in private medical practice]**

La medecine preventive au cabinet de consultation.  
Delachaux A

Soz Praeventivmed ,Jul 1978, 23 (3) p162-7, ISSN  
0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

The basis of preventive medicine for the individual is composed of health education, certain examinations and preventive treatments. A coherent approach is essential for efficiency of a program and avoidance of costly and nonessential expenditures. In the Swiss health system, the doctor's office could become more and more the center of preventive medicine for the individual. It would concern a large part of the population (in the United States, 80% of the men and 90% of the women consult a doctor at least once a year); offering a direct contact with the doctor of choice, advice specific for each case and the possibility of regular examinations by the same doctors. In many situations both public and private sources are involved in preventive medicine (public health services, doctors involved in the educational system, doctors involved in control of security of working conditions, out-patient clinics, various health organizations). A collaboration among these sources should be organized and a reasonable division of the work established. A list of examinations and preventive treatments is presented.

0097910 78255282

**Antihypertensive drug combinations: prazosin, hydrochlorothiazide and clonidine.**

Pitkajarvi T; Kyostila S; Kontro J; Mattila MJ

Ann Clin Res ,Oct 1977, 9 (5) p296-300, ISSN 0003-4762  
Journal Code: 53A

Languages: ENGLISH

Fourty-six men and 6 women aged 45 years and having arterial hypertension newly diagnosed at routine medical examinations were given out-patient antihypertensive treatment with prazosin, prazosin + hydrochlorothiazide, or prazosin + hydrochlorothiazide + clonidine. The mean values of blood pressure after the 3-week placebo period were 157/109 mmHg in the supine and 160/115 mmHg in the standing position. Treatment with prazosin (1--2 mg t.i.d.) produced normotension in 4/52 patients only, yet supine diastolic blood pressure and standing blood pressure were significantly lowered within 9 weeks. The addition of hydrochlorothiazide (25 mg daily) for 3 weeks to the regimen led to normotension in 12/46 patients. The remaining 34 patients still having an average supine blood pressure of 152/106 mmHg after prazosin + hydrochlorothiazide, responded well to low doses of clonidine added for 6 weeks to the treatment. Only 7 patients having initially high blood pressure still had a diastolic blood pressure greater than or equal to 100 mmHg at the end of the trial. The subjective side-effects were frequent but mild being roughly similar during placebo and active drug periods, except that fatigue and dry mouth due to clonidine were common, yet tolerable. No "first tablet reactions" to low initial doses of prazosin were

found.

0096441 78241446

**Therapeutic groups and individual treatment in psychiatric out-patient clinics: a controlled study.**

Ward DJ

Ir Med J ,25 Oct 1975, 68 (19) p486-9, ISSN 0021-129X  
Journal Code: GXD

Languages: ENGLISH

00135

**AMBULATORIO, CIRUGIA**

**00136**

0233348 83146121

**Missouri unit uses education to improve patients' comfort**  
[interview]

Drace C

Same Day Surg ,Mar 1983, 7 (3) p31-2, ISSN 0190-5066  
Journal Code: UBL

Languages: ENGLISH

0233347 83146120

**Reimbursement and office-based surgery: a catch-22 situation**  
[interview]

Young D

Same Day Surg ,Mar 1983, 7 (3) p29-30, ISSN 0190-5066  
Journal Code: UBL

Languages: ENGLISH

0232428 83148511

**[CO2 laser coagulation of benign changes of the portio vaginalis in comparison with the endocoagulation technic (Semm's method)]**

Die CO2-Laserkoagulation gutartiger Veränderungen der Portio vaginalis im Vergleich zur Endokoagulationstechnik (nach Semm).

Riedel HH; Semm K

Zentralbl Gynakol ,1982, 104 (21) p1329-38, ISSN

0044-4197 Journal Code: Y5S

Languages: GERMAN Summary Languages: ENGLISH

The CO2-COHERENT laser was therapeutically used by the authors on 31 cases of extensive erythroplakia associated with recurrent and therapy-resistant fluor formation and on cases of highly vascularised transformation zones with contact bleeding. The benign nature of the findings first had been established by repetitive Pap smears and thorough colposcopic examination. The authors suggest that for the time being the CO2 laser is not suitable yet for the treatment of dysplasia or carcinoma in situ, since no material for histological testing is obtainable from that therapeutic approach, and the presence of microcarcinoma with invasive growth cannot be ruled out with absolute safety. CO2 laser treatment was undertaken without hospitalisation of patients, just as endocoagulation of the vaginal portio was carried out on an outpatient basis. Postoperative follow-up checks have been made one, three, and six weeks as well as three and six months from treatment. The therapeutic results obtained from CO2 laser therapy were compared with those recorded from patients who had undergone endocoagulation of the vaginal portio, with the view to checking the advantages claimed for laser therapy in the literature [1, 4, 11, 12, 23, 24], such as no need for anaesthesia, effective destruction of much of the pathological tissue, high-accuracy identification of tissue for destruction by means of colposcopy, low rate of postoperative complications, soon healing, and good haemostatic action. All these advantages were found to be obtainable just as well from

the technique of endocoagulation without the need for the great amount of technical input and equipment definitely required for laser therapy [16, 18, 19, 20, 21].

0231270 83138247

**Ambulatory serial excision of giant nevi.**

Feins NR; Rubin R; Borger JA

J Pediatr Surg ,Dec 1982, 17 (6) p851-3, ISSN 0022-3468  
Journal Code: JMJ

Languages: ENGLISH

Nevi over the size of a dime at the time of birth should probably be removed. Nevi this size often cannot be differentiated histologically from the true giant nevus that may cover over 50% of the body. Giant nevi have a 2%-30% malignant potential. In order to avoid the morbidity of split-thickness skin grafts when removing the larger nevi, we have been successful in serially excising many nevi as ambulatory procedures. Most moderately large nevi, regardless of their location, can be managed with this method.

00092

0230218 83121263

**Ambulatory surgery.**

Scott J; Muse M

Tex Hosp ,Jan 1983, 38 (8) p26-7, ISSN 0040-4357  
Journal Code: WAL

Languages: ENGLISH

00093

0229762 83102388

**Medicare program; list of covered surgical procedures for certain ambulatory surgical services--Health Care Financing Administration. Final notice.**

Fed Regist ,Aug 5 1982, 47 (151) p34099-101, ISSN 0097-6326  
Journal Code: B58

Languages: ENGLISH

Under the final rules published elsewhere in this issue of the Federal Register, reimbursement will be available under Part B of Medicare for ambulatory surgical center (ASC) facility services in connection with certain surgical procedures. For those same procedures, physicians will receive 100 percent reimbursement for providing services in connection with the procedure performed on an ambulatory basis if certain requirements are met. This notice contains the initial list of the surgical procedures pertinent to these reimbursement provisions. Additional procedures will be added and published in the Federal Register, when appropriate.

00137

00094

● 0229761 83102387

**Medicare program; ambulatory surgical services--Health Care Financing Administration. Final rule.**

Fed Regist ,Aug 5 1982, 47 (151) p34082-98, ISSN 0097-6326 Journal Code: B58

Languages: ENGLISH

These regulations implement in part, section 934 of Pub. L. 96-499, the Omnibus Reconciliation Act of 1980, which adds to the benefits available under Part B of Medicare, facility services associated with certain surgical procedures provided in an ambulatory surgical center. That section also provides, under certain conditions, for 100 percent Medicare reimbursement to physicians (rather than the usual 80 percent) for services provided in connection with certain surgical procedures performed on an ambulatory basis. These regulations establish: (1) The standards an ambulatory surgical center must meet to be approved for participation in the Medicare program; (2) criteria for determining which surgical procedures will be included for purposes of reimbursing facilities and physicians under this provision; (3) the payment methodology and reimbursement procedures with respect to facility services; and (4) the requirements relating to agreements by the facility to furnish services under the program and by physicians with respect to accepting payments for procedures (agreements to accept "assignments"). The purpose of the legislation and these regulations is to encourage the performance in an ambulatory setting of certain surgical procedures that are now frequently furnished on an inpatient hospital basis.

0229396 83122027

**Paediatric day-care anaesthesia.**

Nelson M; Muniyappa H

West Indian Med J ,Dec 1982, 31 (4) p177-80, ISSN 0043-3144 Journal Code: XN4

Languages: ENGLISH

0228360 83108268

**[Selected disinfection measures in ambulatory care, in clinics and in operating rooms]**

Ausgewählte Desinfektionsmassnahmen im Ambulatorium, auf den Stationen und im OP.

Thimm BM

Hefte Unfallheilkd ,1982, 158 p543-64, ISSN 0085-1469 Journal Code: G3B

Languages: GERMAN

0228091 83104640

**Modified pile suture in the outpatient treatment of hemorrhoids. A preliminary report.**

Awojobi OA

Dis Colon Rectum ,Feb 1983, 26 (2) p95-7, ISSN

0012-3706 Journal Code: EAB

Languages: ENGLISH

Twenty-five patients with second- or third-degree hemorrhoids were treated on an outpatient basis using a modified form of pile suture of Farag. There were no postoperative complications such as acute urinary retention, hemorrhage, infection, or anal stenosis. After follow-up for 12 to 18 months, the method has relieved bleeding in all patients and anal prolapse in 96 per cent of them. The modified pile suture is useful in a tropical setting where excisional hemorrhoidectomy is a costly operation.

00095

● 0227956 83102276

**Responsible use of resources: day surgery.**

Burn JM

Br Med J [Clin Res] ,Feb 5 1983, 286 (6363) p492-3, Journal Code: B4X

Languages: ENGLISH

0227885 83100675

**Ambulatory surgery at Ponce Regional Hospital.**

Armstrong RA; Cintron EN

Bol Asoc Med PR ,May-Jun 1982, 74 (5-6) p186-8, ISSN 0004-4849 Journal Code: AB4

Languages: ENGLISH

0227814 83092814

**Health education mollifies waiting ambulatory patients [interview]**

Atto S

Same Day Surg ,Sep 1982, 6 (9) p114-5, ISSN 0190-5066 Journal Code: UBL

Languages: ENGLISH

0227812 83092812

**Phase II recovery rooms save space, money, staff.**

Same Day Surg ,Jul 1982, 6 (7) p86, ISSN 0190-5066 Journal Code: UBL

Languages: ENGLISH

00138

0227811 83092811  
**Florida malpractice protest empties ambulatory ORs.**  
Same Day Surg ,Jul 1982, 6 (7) p81-3, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0227310 83098170  
**[Towards an outpatient surgical department. I. Test comparison of reawakening after three anesthetic protocols]**  
Vers un service chirurgical de jour. I. comparaison, par tests, dur reveil de trois protocoles anesthésiques.  
Krief JC; Levy B; Moret G; Weber B  
Agressologie ,1982, 23 (3) p109-13, ISSN 0002-1148  
Journal Code: 31I  
Languages: FRENCH

0226580 83089409  
**Marketing of a military ambulatory surgical center.**  
Lenneville MW; Steinbruckner KP  
Militt Med ,Nov 1982, 147 (11) p963-6, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226385 8308765B  
**The use of sclera in tympanic membrane reconstruction.**  
Thawley SE; Smith PG; Faw KD  
Laryngoscope ,Dec 1982, 92 (12) p1360-2, ISSN 0023-852X  
Journal Code: L1W  
Languages: ENGLISH

Sclera appears to be an appropriate grafting material because of its high density, high tensile strength, and low antigenicity. Preserved donor sclera has been used for myringoplasty in 125 cases over a 4 year period with an overall success rate for complete closure of the perforation of 96%. Several simple techniques for creating flanges to hold the graft in place were used. The size of the perforations ranged from several millimeters to 80% of the eardrum surface. Most of the cases have been done as outpatients, the adults with local anesthesia and the children with general anesthesia. The advantages of the procedure are: A. readily available graft material; B. high tensile strength of sclera maintains scaffolding effect for long periods of time; C. the flange technique holds the graft at the perforation site and prevents graft lateralization or medialization; D. the procedure can be performed as an outpatient health care costs.

0226167 83084720  
**Current concepts in the management of pediatric inguinal hernia.**  
Lin JN; Chen CL

Taiwan I Hsueh Hui Tsa Chih ,Aug 1982, 81 (8) p1027-36.  
ISSN 0015-7783 Journal Code: I6V  
Languages: ENGLISH

0226034 83083595  
**Surgical management of primary carcinomas of the lower lip.**  
Knabel MR; Koranda FC; Olejko TD  
J Dermatol Surg Oncol ,Nov 1982, 8 (11) p979-83,  
Journal Code: HZA  
Languages: ENGLISH

Carcinomas of lower lips are common neoplasms of the muco-cutaneous junction. Surgical resection of these tumors has the advantages of permitting histologic examination of the margins, achieving excellent cure rates, and yielding good aesthetic and functional results. We present the fundamental surgical procedures for management of pre-cancerous and primary cancerous neoplasms of the lower lip with which the surgical dermatologist should be familiar. These procedures may be done with local anesthesia in an outpatient surgical office. The techniques and case examples we describe include vermilionectomy and mucosal advancement, V-wedge resection, pentagonal wedge resection, and vermilionectomy combined with wedge resection.

0225595 83078754  
**Subcutaneous lateral internal sphincterotomy for chronic fissure-in-ano.**  
Ravikumar TS; Sridhar S; Rao RN  
Dis Colon Rectum ,Nov-Dec 1982, 25 (8) p798-801, ISSN 0012-3706 Journal Code: EAB  
Languages: ENGLISH

The results of subcutaneous lateral internal sphincterotomy for chronic fissure-in-ano were analyzed in a series of 60 patients operated upon over a period of two years. Immediate relief from pain with painless first bowel movement was accomplished in 97 per cent of the patients with very low morbidity rates. All patients were treated on an outpatient basis and had a minimum follow-up of two years without any recurrences. The incidence of sphincter dysfunction is very low and is usually only temporary.

0225115 83068118  
**Why ambulatory surgery deserves greater esteem.**  
Conner MV  
Surg Technol ,Jul-Aug 1982, 14 (4) p12-5, ISSN 0164-4238 Journal Code: VB2  
Languages: ENGLISH

0224320 83070571  
**The obese patient: an acceptable candidate for outpatient anesthesia.**  
Jensen S; Wetchler BV  
AANA J ,Aug 1982, 50 (4) p369-71, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0224219 83068517  
**The role of anesthesia in outpatient surgery.**  
Wetchler BV  
Todays OR Nurse ,Sep 1982, 4 (7) p18-23, 62, ISSN 0194-5181  
Journal Code: WAC  
Languages: ENGLISH

0223702 83063771  
**Hysteroscopic tubal occlusion with formed-in-place silicone plugs.**  
Houck RM; Cooper JM  
Obstet Gynecol ,Nov 1982, 60 (5) p641-8, ISSN 0386-9792  
Journal Code: DC2  
Languages: ENGLISH

One hundred sixty-one patients underwent hysteroscopic tubal occlusion with formed-in-place silicone rubber plugs over 8 months. In 86% bilateral plug placement was successful with the patient under local anesthesia in an office setting. There have been no pregnancies in 683 woman-months of sterilization to date. The procedure is seen as an effective alternative to current methods of female sterilization. The advantage of the procedure over laparoscopic sterilization is discussed.

0223307 83059443  
**Spectrum of breast disease in outpatient surgical practice.**  
Cox PJ; LI MK; Ellis H  
J R Soc Med ,Nov 1982, 75 (11) p857-9, Journal Code: JX1  
Languages: ENGLISH

0223291 83059402  
**An outpatient method of fixation for the unstable ileostomy.**  
Torrance B; MacLennan I; Taylor TV  
J R Coll Surg Edinb ,Sep 1982, 27 (5) p304-5, ISSN 0035-8835  
Journal Code: JVC  
Languages: ENGLISH

0222455 83050294  
**Alfathesin and etomidate for minor outpatient anaesthesia.**  
Morison DH; Dunn GL; de Graft-Johnson A

Can Anaesth Soc J ,Nov 1982, 29 (6) p622-6, ISSN 0008-2856  
Journal Code: CG7

Languages: ENGLISH

Etomidate was compared with alfathesin for induction and maintenance of anaesthesia in a double-blind fashion in 48 fit patients undergoing minor gynaecological operations as outpatients. The patients were randomized to receive either etomidate 0.3 mg . kg-1 or alfathesin 75 microliters . kg-1 as intravenous induction agents. All patients received fentanyl 1 microgram . kg-1 and breathed 70 per cent nitrous oxide in oxygen. Cardiovascular changes were minimal in both groups and there was less depression of minute volume with etomidate. The incidence of side effects including pain upon injection, involuntary movements, and postoperative nausea and vomiting was higher following etomidate. Recovery was equally rapid in both groups. No adverse reactions were seen. Alfathesin would appear to be preferable to etomidate as an induction and maintenance agent in unpremedicated fit outpatients undergoing minor gynaecological operations.

0222249 83039013  
**7 before-and-after tips for patients re ambulatory surgery.**  
Epstein BS  
Pharm Times ,Oct 1982, 48 (10) p50, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0222223 83036693  
**Insurance plans encourage doctor's office surgery.**  
Champlin L  
Med Prod Sales ,Oct 1982, 13 (10) p23, 25-6, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0221950 83023701  
**Ambulatory surgery: when and what procedures.**  
Bull Am Coll Surg ,Nov 1982, 67 (11) p21-3, ISSN 0002-8045  
Journal Code: BDC  
Languages: ENGLISH

00140



0221874 83047134

**Ambulatory surgery for a penile prosthesis.**

Parker C

AORN J ,Sep 1982, 36 (3) p487-94, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0221804 83046399

**Criteria for selection of ambulatory surgical patients and guidelines for anesthetic management: a retrospective study of 1553 cases.**

Meridy HW

Anesth Analg ,Nov 1982, 61 (11) p921-6, ISSN 0003-2999

Journal Code: 4R8

Languages: ENGLISH

The charts of 1553 patients who were anesthetized for ambulatory surgery were analyzed retrospectively to determine the effect of the type of surgery, the age of the patient, the use of premedication, the duration of anesthesia, and the anesthetic technique on the duration of recovery and the rate of complications. In a 4-month period in 1979, 1073 patients were treated, and another 480 patients were treated during a 2-month period in 1980. Aside from patients undergoing dental surgery, the surgical procedure and the extremes of age affected neither the duration of recovery (193 +/- 97 minutes) nor the rate of complications (2.45%). The use of premedicants other than narcotics did not prolong recovery. There was no relationship between anesthesia time and the duration of recovery. Patients who received local anesthesia had a significantly shorter recovery period than the whole population, and significantly fewer patients receiving local anesthesia had to be admitted to the hospital. Thus, arbitrary limits placed on the type of surgery, age of the patient, the duration of the procedure, and the use of certain premedication appear to be unwarranted.

0221801 83046318

**The anaesthetist and the day-surgery unit.**

Loder RE

Anaesthesia ,Oct 1982, 37 (10) p1037-9, ISSN 0003-2409

Journal Code: 4MC

Languages: ENGLISH

0221002 83037949

**Office slit lamp discissions in artiphakic eyes.**

Murphy GE

Ophthalmic Surg ,Sep 1982, 13 (9) p715-8, ISSN

0022-023X Journal Code: OIC

Languages: ENGLISH

What is believed to be the first reported series of discissions in artiphakic eyes done in the office with a standard examination slit lamp is reported. Adequate optical

openings were obtained in 22 of 24 eyes. No major complications such as vitreous wick, endophthalmitis, epithelial implantation, or lens dislocation occurred in this small series. It is felt to be a safe, inexpensive alternative to operating room discissions.

0220460 83032238

**Office surgery: an old concept modernized.**

Colon GA; Church JM Jr

J La State Med Soc ,Aug 1982, 134 (5) p7, 9, ISSN

0024-6921 Journal Code: IVK

Languages: ENGLISH

0219977 83026553

**[The legal assumptions of ambulatory surgery]**

Die rechtlichen Voraussetzungen der ambulanten Chirurgie.

Weissauer W

Chirurg ,Aug 1982, 53 (8) p528-31, ISSN 0009-4722

Journal Code: D5U

Languages: GERMAN

0219952 83026264

**Out-patient knee cartilage surgery: a review of 200 consecutive arthroscopic partial meniscectomies.**

Fisher RL; Zimmermann CA

Conn Med ,Aug 1982, 46 (8) p430-3, ISSN 0010-6178

Journal Code: DQF

Languages: ENGLISH

00141

0219739 83022809

**Preoperative starvation and blood glucose concentrations in children undergoing inpatient and outpatient anaesthesia.**

Jensen BH; Wernberg M; Andersen M

Br J Anaesth ,Oct 1982, 54 (10) p1071-4, ISSN 0007-0912  
Journal Code: AUD

Languages: ENGLISH

Blood glucose concentrations were measured in 82 children undergoing inpatient anaesthesia and in 46 children undergoing anaesthesia as outpatients. The children were aged between 6 months and 9 yr. Outpatients were fasted from bedtime, while inpatients were randomly allocated to two groups. In group A the children were fasted from bedtime, whereas in group B the children were fed 6 h before anaesthesia. There was no difference in mean blood glucose concentration between the fasted inpatients and outpatients nor between children younger than, or older than, 4 years of age. A blood glucose concentration of less than 40 mg dl<sup>-1</sup> was found in only one of the fasted children (1%). The mean blood glucose concentration was greater in group B than A, but only significantly so for children older than 4 yr. It is concluded that to minimize the risks of hypoglycaemia and inhalation of vomit on induction of anaesthesia children older than 6 months should be fasted overnight and operated on in the morning.

0219377 83020173

**Percutaneous release of the epicondylar muscles for humeral epicondylitis.**

Baumgard SH; Schwartz DR

Am J Sports Med ,Jul-Aug 1982, 10 (4) p233-6, ISSN  
0363-5465 Journal Code: 3YR

Languages: ENGLISH

This paper describes 44 percutaneous epicondylar releases performed on 34 patients with humeral epicondylitis. There were 35 instances of lateral epicondylitis and 6 of medial epicondylitis. Thirty-two of the lateral releases had an excellent result and 3 were unsatisfactory. Five of the medial procedures were rated as excellent and one unsatisfactory. Two of the three unsatisfactory lateral procedures were reoperated upon with an excellent result. The one unsatisfactory medial epicondylitis underwent reoperation and had excellent results.

In our experience, percutaneous release has a high rate of success, is simple to perform, does not require hospitalization, and has been without complication.

0219199 83018251

**[Ambulatory urologic operations]**

Urologische ambulante Operationen.

Tammen H

ZFA (Stuttgart) ,Jul 31 1982, 58 (21) p1128-30, ISSN  
0341-9835 Journal Code: XZ5

Languages: GERMAN

0219198 83018250

**[Ambulatory surgery]**

Ambulantes Operieren.

Seuss F

ZFA (Stuttgart) ,Jul 31 1982, 58 (21) p1124-7, ISSN  
0341-9835 Journal Code: XZ5

Languages: GERMAN

0218837 83013680

**Management of cervical intraepithelial neoplasia by carbon dioxide laser.**

Baggish MS

Obstet Gynecol ,Sep 1982, 60 (3) p378-84, ISSN  
0386-9792 Journal Code: OC2

Languages: ENGLISH

Between 1976 and 1981, 412 women with biopsy-proven cervical intraepithelial neoplasia (CIN) were treated by means of the carbon dioxide laser. A previous publication reported the author's initial therapeutic results with laser surgery for CIN, carried out between 1976 and 1978. This report includes data on 297 patients who were followed for 6 months to 5 years after laser vaporization and on 55 women treated by laser excisional cone. Major improvements in the technique of carbon dioxide laser vaporization evolved as experience was gained, and related to elimination of the entire squamocolumnar junction, to destruction of neoplastic tissue to a depth of 5 to 7 mm, and to utilization of power densities greater than 1000 watts/cm<sup>2</sup>. Cures were achieved in 285 of the 297 patients treated by vaporization, ie, the failure rate was 4% (52 of 55 women treated by excisional cone). Complications during this study were minor and usually correlated with delayed bleeding.

One patient developed cervical stenosis following laser excisional cone. No patient was found to have invasive carcinoma after laser surgery to the cervix. Because laser vaporization and laser excisional cone are best adapted for the outpatient setting, financial savings accruing to the patient are considerable. Rapid healing, minimal pain, and a general absence of noxious symptomatology also promote early return to work and daily routines.

00142

0218098 83005034  
[The liability of the gynecologist. General review and special problem areas]  
Die Haftung des Frauenarztes. Allgemeiner Überblick und besondere Problembereiche.  
Weissauer W; Hirsch G  
Gynakologe ,Jun 1982, 15 (2) p80-8, ISSN 0017-5994  
Journal Code: FX3  
Languages: GERMAN

0218053 83004445  
Using research in practice.  
Shipley SB  
Focus AACN ,Aug-Sep 1982, 9 (4) p14-6, Journal Code: EXE  
Languages: ENGLISH

0216688 82278406  
The perioperative role: new avenue for risk management.  
Tilbury MS; Ganley S  
Todays OR Nurse ,Jun 1982, 4 (4) p16-9, ISSN 0194-5181  
Journal Code: WAC  
Languages: ENGLISH

0216632 82277761  
Ambulatory surgery.  
Detmer DE; Buchanan-Davidson DJ  
Surg Clin North Am ,Aug 1982, 62 (4) p685-704, ISSN 0039-6109  
Journal Code: VAN  
Languages: ENGLISH

00096

0214531 82249600  
Ambulatory units make big use of little space.  
Same Day Surg ,Aug 1982, 6 (8) p98-100, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0214530 82249599  
Texas consent form standardizes disclosure of operations' risk.  
Same Day Surg ,Aug 1982, 6 (8) p97, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0214529 82249598  
BC/BS ambulatory programs boast increased procedures.

Same Day Surg ,Aug 1982, 6 (8) p96-7, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0214526 82249595  
Hypnosis found safe, effective for ambulatory procedures.  
Same Day Surg ,Aug 1982, 6 (8) p101-2, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

00097

0214363 82237980  
Ambulatory surgery.  
Nabatoff RA  
Hosp Physician ,Jul 1982, 18 (7) p15-6, 21, 24, ISSN 0018-5795  
Journal Code: GD4  
Languages: ENGLISH

0211640 82226060  
A new O.R. nursing frontier: ambulatory surgery.  
Jackson DE  
Va Nurse ,Summer 1982, 50 (2) p52, ISSN 0270-7780  
Journal Code: X6W  
Languages: ENGLISH

0211107 82221029  
Arthroscopic knee surgery in a free-standing outpatient surgery center.  
Rosenberg TD; Wong HC  
Orthop Clin North Am ,Apr 1982, 13 (2) p277-82, ISSN 0030-5898  
Journal Code: OKN  
Languages: ENGLISH

0209745 82199275  
Motels: economical alternative to admissions? Third-party payers skeptical.  
Same Day Surg ,Jun 1982, 6 (6) p65-8, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

00143

0209722 82197896  
**Ambulatory surgery.**  
Nabatoff RA  
Physician Assist Health Pract ,May 1982, 6 (5) p134,  
136, 138-9, ISSN 0197-713X Journal Code: P6K  
Languages: ENGLISH

0209625 82194611  
**Same-day surgery: why everyone is learning to love it.**  
Lavin JH  
Med Econ ,Jun 7 1982, 59 (12) p110-3, 116, 121 passim,  
ISSN 0025-7206 Journal Code: MBN  
Languages: ENGLISH

00098

● 0209179 82204008  
**Outpatient repair of inguinal hernia.**  
Rockwell E  
Am J Surg ,May 1982, 143 (5) p559-60, ISSN 0002-9610  
Journal Code: 3Z4  
Languages: ENGLISH

Fifty men with hernias were operated on as outpatients: 42 went home the evening after surgery. The best results were obtained in patients with unilateral indirect hernias; those with direct hernias did not do quite as well. No patient required readmission to the hospital for complications. The cost was significantly less than that for adults operated on as inpatients. The outpatient approach is now being used for elective repair of inguinal hernias in all adult male patients.

0207635 82189315  
**Day care surgery for infants and children.**  
O'Donnell B  
Ir Med J ,Mar 1982, 75 (3) p68, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

00099

● 0207589 82188940  
**Outpatient gynecological surgery.**  
Loffer FD  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p81-8, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207588 82188937  
**General anesthesia for ambulatory surgery.**  
Wong HC  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p37-49, ISSN

0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207587 82188935  
**Postoperative care and review of complications.**  
Bruns K  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p27-34, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH  
This chapter is an overview of the management of a patient who has undergone a surgical procedure in an outpatient setting. It addresses the complications that are most common in this setting and their management. Without attempting a thorough discussion of every conceivable complication, this discussion seeks nonetheless to be reasonably comprehensive. Perhaps the most straightforward means of presenting this information is to follow chronologically the patient's experience from the moment the procedure has been concluded, through his recovery room care, and finally look at the patient's needs and experiences after leaving the ambulatory care facility.

0207586 82188934  
**Monitoring during outpatient anesthesia.**  
Blitt CD  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p17-25, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207585 82188933  
**The health insurance industry and outpatient surgical care.**  
Clune JH  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p153-62, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207584 82188932  
**Facility design for outpatient surgery and anesthesia.**  
Burn JM  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p135-51, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

00144

00100

0207583 82188931

**Hospital ambulatory surgical units.**  
O'Donovan TR  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p125-34, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207308 82185779

**[Conditions and possibilities for ambulatory surgery in  
proctological practice]**  
Voraussetzungen und Möglichkeiten ambulanter Operationen in  
der proktologischen Praxis.  
Fritz K  
Chirurg ,Feb 1982, 53 (2) p19-21, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN

0206984 82175973

**Modified nursing program increases satisfaction [Interview]**  
Hinnant JR  
Same Day Surg ,May 1982, 6 (5) p60-1, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0206301 82178444

**[Comparison of outpatient and inpatient operations for  
inguinal hernia (1971 to 1978) (author's transl)]**  
Gegenüberstellung von 632 ambulanz und 1948 stationär  
operierten Leistenbrüchen der Jahre 1971 und 1978.  
Michelsen M; Walter F  
Zentralbl Chir ,1982, 107 (2) p94-102, ISSN 0044-409X  
Journal Code: Y5I  
Languages: GERMAN Summary Languages: ENGLISH  
This study is based on 632 outpatient and 1948 inpatient  
repairs of inguinal hernias. Outpatient organization, surgical  
technique, anaesthesia and after-care are described in detail.  
Complications, such as disturbed wound healing and  
recurrences also the time being out of work are dealt with.  
These data are compared with those patients who underwent the  
inguinal hernia operation as an in-hospital procedure. The  
authors postulate that outpatient surgery of inguinal hernia  
has many advantages over the inpatient operation.

0205028 82162834

**[Same-day surgery in Sainte-Justine Hospital (author's  
transl)]**  
La chirurgie d'un jour à l'hôpital Sainte-Justine.  
Ducharme JC  
Chir Pédiatr ,Jan-Feb 1982, 23 (1) p55-8, ISSN  
0180-5738 Journal Code: COA

Languages: FRENCH Summary Languages: ENGLISH

Out patient surgery is becoming more and more popular with  
experience. A series of 7,250 operations performed during one  
year at Ste-Justine Hospital forms the basis of the  
presentation. A wide variety of procedures are now done by the  
pediatric surgical specialities on an out patient basis.  
Proper selection of patients, operations and families is  
mandatory. A low complication rate of 1.2% can be expected as  
well as high patient, family and staff satisfaction.

0204411 82138722

**A computer model of oral surgery in Cardiff.**  
Rees LT; Dunstan FD; Foster D; Lewis M  
Health Trends ,Feb 1982, 14 (1) p8-10, ISSN 0017-9132  
Journal Code: EUN  
Languages: ENGLISH

0204372 82136332

**Medicare program: list of covered surgical procedures for  
certain ambulatory surgical services. Health Care Financing  
Administration. Proposed notice.**  
Fed Regist ,Mar 23 1982, 47 (56) p12591-3, ISSN  
0097-6326 Journal Code: B5B  
Languages: ENGLISH

Under the proposed rules published elsewhere in this issue  
of the Federal Register, reimbursement would be available  
under the Medicare Supplementary Insurance program (Part B)  
for independent ambulatory surgical center (ASC) facility  
services in connection with certain surgical procedures. For  
those same procedures, physicians would be reimbursed at 100  
percent of their reasonable charges for providing services in  
connection with the procedure performed in a participating  
ASC, on an outpatient basis in a hospital or in a  
hospital-affiliated ambulatory surgical center (HAASC) if  
certain requirements are met. This notice contains the  
proposed list of the surgical procedures pertinent to these  
reimbursement provisions.

00145

0204371 82136331  
**Medicare program; ambulatory surgical services. Health Care Financing Administration. Proposed rule.**  
Fed Regist ,Mar 23 1982, 47 (56) p12574-90, ISSN 0097-6326 Journal Code: B58  
Languages: ENGLISH

These regulations would implement, in part, section 934 of Pub. L. 96-499, the Omnibus Reconciliation Act of 1980, which adds to the benefits available under Part B of Medicare, facility services associated with certain surgical procedures provided in an independent ambulatory surgical center. That section also provides, under certain conditions, for Medicare reimbursement to physicians of 100 percent of the reasonable charges (rather than the usual 80 percent) for services provided in connection with certain surgical procedures performed on an ambulatory basis. These regulations would establish: (1) The standards an independent ambulatory surgical center must meet to be approved for participation in the Medicare program; (2) criteria for determining which surgical procedures would be included for purposes of reimbursing facilities and physicians under this provision; (3) the payment methodology and reimbursement procedures with respect to facility services; and (4) the requirements relating to agreements by the facility to furnish services under the program and by physicians with respect to accepting payments for procedures (agreements to accept "assignments"). The purpose of the legislation and these regulations is to encourage the performance in an ambulatory setting of certain surgical procedures that are now frequently furnished on an inpatient hospital basis.

0204367 82136327  
**Civilian Health and Medical Program of the Uniformed Services (CHAMPUS): Office of the Secretary, DoD. Amendment of final rule.**  
Fed Regist ,Feb 18 1982, 47 (33) p7220-1, ISSN 0097-6326 Journal Code: B58  
Languages: ENGLISH

This amends the CHAMPUS Regulation to implement Pub. L. 96-552. This public law allows CHAMPUS to extend benefits for outpatient surgery on the basis of inpatient cost-sharing rates for dependents of members of the uniformed services serving on active duty. This amendment changes the language in the Regulation to define ambulatory surgical centers as authorized CHAMPUS providers, provides for payment on the basis of reasonable costs and amends the cost-sharing provisions to apply the inpatient rate to certain ambulatory surgical services. The intended effect of the amendment is to encourage beneficiaries to obtain their surgical services in less expensive outpatient settings when medically appropriate to do so, by providing a more favorable cost-share formula.

0204250 82158950  
**Ambulatory surgery growing at rapid pace.**

Burns LA  
AORN J ,Feb 1982, 35 (2) p260-70, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0204249 82158949  
**Resistance behaviors and teaching media for children in day surgery.**  
Abrams L  
AORN J ,Feb 1982, 35 (2) p244-58, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203981 82154185  
**How to implement a quality assurance program.**  
Kirkpatrick KW; Flasck ED  
Todays OR Nurse ,Feb 1982, 3 (12) p26-30, 59, ISSN 0194-5181 Journal Code: WAC  
Languages: ENGLISH

0203647 82150422  
**Day surgery. 2. Theatre in brief.**  
Buck M; Hitchcox K  
Nurs Mirror ,Mar 10 1982, 154 (10) p34-6, ISSN 0029-6511 Journal Code: 098  
Languages: ENGLISH

0203641 82150413  
**Community forum. 3. Day surgery: back home to nurse.**  
Hart C  
Nurs Mirror ,Mar 10 1982, 154 (10) p11-v11, ISSN 0029-6511 Journal Code: 098  
Languages: ENGLISH

00146

0203110 82145690

**Outpatient orchiopexy.**

Caldamone AA; Rabinowitz R

J Urol ,Feb 1982, 127 (2) p286-8, ISSN 0022-5347

Journal Code: KC7

Languages: ENGLISH

Outpatient surgery in children has been recommended as a means to help contain the increasing cost of health care. In addition, the shorter the child's hospitalization the less psychologic trauma. This study examines the feasibility of performing outpatient orchiopexy based on preoperative evaluation, surgical success rate and cost-effectiveness. The records of 459 inpatient and 77 outpatient orchiopexies were reviewed with regard to patient age, medical history (including previous inguinal surgery), preoperative palpability and intraoperative location, anesthetic technique, complications, duration of hospitalization and hospital costs.

The results indicate that at least 68 per cent of orchiopexies can be performed as outpatient procedures. Overnight hospital stay from the ambulatory surgery unit was necessary in 5 per cent. Followup revealed that, despite same day ambulation and lack of postoperative restrictions, surgical success was in no way compromised by an outpatient procedure. Cost analysis shows that an average savings of 50 per cent per hospitalization can result from outpatient orchiopexy.

0202172 82128932

**Productive unit operates in specialized hospital [interview]**

Steinberg G

Same Day Surg ,Mar 1982, 6 (3) p32-5, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

0202170 82128930

**Directions in patient education [interview]**

Kennedy M

Same Day Surg ,Feb 1982, 6 (2) p20-1, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

0202169 82128929

**Marketing gives ambulatory surgery units competitive edge.**

Berkowitz E

Same Day Surg ,Feb 1982, 6 (2) p13-5, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

0201470 82130405

**[The use of intravenous regional anesthesia in out-patient**

**surgery (author's transl)]**

Ambulantes Operieren mit der intravenösen Regionalanästhesie (IVRA).

Riel KA; Paar O

Unfallheilkunde ,Jan 1982, 85 (1) p36-9, ISSN 0341-5694

Journal Code: WNL

Languages: GERMAN

0200646 82121613

**Outpatient termination of pregnancy: experience in a family practice residency.**

Marshall JH; Bergman JJ; Berg AO; Leversee JH

J Fam Pract ,Feb 1982, 14 (2) p245-8, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

At the University of Washington Family Medicine Clinic, termination of pregnancy procedures were performed on 260 patients. Their records were reviewed, and an analysis was completed on demographic data, technical procedure parameters, and complication rates during and following the procedure. The majority of patients were not primigravida. Fifteen percent were between six and eight weeks of gestation. Following the procedure, 3.8 percent had excessive bleeding, and 2.7 percent developed endometritis at rates comparable to those found in the obstetrics and gynecology literature. No known perforations occurred. Outpatient termination of pregnancy performed on selected patients in a family practice setting can be a procedure of low morbidity.

0200179 82118020

**Colonoscopy and polypectomy in nonhospitalized patients.**

Norfleet RG

Gastrointest Endosc ,Feb 1982, 28 (1) p15-6, ISSN 0016-5107

Journal Code: FH8

Languages: ENGLISH

To determine whether colonoscopy and polypectomy could be performed safely without admission to the hospital, 594 consecutive procedures were analyzed for complications. Two hundred three patients have had colonoscopy and 132 polypectomies without admission to the hospital and without death. The complication rate was no different in this group than in equivalent patients who were hospitalized for the same procedure.

00147

0199261 82107502

**Monitoring patient satisfaction.**

Drier CA

Same Day Surg ,Jan 1982, 6 (1) p3-4, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

0199260 82107501

**Outpatient heart catheterization saves money, anxiety.**

Same Day Surg ,Jan 1982, 6 (1) p1-3, ISSN 0190-5066

Journal Code: UBL

Languages: ENGLISH

0199074 82097118

**Same day surgery: a form of hospital ambulatory care specific to surgical procedures.**

Morris MR

J Am Med Rec Assoc ,Feb 1982, 53 (1) p21-4, ISSN

0025-7486 Journal Code: GJV

Languages: ENGLISH

0197763 82099974

**The choice of sterilization procedure among married couples.**

Markman LM; Frankel HA

J Fam Pract ,Jan 1982, 14 (1) p27-30, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

Surgical sterilization is playing a growing role in contraception among married couples. Both vasectomy and tubal ligation can be done as outpatient procedures. Neither procedure has overwhelming advantages over the other. This study sought to determine why one member of a couple, rather than the other, decided to undergo the sterilization procedure. There do not seem to be any significant demographic differences between those couples who choose vasectomy and those who select tubal ligation. Men may undergo vasectomy because they feel it is the easier procedure. A significant number of women also feel that vasectomy is easier, yet for various reasons they are motivated to undergo tubal ligation. In many couples, the choice is made because one partner will not consider becoming sterilized, and this is twice as likely to be the husband. Family physicians can play an important role in assisting couples to choose the best alternative.

00148



**ANTROPOLOGIA**

**00149**

statistical techniques.

0232564 83149904

**The generalist: a jaundiced view.**

Lee RV

Am J Med ,Mar 1983, 74 (3) p359-60, ISSN 0002-9343

Journal Code: 3JU

Languages: ENGLISH

0232091 83144878

**The absurdity of ritual.**

Zuesse EM

Psychiatry ,Feb 1983, 46 (1) p40-50, ISSN 0033-2747

Journal Code: QCS

Languages: ENGLISH

00101

0232040 83144194

**Diet and hypertension: anthropology, epidemiology, and public health implications.**

Blackburn H; Prineas R

Prog Biochem Pharmacol ,1983, 19 p31-79, ISSN 0079-6085

Journal Code: PZV

Languages: ENGLISH

(144 Refs.)

00102

0231212 83137626

**The cultural meanings and social uses of illness. A role for medical anthropology and clinically oriented social science in the development of primary care theory and research.**

Kleinman A

J Fam Pract ,Mar 1983, 16 (3) p539-45, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

Basic research that is conceptually and methodologically innovative and that fosters long-term research programs should play a role in the academic development of primary care, alongside more practical applied studies of specific clinical problems. A creative tension between the two has been a distinctive attribute of academic medicine and should be fostered in family medicine and other primary care disciplines. The biopsychosocial model offers a paradigm for the incorporation of clinically oriented social science research as one basic science approach in which primary care researchers can receive advanced training and pursue an academic career. The author briefly illustrates such a career with reference to studies (his own included) on the social uses and psychocultural meanings of illness. Somatization, a major problem in primary care, is illuminated by such a clinically applied social science research framework. Developing the scientific basis of an academic discipline involves intellectual education in systematic scholarship to create and critique concepts as much as it requires training in the application of rigorous research design and powerful

0225573 83078258

**The twice-born: 'Christian psychiatry' and Christian psychiatrists.**

Gaines AD

Cult Med Psychiatry ,Sep 1982, 6 (3) p305-24, ISSN

0165-005X Journal Code: DT5

Languages: ENGLISH

This essay introduces Christian psychiatrists into the growing literature on Western psychiatry and biomedicine. It seeks to describe specific beliefs and practices of Christian psychiatrists as a means of examining the reality of an ascribed corporate existence, i.e., 'Christian Psychiatry'. Beliefs and practices examined here include conceptions of therapeutic relationships and processes, conceptions of Divinity, Explanatory Models, notions of the nature and sources of healing, self identity, and role relationships of Christian psychiatrists vis-a-vis patients and the wider society. The data suggest that there is no 'Christian Psychiatry', but only Christian psychiatrists. Implications for patient care and the cultural basis of ideology and practice in psychiatry are also discussed.

0225572 83078256

**Models and practice in medicine: menopause as syndrome or life transition?**

Lock M

Cult Med Psychiatry ,Sep 1982, 6 (3) p261-80, ISSN

0165-005X Journal Code: DT5

Languages: ENGLISH

Biomedical knowledge, like scientific knowledge in general, is a product of a social and culture milieu. Moreover, in the analysis of biomedicine a distinction must be maintained between textual and clinical knowledge. Through examination of medical texts and of social science literature, the susceptibility of menopause to numerous interpretations is demonstrated. The generation of clinical models from current information available to physicians is examined and it is suggested that these can be thought of as folk models. Several current clinical models of menopause are presented and the implications for sociological analysis of the subject discussed.

00150

00103

● 0225570 83078254

**"Treat the patient, not the lab: Internal medicine and the concept of 'person'.**

Hahn RA

Cult Med Psychiatry ,Sep 1982, 6 (3) p219-36, ISSN 0165-005X Journal Code: DT5

Languages: ENGLISH

In different medical systems, notions of person, as patient and as healer, vary widely. An analysis of the talk of a practitioner of internal medicine in the U.S.A. reveals an understanding of patients as syndromes. The work of medicine is 'physiological integrity', distinct from personal and interpersonal integrity. It is suggested that the world view of this practitioner is consistent with the institutions of medicine in which he practices, and with historical movements in U.S. society and Western civilization more broadly.

00104

● 0225569 83078252

**Physicians of western medicine: five cultural studies.**

Cult Med Psychiatry ,Sep 1982, 6 (3) p215-324, ISSN

0165-005X Journal Code: DT5

Languages: ENGLISH

0224182 83068458

**Implications for women of changing marriage transactions in Bangladesh.**

Lindenbaum S

Stud Fam Plann ,Nov 1981, 12 (11) p394-401, ISSN 0039-3665 Journal Code: V52

Languages: ENGLISH

Recent changes in marriage transactions in Bangladesh have led increasingly to a shift in the burden of marriage expenses from the groom's family of the bride. This reversal in the direction of wealth exchanges, which may not be in the best interest of the bride, reflects social and economic changes that have increased the income potential of the groom, which now surpasses previously valued attributes of the bride. In this paper, anthropologist Shirley Lindenbaum examines the effects of these changes on women and their implications for female fertility and mortality. An earlier version of this paper was presented to the New York Academy of Science on 25 February 1980.

0223437 83061352

**A Martian anthropologist's view of: The Young Doctors. A report of field work done during October, 1981.**

Cowan C

Lamp ,Jul-Aug 1982, 39 (4) p11-3, ISSN 0047-3936 Journal Code: LQP

Languages: ENGLISH

00105

● 0222358 83048569

**Fertility decline and differences in less-developed countries: an anthropological microstudy of some communities of West Bengal, India and Upper Khumbu, Nepal.**

Basu A; Bharati P; Mukhopadhyay B; Gupta R

Acta Anthropogenet ,1981, 5 (4) p209-34, Journal Code: AG6

Languages: ENGLISH

The role of socioeconomic and other cultural factors as determinants of fertility change has been widely discussed, with some scholars emphasizing an inverse relation between socioeconomic development and fertility, others suggesting that no such relation necessarily exists, and yet others indicating that by using data from various sources it is possible to "prove" that a given country's crude birth rate has declined, remained unchanged or increased. Demographic data are presented on age-sex structure, completed and total fertility rates, and age specific fertility rates by age cohorts of women, from several small, anthropological population units of West Bengal, India and Upper Khumbu, Nepal, exposed to various physical and cultural environmental stresses. The data show that fertility has declined in most of the populations/subpopulations studied and that the decline may, deductively, be attributed to economic development via greater family planning practices.

00106

● 0221517 83042687

**[Nursing and anthropology: two "crossroad sciences" on an intertwining course]**

Nursing et anthropologie: deux "sciences carrefour" en voie de se rejoindre.

Bibeau G

Union Med Can ,Jul 1982, 111 (7) p626-30, ISSN 0041-6959 Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

0220775 83035761

**In reality: a medical anthropologist's reservations about the viability of leprosy control within primary health care.**

Bijleveld I

Lepr Rev ,Sep 1982, 53 (3) p181-92, ISSN 0024-1032 Journal Code: L58

Languages: ENGLISH

00151

0216605 82277701  
[Ethnology and nursing care]  
Ethnologie et soins infirmiers.  
Zander K  
Etud Soins Serv Infirm ,1981, (7) p91-115, ISSN  
0338-3989 Journal Code: U9F  
Languages: FRENCH

0215669 82270109  
Nurse anthropologist as humanist-in-residence.  
Hamera E; Cobb A  
Kans Nurse ,Jul 1982, 57 (7) p19-20, ISSN 0022-8710  
Journal Code: KU3  
Languages: ENGLISH

0215572 82268879  
Are pseudo-patient studies justified?  
Bulmer M  
J Med Ethics ,Jun 1982, 8 (2) p65-71, ISSN 0306-6800  
Journal Code: JfD  
Languages: ENGLISH

Pseudo-patient studies are studies in which a medical sociologist or anthropologist masquerades as a patient. Medical treatment is sought without revealing that the 'patient' is really a covert research worker. When access has thus been gained to a medical setting--typically a hospital ward--social interaction between medical staff and patients is then observed over a period of days or weeks. Important studies have been carried out in this way of psychiatric treatment and of the care of the terminally-ill. Is the use of the method justified? What ethical problems does its use raise? How do the undoubted advantages of the approach compare with the clear drawbacks and objections which can be made to its use?

0213775 82251095  
A review of midwife training programs in Tamil Nadu.  
Mani SB  
Stud Fam Plann ,Dec 1980, 11 (12) p395-400, ISSN  
0039-3665 Journal Code: V52  
Languages: ENGLISH

00107

0213695 82249996  
The low mortality rates of Chinese infants: some plausible explanatory factors.  
Yu E  
Soc Sci Med ,1982, 16 (3) p253-65, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH  
The objectives of this paper are: (1) to describe the

differential infant mortality rates between Chinese and white Americans; (2) to identify and evaluate the commonly suspected factors for the low infant mortality rates observed among Chinese in the United States; and (3) to explore alternative explanatory factors for the low death rates of Chinese infants by drawing upon a body of current sociomedical research regarding the effects of smoking and drinking on fetal development, preterm delivery and low birthweight in non-Chinese populations. Anthropological studies on Chinese pre- and post-natal health practices--both in Taiwan and in the United States--are also discussed. The data come primarily from U.S. birth and death records. Where available, both published and unpublished data on Chinese infant mortality from Hong Kong Colony, Taiwan Province and Mainland China, are also presented for purposes of comparison.

0211433 82223662  
[Anxiety about the teeth and anxiety about the dentist]  
Die Angst um die Zhone und die Angst beim Zahnarzt\*.  
Battegay R  
SSO Schweiz Monatsschr Zahnheilkd ,Mar 1982, 92 (3)  
p196-206, ISSN 0036-7702 Journal Code: UEV  
Languages: GERMAN Summary Languages: ENGLISH

0210386 82212824  
Measuring social interaction of the urban elderly: a methodological synthesis.  
Sokolovsky J; Cohen CI  
Int J Aging Hum Dev ,1981, 13 (3) p233-44, ISSN  
0091-4150 Journal Code: GQF  
Languages: ENGLISH  
In general, the gerontological literature has characterized the inner-city elderly, especially those aged residing in single room occupancy hotels, as "isolates" or "loners". However, it is proposed that the notion of isolation is largely a myth and that many studies have been hampered by inadequate research instruments. This paper illustrates: 1) The severe limitations of the traditional measures of determining sociability; 2) How social network analysis can overcome many of the deficiencies of other methods; and 3) How a synthesis of the anthropological and sociological approaches to network analysis can optimize data collection and provide culturally meaningful information.

00152

0208923 82201158  
**Examining ethnography for nurse researchers.**  
Aamodt AM  
West J Nurs Res ,Spring 1982, 4 (2) p209-21, ISSN  
0193-9459 Journal Code: XNZ  
Languages: ENGLISH

0208896 82200492  
**Ascaris and malnutrition in a Balinese village: a conditional relationship.**  
Cerf BJ; Rohde JE; Soesanto T  
Trop Geogr Med ,Dec 1981, 33 (4) p367-73, ISSN  
0041-3232 Journal Code: WGJ  
Contract/Grant No.: 5F31MH05337-02  
Languages: ENGLISH

In a combined anthropological and parasitological study in a rural Balinese village, two distinct sub-populations were identified on the basis of nutritional and health practices. A significant negative correlation between Ascaris burden and nutritional status (P less than 0.05) was apparent only in the subpopulation characterized by lower nutritional intakes and low utilization of health care facilities. The results of this study suggest that the relationship between Ascariasis and child malnutritional is a conditional one, dependent upon the interaction of multiple biomedical and behavioural factors.

0200811 82123416  
**[Dyade-cloth: possibility for reconstitution of biologically preformed behavior in the care of newborn infants, infants and small children]**  
Das Dyadetuch: eine Moglichkeit zur Wiederherstellung des biologisch vorgegebenen Verhaltens bei der Pflege von Neugeborenen, Sauglingen und Kleinstkindern.  
Buschelberger J  
Kinderarztl Prax ,Nov 1981, 49 (11) p572-80, ISSN  
0023-1495 Journal Code: KVD  
Languages: GERMAN Summary Languages: ENGLISH

0200067 82116200  
**On illness meanings and clinical interpretation: not 'rational man', but a rational approach to man the sufferer/man the healer.**  
Kleinman A  
Cult Med Psychiatry ,Dec 1981, 5 (4) p373-7, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

00108

● 0200066 82116199  
**When rational men fall sick: an inquiry into some assumptions made by medical anthropologists. Comment.**

Daniel EV  
Cult Med Psychiatry ,Dec 1981, 5 (4) p370-3, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

00109

● 0200065 82116198  
**When rational men fall sick: an inquiry into some assumptions made by medical anthropologists. Comment.**  
Stein HF  
Cult Med Psychiatry ,Dec 1981, 5 (4) p363-70, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

00110

● 0200064 82116197  
**When rational men fall sick: an inquiry into some assumptions made by medical anthropologists. Comment.**  
Good BJ  
Cult Med Psychiatry ,Dec 1981, 5 (4) p358-62, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

0200063 82116196  
**Rationality 'goes without saying'.**  
Shweder RA  
Cult Med Psychiatry ,Dec 1981, 5 (4) p348-58, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

0200062 82116195  
**On the rational distribution of rationality.**  
Hahn RA  
Cult Med Psychiatry ,Dec 1981, 5 (4) p344-7, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

00111

● 0200061 82116194  
**The limits of rational decision making: anthropological and psychological perspectives.**  
Einstein AS; Holmes MM  
Cult Med Psychiatry ,Dec 1981, 5 (4) p340-4, ISSN  
0165-005X Journal Code: DT5  
Contract/Grant No.: P01-LM 03396  
Languages: ENGLISH

00153

Contract/Grant No.: 1-F31-MH-05500-01; 5-F31-MH-05500-02  
Languages: ENGLISH

0200060 82116193

**On the nature of explanatory models.**

Blumhagen DW

Cult Med Psychiatry ,Dec 1981, 5 (4) p337-40, ISSN

0165-005X Journal Code: DT5

Languages: ENGLISH

00112

0200059 82116192

**When rational men fall sick: an inquiry into some assumptions made by medical anthropologists.**

Young A

Cult Med Psychiatry ,Dec 1981, 5 (4) p317-35, ISSN

0165-005X Journal Code: DT5

Languages: ENGLISH

Medical anthropologist spend most of their time eliciting and interpreting people's statements about sickness and health. For this task, they make certain assumptions about the importance of language and reason. In this paper I argue that their assumptions are tailored to fit an hypothetical Rational Man rather than real people. The concept of 'explanatory models of sickness' is used to illustrate this point. My critique begins by drawing attention to two non-cognitive determinants of people's statements: their degree of emotional arousal and their capacities for discoursing on medical subjects. These determinants are briefly discussed and then set aside, to make room for the paper's argument proper. This starts with the observation that medical anthropologists tend to overlook the fact that they have established a cognitive no man's land stretching between their informants' statements and the cognitive structures which are supposed to generate these statements. I survey this void, using a five-fold model of medical knowledge. People use one kind of knowledge to organize their medical experiences and perceptions. In Rational Man writing, this form of knowledge is considered equivalent to cognitive structures (e.g., causal models, classificatory schemes), but I argue that is also includes knowledge of prototypical sickness events and knowledge that is embedded in actions, social relations, and material equipment. The theoretical implications of the five-fold model are outlined. This is followed by an analysis of the reasoning processes in which people use medical knowledge to produce the statements whose meaning we wish to learn. I demonstrate the importance of being able to distinguish operational and monothetic forms of reasoning from pre-operational and polythetic ones. Rational Man writers are described as ignoring the latter pair. The concept of 'prototypes' is reintroduced to illustrate these points.

0198510 82108006

**Non-use of physicians: methodological approaches, policy implications, and the utility of decision models.**

Young JC

Soc Sci Med [B] ,Oct 1981, 15 (4) p499-507, ISSN

0160-7979 Journal Code: UUW

0198508 82108002

**Intestinal parasitism in seminomadic pastoralists and subsistence farmers in and around irrigation schemes in the Awash Valley, Ethiopia, with special emphasis on ecological and cultural associations.**

Kloos H; DeSole G; Lemma A

Soc Sci Med [B] ,Oct 1981, 15 (4) p457-69, ISSN

0160-7979 Journal Code: UUW

Languages: ENGLISH

00113

0196596 82088822

**List of current members of the American Association of Physical Anthropologists.**

Am J Phys Anthropol ,Dec 1981, 56 (4) p537-51, ISSN

0002-9483 Journal Code: 3T0

Languages: ENGLISH

0196305 82084701

**The circular semantic network in Ngbandi disease nosology.**

Bibeau G

Soc Sci Med [B] ,Jul 1981, 15 (3) p295-307, ISSN

0160-7979 Journal Code: UUW

Languages: ENGLISH

0195735 82079240

**The alcoholic patient as an ethnographic domain. The anthropologist's role in the therapeutic process.**

Waddell JD

J Stud Alcohol ,Sep 1981, 42 (9) p846-54, ISSN

0096-882X Journal Code: K76

Languages: ENGLISH

0195734 82079239

**The role of anthropology in interdisciplinary research on Indian alcoholism and treatment outcome.**

Cohen FG; Walker RD; Stanley S

J Stud Alcohol ,Sep 1981, 42 (9) p836-45, ISSN

0096-882X Journal Code: K76

Contract/Grant No.: R01 AA04401-01

Languages: ENGLISH

00154

0192951 82043238

**An outsider looking in: an anthropologist in rehabilitation settings.**

Gulko J

Am Arch Rehabil Ther ,Spring 1981, 29 (1) p18-9, ISSN 0002-7324 Journal Code: 388

Languages: ENGLISH

In assessing the contribution of anthropological investigation to health services, ethical review committees and health services personnel usually weigh the relationship between the risks to subjects from the research procedures and the benefits of the research results. While these reviews are important, attention should also focus on the benefits of the research process, itself. In rehabilitation settings, located at a Veterans Administration Medical Center, psychiatric-care facility, the anthropological research process benefits staff members and patients. Using the role of participant-observer, the anthropologist serves as an anonymous channel of communication and contributes to patient rehabilitation.

0191434 82030959

**Systems analysis: a promising focus for biosocial research.**

Shimkin DB

J Biosoc Sci ,Apr 1981, 13 (2) p127-37, ISSN 0021-9320 Journal Code: HJN

Languages: ENGLISH

0189432 82010554

**The Bristol registry of bone dysplasias: the first 10 years.**

Gordon IR; David TJ

J Med Genet ,Aug 1981, 18 (4) p256-61, ISSN 0022-2593 Journal Code: J1F

Languages: ENGLISH

The Bristol Bone Dysplasia Registry was established in 1969. The panel included radiologists, paediatricians, orthopaedic surgeons, pathologists, a paediatric biochemist, an anatomist/anthropologist, a veterinary surgeon, dentists and oral surgeons, and a psychiatrist. The panel met every two months. Cases either entered the Registry directly if they were straightforward or after discussion by the panel if there was doubt about the diagnosis or a point of special interest. A total of 468 cases was collected, including 81 cases with miscellaneous bony disorders and 34 cases where the diagnosis was uncertain. The Registry provided a useful regional diagnostic service and promoted interest in body dysplasias. Some of the research aims have not yet been fully achieved. This paper explains how the Registry is run to help those whom it is hoped will set up similar registries elsewhere.

0188765 82004716

**Anthropology and nutrition: a perspective on two scientific subcultures.**

Harrison GG; Ritenbaugh C

Fed Proc ,Sep 1981, 40 (11) p2595-600, ISSN 0014-9446 Journal Code: EUV

Languages: ENGLISH

In the last several years serious collaborative efforts between nutrition scientists and anthropologists have begun to bear fruit. To encourage the development of such collaboration, it is useful to consider the professional scientific subcultures of each discipline and how these condition the ways in which we view research problems and methodology. Anthropologists and nutrition scientists share many values and assumptions by virtue of common membership in the larger culture and in the subculture of science. There are substantial differences, however, many of them rooted in the fact that anthropology is primarily an observational science while nutritional science has been primarily experimental in nature. Successful collaboration will result from the formation of long-term communicative relationships rather than from ad hoc utilization of the other discipline. We offer some suggestions for how this may occur, and submit that understanding our own professional subcultures is essential to interdisciplinary efforts.

0188763 82004713

**Human adaptability approach to nutritional assessment: a Bolivian example.**

Haas JD

Fed Proc ,Sep 1981, 40 (11) p2577-82, ISSN 0014-9446 Journal Code: EUV

Languages: ENGLISH

Recent interest in the functional correlates of mild to moderate malnutrition has provided an opportunity for anthropologists to collaborate in research with nutritional scientists. Physical anthropological studies of human adaptability have developed the methodology and theory to examine the importance of general and specific functional areas of individual and population adaptations. This anthropological approach to human adaptability corresponds well with the functional approach to nutritional sciences. Examples are presented from recent physical anthropological research on high-altitude adaptation to demonstrate how this integration of disciplinary methodology can contribute to a better understanding of human nutritional status. The functional areas of child growth and female reproductive performance are examined in relation to the multistress environment of the Peruvian-Bolivian high Andes. Knowledge of how nutritional variation affects the adaptability of high-altitude populations provides a better basis for the identification of protein-energy malnutrition during childhood and iron deficiency anemia during pregnancy.

00155

0187348 81274881

**The field of primary prevention [editorial]**

Dubreuil G; Wittkower ED

Soc Sci Med [E] .May 1981. 15E (2) p101-4. ISSN

0271-5384 Journal Code: UUM

Languages: ENGLISH

00156



**ARCHIVO MEDICO**

00157

0230282 83126312

**The medical record in the private hospital.**

Willis R

Aust Health Rev ,Feb 1983, 6 (1) p9, ISSN 0156-5788

Journal Code: 9GC

Languages: ENGLISH

0229991 83107350

**The role of the medical record professional in research abstracting.**

Haaland GS

J Am Med Rec Assoc ,Jan 1983, 54 (1) p30-3, ISSN

0273-9976 Journal Code: GJV

Languages: ENGLISH

0229989 83107348

**Release of medical records of alcohol and drug abuse patients: the regulatory maze.**

Human DL

J Am Med Rec Assoc ,Jan 1983, 54 (1) p21-7, ISSN

0273-9976 Journal Code: GJV

Languages: ENGLISH

0229398 83122029

**Home-based paediatric records and communication in St. Lucia.**

Owen MR; Owen PJ

West Indian Med J ,Dec 1982, 31 (4) p185-90, ISSN

0043-3144 Journal Code: XN4

Languages: ENGLISH

0229314 83120260

**Radiologic examination requisition procedures: a study of their effectiveness in a community hospital.**

Worrell J

South Med J ,Feb 1983, 76 (2) p216-7, ISSN 0038-4348

Journal Code: UVH

Languages: ENGLISH

I reviewed 100 consecutive radiologic examinations with particular attention to the clinical information included. The referring physician originated this clinical information in only 33% of cases. Other personnel, including nurses and aides, added information on the requisitions 57% of the time. When nonphysician personnel completed the requisitions, 46% of the cases were completed with either inappropriate or misleading clinical information. In 9% of the cases, there was no clinical information. Because all of the cases originated by physicians were appropriately completed, a strong plea is made for requiring physicians to originate radiologic

requisitions.

0228949 83116161

**[Protection of medical data--will it result in problems for the National Health Services?]**

Datenschutz--Ergeben sich Probleme fur die Gesundheitsamter? von Oehsen H

Off Gesundheitswes ,Sep 1982, 44 (9) p596-601, ISSN

0029-8573 Journal Code: OFE

Languages: GERMAN

0228948 83116160

**[The physician and protection of medical data]**

Arzt und Datenschutz.

Wiese W

Off Gesundheitswes ,Sep 1982, 44 (9) p592-5, ISSN

0029-8573 Journal Code: OFE

Languages: GERMAN

0228238 83107121

**Documentation of drug allergy in CCU patients.**

Baigelman W; Cupples LA; Harding J; Vignoni B

Hosp Pract ,Feb 1983, 18 (2) p90, 94-6, ISSN 0018-5809

Journal Code: GD2

Languages: ENGLISH

0228031 83103940

**The district number: a comparative test of some record matching methods.**

Baldwin JA; Gill LE

Community Med ,Nov 1982, 4 (4) p265-75, ISSN 0142-2456

Journal Code: DNI

Languages: ENGLISH

0227973 83102627

**Medicare cards for tracing sexually transmitted diseases?**

Michaels E

Can Med Assoc J ,Feb 1 1983, 128 (3) p314-5, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

00158

0227870 83098274

**The morning report: starting the day right at a teaching hospital.**

Sivaprasad R; Taguchi JT  
Am Coll Physicians Obs ,Nov 1982, 2 (10) p1, 17.  
Journal Code: 35L  
Languages: ENGLISH

0227784 83091470

**Medical records: the physician's rights and responsibilities.**

Waegemann CP  
Physicians Manage ,Sep 1982, 22 (9) p95-6, 98, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227780 83091466

**What a malpractice attorney looks for in medical records.**

Brooten KE Jr  
Physicians Manage ,Nov 1982, 22 (11) p36-40, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227489 83077484

**Legal aspects of the client's record: a guide for community health nurses.**

Warling M  
Caring ,Oct 1982, p14-7, Journal Code: C9V  
Languages: ENGLISH

0227483 83076673

**Educational and research facets of the hospital information system.**

Haskell A  
Can Doct ,Sep 1982, 48 (9) p71-2, ISSN 0008-3429  
Journal Code: CG4  
Languages: ENGLISH

0227334 83098547

**[Case summaries in real-time. Accomplishments with a microcomputer]**

Resme d'observation en temps reel. Realisation sur micro-ordinateur.

Pourriat JL; Huet B; Gabry AL; Rolland C; Cupa M  
Ann Fr Anesth Reanim ,1982, 1 (2) p161-5, Journal  
Code: 4ZT

Languages: FRENCH Summary Languages: ENGLISH

A study of the key wordings used by the doctors in medical

records in I.C.U. preceded this implementation, they constitute a thesaurus (2,700 strings) organized in two trees.

These strings are proposed along the dialogue which occurs between the microcomputer and the user; on these bases, several graphs allow to move in the tree by minimization of the pathway. The use of the thesaurus with the corresponding graphs necessitates only one automaton program. This medical data microcomputerized system is transparent for the user, thanks to a multilayers software. In the external layer the microcomputer provides access to the system by one of the following function keys: creation of a medical record, additional information on a medical record already known, research of a medical record, listing of the open medical records, printing of a medical record. Each one of these function keys provides access to the following five rubrics keys: identity, antecedents, reasons for admission, evolution, destiny; these rubric keys use parameterized procedures. This software is implemented on a low-cost microcomputer fitted with a dual drive disk (170 k. bytes each) and a printer (90 char/s).

0226584 83089423

**The hospital discharge summary: a new format.**

Oetgen WJ; Steinweg DL; Kimball DB  
Milit Med ,Dec 1982, 147 (12) p1054-5, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226215 83085499

**Guidelines for medical records in general practitioner hospitals.**

Shaw CD  
J R Coll Gen Pract ,1982, 32 (243) p632-3, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

0226214 83085497

**A home-made A4 medical record system in general practice.**

Colebrook M  
J R Coll Gen Pract ,1982, 32 (243) p623-6, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

00159

0225614 83078971  
**Importance of keeping good medical records.**  
Lore W  
East Afr Med J ,1982, 59 (5) p299-300, ISSN 0012-835X  
Journal Code: EDG  
Languages: ENGLISH

0225485 83077110  
**Unified National Health Information System. Part III. Reporting system for out-patient and in-patient morbidity and in-patient mortality.**  
Jaravaza VS; McCoy MC  
Cent Afr J Med ,Jun 1982, 28 (6) p136-45, ISSN 0008-9176  
Journal Code: CQO  
Languages: ENGLISH

0225475 83076854  
**Data management and the cancer treatment protocol.**  
Reich SD  
Cancer Nurs ,Dec 1982, 5 (6) p477-9, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0225279 83072262  
**Medicine arrives at computer crossroads.**  
Lewis R  
Am Med News ,Nov 12 1982, 25 (43) p2, 8, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0225188 83068574  
**Documentation of medical record data.**  
Bauer K  
Tex Hosp ,Oct 1982, 38 (5) p31, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225146 83068532  
**Government access to medical records: is a search warrant required?**  
DeJong RE; Roach WH Jr  
Top Health Rec Manage ,Dec 1982, 3 (2) p72-8, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0225119 83068132

**The law game: what you don't know about the rules can hurt you.**  
Second Opin Health Care Issues ,Nov 1982, 3 (11) p61-2,  
Journal Code: VCV  
Languages: ENGLISH

0224875 83055422  
**Sharing computerized data benefits cancer registry and radiation therapy division.**  
Fayos J  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p43-9, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0224873 83055420  
**Documentation in the medical record--withholding treatment from defective newborns.**  
Manning SC  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p17-8, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0224821 83055202  
**Aim for excellence in medical records approach.**  
Skillicorn SA  
Hosp Peer Rev ,Jul 1982, 7 (7) p86-8, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0224817 83055198  
**Physicians must show reasons for x-rays on requisition forms.**  
Skillicorn SA  
Hosp Peer Rev ,Oct 1982, 7 (10) p127-8, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0224282 83069751  
**Blue book 1982.**  
Wis Med J ,Jul 1982, 81 (7) p1-153, ISSN 0043-6542  
Journal Code: XPU  
Languages: ENGLISH

00160

0223612 83063636

**[A solution to polypharmacy: the drug consumption profile]**

Une solution a la polypharmacie: le profil de consommation medicamenteuse.

Matte J; Fortin M; Houde R; Jean B; Rodrigue J; Goulet MF; Lessard-Labbe M

Nurs Que ,Sep-Oct 1982, 2 (6) p13-6, ISSN 0381-6419

Journal Code: OBD

Languages: FRENCH

0223470 83061924

**[Documentation tasks of internal medicine]**

Internistische dokumentationsaufgaben.

Spechtmeyer H; Wichmann HE; Renschler H

Med Welt ,Oct 1 1982, 33 (39) p1373-8, ISSN 0025-8512

Journal Code: MIM

Languages: GERMAN

0223432 83061254

**The use of micros in the AMHS environment.**

Yasaka T; Mizunuma T; Ishida M; Anan K; Kato R

Med Inf (Lond) ,Apr-Jun 1982, 7 (2) p109-12, Journal Code: LU9

Languages: ENGLISH

0222989 83055856

**[Doesn't the care record focused on the disorders of the patient carry an element of risk?]**

Le dossier de soins axe sur le probleme du malade ne comporte-t-il pas un risque?

Sklar C

Infirm Can ,Oct 1982, 24 (9) p31-3, ISSN 0019-9605

Journal Code: G09

Languages: FRENCH

0222899 83054811

**Using a standard form to collect psychosocial data about hemophilia patients.**

Reis E; Linhart R; Lazerson J

Health Soc Work ,Aug 1982, 7 (3) p206-14, ISSN 0360-7283 Journal Code: FZ6

Languages: ENGLISH

0222648 83052209

**Experience with computerized office records.**

Solomon M

Conn Med ,Oct 1982, 46 (10) p580-2, ISSN 0010-6178 Journal Code: DQF

Languages: ENGLISH

0222638 83052144

**SUMER: a database concept for clinical research and patient data-management.**

Lustman F

Comput Programs Biomed ,Oct 1982, 15 (2) p125-31, ISSN 0010-468X Journal Code: D01

Languages: ENGLISH

A new database model is presented for patient information systems and clinical research database. Its main objective is to deal easily with the changing needs in data structure and organization and to make the model free of computing or programming related considerations. Based on the relational and entity relationship models, it allows the creation of records and files; records may belong to as many files as one wishes. Conditions introduced at the definition level make it very easy to define subfiles on selected criteria without the need to write an extraction program. A database modification step allows the reorganisation of an already existing database without any programming. Tested on several cases the model is presently at the development stage on a DEC VAX750 computer.

00161

0222637 83052143

**An automaton computer program for a microcomputerized real-time (thesaurus based) abstract medical record.**

Huet B; Pourriat JL; Martin J; Cupa M  
Comput Programs Biomed ,Oct 1982, 15 (2) p117-23, ISSN  
0010-468X Journal Code: DOI  
Languages: ENGLISH

A study of the key wordings used by the doctors in medical records in ICU preceded this implementation; they constitute a thesaurus (2700 strings) organized in 2 trees. These strings are proposed along the dialogue which occurs between the microcomputer and the user; on these bases, several graphs allows movement in the tree by minimization of the pathway. The use of the thesaurus with the corresponding graphs necessitates only one automaton program. This medical data microcomputerized system is transparent for the user, thanks to a multilayered software. In the external layer the microcomputer provides access to the system by one of the following function keys: creation of a medical record, additional information on a medical record already known, research of a medical record, listing of the open medical records, printing of a medical record. Each one of these function keys provides access to the following 5 chapters: identity, antecedents, reasons for admission, evolution, destiny; these chapters use parameterized procedures. This software is implemented on a low-cost microcomputer fitted with a dual drive disk (170 kilobytes each) and a printer (90 characters/s).

0222450 83049978

**Child health records and computing.**

Walker CH  
Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1671-2,  
Journal Code: B4X  
Languages: ENGLISH

0222415 83049855

**The duty of confidence [editorial]**

Parkes R  
Br Med J [Clin Res] ,Nov 20 1982, 285 (6353) p1442-3,  
Journal Code: B4X  
Languages: ENGLISH

0222126 83029571

**Solving a late final diagnosis problem.**

Bartholomew J  
J Am Med Rec Assoc ,Oct 1982, 53 (5) p40-3, ISSN  
0273-9976 Journal Code: GJV  
Languages: ENGLISH

0222102 83029212

**Physicians responsible for completing patients' records soon after discharge.**

Regan WA  
Hosp Prog ,Nov 1982, 63 (11) p74-5, 77, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0222101 83029211

**Medical records important defense in suit filed many years after alleged negligence.**

Regan WA  
Hosp Prog ,Nov 1982, 63 (11) p74, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0221985 83026339

**New micrographics center's productivity soars past quarter million mark, shrinks unit cost [interview]**

Lewis J  
Cost Containment ,Oct 26 1982, 4 (20) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0221896 83047618

**Surgical pathology reports with a portable microcomputer.**

MacDonald RA; Pechet GS; Lovenbury P  
Arch Pathol Lab Med ,Dec 1982, 106 (13) p666-9, ISSN  
0363-0153 Journal Code: 79Z  
Languages: ENGLISH

A microcomputer reporting system for gross and microscopic surgical pathology is simple and inexpensive, reduces the need for clerical personnel, and saves the pathologist's time in the preparation of reports. Gross descriptions are formatted. A dictionary of microscopic diagnoses is constructed and stored on disks. The diagnosis to be used for a case is selected by a pathologist by number. It is called to a video screen from disk storage by entering the number on the microcomputer keyboard. The diagnosis is edited or expanded for an individual patient while it is on the screen and is printed after changes are made. Each diagnosis contains preentered classification, coding, and filing information, as well as format, medical terminology, and spelling. The system has rapid retrieval and search capability and may be used for patients awaiting frozen-section diagnosis. The system requires fewer clerical personnel in surgical pathology than with free-form reporting.

00162

0221802 83046334  
**A cumulative anaesthesia record system.**  
Middleton H; Hales S  
Anaesthesia ,Nov 1982, 37 (11) p1121-5, ISSN 0003-2409  
Journal Code: 4MC  
Languages: ENGLISH

0220744 83035454  
**Documentation of patient care: an often underestimated responsibility.**  
Greenlaw J  
Law Med Health Care ,Sep 1982, 10 (4) p172-4, ISSN  
0277-8459 Journal Code: LAF  
Languages: ENGLISH

0220553 83033343  
**Why not modify the standard record card?**  
Barnes RJ  
J R Coll Gen Pract ,Jun 1982, 32 (239) p370, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

0220121 83029144  
**Response strategies for chart requests from psychiatric inpatients.**  
Bernstein RA; Andrews EM  
Hosp Community Psychiatry ,Oct 1982, 33 (10) pB41-3,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH  
Of 452 patients seen during one year on a medical-school-affiliated general hospital psychiatric unit, 26 requested to see their charts. These patients tended to be younger, more likely to have character disorders, and less likely to have an affective disorder than patients who did not make chart requests. The apparent increase in the number of patients who ask to see their records may be linked to increasing medical consumerism. Rather than causing therapists to become defensive, record requests should provide an opportunity for education and treatment. The authors outline methods of interpreting and responding to chart requests.

0219929 83026004  
**A data base form for pediatric practice.**  
Abrams R; Sigelman D  
Clin Pediatr (Phila) ,Nov 1982, 21 (11) p676-9, ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

0219825 83024123  
**Drug monitoring in general practice.**  
Skegg DC  
Br Med J [Clin Res] ,Oct 30 1982, 285 (6350) p1245-6,  
Journal Code: B4X  
Languages: ENGLISH

0219470 83021028  
**[A computer card for ovarian cancer (author's transl)]**  
Proposition d'une "fiche de bilan chirurgical" des cancers de l'ovaire.  
Clavel B; Delouche G; Berlie J; Harvey P; Laval C; Lemoine F  
Ann Chir ,Jun 1982, 36 (6) p391-401, ISSN 0003-3944  
Journal Code: 50E  
Languages: FRENCH Summary Languages: ENGLISH

0219401 83020407  
**One year's evaluation of a system of on-line computerisation of anaesthetic records using a computer bureau.**  
Roessler P; Lambert TF  
Anaesth Intensive Care ,Aug 1982, 10 (3) p208-11,  
Journal Code: 4M5  
Languages: ENGLISH  
A system for the on-line computerisation of anaesthetic records using a computer bureau is described. The requirements of the system are a keyboard and video display unit appropriately linked to the bureau's computer. The system was cheap and easy to install. It required no programming expertise from department members. Disadvantages included the need to change between two screens for data entry, a delay of over 8 months before satisfactory reports materialised for individuals or the department, congestion at peak times for data entry, excessive time spent on data entry, reluctance of the bureau to alter the format of the screens once they had been generated. The cost of the system is felt to be justified by the information provided for both accreditation requirements and for department management.

00163

0219398 83020404

**Humanising the computer.**

Paul J JD  
Anaesth Intensive Care ,Aug 1982, 10 (3) p191-6,  
Journal Code: 4M5  
Languages: ENGLISH

Many well-intentioned and potentially useful data handling computer systems fail to realise their potential because inadequate effort has been made to humanise the computer/operator interface. Programs are usually written by people who are logical thinkers, enjoy working with computers and who find satisfaction in writing their programs. Unfortunately those same programs often have to be used by people who are illogical, who fear computers and loathe having to work with them. Some suggestions for humanising the computer/operator interaction are made.

0219375 83020163

**Social and contextual factors in the analysis of mortality in end-stage renal disease patients: implications for health policy.**

Plough AL; Salem S  
Am J Public Health ,Nov 1982, 72 (11) p1293-5, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

A sample of medical records of decreased End-Stage Renal Disease (ESRD) patients was reviewed by a panel of experienced clinicians. The panel's determination of cause of death was compared to that reported for these patients in the Health Care Financing Administration Management Information System. There was concurrence in only 25 per cent of the cases. The difference is attributable to increased awareness of psychosocial and behavioral antecedent factors surrounding the occurrence of death.

0219019 83015718

**What degree of error in Hospital Activity Analysis clinical data?**

Stevenson CH  
Public Health ,May 1982, 96 (3) p137-40, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

0218851 83013725

**Medical records access: who shall see what, and when?**

Schechter D  
Occup Health Saf ,Jul 1982, 51 (7) p23-6, ISSN  
0362-4064 Journal Code: ODE  
Languages: ENGLISH

0218787 83013320

**Technical note: flow sheet for the neurosurgical intensive care unit.**

Clifton GL; Grossman RG  
Neurosurgery ,Aug 1982, 11 (2) p280-3, ISSN 0148-396X  
Journal Code: NZL  
Languages: ENGLISH

With the rapid expansion of knowledge and techniques for the care of critically ill patients, the organization and recording of data have become increasingly complex and increasingly important for patient care. A flow sheet for the Neurosurgical Intensive Care Unit has been developed in a series of pilot studies with input from general and cardiovascular surgeons and nurses specializing in critical care medicine.

0218438 83008774

**A county-wide obstetrical automated medical record system.**

Wirtschafter DD; Blackwell WC; Goldenberg RL; Henderson SA;  
Peake MN; Huddleston JF; Howell M  
J Med Syst ,Jun 1982, 6 (3) p277-90, ISSN 0148-5598  
Journal Code: IZM  
Languages: ENGLISH

0218434 83008769

**A menu-driven, touch-panel microcomputer for physicians to generate clinical records.**

Schenker WJ  
J Med Syst ,Jun 1982, 6 (3) p243-8, ISSN 0148-5598  
Journal Code: IZM  
Languages: ENGLISH

0218307 83007919

**The Bethlem Royal and Maudsley Hospitals clinical data register for children and adolescents.**

Thorley G  
J Adolesc ,Jun 1982, 5 (2) p179-89, ISSN 0140-1971  
Journal Code: HWT  
Languages: ENGLISH

00164



00114

0218005 83003165  
**The development of automatic control systems for Czechoslovak national health services.**  
Rusnak J  
Czech Med ,1982, 5 (2) p57-65, ISSN 0034-6497 Journal Code: D91  
Languages: ENGLISH

0217972 83002729  
**KIRON: a computer system and a methodology applicable to the study of erythroid disorders.**  
Berzuini C; Stefanelli M  
Comput Biomed Res ,Aug 1982, 15 (4) p361-86, ISSN 0010-4809 Journal Code: D0F  
Languages: ENGLISH

0217717 82278421  
**Requiring physicians to complete medical records.**  
Roach WH Jr; King PD  
Top Health Rec Manage ,Sep 1982, 3 (1) p84-9, ISSN 0270-5230 Journal Code: WAD  
Languages: ENGLISH

0217713 82278417  
**Automated record tracking as a component of a management information system.**  
Siemon JE; Kuratomi RM  
Top Health Rec Manage ,Sep 1982, 3 (1) p54-65, ISSN 0270-5230 Journal Code: WAD  
Languages: ENGLISH

0217537 82266104  
**Free text processing in clinical documentation.**  
Gell G  
J Clin Comput ,1982, 10 (5-6) p170-9, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0217536 82266103  
**WAMIS: a medical information system. Conception and clinical usage.**  
Grabner H; Marksteiner A; Dorda W; Wolf W; Grabner G  
J Clin Comput ,1982, 10 (5-6) p154-69, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0217534 82266101  
**Recommendations for hospital statistics in Europe.**  
J Clin Comput ,1982, 10 (4) p148-50, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0217430 82263906  
**Correcting the health care record.**  
Manning SC  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p76-8, ISSN 0273-9976 Journal Code: GJV  
Languages: ENGLISH

0217423 82263899  
**The postdischarge loose laboratory report: medical significance.**  
Solis DH  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p26-32, ISSN 0273-9976 Journal Code: GJV  
Languages: ENGLISH

0217351 82263437  
**Documented physician-nurse communication provides defense in malpractice suit.**  
Regan WA  
Hosp Prog ,Sep 1982, 63 (9) p64-5, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217350 82263436  
**Subpoena duces tecum protects hospitals that surrender patients' records.**  
Regan WA  
Hosp Prog ,Sep 1982, 63 (9) p64, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217337 82263423  
**Adequate records may protect against negligence claims.**  
Regan WA  
Hosp Prog ,Oct 1982, 63 (10) p72, 74, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

00165

0217308 82263384

**OSHA medical records affect retention, access [interview]**

Welsh D

Hosp Employee Health ,Sep 1982, 1 (9) p116-7, Journal  
Code: GC6

Languages: ENGLISH

0217135 82283649

**The nurse and the law. Medical records--a few problems in confidentiality.**

Langslow A

Aust Nurses J ,Jun 1982, 11 (11) p39-41, ISSN 0045-0758  
Journal Code: 9GG

Languages: ENGLISH

0216987 82281829

**Psychiatric records: variations based on discipline and patient characteristics, with implications for quality of care.**

Perlman BB; Schwartz AH; Paris M; Thornton JC; Smith H;  
Weber R

Am J Psychiatry ,Sep 1982, 139 (9) p1154-7, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

In this study of the delivery of outpatient psychiatric care to Medicaid patients at all 29 free-standing psychiatric clinics and at six hospital clinics in New York City, the authors found that nonphysician mental health workers provided much direct patient care: diagnosis and identifying data, necessary for reimbursement, were always included in records whereas mental status and medical history were poorly documented; and nonphysicians in hospitals generally surpassed physicians in the latter two areas. An additional observation was that attitudes of mental health workers toward certain diagnostic and ethnic groups may be inferred from the selective completeness of their psychiatric record keeping.

0216889 82281203

**Computerization of medical and exposure records.**

Rossi DA; Cox JD; Seger MJ

Am Ind Hyg Assoc J ,Jun 1982, 43 (6) p444-50, ISSN  
0002-8894 Journal Code: 3CI

Languages: ENGLISH

An interdisciplinary team of occupational health professionals and computer engineers at Digital Equipment Corporation have developed a computerized system for maintaining employee medical and exposure records. The Industrial Health Monitoring System (IHMS) was designed to meet the occupational and public health needs of employees engaged in semiconductor manufacturing operations where exposure to potentially hazardous chemicals and physical agents exists. The purpose of the IHMS is to systematically

retrieve and analyze data collected from industrial hygiene, health services, and clinical diagnostic testing in order to monitor the general health of the working community.

0216699 82278519

**Health care data recording system for developing countries.**

Brolly EH

Trop Doct ,Jul 1982, 12 (3) p105-9, ISSN 0049-4755  
Journal Code: WGC

Languages: ENGLISH

0216478 82276787

**Simplified computerization of data-base for diabetic patients.**

Carandente O; Dossi G; Luzzana M; Brown B; Berger DL; Pozza G

Ric Clin Lab ,Apr-Jun 1982, 12 (2) p395-400, ISSN  
0390-5748 Journal Code: TEA

Languages: ENGLISH

A computerized data-base for the management of the out-patient clinic for diabetes and of the hospital diabetic patients has been developed by means of low cost commercial microcomputer. The program is able to supply lists of sets of patients chosen from user-defined characteristics. The system also allows the selected listin of recall letters for periodic examinations, the printing of registers for medical and administrative use and for statistical analysis. The system is easy to learn and easy to use. The operator-computer interaction is colloquial through the use of a video-terminal, permitting the use by nominally-trained staff.

0216454 82276419

**A record-keeping method for hospice-related volunteers.**

Dorang ES

Rehabil Nurs ,Sep-Oct 1982, 7 (5) p17-9, ISSN 0278-4807  
Journal Code: R25

Languages: ENGLISH

00166

0216394 82275931  
[Translation aids for the expectant mother: do you understand your medical record?]  
Übersetzungshilfe für die werdende Mutter: Verstehen Sie, was in Ihrem Mutterpass steht?  
Haibach S  
Quintessenz J ,Jan 1982, 12 (1) p57-8, ISSN 0033-6599  
Journal Code: QLR  
Languages: GERMAN

0216374 82275833  
Patient care management systems, medical records, and privacy: a balancing act.  
Hiller MD; Seidel LF  
Public Health Rep ,Jul-Aug 1982, 97 (4) p332-45, ISSN 0033-3549  
Journal Code: QJA  
Languages: ENGLISH

0216246 82274741  
The role of the computer in general practice.  
Bradshaw-Smith JH  
Practitioner ,Jul 1982, 226 (1369) p1211-3, ISSN 0032-6518  
Journal Code: PHQ  
Languages: ENGLISH

00115

● 0216068 82273628  
Physician's practice handbook: the law, continuing medical education, distribution of drugs, medical records, principles of medical ethics.  
Penn Med ,Apr 1982, 85 (4) p27-58, ISSN 0031-4595  
Journal Code: OOG  
Languages: ENGLISH

0215989 82273316  
A computerized patient information system.  
Reilly D  
Nurs Manage ,Aug 1982, 13 (8) p32-6, Journal Code: OBV  
Languages: ENGLISH

0215726 82270772  
A computerized case record system at a coronary care unit.  
Ericsson C; Lundman T  
Med Inf (Lond) ,Jan-Mar 1982, 7 (1) p67-8, Journal Code: LU9  
Languages: ENGLISH

0215397 82266860  
[A review of six years use of a computerised case history in obstetrics (author's transl)]  
Bilan de six ans d'exploitation d'un dossier informatise en obstetrique.  
de Mouzon J; Mandry J; Baron M; Grandjean H; Reme JM; Monrozies M; Pontonnier G  
J Gynecol Obstet Biol Reprod (Paris) ,1982, 11 (2) p201-13, Journal Code: IAZ  
Languages: FRENCH Summary Languages: ENGLISH  
The University Centre for Gynaecology and Obstetrics in Toulouse have been using a computerised record system for obstetrics since 1974. This makes it possible for a review for a review to be undertaken each year of the work carried out in the Service and has made it possible to study over six years the evolution of the characteristics of the population who have been followed, as well as the changes in attitudes and techniques adopted during pregnancy and labour. A study has been carried out on the factors associated with perinatal mortality and prematurity. Computerisation of 13,500 records has made it possible to draw curves of birth weights, according to the duration of the pregnancy, and characterising the service given. Finally the adoption of a prospective record system used in common by several teams and checked by people specialised in this work has improved the quality and quantity of retrieval and has made it possible to foresee cooperative studies between different departments.

0215394 82266848  
The preventive health history form: a questionnaire for use with older patient populations.  
Kopf R; Salamon MJ; Charytan P  
J Gerontol Nurs ,Sep 1982, 8 (9) p519-23, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

00116

● 0215231 82264816  
Medical peer review and information management: the dead-end phenomenon.  
Rosen HM; Feigin W  
Health Care Manage Rev ,Summer 1982, 7 (3) p59-66, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

00167

0214936 82261204

**Problem-oriented recording in the intensive care unit.**  
Merkel SI  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p232-40,  
ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

00117

● 0214640 82256982

**Epidemiology in anaesthesia. I: Anaesthetic practice over 20 years.**  
Lunn JN; Farrow SC; Fowkes FG; Robertson IB; Samuel P  
Br J Anaesth ,Aug 1982, 54 (8) p803-9, ISSN 0007-0912  
Journal Code: AUO  
Languages: ENGLISH

0214133 82255059

**[Use of a microcomputer for simplified data processing of ENT case-records employing a commercial program (author's transl)]**

Micro-informatique : gestion simplifiée des dossiers ORL sur programme commercial.  
Garcin M; Brisac A; Ardaud B  
Ann Otolaryngol Chir Cervicofac ,1982, 99 (3) p89-96,  
ISSN 0003-438X Journal Code: 5QO  
Languages: FRENCH Summary Languages: ENGLISH  
Combined use of a microcomputer of sufficient capacity and a commercial program for data processing permits simple storage and exploitation of hospital case-records in an ENT department of moderate size. The principal advantages of the system reside in its permanent availability, the ease of communication with the computer due to the clear language employed, its large storage capacity (650 case-records per diskette), and the moderate cost involved. Programming time is reduced by the use of a particular nomenclature for questions and possible replies. The system is not static, and can be adapted to individual needs or modifications in pathology.

0213653 82249542

**[Data processing and the information sciences in public health. The importance of specialty records]**  
L'informatique et les sciences de l'information en sante publique. L'importance des dossiers de specialites.  
Goupy F; Yvon PJ; Chevallier J; Gremy F  
Rev Prat ,Jun 11 1982, 32 (33) p2235-41, ISSN 0035-2640  
Journal Code: T1D  
Languages: FRENCH Summary Languages: ENGLISH

0213642 82249510

**Happening now: the decline and fall of paperwork.**  
Muirhead R

RN ,Aug 1982, 45 (8) p34-40, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0212986 82241809

**Giving patients a copy of their computer medical record.**  
Sheldon MG  
J R Coll Gen Pract ,Feb 1982, 32 (235) p80-6, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

0212680 82237888

**Confidential records: piercing the protective veil.**  
Bernstein AH  
Hospitals ,Aug 1 1982, 56 (15) p48-50, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0212464 82233115

**[Computerized examination of light-induced response of the visual system with data storage and presentation in medical record form]**  
Computergesteuerte Untersuchungen der lichtinduzierten Antwort des visuellen Systems mit Datenspeicherung und krankenblattgerechter Darstellung.  
Adamczyk R; Lorenz B; Remky J  
Buch Augenarzt ,1982, 90 p39-43, ISSN 0068-3361  
Journal Code: B7K  
Languages: GERMAN Summary Languages: ENGLISH

00118

● 0212446 82232805

**Medical records: an easy to use A4 age/sex filing system.**  
Hosie GA; Hosie J  
Br Med J [Clin Res] ,Jul 17 1982, 285 (6336) p179-81,  
Journal Code: B4X  
Languages: ENGLISH

00168

0212409 82231740

**Computerised cardiological case notes.**

Williams KN; Brooksby IA; Morrice J; Houseago S; Webb-Peploe MM

Br Heart J ,Aug 1982, 48 (2) p169-76, ISSN 0007-0769

Journal Code: ATS

Languages: ENGLISH

Optical Mark Reader forms have been used by the Cardiac Department at St Thomas's Hospital for six years to store clinical and haemodynamic data by computer. Forms are completed by clinical staff in outpatients and also for those patients undergoing cardiac catheterisation. Three documents are used to record the symptoms and signs at the clinical consultation, the results of relevant investigations, and the important findings at cardiac catheterisation. These documents are fed into a computer and data from them, together with a limited quantity of types information, are used to produce full clinical reports for our colleagues and the case notes. These reports have saved much secretarial and medical time. A variety of analyses is available for research and management purposes.

0211890 82229433

**Experience with an occupational exposure data recording system.**

Baxter RA; Henshaw JL

Ann Occup Hyg ,1982, 25 (1) p95-100, ISSN 0003-4878

Journal Code: 508

Languages: ENGLISH

0211828 82228503

**A new anaesthetic record.**

Lunn JN; Vickers MD

Anaesthesia ,Jun 1982, 37 (6) p651-7, ISSN 0003-2409

Journal Code: 4MC

Languages: ENGLISH

Record-keeping is part of the proper practice of anaesthesia and a record should be able to be quickly and easily completed. Two types of information need to be recorded: clinical, for use both immediately or subsequently and epidemiological, for detailed study of a large number of anaesthetics. A design which answers both these aims is described.

0211788 82228225

**The effect of immediate access to a computerized medical record on physician test ordering: a controlled clinical trial in the emergency room.**

Wilson GA; McDonald CJ; McCabe GP Jr

Am J Public Health ,Jul 1982, 72 (7) p698-702, ISSN

0090-0036 Journal Code: 3XW

Contract/Grant No.: R18 HS2485-01; R18 HS04080-01; 1P60 AM

20542

Languages: ENGLISH

We performed a randomized clinical trial of the effect of immediately printed summaries of a computerized medical record on physician test ordering rates in an Emergency Room setting. The computerized medical record contained medication history, the results of most diagnostic studies, an outpatient problem list, and inpatient and emergency room diagnoses. Physicians were presented with a printed summary of the patient's computerized record for study but not for control encounters. All other patient information was equally available to both kinds of encounters. All results were provided for one period of the study, designated T1. Due to a program error, summaries were printed without recent data during a period of the study, designated T2. Two-thirds of the visits were cared for by internists, one-third by surgeons. During T1, internists ordered an average of 3.2 tests, costing \$34.91 for control visits, and 2.7 tests, costing \$29.94 for study control visits (p less than .026). Surgeons also ordered fewer tests during study visits as compared to controls (1.32 vs 1.54) but the differences were not statistically significant. There was no significant effect on either medical or surgical test ordering during time period T2.

0211667 82226238

**[Electronic data processing as an aid in occupational medicine documentation - methods, experiences, perspectives]**

EDV-unterstützte Dokumentation in der Arbeitsmedizin-Methoden, Erfahrungen, Ausblick.

Haas J; Franke G; Zirner F

Zentralbl Arbeitsmed Arbeitsschutz Prophyl Ergonomie ,Feb 1982, 32 (2) p68-73, ISSN 0173-3338 Journal Code: Y4R

Languages: GERMAN

0210895 82218634

**Record linkage nationwide [editorial]**

Lancet ,Jun 26 1982, 1 (8287) p1449, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

00119

● 0210745 82216739

**Physician training for hospital information systems.**

Shapiro JR; Macks G; Lewis TL; McNeely L

J Med Educ ,Jul 1982, 57 (7) p566-8, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

00169

0210730 82216573  
**An analysis of fat folders.**  
Goodridge DM  
J R Coll Gen Pract ,Apr 1982, 32 (237) p239-41, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

0210715 82216552  
**Army morbidity records need or nuisance?**  
Hardie RH; Coid DR  
J R Army Med Corps ,Feb 1982, 128 (1) p33-6, ISSN  
0035-8665 Journal Code: JV6  
Languages: ENGLISH

0210437 82213167  
**Implementation of a computer-assisted medical record system  
in the family practice office.**  
Farrell DL; Worth RM  
Hawaii Med J ,Mar 1982, 41 (3) p90-3, ISSN 0017-8594  
Journal Code: G1D  
Languages: ENGLISH

0210216 82210226  
**[The dermatologist's report or/and medical report on  
well-founded suspicions of occupational disease]**  
Diskussionsbeitrag zum Thema Hautarztbericht order/und  
arztliche Anzeige des begründeten Verdachts einer  
Berufskrankheit.  
Kuhl M  
Derm Beruf Umwelt ,1982, 30 (1) p20-5, ISSN 0343-2432  
Journal Code: EBW  
Languages: GERMAN Summary Languages: ENGLISH  
The "Hautarztverfahren" (method of registering  
occupationally induced dermatoses at an early stage) can be a  
great help before a real occupational disease occurs. The  
limits of practising this desirable procedure are relatively  
small and are to be shown. Section 5 BeKVO (law of  
occupational diseases) is important for the medical  
proceedings in case of a well-founded suspicion of an  
occupational disease no. 5101. The consequences of the started  
procedures will be shown using examples. Figures will document  
that 50% of well-founded cases of suspicion concern  
occupationally induced dermatoses. Of these about 8% receive  
compensation. For those remaining, measures are normally  
carried out, according to Section 3.

0210157 82209671  
**BP: a microcomputer program for use in a hypertension  
clinic.**  
Kelman AW; Reid JL; Rubin PC

Comput Programs Biomed ,Apr 1982, 14 (2) p185-9, ISSN  
0010-468X Journal Code: DOI  
Languages: ENGLISH

This paper presents details of a computer program, BP,  
designed for use with an outpatient clinic. The program is  
implemented on a PET4000, microcomputer and is intended  
principally for a hypertension follow-up clinic, although it  
could be easily adapted for other clinics. It allows for  
initial patient data entry, the entry of data acquired at  
subsequent visits, the alteration of data, list of all data or  
a pre-determined subset, and a data sort and tabulation  
facility. The program is intended to be run by staff who have  
little experience with computers.

0209982 82207657  
**Structuring medical records and constructing a Weaver index:  
a three-year project.**  
Stott PC  
Br Med J [Clin Res] ,Jul 3 1982, 285 (6334) p27-9,  
Journal Code: B4X  
Languages: ENGLISH

0209974 82207620  
**Recording symptoms and family relationships: a proposal.**  
Williams PR  
Br Med J [Clin Res] ,Jun 26 1982, 284 (6333) p1919,  
Journal Code: B4X  
Languages: ENGLISH

0209970 82207585  
**Accuracy of hospital activity analysis operation codes.**  
Whates PD; Birzgalis AR; Irving M  
Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1857-8,  
Journal Code: B4X  
Languages: ENGLISH  
The accuracy of operation codes on hospital activity  
analysis printouts has been compared with unit and patient  
records. Inaccurate information is being provided by the  
hospital activity analysis in a significant number of cases.  
The same mistake is often repeatedly made, suggesting  
deficient monitoring procedures. These lapses occurred despite  
a unit policy of medical staff entering the operation and  
diagnostic details on the HMRI(IP) sheet and the checking of  
all entries by a consultant.

00170

0209969 82207584  
**Accuracy of hospital activity analysis data in estimating the incidence of proximal femoral fracture.**  
Rees JL  
Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1856-7.  
Journal Code: B4X  
Languages: ENGLISH

0209931 82207399  
**Notification of tuberculosis: a code of practice for England and Wales. Joint Tuberculosis Committee of the British Thoracic Association.**  
Br Med J [Clin Res] ,May 15 1982, 284 (6327) p1454-6.  
Journal Code: B4X  
Languages: ENGLISH

0209854 82203942  
**'Paperless' system: computer expands nurse practitioner role.**  
Lewis R  
Am Med News ,May 7 1982, 25 (17) p13-4, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0209816 82200583  
**The dietitian--documentation in the management of clinical services.**  
Johnson BG  
Todays Nurs Home ,Jun 1982, 3 (6) p8-9, ISSN 0274-5089  
Journal Code: WLG  
Languages: ENGLISH

0209797 82200404  
**Access to medical records: current developments.**  
Roach WH Jr  
Top Health Rec Manage ,Jun 1982, 2 (4) p83-9, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209796 82200403  
**Data: let the user beware.**  
Johnson OG  
Top Health Rec Manage ,Jun 1982, 2 (4) p8-12, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209791 82200398  
**Improving the quality of discharge data.**  
Williams SE; Latessa p  
Top Health Rec Manage ,Jun 1982, 2 (4) p41-8, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209790 82200397  
**Major problems in data accuracy remain unsolved.**  
Brown F  
Top Health Rec Manage ,Jun 1982, 2 (4) p4-8, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209789 82200396  
**Could you defend the accuracy of your discharge abstract data?**  
Kloss LL; Woodbury M  
Top Health Rec Manage ,Jun 1982, 2 (4) p33-40, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209788 82200395  
**The medical record as a data source: use and abuse.**  
Meads S; Cooney JP  
Top Health Rec Manage ,Jun 1982, 2 (4) p23-32, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0209751 82199557  
**Preserving the consultation: medical record cards and professional conduct.**  
Heath C  
Sociol Health Illn ,Mar 1982, 4 (1) p56-74, ISSN 0141-9889  
Journal Code: UT3  
Languages: ENGLISH

0209686 82195608  
**Job medical records--who can see them?**  
Berkowitz SL  
Natl Saf News ,May 1982, 125 (5) p40-3, ISSN 0028-0100  
Journal Code: NTC  
Languages: ENGLISH

00171

0209476 82188350  
**Collaboration eases burden of EH records management.**  
Murray S  
Hosp Employee Health ,May 1982, 1 (5) p57-61, Journal  
Code: GC6  
Languages: ENGLISH

0208767 82199228  
**Legally speaking: in a crisis, you must count every minute.**  
Regan WA  
RN ,May 1982, 45 (5) p71-4, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0208388 82196425  
**Use of the problem-oriented record to evaluate treatment in a chronic psychiatric population.**  
Allen RH  
QRB ,Mar 1982, 8 (3) p13-6, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

0208350 82196214  
**Care plan: why should nursing care plans be made a permanent part of the medical record?**  
Fletcher S; Mulligan J  
Nurs Manage ,May 1982, p57-61, Journal Code: OBV  
Languages: ENGLISH

0208121 82194085  
**Do patients want access to their medical records?**  
Michael M; Bordley C  
Med Care ,Apr 1982, 20 (4) p432-5, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

0208091 82194055  
**Medical information systems: assessing impact in the areas of hypertension, obesity and renal disease.**  
Rogers JL; Haring OM; Wortman PM; Watson RA; Goetz JP  
Med Care ,Jan 1982, 20 (1) p63-74, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: HS 02649; H500674-04; RR 05370 (NIH)  
Languages: ENGLISH  
This study described the influence of a computerized medical record summary system in three disease areas (hypertension, obesity and renal disease) observed in the course of a controlled, randomized and prospective study of 479

Northwestern University Clinic patients. Experimental patients, who had available automated record summaries, and control patients, who had available only the manual record, were compared on several medical tests and procedures whose yearly occurrence was considered good medical practice for this patient population, and were compared as well as several measures of outcome of medical care. Evidence suggesting better care and outcome of care among patients with computerized record summaries available is presented.

0207878 82191360  
**A recursively interpreted data structure for representing clinical entities.**  
Starmer CF  
J Med Syst ,Apr 1982, 6 (2) p183-96, ISSN 0148-5598  
Journal Code: IZM  
Contract/Grant No.: HS 03834; HL-17670; LM-07003  
Languages: ENGLISH

Clinical investigations generate a spectrum of data and data relationships that no longer fit simple data structures. To build a data management facility sufficiently flexible to deal with this spectrum of structures is thus an important problem. A general table-based data structure is presented that provides the clinical investigator with a means of tailoring the data structure to the experimentally derived data. The use of such a general structure appears limited to settings where deletion of instances of data is infrequent. This restriction poses no serious constraint in most clinical investigations.



0207657 82189396

**The utility for audit of manual and computerized problem-oriented medical record systems.**

Stratmann WC; Goldberg AS; Haugh LD  
Health Serv Res ,Spring 1982. 17 (1) p5-26. ISSN  
0017-9124 Journal Code: G2L  
Contract/Grant No.: HRA 230-75-0204  
Languages: ENGLISH

Objective assessment of the delivery of care requires an unambiguous record of all related events and decisions in the care process. Both the handwritten Problem-Oriented Medical Record (POMR) and its computerized successor, the Problem Oriented Medical Information System (PROMIS) have been designed to facilitate audit of care delivery. In this study, a national sample of physicians was asked to determine which of these two record systems best serves the function of audit.

The study involves assessment of a sample of 69 matched pairs of patient records drawn from two different ward settings, one of which used the manual POMR, the other, PROMIS. No difference was perceived between the two records with respect to the reliability of information or the analytical reasoning of providers. Information in PROMIS records was judged to be slightly more thorough. The format of the manual record was judged better on the basis of conciseness, accessibility, and organization of record information.

00120

● 0207651 82189373

**Medical records for a health region.**

Ullmann G  
Isr J Med Sci ,Mar 1982. 18 (3) p415-7. ISSN 0021-2180  
Journal Code: GYO  
Languages: ENGLISH

0207649 82189371

**Regional health information and evaluation systems: some concepts and thoughts.**

Gillings DB; Greenberg BG  
Isr J Med Sci ,Mar 1982. 18 (3) p393-409. ISSN  
0021-2180 Journal Code: GYO  
Languages: ENGLISH

0207272 82185590

**Nursing care plan.**

Crit Care Nurse ,Jan-Feb 1982. 2 (1) p30-1. ISSN  
0279-5442 Journal Code: DTB  
Languages: ENGLISH

0207233 82185436

**Automatic encoding of clinical narrative.**

Sager N; Bross ID; Story G; Bastedo P; Marsh E; Shedd D

Comput Biol Med .1982. 12 (1) p43-56. ISSN 0010-4825

Journal Code: DDC

Languages: ENGLISH

An experiment in the automatic encoding of English-language medical data is described. The encoding program has two stages. First, the free-text input is parsed and the information is arranged in a tabular format by a general-purpose natural language processor developed at New York University. Then a simple code-dependent subprogram assigns numerical values to the entries on the basis of the positions the input words occupy in the information format. Results of a blind test of the encoding program using the code employed at Roswell Park Memorial Institute for earliest symptoms of head-neck cancer are presented.

0207171 82184009

**Public health and the law. Employee's health records: a two-edge sword.**

Rozovsky LE; Rozovsky FA  
Can J Public Health ,Jan-Feb 1982. 73 (1) p24-5. ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0206797 82166934

**Word processing cuts transcription costs.**

Kahl K; Vlazny J; Meinz A  
Hosp Financ Manage ,May 1982. 36 (5) p16-8. 24. 26-7.  
ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206764 82166204

**Health records -- legal aspects: a bibliography.**

J Am Med Rec Assoc ,Apr 1982. 53 (2) p85-9. ISSN  
0025-7486 Journal Code: GJV  
Languages: ENGLISH

0206758 - 82166198

**Marketing forum: pocket-size personal health record.**

Slezak L  
J Am Med Rec Assoc ,Apr 1982. 53 (2) p44. 46. ISSN  
0025-7486 Journal Code: GJV  
Languages: ENGLISH

00173

0206755 82166195  
**Effective communication: key to successful computerization of medical records.**  
Murphy G; Waters K  
J Am Med Rec Assoc ,Apr 1982, 53 (2) p27-33, ISSN 0025-7486 Journal Code: GJV  
Languages: ENGLISH

0205605 82170305  
**Confidentiality: the confusion continues.**  
Kenny DJ  
J Med Ethics ,Mar 1982, 8 (1) p9-11, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0205596 82170294  
**Changing practice on confidentiality: a cause for concern. Commentary 1: Confidentiality: the dangers of anything weaker than the medical ethic.**  
Jacob JM  
J Med Ethics ,Mar 1982, 8 (1) p18-21, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0205595 82170293  
**Changing practice on confidentiality: a cause for concern.**  
Pheby DF  
J Med Ethics ,Mar 1982, 8 (1) p12-8, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

The dissemination of information about patients through computers and multidisciplinary teams involves departures from traditional tenets of confidentiality. This raises ethical problems, exemplified by current practices in child health. In multidisciplinary teams, problems may arise because different professions utilise different types of data. Some team members may not appreciate the extent to which data may be unscientific and judgmental. Children and their families may be labelled, without justification, preventing objective reappraisal. The ethical and legal implications are considered. Practice may not conform to principles of natural justice, for example when care orders are sought. Obligations to the State may also imperil the confidentiality of the doctor-patient relationship, and of medical records, the legal status of which is confused and requires clarification. Allowing patients access to their records could be a useful safeguard, and the medical profession should devise alternatives should it not be accepted.

0205518 82169127

**Data base design for natural language medical data.**  
Story G; Hirschman L  
J Med Syst ,Feb 1982, 6 (1) p77-88, ISSN 0148-5598  
Journal Code: IZM  
Contract/Grant No.: LM-02616  
Languages: ENGLISH

0205305 82166321  
**Using Medicaid data to identify patients with drug therapy problems.**  
McGhan WF; Wertheimer AI; Rowland CR  
Inquiry ,Spring 1982, 19 (1) p79-88, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0205141 82164519  
**[Not answering of questions and not giving therapeutic notes to other physicians]**  
Nichtbeantwortung von Anfragen und Nichtuberlassung von Behandlungsunterlagen.  
Uhlenbruck W  
Dtsch Med Wochenschr ,Apr 23 1982, 107 (16) p635-6, ISSN 0012-0472 Journal Code: ECL  
Languages: GERMAN

0205121 82164097  
**[Rational EDP-basic documentation in the surgical clinic]**  
Rationelle EDV-Basisdokumentation in der Chirurgischen Klinik.  
Stock W; Nitzschke E; Mackrodt HG  
Chirurg ,Mar 1982, 53 (3) p176-83, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN Summary Languages: ENGLISH

The establishment of a clinical basis documentation has approved because of the co-operation with the service-computer-centre of the clinical administration by linking the administrative and clinical data of the patients. The most essential data like diagnosis, operation, complication, operating surgeon as well as the eventual case of death will be registered in a protocol by the ward physician. These data will be registered by a documentary assistant according to the international keys. The evaluation of the data is done by a SPSS-program. The present results demonstrate that this kind of computer assisted clinical documentation has been successful.

00174

0204962 82162119

**A micro-computerized anaesthetic record system.**

Zissos A; Strunin L

Can Anaesth Soc J ,Mar 1982, 29 (2) p168-73, ISSN

0008-2856 Journal Code: CG7

Languages: ENGLISH

An anesthetic record system has been implemented using a micro-computer, rather than a larger computer system. The record system provides a wide range of functions, including record retrieval, random record processing, and the generation of graphical reports on the department's operating room performance. The steps taken in realizing this system are described, with emphasis on the preparatory decisions that must be made before computer programming can be undertaken. Adopting a modest straightforward design philosophy is shown to be an important pre-requisite to success.

0204594 82147657

**Royal College of Physicians of Edinburgh Working Group on cooperation between medical and other health professions.**

Med Rec (Truro) ,Feb 1982, 23 (1) p11-4, ISSN 0025-7478

Journal Code: MF7

Languages: ENGLISH

0204122 82157227

**GENTIC: a computerized medical genetic case record system.**

Ayme S; Aurran Y; Gouvernet J; Mattei JF; Giraud F

Am J Med Genet ,Jan 1982, 11 (1) p43-51, ISSN 0148-7299

Journal Code: 3L4

Languages: ENGLISH

Gentic is a computerized system for the storage, recall, and analysis of data collected by the Medical Genetics Center in Marseille, France. It is based on a standard case report file that includes a full clinical description of all patients, results of cytogenetic investigations, and details of the genetic counseling provided. GENTIC has been used since 1975, and data on more than 5,000 families are accessible for study. This system has improved the quality of consultations, follow-up, and research. It provides data for epidemiological studies and for syndrome identification. This system is maintained at an annual cost of \$3,000, salary costs not included, after an initial investment of \$40,000.

00121

0203991 82154225

**Rapid access to blood bank records on microfilm.**

Sherman LA; Dorner I; Koster B; Inkster M

Transfusion ,Jan-Feb 1982, 22 (1) p72-3, ISSN 0041-1132

Journal Code: WDN

Languages: ENGLISH

A rapid data retrieval system for blood banks is described based on a computer service generated index to microfilm records. Use of microfilm for the index and a reader/printer

for the microfilm permits "hard copy" of old records within minutes. This approach has resulted in more rapid and efficient access to back records with a substantial decrease in space requirements, and without computer hardware costs.

0203325 82148018

**Clinical data management and analysis using a microcomputer.**

Dodge RK; Krakoff IH

Med Pediatr Oncol ,1982, 10 (1) p15-20, ISSN 0098-1532

Journal Code: M6P

Contract/Grant No.: CA22435; CA24543; NO1CM97278

Languages: ENGLISH

In the clinical setting, it is imperative that the medical staff as well as certain support staff have ready access to patients' records and on-study data. Computerization of the clinical data must not deter non-computer-oriented data users from getting at the information they need. In fact, the computer system should be designed for ease of operation by all potential users so that it becomes a valuable and unobtrusive aid to the clinical environment. This paper describes the workings of a microcomputer system at the Vermont Regional Cancer Center.

0203301 82147895

**Design and evaluation of a semiautomatic anesthesia record system.**

Apple HP; Schneider AJ; Fadel J

Med Instrum ,Jan-Feb 1982, 16 (1) p69-71, ISSN

0004-5446 Journal Code: M12

Languages: ENGLISH

00175

0202715 82141151

**[A chronological linkage technic of records and use of the obtained information. Application to the functional control of cardiac stimulators]**

Une technique de chainage chronologique de dossiers et exploitation du fichier obtenu: Application au controle du fonctionnement des stimulateurs cardiaques.

Chau N; Valantin G; Kubler L; Martin J; Legras B; Dodinot B  
Int J Biomed Comput ,Jan 1982, 13 (1) p37-47, ISSN  
0020-7101 Journal Code: GQQ

Languages: FRENCH Summary Languages: ENGLISH

The application of information processing to the study of the evolution of the patient's state requires the constituting of a file which contains the values of different items as functions of time. There are many methods for doing this and most of them appeal to the construction of a complex database.

The technique presented in the paper paper tries at first to constitute, for each patient, some records, of which every one corresponds to a determined "operation" (the term "operation" is taken in the wide sense; example: consultation, surgical intervention,...) then to link them according to the chronological order. It has the advantage of being easy so that it may be used even on minicomputers. Furthermore, the exploitation of the resultant data file is very easy. This method is well suited to problems such as the examination of the longitudinal investigations, the treatment of records of the patients who went through several operations, etc. The application presented here is the checking of the functioning of pacemakers. We wrote on a minicomputer MITRA 15/125 transferable general program (using FORTRAN IV exclusively), which allows one to carry out the linking and to exploit the resultant file. It is so designed that the addition of new procedures involved in new applications may be very easy.

0202475 82138420

**[Giving photocopied medical records to patients]**

Herausgabe fotokopierter Krankenunterlagen an Patienten.  
Rieger HJ

Dtsch Med Wochenschr ,Apr 2 1982, 107 (13) p510-2, ISSN  
0012-0472 Journal Code: ECL  
Languages: GERMAN

0202196 82130070

**Clinical data systems: meeting organizational needs.**

Small P

Top Health Rec Manage ,Mar 1982, 2 (3) p9-17, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0202191 82130065

**Computer -based coding of medical data.**

Gabrieli ER; Saumby JA

Top Health Rec Manage ,Mar 1982, 2 (3) p51-9, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0202186 82130060

**Computer assistance for the storage and retrieval of medical diagnostic information.**

Okubo RS

Top Health Rec Manage ,Mar 1982, 2 (3) p19-30, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

00122

0202185 82130059

**The medical record -- a valuable data base for the hospital.**

Niemczyk-Kingsbury S

Top Health Rec Manage ,Mar 1982, 2 (3) p1-2, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0202154 82127071

**OSHA final rule gives employees the right to see their exposure and medical records.**

Hayes M

Pers Adm ,Mar 1982, 27 (3) p71-2, 74-5, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

00176

00123

● 0200573 82120935

**Team approach to the problem-oriented record in a long-term care facility.**

Beattie BL; Crawshaw ML  
J Am Geriatr Soc ,Feb 1982, 30 (2) p109-13, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

At the Extended Care Unit of the Health Sciences Centre Hospital at the University of British Columbia, team participation in the care of 300 elderly patients includes the team's ability to facilitate use of the problem-oriented record (POR). The key to making the POR a functional communication tool was the development of a useful Problem List. In establishing this system, many difficulties arose. It was imperative to recognize that many staff members had not been trained in problem-solving techniques, and that they had varying degrees of knowledge about the data base. Active physician involvement was mandatory. Employment of a half-time POR Coordinator working with a supporting interdisciplinary POR Committee was needed to make the system work. Guidelines for defining problems were developed, and Problem Lists gradually acquired significance for the entire health care team. Examples are included. Concurrent continuing education was started in pathophysiology, problem-solving, and use of the POR.

0199298 82111346

**In two cases Illinois court upholds confidentiality.**

Am Med News ,Feb 5 1982, 25 (5) p8, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0197814 82100430

**The health data base of a nationwide company - its use in epidemiological studies.**

Goldberg M; Blanc M; Chastang JF; Blanc C; Sommer M  
JOM ,Jan 1982, 24 (1) p47-52, ISSN 0096-1736 Journal  
Code: JGN  
Languages: ENGLISH

0196804 82071300

**Developing good patient records.**

Seeborg K  
Contemp Adm ,Jan 1982, 5 (1) p36-7, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0196758 82069785

**Privacy Act system of records; amendment of a routine use and change in locations. Public Health Service. Amendment of a**

**routine use and change in locations for Privacy Act system of records 09-15-0007.**

Fed Regist ,Jan 18 1982, 47 (11) p2510-3, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH

In accordance with the requirements of the Privacy Act, the Public Health Service (PHS) is publishing this notice of a proposal to amend a routine use and change the listing of locations for the "Patients Medical record System PHS Hospitals/Clinics," HHS/HSA/BMS. We are taking these actions in order to comply with the provisions of the Omnibus Budget Reconciliation Act of 1981 (Pub. L.97-35) which requires that the PHS hospitals and clinics be closed by October 31, 1981, or converted to community use by September 30, 1982.

0196757 82069784

**Privacy Act; notification of a new system of records. Public Health Service. Notification of a new system of records: 09-30-0039, "Drug Abuse Treatment Outcome Prospective Study (TOPS)".**

Fed Regist ,Jan 18 1982, 47 (11) p2508-10, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH

In accordance with the requirements of the Privacy Act, the Public Health Service (PHS) is publishing a notice of a new system of records entitled "Drug Abuse Treatment Outcome Prospective Study (TOPS," HHS/ADAMHA/NIDA, in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), National Institute on Drug Abuse (NIDA). We are also proposing routine uses for this system of records. The purpose of the system is to compile information (data base) for a long-term, large-scale followup study of clients entering drug abuse treatment programs. NIDA will analyze aggregate data to assess the effectiveness of drug abuse treatment programs and to obtain data on drug abusers' behavior and characteristics subsequent to their contacts with the programs.

00177

# ARQUITECTURA

00178

0227843 83095507

**Study tour in England. An architect's view.**

De'Ath R

World Hosp ,Nov 1982, 18 (4) p29-32, Journal Code: XP6

Languages: ENGLISH

00124

0217363 82263506

**Working with the architect.**

Derby JC; Van Drimmelen J

Hosp Mater Manage Q ,May 1982, 3 (4) p6-9, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0211872 82229199

**Cancer mortality among three Swedish male academic cohorts:  
chemists, architects, and mining engineers/metallurgists.**

Olin GR; Ahlbom A

Ann NY Acad Sci ,1982, 381 p197-201, ISSN 0077-8923

Journal Code: 5NM

Languages: ENGLISH

0204620 82148174

**Healthcare contracts awarded in '81 [news]**

Mod Health Care ,Apr 1982, 12 (4) p84, 86-8, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0199225 82103699

**Hospitals give more work to large design firms.**

Kuntz EF

Mod Health Care ,Feb 1982, 12 (2) p93-4, 96, 98, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0199205 82103679

**Healthcare jobs completed in '81.**

Mod Health Care ,Feb 1982, 12 (2) p116, 118-9, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

00179

**ATENCION MEDICA DOMICILIAR**



0233354 83146455

**The skilled social work role in home care.**

Kirschner C; Rosengarten L

Soc Work ,Nov 1982, 27 (6) p527-30, ISSN 0037-8046

Journal Code: UUD

Languages: ENGLISH

0233308 83145231

**The effect of home respiratory therapy on hospital readmission rates of patients with chronic obstructive pulmonary disease.**

Roselle S; D'Amico FJ

Respir Care ,Oct 1982, 27 (10) p1194-9, ISSN 0730-8418

Journal Code: QZ3

Languages: ENGLISH

The South Hills Health System Home Health Agency, Homestead, Pennsylvania, studied the effect of home respiratory therapy on hospital readmission rates in 418 patients with chronic obstructive pulmonary disease (COPD). Respiratory therapists evaluated and followed referred patients in their homes. Oxygen, breathing equipment, and supplies were provided, and patients were educated in use, cleaning, and maintenance of equipment. Data for the study were taken from hospital records, home assessments, and discharge summaries. All patients studied had been hospitalized in the year prior to receiving home respiratory therapy. After 12 months of follow-up, 64% had not been rehospitalized. In the year prior to home respiratory therapy, the average number of hospital admissions per patient had been 1.28, with the average length of hospital stay being 18.25 days. During the home respiratory therapy study period of 12 months, the average number of hospital admissions was 0.48, with the average length of hospital stay being 6.09 days. These results indicate that home care provided by respiratory therapists can significantly reduce the rehospitalization of COPD patients. Prevention of rehospitalization in the study group resulted in estimated average hospital costs of savings of \$2,625 per per patient for the year. As a result of this study, two large local industrial employers, the Federal Black Lung program, and Blue Cross of Western Pennsylvania have added respiratory therapy to their home health benefits.

0233260 83141341

**Agencies join forces with hospitals to deliver intravenous care in home [news]**

Punch L

Mod Health Care ,Feb 1983, 13 (2) p60, ISSN 0160-7480

Journal Code: NFA

Languages: ENGLISH

0233021 83133995

**Combined functions ensure patients' continuity of care.**

Hosp Prog ,Mar 1983, 64 (3) p26, 28, 30, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0232994 83133916

**State supports options program.**

Home Health J ,Feb 1983, 4 (2) p8, 12, Journal Code:

GCB

Languages: ENGLISH

0232993 83133915

**Non-profit tax expert provides insight into home health agency financial situation, restructuring [interview]**

Bromberg RS

Home Health J ,Feb 1983, 4 (2) p7, 14, Journal Code:

GCB

Languages: ENGLISH

0232992 83133914

**Studies favor expansion of home health services.**

Henry T

Home Health J ,Feb 1983, 4 (2) p5, Journal Code: GCB

Languages: ENGLISH

0232991 83133913

**Medical social services offer agencies greater flexibility in the provision of in-home services.**

Hoffman J

Home Health J ,Feb 1983, 4 (2) p13, Journal Code: GCB

Languages: ENGLISH

0232990 83133912

**TEFRA and the hospital-based program.**

Windley RD

Home Health J ,Feb 1983, 4 (2) p11, 16, Journal Code:

GCB

Languages: ENGLISH

00181

0232841 83130477  
**Home health care/the lame ducks did it.**  
Samuel FE Jr  
Contemp Adm ,Feb 1983, 6 (2) p27, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0232825 83129846  
**The National Association for Home Care. 1983 position paper on legislative and regulatory issues--a blueprint for action.**  
Caring ,Mar 1983, 2 (3) p31-40, Journal Code: C9V  
Languages: ENGLISH

0232823 83129844  
**Agency round up: federal regulatory agenda for home care; Advisory Council on Social Security--Medicare; HCFA current and projected regulations.**  
Caring ,Mar 1983, 2 (3) p19-21, Journal Code: C9V  
Languages: ENGLISH

0232771 83152810  
**A look at the future in domiciliary care.**  
Blight S  
Australas Nurses J ,Dec 1982, 11 (11) p7-8, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0232769 83152808  
**Keeping the elderly at home.**  
Wilson I  
Australas Nurses J ,Dec 1982, 11 (11) p3-4, 6, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0232767 83152803  
**Tabling speech.**  
McLeay L  
Australas Nurses J ,Dec 1982, 11 (11) p17-8, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0232766 83152801  
**I choose, you choose.**  
Radford AJ  
Australas Nurses J ,Dec 1982, 11 (11) p12-5, ISSN  
0301-018X Journal Code: 9IS

Languages: ENGLISH

0232765 83152800  
**Keeping the elderly at home.**  
Pudney O  
Australas Nurses J ,Dec 1982, 11 (11) p11, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0232751 83152684  
**An alternative staffing pattern for domiciliary care: registered nurses and substitute relatives.**  
Bennett MJ  
Aust Nurses J ,Nov 1982, 12 (5) p45-9, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0232555 83149894  
**Pharmacy department costs and patient charges associated with a home parenteral nutrition program.**  
Brakebill JI; Robb RA; Ivey MF; Christensen DB; Young JH;  
Scribner BH  
Am J Hosp Pharm ,Feb 1983, 40 (2) p260-3, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The pharmacy department costs of a home parenteral nutrition (HPN) program were identified, and the patient charges for HPN were compared with the charges for hospitalization for parenteral nutrition. Ten patients were randomly selected from 55 patients active in the HPN program at the University of Washington Hospital. Cost identification included quantification of supplies, personnel, equipment, freight, miscellaneous, and indirect costs. Patient charges were identified through billing documents. Charges included clinic visits and laboratory tests. Inpatient charges were identified in a similar manner and included a standard daily hospital charge. Average yearly costs to the pharmacy department were nearly +9000 per HPN patient. Patient charges for HPN were +48.19 per infusion day compared with +205.68 per infusion day for the hospitalized patient. The cost savings of HPN to the patient and the hospital were clearly demonstrated.

00182

0232408 83148379

**[Care of elderly chronically ill patients at home]**

Die pflege betagter langzeitkranker zu hause.

Stahelin HB; Bloch F; Jeker C; Bruppacher R

Soz Praventivmed ,Dec 1982, 27 (6) p326-7, ISSN

0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

In a survey of 261 chronically ill elderly 43 are found to be supported at home by family members. In comparison to institutionalised patients significantly more men are nursed at home. Members of lower socioeconomic groups are overrepresented in the home care group. Only close family members (spouse and daughter) contribute in significant numbers to home care. In addition formal support is necessary in the majority of patients (periodic hospitalisation in more than 50%). In the present situation, only a minority (mainly married men) is cared for at home.

0232406 83148377

**[Structure of work times of public health nurses: effect of the age of patients, nature of care given and location of contact]**

Structure du temps de travail des infirmieres de sante publique: effets de l'age des patients, de la nature des prestations fournies et du lieu du contact.

Paccaud F; Martin J

Soz Praventivmed ,Dec 1982, 27 (6) p315-21, ISSN

0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

In the framework of health services research sponsored by the Swiss National Science Foundation, a research was undertaken of the activity of the large majority of the public health nurses working in the Swiss cantons of Vaud and Fribourg (total population 700,000). During one week, 130 nurses gathered, with a specially devised instrument, data on 4165 patient visits. Studying the duration of the contacts, one has distinguished contact duration per se (DC), duration of the travel time preceding the contact (DD), and total duration in relation with the contact (DTC-addition of the first two). It was noted that the three durations increased significantly with patient age (as regard travel time, this is explained by the higher proportion of home visits in higher age groups, as compared with visits at a health center). Examined according to location of the visit, contact duration per se (without travel) is higher for visits at home and in nursing homes than for those taking place at a health center. Looked at in respect to the care given (technical care, or basic nursing care, or both simultaneously), our data show that the provision of basic nursing care (alone or with technical care) doubles contact duration (from 20 to 42-45'). The analyses according to patient age shows that, at an advanced age (beyond 80 years particularly), there is an important increase of the visits where both types of care are given. However, contact duration per se shows a significant raise with age only for the group "technical care only"; it can be demonstrated that this is due to the fact that older

patients require more complex technical acts (e.g., bladder care, as compared with simpler acts such as injection). A model of the relationships between patient age and contact duration is proposed: it is because of the increase in the proportions of home visits, of visits including basic nursing care, and of more complex technical acts that older persons require more of the working time of public health nurses.

0232405 83148376

**[Characteristics of public health nursing care according to the age of the patients. Analysis of data gathered in the cantons of Vaud and Fribourg (Switzerland)]**

Caracteristiques des soins infirmiers de sante publique selon l'age des patients. Analyse de donnees recueillies dans les cantons de Vaud et Fribourg (Suisse).

Martin J; Haenny C

Soz Praventivmed ,Dec 1982, 27 (6) p310-5, ISSN

0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

This is a descriptive presentation according to patient age (between 41 and 100 years of age) of data collected during an activity study among 130 public health nurses in two Swiss cantons (total population 700,000). Are increasing with age the proportions of home visits (as compared with health center visits), of requests for care coming from the family (rather than the patient), of basic nursing care (hygiene, mobilization) as the major motive for the care request, the number of basic care acts performed and of technical acts such as bladder care (catheter, instillation). Conversely, characteristics the frequency of which decreases with age are for example some technical acts such as injections and taking of blood samples, and proportion of visits after which no control is planned. Elements for which proportions remain similar across the five age groups considered include initial care request by a physician or a hospital, technical nursing acts as the major reason for the request, most of the activities called "help, detection/case study and prevention", and the referral rate to a physician. These results represent a general picture of the observed trends, which will be studied in detail elsewhere.

0232116 83144991

**"Positive discrimination" in child health: an interim report from Nottingham.**

Madeley RJ

Public Health ,Nov 1982, 96 (6) p358-64, ISSN 0033-3506

Journal Code: Q17

Languages: ENGLISH

00183

0231540 83140558  
**Agency mergers: a cost-effective approach to improving patient care.**  
Kuhns PL; Kellogg R  
League Exch ,1982, (133) p1-vi, 1-50, ISSN 0077-5134  
Journal Code: L34  
Languages: ENGLISH

0231310 83138599  
**Survey of postnatal care.**  
Cranfield FM  
J R Soc Med ,Jan 1983, 76 (1) p41-4, ISSN 0141-0768  
Journal Code: JX1  
Languages: ENGLISH

0230576 83130458  
**Support for carers: incontinence.**  
Community Outlook ,Jan 12 1983, p14-5, ISSN 0262-8759  
Journal Code: DPG  
Languages: ENGLISH

0230283 83126799  
**The paid aide demonstration: summary of operational experiences.**  
Sparer G; Cahn MA; Robbins K; Sharp N  
AANNT J ,Feb 1983, 10 (1) p19-29, ISSN 0744-1479  
Journal Code: AAX  
Languages: ENGLISH

0230124 83115016  
**GAO offers mixed blessings to elderly home care options.**  
Med Prod Sales ,Feb 1983, 14 (2) p1, 31-2, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0230000 83108214  
**Reality strikes homecare.**  
Murrey MI  
Health PAC Bull ,Sep-Oct 1982, 13 (5) p25-7, ISSN  
0017-9051 Journal Code: G29  
Languages: ENGLISH

0229924 83107018  
**Community benefits from hospital, home health agency co-op.**  
Menzel T  
Home Health J ,Jan 1983, 4 (1) pB, Journal Code: GCB

Languages: ENGLISH

0229923 83107017  
**Non-profit tax expert provides insight into home health agency financial situation, restructuring [interview]**  
Brombert RS  
Home Health J ,Jan 1983, 4 (1) p7, 9 contd, Journal  
Code: GCB  
Languages: ENGLISH

0229922 83107016  
**TEFRA: the beginning of the very end?**  
Bridges R  
Home Health J ,Jan 1983, 4 (1) p6, 12, Journal Code:  
GCB  
Languages: ENGLISH

0229921 83107015  
**Agency extends support services, spearheads association's birth as home care continues expansion [interview]**  
Bazzoli J  
Home Health J ,Jan 1983, 4 (1) p4, 12, Journal Code:  
GCB  
Languages: ENGLISH

0229920 83107014  
**Today's organizational structuring trends.**  
Cenac DS  
Home Health J ,Jan 1983, 4 (1) p11, 16, Journal Code:  
GCB  
Languages: ENGLISH

0229919 83107013  
**Restrictive covenants: are they legal?**  
MacKelvie CF  
Home Health J ,Jan 1983, 4 (1) p10, Journal Code: GCB  
Languages: ENGLISH

00184

- 0229871 83105621  
**Hospice: within the VA hospital system.**  
 Olsen EJ; Wilson DW  
 Fam Community Health ,Nov 1982, 5 (3) p21-9, ISSN  
 0160-6379 Journal Code: ESE  
 Languages: ENGLISH
- 0229870 83105620  
**Hospice in an existing home care agency.**  
 Tehan C  
 Fam Community Health ,Nov 1982, 5 (3) p11-20, ISSN  
 0160-6379 Journal Code: ESE  
 Languages: ENGLISH
- 0229869 83105619  
**Evolution of a community-based home care hospice program.**  
 Lamers WM Jr  
 Fam Community Health ,Nov 1982, 5 (3) p1-10, ISSN  
 0160-6379 Journal Code: ESE  
 Languages: ENGLISH
- 0229832 83104053  
**Gains for hospice coverage.**  
 Samuel FE Jr  
 Contemp Adm ,Sep 1982, 5 (9) p13-4, ISSN 0191-9873  
 Journal Code: DP3  
 Languages: ENGLISH
- 0229822 83104043  
**The home care front.**  
 Kenyon S  
 Contemp Adm ,Jul 1982, 5 (7) p12, ISSN 0191-9873  
 Journal Code: DP3  
 Languages: ENGLISH
- 0229802 83103414  
**The Visiting Nurse Association of Washington, D.C.**  
 Halamandaris MP  
 Caring ,Feb 1983, p26-8, Journal Code: C9V  
 Languages: ENGLISH
- 0229801 83103413  
**Bringing corporate structure to nonprofits: a case study.**  
 Cushman M  
 Caring ,Feb 1983, p22-5, Journal Code: C9V  
 Languages: ENGLISH
- 0229798 83103410  
**How Washington State got the "Blues".**  
 Pyles JC  
 Caring ,Feb 1983, p10-1, Journal Code: C9V  
 Languages: ENGLISH
- 0229796 83103325  
**Home support for elderly persons: a futuristic example.**  
 Harshman FC  
 Can Ment Health ,Sep 1982, 30 (3) p4-6, ISSN 0008-2791  
 Journal Code: C8R  
 Languages: ENGLISH
- 0229795 83103324  
**Management of dementia in the elderly at home: stress and the supporter.**  
 Robertson D; Reisner D  
 Can Ment Health ,Sep 1982, 30 (3) p36-8, ISSN 0008-2791  
 Journal Code: C8R  
 Languages: ENGLISH
- 0229794 83103323  
**Support services enable elderly people to remain at home.**  
 Engstrom-Poulin C  
 Can Ment Health ,Sep 1982, 30 (3) p28-9, ISSN 0008-2791  
 Journal Code: C8R  
 Languages: ENGLISH  
 This paper describes the community rehabilitation team's role in providing services which enable the elderly to remain in their familiar surroundings. The occupational therapist's contributions as a member of this team are outlined, including environmental modifications and adaptations, activities of daily living training, and use of activities to meet specific aims. Finally, the importance of the team members' attitude is discussed. A positive and understanding attitude is a determining factor in the success of intervention programs for the elderly.

0229786 83102424  
**Looking homeward for savings. Employers cozy up to incentive plans.**  
Lawson JC  
Bus Insur ,Feb 14 1983, 17 (7) p3, 31, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0229785 83102423  
**Looking homeward for savings. Company cuts costs by going 'home'.**  
Lawson JC  
Bus Insur ,Feb 14 1983, 17 (7) p3, 30, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0229771 83102397  
**Medicare and Medicaid; miscellaneous amendments--Health Care Financing Administration. Interim final rules with comment period.**  
Fed Regist ,Oct 26 1982, 47 (207) p47388-94, ISSN 0097-6326  
Journal Code: B58  
Languages: ENGLISH

These regulations modify the rules pertaining to compliance with a Life Safety Code, participation of home health agencies (HHA's) in Medicare, and establishment and review of plans of treatment for home health services and outpatient speech pathology services. The changes are necessary to implement several provisions of the Omnibus Reconciliation Act of 1980. The intent of the statutory amendments is (1) to eliminate outdated Life Safety Code requirements imposed on skilled nursing facilities (SNFs); (2) to make it easier for providers of outpatient speech pathology (OSP) services to meet the plan of treatment requirement; (3) to expand the sources of home health services and foster competition; (4) to make it easier for HHAs to meet certification and plan of treatment requirements, while guarding against conflict of interest in the performance of those functions. The amended regulations extend the fire safety code provisions to all hospitals and SNFs under Medicaid as well as Medicare, and to intermediate care facilities (ICFs) under Medicaid. Our purpose is to keep Medicaid rules consistent with the Medicare rules in this area.

0229111 83117180  
**Care in the community.**  
Eastwood B  
Nurs Mirror ,Jan 12 1983, 156 (2) p46, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0229084 83117137  
**Anytown anecdotes: a case of crossed lines.**  
Parnell J  
Nurs Mirror ,Dec 8 1982, 155 (23) p54-5, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0229023 83117036  
**The choice between hospital and home care for terminally ill children.**  
Edwardson SR  
Nurs Res ,Jan-Feb 1983, 32 (1) p29-34, ISSN 0029-6562  
Journal Code: 09K  
Contract/Grant No.: CA 19490  
Languages: ENGLISH

This study explored the decision making process of physicians and parents in choosing between hospital and home care for children in the terminal phase of cancer. Data were gathered from hospital records of the children and from interviews with their parents. Discriminant function analysis of hospital record data suggested that the physician's influence over care and treatment choices remained the dominant influence into the terminal phase. Yet parents reported that they were most influenced by their child's and their own desires and beliefs about their ability to provide care. The possibility of a two-stage decision process is offered to explain this discrepancy.

0228995 83116554  
**REACH: self-care for the chronically ill child.**  
Pierce PM; Giovinco G  
Pediater Nurs ,Jan-Feb 1983, 9 (1) p37-9, ISSN 0097-9805  
Journal Code: OUN  
Languages: ENGLISH

0228893 83115947  
**Terminal care.**  
Wright-St Clair RE  
NZ Med J ,Jan 26 1983, 96 (724) p49-50, ISSN 0028-8446  
Journal Code: 0BQ  
Languages: ENGLISH

00186

0228742 83113900

**Prevention of deterioration of renal and sensory-nerve function by more intensive management of insulin-dependent diabetic patients. A two-year randomised prospective study.**

Holman RR; Dornan TL; Mayon-White V; Howard-Williams J; Orde-Peckar C; Jenkins L; Steemson J; Rolfe R; Smith B; Barbour D; McPherson K; Poon P; Rizza C; Mann JI; Knight AH; Bron AJ; Turner RC

Lancet ,Jan 29 1983, 1 (8318) p204-8. ISSN 0023-7507  
Journal Code: LOS

Languages: ENGLISH

74 insulin-dependent diabetic patients with background retinopathy were randomised to continue with usual diabetic care (group U) or to a more intensive programme (group A) using ultralente insulin as basal cover and soluble insulin at mealtimes. Group A attended the clinic more frequently, received closer dietary supervision, and were taught home blood glucose monitoring. Group A had a significantly lower mean glycosylated haemoglobin level during the study, although the mean level also fell in group U towards the end of year 2.

Renal and sensory-nerve function were significantly better preserved in group A than in group U. Significant improvements were also seen in low-density-lipoprotein-cholesterol and whole-blood low-shear viscosity. The rate of progression of retinopathy was similar in both groups. It appears that a modest improvement in diabetic control, obtainable in most clinics, has been associated with a reduction in the progression of diabetic tissue damage.

0228705 83113336

**[Role of the public health nurse in the CLSAD (Lausanne Center of Home Care Services)]**

Role de l'infirmiere de sante publique au Clsad (Centre lausannois des soins a domicile).

Capitot O  
Krankenpflege (Bern) ,Nov 1982, (11) p57-60. ISSN 0253-0465  
Journal Code: KX7

Languages: FRENCH

0228577 83111606

**Current and future considerations for a geriatric population.**

Wescott WB  
J Prosthet Dent ,Jan 1983, 49 (1) p113-20. ISSN 0022-3913  
Journal Code: JSV  
Languages: ENGLISH

0228032 83103941

**Standards for home care services for the terminally ill.**

Ward A  
Community Med ,Nov 1982, 4 (4) p276-9. ISSN 0142-2456  
Journal Code: DNI

Languages: ENGLISH

0227651 83087956

**Home care is where the dollars are.**

Woolf T  
Med Mark Media ,Nov 1982, 17 (11) p84-92. ISSN 0025-7354  
Journal Code: MGU  
Languages: ENGLISH

0227493 83077488

**Advanced degrees for home care administration?**

McNamara M  
Caring ,Oct 1982, p39. Journal Code: C9V  
Languages: ENGLISH

0227491 83077486

**The M.A.O. home care model offers hope for the future.**

Moss FE  
Caring ,Oct 1982, p33-6. Journal Code: C9V  
Languages: ENGLISH

0227488 83077483

**Homemaker-home health aide service essential to home care.**

Moore F  
Caring ,Oct 1982, p12-3. Journal Code: C9V  
Languages: ENGLISH

0227414 83100070

**Community support services for elderly people.**

Lefroy RB  
Aust Fam Physician ,Oct 1982, 11 (10) p753-6. ISSN 0300-8495  
Journal Code: 9EC  
Languages: ENGLISH

00187

0227281 83098028

**The relationship between socioeconomic class and prevalence of schizophrenia, alcoholism, and affective disorders treated by inpatient care in a suburban area.**

Goodman AB; Siegel C; Craig TJ; Lin SP  
Am J Psychiatry ,Feb 1983, 140 (2) p166-70, ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: AA-03772  
Languages: ENGLISH

This study relates inpatient-treated prevalence of the three mental illnesses most often requiring inpatient treatment--schizophrenia, alcoholism, and affective disorders--to social class in a suburban area. Rates were developed for the total population, including those living in domiciliary care, for those living in households only, and for first-admission patients living in households. Log-linear models supported the finding that low socioeconomic status was related to a high prevalence of alcoholism and affective disorders. In contrast, socioeconomic status was not related to the prevalence of schizophrenia among those living in households or among first-admission patients living in households.

0226806 83091667

**A survey of long-term users of the community psychiatric services in Camberwell.**

Sturt E; Wykes T; Creer C  
Psychol Med ,1982, Suppl p3-55, ISSN 0033-2917  
Journal Code: QER  
Languages: ENGLISH

0226669 83089782

**Occupational health nursing/intravenous nursing interface: home care.**

Weinstein SM  
Occup Health Nurs ,Jan 1983, 31 (1) p30-2, ISSN  
0029-7933 Journal Code: ODC  
Languages: ENGLISH

0226609 83089634

**Yearly review of salaries in home health agencies and community health services--1982.**

Nurs Health Care ,Jan 1983, 4 (1) p38-41, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0226249 83085636

**Personal care attendants: attitudes and factors contributing to job satisfaction.**

Atkins BJ; Meyer AB; Smith NK

J Rehabil ,Jul-Sep 1982, 48 (3) p20-4, ISSN 0022-4154  
Journal Code: JW7  
Languages: ENGLISH

0226117 83084170

**Homemaker home health aide services.**

J Iowa Med Soc ,Nov 1982, 72 (11) p466-7, ISSN  
0021-0587 Journal Code: IIF  
Languages: ENGLISH

0225876 83081824

**Treatment of schizophrenic patients in their homes through a visiting nurse--some issues in the nurse's training.**

Pai S; Nagarajah  
Int J Nurs Stud ,1982, 19 (3) p167-72, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

0225048 83062551

**Texas DME dealers find safety in numbers.**

Albertson D  
Med Prod Sales ,Dec 1982, 13 (12) p15-6, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0225043 83062546

**New Medicare rules for hospices mean more home care, more payments under Part A.**

Loughlin S  
Med Prod Sales ,Nov 1982, 13 (11) p38, 96-7, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0224832 83055213

**Community awareness key to home care program's success.**

Hosp Prog ,Dec 1982, 63 (12) p32, 34, 36, ISSN  
0018-5817 Journal Code: GD1  
Languages: ENGLISH

00188



0224551 83073129

**Home care of the pediatric patient with a tracheotomy.**

Ruben RJ; Newton L; Jornsay D; Stein R; Chambers H; Liquori J; Lawrence C

Ann Otol Rhinol Laryngol ,Nov-Dec 1982, 91 (6 Pt 1) p633-40, ISSN 0003-4898 Journal Code: 5Q2

Languages: ENGLISH

Forty-seven infants and children with tracheotomies were cared for at home for a follow-up period of 1,581 months. There were two relevant fatalities which gave a death rate of 0.13 deaths per 100 months. The average age at the time of tracheotomy was 13 months and the tracheotomy was in place for an average of 33 months per patient. The ability to care for these children was provided through coordinated, intensive training and a home-care program in which the inpatient nurse, nurse practitioner, social worker, pediatrician, and otorhinolaryngologist worked as a team.

0224458 83071907

**The economic value of nursing research.**

Fagin CM

Am J Nurs ,Dec 1982, 82 (12) p1844-9, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0223584 83063496

**Responding to a need: home intravenous therapy.**

Pelletier GM

NITA ,Nov-Dec 1982, 5 (6) p383-4, ISSN 0160-3930  
Journal Code: N7G

Languages: ENGLISH

0223426 83061183

**The cost of home care for dying children.**

Moldow DG; Armstrong GD; Henry WF; Martinson IM

Med Care ,Nov 1982, 20 (11) p1154-60, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: CA 19490

Languages: ENGLISH

0223420 83061177

**An analysis of types and costs of health care services provided to an elderly inner-city population.**

Steel K; Markson E; Crescenzi C; Hoffman S; Bissonnette A

Med Care ,Nov 1982, 20 (11) p1090-1100, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: 5K07 AE 00060

Languages: ENGLISH

The challenge facing national policymakers is to provide health care that is comprehensive and cost-effective to our

nation's growing population of elderly people. A solution worthy of consideration is the use of health maintenance organizations (HMOs) in this capacity. An analysis of the services provided by a multidisciplinary health care system to 150 inner-city elderly, many of whom were "homebound," reversal 1) this population is not homogeneous with respect to severity of disease and service utilization, and 2) a total mean cost per individual per year of \$2,021.34 covers: physician, nursing, and social service home visits; visiting nurse, homemakers, home health aide, occupational therapy and physical therapy services; outpatient, laboratory and medication costs. These findings suggest that while costs for those over 65 are many times the per capita costs of younger enrollees, these costs may be significantly less than the costs of institutional care. Further investigation of the costs of maintaining low-income inner-city old, as well as other elderly populations, at home is vital to planning for future long-term care.

0223213 83058502

**Mortality in relation to the functional capacities of people with disabilities living at home.**

Warren MD; Knight R

J Epidemiol Community Health ,Sep 1982, 36 (3) p220-3, ISSN 0143-005X Journal Code: I1P

Languages: ENGLISH

The mortality experienced by a group of 1534 impaired people identified by means of a census-type survey of all households in the City of Canterbury is related to the degree of difficulty in carrying out selected self-care activities as reported by the impaired people. Although not entirely consistent, the findings in relation to people in their own homes agree with previously reported findings among patients in long-stay hospitals and residents in institutions that increasing difficulties in self-care (and therefore of dependency) are associated with increased mortality rates. These findings suggest that there is no clear boundary between some services for disabled people and those for terminal care, and that many severely handicapped people at home require co-ordinated and flexible care from nurses, social workers, and doctors.

0223159 83057863

**The aggregate approach: a student experience.**

Pogrud R; Block-Ben Ibgul D

J Gerontol Nurs ,Dec 1982, 8 (12) p696-9, ISSN 0098-9134 Journal Code: IAX

Languages: ENGLISH

00189

0223158 83057862  
**What does it take to let them go home?**  
Tesfa A  
J Gerontol Nurs ,Dec 1982, 8 (12) p692-5, 718, ISSN  
0098-9134 Journal Code: IAX  
Languages: ENGLISH

0223044 83056253  
**Elderly people at home--do health and social services reach those most in need?**  
Read S  
Health Visit ,Nov 1982, 55 (11) p600-1, 603, ISSN  
0017-9140 Journal Code: G2P  
Languages: ENGLISH

0222981 83055846  
**[The extra-mural hospital of New Brunswick]**  
L'hôpital extramural du Nouveau-Brunswick.  
Steward J; Ferguson JM  
Infirm Can ,Dec 1982, 24 (11) p18-20, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0222964 83055649  
**Monitoring of severely malnourished children and domiciliary management in rural settings by Anganwadi workers under integrated child development service & scheme.**  
Lal S  
Indian Pediatr ,May 1982, 19 (5) p409-13, ISSN  
0019-6061 Journal Code: GM2  
Languages: ENGLISH

0222896 83054808  
**Meeting the needs of the elderly: home health care or institutionalization?**  
Garner JD; Mercer SO  
Health Soc Work ,Aug 1982, 7 (3) p183-91, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH

0222727 83052835  
**Oxygen in the home.**  
Drug Ther Bull ,Aug 20 1982, 20 (17) p65-7, ISSN  
0012-6543 Journal Code: EBV  
Languages: ENGLISH

0222685 83052444  
**Feasibility of home care for certain respiratory-dependent restrictive or obstructive lung disease patients.**  
Fischer DA; Prentice WS  
Chest ,Dec 1982, 82 (6) p739-43, ISSN 0012-3692  
Journal Code: DIC  
Languages: ENGLISH  
Some patients requiring long-term intermittent or continuous mechanical ventilation can be safely treated at home with less cost and greater patient and family satisfaction. This is supported by experience with restrictive or obstructive respiratory disease patients in a respirator home care program from 1973 through 1979; some were followed for over four years. Moreover, risk is low as judged by few medical complications and no deaths attributed to home care. When compared with their need for hospitalization in the preceding 12 months, patients in the home care program required fewer days in the hospital (restrictive, 88 percent; obstructive, 37 percent). Given proper organization and resources, home care can be a useful alternative to continued hospitalization for certain respirator-dependent patients.

0222621 83052022  
**The case for an integrated incontinence service for disabled children.**  
Parker GM  
Community Med ,May 1982, 4 (2) p119-24, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222523 83050635  
**Primary caregivers; perceptions of nursing behaviors that best meet their needs in a home care hospice setting.**  
Skorupka P; Bohnet N  
Cancer Nurs ,Oct 1982, 5 (5) p371-4, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0222402 83049777  
**Crisis intervention in psychogeriatrics: a two-year follow-up study.**  
Ratna L  
Br J Psychiatry ,Sep 1982, 141 p296-301, ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

00130

0222092 83029202

**Senior companion volunteers provide home care for discharged elderly.**

Hosp Prog ,Nov 1982, 63 (11) p14-5, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0221560 83043377

**[Patient compliance as a function of type of management and age]**

Patientencompliance in Abhängigkeit von der Betreuungsform und vom Alter.

Dan J

ZFA (Dresden) ,Jul-Aug 1982, 37 (4) p273-6, Journal Code: XSR

Languages: GERMAN Summary Languages: ENGLISH

For the medical monitoring of selected groups of patients to be successful, it is necessary that the patients concerned cooperate in every respect. Our studies have shown that compliance was best (82 per cent) in the case of those locked after in their homes. Groups of specially selected patients came next with just under 80 per cent. Cooperation was least satisfactory (33 per cent) among those who were not given a definite appointment.

0221271 83039818

**Role conflict for aides in a homemaker aide program for frail elderly persons.**

Haemmerlie FM; Montgomery RL

Psychol Rep ,Aug 1982, 51 (1) p63-9, ISSN 0033-2941

Journal Code: QF6

Languages: ENGLISH

0221211 83038943

**The role of the areawide oncology nurse coordinator in the home care of cancer patients.**

May DM; Dleske D; Justo-Ober PK; Heide E

Oncol Nurs Forum ,Fall 1982, 9 (4) p39-43, ISSN

0190-535X Journal Code: PAD

Contract/Grant No.: CANU27555

Languages: ENGLISH

0221210 83038940

**Needs assessment for advanced cancer patients and their families.**

Grobe ME; Ahmann DL; Ilstrup DM

Oncol Nurs Forum ,Fall 1982, 9 (4) p26-30, ISSN

0190-535X Journal Code: PAD

Contract/Grant No.: CA-15083

Languages: ENGLISH

0221194 83038888

**Community forum. 10. A team of supporters.**

Spooner B

Nurs Mirror ,Oct 13 1982, 155 (15) p34-5, ISSN

0029-6511 Journal Code: 098

Languages: ENGLISH

0221193 83038887

**Community forum. 10. Professional insecurity.**

Clark G

Nurs Mirror ,Oct 13 1982, 155 (15) p32-3, ISSN

0029-6511 Journal Code: 098

Languages: ENGLISH

0221129 83038759

**What health visitors do.**

Wiseman J

Nurs Times ,Oct 6-12 1982, 78 (40) psupp1 29:113-6, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0220715 83035112

**[A nursing future in home care services]**

Une future infirmiere en soins a domicile.

Streckeisen S

Krankenpflege (Bern) ,Sep 1982, (9) p43, 73, Journal

Code: KX7

Languages: FRENCH, GERMAN

0220678 83035065

**[Different standards in district and hospital nursing. Experiences and viewpoints of the nurse after the change from hospital to district nursing]**

Unterschiedliche Wertmassstabe in der Gemeinde- und Krankenhauspflege. Erfahrungen und Einsichten einer Krankenschwester nach dem Wechsel vom Krankenhaus in die Gemeindekrankenpflege.

Krankenpflege (Frankfurt) ,Oct 1982, 36 (10) p326-7, ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

00191

00125

0220265 83030252

**New approaches in health visiting. 1: A critique of the neighbourhood study in health visitor training.**

Hunt M

Health Visit ,Oct 1982, 55 (10) p521-5, ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0220094 83028722

**Care of the acutely ill older adult. Home safe.**

Timan B; Goldfarb D; Curtis B

Geriatr Nurs (New York) ,Nov-Dec 1982, 3 (6) p399-401,

Journal Code: FW7

Languages: ENGLISH

0219974 83026514

**Psychiatric service in the People's Republic of China.**

Shen YC; Zhang WX

Chin Med J [Engl] ,Jun 1982, 95 (6) p443-8, ISSN

0366-6999 Journal Code: D3B

Languages: ENGLISH

0219957 83026295

**Long-term evaluation of hemofiltration at home.**

de Fremont JF; Moriniere P; Pruna A; Gheerbrandt JD; Kassouf J; Roussel A; Galy C; Fournier A

Contrib Nephrol ,1982, 32 p119-27, ISSN 0302-5144

Journal Code: DQV

Languages: ENGLISH

0219851 83024627

**An evaluation of the routine postnatal public health nurse home visit.**

Stanwick RS; Moffat ME; Robitaille Y; Edmond A; Dok C

Can J Public Health ,May-Jun 1982, 73 (3) p200-5, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH

0219845 83024619

**High risk follow-up program of the infant and family in the community.**

Clemmens D

Can J Public Health ,May-Jun 1982, 73 (3) p163-6, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH

0219626 83005751

**Home health agencies in the 1980s.**

Thom AM

Home Health Care Serv Q ,Spring 1982, 3 (1) p5-24, ISSN

0162-1424 Journal Code: GJ6

Languages: ENGLISH

This article presents a review of issues in home health, including a discussion of current political philosophy and its impact on home care, an identification of problems and barriers in the home health field, and some approaches to resolve these difficulties. Among the issues explored are the administrative structure and financing of home health agencies; manpower considerations, with particular attention to the role of nursing; business practices, productivity and the industry's image, and finally, the relationship between long-term services and acute care.

0219625 83005750

**Acute hospital discharge of older patients and external control.**

Robinson BC; Barbaccia JC

Home Health Care Serv Q ,Spring 1982, 3 (1) p39-57,

ISSN 0162-1424 Journal Code: GJ6

Contract/Grant No.: MH 32731

Languages: ENGLISH

This article examines acute hospital discharge planning processes and the constraints imposed by external control, including third party payors and PSRO. Analysis suggests that availability of third party payment for services dominates the discharge plan. From the professional perspective, in-home services are often planned and provided only to the extent they meet the requirements of medical necessity; from the lay perspective, the services most required are those which preserve the social context. As a consequence, care providers, patients, and significant others become "caught" in regulations often unrelated to a reasonable plan of care designed to meet patient and family needs.

00192

0219624 83005749

**Home health care and rapid rehospitalization.**

Schwartzberg JG

Home Health Care Serv Q ,Spring 1982, 3 (1) p25-37,

ISSN 0162-1424 Journal Code: GJ6

Languages: ENGLISH

Early release from the hospital of the elderly ill patient may lead to failure of the home care plan and rapid rehospitalization. Review of 330 consecutive admissions to a large urban home health agency in 1980 revealed that 43 patients (13%) were rehospitalized within 2 weeks of admission. This high risk patient population is contrasted with the average home care population in terms of living arrangements, ambulatory status, primary diagnosis, age, sex, medications, etc. Home care was probably the appropriate long-term placement if better coordination between discharge planners, PSROs, physicians and home care staff could have been established with the extension of the hospital stay by 1-2 days and/or the provision of more intensive supportive care in the home at the time of admission to the home care agency. Simple guidelines for medical/social discharge planning to provide safer transfer of ill elderly patients from hospital to home are listed.

0219561 83002765

**Home health.**

Samuel FE Jr

Contemp Adm ,Apr 1982, 5 (4) p18, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0219556 83002760

**Home health/challenges and cutbacks.**

Samuel F

Contemp Adm ,Mar 1982, 5 (3) p30-1, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0219188 83018226

**[Care of the aged in the intermediate state between self care and outside help (editorial)]**

Die Versorgung alter Menschen im Spannungsfeld zwischen Selbstversorgung und Fremdhilfe.

Pfaff AB; Asam WH

Z Gerontol ,May-Jun 1982, 15 (3) p139-41, ISSN

0044-281X Journal Code: XXP

Languages: GERMAN

Zur Bedeutung und Vergabe von Pflegegeldern.

Polazek H; Muldner J

Z Arztl Fortbild (Jena) ,Jun 1 1982, 76 (11) p514-5,

ISSN 0044-2178 Journal Code: XS6

Languages: GERMAN

0218805 83013596

**Childbirth choice: are there safe options?**

Jennings B

Nurse Pract ,Jul-Aug 1982, 7 (7) p26, 30, 32 passim,

ISSN 0361-1817 Journal Code: OA1

Languages: ENGLISH

(97 Refs.)

0218612 83010913

**Postpartum home visits by maternity nursing students.**

Barrett JE

JOGN Nurs ,Jul-Aug 1982, 11 (4) p238-40, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

Fewer babies are being born; hospital postpartum days are being shortened; and many families are choosing home births: These facts have prompted nursing educators to seek maternity experiences for students outside the hospital setting. At the university where the student-visit program was implemented, faculty appreciated the need for follow-up home care and focused on more than the experiences in prenatal clinics and the acute-care setting. Rather than turning the family over to another community service or colleague when indicated, second and third home visits are being considered. These additional visits would assure a greater opportunity for primary prevention in the care of the total family. Hospital management and home-care maternity nurses have found that postpartum visits have decreased the need for parents to return to the emergency room or the hospital. Problems have been anticipated or assessed and nursing intervention provided on the home visit. This service gradually is becoming available to more families, with both physical and psychosocial needs being considered. It is hoped that it soon will be provided to all families. Postpartum families, nurses, and nursing students benefit from follow-up postpartum visits in the home. The families are assisted in their parenting roles and nurses gain satisfaction in providing continuity of care.

0219176 83018132

**[The meaning and payment of nursing care benefits]**

00193

0218611 83010912

**An early postpartum hospital discharge program: implementation and evaluation.**

Avery MD; Fournier LC; Jones PL; Sipovic CP  
JOGN Nurs ,Jul-Aug 1982, 11 (4) p233-5, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

The philosophy of the FBC strengthens the concept of childbirth as a normal physiologic process. Couples are guaranteed a high level of quality nursing and medical care. Simultaneously, provisions are made to enhance the family's assertiveness in obtaining a satisfying experience in the hospital that extends to the home environment. With careful planning and decision making throughout the pregnancy, early discharge becomes a satisfying and safe alternative for families and provides a means to decrease the ever rising cost of health care.

0218142 83005479

**Home care legislation: new tax bill mandates changes for HHAs.**

Lundberg CJ  
Hospitals ,Nov 1 1982, 56 (21) p81-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0218141 83005478

**Home health monitoring: ensuring quality in home care services.**

Hughes SL  
Hospitals ,Nov 1 1982, 56 (21) p74-80, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0218140 83005477

**Home care: utilizing resources to develop home care.**

Caldwell JM  
Hospitals ,Nov 1 1982, 56 (21) p68-72, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0218139 83005476

**Home care: hospitals rediscover comprehensive home care.**

McNamara E  
Hospitals ,Nov 1 1982, 56 (21) p60-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0217760 82283646

**Domiciliary nursing service for cancer patients.**

Trinker FR  
Aust Health Rev ,May 1982, 5 (2) p31-3, ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0217603 82271970

**Economics, politics curb bed expansion, encourage nursing home consolidation.**

Champlin L  
Med Prod Sales ,Sep 1982, 13 (9) p1, 24-5, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0217601 82271968

**New purchasing group focuses on distributor needs.**

Champlin L  
Med Prod Sales ,Aug 1982, 13 (8) p48-9, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0217600 82271967

**What does a home health agency really want from suppliers.**

Loughlin S  
Med Prod Sales ,Aug 1982, 13 (8) p38, 44-6, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0217551 82266746

**How to start a home health agency.**

Asmus H; Casale P; Feldscher B; Fagan LL; Saari K; Hagemeyer L; Mayberry L; Parker RL; Fox C  
J Am Health Care Assoc ,Sep 1982, 8 (5) p62-7, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

0217541 82266736

**Home-made financing.**

Scholen K  
J Am Health Care Assoc ,Sep 1982, 8 (5) p27-8, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

00194

0217136 82283650  
**Myelomeningocele--the spina bifida effect.**  
Hodgkinson K  
Aust Nurses J ,Jun 1982, 11 (11) p49-52, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0217054 82282280  
**Business is remedy for some nurses.**  
Selby TL  
Am Nurse ,Sep 1982, 14 (8) p3, 13, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

0217000 82281868  
**The effects of family involvement and practitioner home visits on the control of hypertension.**  
Earp JA; Ory MG; Strogatz DS  
Am J Public Health ,Oct 1982, 72 (10) p1146-54, ISSN 0090-0036  
Journal Code: 3XW  
Contract/Grant No.: R25HL18414  
Languages: ENGLISH

The effectiveness of two social support strategies designed to lower hypertensive patients' blood pressure were compared to each other and to a control group (N = 63) receiving routine care in a randomized clinical trial extending over a period of two years. Group 1 (N = 99) received visits and had family members actively participate in their care through home blood pressure monitoring; Group 2 (N = 56) received home visits from nurses and pharmacists. All groups were predominantly Black. After the first year of the trial, the proportion of patients with uncontrolled diastolic blood pressure (greater than or equal to 95mm Hg) had declined significantly for all three groups; no group showed a statistically significant advantage. However, during the last six months of the second year (after visiting had ended), both Groups 1 and 2 demonstrated clear superiority in DBP control over Group 3, achieving borderline statistical significance (p = .07) when multivariable analysis was performed to control for potential confounders. Supplementing routine care with periodic home visits produced an additional 21 per cent of patients with well-controlled DBP, while involving family members plus visits produced a 17 per cent improvement in the percentage of patients with DBP less than 95mm Hg. However, neither support strategy was clearly more effective than the other over time. The efficacy of the interventions is discussed with respect to cost and feasibility of implementation.

0216499 82276852  
**Legally speaking: caution: home visits can be hazardous to your license.**

Horsley JE  
RN ,Sep 1982, 45 (9) p89-96, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0216375 82275835  
**A noncategorical approach to chronic childhood illness.**  
Stein RE; Jessop DJ  
Public Health Rep ,Jul-Aug 1982, 97 (4) p354-62, ISSN 0033-3549  
Journal Code: QJA  
Contract/Grant No.: MC-R360402  
Languages: ENGLISH

0216174 82274371  
**Community nursing services: goodbye Uncle Tom Cobley--and all.**  
Scott DG  
Nurs Mirror ,Jul 28 1982, 155 (4) p48-9, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216150 82274294  
**Seven ages of disability: the last scene of all.**  
Vetter N; Jones D; Victor C  
Nurs Times ,Aug 4-10 1982, 78 (31) p suppl 21-2, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0215959 82273258  
**General practitioners and the community health nursing service.**  
Emery GM  
NZ Med J ,Jun 23 1982, 95 (710) p428-30, ISSN 0028-8446  
Journal Code: DBQ  
Languages: ENGLISH

0215775 82271528  
**Home birth--running the gauntlet.**  
Beech BA  
Midwives Chron ,Jul 1982, 95 (1134) p252-3, ISSN 0026-3524  
Journal Code: MYE  
Languages: ENGLISH

00195

0215563 82268792  
**Domiciliary terminal care: demands on statutory services.**  
Doyle D  
J R Coll Gen Pract ,May 1982, 32 (238) p285-91, ISSN  
0035-8797 Journal Code: JV9  
Languages: ENGLISH

0215560 82268758  
**The epidemiology of disability.**  
Wright V  
J R Coll Physicians Lond ,Jul 1982, 16 (3) p178-9, 182-3  
, ISSN 0035-8819 Journal Code: JVB  
Languages: ENGLISH

0215559 82268757  
**Home recording of arrhythmias by patients using a portable electrocardiograph.**  
Brown AK; Anderson V; Burch J; Nelson P  
J R Coll Physicians Lond ,Jul 1982, 16 (3) p175-7, ISSN  
0035-8819 Journal Code: JVB  
Languages: ENGLISH

0215050 82263028  
**Sources of support for the elderly during illness.**  
Stoller EP  
Health Soc Work ,May 1982, 7 (2) p111-22, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH

0214944 82261290  
**Behavioral management concepts with application for home parenteral nutrition patients.**  
Parrish RH 2d; Mirtallo JM; Fabri PJ  
Drug Intell Clin Pharm ,Jul-Aug 1982, 16 (7-8) p581-6,  
ISSN 0012-6578 Journal Code: EBU  
Languages: ENGLISH

The concept of symptom-avoidance behavior is discussed, with particular reference to home intravenous hyperalimentation (HIVH) patients. Symptom-avoidance behavior is explained as a combination of a health behavior model and an expectancy motivational theory leading to a basic outcome, which is satisfactorily avoiding the onset of symptoms. A systematic behavioral assessment method is presented, based on anecdotal cases; it is experimental in nature and can serve as a guide for practitioners who wish to initiate HIVH.

0214932 82261198  
**Critical care nursing: responsibilities beyond the unit.**

Johnson SH  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p197, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0214744 82258777  
**The value of a school health program for teenagers: a community surveys.**  
Feldman W; Feldman E; Milner R; Caulfield P; Sackett B  
Can J Public Health ,Mar-Apr 1982, 73 (2) p128-30, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0214732 82258742  
**Self-administration of intravenous antibiotics: an efficient, cost-effective home care program.**  
Stiver HG; Trosky SK; Cote DD; Druck JL  
Can Med Assoc J ,Aug 1 1982, 127 (3) p207-11, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

The effects of a home care program with 102 courses (2336 patient-days) of intravenous antibiotic therapy were evaluated. Home care nurses changed the intravenous cannula site every 3 days. The initial hospital stay averaged 11.8 days and the duration of home therapy averaged 22.9 days. The diseases treated included osteomyelitis, septic arthritis, endocarditis, cystic fibrosis and pneumonia, staphylococcal bacteremia, blastomycosis, actinomycosis and other soft tissue infections. All classes of commonly used antibiotics, including penicillins, cephalosporins, aminoglycosides and amphotericin B, were administered, alone or in combination. There were no side effects that necessitated discontinuation of home treatment or readmission to hospital. The average cost per patient-day was \$58, compared with an estimated \$193 for in-hospital therapy; in addition, 2336 hospital bed-days were made available. Most patients were able to resume many or all of their daily activities while receiving intravenous antibiotic therapy.

00196



0214663 82257957

**Community psychiatric nursing for neurotic patients: a controlled trial.**

Paykel ES; Mangan SP; Griffith JH; Burns TP  
Br J Psychiatry, Jun 1982, 140 p573-81, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

Seventy-one neurotic patients requiring follow-up were randomly assigned to routine psychiatric out-patient care or to supportive home visiting from community psychiatric nurses as their main treatment agents and were assessed every six months for 18 months. No differences were found between effectiveness of the two modes of service on symptoms, social adjustment or family burden. Patients seeing community psychiatric nurses reported greater satisfaction with treatment. Community psychiatric nursing resulted in a marked reduction in out-patient contacts with psychiatrists and other staff, more discharges, and a small increase in general practitioner contact for prescribing. Care of such patients by community psychiatric nurses is a valuable alternative mode of deployment within the psychiatric team.

0214639 82256966

**A trial of prophylactic mexiletine in home coronary care.**

Bell JA; Thomas JM; Isaacson JR; Snell NJ; Holt DW  
Br Heart J, Sep 1982, 48 (3) p285-90, ISSN 0007-0769  
Journal Code: ATS

Languages: ENGLISH

A double blind randomised study was undertaken comparing the effects of oral mexiletine and placebo given by general practitioners at home in the early stages of suspected acute myocardial infarction, and continued for six weeks. The study comprised 216 patients. In 59 the diagnosis of acute myocardial infarction was not confirmed. Of the 72 patients with confirmed myocardial infarction treated with mexiletine, 11 (15.3%) died, compared with 19 (22.4%) of the 85 patients given the placebo, and significantly fewer of the former compared with the latter had frequent ventricular ectopics or ventricular tachycardia recorded on 24 hour electrocardiograms. Numbers of patients transferred to hospital or withdrawn from the trial because of arrhythmia or heart failure were similar in the two treated groups. Ten (13.9%) of the patients taking mexiletine had the drug withdrawn because of side effects attributed to it, compared with three (3.5%) of the group taking the placebo. A further five patients (all on mexiletine) also had treatment withdrawn because of side effects but infarction was not later confirmed. The results indicate that oral mexiletine can be given safely to patients with suspected myocardial infarction at home by their general practitioners in the absence of a positive electrocardiographic diagnosis. The frequency of ventricular tachycardia is significantly reduced; but there is no evidence of reduced mortality.

0214636 82256823

**Adaptation to home dialysis: the use of hemodialysis and peritoneal dialysis.**

Lindsay RM  
AANNT J, Aug 1982, 9 (4) p49-51, 74, Journal Code: AAX  
Languages: ENGLISH

0214469 82244517

**The doctor comes out ahead, too.**

Jenkins CR  
Med Econ, Jan 18 1982, 59 (2) p107-8, 111, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0214157 82255517

**Early discharge of low birthweight infants.**

Lefebvre F; Veilleux A; Bard H  
Arch Dis Child, Jul 1982, 57 (7) p511-3, ISSN 0003-9888  
Journal Code: 6XG  
Languages: ENGLISH

A study was conducted to see if the discharge weight of preterm infants born at less than or equal to 2000 g could safely be reduced. A study group (21 infants) was discharged 'early' at a mean weight of 2010 g (1890-2190) provided there were no medical problems, weight gain was adequate, temperature control in room air was stable, all feedings were by breast, and the mother was ready to have the baby home. A control group (17 infants) was discharged at a mean weight of 2261 g (2200-2400). The duration of time in hospital for the 'early' group was shortened by 11.6 days. At expected date of delivery the weight of infants in each group was similar (3095 +/- 403 compared with 3146 +/- 453 g); length, head circumference, and haemoglobin concentration in each group were similar too. There was no morbidity or mortality in either group. Early discharge did not affect mothering confidence. This study shows that low birthweight infants can be discharged early (at 2000 +/- 100 g) provided appropriate criteria are met, home conditions are adequate, and follow-up is available.

0213629 82249371  
[Orodental care of the home-bound patient. Needs, means, limits and methods in a temporary or permanent framework]  
Les soins bucco-dentaires du malade retenu a domicile. Besoins, moyens, limites et modalites dans le cadre temporaire ou permanent.  
Seimbille P  
Rev Odontostomatol (Paris) ,Mar-Apr 1982, 11 (2) p145-53  
ISSN 0300-9815 Journal Code: SWC  
Languages: FRENCH

0213488 82247293  
Relatively speaking - 3. A home care course.  
Saddington N  
Nurs Times ,Jun 23-29 1982, 78 (25) p1075-6, ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0213268 82246192  
A survey of elderly patients in general practice.  
Lennox SM; Marwick JC  
NZ Med J ,May 26 1982, 95 (708) p354-6, ISSN 0028-8446  
Journal Code: 08Q  
Languages: ENGLISH

0213209 82245643  
Apnea and sudden infant death syndrome: proposals for a home apnea monitoring program.  
Luebbert SJ; McIntire MS  
Nebr Med J ,May 1982, 67 (5) p119-24, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

0213021 82242138  
Home births.  
Jorgensen AJ  
J Nurs Care ,Apr 1982, 15 (4) p14-7, ISSN 0162-7155  
Journal Code: J9K  
Languages: ENGLISH

0212875 82240322  
Acute-care hospitalizations and long-term care: an examination of transfers.  
Stark AJ; Gutman GM; McCashin B  
J Am Geriatr Soc ,Aug 1982, 30 (8) p509-15, ISSN 0002-8614 Journal Code: H6V  
Languages: ENGLISH  
A Long-term Care Program was introduced throughout British

Columbia, Canada, on January 1, 1978. This comprehensive community-based program emphasizes home care. A longitudinal study was started of all persons (N = 3518) admitted to the program that year in two health districts, one urban and one semirural. An examination of the relationship between acute-care hospitalization and long-term care (LTC) involved determining (1) the number of admissions (N = 364) to LTC directly from acute-care settings versus the number (N = 1287) entering directly from the community, (2) the number of LTC persons who were hospitalized at least once in the first 12 months after admission to LTC, and (3) the outcomes of these hospitalizations. Persons from the urban area who entered the LTC Program from an acute-care hospital were much more likely to be institutionalized than were those from the semirural area. In the LTC facility group, 388 persons (19.9 per cent) experienced at least one acute-care hospitalization during the first year of the program. More than 50 per cent of those transferred to an acute-care hospital for the first time returned to the same location and level of care afterward; 14 per cent died. These descriptive analyses may be of interest to health-care planners and to those who care for the LTC elderly either at home or in a facility.

0212772 82238719  
High ideals and hard cases: the evolution of a hospice.  
Mudd P  
Hastings Cent Rep ,Apr 1982, 12 (2) p11-4, ISSN 0093-0334 Journal Code: GOT  
Languages: ENGLISH

0212534 82234623  
The emerging alternatives to nursing homes.  
Pring CG  
Colo Med ,Apr 1982, 79 (4) p147-8, ISSN 0035-760X  
Journal Code: DI5  
Languages: ENGLISH

0212462 82232885  
Clinical policies.  
Buckley EG  
Br Med J [Clin Res] ,Jul 31 1982, 285 (6338) p351-2, Journal Code: B4X  
Languages: ENGLISH

00198

0212303 82219684

**F&S: home health care has eluded definition.**

Med Prod Sales ,Jul 1982, 13 (7) p22, 31, 33-4, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0212069 82210833

**A VNA home health care program: predicting patients who refuse services.**

Legge JS Jr  
Eval Health Prof ,Jun 1982, 5 (2) p200-9, ISSN  
0163-2787 Journal Code: ENK  
Languages: ENGLISH

Many studies have been compiled which report patient characteristics and patterns in the utilization of health care services. Very little information is available on the characteristics of patients who refuse services in a particular program. This article employs a sample of 246 home health care patients to describe the characteristics of persons refusing services compared to a group "normally" terminating service. The method employed is discriminant analysis. The results of the study are substantively consistent with the theoretical and empirical literature on health care utilization. Those refusing service were less likely to be insured and tended to have multiple admissions to the program. They were less inclined to improve in functional status, despite a tendency toward a longer stay in the program. Curiously, fewer nursing visits occurred for these patients, despite their longer stays. Implications of the study for program management are discussed.

0212052 82209731

**Cutting the cost of long-term care: two innovative programs to lessen the burden of continuing care for the cancer patients.**

Cost Containment ,Jun 8 1982, 4 (11) p3-5, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0211927 82230028

**The place of birth.**

Davis JA

Arch Dis Child ,Jun 1982, 57 (6) p406-9, ISSN 0003-9888  
Journal Code: 6XG  
Languages: ENGLISH

0211679 82226532

**Treatment program for pain relief in home care.**

Karlsson O

Acta Anaesthesiol Scand [Suppl] ,1982, 74 p141-3, ISSN

0515-2720 Journal Code: 080

Languages: ENGLISH

0211551 82224411

**New availability and access to dental care for the disabled: NFDH programs.**

Spec Care Dentist ,Mar-Apr 1982, 2 (2) p51-2, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0211287 82221986

**Physiotherapy in a rural practice.**

Pogson J; Wilson JB

Practitioner ,Mar 1982, 226 (1365) p557-8, ISSN  
0032-6518 Journal Code: PHO  
Languages: ENGLISH

0211241 82221598

**Anytown anecdotes. 13. Picking up the threads.**

Parnell J

Nurs Mirror ,Jun 23 1982, 154 (25) p38-9, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

00199

0211142 82221294

**Home apnea monitoring in 'near-miss' sudden infant death syndrome (SIDS) and in siblings of SIDS victims.**

Duffy P; Bryan MH  
Pediatrics ,Jul 1982, 70 (1) p69-74, ISSN 0031-4005  
Journal Code: DXV  
Languages: ENGLISH

Electronic monitors were used at home to detect apnea in 134 infants who were considered to be at risk for sudden infant death syndrome (SIDS). Seventy-two infants had idiopathic apnea at a mean age of 2.2 +/- 1.4 (+/- 1 SD) months. Of these, 31 subsequently had prolonged apnea (greater than 20 seconds) with the last spell occurring at 6.2 +/- 3.2 months of age. Fourteen infants required vigorous stimulation on at least one occasion and 14 had more than ten separate episodes.

Eighteen infants with awake apnea had a significantly smaller chance of subsequent spells (P less than .05). Ten additional term infants had apnea during the first week of life but none had subsequent episodes. Of 52 siblings of SIDS victims, only seven had had apnea before monitoring started. Sixteen had prolonged apnea while on a monitor; seven required vigorous stimulation on at least one occasion and one infant died despite cardiopulmonary resuscitation. The first documented spell in these 16 infants was at 2.6 +/- 2.1 months and the last at 7.2 +/- 2.7 months of age. Ten infants had more than ten subsequent spells. A tendency to clustering of spells was noted. Preceding events, especially a mild upper respiratory tract infection, were noted in 36 of the 47 infants who had apnea on the home monitor.

0211053 82220793

**The management of clinical specialties. 3. Care of the dying patient at home.**

Copperman H  
Nurs Focus ,May 1982, 3 (9) p133-4, ISSN 0144-4069  
Journal Code: DBK  
Languages: ENGLISH

0210927 82219168

**Respite care for mentally retarded and other disabled populations: programs models and family needs.**

Upshur CC  
Ment Retard ,Feb 1982, 20 (1) p2-6, Journal Code: MTW  
Languages: ENGLISH

0210332 82212309

**Debate continues on future of federal financing of long-term care.**

Willging PR; Neuschler E  
Hospitals ,Jul 1 1982, 56 (13) p61-4, 66, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0210090 82208985

**Health visitor support for families with Down's syndrome infants.**

Cunningham CC; Aumonier ME; Sloper P  
Child Care Health Dev ,Jan-Feb 1982, 8 (1) p1-19, ISSN  
0305-1862 Journal Code: C9X  
Languages: ENGLISH

A health visitor was seconded to a university based research team studying intervention with families who have an infant with Down's syndrome. She was given a 3-week practical training and then provided a home-based service for 61 families, visiting every 6 weeks until 2 years of age. Infant development and parental satisfaction with the service were compared to previous findings of the research group. Parental satisfaction was found to be very high and the progress of the infants compared favourably to previous studies. Following this, two field health visitors were given the training and then provided a service in their local areas. The progress of the infants was monitored at 6-month intervals until 2 years of age, and parents were interviewed. Again no differences were found in the developmental progress of the infants and previous groups and parental satisfaction was high. The limitations of the training and some implications for practice were discussed.

0209961 82207547

**Review of maternity patients suitable for home delivery.**

Dixon EA  
Br Med J [Clin Res] ,Jun 12 1982, 284 (6331) p1753-5,  
Journal Code: B4X  
Languages: ENGLISH

0209838 82202757

**New York City Home Care Project: a coordinated health and social service approach.**

Brill RS  
Aging ,Mar-Apr 1982, (325-326) p12-5, ISSN 0002-0966  
Journal Code: 2XT  
Languages: ENGLISH

00200

0208932 82201198  
**[Guide-lines to the rehabilitation of patients with neurological disorders, especially stroke (author's transl)]**  
Einige Rehabilitationsgrundlinien bei neurologischen Erkrankungen, insbesondere nach Schlaganfall.  
Barolin GS

Wien Klin Wochenschr ,Jan 8 1982, 94 (1) p19-24, ISSN  
0043-5325 Journal Code: XOP

Languages: GERMAN Summary Languages: ENGLISH

Rehabilitation requires the interplay of three essential factors, namely medicine, organization and humanity. The concept of entirety and permanency implies that rehabilitation must commence on the very first day of acute therapy and continue, with the aid of relatives, after discharge from hospital. Depression very frequently accompanies a stroke and requires expert handling both with psychopharmaceutical drugs and psychotherapeutical methods (including nursing staff and family) to overcome this hurdle to rehabilitation. Physiotherapy is of paramount importance, with particular emphasis on active movement. Therapeutic management with medicines must continue along the lines commenced in the acute stage. The therapy of stroke requires a considerable involvement of manpower, which must not be denied to this step-child of rehabilitation. Apart from medical considerations, it is salutary to remember that every fifteenth person is likely to be handicapped after a stroke at some time in his life.

0208540 82197088  
**Community nursing - Anytown anecdotes. 8. The millstone of milestones.**  
Parnell J  
Nurs Mirror ,Apr 14 1982, 154 (15) p36-7, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0208513 82197032  
**Coming out of long-stay care.**  
Jeevendrampillai V  
Nurs Times ,May 5-11 1982, 78 (18) p766-7, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208501 82197010  
**Community nursing - prescription for excellence?**  
Kratz CR  
Nurs Times ,Apr 21-27 1982, 78 (16) p676-82, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208489 82196991  
**Home therapy for patients with haemophilia and Christmas disease.**

Raw AY

Nurs Times ,Apr 14-20 1982, 78 (15) p615-8, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208460 82196940  
**Help, dignity and independence for patients with catheters.**

Hooley GC; Cope B

Nurs Times ,Mar 17-23 1982, 78 (11) p440-1, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208430 82196668  
**Effects of parent training on teenage mother and their infants.**

Field T; Widmayer S; Greenberg R; Stoller S

Pediatrics ,Jun 1982, 69 (6) p703-7, ISSN 0031-4005  
Journal Code: DXV  
Languages: ENGLISH

Parent training was provided for 80 low-income, black teenage mothers during their infants' first six months. Half of the mothers were visited biweekly in their homes to be instructed in caregiving and in sensorimotor and interaction exercises, and half were trained as CETA (Comprehensive Employment Training ACT)-paid, teacher's aides in a medical school infant nursery that provided care for their infants and infants of medical faculty. Growth and development during the first two years were superior for the infants whose mothers received training, particularly those who received paid parent training as teacher's aides in the infant nursery. Repeat pregnancy rates were lower and return to work/school rates were higher for the infant nursery mothers, most of whom subsequently pursued nurse's aide training.

0208397 82196434  
**Quality assurance as an ongoing component of hospice care.**  
Bohnet NL  
QRB ,May 1982, 8 (5) p7-11, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

00201

0208265 82195993  
**How agencies can appeal denied Medicare claims.**  
Bumpass DM  
Nurs Health Care ,Mar 1982, 3 (3) p134-7, Journal  
Code: N77  
Languages: ENGLISH

0208166 82194747  
**An evaluation of home-based respite care.**  
Upshur CC  
Ment Retard ,Apr 1982, 20 (2) p58-62, Journal Code:  
MTW  
Languages: ENGLISH

0208072 82193722  
**Dental treatment for the homebound handicapped patient.**  
Muse CD; Schuman NJ  
J Tenn Dent Assoc ,Jan 1982, 62 (1) p19-20, ISSN  
0040-3385 Journal Code: K7D  
Languages: ENGLISH

0208053 82193475  
**[Home nursing - contribution in Basel: initial experiences]**  
Heimpflege - Beitrage in Basel: erste Erfahrungen,  
Mundschin K  
Krankenpflege (Bern) ,Apr 1982, (4) p79, Journal Code:  
KX7  
Languages: GERMAN

0207784 82190788  
**Comments related to a study of methods for improving  
coverage of registered dietitians' services provided by home  
health agencies.**  
J Am Diet Assoc ,May 1982, 80 (5) p464-72, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0207724 82190410  
**Early intervention program for adolescent mothers and their  
infants.**  
Thompson RJ Jr; Cappleman MW; Conrad HH; Jordan WB  
JDBP ,Mar 1982, 3 (1) p18-21, ISSN 0196-206X Journal  
Code: HTF  
Languages: ENGLISH

0207587 82188935

**Postoperative care and review of complications.**  
Bruns K  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p27-34, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH  
This chapter is an overview of the management of a patient  
who has undergone a surgical procedure in an outpatient  
setting. It addresses the complications that are most common  
in this setting and their management. Without attempting a  
thorough discussion of every conceivable complication, this  
discussion seeks nonetheless to be reasonably comprehensive.  
Perhaps the most straightforward means of presenting this  
information is to follow chronologically the patient's  
experience from the moment the procedure has been concluded,  
through his recovery room care, and finally look at the  
patient's needs and experiences after leaving the ambulatory  
care facility.

0207295 82185662  
**Care of the elderly in a large provincial city.**  
Jensen FT  
Dan Med Bull ,Mar 1982, 29 (3) p159-62, ISSN 0011-6092  
Journal Code: DYN  
Languages: ENGLISH

0207292 82185659  
**Effect of long-term medical therapy.**  
Worm J  
Dan Med Bull ,Mar 1982, 29 (3) p147-51, ISSN 0011-6092,  
Journal Code: DYN  
Languages: ENGLISH

0207190 82184191  
**An overview of hospice care.**  
McCabe SV  
Cancer Nurs ,Apr 1982, 5 (2) p103-8, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0207009 82177239  
**Beverly Enterprises, Upjohn begin joint interim care.**  
Todays Nurs Home ,Apr 1982, 3 (4) p3, 19, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

00202

0206948 82172940  
**Distinguishing between your home health agency customers.**  
Loughlin S  
Med Prod Sales ,May 1982, 13 (5) p24-7, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0206937 82172929  
**Reagan budget proposal portends shift in providers' buying powers.**  
Champlin L  
Med Prod Sales ,Apr 1982, 13 (4) pt. 34, 36-7, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0205984 82175030  
**Outpatient oxygen therapy.**  
Flasterstein F; Klocke RA  
Primary Care ,Mar 1982, 9 (1) p127-34, ISSN 0095-4543  
Journal Code: P99  
Languages: ENGLISH  
Patients with polycythemia, pulmonary hypertension, or cor pulmonale are most likely to benefit from home oxygen therapy; in others, exercise tolerance can be improved and neuropsychologic effects of hypoxemia relieved. Indications for home therapy, methods of delivering outpatient oxygen, economic considerations, and possible complications are addressed.

0205937 82174374  
**Coronary care: too good to die.**  
Thompson D  
Nurs Mirror ,Mar 24 1982, 154 (12) p42-4, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0205895 82173868  
**The ACCESS process: assuring quality in long term care.**  
Eggert GM; Brodows BS  
QRB ,Feb 1982, 8 (2) p10-5, ISSN 0097-5990  
Journal Code: OKP  
Languages: ENGLISH

0205837 82173552  
**Planned home birth in Auckland.**  
White S  
NZ Nurs Forum ,1982, 10 (1) p4-7, Journal Code: NZ6  
Languages: ENGLISH

0205416 82168390  
**Training community health nurses in care of handicapped children.**  
Stiles K; Lierman C; Austin J  
J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p26-34, ISSN 0022-0124  
Journal Code: HWD  
Languages: ENGLISH

0205272 82165970  
**Home care agency OKs 4-40 workweek.**  
Large N; Resick MJ  
Hospitals ,May 16 1982, 56 (10) p58-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0204916 82161754  
**Augmented home nursing as an alternative to hospital care for chronic elderly invalids.**  
Br Med J [Clin Res] ,Mar 6 1982, 284 (6317) p739-40,  
Journal Code: B4X  
Languages: ENGLISH

0204905 82161709  
**Peterborough Hospital at Home scheme.**  
Mowat IG; Morgan RT  
Br Med J [Clin Res] ,Feb 27 1982, 284 (6316) p641-3,  
Journal Code: B4X  
Languages: ENGLISH  
The Peterborough Hospital at Home Scheme had explored the possibilities of treating at home patients who, if it were not for the scheme, would be in hospital. The scheme has been enthusiastically received by patients, consultants, general practitioners, nurses, and other health care workers. It is difficult to compare costs. Nevertheless, the cost of Hospital at Home care cannot be regarded as too expensive compared with care in hospital. Establishment of such schemes elsewhere would affect future allocation of capital.

0204894 82161667

**Study of stroke patients in a single general practice.**

Waters HJ; Perkin JM

Br Med J [Clin Res] , Mar 13 1982, 284 (6318) p791-3,

Journal Code: B4X

Languages: ENGLISH

00204



**ATENCION MEDICA, PROGRESIVA**

00205

0227608 83086642  
**Safety and security of medical information system.**  
Tsubo T  
Jpn Hosp ,Jul 1982, 1 p57-63, Journal Code: KTA  
Languages: ENGLISH

0222719 83052733  
**Minimizing stress-of-transfer responses.**  
Poe CM  
Dimens Crit Care Nurs ,Nov-Dec 1982, 1 (6) p364, 366-73,  
ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0217668 82275616  
**Andrew Pattullo--the delivery of health services.**  
Starkweather DB  
Program Notes Assoc Univ Programs Health Adm ,Spring 1982,  
(99) p14-8, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

0213525 82247369  
**Pacemakers. 3. The sister's view.**  
Hastings J  
Nurs Mirror ,Jul 21 1982, 155 (3) p21-2, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0213524 82247368  
**Pacemakers. 3. A unit of efficiency.**  
Campbell C  
Nurs Mirror ,Jul 21 1982, 155 (3) p20-1, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0206857 82168586  
**New role for hands-on caregivers: part-time mental health technicians.**  
Moses J  
J Am Health Care Assoc ,May 1982, 8 (3) p19-20, 22,  
ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH

0198642 82109369  
**[The return of geriatric patients to the home - results of a pilot study in Berlin hospitals]**

Die Ruckkehr geriatrischer Patienten in den Wohnbereich -  
Ergebnisse einer Pilotstudie in Berliner Krankenanstalten.  
Xander LU  
Z Gerontol ,Nov-Dec 1981, 14 (6) p526-43, ISSN  
0044-281X Journal Code: XXP  
Languages: GERMAN Summary Languages: ENGLISH  
Geriatric in-patients often stay longer in hospital than  
would be necessary on medical grounds alone due to the lack of  
intermediate facilities and the paramount influence of social  
conditions. Day-hospital services contribute largely to an  
early return of geriatric and long-term patients. The  
potential amount of patients eligible for this kind of service  
is investigated by a 5% sample of all non-psychiatric  
in-patients age 65+ in Berlin (West). Social conditions at  
home and the number of patients to receive day services showed  
a significant relation. Based on the findings it is estimated  
that 15 day-hospitals will be needed in Berlin (West) to  
promote re-integration of geriatric patients into their  
familiar surroundings.

0186700 81268751  
**[Nursing in the 80s - demands and potentials. Further and continued education as a requirement of professional innovation]**  
Krankenpflege der 80er Jahre - Anspruch und Moglichkeit.  
Fort- und Weiterbildung als Notwendigkeit beruflicher  
Innovation.  
Reimann R  
Krankenpflege (Frankfurt) ,Jun 1981, 35 (6) p246-8,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0185049 81249300  
**[Utilization of a nursing record in a cardiology service. Evaluation of 4 years experience]**  
Utilisation d'un dossier infirmier dans un service de  
cardiologie. Bilan de quatre ans d'experience.  
Brancourt ME  
Soins ,May 5 1981, 26 (9) p39-43, ISSN 0038-0814  
Journal Code: UUJ  
Languages: FRENCH

00206

0179969 81198466  
**Developing scaled outcome criteria for a target patient population.**  
Howe MJ; Coulton MR; Almon GM; Sandrick KM  
QRB ,Mar 1980, 6 (3) p17-23 contd, ISSN 0097-5990  
Journal Code: OKP  
Languages: ENGLISH

0176480 81148126  
**Dietetic rehabilitation for people who place a high value on time.**  
Hranchak P  
Mich Hosp ,Apr 1981, 17 (4) p22-3, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0175612 81153504  
**The transfer summary--an essential link.**  
DiCiancia P  
Superv Nurse ,Apr 1981, 12 (4) p36-7, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

0173356 81123784  
**A stochastic service network model with application to hospital facilities.**  
Hershey JC; Weiss EN; Cohen MA  
Oper Res ,Jan-Feb 1981, 29 (1) p1-22, Journal Code:  
OKC

Languages: ENGLISH  
This paper presents a methodology for estimating expected utilization and service level for a class of capacity constrained service network facilities operating in a stochastic environment. A semi-Markov process describes the flows of customers (patients) through a network of service units. We model the case where one of the units has finite capacity and no queues are allowed to form. We show that the expected level of utilization and service can be computed from a simple linear relationship based on (a) the equilibrium arrival rates at each unit which are associated with the case of infinite capacity, (b) mean holding times for each unit, and (c) the probability that the finite capacity unit is at full capacity. We use Erlang's loss formula to calculate the probability of full capacity, show this calculation to be exact for two cases, and recommend its use as an approximation in the general case. We test the accuracy of the approximation on a set of published data. In the discussion, we present a technique for analyzing collected patient flow data using the results of this methodology.

0173045 81115889  
**NICU: intensive education and infant transport capabilities optimize service of Boise's St. Luke's Hospital neonatal IC unit.**  
Graalman NM  
Hosp Forum ,Mar-Apr 1981, 24 (2) p55-6, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0166862 81074163  
**Nursing care for hospitalized children based on different stages of illness.**  
Birchfield ME  
MCN ,Jan-Feb 1981, 6 (1) p46-52, ISSN 0361-929X  
Journal Code: MA3  
Languages: ENGLISH

0159765 81005630  
**Subacute care unit keeps cost of care down.**  
Koncel JA  
Hospitals ,Oct 1 1980, 54 (19) p81-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0158875 80246499  
**Medicare's restrictive attitude endangers future development of special care units.**  
Klein RA; Hooper P  
Rev Fed Am Hosp ,Aug 1980, 13 (4) p37-40, Journal  
Code: EUJ  
Languages: ENGLISH

0157692 80252974  
**Dissecting the hospital stay: a method for studying patient staging in hospitals.**

Sherman H; Flatley M  
Med Care ,Jul 1980, 18 (7) p715-30, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

A methodology is proposed and tested for the staging of patients through a hospital stay. Measurements in a university-affiliated hospital and a community hospital in the Boston area showed similar staging patterns with about half of the sample having abnormal signs and symptoms while under treatment. The second-largest sample group in both hospitals, consisting of 11% of the sample, occupied beds although ready for discharge. The methodology indicated those patient-time units in the hospital which might be amenable to further reduction and gave upper bounds on that compression. Contrary to prior expectations, 90% of the patients sampled followed a well-defined sequence from admission to discharge with only 10% having complications of the admitting diagnosis, new diagnosis or iatrogenic illness.

0156370 80223778  
**The medical director/One level of care.**

Adams CE  
Contemp Adm ,Mar 1980, 3 (3) p34-5, ISSN 0191-9873  
Journal Code: DP3

Languages: ENGLISH

0154287 80203000  
**Progressive patient care.**

Satyanarayana P  
Hosp Adm (New Delhi) ,Dec 1977, 14 (4) p281-3, ISSN 0018-5531  
Journal Code: GCK

Languages: ENGLISH

0153694 80213888  
**[Management of the sequelae of uncomplicated myocardial infarction]**

Conduite a tenir dans les suites de l'infarctus du myocarde non complique.

Aeberhard P  
Soins ,Apr 5 1980, 25 (7) p25-8, ISSN 0038-0814  
Journal Code: UUU

Languages: FRENCH

0149467 80166160  
**How hospitals are controlling costs.**

Curry W  
QH ,Feb 1977, 21 (2) p8-11, ISSN 0161-0007  
Journal

Code: OGP  
Languages: ENGLISH

0149403 80165989  
**Planning to maximise staff resources.**

Spencer SR  
Nat'l Hosp Health Care ,Nov 1975, 1 (7) p24-7, ISSN 0312-794X  
Journal Code: DAW

Languages: ENGLISH

0146620 80133403  
**Regionalized hospital classification system: the MSHA experience.**

White J  
Times ,Mar 1980, 21 (3) p23-5, Journal Code: DNB  
Languages: ENGLISH

0146030 80147933  
**Developing a medical intermediate care area.**

Iuliano AB  
Superv Nurse ,Apr 1980, 11 (4) p61-3, ISSN 0039-5870  
Journal Code: VAK

Languages: ENGLISH

0143023 80127484  
**Rehabilitation of the cardiac patient. Bridging the gap between in-hospital and outpatient care.**

Devney AM  
Am J Nurs ,Mar 1980, 80 (3) p446-9, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

00208

0141742 80114149

**A needs-assessment method for planning alternatives to hospitalization.**

Fowler G

Hosp Community Psychiatry ,Jan 1980, 31 (1) p41-5, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

A one-day caseload survey was conducted in Los Angeles County's public inpatient facilities in order to estimate needs for alternatives to hospitalization. According to the primary therapists of each client in the caseload, 43 per cent of the inpatients could, on the day of the survey, be served in alternative programs. Responses to questions about the kinds of living arrangements and medical-diagnostic services needed in community programs for those clients showed a high need for residential care with close supervision or locked wards or both. The author concludes that while a significant number of inpatient days could be eliminated through the use of minimal-supervision alternatives, a large decrease in hospitalization could be expected only if more intensive community programs were implemented.

0139355 80070722

**PSRD transmittals deciphered.**

Jessee WF

Hosp Peer Rev ,Dec 1979, 4 (12) p164-5, ISSN 0149-2632 Journal Code: GDO

Languages: ENGLISH

0134874 80036568

**Coordinated treatment for long-term psychiatric inpatients.**

Stone ME; Nelson GL

Soc Work ,Sep 1979, 24 (5) p406-10, ISSN 0037-8046 Journal Code: UUD

Languages: ENGLISH

Attempts to implement and maintain effective treatment of long-term psychiatric inpatients are difficult. In this article the authors describe a treatment program in which behavior modification, milieu therapy, and education strategies directed at teaching specific skills are combined in a coordinated system of steps.

0132255 80007037

**Advancement to independent living: a model behavioral program for the intermediate care of adults with behavioral and emotional problems.**

Sanders SH; Williamson D; Akey R; Hollis P

J Community Psychol ,Jul 1976, 4 (3) p275-82, ISSN 0090-4392 Journal Code: HUU

Languages: ENGLISH

This article describes and evaluates the treatment effectiveness of a behaviorally oriented intermediate day-care

clinic for adults with psychiatric disturbances. The goals of the program included reducing the number of psychiatric hospital admissions and readmissions, providing a community-based controlled environment to assist patients in the modification of specific problem behavior, improving interpersonal relations with "significant others" in the natural environment, teaching patients how to use community resources, and preparing them for employment and/or continued outpatient treatment. The program was structured so that patients advance through a series of four achievement levels for a variety of extrinsic and intrinsic reinforcers. While in the program, patients were introduced to available community resources, and were gradually phased into follow-up services. Results showed that 79% of all patients thus far treated partially, if not completely, advanced through the levels. There was also a high probability that a patient would advance from any given level. Outside-clinic behavior showed sustained improvement, with the authors concluding that the day-care clinic offered promise for the future.

0130604 80005265

**Home health care can be reimbursed.**

Koncel JA

Hospitals ,Oct 16 1979, 53 (20) p44-5, ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

0128570 79245710

**Adapting patients to their home environment.**

Mock MS

ONA J ,Jun 1979, 6 (6) p245-7, ISSN 0098-4337 Journal Code: DHL

Languages: ENGLISH

00209

0124448 79212383

**Early retransfer: a method of optimal bed utilization of NICU beds.**

Zarif MA; Rest J; Vidyasagar D  
Crit Care Med ,Aug 1979, 7 (8) p325-9, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

To facilitate increased utility of Neonatal Intensive Care Unit (NICU) beds, we adopted a policy of early discharge (ED) of infants less than 2000 g to the hospital of their birth after recovery from acute illness and when the infant was breathing room air and taking adequate oral feedings. An inservice teaching program at the primary hospitals preceded such policy. In a 24-month period, 446 infants were referred to the NICU. 111 of 446 died; 335 infants survived. 114 of 335 infants were less than 2000 g at birth; 42% (48 of 114) of them were discharged early to the hospital of their birth (ED); 58% were discharged late (LD) to their homes. 59.7% of the ED and 46.3% of the LD required assisted ventilation. Gestational age, birth weight, and final weight at discharge from hospitals were the same in both groups. None of the ED infants developed complications at the hospital of birth after retransfer. The length of NICU stay for LD was significantly higher 40 +/- 6 (p less than 0.001) than the ED; 20 +/- 2.2 days. In addition, a 15% increase in bed utilization was also noted because of ED. We conclude that ED of infants from the NICU 1) increases utilization of beds; 2) decreases the cost of health care; and 3) increases the participation of primary physicians.

0123427 79205313

**Cardiac rehabilitation progressive care in West Virginia.**

Wakeley S  
Weather Vane ,May-Jun 1979, 48 p10, ISSN 0043-1664  
Journal Code: XNO  
Languages: ENGLISH

0120718 79171486

**Patient care classification in a long term care and rehabilitation hospital.**

Pablo RY  
Hosp Adm Can ,Feb 1977, 19 (2) p38-42, ISSN 0018-554X  
Journal Code: GC9  
Languages: ENGLISH

0113153 79111263

**An examination of patient referral and discharge policies using a multiple objective semi-Markov decision process.**

Schmee J; Hannan E; Mirabile PM  
J Oper Res Soc ,Feb 1979, 30 (2) p121-9, ISSN 0160-5682  
Journal Code: JHN  
Languages: ENGLISH

A model is developed for determining an appropriate policy for referral or discharge of patients from the different modes of care in a progressive patient care facility. The objectives of the model are to achieve a high probability that the average patient recovers and to provide care at a low cost. Previous results concerning multichain semi-Markov processes are used in conjunction with vector maximum in order to generate all nondominated solutions to the problem.

0111312 79108533

**Financing and accrediting hospices.**

Hackley JA  
Hosp Prog ,Mar 1979, 60 (3) p51-3, ISSN 0018-5817  
Journal Code: GDI  
Languages: ENGLISH  
Attention by third parties to critical licensure and reimbursement issues is the appropriate response to growing public support of hospice care.

0111256 79108433

**Geriatric complex offers options from housing to skilled nursing.**

Blumenkranz J; Bernhard F; Gottlieb GS  
Hospitals ,16 Mar 1979, 53 (6) p123-4, 126, 128, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
A not-for-profit geriatric complex offers comprehensive services and care ranging from independent living, with limited supportive services, in apartment units, to an intermediate level of care in a health-related facility, to skilled nursing and intensive care in an accredited long-term care facility. Thus, the elderly residents and patients are provided with ready access to progressive patient care in either direction whenever needed. The complex includes newly constructed and recycled apartment and medical care buildings.

0110987 79105695

**The nursing process.**

Hammond M  
Curationis ,Dec 1978, 1 (3) p19-23, Journal Code: CIA  
Languages: ENGLISH

00210

0108480 79087199

**Hospitals in the 1980s: service, training, and research.**

Glick ID; Hargreaves WA

Hosp Community Psychiatry ,Feb 1979, 30 (2) p125-8,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Several factors press for change in the psychiatric hospital of the 1980s, including knowledge obtained from recent controlled studies of outcome of different approaches and length of hospital stay, changes in the social-political-economic climate, and new methods of organizing the delivery of services. In the proposed model of inpatient treatment, the primary use of hospitalization will be for brief treatment (three to 21 days). For a very small subgroup, longer hospitalization may be needed. The hospital will also be used for triage and disposition of persons with a broad range of problems, which will rarely take more than three days. Complementary changes will be required in training and research; a promising training model may be continuous care teams by which trainees can manage chronic, multiproblem patients through different levels of care within and outside the hospital. Research must move to the out-of-hospital settings if the new patterns of care are to be understood and improved.

0106052 79066459

**Vertically linked organizations hold challenges and opportunities.**

Ross A

Hospitals ,16 Jan 1979, 53 (2) p67-72, ISSN 0018-5973

Journal Code: GDJ

Languages: ENGLISH

As more and more hospitals integrate their services with other health care facilities, the need to explore the challenges and opportunities associated with such arrangements grows proportionately. This study of vertically integrated health care organizations places special emphasis on the internal relationships associated with such factors as structure and control, team building, and developing new initiatives.

0105049 79046960

**Documenting level of care changes.**

Ankrum AD

Hosp Peer Rev ,Jul 1978, 3 (7) p97-8, ISSN 0149-2632

Journal Code: GDO

Languages: ENGLISH

0095321 78242519

**Computer simulation in allocation design of a health-care delivery system.**

Bandyopadhyay JK

J Clin Eng ,Jul-Sep 1978, 3 (3) p285-91, ISSN 0363-8855

Journal Code: HOA

Languages: ENGLISH

With the introduction of the concept of progressive patient care in the health-care delivery system, most hospitals now encounter a heterogeneous flow of patients through the various service units. This complicates the problem of allocation of beds and other facilities and equipment. In this paper, a simulation model has been developed by considering the flow of patients in a hospital as a multi-population immigration-birth-death process. Based upon this model, an algorithm has been developed for allocation of beds to various service units using a search process combined with total systems simulation.

0093494 78170306

**The role of a regional treatment center in a model mental health delivery system.**

Ecklund LA

Hosp Community Psychiatry ,Jun 1978, 29 (6) p379-83,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

The author discusses the changes that have occurred at the Mendota Mental Health Institute in Madison, Wisconsin, in response to the growth of the community movement. He traces Mendota's evolution from a traditional state hospital to a regional center that offers specialized treatment services for those who cannot be cared for in community programs, and that places strong emphasis on education and consultation services and on research into treatment methods. He believes a major problem with the community mental health movement has been the expectation that community services should be able to meet all the needs of the people in their areas, an expectation that he considers impossible to fulfill. He proposes a mental health delivery system with primary, secondary, and tertiary levels of care (at the third level would be regional centers similar to Mendota), and a fourth level that would provide protective care.

0092256 78122975

**Progressive coronary care. Luxury or necessity? [editorial]**

Gorfinkel HJ

Arch Intern Med ,Feb 1978, 138 (2) p193-4, ISSN

0003-9926 Journal Code: 7FS

Languages: ENGLISH

00211

0091148 78081704  
**An alcoholism service.**  
Merry J  
Br Med J ,21 Jan 1978, 1 (6106) p161-2, ISSN 0007-1447  
Journal Code: B4W  
Languages: ENGLISH

0088713 78216898  
**Functional level claimed best discharge guide.**  
Hosp Peer Rev ,Jun 1978, 3 (6) p81-3, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0088314 78205444  
**VA launches study of 'multi-level' care.**  
US Med ,1 May 1978, 14 (9) p1-7, ISSN 0042-1227  
Journal Code: WZP  
Languages: ENGLISH

0087092 78149630  
**Lengthy look at way forward for nursing.**  
Watt E  
Health Soc Serv J ,10 Feb 1978, 88 (4578) p160-2, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0086356 78106394  
**Cheerful, clean hospital lures patient out of sick role.**  
Olson RV  
Contract ,Feb 1978, 20 (2) p78-81, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0086003 78095274  
**Inspiratory force as a criterion for extubation and discharge from recovery room.**  
Ayoub AH; Aldridge J  
RC ,Jun 1977, 22 (6) p594-5, ISSN 0098-9142 Journal  
Code: QZ3  
Languages: ENGLISH

0081052 78201671  
**Homeward bound.**  
Cass S  
Nurs Mirror ;13 Jul 1978; 147 (2) p26-7, Journal Code:  
098

Languages: ENGLISH

0078209 78161417  
**Planning patient care.**  
Schurr MC  
World Ir Nurs ,Feb-Mar 1978, 7 (2-3) p1-2, 5, Journal  
Code: XQB  
Languages: ENGLISH

0067102 77256671  
**The discharged patient--are we doing our best?**  
Roberts I  
Nurs Mirror ,22 Sep 1977, 145 (12) p37-9, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0066545 77252111  
**Problem oriented medical records. Part 2: bringing the "SOAP" revolution home.**  
Peterson G  
J Pract Nurs ,Sep 1977, 27 (9) p32-5, ISSN 0022-3867  
Journal Code: JSF  
Languages: ENGLISH

0064622 77231907  
**Neonatal intensive care. Nursing responsibility in referring the convalescent newborn.**  
Abbey BL; Clark MV; Conklin MM; Knegendorf D; McCoy NJ;  
Scoblic MA  
MCN ,Sep-Oct 1977, 2 (5) p295-7, ISSN DMA3-0000  
Journal Code: MA3  
Languages: ENGLISH

0061725 77206331  
**[Transfer of the cardiac patient]**  
Le transfert du malade cardiaque.  
Lethbridge B; Somboon O; Shea HL  
Infirm Can ,Jul 1977, 19 (7) p16-8, ISSN 0019-9605  
Journal Code: 609  
Languages: FRENCH

00212



0060207 77191322

**Medical care of the elderly. Report of the Working Party of  
the Royal College of Physicians of London.**

Lancet .21 May 1977, 1 (8021) p1092-4, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0059644 77186666

**Centralized control system cuts costs, boosts morale.**

Lehman MW; Friesen QJ

Hospitals .16 May 1977, 51 (10) p75-6, 78, 80, ISSN

0018-5973 Journal Code: GDL

Languages: ENGLISH

0057996 77163960

**Innovative methodology enhances nurse deployment, cuts  
costs.**

Bahr J; Badour G; Hill HL

Hospitals .16 Apr 1977, 51 (8) p104, 106-9, ISSN

0018-5973 Journal Code: GDL

Languages: ENGLISH

00213

# **ATENCION MEDICA INTENSIVA**

00214

0232750 83152682  
**An innovation: the psychiatric intensive care unit.**  
Jeffery A; Goldney R  
Aust Nurses J ,Nov 1982, 12 (5) p42-3, 49, ISSN  
0045-0758 Journal Code: 9GG  
Languages: ENGLISH

0232708 83151878  
**Plasma fibronectin and associated variables in surgical intensive care patients.**  
Rubli E; Bussard S; Frel E; Lundsgaard-Hansen P; Pappova E  
Ann Surg ,Mar 1983, 197 (3) p310-7, ISSN 0003-4932  
Journal Code: 67S  
Languages: ENGLISH

An acute depletion of plasma fibronectin or FN has been observed in critically ill, surgical, or trauma patients, but there is little information on the relationships between FN levels and the final outcome in such cases, and on the simultaneous behaviour of other serum proteins. The daily values of FN, antithrombin III, IgG, C3, prealbumin, and transferrin were monitored in 98 intensive care patients after major elective surgery or trauma. According to their clinical course, they were divided retrospectively into three groups. Group A (33 patients) had sepsis. Group B (31 patients) had nonseptic complications, and group C (34 patients) had no complications in the ICU. The individual, nadir levels of FN, AT III, prealbumin, and transferrin were lower ( $p$  less than 0.01) in the septic group A than in B and C. Within the septic group, the nadir levels of AT III, but not those of FN, were lower ( $p$  less than 0.01) in the 14 nonsurvivors than in the 19 survivors. The FN and AT III levels had returned at least temporarily to the normal range in the six ultimate fatalities from sepsis who survived for more than two weeks. In the septic group, transferrin showed the highest percentages of actually subnormal levels and differed from FN in this respect with  $p$  less than 0.05. Furthermore, all six proteins showed a significant overall pattern ( $p$  less than 0.01) of parallel variations. The results confirm other reports on the behavior of fibronectin in septic patients as a group, but it was not informative as to the individual outcome, and its reduction might be viewed as part of a general plasma protein depletion associated with acute septic disease. This pattern is probably attributable to a combination of intravascular consumption and an overall excess of protein catabolism over synthesis.

0232699 83151619  
**Mucosal metaplasia and chronic inflammation in the middle ear of infants receiving intensive care in the neonatal period.**  
Desa DJ  
Arch Dis Child ,Jan 1983, 58 (1) p24-8, ISSN 0003-9888  
Journal Code: 6XG  
Languages: ENGLISH

The histological findings in the middle ear cavity of 72 infants of varying gestations, birthweights, and ages are presented. All infants died after receiving ventilatory support and oxygen for longer than 14 days. In 5 infants there was no detectable histological abnormality. In the remainder, a wide range of lesions was seen including glandular metaplasia, retained squamous debris, squamous polyps, otitis media, and destruction of ossicles. None of the cases of otitis media was diagnosed before necropsy; all were associated with pneumonia. No single specific infectious agent predominated. Several factors could contribute to the spectrum of lesions, and these include persistent amniotic squamous debris, infection, and the effects of oxygen and a nasal airway. The possible implications of these findings are discussed, and it is argued that similar changes of lesser severity could be present in survivors in whom otitis media and conduction hearing defects could be expected.

0232634 83150475  
**[Psychological stress factors in intensive care]**  
Psychische Stressfaktoren in der Intensivmedizin.  
Bunzel B; Benzer H; Gollner C; Pauser G  
Anaesthesist ,Dec 1982, 31 (12) p693-8, ISSN 0003-2417  
Journal Code: 4MY  
Languages: GERMAN Summary Languages: ENGLISH  
In three intensive care units we looked into the question whether there are environmental situations somewhat equally stressful for the patients using 52 stress items designed by ourselves for the study. The patients had to place the various items in a sequence of increasing annoyance just one day after discharge from the intensive care unit. The most annoying factor for all patients, almost independent of sex and diagnosis, was the item "lack of information and communication". The item "noise and unrest caused by the daily routine and the nursing staff of the intensive care unit" was put in the first place by patients aged more than 50 years. Helplessness and physical impairment are the most annoying factors reported by the ventilated patients. The item "dependence on technical devices" (e.g. ventilators, dialyzer etc.) was surprisingly quoted low by our patients. We conclude that a human orientated intensive care medicine approach should be developed. Further investigations concerning psychical care and help should be performed.

00215

0232438 83148728  
**Prediction of prognosis in intensive care patients.**  
Vaage J  
Acta Chir Scand [Suppl] .1982, 509 p73-5, ISSN  
0301-1860 Journal Code: OKC  
Languages: ENGLISH

The treatment of intensive care patients is complex and sometimes unrewarding. The identification of factors that predict the outcome of these patients would make treatment easier to evaluate. Various pulmonary, cardiovascular and metabolic variables have been tested as prognostic measures. They have so far not been found conclusively reliable. It seems as if measurements of factors in the cascade systems, in particular prekallikrein, Hageman factor, and antithrombin III may be the best available indexes to predict a fatal outcome.

0232437 83148710  
**Antithrombin-III: clinical significance.**  
ten Cate JW  
Acta Chir Scand [Suppl] .1982, 509 p101-3, ISSN  
0301-1860 Journal Code: OKC  
Languages: ENGLISH

0232340 83147547  
**Intensive care potential of continuous arteriovenous hemofiltration.**  
Kramer P; Bohler J; Kehr A; Grone HJ; Schrader J; Matthaei D  
; Scheler F  
Trans Am Soc Artif Intern Organs .1982, 28 p28-32, ISSN  
0066-0078 Journal Code: W5C  
Contract/Grant No.: 1-AM-7-2235  
Languages: ENGLISH

0232334 83147445  
**[Resuscitation in multiple trauma]**  
La reanimation du polytraumatise.  
Beauchamp G; Dube S; Lassonde J; Girard R  
Union Med Can ,Dec 1982, 111 (12) p1042-9, ISSN  
0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0231769 83142518  
**Exodus of the ICU nurse: the cure is in the cause.**  
Wagner KD  
Nurs Careers ,Sep 1982, 3 (5) p3-4, 12, ISSN 0273-7124  
Journal Code: OCT  
Languages: ENGLISH

0231566 83140920  
**[Treatment of hypertension (V)]**  
Behandlung der Hypertonie (V).  
Breithaupt H  
Med Welt ,Jan 7 1983, 34 (1) p9-14, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0231350 83138935  
**Pediatric trauma: an algorithm for diagnosis and therapy.**  
Eichelberger MR; Randolph JG  
J Trauma ,Feb 1983, 23 (2) p91-7, ISSN 0022-5282  
Journal Code: KAF  
Languages: ENGLISH  
Management of the pediatric patient sustaining a traumatic injury is influenced by patient size, surface area to body mass ratio, thermoregulation, and fluid requirements. A predetermined and systematic approach to the injured child guarantees recognition of life-threatening injuries and provides a method for rapid stabilization. The algorithm is divided into two distinct phases: life support and post-stabilization. The unique aspects of care of the injured child are highlighted to emphasize the significant differences in resuscitation and diagnosis from that of the adult patient.

0231133 83136756  
**Hemodynamic measurements in clinical practice: a decade in review.**  
Swan HJ; Ganz W  
J Am Coll Cardiol ,Jan 1983, 1 (1) p103-13, ISSN  
0735-1097 Journal Code: H50  
Languages: ENGLISH  
Hemodynamic measurement is now an important and feasible adjunct to clinical practice. Its successful application to alleviate illness in human beings is evident in its contribution to an understanding of the pathophysiology of disease and the efficacy of various interventions to alter the course of a variety of diseases. Its application is widespread in the high risk patient undergoing surgery and the critically ill medically treated patient. Hemodynamic measurement permits accurate determination of the state and, if necessary, of the continuously changing function of the heart as related to disease process and guides treatment and interventions on a rational physiologic basis.

00216

0230995 83134978  
**Effect of positive end-expiratory pressure on pulmonary capillary wedge pressure.**  
Gershan JA  
Heart Lung ,Mar 1983, 12 (2) p143-8, Journal Code: G2V  
Languages: ENGLISH

0230909 83134328  
**[The nurse faced with the anxiety of the coronary patient, in an intensive care unit]**  
L'infirmiere face a l'anxiete du malade coronarien, en unite de soins intensifs.  
Malbec F  
Infirm Fr ,Oct 1982, (238) p3-12, ISSN 0019-9613  
Journal Code: GOD  
Languages: FRENCH

0230725 83132503  
**Critical care practicum.**  
Matthew DM; Goodwin MH  
Focus AACN ,Feb 1983, 10 (1) p38-42, Journal Code: EXE  
Languages: ENGLISH

0230695 83131364  
**Pituitary-thyroid dysfunction in severe non-thyroidal disease: "low-T4 syndrome".**  
Bratusch-Marrain P; Vierhapper H; Grubeck-Loebenstien B; Waldhausl W; Kleinberger G  
Endokrinologie ,Oct 1982, 80 (2) p207-12, ISSN 0013-7251 Journal Code: EHJ  
Languages: ENGLISH

Thyroid function tests were obtained from 335 consecutive patients admitted to an intensive care unit. Twenty patients suffering from severe non-endocrine diseases (septicaemia, fulminant hepatic and renal failure, acute pancreatitis, polytrauma, cerebral haemorrhage) were found to have serum thyroxine levels in the hypothyroid range (less than 4 micrograms/dl). Serum concentrations of total thyroxine (2.3 +/- 0.2 micrograms/dl), triiodothyronine (0.23 +/- 0.03 ng/ml), and thyroxine binding globulin (15.1 +/- 1.3 micrograms/ml) were reduced, but were above normal for reverse triiodothyronine (0.43 +/- 0.06 ng/ml). Response of TSH secretion to iv TRH was found to be either normal, lowered or absent. Primary hypothyroidism was excluded, as no enhanced TSH response was observed in any case. Although decreased thyroxine levels may be due to increased thyroid hormone degradation it appears that associated impaired TSH responsiveness to TRH may result from illness-related inhibition of pituitary TSH release. Although the finding of decreased thyroid hormone levels is not rare in care patients, it represents an index of poor prognosis. Differentiation between this "low-T4 syndrome" and true hypothyroidism depends

essentially on clinical symptoms and course of disease.

0230690 83131314  
**Long-term monitoring in epileptic patients.**  
Ives JR  
Electroencephalogr Clin Neurophysiol [Suppl] ,1982, 36 p612-22, Journal Code: EEJ  
Languages: ENGLISH

0230663 83130981  
**Planning critical care experiences for students.**  
Kotecki CN  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p50-5, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0230662 83130980  
**Nursing diagnosis in critical care.**  
Kim MJ  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p5-6, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0230658 83130975  
**Administering IV nitroglycerin: nursing implications.**  
Conley SK; Small RE  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p18-20, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0230657 83130974  
**Intravenous nitroglycerin in ischemic heart disease.**  
Chyun DA  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p10-7, 20-2, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

00217

0230649 83130854  
**[Internistic aspects of the intensive care of surgical patients]**

Internistische Aspekte bei chirurgischen Intensivpatienten.  
Schuster HP; Neher M  
Chirurg ,Nov 1982, 53 (11) p679-86, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN

0230648 83130852  
**[Cooperation of physicians and nurses in the intensive care of surgical patients]**

Arztlich-pflegerische Zusammenarbeit bei chirurgischen Intensivpatienten.  
Encke A  
Chirurg ,Nov 1982, 53 (11) p669-74, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN

0230647 83130851  
**[Limitation and responsibilities in the intensive care of surgical patients]**

Abgrenzung und Zuständigkeiten bei chirurgischen Intensivpatienten.  
Schildberg FW  
Chirurg ,Nov 1982, 53 (11) p663-8, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN

0230610 83130625  
**Suction, oxygen, and ventilation: getting it together.**

Brooks CG Jr  
Crit Care Nurse ,Jul-Aug 1982, 2 (4) p77, 76, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

0230605 83130612  
**The legal liabilities of critical care.**

Bennett HM  
Crit Care Nurse ,Jul-Aug 1982, 2 (4) p12, ISSN 0279-5442  
Journal Code: DT8  
Languages: ENGLISH

0230604 83130611  
**How to develop a critical care nursing course.**

Kaldor PK  
Crit Care Nurse ,May-Jun 1982, 2 (3) p84-6, ISSN 0279-5442  
Journal Code: DT8

Languages: ENGLISH

0230434 83128806  
**Treatment of status epilepticus in adults.**

Bruni J  
Can Med Assoc J ,Mar 1 1983, 128 (5) p531-3, ISSN 0008-4409  
Journal Code: CKW  
Languages: ENGLISH

Status epilepticus is a medical emergency requiring immediate treatment. General treatment is aimed at restoring physiologic homeostasis, and drug therapy is aimed at arresting the convulsive activity and preventing its recurrence. Concurrent administration of diazepam and either phenytoin or phenobarbital will be effective in most cases. After the status epilepticus has been treated the underlying cause should be investigated and, if possible, treated.

0230308 83127763  
**Biotelemetry, based on optical transmission.**

Kimmich HP  
Biotelem Patient Monit ,1982, 9 (3) p129-43, ISSN 0378-309X  
Journal Code: A6U  
Languages: ENGLISH

Biotelemetry has developed as a reliable alternative to continuous monitoring of physiological variables under realistic circumstances of data assessment. For incorporation in clinical routine the lack of an adequate number of biotelemetry frequencies forms a severe disadvantage. This paper shows a way to circumvent the problem, namely by using infrared light as the carrier for the transmission system. Use of infrared light is limited to indoor applications, and a number of additional restrictions have to be accepted, but on the other hand infrared telemetry opens new possibilities not known to radiotelemetry, especially suited for clinical applications.

0229700 83125777  
**Pediatric critical care. Should medical costs influence clinical decisions?**

Griffin A; Thomasma DC  
Arch Intern Med ,Feb 1983, 143 (2) p325-7, ISSN 0003-9926  
Journal Code: 7FS  
Languages: ENGLISH

00218

0229638 83124611

**Pulmonary extraction of catecholamines in critically ill patients.**

Russell WJ; Frewin DB; Jonsson JR  
Anaesth Intensive Care ,Nov 1982, 10 (4) p319-23,  
Journal Code: 4M5

Languages: ENGLISH

Plasma catecholamine concentrations in blood obtained simultaneously from the pulmonary and radial arteries of ten critically ill patients have been measured. The mean mixed venous concentrations of noradrenaline, adrenaline and dopamine were extremely high, noradrenaline 11.3 pmol/ml (SD 11.6), adrenaline 2.7 pmol/ml (SD 3.0) and dopamine 7.1 pmol/ml (SD 12.3). An appreciable drop in the concentrations occurred as the blood passed from the pulmonary artery to the radial artery (mean fall 24.1, 29.7 and 45.8% respectively). Four patients receiving a therapeutic dopamine infusion were also studied and demonstrated similar trends in catecholamine concentrations. The results suggest a substantial pulmonary clearance mechanism for all three catecholamines.

0229636 83124603

**[Specific stress of intensive therapy: its analysis and suggestions for changes]**

Situationsspezifische Belastungen der Intensivbehandlung: ihre Analyse und Änderungsmöglichkeiten.

Hannich HJ; Wendt M; Bertlich P

Anaesthesist ,Nov 1982, 31 (11) p615-20, ISSN 0003-2417  
Journal Code: 4MY

Languages: GERMAN Summary Languages: ENGLISH

Proceeding from studies which make the environment of an intensive care unit responsible for psychopathological disturbances in thoracic patients, we made investigations on an operative intensive care unit concerning its influence on the psychical state of surgical patients. For this purpose photometry and noise measurements were made at the patient's bedside; additionally the environment of a ventilated patient was recorded continuously by means of a cine-camera. The results we obtained from noise measurements showed that all patients were affected with both sensorial monotony and sensorial overstimulation. Overstimulation results from sudden and unexpected noise (for example due to emergency admissions) on an intensive care unit. The analysis of the illumination intensity showed a day and night turn; that means, the patient was able to distinguish between daytime and nighttime but due to missing bearings no further temporal orientation was possible. The filmings demonstrated that there were numerous contacts between the patient and his environment which, however, did not last longer than 105 s on an average. These findings refer to the problem of the patient's social isolation; others show the loss of sleeping and resting stages. So the "resting stages", that means stages without visible contact, last between 1-3 min. In the light of the results, psychopathological disturbances in the patients of this intensive care unit are connected with the situational conditions of the unit. Suggestions concerning the removal of

situational load-factors are deducible from these findings.

0229635 83124575

**[Effect of arm splinting on the duration and possibility of monitoring invasive long-term pressure determination of the radial artery]**

Einfluss der Armschienung auf Verweildauer und Monitorierbarkeit bei blutiger arterieller Langzeitdruckmessung über die A. radialis.

Mutz N; Koller W; Pauser G; Schedl R

Anasth Intensivther Notfallmed ,Dec 1982, 17 (6) p351-3,  
ISSN 0174-1837 Journal Code: 4CP

Languages: GERMAN Summary Languages: ENGLISH

A special splint technique, which can improve continuous intraarterial blood pressure monitoring via the a. radialis is reported. This method could be applied successfully in 41 patients of the ICU up to 27 days. Cannulating the contralateral side because of catheter's dysfunction was necessary only in 6 patients. These observations could be seen in contrast to our results, using a conventional splint system, applied in 12 patients for comparison (maximal duration of catheter's placement: 9 days). Our experiences, using this special splint method of arm fixation, lead to the recommendation to use our method routinely in long-term monitored patients, with respect to a longer duration of catheter's intravasal placement, the possibility of undisturbed monitoring and a simple clinical handling.

00219

0229634 83124574

**Evaluation of a new monitoring device for arterial blood pressure and heart rate measurement by automatic sphygmomanometry.**

Chastonay P; Morel D; Forster A; Suter PM

Anasth Intensivther Notfallmed ,Dec 1982, 17 (6) p348-50  
ISSN 0174-1837 Journal Code: 4CP

Languages: ENGLISH

Measurements of arterial blood pressure (BP) and heart rate (HR) using a new non-invasive automatic apparatus were compared with the BP and HR values obtained with an invasive technique, i.e. arterial catheter and pressure transducer. This new device consists of a self-inflating BP cuff and of a microphone which converts Korotkoff sounds into digital values. The comparison was made on 400 measurements in 10 surgical intensive-care patients during 18 hours after open heart surgery. Systolic pressure was underestimated by the new device by  $13 \pm 20$  mm Hg/ $1.7 \pm 2.6$  kPa (means  $\pm$  SD) and the linear correlation coefficient between the non-invasive and the invasive technique was  $r = 0.70$ . Diastolic pressure was overestimated by  $9.4 \pm 12.0$  mmHg ( $1.2 \pm 1.5$  kPa) with an  $r = 0.63$ . HR was also underestimated by  $7 \pm 17$  heart beats per minute ( $r = 0.58$ ). We conclude that this new device is not adequate for monitoring intensive-care patients, not so much because of the differences noted between the invasive and the non-invasive measurements, but in particular because there are no alarms, no mean arterial pressure measurement and also because it gives aberrant results once out of twenty measurements.

0229518 83123074

**Use of thrombocytopenia for the early identification of sepsis in critically ill newborns.**

Storm W

Acta Paediatr Acad Sci Hung ,1982, 23 (3) p349-55, ISSN 0001-6527 Journal Code: 1JQ

Languages: ENGLISH

The detection of thrombocytopenia seems to have gained widespread use as an early sign of neonatal septicaemia. A prospective study of 78 full term and preterm babies was done to clarify the significance of serial platelet counts for early sepsis identification in critically ill and ventilated newborns. The results show that thrombocytopenia in this special patient group is too unspecific to be associated with septicaemia. Neither sporadic nor serial platelet counts are suitable as a reliable diagnostic test for the early detection of neonatal septicaemia.

0229331 83120456

**[Correlation between lowering of infant mortality and frequency of early childhood brain damage]**

Zur Beziehung zwischen Senkung der Sauglingssterblichkeit und Haufigkeit fruhschadlicher Hirnschaden.

Fuchs M

Samml Zwangl Abh Geb Psychiatr Neurol ,1982, 50 p254-61,  
ISSN 0558-373X Journal Code: U86  
Languages: GERMAN

0228875 83115895

**Fear of floating to an intensive care unit.**

Nursing (Horsham) ,Feb 1983, 13 (2) p72-3, ISSN 0360-4039 Journal Code: OA3  
Languages: ENGLISH

00220



0228855 83115611

**Fluctuation of intracranial pressure associated with the cardiac cycle.**

Daley ML; Gallo AE; Gehling GF; Isom JB; Mauch W; Kingsley PD

Neurosurgery ,Nov 1982, 11 (5) p617-21, ISSN 0148-396X  
Journal Code: NZL

Languages: ENGLISH

Within the intensive care setting, a portable microcomputer system was used to extract three parameters from the intracranial pressure fluctuation associated with the cardiac cycle. One parameter, the mean of sampled intracranial pressure, was defined as the average value of pressure for a 1.08-second interval following the R wave of the electrocardiogram. Another parameter, the amplitude of intracranial pressure, was defined as the difference between the mean and the peak value of the sampled intracranial pressure for the interval considered. The third parameter, a latent interval, was defined as the time period between the occurrence of the R wave and the occurrence of the peak value of the subsequent intracranial pressure fluctuation. Six adults and one pediatric patient were monitored. Both the amplitude and the mean of sampled pressure tended to vary inversely with the latent interval. For the adult patients, the latent interval varied between 503 and 804 ms; the mean pressure ranged between 2.4 and 19.0 mm Hg and the amplitude pressure ranged between 0.6 and 7.2 mm Hg. The latent interval for the child was much shorter (ranging between 269 and 325 ms), and both the mean and the amplitude pressures were much higher (ranging between 38.4 and 57.3 mm Hg and 14.2 and 16.5 mm Hg, respectively). Statistical correlation between hourly pulse rates and the latent interval among the adult cases revealed little association ( $r = -0.20$ ). For all patients considered, the correlation between the amplitude and the mean of sampled intracranial pressure was quite high, with an  $r$  value of  $+0.91$ . These reported observations support a conceptual model in which blood volume changes associated with the cardiac cycle occurring within the semirigid craniospinal sac are assumed to underlie the fluctuation of intracranial pressure.

0228795 83114727

**The use of computerized learning in intensive care: an evaluation of a new teaching program.**

Skinner JB; Knowles G; Armstrong RF; Ingram D

Med Educ ,Jan 1983, 17 (1) p49-53, ISSN 0308-0110  
Journal Code: MZ3

Languages: ENGLISH

A computer-assisted learning program in respiratory intensive care was introduced into the undergraduate curriculum at University College Hospital. Educational effectiveness was assessed. This method of learning was found to be highly acceptable to students. The improvement in students knowledge of the subject was up to three times greater in those who used the computer program, than a control group of students who received only teaching by conventional

means, ( $P = 0.016$ ). The results of a questionnaire designed to elicit students' attitudes to this learning experience are discussed.

0228623 8311850

**Decision-making among emergency room residents: preliminary observations and a decision model.**

Quick JD; Moorhead G; Quick JC; Gerloff EA; Mattox KL; Mullins C

J Med Educ ,Feb 1983, 58 (2) p117-25, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Emergency room residents face a range of clinical decisions and often call on senior residents or faculty members for help. The individual clinical decision process has frequently been analyzed, but little attention has been given to the social process in clinical decision-making. Based on data from interviews and over 100 hours of direct observation at two large urban general hospitals with busy emergency rooms staffed by medical and surgical residents, the authors suggest there are five basic decision situations. In each situation, the residents appeared to follow implicit decision patterns about involving other medical and surgical staff in the final clinical decision. The decision situations are nonacute, routine acute, nonroutine acute, multispecialty acute, and crisis. These situations call for individual, consultive, or consensual patterns in making decisions. The consequences of these patterns are explored. Improving residents' decision-making should contribute to improved understanding of the resident's role, better resident supervision, and better emergency room functioning.

0228383 83108593

**The use of ceftizoxime in the treatment of critically ill patients infected with multiply antibiotic resistant bacteria.**

Scully BE; Neu HC

J Antimicrob Chemother ,Nov 1982, 10 Suppl C p141-50, ISSN 0305-7453  
Journal Code: HD7

Languages: ENGLISH

00221

0228361 83108269  
**[Organization and monitoring of hospital public health measures--the public health force]**  
Organisation und Überwachung krankenhaushygienischer Massnahmen--die Hygienefachkraft.  
Gahler R  
Hefte Unfallheilkd ,1982, 158 p564-70, ISSN 0085-1469  
Journal Code: G3B  
Languages: GERMAN

0228070 83104195  
**The legalities of critical care.**  
Bennett HM  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p88, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228069 83104191  
**Taking the anxiety out of hemodynamic monitoring: a skills lab.**  
Rušk KM  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p6-9, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228068 83104185  
**Acute alcohol withdrawal syndrome in the critical care unit.**  
Strasen L  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p24-6, 30-1, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228063 83104175  
**The legalities of critical care. Patient's rights.**  
Bennett HM  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p49, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228057 83104147  
**Nutritional status in intensive care patients: evaluation in 84 unselected patients.**  
Boles JM; Garre MA; Youinou PY; Mialon P; Menez JF; Jouquan J; Miossec PJ; Pennec Y; Le Menn G  
Crit Care Med ,Feb 1983, 11 (2) p87-90, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH  
A prospective nutritional evaluation of 84 unselected

patients admitted to a multidisciplinary ICU was performed using anthropometric measurements, creatinine height index (CHI), and serum protein assays. All values tested were significantly lower than those of 40 healthy controls. A matrix of correlation coefficients showed many similarities among the variables studied. Fatal outcome and poor prognosis indices, such as sepsis and renal failure, were analyzed separately. Anthropometric measurements and CHI were not different in the separate groups. Albumin (Alb) and transferrin (Tr) were not different in patients with or without sepsis. Retinol binding prealbumin was significantly higher in patients with renal failure. Thyroxin-binding prealbumin (TBPA) was significantly lower in all the groups. We emphasize the interest of this rapid turnover protein in evaluating nutritional status. We suggest: (1) a systematic nutritional assessment, and (2) an aggressive nutritional support in the ICU patient.

0228053 83104139  
**A critical look at critical care.**  
Robin ED  
Crit Care Med ,Feb 1983, 11 (2) p144-8, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

0228050 83104131  
**Comparison of intravascular PO2 with transcutaneous and PaO2 values.**  
Malalis L; Bhat R; Vidyasagar D  
Crit Care Med ,Feb 1983, 11 (2) p110-3, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

00222

Languages: FRENCH Summary Languages: ENGLISH

0228017 83103438

**Noninvasive Doppler determination of cardiac output in man. Clinical validation.**

Huntsman LL; Stewart DK; Barnes SR; Franklin SB; Colocousis JS; Hessel EA  
Circulation ,Mar 1983, 67 (3) p593-602, Journal Code: DAW

Contract/Grant No.: HL-16830; HL-00344; GM-24990

Languages: ENGLISH

A noninvasive technique for assessing cardiac output (CO) was evaluated by comparing it with thermodilution determinations in patients in the intensive care unit. The new method uses pulsed ultrasound to measure aortic diameter and continuous-wave Doppler ultrasound to obtain aortic blood velocity. An initial study evaluating just the velocity measurement showed that changes of the Doppler index of output (DI) correlated well with those of thermodilution cardiac output (TDCO). Linear regression analysis yielded  $\Delta DI = 0.87 \Delta TDCO + 0.14$  ( $r = 0.83$ ,  $n = 95$ ). Using a university research instrument these measurements were possible in 54 of 60 patients (90%). A second study using a prototype commercial device incorporated the diameter measurement. Ultrasonic cardiac output (UCO), calculated as the time integral of velocity multiplied by the aortic area, was compared to TDCO. The data, obtained from 45 of 53 patients (85%), are described by the linear regression  $UCO = 0.95TDCO + 0.38$  ( $r = 0.94$ ,  $n = 110$ ) over a range of 2-11 l/min. Patients with aortic stenosis, aortic insufficiency or a prosthetic valve have been excluded from the second study due to conditions likely to violate the assumptions upon which the calculation of absolute cardiac output is based. These results indicate that accurate CO can be measured by noninvasive ultrasound in most patients.

The technique may be useful for extended CO monitoring in acute care patients and for CO assessment in many other types of patients undergoing diagnostic studies and therapeutic interventions.

0227671 83088501

**Equipment planning. ICU monitors boost nurse efficiency.**

Nathanson M  
Mod Health Care ,Jan 1983, 13 (1) p124, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227365 83099070

**[Anaerobic infection in digestive surgical intensive care. A comparative study of prognosis and management]**

Les infections a anaerobies en reanimation chirurgicale digestive. Elements compares de pronostic et de therapeutique (262 cas).

Levy E; Borie H; Ollivier J; Lesage D; Parc R; Huguet C; Loygue J  
Ann Chir ,1982, 7 Pt 2 p538-44, ISSN 0003-3944  
Journal Code: 50E

0227356 83098713

**[Disseminated candidiasis. 23 cases collected in an intensive care unit]**

Les candidoses disseminees. Vingt-trois cas observes dans un service de reanimation.

Develoux M; Gajdos P; Goulon M  
Ann Med Interne (Paris) ,1982, 133 (6) p406-9, ISSN 0003-410X Journal Code: 5FZ

Languages: FRENCH Summary Languages: ENGLISH

Twenty-three cases of disseminated candidiasis (DC) were observed between 1965 and 1981. In 23 cases the DC was a complication of a preexisting disease process (16 abdominal surgery, 18 bacterial septicemia, 16 acute renal failure, 4 carcinoma) requiring polytherapy (23 antibiotherapy, 5 parenteral nutrition, 4 corticotherapy). The most frequent foci were ocular (6), peritoneal (5), renal (4), and pulmonary (3). Diagnosis was confirmed by blood culture (20), urine culture (12), culture of the catheter tip (7), isolation of candida from a localised focus and by anti candida antibodies in some patients. Nine patients were not treated and died; 14 patients were given antifungal agents; 6 died, three despite cure of DC. The recognition of favouring circumstances, early diagnosis and systematic treatment of all foci of candidiasis allow effective prophylaxis against DC; the last case in our series was in 1978.

0227333 83098545

**[Sodium gamma-hydroxybutyrate. Effects on visual flash-evoked potentials]**

Le gamma hydroxybutyrate de sodium. Action sur les potentiels evoques visuels obtenus par flash.

Desbordes JM; Marillaud A; Roualdes G; Badouraly MJ  
Ann Fr Anesth Reanim ,1982, 1 (2) p147-51, Journal Code: 4ZT

Languages: FRENCH Summary Languages: ENGLISH

Na gamma hydroxybutyrate being recognized as a mean of brain protection, the effect of Na gamma hydroxybutyrate on visual evoked potentials is studied in ten neurosurgical patients. Recordings are made in the same intensive care unit and with the same equipment. Latencies of the three principal peaks (III, IV, V) are analysed. No gamma hydroxybutyrate, given intravenously (60 mg . kg-1), significantly increased latencies ( $p$  less than 0.001). So, it must take into account of this effect when visual evoked potentials are studied in Na gamma hydroxybutyrate treated-patients. However, visual evoked potentials peaks are only delayed by Na gamma hydroxybutyrate and none of the studied peaks is abolished.

00223

0229700 83125777  
**Pediatric critical care. Should medical costs influence clinical decisions?**  
Griffin A; Thomasma DC  
Arch Intern Med ,Feb 1983, 143 (2) p325-7, ISSN  
0003-9926 Journal Code: 7FS  
Languages: ENGLISH

0229636 83124603  
**[Specific stress of intensive therapy: its analysis and suggestions for changes]**  
Situationsspezifische Belastungen der Intensivbehandlung: ihre Analyse und Änderungsmöglichkeiten.  
Hannich HJ; Wendt M; Bertlich P  
Anaesthesist ,Nov 1982, 31 (11) p615-20, ISSN 0003-2417  
Journal Code: 4MY  
Languages: GERMAN Summary Languages: ENGLISH  
Proceeding from studies which make the environment of an intensive care unit responsible for psychopathological disturbances in thoracic patients, we made investigations on an operative intensive care unit concerning its influence on the psychical state of surgical patients. For this purpose photometry and noise measurements were made at the patient's bedside; additionally the environment of a ventilated patient was recorded continuously by means of a cine-camera. The results we obtained from noise measurements showed that all patients were affected with both sensorial monotony and sensorial overstimulation. Overstimulation results from sudden and unexpected noise (for example due to emergency admissions) on an intensive care unit. The analysis of the illumination intensity showed a day and night turn; that means, the patient was able to distinguish between daytime and nighttime but due to missing bearings no further temporal orientation was possible. The filmings demonstrated that there were numerous contacts between the patient and his environment which, however, did not last longer than 105 s on an average. These findings refer to the problem of the patient's social isolation; others show the loss of sleeping and resting stages. So the "resting stages", that means stages without visible contact, last between 1-3 min. In the light of the results, psychopathological disturbances in the patients of this intensive care unit are connected with the situational conditions of the unit. Suggestions concerning the removal of situational load-factors are deducible from these findings.

0228875 83115895  
**Fear of floating to an intensive care unit.**  
Nursing (Horsham) ,Feb 1983, 13 (2) p72-3, ISSN  
0360-4039 Journal Code: 0A3  
Languages: ENGLISH

0228795 83114727  
**The use of computerized learning in intensive care: an evaluation of a new teaching program.**  
Skinner JB; Knowles G; Armstrong RF; Ingram D  
Med Educ ,Jan 1983, 17 (1) p49-53, ISSN 0308-0110  
Journal Code: MZ3  
Languages: ENGLISH  
A computer-assisted learning program in respiratory intensive care was introduced into the undergraduate curriculum at University College Hospital. Educational effectiveness was assessed. This method of learning was found to be highly acceptable to students. The improvement in students knowledge of the subject was up to three times greater in those who used the computer program, than a control group of students who received only teaching by conventional means, (P = 0 X 016). The results of a questionnaire designed to elicit students' attitudes to this learning experience are discussed.

0228070 83104195  
**The legalities of critical care.**  
Bennett HM  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p88, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228069 83104191  
**Taking the anxiety out of hemodynamic monitoring: a skills lab.**  
Rusk KM  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p6-9, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228068 83104185  
**Acute alcohol withdrawal syndrome in the critical care unit.**  
Strasen L  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p24-6, 30-1, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

00224

0228063 83104175  
**The legalities of critical care. Patient's rights.**  
Bennett HM  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p49, ISSN  
0279-5442 Journal Code: DTB  
Languages: ENGLISH

0228053 83104139  
**A critical look at critical care.**  
Robin ED  
Crit Care Med ,Feb 1983, 11 (2) p144-8, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

0227322 83098337  
**A ventilator for use during mobile intensive care and total intravenous anaesthesia. The Drager oxylog.**  
Park GR; Johnson S  
Anaesthesia ,Dec 1982, 37 (12) p1204-8, ISSN 0003-2409  
Journal Code: 4MC  
Languages: ENGLISH

0226809 83091677  
**Psychological issues in the care of critically-ill respirator patients: differential perceptions of patients, relatives, and staff.**  
Riggio RE; Singer RD; Hartman K; Sneider R  
Psychol Rep ,Oct 1982, 51 (2) p363-9, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0226628 83089682  
**Sharing: let the family in.**  
McPhee AT  
Nursing (Horsham) ,Jan 1983, 13 (1) p120, ISSN  
0360-4039 Journal Code: OA3  
Languages: ENGLISH

0226548 83088845  
**Hemodynamic monitoring in the critically ill patient [editorial]**  
Shaver JA  
N Engl J Med ,Feb 3 1983, 308 (5) p277-9, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0226547 83088841  
**Evaluation of right-heart catheterization in the critically ill patient without acute myocardial infarction.**  
Connors AF Jr; McCaffree DR; Gray BA  
N Engl J Med ,Feb 3 1983, 308 (5) p263-7, ISSN  
0028-4793 Journal Code: NOW  
Contract/Grant No.: HL-07155; HL-07210  
Languages: ENGLISH

0226500 83088282  
**Equipment and planning for neonatal air transport.**  
Harris BH; Belcher JW  
Med Instrum ,Sep-Oct 1982, 16 (5) p253-5, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH  
When transfer of a newborn infant by helicopter becomes necessary, electrical and mechanical devices are used to overcome some inconvenient aspects of the aviation environment. The aircraft must have an effective cabin heater, satisfactory interior illumination, a system for noise attenuation and voice communication, an oxygen source, and a supply of usable electric current. Medical equipment should be lightweight, portable, and designed or adapted for out-of-hospital use and have redundant energy sources. The transport incubator is the most important medical item. Electrical monitors for pulse, cardiac rhythm, blood pressure, respiratory rate, and body temperature are essential, and a defibrillator, infusion pump, and several other items are highly desirable.

0226496 83088278  
**The impact of technology on nursing.**  
Laing G  
Med Instrum ,Sep-Oct 1982, 16 (5) p241-2, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

0226066 83083716  
**Computer-generated graphic evaluation of nutritional status in critically injured patients.**  
McLaurin NK; Goodwin CW Jr; Zitzka CA; Hander EW  
J Am Diet Assoc ,Jan 1983, 82 (1) p49-52, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0226046 83083649

**Nursing decision making in critical care areas.**

Baumann A; Bourbonnais F  
J Adv Nurs ,Sep 1982, 7 (5) p435-46, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

This exploratory study sought to identify factors that critical care nurses consider relevant in making rapid patient care decisions; to explore the decision making of these nurses in crisis situations; and to identify critical patient care situations where rapid nursing decisions are made. The convenience sample consisted of 50 nurses in critical care settings. A semi-structured interview with a critical care case study was utilized to examine the nurses' decision making. Open ended responses were transformed into fixed categories for tabulation. The findings suggested that: 1 knowledge and experience were the most important factors influencing rapid decision making; 2 although the nurses identified the appropriate decisions in a given crisis situation they had difficulty providing a theoretical rationale for their decisions; 3 the given case study and the 50 crisis situations identified by the subjects indicated that many nursing decisions for critically ill patients were carried out prior to physician assistance. A demographic data questionnaire that examined age, nursing experience, formal education and continuing education of the subjects determined that the majority of the nurses were under 30 years old, had either less than 1 year experience or 7-9 years in critical care, were graduates of a 2-year diploma programme, and took continuing education courses at the community college level.

0225567 83078221

**Study of diarrhea in critically ill patients.**

Kelly TW; Patrick MR; Hillman KM  
Crit Care Med ,Jan 1983, 11 (1) p7-9, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

There has been an impression that diarrhea occurs commonly in seriously ill patients treated in ICUs. In view of the sparsity of published work on the problem, we embarked on a prospective study of all patients admitted to the ICU for more than 48 h over a 12-month period. Three factors were examined in detail: nasogastric feeding, cimetidine administration, and antibiotic treatment. Other factors also were considered, notably the nature of the underlying illness and the spread of a possible infective agent by cross-infection. There was a 41% incidence of diarrhea. A significant increase in the incidence of diarrhea occurred in patients on nasogastric feeding (p less than 0.01) and in those receiving cimetidine (p less than 0.05); there was no increased incidence in those receiving antibiotic therapy. The cytotoxin of *Clostridium difficile* was specifically looked for in all patients with diarrhea, but was not detected.

0225918 83082052

**Research priorities for critical care nursing: a study by the American Association of Critical-Care Nurses.**

Lewandowski LA; Kositsky AM  
Heart Lung ,Jan 1983, 12 (1) p35-44, Journal Code: G2V  
Languages: ENGLISH

0225638 83079837

**Utilization of computers in the management of critically ill patients.**

Kiely MA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p4-5, Journal Code: EXE  
Languages: ENGLISH

0225636 83079834

**The future of critical care nursing.**

Henke NT  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p20-3, Journal Code: EXE  
Languages: ENGLISH

00226

0225563 83078213

**Comparative studies of IPPV and HFPPV with PEEP in critical care patients. II: Studies on intrapulmonary gas distribution.**

Wattwil LM; Sjostrand UH; Borg UR; Eriksson IA

Crit Care Med ,Jan 1983, 11 (1) p38-43, ISSN 0090-3493

Journal Code: DTF

Languages: ENGLISH

The ventilatory patterns of a conventional ventilator for volume-controlled ventilation (SV-900) and a low-compression ventilator utilizing the pneumatic valve principle for pressure/flow-generated, volume-controlled ventilation (system H) were studied in a lung model and in 10 patients with respiratory failure. System H was used at frequencies of 20 (H-20) and 60 (H-60 = high-frequency positive-pressure ventilation [HFPPV]) breath/min, and SV-900 at a frequency of 20 (SV-20) breath/min. With system H, inspiration constituted 22% (no inspiratory pause) and with SV-900, 25% (with 10% inspiratory pause). System H delivers an instantaneous accelerating flow which rapidly decelerates during the second part of the inspiratory phase. Maximal flow rates studied were 1.3 (H-60), 0.9 (H-20), and 0.7 (SV-20) L/sec. Thus, HFPPV delivers an effective tidal volume with highest linear velocity. This increased velocity increases gas mixing by increasing turbulence in conducting airways. In the 10 patients with respiratory failure, intrapulmonary gas distribution (measured as the nitrogen washout delay) was improved from 106% during SV-20 to 74% with H-60 (p less than 0.05). H-60 also increased carbon dioxide elimination in the 2 patients with the most severe pulmonary dysfunction.

0225562 83078212

**Comparative studies of IPPV and HFPPV with PEEP in critical care patients. I: A clinical evaluation.**

Wattwil LM; Sjostrand UH; Borg UR

Crit Care Med ,Jan 1983, 11 (1) p30-7, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

The effects of the ventilatory patterns of a conventional ventilator (SV-900) and a low-compression ventilator (system H) were studied in 12 patients with respiratory failure (RF). Volume-controlled ventilation at frequencies (f) of 20 breath/min (SV-20) with SV-900, and 20 (H-20) and 60 (H-60 = high-frequency positive-pressure ventilation, HFPPV) breath/min with system H was given. Inspiration constituted 25% (with an inspiratory pause of 10%) of the ventilatory cycle with SV-900 and 22% with system H. Intratracheal (ITP), intrapleural, systemic and pulmonary arterial (PAP), and central venous (CVP) pressures were measured at normoventilation. During H-60, normoventilation was provided with smaller tidal volumes and lower mean intratracheal pressures than during SV-20 and H-20. Cardiac index and oxygen transport were not affected by changes in ventilatory pattern. The respiration-synchronous variations in CVP, PAP, and pulmonary capillary wedge pressure (WP) during ventilation at 20 breath/min were abolished during HFPPV. In the most severely ill patients, long-term HFPPV was uneventful. Airway

suctioning during ventilation with oxygen was an important feature of the pneumatic valve principle (system H). The results of this study indicate that volume-controlled HFPPV is as efficient and as well accepted by the patient as conventional ventilation (SV-20).

0225561 83078210

**Study of the incidence of intravascular catheter infection and associated septicemia in critically ill patients.**

Pinilla JC; Ross DF; Martin T; Crump H

Crit Care Med ,Jan 1983, 11 (1) p21-5, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

0225559 83078207

**Selection criteria for pediatric critical care transport teams.**

Smith DF; Hackel A

Crit Care Med ,Jan 1983, 11 (1) p10-2, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

The primary goal of an interhospital critical care transport program is to provide quality medical care during transit as close as possible to that available in the receiving ICU. Critically ill pediatric patients are transported between hospitals by a variety of transport teams. The skills possessed by physicians, nurses, respiratory therapists, and paramedics overlap. To determine the criteria for selection of the team members for these patients, we reviewed the medical records of 115 pediatric patients transported to this facility in 1978 and 1979. Patients were categorized by diagnosis, severity of illness at the time of transport, and the monitoring and life support required during transport. Our data indicate the medical transport team members should have skills required for pediatric critical care diagnosis and management including endotracheal intubation and assisted ventilation; insertion of peripheral, central venous, and arterial catheters; fluid and electrolyte therapy; antibiotic therapy; cardiovascular monitoring; and pharmacological life support. The team members should be chosen based on the particular skills needed for a transport with a goal of providing the patient care required on a consistent basis.

00227

0225558 83078206

**Therapeutic Intervention Scoring System: update 1983.**

Keene AR; Cullen DJ

Crit Care Med ,Jan 1983, 11 (1) p1-3, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

The Therapeutic Intervention Scoring System (TISS) introduced in 1974 has become a widely accepted method of classifying critically ill patients. In response to requests to update the system because of recent innovations in critical care, some items have been deleted, some have been added, and certain point scores have been adjusted. Explanations of items within the system and guidelines for the user are included. A comparison of the new 1983 system to the old 1974 system in 100 consecutive patients reveals no difference in total point scores. We hope this updated explanation will ease the task of assessing use of intensive care services.

0225555 83078202

**Management of the patient with chest trauma (CEU home study).**

Stambaugh D

Crit Care Update ,Dec 1982, 9 (12) p23-9, ISSN  
0162-7252 Journal Code: DTA

Languages: ENGLISH

0224666 83050856

**Cultural concepts in critical care.**

Germain CP

CCQ ,Dec 1982, 5 (3) p61-78, ISSN 0160-2551 Journal  
Code: CPW

Languages: ENGLISH

0224557 83073184

**Prognostic signs in abdominal surgery patients treated in the intensive care unit.**

Kaukinen L; Kaukinen S

Ann Chir Gynaecol ,1982, 71 (5) p283-90, ISSN 0355-9521  
Journal Code: 51N

Languages: ENGLISH

To determine which factors had correlation with mortality during intensive care, 300 consecutive admissions to the intensive care unit in 286 critically ill patients requiring abdominal surgery were analyzed. The follow-up was one year. On admission, before any treatment was given, disturbances of vital functions (circulation, respiration, fluid- and acid-base balance, renal function, consciousness and other special disturbances) were classified into three grades according to their severity. The increase in the grade of severity, or especially in the sum of the grades of disturbances in various vital functions, correlated well with the mortality rate. Deviations in several biochemical

parameters (e.g. serum sodium and potassium concentrations and serum osmolality) during intensive care were associated with an increase in mortality rate, even where these parameters were abnormal for only a short time and were later brought within normal range. With stepwise multiple discriminant analysis of model including 13 variables was formed to identify survivors and nonsurvivors. The strongest predictors of fatal outcome in this analysis were cirrhosis, increasing are and the sum of severity grades of disturbances in vital functions on admission.

00126

● 0224519 83072484

**[Cooperation of psychology and anesthesiology in intensive care medicine]**

Zur Kooperation von Psychologie und Anesthesiologie in der Intensivmedizin.

Grabow L

Anasth Intensivther Notfallmed ,Sep 1982, 17 (5)  
p297-300, ISSN 0174-1837 Journal Code: 4CP

Languages: GERMAN Summary Languages: ENGLISH

Intensive care cannot consist only of monitoring and compensatory measures in organ system failure, but likewise must comprise psychological treatment of the patient. In this field psychology and anaesthesiology share a unique opportunity to get insight into neurobiological relations of human behaviour. If psychological investigation of the intensive care patient is understood as a behavioural analysis related to biological function, then anaesthesiology may contribute substantially to this evaluation. Moreover important information on prolonged but subtle influences of anaesthetics on central nervous system function, may be gained and expand our as yet poor knowledge in this field.

0224511 83072341

**Early surgical decompression in the management of electrical injuries.**

Holliman CJ; Saffle JR; Kravitz M; Warden GD

Am J Surg ,Dec 1982, 144 (6) p733-9, ISSN 0002-9610  
Journal Code: 3Z4

Languages: ENGLISH

00228



0224324 83070581

**Regional differences in lung function during anaesthesia and intensive care: clinical implications.**

Hedenstierna G; Santesson J; Bindsvlev L; Baehrendtz S; Klingstedt C; Norlander O

Acta Anaesthesiol Scand .Oct 1982. 26 (5) p429-34. ISSN 0001-5172 Journal Code: 080

Languages: ENGLISH

Anaesthesia and most frequently acute respiratory failure are accompanied by a lowered functional residual capacity (FRC). This lowering promotes airway closure in dependent lung units and forces ventilation to non-dependent regions. Perfusion, on the other hand, is forced towards dependent lung units. A ventilation-perfusion mismatch is created and hypoxaemia may develop. General PEEP counters airway closure, but impedes cardiac output and forces perfusion further to dependent regions. In addition, barotrauma may occur. Improved matching of ventilation and perfusion can be achieved by: (1) positioning the subject in the lateral posture; (2) ventilating each lung separately in proportion to its perfusion (differential ventilation); and (3) applying PEEP only to the dependent lung (selective PEEP). Because of less overall intrathoracic pressure and lung expansion, interference with the total lung blood flow and the danger of barotrauma should be less than with general PEEP. Improved gas exchange with a 50-100% increase in PaO<sub>2</sub> has been observed in a limited number of patients with acute bilateral lung disease studied so far during differential ventilation and selective PEEP.

0224242 83068873

**[Medical treatment of major skull injuries in children]**

Traitement medical des traumatismes craniens majeurs chez l'enfant.

Gauthier-Chouinard M

Union Med Can .Sep 1982. 111 (9) p791-7. 832. ISSN 0041-6959 Journal Code: WNM

Languages: FRENCH

0224071 83067304

**[Follow-up of intensive medical care patients]**

Nachkontrolle von intensivmedizinisch betreuten Patienten.

Burgisser C; Ritz R

Schweiz Med Wochenschr .Sep 11 1982. 112 (37) p1283-6. ISSN 0036-7672 Journal Code: UEI

Languages: GERMAN Summary Languages: ENGLISH

Increasing limitations on personnel and material in intensive care render a reevaluation necessary. Follow-up of critically ill patients might be a useful contribution to this. In 330 patients the situation during intensive care and the subsequent stay on the ward, as well as physical and psychological status 3 years later, were analyzed. In 96% the acute event necessitating intensive care corresponded to a preexisting chronic illness. Although the mean stay of 3.6

days in ICU was relatively short, total time of hospitalization exceeded that of patients who did not undergo intensive care. Three quarters of the 330 patients survived ICU and two thirds the subsequent hospitalisation. Half of the patients were still alive three years later, most under medical supervision for the same illness. 89 Patients could be followed up after three years; 84% were physically independent and 53% were at work, but 20% of these had had to change jobs.

The later outcome in patients ventilated during intensive care was inferior in all respects. Comparing the quality of life to 1977, 33% of the patients described their physical capacity and 14% their mental activity as reduced. One third of the patients had specific memories of the stay on the ICU, such as pain, fear of being alone, of the illness or of the technical environment. In conclusion, three years after intensive care half of the patients had survived and in most of the cases a qualitatively satisfactory life style was possible.

0223885 83064720

**Transplant: giving a touch of warmth.**

Carlton M

Nurs Mirror .Nov 24 1982. 155 (21) p63-4. ISSN 0029-6511 Journal Code: 098

Languages: ENGLISH

00127

0223337 83059729

**Standards of care for the critically injured pediatric patient.**

Ramenofsky ML; Morse TS

J Trauma .Nov 1982. 22 (11) p921-33. ISSN 0022-5282 Journal Code: KAF

Languages: ENGLISH

0222716 83052730

**Forced dependency in the critically ill.**

Griffin J

Dimens Crit Care Nurs .Nov-Dec 1982. 1 (6) p350-2. ISSN 0730-4625 Journal Code: EAD

Languages: ENGLISH

00229

0222673 83052323

**Indwelling chemical sensors based on semiconductor technology.**

Eberhart RC; Thomasson TH; Munro MS; Kumar A; Szabo G  
Crit Care Med ,Dec 1982, 10 (12) p841-7, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

Indwelling chemical sensors have been designed and built which operate on similar principles to field effect transistors, the fundamental structural unit of the computer. By appropriate use of ion-filtering membranes with these devices, it is possible to measure, continuously, serum electrolytes, including hydrogen ion, and CO2 tension. Semiconductor processing techniques allow incorporation of multiple ion sensors on a single miniaturized chip. Chip-based signal processing can also allow compensation for temperature effects and other sources of instability. Because these devices can be produced inexpensively, they seem to be promising for patient monitoring in the critical care environment. Problems with stability, blood compatibility, and reference electrode design are addressed and potential solution methods are proposed. The performance of preliminary devices in vitro and in vivo is discussed.

0222672 83052322

**Image analysis in critical care medicine.**

Budinger TF  
Crit Care Med ,Dec 1982, 10 (12) p835-40, ISSN  
0090-3493 Journal Code: DTF  
Contract/Grant No.: P01 HL25840-02  
Languages: ENGLISH

Computer techniques have been developed to image, noninvasively, anatomical structure, vessel blood flow, and physiological and biochemical functions, utilizing a number of physical principles. These devices, though costly, appear to provide sufficient diagnostic benefits to warrant their use in some critical care units. The emergence of x-ray, digital subtraction angiography, ultrasound, emission and nuclear magnetic resonance imaging techniques and their medical applications are described. It is shown that the physical variables measured by these techniques are sensitive to disease conditions and, thus, their incorporation in critical care procedures are likely in the future.

0222671 83052320

**Computer-based ICU data acquisition as an aid to clinical decision-making.**

Gardner RM; West BJ; Pryor TA; Larsen KG; Warner HR; Clemmer TP; Orme JF Jr  
Crit Care Med ,Dec 1982, 10 (12) p823-30, ISSN  
0090-3493 Journal Code: DTF  
Contract/Grant No.: GM23095  
Languages: ENGLISH

0222670 83052318

**Computers in critical care medicine: promises and pitfalls.**

Osborn JU  
Crit Care Med ,Dec 1982, 10 (12) p807-10, ISSN  
0090-3493 Journal Code: DTF  
Languages: ENGLISH

Computer-based patient monitoring is a science in transition. Its purposes are vague, its technology variable, and there is no clear evaluation of its utility. Monitoring originally developed because of an intuitive feeling that if we knew more, we would be able to take better care of patients. Physiologic monitoring, statistical monitoring, and integrative monitoring will eventually combine to make a coherent patient care system. However, the subcomponents must be made to work before we reach this stage. It is still unclear what ICU measurements should be monitored and what to compute from those measurements. Once agreed upon, these measurements must be presented in human terms and, ultimately, used to make computer-based diagnosis. The day will come when the computer will be viewed as a tool to extend our medical power to let us take better care of the patient.

00230

0222666 83052299

**Rate of elimination of the Intralipid fat emulsion from the circulation in ICU patients.**

Lindholm M; Rossner S

Crit Care Med ,Nov 1982, 10 (11) p740-6. ISSN 0090-3493

Journal Code: DTF

Languages: ENGLISH

The rate of removal of Intralipid was studied in 2 groups of intensive care patients by analysis of the fractional removal rate after a single iv dose and by analysis of the removal rate during a constant infusion of Intralipid which immediately followed. The patients in group 1 were moderately ill after uncomplicated surgery whereas group 2 patients were critically ill and had a mortality of 44%. The fractional removal rate was 2-fold greater in group 1 than group 2 and controls; the 2 latter groups had similar rates of removal. During the constant infusion of Intralipid, 0.42 g/min for 3 h, group 1 patients were found to have a first order removal rate with a constant plasma concentration of Intralipid. The rate constants were not different during the entire infusion from those obtained by the single injection. In all of the group 2 patients, a zero order removal rate was present as the concentration of Intralipid particles increased linearly with time. Group 2 patients had cleared all Intralipid within 6 h after the end of the infusion. Some patients were treated with heparin and/or insulin for clinical reasons. The removal rates were not influenced in either group by these drugs. Thus, moderately traumatized patients were found to clear plasma from Intralipid at recommended infusion rates. However, in critically ill patients, the infusion rate of Intralipid may have to be adjusted below the maximal elimination capacity to avoid Intralipid accumulation in plasma.

0222555 83051217

**The psychological aspects of intensive care units.**

Dannenfeldt G

Curationis ,Sep 1982, 5 (3) p27-31. ISSN 0379-8577

Journal Code: C1A

Languages: ENGLISH

0222542 83050836

**Barriers to patient education in the coronary care unit.**

Murdaugh CL

Cardiovasc Nurs ,Nov-Dec 1982, 18 (6) p31-6. ISSN

0008-6355 Journal Code: C00

Languages: ENGLISH

0222515 83050612

**Total nursing care for the bone marrow transplant patient.**

Bourbonnais F; Bedard J

Can Nurse ,Dec 1982, 78 (11) p17-21. ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

0222454 83050282

**Myxoedema and open heart surgery: anaesthesia and intensive care unit experience.**

Finlayson DC; Kaplan JA

Can Anaesth Soc J ,Nov 1982, 29 (6) p543-9. ISSN

0008-2856 Journal Code: CG7

Languages: ENGLISH

Myxoedema has been considered a major anaesthetic risk which could be increased by concurrent heart disease. Thyroid ablation with the production of myxoedema has, in the past, been used to control intractable angina. Eight ablated patients (Group I) and five patients with heart disease and incidental hypothyroidism (Group II) presented for open heart surgery. Management included diazepam-narcotic anaesthesia in generally reduced doses, careful monitoring and the use of digoxin, steroids and L-thyroxin given during or after operation. All patients survived. A number of the anaesthetic considerations and potential problems with myxoedema are discussed.

0221858 83046937

**The development of critical care medicine in Singapore.**

Tan SH

Ann Acad Med Singapore ,Jul 1982, 11 (3) p389-91. ISSN

0304-4602 Journal Code: 53F

Languages: ENGLISH

The development of critical care medicine in Singapore is similar to that in other countries. The fact that intensive care work was not centralised meant that anaesthetists had to attend to patients who were to be found all over a large hospital. Moreover, up to 1967, there was only one ventilator in the Singapore General Hospital although this was commonly used. When open-heart surgery was restarted in 1967, the need for intensive care in the post-operative patients became obvious and a post-basic intensive care nursing course was subsequently started. The quest for an area to centralise intensive care also stepped up and as space in certain wards were generously given toward this cause, intensive care further developed. With the opening of the new Singapore General Hospital, critical care medicine is certainly ready to move toward an even more sophisticated standard.

00231

0221808 83046526

**Telephone notification of relatives of emergency and critical care patients.**

Robinson MA

Ann Emerg Med ,Nov 1982, 11 (11) p616-8, ISSN 0196-0644  
Journal Code: 4Z7

Languages: ENGLISH

Inconsistency in contacting the families of acutely ill patients can negatively affect relatives and induce stress in emergency department staff. Role clarification and performance guidelines are discussed in the context of a telephone notification of relatives checklist, with staff advised in six specific interventions to facilitate consistency; promote clarity; and prevent fears and fantasies, potential misunderstanding, reckless driving, and feelings of helplessness.

0221798 83046271

**[Oncometry--measurement results and practical experiences with the Oncometer BMT 921 in the intensive care unit]**

Onkometrie--Messergebnisse und praktische Erfahrungen mit dem Onkometer BMT 921 auf der Intensivstation.

Wendland R; Siepmann HP

Anasth Intensivther Notfallmed ,Aug 1982, 17 (4) p240-2, ISSN 0174-1837 Journal Code: 4CP

Languages: GERMAN Summary Languages: ENGLISH

Measuring the colloid osmotic pressure in the serum of 8 healthy individuals and 28 intensive care patients with the oncometer BMT 921 we obtained reliable results. The mean colloid osmotic pressure in the serum of our intensive care patients was 7 mm Hg less than that of our healthy volunteers.

There was a good correlation between the level of the colloid osmotic pressure and the seriousness of the affection and the clinical trend. In view of the simplified process of measurement the control of colloid osmotic pressure represents an important additive diagnostic dimension in intensive care medicine.

0221791 83046158

**[Problems posed by intensive care of tetraplegic patients in the acute stage. Apropos of 47 cases]**

Problemes poses par la reanimation du tetraplegique en phase aigue. A propos de 47 cas.

Roquefeuil B; Duboin MP; Blanchet P; Moulin M; Millet A; Batier C

Agressologie ,1982, 23 (E) p145-9, ISSN 0002-1148  
Journal Code: 311

Languages: FRENCH Summary Languages: ENGLISH

0221741 83045778

**The neonatal ICU: a high-risk environment.**

Blackburn S

Am J Nurs ,Nov 1982, 82 (11) p1708-12, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0221433 83041435

**[The function of "intensive care" during the influx of wounded patients: organization, structure, responsibilities]**

La fonction "soins intensifs" lors d'afflux de blesses: l'organisation, les structures, les responsabilites.

Balagny E

Soins Chir ,Jul-Aug 1982, (17-18) p23-7, ISSN 0038-0814  
Journal Code: UUP

Languages: FRENCH

0221335 83040515

**Measurement of transcutaneous PCO2 in critically ill patients.**

Rithalia SV; Ng YY; Tinker J

Resuscitation ,Mar 1982, 10 (1) p13-8, ISSN 0300-9572  
Journal Code: R8Q

Languages: ENGLISH

Transcutaneous carbon dioxide tensions (tcPCO2) measured with a heated electrode were compared with arterial carbon tensions (PaCO2) in 28 patients. Seventy-eight observations were made. At a skin electrode temperature of 44 degrees C the tcPCO2 was significantly higher than PaCO2 but changes in PCO2 detected by both measurements were closely correlated. The correlation coefficient between tcPCO2 and PaCO2 was 0.92 (P less than 0.001). The 90% response time of the electrode in vitro was less than 1 min, and in vivo stabilization of the recording occurred in less than 15 min. It was found that the transcutaneous PCO2 electrode can be employed usefully in intensive care monitoring of adult patients especially when weaning them from artificial ventilation.

00232

0221329 83040429

**[Continuous non-invasive monitoring in respiratory resuscitation]**

Methode de surveillance continue non sanglante en reanimation respiratoire.

Dautzenberg B; Sors C

Rev Fr Mal Respir ,1982, 10 (4) p269-76, ISSN 0301-0279

Journal Code: RZ8

Languages: FRENCH Summary Languages: ENGLISH

Non-invasive methods of monitoring have two principal objectives: --the detection of vital problems requiring immediate treatment : reflex monitoring or type I; --continuous surveillance, as sophisticated as possible, of a large number of parameters which help to predict the outcome either spontaneously or as a result of treatment. These two objectives are reached in different ways according to whether the patients are or are not artificially ventilated. At present it seems that the best compromise between cost, ease of operation, reproducibility and non-invasiveness are obtained by the following techniques: --type I Monitoring (reflex) in patients artificially ventilated : pressure or spirometric alarm; if spontaneously breathing : electrical impedance or simple E.C.G.; --type II Monitoring (or reflection) in patients on ventilators : study of expired CO<sub>2</sub>, careful analysis of pressure curves, compliance; for those breathing spontaneously : PO<sub>2</sub> and PCO<sub>2</sub> picked up transcutaneously and possibly impedance of the lungs separately.

0221312 83040091

**Intensive care nursing: doctor problems. Case in point: Poor Sisters v. Catron (435 N.E. 2d 305 - IN).**

Regan WA

Regan Rep Nurs Law ,Sep 1982, 23 (4) p4, ISSN 0034-3196

Journal Code: QY6

Languages: ENGLISH

0221205 83038911

**International critical care conference: cause and effect.**

Hice C

Nurs Mirror ,Oct 20 1982, 155 (16) p51-2, ISSN

0029-6511 Journal Code: 098

Languages: ENGLISH

0220750 83035517

**Assessing the effectiveness of neonatal intensive care.**

Budetti PP; McManus P

Med Care ,Oct 1982, 20 (10) p1027-39, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: HS02975

Languages: ENGLISH

Although neonatal intensive care has been praised widely for

individual successes, its effectiveness has not been established systematically or conclusively. The literature consists principally of reports from individual intensive care units with sample sizes too small for statistical validation or generalization. This study analyzes the results obtained by recalculating and pooling the isolated reports. In addition, the findings of the solitary clinical trial, some scattered epidemiologic data, and several analyses of regional birthweight-specific time series data are reviewed. Taken together, this constitutes a body of evidence that supports the conclusion that intensive neonatal medical care has played a significant role in bringing about the impressive reduction in infant mortality that has taken place in this country since 1965.

0220635 83033825

**Critical care computing.**

Cottrell JU; Pennock BE; Grenvik A; Rogers RM

JAMA ,Nov 12 1982, 248 (18) p2289-91, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0220273 83030271

**The effect of the intensive care nursing role on job satisfaction and turnover.**

Dear MR; Weisman CS; Alexander CS; Chase GA

Heart Lung ,Nov-Dec 1982, 11 (6) p560-5, Journal Code:

G2V

Contract/Grant No.: NU 00568

Languages: ENGLISH

0220249 83030088

**[Shock: changes in perspectives. Differential therapeutic problems in intensive care of shock]**

Schock: Wandel der Perspektiven. Differentialtherapeutische Probleme in der Intensivtherapie des Schocks.

Schuster HP

Internist (Berlin) ,Aug 1982, 23 (8) p463-9, ISSN

0020-9554 Journal Code: GVX

Languages: GERMAN

00233

0220190 83029649  
**Principles and practice of fracture treatment in the multiply injured patient.**  
Burri C; Kreuzer U; Limmer J  
Injury ,Jul 1982, 14 (1) p44-50, ISSN 0020-1383  
Journal Code: GON  
Languages: ENGLISH

0220010 83026864  
**Twelve ways to save time in critical care.**  
Braun A  
Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p294-7, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0220008 83026862  
**Prostaglandin E1 treatment for neonatal heart defects.**  
Carey BE  
Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p275-83, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0220005 83026859  
**Care for the critical care-giver: strategies for the prevention of burnout.**  
Norotian EL; Yasko J  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p97-101, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0220003 83026856  
**The three dimensions of your critical care practice.**  
Johnson SH  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p70-9, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0220002 83026855  
**Extracorporeal membrane oxygenator support of the infant.**  
Slota MC  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p70-9, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219999 83026852  
**Capturing the leadership potential of critical care nurses.**

Bailey J; Hendricks D  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p103-7, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219993 83026846  
**Should new nursing graduates be used in critical care? Yes.**  
Vivenzo KM  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p44-7, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219991 83026844  
**Pulmonary artery pressure and position changes in the critically ill adult.**  
Lauvive JL  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p28-34, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219990 83026843  
**Resolving ethical dilemmas in critical care.**  
Penticuff JH  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p22-7, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219962 83026349  
**Torts: doctrine of precedent.**  
Wiemerslage D  
Crit Care Update ,Oct 1982, 9 (10) p27, 37, ISSN 0162-7252 Journal Code: DTA  
Languages: ENGLISH

0219501 83021751  
**Critical care medicine and the surgical intensive care unit: a balanced view [editorial]**  
Modell JH  
Arch Surg ,Oct 1982, 117 (10) p1265, ISSN 0004-0010 Journal Code: 8IA  
Languages: ENGLISH

00234

0219486 83021443

**Mental status, the intensive care unit, and cimetidine.**

Cerra FB; Schentag JJ; McMillen M; Karwande SV; Fitzgerald GC; Leising M

Ann Surg ,Nov 1982, 196 (5) p565-70, ISSN 0003-4932

Journal Code: 67S

Contract/Grant No.: 120-1258K

Languages: ENGLISH

A blinded, prospective study of the association between cimetidine treatment and altered mental status (MS) was evaluated in 217 surgical intensive care patients stratified by the degree of renal or hepatic dysfunction or both. The cimetidine and noncimetidine groups did not differ in blood chemistries, physiologic-metabolic data, or concurrent medications. There was a correlation between treatment with cimetidine and changes in MS (p less than 0.0001). The MS changes with cimetidine ranged from 33% for neither hepatic nor renal dysfunction to 80% for both renal and liver impairment. The magnitude of MS change was influenced by disease and serum concentration, with patients with both renal and liver disease having the greatest MS change at the highest serum concentrations. The type of MS change was also disease specific. All MS change cleared within 24 to 36 hours of stopping the drug. It appears that both dosage and underlying disease state are important factors determining the nature and severity of cimetidine-associated mental status changes.

0219404 83020411

**Computerised patient monitoring in intensive care.**

Oh TE; Black JL; de Roach JN; Davis NJ

Anaesth Intensive Care ,Aug 1982, 10 (3) p229-32,  
Journal Code: 4M5

Languages: ENGLISH

0219403 83020410

**Computer-based monitoring and data analysis in anaesthesia and intensive care.**

Phillips GD; Gordon PJ; Cousins MJ

Anaesth Intensive Care ,Aug 1982, 10 (3) p223-8,  
Journal Code: 4M5

Languages: ENGLISH

A computer with a software package for physiological monitoring at the bedside has been set up, modified and used in a Department of Anaesthesia and Intensive Care over the last three and a half years. Many difficulties have been experienced in implementing a useful computer-based program for monitoring physiological data. The cost of further development to overcome these difficulties could not be justified, and demands for computer time to allow storage and analysis of other data was increasing. A decision was therefore made to eliminate the monitoring role of the computer, and it is now used for storage and analysis of administrative and clinical data from the Intensive Care Unit, Operating Theatres and Pain Management Unit.

0219393 83020355

**[The prognostic value of various intensive medicine parameters in long-term intubated neurosurgical patients]**

Zum prognostischen Wert einiger intensivmedizinischer Parameter bei langzeitintubierten neurochirurgischen Patienten.

Hausmann D; Schulte am Esch J

Anasth Intensivther Notfallmed ,Jun 1982, 17 (3) p139-44,  
ISSN 0174-1837 Journal Code: 4CP

Languages: GERMAN Summary Languages: ENGLISH

The prognosis of 1693 patients of the intensive care unit of the Neurochirurgische Universitätsklinik Bonn was investigated. They all required intubation and mechanical ventilation, 912 of them for more than 24 hours (prolonged intubation). The overall mortality rate was 25.3%, while in cases with prolonged intubation it was 41%. No valid conclusion could be drawn from the duration of intubation as to survival. Next to the primary disease which was most important, the patient's age was of great prognostic value. Pneumonia (16% incidence) and prerenal failure (14.9%) seemed to be of minor importance, whereas renal failure (16.6%) worsened prognosis considerably by a mortality of 71-100%. Dexamethasone therapy proved to be of advantage in the management of brain tumors. No influence on the outcome of patients with severe head injury was seen. Patients with cerebrovascular disease were detrimentally affected by corticosteroid administration. Apart from extreme situations there were no satisfying predictors of outcome by means of which one could preselect patients to enter intensive care units. The decision to eventually withdraw life support can only be made on the basis of numerous factors.

00235

0219392 83020354

**[Tube change in nasotracheally intubated intensive care patients using injector ventilation: a method for the prevention of hypoxic complications]**

Tabuswechsel bei nasotracheal intubierten Intensivpatienten mit Hilfe der Injektorbeatmung: Eine Methode zur Verhütung hypoxischer Komplikationen.

Jungck E; Kloss T

Anasth Intensivther Notfallmed ,Jun 1982, 17 (3) p135-8, ISSN 0174-1837 Journal Code: 4CP

Languages: GERMAN Summary Languages: ENGLISH

Conventional methods for the replacement of nasotracheal tubes are often dangerous. The interruption of respiration while replacing the nasotracheal airway may cause severe hypoxia. We developed a technique which shortens the time of apnoe to a few seconds. A 16F nasogastric tube is connected to a simple jet ventilation device driven by 100% oxygen. The nasotracheal tube is disconnected from the respirator and its cuff deflated. While performing jet ventilation (inspiration time 1.5 sec, frequency 12/min., pressure 1.5-2 bar) the nasogastric tube is threaded into the nasotracheal tube until the tip lies inside its distal end. The old endotracheal tube can now be retracted over the nasogastric tube under continuous jet ventilation. The nasogastric tube need only be disconnected from the jet ventilator for a few seconds while the old endotracheal tube is replaced for a new one. Now the new endotracheal tube is guided into the trachea by the nasogastric tube while jet ventilation is continued. We used this technique 19 times without any complications. We found the method safe and simple, giving sufficient ventilation in all patients, provided that contraindications and precautions are observed.

0218787 83013320

**Technical note: flow sheet for the neurosurgical intensive care unit.**

Clifton GL; Grossman RG

Neurosurgery ,Aug 1982, 11 (2) p280-3, ISSN 0148-396X Journal Code: NZL

Languages: ENGLISH

With the rapid expansion of knowledge and techniques for the care of critically ill patients, the organization and recording of data have become increasingly complex and increasingly important for patient care. A flow sheet for the Neurosurgical Intensive Care Unit has been developed in a series of pilot studies with input from general and cardiovascular surgeons and nurses specializing in critical care medicine.

0218601 83010642

**The operation of a radiology consultation service in an acute care hospital.**

Baker SR

JAMA ,Nov 5 1982, 248 (17) p2152-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

The operation of a radiology consultation service in an acute care teaching hospital is described. The radiologist acts as an active advisor in the structuring of diagnostic evaluations in three disease categories; biliary tract disease, nonemergency gastrointestinal tract bleeding, and abdominal mass. There was a 64% reduction in the time needed to establish a diagnosis and a 32% decrease in the number of studies for each patient on the consultation ward compared with a control group, which consisted of patients with similar clinical presentations. A formal partnership between clinician and radiologist serves two important functions in teaching hospitals. It can simultaneously expedite diagnostic evaluations and teach the best utilization of imaging examinations.

0218336 83008041

**"The nurse should consider." Critical care ethical issues.**

Lawrence JA; Farr EH

J Adv Nurs ,May 1982, 7 (3) p223-9, ISSN 0309-2402 Journal Code: H3L

Languages: ENGLISH

A hypothetical dilemma on resuscitation of an intensive care patient was presented to nurses at a workshop on ethics of critical care nursing. Nurses responded to separate questionnaires about what a charge nurse should do, and what they themselves would do in relation to ten considerations arising from the dilemma. Nurses were agreed that legal consequences, patient wishes and rights, and physician authority should and would be considered, and that peer influence should not. Nurses were divided in their attitudes to following procedure and personal moral beliefs, and to job risk. The most contentious issues were related to the nurse's role as a decision-making member of the health care team. Implications for regarding nurses as independent decision-makers are discussed.

0218206 83006462

**The elderly patient in the acute hospital sector.**

Bouchier IA; Williamson J

Health Bull (Edinb) ,Jul 1982, 40 (4) p179-82, ISSN 0374-8014 Journal Code: G1Y

Languages: ENGLISH

00236



0218201 83006417

**Does the pattern of ventilation determine the degree of lung damage following intensive care of the newborn?**

Robinson MJ; Maayan C; Eyal FG; Armon Y; Bar-Yishay E; Godfrey S

Isr J Med Sci ,Aug 1982, 18 (8) p835-9, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

Lung function tests were performed on 14 infants 22 to 67 wk following mechanical ventilation of 6 h to 51 days and on 5 infants of comparable age who had been treated with continuous positive airway pressure (CPAP). Airway resistance increased (P less than 0.01) and specific airway conductance decreased (P less than 0.001) in the ventilated infants compared with the CPAP-treated group who were normal. The airway resistance and specific airway conductance were normal in two ventilated infants and in one CPAP-treated infant who were studied earlier in the neonatal period. There were no significant differences in thoracic gas volume between groups of ventilated and nonventilated babies studied initially or at follow-up. There was no relationship between lung damage and the following: peak inspiratory pressure, the duration of high pressure ventilation, the level of CPAP or its duration, or the duration of greater than 60% oxygen administration. The degree of lung damage was not related to the maximum ventilatory frequency used, but there was a significant correlation with the duration of rapid frequency ventilation. This study supports the view that barotrauma is a major cause of lung disease following neonatal intensive care.

0218057 83004450

**Reduction of depression: three simple interventions.**

Kallio JT

Focus AACN ,Aug-Sep 1982, 9 (4) p6, Journal Code: EXE

Languages: ENGLISH

0218055 83004447

**The utilization of AACN standards on a Chapter level.**

Braaten G

Focus AACN ,Aug-Sep 1982, 9 (4) p21-2, Journal Code:

EXE

Languages: ENGLISH

0218054 83004446

**Legal issues in nursing.**

Dean KA

Focus AACN ,Aug-Sep 1982, 9 (4) p17-8, Journal Code:

EXE

Languages: ENGLISH

0218052 83004444

**The critical care nurse as patient advocate.**

No11 ML

Focus AACN ,Aug-Sep 1982, 9 (4) p11-3, Journal Code:

EXE

Languages: ENGLISH

0217080 82282571

**Results of intensive care in abdominal surgery patients.**

Kaukinen L

Ann Chir Gynaecol ,1982, 71 (3) p168-71, ISSN 0355-9521

Journal Code: 51N

Languages: ENGLISH

A one-year follow-up of 300 consecutive critically ill abdominal surgery patients treated in an intensive care unit is presented. 77 patients (26%) died during intensive care. By the end of the follow-up period altogether 139 patients (47%) had died from the primary disease. Almost all patients who died after intensive care, did so within the first month. The majority of the survivors (124 patients) recovered completely, most of them within six months after intensive care. Only 22 patients remained incapable of their previous work, and five became permanently disabled. Mortality rates were at their lowest in diseases of the pancreas (34%), the stomach and duodenum (43%) and of the liver and gall bladder (44%), if cirrhosis with ruptured oesophageal varices is excluded; here the mortality was highest, 76%.

0216753 82279611

**[Task presentation for computer-assisted laboratory diagnosis in emergency medicine]**

Aufgabenstellung für die rechnergestützte Labordiagnostik in der Notfallmedizin.

Steyer G; Neymeyer HG; Welzel P

Z Med Lab Diagn ,Apr 2 1982, 23 (2) p136-41, ISSN

0323-5637 Journal Code: XXU

Languages: GERMAN

0216752 82279610

**[Monitoring concepts and biochemical parameters]**

Überwachungskonzepte und biochemische Parameter.

Krinke HE; Matauschek J

Z Med Lab Diagn ,Apr 2 1982, 23 (2) p134-5, ISSN

0323-5637 Journal Code: XXU

Languages: GERMAN

00237

0216751 82279608  
[Significance of the representation of laboratory findings  
in intensive medicine]  
Bedeutung der Repräsentanz der Laborbefunde in der  
Intensivmedizin.  
Neymeyer HG; Welzel P; Steyer G; Wagner V  
Z Med Lab Diagn ,Apr 2 1982, 23 (2) p115-9, ISSN  
0323-5637 Journal Code: XXU  
Languages: GERMAN

0216515 82277049  
[Diagnostic key for intensive care patients: combination of  
clinical parameters with laboratory findings]  
Diagnoseschlüssel für Intensivpatienten: Kombination  
klinischer Befunde mit Laboratoriumsbefunden.  
Laggner A; Kleinberger G; Dorda W; Grabner H; Marksteiner A;  
Druml W; Lenz K  
Schweiz Med Wochenschr ,Jul 6 1982, 112 (27-28) p1002-5,  
ISSN 0036-7672 Journal Code: UEI  
Languages: GERMAN Summary Languages: ENGLISH  
A new diagnostic key has been established based on the  
reports of 3845 critically ill patients in our medical  
intensive care unit. The clinical diagnoses in these patients  
were classified in 22 different groups according to different  
organs or etiological entities (diseases of the liver,  
infectious diseases, intoxications etc.). 42 different  
laboratory parameters were selected for classification of  
metabolic or organ-related complications. Combining of  
clinical diagnoses with laboratory values characterizes the  
seriously ill patient. Our new system proved to be practicable  
in describing the degree, complications and prognosis of  
disorders in intensive care medicine. The results are  
demonstrated in patients with hepatic coma.

0216366 82275797  
[Psychosomatic tasks in intensive-care medicine (author's  
transl)]  
Psychosomatische Aufgabenstellungen in der intensivmedizinischen  
Betreuung.  
Klapp BF  
Psychother Psychosom Med Psychol ,Mar 1982, 32 (2)  
p39-42, ISSN 0173-7937 Journal Code: QHB  
Languages: GERMAN Summary Languages: ENGLISH

0216212 82274440  
Clinical forum 8: Intensive care. Relatively speaking.  
James P  
Nurs Mirror ,Aug 25 1982, 155 (8) p40-3, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216211 82274439  
Clinical forum 8. Intensive care. Chest injuries. III.  
Complications.  
Curtis C  
Nurs Mirror ,Aug 25 1982, 155 (8) p38-9, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

00128

● 0216210 82274438  
Clinical forum 8. Intensive care. Chest injuries. II.  
Clinical management.  
Curtis C  
Nurs Mirror ,Aug 25 1982, 155 (8) p34-7, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216209 82274437  
Clinical forum 8. Intensive care. Chest injuries. I. Initial  
treatment.  
Curtis C  
Nurs Mirror ,Aug 25 1982, 155 (8) p28-34, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0216208 82274436  
Clinical forum 8: Intensive care. The nurses' critical role.  
Iveson-Iveson J  
Nurs Mirror ,Aug 25 1982, 155 (8) p27-8, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0215744 82270963  
A comparison of intensive care in the U.S.A. and France.  
Knaus WA; Le Gall JR; Wagner DP; Draper EA; Loirat P; Campos  
RA; Cullen DJ; Kohles MK; Glaser P; Granthil C; Mercier P;  
Nicolas F; Nikki P; Shin B; Snyder JV; Wattel F; Zimmerman JE  
Lancet ,Sep 18 1982, 2 (8299) p642-6, ISSN 0023-7507  
Journal Code: LOS  
Contract/Grant No.: HS 04857  
Languages: ENGLISH

00238

0215258 82264920  
**Understanding starvation in the critically ill patient.**  
Stotts NA; Friesen L  
Heart Lung ,Sep-Oct 1982, 11 (5) p469-78, Journal  
Code: G2V  
Languages: ENGLISH

0215252 82264912  
**Use of military antishock trousers: nursing implications.**  
Carter JL; Smith BL  
Heart Lung ,Sep-Oct 1982, 11 (5) p422-5, Journal Code:  
G2V  
Languages: ENGLISH

0215250 82264908  
**Normal fluctuations in pulmonary artery and pulmonary capillary wedge pressures in acutely ill patients.**  
Nemens EJ; Woods SL  
Heart Lung ,Sep-Oct 1982, 11 (5) p393-8, Journal Code:  
G2V  
Languages: ENGLISH

0215144 82264274  
**[Therapy with cefotaxime-cefotaxime/ticarcillin for bronchopulmonary infections in patients under intensive care. (author's transl)]**  
Therapie bronchopulmonaler Infektionen bei Intensivpatienten mit Cefotaxim-Cefotaxim/Ticarcillin.  
Schwigon CD  
Infection ,1982, 10 (3) p159-64, ISSN 0300-8126  
Journal Code: G08  
Languages: GERMAN Summary Languages: ENGLISH

55 intensive care patients with an internal underlying disease were treated with cefotaxime, and 12 patients with bronchopulmonary infections were treated with the combination cefotaxime/ticarcillin. The following aspects were evaluated: clinical success, antimicrobial activity of bacteria in evidence before and after therapy, persistence of pathogens, and resistance. Renal function was monitored continuously in 21 patients over a period of 20 days in order to demonstrate nephrotoxic side-effects of cefotaxime when administered simultaneously with furosemide (in doses of more than 1 g/day). In view of the clinical results and of the fact that the cefotaxime/ticarcillin combination is well tolerated by the kidneys, the possibility of efficient chemotherapy without aminoglycosides is being discussed for treatment of bronchopulmonary infections in patients under intensive care.

0215001 82262431  
**Gains and hazards of intensive neonatal care: an analysis**

**from Swedish Cerebral palsy epidemiology.**  
Hagberg B; Hagberg G; Olow I  
Dev Med Child Neurol ,Feb 1982, 24 (1) p13-9, ISSN  
0012-1622 Journal Code: E83  
Languages: ENGLISH

0214934 82261202  
**Minimizing myocardial infarction size.**  
Getz LM  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p215-9, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0214933 82261201  
**Small-town critical care.**  
Mullen A  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p212-4, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0214932 82261198  
**Critical care nursing: responsibilities beyond the unit.**  
Johnson SH  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p197, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0214901 82260843  
**Present status of high frequency ventilation.**  
Gallagher TJ; Klain MM; Carlon GC  
Crit Care Med ,Sep 1982, 10 (9) p613-7, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH  
(15 Refs.)

00239

0214900 82260842

**Calculator assisted determination of dilutions for continuous infusion ICU medications.**

Neu J; Mahoney C; Wilson AD; Rice TB  
Crit Care Med ,Sep 1982, 10 (9) p610-2. ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

A program has been developed for simplification of initial dilution calculations for several rapidly metabolized, vasoactive drugs that must be administered by continuous infusion. Included in the program is the capability for serial recalculation of drug dosage or iv flow rate as well as a checking routine to reduce errors. This program was developed primarily for the pediatric age group, where dilution of drugs into a small volume of diluent, accurate dosage calculations, and low iv flow rates are frequently necessary.

0214897 82260831

**Critical care tomorrow: economics and challenges.**

Thompson WL  
Crit Care Med ,Sep 1982, 10 (9) p561-8. ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

0214844 82260288

**Interaction of health-care professionals with critically ill children and their parents.**

Marten GW; Mauer AM  
Clin Pediatr (Phila) ,Sep 1982, 21 (9) p540-4. ISSN 0009-9228  
Journal Code: DHE  
Contract/Grant No.: CA21765; CA20180; CA23099  
Languages: ENGLISH

The stress imposed on the emotional equilibrium of a team of health-care professionals by the serious illness of a child can disrupt communication among the team, the child, and the parents. Such stresses may be so severe as to interfere with the ability to the adults to meet the child's needs. Although the feelings and attitudes of critically ill children and their parents are well described in the medical literature, very little has been written about the psychosocial interaction among those responsible for the patient's care. Patterns of interaction which would be most beneficial to the child are still in doubt. The purpose of this article is to review available information, as well as experience at St. Jude Children's Research Hospital, on the psychosocial interaction of the health-care team with critically ill children and their parents. An awareness of the difficulties of caring for such patients is essential in overcoming communication barriers, in reducing any interprofessional tensions that might arise during treatment, and in ensuring high-quality medical care.

0214798 82259183

**Effect of backrest position on pulmonary artery pressure in critically ill patients.**

Woods SL; Grose BL; Laurent-Bopp D  
Cardiovasc Nurs ,Jul-Aug 1982, 18 (4) p19-24. ISSN 0008-6355  
Journal Code: C00  
Languages: ENGLISH

0214267 82234832

**Rural consortium: key resource for critical care nursing education.**

Burfiend MK; Bernhardt T  
Crossref Hum Resour Manage ,Jul-Aug 1982, 12 (4) p1-5. ISSN 0190-0447  
Journal Code: DTK  
Languages: ENGLISH

0213672 82249835

**Critical care at Tianjin's First Central Hospital and the fourth modernization.**

Fox RC; Swazey JP  
Science ,Aug 20 1982, 217 (4561) p700-5. ISSN 0036-8075  
Journal Code: UJ7  
Languages: ENGLISH

This case study of the Critical Care Unit at Tianjin's First Central Hospital, its physician-director, and one of its patients provides a portrait of how the policy of the four modernizations is being applied to the field of medicine in the People's Republic of China. On this unit of an urban hospital the "fourth modernization," science and technology, is systematically brought to bear on the problems of critically ill patients. The Chinese dualities and dilemmas that this "scaling the heights" policy entails are continually played out on the Critical Care Unit. An intricate balancing is involved between modern Western and traditional Chinese medicine, and between rural public health programs and primary and tertiary care services, within a medical morality framework that combines present-day political ideology with age-old ethical precepts. At this juncture the overall balance seems to be moving in the direction of modern, city-based, curative medicine.

00240

0213626 82249337  
[Computerization of intensive care]  
La computerisation des soins intensifs.  
Bugmann P  
Rev Med Suisse Romande ,Feb 1982, 102 (2) p171-7, ISSN  
0035-3655 Journal Code: SR5  
Languages: FRENCH

0213524 82247368  
Pacemakers. 3. A unit of efficiency.  
Campbell C  
Nurs Mirror ,Jul 21 1982, 155 (3) p20-1, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0213384 82246594  
Evaluation and treatment of the newly resuscitated patient.  
Rainey TG; Chernow B  
Otolaryngol Clin North Am ,Feb 1982, 15 (1) p19-28,  
ISSN 0030-6665 Journal Code: DN4  
Languages: ENGLISH

0212609 82236415  
Selecting critical care monitoring equipment.  
Sampson L  
Focus AACN ,Jun-Jul 1982, 9 (3) p8-10, Journal Code:  
EXE  
Languages: ENGLISH

0212608 82236414  
NWCAC's Public Affairs Committee--a chronological  
development.  
Harbin BR  
Focus AACN ,Jun-Jul 1982, 9 (3) p36-7, Journal Code:  
EXE  
Languages: ENGLISH

0212607 82236413  
Benefits of belonging to a national organization, part II.  
Thompson M  
Focus AACN ,Jun-Jul 1982, 9 (3) p33, Journal Code: EXE  
Languages: ENGLISH

0212605 82236410  
Shared goals help unite critical care nurses.  
Boyes M

Focus AACN ,Jun-Jul 1982, 9 (3) p25-6, Journal Code:  
EXE  
Languages: ENGLISH

0212604 82236408  
Using research in practice. Can (cardiac) patients be taught  
effectively in the critical care setting?  
Murdaugh C  
Focus AACN ,Jun-Jul 1982, 9 (3) p11-4, Journal Code:  
EXE  
Languages: ENGLISH

0212578 82235468  
The critically ill or injured patient: priorities in  
management.  
Majerus TC  
Drug Intell Clin Pharm ,Jun 1982, 16 (6) p459-63, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH

00241

0212549 82234815

**Assessment of pediatric intensive care--application of the Therapeutic Intervention Scoring System.**

Yeh TS; Pollack MM; Holbrook PR; Fields AI; Ruttiman U  
Crit Care Med ,Aug 1982, 10 (8) p497-500, ISSN  
0090-3493 Journal Code: DTF  
Languages: ENGLISH

There are few reports analyzing the results of intensive care for children. We evaluated quantitatively the amount of care required in our multidisciplinary pediatric ICU using the Therapeutic Intervention Scoring System (TISS) and assessed qualitatively the severity of illness using the Clinical Classification System (CCS). Over a 6-month period, there were 323 patients (99 CCS Class II, 83 Class III, 141 Class IV) whose overall mortality at 1-month follow-up was 10% (Class II, 0%; Class III 2%; Class IV, 23%). A strong association was obtained between CCS and TISS admission scores (Class II-TISS, 11 +/- 0.6; Class III-TISS, 20 +/- 0.8; Class IV-TISS, 38 +/- 1.0). Class IV patients had a highly significant difference between survivors (S) and nonsurvivors (NS) for admission TISS (S = 36, NS = 47, p less than 0.001) and highest TISS (S = 38, NS = 54, p less than 0.001), as well as slopes of the regression of TISS points versus days of care (S = -4.2 vs. NS = +2.3). The mortality of our Class IV patients was lower than a comparable adult population with similar TISS scores; however, the TISS regression slopes for Class IV patients were similar. We conclude that CCS and TISS are both useful for describing the pediatric intensive care patient population. TISS is particularly helpful in assessing the amount of care received as well as providing a means of evaluating severity of illness.

0212548 82234814

**Evaluating outcome from intensive care: a preliminary multihospital comparison.**

Knaus WA; Draper EA; Wagner DP; Zimmerman JE; Birnbaum ML;  
Cullen DJ; Kohles MK; Shin B; Snyder JV  
Crit Care Med ,Aug 1982, 10 (8) p491-6, ISSN 0090-3493  
Journal Code: DTF  
Contract/Grant No.: HS 04857  
Languages: ENGLISH

To contrast mortality for groups of ICU patients treated in different hospitals, we surveyed 795 consecutive ICU admissions in 5 ICUs using a general severity of illness classification system. After obtaining information from the medical record on age, sex, indication for ICU admission, and severity of illness, we used a logistic multiple regression equation to project death rates for each ICU based on data from a sixth reference hospital. There were substantial differences in severity of acute illness among the hospitals which accounted for most of the variation in death rates. In all ICUs, however, projected death rates were quite similar to observed deaths. These findings suggest that the use of a general severity of illness index and multivariate statistical techniques could, after further refinement and validation, improve interhospital comparisons of the outcome of acutely

ill patients.

0211844 82228826

**Cricothyrotomy in the emergency department.**

McGill J; Clinton JE; Ruiz E  
Ann Emerg Med ,Jul 1982, 11 (7) p361-4, ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH

Thirty-eight emergency cricothyrotomies were performed over a 3-year period. This was the first airway control maneuver attempted in 5 patients, 3 of whom had facial and/or neck injury, one apneic with upper airway hemorrhage, and one with aortobronchial fistula. The remaining 33 procedures were performed only after other airway management failed. Five indications were identified among these cases: 1) excessive emesis or hemorrhage (11), 2) possible cervical spine injury with airway compromise (9), 3) technical failure (7), 4) clenched teeth (5), and 5) masseter spasm following succinylcholine administration (1). Fourteen immediate complications occurred in 12 patients (32%). The most frequent was incorrect site of tracheostomy tube placement (5), with 4 of 5 misplaced through the thyrohyoid membrane. Others included execution time greater than 3 minutes (4), unsuccessful tracheostomy tube placement (3), and significant hemorrhage (2). Twelve of the 38 patients were long-term survivors. There was one long-term complication, a longitudinal fracture of the thyroid cartilage during forceful placement of an oversized tube (8 mm inner diameter) through the cricothyroid membrane. This required operative repair and left the patient with severe dysphonia.

0211830 82228511

**The anaesthetist and intensive care.**

Loder RE  
Anaesthesia ,Jun 1982, 37 (6) p691-3, ISSN 0003-2409  
Journal Code: 4MC  
Languages: ENGLISH

The author retired from active practice as a consultant anaesthetist in the British National Health Service during 1980 at the age of 60. He kept a detailed diary for the last full year as a consultant. One of the Editors suggested that the diary, augmented by his considered views culled from the experiences of a professional lifetime, could form the basis of a series of essays on various aspects of the life and practice of a consultant anaesthetist during the second half of the twentieth century. This essay considers the present and future role of the anaesthetist in intensive care and the need for proper policies of organisation and training in that discipline.

00242

0211510 82224074

**Nutritional considerations in the critically ill.**

Barrocas A; Webb GL; Webb WR; St. Romain CM  
South Med J, Jul 1982, 75 (7) p848-51. ISSN 0038-4348  
Journal Code: UVH

Languages: ENGLISH

The total care of the critically ill patient must include attention to his nutritional status from the onset of illness. The essential role of protein in body functions must be stressed; unfortunately, it is this essential compartment that will be called upon for gluconeogenesis in stress or starvation. Simple technics of bedside nutritional assessment have been developed and should be familiar to all those who deal with critically ill patients. The multiple technics of optimal nutritional support should become a standard component of the therapeutic armamentarium of those who provide intensive care. The goal must always be to use the GI tract whenever possible, avoiding the numerous complications associated with intravenous nutrition. Care must be taken to avoid CO<sub>2</sub> overload of an embarrassed respiratory system by the nutritional support. Whether nutritional or pulmonary support should take priority can usually be resolved by a team approach toward the patient. It is hoped that this superficial review of nutritional support will stimulate the desire for further knowledge of this rapidly changing and interesting aspect of critical care.

0211459 82223872

**[Cell-mediated immunity studied by skin tests in patients receiving intensive care. Prognostic value of repeated tests. Study of some factors predisposing towards anergy (author's transl)]**

Etude de l'immunité cellulaire par la méthode des tests cutanés en réanimation.

Tasseau F; Gaucher L; Nicolas F  
Sem Hop Paris, Apr 1 1982, 58 (13) p781-4. ISSN 0037-1777  
Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Cell-mediated immunity was assessed by three skin tests (using tuberculin, candidin, and Varidase) in one-hundred patients in a medical intensive care unit. Anergy on admission was most often found after major blood loss and massive transfusion as well as in patients over sixty. For the 49 patients who were anergic on admission the mortality rate was 32%, against 12% for the 51 reactive subjects (p less than 0.01). Repetition of skin tests considerably improved their prognostic value. No deaths occurred among the 21 patients who were reactive on admission and throughout the course of their disease, or among the 16 patients who, after being anergic on admission, became reactive subsequently. Conversely, the survival rate was only 40% for the 22 patients who remained or became anergic. Our results confirm the value of skin tests for assessing cell-mediated immunity in patients receiving intensive care. Repeated tests allow early detection of high risk patients in whom fatal outcome, whether due to infection or not, is more frequent. Two factors which predispose to

anergy are underlined: advanced age and massive transfusion after major blood loss.

0211419 82223416

**[Care of burned children]**

Soins aux enfants brulés.  
Dambreville F  
Rev Infirm, May 1982, 32 (9) p22-32. ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

0210973 82219856

**Newborn intensive care and neonatal mortality in low-birth-weight infants: a population study.**

Paneth N; Kiely JL; Wallenstein S; Marcus M; Pakter J; Susser M  
N Engl J Med, Jul 15 1982, 307 (3) p149-55. ISSN 0028-4793  
Journal Code: NOW  
Contract/Grant No.: HD 12626; HD 14807; 5T32-HD 07040; +  
Languages: ENGLISH

We examined the neonatal mortality rates of low-birth-weight infants (501 to 2250 g) born between 1976 and 1978 in three kinds of hospitals in New York City: those with newborn-intensive-care units (Level 3), those with capabilities for the care of most premature infants (Level 2), and those without any special facilities for premature newborns (Level 1). Among 13,560 singleton low-birth-weight infants, the adjusted neonatal mortality rate for Level 3 hospitals was 128.5 per thousand live births - significantly lower (P less than 0.001) than the rates for both level 2 (168.1) and Level 1 units (163.0). The association of level of care with mortality could not be accounted for by differences between groups in social or demographic status, in prenatal care, or in medical complication of pregnancy. We infer that birth at a Level 3 center lowers neonatal mortality in low-birth-weight infants. However, only 34 per cent of the patients in this study were born in such units.

00243

0210761 82216877

**The importance of prompt transport of salvage of patients with penetrating heart wounds.**

Gervin AS; Fischer RP

J Trauma ,Jun 1982, 22 (6) p443-8, ISSN 0022-5282  
Journal Code: KAF

Languages: ENGLISH

The impact on mortality of stabilization in the field before transport of patients with penetrating heart injuries is unknown. This retrospective study compares patients promptly transported with minimal therapy after penetrating cardiac injuries with such patients who had received prolonged attempts at stabilization in the field. During the period of study from 1979 to 1981 23 patients with penetrating wounds of the heart were seen at our institution. The overall mortality was 78%. Forty-three per cent of patients were not salvageable on the basis of extensive anatomic injury or excessive time delays before ambulance arrival. Fifty-six per cent were alive at the time of ambulance arrival with systolic blood pressures of greater than 90 mm Hg. All patients were injured within 10 minutes' rapid transport time from our institution. Approximately one half the patients were treated with 'scoop and run' technique with minimal in-field treatment. Delay from the arrival of the ambulance until definitive surgical correction was less than 9 minutes. The remaining patients were treated with extensive in-field attempts at stabilization with a delay of 25 minutes or more from ambulance arrival until definitive treatment (mean, 40 minutes). Patients with potentially salvageable injuries had a survival rate of 38%. In this group of patients, a salvage rate of 80% was achieved if transport delays were minimized. In contrast, no patients in whom field resuscitation with concomitant prolonged prehospital delay survived. These data suggest that prompt transport to the hospital without attempts at field resuscitation provides a better chance for survival among patients with penetrating heart wounds.

0210703 82216470

**Personalized care in the I.C.U.**

Francis B

J Pract Nurs ,May 1982, 32 (5) p27-9, ISSN 0022-3867  
Journal Code: JSF

Languages: ENGLISH

00129

0210572 82214810

**A long-term geriatric teaching ward in an acute-care hospital: a three-year experience.**

Clarfield AM

J Am Geriatr Soc ,Jul 1982, 30 (7) p457-65, ISSN 0002-8614  
Journal Code: H6V

Languages: ENGLISH

The development and management of a long-term geriatric ward in an acute-care teaching hospital are described. Structure, function, and costs are discussed, and issues of service and

medical education are emphasized. A full geriatric team (physician, nurse, social worker, physiotherapist, and occupational therapist) assessed 165 long-term patients in the general wards of the hospital and accepted 98 for admission to the new long-term geriatric ward. Of these, 31 were discharged; 29 per cent went to a facility that encouraged more independent living. Eighteen patients died during their stay in the geriatric ward; autopsies were obtained in 33 per cent--a higher autopsy rate than the average for general hospitals. General hospitals may continue to have large populations of chronically ill patients. This model for a geriatric ward may offer a way of dealing with a difficult situation.

0210543 82214721

**Self-instruction and assessment in techniques of intensive care using a computer model of the respiratory system.**

Hinds CJ; Ingram D; Dickinson CJ

Intensive Care Med ,1982, 8 (3) p115-23, ISSN 0342-4642  
Journal Code: H2J

Languages: ENGLISH

There are considerable logistical difficulties involved in providing an adequate training programme for each new doctor when starting intensive care. One solution is to use an interactive computer terminal and provide programmes for self-instruction and assessment. Using a computer model of the respiratory system linked to a computer-assisted instructional driver we have developed instructional exercises on the management of artificial ventilation and the treatment of respiratory failure. Each teaching session contains explanatory text, multiple choice questions and model simulations. The student can interact with the simulations, appropriate assistance being provided when required, while his answers are marked and assessed with further explanation when necessary. The use of computer models adds a new dimension to computer-assisted learning techniques and is particularly applicable to intensive care medicine.

0210542 82214720

**Monitoring respiratory function in the critically ill.**

Branthwaite MA

Intensive Care Med ,1982, 8 (3) p111-3, ISSN 0342-4642  
Journal Code: H2J

Languages: ENGLISH

00244



0210452 82213271

**Nursing considerations of the burned patient during the emergent period.**

Wooldridge-King M  
Heart Lung ,Jul-Aug 1982, 11 (4) p353-63, Journal  
Code: G2V  
Languages: ENGLISH

0210375 82212655

**[Effect of solutions with different amounts of branched-chain amino acids on the plasma amino acid pattern and energy metabolism of surgical intensive care patients]**

Einfluss von Lösungen mit unterschiedlichem Gehalt an verzweigt-kettigen Aminosäuren auf das Plasmaamino-Muster und den Stoffwechsel chirurgischer Intensivpatienten.

Schmitz JE; Dolp R; Grunert A; Ahnefeld FW  
Infusionsther Klin Ernähr ,Apr 1982, 9 (2) p100-7, ISSN  
0378-0791 Journal Code: G01

Languages: GERMAN Summary Languages: ENGLISH

30 intensive care surgical patients were investigated over a period of five days following trauma or major surgery. The patients were randomized into two groups. Both collectives received equal amounts of protein (1.0 g amino acids . kg-1 . d-1) and carbohydrate (6.7 g . kg-1 . d-1). Under this infusion regimen the patients of group I received an amino acid solution containing 45% branched-chain amino acids (BCAA), the patients of group II an amino acid solution with a 10% content of BCAAs. After only 24 hrs of infusion, the total amino acid concentration and branched-chain amino acid concentration in the plasma of patients receiving the solutions containing 45% BCAAs already clearly exceeded reference range, and continued increase during the entire investigation period. In those patients receiving the 10% branched-chain amino acid solution, these parameters rapidly returned to normal and then remained within reference range. Cumulative nitrogen balance and nitrogen balance on each day of investigation were significantly less negative in those patients administered the amino acid solution with small amounts of BCAAs. These results seem to indicate that after severe trauma or major surgery amino acid solutions containing high concentrations of BCAAs may be an unphysiological load on the already stressed metabolism, rather than a benefit

0210298 82212161

**[Advances in the therapy of myocardial infarct. Prognosis and clinical course of acute myocardial infarct with intensive therapy]**

Fortschritte in der Therapie des Myokardinfarkts. Prognose und klinischer Verlauf des akuten Herzmuskelinfarkts unter intensivtherapie.

Beck DA  
Fortschr Med ,Apr 15 1982, 100 (14) p656-62, ISSN  
0015-8178 Journal Code: F62  
Languages: GERMAN Summary Languages: ENGLISH

In a group of 1319 patients with acute myocardial infarction treated in an intensive care unit from 1969-1977 30% died within the years 1969-1971 during the stay in the clinic. The hospital death-rate decreased significantly to 22% between the years 1975-1977, while the average age of the patients was increasing, inspite of an increase in haemodynamically complicated infarcts. The number of patients in the age group of 50-69 years has decreased from 56% to 41%. The number of patients aged 70 years and older increased, while lethality decreased from 53% to 32%. Lethality in patients with total AV-block decreased, and was unchanged in patients with plurifascicular blocks. The incidence of ventricular fibrillation increased, lethality in these patients decreased. The high lethality of patients with cardiogenic shock remained unchangedly high. In patients with all other forms of severe heart failure lethality decreased, even in patients aged 80 years and more. Deaths occurred later during 1975-1977 compared to former periods. The interval between the beginning of symptoms and admission to the intensive care unit decreased, but has no more any prognostic significance. Improved survival is referred to effective treatment of life threatening disorders of cardiac rhythm and of severe heart failure.

0210214 82210214

**Critical care therapeutics: a frontier for clinical pharmacy.**

Dasta JF  
Drug Intell Clin Pharm ,May 1982, 16 (5) p398-9, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH

0210210 82210169

**Analysis and implementation of critical care programs: a marketing approach.**

Sherer BK; Brisbane RK  
Dimens Crit Care Nurs ,May-Jun 1982, 1 (3) p185-9, ISSN  
0730-4625 Journal Code: EAD  
Languages: ENGLISH

0210206 82210165

**Emotional care in the ICU: St. Luke's Hospital, Milwaukee.**  
Dimens Crit Care Nurs ,May-Jun 1982, 1 (3) p166-71,  
ISSN 0730-4625 Journal Code: EAD  
Languages: ENGLISH

00245

0210173 82209757

**Telemedicine in critical care: problems in design, implementation, and assessment.**

Grundt BL; Jones PK; Lovitt A  
Crit Care Med .Jul 1982, 10 (7) p471-5, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

We introduced telemedicine, i.e., telecommunications for delivery of health services, to alleviate scarcity and maldistribution of critical care services. For 18 months, we used interactive television to provide consultation with university-based critical care physicians for patients in the ICU of a 100-bed hospital. Telemedicine "visits" (1548) were made to 395 patients. Television consultation had greater clinical and educational impact than consultation using the telephone. Equipment was expensive but proved to be reliable and easy to use. Interactive television extended the availability of specialist expertise, but full exploitation of this technology for delivery of critical care services was not achieved. Extensive background research, currently underway at the University of Pittsburgh, is necessary before the next telemedicine demonstration.

0209195 82204267

**Continuous monitoring of mixed venous oxygen saturation in critically ill patients.**

Baele PL; McMichan JC; Marsh HM; Still JC; Southorn PA  
Anesth Analg (Cleve) .Jun 1982, 61 (6) p513-7, ISSN 0003-2999  
Journal Code: 4R8

Languages: ENGLISH

A new pulmonary artery balloon flow-directed catheter combines a fiberoptic photometric system for continuous display of mixed venous blood oxygen saturation (SvO<sub>2</sub>) with the capacity for hemodynamic measurements including thermodilution cardiac output estimation. This oximetry system was studied to determine its accuracy, reliability, and usefulness in the surgical intensive care unit (ICU). Twenty-two catheters were tested, but only 17 were successfully placed in 16 patients. There were technical problems associated with 10 catheters and on six occasions these necessitated the use of another catheter. The catheter values for SvO<sub>2</sub> were closely related ( $r = 0.9516$ ) to those obtained from a laboratory Co-oximeter. Continuous monitoring of SvO<sub>2</sub> is accurate and valuable as a warning system for deterioration in cardiopulmonary function and as an indicator of the effects of various therapeutic maneuvers in critically ill patients.

0209186 82204174

**Current management of patients after cardiopulmonary bypass.**

Hinds CJ  
Anaesthesia .Feb 1982, 37 (2) p170-91, ISSN 0003-2409  
Journal Code: 4MC

Languages: ENGLISH

The postoperative management of cardiac surgical patients is reviewed with particular reference to some of the recent advances and current controversies. It is emphasized that there has been a marked decrease in the incidence of many of the major problems associated with cardiopulmonary bypass and that, in the majority of cases, cardiac surgery is now a routine procedure associated with a very low morbidity and mortality. (200 Refs.)

0208464 82196949

**Communication with the patient in the intensive care unit.**

Borsig A; Steinacker I  
Nurs Times .Mar 24-30 1982, 78 (12) psuppl 1-11, ISSN 0029-6589  
Journal Code: 09U

Languages: ENGLISH

0208080 82194000

**Physicians and nurses: roles and responsibilities in caring for the critically ill patient.**

Corless IB  
Law Med Health Care .Apr 1982, 10 (2) p72-6, ISSN 0277-8459  
Journal Code: LAF

Languages: ENGLISH

0207973 82192489

**Immediate radiologic and surgical management of renal injuries.**

Cass AS  
J Trauma .May 1982, 22 (5) p361-3, ISSN 0022-5282  
Journal Code: KAF

Languages: ENGLISH

Urologic evaluation for renal trauma is usually delayed in the multiple-injured patient, since the management of life-threatening associated injuries takes precedence. A method of immediate radiologic diagnosis and surgical management was carried out in 1,205 patients with 1,222 renal injuries. Blunt external trauma caused 96% of the renal injuries. Immediate IVP resulted in a definitive diagnosis in 91% of the cases. The renal injuries comprised contusions in 87%, lacerations in 8%, rupture in 2%, and pedicle injuries in 3%. Associated injuries were present in 75.5% of patients, including 49% requiring a laparotomy for intra-abdominal injury. The overall nephrectomy rate of 3.7% compares favorably to the nephrectomy rate in studies reporting the conservative management of renal injuries.

00246

0207674 82189417

**Controversy over clinical competencies.**

Canfield AB

Heart Lung ,May-Jun 1982, 11 (3) p197-9, Journal Code: G2V

Languages: ENGLISH

0207263 82185562

**Physician manpower in critical care medicine.**

Greenbaum DM

Crit Care Med ,Jun 1982, 10 (6) p407-8, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

Former trainees in Critical Care Medicine (CCM) were polled regarding the reasons which have dissuaded intensivists from continuing practice in the field. Among the reasons cited, the most common were poor reimbursement for services rendered and the constant rivalry among practitioners in various fields for responsibilities in caring for the critically ill. A greater portion of anesthesiologists have discontinued practice in CCM than internists. Among those trained in CCM fellowship programs who are still practicing CCM, internists are most numerous.

0207261 82185548

**Fellowship programs in critical care medicine--1982.**

Greenbaum DM; Holbrook PR

Crit Care Med ,May 1982, 10 (5) p347-51, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

0207259 82185536

**Comparison of nutritional indices and outcome in critically ill patients.**

Apelgren KN; Rombeau JL; Twomey PL; Miller RA

Crit Care Med ,May 1982, 10 (5) p305-7, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

Seventeen critically ill patients were studied prospectively to determine the relationship of serum albumin, creatinine-height index (CHI) and weight-height index (WHI) to clinical outcome. Use of the conventional "normal values" as cut-offs failed to discriminate between survivors and nonsurvivors better than chance alone. A serum albumin less than 2.5 g/dl correctly separated 93% of the patients in terms of survival prognosis.

0207230 82185433

**Computer systems for facilitating management of the critically ill.**

Wiener F; Weil MH; Carlson RW

Comput Biol Med ,1982, 12 (1) pt-15, ISSN 0010-4825

Journal Code: DDC

Contract/Grant No.: GM 16462; HS-01474

Languages: ENGLISH

The Shock Research Unit has applied computer technology to the care of the critically ill and injured patient since 1961.

The requirements for patient monitoring were initially explored with a process control computer (IBM 1710). In the current system, a Xerox Sigma-5 computer is utilized for monitoring EKG, hemodynamic, respiratory, and biochemical signals. Electronic preprocessing increases the efficiency and speed of data acquisition and signal analysis. Provisions are made for recording narrative data as part of a commitment to evolve an automated patient record. Bedside displays include both tabular and graphic summaries of patient status and trends. A computer accessible archive of patient files is maintained. Clinical operation of the system has been facilitated by automation of afferent and efferent functions including flushing of catheters, servo-calibration of pressure measuring systems, automated urine collection and disposal, and computer controlled infusion of fluids and medications. We anticipate the continuing development of automated afferent and efferent components for feedback control of ventilators by automated sampling and measurement of arterial blood gases and infusion of fluids and medications in response to changes in monitored hemodynamic variables. Such automation, together with medical intelligence for priority alarms and interpretive displays, hold promise of increasingly potent and cost-effective systems to facilitate and improve care of the critically ill or injured patient.

0206615 82162628

**The clinical nurse specialist in critical care.**

Clark S

CCQ ,Jun 1982, 5 (1) p51-9, ISSN 0160-2551 Journal  
Code: CPW

Languages: ENGLISH

0206614 82162627

**Quality assurance and standards of care in the critical care setting.**

Gawlinski A

CCQ ,Jun 1982, 5 (1) p43-50, ISSN 0160-2551 Journal  
Code: CPW

Languages: ENGLISH

00247

0206514 82181166

**Brain-orientated intensive care treatment in severe neonatal asphyxia. Effects of phenobarbitone protection.**

Svenningsen NW; Blennow G; Lindroth M; Gaddlin PO; Ahlstrom H

Arch Dis Child ,Mar 1982, 57 (3) p176-83, ISSN 0003-9888 Journal Code: 6XG

Languages: ENGLISH

The effect of applying brain-orientated neonatal intensive care for term infants with severe neonatal asphyxia was studied. Such treatment included protective phenobarbitone administration together with assisted ventilation and other measures to counteract postasphyxial cerebral oedema and any abrupt changes in blood pressure and oxygenation. The mortality rate and incidence of long-term sequelae were reduced appreciably, resulting in a 0-1 year mortality rate of 14% (previously 50%) and an incidence of neurodevelopmental handicap at 18 months of 17% (previously 50%). It is important in the management of infants with severe asphyxia at birth to avoid blood pressure fluctuations and to control neuronal epileptic activity by the use of barbiturates and early ventilator treatment.

0204288 82159308

**Survival of patients with cancer in a medical critical care unit.**

Hauser MJ; Tabak J; Baier H  
Arch Intern Med ,Mar 1982, 142 (3) p527-9, ISSN 0003-9926 Journal Code: 7FS

Languages: ENGLISH

The records of 40 patients with cancer and 684 patients without cancer admitted to a medical critical care unit were reviewed for the purpose of comparing survival. Patients with cancer had a higher mortality (55%, 22/40) than the patients without cancer (17%, 118/864). Patients with cancer and respiratory failure had a higher mortality (75%, 18/24) than patients without cancer but with respiratory failure (25%, 66/273) and a higher mortality than patients with cancer but without respiratory failure (25%, 4/16). In patients with cancer, the manifestation of respiratory failure as the adult respiratory distress syndrome (ARDS) was associated with a high mortality (86%, 12/14), which was not statistically higher than in patients with cancer with non-ARDS respiratory failure (60%, 6/10) or in patients without cancer with ARDS (65%, 28/43). Patients with cancer but without respiratory failure had a mortality of 25% (4/16). All eight patients with cancer admitted to the hospital because of life-threatening metabolic disturbances survived. In deciding whether to apply critical care techniques to a patient with cancer, the physician should consider the specific nature of the life-threatening illness.

0204275 82159106

**Mortality rates and neonatal intensive care for very small**

**babies.**

Walker GJ; Simpson H

Arch Dis Child ,Feb 1982, 57 (2) p112-6, ISSN 0003-9888

Journal Code: 6XG

Languages: ENGLISH

Mortality rates of very small babies (those weighing 1500 g or less) born to mothers normally resident in the 11 health districts of the London portion of the North-east Thames Health Region in 1971-73 and 1975-77 were compared with admission rates to neonatal intensive care units in 1972 and 1976 in the region. There was no significant correlation between mortality and admission rates for babies weighing 1000 g or less during either period. For babies born weighing between 1001 and 1500 g this was also so in 1972. In 1976 however, mortality rates were significantly correlated negatively at 24 hours but not at 28 days with admission rates to neonatal intensive care.

0204180 82157810

**Severity of illness and the relationship between intensive care and survival.**

Scheffler RM; Knaus WA; Wagner DP; Zimmerman JE

Am J Public Health ,May 1982, 72 (5) p449-54, ISSN 0090-0036 Journal Code: 3XW

Contract/Grant No.: 18-P-97079/3-03

Languages: ENGLISH

Currently about 15 per cent of hospital costs are attributed to intensive care. Research using statistical models has not adequately demonstrated that therapy in intensive care units (ICUs) is associated with reductions in the probability of death. In a study of 613 consecutive admissions to a multidisciplinary ICU, we reevaluate the relationship between ICU care and survival using a new acute physiology scoring system to control for the severity of illness of the patient population. When our severity of illness index was employed, we found a statistically significant and nonlinear relationship between the use of intensive medical care and the probability of survival. This statistical relationship produced a U-shaped curve with three distinct segments. The first segment exhibited an overall decrease in the probability of death with increasing therapy (275 admissions); the second segment, a fairly stable survival rate (281 admissions). Only in the third segment, where there were 57 admissions, did we find an overall increase in the probability of death as utilization of therapy increased. These findings suggest that quantitative measurement of severity of illness, when used in clinical studies, could produce improved insights into the relationship between therapy and health outcomes.

00248

0203672 82150473  
**Careers - intensive care: one-to-one.**  
Finn E  
Nurs Mirror ,Feb 17 1982, 154 (7) p42. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0203158 82146813  
**[What happens in shock? The first 10 minutes are crucial]**  
Was geht beim "Schock" vor? Die ersten zehn Minuten sind entscheidend.  
Venzmer G  
Krankenpflege (Frankfurt) ,Feb 1982, 36 (2) p56. ISSN 0002-1008  
Journal Code: KXL  
Languages: GERMAN

0203157 82146812  
**[Rescue technicians - discrepancy between tasks and training]**  
Rettungssanitäter - Diskrepanz zwischen Aufgaben und Ausbildung.  
Buhler R  
Krankenpflege (Frankfurt) ,Feb 1982, 36 (2) p53-5. ISSN 0002-1008  
Journal Code: KXL  
Languages: GERMAN

0202795 82141574  
**Survey of critical care nursing practice. Part III. Responsibilities of intensive care unit staff.**  
Breu C; Dracup K  
Heart Lung ,Mar-Apr 1982, 11 (2) p157-61. Journal Code: G2V  
Contract/Grant No.: 1D10NU290818-01  
Languages: ENGLISH

0202793 82141567  
**Cardiovascular infections in critical care medicine: overview.**  
Hawley HB  
Heart Lung ,Mar-Apr 1982, 11 (2) p109-10. Journal Code: G2V  
Languages: ENGLISH

0202711 82141078  
**[Perception of the coronary patient in intensive care]**  
Perceptions du coronarien en soins intensifs.  
Gagnon L  
Infirm Can ,Mar 1982, 24 (3) p24-6. ISSN 0019-9805

Journal Code: G09  
Languages: FRENCH

0202034 82119668  
**Pharmacy-initiated intravenous infusion guidelines.**  
Alcorn BT; Barnes SG; Du Plessis DJ  
Hosp Pharm ,Feb 1982, 17 (2) p60-4, 70-2, 74-6. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0201367 82128822  
**[Hemodynamic monitoring in intensive care units]**  
Monitorage hemodynamique en unites de soins intensifs.  
Haberer JP; Sifreu A  
Rev Infirm ,Mar 1982, 32 (5) p31-6. ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

0200057 82116174  
**Medical, legal and ethical issues in critical care.**  
Wallace-Barnhill G; Roth MD; Briggs BA; Bastron DR; Barrocas A  
Crit Care Med ,Jan 1982, 10 (1) p57-61. ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH  
This report is intended to familiarize the reader with the current legislation concerning state definitions of death, the pertinent judicial decisions concerning termination of life support and the current status of medical/ethical committees. However, it is of paramount importance to all health care personnel to become involved in the resolution of these problems. Current information regarding legal clarity to these issues leaves much to be desired. Unless we wish major decisions that will affect us all to be decided by others, it is strongly suggested that we become directly involved in this process and accept the challenge and the opportunity to influence major legal, ethical, and medical decisions.

00249

0200055 82116165

**Pediatric intensive care: factors that influence outcome.**

Rothstein P; Johnson P

Crit Care Med ,Jan 1982, 10 (1) p34-7, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

Four hundred sixty-one consecutive admissions to the Pediatric Intensive Care Unit (PICU) were evaluated using the Therapeutic Intervention Scoring System (TISS). Patients requiring an increased level of care, defined as TISS points greater than or equal to 10, accounted for 75% of patient days in the ICU. Within this group, the primary reason for admission to the ICU was congenital heart disease, trauma, malignancy, respiratory failure, and sepsis. Survival was inversely related to TISS points, though TISS itself could not differentiate between survivors and nonsurvivors. The mortality rates for children who had a congenital malformation, a cardiac arrest before admission, or who developed acute failure secondary to other disease processes were significantly increased. Comparison of critically ill children and adults using TISS showed mortality rates that were similar. Assuming that the cost of intensive care is related to both seriousness of illness (assessed by TISS) and length of hospitalization, in this pediatric population the cost of hospitalization was not disproportionately high for nonsurvivors compared to survivors. Reduction in mortality rates in a PICU population will be dependent on factors largely uncontrollable by ICU practitioners. This will come about by reduction in the numbers of congenital malformations and the prevention of childhood trauma.

0200054 82116163

**The value of routine daily chest x-rays in intubated patients in the medical intensive care unit.**

Greenbaum DM; Marschall KE

Crit Care Med ,Jan 1982, 10 (1) p29-30, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH

Two hundred routine chest x-rays were evaluated to determine their value in the management of critically ill patients in a Medical ICU (MICU). Seventy-four x-rays (37%) were of suboptimal value or were delivered to the MICU too late for inclusion on morning rounds. Of the remaining 126 films, 54 (43%) showed worsening of a known, or development of a new, cardiopulmonary abnormality, or an unexpected misplacement of an invasive device. On the basis of these findings, routine daily chest radiographs were judged to be valuable in identifying abnormalities in critically ill patients. However, the system for providing this service was only 63% efficient, and improvement must be sought in this regard.

0200031 82115989

**Use of balloon-tipped catheters in the critically ill child.**

Weesner KM; Rocchini AP; Rosenthal A

Clin Pediatr (Phila) ,Mar 1982, 21 (3) p146-9, ISSN  
0009-9228 Journal Code: DHE

Languages: ENGLISH

A retrospective study of our experience in the placement of 19 consecutive balloon-tipped catheters in the pulmonary artery of 18 children disclosed that the procedure can be performed with relative ease in the intensive care unit without the aid of fluoroscopy. Insertion of the catheters was not associated with any serious complications. Catheter malfunction, however, occurred in 9 of 18 patients: balloon rupture in 6 and clot formation in 3. Comparison of pulmonary capillary pressure through a balloon-tipped catheter and venous pressure through a central venous line indicates that, in the absence of significant pulmonary disease requiring high positive end expiratory pressure, or significant left heart dysfunction, a central venous pressure line is frequently adequate for monitoring right heart pressures and as a guidance to fluid therapy.

0199258 82107102

**Critical care specialists: expertise for all emergencies.**

Morell V

Respir Ther ,Jan-Feb 1982, 12 (1) p47-8, 52, ISSN  
0048-7392 Journal Code: R8L

Languages: ENGLISH

The professional assigned to critical care must be able to respond to a variety of problems--respiratory, heart, renal, neurologic, and others. Advent of critical care medicine will produce much change in personnel functions and will greatly benefit critically ill patients.

00250

**ATENCION PRIMARIA, ENFERMERIA**

**00251**

0253648 83174147

**[Primary nursing in Norway. Both nurses and assistant nurses feel happier now]**

Primary nursing i Norge. B.ANG.ade sjukskoterskor och underskoterskor trivs battre nu.

Holmertz V  
Vardfacket (SWEDEN) ,Jan 27 1983, 7 (2) p12-4, Journal Code: X75

Languages: SWEDISH

0253609 83174108

**Getting our act together.**

Schorr TM

Va Nurse (UNITED STATES) ,Winter 1982, 50 (4) p31-4, ISSN 0270-7780 Journal Code: X6W

Languages: ENGLISH

0251629 83172028

**[Students' experience from the Akersbakken section: professional nursing group guidance]**

Studenterfaring fra Aud. Akersbakken: Sykepleiefaglig gruppeveiledning.

Hagen BH; Standal M; Svendsen AK  
Sykepleien (NORWAY) ,Jan 20 1983, 70 (2) p12-6, 27, ISSN 0039-7628 Journal Code: VFK

Languages: NORWEGIAN

0251622 83172021

**[Primary nursing care - a new model for nursing practice]**

Primaersykepleie - en ny modell for sykepleiepraksis.

Ciske KL

Sykepleien (NORWAY) ,Dec 3 1982, 69 (21) p6-8, 15, ISSN 0039-7628 Journal Code: VFK

Languages: NORWEGIAN

0248692 83169033

**Activities of living: the struggle for independence. Burford: a model for nursing.**

Punton S

Nurs Times (ENGLAND) ,Mar 2-8 1983, 79 (9) p29-32, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0231911 83143429

**Primary nursing in psychiatry.**

Green B

Nurs Times ,Jan 19-25 1983, 79 (3) p24-8, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0231910 83143426

**Burford: a model for nursing. Individual care in action.**

Alderman C

Nurs Times ,Jan 19-25 1983, 79 (3) p15-7, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0231748 83142492

**Primary nursing - a practical possibility.**

Binnie F

NZ Nurs J ,Nov 1982, 75 (11) p7-9, ISSN 0028-8535 Journal Code: 0BT

Languages: ENGLISH

0231747 83142491

**Primary nursing: autonomy, authority and accountability.**

Carter AE

NZ Nurs J ,Nov 1982, 75 (11) p4-6, ISSN 0028-8535 Journal Code: 0BT

Languages: ENGLISH

0231742 83142486

**Primary nursing: the nurse's contribution to the humanisation of health services in the presence of increasing technology.**

Cosgrove S

NZ Nurs J ,Nov 1982, 75 (11) p12-3, ISSN 0028-8535 Journal Code: 0BT

Languages: ENGLISH

0231741 83142485

**Primary nursing: one grand step forward - and maybe one, sometimes two, backwards.**

Henderson H

NZ Nurs J ,Nov 1982, 75 (11) p10-1, 13, ISSN 0028-8535 Journal Code: 0BT

Languages: ENGLISH

00252



0231527 83140389

**The use of women's vocabulary in teaching primary health care.**

Bella H; Morley D  
Lancet ,Mar 19 1983, 1 (8325) p639-40, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0230011 83108344

**Nursing care structures and productivity.**

Shukla RK  
Hosp Health Serv Adm ,Nov-Dec 1982, 27 (6) p45-58, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0229948 83107082

**Monitoring professional relationships: what is the trustee's role?**

Cunningham RM  
Hosp Prog ,Feb 1983, 64 (2) p37-41, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0229018 83117026

**Professional nursing practice in the bureaucratic hospital--revisited.**

Rosenow AM  
Nurs Outlook ,Jan-Feb 1983, 31 (1) p34-9, ISSN  
0029-6554 Journal Code: 09H  
Languages: ENGLISH

0228860 83115843

**Primary nursing: two faces with little acquaintance.**

Betz M  
Nurs Health Care ,Dec 1982, 3 (10) p543-6, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0228556 83111180

**Improving peer relationships through contracting in primary nursing.**

Ciske KL; Verhey CA; Egan EC  
J Nurs Adm ,Feb 1983, 13 (2) p5-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

Effective peer group relationships are essential in both primary nursing and the peer review process. Yet professional peer behaviors are frequently lacking in primary nursing

groups. These authors believe that if some of the problems in peer relationships are not resolved, primary nursing could be doomed to failure. Here they discuss the concept of "peer contracting" as a potentially useful method for facilitating the development of more professional peer group relationships. From their experience with peer contracting, they present some practical considerations regarding its use and value. Their discussion raises some critical points concerning problems in peer group relationships, and it stimulates further exploration of the nature, use, and implications of peer contracting as a vehicle that can help primary nursing realize its potential.

0226601 83089625

**The concept of individualized care in nursing practice.**

Van Servellen GM  
Nurs Health Care ,Nov 1982, 3 (9) p482-5, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0226181 83085039

**Evaluating the effectiveness of primary nursing practice.**

Kent LA; Larson E  
J Nurs Adm ,Jan 1983, 13 (1) p34-41, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0223615 83063643

**The Janus-faced literatures on primary nursing.**

Betz M  
Nurs Leadersh ,Dec 1982, 5 (4) p18-22, ISSN 0164-7865  
Journal Code: OBG  
Languages: ENGLISH

00253

0223369 83060477

**Community hospital-based obstetrical primary nursing.**

Dickson M

JOGN Nurs ,Sep-Oct 1982, 11 (5) p292-5, ISSN 0090-0311  
Journal Code: KS2

Languages: ENGLISH

Just because primary nursing care traditionally has not been offered during the childbearing year does not mean there is no need. Prenatal classes, which were once a rarity, are now well accepted as a necessary and important service to expectant parents. Nurses have a responsibility to document the need for, and illustrate the impact of, nursing interventions. Nursing needs to accept the challenge for the sake of improved patient care. Supporting the expanding family during the crises of the child-bearing year has the potential for improving that family's functioning. The community stands to gain from anything that improves that functioning of the family unit.

0222191 83035926

**Nursing: the art, science and vocation in evolution.**

Barrow RN

Med Serv ,Mar 1982, 39 (3) p5-7, 9, 11 passim, ISSN  
0008-8102 Journal Code: MFE

Languages: ENGLISH

0221052 83038528

**Primary nursing in psychiatry: an effective and functional model.**

Romoff V; Kane I

Perspect Psychiatr Care ,Apr-Jun 1982, 20 (2) p73-8,  
ISSN 0031-5990 Journal Code: OZT

Languages: ENGLISH

0220931 83037740

**Depression in the school-aged child: implications for primary care.**

Deuber CM

Nurse Pract ,Sep 1982, 7 (8) p26-30, 68, ISSN 0361-1817  
Journal Code: OA1

Languages: ENGLISH

The diagnosis, classification and treatment of depression as a pediatric problem are receiving attention by an increasing number of clinicians and researchers today. Until recently skepticism concerning the emotional ability of a child to experience depressive feelings or illness resulted in a scarcity of research on the topic. A review of literature published in the last two decades reveals that depression can and does exist in children as young as six years. Furthermore, several studies suggest that it is underdiagnosed and underreported in pediatric clinical settings. Current literature provides pediatric practitioners with "at-risk"

factors and symptoms of childhood depression to aid in casefinding, referral and treatment necessary to promote the emotional well-being of a child.

00130

0220494 83032707

**Primary or team nursing? Two conditions determine the choice.**

Shukla RK

J Nurs Adm ,Nov 1982, 12 (11) p12-5, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

The cost-benefit analysis of the primary nursing structure is contingent on the factors that affect the proper use of nursing skills. By reducing the problems of coordinating the work, primary nursing has the potential of greater professional nurse involvement with patients. However, in a unit with inefficient support systems, inappropriate use of professional skills in primary nursing render the primary nursing structure less cost-beneficial than the team nursing structure. We may postulate here that primary nursing will be more cost-beneficial than team nursing when the nursing support system requires very little of the RNs' time and the patients require highly skilled care. In a hospital that has inefficient nursing support systems and on nursing units that have mostly self-care to intermediate care patients, primary nursing will only diminish proper use of nursing skills without significant potential to improve the quality of care. On the contrary, with highly efficient nursing support systems and on nursing units that have mostly intermediate use to extensive care patients, primary nursing will have great potential to improve quality and to use nursing skills properly.

0219983 83026824

**[An algorithm test for self financed preliminary consultation (Pikine, Senegal). Health and economic value]**

Un algorithme-test pour consultations primaires auto-financées (Pikine, Senegal). Interet sanitaire et economique.

Jancloes M; Van de Velden L

Dakar Med ,1982, 27 (1) p1-9, Journal Code: EAM  
Languages: FRENCH Summary Languages: ENGLISH

00254

0218828 83013650

**A common-sense approach to primary nursing.**

Molke T; Schreiber R  
Nurs Manage ,Apr 1982, 13 (4) p32-5, Journal Code: OBV  
Languages: ENGLISH

0215654 82269981

**Vital sign documentation and primary nursing in the emergency department.**

McCall P; O'Sullivan PS  
JEN ,Jul-Aug 1982, 8 (4) p187-90, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0215653 82269980

**Primary nursing in the emergency department: nurse and patient satisfaction.**

Blair F; Sparger G; Walts L; Thompson J  
JEN ,Jul-Aug 1982, 8 (4) p181-6, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0215521 82268302

**Research and clinical realities: a commentary on two studies.**

Oberst MT  
J NY State Nurses Assoc ,Jun 1982, 13 (2) p23-5, ISSN 0028-7644  
Journal Code: JFH  
Languages: ENGLISH

0215520 82268301

**Evaluative study of primary nursing.**

Pinneo R  
J NY State Nurses Assoc ,Jun 1982, 13 (2) p20-2, ISSN 0028-7644  
Journal Code: JFH  
Languages: ENGLISH

0213471 82247261

**A patient satisfaction measure as a criterion to evaluate primary nursing.**

Ventura MR; Fox RN; Corley MC; Mercurio SM  
Nurs Res ,Jul-Aug 1982, 31 (4) p226-30, ISSN 0029-6562  
Journal Code: O9K  
Languages: ENGLISH

The Risser Patient Satisfaction Scale was used to evaluate the effectiveness of implementing the key concepts of primary nursing. An experimental control design was used. Forty-six subjects from two units completed the questionnaire. Estimates

of reliability and homogeneity are reported. There is reason to question the discriminant validity of the subscales. No significant differences were obtained between the units on any of the subscales or total scale score. A number of explanations are offered for interpreting the measuring of the nonsignificance of the differences. Work need to continue on revising existing patient satisfaction measures or developing new ones. Other criteria with theoretical importance should be used in conjunction with satisfaction measures in assessing the effects of primary nursing.

0213240 82246120

**For better retention and improved morale, try primary nursing.**

Jones PK  
Nurs Life ,Jul-Aug 1982, 2 (4) p40-4, Journal Code: OA6  
Languages: ENGLISH

0213223 82246086

**After-hours call in a primary care nursing practice.**

Munroe D; Natale P  
Nurse Pract ,May 1982, 7 (5) p24-7, ISSN 0361-1817  
Journal Code: DA1  
Languages: ENGLISH

This paper describes the recorded concerns of clients and the management activity of Master's prepared nurse providers in an urban, ambulatory, university affiliated primary care nursing practice during after-hours call. Retrospective record review was used to collect data. Pain was the most common client concern, and the abdomen the most frequently identified pain site. The majority of concerns expressed by clients were minor health problems appropriate for telephone management. The most frequent interventions used were nursing measures such as comfort, supported and reassurance. Finally, the nurse providers in this group practice managed the majority of calls with nursing interventions.

0212939 82241001

**Nurse practitioners: a national perspective.**

Nichols BL  
J Fla Med Assoc ,May 1982, 69 (5) p391-5, ISSN 0015-4148  
Journal Code: I53  
Languages: ENGLISH

00255

00131

0211522 82224343

**Primary health care nurse training in Kwazulu. An evaluation of diagnostic flow charts versus a conventional training method.**

Solarsh G; Irwig LM; Reinach SG; Muller EU  
S Afr Med J ,Jul 17 1982, 62 (3) p100-4, ISSN 0038-2469  
Journal Code: U4R  
Languages: ENGLISH

Diagnostic flow charts have been adapted for the training of primary health care (PHC) nurses in a rural area of South Africa. We designed a randomized controlled trial to assess whether nurses' clinical competence differed if they were trained using flow charts or using conventional patient-centered teaching. Although clinical competence improved during the training programme, this improvement did not differ significantly according to which of the two training methods was used. The nurses in this trial had considerable earlier experience and some training in primary care. Before the trial they had a high level of clinical competence and may already have developed their own diagnostic strategies. We therefore cannot make inferences from our study about whether or not flow charts will be a valuable addition in PHC. Flow charts need to be adapted to take into account where, by whom, and for what purpose they will be used. They must then be tested to ensure that they only rarely result in incorrect diagnosis and treatment. A decision on the use of flow charts in the training of PHC nurses should be based on further educational trials and long-term follow-up of trained health workers. Nurses should participate in educational trials at the start of their careers in PHC. The additional value of flow charts in the auditing of competence and assessment of educational needs should also be explored.

0211223 82221555

**A singular approach to the profoundly handicapped.**

Watts T  
Nurs Mirror ,Jun 9 1982, 154 (23) p20-2, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0210544 82214759

**The nursing process--is the title right?**

Henderson V  
J Adv Nurs ,Mar 1982, 7 (2) p103-9, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

The use of the term nursing process is traced from the 1950s. The author argues that the nursing process is now used as a substitute for nursing. In this paper questions are raised as to whether problem-solving is all there is to nursing and whether problem solving is peculiar to nursing. It is further argued that whilst the nursing process recognizes the purpose of the problem-solving aspects of the nurse's work, it ignores the subjective or intuitive aspects of

nursing. It also ignores the role of experience, logic and expert opinion as bases for nursing practice, the author contends. She concludes that because the nursing process stresses a dominant and independent function for the nurse this may undermine the value of collaboration of health professionals and the development of the client's self reliance.

0210417 82213002

**Nurse practitioners in primary health care: the Jamaican experience Part II.**

Seivwright MJ  
Int Nurs Rev ,Mar-Apr 1982, 29 (2) p51-8, ISSN  
0020-8132 Journal Code: GTP  
Languages: ENGLISH

0210206 82210165

**Emotional care in the ICU: St. Luke's Hospital, Milwaukee.**

Dimens Crit Care Nurs ,May-Jun 1982, 1 (3) p166-71,  
ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0208596 82197192

**Psychiatry/mental handicap forum. 5. Primary nursing.**

Nurs Mirror ,May 26 1982, 154 (21) p1-vii, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

00256

0208524 82197045

**A proposal: primary nursing for the mother-baby dyad.**

Vestal KW

Nurs Clin North Am ,Mar 1982, 17 (1) p3-9, ISSN  
0029-6465 Journal Code: 092

Languages: ENGLISH

Nurses who work in a maternity setting must define their role in terms of the families for whom they care. Care of the childbearing family includes the social, cultural, and economic environment in which the new baby and his family are a part. The postpartum period is an ideal time for the primary nurse to influence the care of the baby and family in a way that supports their unique family system. The nurse who utilizes this opportunity to care for the family can contribute positively to the start of a new member of society.

The interactional system of the infant and family can be viewed as a mutually dependent dyad that is best supported by consistent and knowledgeable nursing care. It is no longer reasonable to deny such care to maternity clients. Family-centered care has been shown to be successful in a variety of hospital maternity settings, improving care for the mother-baby dyad and promoting cost-effective staffing. The process of proposing such a change is challenging. Obstacles to change can be overcome and, although painful, they often lead to clearer definition of the proposal. Nursing must provide the impetus to sound family-centered care. The alternatives are no longer acceptable to consumers, and fragmented nursing care is seldom satisfying to nurses. There is much to be gained by fulfilling the true sense of family-centered postpartum care.

0208514 82197033

**Symposium on maternal and newborn nursing.**

Nurs Clin North Am ,Mar 1982, 17 (1) p1-110, ISSN  
0029-6465 Journal Code: 092

Languages: ENGLISH

0208449 82196927

**The effect of medication distribution systems on medication errors.**

Long G

Nurs Res ,May-Jun 1982, 31 (3) p182-4, 191, ISSN  
0029-6562 Journal Code: 09K

Languages: ENGLISH

0208348 82196212

**Primary nursing demands change.**

McAdam E

Nurs Manage ,May 1982, p50-3, Journal Code: 0BV

Languages: ENGLISH

0208277 82196007

**The relationship between patient satisfaction with nursing care and the ability to identify the primary nurse.**

Mayer GG

Nurs Health Care ,May 1982, 3 (5) p254-7, Journal  
Code: N77

Languages: ENGLISH

0208256 82195672

**The integration of primary nursing into a chronic care program.**

Perras ST; Mattern ML; Zappacosta AR

Nephrol Nurse ,Mar-Apr 1982, 4 (2) p23-4, Journal  
Code: NW9

Languages: ENGLISH

0207183 82184181

**Primary nursing: does good care cost more?**

LaForme S

Can Nurse ,Apr 1982, 78 (4) p42-9, ISSN 0008-4581  
Journal Code: CL9

Languages: ENGLISH

0206984 82175973

**Modified nursing program increases satisfaction [interview]**

Hinnant JR

Same Day Surg ,May 1982, 6 (5) p60-1, ISSN 0190-5066  
Journal Code: UBL

Languages: ENGLISH

0206477 82180343

**Hospitals share nursing success stories.**

McCarty P

Am Nurse ,May 1982, 14 (5) p1, 7, 14, ISSN 0098-1486  
Journal Code: 40D

Languages: ENGLISH

00257

0205437 82168476

**Janforum: a future framework for nursing: a transcultural perspective.**

Fagermoen MS; Quartey ES

J Adv Nurs ,Jan 1982, 7 (1) p79-82, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p5-9, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

00132

0197501 82096801

**Teaching hospitals build models for nursing organization.**

Pannell M

Hospitals ,Feb 1 1982, 56 (3) p60-3, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0205429 82168468

**Nursing for a new century--a future framework.**

Baumgart AJ

J Adv Nurs ,Jan 1982, 7 (1) p19-23, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

0203570 82150074

**Nursing practice trends.**

Jamann JS

NLN Publ ,1982, (52-1871) p1-7, Journal Code: 03Z

Languages: ENGLISH

0203096 82145521

**Collaborative physician-nurse practice: is this the time?**

Krosnick A

J Med Soc NJ ,Feb 1982, 79 (2) p89-90, ISSN 0025-7524

Journal Code: J47

Languages: ENGLISH

0201183 82126969

**Psychiatry/mental handicap forum 1. Transatlantic methods of care: planning a tailored approach.**

Hall M

Nurs Mirror ,Jan 27 1982, 154 (4) pv-viii, Journal  
Code: 098

Languages: ENGLISH

0198022 82103029

**Liaison nursing.**

Zacharias J

MCN ,Jan-Feb 1982, 7 (1) p22, 25, ISSN 0361-929X

Journal Code: MA3

Languages: ENGLISH

ORIGINAL ACQUIRED BY THE NATIONAL  
LIBRARY OF MEDICINE  
BETHESDA, MD

00258

**AUDITORIA**

**00259**

0217801 83000920

**OCLC for the hospital library: the justification plan for hospital administration.**

Allen CW; Branson JR  
Bull Med Libr Assoc ,Jul 1982, 70 (3) p293-7, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

This paper delineates the necessary steps to provide hospital administrators with the information needed to evaluate an automated system, OCLC, for addition to the medical library. Based on experience at the Norton-Children's Hospitals, included are: (1) cost analyses of present technical processing systems and cost comparisons with OCLC; (2) delineation of start-up costs for installing OCLC; (3) budgetary requirements for 1981; (4) the impact of automation on library systems, personnel, and services; (5) potential as a shared service; and (6) preparation of the proposal for administrative review.

0203812 82151617

**Staffing a contraceptive service for adolescents: the importance of sex, race, and age.**

Philliber SG; Jones J  
Public Health Rep ,Mar-Apr 1982, 97 (2) p165-9, ISSN  
0033-3549 Journal Code: QJA

Contract/Grant No.: O2-H-000-477

Languages: ENGLISH

Since there are data to indicate that the composition of clinic staff is important in attracting and maintaining contact with adolescents seeking contraceptive services, in this paper the importance of age, sex, and ethnicity of counselors and medical providers is examined. Female clients of the Young Adult Clinic at Columbia-Presbyterian Hospital, New York City--most of them low-income blacks or Hispanics--were asked to complete questionnaires. The 150 respondents, aged 16-21 years, used a 4-point rating scale of very important = 4 to not important at all = 1. The findings indicated that the sex of the counselor and examiner was more important to female teenagers than ethnicity or age. Clinic administrators seeking to provide contraceptive services to teenagers should make an effort to include at least one female counselor and medical provider. However none of these characteristics was very important to the majority of patients. These findings are discussed in the context of the literature on the provision of contraceptive services to teenagers and on patient preferences for counselors or therapists in general.

0196887 82074359

**Home health audit tool--at last!**

Hand JS; Bruno P; Feffer DA; Plath SL  
Home Health Rev ,Dec 1981, 4 (3) p15-21, Journal Code:

GDW

Languages: ENGLISH

Dissatisfied with the use of an audit tool not applicable to home health nursing, administrators of the Missoula Home Health Agency formed a special audit committee to review audits used by agencies around the country. After examining 50 audit tools, the committee agreed that the Phaneuf public health nursing audit did not adequately emphasize nursing care and charting specific to home health agencies but did fit most of their criteria. After redesigning the Phaneuf audit and testing it through two quarterly audits, the new Missoula Home Health Audit tool has been found very satisfactory. The Missoula Audit emphasizes: 1. home health's goal of independent living and/or self-care; 2. service provider-family-patient relationship; 3. nurse-physician relationship; 4. charting and recording; 5. coordination of careproviders. Unlike many existing audit tools, the Missoula Audit is specific to home health nursing, covers the spectrum of home health services, has sensitive scoring which reflects true differences in quality of care, and initially, at least, appears to be consistent from audit to audit.

0191545 82032507

**Making the most of meetings.**

Lancaster J  
J Nurs Adm ,Oct 1981, 11 (10) p15-9, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

When used effectively, meetings can provide a mechanism for integrating different viewpoints, improving the decision-making process, generating new ideas, and coordinating the activities of participants. To be effective, meetings need to be conducted in an organized way by using an agenda, starting and ending on time, facilitating productive participation of members, and by summarizing the work which was accomplished. The following list includes several points to make the most of meetings: 1. Explore alternatives to meeting--telephone, conference call, memorandum. 2. Limit attendance to only those people who have to be there. 3. Make sure all participants know the purpose of the meeting in advance. 4. Send a written agenda in advance of the meeting. 5. Make sure there is a leader who will assume responsibility for starting, guiding, and closing the meeting with a summary. 6. Choose an appropriate place, conveniently located. 7. Choose an appropriate time--afternoon is usually the best. 8. Designate a recorder to make note of decisions, actions, and recommendations. 9. Start and end on time. 10. Stick to the agenda--don't get distracted by side issues which eat into time allotted for the meeting. 11. Control interruptions such as telephone calls for members, or people coming in and out. 12. Make sure everyone is clear about what is expected of them after the meeting.

00260



00133

0171390 81116879

**The school of allied health--a political model of university governance.**

King EC; Dietrich MC

J Allied Health .Nov 1980, 9 (4) p242-52, ISSN 0090-7421 Journal Code: HA8

Languages: ENGLISH

Curtailment of direct federal funding coupled with greater governmental demands for fiscal accountability in the 1970s has led to events such as allied health program moratoria and a closer scrutiny of the fundamental goals of allied health schools. Resulting organizational stress has also stimulated an emergence of interest groups in these schools. This paper attempts to place these events in a historical and sociological context by: (1) summarizing three governance models; (2) relating these models to the organizational maturation of allied health schools in light of predictions from contemporary management theory; (3) discussing the interrelationships between organizational structure, age of allied health schools, and characteristics of allied health administrators; (4) describing variables of organizational transition that affect organizational effectiveness; and (5) making recommendations to assist schools in organizational planning so they can adjust to the potential negative impact of organizational maturation, shrinking resources, and increasing accountability. A series of recommendations from the Baldrige political model of contemporary organizational research is presented. These recommendations may help facilitate conflict resolution in schools of allied health.

0168374 81088045

**An approach to preventive intervention in child psychiatry.**

Caplan G

Can J Psychiatry .Dec 1980, 25 (8) p671-82, ISSN 0706-7437 Journal Code: CLR

Languages: ENGLISH

A conceptual model for primary prevention is proposed. Its five elements are (1) Risk Factors that increase the likelihood of (2) eventual Mental Disorder contingent upon (3) intervening psychological stresses that promote Crises, which the individual may master more or less effectively dependent on (4) his current psychological Competence and (5) the powerful influence of Social Supports. The paper summarizes recent preventive intervention efforts and evaluative studies that focus on these elements in seeking to reduce psychiatric disorders in child populations: reduction of risk factors through mental health consultation and collaboration by mental health clinicians with child care workers and administrators; improvement of competence in children at risk by special educational programs with children and their parents that seek to enhance their cognitive and emotional programs with children and their parents that seek to enhance their cognitive and emotional problem-solving and coping skills; crisis intervention for children and their families by anticipatory guidance and preventive intervention; and fostering protective social supports by convening supportive

groups for persons in need, and organizing mutual help groups, both of which seek to provide individuals under stress with help with emotional reequilibrium and cognitive guidance to compensate for capacities that are usually temporally eroded by the upheaval of crisis. (38 Refs.)

0158723 80264533

**Inpatient medical rehabilitation: 1979 survey of hospitals and units.**

Mullner R; Killingsworth C; Matthews D; Byre CS

Arch Phys Med Rehabil .Aug 1980, 61 (8) p341-45, ISSN 0003-9993 Journal Code: 8BK

Languages: ENGLISH

This survey by questionnaire was conducted by the Hospital Data Center of the American Hospital Association. The survey universe consisted of 516 hospitals; of these, 416 (80.6%) completed the questionnaire. The responding hospitals are classified into 4 categories: 1) independent rehabilitation hospitals, 2) self-contained rehabilitation hospitals within larger medical centers, 3) defined rehabilitation units of institutions, and 4) no formalized units. The survey yielded information concerning: 1) utilization, and predicted future trends in utilization; 2) referral sources of admissions; 3) the areas to which patients are discharged (their homes, nursing homes, etc); 4) the classes of fulltime equivalent personnel and their relative proportions, and those types of personnel that hospitals would most like to hire if it were possible to do so; 5) the sources of payment for inpatient claims, and problems with reimbursement; and 6) other findings including the use of beds designated for rehabilitation for other types of patients, and the number of fulltime administrators and of fulltime medical directors.

00261

0156855 80035206

**The academic in Washington--worthwhile effort or waste of time?**

Petersdorf RG

Pharos Summer 1979, 42 (3) p2-8, ISSN 0031-7179  
Journal Code: P48

Languages: ENGLISH

Petersdorf draws conclusions from his decade of experience with the legislative and administrative process in Washington as a member of the AAMC Executive Council. He points out that the interface between academe and the government is inevitable since the government has some level of interface in all aspects of academic medicine: (1) the number and type of students admitted; (2) quality and quantity of teaching facilities; (3) content of curriculum; (4) the number and type of residents trained; (5) nature of research and training programs; and, most importantly, (6) resources. He identifies and discusses the relative effectiveness of the organizations which are on the Capitol scene: strictly scientific associations; specialty societies; groups oriented to categorical diseases; broad-spectrum organizations such as the AAMC and the Washington offices of the AMA; three associations of presidents of universities; and the Institute of Medicine. Petersdorf notes two essentials for success: a Washington location and an able full-time staff. Three issues recently before Congress--unionization of housestaff, payment of teaching physicians, and health manpower legislation--are discussed. At the conclusion of the article, grades are assigned to each group participating in the deliberations. The author identifies three lessons to be learned: (1) the academic medical establishment should attempt to speak with a single voice; (2) if the diversity among the organizations that speak on health and educational policy makes a uniform position impossible, they should keep each other informed; and (3) perceptions of academic interest groups should be tempered through actions that consider the public interest. He emphasized the need for team rather than individual plan and recommends that deans, faculties, administrators, and students increase their participation in organizations that work to improve education, research, and health care. "We need," he concludes, "to work together to interpret our views to our legislators and the public whom we all serve."

00134

0146786 80136797

**The decision-making process: implications for the medical school organization.**

Lostetter JO; Chapman JE

Health Policy Educ Mar 1980, 1 (2) p161-76, ISSN 0165-2281  
Journal Code: G2I

Languages: ENGLISH

In this article, the authors make use of some contemporary models of decision-making to show how the process of decision-making can become more self-conscious, and thus both more enlightened and more assured. The approach is an examination of several models examined both from the perspective of the steps in the process itself, as well as

general observations about the decision-making process. The practical focus is on the medical school organization with its unique characteristics. This article also examines the decision-making process through a comparison of two types of organizational structure (pyramidal and matrix) found in most medical schools. Certain constants emerge from this article that positively enhance good decision-making. These elements are: (1) the rapidity of change; (2) the critical need for a wide range of alternatives; (3) an understanding of both the organizational structure and human factors involved; and (4) the necessity of involving others in the decision-making process. By analyzing various modes of decision-making and presenting options, this article should be of real assistance to administrators.

0126611 79216902

**CHMC directors' preferences for training of bachelor's level psychologists.**

Randolph DL

J Community Psychol Jul 1979, 7 (3) p228-35, ISSN 0090-4392  
Journal Code: HUU

Languages: ENGLISH

A questionnaire devised to measure preferences for training of bachelor's level psychologists was mailed to 302 community mental health center (CHMC) directors in the southeastern United States; 117 or 39% completed and returned questionnaires. Based on the preferences of CHMC directors, bachelor's level candidates for employment in CHMCs should manifest the following: (1) a good foundation in generic "core" psychology theory; (2) training in fundamental intervention skills in the area of group, family, and individual counseling/psychotherapy and consultation; plus crisis intervention and intake interviewing; (3) specialized training/experiences in working with such high priority groups as disadvantaged blacks, the physically disabled, and alcohol/drug abusers; (4) knowledge of community resources and skill in publicizing/public relations; and (5) personal characteristics that include personal warmth, a neat personal appearance, and good oral and written communication skills.

00262

0116429 79152139

**Rural-urban differences in the structure of services for the elderly in upstate New York counties.**

Taietz P; Milton S

J Gerontol ,May 1979, 34 (3) p429-37, ISSN 0022-1422  
Journal Code: IAV

Languages: ENGLISH

This research examines the impact of federal intervention and local community effort on the development of programs for the elderly. The study was designed, first, to gather longitudinal data on the structure of services for the elderly in 53 upstate New York counties for comparison with a study conducted in 1967 and, second, to measure the effectiveness of 43 counties with a County Office for the Aging (COFA) in mobilizing resources to increase services for the elderly. The findings reveal: (1) federal intervention has had the effect of an overall increase in services while at the same time decreasing rural-urban differences; (2) urban COFAs score consistently higher on the measures of community effectiveness; (3) the educational attainment of COFA directors is not a good predictor of success in mobilizing outside resources in both urban and rural counties; (4) in urban but not in rural counties, directors with administrator/planner experience have greater success in mobilizing outside resources.

0104529 79060183

**Intensive care--a medical audit.**

Tomlin PJ

Anaesthesia ,Sep 1978, 33 (8) p710-5, ISSN 0003-2409  
Journal Code: 4MC

Languages: ENGLISH

A 4-year audit of one Intensive Care Unit, during which time 1718 patients were admitted, shows that allocating 1% of all acute beds for intensive care purposes is not adequate. This is reflected by the high mortality among the patients discharged from the unit. Sophisticated monitoring equipment led to a marked improvement in mortality rates in each group to which it was applied. Simple to use, automated, biochemical equipment was very cost effective for blood gas measurement but less so for electrolyte determinations. Intensive care is very labour intensive, but the cost benefit in terms of lives saved is large. It is suggested that audits of this type help to identify the consequences, including adverse consequences, of decisions by administrators.

0095991 76268110

**Comparative costs to the Medicare program of seven prepaid group practices and controls.**

Weil PA

Milbank Mem Fund Q ,Summer 1976, 54 (3) p339-65, ISSN 0026-3745  
Journal Code: NQU

Languages: ENGLISH

This research was conducted in order to compare costs to the

Medicare program for providing health care service to old people enrolled in two forms of health delivery organization: open market and prepaid group practice (pgp). Two data sources were employed: cost data provided by the Social Security Administration for seven prepaid group practices in five SMSAs and northern California and interviews conducted with administrators of the prepaid groups to determine: organizational sponsorship, incentive structure, pattern of selectivity of patients, and resource availability. Major findings are: (1) Enrollees in prepaid groups incur higher physician costs. This includes services provided by practitioners in and outside the plans. (2) Overall, prepaid groups demonstrate savings to the Medicare program in provider-initiated services- in hospital care and extended care facility services, but not in home health care. (3) Reduced spending in the hospital component does not imply reduction in the extended care facility or home service. (4) Outpatient costs in the hospital are generally higher in the open market modes, probably because this mode of care is viewed as an alternative to physician visits. (5) The greatest cost savings to the Medicare program are demonstrated by groups which are relatively small, yet hospital-based.

00263

0082949 78232588

**Uses of individualized client goals in the evaluation of drug and alcohol programs.**

Peckham RH

Am J Drug Alcohol Abuse, 1977, 4 (4) p555-70, ISSN 0095-2990 Journal Code: 3GW

Languages: ENGLISH

The issue of accountability increasingly places demands on administrators to evaluate program results. This paper attempts to show that individualized goal setting by clients can provide information which can be used (1) to compare stated program goals to actual client goals, and (2) as a realistic, individualized set of outcomes for follow-up evaluation. Evaluation of many drugs and alcohol programs is often based on the premise that abstinence is the goal of all treatment programs for all clients. While this may be a proper ultimate goal, it may not be sufficiently precise for more specific or short-term evaluations. A technique recently developed in the mental health field is Goal Attainment Scaling (GAS). In this approach, individual goals are usually developed through negotiations between client and counselor and provide individualized measurement of client success in treatment. GAS was tested on a sample of clients entering public and private drug and alcohol treatment facilities: (1) nearly all clients in the sample chose to set goals, although they were not required to do so; (2) a content analysis aggregated individual goals into a group profile of percent of clients writing goals in each of 17 goal areas; (3) goal content changed over successive interviews; and (4) there were differences in goal content between age and facility subgroups.

00135

0078183 78160542

**Implementing family planning in a Ministry of Health: organizational barriers at the state and district levels.**

Simmons RS; Ashraf A

Stud Fam Plann, Feb-Mar 1978, 9 (2-3) p22-34, ISSN 0039-3665 Journal Code: V52

Languages: ENGLISH

1. Family planning occupied a subordinate position in the medical and health bureaucracy almost two decades after its introduction. Senior Ministry officials accorded low priority to formal program objectives, while the State Family Planning Officer, the highest state official concerned solely with the family planning program, suffered from a relatively subordinate position in the Directorate and a lack of authority and support. Within the medical profession, family planning was held in low esteem, and the medical and health bureaucracies did not have a mechanism for selecting personnel on the basis of interest and commitment. 2. Organizational adjustment to family planning in the Ministry of Health was a slow and painful process, absorbing the energy and attention of Ministry officials for almost a decade. The repeated reorganizations of the district setup revolving around the division of labor between medical, health, and family planning

months of almost total inertia and detracted substantially from the supervisory capacity of the officials involved. 3. Decision making and guidance suffered from the quick turnover of the Secretary, the most powerful administrator in the Ministry. In Uttar Pradesh Secretaries stayed barely long enough to begin to understand the complex organizational setup of the program. 4. Multiple and often conflicting lines of authority characterized the relationships between the higher and lower echelons within the Ministry. This was accentuated when the District Family Planning Officer was placed under the administrative control of the District Magistrate. While intended to "energize" family planning through the association of the most prestigious and powerful district official with the program, this organizational arrangement resulted in conflicting instructions to the staffs of the primary health centers. 5. The organizational behavior of the Ministry of Health was shaped by the interplay of the various "professional cultures" of its key actors. The generalist administrators' short time horizon and eagerness to produce quantitative results clashed with the specialists' emphasis upon long-term goals and technical constraints; the politician's defense of the interest of his constituents clashed with the administrator's desire to defend his autonomy. The calculus of political survival made support for family planning goals a costly burden that few politicians have been willing

00265

00136

0046368 77010568

Factors determining the quality of physician performance in patient care.

Rhee SO

Med Care .Sep 1976. 14 (9) p733-50. ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

The study determined the separate and joint effects of 1) physician specialty, 2) type of medical school attended, 3) time in practice, 4) type of ambulatory care setting, and 5) type of hospital on the quality of physician performance in patient care. The sample consisted of 454 physicians in 18 specialty categories. Multiple Classification Analysis was used to determine the effects of these predictors on the quality of physician performance. The study found that the organization of hospital care had a large independent effect, but that the other four predictors had relatively small effects on the quality of physician performance. The findings imply that the organization of the setting in which care is provided has more influence than the education and training that physicians had attained. All five predictors together explained 20 per cent of the variance. Methodological suggestions were made to improve the explanatory power of the variables, and various pragmatic for medical care administrators were presented.

00266

**AUDITORIA, ENFERMERIA**

00267

0231892 83143401

**Accountability: health quality assurance.**

Wiseman J

Nurs Times ,Jan 5-11 1983, 79 (1) p16-8, ISSN 0029-6589

Journal Code: 09U

Languages: ENGLISH

0231661 83142174

**Nursing quality assurance program [editorial]**

Norton P

Milit Med ,Jan 1983, 148 (1) p74-5, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0231400 83139537

**Making quality assurance work in the emergency department.**

Watts L; Blair F

JEN ,Jan-Feb 1983, 9 (1) p59-60, ISSN 0099-1767

Journal Code: KRU

Languages: ENGLISH

0231394 83139530

**Development and design of an ED nursing flow sheet.**

Selfridge J; Nitta D; Saltzer E

JEN ,Jan-Feb 1983, 9 (1) p30-6, ISSN 0099-1767

Journal Code: KRU

Languages: ENGLISH

0231383 83139208

**Quality assurance in the clinical area.**

Patterson D

Jamaican Nurse ,1982, 22 (2) p21-2, ISSN 0021-4140

Journal Code: KFZ

Languages: ENGLISH

0228543 83111167

**Using registry nurses: coping with cost and quality issues.**

Sheridan DR; Bronstein JE; Walker DD

J Nurs Adm ,Oct 1982, 12 (10) p26-34, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

If a nursing service uses agency nurses to help cope with staff shortages, the nursing administrator must manage the cost and quality of care delivered by these nurses. The authors describe their hospital's system for using agency nurses. The components of their system--an orientation program, contracts with the agencies, and systematic

performance evaluation--can be used or adapted in other institutions.

0227381 83099277

**Development of process-oriented criteria to monitor perioperative nursing. 4. Reflections from research participants [interview]**

Bernard C; Brown JR; Purdom JM; Sparacino M

AORN J ,Nov 1982, 36 (5) p842-50, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0227380 83099276

**Development of process-oriented criteria to monitor perioperative nursing. 3. Issues in perioperative nursing practice.**

Reeder JM; Puterbaugh S

AORN J ,Nov 1982, 36 (5) p827-40, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0227379 83099275

**Development of process-oriented criteria to monitor perioperative nursing. 2. Results of clinical testing.**

Sylvester DC; Shipley SB

AORN J ,Nov 1982, 36 (5) p798-825, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0227378 83099274

**Development of process-oriented criteria to monitor perioperative nursing. 1. The project.**

Shipley SB; Sylvester DC

AORN J ,Nov 1982, 36 (5) p788-97, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

00268

0227377 83099273  
**Development of process-oriented criteria to monitor perioperative nursing.**  
Shipley SB; Sylvester DC  
ADRN J ,Nov 1982, 36 (5) p787-850. ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0226569 83089392  
**Quality assurance: the growth of a concept and evolution of change.**  
Howell JN  
Militt Med ,Oct 1982, 147 (10) p856-60. ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226182 83085040  
**Nursing quality assurance: a process, not a tool.**  
Smeltzer CH; Feltman B; Rajki K  
J Nurs Adm ,Jan 1983, 13 (1) p5-9. ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH  
A meaningful quality assurance program comes only with appropriate knowledge, communication, and accountability for all quality assurance functions among nurses at all levels. Describing the implementation of their quality assurance program, these authors tell of their eventual realization that, in fact, they had merely implemented a quality assurance tool that brought the nursing staff little benefit and a lot of grief. Highlighting the identified problems, the factors contributing to the program's failure, and the actions they took to develop and meet appropriate objectives, they detail their later, successful implementation of the concept and the process of quality assurance. Their experience provides readers with food for thought and stimulus for critical evaluations of their own quality assurance programs.

0226181 83085039  
**Evaluating the effectiveness of primary nursing practice.**  
Kent LA; Larson E  
J Nurs Adm ,Jan 1983, 13 (1) p34-41. ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226037 83083605  
**An interdisciplinary audit to justify enterostomal therapy services.**  
Jackson BS  
J Enterostomal Ther ,Nov-Dec 1982, 9 (6) p51-2. ISSN 0270-1170  
Journal Code: HZS

Languages: ENGLISH

0223809 83064589  
**Quality assurance audit for the nursing process.**  
Mackie LC; Welch JW  
Nurs Times ,Oct 20-26 1982, 78 (42) p1757-8. ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0223655 83063705  
**Standardized nursing care plans.**  
Nodhturft VL; MacMullen JA  
Nurs Manage ,Oct 1982, 13 (10) p33-42. ISSN 0744-6314  
Journal Code: QBV  
Languages: ENGLISH

0223286 83059382  
**Developing an outcome audit for a child psychiatric inpatient unit.**  
Scharer KM  
J Psychosoc Nurs Ment Health Serv ,Nov 1982, 20 (11) p27-34. ISSN 0279-3695  
Journal Code: JUW  
Languages: ENGLISH

0221613 83044201  
**Quality assurance: an introduction.**  
Campbell S  
AARN News Lett ,Oct 1982, 38 (9) p1-3. ISSN 0001-0197  
Journal Code: 031  
Languages: ENGLISH

0221012 83038118  
**[Is nursing care measurable? - Value and evaluation]**  
Ist Pflege messbar? - Wert und Bewertung.  
Dittrich F  
Osterr Krankenpflegez ,1982, 35 (8-9) p197-203. ISSN 0303-4461  
Journal Code: DMR  
Languages: GERMAN

00269



00137

0220713 83035110

**[Public health nurses of Vaud and Fribourg cantons in their patient contacts]**

Les infirmieres de sante publique des cantons de Vaud et Fribourg au contact de leurs patients.

Krankenpflege (Bern) ,Sep 1982, (9) p35-41, Journal Code: KX7

Languages: FRENCH

0215886 82273020

**Pain management in the terminally ill cancer patient: an investigation of nurses' attitudes, knowledge, and clinical practice.**

Fox LS

Militt Med ,Jun 1982, 147 (6) p455-60, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0215180 82264577

**Evaluation of nursing care--could it make a difference?**

Bergman R

Int J Nurs Stud ,1982, 19 (2) p53-60, ISSN 0020-7489

Journal Code: GS8

Languages: ENGLISH

0213476 82247271

**Can we measure quality? [Interview by De Marks-Maran]**

Christman L

Nurs Times ,May 26-Jun 1 1982, 78 (21) p867, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0211916 82229802

**Quality assurance: the JCAH standard.**

Reed EA

AORN J ,Jun 1982, 35 (7) p1287-90, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0211165 82221451

**Establishment of a nursing clinic for faculty and student clinical practice.**

Dessler CC; Goodwin ME; Mariani M; Gilliss CL

Nurs Outlook ,Jul-Aug 1982, 30 (7) p402-5, ISSN

0029-6554 Journal Code: 09H

Languages: ENGLISH

0210548 82214763

**Quality assurance programme for nursing.**

Padilla GV; Grant MM

J Adv Nurs ,Mar 1982, 7 (2) p135-45, ISSN 0309-2402

Journal Code: H3L

Contract/Grant No.: NU 00849

Languages: ENGLISH

This article describes a conceptual and methodological framework for evaluating nursing care quality. The conceptual framework is based on Drem's theory of self-care which emphasizes the importance of decisions in the selection of nursing process based on patient status and problems. The primary outcome criteria is self-care. The methodological framework is based on Greenfield's criteria maps methodology for linking patient status (problems or diagnoses) to decisions about nursing interventions and linking these specific nursing intervention criteria to desired outcomes for self-care. The article further describes a multiagency quality assurance programme for nursing. The programme includes: a definition of criteria and standards across agencies; nursing care management protocols that define standards of care; continuing education courses for nursing based on management protocols; the maps method of auditing actual and recorded nursing process and patient outcomes as defined in the management protocol.

0206614 82162627

**Quality assurance and standards of care in the critical care setting.**

Gawlinski A

CCQ ,Jun 1982, 5 (1) p43-50, ISSN 0160-2551 Journal

Code: CPW

Languages: ENGLISH

0206043 82175434

**Correlations of two quality of nursing care measures.**

Ventura MR; Hageman PT; Slakter MJ; Fox RN

Res Nurs Health ,Mar 1982, 5 (1) p37-43, ISSN 0160-6891

Journal Code: RAQ

Languages: ENGLISH

00270

0205656 82171216  
**ED standards and audit criteria.**  
Heister K; Johnson B; Trimberger L  
JEN ,Mar-Apr 1982, 8 (2) p83-7, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0204793 82155327  
**Thoughts on the assessment of nursing care.**  
Baruteau G  
World Hosp ,Feb 1982, 18 (1) p39-43, Journal Code: XP6  
Languages: ENGLISH

0203463 82149327  
**Quality assurance & nursing audit: are they effective?**  
Moore K  
Nurs Manage ,Feb 1982, 13 (2) p18-22, Journal Code:  
OBV  
Languages: ENGLISH

0203422 82149203  
**Non-clinical problems: clinical self-evaluation for the NP.**  
Ryan JW; Butz AM  
Nurse Pract ,Mar 1982, 7 (3) p52-8, ISSN 0361-1817  
Journal Code: DA1  
Languages: ENGLISH

0201365 82128819  
**[To improve the quality of care: the audit]**  
Pour ameliorer la qualite des soins: l'audit.  
de Villermay D  
Rev Infirm ,Jan 1982, 32 (1) p65-9, ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

00271

**BIBLIOTECAS**

00272

00138

020276 82135852

**Perspectives on academic health sciences libraries in the 1980s: indicators from a Delphi study.**

Matheson NW

Bull Med Libr Assoc ,Jan 1982, 70 (1) p28-49. ISSN

0025-7338 Journal Code: BOW

Contract/Grant No.: 1-LM-9-4716

Languages: ENGLISH

A Delphi study was undertaken to identify the changes in library roles and functions that the directors of academic health sciences libraries believe will occur over the next decade. The methodology is described and the results are summarized. Two scenarios resulted: one, highly desirable; the other, highly probable. They overlap by 64%. Library directors expect moderate evolutionary changes in the next ten years. Users are perceived to be the force maintaining the status quo, while technology is the force advancing change. The adoption of technology is seen as desirable and within the libraries' span of control. Education and service roles of librarians will expand. Library and institutional priorities are seen as obstacles to change.

0183864 81233447

**Survey of normal work week, vacation leave, and holiday leave in medical school libraries in the United States.**

Stein BA

Bull Med Libr Assoc ,Jul 1981, 69 (3) p329-30. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

0183858 81233441

**A study of the health sciences library: its roles in education for the health sciences.**

Matheson NW

Bull Med Libr Assoc ,Jul 1981, 69 (3) p307-10. ISSN

0025-7338 Journal Code: BOW

Contract/Grant No.: N01-LM-4716

Languages: ENGLISH

The Association of American Medical Colleges, under National Library of Medicine sponsorship, is conducting a study of the academic health sciences library's roles in education for the health professions as these may be affected by changes in health information handling and management. The study's aims, objectives, and methods are described. The study aims to develop guiding principles for the use of academic health center administrators, library administrators, federal agency personnel, and others involved in planning and policy decision making for health sciences libraries.

0159024 80248308

**A university information center as a potential unit of a**

network.

Sandoval AM; Buitenkleeper A  
Health Commun Informatics ,1980, 6 (3-4) p152-9, ISSN  
0378-9845 Journal Code: GLG  
Languages: ENGLISH

0152244 76062945

**The medical librarian as manager; or the fruits of fadism.**

Bloomquist H

Bull Med Libr Assoc ,Oct 1975, 63 (4) p359-65. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH Summary Languages: ENGLISH

0151817 80180916

**A quartet of attitudes on interviewing and being interviewed.**

Hosp Libr ,Fall 1979, 4 (3) p3-10, ISSN 0145-8930

Journal Code: GCS

Languages: ENGLISH

0151804 80180903

**Hospital administrators should hire librarians!**

Davis R

Hosp Libr ,May 1977, 2 (5) p5, 9, ISSN 0145-8930

Journal Code: GCS

Languages: ENGLISH

0151796 80180895

**Policies for the hospital library.**

Cluxton HM

Hosp Libr ,Feb 1977, 2 (2) p4-5, ISSN 0145-8930

Journal Code: GCS

Languages: ENGLISH

0151787 80180886

**How to succeed in librarianship by really trying!**

Dralle D

Hosp Libr ,Oct 1 1976, 1 (7) p4-5, ISSN 0145-8930

Journal Code: GCS

Languages: ENGLISH

00273

0151777 80180876  
**Augustana Hospital Library in Chicago...immediate response and service for all.**  
Hosp Libr ,Aug 1 1976, - 1 (3) p1-3. ISSN 0145-8930  
Journal Code: GCS  
Languages: ENGLISH

0146722 80135777  
**\$57,000 in thirty days [interview]**  
Kleinmuntz D  
Hosp Libr ,Spring 1980, 4 (1) p3-12. ISSN 0145-8930  
Journal Code: GCS  
Languages: ENGLISH

0143248 80088748  
**The status of women in the administration of health sciences libraries: a five-year follow-up study, 1972-1977.**  
Goldstein RK; Hill DR  
Bull Med Libr Assoc ,Jan 1980, 68 (1) p6-15, ISSN 0025-7338  
Journal Code: BOW  
Languages: ENGLISH

A follow-up survey was conducted in 1977, five years after a previous survey of head librarians in large biomedical libraries, to assess changes that had occurred in the representation of women in top administrative positions. Results for the 126 libraries that responded are reported in six category groupings, with comparative figures for 1977, 1972, and 1950. Also reported are data on head librarian and associate librarian positions and on the appointment rate of women and men to head librarian posts that became vacant from 1972 to 1977. Despite a large number of vacancies and turnover, which provided an opportunity for change to have occurred, the most striking aspect of the 1977 survey is the similarity of its results to those of the 1972 survey. Women made up over three-fourths of the librarian work force and held considerably less than one-half of the head librarian positions.

0143241 80088741  
**The CLR/NLM Health Sciences Library Management Intern Program: first year.**  
Maina WE; Jenkins CG; Meakin FA  
Bull Med Libr Assoc ,Jan 1980, 68 (1) p16-24, ISSN 0025-7338  
Journal Code: BOW  
Languages: ENGLISH

The first year of the Health Sciences Library Management Intern Program, funded by the National Library of Medicine and administered by the Council on Library Resources, has recently been completed. This paper discusses the origins of the internship, the selection of the successful applicants, and the motivation of the interns and host directors. The basic components of the intership year are described, and its

effects on the host libraries and interns are considered. The immediate future of the internship is outlined, and other methods for training health sciences library administrators are briefly discussed.

0139510 80081809  
**Management conflict in network development.**  
Pings VM  
Spec Libr ,Feb 1979, 70 (2) p71-5, ISSN 0038-6723  
Journal Code: UX8  
Languages: ENGLISH

0130246 80000963  
**Cooperation strengthens small hospital libraries in a rural area of New England: a five-year experience.**  
Sekerak RJ  
Bull Med Libr Assoc ,Jul 1979, 67 (3) p322-9, ISSN 0025-7338  
Journal Code: BOW  
Languages: ENGLISH

Before 1970, library facilities and services at the small hospitals in rural Vermont were essentially nonexistent. Similar findings were later encountered along the Connecticut River in New Hampshire and in a small area of upstate New York. The Hospital Library Development Services program was established at the University of Vermont's Dana Medical Library to improve these conditions. Financial assistance was received from the National Library of Medicine, and by the end of 1974, thirty-three hospitals had staffed libraries. Earlier that year it has been decided to begin emphasizing cooperation among the developing libraries, including the production of union lists and regular meetings of staff members from geographically proximate hospital libraries to plan and implement various activities. An additional one-year award from NLM was received in 1975. Results achieved during and after the period of grant support are reported. Cooperation among hospital libraries is seen as a feasible and beneficial undertaking provided that the participating libraries are internally supported and developing.

00274

00139

0130241 8000958

**Results-oriented management through MBO.**

Lyders R

Bull Med Libr Assoc ,Jul 1979, 67 (3) p287-96, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

Management by Objectives (MBO) as it has been implemented in the Houston Academy of Medicine--Texas Medical Center Library is described. That MBO must be a total management system and not just another library program is emphasized throughout the discussion and definitions of the MBO system parts: (1) mission statement; (2) role functions; (3) role relationships; (4) effectiveness areas; (5) objective; (6) action plans; and (7) performance review and evaluation. Examples from the library's implementation are given within the discussion of each part to give the reader a clearer picture of the library's actual experiences with the MBO process. Tables are included for further clarification. In conclusion some points are made which the author feels are particularly crucial to any library MBO implementation.

0127016 79233224

**Adopt a journal?**

Campese MA

Bull Med Libr Assoc ,Apr 1979, 67 (2) p262-3, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

0127015 79233223

**Getting workshops to work: a step toward media resource sharing.**

Allen LS

Bull Med Libr Assoc ,Apr 1979, 67 (2) p260-2, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

0127014 79233222

**Cataloging procedures and catalog organization for patient education materials.**

Sorrentino S; Goodchild EY; Fierberg J

Bull Med Libr Assoc ,Apr 1979, 67 (2) p257-60, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

0127008 79233215

**Classification of support staff in a consortium medical library: a case study.**

Pollak S; Lyders RA

Bull Med Libr Assoc ,Apr 1979, 67 (2) p232-8, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

A representative committee of Houston Academy of Medicine-Texas Medical Center Library staff and faculty, under the direction of the library administration, successfully redesigned a job classification system for the library's nonprofessional staff. In the new system all nonprofessionals are assigned to one of five grade levels, each with a corresponding salary range. To determine its appropriate grade level each job is analyzed and assigned a numerical value using a point system based on a set of five factors, each of which is assigned a relative number of points. The factors used to measure jobs are: education and experience, complexity of work, administrative accountability, manual skill, and contact with users. Each factor is described according to degrees, so that a job can be given partial credit for a factor. An advisory staff classification committee now participates in the ongoing administration of the classification system.

0127007 79233214

**Library development and the joint commission on accreditation of hospitals standards.**

Foster EC

Bull Med Libr Assoc ,Apr 1979, 67 (2) p226-31, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

The author traces the historical development of standards for library services prepared by the Joint Commission on Accreditation of Hospitals, emphasizing those elements of the present standards that auger well for the development of libraries in hospitals. Then examined are the role of librarians and new roles for libraries, stressing sound management practices that ensure continued development.

00275

0127006 79233213

**The development and evaluation of a small ready-reference library collection for a rural practice: a case study.**

Gotsick PS; Friedman RL; Stith JB

Bull Med Libr Assoc ,Apr 1979, 67 (2) p218-25, ISSN

0025-7338 Journal Code: B0W

Languages: ENGLISH

A demonstration core collection of twenty-four ready-reference sources and five journals was selected cooperatively by a solo practitioner in rural Menifee County, Kentucky, and the University of Kentucky Medical Center Library Field Librarian to fit the ready-reference and current awareness information needs of a primary care solo rural practice in eastern Kentucky. The collection selections were systematically assessed by the physician to determine their utility in filling the practitioner's information needs with regard to his particular situation in terms of medical experience and level of training, available library and educational resources, and the type of health problems seen in his practice. This assessment showed that the Rural Demonstration Library Collection completely filled the information needs of the physician 66% of the time materials were consulted and filled his immediate information needs either completely or partially 82% of the time the collection was searched. This demonstration has shown that, under a specific set of circumstances, a librarian and a solo rural practitioner can effectively work together in identifying health sciences materials which fit the information needs of a solo rural practitioner. It suggests that cooperation between a librarian and a physician is important in meeting information needs.

0127005 79233211

**Selected list of books and journals for the small medical library.**

Brandon AN; Hill DR

Bull Med Libr Assoc ,Apr 1979, 67 (2) p185-211, ISSN

0025-7338 Journal Code: B0W

Languages: ENGLISH

This revised list of 492 books and 138 journals is intended as a selection guide for small or medium-sized hospital libraries or for the small medical library serving a specified clientele. It can also be used as a core list by small hospital library consortia. Books and journals are categorized by subject, with the books being followed by an author index and the journals by an alphabetical title listing. Items suggested for initial purchase by smaller libraries are indicated by an asterisk. To purchase the entire collection of books and to pay for annual subscriptions to all the journals would require an expenditure of about \$22,500. The cost of only the asterisked items, recommended for first purchase, totals approximately \$6,100.

0126354 79214234

**The impact of online services on the library world.**

O'Brien PM

Drug Inf J ,Jan-Jun 1979, 13 (1) p57-66, ISSN 0092-8615

Journal Code: E90

Languages: ENGLISH

0121273 79181978

**Overcoming the criterion problem in the evaluation of library performance.**

Knightly JJ

Spec Libr ,Apr 1979, 70 (4) p173-8, ISSN 0038-6723

Journal Code: UX8

Languages: ENGLISH

0121272 79181977

**Cost-effectiveness and cost-benefit determinations in special libraries.**

White HS

Spec Libr ,Apr 1979, 70 (4) p163-9, ISSN 0038-6723

Journal Code: UX8

Languages: ENGLISH

0121093 79176789

**Sex, salaries, and library support.**

Heim KM; Kacena C

Libr J ,15 Mar 1979, 104 (6) p675-80, ISSN 0000-0027

Journal Code: K98

Languages: ENGLISH

0118464 79159808

**Staff evaluation of supervisors.**

Martin JA

Spec Libr ,Jan 1979, 70 (1) p26-9, ISSN 0038-6723

Journal Code: UX8

Languages: ENGLISH

0118366 79153043

**From cards to microfilm.**

Gaertner DJ

J Microgr ,Mar-Apr 1979, 12 (4) p265-8, ISSN 0022-2712

Journal Code: JAE

Languages: ENGLISH

00276

0118056 79149672  
**Management by objectives in Baptist Medical Center Library, Oklahoma City.**  
Wender RW  
Hosp Libr ,Jul 1978, 3 (7) p2-5, ISSN 0145-8930  
Journal Code: GCS  
Languages: ENGLISH

0116299 79150890  
**Audiovisuals and non-print learning resources in a health sciences library.**  
Robinow BH  
J Biocommun ,Mar 1979, 6 (1) p14-9, ISSN 0094-2499  
Journal Code: HIG  
Languages: ENGLISH

The MD undergraduate program at McMaster University, based entirely on self-instruction, requires the provision of all kinds of learning resources. How these are assembled and made available is described. Emphasis is placed on the practical library problems of cataloging, shelving, maintenance, and distribution of audiovisual materials including pathology specimens and 'problem boxes' as well as the more usual films, videotapes and slide/tape sets. Evaluation is discussed briefly.

0115796 79145947  
**Selection and acquisitions manual development.**  
Conway B; Gallagher K; Halbrook B  
Bull Med Libr Assoc ,Jan 1979, 67 (1) p54-8, ISSN 0025-7338  
Journal Code: BOW  
Languages: ENGLISH

0115792 79145943  
**Evolution of a veterinary medical library.**  
Peterson SR  
Bull Med Libr Assoc ,Jan 1979, 67 (1) p36-41, ISSN 0025-7338  
Journal Code: BOW  
Languages: ENGLISH

Planning a new library and developing a book and journal collection for the College of Veterinary Medicine at Iowa State University are described. The Veterinary Medical Library is a self-contained unit (6,800 square feet) for print material within the Veterinary Medical Building. Seating for 140 patrons is available. The collection is designed to provide basic materials for teaching and research in veterinary and comparative medicine. Indexing and abstracting tools permit access to local, state, and national resources as well. At present the collection totals over 17,000 volumes and over 500 serial titles. A working collection of 25,000 volumes will be maintained in the Veterinary Medical Library, and the University Library will continue to function as the principal backup source.

0115694 79133498  
**Libraries & photocopying: sales tax threat looms.**  
Libr J ,15 Apr 1979, 104 (8) p867-8, ISSN 0000-0027  
Journal Code: K98  
Languages: ENGLISH

0113169 79112976  
**User fees II: the library response.**  
Gell MK  
Libr J ,15 Jan 1979, 104 (2) p170-3, ISSN 0000-0027  
Journal Code: K98  
Languages: ENGLISH

00140

● 0111625 79111870  
**Management of a learning resource center: a seven-year study.**

Hampton CL; Hurwitz GH; Shaffer MC  
J Med Educ ,Feb 1979, 54 (2) p90-5, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

Data compiled over seven years present evidence that small-group or "cluster" carrels are successfully utilized by medical students in a learning resource center (LRC) and, therefore, should be considered to be an efficient method of managing space, software, and hardware. Three management concepts account for high utilization of an LRC operated as a service in support of a medical school curriculum. Of special importance is the interaction of LRC staff with faculty, which directly accounts for a collection relevant to the curriculum. The other management concepts are responsiveness to students and delivery of services that support production and distribution of print and audiovisual resources for student learning.

00277



0110532 79092593

**Some practical observations on the writing, implementation, and revision of collection development policy.**

Osburn CB

Libr Resources Tech Serv ,Winter 1979, 23 (1) p7-15,  
ISSN 0024-2527 Journal Code: LAE

Languages: ENGLISH

This paper was conceived in the context of the "RTSD Guidelines for the Formulation of Collection Development Policies." It describes fundamental qualities of policy applicable to all kinds of libraries and recommends a step-by-step process leading to the successful realization of policy planning. Placing an emphasis on the values of the process itself, the paper also suggests implications for collection development personnel and for the library as an organization, when a working policy is adopted.

0110531 79092592

**The necessity for a collection development policy statement.**

Feng YT

Libr Resources Tech Serv ,Winter 1979, 23 (1) p39-44,  
ISSN 0024-2527 Journal Code: LAE

Languages: ENGLISH

The heart of the library lies in its collections, and collections have to be built continuously. Budgetary constraints perforce stress the need for better defined collection development policy, although the ultimate goal should be an improvement of library service rather than any reduction of library cost. A written collection development policy facilitates a consistent and balanced growth of library resources, and a dynamic policy is one that evolves as the institution grows. Such a policy is based on the understanding of the needs of the community it serves and seeks to define and delimit the goals and objectives of the institution. A collection development statement is not a substitute for book selection; it charts the forest but does not plant the trees. It should be used as a guidepost, not a crutch. Book selection requires judgment and the courage to choose. A sound collection development policy, on the other hand, provides the necessary rational without which a collection may grow amoebalike, by means of pseudopodia.

0105520 79056307

**A state-private contract for library resource sharing.**

Bain CA; Casey BE

Spec Libr ,Sep 1978, 69 (9) p332-6, ISSN 0038-6723  
Journal Code: UX8

Languages: ENGLISH

0102792 79042606

**Fees for interlibrary loans [letter]**

Kamenoff L

Bull Med Libr Assoc ,Oct 1978, 66 (4) p471, ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

0102779 79042591

**Management data for collection analysis and development.**

Kronick DA; Bowden VM

Bull Med Libr Assoc ,Oct 1978, 66 (4) p407-13, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

Sound management data are needed to evaluate the collections of health sciences libraries. This study reports the utilization of computer data bases to compare the library collections of The University of Texas Health Science Center at San Antonio. The University of Texas Medical Branch, and the National Library of Medicine's CATLINE data base. The imprint dates of the records of two libraries are compared to measure acquisitions rates. Subject profiles for the Q and W classes demonstrate the similarity of the collections. Reasons for the variances are considered.

0102777 79042589

**A survey of computer search service costs in the academic health sciences library.**

Shirley S

Bull Med Libr Assoc ,Oct 1978, 66 (4) p390-6, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

The Norris Medical Library, University of Southern California, has recently completed an extensive survey of costs involved in the provision of computer search services beyond vendor charges for connect time and printing. In this survey costs for such items as terminal depreciation, repair contract, personnel time, and supplies are analyzed. Implications of this cost survey are discussed in relation to planning and price setting for computer search services.

0099890 79009782

**Assessing performance in libraries.**

Karunaratne ND

Long Range Plann ,Apr 1978, 11 (2) p66-70, ISSN  
0024-6301 Journal Code: L7X

Languages: ENGLISH

00278

0099874 79009267  
**Periodical prices: 1976-78 update.**  
Clasquin FF  
Libr J ,1 Oct 1978, 103 (17) p1924-7, ISSN 0000-0027  
Journal Code: K98  
Languages: ENGLISH

0096097 78236207  
**Providing health care information to patients in a small hospital.**  
Rickards DJ  
Bull Med Libr Assoc ,Jul 1978, 66 (3) p342-4, ISSN 0025-7338  
Journal Code: B0W  
Languages: ENGLISH

0096094 78236204  
**In search of an ethic of medical librarianship.**  
Crawford H  
Bull Med Libr Assoc ,Jul 1978, 66 (3) p331-7, ISSN 0025-7338  
Journal Code: B0W  
Languages: ENGLISH  
Why is the literature on the ethics of librarianship so sparse? Some of the codes of ethics proposed or officially adopted during this century are examined, with an informal commentary on the reasons why they seem to have aroused so little sustained interest and discussion. Attention is directed particularly to library--user relationships and to some of the unique ethical situations in medical libraries.

0094568 78238262  
**Recognizing relationships--education and information resources.**  
Coyne JR  
Crossreference ,Aug 1975, 5 (7) p1-3, ISSN 0045-9100  
Journal Code: D97  
Languages: ENGLISH

0094231 78192814  
**How to handle the medical library in a non-teaching hospital.**  
Mapei ME  
Hosp Top ,Mar-Apr 1978, 56 (2) p3, 28, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0094059 78187889  
**Microforms: uses and potential.**  
Bell JA

Bull Med Libr Assoc ,Apr 1978, 66 (2) p232-8, ISSN 0025-7338  
Journal Code: B0W  
Languages: ENGLISH

A general overview of microform usage in libraries is provided, emphasizing the impact of conversion of print materials to microforms on library patrons and library staff members. Diagnostic techniques are analyzed to determine the adaptability of both collections and clientele. Problems concerning the standardization of hardware, selection of the proper microform formats, and the use of silver halide, diazo, or vesicular films are discussed.

0094053 78187883  
**Evaluation of a library program in a Carnegie model area health education center.**  
Evans A; Mirsky PS; de Victoria MJ  
Bull Med Libr Assoc ,Apr 1978, 66 (2) p190-9, ISSN 0025-7338  
Journal Code: B0W  
Languages: ENGLISH

The evaluation strategy of a medical library program within an Area Health Education Center is described. One of about thirty programs in the AHEC project, this library program was singled out as the first to be evaluated both because it was considered a key part of the total program and because a fair amount of quantitative data were available for measurement. Eleven hospitals of the thirty-nine in the area were selected for the study. Two specific and measurable objectives, the evaluation method, instruments, and results are presented. Finally, several important issues raised in conjunction with the evaluation are discussed in terms of the implications of evaluation and policy making.

0093565 78170385  
**The hospital library in transition.**  
Van Gieson WR  
Hosp Prog ,Jun 1978, 59 (6) p66-9, ISSN 0018-5817  
Journal Code: GDf  
Languages: ENGLISH

The community hospital library has evolved to a current status of real importance because of advances in medicine and technology, rising expectations from better-informed consumers to be "well," health care specialization, legislation, and malpractice and licensure concerns. Some suggestions are offered to help the hospital library and librarian function in a broad range of roles, from a reservoir of information to public relations resource.

00279

0091735 78104456  
**Medical record administrators and management of the rural hospital library.**  
Haycock LA; Carroll DJ; Krasner FM  
Bull Med Libr Assoc ,Jan 1978, 66 (1) p61-3. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

00141

0091729 78104449  
**Zero-base budgeting and the library.**  
Sargent CW  
Bull Med Libr Assoc ,Jan 1978, 66 (1) p31-5. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

This paper describes the application of zero-base budgeting to libraries and the procedures involved in setting up this type of budget. It describes the "decision packages" necessary when this system is employed, as well as how to rank the packages and the problems which are related to the process. Zero-base budgeting involves the entire staff of a library, and the incentive engendered makes for a better and more realistic budget. The paper concludes with the problems which one might encounter in zero-base budgeting and the major benefits of the system.

0091728 78104446  
**Health information for patients: The hospital library's role.**  
Roth BG  
Bull Med Libr Assoc ,Jan 1978, 66 (1) p14-8. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

Libraries today, including most hospital-based patients' libraries, are involved only peripherally in providing patient health science information. Hospital libraries should collaborate with health professionals in getting health information to patients--along with the library's more traditional roles of providing recreational reading for patients and serving the informational needs of the physician and medical staff. The library should act as the center for educational materials and programs within the hospital. Many health agencies, health educators, physicians, and librarians have been discussing the need for patient health education, but there are few effectively organized or established education centers. This paper discusses an overview of patient health education and intellectual freedom, proposes a new role for the existing hospital library in patient health education, and suggests guidelines for establishing a patient education center.

0091727 78104445  
**The controversy over change.**

Brandon AN  
Bull Med Libr Assoc ,Jan 1978, 66 (1) p1-5. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

0090809 78066580  
**Establishing the health science library in the rural, cross-cultural setting.**  
Dauble DA  
JNE ,Nov 1977, 16 (9) p33-7. ISSN DHAP-0000 Journal  
Code: HAP  
Languages: ENGLISH

0089213 78000927  
**Inventory of a monography collection.**  
Bowden VM  
Bull Med Libr Assoc ,Oct 1977, 65 (4) p445-6. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

0089211 78000925  
**Improving library effectiveness through a sociophysical analysis.**  
Ambrose K  
Bull Med Libr Assoc ,Oct 1977, 65 (4) p438-42. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

A library's environment as an inviting place to study, read, and relax is an important function often overlooked or avoided. A nursing school library was underutilized and had an unacceptable of lost materials. A study undertaken to determine the setting's impact on all the library's intended functions showed that the physical environment seriously hampered many activities. A change in the library's arrangement offered users a more functional area for all types of library activities. Statistics show that the library is now more fully utilized, with an impressive decline in losses. The majority of students and faculty report more positive feelings toward the library and the librarian.

00280

0089208 78000922  
**Providing library services in a time of fiscal crisis: alternatives.**

Cheshier RG

Bull Med Libr Assoc ,Oct 1977, 65 (4) p419-24. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

The nature of the fiscal crisis in health science libraries in the United States is in part due to the style of management in these libraries, in part due to the lack of user identification, in part due to the lack of economically valid fees for service, and in part due to the success of the Biomedical Communications Network. These issues are discussed in terms of how they might be approached. A pragmatic stance is advocated for practitioners, the MLA, the NLM, and library schools to jointly address the questions raised.

0088416 78211006  
**On the optimal provision of journals qua sometimes shared goods.**

Drdoover JA; Willig RD

Am Econ Rev ,Jun 1978, 68 (3) p324-38. ISSN 0002-8282  
Journal Code: AZT  
Languages: ENGLISH

0087348 78155003  
**The case for equal compensation for nonadministrative expertise... comparable rewards.**

Weber DC; Kass T

Libr J ,15 Apr 1978, 103 (8) p824-7. ISSN 0000-0027  
Journal Code: K98  
Languages: ENGLISH

0066152 77248145  
**Library cart service provides information for clinic patients.**

Swezey AM; Kaufman A

Hospitals ,1 Sep 1977, 51 (17) p65-7. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0063487 77222767  
**Substitute a suggestion book for your suggestion box.**

Jones CL

Bull Med Libr Assoc ,Jul 1977, 65 (3) p386-8. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

0063474 77222754

**Women and health sciences librarianship: an overview.**

Goldstein RK

Bull Med Libr Assoc ,Jul 1977, 65 (3) p321-9. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

In biomedical libraries, as in other areas of librarianship, women continue to be underrepresented in administrative positions. This paper reviews some of the factors contributing to the present situation and discusses implications and suggested courses of action for health sciences librarians.

0055511 77135470

**New library buildings: the Houston Academy of Medicine--Texas Medical Center Library.**

Hitt S; Lyders RA

Bull Med Libr Assoc ,Apr 1977, 65 (2) p268-76. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

A historical account is given of the Houston Academy of Medicine--Texas Medical Center Library within its Texas Medical Center setting in Houston, Texas. Outlined are planning, financing, and construction of the new library, which consists in part of new building and in part of renovated interiors of an old building originally completed in 1954. A concise picture is given of the new library's interiors, showing its functional success for users and employees alike. An architectural summary is appended showing gross and net footages, source of funds, costs and capacities.

0055504 77135463

**Coordinators for health science libraries in the Midwest Health Science Library Network.**

Holtum EA; McKloskey J; Mahan R

Bull Med Libr Assoc ,Apr 1977, 65 (2) p224-30. ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH

In the summer of 1973 one resource library in each of the six states of the Midwest Health Science Library Network received funding from the National Library of Medicine to hire a coordinator for health science libraries. The development of the role of coordinator is examined and evaluated. The coordinators have proved valuable in the areas of consortium formation, basic unit development, communication facilitation, and program initiation. The function of the coordinators in the extensive planning effort now being undertaken by the network and the future need for the coordinator positions are discussed.

00281

00142

0055503 77135462

**The organization of successful participative management in a health sciences library.**

Wood MB

Bull Med Libr Assoc .Jan 1977. 65 (2) p216-23. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

The University of Washington Health Sciences Library, Seattle, and its participative management process are described in detail. The evolution of the management system is reviewed by interrelating the various phases of the library's growth, its service complexities, and its communication needs.

Staff development results of this participative management mode are discussed. Reference is made to the use of group dynamics concepts. The current organizational design, which integrates the participative subunit with the simple line management structure, is considered effective by both the library staff and its director.

0052003 77088263

**Space utilization in hospital libraries with space shortages.**

Klein MS

Bull Med Libr Assoc .Jan 1977. 65 (1) p63-5. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

0052001 77088261

**Library management in the tight budget seventies. Problems, challenges, and opportunities.**

White HS

Bull Med Libr Assoc .Jan 1977. 65 (1) p6-12. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

This paper examines changes in the management of university, special, and medical libraries brought about by the budget curtailments that followed the more affluent funding period of the mid-1960s. Based on a study conducted for the National Science Foundation by the Indiana University Graduate Library School, this paper deals with misconceptions that have arisen in the relationship between publishers and librarians, and differentiates between the priority perceptions of academic and of special librarians in the allocation of progressively scarcer resources. It concludes that libraries must make strong efforts to reduce the growing erosion of materials acquisitions budgets because of growing labor costs as a percentage of all library expenditures; that they must make a working reality of the resource-sharing mechanisms established through consortia and networks; and that they must use advanced evaluative techniques in the determination of which services and programs to implement, expand, and retain, and which to curtail and abandon.

0051993 77088253

**The clouded crystal ball and the library profession.**

Matheson NW

Bull Med Libr Assoc .Jan 1977. 65 (1) p1-5. ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

Growing awareness of the transition from an industrial age to a communication- and knowledge-based economy appears reflected in some changing directions in libraries. Major trends include (1) a change in management practices, (2) a realignment of operational goals away from technical processing activities to client-oriented outreach services, and (3) the identification of educational functions as a primary professional role. The twin concepts of knowledge utilization and information brokering are beginning to have an impact on the definition of the librarian's role.

0049533 77057285

**Interfaces between health agencies and the library profession.**

Segal JS

NLN Publ .1976. (21-1637) p19-32. ISSN D03Z-0000

Journal Code: D3Z

Languages: ENGLISH

00282

0046616 7702255B

**Primary journal selection using citations from an indexing service journal: a method and example from nursing literature.**

Hafner AW

Bull Med Libr Assoc ,Oct 1976, 64 (4) p392-401, ISSN 0025-7338 Journal Code: BOW

Languages: ENGLISH

Although serial literature is extremely important to a library collection, it is also the source of many problems. Specialty journal selection is difficult, particularly for the librarian of a small or intermediate-size library that is not in a position to develop or maintain an exhaustive or inclusive collection in a particular field or discipline. Steadily increasing journal costs and recent economic trends necessitate establishment or reexamination of a periodical collection policy. In this investigation, the technique used analyzes citations assigned to medical subject headings (MeSH) and subheadings by indexers who prepare the MEDLARS data base.

Citations have been retrieved by exploiting the on-line nature of the MEDLARS data base. A four-year time period is used to identify specialty journals in the area of nursing. Results given include a separate rank-order listing arranged by decreasing frequency of productivity for each MeSH term searched. A composite listing is given for the 16,355 unique citations retrieved. The approach illustrated and data presented may be useful in establishing library policy for questions of periodical subscription and setting of priorities for binding and microform purchases. The purpose of the approach described is to predict collection demand with efficiency and economy.

0046614 77022556

**Planning for meaningful change in libraries and library networks: a first step.**

Holtz V

Bull Med Libr Assoc ,Oct 1976, 64 (4) p376-81, ISSN 0025-7338 Journal Code: BOW

Languages: ENGLISH

The Program Planning Model (PPM) is a planning and management tool that facilitates development and acceptance of significant programs. PPM assists program planning by systematically involving consumer or user groups in the development and review of new programs. While user participation is important throughout PPM, this involvement is especially important during the problem exploration phase, when the problems or needs of these users are surveyed. The Nominal Group Technique (NGT), a variation of the "brainstorming" process, is a structured but flexible group process used in the problem exploration phase to generate a high number of useful responses concerning problem areas. NGT ensures maximum contribution of ideas by all participants. NGT and its application in the planning and management efforts of several libraries and library networks are described in detail.

0039759 76206977

**The art of planning for library personnel.**

Lorenzi NM

Bull Med Libr Assoc ,Apr 1976, 64 (2) p212-8, ISSN 0025-7338 Journal Code: BOW

Languages: ENGLISH

A review of the planning process for personnel at the University of Cincinnati's new Health Sciences Library is discussed. The staff of two libraries were involved in the plan. The final organizational pattern encompassed present staff plus justification for additional staff who would be necessary in the expanded facility.

0035015 76121609

**Cooperative library services for Atlanta's hospitals.**

Koplan SM; Chewing CJ

J Med Assoc Ga ,Feb 1976, 65 (2) p55-7, ISSN 0025-7028 Journal Code: IZB

Languages: ENGLISH

0026928 76062948

**The status of women in the administration of health science libraries.**

Goldstein RK; Hill DR

Bull Med Libr Assoc ,Oct 1975, 63 (4) p386-95, ISSN 0025-7338 Journal Code: BOW

Languages: ENGLISH

Results of a survey of large health science libraries in the United States demonstrate that the relative position of men and women in administration is comparable to that prevalent in other types of libraries. Medical school and the largest libraries are the most likely to be administered by men. The percentage of women who are directors of large biomedical libraries has declined radically since 1950. The statistics presented here will serve as a base for assessing future change.

00283

0026926 76062946

**Planning serials cancellations and cooperative collection development in the health sciences: methodology and background information.**

Bourne CP

Bull Med Libr Assoc ,Oct 1975, 63 (4) p366-77, ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

In an era of steady-state budgets many research and academic libraries must cancel a significant number of current serials to maintain acquisitions of monographs. Thus paper reviews several techniques that have been used or that are of potential use in a rational selection of titles for cancellation. The context of the proposed methodology involves a network of libraries rather than an individual library. The methodology was tested with specific health sciences serial titles held by University of California libraries and resource libraries in NLM Region XI. As a test for the proposed methodology, background data were collected on 600 current foreign language serial titles included in SERLINE and held by at least one of the libraries in the networks of interest. Price, major secondary service coverage with productivity/impact factors, extent of holdings, and average number of recorded circulations per year in several of the libraries were recorded for each title. With the use of several different rules, estimates were made of the subscription savings that might be realized. It seems feasible to extend the same methodology to other groups of serial titles.

0019569 75206251

**Training and supervision of library shelvers.**

Kaempff K; Eandi E

Bull Med Libr Assoc ,Jul 1975, 63 (3) p319-23, ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

This paper describes a program prepared at the University of Southern California Norris Medical Library, which utilizes audiovisual methods for shelver training and detailed work assignment sheets in conjunction with shelver supervision. The slide/script training series serves both as a time-saving device for the shelver supervisor and as an effective and interesting instructional device. The work assignment sheets, with the aid of a shelving calculation chart, enable the supervisor to give realistic assignments without having to give instructions orally.

0013963 75148164

**Canadian standards for hospital libraries.**

Can Med Assoc J ,17 May 1975, 112 (10) p1271-4, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

0006789 75073346

**Cost-performance analysis of cataloging and card production in a medical center library.**

Butkovich M; Braude RM

Bull Med Libr Assoc ,Jan 1975, 63 (1) p29-34, ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

The unit cost of cataloging current English language monographs was studied and compared with the cost of purchasing catalog cards from a commercial source. Two hypotheses were proposed: (1) in-library costs for cataloging and card production are higher than those for the purchased-card method; (2) throughput time is faster for the in-library method. In addition, the data can be used to develop an analytical cost-performance model for administrative purposes. The data presented support the hypotheses. The model developed provides a mechanism for arriving at a cost for different levels of service and can be used to measure the performance of other alternative methods of cataloging. Implications for the use of CATLINE are discussed and suggestions for further studies are described.

0006788 75073345

**Components for consideration by emerging consortia.**

Moulton B

Bull Med Libr Assoc ,Jan 1975, 63 (1) p23-8, ISSN

0025-7338 Journal Code: BOW

Languages: ENGLISH

The Consortium for Information Resources of the West Suburban Hospital Association in Boston is presented as one model for library cooperation. It is described in generalized terms that may be of interest to other consortia planners, rather than as a model for exact replication. Four components are discussed in detail: (1) composite resources, (2) multi-institutional environment, (3) leadership, and (4) activities.

00284

00143

0006786 75073343

**National Library of Medicine: international cooperation for biomedical communications.**

Corning ME

Bull Med Libr Assoc ,Jan 1975, 63 (1) p14-22, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

The international programs of the National Library of Medicine may vary in mechanism, but all share the common objective of improved medical research, education, and practice. They are a natural extension of domestic responsibilities and represent a sharing of time, talent, and resources. The programs may be service-oriented, cooperative efforts based on the computerized information storage and retrieval system (MEDLARS), or establishment of regional medical library programs. Policy and operational aspects are presented.

0006785 75073342

**Library cooperation: wave of the future or ripple?**

Felter JW

Bull Med Libr Assoc ,Jan 1975, 63 (1) p1-6, ISSN  
0025-7338 Journal Code: BOW

Languages: ENGLISH

Little of the literature in library cooperation applies specifically to library service for the health sciences. Based on experience in and observations of the cooperation of health science libraries, this short lecture reviews aspects of general library cooperation, networks, and consortia. The effects on library operation of several cooperative activities are enumerated and cooperation management is discussed briefly.

0005820 75063404

**Biomedical literature dynamics.**

Kraft DH; Polacsek RA

Methods Inf Med ,Oct 1974, 13 (4) p242-8, ISSN  
0026-1270 Journal Code: MVI

Languages: ENGLISH

0002710 75030656

**Editorial: The country hospital library.**

Med J Aust ,10 Aug 1974, 2 (6) p190-1, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

0001483 75016145

**The history of the college library: the last thirty years in Warwick Lane.**

Payne LM; Newman CE

J R Coll Physicians Lond ,Oct 1974, 9 (1) p87-98, ISSN  
0035-8819 Journal Code: JVB  
Languages: ENGLISH

00285



**CENTROS DE SALUD COMUNITARIOS**

0233277 83141459

**MHS' figures outline shape of the nation's health.**

Med Prod Sales ,Mar 1983, 14 (3) p59-61, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0233055 83134089

**Six months of Medicaid data: a summary from the National Medical Care Utilization and Expenditure Survey.**

Dobson A; Scharff J; Corder L  
Health Care Financ Rev ,Mar 1983, 4 (3) p115-21,  
Journal Code: GHX  
Languages: ENGLISH

This is a summary of the first report in a series of three comprehensive Medicaid program reports based on National Medical Care Utilization and Expenditure Survey data. Preliminary analyses are presented based on data from the first half of 1980 which include the personal characteristics and medical care utilization patterns of noninstitutional Medicaid enrollees and the health insurance coverage of the U.S. noninstitutionalized population. More comprehensive analyses employing full calendar year 1980 data will be available in subsequent reports. The information provided in this summary is useful in appraising the impact of eligibility, benefit package, and reimbursement policy on Medicaid enrollee health care utilization at both the Federal and the State Medicaid level.

0233053 83134087

**National health expenditure growth in the 1980's: an aging population, new technologies, and increasing competition.**

Freeland MS; Schendler CE  
Health Care Financ Rev ,Mar 1983, 4 (3) p1-58, Journal  
Code: GHX

Languages: ENGLISH

Health care spending in the United States more than tripled between 1971 and 1981, increasing from \$83 billion to \$287 billion. This growth in health sector spending substantially outpaced overall growth in the economy, averaging 13.2 percent per year compared to 10.5 percent for the gross national product (GNP). By 1981, one out of every ten dollars of GNP was spent on health care, compared to one out of every thirteen dollars of GNP in 1971. If current trends continue and if present health care financing arrangements remain basically unchanged, national health expenditures are projected to reach approximately \$756 billion in 1990 and consume roughly 12 percent of GNP. The focal issue in health care today is cost and cost increases. The outlook for the 1980's is for continued rapid growth but at a diminished rate.

The primary force behind this moderating growth is projected lower inflation. However, real growth rates are also expected to moderate slightly. The chief factors influencing the growth of health expenditures in the eighties are expected to be

aging of the population, new medical technologies, increasing competition, restrained public funding, growth in real income, increased health manpower, and a deceleration in economy-wide inflation. Managers, policy makers and providers in the health sector, as in all sectors, must include in today's decisions probable future trends. Inflation, economic shocks, and unanticipated outcomes of policies over the last decade have intensified the need for periodic assessments of individual industries and their relationship to the macro economy. This article provides such an assessment for the health care industry. Baseline current-law projections of national health expenditures are made to 1990. (148 Refs.)

0232955 83133828

**Health care, the poor, and the role of Medicaid.**

Willensky G; Berk ML  
Health Aff (Millwood) ,Fall 1982, 1 (4) p93-100, ISSN  
0278-2715 Journal Code: GAG  
Languages: ENGLISH

0232535 83149824

**Presidential address.**

Goldstein F  
Am J Gastroenterol ,Mar 1983, 78 (3) p135-7, ISSN  
0002-9270 Journal Code: 3HE  
Languages: ENGLISH

0232369 83148118

**Minister calls for help from the nursing profession.**

Woods M  
World J Nurs ,Oct-Dec 1982, 11 (10-11-12) p10-1,  
Journal Code: XQB  
Languages: ENGLISH

0232304 83146863

**Of miracles, ethics, and the Green-backed Dollar Gobbler.**

Tex Med ,Jan 1983, 79 (1) p69, ISSN 0040-4470 Journal  
Code: VNA  
Languages: ENGLISH

00287

0232299 83146841  
**N.C. nurses visit China health services for a billion people.**  
Fuip EM; Rogers ME  
Tar Heel Nurse ,Nov-Dec 1982, 44 (6) p5, 8, ISSN  
0039-9620 Journal Code: VJV  
Languages: ENGLISH

0232113 83144988  
**Utilization of laboratory services: electrolytes and urea.**  
Abdurrahman MB; Ango SS; Suvannabai PC  
Public Health ,Nov 1982, 96 (6) p341-4, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

0231808 83142608  
**Reflections on the utilization of health care.**  
Nowak RJ  
Ohio State Med J ,Jan 1983, 79 (1) p13, 15-6, ISSN  
0030-1124 Journal Code: OGS  
Languages: ENGLISH

0231395 83139531  
**Why parents use the emergency department for nonemergency infant care.**  
Wabschall JM  
JEN ,Jan-Feb 1983, 9 (1) p37-40, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0231195 83137512  
**Why do people go to chiropractors? [editorial]**  
Hildebrandt RW  
J Manipulative Physiol Ther ,Dec 1982, 5 (4) p153-4,  
ISSN 0161-4754 Journal Code: IY5  
Languages: ENGLISH

0231177 83137235  
**Government's role in rising health care costs.**  
Guin JD  
J Indiana State Med Assoc ,Jan 1983, 76 (1) p6-7, ISSN  
0019-6770 Journal Code: IGN  
Languages: ENGLISH

0230519 83129853  
**Guidance for parents of a handicapped child.**

McGown MP  
Child Care Health Dev ,Sep-Oct 1982, 8 (5) p295-302,  
ISSN 0305-1862 Journal Code: C9X  
Languages: ENGLISH

0230447 83128838  
**The provision of birth control services to unwed minors: a national survey of physician attitudes and practices.**  
Boldt ED; Roberts LW; Latif AH  
Can J Public Health ,Nov-Dec 1982, 73 (6) p392-5, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0230331 83128016  
**The role of the state in hearing health care.**  
Stephens SD  
Br J Audiol ,Nov 1982, 16 (4) p255-63, ISSN 0300-5364  
Journal Code: BOH  
Languages: ENGLISH

0229732 83126265  
**The high cost of low health.**  
Fleming P  
Aust Fam Physician ,Dec 1982, 11 (12) p985, ISSN  
0300-8495 Journal Code: 9EC  
Languages: ENGLISH

0229430 83122150  
**[Developmental trends in agriculture and conclusions for health protection]**  
Entwicklungstendenzen der Landwirtschaft und Schlussfolgerungen für den Gesundheitsschutz.  
Huyoff H; Fuchs W; Horlbeck W; Wachlin V  
Z Gesamte Hyg ,Sep 1982, 28 (9) p637-40, ISSN 0049-8610  
Journal Code: XUD  
Languages: GERMAN Summary Languages: ENGLISH

00288

00144

0229732 83126265

**The high cost of low health.**

Fleming P

Aust Fam Physician ,Dec 1982, 11 (12) p985, ISSN

0300-8495 Journal Code: 9EC

Languages: ENGLISH

0229430 83122150

**[Developmental trends in agriculture and conclusions for health protection]**

Entwicklungstendenzen der Landwirtschaft und Schlussfolgerungen für den Gesundheitsschutz.

Huyoff H; Fuchs W; Horlbeck W; Wachlin V

Z Gesamte Hyg ,Sep 1982, 28 (9) p637-40, ISSN 0049-8610

Journal Code: XUO

Languages: GERMAN Summary Languages: ENGLISH

0229287 83120140

**The utilization of health services. Sequence of visits to general practitioners.**

Beland F

Soc Sci Med ,1982, 16 (23) p2065-72, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

Multivariate studies of health services utilization have been particularly disappointing. Some of the difficulties might be within the conceptualization of the utilization concept. The purpose of this paper is to suggest that propensity to utilize should be expressed in time sequences and that an explanation should be sought for such sequences, rather than for the total number of times physicians are consulted. Using data from the universal health insurance scheme in Quebec, the concept of sequence of visits is illustrated, while variations in utilization patterns are better explained by the sequences of utilization than by age and sex.

0228885 83115918

**Reflections--1963 to 1982.**

Stolfi JE

NY State J Med ,Dec 1982, 82 (13) p1840-4, ISSN

0028-7628 Journal Code: OBA

Languages: ENGLISH

0228774 83114164

**Integration of leprosy into general health services in an urban area--a feasibility study.**

Revankar CR; Jha SS; Dongre VV; Deshpande SS; Ganapati R

Lepr Rev ,Dec 1982, 53 (4) p297-305, ISSN 0024-1032

Journal Code: L58

Languages: ENGLISH

0228670 83112355

**The use and abuse of endoscopic retrograde cholangiopancreatography [editorial]**

Craig RM; Clayman CB

JAMA ,Feb 11 1983, 249 (6) p783, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0228588 83111673

**Consulting behaviour in a group of young families.**

Blaxter M; Paterson E

J R Coll Gen Pract ,Nov 1982, 32 (244) p657-62, ISSN

0035-8797 Journal Code: JV9

Languages: ENGLISH

0228271 83107501

**Physicians' perceptions about unnecessary diagnostic testing.**

Williams SV; Eisenberg JM; Pascale LA; Kitz DS

Inquiry ,Winter 1982, 19 (4) p363-70, ISSN 0020-1731

Journal Code: GOT

Contract/Grant No.: HS02577

Languages: ENGLISH

00289

0227517 83079433

**Economic evaluation methods and health policy.**

Stoddart GL

Eval Health Prof ,Dec 1982, 5 (4) p393-414, ISSN 0163-2787 Journal Code: ENK

Languages: ENGLISH

Economic evaluation of health services may take many forms, depending on the range of costs and consequences included in the analysis and the methods employed to measure and value them. In order to clarify the sometimes confusing array of economic analyses for users and evaluations, an analytic overview of costs and consequences to be considered for inclusion in such evaluations is presented. This allows the techniques of cost-effectiveness, cost-benefit, and cost utility analysis to be differentiated. Two often neglected methodologic issues are also discussed. First, it is suggested that the significance of the analytic viewpoint for economic evaluations should not be underestimated. Second, it is recognized that economic evaluations that demonstrate cost savings from a program or policy change implicitly assume that resources can be removed from the health sector. In fact, this is seldom true, consequently strategies for incorporating this knowledge into evaluations are discussed.

00145

● 0227299 83098086

**Regionalization of surgical services.**

Peterson DL; Bloom BS

Am J Public Health ,Feb 1983, 73 (2) p179-83, ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

Using data from the Studies on Surgical Services for the United States (SOSUS), the extent of existing surgical care regionalization was examined in a defined area. Specialist surgeons comprised 55 per cent of all physicians who did operations, but performed nearly three-fourths of all operative work. About one-third of the most complex operations (CRV greater than or equal to 30), more than one-fifth of medium complexity (CRV = 20-29), and 14 per cent of low complexity (CRV less than 20) were obtained out of county of residence. Nearly one-half of all surgical patients at the university hospital were from other counties; but for those obtaining the most complex operations (CRV greater than or equal to 30), three-fourths of them were from other counties. Thus there was a substantial amount of regionalization of surgical care already existing in this area.

0227258 83097703

**Wagerers in the health care casino.**

Donnelly GF

Am J Nurs ,Jan 1983, 83 (1) p186, ISSN 0002-936X Journal Code: 3MW

Languages: ENGLISH

0227050 83095379

**Regional trends in the work of WHO, 1980-81\*3. Western Pacific Region.**

WHO Chron ,1982, 36 (5) p197-201, ISSN 0042-9694 Journal Code: XNQ

Languages: ENGLISH

0226881 83092912

**Health care for rheumatic disorders in a Swedish county.**

Bjelle A; Magi M

Scand J Rheumatol ,1982, 11 (4) p209-16, ISSN 0300-9742 Journal Code: UD1

Languages: ENGLISH

Utilization of rheumatological care by individual patients was studied in a Swedish county at all levels of the health care system. Calculated per population at risk, 0.6--0.8% per year were seen for rheumatoid arthritis. Of these, 35--81% were patients at the rheumatology department, varying according to distance of residence from the university hospital. The number of patients with other inflammatory diseases was, however, larger in primary care than in the specialist department. Only a minor part of the total care for rheumatic disorders (Chapt. XIII of ICD) in the county was provided by the rheumatology department. Back disorders constituted the largest diagnostic group of rheumatic disorders in primary care. During a period of one year a total of 12--14% of the population had contact with primary care, of the district hospital and/or the rheumatology department, because of rheumatic disorders. The results show the value of epidemiological studies to follow the development of and to define the future objectives of rheumatological care.

0226767 83090822

**The pickled beets syndrome. Don't just stand there, do something!**

Mandell HN

Postgrad Med ,Jan 1983, 73 (1) p22-3, ISSN 0032-5481 Journal Code: PFK

Languages: ENGLISH

00290

0226562 83089380

**The road to cost-effectiveness analysis.**

Klarman HE  
Milbank Mem Fund Q ,Fall 1982, 60 (4) p585-603, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
(64 Refs.)

0226365 83087361

**Screening of depression in relationship to subsequent patient and physician behavior.**

Linn LS; Yager J  
Med Care ,Dec 1982, 20 (12) p1233-40, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 1-D28-19157-01  
Languages: ENGLISH

When internal medicine clinic patients were prescreened for depression and this information was fed back to their physicians, significant effects could be noted on the medical records. On the initial visit, prescreening and previsit feedback about depression increased its notation in the medical record by three times, and among depressed patients, resulted in significantly fewer laboratory tests being ordered ( $X = 2.85$  vs.  $8.12$  for depressed patients with feedback after). During the following year, record notations about depression were more likely to be made for those depressed patients that initially were in the "feedback before" group. These patients also saw twice as many providers, made three times as many visits, had three times as many tests ordered, and twice as many medications prescribed as those depressed patients in the "feedback after" group. These findings demonstrate that simple prescreening and feedback techniques may have significant and persistent influences on several dimensions of patient and physician behavior.

0226363 83087359

**Episodes of psychiatric care and medical utilization.**

Kessler LG; Steinwachs DM; Hankin JR  
Med Care ,Dec 1982, 20 (12) p1209-21, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 5 T31 MH12813; 5 T32 MH14567  
Languages: ENGLISH

This study examines the reduction in medical care utilization after mental health treatment, also known as the offset effect. With data from a computerized ambulatory care information system, an episode-of-care method is used to characterize the mental health care received by patients in a prepaid group practice. The characteristics of the psychiatric episodes, such as duration, type of therapy, and number of visits, are examined in relation to the degree of offset effects among psychiatric patients. The results indicate that offset effects are most pronounced for a variety of characteristics related to the psychiatric episode of care including brief, high-intensity therapy, treatment for

transient rather than chronic mental illness, and individual rather than group therapies. Finally, this study replicates two major findings in the offset literature: the characteristic peaking of medical use before mental health care and the short-term nature of the offset effect.

0226125 83084358

**Medical care in jails: accreditation of the Jefferson Parish Correctional Center.**

Hamrick JT; Mitchell GB; Franklin RF  
J La State Med Soc ,Nov 1982, 134 (8) p19-21, ISSN  
0024-6921 Journal Code: IVK  
Languages: ENGLISH

0225460 83076820

**Health services, law and war.**

Rozovsky LE; Rozovsky FA  
Can J Public Health ,Sep-Oct 1982, 73 (5) p361-3, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0225095 83066167

**Kidney dialysis: a taxpayers' nightmare.**

Robinson D  
Read Dig ,Oct 1982, 121 (726) p149-52, ISSN 0034-0375  
Journal Code: QZ4  
Languages: ENGLISH

0225087 83065634

**Running afoul of medical regulators can destroy your practice.**

Gosfield AG  
Physicians Manage ,May 1982, 22 (5) p58-61, 65, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0224769 83055030

**Better yet, have them pay the bills.**

McKeown TE  
Healthc Financ Manage ,Jan 1983, 37 (1) p37, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

00291

0224768 83055029

**Thoughts on reimbursements systems: involve physicians in system changes.**

Dignam DR  
Healthc Financ Manage ,Jan 1983, 37 (1) p34, 36, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0224517 83072432

**WHO's programme in circumpolar health.**

Vuori H  
Alaska Med ,Jul-Aug 1982, 24 (4) p51-4, ISSN 0002-4538  
Journal Code: 35S  
Languages: ENGLISH

0224092 83067546

**Resource consumption and future organisation of medical work in the National Health Service.**

Kinston W  
Soc Sci Med ,1982, 16 (18) p1619-26, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Medical expenditure within the National Health Service (NHS) is based upon an arrangement whereby doctors share in common resources provided by the Health Authority. This arrangement is unsatisfactory when resources are contracting and leads to social regulation of medical activity. If doctors within the district work-group do not response to the challenge of cost-containment by internal organisation, more and more externally imposed regulations will result to the detriment of patients and doctors. The continual redevelopment of organisation to permit the optimal mix of internal and external regulation should be a subject of long-term enquiry and action for doctors in each district.

0223855 83064671

**Survival kit for managers. 6. Recruitment and selection.**

Pincus J  
Nurs Mirror ,Nov 10 1982, 155 (19) p42-3, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223596 83063593

**Health care today.**

Nurs Life ,Nov-Dec 1982, 2 (6) p13-9, ISSN 0279-3091  
Journal Code: 0A6  
Languages: ENGLISH

0223264 83059080

**Congressman Ron Wyden [interviewed by Howard Curtis]**

Wyden R  
J Oreg Dent Assoc ,Fall 1982, 52 (1) p16-7, ISSN  
0030-4670 Journal Code: JIP  
Languages: ENGLISH

00146

0223223 83058570

**Alteration of emergency room usage in a family practice residency program.**

Benz JR; Shank JC  
J Fam Pract ,Dec 1982, 15 (6) p1135-9, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

A patient education program was instituted that emphasized the importance of telephoning the physician prior to making an emergency room visit and defined an inappropriate visit in simple terms. The purpose of the program was to reduce the percentage of nonurgent or inappropriate emergency room visits each month. A total of 3,825 emergency room visits were reviewed. The percentage of inappropriate visits dropped from 29 percent in the control period to 18 percent in the patient education period (P less than or equal to .001). This included significant decreases in the four major reimbursement groups: self-paying (P less than or equal to .005), group insurance (P less than or equal to .001), Medical Assistance (P less than or equal to .01), and Medicare (P less than or equal to .01). Also during the patient education period there was a trend toward increased telephone calls prior to emergency room visits.

0223198 83058425

**Public attitudes toward health care in Alabama.**

Cotter PR  
J Med Assoc State Ala ,Sep 1982, 52 (3) p6-20, ISSN  
0025-7044 Journal Code: IZJ  
Languages: ENGLISH

00147

0222712 83052661

**Development of medical science and health policy.**

Prokopec J  
Czech Med ,1982, 5 (3) p115-27, ISSN 0034-6497  
Journal Code: D91  
Languages: ENGLISH

00292

00148

- 0222447 83049959  
**Essentials of health economics: Part V. Assessing the cost and benefits of treatment alternatives.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1638-9  
contd, Journal Code: B4X  
Languages: ENGLISH

00149

- 0222436 83049911  
**Essentials of health economics. Part V--Assessing the costs and benefits of treatment alternatives.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Nov 27 1982, 285 (6354) p1561-3,  
Journal Code: B4X  
Languages: ENGLISH

- 0222304 83041691  
**Health service via self-service.**  
Levin LS  
Soc Policy ,Summer 1982, 13 (1) p44-5, ISSN 0037-7783  
Journal Code: VAM  
Languages: ENGLISH

00150

- 022232 83037833  
**The future of health services in New Zealand.**  
Hiddlestone HJ  
NZ Hosp ,Jun 1982, 34 (5) p7-9, ISSN 0028-8217  
Journal Code: OBR  
Languages: ENGLISH

- 0222198 83036499  
**Price competition forces 'unbundling'.**  
Dizenfeld B  
Mod Health Care ,Nov 1982, 12 (11) p114, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

- 0221998 83027136  
**Cancelling ED 'abuse': would it help or hurt hospitals?**  
Henze HM  
Emerg Dep News ,Oct 1982, 4 (10) p6, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

00151

- 0221662 83045399  
**Pharmacy and health care in India.**

- Lindsey LL  
Am Pharm ,Sep 1982, 22 (9) p14-7, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

00152

- 0221520 83042690  
**[Health insurance in Quebec: objectives of the medical profession and of society. 2. Objectives of society]**  
L'assurance-maladie au Quebec: les objectifs de la profession medicale et de la societe. 2. Les objectifs de la societe.  
Rivard G  
Union Med Can ,Jul 1982, 111 (7) p642-8, ISSN 0041-6959  
Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

- 0221248 83039718  
**Management of rehabilitation services.**  
Graveling BM  
Physiotherapy ,Jun 1982, 68 (6) p194-5, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

- 0221206 83038914  
**Careers: the nursing officer.**  
Wilford J  
Nurs Mirror ,Oct 20 1982, 155 (16) p64, ISSN 0029-6511  
Journal Code: 09B  
Languages: ENGLISH

- 0220882 83036826  
**Sounding boards. Misuse of laboratory tests and diagnostic procedures.**  
Griner PF; Glaser RJ  
N Engl J Med ,Nov 18 1982, 307 (21) p1336-9, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

00293



0220749 83035516

**Social networks, beliefs, and the decision to seek medical care: an analysis of congruent and incongruent patterns.**

Berkanovic E; Telesky C  
Med Care ,Oct 1982, 20 (10) p1018-26, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 5-R18-CA18451  
Languages: ENGLISH

This article focuses on the impact of congruent and incongruent patterns of symptom specific beliefs and social network advice on the decision to seek medical care for symptoms. Data from 769 individuals who reported symptoms in the Los Angeles Health Survey are used to examine this issue. Further, the role of more general health orientations and social network influences in the decision to seek care is examined under these congruent and incongruent conditions. It is concluded that the more general factors, which have little effect on the aggregate, may play a role in decision making when beliefs and advice are incongruent. Further, it is concluded that reports of beliefs and advice about specific symptoms that have been given after the decision has been made to seek care may be valid and not the result of retrospective reconstruction.

0220711 83035104

**[Patients' rights. The right to economic care]**

Les droits du patients. Le droit a des soins economiques.  
Montavon E  
Krankenpflege (Bern) ,Aug 1982, (8) p71-2, Journal  
Code: KX7  
Languages: FRENCH

0220687 83035080

**[Legislation for the integration of the health care system]**

Gesetz zur Vereinheitlichung des Gesundheitswesens.  
Weirauch B  
Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8) p261-2  
, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220367 83031630

**Prevalence of asthma and health service utilization of asthmatic children in an inner city.**

Mak H; Johnston P; Abbey H; Talamo RC  
J Allergy Clin Immunol ,Nov 1982, 70 (5) p367-72, ISSN  
0091-6749 Journal Code: H53  
Contract/Grant No.: AI 07007  
Languages: ENGLISH

To determine the prevalence of asthma and to examine the pattern of health service utilization of asthmatic children in Baltimore, we sent questionnaires randomly to 4096 first and sixth graders attending Baltimore City public schools; 2898

completed the questionnaire. Asthma was defined as "a condition which causes difficulty in breathing, with wheezing noises in the chest." On the basis of this definition, we found that the cumulative prevalence of asthma was 10.5% and the 12 mo period prevalence was 7.2%. The prevalence was significantly higher for boys (male:female = 1.6:1) and for blacks (black:white = 1.5:1). Nearly 50% of the children with active asthma missed 6 days or more out of the school year because of illnesses due to asthma. Almost half the asthmatic children obtained their care of asthma in the emergency room, and twice as many blacks as whites used the emergency room as their primary source of care. Moreover, emergency room users had a higher school absentee rate than non-emergency room users.

0219844 83024618

**Opposite views on health costs or eight characters in search of harmony.**

Blain G  
Can J Public Health ,May-Jun 1982, 73 (3) p160-2, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0219828 83024155

**Sexually transmitted diseases in India and Sri Lanka.**

Catterall RD  
Br J Vener Dis ,Oct 1982, 58 (5) p338-9, ISSN 0007-134X  
Journal Code: B40  
Languages: ENGLISH

0219528 83022087

**Pioneering, medicine and mind.**

Roberts R  
Australas Nurses J ,Jun 1982, 11 (5) p16-23, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

00153

● 0219208 83018391

**A provincial health officer in Papua.**

Hall AJ  
Papua New Guinea Med J ,Mar 1982, 25 (1) p50-2, ISSN  
0031-1480 Journal Code: YEU  
Languages: ENGLISH

00294

0219053 83016537  
[Fiasco in medicine?]  
Fiasko der Medizin?  
Boitel RH  
SSO Schweiz Monatsschr Zahnheilkd ,Jul 1982, 92 (7)  
p621-3, ISSN 0036-7702 Journal Code: UEV  
Languages: GERMAN

00154

0218974 83014650  
Health care in jails: a unique challenge in medical practice.  
Lessenger JE  
Postgrad Med ,Sep 1982, 72 (3) p131-4, 137, 141-4, ISSN  
0032-5481 Journal Code: PFK  
Languages: ENGLISH

Prisoners deserve to be taken seriously and treated with respect by the physician, as does any person seeking medical care. Treatment should include an adequate history and physical examination as well as indicated laboratory tests. Anxiety is a ubiquitous problem in prison life and can adversely affect any medical condition. The diagnosis of malingering is and should be one of exclusion, and the physician should keep in mind that a seemingly healthy prisoner might have several other reasons for seeking medical help. The physician needs to be confident of the diagnosis before returning the person to the cell block, as prisoners do not have freedom of access to medical care. New standards, programs, literature, journals, and conferences have drawn attention to the jail as a place where the physician can intervene in a positive way to decrease the recycling of crime and illness. It is not enough to be able to practice good medicine in a jail. Such practice must recognize the special needs of prisoners and the special problems inherent in the jail environment.

0218664 83011624  
Racial/ethnic differences in access to health care: further comments on the use-disability ratio.  
Marcus AC; Stone JD  
Med Care ,Sep 1982, 20 (9) p892-900, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 5-R18-CA-18451  
Languages: ENGLISH

Indicators of access to health care generally fall into one of two broad groups. The first group of indicators focuses on factors responsible for differential rates of use and often are assessed through reports of patient satisfaction. The second group of indicators focuses more specifically on actual rates of use, and therefore represents a more objective measure of access. One of the most widely used objective indicators of access is the use-disability ratio. This article illustrates some problems in using this ratio in health services research and some strategies one might adopt to minimize these problems. The data reported below were obtained

from an analysis of racial/ethnic differences in use of services that was conducted as part of the 1979 Los Angeles Health Survey (N = 1003). Our findings suggest that 1) blacks had greater access to health care than either white/Anglos or Hispanics, particularly for respiratory and musculo-skeletal problems, and 2) the use-disability ratio should be used cautiously, since it is sensitive to subgroup differences in the chronicity and cause of the disability

00155

0218663 83011623  
Barriers to medical care of Mexican-Americans: the role of social class, acculturation, and social isolation.  
Chesney AP; Chavira JA; Hall RP; Gary HE Jr  
Med Care ,Sep 1982, 20 (9) p883-91, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 232-78-0010  
Languages: ENGLISH

Literature on medical care utilization by Mexican-Americans suggests that patterns of utilization can be explained, in part, by acculturation, social class and social isolation. The relative importance of these variables is explored in a survey of a rural Mexican-American community in Southern Texas. Data on 152 families are analyzed using a logit analysis, with utilization as the outcome variable. The results suggest that acculturation has a direct effect, while social class and social isolation interact to have a weak effect independent of acculturation. These results confirm the importance of understanding all three variables in planning and implementing medical care programs in Mexican-American communities.

0218659 83011619  
Self-care education: impact on HMO costs.  
Kemper DW  
Med Care ,Jul 1982, 20 (7) p710-8, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: R18 HS 02109  
Languages: ENGLISH

The ability of a medical self-care program to have an impact on the utilization and cost of in-clinic and referral visits in a prepaid group practice was studied by following the medical encounter records of 900 HMO members in 217 families during a 12-month period. A control group selected by randomization after acceptance of an initial invitation to participate was employed. In spite of the program's impressive effect on both self-care knowledge and per-visit costs, the study could not demonstrate any significant program effect either on the frequency or on the total costs of clinic visits.

00295

**00156**

● 0218167 83005968

**Health status and the development of health services in colonial state: the case of British Malaya.**

Leng CH

Int J Health Serv ,1982, 12 (3) p397-417. ISSN 0020-7314 Journal Code: GRJ

Languages: ENGLISH

The health of a population and the development of health services in a country at a particular time in history are directly linked to the socioeconomic system. This paper discusses health and health services in Malay Peninsula during the time that it was a British colony. Economic production under British colonialism, which is basically a capitalist system, is organized primarily for the purpose of realizing profits. The health of the population is in direct conflict with and generally subordinated to this main objective. The pattern of health that emerges reflects this general framework. Moreover, health services under the colonialist system are developed primarily to serve the economic interests of the colonialists. Hence, the structure of health services is biased toward curative medicine and centered mainly in the urban areas.

0218124 83005461

**Health care on the immigrant trail.**

Friedman E

Hospitals ,Oct 1 1982, 56 (19) p82-4, 86-7, 90 passim, ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

**00157**

● 0218005 83003165

**The development of automatic control systems for Czechoslovak national health services.**

Rusnak J

Czech Med ,1982, 5 (2) p57-65. ISSN 0034-6497 Journal Code: D91

Languages: ENGLISH

0217733 82279004

**Hospitals and economic perspectives: alternative care and treatment sources.**

Bedrosian JC

Vital Speeches Day ,Sep 1 1982, 48 (22) p693-6. ISSN 0042-742X Journal Code: XFA

Languages: ENGLISH

0216819 82280050

**[The effect of management structure and organizational form of a health protection agency in dentistry on the quality of prosthetic care]**

Der Einfluss von Leitungsstruktur und Organisationsform des Gesundheitsschutzes in der Stomatologie auf die Qualität der prothetischen Versorgung.

Gerber A

Zahntechnik (Berl) ,May 1982, 23 (5) p195-203, ISSN 0513-7926 Journal Code: Y45

Languages: GERMAN

0216626 82277755

**Unnecessary surgery: what is it?**

Rutkow IM

Surg Clin North Am ,Aug 1982, 62 (4) p613-25, ISSN 0039-6109 Journal Code: VAN

Languages: ENGLISH

The lack of a precise definition as to what unnecessary surgery really means continues to be a significant problem. The most accurate statement of the problem appears to be that unnecessary surgery exists, but its true scope is yet to be determined. Further research on health services must be devised before all of the questions concerning unnecessary surgery can be answered.

0216556 82277384

**[The health chart]**

La carte sanitaire.

Peutillot A

Soins ,Jul 1982, (385-386) p65-7, ISSN 0038-0814 Journal Code: UUU

Languages: FRENCH

**00158**

● 0216106 82274053

**Health care and nursing in the Soviet Union.**

Joe! LA

NJ Nurse ,Jul-Aug 1982, 12 (4) p1, 20, ISSN 0196-4895 Journal Code: 03U

Languages: ENGLISH

**00159**

● 0215841 82272243

**Poland revisited.**

Webster TG

N Engl J Med ,Sep 30 1982, 307 (14) p903-4, ISSN 0028-4793 Journal Code: NOW

Languages: ENGLISH

**00296**

0215728 82270808

**Statement issued from the office of the Minister for Health,  
Laurie Brereton, MP.**

Brereton L

Lamp ,May-Jun 1982, 39 (3) p15-8, ISSN 0047-3936

Journal Code: LOP

Languages: ENGLISH

0215727 82270807

**Rationalization mark II--report to date.**

Staunton PJ

Lamp ,May-Jun 1982, 39 (3) p13, ISSN 0047-3936

Journal Code: LOP

Languages: ENGLISH

00160

0215719 82270736

**The use of ancillary services: a role for utilization  
review?**

Eisenberg JM

Med Care ,Aug 1982, 20 (8) p849-61, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: DHHS grant HS02577

Languages: ENGLISH

Despite both the increasingly high cost of ancillary services such as laboratory tests, x-ray examinations and prescription drugs, and the authority provided to Professional Standards Review Organizations to review their use, ancillary services review remains underdeveloped. Several early programs have used claims review or profile analysis to assess the appropriate use of ancillary services and have claimed effectiveness in reducing medical care costs. Based on this experience, several principles for ancillary services review may be set forth, including problem identification, design of the audit system, determination of requirements for data and development of data sources. Evaluation of model ancillary service review programs is necessary to demonstrate their cost-benefit or cost-effectiveness and their validity.

0215678 82270288

**[Physicians without frontiers]**

Medecins sans frontieres.

Boutoleau L

Krankenpflege (Bern) ,Jul 1982, (7) p70-1, Journal

Code: KX7

Languages: FRENCH

0215655 82269982

**Special Needs Kardex: an answer for repeaters.**

Rich C

JEN ,Jul-Aug 1982, 8 (4) p191-5, ISSN 0099-1767

Journal Code: KRU

Languages: ENGLISH

0215643 82269462

**Physician bias in cesarean sections.**

Phillips RN; Thornton J; Gleicher N

JAMA ,Sep 3 1982, 248 (9) p1082-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Various aspects of physician bias in the decision to perform a cesarean section were investigated by comparing indications for cesarean sections for 1979 and 1980 and investigating the distribution of indications according to the day of the week. The contention that obstetricians may perform cesarean sections on weekends for secondary gain was refuted by showing no difference in the distribution of nonelective cesarean section indications between weekdays and weekends. Statistically significant changes in cesarean section indications were, however, observed between the two investigated years, which may be attributed to an organizational change within the department toward more sophisticated obstetric care. These changes included a significant increase in cesarean sections for dystocia and breech presentation and a decrease for fetal distress and "other" indications. Because the total cesarean section rate did not change during the study periods, it is suggested that modern obstetric practice per se does not increase cesarean section rates, but may shift the distribution of indications for cesarean section.

00161

0215054 82263033

**How Southeast-Asian refugees in California adapt to  
unfamiliar health care practices.**

Schultz SL

Health Soc Work ,May 1982, 7 (2) p148-56, ISSN

0360-7283 Journal Code: FZ6

Languages: ENGLISH

0215046 82262967

**70+ and going strong. Thoroughly independent Millicent  
[interview]**

Fenwick M

Geriatr Nurs (New York) ,Sep-Oct 1982, 3 (5) p348, 355,

Journal Code: FW7

Languages: ENGLISH

00297

00162

0214850 82260566

**Competition: the new solution to health care costs?**

Uris PF

Colo Nurse ,Jun-Jul 1982, 82 (6) p2-3, ISSN 0010-1680

Journal Code: DNC

Languages: ENGLISH

0214588 82251569

**Cosmetic surgery: a risky route to youth, beauty?**

Kelly O; Trafford A; Davidson J

US News World Rep ,Aug 9 1982, 93 (6) p46-8, ISSN

0041-5537 Journal Code: WSL

Languages: ENGLISH

00163

0214088 82254233

**Costs of care.**

Hinman AR; Parker RL

Am J Public Health ,Sep 1982, 72 (9 Suppl) p83-8, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214087 82254232

**Cost analysis of medical care.**

Cheng XM; Ye XF

Am J Public Health ,Sep 1982, 72 (9 Suppl) p81-2, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214086 82254231

**Financing the cooperative medical system.**

Chao LM; Gong YL; Gu SJ

Am J Public Health ,Sep 1982, 72 (9 Suppl) p78-80, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

00164

0214085 82254230

**Use of health services.**

Parker RL; Hinman AR

Am J Public Health ,Sep 1982, 72 (9 Suppl) p71-7, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214080 82254224

**Rural drinking water supply.**

Fang XY; Zhu HG

Am J Public Health ,Sep 1982, 72 (9 Suppl) p52-3, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214079 82254222

**Tuberculosis control.**

Han JJ; Yang SJ

Am J Public Health ,Sep 1982, 72 (9 Suppl) p48-9, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

ISSN 00165

0214073 82254213

**Health services in Shanghai County; family planning.**

Zheng WS; Gu XY

Am J Public Health ,Sep 1982, 72 (9 Suppl) p24-5, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

ISSN 00166

0214071 82254211

**Health services in Shanghai County: introduction to Shanghai County.**

Ye XF; Huang DY; Hinman AR; Parker RL

Am J Public Health ,Sep 1982, 72 (9 Suppl) p13-8, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214070 82254210

**Health services in Shanghai County.**

Am J Public Health ,Sep 1982, 72 (9 Suppl) p1-95, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

00298

0213715 82250022

**Professional uncertainty and the problem of supplier-induced demand.**

Wennberg JE; Barnes BA; Zubkoff M  
Soc Sci Med ,1982, 16 (7) p811-24, ISSN 0277-9536  
Journal Code: UT9  
Contract/Grant No.: No-18-P-97192  
Languages: ENGLISH

This paper discusses the puzzling problem of large differences in per capita use of certain common surgical procedures among neighboring populations, which by all available measures are quite similar in need for and access to services. The evidence reviewed here supports the hypothesis that variations occur to a large extent because of differences among physicians in their evaluation of patients (diagnosis) or in their belief in the value of the procedures for meeting patient needs (therapy). This hypothesis, which we call the professional uncertainty hypothesis, is germane to current controversies concerning the nature and extent of supplier influence on the demand for medical services. It is also important because of its implications for health regulatory policy. Our plan is to (1) review the relevance of the hypotheses for the supplier-induced demand controversy; (2) review the epidemiologic evidence on the nature and causes of variation; (3) examine patterns of use of common surgical procedures to illustrate the importance of supplier influence on utilization; and (4) consider some of the implications of the professional uncertainty hypotheses for public policy.

0213703 82250005

**The effects of latent social needs on physician utilization by immigrants: a replication study.**

Honig-Parnass T  
Soc Sci Med ,1982, 16 (5) p505-14, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

The research reported in the present paper is a replication of Shuval et al.'s study of the effects of latent social needs of new immigrants on their utilization of health care services. By restoring to path analysis, the replication undertook to explore two questions: (1) Is the need for catharsis (i.e. for emotional support) found by Shuval et al. to affect utilization directly (i.e. not via illness) indeed characteristic only for the first years of stay in the host country. (2) Isn't it rather the differential access to social resources, as determined by social class and age, which at present explains the need-utilization relationship? The findings show that even though the need still persists among the one-time immigrants, it is a quite poor predictor of all other attributes found to affect physician utilization: viz. the emotional and physical illness and the tendency to define oneself as ill. With the passage of time the former immigrants seem to have abandoned the previously customary mode of gratifying the need for catharsis by turning to the health services. Hence, even the respondents with a keen experience of that need tended to refrain from turning to physicians in

the absence of 'concrete' symptoms. At the same time, the lower classes and the elderly, without experiencing the need for catharsis, turned to have higher rates of physician visits, simply by virtue of being relatively more ill. In conclusion, a plea is made for the improvement of the design flaws common for the type of causal inquiry into the need-utilization relationship, which this study represents.

0213654 82249543

**[Health services and the determination of health needs]**

Services de sante et determination des besoins de sante.  
Deschamps JP; Merckx V; Senault R.  
Rev Prat ,Jun 11 1982, 32 (33) p2245-50, ISSN 0035-2640  
Journal Code: T10  
Languages: FRENCH Summary Languages: ENGLISH

00167

0213652 82249541

**[Of what use is health economics?]**

A quoi sert l'economie de la sante?  
Jolly D; Majnoni d'Intignano B  
Rev Prat ,Jun 11 1982, 32 (33) p2223-31, ISSN 0035-2640  
Journal Code: T10  
Languages: FRENCH Summary Languages: ENGLISH

0213649 82249523

**RNAD President calls for new attitudes towards health care costs.**

Wheatley S  
RNAD News ,Jul-Aug 1982, 39 (4) p3-5, ISSN 0048-7112  
Journal Code: TWV  
Languages: ENGLISH

00299

0213098 82243875

**A current reappraisal of Berry's hospital typology.**

Klasterin TD; Watts CA

Med Care ,May 1982, 20 (5) p441-9, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

In an earlier article, Berry published the results of a study that examined possible relationships among hospital facilities and services. In general, Berry found that hospitals behaved in a reasonably consistent fashion; that is, hospitals added facilities and services in a well-defined order, and these facilities and services were added in distinct groups. Berry defined five such groups and hypothesized that each group represents an increasing level of case-mix complexity. Given the current interest in using Berry's results to measure hospital case mix, this study attempted to replicate Berry's results using recent data from the American Hospital Association. Using a number of statistical methodologies (including cluster analysis and Guttman scale analysis), we found that hospitals continue to add facilities and services in a well-defined order (although this order contains some notable differences from the order found by Berry). However, our results indicate that hospitals no longer add facilities and services in well-defined groups but in a more continuous fashion. Thus, it would appear that hospitals have become more differentiated.

0212994 82241885

**Should dilatation and curettage be performed routinely at the time of laparoscopy?**

Grimes DA; Peterson HB

J Reprod Med ,Apr 1982, 27 (4) p213-6, ISSN 0024-7758

Journal Code: JWT

Languages: ENGLISH

0212864 82240254

**Procompetition: the congressional view [interview]**

Durenberger D; Hatch D; Gephardt R

J Am Dent Assoc ,Jun 1982, 104 (6) p820-6, ISSN

0002-8177 Journal Code: H5J

Languages: ENGLISH

0212807 82238929

**The effectiveness of contraceptive programs for teenagers.**

Namerow PB; Philliber SG

J Adolesc Health Care ,Mar 1982, 2 (3) p189-98, ISSN

0197-0070 Journal Code: HAM

Languages: ENGLISH

This paper critically reviews the effectiveness of adolescent family planning programs in the United States. Various models for evaluating family planning programs and the findings from empirical studies of adolescent programs are

reviewed. During the past decade there have been major increases in the availability and utilization of contraceptive services by adolescents. Most of those who are sexually active are now aware that these services exist. Program continuation rates among adolescents are not high, in part, because of the sporadic nature of adolescent sexual activity. Data on contraceptive continuation and pregnancy rates in these programs are limited, since few studies follow up clinic noncontinuers. Among clinic continuers pregnancy rates are relatively low, suggesting that at least some programs are effective in reducing pregnancy and/or fertility rates (number of children born) in their target populations. Ecological analyses seem to indicate that programs have had an impact on adolescent marital fertility. (54 Refs.)

0212783 82238730

**Plantation health.**

Judd CS Jr

Hawaii Med J ,Apr 1982, 41 (4) p116, 118, ISSN

0017-8594 Journal Code: GID

Languages: ENGLISH

0212543 82234776

**Statement of the American Medical Association before the Subcommittee on Health Committee on Ways and Means United States House of Representatives. Health care competition legislation.**

Rainey FC

Conn Med ,May 1982, 46 (5) p267-70, ISSN 0010-6178

Journal Code: DQF

Languages: ENGLISH

00300

0211710 82227536

**Diagnostic utility of carboxyl-terminal and intact parathyroid hormone immunoassays in hospitalized patients.**

Juan D; Wehrmeister J  
Am J Clin Pathol ,Jun 1982, 77 (6) p720-5, ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH

In a university-affiliated community hospital, medical records of 58 patients on whom the intact parathyroid hormone immunoassay (I-PTH) and 29 patients on whom both the carboxyl terminal PTH(C-PTH) and I-PTH ordered by physicians were reviewed to determine the reasons for requesting these tests. Reasons for ordering the PTH tests include (1) the evaluation of hypercalcemic patients (25/58 I-PTH); (2) the evaluation of hypocalcemic patients (2/58 I-PTH); (3) to rule out primary hyperparathyroidism in normocalcemic stone formers (4/58 I-PTH, 4/29 C-PTH) and in those with abnormal skeletal x-ray (3/48 I-PTH 1/29 C-PTH); (4) to follow patients with chronic renal failure on dialysis (11/58 I-PTH, 9/29 C-PTH); (5) to rule out ectopic hyperparathyroidism in patients with cancer (2/58 I-PTH, 3/29 C-PTH); (6) to satisfy physicians' intellectual curiosity of patients with diabetes mellitus (3/58 I-PTH, 3/29 C-PTH) and obesity (5/58 I-PTH; 6/29 C-PTH); (7) to evaluate acute renal failure (1/29 C-PTH). In 3/58 patients on whom I-PTH tests were ordered, reason(s) could not be determined. The C-PTH was elevated in 9/9 patients with chronic renal failure, 4/6 obese patients, 2/3 patients with cancer, 1/3 diabetic patients, 1/4 stone formers, 2/2 patients with primary hyperparathyroidism. Patients with chronic renal failure had the highest C-PTH. Based on well established indications for ordering the PTH immunoassays, 25 out of 58 (43%) of I-PTH and 9 out of 29 (31%) of C-PTH ordered are inappropriate.

0211602 82225768

**Rising health care costs.**

Watts MS  
West J Med ,Apr 1982, 136 (4) p367-8, ISSN 0093-0415  
Journal Code: XN5  
Languages: ENGLISH

00168

0211374 82222706

**Evaluation of the use of rural health clinics: knowledge, attitudes, and behaviors of consumers.**

Banahan BF 3d; Sharpe TR  
Public Health Rep ,May-Jun 1982, 97 (3) p261-8, ISSN  
0033-3549 Journal Code: QJA  
Contract/Grant No.: 04-D-00135  
Languages: ENGLISH

0211371 82222703

**An evaluation of a model health plan for the medically needy**

in Multnomah County, Oregon.

Bentkover JD; Feeley FG; Hancock R; Johnston J; Lawrence D;  
Tilson H  
Public Health Rep ,May-Jun 1982, 97 (3) p244-50, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0210937 82219338

**Control of abuse in the medical benefits scheme [editorial]**

Winton R  
Med J Aust ,Mar 6 1982, 1 (5) p197, ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH

0210918 82219077

**[Impressions on health services in Southwest and South Africa]**

Eindrucke vom Gesundheitswesen in Sudwest-und Sudafrika.  
Bauer H  
Med Welt ,Mar 19 1982, 33 (11) p418, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0210769 82217180

**The role of organized medicine in correctional health care.**

Anno BJ  
JAMA ,Jun 4 1982, 247 (21) p2923-5, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0208976 82201585

**Report from the People's Republic of China June 5 - June 25, 1981.**

Feeg VD  
Va Nurse ,Spring 1982, 50 (1) p37-40, ISSN 0270-7780  
Journal Code: X6W  
Languages: ENGLISH

00301



0208903 82200667

**[Rationalization of laboratory costs: importance of enlightened medical leadership]**

La rationalisation des couts de laboratorie: l'importance du leadership medical eclaire.

Joly JG

Union Med Can ,Feb 1982, 111 (2) p167-72, ISSN

0041-6959 Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

00169

0207899 82191515

**Health care financing issues.**

J Fla Med Assoc ,Mar 1982, 69 (3) p171-219, ISSN

0015-4148 Journal Code: I53

Languages: ENGLISH

0207897 82191513

**The Florida Medical Association and health care financing.**

Mullen SA

J Fla Med Assoc ,Mar 1982, 69 (3) p163-4, ISSN

0015-4148 Journal Code: I53

Languages: ENGLISH

0207655 82189394

**Assessing access constraints on system equity: source of care differences in the distribution of medical services.**

Sawyer DO

Health Serv Res ,Spring 1982, 17 (1) p27-44, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

This article shows how differences in source of care can affect the likelihood that a person will obtain the medical services that he or she requires. Previous work has shown that the setting where care is received can have important effects on the quality of the services that are provided. The present study extends this line of research to questions of system equity. Unlike prior work in the area, the present approach emphasizes systemic relations among different types of delivery sites as a means of formulating and testing alternative models of service delivery. Preliminary findings indicate significant differences in utilization patterns depending on whether one establishes contact in a physician's private office. The results of the study suggest the need for continued concern over the role of access constraints in determining service opportunities.

00170

0207643 82189365

**Current status of health services in Israel.**

Modan B

Isr J Med Sci ,Mar 1982, 18 (3) p337-44, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

0207025 82177413

**With court-ordered reform, attitudes, services changing.**

US Med ,May 1 1982, 18 (9) p2, 20, 22-4, ISSN 0042-1227

Journal Code: WZP

Languages: ENGLISH

0207024 82177412

**Lewisburg: a dichotomy of tradition, progress.**

Viau S

US Med ,May 1 1982, 18 (9) p2, 18-20, ISSN 0042-1227

Journal Code: WZP

Languages: ENGLISH

0206974 82175102

**U.S. moves to reclaim Medicaid funds.**

Bower B

Psychiatr News ,Apr 16 1982, 17 (8) p1, 10-1, ISSN

0033-2704 Journal Code: QC1

Languages: ENGLISH

0206548 82181613

**Address of the president.**

Cloud DT

Ariz Med ,Feb 1982, 39 (2) p119-20, ISSN 0004-1556

Journal Code: 8N6

Languages: ENGLISH

0206451 82179844

**Comparison of utilization of medical services by alcoholics and non-alcoholics.**

Forsythe AB; Griffiths B; Reiff S

Am J Public Health ,Jun 1982, 72 (6) p600-2, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

00302

0206443 82179833  
**The value of human life revisited [editorial]**  
Rice DP; Hodgson TA  
Am J Public Health ,Jun 1982, 72 (6) p536-8, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0206340 82179221  
**Canadian services to hearing-impaired adults.**  
Reich C; Johnson L  
Am Ann Deaf ,Apr 1982, 127 (2) p80-8, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0206337 82179217  
**Supportive and rehabilitation programs and services.**  
Am Ann Deaf ,Apr 1982, 127 (2) p193-245, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0206264 82178246  
**The high price of progress.**  
Owen DS  
Va Med ,Apr 1982, 109 (4) p280-1, ISSN 0146-3616  
Journal Code: X6S  
Languages: ENGLISH

0205925 82174356  
**Health care in correctional facilities: a nursing challenge.**  
Moritz P  
Nurs Outlook ,Apr 1982, 30 (4) p253-9, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0205895 82173868  
**The ACCESS process: assuring quality in long term care.**  
Eggert GM; Brodows BS  
ORB ,Feb 1982, 8 (2) p10-5, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

0205299 82166315  
**Does a claims monitoring system influence high-volume  
medical practitioners? Attitudinal data from Ontario.**  
Tuohy C  
Inquiry ,Spring 1982, 19 (1) p18-33, ISSN 0020-1731

Journal Code: GOT  
Languages: ENGLISH

0204503 82140638  
**Ethical aspects of "pricing life".**  
McCarthy DG  
Hosp Prog ,Apr 1982, 63 (4) p46-8, ISSN 0018-5817  
Journal Code: GD†  
Languages: ENGLISH

0204431 82140227  
**Health status, utilization, and satisfaction among enrollees  
in three types of private health insurance plans.**  
Freeborn D; Pope C  
Group Health J ,Winter 1982, 3 (1) p4-11, ISSN  
0196-6332 Journal Code: FTS  
Languages: ENGLISH

0203883 82152921  
**[Health consumption and explosion of health costs in the  
budgets of French families]**  
Consommation sanitaire et explosion des depenses de snate  
dans le budget des menages francais.  
Peutillot A  
Soins ,Jan 1982, 27 (2) p41-4, ISSN 0038-0814 Journal  
Code: UUU  
Languages: FRENCH

0203689 82150499  
**Time of crisis in Poland.**  
Pollack M  
Nurs Mirror ,Mar 3 1982, 154 (9) p8, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0203579 82150083  
**Who's shaping health care?**  
Jones T  
NLN Publ ,1982, (52-1871) p8-13, Journal Code: 03Z  
Languages: ENGLISH

00303

Languages: ENGLISH

0203576 82150080  
**Changing existing legislation.**  
Warren SA  
NLN Publ ,1982, (52-1871) p33-4, Journal Code: 03Z  
Languages: ENGLISH

0203575 82150079  
**Legal processes that affect health care trends.**  
Fenniger R  
NLN Publ ,1982, (52-1871) p27-32, Journal Code: 03Z  
Languages: ENGLISH

0203569 82150073  
**Who's shaping health care?**  
NLN Publ ,1982, (52-1871) p1-iv, 1-44, Journal Code:  
03Z  
Languages: ENGLISH

0203390 82149147  
**Patterns for effective nursing action within health  
bureaucracies.**  
Kudzma EC  
Nurs Health Care ,Feb 1982, 3 (2) p68-72, Journal  
Code: N77  
Languages: ENGLISH

0203187 82146865  
**[Quo vadis, health care system?]**  
Quo vadis, Gesundheitswesen?  
Backe KW  
Krankenpf1 J ,Feb 15 1982, 20 (2) p4, Journal Code:  
KYN  
Languages: GERMAN

0202512 82139366  
**Abortion services in the United States, 1979 and 1980.**  
Henshaw SK; Forrest JD; Sullivan E; Tietze C  
Fam Plann Perspect ,Jan-Feb 1982, 14 (1) p5-8, 10-5,  
ISSN 0014-7354 Journal Code: ERK  
Languages: ENGLISH

0202497 82139042  
**Interagency services: a new era for an old idea.**  
Martinson MC  
Except Child ,Feb 1982, 48 (5) p389-94, ISSN 0014-4029  
Journal Code: ENX

0202323 82136131  
**ABC of alcohol. Help; referral.**  
Bissell D; Paton A; Ritson B  
Br Med J [Clin Res] ,Feb 13 1982, 284 (6314) p495-7,  
Journal Code: B4X  
Languages: ENGLISH

0202106 82124847  
**Audit reveals hospital overcharges, but most of blame dumped  
on HCFA [news]**  
Robinson ML  
Mod Health Care ,Mar 1982, 12 (3) p24, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

00171

0202089 82124181  
**The misuse and overuse of intensive-care units.**  
Knaus WA  
Med World News ,Mar 1 1982, 23 (5) p121, ISSN 0025-763X  
Journal Code: MGW  
Languages: ENGLISH

0201664 82133305  
**[Budget cuts curtail vital programs, nurses report.**  
Dunlap MJ  
Am Nurse ,Mar 1982, 14 (3) p1, 6, 23-4, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

0201113 82126859  
**Consultation and involvement.**  
Slack P  
Nurs Times ,Jan 13-19 1982, 78 (2) p67-8, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

00304

00172

0200908 82125245

**Socioeconomic evaluation of a state-funded comprehensive hemophilia-care program.**

Smith PS; Keyes NC; Forman EN  
 N Engl J Med ,Mar 11 1982, 306 (10) p575-9, ISSN  
 0028-4793 Journal Code: NOW  
 Languages: ENGLISH

To assess the effectiveness, cost, and socioeconomic gains associated with a comprehensive state-funded hemophilia program, we compared data from a three-year experience with such a program in Rhode Island with those from the preceding year. Self-treatment, integration of children into school, and achieving satisfying employment of adults are the main goals of the program. During the most recent year, 77 per cent of the patients with severe hemophilia in the state received total care through the Hemophilia Center. Twenty-eight of the 43 patients now treat themselves, the annual number of hospital days per patient has decreased from 12.6 to 3.5, and the number of visits to hospital facilities has fallen from 34 to 2.4, while the yearly cost of clotting factor per patient has remained about \$7,000. Altogether, this has saved more than \$10,000 each year for treatment, despite the cost of rehabilitative surgery. Numbers of days lost from school and work have decreased twofold and threefold, respectively. Best of all, comprehensive care has vastly improved the quality of life for patients with hemophilia in Rhode Island.

0199013 82096837

**Pricing life: reflections on the cost of health care.**

Menzel PT  
 Hosp Prog ,Jan 1982, 63 (1) p46-9, 56, 58, ISSN  
 0018-5817 Journal Code: GD1  
 Languages: ENGLISH

0198858 82111814

**Who speaks for poor as states slice block grants? [editorial]**

Nichols B  
 Am Nurse ,Jan 1982, 14 (1) p4, 19, ISSN 0098-1486  
 Journal Code: 40D  
 Languages: ENGLISH

0198856 82111812

**Nurse directs health services for state's prison population [interview]**

Brodie J  
 Am Nurse ,Jan 1982, 14 (1) p19, ISSN 0098-1486  
 Journal Code: 40D  
 Languages: ENGLISH

0198772 82110994

**Nursing as an alternative to high-cost care.**

Fagin CM  
 Am J Nurs ,Jan 1982, 82 (1) p56-60, ISSN 0002-936X  
 Journal Code: 3MW  
 Languages: ENGLISH

0198000 82102686

**At home and abroad [editorial]**

Lancet ,Jan 2 1982, 1 (8262) p23-4, ISSN 0023-7507  
 Journal Code: LOS  
 Languages: ENGLISH

0197773 82099994

**Controlling the cost of medical care.**

McSwain GH  
 J Fla Med Assoc ,Jan 1982, 69 (1) p48-50, ISSN  
 0015-4148 Journal Code: I53  
 Languages: ENGLISH

0197771 82099992

**The 1982 Florida relative value studies.**

Mattison JW  
 J Fla Med Assoc ,Jan 1982, 69 (1) p41-2, ISSN 0015-4148  
 Journal Code: I53  
 Languages: ENGLISH

00305

0197766 82099979

**Prevalence and characteristics of frequent attenders in a prepaid Canadian family practice.**

Browne GB; Humphrey B; Pallister R; Browne JA; Shetzer L  
J Fam Pract ,Jan 1982, 14 (1) p63-71, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Frequent attenders in family practice represent a small proportion of the total population, yet they consume a large amount of services. A description of their characteristics and problems is needed in order to design a therapeutic intervention tailored to meet these needs. A comparative analytic survey of 9,313 patients was done in order to isolate three cohorts: 200 zero users in the previous year, 200 modal (one to two times per year) users, and 200 frequent users (nine or more times per year). It was found that frequent attenders (who represented 4.5 percent of the practice, yet generated 21 percent of the annual visits) differ from infrequent attenders in that they have twice the probability of being single; are more physically, socially, emotionally distressed; suffer from problems of self-esteem; show a slightly greater degree of family dysfunction; tend to be unemployed, retired, or mothers of infants; are externally controlled or tend to rely on others for help; receive low incomes, retirement pensions, or family benefits; tend to be high users of other physician, social work, nursing, and laboratory services; consume a significantly greater number of pills than their infrequent user counterparts; and tend to present more emotional and gastrointestinal complaints than their modal user counterparts.

00173

● 0197737 82099653

**A view of medical care in China.**

Caros L

J Iowa Med Soc ,Jan 1982, 72 (1) p15-7, ISSN 0021-0587  
Journal Code: IIF

Languages: ENGLISH

00306

00174

0231469 83140153

**The relative impact of status and health variables upon sick-role expectations.**

Honig-Parnass T  
Med Care ,Feb 1983, 21 (2) p208-24, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

This study deals with the relative impact of socioeconomic status and the level of physical and emotional health upon the sick-role concepts of the laymen in a comprehensive health care system. The selection of variables was guided by our recognition that Parsons' "deviation" model of the sick-role ignores the importance of environmental resources, in particular those that are required for coping with chronic illness and permanent handicaps. No significant differences were found across social classes with regard to serious acute illnesses. By contrast, significant differences between occupational groups were found for chronic illnesses, in which recovery and resumption of independent functioning depend more on the patient's own resources than on professional medical care. The lower the occupational status, the more dependency the patient was allowed. These differences are largely attributable to socioeconomic rather than to cultural resources and to the state of health.

0231364 83139129

**The future of family medicine in response to demographic changes and increasing specialization.**

Reichel W  
JAMA ,Mar 18 1983, 249 (11) p1445-7, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0231158 83136928

**Life cycle nursing: health care planning for the future.**

Sommers PR  
J Gerontol Nurs ,Feb 1983, 9 (2) p103-7, 116, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0228557 83111234

**Total employee health care.**

Lowenthal G  
J Occup Med ,Dec 1982, 24 (12) p1000-2, ISSN 0096-1736  
Journal Code: JFR  
Languages: ENGLISH

0228513 83110785

**Some personal reflections on comprehensiveness of care**

[editorial]

Geyman JP  
J Fam Pract ,Feb 1983, 16 (2) p217-8, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0226306 83086098

**Comprehensive health care for the elderly.**

Fisk AA  
JAMA ,Jan 14 1983, 249 (2) p230-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Health care for the elderly in the United States remains fragmentary and noncomprehensive despite concern for the needs of an expanding elderly population and a new emphasis on geriatrics. Model health care programs for the elderly have been few and not generally applicable to central city populations. A model health care program has been designed to offer a continuum of comprehensive, multidisciplinary health care to Milwaukee elderly. An acute care unit for the elderly, rehabilitation-oriented nursing home, outpatient clinic, home care service, outreach clinics, rehabilitation day hospital, Alzheimer's Disease Day Care program, and acute geriatric psychiatric unit have been developed and integrated into one continuum of care. The program serves chiefly the frail elderly, who are demonstrated to be markedly impaired physically, mentally, and socially, requiring the services of multiple professionals to enable the patients to achieve maximum independence. Alternatives to institutionalization are emphasized, and geriatric education and research programs are part of the model program.

0223390 83060931

**A school-based comprehensive health clinic for adolescents.**

Blum RW; Pfaffinger K; Donald WB  
J Sch Health ,Oct 1982, 52 (8) p486-90, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

00307

0223056 83056410

**Health care for handicapped adolescents: international legislative and policy trends.**

Paxman JM

J Adolesc Health Care ,Sep 1982, 3 (2) p103-9, ISSN 0197-0070 Journal Code: HAM

Languages: ENGLISH

Between 1970-1976, 45 countries enacted or made adjustments to laws on health care for the handicapped. This article explores some of the legal arrangements made to address the issue of health care for the handicapped adolescent. It reviews the legal definition of "handicapped" and analyzes the legislative support created for health care programs. Most programs are comprehensive. They focus on prevention, detection and reporting, as well as treatment and rehabilitation. Better care for disabled adolescents is one of the more important intended results of recent legislation directed to the handicapped. Rehabilitation has been increasingly recognized as a right. Prevention is an increasing focus. Legislation, however important, is only a beginning; it expresses the political will to create programs to address the issue. The challenge is to implement the law.

0222639 83052162

**Recidivism and comprehensive care systems.**

Craig TJ; Bracken J

Compr Psychiatry ,Sep-Oct 1982, 23 (5) p401-8, ISSN 0010-440X Journal Code: D09

Languages: ENGLISH

0222445 83049957

**Thamesmead: lessons learnt.**

Higgins PM

Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1631-3, Journal Code: B4X

Languages: ENGLISH

0222438 83049913

**Thamesmead: dream to reality.**

Higgins PM

Br Med J [Clin Res] ,Nov 27 1982, 285 (6354) p1564-6, Journal Code: B4X

Languages: ENGLISH

00175

0221475 83041648

**The main guide-lines for the improvement of the health care system in Ukrainian SSR.**

Romanenko AE

Sante Publique (Bucur) ,1982, 25 (2) p59-65, ISSN 0048-9107 Journal Code: U9T

Languages: ENGLISH

0221033 83038204

**Developing a system of comprehensive care for the spinal cord injured patient in Houston, Texas, U.S.A.**

Donovan WH; Clifton G; Carter RE

Paraplegia ,Jun 1982, 20 (3) p174-9, ISSN 0031-1758

Journal Code: QQT

Languages: ENGLISH

The authors agree with the principle, widely accepted, that spinal cord injured (SCI) individuals should receive all their acute, rehabilitative and follow-up care in a spinal cord injury centre. The evolution of rehabilitation medicine and services in the United States, however, has favoured the separation of acute and rehabilitation care for spinal cord injured patients, as well as other disabilities. This has resulted partly from specialisation of medical and allied health personnel, physical separation of acute and rehabilitation facilities, and reluctance of some funders of health care to see rehabilitation as a natural extension of medical care in these patients. In Houston the proximity of a rehabilitation facility to three acute care university hospitals, representing three medical schools, provided an opportunity to improve communication among the medical personnel. These individuals have recognised the value of early rehabilitation even while the patient is acutely ill; they agreed to institute a system of care wherein the rehabilitation physician partakes in the early management in a designated area of the acute hospitals for spinal cord injured patients and works toward early transfer to the rehabilitation hospital in as ideal a condition as possible. Surgeons, who have initial primary responsibility, also visit the rehabilitation hospital, following their patient's progress at selected conferences and at the bedside. This paper describes how a spinal cord injury service was established, how the major barriers to early transfer were confronted, and the results of the first 6 months of operation.

00308

0220140 83029164

**Cost measurement and cost data in mental health settings.**

Rubin J

Hosp Community Psychiatry ,Sep 1982, 33 (9) p750-4,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Costs play a major role in determining the types of mental health services that are delivered and thus are a key factor in any discussion of the future of mental health services. The author presents some of the available cost data for care provided in three kinds of settings: hospitals; nonhospital settings such as halfway houses, health maintenance organizations, and community mental health centers; and comprehensive community programs. He discussed the methodological and measurement problems in the estimation of costs and the difficulties in comparing costs across settings.

He emphasizes the need for cost data that permit accurate and comparable predictions of costs that will assist policymakers in making intelligent choices between types of services.

0219349 83019889

**Manpower for obstetrics-gynecology. III. Contributions to total female medical care.**

Pearse WH; Mendenhall RC; Radecki SE; Shipp DA; Fielden JG

Am J Obstet Gynecol ,Oct 1 1982, 144 (3) p332-6, ISSN

0002-9378 Journal Code: 3NI

Contract/Grant No.: 231-75-0616; 231-77-01156; FPR-23-01; +

Languages: ENGLISH

This final report from the cooperative manpower study of the University of Southern California and The American College of Obstetricians and Gynecologists describes the development of a female data file that outlines the care of women patients by all specialties. Obstetrician-gynecologists are compared to other specialists; they see 300,000 women per day in the United States and provide a wide range of care. Preventive care plays a larger role than in other major specialties, patient counseling and education are emphasized, and obstetric care is a major commitment. Nonetheless, acute and serious surgical and medical diagnoses are an important component of the practices of obstetrician-gynecologists.

00176

0219100 83016838

**[The evaluation process for nurses in isolated posts]**

Le processus d'évaluation pour un infirmier en poste isolé.

Gatef C; Fournier G

Soins Pathol Trop ,Jun 1982, (35) p19-24, ISSN

0222-9307 Journal Code: UVM

Languages: FRENCH

0219020 83015719

**Dealing with the disadvantaged--single homeless, are we doing enough?**

Maitra AK

Public Health ,May 1982, 96 (3) p141-4, ISSN 0033-3506

Journal Code: Q17

Languages: ENGLISH

0218334 83008039

**Evaluation of care for the aged: a multipurpose guide.**

Bergman R; Golander H

J Adv Nurs ,May 1982, 7 (3) p203-10, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

There is a growing recognition of the need to evaluate quality of care. As the aged are a particularly vulnerable group, often dependent on care-givers for their remaining years, it is important to control related services. An interdisciplinary workgroup prepared a tool which lists cues to be considered in determining the quality of care for the aged in ambulatory services, home care programmes, short- and long-term institutions. The cues fall into six domains: physical environment, psychosocial environment, basic personal care, health care, family involvement and manpower. The tool can be used by clients and families for selecting placement for care; by caregivers in choosing or remaining in a place of work; by those administratively responsible for care, such as supervisors, or licensing bodies for controlling performance and policy; and by other involved persons, such as educators, researchers, volunteers or funding agencies for their specific purposes.

00177

0216532 82277345

**Selective primary health care: old wine in new bottles.**

Gish D

Soc Sci Med ,1982, 16 (10) p1049-54, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

0212239 82217170

**Implementation of comprehensive service systems for the elderly and chronically impaired: a conceptual framework and case study.**

Lang RH

J Health Hum Resour Adm ,Spring 1982, 4 (4) p415-50,

ISSN 0160-4198 Journal Code: KD1

Languages: ENGLISH

00309



0211128 82221239

**Trends in service delivery and treatment of the mentally retarded.**

Cohen HJ

Pediatr Ann ,May 1982, 11 (5) p458-69, ISSN 0090-4481

Journal Code: OUB

Languages: ENGLISH

0210343 82212320

**New York hospital receives funding for HMO experiment.**

Hospitals ,Jul 16 1982, 56 (14) p47-8, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0209503 82188575

**The checkerboard area health system: delivering comprehensive care in a remote region of New Mexico.**

Reid RA; Bartlett EE; Kozoll R

Hum Organ ,Summer 1982, 41 (2) p147-55, ISSN 0018-7259

Journal Code: GFP

Contract/Grant No.: HURA 06-D-00495-02

Languages: ENGLISH

A comprehensive health center is defined as the synergistic coupling of a medical and administrative structure designed to provide inpatient, outpatient, and public health services. While health centers have been widely established in other countries, only limited implementation has occurred in rural areas of the United States. The successful implementation of the health center concept in a sparsely populated area of northwestern New Mexico, which is predominately inhabited by Navajo Indians and Spanish Americans, is descriptively analyzed. The physical environment and the socioeconomic characteristics of the catchment area residents are related to dominant conditions in underdeveloped countries. The evolution of the delivery system with its network of satellite clinics staffed by mid-level primary care providers is documented. The funding and provision of a wide range of preventive and curative health services supported by communication, transportation, outreach, education, public health, and administration components are described. Several problems thought to impede the application of the health center concept to other regions in the United States are identified and discussed relative to this New Mexican experience. Innovative and persevering systems designers who are strongly committed to delivering a balance between preventive and curative services are considered to be absolutely necessary for successful implementation of the health center concept in the United States.

0208523 82197044

**Comprehensive care during the postpartum period.**

McKenzie CA; Canaday ME; Carroll E

Nurs Clin North Am ,Mar 1982, 17 (1) p23-48, ISSN

0029-6465 Journal Code: 092

Languages: ENGLISH

00178

0208103 82194067

**Primary care and medical education.**

Ross M; Willer B

Med Care ,Feb 1982, 20 (2) p235-41, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

There is considerable argument for the value of educating medical students in the basics of primary care, comprehensive care and concern for psychological needs of patients. However, medical schools do not place much emphasis on primary care. Most clinical experiences take place in tertiary care centers, and most teaching is provided by specialists. Relatively little attention is paid to psychological issues of care and development of interpersonal skills among would-be physicians.

The impact of the tertiary care orientation is widespread. Medical students are expected to adopt the role of the physician-specialist or technologist. Those who want to be primary care physicians have to face value conflicts with the establishment, and some develop emotional problems. The effects carry over into practice. Physicians who do not develop adequate personal skills are less likely to be viewed as competent by their patients. They are also more likely to develop mental health problems themselves. This article argues for a modification of the medical school curriculum to reflect the orientation of the primary care model.

0208006 82193111

**High-risk infants: the need for nursing follow-up.**

Noga KM

JGON Nurs ,Mar-Apr 1982, 11 (2) p112-5, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

The goal of perinatal care can no longer focus only on the medical management of mother and infant, but instead must take a more global approach and focus on the entire family. One aspect of family care is to provide comprehensive nursing follow-up to the high-risk family at the time of the mother's and infant's discharge. To meet this need, a program was developed to educate all interested community nurses to the specific needs of the high-risk family. Evaluation indicates that the program helped nurses to provide consistent comprehensive care to these families, who were very grateful for home visits by a community nurse.

00310

0206436 82179797

**Integrating health and mental health services: historical obstacles and opportunities.**

Goldman HH

Am J Psychiatry ,May 1982, 139 (5) p616-20, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Historically, health and mental health services have been separated by a variety of forces, including specialization; ideological, attitudinal, and financial barriers; the professionalization of psychiatry; and functional and organizational differentiation. Recently, several models of integration and coordination have been proposed. If they are to succeed, health planners will have to be aware of the essential ingredients of interorganizational cooperation and work to eliminate the obstacles to integration of health and mental health services.

0204298 82159414

**Use of general medical care services by persons with mental disorders.**

Hankin JR; Steinwachs DM; Regier DA; Burns BJ; Goldberg ID; Hooper EW

Arch Gen Psychiatry ,Feb 1982, 39 (2) p225-31, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: 278-76-0027; 278-76-0028; 278-76-0058

Languages: ENGLISH

Data are presented on the medical diagnoses and the type of general medical services used by persons with mental disorder diagnoses. This study is based on the 1975 experience of registrants in four medical programs contained in three organizational settings. The data on services were retrieved from each program's automated data system. The percent of patients seen in general medical departments receiving a mental disorder diagnosis ranged from 4.8% to 13.6% among the four programs. Patients with mental disorder diagnoses visit general medical departments from 1 1/2 to two times as frequently as patients without such diagnoses. Persons with a diagnosed mental disorder are likely to receive care for conditions in more International Classification of Diseases categories than other patients, and are more likely to receive a diagnosis for ill-defined conditions, signs, and symptoms.

0204297 82159413

**Specialist/generalist division of responsibility for patients with mental disorders.**

Regier DA; Goldberg ID; Burns BJ; Hankin J; Hooper EW; Nycz GR

Arch Gen Psychiatry ,Feb 1982, 39 (2) p219-24, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: 278-76-0027; 278-76-0028; 278-76-0058

Languages: ENGLISH

The division of responsibility between general medical staff and mental specialists for care of persons with medical record

diagnoses of mental disorders is documented in four organized health care settings. Rates of mental disorders identified in all departments ranged from 35.6 to 122.8 per 1,000 population. Specialty mental health departments treated most severe psychotic and personality disorders, plus transient situational disturbances, whereas neurotic, childhood behavior, and psychophysiological disorders received as much or greater attention in general medical departments. Mental disorder diagnoses were associated with greater patient use of general medical departments. However, joint specialty mental health/general medical treatment of these patients was associated with lower general medical department visit rates in all settings. Such joint care was facilitated by the low average visit frequency use of mental health departments. (2.2 to 8.9 visits per patient per year).

0199031 82096855

**"Lifecare" communities: independence, security for older Americans.**

Torres S; Trotzky E

Hosp Prog ,Feb 1982, 63 (2) p68, 70, ISSN 0018-5817 Journal Code: GD1

Languages: ENGLISH

00311

0196613 82088910

**Nurse practitioner and physician adherence to standing orders criteria for consultation or referral.**

Watkins LO; Wagner EH

Am J Public Health ,Jan 1982. 72 (1) p22-9. ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

The degree to which nurse-practitioners (NPs) and physicians (MDs) follow the mutually agreed-upon rules for their practice and the effects of any deviations are unknown. This study assessed whether NPs adhered to consultation/referral (C/R) criteria in NP standing orders for hypertension, whether MDs adhered to the task-delegation intent expressed in standing orders, and the relationship between adherence and blood-pressure (BP) control. A sample of 161 patients from a practice of five MDs and four NPs in a rural primary care clinic was studied over 16 months. Patient characteristics associated with provider non-adherence were identified by discriminant analysis. NPs failed to obtain consultation or referral for 22 of 66 patients (33 per cent) with conditions requiring C/R. MDs retained 17 of the 43 patients (40 per cent) without C/R conditions. NP non-adherence was associated with care by a single NP, presence of few non-hypertension problems, and need for dietary alteration (p less than .05). MD non-adherence was associated with males and presence of severe non-hypertensive disease (p less than .005). Diastolic BP control (less than or equal to 90 mm Hg) was similar in NP patient groups without C/R conditions, retained by NPs despite C/R conditions and shared with MDs by C/R. Control in the shared group was better than in the MD-treated group with C/R conditions (p less than .025). Although in this setting NPs frequently did not adhere to C/R criteria for hypertension, this did not affect acceptable BP control.

00312

0233289 83143616

**A project in physical education for handicapped and health-risk groups.**

Jaaskelainen M

Patient Couns Health Educ ,1983, 4 (3) p146-51, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

An interdisciplinary project concerning the physical education and culture of handicapped and health-risk groups, conducted during the years 1976 to 1980 under the auspices of the Finnish Society for Research in Sports and Physical Education, is reported in this paper. The concept of special group used in connection with the project is relative and describes the groups of people who do not receive the normal services in the field of physical activities. The goals of the project were not only to provide these services but also to study the problems connected with the use and supply of these services for these groups. The project approached its goals from the point of view not only of the individuals concerned but also of the organizations involved. The project was conducted in two towns and one rural community in Finland. Twenty-eight groups were formed in these communities, comprising about 500 participants. Of these, 350 regularly took part in the exercises. About 250 participants and 28 group leaders were studied in more detail. The decision-making and administrative processes at both local and national levels were analyzed. The project resulted in considerable increased activity of the persons taking part in the exercises, most of whom reported favorable results. Most group leaders also gave positive responses when asked about the results of the project. The project also effected a change in the decision-making processes at local and national levels, as more resources were allocated for these purposes than before the project. In this sense, the project fulfilled its original mission as a change agent.

0233285 83143480

**Don't take it easy--exercise!**

Butler RN

Nurs Homes ,Jan-Feb 1983, 32 (1) p34-5, ISSN 0029-649X  
Journal Code: D96

Languages: ENGLISH

0233208 83139088

**Cross-boundary power related to interagency relationships between community agencies.**

Ezell AS; Morse JM

J Health Hum Resour Adm ,Fall 1982, 5 (2) p201-8, ISSN 0160-4198 Journal Code: KD1

Languages: ENGLISH

0232761 83152794

**The Warrnambool and district base hospital.**

Australas Nurses J ,Nov 1982, 11 (10) p22-4, ISSN 0301-018X Journal Code: 915

Languages: ENGLISH

00179

0232613 83150327

**An evaluation of subsidized rural primary care programs: II. The environmental contexts.**

Ricketts TC; Konrad TR; Wagner EH

Am J Public Health ,Apr 1983, 73 (4) p406-13, ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

The placement of subsidized primary care programs in rural communities has been an important aspect of national health policy over the last decade. Using survey and secondary data from programs in over 700 counties in the United States, it was found that while about one-fourth of all counties with some rural populations have been affected by these programs, certain environmental factors are associated with more or less likelihood of placement. High levels of need and low levels of health care resources are positively associated with the presence of a program. States with health policy climates supportive of reimbursement and broader staffing of primary care programs also contained programs in a higher proportion of their rural counties. The effects of decreased federal funding, increased state responsibility, and the precarious market conditions for primary care programs are discussed with emphasis on the mechanisms for developing favorable climates for these programs.

00313

0232162 83145618  
[The economic and social effects of rheumatoid  
pelvis-spondylitis]

Les conséquences économiques et sociales de la  
pelvispondylite rhumatismale.

Sailly JC; Lebrun T

Rev Epidemiol Sante Publique ,1982, 30 (3) p305-24,  
ISSN 0398-7620 Journal Code: RST

Languages: FRENCH Summary Languages: ENGLISH

The purpose of the research reported in this article was to reconstruct a typology of the various courses taken by rheumatoid pelvis-spondylitis based on medical evidence and then to assess the economic and social consequences of the illness generally and for each of the groups brought out by our research. The investigation dealt with 172 patients who had either been hospitalized or had consulted outside physicians or community clinics in the Nord-Pas-de-Calais Region or Paris. Between January 1978 and May 1979, these patients were asked to report to the places where they had had their consultations. Using the information in their medical records, the patients' statements and additional examinations, the case histories were pieced together, the patients' current condition was described and the typology of the disease was constructed. Then we collected the economic data and the disease's costs were reconstructed (medical costs, cost of losses in output, costs under the heading of either the individual or the community). Finally, data of a psychosocial nature made it possible to clarify the patients' understanding of the disease according to various criteria (particularly the different forms taken by the disease). The analysis of clinical, radiological, biological investigations makes it possible to bring out three trajectories of the disease. We have brought to light medical and economic costs of the disease clearly differentiated according to the trajectories of the illness. We have also underlined the role played by social factors in determining how the disease is perceived. Finally, the analysis of the effectiveness of known therapies shows that these therapies aim above all at easing the pain and limiting the stiffness and that a delay in applying these therapies does not seem decisive for the seriousness and the progression of the illness.

00180

0232124 83145002  
Integrating primary health care and mental health  
services--a successful rural linkage.

Prindaville GM; Sidwell LH; Milner DE

Public Health Rep ,Jan-Feb 1983, 98 (1) p67-72. ISSN  
0033-3549 Journal Code: QJA

Languages: ENGLISH

The local delivery of human services is currently receiving national emphasis. The expectation is that community-based services shall be provided with a minimum of duplication and with maximum efficiency, achieved partly by interdisciplinary and interorganizational cooperation. This emphasis was appropriately facilitated in the mid-1970s through the availability of the Mental Health Initiative grants. The

grants, initiated by the Bureau of Community Health Services in conjunction with the National Institute of Mental Health, Public Health Service, promoted the increased availability of mental health services through formal linkages between community mental health centers and primary health care programs. One such successful linkage was between a small primary health care center and a nonfederally funded, multicounty, mental health center in northwest Illinois. Initiated in September 1980, the services of the linkage project included direct clinical mental health services delivered at the primary health care center site, consultation and education activities, and the coordination of interagency services. The project patients differed from the general clients of the mental health center in demographic characteristics, source of referral, and diagnoses. The key elements in successful linkages and the achievement of goals are analyzed. The experience of the linkage project is relevant to the 1980s. The project was prematurely ended after 14 months. Reduction in Federal funds severely cut support for the primary health care center, and the depressed local economy could not match the withdrawn Federal funds.

0232016 83143774  
Population reports. Community-based health and family  
planning.

Koils AJ; Wawer MJ; Quillin W; Kinsey J

Popul Rep [L] ,Nov-Dec 1982, (3) p77-111. ISSN  
0197-5838 Journal Code: PDC

Languages: ENGLISH

0231949 83143514  
Community forum. 1. Family planning. Palaces of advice.

Bunting J

Nurs Mirror ,Jan 19 1983, 156 (3) p34-6. ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0231939 83143493  
Nurses and community health programmes.

Sen G

Nurs J India ,Sep 1982, 73 (9) p233-4. ISSN 0029-6503  
Journal Code: 097

Languages: ENGLISH

00314

0231914 83143433  
**Humanitarian or hamfisted?**  
Salvage J  
Nurs Times ,Jan 26-Feb 1 1983, 79 (4) p17-9, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0231540 83140558  
**Agency mergers: a cost-effective approach to improving patient care.**  
Kuhns PL; Kellogg R  
League Exch ,1982, (133) p1-vi, 1-50, ISSN 0077-5134  
Journal Code: L34  
Languages: ENGLISH

0231461 83140130  
**The organization of a National Cancer Institute Clinical Research Unit in a community setting.**  
Suppers VJ; Sherwin SA  
Md State Med J ,Dec 1982, 31 (12) p38-40, ISSN  
0025-4363 Journal Code: LMG  
Languages: ENGLISH

0231355 83139102  
**The case for community-oriented primary care.**  
Madison DL  
JAMA ,Mar 11 1983, 249 (10) p1279-82, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0231214 83137629  
**Teaching child development and behavior to family practice residents.**  
Fischler RS  
J Fam Pract ,Mar 1983, 16 (3) p571-6, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

00181  
0231213 83137628  
**The Good Neighbor Rescue Program: utilizing volunteers to perform cardiopulmonary resuscitation in a rural community.**  
Bachman JW  
J Fam Pract ,Mar 1983, 16 (3) p561-6, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH  
The Good Neighbor Rescue Program utilizes volunteers who pay for their basic life support training. Acting as first responders during cardiac emergencies, they become involved in

the emergency care of seriously ill patients. In the program described, they participated in saving two lives during the first two years of the program. They reduced the time for trained help to arrive at the scene in 90 percent of the emergencies. The program requires coordination of existing resources within the rural community, is inexpensive, and is heavily dependent on volunteerism. The program complements the goals of providing basic life support to cardiac victims before the arrival of an ambulance and of providing advanced life support at the scene.

0231169 83137181  
**Establishment of community dental health units in developing countries.**  
Mistry KM  
J Indian Dent Assoc ,Oct 1982, 54 (10) p361-6, ISSN  
0019-4611 Journal Code: IFM  
Languages: ENGLISH

0231165 83137007  
**Use of social and health services by the elderly.**  
Coulton C; Frost AK  
J Health Soc Behav ,Dec 1982, 23 (4) p330-9, ISSN  
0022-1465 Journal Code: IBK  
Languages: ENGLISH

0230993 83134970  
**Travelling families in east London--adapting health visiting methods to a minority group.**  
Lawrie B  
Health Visit ,Jan 1983, 56 (1) p26-8, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0230987 83134961  
**New approaches in health visiting. 3: Caseload profiles: their implications for evaluating health visiting practice.**  
Hunt M  
Health Visit ,Dec 1982, 55 (12) p662-5, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

00315

0230950 83134791  
**Long term care for the dependent elderly.**  
Belton PA  
Ir Med J ,Jan 1983, 76 (1) p14-6, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

0230840 83133629  
**The baccalaureate social worker in the health care system.**  
Taggart SR  
Health Soc Work ,Nov 1982, 7 (4) p292-300, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH

0230827 83133438  
**Let the auction begin!**  
Macie HJ  
Geriatr Nurs (New York) ,Mar-Apr 1983, 4 (2) p109-10,  
Journal Code: FW7  
Languages: ENGLISH

0230823 83133305  
**Health care alternatives for aging veterans.**  
Raber PE  
Geriatrics ,Mar 1983, 38 (3) p39, 43-4, ISSN 0016-867X  
Journal Code: FD1  
Languages: ENGLISH

00182

0230600 83130592  
**The secondary importance of primary health care in South  
Cameroon.**  
van der Geest S  
Cult Med Psychiatry ,Dec 1982, 6 (4) p365-83, ISSN  
0165-005X Journal Code: DT5  
Languages: ENGLISH

Primary health care in Cameroon meets with serious  
obstacles. The state gives it a low priority in its budget and  
over-all policy. The health institutions are rarely active in  
this field. Institutions which do practice some primary health  
care are usually foreign. The villagers, finally, are little  
interested. They insist only on improvement of curative  
services and material life conditions. The conclusion is that  
primary health care is regarded as something of secondary  
importance. First comes a better life. The research for this  
paper was conducted in 1980 in the South of Cameroon.

0230480 83128947  
**What's happening. Inverness summer student project.**

Cameron BJ; Mac Farlane M  
Can Nurse ,Mar 1983, 79 (3) p52, ISSN 0003-4581  
Journal Code: CL9  
Languages: ENGLISH

0230099 83114396  
**With less federal money, clinics cut back on health care for  
the poor.**  
Med World News ,Dec 6 1982, 23 (25) p20-1, ISSN  
0025-763X Journal Code: MGW  
Languages: ENGLISH

0229875 83105625  
**Feature article: prospective caring--continuing health  
education of the community.**  
McCaughrin WC  
Fam Community Health ,Nov 1982, 5 (3) p64-78, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0229661 83125232  
**Solo surgeon.**  
Bhattacharyya R  
Ann R Coll Surg Engl ,Jan 1983, 65 (1) p57-8, ISSN  
0035-8843 Journal Code: 5VV  
Languages: ENGLISH

00316

00183

0229647 83124963

**Community-based health care: contradictions and challenges.**  
Waltzkin H

Ann Intern Med ,Feb 1983, 98 (2) p235-42, ISSN  
0003-4819 Journal Code: 5A6

Languages: ENGLISH

Social contradictions, including uneven economic development and the private-public duality, make community-based provision of health care difficult. The unrestricted expansion of private medical centers has been criticized from several perspectives including inadequate coordination of services, high costs, and negative effects on urban housing and living conditions. Corporate and professional control over health policy, monopolization, and public subsidization foster expansion of private institutions. While private facilities enlarge, public health-care institutions deteriorate, close, or shift to private management. Many clients eligible for care at public hospitals do not receive adequate attention in the private sector. Despite their achievements, community clinics have problems that threaten their survival. The financial insecurity of community clinics is an inherent feature of the private-public duality that affects the entire health-care system. Community clinics and public hospitals offer a potential for broader organizing and empowerment.

0229457 83122421

**A medical superintendent in the Highlands of Papua New Guinea.**

Lennox CE

Papua New Guinea Med J ,Jun 1982, 25 (2) p127-30, ISSN  
0031-1480 Journal Code: YEU

Languages: ENGLISH

0229273 83120087

**A tonometer at Tiffany's. Glaucoma screening programs in the community and workplace.**

Horowitz J

Sightsaving ,1982, 51 (1) p15-8, ISSN 0735-5688  
Journal Code: UQC

Languages: ENGLISH

0229224 83119390

**[Nursing care and community health at the Red Cross]**

Soins infirmiers et Sante communautaire a la Croix-Rouge.

Wehrlin N

Rev Infirm ,Nov 1982, 32 (18) p9, ISSN 0397-7900  
Journal Code: S7T

Languages: FRENCH

0229194 83118378

**Meeting the needs of the deprived rural child: some recent findings from education and social services.**

Millham S

R Soc Health J ,Dec 1982, 102 (6) p258-61, ISSN  
0035-9130 Journal Code: QM3

Languages: ENGLISH

0229043 83117069

**How many health visitors?**

Rookes PJ

Nurs Times ,Dec 1-7 1982, 78 (48) p2043-5, ISSN  
0029-6589 Journal Code: 09U

Languages: ENGLISH

0229038 83117061

**Planning for old people.**

Dopson L

Nurs Times ,Dec 1-7 1982, 78 (48) p2016, ISSN 0029-6589  
Journal Code: 09U

Languages: ENGLISH

0229004 83116814

**[Handicapped care and oral hygiene as a community concern]**

Behindertenbetreuung und Mundhygiene als Gemeinschaftsaufgabe.

Niedersachs Zahnarztbl ,Oct 1982, 17 (10) p456-8, ISSN

0173-6868 Journal Code: 03B

Languages: GERMAN

0228861 83115844

**First aid for choking: a successful community education program.**

Schadt E

Nurs Health Care ,Dec 1982, 3 (10) p547-9, ISSN  
0276-5284 Journal Code: N77

Languages: ENGLISH

00317



0228565 83111283

**Effect of timing of measles vaccination on compliance with immunizations during the second year of life.**

Sherrrod JL; Kane R; Cherry JD; Fricker J; Maples K  
J Pediatr ,Feb 1983, 102 (2) p186-90, ISSN 0022-3476  
Journal Code: JLZ

Languages: ENGLISH

In 1976 the recommended time for routine measles immunization was changed from 12 to greater than or equal to 15 months of age. Because of the known decrease in compliance with immunizations given during the second year of life and the scheduling of an additional visit close to the time of the diphtheria-tetanus-pertussis (DTP) booster immunization, the potential benefit from this change might be offset by a decrease in compliance in securing both measles vaccination and DTP booster immunization. A study of the change in immunization compliance was carried out in a county health facility and in a prepaid medical group practice. Charts of 795 infants (395 born before and 400 born after the change) were reviewed to assess the rates of compliance with measles and with DTP immunizations. Administration of measles vaccine at a scheduled time decreased by 10% (0.05 less than P less than 0.06) at the public health facility after the change in 1976 and by 13% at the prepaid group practice (P less than 0.01). This difference evened out in the public health facility patients by age 2 years, but a 9% decrease was still apparent at the prepaid medical group. A similar pattern was seen in compliance with the DTP booster immunization at each site. Any benefit derived by an increased measles seroconversion rate apparently was offset by an overall decrease in compliance for both measles and DTP booster immunizations.

0228317 83108004

**The move towards primary health care in Spain.**

de la Cuesta C  
Int Nurs Rev ,Nov-Dec 1982, 29 (6) p180-2, ISSN  
0020-8132 Journal Code: GTP  
Languages: ENGLISH

00184

● 0228300 83107900

**Population study of blood pressure and associated factors in St Lucia, West Indies.**

Khaw KT; Rose G  
Int J Epidemiol ,Dec 1982, 11 (4) p372-7, ISSN  
0300-5771 Journal Code: GR6

Languages: ENGLISH

A population survey of blood pressure in St Lucia, West Indies has confirmed that high blood pressure constitutes an important public health problem. In common with other studies blood pressure was found to be significantly correlated with body weight, possibly by a primary effect on diastolic pressure. Blood pressure was also significantly correlated with casual urinary sodium/potassium and potassium/creatinine

ratios in those under 45 years of age. This unexpected finding suggests that casual urinary electrolyte estimations may in some circumstances be a useful guide to intake, perhaps especially in populations with more stable intakes. An independent role of potassium in the aetiology of high blood pressure would have important public health implications.

0227838 83095502

**Study tour in England. A medical view.**

Rivard G; Lescop J  
World Hosp ,Nov 1982, 18 (4) p18-20, Journal Code: XP6  
Languages: ENGLISH

0227414 83100070

**Community support services for elderly people.**

Lefroy RB  
Aust Fam Physician ,Oct 1982, 11 (10) p753-6, ISSN  
0300-8495 Journal Code: 9EC  
Languages: ENGLISH

0227372 83099172

**Toward a theoretical model for community health programs.**

McLaughlin JS  
ANS ,Oct 1982, 5 (1) p7-28, ISSN 0161-9268 Journal  
Code: 6E9  
Languages: ENGLISH

0227264 83097711

**Public health nurse. Generalist or specialist?**

Pinckney CA; Kimbro CD  
Am J Nurs ,Jan 1983, 83 (1) p86-8, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0227175 83096937

**The pediatrician's role in child advocacy.**

Berger LR  
Adv Pediatr ,1982, 29 p273-91, ISSN 0065-3101 Journal  
Code: 200  
Languages: ENGLISH

00318

0227155 83096754  
**Rehabilitation programmes as secondary prevention: a community approach.**  
Kallio V  
Adv Cardiol ,1982, 31 p120-8, ISSN 0065-2326 Journal Code: 2JV  
Languages: ENGLISH  
(22 Refs.)

00185

0227007 83094460  
**Primary health care activities: what are they?**  
Walker G  
Trop Doct ,Oct 1982, 12 (4 Pt 2) p194-6, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

0227005 83094454  
**Problem-based medical education in Nigeria.**  
Bollag U  
Trop Doct ,Oct 1982, 12 (4 Pt 1) p176-81, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

0227003 83094446  
**Realistic manpower planning for primary health care: practical considerations.**  
Smith RA  
Trop Doct ,Oct 1982, 12 (4 Pt 1) p148-54, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

0227002 83094445  
**Primary health care approach: how did it evolve?**  
Walt G; Vaughan P  
Trop Doct ,Oct 1982, 12 (4 Pt 1) p145-7, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

0226957 83093694  
**Subsidized family planning services in Texas.**  
Mondy LW  
Tex Med ,Nov 1982, 78 (11) p58-62, ISSN 0040-4470  
Journal Code: VNA  
Languages: ENGLISH

0226728 83090487

**The nurse practitioner at work. 3. Clinical practice.**  
Stilwell B  
Nurs Times ,Nov 10-16 1982, 78 (45) p1909-10, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0226609 83089634  
**Yearly review of salaries in home health agencies and community health services--1982.**  
Nurs Health Care ,Jan 1983, 4 (1) p38-41, ISSN 0276-5284  
Journal Code: N77  
Languages: ENGLISH

0226216 83085500  
**Access to physiotherapy services.**  
Partridge CJ  
J R Coll Gen Pract ,1982, 32 (243) p634-6, ISSN 0035-8797  
Journal Code: JV9  
Languages: ENGLISH

0226184 83085058  
**A comparison of community and occupationally provided antihypertensive care.**  
Logan AG; Milne BJ; Achber C; Campbell WA; Haynes RB  
J Occup Med ,Nov 1982, 24 (11) p901-6, ISSN 0096-1736  
Journal Code: JFR  
Languages: ENGLISH

0225814 83081064  
**Hospital-based alcoholism treatment.**  
Hawthorne W  
Hospitals ,Feb 1 1983, 57 (3) p86-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0225796 83080910  
**[Epidemiologic and socio-medical aspects of pregnancy]**  
Epidemiologische und sozialmedizinische Aspekte während der Schwangerschaft.  
Tietze KW  
Fortschr Med ,Nov 25 1982, 100 (44) p2031-2, ISSN 0015-8178  
Journal Code: F62  
Languages: GERMAN

00319

0225524 83077955  
**Policies regarding health and social care of mothers and children in the United States.**  
Wallace HM  
Clin Pediatr (Phila) ,Jan 1983, 22 (1) p14-21, ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

0225523 83077954  
**The place of caesarean section and choice of method.**  
Araujo JG; Oliveira FC  
Clin Obstet Gynaecol ,Dec 1982, 9 (3) p757-72, ISSN  
0306-3356 Journal Code: DGA  
Languages: ENGLISH  
(19 Refs.)

0225488 83077117  
**Nutrition education: what are we trying to achieve?**  
Laing R  
Cent Afr J Med ,Aug 1982, 28 (8) p184-6, ISSN 0008-9176  
Journal Code: CQO  
Languages: ENGLISH

00186

0225455 83076808  
**The development of Indian Boards of Health in Alberta.**  
Nuttall RN  
Can J Public Health ,Sep-Oct 1982, 73 (5) p300-3, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0225226 83069424  
**Auxiliary growth must meet new needs of hospital, community.**  
Wilkinson RD  
Volunt Leader ,Winter 1982, 23 (4) p4-5, ISSN 0005-1861  
Journal Code: XHR  
Languages: ENGLISH

0225150 83068536  
**Diversification: one hospital's successful approach to facing the future.**  
Clark EG  
Tex Hosp ,Apr 1982, 37 (11) p28-30, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0224584 83073575

[Evaluation of the prognosis of a village health community in the Cameroon: results of an economic and attitude study]  
Evaluation du pronostic d'un comite de sante villageois au Cameroun: resultats d'une etude economique et attitudinale.  
Isely RB; Mvele P; Rao V  
Ann Soc Belg Med Trop ,1982, 62 (2) p157-68, ISSN  
0365-6527 Journal Code: 66K  
Languages: FRENCH Summary Languages: ENGLISH

0224139 83067969  
**Preliminary report of the Task Force on Vaccination Strategies for Sexually Transmitted Hepatitis B infection.**  
Sex Transm Dis ,Jul-Sep 1982, 9 (3) p151-3, Journal  
Code: U9G  
Languages: ENGLISH

00320

00188

0223965 83065971

**Assessment of immunoglobulin use for hepatitis A control in New Mexico.**

Mann JM; Francis DP; Hoffman RE; Montes J  
 Public Health Rep ,Nov-Dec 1982, 97 (6) p516-20, ISSN  
 0033-3549 Journal Code: QJA  
 Languages: ENGLISH

Community control of hepatitis A (HA) requires improvement of sanitation and timely use of immune globulin (IG) for selected contacts of ill persons. A marked increase in reported HA cases in New Mexico in late 1978 and early 1979 prompted aggressive evaluation of morbidity trends and of control efforts. This evaluation provided an opportunity to study the practices in disease reporting and IG administration in the State. In the 6-months study period January-June 1979, 596 cases of HA were reported in New Mexico (an annualized incidence rate of 95.9 cases per 100,000 population). Nearly three-fourths of the cases were reported within 14 days of onset of illness. IG was administered to the household contacts of 89 percent of the index patients; it was not indicated for the household contacts of 9 percent. Reasons for the failure to administer IG to the household contact of the other 2 percent of the index patients were not ascertained. Overall, 93 percent of the eligible household contacts received IG, and 80 percent of these contacts received it within 14 days of the onset of illness in the index patient. Differences in the relationship of physicians and health offices in the only metropolitan area in the State and in the rest of the State in respect to case reporting and IG administration were observed. The benefits from health department surveillance and control exceeded the costs by approximately fivefold. The reporting practices and the IG use of the physicians who reported HA cases were good; to improve further HA surveillance and control in the State, the focus needs to be on physicians who fail to report HA cases.

0223957 83065962

**Hypertension care in the community--a comparison between an active community programme (the North Karelia Project) and the general situation.**

Nissinen A; Enlund H; Tuomilehto J; Puska P  
 Public Health ,Sep 1982, 96 (5) p256-68, ISSN 0033-3506  
 Journal Code: Q17  
 Languages: ENGLISH

00187

● 0223854 83064669

**Health care in China: East meets West.**

Holmes M  
 Nurs Mirror ,Nov 10 1982, 155 (19) p36-9, ISSN  
 0029-6511 Journal Code: 098  
 Languages: ENGLISH

● 0223540 83062760

**The problems and benefits of associating academic medical centers with health-maintenance organizations.**

Hoft RH; Glaser RJ  
 N Engl J Med ,Dec 30 1982, 307 (27) p1681-9, ISSN  
 0028-4793 Journal Code: NOW  
 Languages: ENGLISH

The growth of prepaid medical-care programs has caused the leaders of a number of academic medical centers to begin to have an increased interest in affiliating with or sponsoring centers in prepaid programs -- otherwise known as health-maintenance organizations (HMOs)--is motivated by a number of potential benefits. An HMO may provide an academic medical center with an additional source of patients for teaching and research; generate additional revenue; increase resources for education in primary care; increase the exposure of students, residents, and faculty to the characteristics of prepaid medical practice; and improve the delivery of health services locally. Issues of importance to the academic medical center include the pros and cons of sponsorship of, as opposed to affiliation with, an HMO and the additional costs attributable to medical education in the HMO setting. Problems may arise between HMOs and medical centers as a result of disparate styles of practice, the high cost of clinical services at the medical center, and the differing perspectives of HMO and medical-center policy makers.

0223485 83062131

**Preventive medicine needs community coordination.**

Walker B  
 Mich Med ,Oct 1982, 81 (46) p558, ISSN 0026-2293  
 Journal Code: MX2  
 Languages: ENGLISH

0223445 83061371

**Psychiatric patients who stick [editorial]**

Lancet ,Nov 20 1982, 2 (8308) p1135-6, ISSN 0023-7507  
 Journal Code: LOS  
 Languages: ENGLISH

00321

0223334 83059692

**A mobile unit as an adjunct to a community outreach program of education, screening, and counseling for sickle cell disease, nutritional anemia, and hypertension.**

Duncan DE; Scott RB; Castro O  
J Natl Med Assoc ,Oct 1982, 74 (10) p969-77, ISSN  
0027-9684 Journal Code: J9Z  
Languages: ENGLISH

0223315 83059562

**A prototype voluntary community service program for students in the health professions.**

Benson MD; Brodsky IG; Benson LS  
J Med Educ ,Dec 1982, 57 (12) p942-4, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0223149 83057817

**A link to the future for community/public health programs.**

Whitener JC  
J Am Optom Assoc ,Oct 1982, 53 (10) p829-31, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

0223143 83057805

**Long-term care services: shift needed from institutional to community-based ambulatory services.**

England MJ  
J Am Med Wom Assoc ,Oct 1982, 37 (10) p263-4, ISSN  
0098-8421 Journal Code: H7R  
Languages: ENGLISH

0223137 83057791

**The dietary guidelines: an effective teaching approach.**

Johnson S; Kris-Etherton PM  
J Am Diet Assoc ,Dec 1982, 81 (6) p721-3, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0223045 83056254

**New approaches in health visiting. 2: Caseload profiles--an alternative to the neighbourhood study.**

Hunt M  
Health Visit ,Nov 1982, 55 (11) p606-7, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0222959 83055630

**Recommendations of the maternal and child health advisory committee of the Indian Council of Medical Research.**

Indian Pediatr ,Mar 1982, 19 (3) p277-9, ISSN 0019-6061  
Journal Code: GM2  
Languages: ENGLISH

0222635 83052040

**Medical advice and management in the Scottish Health Service: memorandum.**

Community Med ,Aug 1982, 4 (3) p242-6, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222632 83052036

**District revenue targets.**

Knox EG  
Community Med ,Aug 1982, 4 (3) p209-16, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222625 83052029

**Data protection and community medicine.**

Heasman MA  
Community Med ,Aug 1982, 4 (3) p169-72, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222611 83052010

**Methodological kit: monitoring perinatal mortality statistics in a health district]**

Black N; Macfarlane A  
Community Med ,Feb 1982, 4 (1) p25-33, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222519 83050618

**A postpartum support service for Halifax mothers.**

Mensah LL; Calder L  
Can Nurse ,Dec 1982, 78 (11) p42-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00322

0222485 83050465  
**Comparison between active and passive blood pressure surveys.**  
Handa SP; Wolf HK  
Can J Public Health ,Jul-Aug 1982, 73 (4) p255-7, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0222445 83049957  
**Thamesmead: lessons learnt.**  
Higgins PM  
Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1631-3,  
Journal Code: B4X  
Languages: ENGLISH

0222440 83049952  
**Helping agencies.**  
Small SA  
Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1621-2,  
Journal Code: B4X  
Languages: ENGLISH

0222438 83049913  
**Thamesmead: dream to reality.**  
Higgins PM  
Br Med J [Clin Res] ,Nov 27 1982, 285 (6354) p1564-6,  
Journal Code: B4X  
Languages: ENGLISH

0221782 83046090  
**Prevention of mental retardation in offspring of hyperphenylalaninemic mothers.**  
Cartier L; Clow CL; Lippman-Hand A; Morissette J; Sriver CR  
Am J Public Health ,Dec 1982, 72 (12) p1386-90, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

Maternal hyperphenylalaninemia constitutes a potential hazard to the fetus for whom the risks of postnatal mental retardation, microcephaly, and congenital malformations are elevated. Preconception and intragestational dietary treatment can apparently improve the outcome of such pregnancies. In the absence of predictive mechanisms for pregnancies at risk and preventive measures involving reproductive counseling and treatment, there could be a rebound in the population frequency of mental retardation related to disorders of phenylalanine metabolism in subsequent generations. We describe a program serving a population of six million that includes screening, diagnosis, treatment, and counseling of the hyperphenylalaninemias. The program has recently added a simple dedicated register for males and females with

hyperphenylalaninemia to supplement traditional methods for continuous surveillance of probands. We registered 153 patients: 43 females and 56 males with phenylketonuria, 23 females and 31 males with benign hyperphenylalaninemia, of which 22, 7, 27 and 5, respectively, had reached their 12th birthday in an 1981. Regional centers in the program provided counseling about the consequences of maternal hyperphenylalaninemia and the options to prevent them. No family has rejected the principle or fact of the Register and its goals.

0221710 83045630  
**Mortality related to diabetes and blood glucose levels in a community study.**  
O'Sullivan JB; Mahan CM  
Am J Epidemiol ,Oct 1982, 116 (4) p678-84, ISSN  
0002-9262 Journal Code: 3H3  
Contract/Grant No.: AM 21881; 5 F32 AMO6136  
Languages: ENGLISH

A prospective 29-year population study of diabetes in Oxford, MA, is the basis for a case-control analysis of diabetes mortality rates and their validity. Two case groups were considered, one consisting of previously known diabetics at the study's inception in 1946 and the other defined by hyperglycemia above 140 mg/dl. Mortality rates were significantly higher for diabetics than for age- and sex-matched controls, and disproportionately higher for women largely due to the advantageous mortality experience of nondiabetic women compared to nondiabetic men. Estimated survival experience showed longevity to be shorter by some 10 to 15 years for the female and six to nine years for the male diabetic. Mortality rates were also significantly higher for the hyperglycemic group than for matched controls. Although deaths from cardiovascular causes were predominant, they proved significantly higher for women with known diabetes only. Substantial underreporting of diabetes on the death certificates persisted in every decade of the study. The proportion of prevalent and incident cases of diabetes during the 19-year period of the study, whose diagnosis failed to appear anywhere on the death certificate, was found to be at or above 50%. Among subjects with death certificates that did not list diabetes, 4.4 to 14.1% were known to have diabetes, based on the underlying composition of the sample. Prevalent cases of diabetes had a higher reporting rate than incident cases, suggesting that duration of diabetes may also be a factor in such rates.

00323

0221475 83041648

**The main guide-lines for the improvement of the health care system in Ukrainian SSR.**

Romanenko AE  
Sante Publique (Bucur) ,1982, 25 (2) p59-65, ISSN  
0048-9107 Journal Code: U9T  
Languages: ENGLISH

0220810 83036010

**[Hypertension control. A community task of medicine]**

Hypertoniekontrolle. Eine Gemeinschaftsaufgabe der Medizin.  
Laaser U; Allhoff P; Fuller A; Ganten D; Keil U; Stieber J;  
Deutsch K  
Med Welt ,Sep 24 1982, 33 (38) p1289-94, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

00189

0220774 83035760

**Leprosy control in a primary health care programme in the Sudan.**

Haydar AH  
Lepr Rev ,Sep 1982, 53 (3) p175-80, ISSN 0024-1032  
Journal Code: L58  
Languages: ENGLISH

00190

0220773 83035759

**Leprosy and primary health care: Tanzania.**

Nkinda S  
Lepr Rev ,Sep 1982, 53 (3) p165-73, ISSN 0024-1032  
Journal Code: L58  
Languages: ENGLISH

0220617 83033664

**Screening for diabetic retinopathy in a diabetic management clinic.**

Sackett CS; Ferris FL 3d  
J Ophthalmic Nurs Technol ,Nov 1982, 1 (3) p9-13, ISSN  
0744-7132 Journal Code: J77  
Languages: ENGLISH

00191

0220238 83030024

**A study of deafness in West Africa.**

Holborow C; Martinson F; Anger N  
Int J Pediatr Otorhinolaryngol ,Jun 1982, 4 (2) p107-32,  
ISSN 0165-5876 Journal Code: GS2  
Languages: ENGLISH  
Some 800 profoundly deaf children from 4 Yoruba states in  
Nigeria were assessed and examined in an attempt to identify

the causes of deafness in this part of West Africa. It was found that measles, meningitis and rubella were the three major preventible diseases causing deafness. Genetic abnormalities, in contradistinction to other tropical countries, do not seem to be very important and chronic ear infections show different manifestations in this area to the situation reported in East Africa. The overwhelming problems that face the deaf and any possible extension of services for the deaf are detailed. In view of these it seems that the most cost-effective way of helping the deaf in Nigeria is by immunizing the population against those infectious diseases that cause the disability. This policy would accord with the recent initiatives by the United Nations: the International Year of the Child (I.Y.C.) and the International Year of the Disabled Person (I.Y.D.P.) as well as The Expanded Programme of Immunization (E.P.I.) of the World Health Organization.

0220175 83029594

**Impact of I.C.D.S. on preschoolers of urban slums.**

Patel RB; Udani RH  
Indian J Pediatr ,Mar-Apr 1982, 49 (397) p215-8, ISSN  
0019-5456 Journal Code: GKT  
Languages: ENGLISH

0219986 83026833

**[Initial evaluation of primary health care activities in eastern Senegal]**

Premiere evaluation d'une action de soins de sante primaires au Senegal Oriental.  
de Lauture H; Wone I; de Araujo G; Coste M  
Dakar Med ,1982, 27 (1) p29-48, Journal Code: EAM  
Languages: FRENCH Summary Languages: ENGLISH

0219985 83026832

**[Strategy put into effect in the activities of primary health care services in eastern Senegal]**

Strategie mise en oeuvre dans une action de soins de sante primaires au Senegal Oriental.  
de Lauture H; Wone I; Coste M; de Araujo G  
Dakar Med ,1982, 27 (1) p19-28, Journal Code: EAM  
Languages: FRENCH Summary Languages: ENGLISH

00324

0219850 83024626  
**An investigation into the quality of service provided by telephone hotlines for family planning services.**  
Baxter D; Williams JI  
Can J Public Health ,May-Jun 1982, 73 (3) p194-9, ISSN 0008-4263 Journal Code: CK6  
Languages: ENGLISH

0219532 83022092  
**Care and sustenance of the handicapped.**  
DeCamillis I  
Australas Nurses J ,Jun 1982, 11 (5) p8-9, ISSN 0301-018X Journal Code: 9IS  
Languages: ENGLISH

0219367 83020150  
**Health services for mentally retarded people in community residences: problems and questions.**  
Garrard SD  
Am J Public Health ,Nov 1982, 72 (11) p1226-8, ISSN 0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0219107 83016940  
**Rheumatic heart disease in Soweto -- a programme for secondary prevention.**  
Edginton ME; Gear JS  
S Afr Med J ,Oct 2 1982, 62 (15) p523-5, ISSN 0038-2469 Journal Code: U4R  
Languages: ENGLISH

00192

0219104 83016842  
**[The village health team : set up and follow up]**  
L'équipe de sante villageoise : mise en place et suivi.  
Fournier G  
Soins Pathol Trop ,Jun 1982, (35) p9-12, ISSN 0222-9307 Journal Code: UVM  
Languages: FRENCH

0219103 83016841  
**[Primary health care: new creation or new approach?]**  
Les soins de sante primaires: creation nouvelle ou nouvelle approche?  
Fournier G  
Soins Pathol Trop ,Jun 1982, (35) p3-7, ISSN 0222-9307 Journal Code: UVM  
Languages: FRENCH

0219102 83016840  
**[Choice between traditional and modern medicine in Togo]**  
Choix entre medecines traditionnelle et moderne au Togo.  
Agbodan A  
Soins Pathol Trop ,Jun 1982, (35) p25-31, ISSN 0222-9307 Journal Code: UVM  
Languages: FRENCH

00193

0218997 83015462  
**Reflections of a primary-care resident. The value of community experience.**  
Lipsitz L  
Pharos ,Summer 1982, 45 (3) p23-6, ISSN 0031-7179 Journal Code: P48  
Languages: ENGLISH

0218863 83013741  
**[Slender without diet--experiences with the nutrition counseling agency of the public health office of Vienna]**  
Schlank ohne Diat--Erfahrungen mit der Ernahrungsberatungsstelle des Gesundheitsamtes der Stadt Wien.  
Schoberberger R; Bardos J; Kunze M  
Off Gesundheitswes ,Jul 1982, 44 (7) p449-53, ISSN 0029-8573 Journal Code: OFE  
Languages: GERMAN

0218862 83013740  
**[Experiences with a babysitting service for handicapped children and adolescents]**  
Erfahrungen mit einem "Babysitterdienst" fur behinderte Kinder und Jugendliche.  
Zademach C  
Off Gesundheitswes ,Jul 1982, 44 (7) p447-8, ISSN 0029-8573 Journal Code: OFE  
Languages: GERMAN

0218755 83012767  
**Sounding board. Community-oriented primary care: an agenda for the '80s.**  
Mullan F  
N Engl J Med ,Oct 21 1982, 307 (17) p1076-8, ISSN 0028-4793 Journal Code: NDW  
Languages: ENGLISH

00325



0218630 83011303

**Adolescent perceptions of family health behavior: a tenth grade educational activity to increase family awareness of a community cardiovascular risk reduction program.**

Nader PR; Perry C; Maccoby N; Solomon D; Killen J; Telch M; Alexander JK

J Sch Health ,Aug 1982, 52 (8) p372-7, ISSN 0022-4391  
Journal Code: K13

Contract/Grant No.: HL 21906; HD DA 128 13

Languages: ENGLISH

Languages: ENGLISH

0217338 82263424

**Adolescent sexuality program focuses on responsibilities, communication.**

Hosp Prog ,Sep 1982, 63 (9) p22, 28, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

00194

0217153 82283747

**Hospitals without walls.**

Middlestone HJ

Australas Nurses J ,May 1982, 11 (4) p27, ISSN

0301-018X Journal Code: 91S

Languages: ENGLISH

0218526 83009891

**Disablement and care: a comparison of patient views and general practitioner knowledge.**

Patrick DL; Peach H; Gregg I

J R Coll Gen Pract ,Jul 1982, 32 (240) p429-34, ISSN

0035-8797 Journal Code: JV9

Languages: ENGLISH

0218405 83008508

**Adding life to years [editorial]**

Roy BN

J Indian Med Assoc ,Apr 1 1982, 78 (7) p120-2, 119,  
ISSN 0019-5847 Journal Code: IFR

Languages: ENGLISH

0217121 82283317

**Working with Indians who live on the Gila River Indian Reservation.**

Johnson V

Ariz Nurse ,Jun-Jul 1982, 35 (3) p8, ISSN 0004-1599

Journal Code: BNB

Languages: ENGLISH

0218215 83006472

**Organizing community experience for student nurses in Northamptonshire.**

Button F

Health Visit ,Aug 1982, 55 (8) p403-8, ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0216703 82278534

**Primary health care: what does it mean?**

Walt G; Vaughan P

Trop Doct ,Jul 1982, 12 (3) p99-100, ISSN 0049-4755

Journal Code: WGC

Languages: ENGLISH

0218214 83006471

**A community experience programme for student nurses in Jersey.**

Waites B

Health Visit ,Aug 1982, 55 (8) p401-2, ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0216702 82278533

**Primary health care [editorial]**

Colbourne MJ

Trop Doct ,Jul 1982, 12 (3) p97-8, ISSN 0049-4755

Journal Code: WGC

Languages: ENGLISH

0218038 83004207

**Factors affecting adolescents' use of family planning clinics.**

Chamie M; Eisman S; Forrest JD; Orr MT; Torres A

Fam Plann Perspect ,May-Jun 1982, 14 (3) p126-39, ISSN

0014-7354 Journal Code: ERK

00326

- 0216123 82274252  
**Community health is community competence.**  
 Goeppinger J; Lassiter PG; Wilcox B  
 Nurs Outlook ,Sep-Oct 1982, 30 (8) p464-7, ISSN  
 0029-6554 Journal Code: O9H  
 Languages: ENGLISH
- 0216111 82274059  
**A guide for time studies.**  
 Levenson G  
 NLN Publ ,1982, (21-1886) pt-viii, 1-55, Journal Code:  
 03Z  
 Languages: ENGLISH
- 0216066 82273626  
**The Pennsylvania county health improvement program.**  
 Schechter c; Stunkard AJ; Stolley P  
 Penn Med ,Apr 1982, 85 (4) p18-20, ISSN 0031-4595  
 Journal Code: 00G  
 Languages: ENGLISH
- 0216033 82273387  
**[Community counseling for the handicapped--illustrated by  
 the advisory assistance for handicapped children of the  
 Munster health department]**  
 Kommunale Behindertenberatung--dargestellt am Beispiel der  
 Beratungsstelle fur behinderte Kinder des Gesundheitsamtes der  
 Stadt Munster.  
 Althaus KW; Dickmanken J; Meyer D  
 Off Gesundheitswes ,Jun 1982, 44 (6) p411-4, ISSN  
 0029-8573 Journal Code: OFE  
 Languages: GERMAN
- 0215947 82273225  
**Diabetes - Newcastle's programme of action.**  
 Carr A  
 Nurs Focus ,Jul 1982, 3 (11) p6-7, ISSN 0144-4069  
 Journal Code: OBK  
 Languages: ENGLISH
- 0215731 82270812  
**Community awareness. Assessment of levels of community  
 awareness of the facilities available at community health  
 centres in the lower Hunter Region during 1980.**  
 Kerkhof E; Green R  
 Lamp ,May-Jun 1982, 39 (3) p54-7, ISSN 0047-3936  
 Journal Code: LOP  
 Languages: ENGLISH
- 0215638 82269435  
**Community-oriented primary care.**  
 Rogers DE  
 JAMA ,Oct 1 1982, 248 (13) p1622-5, ISSN 0098-7484  
 Journal Code: KFR  
 Languages: ENGLISH
- 0215518 82268278  
**Childbirth preparation: an important service for all. II. A  
 clinical perspective.**  
 Pahika B  
 J Nurse Midwife ,Jul-Aug 1982, 27 (4) p34-6, ISSN  
 0091-2182 Journal Code: JER  
 Languages: ENGLISH
- 0215387 82266839  
**An outreach program for the urban elderly.**  
 Gerardi GE  
 J Gerontol Nurs ,Aug 1982, 8 (8) p440-2, ISSN 0098-9134  
 Journal Code: IAX  
 Languages: ENGLISH
- 0215366 82266707  
**Practitioner competencies.**  
 Meredith SR; Lucas MJ; Dickey JA; Carey M  
 J Am Diet Assoc ,Aug 1982, 81 (2) p168-76, ISSN  
 0002-8223 Journal Code: H6F  
 Contract/Grant No.: 5D 12 AH80054-04  
 Languages: ENGLISH

00327

0215363 82266704

**Teaching effectiveness in coordinated undergraduate program in dietetics. Assessments of students, graduates, and program directors.**

Spence H; Spears MC; Vaden AG; Hoyt DP  
J Am Diet Assoc ,Aug 1982, 81 (2) p151-8, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

The effect of practitioner experience on teaching effectiveness of faculty in coordinated undergraduate programs in dietetics (CUPS) was studied on the basis of ratings from program directors, students, and program graduates. Instruments to measure teaching effectiveness were developed that contained 36 items common to all teaching situations and 6 each related to teaching in clinical/community dietetics and to food service management. Four dimensions of effective teaching were identified using factor analysis: interpersonal skill, dietetic expertise, organizational focus, and clinical or practical orientation. Extensive practitioner experience did not contribute to teaching effectiveness.

0215285 82265302

**Health fair: providing a learning experience through a community service project.**

Mason DJ; Calvacca LR  
JNE ,Jun 1982, 21 (6) p39-47, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0215146 82264299

**[Born with a cleft lip or cleft palate]**

Maitre avec une fissure labiale ou palatine.  
Lalande-Gendreau C  
Infirm Can ,Sep 1982, 24 (8) p27, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0214932 82261198

**Critical care nursing: responsibilities beyond the unit.**

Johnson SH  
Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p197, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

00195

0214841 82260284

**Development of a model practice for pediatric residents. Economic and administrative considerations.**

Mankad VN; Shell RT  
Clin Pediatr (Phila) ,Sep 1982, 21 (9) p519-24, ISSN  
0009-9228 Journal Code: DHE

Contract/Grant No.: 5528 PE 14236-04

Languages: ENGLISH

A model pediatric residents' group practice which functions independently of the hospital administration and, to a large extent, of the university administration was developed for the specific purpose of training pediatric residents. During the second year of operation (1981), the residents' group practice met 91 per cent of all expenses, including faculty and resident salaries. The residents' group practice shares many characteristics of private practice (e.g., continuity of physician-patient relationship, appointment keeping, efficient patient flow, and physician participation in practice management). Through their involvement in the management of the practice, residents learn about socioeconomic aspects of pediatric practice and learn how to provide affordable primary care of high quality. Suggestions for developing similar models elsewhere are described.

0214800 82259423

**The community caries prevention demonstration program: fluoride mouthrinses for grades K-12.**

Eckhaus B; Silverstein S; Fine J; Boriskin J  
CDA J ,Jan 1982, 10 (1) p43-7, ISSN 0091-4231 Journal  
Code: CRA  
Contract/Grant No.: N01 DE-52470  
Languages: ENGLISH

0214747 82258780

**An otologic screening program in a Chinese Canadian community.**

Wolf D; Riko K; Alberti PW  
Can J Public Health ,Mar-Apr 1982, 73 (2) p88-91, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0214742 82258775

**The needs of health and related community agencies serving elderly families.**

Snider EL  
Can J Public Health ,Mar-Apr 1982, 73 (2) p119-22, ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

00328

0214718 82258545

**[Location, size of hospital and attitude, opinions of rural inhabitants towards sickness and the health care system]**

Localisation, taille de l'hopital et attitudes, opinions des ruraux a l'egard de la maladie et du systeme de sante.

Thouez JP; Munan L

Cah Sociol Demogr Med ,Apr-Jun 1982, 22 (2) p109-26, ISSN 0007-9995 Journal Code: CEH

Languages: FRENCH

0214602 82253521

**Model project reduces alienation of aged from community.**

Rowe P

Aging ,May-Jun 1982, (327-328) p6-11, ISSN 0002-0966 Journal Code: 2XT

Languages: ENGLISH

0214082 82254227

**The role of barefoot doctors.**

Gong YL; Chao LM

Am J Public Health ,Sep 1982, 72 (9 Suppl) p59-61, ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

0214058 82254196

**The persistence of depressive symptomatology among prepaid group practice enrollees: an exploratory study.**

Hankin JR; Locke BZ

Am J Public Health ,Sep 1982, 72 (9) p1000-7, ISSN 0090-0036 Journal Code: 3XW

Contract/Grant No.: 278-77-0045 (DBE)

Languages: ENGLISH

This exploratory study examines the persistence of depressive symptomatology as measured by the Center for Epidemiological Studies Depressive Scale (CES-D). Over a 12-month period, half of the group of 309 prepaid group practice enrollees reporting depressive symptoms at the beginning of the interval also had high scores on the CES-D at the end of the interval. Sociodemographic characteristics did not predict persistence of depression. Persistence of depression was positively associated with initially reporting cognitive and affective types of depressive symptoms, the presence of physical illness, the seeking of psychiatric treatment, and the receipt of psychotropic drug prescriptions.

0213783 82251104

**Incentives, reproductive behavior, and integrated community development in Asia.**

David HP

Stud Fam Plann ,May 1982, 13 (5) p159-73, ISSN

0039-3665 Journal Code: V52

Languages: ENGLISH

Surveying experience with incentives, disincentives, and integrated community development approaches in selected Asian countries, this overview defines concepts, notes policy trends, and discusses ethical and legal constraints, psychosocial and socioeconomic aspects, and cultural-environmental influences on reproductive behavior. Major emphasis is on experience reported from China, India, Indonesia, Korea, Philippines, Singapore, and Thailand. Findings to date suggest that, to be successful, programs using incentives, disincentives, and integrated community development approaches will have to be formulated as consistent, clearly defined, and well-communicated policies, responsive to development needs and sensitive to local autonomy and values, with dynamic leadership to obtain and nurture continued policy backing.

0213654 82249543

**[Health services and the determination of health needs]**

Services de sante et determination des besoins de sante.

Deschamps JP; Merckx V; Senault R

Rev Prat ,Jun 11 1982, 32 (33) p2245-50, ISSN 0035-2640 Journal Code: T1D

Languages: FRENCH Summary Languages: ENGLISH

0213638 82249463

**South Providence health needs assessment: data delineate problems justifying a major community effort.**

Thacker F; Fulton J; Yapchaian F; Flynn W; Beaudreau B; Sylvester B; Young B

RI Med J ,May 1982, 65 (5) p199-202, ISSN 0363-7913 Journal Code: TDY

Languages: ENGLISH

0213530 82247382

**Staffing: the outlook for care.**

Bosanquet N

Nurs Mirror ,Jul 21 1982, 155 (3) p50, ISSN 0029-6511 Journal Code: 098

Languages: ENGLISH

00329

0213482 82247284  
**Rampton goes to the community.**  
Hicks C  
Nurs Times ,Jun 23-29 1982, 78 (25) p1042-3, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0213357 82246331  
**[Diagnostic, therapeutic and hygienic measures in epidemic scarlet fever]**  
Diagnostische, therapeutische und seuchenhygienische  
Massnahmen bei epidemischen Scharlachkrankungen.  
Steinitz H; Kist M  
Off Gesundheitswes ,Apr 1982, 44 (4) p237-41, ISSN  
0029-8573 Journal Code: DFE  
Languages: GERMAN

0213355 82246327  
**[Death certificates and confidentiality of the public health service physician]**  
Todesbescheinigung und Schweigepflicht des Arztes am  
Gesundheitsamt.  
Naser S  
Off Gesundheitswes ,Apr 1982, 44 (4) p226-9, ISSN  
0029-8573 Journal Code: DFE  
Languages: GERMAN

0213353 82246325  
**[Activities in social psychiatry of the public health service demonstrated by the example of the city of Munich]**  
Intensionen des öffentlichen Gesundheitsdienstes in der  
Sozialpsychiatrie am Beispiel der Stadt München.  
Loeffelholz von Colberg F  
Off Gesundheitswes ,Apr 1982, 44 (4) p219-22, ISSN  
0029-8573 Journal Code: DFE  
Languages: GERMAN

0213338 82246302  
**[The personnel situation of physicians in the public health service]**  
Zur Personalsituation der Ärzte im öffentlichen  
Gesundheitsdienst (OGD).  
Femmer HJ; Pennekamp P  
Off Gesundheitswes ,Feb 1982, 44 (2) p123-4, ISSN  
0029-8573 Journal Code: DFE  
Languages: GERMAN

0213337 82246301

**[The public health system disease (II). Alternatives in the solution of current problems in the public health system--more state or more market place?]**

Die Krankheit der gesetzlichen Krankenversicherung (Teil II). Alternativen zur Lösung der gegenwertigen Probleme der GKV--mehr Staat oder mehr Markt?  
Metze I  
Off Gesundheitswes ,Feb 1982, 44 (2) p116-22, ISSN  
0029-8573 Journal Code: DFE  
Languages: GERMAN

0212980 82241803  
**Enrollment in and compliance with a community demonstration program of caries prevention for grades kindergarten through 12.**  
Eckhaus B; Silverstein S; Fine J; Boriskin J  
J Public Health Dent ,Spring 1982, 42 (2) p142-54, ISSN  
0022-4006 Journal Code: JV3  
Contract/Grant No.: N01 DE-52470  
Languages: ENGLISH

0212940 82241006  
**Hope for Haiti.**  
Carraway RD  
J Fla Med Assoc ,Jun 1982, 69 (6) p463-8, ISSN  
0015-4148 Journal Code: I53  
Languages: ENGLISH

0212915 82240669  
**Iowa Family Planning Program.**  
Adams CS  
J Iowa Med Soc ,Apr 1982, 72 (4) p165-8, ISSN 0021-0587  
Journal Code: IIF  
Languages: ENGLISH

00330

0212882 82240347

**The role and goals of academic optometry. Some unfulfilled missions.**

Abplanalp P; Baldwin WR  
J Am Optom Assoc ,Apr 1982, 53 (4) p277-83, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

The authors express the opinion that optometry schools have obligations to the profession and the public which involve missions beyond their primary function of educating and training students. They identify those missions which they believe are highly important but only partially addressed. They are: clinical research; expansion of optometry's scientific base; specialized patient care; and education of practitioners. They offer explanations for lack of progress, but insist it is vital that these obligations be met by our schools, and offer suggestions toward this end.

0212801 82238781

**Making a health profile of an area.**

Carr G  
Health Visit ,Jun 1982, 55 (6) p309, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0212799 82238779

**A consumer view of the health visiting service.**

Field S; Draper J; Kerr M; Hare M  
Health Visit ,Jun 1982, 55 (6) p299-301, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0212794 82238774

**Does health visitors' training equip them to meet clients' needs?**

Turner V  
Health Visit ,Jun 1982, 55 (6) p279-82, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0212624 82236713

**Rehabilitation of hearing-handicapped elderly adults.**

Garstecki DC  
Ear Hear ,May-Jun 1982, 3 (3) p167-72, ISSN 0196-0202  
Journal Code: E9G  
Languages: ENGLISH

This paper describes procedures used in the development and implementation of an aural rehabilitation program for hearing-impaired elderly adults. Program emphasis is directed toward meeting the self-perceived needs of this population.

Suggestions for ways to enhance the elderly adult's interest in self-management of hearing problems are gleaned from consumer workshop reports as well as clinical observations. Suggestions for identification of program candidates were offered with emphasis on dissemination of informational literature. Intake procedures were described with mention of the client's possible expectations from the program, as well as the program's expectations from the participants. Finally, program goals and procedures were described. Emphasis was directed toward three interrelated goal areas: amplification, communication remediation, and counseling-education. The role of the hearing aid as a critical tool in the rehabilitation process was highlighted. A controlled approach toward communication assessment was described, along with a scheme for determining remediation goals. Topics for personal and family counseling or education were listed along with suggestions for facilitating individual and group discussion.

0212623 82236712

**A community hearing conservation program for senior citizens.**

Dodds E; Harford ER  
Ear Hear ,May-Jun 1982, 3 (3) p160-6, ISSN 0196-0202  
Journal Code: E9G  
Languages: ENGLISH

A community hearing conservation program for more than 1000 senior citizens is described. Seminars about hearing loss, hearing aids were conducted. Results of hearing tests under various conditions are drawn from a population of more than 500 senior adults. Information about hearing aid use and self-awareness regarding hearing impairment was also collected. It is concluded that senior citizens are very interested in learning more about hearing loss and treatment, but as a group they are reluctant to seek out remediation voluntarily. Thus, it appears that outreach programs are important considerations for serving the ambulatory senior population. It is concluded that it is highly feasible to obtain dependable pure-tone audiometric data in field locations with some minor precautions. In our opinion, audiological services should be taken to populations of senior citizens, provided they can be cost effective. Some suggestions are offered for improving the type of program described in this paper.

00331

0212564 82235038

**A five-year report (1975-1979) of a cardiovascular community control program in the Shijingshan District of Beijing.**

Wu YK; Yu JS; Yu MZ; Lu CQ; Gao RQ; He GQ  
Chin Med J [Engl] ,Mar 1982, 95 (3) p163-6. ISSN  
0366-6999 Journal Code: D3B.  
Languages: ENGLISH

0212140 82212287

**Gerontology at Mount Zion.**

Prothro L  
Hosp Forum ,Jul-Aug 1982, 25 (4) p6-7, 9-11, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0212128 82212275

**Public participation in health care.**

McKeith JS  
Hosp Health Serv Rev ,Feb 1982, 78 (2) p49-51, Journal  
Code: GC5  
Languages: ENGLISH

0211884 82229311

**Evaluating the Municipal Health Services Program.**

Andersen R; Fleming GV; Aday LA; Lewis SZ; Bertsche LA;  
Banks MJ  
Ann NY Acad Sci ,1982, 387 p91-110, ISSN 0077-8923  
Journal Code: 5NM  
Contract/Grant No.: HCFA-500-78-0097  
Languages: ENGLISH

00196

0211791 82228229

**Community health planning from an interorganizational perspective.**

Cohen PD  
Am J Public Health ,Jul 1982, 72 (7) p717-21, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH  
Planning agencies do not have control over health care resources in the community. Resources are concentrated in a number of provider organizations, associations, and government agencies, which have common goals as well as a diversity of individual objectives, and therefore enter into networks of relationships to accomplish their overlapping service missions. Interorganizational research shows that it is important to enhance the interdependence and benefits of cooperation between organizations and at the same time maintain the identity and distinctive qualities of each organization. Thus, in addition to the important role to provide information for decisions, planners have a role to

manage the interdependencies and identities among organizations in the health system. Research shows that in situations where only methods, data, and analysis were emphasized by health planners, they had less impact on community decisions than in situations where planners also emphasized the development of the interorganizational system of decision-making. In a neutral position with respect to competing forces, planners can more effectively use their leverage from their information processing role and from their regulatory powers to facilitate the balancing of interorganizational interests and to enhance cooperative benefits to the community.

0211647 82226163

**Profession-specific training in health education.**

Brieger W; Olaseha IO; Ekeh HE; Johnson DC; Adeniyi JD  
Int J Health Educ ,1982, 24 (3) p156-63, ISSN 0020-7306  
Journal Code: YEE  
Languages: ENGLISH

In 1975, the African Regional Health Education Centre (ARHEC) inaugurated two training programmes in health programmes in health education: a two-year postgraduate course leading to a master's degree, and a one-year course preparing for a non-graduate diploma. The purpose of the latter was to give advanced training and updating to experienced health personnel who had either received a diploma in health education some years before or had been functioning as health educators. This was intended to be a temporary course, to phase out in three years. However, due to its popularity, it was extended in spite of certain negative aspects, mainly the fact that new graduates often return to their former positions with little opportunity to utilize fully their new skills. Those who succeeded best tried to merge health education with their basic professional practice (for example, nursing with patient education). ARHEC decided therefore to modify the programme of its advanced diploma course, which now provides for the teaching of a basic core of health education subjects to all students, and includes three modules to which students are assigned according to their previous training and their future professional activities: community health education and primary health care; hospital-based patient and family health education; and school health education. The practical field work, which is an essential aspect of the course, is tailored to the interests of students in each module. Preliminary evaluation indicates that this programme provides a better response to the needs of students and their employers and eliminates the problem of two categories of health educators (diploma and masters level). It is intended to create other modules dealing with the media, occupational health, and so on.

00332

0211585 82225098

[Method of estimating the coverage rate of vaccination in children]

Methode d'estimation des taux de couverture vaccinale des enfants.

Lapointe C; Bernard PM

Union Med Can ,Apr 1982, 111 (4) p355-8, ISSN 0041-6959

Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

0211417 82223412

[The Bagneux Club: an experiment to watch]

le Club de Bagneux: une experience a suivre.

Burrus D

Rev Infirm ,May 1982, 32 (10) p2-3, ISSN 0397-7900

Journal Code: S7T

Languages: FRENCH

0211390 82222854

The community health councils of the future.

Griffiths R

R Soc Health J ,Feb 1982, 102 (1) p3-6, ISSN 0035-9130

Journal Code: QM3

Languages: ENGLISH

0211388 82222851

Community Health Councils and N.H.S. community physicians: potential for a fruitful relationship.

Mays N

R Soc Health J ,Feb 1982, 102 (1) p21-3, 28, ISSN 0035-9130 Journal Code: QM3

Languages: ENGLISH

0211339 82222390

Methodological issues in using time series designs and analysis: evaluating the behavioral impact of health communication programs.

Windsor RA; Cutter G

Prog Clin Biol Res ,1982, 83 p517-35, ISSN 0361-7742

Journal Code: PZ5

Contract/Grant No.: N01-CN-95471

Languages: ENGLISH

0211327 82222373

Influencing telephone responses to a cancer information system via televised public service announcements.

Fiocca HA; Woo JJ; Murfin GD

Prog Clin Biol Res ,1982, 83 p361-72, ISSN 0361-7742

Journal Code: PZ5

Contract/Grant No.: N01 CN 75399

Languages: ENGLISH

0211323 82222369

Community breast cancer screening in metropolitan Detroit.

Swanson GM; Schwartz AG; Satariano WA

Prog Clin Biol Res ,1982, 83 p327-35, ISSN 0361-7742

Journal Code: PZ5

Contract/Grant No.: N01-CN-65252; N01-CP-61028

Languages: ENGLISH

0211322 82222368

Improved community colon cancer control.

Sutherland N; Miller R; Hall TC

Prog Clin Biol Res ,1982, 83 p311-26, ISSN 0361-7742

Journal Code: PZ5

Languages: ENGLISH

0211319 82222364

Screening for cervical cancer: results from several intervention strategies.

Satariano WA; Schwartz AG; Swanson GM

Prog Clin Biol Res ,1982, 83 p275-83, ISSN 0361-7742

Journal Code: PZ5

Contract/Grant No.: N01-CN-65252; N01-CP-61208

Languages: ENGLISH

0211310 82222352

Evaluation of promotional strategies to solve the problem of underutilization of a breast examination education center in a New York City black community.

Adams M; Kerner JF

Prog Clin Biol Res ,1982, 83 p151-61, ISSN 0361-7742

Journal Code: PZ5

Contract/Grant No.: CA 16402; N01-CN-55224

Languages: ENGLISH

00333



0211208 82221533  
**Curriculum change in nursing. VI. An example of community health-orientation.**  
Harnar R  
Nurs J India ,Feb 1982, 73 (2) p37-45, ISSN 0029-6503  
Journal Code: 097  
Languages: ENGLISH

0211190 82221488  
**Keep it in the family.**  
Smith J  
Nurs Times ,Jun 2-8 1982, 78 (22) p913, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0211169 82221455  
**Client care-seeking behaviours in a community setting and their sources of satisfaction with nursing care.**  
Field PA  
Nurs Pap ,Spring 1982, 14 (1) p15-29, ISSN 0318-1006  
Journal Code: 09J  
Languages: ENGLISH

0211128 82221239  
**Trends in service delivery and treatment of the mentally retarded.**  
Cohen HJ  
Pediatr Ann ,May 1982, 11 (5) p458-69, ISSN 0090-4481  
Journal Code: DUB  
Languages: ENGLISH

0211039 82220777  
**[Matamoros mix]**  
Matamoros mixe.  
Lassonde A  
Nurs Que ,Jan-Feb 1982, 2 (2) p29-30, ISSN 0381-6419  
Journal Code: 0BD  
Languages: FRENCH

0210975 82219889  
**Long-term care for the elderly and disabled: a new health priority.**  
Somers AR  
N Engl J Med ,Jul 22 1982, 307 (4) p221-6, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0210927 82219168  
**Respite care for mentally retarded and other disabled populations: programs models and family needs.**  
Upshur CC  
Ment Retard ,Feb 1982, 20 (1) p2-6, Journal Code: MTW  
Languages: ENGLISH

0210881 82218432  
**The Frederick Cancer Project.**  
Vaughan WP; Waalkes TP; Lundhal S; Shapiro S; White P; Celentano D; Weisman C; Hughes R; Elwood TW  
Md State Med J ,Mar 1982, 31 (3) p37-42, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0210763 82216894  
**Social and organizational constraints on health development [editorial]**  
Cumper G  
J Trop Med Hyg ,Apr 1982, 85 (2) p47-55, ISSN 0022-5304  
Journal Code: KAV  
Languages: ENGLISH

0210632 82215558  
**Diabetes mellitus--a community perspective.**  
Garrett WA Jr; Golden TD  
J Med Assoc Ga ,Mar 1982, 71 (3) p193-5, ISSN 0025-7028  
Journal Code: IZB  
Contract/Grant No.: 4232/CU400340-01  
Languages: ENGLISH

0210376 82212753  
**[From school health to health of the young]**  
De la sante scolaire a la sante des jeunes.  
O'Neill M  
Infirm Can ,Jun 1982, 24 (6) p14-8, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

00334

0210334 82212311  
**Reaching out to the low-income aged.**  
Richards G  
Hospitals ,Jul 1 1982, 56 (13) p70-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210193 82209935  
**Working with neglecting families.**  
Hall M; DeLaCruz A; Russell P  
Child Today ,Mar-Apr 1982, 11 (2) p6-9, 36, Journal  
Code: D2E  
Languages: ENGLISH

0210192 82209934  
**Clients who refer themselves to child protective services.**  
DePanfilis D  
Child Today ,Mar-Apr 1982, 11 (2) p21-5, Journal Code:  
D2E  
Languages: ENGLISH

0210022 82208200  
**Women's health education clinic.**  
Dewar K  
Can Nurse ,Jun 1982, 78 (6) p42-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0209977 82207625  
**Cost of counselling women who undergo mastectomy.**  
Maguire P; Pentol A; Allen D; Tait A; Brooke M; Sellwood R  
Br Med J [Clin Res] ,Jun 25 1982, 284 (6333) p1933-5.  
Journal Code: B4X  
Languages: ENGLISH

The psychiatric morbidity associated with mastectomy and breast cancer was substantially reduced by a specialist nurse who counselled women before and after surgery and monitored their progress. A controlled study was, therefore, carried out to determine what this cost. National Health Service costs were almost wholly covered by savings made because counselled subjects who developed psychiatric problems were recognised and treated much earlier than control patients. Counselled and control subjects suffered considerable financial losses, but these were offset in the counselled group by their relatives' earlier return to work. Such counselling schemes are necessary and effective and may be implemented at little extra cost.

0209967 82207579

**Peckham health project. Raising health consciousness.**  
Fisher BH; Cochrane M  
Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1843-5.  
Journal Code: B4X  
Languages: ENGLISH

0209952 82207504  
**Measurement of omission.**  
Hart JT  
Br Med J [Clin Res] ,Jun 5 1982, 284 (6330) p1686-9.  
Journal Code: B4X  
Languages: ENGLISH

0209934 82207422  
**The way ahead for rehabilitation [editorial]**  
Gloag D  
Br Med J [Clin Res] ,May 22 1982, 284 (6328) p1509-10.  
Journal Code: B4X  
Languages: ENGLISH

0209928 82207396  
**Organising and training staff.**  
Drury VW  
Br Med J [Clin Res] ,May 15 1982, 284 (6327) p1447-9.  
Journal Code: B4X  
Languages: ENGLISH

0209841 82202760  
**State experiences with long-term care.**  
Gray PJ  
Aging ,Mar-Apr 1982, (325-326) p28-33, ISSN 0002-0966  
Journal Code: 2XT  
Languages: ENGLISH

0209231 82204628  
**Primary prevention of sudden coronary death: a community-based program in North Karelia, Finland.**  
Salonen JT  
Ann NY Acad Sci ,1982, 382 p423-37, ISSN 0077-8923  
Journal Code: 5NM  
Languages: ENGLISH

00335

00197

0209124 82203506  
**Pharmacist participation in a multidisciplinary, community health-education project.**

Powell MF; Solomon DK; Cavette SM; Smith GB; Paruszkiewicz JB; Sorrentino MK  
Am J Hosp Pharm ,May 1982, 39 (5) p851-2, ISSN 0002-9289 Journal Code: 3IO  
Languages: ENGLISH

0208975 82201584  
**Spotlight on Virginia's nurse practitioners.**  
Va Nurse ,Spring 1982, 50 (1) p30-6, 26, ISSN 0270-7780  
Journal Code: X6W  
Languages: ENGLISH

0208749 82199175  
**[Mutuality in Auvergne]**  
Mutualite auvergnate,  
Rev Infirm ,Mar 1982, 32 (6) p19, ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

0208530 82197062  
**Community forum 4 - preventive division: an apple a day.**  
Handley N  
Nurs Mirror ,Apr 7 1982, 154 (14) p11-x11, ISSN 0029-6511 Journal Code: 098  
Languages: ENGLISH

0208507 82197023  
**Health visiting: what will be its function in the future?**  
Wiseman J  
Nurs Times ,May 5-11 1982, 78 (18) psupp1 13:49-52,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208501 82197010  
**Community nursing - prescription for excellence?**  
Kratz CR  
Nurs Times ,Apr 21-27 1982, 78 (16) p676-82, ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208482 82196979  
**Continuity and communication-2.**  
Parnell J

Nurs Times ,Apr 7-13 1982, 78 (14) psupp1 10:37-40,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0208385 82196363  
**Community-based genetic education: sources of information in a Tay Sachs disease screening program.**  
Clark M; Palmer R; Kontras S  
Ohio State Med J ,Mar 1982, 78 (3) p218-20, ISSN 0030-1124 Journal Code: 0G5  
Languages: ENGLISH

0208316 82196153  
**A senior leadership experience within the YMCA and the community.**  
Smith PL  
Nurs Leadersh ,Mar 1982, 5 (1) p15-7, ISSN 0164-7865  
Journal Code: 0BG  
Languages: ENGLISH

0208276 82196006  
**The community as client in planning for continuity of care.**  
Eigsti DG; Stein KZ; Fortune M  
Nurs Health Care ,May 1982, 3 (5) p251-3, Journal Code: N77  
Languages: ENGLISH

00336

0208076 82193795

**Development of a cancer prevention-detection clinic.**

Mettlin C; Boyle M; Michalek A

J Surg Oncol ,Apr 1982, 19 (4) p211-5, ISSN 0022-4790

Journal Code: K79

Contract/Grant No.: CA 16411

Languages: ENGLISH

Control of cancer through risk reduction and early detection has great potential. Roswell Park Memorial Institute's Prevention-Detection Center addresses a community need for health promotion, disease prevention, and cancer detection as well as providing opportunity for research on the efficacy of such a program. The Prevention-Detection Center offers a range of services including education, genetic counseling, risk assessment, counseling in smoking cessation and other means of risk reduction, and screening for cancer. It is also involved in evaluation of new technologies of cancer detection such as the ultrasonic examination of the breast. A community outreach program is aimed at attracting high-risk populations. In its first eighteen months of operation, the Prevention-Detection Center detected 24 confirmed cancers. The Center is used by approximately 60 persons each week. Interviews with persons using the clinic over a two-week period indicate that most are motivated to attend because a relative has had cancer or because of a belief in the importance of regular checkups. Client satisfaction with the clinic is high. Although many of the activities of the prevention-Detection Center have a research dimension, many of its activities and services are suited to the community ambulatory health care setting.

0208063 82193489

**[The rats nibble on the plaster cast]**

Am Gipsbein knabbern die Ratten.

Schellenberger E

Krankenpf J ,Apr 15 1982, 20 (4) p26, ISSN 0174-108X

Journal Code: KYN

Languages: GERMAN

0207940 82192204

**Medical Audit: the view of the patient and the community.**

Griffiths RK

J R Coll Physicians Lond ,Apr 1982, 16 (2) p132-4, ISSN

0035-8819 Journal Code: JVB

Languages: ENGLISH

0207938 82192197

**Stroke: social and emotional outcome.**

Holbrook M

J R Coll Physicians Lond ,Apr 1982, 16 (2) p100-4, ISSN

0035-8819 Journal Code: JVB

Languages: ENGLISH

0207683 82189495

**Nutrition education and its application in the community.**

Burman G

Hum Nutr Appl Nutr ,Feb 1982, 36 (1) p5-10, Journal

Code: G9G

Languages: ENGLISH

0207682 82189492

**Nutrition education: development or alienation?**

Praun A

Hum Nutr Appl Nutr ,Feb 1982, 36 (1) p28-34, Journal

Code: G9G

Languages: ENGLISH

00198

0207658 82189397

**Methodological issues in per capita measurement in health care.**

Shaughnessy PW

Health Serv Res ,Spring 1982, 17 (1) p61-81, ISSN

0017-9124 Journal Code: G2L

Contract/Grant No.: 18-P-97145/8-01

Languages: ENGLISH

General agreement exists on the utility of and need for more widespread applications of health system performance indicators measured on a per capita basis. This article contains a discussion of certain methodological issues in per capita measurement and provides recommendations to facilitate applications and future advances. The two basic approaches to per capita measurement are summarized and the need for methodological research is emphasized. Illustrative per capita measures that would be of assistance in applied settings are presented in the context of a tabular display of health and demographic data for a hypothetical state.

00337

- 0207479 82188164  
[The decline in tuberculosis control. Does the neglect of preventive and therapeutic measures in West Germany cause an avoidable prolongation of the tuberculosis problem?]  
Die Schwindsucht der Tuberkulose-Bekämpfung Bewirkt die Vernachlässigung der präventiven und therapeutischen Instrumente in der Bundesrepublik Deutschland eine vermeidbare Verlängerung des Tuberkulose-Problems?  
Petersen KF  
Fortschr Med ,Mar 25 1982, 100 (12) p497-8, ISSN 0015-8178 Journal Code: F62  
Languages: GERMAN
- 0207444 82187640  
Community outreach in long-term care.  
Morgan DM  
Dimens Health Serv ,May 1982, 59 (5) p21-2, 25, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH
- 0207443 82187639  
Donwood looks at lifestyle alternatives.  
George C  
Dimens Health Serv ,May 1982, 59 (5) p20, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH
- 0207442 82187638  
Nova Scotia's multiservice health system.  
Stewart M  
Dimens Health Serv ,May 1982, 59 (5) p14-9, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH
- 0207125 82183553  
A career for child health doctors.  
Whitmore K; Bax M  
Br Med J [Clin Res] ,May 1 1982, 284 (6325) p1353-5, Journal Code: B4X  
Languages: ENGLISH
- 0207114 82183506  
Land of scarcity.  
Savage A  
Br Med J [Clin Res] ,Apr 24 1982, 284 (6324) p1253-4, Journal Code: B4X  
Languages: ENGLISH
- 0207108 82183497  
Ten years in a health centre: organisation and appraisal.  
Robinson ET; Boddy FA  
Br Med J [Clin Res] ,Apr 24 1982, 284 (6324) p1237-8, Journal Code: B4X  
Languages: ENGLISH
- 0206840 82168506  
Hospital-based ambulatory care: status and perspective on the future.  
Crane RM  
J Ambulatory Care Manage ,May 1982, 5 (2) p51-9, ISSN 0148-9917 Journal Code: H49  
Languages: ENGLISH
- 0206686 82165849  
The Cramond experiment.  
Black T  
Health Soc Serv J ,Apr 1 1982, 92 (4790) p402-4, ISSN 0300-8347 Journal Code: GAR  
Languages: ENGLISH
- 0206335 82179213  
An outpatient treatment approach for hearing-impaired alcoholics.  
Jorgensen DG; Russert C  
Am Ann Deaf ,Feb 1982, 127 (1) p41-4, ISSN 0002-726X Journal Code: 38A  
Languages: ENGLISH
- 0205922 82174351  
[The community health concept: the nurse in community health]  
Concept de sante communautaire: L'infirmiere en sante communautaire.  
Jacques D  
Nurs Montreal ,Apr 1982, 6 (2) p8-10, ISSN 0710-6157 Journal Code: 09B  
Languages: FRENCH

00338

0205590 82170209  
**Hidden resources for rehabilitation and care of the disabled.**  
Cochrane GM  
J R Soc Med ,Feb 1982, 75 (2) p89-95, Journal Code:  
JX1  
Languages: ENGLISH

0205073 82163562  
**The age of competition in health care.**  
Kaye R  
Colo Med ,Mar 1982, 79 (3) p113-5, ISSN 0035-760X  
Journal Code: DI5  
Languages: ENGLISH

0205072 82163561  
**Preferred provider organizations: a new form of competitive health plan?**  
Ellwein L  
Colo Med ,Mar 1982, 79 (3) p107-8, ISSN 0035-760X  
Journal Code: DI5  
Languages: ENGLISH

0204794 82155328  
**Disability -- whose responsibility?**  
Dakeshott RJ  
World Hosp ,Feb 1982, 18 (1) p45-8, Journal Code: XP6  
Languages: ENGLISH

0204409 82138720  
**Health advisory services and the immigrant.**  
Forrest D; Sims P  
Health Trends ,Feb 1982, 14 (1) p10-3, ISSN 0017-9132  
Journal Code: EJN  
Languages: ENGLISH

0204298 82159414  
**Use of general medical care services by persons with mental disorders.**  
Hankin JR; Steinwachs DM; Regier DA; Burns BJ; Goldberg ID; Hooper EW  
Arch Gen Psychiatry ,Feb 1982, 39 (2) p225-31, ISSN 0003-990X  
Journal Code: 72C  
Contract/Grant No.: 278-76-0027; 278-76-0028; 278-76-0058  
Languages: ENGLISH  
Data are presented on the medical diagnoses and the type of general medical services used by persons with mental disorder diagnoses. This study is based on the 1975 experience of

registrants in four medical programs contained in three organizational settings. The data on services were retrieved from each program's automated data system. The percent of patients seen in general medical departments receiving a mental disorder diagnosis ranged from 4.8% to 13.6% among the four programs. Patients with mental disorder diagnoses visit general medical departments from 1 1/2 to two times as frequently as patients without such diagnoses. Persons with a diagnosed mental disorder are likely to receive care for conditions in more International Classification of Diseases categories than other patients, and are more likely to receive a diagnosis for ill-defined conditions, signs, and symptoms.

0204272 82159080  
**Child health services after reorganisation.**  
Wilson J  
Arch Dis Child ,Jan 1982, 57 (1) p1-2, ISSN 0003-9888  
Journal Code: 6XG  
Languages: ENGLISH

00199

0204169 82157788  
**Cost-effectiveness of community-based long-term care: current findings of Georgia's alternative health services project.**  
Skellie FA; Mobley GM; Coan RE  
Am J Public Health ,Apr 1982, 72 (4) p353-8, ISSN 0090-0036  
Journal Code: 3XW  
Contract/Grant No.: 11-P-90334/4-05  
Languages: ENGLISH  
A study of the cost-effectiveness of community-based, long-term care was conducted with voluntary enrollees eligible for Medicaid reimbursed nursing home care. One year after enrollment, average longevity was greater for the 575 clients in the experiment group, but average Medicaid plus Medicare costs for this group were higher than for the 172 clients in the control group. Among those more at risk of entering a nursing home, costs for persons in the experimental group were somewhat lower than for those in the control group. The results suggest that community-based services targeted to those most at risk of institutionalization may be cost-effective.

00339

0203637 82150396  
**A vital link.**  
Anderson G  
Nurs Times ,Mar 3-9 1982, 78 (9) p354, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0203583 82150305  
**The children of Blythe Street.**  
Hilario M; James SM  
Nurs Outlook ,Mar 1982, 30 (3) p175-7, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0203393 82149151  
**Yearly review of salaries in home health agencies and community health services--1981.**  
Nurs Health Care ,Feb 1982, 3 (2) p88-92, Journal Code: N77  
Languages: ENGLISH

0203385 82148967  
**Use of health services by the elderly in low-income communities.**  
Wan TT  
Milbank Mem Fund Q ,Winter 1982, 60 (1) p82-107, ISSN 0026-3745  
Journal Code: NOW  
Languages: ENGLISH

Although it is generally assumed that there has been a narrowing of the gap in health care between poor and nonpoor families, the relative contributions of improved fiscal and geographic access are not well documented. Almost 2,000 elderly poor persons were studied to examine factors affecting their use of health services. A number of personal and structural problems are identified when cultural and ethnic backgrounds are considered.

0202325 82136162  
**Community care compared with hospital outpatient care for hypertensive patients.**  
Bulpitt CJ; Daymond MJ; Dollery CT  
Br Med J [Clin Res] ,Feb 20 1982, 284 (6315) p554-6, Journal Code: B4X  
Languages: ENGLISH

Three hundred and seventy-six patients with treated diastolic blood pressures of less than 105 mm Hg and no history of accelerated hypertension or renal failure were selected from among those attending the Hammersmith Hospital hypertension clinic. Their average lying treated blood pressure was 146 mm Hg systolic and 90 mm Hg diastolic and

average age 56 years; 18% were black, 6% Asian, and 76% white. The patients were mostly having multiple treatment, 90% receiving a diuretic, 35% methyldopa, 33% propranolol, 18% atenolol, 9% hydralazine, and 7% bethanidine. They were randomly allocated to either two years of further hospital outpatient care or referred back to their general practitioners. During the two years 19 (10%) of the 187 patients followed up in hospital defaulted and three had their treatment discontinued. Twelve (6%) of the 189 followed up by their general practitioners defaulted from follow-up and nine had their treatment discontinued. At the end of the trial the average lying blood pressure was 148 mm Hg systolic and 88 mm Hg diastolic in the hospital group and 149 mm Hg systolic and 90 mm Hg diastolic in the general practice group. The change in blood pressure was calculated for each individual and showed an average fall of 1.6 mm Hg in standing diastolic pressure in the hospital group and a rise of 1.4 mm Hg in the general practice group (p less than 0.05). The 90% confidence limits for a difference in standing diastolic pressure between the groups were 1 and 5 mm Hg with the pressure lower in the hospital group. General practice care was not quite as effective in controlling blood pressure as continued specialist supervision over two years in this selected group of treated outpatients with mild or moderate hypertension, but these results show that the discharge back to general practitioners of patients who are well controlled after hospital treatment is a sensible policy.

0202064 82122775  
**Comprehensive community care: the potential of informal helping for boomtowns.**  
Iversen MJ; Bertsche JW; Clark FW  
J Health Hum Resour Adm ,Winter 1982, 4 (3) p353-62, ISSN 0160-4198  
Journal Code: KD1  
Languages: ENGLISH

0201934 82118552  
**Hospital extends services to underserved area.**  
Hosp Prog ,Mar 1982, 63 (3) p26, 28, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0201867 82117596  
**Human interest program: from clubs to lobster.**  
Rev Fed Am Hosp ,Mar-Apr 1982, 15 (2) p42-3, Journal Code: EUJ  
Languages: ENGLISH

00340

0201491 82131011  
**West Virginia's Department of Health: philosophy and direction.**  
Hansbarger LC  
W Va Med J ,Feb 1982, 78 (2) p41-5, ISSN 0043-3284  
Journal Code: XMR  
Languages: ENGLISH

0200883 82124698  
**Consultation papers from the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting.**  
Midwives Chron ,Jan 1982, 95 (1128) p8, ISSN 0026-3524  
Journal Code: MYE  
Languages: ENGLISH

0200596 82121031  
**A symposium on long term care.**  
Brower HT; Solomon J; Tappen RM  
J Gerontol Nurs ,Jan 1982, 8 (1) p9-15, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0200432 82119571  
**New approaches to cardiovascular and other chronic diseases suggest a bright future for school and community health education.**  
Fitch JA; Blue BE  
Health Educ (Wash) ,Jan-Feb 1982, 13 (1) p35-7, ISSN 0097-0050  
Journal Code: G26  
Languages: ENGLISH

0199120 82097733  
**Hospitals and physicians -- partners or competitors? [editorial]**  
Landgarten S  
Hosp Med Staff ,Jan 1982, 11 (1) p16-7, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0198972 82095537  
**Pediatric residency training: adapting to current and future child health needs.**  
Cross AW; Sharp MC; Loda FA  
Fam Community Health ,Feb 1982, 4 (4) p31-42, ISSN 0160-6379  
Journal Code: ESE  
Languages: ENGLISH

0198835 82111338  
**Public health implications of rubella antibody levels in California.**  
Dales LG; Chin J  
Am J Public Health ,Feb 1982, 72 (2) p167-72, ISSN 0090-0036  
Journal Code: 3XW  
Languages: ENGLISH

0198096 82103849  
**Sounding Board. Performance-based rating of methadone maintenance programs.**  
Dole VP; Nyswander ME; Desjarlais D; Joseph H  
N Engl J Med ,Jan 21 1982, 306 (3) p169-71, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0197930 82102165  
**[Mobile care services as a part of primary health care]**  
Mobile Hilfsdienste als Teil der primären Gesundheitsversorgung.  
Clauss A  
Krankenpflege (Frankfurt) ,Jan 1982, 36 (1) p11-3, ISSN 0002-1008  
Journal Code: KXL  
Languages: GERMAN



0197896 82101248

Five-year findings of the hypertension detection and follow-up program. III. Reduction in stroke incidence among persons with high blood pressure. Hypertension Detection and Follow-up Program Cooperative Group.

JAMA, Feb 5 1982, 247 (5) p633-8, ISSN 0098-7484  
Journal Code: KFR

Contract/Grant No.: N01-HV-124; N01-HV-229; N01-HV-32933; +  
Languages: ENGLISH

The Hypertension Detection and Follow-up Program (HDFP) previously reported a 16.9% reduction in all-cause mortality among its Stepped Care (SC) group, relative to the community-treated Referred Care (RC) group. The current report compares cerebrovascular disease (CV) morbidity and mortality in the SC and RC populations. The SC five-year stroke incidence (1.9 per 100 persons) is significantly lower than that found among the RC (2.9 per 100 persons). Reductions in stroke rates among SC were experienced for all race-sex groups, all diastolic blood pressure strata, all ages, and among those with or without evidence of long-standing hypertension. Comparisons of the CV death rates for SC (1.06 per 1,000 persons) and RC (1.91 per 1,000 persons) with those obtained for the general US population (0.83 per 1,000 persons) indicate that the CV death rate decreased in the SC hypertensive population to a level approaching that of the general US population.

00200

● 0197291 82093119

Issues in rural health care planning.

Henderson J

Can Nurse, Jan 1982, 78 (1) p30-3, ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

00342

00201

0217455 82264863

**Child mortality and fertility in Colombia: individual and community effects.**

Rosenzweig MR; Schultz TP  
Health Policy Educ ,Mar 1982, 2 (3-4) p305-48, ISSN  
0165-2281 Journal Code: G2I  
Languages: ENGLISH

The education of a mother is strongly and positively correlated with the survival rate of her children. This paper combines household data from the Colombian Census of 1973 and characteristics of the 900 residential areas in Colombia, to test various hypotheses concerning the mechanism by which mother's education and public policies affect child survival and the distribution of health benefits resulting from policy interventions. The hypothesis is advanced that education provides people with skills in acquiring and decoding new information and thus effectively lowers the costs of using more beneficial child health and contraceptive technologies. Since a primary function of health and family planning programs is to disseminate information on these same technologies, the hypothesis is tested that mother's education and these program interventions may substitute for each other in improving child health and reducing family size. The empirical analysis confirms that in urban areas the availability of medical services, family planning activities, transportation infrastructure and climate, in addition to mother's education, are associated with child mortality ratios and fertility within a birth cohort of mothers. The least educated mothers are the most strongly affected, in terms of their reduced fertility and increased child survival rates, by the local urban health programs. The evidence is, thus, consistent with the substitution hypothesis. No effects of program interventions and medical facilities are found on rural populations, though both child mortality ratios and fertility are lower for more educated rural women.

0217426 82263902

**Summary of a curriculum guide for a nontraditional MRA program for ART progression.**

Pariser MM; Stein B  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p43-9, ISSN  
0273-9976 Journal Code: GJV  
Languages: ENGLISH

0217414 82263772

**Attacking the high costs of back injuries.**

Health Care Secur Saf Manage ,Aug 1982, 3 (4) p5-9,  
Journal Code: GH6  
Languages: ENGLISH

0217402 82263735

**An analysis of hospital costs by cost center, 1971 through**

1978.

Ashby JL Jr  
Health Care Financ Rev ,Sep 1982, 4 (1) p37-53,  
Journal Code: GHX  
Languages: ENGLISH

Hospital cost analyses generally have not used costs broken down by hospital department or function due to the unavailability of appropriate data. The Medicare Cost Reports display direct cost by cost center, and the Health Care Financing Administration (HCFA) funded a project to abstract, edit, and categorize these data from a sample of 457 hospitals into meaningful groups. The author used the resulting data base to analyze trends in hospital costs, with cross tabulations by a hospital's teaching status, type of control, and bed size class, from 1971 through 1978. The author also used this data base to preliminarily assess whether introduction of the Medicare Section 223 reimbursement limits altered cost center growth trends. The study found that the largest cost increases occurred among Ancillary Services. It also found slightly higher than average increases in Inpatient Services (concentrated in Special Care Units), and General Services increased at a below average rate. Outpatient Service costs escalated rapidly in absolute terms but rose much more slowly in per unit terms. The fastest growing cost quantity in the study was Other Ancillary Services, a miscellaneous group encompassing many of the new advanced technology services, which increased at a rate of 24 percent per year between 1973 and 1978. The study found costs per unit of output to be positively associated and bed size across all cost center categories, including General Services, where some evidence of economics of scale might have been expected. The study found no evidence that the Section 223 limits affected cost growth longitudinally, but an understanding of the impact of these limits will require considerably more study.

0217272 82263268

**Staffing and training.**

Zielski K  
Healthc Financ Manage ,Sep 1982, 36 (9) p110, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217172 82256880

**Health education and health promotion...it can be your success story, too.**

Nudd SP  
J NAHD ,Fall 1982, p20-4, ISSN 0196-4933 Journal  
Code: AIZ  
Languages: ENGLISH

00343

**CONSEJOS SUPERIORES**

**00344**

Languages: ENGLISH

0233385 83147383  
**Putting to rest unwarranted fears about trustee liability.**  
Bernstein AH  
Trustee ,Mar 1983, 36 (3) p17-8, 22-3, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
Common concerns about the legal liability of trustees include malpractice, contracts, medical staff discipline, and conflict of interest. Each of these topics is discussed here, as well as the use of directors and officers liability insurance to protect against anticipated risks.

0233266 83141347  
**Mount Sinai Chairman Alfred R. Stern honored as 1983 Trustee of the Year.**  
Johnson DE  
Mod Health Care ,Feb 1983, 13 (2) p86-7, 90-1, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0233248 83141329  
**Trustees reach beyond boardrooms through state hospital associations.**  
Berger S  
Mod Health Care ,Feb 1983, 13 (2) p137-8, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0233204 83139084  
**Factors affecting representation of minorities and the disadvantaged in health planning agencies.**  
Hausner T; Johnson FT Jr; Sevick JR  
J Health Hum Resour Adm ,Fall 1982, 5 (2) p133-44, ISSN 0160-4198 Journal Code: KDI  
Languages: ENGLISH

0233146 83135039  
**Surviving the crunch.**  
Roeder EW  
Health Manage Forum ,Spring 1983, 4 (1) p7-16, ISSN 0712-5046 Journal Code: G56  
Languages: ENGLISH

0231330 83138761  
**The hospital leadership.**  
J Med Soc NJ ,Jan 1983, 80 (1) p19-20, ISSN 0025-7524  
Journal Code: J47

0231202 83137536  
**The University of South Alabama Medical Alumni Association.**  
Eichold S  
J Med Assoc State Ala ,Feb 1983, 52 (8) p60, ISSN 0025-7044 Journal Code: IZJ  
Languages: ENGLISH

0231197 83137523  
**Interpreting the Composite State Board of Medical Examiners' statutory authority to discipline physicians on the basis of conduct unrelated to the practice of medicine.**  
Berg RN  
J Med Assoc Ga ,Jan 1983, 72 (1) p47-9, ISSN 0025-7028  
Journal Code: IZB  
Languages: ENGLISH

0230883 83133968  
**Trustees shift focus. Prospective payment encourages a board's integrative skills.**  
O'Gara N  
Hospitals ,Mar 16 1983, 57 (6) p88-90, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230233 83121377  
**The construction manager can be the hospital trustee's ally.**  
Miller-Jones M  
Trustee ,Feb 1983, 36 (2) p33-4, 36, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
The construction manager's expertise in accurate cost estimating can help trustees engaged in the process of securing a certificate-of-need authorization and seeking bond market financing for the project. The application of these skills to two recent hospital construction projects is detailed here.

00345

0230189 83120122  
**The board of directors and agency accountability.**  
Gelman SR  
Soc Casework ,Feb 1983, 64 (2) p83-91, Journal Code:  
UT2

Languages: ENGLISH  
The demand for greater accountability in the social service arena has forced those responsible for funding and operating programs to look for more efficient ways to evaluate them. The board of directors of the nonprofit organization, as legally constituted, is the most appropriate body to exercise the accountability function.

0230017 83108356  
**Where power should lie in credentialing disputes.**  
Robinson ML  
Hosp Med Staff ,Jan 1983, 12 (1) p8-10, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0229948 83107082  
**Monitoring professional relationships: what is the trustee's role?**  
Cunningham RM  
Hosp Prog ,Feb 1983, 64 (2) p37-41, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0229873 83105623  
**The evolution of an urban-based hospice program.**  
Connor SR; Kraymer LK  
Fam Community Health ,Nov 1982, 5 (3) p39-53, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0229805 83103929  
**Perceptions of a new hospital trustee.**  
Podiluk W  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p14-5, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0229804 83103928  
**Certification to strike: where do trustees fit in?**  
Puchyr J  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p12-3, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0229803 83103927  
**Integrated hospital budgeting--a summary.**  
McConnell G  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p10-1, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0229801 83103413  
**Bringing corporate structure to nonprofits: a case study.**  
Cushman M  
Caring ,Feb 1983, p22-5, Journal Code: C9V  
Languages: ENGLISH

0227770 83091456  
**Hospital board membership can put you in control.**  
Womack GR  
Physicians Manage ,Oct 1982, 22 (10) p206-8, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227703 83090536  
**How administrators of non-profit facilities size up their boards.**  
Shore H; Rosenstein J; Wilson R  
Nurs Homes ,Nov-Dec 1982, 31 (6) p2-4, ISSN 0029-649X  
Journal Code: D96  
Languages: ENGLISH

0227673 83088503  
**Grass-roots relationship cultivated between HMO's trustees, members.**  
Berger S  
Mod Health Care ,Jan 1983, 13 (1) p132, 134, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

00346

00202

0225903 83081993

**Strategic and nonstrategic planning in hospitals.**

Ready RK; Ranelli FE

Health Care Manage Rev ,Fall 1982, 7 (4) p27-38, ISSN  
0361-6274 Journal Code: G11

Languages: ENGLISH

0225807 83081057

**Talking to the board. By opening communication lines with board members, CEOs promote continuity and effective handling of key issues.**

Ewell CM

Hospitals ,Jan 16 1983, 57 (2) p79, 81, 84, passim,  
ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

When asked how he has been able to effectively stay in one job for so long, the man who has been at the head of one of the nation's largest banking organizations for 16 years, Richard Cooley, chairman, Wells-Fargo Bank, said that he "learned very early that board relations was the most important key to his continuity." Cooley said his strategy over the years has been to meet for dinner about once a year with each member of this board to allow the board member to get to know him, to personally hear the issues that the board member considers most important, and to solicit input on proposed management plans.

0225217 83068667

**Executive compensation committees: an idea whose time has come?**

Browdy JD

Trustee ,Dec 1982, 35 (12) p45-8, ISSN 0041-3674  
Journal Code: WG9

Languages: ENGLISH

Because executive and managerial talent is a hospital's most valuable asset in a highly competitive climate, boards should be concerned with matters of executive compensation. The major responsibilities of an executive compensation committee are outlined here, including evaluation of the CEO's performance, determination of his compensation level, and establishment of the institution's basic compensation philosophy.

0225216 83068666

**Guidelines for more informative quality assurance reports.**

Thompson RE

Trustee ,Dec 1982, 35 (12) p33, 36-8, ISSN 0041-3674  
Journal Code: WG9

Languages: ENGLISH

0225214 83068664

**Trustee's survey of board chairmen: who they are and what concerns them.**

Trustee ,Dec 1982, 35 (12) p14, 18, 22-4, ISSN  
0041-3674 Journal Code: WG9

Languages: ENGLISH

0225032 83062419

**Trustees merge their national, local perspectives to hospitals' benefit.**

Berger S

Mod Health Care ,Dec 1982, 12 (12) p98, ISSN 0160-7480  
Journal Code: NFA

Languages: ENGLISH

0224945 83056334

**Repairing the competitive wedge between physicians and hospitals.**

Thompson RE

Hosp Med Staff ,Dec 1982, 11 (12) p12-6, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

0224919 83056239

**Long-range process planning: the first cut.**

Weber W; Weber S

Grantsmanship Cent News ,Jul-Aug 1982, 10 (4) p24-35,  
Journal Code: G2M

Languages: ENGLISH

0224848 83055249

**The management job of the hospital administrator: incentive! Dilemma, contradiction and negative.**

Simendinger EA; Aram JD

Hosp Top ,Nov-Dec 1982, 60 (6) p2-6, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

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0224778 83055057

**The hospital capital crisis: issues for trustees.**

Bradford C; Caldwell G; Goldsmith J

Harv Bus Rev .Sep-Oct 1982, 60 (5) p56-68, ISSN

0017-8012 Journal Code: GBE

Languages: ENGLISH

The erosion of the capital position in the hospital industry--one of the most complex and overregulated industries in the United States--is a major challenge to trustees. Hospital trustees have often neglected to examine their hospitals' capital needs on more than a project-by-project basis. In dealing with their hospitals' capital needs, trustees, most of whom are successful business people, too often take off their "business" hats and put on their "social worker" hats. In doing so they not only neglect to subject their hospitals' capital and operating programs to searching cost-benefit review, but they also overlook much useful knowledge about how to use corporate organization to shelter new ventures and strengthen their hospitals' market position and solvency. In this article, the authors discuss how hospitals can adopt successful corporate restructurings and strategies to respond to the adverse financial developments they will have to face in the coming years.

0224738 83054142

**Board must recruit, push for effective staff.**

Sherman HL

Fund Raising Manage .Aug 1982, 13 (6) p39, ISSN

0016-268X Journal Code: EOE

Languages: ENGLISH

0224677 83051993

**Trustee input: a potential dilemma.**

Chown E

Hosp Trustee .Nov-Dec 1982, 6 (6) p4-5, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224676 83051992

**Health care trustees: roles and responsibilities.**

Hughes EN

Hosp Trustee .Nov-Dec 1982, 6 (6) p12-5, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224675 83051991

**Staff appointments: an entrepreneurial venture?**

Martin MT

Hosp Trustee .Nov-Dec 1982, 6 (6) p10-1, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224674 83051990

**Board effectiveness--measuring performance.**

Cochrane WA

Hosp Trustee .Sep-Oct 1982, 6 (5) p7-9, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224672 83051988

**How to develop trustee skills and expertise.**

Durland CH

Hosp Trustee .Sep-Oct 1982, 6 (5) p17-8, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224671 83051987

**Strategies for effectiveness for the board-C.E.O. team.**

Borthwick JW

Hosp Trustee .Sep-Oct 1982, 6 (5) p14-6, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0224273 83069661

**Treatment of impaired physicians/the California Board of Medical Quality Assurance program.**

Larsen R

West J Med .Sep 1982, 137 (3) p265-9, ISSN 0093-0415

Journal Code: XN5

Languages: ENGLISH

0222879 83054465

**P.R. and the hospital trustee.**

Hill P

Dimens Health Serv .Aug 1982, 59 (8) p30-1, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

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0222309 83042459  
**Attention, finance committee members: are you asking the right questions?**  
Cleverley WD  
Trustee ,Nov 1982, 35 (11) p30, 32-3, 35-6, ISSN  
0041-3674 Journal Code: WG9  
Languages: ENGLISH

0222307 83042457  
**With info systems, more may be less if needs aren't planned.**  
Kernaghan SG  
Trustee ,Nov 1982, 35 (11) p17-21, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
Updating the hospital's communications capability is becoming a concern of more and more boards with good reason: it allows the facility to make more informed decisions about competition, pricing, and other issues affecting survival. Discussed here are strategic planning concerns and the advantages and disadvantages of options concerning computer ownership and usage.

0222298 83041540  
**The public interest and governing boards of nonprofit health care institutions.**  
Dimieri R; Weiner S  
Spec Law Dig Health Care (Mon) ,Oct 1982, 4 (8) p5-42,  
ISSN 0198-8778 Journal Code: UXP  
Languages: ENGLISH

0222230 83037831  
**District councils and hospital board representation.**  
Herman G  
NZ Hosp ,Jun 1982, 34 (5) p12-3, ISSN 0028-8217  
Journal Code: OBR  
Languages: ENGLISH

0222050 83029047  
**NorthCare: life and death of a community-based HMO. I. The History.**  
Maxwell C  
Health Med ,Spring 1982, 1 (2) p7-9, Journal Code: GAH  
Languages: ENGLISH

0221992 83027130  
**Legal obstacles to alternative work-force designs.**  
Fasman ZD  
Employee Relat Law J ,Autumn 1982, 8 (2) p256-81, ISSN

0098-8898 Journal Code: EE9  
Languages: ENGLISH

Given the changing industrial realities we now face, more and more employers and their employees are becoming involved in cooperative work ventures such as work teams, quality circles, and joint employer-employee committees. Successful ventures of this sort minimize the adversary nature of the relationship between management and labor and enhance employees' sense of responsibility and authority. The result is better working relationships and increased productivity. In both union and nonunion settings, however, employers face legal obstacles to work-force redesign. In the following article, the author discusses these obstacles and offers some suggestions on how they may be avoided.

0219707 83017544  
**As I see it: Some spheres of influence have a direct effect on governing board actions.**  
Jellison MD  
Trustee ,Oct 1982, 35 (10) p9, ISSN 0041-3674 Journal  
Code: WG9  
Languages: ENGLISH

0219705 83017542  
**Wonder boards: how to build strong governing bodies 12 ways.**  
Ewell CM  
Trustee ,Oct 1982, 35 (10) p33-7, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0219703 83017540  
**Ethics: boards address issues beyond allocation of resources.**  
Bader BS; Burness A  
Trustee ,Oct 1982, 35 (10) p14, 16, 19-20, ISSN  
0041-3674 Journal Code: WG9  
Languages: ENGLISH  
Unprecedented advances in medical technology can save lives, but they also produce complex ethical questions for providers, patients, and government alike. What is the value of human life? When, if ever, is a life not worth saving? In which expensive technologies should limited resources be invested? These questions are reaching into the boardroom as trustees seek to shape institutional policy and help practitioners with the life and death decisions they face.

00349



0219654 83012492  
**Trustee's persuasiveness leads to merger of Minneapolis hospitals.**  
Berger S  
Mod Health Care ,Oct 1982, 12 (10) p140-2, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0217724 82278553  
**When the only certainty is uncertainty.**  
King EC  
Trustee ,Aug 1982, 35 (8) p30, 33, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0217723 82278552  
**How to stay out of court: tips to trustees from a lawyer.**  
Blaes SM  
Trustee ,Aug 1982, 35 (8) p18-20, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0217722 82278551  
**Straight talk about accountability, or, are you sure no one's listening?**  
Williams KJ; Donnelly PR  
Trustee ,Aug 1982, 35 (8) p14-6, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0217720 82278549  
**Is the decision to merge really a question of access to capital?**  
Cain DM  
Trustee ,Jul 1982, 35 (7) p30-2, 34-5, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

Institutional mergers are not a panacea for hospitals with financial or operating problems, and the apparent advantage of multihospital systems does not lie in their access to capital and human resources. The critical disadvantage of independent hospitals may be the result of attitudes held by governing boards. This article suggests that boards adopt new business tenets, especially regarding accountability, risk, pricing, competition, regulation, innovation, resource management, and purpose.

**Board chairman takes administrator's reins to help rescue hospital system.**  
Berger S  
Mod Health Care ,Sep 1982, 12 (9) p98-9, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0217584 82271742  
**Law guards M.D.'s privacy, but gives board access to psychiatric records.**  
Horty JF  
Mod Health Care ,Sep 1982, 12 (9) p102, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0217497 82265032  
**A letter to a young CEO.**  
Foster JT  
Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p57-64, ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217343 82263429  
**Multifacility health care system: accountability at three levels.**  
Frieders MM  
Hosp Prog ,Sep 1982, 63 (9) p44-5, 61, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217342 82263428  
**Educating Sisters for trusteeship strengthens the health apostolate.**  
Doris MA  
Hosp Prog ,Sep 1982, 63 (9) p40-3, 61, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217598 82271756

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0217295 82263356

**Peter F. Drucker and Karl D. Bays discuss the toughest job--running a hospital. Part 2 [interview]**

Drucker PF; Bays KD

HMQ ,Summer 1982, p2-5, Journal Code: GCA

Languages: ENGLISH

0217268 82263264

**Board compensation.**

Hausler PH

Healthc Financ Manage ,Oct 1982, 36 (10) p6, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0216722 82279348

**Sixty-ninth session of the WHO Executive Board; highlights of the executive board.**

WHO Chron ,1982, 36 (2) p55-64, ISSN 0042-9694

Journal Code: XNQ

Languages: ENGLISH

0215417 82266898

**Strategies for building representative HSAs: the impact of legal structure.**

Chesney JD

J Health Polit Policy Law ,Spring 1982, 7 (1) p96-110,

ISSN 0361-6878 Journal Code: IBC

Contract/Grant No.: No. PLD 7179378

Languages: ENGLISH

The goal of having local health planning agencies represent their communities is considered. A basic premise is that the legal structure of an agency is related to how well a community is represented. This premise is tested, and two strategies are presented for building HSAs which will include strong representation of traditionally under-represented or under-served groups: (1) increasing competition for governing-body membership by requiring all planning agency governing bodies to be small (30 members or less); and (2) increasing the organizational simplicity of the HSA.

0215406 82266887

**The real lessons of national health planning.**

Falkson JL; Leavitt HA

J Health Polit Policy Law ,Spring 1982, 7 (1) p125-7,

ISSN 0361-6878 Journal Code: IBC

Languages: ENGLISH

0215405 82266886

**The empire strikes back: more lessons for health care consumers.**

Checkoway B

J Health Polit Policy Law ,Spring 1982, 7 (1) p111-24,

ISSN 0361-6878 Journal Code: IBC

Languages: ENGLISH

A previous article in this journal analyzed the efforts of health care consumers to organize around the Health Systems Agency in east central Illinois. This article continues the account by describing how local providers organized in response to these initiatives, elected their own slate to the local HSA board, and caused consumers to reconsider their participation in health planning. Among the conclusions drawn is that health planning operates in an imbalanced political arena in which providers can mobilize powerful resources to defeat consumer action.

0215225 82264810

**HCMR interview: Bishop Joseph M. Sullivan [interview by Montague Brown]**

Sullivan JM

Health Care Manage Rev ,Spring 1982, 7 (2) p89-95, ISSN

0361-6274 Journal Code: G11

Languages: ENGLISH

0214372 82238103

**HHS issues rules on HSA governing body composition.**

Geuder LH

Health Law Vigil ,Aug 6 1982, 5 (16) p9-10, ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0214255 82234676

**Trusteeship today: the issues.**

Grant JK

Hosp Trustee ,Jul-Aug 1982, 6 (4) p5-6, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0212281 82219557

**M.D. trustees prescribe laymen's input.**

Berger S

Mod Health Care ,Jul 1982, 12 (7) p150, 152, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

00351

0212145 82212351  
**Hospital trusteeship: corporate and personal liability.**  
Blaes SM  
Hosp Prog ,Jul 1982, 63 (7) p78-83, 86, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0212144 82212350  
**Governance, sponsorship, management: what is the trustee's role?**  
Sengelaub MM  
Hosp Prog ,Jul 1982, 63 (7) p74-7, 84, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0212093 82211378  
**Boards must take charge in new age.**  
Foster MK  
Fund Raising Manage ,Jul 1982, 13 (5) p24-5, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

Rapid change demands that the traditionally passive duties of the board of directors of non-profit organizations be replaced by a more assertive role, the author says. Facing new political and economic realities, volunteer organizations will have to adjust to increasing demands for services, and reductions in government funds in which the board of directors can be a strong, guiding force.

0210503 82214433  
**State-level decision making for public health: the status of boards of health.**  
Gilbert B; Moos MK; Miller CA  
J Public Health Policy ,Mar 1982, 3 (1) p51-63, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0210353 82212330  
**Ownership issues confront county hospitals.**  
Hitt DH; Sullivan RB  
Hospitals ,Jul 16 1982, 56 (14) p69-70, 74-6, 83-4,  
ISSN 0018-5973 Journal Code: GDL  
Languages: ENGLISH

Most often, a county decides to sell its hospital without considering all of the alternatives for revitalizing the hospital or the ultimate consequences of the sale. Issues and recommendations regarding sale to investor-owned chains and not-for-profit systems as well as other arrangements are examined in this article.

0209808 82200560  
**Meeting the press.**  
Barnett NB  
Trustee ,Jun 1982, 35 (6) p20-2, 24, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0209807 82200559  
**Are financial worries causing boards to turn their backs on medical staffs? [interview by Emily Friedman]**  
Boyle JF  
Trustee ,Jun 1982, 35 (6) p15-6, 18-9, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0209806 82200558  
**A successful triad.**  
Thurston D  
Trustee ,Jun 1982, 35 (6) p12, 14, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0209799 82200406  
**The medical staff's role in planning and budgeting.**  
Arnold A; Arnold WE  
Tex Hosp ,May 1982, 37 (12) p26-8, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0209573 82189478  
**Governance responsibilities.**  
Sarvetnick HC  
Issues Health Care ,1982, 3 (1) p76-80, Journal Code:  
G3N  
Languages: ENGLISH

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0209386 82185415  
**Tapping society's resources.**  
Khan MK  
Hosp Trustee ,May-Jun 1982, 6 (3) p8-9, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0209385 82185414  
**What is the source of trustee authority?**  
Walsh RG  
Hosp Trustee ,May-Jun 1982, 6 (3) p6-7, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0209384 82185413  
**What is a board of trustees? [editorial]**  
Martin JC  
Hosp Trustee ,May-Jun 1982, 6 (3) p5, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0209383 82185412  
**Streamlining the board of trustees.**  
Hughes M  
Hosp Trustee ,May-Jun 1982, 6 (3) p16-8, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0209382 82185411  
**Make early decisions for policy and procedure manuals.**  
Cryderman P  
Hosp Trustee ,May-Jun 1982, 6 (3) p10-1, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0209318 82182479  
**An involved volunteer states his case.**  
Sinn JL  
J NAHD ,Spring 1982, p10-1, 13, ISSN 0196-4933  
Journal Code: AIZ  
Languages: ENGLISH

0207526 82188375  
**Breakfast seminars meet local trustee education needs.**  
Veidman H  
Hospitals ,Jun 16 1982, 56 (12) p28, ISSN 0018-5973

Journal Code: GDL  
Languages: ENGLISH

0206922 82172842  
**New parent company means business [interview by Sally Berger]**  
Stanley RC  
Mod Health Care ,May 1982, 12 (5) p150, 152, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0206911 82172638  
**Trustee profiles [interview]**  
Hodges EN 3d; Pizzimenti D; Bolo J; Palmer WH; Lauzon L  
Mich Hosp ,May 1982, 18 (5) p5-9, 11, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206910 82172637  
**They've done their internship.**  
Neely S  
Mich Hosp ,May 1982, 18 (5) p27, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206906 82172633  
**Community responsibility [interview by Louis Graff]**  
Myran G  
Mich Hosp ,May 1982, 18 (5) p13, 15, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206813 82166956  
**Hospital planning: board member, administrator and physician.**  
Deegan AX 2d  
Hosp Health Serv Adm ,Mar-Apr 1982, 27 (2) p6-21, ISSN 0364-4553  
Journal Code: G9T  
Languages: ENGLISH

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0205682 82171834  
**The MVA medical advisory board.**  
Schneidmuhl AM  
Md State Med J ,Feb 1982, 31 (2) p43-5, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0205300 82166316  
**Governance of university-owned teaching hospitals.**  
Allison RF; Dalston JW  
Inquiry ,Spring 1982, 19 (1) p3-17, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0204774 82154321  
**Is the independent hospital an endangered species?**  
Cunningham RM Jr  
Trustee ,Apr 1982, 35 (4) p23-6, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0204604 82148158  
**Hospital system's board intertwines professionalism and religious faith.**  
Berger S  
Mod Health Care ,Apr 1982, 12 (4) p122-3, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0204482 82140561  
**Carner's codes, Chapter 1: your compensation.**  
Carner DC  
Hosp Forum ,May-Jun 1982, 25 (3) p45, 47-8, 51 passim, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0204386 82137736  
**What is expected of a hospital trustee?**  
Guy DB  
Hosp Trustee ,Mar-Apr 1982, 6 (2) p24-5, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0204385 82137735  
**Hospital boards in Saskatchewan S.H.A.P.E. up.**  
Reardon M

Hosp Trustee ,Mar-Apr 1982, 6 (2) p19-21, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0202208 82130082  
**TAHGB makes job of 'head honcho' a lot easier.**  
Dairymple GH  
Tex Hosp ,Feb 1982, 37 (9) p8-9, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202206 82130080  
**The community relations role of the hospital trustee.**  
Dawson EE  
Tex Hosp ,Feb 1982, 37 (9) p32-4, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202203 82130077  
**Orientation important schooling for trustees.**  
Howard R  
Tex Hosp ,Feb 1982, 37 (9) p27, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202202 82130076  
**The fine art of communication: an important part of a successful board-administrator relationship.**  
Bartels EJ  
Tex Hosp ,Feb 1982, 37 (9) p24-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202201 82130075  
**Interview: Peter T. Flawn.**  
Flawn P  
Tex Hosp ,Feb 1982, 37 (9) p22-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

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0202200 82130074  
**The trustee's legal responsibilities.**  
Bailey CW  
Tex Hosp ,Feb 1982, 37 (9) p16-8, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202198 82130072  
**Trustee orientation: acquainting your board with your hospital.**  
Ayers R Jr  
Tex Hosp ,Feb 1982, 37 (9) p12-4, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202124 82124865  
**Bottom line puts entrepreneur on top.**  
Berger S  
Mod Health Care ,Mar 1982, 12 (3) p98, 100, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0202027 82119637  
**Growing organizations-some pitfalls.**  
Harting JJ  
Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p7-17, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0201830 82116064  
**N.S.A.H.D. develops education program for the Maritimes.**  
Durland CH; Patriquin H  
Hosp Trustee ,Jan-Feb 1982, 6 (1) p5-6, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0201829 82116063  
**Trustee development must be a priority.**  
Martin JC  
Hosp Trustee ,Jan-Feb 1982, 6 (1) p4, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0199266 82108173  
**Financial decisions--governance responsibilities.**  
Sarvetnick H

South Hosp ,Jan-Feb 1982, 50 (1) p19-20, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0199224 82103698  
**Research Health Services' Metzler named Trustee of Year.**  
Johnson DE  
Mod Health Care ,Feb 1982, 12 (2) p88-90, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199208 82103682  
**2-board system sparks involvement.**  
Berger S  
Mod Health Care ,Feb 1982, 12 (2) p127-8, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199183 82103657  
**Trustee group affiliates with hospital association.**  
Berger S  
Mod Health Care ,Jan 1982, 12 (1) p102, 104, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199049 82096890  
**The physician as trustee: assisting his peers.**  
Scheier NR  
Hosp Top ,Jan-Feb 1982, 60 (1) p19-20, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00355

0197112 82085806

**Energy management: new item on the board's agenda.**

Dressler FR

Trustee ,Jan 1982, 35 (1) p41-5, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

The board's role in energy management consists primarily in enunciating the hospital's commitment to energy management, asking leadership questions, and keeping energy on the board's agenda. Key energy-saving actions include capital-intensive energy conservation measures, such as the installation of computer-based controls, and improvements in operations and maintenance, such as modification of heating, ventilating, and air conditioning systems.

0197109 82085803

**Needed: a new kind of trustee.**

Flynn WJ

Trustee ,Jan 1982, 35 (1) p19-20, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

0197108 82085802

**As I see it: trustee involvement in AHA affairs.**

Jellison MD

Trustee ,Jan 1982, 35 (1) p14, ISSN 0041-3674 Journal

Code: WG9

Languages: ENGLISH

0197037 82081257

**Memo to the board: how to back not buck your chief executive.**

Ryan JL

DH ,Jan 1982, 26 (1) p13-6, ISSN 0161-0007 Journal

Code: OGP

Languages: ENGLISH

0195878 82080592

**Sounding Boards. Management and financing of long-term-care services: a new approach to a chronic problem.**

Ruchlin HS; Morris JN; Eggert GM

N Engl J Med ,Jan 14 1982, 306 (2) p101-6, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0195359 82074315

**Hospital trusteeship: liability and protection.**

Bernstein AH

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00357



00205

0230167 83118293  
**Shrinking budgets and the shrinkage of budget theory.**  
Bozeman B; Straussman JD  
Public Adm Rev ,Nov-Dec 1982, 42 (6) p509-15, ISSN  
0033-3352 Journal Code: QIN  
Languages: ENGLISH

0229803 83103927  
**Integrated hospital budgeting--a summary.**  
McConnell G  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p10-1, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0229392 83122022  
**Financing of the West Virginia University School of Medicine.**  
Jones JE  
W Va Med J ,Nov 1982, 78 (11) p286-90, ISSN 0043-3284  
Journal Code: XMR  
Languages: ENGLISH

0228548 83111172  
**Decentralized budgeting: holding the purse strings, part 1.**  
Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm ,May 1982, 12 (5) p15-20, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

A decentralized nursing structure allows the head nurse to become actively involved in the planning and budgeting process. In Nursing Decentralization: The El Camino Experience (published in November 1981 by Nursing Resources) the authors describe the development of a budgeting system that supports autonomy, accountability, and authority at the practitioner level. For JONA readers, we present, in two parts, an abridged version of the chapter "Budgeting: Holding the Purse Strings." Part 1, which follows, outlines important steps for the development of a successful and efficient budgeting program that can be adapted to meet the needs of other decentralized organizations. Part 2, which details a typical budget session, will appear in the next issue of JONA.

0227951 83102248  
**Budgeting for pharmaceuticals.**  
Patel MS  
Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p241-2,  
Journal Code: B4X  
Languages: ENGLISH

0227851 83096737  
**Declining public social service resources: a managerial problem.**  
Finch WA Jr  
Adm Soc Work ,Spring 1982, 6 (1) p19-28, Journal Code:  
2H3

Languages: ENGLISH  
Declining budget conditions in many social service settings suggest that education must provide future graduates with very different managerial skills. When human service organizations are perceived as evolving political structures, populated with a variety of individuals who represent diverse values and claims, resource scarcity often results in growing conflict and a preoccupation with individual and subunit survival. This changing organizational context will require increasing political skill on the part of managers as well as an ability to harmonize new approaches with prior service values in achieving consensus around solutions to service delivery problems.

0227803 83092052  
**Operational budgeting and budgetary control in diagnostic radiology.**  
Evert H  
Radiol Manage ,Sep 1982, 4 (4) p21-3, ISSN 0198-7097  
Journal Code: QSU  
Languages: ENGLISH

This article is concerned with establishing a revenue and expense budget for a diagnostic radiology department. It deals with setting up a breakout of examinations into specific categories and projecting the volume in each category. The volume should be expressed in RVUs rather than examinations. The volume predictions for the upcoming year would then be decided by factoring in such things as new procedures, new technology, patient day projections, ER projections, and any known outside influences. Once the volume is projected, expenses should be matched to these increases or decreases. These expenses would be prior to adding inflationary impacts. Finally, a follow-up should be performed on a monthly basis to ensure that the percentage change in volume is being matched by the same percentage change in expenses.

00358

0227787 83091792  
**Future-based budgeting.**  
McNabb DE  
Public Relat J ,Oct 1982, 38 (10) p24, ISSN 0033-3670  
Journal Code: QH5  
Languages: ENGLISH

0227786 83091791  
**Budgeting. Realistic budgeting for public relations requires consideration of three components: a competent staff; facilities; and funds.**  
Strenski JB  
Public Relat J ,Oct 1982, 38 (10) p20-3, ISSN 0033-3670  
Journal Code: QH5  
Languages: ENGLISH

0227545 83081042  
**An interview with Donald E. Bogardus.**  
Bogardus DE  
Hosp Secur Saf Manage ,Dec 1982, 3 (8) p9-10, Journal  
Code: GCP  
Languages: ENGLISH

0227340 83098617  
**More budget cuts slated for health agencies.**  
Bauknecht VL  
Am Nurse ,Jan 1983, 15 (1) p2, ISSN 0098-1486 Journal  
Code: 40D  
Languages: ENGLISH

0227220 83097453  
**Simultaneous financial evaluation of a complex set of capital budgeting alternatives: a mathematical model.**  
Duncan CS  
Am J Clin Pathol ,Jan 1983, 79 (1) p87-97, ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH

Capital budgeting technics provide for financial evaluation of planned purchases of equipment or other major investments. In capital budgeting, the laboratorian often is faced with a complex set of alternatives, including leasing, installment purchasing, contracting work to another laboratory, and outright purchasing. This paper presents a mathematical model useful for simultaneously evaluating the financial worth of all such alternatives under the same set of assumptions. Armed with the results of financial evaluation and evaluations of quality, turnaround time, and other patient-care factors, the laboratorian can make better decisions regarding the choice of method which, in turn, will affect the productivity of the laboratory. The model is tended for application to mutually

exclusive alternatives and includes three useful capital budgeting technics: (1) payback period, (2) net present value, and (3) profitability index. The technics are demonstrated as well as a method of programming the model in financial planning software for solution by microcomputer.

0227196 83097270  
**A review of trends in visual instructional media for the deaf -or- what do you do if your budget is cut?**  
Clark DP  
Am Ann Deaf ,Oct 1982, 127 (6) p763-8, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0224782 83055125  
**Materials budgeting techniques on the move.**  
Kreitschmann AA; Stadnik JK  
Hosp Purch Manage ,Dec 1982, 7 (12) p3-6, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0224734 83054138  
**How to budget the fund raising process.**  
Stoll RE  
Fund Raising Manage ,Dec 1982, 13 (10) p30-5, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0223362 83060433  
**Basic budgeting for ED nursing personnel.**  
Piper LR  
JEN ,Nov-Dec 1982, 8 (6) p285-87, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0222932 83055173  
**Synopsis '82: budget battles dominate Congress.**  
Lesparre M  
Hospitals ,Dec 16 1982, 56 (24) p67-78, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00359

0222340 83048011  
**Hospital budgeting and resource allocation--an alternative strategy.**  
Capp S  
Aust Health Rev ,Aug 1982, 5 (3) p20-2, ISSN 0159-5709  
Journal Code: 9GC  
Languages: ENGLISH

0221203 83038908  
**Survival kit for managers. 3. The nursing budget.**  
Hancock C  
Nurs Mirror ,Oct 20 1982, 155 (16) p47-8, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0221080 83038685  
**Budgetary control-the role of the director of nursing services and treasurers.**  
Hutton J; Moss D  
Nurs Times ,Aug 11-17 1982, 78 (32) p1364-5, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

00206

0220967 83037843  
**Determining cost of nursing services.**  
Maher AB; Dolan B  
Nurs Manage ,Sep 1982, 13 (9) p17-21, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220966 83037842  
**Analyzing accounting reports.**  
Tower RB  
Nurs Manage ,Sep 1982, 13 (9) p12-6, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220896 83036961  
**NSF budget for 1983: spending lags behind inflation [news]**  
Shapley D  
Nature ,Nov 4 1982, 300 (5887) p4, ISSN 0028-0836  
Journal Code: NSC  
Languages: ENGLISH

0218921 83014371  
**Balancing the books. 3. Managing the budget at unit level.**

Beschi J; Merrifield D; McPhail J  
Nurs Times ,Aug 18-24 1982, 78 (33) p1406-9, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0217304 82263380  
**User costs in pharmacies and laboratories: a case study.**  
Mooney G; Steele B  
Hosp Health Serv Rev ,Jul-Aug 1982, 78 (7) p201-5,  
Journal Code: GC5  
Languages: ENGLISH

0217193 82258485  
**Prospective budgeting not new.**  
Bus Insur ,Aug 30 1982, 16 (35) p28, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0216158 82274303  
**Balancing the books. 1. Budget processes and budgeting in the new authorities.**  
Hallows DA  
Nurs Times ,Aug 4-10 1982, 78 (31) p1309-11, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0216142 82274283  
**What's in store? 2. Good housekeeping at Wythenshawe.**  
Slack P  
Nurs Times ,Jul 28-auAug 3 1982, 78 (30) p1269-72, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0215502 82268262  
**Variance analysis: a tool for cost control.**  
Wellever A  
J Nurs Adm ,Jul-Aug 1982, 12 (7-8) p23-6, ISSN  
0002-0443 Journal Code: JEL  
Languages: ENGLISH

00360

0215074 82263362  
**Budget, policy changes: NIMH in transition.**  
Pardes H  
Hosp Community Psychiatry, Jul 1982, 33 (7) p525-6,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0214307 82237784  
**FAS subscribers surveyed: hospitals increase use of capital budgeting process.**  
Cleverley WG; Felkner JG  
Healthc Financ Manage, Jun 1982, 36 (6) p70, 73-4, 76  
passim, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0214150 82255372  
**Learning budget game is key to your success as an DR manager.**  
Zoeter MA  
ADRN J, Jul 1982, 36 (1) p26-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0213478 82247273  
**Who's holding the purse-strings?**  
Tongue D  
Nurs Times, May 26-Jun 1 1982, 78 (21) p870-1, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0212127 82212274  
**Specialty budgeting for beginners.**  
Edwards M; Strudwick BG; Thompson MA  
Hosp Health Serv Rev, Feb 1982, 78 (2) p45-7, Journal  
Code: GC5  
Languages: ENGLISH

0211675 82226492  
**The great budget and New Federalism debates.**  
Verville RE  
AANA J, Apr 1982, 50 (2) p169-72, ISSN 0094-6354  
Journal Code: 02P  
Languages: ENGLISH

0210681 82216048  
**Decentralized budgeting: holding the purse strings, Part 2.**

Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm, Jun 1982, 12 (6) p34-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0208248 82195633  
**Legislative symposium 1981: health and the budget.**  
Broyhill JT  
NC Med J, Feb 1982, 43 (2) p124-9, ISSN 0029-2559  
Journal Code: NTX  
Languages: ENGLISH

0207514 82188363  
**Give-and-take sessions ease budget tensions, improve communications.**  
Asbury J  
Hospitals, Jun 1 1982, 56 (11) p49, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0207508 82188357  
**Capital planning model involves medical staff in budget process.**  
Carpenter WW; Andersson EC  
Hospitals, Jun 1 1982, 56 (11) p30, 32, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0207052 82179976  
**Preparing the department budget: the trials and tribulations of the radiology administrator.**  
Robischon T  
Appl Radiol, May-Jun 1982, 11 (3) p75-6, 79, 82, ISSN  
0160-9963 Journal Code: 38P  
Languages: ENGLISH

00361

00207

0206815 82166962

**Involving the medical staff in budgeting.**

Guthrie MB; Mauer GW

Hosp Med Staff ,May 1982, 11 (5) p12-5, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

Involvement of the medical staff in the capital budgeting process at one facility resulted in greater commitment by the staff to the organization and the incorporation of 60 percent of the programs and equipment requested in the final budget. This article discusses the process used to secure that involvement.

0206781 82166824

**Journal of the plague years--the fiscal year 1983 health budget.**

Kleiman M

Health PAC Bull ,Jan-Feb 1982, 13 (1) p15-20, ISSN 0017-9051  
Journal Code: G29

Languages: ENGLISH

00208

0204766 82154191

**Zero based budgeting.**

Mooney RT

Tex Hosp ,Mar 1982, 37 (10) p20-1, ISSN 0040-4357  
Journal Code: WAL

Languages: ENGLISH

0202245 82133088

**Congress' new method of doing business.**

Prout DM

Am Coll Physicians Obs ,Jan-Feb 1982, 2 (1) p5, 31, 35,  
Journal Code: 35L

Languages: ENGLISH

0202147 82126898

**Budget cuts -- budget fights.**

Humphrey AG

Nurs Homes ,Jan-Feb 1982, 31 (1) p38-40, ISSN 0029-649X  
Journal Code: 096

Languages: ENGLISH

0201822 82115535

**A method of substantiating the projections for a drug budget.**

Poniatowski JJ; Hanan ZI; Mason RH

Curr Concepts Hosp Pharm Manage ,Spring 1982, 4 (1)  
p15-7; ISSN 0164-7857 Journal Code: C8J

Languages: ENGLISH

0199101 82097695

**The pyramid approach: increasing the usefulness of flexible budgeting.**

Finkler SA

Hosp Financ Manage ,Feb 1982, 36 (2) p30-4, 36, 38-9,  
ISSN 0018-5639 Journal Code: G9N

Languages: ENGLISH

0197493 82096793

**Departmental input helps stabilize budget.**

Rose C

Hospitals ,Feb 1 1982, 56 (3) p39, 48-9, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

00362

**CUALIDAD DE LA ATENCION**

00363

0254758 83175263  
**Technologist-performed "7-pump" method [letter]**  
Hobbie S  
AJR (UNITED STATES) ,May 1983, 140 (5) p1037-8, ISSN  
0361-803X Journal Code: 3AE  
Languages: ENGLISH

0251834 83172233  
**[Analysis of the quality of diagnosis in infectious diseases  
by physicians in polyclinic networks]**  
Analiz kachestva diagnostiki nekotorykh infektsionnykh  
zabolevaniy vrachami poliklinicheskoi seti.  
Vasil'ev VS; Komar VI; Iushkevich SB; Martynkevich VE  
Ter Arkh (USSR) ,1983, 55 (1) p23-5, ISSN 0040-3660  
Journal Code: VLU  
Languages: RUSSIAN Summary Languages: ENGLISH

0251726 83172125  
**[Health policy and health economics. 6. Good health system  
in spite of economy]**  
Sundhedsm.ANG.al og sundhedsokonomi/6. Godt sundhedsvaesen  
trods besparelser.  
Stallknecht K  
Sygeplejersken (DENMARK) ,Dec 8 1982, 82 (48) p24-7,  
ISSN 0049-3856 Journal Code: VF9  
Languages: DANISH

0251710 83172109  
**[Health policy and health economics. 4. People should be in  
the center]**  
Sundhedsm.ANG.al og sundhedsokonomi/4: mennesket skal vaere  
i centrum.  
Kuuskoski-Vikatmaa E  
Sygeplejersken (DENMARK) ,Nov 24 1982, 82 (46) p16-8,  
ISSN 0049-3856 Journal Code: VF9  
Languages: DANISH

0251709 83172108  
**[Nurses on the way back to the bedside]**  
Sygeplejersken p.ANG.a vej tilbage til sygesengen.  
Viereck E  
Sygeplejersken (DENMARK) ,Nov 24 1982, 82 (46) p14-5,  
ISSN 0049-3856 Journal Code: VF9  
Languages: DANISH

0251662 83172061  
**[Continued overcrowding in Copenhagen in 1982]**

Overbelaegningen vedvarende i Kobenhavn i 1982.  
Sorrig K  
Sygeplejersken (DENMARK) ,Sep 15 1982, 82 (36) p4-7,  
ISSN 0049-3856 Journal Code: VF9  
Languages: DANISH

0251521 83171920  
**[Evaluation of the quality of obstetrical care]**  
L'evaluation de la qualite des soins obstetricaux.  
Wioland G  
Soins Gynecol Obstet Pueric Peditr (FRANCE) ,Jan 1983,  
(20) p45-6, ISSN 0151-6655 Journal Code: VAP  
Languages: FRENCH

0250971 83171368  
**Medical mission to Nepal.**  
Gross HP  
SD J Med (UNITED STATES) ,Jan 1983, 36 (1) p5-7, ISSN  
0038-3317 Journal Code: UJZ  
Languages: ENGLISH

0248845 83169186  
**[Health care research - to provide better care to patients]**  
Omv.ANG.ardnadsforskning-for att ge patienten battre  
v.ANG.ard.  
Behrman B  
Omvardaren (SWEDEN) ,1982, 29 (5-6) p2, Journal Code:  
PAS  
Languages: SWEDISH

0247049 83167350  
**Medical mission report on El Salvador.**  
Gellhorn A  
Harvard School of Public Health, Boston, MA.  
N Engl J Med (UNITED STATES) ,Apr 28 1983, 308 (17)  
p1043-4, ISSN 0028-4793 Journal Code: NOW  
Languages: ENGLISH

00364

0245680 83165895

**Geographical variation in mortality from conditions amenable to medical intervention in England and Wales.**

Charlton JR; Hartley RM; Silver R; Holland WW  
Department of Community Medicine, St Thomas' Hospital  
Medical School, London.

Lancet (ENGLAND) ,Mar 26 1983, 1 (8326 Pt 1) p691-6,  
ISSN 0023-7507 Journal Code: LOS

Languages: ENGLISH

There is a need for indicators of the outcome of health-care services against which the use of resources can be evaluated. From a previously published series of outcome indicators, which included diseases for which mortality is largely avoidable given appropriate medical intervention, causes were selected which were regarded as most amenable to medical intervention (excluding conditions whose control depends mainly on prevention) and for which there were sufficient numbers of deaths to allow an analysis of the variation in mortality rates among the 98 area health authorities of England and Wales. Considerable variation between AHAs was found in mortality from most of these diseases, and this variation remained even after adjustment for social factors. This substantial variation should be examined further in relation to health-service inputs and other factors. A finding of large variations in the quality of health-care delivery in different parts of the country would have important implications for resource allocation.

0245256 83165427

**Health care system and nursing.**

Feeg VD

Nursing at George Mason University, Fairfax, VA.

J Sch Health (UNITED STATES) ,Feb 1993, 53 (2) p107-8,  
ISSN 0022-4391 Journal Code: K13

Languages: ENGLISH

0245148 83165319

**[Sociological reflections: criticism of the health system]**

Reflexions sociologiques: critique du systeme de sante.

Ziegler J

Krankenpflege (Bern) (SWITZERLAND) ,Jan 1983, (1) p34-5,  
ISSN 0253-0465 Journal Code: KX7

Languages: FRENCH

0244820 83164962

**[Evaluation of the nursing standard for the care of adult brain tumor patients--with special reference to disabilities in daily activities of the hospitalized patients]**

Egawa J; Kudo Y; Okada Y

Kango Gijutsu (JAPAN) ,Jan 1983, 29 (1) p25-9, ISSN  
0449-752X Journal Code: KMT

Languages: JAPANESE

0244420 83164562

**Competition or regulation. A critical choice for organized medicine.**

Pollard MR

Federal Trade Commission, Bureau of Consumer Protection,  
Washington, DC.

JAMA (UNITED STATES) ,Apr 8 1983, 249 (14) p1860-3,  
ISSN 0098-7484 Journal Code: KFR

Languages: ENGLISH

0243276 83163416

**The psychiatric nurse specialist: a valuable asset in the general hospital.**

Fife B; Lemler S

Research and Staff Development, James Whitcomb Riley  
Hospital for Children, Indianapolis, Indiana.

J Nurs Adm (UNITED STATES) ,Apr 1983, 13 (4) p14-7,  
ISSN 0002-0443 Journal Code: JEL

Languages: ENGLISH

In summary, what are the ways in which the psychiatric/mental clinical specialist contributes to cost-effectiveness, the professional growth of nursing staff, and quality patient care in the general hospital setting? All services of the psychiatric/mental health clinical specialist are ultimately directed toward increasing the effectiveness with which staff can deliver care. This goal is accomplished by helping staff nurses maximize their knowledge, by providing needed educational opportunities, by promoting the use of a holistic model of care, and by helping staff cope with their own stress. In our experience, high quality care that meets the physiological, psychological, and sociological needs of patients decreases the length of the hospital stay, prevents repeated hospitalizations, and minimizes the development of psychosocial problems secondary to the illness. With the necessary support and cooperation from administration, this clinical specialist role reduces health care costs, promotes a higher level of functioning in patients and their families, and increases the level of job satisfaction for the staff who provide direct bedside care.

00365



0242916 83163056

**Teaching sigmoidoscopy to primary care physicians: a controlled study of continuing medical education.**

Perera DR; LoGerfo JP; Shulenberger E; Ylvisaker JT; Kirz HL  
Department of Medical Staff Research, Group Health  
Cooperative of Puget Sound, Seattle, Washington.

J Fam Pract (UNITED STATES) ,Apr 1983, 16 (4) p785-8,  
ISSN 0094-3509 Journal Code: I4L

Languages: ENGLISH

A sigmoidoscopy skills preceptorship was developed for physicians to increase the rate of sigmoidoscopy by physicians in a health maintenance organization. The preceptorship was designed as a randomized, controlled study of continuing medical education. Baseline sigmoidoscopy rates of participating physicians were similar to those of nonparticipants, as were selected demographic and professional characteristics. Physicians randomized to receive sigmoidoscopy training significantly increased their rate of sigmoidoscopy when compared with controls. The proportion of barium enemas accompanied by sigmoidoscopy likewise increased.

All physicians who participated improved when compared with nonparticipants. The sigmoidoscopy skills preceptorship appears to be a worthwhile endeavor in continuing medical education.

0242748 83162888

**Medical care in Eastern Europe.**

Wilde H

J Med Assoc Thai (THAILAND) ,Jan 1983, 66 (1) p54-60,  
ISSN 0125-2208 Journal Code: IZR

Languages: ENGLISH

0241898 83162014

**Patient response to participation in a quality review program conducted in private dental offices.**

Strauss RP; Lindahl RL; Barksdale MB

Dental Research Center, University of North Carolina, Chapel Hill.

J Am Dent Assoc (UNITED STATES) ,Feb 1983, 106 (2)  
p185-8, ISSN 0002-8177 Journal Code: H5J

Languages: ENGLISH

A sample of largely well-educated affluent, and youthful dental patients drawn from 11 private dental offices participated in a quality assurance project that included clinical review examinations conducted at a special appointment. More than 90% of patients were willing to participate at no cost to them, and examinations were conducted on 225 patients. Attitudinal measurements were taken on all the patients both before and after their involvement. Patients responded well to this mechanism. Patients responded well to this mechanism of quality assurance and expressed increased trust and confidence in their dentists' care after experiencing reviews. Issues concerning the confidentiality of dental records were addressed. Of the participants,

approximately 75% believed clinical examinations by visiting dentist/examiners would increase the quality of American dentistry. Generally, patients were willing to have the examinations repeated periodically, although few were willing to pay for this review. The potential for quality assurance to increase patient confidence in dental care was verified.

0241561 83161670

**Exploring the roots of apathy.**

Gottlieb MI; Williams JE; Zinkus PW

JDBP (UNITED STATES) ,Mar 1983, 4 (1) p1-2, ISSN  
0196-206X Journal Code: HTF

Languages: ENGLISH

0238362 83158322

**Development, inequality, health care, and mortality at the older ages: a cross-national analysis.**

Weatherby NL; Nam CB; Isaac LW

Center for Population and Family Health, Columbia University, New York.

Demography (UNITED STATES) ,Feb 1983, 20 (1) p27-43,  
ISSN 0070-3370 Journal Code: EOH

Languages: ENGLISH

We examine mortality at ages 50 and above in female populations of 38 countries and control for variation in quality of the mortality data. We find that economic development, economic distributional inequality, and basic primary health care have independent cross-national effects on cause of death structures and that these effects are not uniform across the age intervals of interest. As improvements occur in level of living and health care, age-specific death rates decline except at the oldest ages, at which point they may increase. Our results are interpreted in terms of their relevance for mortality research, theory, and policy.

0236693 83156588

**Contributions of comprehensive cancer centers to improved care of patients with cancer.**

Clark RL

University of Texas System Cancer Center, M.D. Anderson Hospital and Tumor Institute, Houston.

Compr Ther (UNITED STATES) ,Jan 1983, 9 (1) p6-11, ISSN  
0098-8243 Journal Code: DMZ

Languages: ENGLISH

00366

0234661 83154537  
**Stars and stripes--for ever? [editorial]**  
Parkhouse J  
Br Med J [Clin Res] (ENGLAND) ,Mar 12 1983, 286 (6368)  
p825-6. Journal Code: B4X  
Languages: ENGLISH

0233016 83133990  
**Diagnosis related groups (DRGs) may present threat to quality of care.**  
Hosp Peer Rev ,Nov 1982, 7 (11) p142-4, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0232982 83133869  
**Nursing manpower requirements: a framework for rational discussion.**  
Goldstone LA; Collier M  
Health Serv Manpow Rev ,Nov 1982, 8 (4) p6-9, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0232950 83133823  
**Supplemental nursing agencies.**  
LeRoy L  
Health Aff (Millwood) ,Fall 1982, 1 (4) p41-54, ISSN  
0278-2715 Journal Code: GAG  
Languages: ENGLISH

0232914 83131492  
**The implications of managing confused and disabled people in non-specialist residential homes for the elderly.**  
Wilkin D; Evans G; Hughes B; Jolley D  
Health Trends ,Nov 1982, 14 (4) p98-100, ISSN 0017-9132  
Journal Code: EJM  
Languages: ENGLISH

Local Authority residential homes for the elderly are caring for substantial proportions of physically disabled and mentally confused residents in non-specialist settings. The results of an intensive study of six homes caring for varying proportions of disabled and confused residents are summarized. The homes are compared in terms of staff training and attitudes, physical care of residents, social environment, and attitudes of residents. The authors suggest that a "mix" of residents can have advantages over segregation and that most homes can manage around 30% confused residents. If this is to be successful, attention should be given to staffing levels, staff training and the role of health service staff in residential homes.

0232830 83130466  
**The medical director/evaluating quality of care.**  
Ward M  
Contemp Adm ,Jan 1983, 6 (1) p16, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0232802 83127966  
**Superior surgical residents: who are they?**  
Bosk CL  
Bull Am Coll Surg ,Mar 1983, 68 (3) p11-3, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0232336 83147452  
**[Experience in intensive care at Cite de la Sante of Laval]**  
Une experience de soins intensifs a la cite de la sante de Laval.  
Richer P  
Union Med Can ,Dec 1982, 111 (12) p1082-4, ISSN  
0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0231852 83143091  
**Special responsibilities: the role of the pediatrician and the goals of pediatric education.**  
Starfield B  
Pediatrics ,Mar 1983, 71 (3) p433-40, ISSN 0031-4005  
Journal Code: OXV  
Contract/Grant No.: 5 P 50 HSO1964  
Languages: ENGLISH

00367

0231691 83142378

**A conceptual model for outcome assessment.**

Parker SO  
Nurse Pract ,Jan 1983, 8 (1) p41, 44-5, ISSN 0361-1817  
Journal Code: OA1  
Languages: ENGLISH

Nurse practitioners are concerned with demonstrating quality of care. Of the three variables which compose quality assessment, the third variable, outcome, provides the most direct and appropriate way to judge the nurse practitioner's special health orientation. Most studies have judged nurse practitioners' care based on medical standards and criteria. Starfield's conceptual model of outcome measures is health oriented. This model is a multi-dimensional health profile with categories that incorporate a longitudinal approach to outcome assessment. It allows for identification and evaluation of nursing effectiveness in primary care.

0231634 83141687

**Sounding Board. Allowing the debilitated to die. Facing our ethical choices.**

Hilfiker D  
N Engl J Med ,Mar 24 1983, 308 (12) p716-9, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0231563 83140848

**Medical negligence today--an appraisal.**

Samuels A  
Med Sci Law ,Jan 1983, 23 (1) p31-6, ISSN 0025-8024  
Journal Code: MEM  
Languages: ENGLISH

00209

0231465 83140149

**The effect of algorithms on the cost and quality of patient care.**

Orient JM; Kettel LJ; Sox HC Jr; Sox CH; Berggren HJ; Woods AH; Brown BW; Lebowitz M  
Med Care ,Feb 1983, 21 (2) p157-67, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

In a Veterans Administration ambulatory care facility staffed by experienced nurse practitioners, we observed the length of visits, time utilization for various activities, and the use of diagnostic tests before and after introducing algorithms for 12 common chief complaints. Charges for diagnostic tests decreased as much as 40 per cent, primarily because of reduced utilization of radiographs such as spine films. Nurse practitioner productivity was unaffected once the nurse practitioners became familiar with the algorithms. Outcome of illness did not change measurably, but the process of care improved as reflected by more complete data collection

documented in the medical record.

0231453 83140086

**Nurse-midwifery: a developing profession.**

Tom S  
Law Med Health Care ,Dec 1982, 10 (6) p262-6, 282, ISSN 0277-8459  
Journal Code: LAF  
Languages: ENGLISH

0231343 83138831

**The president's inaugural address: insuring quality health care.**

Hilliard RL  
J Natl Med Assoc ,Jan 1983, 75 (1) p81-3, ISSN 0027-9684  
Journal Code: J9Z  
Languages: ENGLISH

0231341 83138825

**Assessing the quality of care provided to pediatric patients by emergency room physicians.**

Wachsman L; Singleton AF  
J Natl Med Assoc ,Jan 1983, 75 (1) p31-5, ISSN 0027-9684  
Journal Code: J9Z  
Languages: ENGLISH

0231187 83137450

**Medical malpractice and ordinary care in Kentucky.**

McDonald MO; Utterback N; Wright RA  
J Ky Med Assoc ,Jan 1983, 81 (1) p55-7, ISSN 0023-0294  
Journal Code: IV8  
Languages: ENGLISH

0231132 83136752

**Assessment of dental practice.**

Morris AL; Kephart BE; Bailit HL; Vito AA  
J Am Coll Dent ,Fall/Winter 1982, 49 (3-4) p53-9, ISSN 0002-7979  
Journal Code: H5A  
Languages: ENGLISH

00368

0230882 83133967

**Meeting of the minds. Hospital/physician diplomacy crucial under prospective system.**

Kahn L  
Hospitals ,Mar 16 1983, 57 (6) p84-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230809 83132983

**Key to quality care--standards for social work practice.**

Voss R  
Dimens Health Serv ,Jan 1983, 60 (1) p28-30, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230804 83132978

**St. Joseph's achieves effective patient care.**

Somers P  
Dimens Health Serv ,Jan 1983, 60 (1) p16-7, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230712 83131812

**Care of cancer patients in thirty-one Italian general hospitals. Methodological aspects and general findings.**

Liberati A; Andreani A; Colombo F; Confalonieri C; Tognoni G  
Eur J Cancer Clin Oncol ,Feb 1983, 19 (2) p179-85,  
Journal Code: ENW  
Languages: ENGLISH

A large sample of cancer patients was reviewed over a two-year period (1978-1979) in 31 general and community hospitals representing five Italian regions, differing in terms of health care organization. Two thousand four hundred and six patients had breast cancer, 1692 lung cancer, 303 non-Hodgkin's lymphomas, 277 ovarian cancer and 235 Hodgkin's lymphoma. Relevant information was collected from medical records through specific pre-standardized and tested forms. The paper discusses the results obtained with respect to (a) general descriptive data of the population; (b) completeness and reliability of recorded data (e.g. staging, histological classification, therapy); and (c) accuracy and completeness of the follow-up. Consistency of the information obtained on selected items with published series of patients suggests that this methodology is worth a wider testing as a simple, inexpensive tool for routinely monitoring the care of cancer patients and the impact on it of organizational and educational interventions.

0230565 83130395

**Evidence of the validity of a model of determinants of**

**quality of restorative dental care.**

Milgrom P; Ratener P; Weinstein P  
Community Dent Oral Epidemiol ,Feb 1983, 11 (1) p33-9,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

A model describing the relationship between self-reported quality of restorative dentistry and dentist characteristics for 119 Montana general dentists is presented. The best predictors formed a significant model explaining 22% of the variance of the quality measure. Results are contrasted with a previous estimation of the model for 102 Washington general practitioners. Evidence for the external validity of the model is presented.

0230562 83130392

**Peer appraisal in Leicestershire Community Dental Service.**

Baxter JA  
Community Dent Oral Epidemiol ,Feb 1983, 11 (1) p12-7,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

During the period 1976 to 1980 inclusively a form of staff appraisal amongst dental officers was introduced into the Community Dental Service in Leicestershire. The aim was to observe and review the output performance and potential of individual dental officers. In practical terms it was noticed that during this period there was a distinct change in work output and treatment patterns. Routine fillings and extractions showed a marked downward trend; the number of crowns per operator, the number of orthodontic appliances fitted, the number of root treatments performed, the patients radiographed and, above all, the total visits per full time equivalent dental officer all showed a noticeable and at times a highly pronounced increase. Although the downward trend in fillings and extractions reflects what now appears to be the overall tendency in developed countries, it is felt that the increase in other items was, to a large extent, due to peer appraisal.

0230552 83130358

**Surveillance of test use.**

McConnell TS  
Clin Lab Med ,Dec 1982, 2 (4) p891-901, ISSN 0272-2712  
Journal Code: DLS  
Languages: ENGLISH  
(66 Refs.)

00369

0230510 83129749

**The role of the unit sister--emphasis on quality of care and accountability.**

Bergman R  
Curatationis ,Dec 1982, 5 (4) p4-9, ISSN 0379-8577  
Journal Code: C1A  
Languages: ENGLISH

0230437 83128813

**Canadian Council on Hospital Accreditation: worth watching.**

Gray C  
Can Med Assoc J ,Mar 1 1983, 128 (5) p565-7, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0230380 83128327

**Ward meetings: a forum for patients' concerns.**

Graffy J  
Br Med J [Clin Res] ,Jan 29 1983, 286 (6362) p371-2,  
Journal Code: B4X  
Languages: ENGLISH

A series of meetings between patients and staff were held on two general medical wards to discuss the concerns of patients. Issues ranged from the quality of hospital food, ward facilities, and visiting arrangements to the medical and nursing care provided and patients' views on medical students. Most issues were raised by the patients themselves and the outcome was either acceptance or rejection of a suggestion, an explanation by the staff, or a general discussion if a specific decision was inappropriate. Most staff and patients considered the meetings to be valuable. Ward meetings thus seem to provide a way of making hospitals more responsive to patients' concerns.

0230305 83127096

**Whose baby is it anyway? [editorial]**

Samuel OW  
Br J Obstet Gynaecol ,Feb 1983, 90 (2) p99-100, ISSN  
0306-5456 Journal Code: AZC  
Languages: ENGLISH

0230014 83108353

**Catcalls blur the real issue.**

Landgarten S  
Hosp Med Staff ,Jan 1983, 12 (1) p11-2, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0230008 83108341

**Holistic approach to quality.**

Hosp Superv Bull ,Feb 28 1983, (456) p6-7, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0229958 83107092

**Competition: new moral dilemmas for physicians, hospitals [interview]**

Pellegrino ED  
Hosp Prog ,Feb 1983, 64 (2) p8, 10, 22-5, ISSN  
0018-5817 Journal Code: GD1  
Languages: ENGLISH

0229829 83104050

**Quality care by mom and pop.**

Miller R  
Contemp Adm ,Aug 1982, 5 (8) p14-6, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0229465 83122439

**Aid posts in Enga Province.**

Parsons L  
Papua New Guinea Med J ,Sep 1982, 25 (3) p173-5, ISSN  
0031-1480 Journal Code: YEU  
Languages: ENGLISH

In Papua New Guinea (PNG) primary health care in rural areas is principally provided by aid post orderlies (APO's). During 1979-80, all 110 aid posts in Enga Province were visited; 20% were found to be unstaffed. All APO's were from the province and about 50% were providing satisfactory service. Aid posts were judged on standard of cleanliness, daily patient attendance, number of inpatients, number of family planning consultations provided weekly and on the attendance record of TB and leprosy patients. Aid posts usually had sufficient supplies of basic drugs. Despite the presence of a good APO training school in Enga, the standard of graduates was very variable and some of the best APO's in the province had minimal training over 30 years previously. Tribal warfare in Enga continues to be a threat to the delivery of primary health care.

00370

0229445 83122166

**[Quality of medical care using the example of heart surgery]**  
Zur Qualität der medizinischen Betreuung am Beispiel der Herzchirurgie.

Panzner R; Werner K  
Z Gesamte Hyg ,Sep 1982, 28 (9) p676-8, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0229440 83122160

**[Responsibility of social hygiene for the high quality of medical care using as an example the field of oncology]**

Die Verantwortung der Sozialhygiene für eine hohe Qualität der medizinischen Betreuung am Beispiel der Onkologie.

Panzer D  
Z Gesamte Hyg ,Sep 1982, 28 (9) p663-4, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN

0229091 83117149

**Antenatal clinics. 4. More than a laying on of hands.**

Flint C  
Nurs Mirror ,Dec 15 1982, 155 (24) p41-2, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0229038 83117061

**Planning for old people.**

Dopson L  
Nurs Times ,Dec 1-7 1982, 78 (48) p2016, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0228894 83115948

**Antenatal education: does it improve the quality of labour and delivery?**

Gunn TR; Fisher A; Lloyd P; O'Donnell S  
NZ Med J ,Jan 26 1983, 96 (724) p51-3, ISSN 0028-8446  
Journal Code: 08Q  
Languages: ENGLISH

Of 196 nulliparous women who delivered in a two month period, 78 percent had attended antenatal education classes. The mothers who did not attend antenatal classes consisted of significantly more Maori and Pacific Island mothers, they were younger, smoked more, had a lower socioeconomic status and fewer were married. The group who went to antenatal education classes had a significantly longer second stage in labour and required more forceps assistance during delivery compared to non-attenders. These results remained for the polynesian mothers, when they were analysed separately and the

differences in age and socioeconomic status were no longer present. There was no difference in the type of pain relief required during childbirth by the attenders or non-attenders. We found no evidence that attending antenatal education classes will ensure an easy and less complicated childbirth.

0228850 83115356

**Assessing the quality of dental care in your community.**

Medford HM; Strevel DW  
NC Med J ,Dec 1982, 43 (12) p825-7, ISSN 0029-2559  
Journal Code: NTX  
Languages: ENGLISH

0228834 83115114

**Sounding Boards. Teaching nursing homes.**

Schneider EL  
N Engl J Med ,Feb 10 1983, 308 (6) p336-7, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0228833 83115113

**Sounding Boards. Pitfalls of the teaching nursing home. A case for balanced geriatric education.**

Ahronheim JC  
N Engl J Med ,Feb 10 1983, 308 (6) p335-6, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0228820 83114903

**Five theses for the health care debate.**

Maxeiner SR Jr  
Minn Med ,Nov 1982, 65 (11) p681-3, ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

0228777 83114386

**Refining the standard of care--a medicolegal imperative.**

Falk A; Cohn A  
Med Trial Tech Q ,Fall 1982, 29 (2) p214-38, ISSN 0025-7591  
Journal Code: MGU  
Languages: ENGLISH

00371

0228726 83113490

**Guidelines for evaluating dentists and the care they give.**

Brody JE

J Tenn Dent Assoc ,Apr 1982, 62 (2) p34-5, ISSN

0040-3385 Journal Code: K7D

Languages: ENGLISH

0228680 83112395

**Continuing medical education. The next step.**

Manning PR

JAMA ,Feb 25 1983, 249 (8) p1042-5, ISSN 0098-7484

Journal Code: KFR

Contract/Grant No.: LMO2857

Languages: ENGLISH

Traditional continuing medical education (CME) keeps physicians aware of the state of the art. It has limitations, however, as a quality-assurance tool: it is memory based, involves a group endeavor with diffuse goals, often unrelated to practice, is an inappropriate remedy for many problems in patient care, is hampered by poor-quality evaluation, and is governed more by market factors than educational outcomes. The self-study of practice and practice-linked CME offer rich potential for development. The physician's monitoring of his work, with appropriate improvements in performance, is valuable CME. Computers provide facts and guidance at the time and place the physician is developing diagnostic plans, diminishing reliance on memory. The next step in CME is for hospitals, societies, and medical schools to perfect methods of self-study of practice and practice-linked CME.

0228669 83112349

**Good health care for the aged.**

Kennie DC

JAMA ,Feb 11 1983, 249 (6) p770-3, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Despite the recent upsurge of interest in geriatrics, relatively little guidance has been given on what constitutes good health care for the aged. Ten basic principles for good health care are outlined. They include emphasis on the restoration of functional ability; the building and maintenance of a support system; a broadened approach to health assessment; the application of specific medical knowledge and skills; cautious medical intervention; true advocacy for the patient; the acceptance of the legitimacy of death; increased community orientation; the allowance of sufficient time for recovery; and continuity of care. These principles should serve as the basis for educational, research, and service programs for the aged.

0228481 83110001

**Organization development in health care. Quality assurance**

**programs.**

Black JR

J Am Podiatry Assoc ,Jan 1983, 73 (1) p17-20, ISSN

0003-0538 Journal Code: H9J

Languages: ENGLISH

0228478 83109992

**1980 Nikon award winning essay. Advertising: its effects on eye care.**

Bowman MC

J Am Optom Assoc ,Dec 1982, 53 (12) p967-71, ISSN

0003-0244 Journal Code: H82

Languages: ENGLISH

0228471 83109963

**Quality-of-life considerations in geriatric care.**

Pearlman RA; Speer JB Jr

J Am Geriatr Soc ,Feb 1983, 31 (2) p113-20, ISSN

0002-8614 Journal Code: H6V

Languages: ENGLISH

0228417 83109626

**Reagan's proposals to weaken the quality of hospital care.**

Wolfe SM

J Public Health Policy ,Dec 1982, 3 (4) p371-3, ISSN

0197-5897 Journal Code: HS5

Languages: ENGLISH

0228340 83108196

**Applying the conclusions of the Flood study to the hospital practice world.**

Ross A

Health Serv Res ,Winter 1982, 17 (4) p373-7, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

0228339 83108195

**Improving organizational effectiveness: a comment on "Effectiveness in professional organizations".**

Shortell SM

Health Serv Res ,Winter 1982, 17 (4) p367-72, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

00372

0228338 83108194

**Effectiveness in professional organizations: the impact of surgeons and surgical staff organizations on the quality of care in hospitals.**

Flood AB; Scott WR; Ewy W; Forrest WH Jr  
Health Serv Res ,Winter 1982, 17 (4) p341-66, ISSN  
0017-9124 Journal Code: G2L

Languages: ENGLISH

In this research, we examine the relative importance of different structural units in a professional organization, the hospital, as they affect organizational effectiveness. The difficulties of measuring effectiveness in a complex professional organization are discussed, and an adjusted measure of surgical outcome is developed. Data are drawn from a prospective study of over 8,000 surgical patients treated by more than 500 surgeons in 15 hospitals throughout the nation. Two different types of analyses are presented, both indicating that hospital features have more impact on surgical outcomes than do surgeon characteristics. The second analysis assesses the relative importance of specific attributes of the hospital, surgical staff organization, and surgeon characteristics on surgical outcomes.

0228269 83107499

**Providing affordable medical care in a third world country: the case of Egypt.**

Meier G  
Inquiry ,Winter 1982, 19 (4) p346-56, ISSN 0020-1731  
Journal Code: G0T

Languages: ENGLISH

0228203 83107021

**Models for evaluating services at community mental health centers.**

Lebow J  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1010-4,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Models for evaluating mental health treatment include the organizational model, the care-process model, the consumer-evaluation model, the efficacy model, and the community-impact model. Although organizational data (such as type of programs, number of personnel, amount of available funds, and quality of practitioners' training) are most frequently used to assess mental health centers, the author discusses the data generated by each of the other models. He also examines the advantages and disadvantages of applying such data to the evaluation of mental health services.

0227289 83098043

**Quality review of outpatient psychopharmacological practice with APA Task Force criteria.**

Kass F; Charles E; Walsh T; Barsa J  
Am J Psychiatry ,Feb 1983, 140 (2) p221-4, ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: MH-30906  
Languages: ENGLISH

The authors conducted quality review of outpatient psychopharmacological practice in 180 cases with the screening criteria of the APA Task Force on Psychopharmacological Criteria Development and a subset of 12 criteria involving higher-risk practices. Excessive duration of drug treatment was the most common questionable practice, and no relationship was found between frequency of questionable practices and patients' sex, age, social class, or Global Assessment Scale score. An educational exercise based on the audit resulted in a nonsignificant decrease in the higher-risk practices.

0227265 83097729

**A system to monitor patient care in a perinatal region.**

Winegar A; Spellacy WN; Vidyasagar D; Peterson PQ  
Am J Obstet Gynecol ,Jan 1 1983, 145 (1) p39-43, ISSN  
0002-9378 Journal Code: 3NI

Languages: ENGLISH

0227240 83097583

**Some considerations for implementing collaborative practice.**

Burchell RC; Thomas DA; Smith HL  
Am J Med ,Jan 1983, 74 (1) p9-13, ISSN 0002-9343  
Journal Code: 3JU

Languages: ENGLISH

00373



0227239 83097561

**Impact of inter-physician communication on the effectiveness of medical consultations.**

Lee T; Pappius EM; Goldman L  
Am J Med ,Jan 1983. 74 (1) p106-12, ISSN 0002-9343  
Journal Code: 3JU

Languages: ENGLISH

To evaluate the impact of the inter-physician communication on the effectiveness of consultations, consultations performed by general and subspecialty medical consultation services for one week both early and late in the academic year were prospectively evaluated. Physicians commonly requested consultations to get advice on diagnosis (56 percent), advice on management (37 percent), or assistance in arranging or performing a procedure or test (20 percent). Despite our very liberal definitions, the requesting physician and the consultant completely disagreed on both the reason for the consultation and the principal clinical issue in 22 (14 percent) of 156 consultations. Consultants were twice as likely as the requesting physicians to rate consultations as crucial for management (35 percent versus 18 percent,  $p = 0.001$ ) because they gave significantly higher ratings when they and the requesting physicians did not agree on the reasons for consultation. Consultations ordered for very specific purposes, such as assistance in arranging or performing a test, were rated significantly higher by the requesting physicians. It was found that breakdowns in communication are not uncommon in the consultation process and may adversely affect patient care, cost effectiveness, and education.

0226879 83092908

**Improving the quality of community care for the chronically mentally disabled: the role of case management.**

Intagliata J  
Schizophr Bull ,1982. 8 (4) p655-74, ISSN 0586-7614  
Journal Code: UDH

Languages: ENGLISH

This article draws upon an extensive case management literature in order to integrate a number of key concepts and findings that must be considered by those responsible for the planning, administration, and provision of effective community care to the chronically mentally disabled. A discussion of the reasons for the current popularity of the case management concept within human services is followed by a detailed presentation of the objectives, ideology, functions, and structural elements that characterize case management systems.

A series of practical problems and issues that must be addressed to effectively implement a case management system are then identified and analyzed. Finally, a set of recommendations for those developing case management systems is offered, and a number of important unanswered research questions about the delivery and impact of case management services are identified.

0226560 83089378

**Market-oriented cost-containment strategies and quality of care.**

Wyszewianski L; Wheeler JR; Donabedian A  
Milbank Mem Fund Q ,Fall 1982. 60 (4) p518-50, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
(92 Refs.)

0226545 83088823

**Regional poison-control centers improve patient care [editorial]**

McIntire MS; Angle CR  
N Engl J Med ,Jan 27 1983. 308 (4) p219-21, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

00374

0226544 83088815

**Evaluation of regional and nonregional poison centers.**

Thompson DF; Trammel HL; Robertson NJ; Reigart JR

N Engl J Med ,Jan 27 1983, 308 (4) p191-4, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

The purpose of this study was to determine whether regional poison centers handle a particular poisoning situation better than nonregional centers do. Informed consent was obtained from 15 regional and 15 nonregional poison centers. A case involving salicylate ingestion by a three-year-old child was presented twice (one day call and one night call) to each center. Those answering the phone at the regional centers asked more information-gathering questions than did those at the nonregional centers (P less than 0.01) and were more proficient in their history taking (P less than 0.01). Nonregional centers did not consider the potentially toxic ingestion (220 mg per kilogram of body weight) important enough to treat or were not willing to handle the poisoning in one third of the calls. The nonregional centers recommended manual stimulation to induce emesis in 30 per cent of the calls, whereas none of the regional centers recommended this treatment. Four calls to the nonregional centers resulted in recommendations of inappropriate emetics--e.g., saltwater, raw eggs, or mustard water. The chance of obtaining incorrect recommendations for poisoning treatment from the nonregional centers was determined to be nine times greater than that from the regional centers. Indications of intention to follow up were twice as frequent among regional as among nonregional centers. These data strongly suggest that regional poison centers provide better and more consistent poison information than do nonregional centers.

0226520 83088425

**Is peer review effective?**

Handler S

Minn Med ,Dec 1982, 65 (12) p759-60, ISSN 0026-556X

Journal Code: NBY

Languages: ENGLISH

0226515 83088408

**How others see us--a peer review perspective.**

Gustafson CG

Minn Med ,Oct 1982, 65 (10) p595-9, ISSN 0026-556X

Journal Code: NBY

Languages: ENGLISH

0226375 83087463

**Seeking quality.**

Maxwell R; Day M; Hardie R; Lawrence H; Rendall M; Walton N

Lancet ,Jan 1 1983, 1 (8314-5) p45-8, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0226371 83087454

**Global ethics [editorial]**

Lancet ,Jan 1 1983, 1 (8314-5) p33, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0226210 83085493

**Medical audit in general practice. Butterworth Prize Essay 1981.**

Sheldon MG

J R Coll Gen Pract [Occas Pap] ,1982, 20 p1-21, ISSN

0309-6300 Journal Code: JVB

Languages: ENGLISH

0226164 83084710

**Should the FTC regulate American medicine?**

Rial W

J Fla Med Assoc ,Nov 1982, 69 (11) p946-7, ISSN

0015-4148 Journal Code: I53

Languages: ENGLISH

0226107 83083927

**Effects of health insurance on physicians' fees.**

Sloan FA

J Hum Resour ,Fall 1982, 17 (4) p533-57, ISSN 0022-166X

Journal Code: IE9

Languages: ENGLISH

According to conventional wisdom, the growth of health insurance is partly responsible for the rise in physicians' fees; however, to date, convincing empirical evidence is lacking. A standard model of physician fee determination yields unambiguous predictions about insurance effects on fees. Empirical evidence, based on national interview surveys of physicians, shows insurance does affect fees in the predicted direction. Insurance parameter estimates imply that a \$1.00 increase in an insurer's fee schedule raises physicians' fees somewhere between \$0.13 and \$0.35 on average. The higher fees could be associated with higher quality, an issue discussed in the last section.

00375

0226031 83083569  
**Moral reasoning and clinical performance of student dentists.**  
Nash PJ; Nash DA  
J Dent Educ ,Dec 1982, 46 (12) p721-2, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0225832 83081462  
**Method to assess quality of services in antenatal clinics of primary health centres.**  
Srinivasa DK; Danabalan M; Rangachari R  
Indian J Med Res ,Sep 1982, 76 p458-66, ISSN 0019-5340  
Journal Code: GJF  
Languages: ENGLISH

0225333 83074952  
**The new health professionals: three examples.**  
Yankauer A; Sullivan J  
Annu Rev Public Health ,1982, 3 p249-76, ISSN 0163-7525  
Journal Code: ABA  
Languages: ENGLISH  
(92 Refs.)

0225267 83072250  
**AHA hits two-tier medical care.**  
Lefton D  
Am Med News ,Sep 10 1982, 25 (34) p1, 10, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0224745 83055006  
**Government regulation necessary under competition proposals, OTA says.**  
Health Plann Manpow Rep ,Nov 17 1982, 11 (23) p4-5,  
Journal Code: GAC  
Languages: ENGLISH

0224703 83053051  
**Soviet EM at turn-of-century level, nurse team reports.**  
Tennant HL  
Emerg Dep News ,Nov 1982, 4 (11) p11, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

0224673 83051989

**Cutbacks in B.C.--a deadly game.**  
LeBourdais E  
Hosp Trustee ,Sep-Oct 1982, 6 (5) p5-6, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0224624 83074302  
**The quality of life.**  
Gillingham FJ  
Aust NZ J Surg ,Oct 1982, 52 (5) p453-60, ISSN 0004-8682  
Journal Code: 9IC  
Languages: ENGLISH

0224545 83073018  
**Extended care in nursing homes: a program for a county teaching medical center.**  
Breitenbacher RB; Schultz AL  
Ann Intern Med ,Jan 1983, 98 (1) p96-100, ISSN 0003-4819  
Journal Code: 5A6  
Languages: ENGLISH  
A continuity care program for patients in nursing homes using internal medicine residents in training has been developed in a county teaching hospital. Resident physicians on a paid basis assume primary care responsibility for 1000 patients in 29 private community nursing homes. A faculty internist coordinates the activities of the residents and monitors patient care through an extended care office in the county hospital. The program has produced a significant upgrading of the continuity and quality of care of patients in these nursing homes as well as providing medical residents with geriatric and nursing home experience. The increased sensitivity and concern for the needs of nursing home patients developed by the medical residents seems to continue after they complete their training.

0224421 83071809  
**Effect of theophylline pharmacokinetic monitoring service on cost and quality of care.**  
Lehmann CR; Leonard RG  
Am J Hosp Pharm ,Oct 1982, 39 (10) p1656-62, ISSN 0002-9289  
Journal Code: 3IO  
Languages: ENGLISH

00376

Milit Med ,Jul 1982, 147 (7) p558, 560-1, ISSN  
0026-4075 Journal Code: N1A  
Languages: ENGLISH

0223935 83065810

**The role of the arbitration process in changing mental illness and mental retardation systems.**

Ladimer I

Psychiatr Q ,Summer 1982, 54 (2) p123-37, ISSN 00210

0033-2720 Journal Code: QBP

Languages: ENGLISH

0223748 83063956

**Analyzing inpatient hospital duration and intensity: a methodology.**

Studnicki J; Honemann D

QRB ,Sep 1982, 8 (9) p15-26, ISSN 0097-5990 Journal Code: OKP

Languages: ENGLISH

As a complement to a number of existing cost-containment programs, Blue Cross of Maryland developed a length of stay (LOS) review process for its members. The method is based on the premise that the utilization of hospital inpatient services varies along two major dimensions--service duration (expressed in days of hospital stay) and service intensity (expressed as the proportion of ancillary service charges to total charges). Composed of seven steps, the method statistically analyzes the relationship between LOS and ancillary service charges as a proportion of total charges for selected diagnoses. The attempt to monitor two dimensions of inpatient care simultaneously is a departure from existing utilization review methods. Besides a detailed description of each step in this methodology, this article presents preliminary findings from a pilot study conducted in eight Baltimore hospitals.

0223685 83063736

**[Responsibility for quality care]**

Responsabilite pour des soins de qualite.

Dechanoz G

Nouv Com Int Cathol Infirm Assist Med Soc ,1982, (1-2)  
p44-53, ISSN 0378-2735 Journal Code: OB4

Languages: FRENCH

0223596 83063593

**Health care today.**

Nurs Life ,Nov-Dec 1982, 2 (6) p13-9, ISSN 0279-3091  
Journal Code: DA6

Languages: ENGLISH

0223579 83063343

**Application of the nursing process to improve the quality of nursing service provided to a military community in Germany.**

McKenna MK; Hales PW

0223540 83062760  
**The problems and benefits of associating academic medical centers with health-maintenance organizations.**

Hoft RH; Glaser RJ

N Engl J Med ,Dec 30 1982, 307 (27) p1681-9, ISSN  
0028-4793 Journal Code: NDW

Languages: ENGLISH

The growth of prepaid medical-care programs has caused the leaders of a number of academic medical centers to begin to have an increased interest in affiliating with or sponsoring centers in prepaid programs -- otherwise known as health-maintenance organizations (HMOs)--is motivated by a number of potential benefits. An HMO may provide an academic medical center with an additional source of patients for teaching and research; generate additional revenue; increase resources for education in primary care; increase the exposure of students, residents, and faculty to the characteristics of prepaid medical practice; and improve the delivery of health services locally. Issues of importance to the academic medical center include the pros and cons of sponsorship of, as opposed to affiliation with, an HMO and the additional costs attributable to medical education in the HMO setting. Problems may arise between HMOs and medical centers as a result of disparate styles of practice, the high cost of clinical services at the medical center, and the differing perspectives of HMO and medical-center policy makers.

00377

0223356 83060101

**Assessment of hospital performance by use of death rates. A recent case history.**

Hebel JR; Kessler II; Mabuchi K; McCarter RJ  
JAMA ,Dec 17 1982, 248 (23) p3131-5, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

This article discusses an analytical approach for integrating hospital death rates. A study of patient mortality in four hospitals in a large metropolitan areas demonstrates the principles underlying this approach. One hospital, which experienced an annual crude death rate almost twice that of the other three, was suspected of providing an inferior quality of care. Case-mix differences among the hospitals introduced a serious bias, however, and were later taken into account. The patients' primary diagnosis was found to be the most important case-mix variable, with a potential for biasing death rate comparisons. After readjustment for case mix, the maximum difference in death rates among the four hospitals was reduced from 19 to four deaths per 1,000 patients. Further analysis of diagnosis-specific mortality supported the thesis that the observed mortality excess was largely attributable to patient referral patterns in the community.

0223094 83057383

**Coping with a changing health scene; a local health department's experience.**

Brumback CL  
J Public Health Policy ,Sep 1982, 3 (3) p342-7, ISSN 0197-5897 Journal Code: H55

Languages: ENGLISH

0223011 83055987

**Factors influencing the quality of service to leprosy patients.**

McDougall AC  
Int J Lepr ,Sep 1982, 50 (3) p355-8, ISSN 0020-7349  
Journal Code: GRR

Languages: ENGLISH

0222706 83052655

**Go for quality: interview with William Wolfson.**

Wolfson W  
Dentalpractice ,Oct 1982, 3 (9) p12-4, 17-9, Journal Code: D90

Languages: ENGLISH

0222620 83052021

**Evaluating the quality of primary medical care.**

Beaumont B

Community Med ,May 1982, 4 (2) p113-8, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222281 83039669

**PAs and quality health care.**

Flippen P  
Physician Assist Health Pract ,Apr 1982, 6 (4) p80, 84, ISSN 0197-713X Journal Code: P6K

Languages: ENGLISH

0221922 83048019

**Assessment of nursing care quality.**

Martin PJ; Stewart AJ  
Aust Nurses J ,Jul 1982, 12 (1) p44-6, ISSN 0045-0758  
Journal Code: 9GG

Languages: ENGLISH

0221745 83045806

**Collaborative practice in obstetrics/gynecology: implications for cost, quality, and productivity.**

Burchell RC; Smith HL; Tuttle WC; Thomas DA  
Am J Obstet Gynecol ,Nov 15 1982, 144 (6) p621-5, ISSN 0002-9378 Journal Code: 3NI

Languages: ENGLISH

Rising costs, concern over quality of care, and low worker productivity are some of the factors suggesting a need for revision in the organization of the health care delivery system. Reorganization of the nurse-physician working relationship through the establishment of collaborative practice can serve as the mechanism for improving cost, quality, and productivity outcomes. This analysis evaluates collaborative practice within the disciplines of obstetrics and gynecology.

0221558 83043345

**The diagnostic evaluation of risk factors for urinary tract stones: an analysis of care patterns in five hospitals.**

Jekel JF; Chauncey KJ; Moore NL; Gowdy DP; Broadus AE; Black HR  
Yale J Biol Med ,Mar-Apr 1982, 55 (2) p89-100, ISSN 0044-0086 Journal Code: XR7

Contract/Grant No.: AM 20570

Languages: ENGLISH

00378

0221540 83043208  
**Quality of care in women with stage I cervical cancer.**  
Chu J; Polissar L; Tamimi HK  
West J Med ,Jul 1982, 137 (1) p13-7, ISSN 0093-0415  
Journal Code: XN5  
Contract/Grant No.: 5-T32-CA09168; R18-CA 16404  
Languages: ENGLISH

0221282 83039872  
**Evaluation of the routine medical examination of 13-year-old "public school" pupils.**  
Briscoe JH  
Public Health ,Jul 1982, 96 (4) p231-7, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

0220974 83037851  
**Dr. Gerard L. Courtade's views on conservative dentistry: an interview by Dr. Susanne T. Grennell.**  
Courtade GL  
NY J Dent ,Sep-Oct 1982, 52 (7) p215-20, ISSN 0028-7296  
Journal Code: DB2  
Languages: ENGLISH

0220894 83036911  
**The challenge: providing quality health care available to all. Hospitals and economic perspectives.**  
Bedrosian JC  
NANR News ,Sep-Oct 1982, 6 (11) p6-7, 12, Journal Code: NQR  
Languages: ENGLISH

00211

0220754 83035521  
**Quality, cost, and health: an integrative model.**  
Donabedian A; Wheeler JR; Wyszewlanski L  
Med Care ,Oct 1982, 20 (10) p975-92, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: I-R01-HS-0281  
Languages: ENGLISH

This article presents an integrative model of the relations among health status, quality of care, and resource expenditure. It defines medical care quality in terms of outcomes, measured as the expected improvements in health status attributable to care. The consideration of how quality so defined is affected by the unconstrained, efficient use of resources for care leads to the specification of the absolutist definition of quality. Consideration of the incidence of individual and external costs and benefits of care provides the basis for distinguishing further between the individualized definition of quality, which depends upon

individual preferences and ability to pay, and the social definition of quality, which includes consideration of external benefits, full social definition of quality, which includes consideration of external benefits, full social costs, and preferences for the distribution of welfare. An additional distinction is made between clinical efficiency and production efficiency. This article examines in detail the implications, for the selection of optimal strategies of care, of the three definitions of quality (absolutist, individualized, and social) and the two types of efficiency (clinical and production).

0220752 83035519  
**A description of a means of improving ambulatory care in a large municipal teaching hospital: a new role for nurse practitioners.**  
Becker DM; Fournier AM; Gardner LB  
Med Care ,Oct 1982, 20 (10) p1046-50, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

We describe a nurse practitioner program that has improved ambulatory care in a large municipal teaching hospital. The significant feature of this program is an expanded role for nurse practitioners in the follow-up of patients with complicated illnesses. Benefits of this program include improved continuity of care and an easing of the house staff's service burden. Similar use of nurse practitioners at other municipal teaching hospitals would be a useful approach to problems in quality of care and continuity of care.

0220742 83035452  
**Allied health professionals and hospital privileges: an introduction to the issues.**  
Grad JD  
Law Med Health Care ,Sep 1982, 10 (4) p165-7, ISSN 0277-8459  
Journal Code: LAF  
Languages: ENGLISH

0220710 83035103  
**[Patients' rights. The voice of health care consumers]**  
Les droit du patient. La voix des consommateurs de soins.  
Vernay A  
Krankenpflege (Bern) ,Aug 1982, (8) p69-71, Journal Code: KX7  
Languages: FRENCH

00379

0220683 83035074  
**[Legal aspects of medical treatment with special reference to medical auxiliary personnel]**  
Rechtliche Aspekte der medizinischen Behandlung unter besonderer Berücksichtigung des ärztlichen Assistenzpersonals.  
Raule P  
Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8) p240,  
257-8, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220652 83034543  
**Ethical questions surrounding "neighborhood emergency centers": balancing access with quality.**  
Robbins D  
JEN ,Sep-Oct 1982, 8 (5) p264-5, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0220576 83033502  
**What price excellence?**  
English TA  
J Med Ethics ,Sep 1982, 8 (3) p144-6, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0220479 83032425  
**Does continuous care from a physician make a difference?**  
Dietrich AJ; Marton KI  
J Fam Pract ,Nov 1982, 15 (5) p929-37, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Continuity of care with a personal health care provider is both an honored and controversial concept. This paper reviews the literature regarding the effect of a continuous relationship with a personal health care provider (longitudinal care) on quality of care using specific selection criteria and methodological standards. Sixteen studies were found of which four provided most of the valid information. Among the studies reviewed, the most common serious methodological problem was inconsistent definitions of continuity. Longitudinal care from a provider has been shown in certain settings to improve patient and staff satisfaction, compliance with medication and with appointments, and patient disclosure of behavioral problems. No ill effects have yet been demonstrated. There is some evidence that having an ongoing provider could reduce the costs of care. From available information, any evolution of the medical care delivery system away from reliance on an ongoing relationship between provider and patient may sacrifice important benefits.  
(51 Refs.)

0220476 83032420  
**Impact of flexible sigmoidoscopy on physician compliance with colorectal cancer screening protocol.**  
Rodney WM; Quan MA; Johnson RA; Beaber RJ  
J Fam Pract ,Nov 1982, 15 (5) p885-9, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH  
The flexible sigmoidoscope may represent a partial solution to the longstanding problem of physician and patient noncompliance with sigmoidoscopy for the detection of colorectal cancer. A three-year longitudinal audit of medical records revealed at least a sevenfold increase in the number of sigmoidoscopies performed after the introduction of flexible sigmoidoscopy to a salaried medical group. This procedure has made a significant contribution to patient care and resident education in the UCLA family practice residency program.

0220474 83032415  
**Continuity of care [editorial]**  
McWhinney I  
J Fam Pract ,Nov 1982, 15 (5) p847-8, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0220091 83028674  
**The relationship of ownership and size to quality of care in Wisconsin nursing homes.**  
Riportella-Muller R; Slesinger DP  
Gerontologist ,Aug 1982, 22 (4) p429-34, ISSN 0016-9013  
Journal Code: FP5  
Contract/Grant No.: 5T32HD07014  
Languages: ENGLISH

0220089 83028672  
**The impact of visitation on patient well-being in nursing homes.**  
Greene VL; Monahan DJ  
Gerontologist ,Aug 1982, 22 (4) p418-23, ISSN 0016-9013  
Journal Code: FP5  
Languages: ENGLISH

00380

0220069 83028127

**Monitoring perinatal mortality by birth weight specific mortality rates.**

Erkkola R; Kero P; Seppala A; Gronroos M; Rauramo L  
Int J Gynaecol Obstet ,Jun 1982, 20 (3) p231-5, ISSN  
0020-7292 Journal Code: E4T  
Languages: ENGLISH

The perinatal mortality at University Central Hospital of Turku, Finland decreased significantly from 15.7/1000 in years 1970-75 to 8.9/1000 in years 1976-78. The main decrease has occurred in weight groups of 1000 g and more. In years 1976-78 the perinatal mortality of non-malformed babies in the weight group 1500-1999 g was 93/1000, in the group 2000-2499 g 21/1000 and in the group of 2500 g and over 1.7/1000. The early neonatal mortality of non-malformed infants has decreased significantly only in the weight group of 1500-1999 g. The 1-week survival rate has been 48% in the weight group 500-999 g, but 77% in the weight group 1000-1499 g. The birth weight specific mortality rates are greatly required when the quality of obstetrical care is assessed. Birth weight specific neonatal mortality rates are essential when guidelines for elective termination of third trimester pregnancy are designed.

0220004 83026858

**The use of registry nurses in critical care: a cost-benefit analysis.**

Davis SH  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p88-96, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0218982 83014686

**The trouble with nursing homes.**

Ballard RW  
Postgrad Med ,Oct 1982, 72 (4) p307-8, 311, ISSN  
0032-5481 Journal Code: PFK  
Languages: ENGLISH

0218943 83014410

**Time and a word.**

Campbell C  
Nurs Mirror ,Sep 15 1982, 155 (11) p44-7, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0218877 83014143

**Pediatricians and general practitioners: a comparison of the management of children with febrile illness.**

Leduc DG; Pless IB

Pediatrics ,Oct 1982, 70 (4) p511-5, ISSN 0031-4005

Journal Code: OXV

Languages: ENGLISH

To assess the relative competence of pediatricians and general practitioners in managing febrile illnesses in childhood, a prospective study was undertaken of 259 children less than 10 years of age seen consecutively at the emergency room of a children's hospital and a general hospital. Both groups of patients were similar in demographic characteristics, age, sex, presenting complaints, and height and duration of fever. Of the 148 patients entered in the study at children's hospital and the 111 at general hospital, 90% and 94%, respectively, were interviewed by telephone within two weeks of their emergency room visit to determine outcomes based on duration of the acute illness episode and further physician contacts or admissions to hospital. Although no significant differences in the measured outcomes of febrile illnesses seen by pediatricians or general practitioners were found, a trend in favor of those cared for by pediatricians was discernible with respect to two key measures: unresolved symptoms at one week (8.3% vs 12.5%) and subsequent hospitalization (0.8% vs 3.0%). The overall frequency of laboratory use and antibiotic prescriptions was the same in both groups; however, significant differences were noted in the type of laboratory test used: general practitioners ordered three times more roentgenograms than pediatricians and one fifth the number of microbiologic tests. Larger prospective studies are needed to test how these findings may be generalized in view of their importance for quality assurance in the primary care of children.

00381



0218662 83011622

**Effectiveness of an ambulatory care telephone service in reducing drop-in visits and improving satisfaction with care.**

Stirewalt CF; Linn MW; Godoy G; Knopka F; Linn BS  
Med Care ,Jul 1982, 20 (7) p739-48, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

The purpose of this research was to determine whether a specialized telephone service could cut down on unscheduled visits to ambulatory care and improve satisfaction with care. Patients who were to receive care (N = 561) were assigned randomly to a specialized telephone service or a control group. They were measured with regard to satisfaction with care before being assigned and 6 months later. The number of scheduled and unscheduled visits also were monitored for a 1-year follow-up period. The telephone service, which provided a triage system for referrals as well as a source of central contact for scheduling or for complaints, helped to improve satisfaction and reduce the number of unscheduled visits within 6 months. Such a service also may have application in other problem areas in the delivery of quality ambulatory care.

0218656 83011616

**Relationship of size and payment mechanism to system performance in 11 medical care systems.**

Nutting PA; Burkhalter BR; Dietrick DL; Helmick EF  
Med Care ,Jul 1982, 20 (7) p676-90, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

The performance of 11 medical care systems of varying size and payment mechanisms (consisting of six government owned and operated Indian Health Service units, three fee-for-service private practices and two HMOs) was studied. Performance was defined as the percentage of consumers in need of care who received adequate care according to predetermined standards for the process of care for various functions (i.e., prevention, screening, treatment, follow-up) and various health conditions (i.e., prenatal and infant care, hypertension, anemia, UTI). Size was found to have a strong negative relationship to the quality of treatment and follow-up care, but payment mechanism did not show such a relationship. Neither size nor payment mechanism was significantly related to prevention performance. In screening, the results depended on the health condition: size was inversely related to performance of screening for hypertension; HMOs performed significantly better in screening for prenatal anemia; and neither size nor payment mechanism was related to performance of screening for infant anemia.

0218640 83010911

**Evaluating the effectiveness of a perinatal outreach education program.**

Hanau-Walsh J

JOGN Nurs ,Jul-Aug 1982, 11 (4) p226-9, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0218171 83005972

**Health care in Poland: from crisis to crisis.**

Millard LF

Int J Health Serv ,1982, 12 (3) p497-515, ISSN  
0020-7314 Journal Code: GRU  
Languages: ENGLISH

During its first twenty years the Polish health service represented a neglected sector of government activity, as the development of heavy industry remained the predominant economic goal, with social policy regarded as a "nonproductive" sphere. When Edward Gierek came to power in 1970, the promise of reform extended throughout society to include health. However, despite a fundamental organizational reform, the health service has remained in a state of crisis, currently worsening as a result of mounting economic dislocation and political tension. Inadequate access to treatment, lack of continuity of care, poor quality of care, profound shortages of drugs and supplies, and the absence of preventive medicine are some of the manifestations of this crisis. Its main causes lie in the political weakness of the Ministry of Health, with consequent underfunding and the nonfulfillment of its plans. This situation is exacerbated by continuing organizational fragmentation, the neglect of primary care, the existence of conflicting aims in health policy, and the dominance of an ideology of clinical specialism.

00382

0217880 83001206

**Gastrointestinal endoscopy: some perspectives.**

Grant AK; Harley HA  
Br Med J [Clin Res] .Sep 25 1982, 285 (6345) p868-70,  
Journal Code: B4X  
Languages: ENGLISH

Remarkable technological advances of fiberoptic endoscopy in the past two decades have produced important improvements in diagnosis and treatment of gastrointestinal and hepatobiliary disorders. These advances must be kept in perspective; continuing, critical assessment of their contribution to the management of patients is desirable. Endoscopy can have adverse effects on the total performance of departments of gastroenterology, on gastroenterology as a discipline, and even on the status of the medical profession in the community. Gastroenterologists need to show proficiency of performance and integrity of practice. Control may be achieved by certification delineation of privileges, peer review, public accountability, and realistic financial returns for procedures. Records of a department of gastroenterology indicate that some control may be achieved by insistence on a consultation before decision on endoscopy. This may be a desirable alternative to endoscopy on demand. Undue emphasis on technology runs some risk of destroying the proper practice of consultant medicine.

0217701 82277741

**The Criterion Referenced Performance Appraisal System can add to the effectiveness of the hospital and...improve quality of care.**

Berger L; Clipp FP  
South Hosp .Jul-Aug 1982, 50 (4) p9-12, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0217554 82266749

**A small warning of history.**

Code1 MR  
J Am Health Care Assoc .Sep 1982, 8 (5) p81-2, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0217221 82261470

**Business good, but contract EM practices unstandard.**

McCann J; Milne DR; Sellers T  
Emerg Dep News .Sep 1982, 4 (9) p1, 4-6, 12-3, ISSN  
0195-3281 Journal Code: EFJ  
Languages: ENGLISH

0217156 82283750

**Responsibility in quality care.**

Dechanoz G  
Australas Nurses J .May 1982, 11 (4) p8-11, 13, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0217050 82282276

**Nurse credits contract as way to improve care.**

Stafford M  
Am Nurse .Jul-Aug 1982, 14 (7) p4, 17, 20, ISSN  
0098-1486 Journal Code: 40D  
Languages: ENGLISH

0216987 82281829

**Psychiatric records: variations based on discipline and patient characteristics, with implications for quality of care.**

Perlman BB; Schwartz AH; Paris M; Thornton JC; Smith H;  
Weber R  
Am J Psychiatry .Sep 1982, 139 (9) p1154-7, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

In this study of the delivery of outpatient psychiatric care to Medicaid patients at all 29 free-standing psychiatric clinics and at six hospital clinics in New York City, the authors found that nonphysician mental health workers provided much direct patient care: diagnosis and identifying data, necessary for reimbursement, were always included in records whereas mental status and medical history were poorly documented; and nonphysicians in hospitals generally surpassed physicians in the latter two areas. An additional observation was that attitudes of mental health workers toward certain diagnostic and ethnic groups may be inferred from the selective completeness of their psychiatric record keeping.

00383

**CUERPO CLINICO**

00384

0232839 83130475  
**Educating the staff.**  
Ward M  
Contemp Adm ,Feb 1983, 6 (2) p22, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0225901 83081991  
**Medical staffing in the National Health Service in Scotland.**  
Howitt LF  
Health Bull (Edinb) ,Sep 1982, 40 (5) p255-64, ISSN  
0374-8014 Journal Code: G1Y  
Languages: ENGLISH

0223458 83061526  
**Hazards of cancer chemotherapy [editorial]**  
Lancet ,Dec 11 1982, 2 (8311) p1317-8, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0223423 83061180  
**Variations in physician utilization patterns in a capitation payment IPA-HMO.**  
Burkett GL  
Med Care ,Nov 1982, 20 (11) p1128-39, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 1 R03 HS 03485-01  
Languages: ENGLISH

Health care utilization data, using measures such as rates of hospitalization, physician visits, and specialty referrals, were collected for individual provider offices in an Individual Practice Association-Health Maintenance Organization (IPA-HMO) that used a capitation payment system to reimburse its primary physicians. Variations in health care utilization patterns between IPA offices were identified and examined for possible associations with other characteristics of these medical practices. As an indirect test of the effectiveness of the HMO's incentive system, it was hypothesized that IPA offices with a larger number of HMO subscriber-patients and those with a longer duration of membership in the IPA would exhibit practice patterns that would conform most with the HMO's cost control objectives. Associations were found between health care utilization measures and characteristics such as the specialty of physicians, but size of HMO patient load and length of IPA membership did not have the predicted effect. The findings of this study serve to identify several questions that need to be addressed in further assessments of the performance of IPAs that follow this general model.

0220315 83031365  
**A study of HMO physicians' receptivity to special programs for sociomedical and behavioral problems.**  
Nash DB; Freeborn DK; Barker WH  
J Community Health ,Summer 1982, 7 (4) p239-49, ISSN  
0094-5145 Journal Code: HUT  
Languages: ENGLISH

The purpose of this study was to determine HMO physicians' receptivity to special organized programs dealing with sociomedical and behavioral problems. The study population consisted of full-time physicians in a large prepaid group practice HMO, and the data were obtained in 1977 by means of a self-administered structured questionnaire. Most physicians favored special organized services for alcoholism, drug abuse, obesity, disturbances in sexual relations, and the like. Except for alcohol and drug abuse, favoring organized services for one problem did not correlate highly across problem areas. Specialty, AMA membership, and political orientation were the main characteristics that differentiated physicians on their receptivity to organized programs for sociomedical problems. Social background and professional training and experience may be more important than the practice setting in influencing physicians' receptivity to these types of services.

0218874 83013963  
**The effect of quality assurance activities on the quality of mental health services.**  
Sinclair C; Frankel M  
QRB ,Jul 1982, 8 (7) p7-15, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

00385

0216877 82281143

**Hepatitis B viral infection: Part II. Public health aspects.**

Dzik WH; Alter HJ  
Am Fam Physician ,Sep 1982, 26 (3) p135-42, ISSN  
0002-838X Journal Code: 3BT  
Languages: ENGLISH

It is estimated that 200 million people worldwide, including 0.1 percent of the U.S. populations, are carriers of hepatitis B virus. The carrier state is defined as positivity for hepatitis B surface antigen for six or more months without additional features of acute or chronic infection. The risk of spreading hepatitis B virus depends on the infectivity of the carrier, the nature of exposure to the carrier and the susceptibility of the contact. At present, some types of exposure merit prophylaxis with immune globulin. A safe and effective vaccine is currently available and should markedly reduce the incidence of hepatitis B and its chronic sequelae.

0215031 82262484

**Family practice in hospitals.**

Shaw CD  
Dimens Health Serv ,Jul 1982, 59 (7) p6, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

0213731 82250311

**Criticisms of exercise after heart attack--variations on an old theme?**

Noakes TD  
S Afr Med J ,Aug 14 1982, 62 (8) p238-40, ISSN  
0038-2469 Journal Code: U4R  
Languages: ENGLISH

In many countries it is accepted medical practice for selected patients to undertake carefully prescribed programmes of physical exercise after acute myocardial infarction or coronary bypass surgery. This situation has evolved despite considerable initial and ongoing medical resistance, some of which is now surfacing in this country. The most popular criticisms of exercise programmes for cardiac patients are that such programmes are unsafe, do not provide any medical benefit and are too costly, and that there are insufficient facilities and trained personnel to develop a realistic nationwide rehabilitation service. It is of interest that these criticisms are the same as those which were initially used to counter the proponents of coronary bypass surgery. It can be shown that these arguments are not scientifically valid. The risks of exercise for cardiac patients are minimal and considerably less than those posed by cardiac surgery. There is encouraging evidence that exercise training may reduce morbidity and mortality, but even if such hopes are not fulfilled the improved quality of life enjoyed by cardiac patients who take part in an exercise programme is sufficient to justify this therapy. The additional costs imposed by these programmes are minimal, as are the staffing requirements. It

seems likely that just as coronary bypass surgery has overcome widespread medical opposition in this and other countries, so too will the concept of formal exercise training programmes for selected patients after heart attack or coronary bypass surgery.

0206836 82168502

**Organizational factors and performance of individual practice associations.**

Bahlke B; Zuckerman HS  
J Ambulatory Care Manage ,May 1982, 5 (2) p14-23, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0204587 82147618

**What is the future of prepaid medical practice?**

Krill MA; Gayner RR  
Med Group Manage ,Jan-Feb 1982, 29 (1) p42-7, ISSN  
0025-7257 Journal Code: MA7  
Languages: ENGLISH

Prepaid medical practice, bolstered in its growth over the past eight years by government legislative and financial support, is currently at a unique crossroad. Confronted with a reduction in federal support as a result of the 1981 amendments to the HMO Act, and faced with an undefined investment commitment from the private sector, HMO expansion and future growth rates are subject to some uncertainty. An assessment of the future of HMOs must take into account not only the immediate past, but also how present, evolving marketplace factors will shape trends in the years ahead.

0204429 82140225

**The impact of physician compensation on HMO tax exempt status: a legal analysis.**

Michaels J  
Group Health J ,Winter 1982, 3 (1) p12-8, ISSN  
0196-6332 Journal Code: FTS  
Languages: ENGLISH

0203629 82150379

**A case for concern.**

Dopson L  
Nurs Times ,Feb 24-Mar 2 1982, 78 (8) p305, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

00386

0203357 82148427

**For fun and profit: how to install a first-rate doctor in a third-rate nursing home.**

Schwartz TB

N Engl J Med ,Mar 25 1982, 306 (12) p743-4, ISSN 0028-4793 Journal Code: NDW

Languages: ENGLISH

0202963 82144317

**Patient care telephone calls received in family practice offices.**

Brown JM; Helling DK; Burns EA; Burmeister LF; RakeI RE

J Fam Pract ,Mar 1982, 14 (3) p527-32, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

The majority of patients care calls referred to practitioners at each of two family practice office study sites were related to medications. However, there were significant differences in the proportion of patient care calls managed by staff physicians, family practice residents, and clinical pharmacists which involved discussion of medication. There were also significant differences in the callers and types of medication related calls managed by each practitioner group. Calls initiated by patients and those classified as refill requests accounted for the largest proportion of calls managed by staff physicians, residents, and clinical pharmacists. The majority of calls received by each practitioner group were managed without consultation. A follow-up office visit was recommended in approximately one half of all medication related calls. The findings of this study may be useful in determining the personnel required to manage medication related telephone calls and in identifying potential areas for education and training of personnel in family practice.

0199162 82103137

**HMOs in the Twin Cities have fallen on hard times and are laying off doctors.**

Med World News ,Feb 15 1982, 23 (4) p15-6, ISSN 0025-763X Journal Code: MGW

Languages: ENGLISH

00387

**DECISIONES, TOMA DE**

00388

0233389 83147387

**As I see it: proliferation of multihospital systems and arrangements.**

Jellison MD  
Trustee ,Mar 1983, 36 (3) p35, ISSN 0041-3674 Journal  
Code: WG9  
Languages: ENGLISH

0233208 83139088

**Cross-boundary power related to interagency relationships between community agencies.**

Ezell AS; Morse JM  
J Health Hum Resour Adm ,Fall 1982, 5 (2) p201-8, ISSN  
0160-4198 Journal Code: KD1  
Languages: ENGLISH

00212

0233194 83139074

**Health technology management in the Department of Health and Human Services.**

Cooper DI; Behney C  
J Health Hum Resour Adm ,Summer 1982, 5 (1) p20-32,  
ISSN 0160-4198 Journal Code: KD1  
Languages: ENGLISH

0233132 83135003

**Changes in washer-sterilizers require careful buyer study.**

Albertson D  
HPN Hosp Purch News ,Mar 1983, 7 (3) p23-5, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233109 83134705

**What if?**

Internist ,Oct 1982, 23 (8) p6-7, ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0233018 83133992

**Tips to promote cost-effective use of ancillary services.**

Hosp Peer Rev ,Dec 1982, 7 (12) p149-51, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0232995 83133917

**Issues in hospital information system development.**

Hosp Admin Curr ,Jan-Mar 1983, 27 (1) p1-6, Journal  
Code: GCI  
Languages: ENGLISH

0232957 83133830

**Insurance buying: a process of competitive bidding.**

McCollum WE  
Healthc Financ Manage ,Mar 1983, 37 (3) p24-5, 28, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0232901 83131479

**Practical thoughts on cost-benefit analysis and health services.**

Burchell A; Weeden R  
Health Trends ,Aug 1982, 14 (3) p56-60, ISSN 0017-9132  
Journal Code: EJN  
Languages: ENGLISH

Cost-benefit analysis is fast becoming--if it is not already--an essential tool in decision making. It is, however, a complex subject, and one in which few doctors have been trained. This paper offers practical thoughts on the art of cost-benefit analysis, and is written for clinicians and other medical specialists who, though inexperienced in the techniques of accountancy, nevertheless wish to carry out their own simple analyses in a manner that will enable them, and others, to take effective decisions.

0232388 83148188

**[Methodologic principles of decision-making in the use of questionnaires in medicine]**

Methodische Grundfragen eines rationellen Entscheidungsablaufs bei Fragebogenanwendungen in der Medizin.

Jandok W  
Z Gesamte Hyg ,Dec 12 1982, 28 (12) p878-81, ISSN  
0049-8610 Journal Code: XUO  
Languages: GERMAN

0232257 83146456

**Into the brier-patch [editorial]**

Thomison JB  
South Med J ,Mar 1983, 76 (3) p277-9, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

00389



0232060 83144325  
**Communication and decision making in genetic counseling.**  
Lippman-Hand A  
Prog Clin Biol Res ,1982, 103 Pt B p511-9, ISSN  
0361-7742 Journal Code: PZ5  
Languages: ENGLISH

0232033 83143951  
**Physicians' ratings of information sources about their  
preventive medicine decisions.**  
Weinberger M; Mazzuca SA; Cohen SJ; McDonald CJ  
Prev Med ,Nov 1982, 11 (6) p717-23, ISSN 0091-7435  
Journal Code: PM4  
Contract/Grant No.: P60 AM20542; 502485-HEW  
Languages: ENGLISH

0231857 83143097  
**Circumcision: the effect of information on parental decision  
making.**  
Malsels MJ; Hayes B; Conrad S; Chez RA  
Pediatrics ,Mar 1983, 71 (3) p453-5, ISSN 0031-4005  
Journal Code: DXV  
Languages: ENGLISH

0231678 83142334  
**Motivating staff to participate in decision making.**  
Peterson ME  
Nurs Adm Q ,Winter 1983, 7 (2) p63-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231671 83142327  
**On the scene: Mount Sinai Medical Center of Greater Miami.  
Power at the unit level.**  
Gentleman C  
Nurs Adm Q ,Winter 1983, 7 (2) p27-31, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231598 83141155  
**Publication of utilisation data. Its effect on clinical  
decisions.**  
Douglas RM; Catchlove E; Reid DP; Young JF  
Med J Aust ,Dec 11-25 1982, 2 (12) p580-3, ISSN  
0025-729X Journal Code: M26  
Languages: ENGLISH  
During an 18-week period in 1978-1979, a weekly bulletin  
containing information about patients' stay in hospital and

prescribing patterns in each unit was distributed to all  
doctors and senior nurses of six general medical and six  
general surgical units in the Royal Adelaide Hospital. For the  
first nine weeks, the bulletins contained information from  
half of the units, then crossed over in the second nine-week  
period. The mean stay in all units of 2251 persons discharged  
from hospital during the first nine weeks was 9.5 days,  
compared with 8.7 days for the 2234 patients in the second  
nine weeks (a reduction of more than 2000 bed-days (P less  
than 0.002)). The percentage of outpatients and discharged  
inpatients who were given prescriptions for more than two  
drugs fell from 15.3% to 13% (P less than 0.001). It is likely  
that publication of the bulletins influenced discharge and  
prescribing decisions by increasing general awareness that  
these matters were under review.

0231511 83140251  
**Guidelines for the treatment of mild hypertension:  
memorandum from a W.H.O./I.S.H. meeting.**  
Lancet ,Feb 26 1983, 1 (8322) p457-8, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

00213  
0231434 83139855  
**Decision making and health education.**  
Duryea EJ  
J Sch Health ,Jan 1983, 53 (1) p29-32, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

00390

0231356 83139104

**Benefit-cost analysis of antimicrobial prophylaxis in abdominal and vaginal hysterectomy.**

Shapiro M; Schoenbaum SC; Tager IB; Munoz A; Polk BF  
JAMA ,Mar 11 1983, 249 (10) p1290-4, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

We performed a benefit-cost analysis of antimicrobial prophylaxis for hysterectomy using data from a randomized, placebo-controlled clinical trial of the efficacy of three doses of cefazolin sodium. The excess cost per patient with either operative site or urinary tract infection, or febrile morbidity diagnosed during hospitalization, was +1,777 for vaginal and +716 for abdominal hysterectomy. In patients undergoing vaginal hysterectomy, prophylactic cefazolin reduced in-hospital infectious morbidity from 52% to 23% (preventive fraction, 56%), resulting in an average net benefit of +492 per patient. In abdominal hysterectomy, cefazolin decreased in-hospital morbidity from 43% to 25% (preventive fraction, 42%), resulting in an average net savings of +102 per patient. These benefits would be eroded by use of newer, more expensive cephalosporins unless they were considerably more effective than cefazolin. The benefits also would be diminished by inappropriate prolongation of the duration of prophylaxis.

0230919 83134427

**[Analysis of the criteria of choice of hospital materials and technologies]**

Analyse des criteres de choix des materiels et technologies a l'hopital.

Morizet-Mahoudeaux P; Dubuisson B  
Int J Biomed Comput ,Jan 1983, 14 (1) p53-63, ISSN 0020-7101  
Journal Code: GQQ

Languages: FRENCH Summary Languages: ENGLISH

Decision-making in hospital, when a biomedical instrumentation investment has to be decided, is not simple because of the large amount of criteria which should be considered. To show the most important criteria in decision-making, their respective weight and their interdependencies, we used multi-dimensional analysis methods.

A quasi-exhaustive list of criteria has been constructed and sent to all the heads of medical departments, the directors and the clinical engineers of the French university hospitals, in order to obtain their appreciation of the influence of these criteria in their own decision-making experience. The application of factorial analysis methods to the answers gives two main results. There is no characteristic behaviour of professional groups, such as engineers, directors, surgeons, radiologist, etc.... A list of 21 criteria, which are the most influential in decision-making, can be identified. This result will be emphasized in order to develop a tool which allows one to measure the adequacy of a biomedical instrument that shows a clinical need.

0230891 83133976

**Value-driven management.**

Wacker RC  
Hospitals ,Apr 1 1983, 57 (7) p81-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230883 83133968

**Trustees shift focus. Prospective payment encourages a board's integrative skills.**

O'Gara N  
Hospitals ,Mar 16 1983, 57 (6) p88-90, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230837 83133626

**Admitting applicants to skilled nursing facilities: social workers' role.**

Toseland RW; Newman E  
Health Soc Work ,Nov 1982, 7 (4) p262-72, ISSN 0360-7283  
Journal Code: FZ6  
Languages: ENGLISH

Social workers play a vital role in the screening and admission of applicants to skilled nursing facilities because they provide unique attention to patients' psychosocial as well as medical needs. This article reports on a study that investigates social workers' employment in nursing homes and their actual involvement in the admission process. It also details the practices and procedures used to screen, select, and admit applicants to the facilities.

00214

0230836 83133625

**Discharge planning and decision making.**

Coulton CJ; Dunkle RE; Goode RA; MacKintosh J  
Health Soc Work ,Nov 1982, 7 (4) p253-61, ISSN 0360-7283  
Journal Code: FZ6  
Languages: ENGLISH

Current advances in discharge planning have focused on comprehensive assessment, levels of care, and reducing the length of hospital stays. However, evidence also indicates the importance of involving patients and their families in making decisions about long-term care. This article identifies nine factors related to the patients' involvement in decision making.

00391

0230785 83132648

**A guide to making your first practice decisions.**

Quinn JE; St. Arnault FD

Dent Stud ,Oct 1982, 61 (2) p29-33, ISSN 0011-877X

Journal Code: E1Y

Languages: ENGLISH

0230473 83128938

**Commentary. Is anybody listening?**

Stephens B

Can Nurse ,Mar 1983, 79 (3) p18-9, ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

0230441 83128828

**The ethically trained physician: myth or reality?**

Balkos GK

Can Med Assoc J ,Mar 15 1983, 128 (6) p682-4, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

Through a questionnaire distributed to 300 physicians in the Toronto area, three aspects of their ethical awareness were examined: the formal codes, the need for consultation in making decisions and the need for training in medical ethics. Most of the physicians (81%) felt that they were facing ethical problems in their daily practice. A majority of these would try to solve the problems either themselves (30%) or through discussion with a colleague (43%). When they turned outside the profession it was sometimes to a lawyer (12%), which suggests concern with the legalities of some situations.

Only a small proportion of the respondents were found to be familiar with two of the established codes of ethics, yet 13% would still turn to the code of the Canadian Medical Association for guidance. Finally, there was widespread recognition of the need for proper training in medical ethics and for the establishment of a specialty in this field.

0230131 83116188

**Planning techniques supporting your decisions.**

Ludmer AR

OH ,Feb 1983, 27 (2) p14-7, ISSN 0161-0007 Journal

Code: DGP

Languages: ENGLISH

00215

● 0230075 83111244

**A method to determine a non-economic personal value of life.**

Zalkind DL; Shachtman RH

J Oper Res Soc ,Feb 1983, 34 (2) p145-53, ISSN

0160-5682 Journal Code: JHN

Languages: ENGLISH

This paper presents a method for estimating a non-monetary personal value for death in the context of a decision problem.

The method evolved from a case study of a personal decision strategy for choosing whether to receive the swine influenza vaccine, based on the predicted epidemic in the United States in the fall of 1976. Rather than dealing with the decision-maker's assessments of utilities associated with extreme outcomes such as one's own death, the basic approach considers probabilities representing marginal reductions in the probability of death. An application to the swine influenza decision is included.

0229974 83107136

**Perspectives on capital equipment. The vendor.**

Owen WW Jr

Hosp Mater Manage Q ,Feb 1983, 4 (3) p7-10, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229965 83107127

**Capital equipment considerations for users and material managers.**

Beahm MR

Hosp Mater Manage Q ,Feb 1983, 4 (3) p32-6, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229856 83104917

**How to use your consultants most effectively.**

Griffes EJ

Employee Benefits J ,Mar 1983, 8 (1) p18-21, 28, ISSN

0361-4050 Journal Code: EFH

Languages: ENGLISH

0229700 83125777

**Pediatric critical care. Should medical costs influence clinical decisions?**

Griffin A; Thomas DC

Arch Intern Med ,Feb 1983, 143 (2) p325-7, ISSN

0003-9926 Journal Code: 7FS

Languages: ENGLISH

00392

0229288 83120142

**Professionals' criteria for accepting people as patients.**

Askham J  
Soc Sci Med ,1982, 16 (24) p2083-9, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

0229278 83120127

**Errors of intuitive logic among physicians.**

Borak J; Veilleux S  
Soc Sci Med ,1982, 16 (22) p1939-47, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

The effectiveness of specific training in statistics and decision-making principles upon physicians' judgmental skills was assessed by means of problems of intuitive logical reasoning. The responses of 43 statistically sophisticated physicians (SP) were compared to those of 42 practicing physicians (PP), 43 clinical nurses (CN) and 41 hospital laborers (HL). On problems evaluating use of faulty heuristics in judgments of conditional probabilities, the SP group's responses were the most biased. The proportion of subjects displaying consistent use of a particular heuristic in solving the three problems were 0.36 (SP), 0.45 (PP), 0.35 (CN) and 0.41 (HL). On problems assessing use of prevalence rate data in estimating probabilities, SP performed substantially better than the other three groups: 34% of their responses were accurate. However, 37% of their responses reflected ignorance of prevalence information concepts. We conclude that intensive statistical and decision-making training of physicians is likely to be of only limited value for improving clinicians' judgmental skills.

0229023 83117036

**The choice between hospital and home care for terminally ill children.**

Edwardson SR  
Nurs Res ,Jan-Feb 1983, 32 (1) p29-34, ISSN 0029-6562  
Journal Code: D9K  
Contract/Grant No.: CA 19490  
Languages: ENGLISH

This study explored the decision making process of physicians and parents in choosing between hospital and home care for children in the terminal phase of cancer. Data were gathered from hospital records of the children and from interviews with their parents. Discriminant function analysis of hospital record data suggested that the physician's influence over care and treatment choices remained the dominant influence into the terminal phase. Yet parents reported that they were most influenced by their child's and their own desires and beliefs about their ability to provide care. The possibility of a two-stage decision process is offered to explain this discrepancy.

0229022 83117032

**Women's perceptions of vaginal and cesarean deliveries.**

Cranley MS; Hedahl KJ; Pegg SH  
Nurs Res ,Jan-Feb 1983, 32 (1) p10-5, ISSN 0029-6562  
Journal Code: D9K  
Contract/Grant No.: 5R02 NU00 531-3  
Languages: ENGLISH

Three groups of women were compared to determine their perceptions of giving birth and the relationships between those perceptions and their degree of participation in decision making, the type of anesthesia for delivery, and the presence of their husbands at the births. Forty women had vaginal deliveries; 39 had emergency cesareans, and 43 had planned cesareans. All the women were interviewed and completed self-administered questionnaires two to four days after delivery. The three groups had significantly different perceptions of the birth experience with the emergency cesarean birth group having the most negative perception. Among women having cesareans, more positive perceptions were associated with regional anesthesia, presence of their husbands at delivery, and greater participation in decision making. Women in the cesarean groups were less likely to breast feed, and those having planned cesareans were least likely to attend childbirth classes. Many of the women were unaware of the options available to them that could influence the birth experiences.

0228852 83115453

**ESRD treatment modalities: the patient does have the right to choose.**

Coover D; Conlon S  
Nephrol Nurse ,Nov-Dec 1982, 4 (6) p13-8, Journal  
Code: NW9  
Languages: ENGLISH

0228712 83113435

**Self care: partnership for problem solving.**

Ozias JM  
J Sch Health ,1982, 52 (10) p621-2, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

00393

0228674 83112371

**Predictors of employment status after cardiac surgery.**

Stanton BA; Jenkins CD; Denlinger P; Savageau JA; Weintraub RM; Goldstein RL

JAMA ,Feb 18 1983, 249 (7) p907-11, ISSN 0098-7484  
Journal Code: KFR

Contract/Grant No.: HL 20637

Languages: ENGLISH

Preoperative predictors of postoperative employment status were studied in 228 patients (aged 25 to 64 years) who underwent cardiac surgery. Of the 150 patients working in the year before surgery, 73% returned within six months. Of those not so employed, 18% started working. Patients who expected preoperatively to return to work did so at an 82% rate compared with 39% of the others. This was a strong predictor in the multiple regression analysis. Educational level and family income were stronger predictors than occupation or level of physical exertion required. Rates of return were higher in patients with less severe angina and less fatigue preoperatively, but did not differ significantly by sex, surgical procedure, or duration of illness. Seven variables predicted work status correctly for 86% of persons. These results suggest that determinants of return to work are largely present before surgery and that patients' attitudes and expectations play an important role.

0228623 83111850

**Decision-making among emergency room residents: preliminary observations and a decision model.**

Quick JD; Moorhead G; Quick JC; Gerloff EA; Mattox KL; Mullins C

J Med Educ ,Feb 1983, 58 (2) p117-25, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Emergency room residents face a range of clinical decisions and often call on senior residents or faculty members for help. The individual clinical decision process has frequently been analyzed, but little attention has been given to the social process in clinical decision-making. Based on data from interviews and over 100 hours of direct observation at two large urban general hospitals with busy emergency rooms staffed by medical and surgical residents, the authors suggest there are five basic decision situations. In each situation, the residents appeared to follow implicit decision patterns about involving other medical and surgical staff in the final clinical decision. The decision situations are nonacute, routine acute, nonroutine acute, multispecialty acute, and crisis. These situations call for individual, consultative, or consensual patterns in making decisions. The consequences of these patterns are explored. Improving residents' decision-making should contribute to improved understanding of the resident's role, better resident supervision, and better emergency room functioning.

0228564 83111281

**Minors' assent or dissent to medical treatment.**

Leikin SL

J Pediatr ,Feb 1983, 102 (2) p169-76, ISSN 0022-3476  
Journal Code: JLZ  
Languages: ENGLISH

0228541 83111165

**Clarifying autonomy and accountability in nursing service: part 2.**

Lewis FM; Batey MV

J Nurs Adm ,Oct 1982, 12 (10) p10-5, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

How can a nursing service convincingly argue for autonomy and accountability without an understanding of the precise meanings of these terms? In this second of two articles exploring the meanings and implications of autonomy and accountability in nursing service, Lewis and Batey arrive at this and other provocative questions. They analyze the concept of accountability and provide selected definitions of the concept by directors of nursing. Their discussion provides insights into the presence or absence of true accountability in nursing organizations and presents issues for further study.

0228519 83110804

**A model for teaching ethics in a family practice residency.**

Self DJ; Lyon-Loftus GT

J Fam Pract ,Feb 1983, 16 (2) p355-9, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

The model used for teaching ethics at the Ghent Family Medicine Residency at Eastern Virginia Medical School consists of a monthly one-hour noon conference integrating ethical principles and clinical decision making. The underlying objective is to help produce effective physicians by developing their knowledge, skills, and attitudes. The model combines didactic material and clarification of personal values in a case study format. The most important kind of learning to be derived is the self-awareness of one's own value structure and its contribution to the clinical decision-making process. Such a conference will succeed in capturing resident participation in direct proportion to faculty support. Medical ethics teaching in family medicine is appropriate, important, and consistent with the principles of a good family practice residency. An illustration of a typical ethics noon conference on confidentiality is given.

00394

00216

0228518 83110803

**Creativity in management in family medicine.**

Stephenson MJ; Bass MJ

J Fam Pract ,Feb 1983, 16 (2) p347-50, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

Family practice presents some complex patient management problems with organic, social, and psychological components. There is a great potential for creative problem solving in such patient management problems, in that many alternative solutions are possible. A cross-sectional study was carried out to test the hypothesis that "more creative people as defined by a standard creativity test would have a better quality of management." Sixteen volunteers from the University of Western Ontario Family Practice Residency Program completed a written management problem and the Barron Welsh Art Scale, which is a measure of a person's preference for complexity. The number of options given in each answer was calculated, and the results showed that more creative residents had a higher quality of management score, a higher number of high-quality options, more options of an interpersonal nature, and a higher proportion of original options. The results suggest that creative people are more able to generate the number and types of options that are needed for quality management. The higher proportion of original options may represent a more comprehensive approach to management, and the creative groups' preference for complexity may enable them to deal more effectively with the problem. These results are not generalizable but indicate a need for further investigation into this area.

0228450 83109883

**Work environments of different types of nursing subunits.**

Leatt P; Schneck R

J Adv Nurs ,Nov 1982, 7 (6) p581-94, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

Based upon organizational theory, the purpose of this research was to identify and describe similarities and differences in the work environments of nine different types of nursing subunits (intensive care, medical, surgical, psychiatric, auxiliary, rehabilitation, rural, paediatric and obstetrical) in hospitals. Six measures of nursing subunit environment were developed; these included measures of nursing subunit autonomy, and the complexity and pervasiveness of other medical and hospital groups interacting with the nursing subunit. Data were collected by questionnaire from headnurses in 157 nursing subunits located in 24 hospitals in Alberta, Canada. The results indicated that the types of nursing subunits were similar in their degree of autonomy from both physicians and administration in the larger context in which they were located but were significantly different in terms of number and heterogeneity of groups outside nurses with which they interacted and the extent to which such groups pervaded the subunits. For example, intensive care units appeared as the type of nursing subunit with the greatest need for

interaction with physicians, paramedics, hotel services and so on, whereas, psychiatric subunits appeared to be the least dependent on groups outside nursing in the hospital. These findings have implications for the management practices and educational programme for nursing.

0228447 83109880

**Changes in patterns of care of the mentally handicapped: implications for nurses' perceptions of their roles and hospital decision making processes.**

Shaw M; Heyman B

J Adv Nurs ,Nov 1982, 7 (6) p555-63, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

This paper reports on the findings of a longitudinal study of a mental subnormality hospital in the North of England. The focus is upon how nurses have experienced a major change in care and treatment of residents from 1978 to 1980. We explore, through the eyes of nurses, the change in their role from a predominantly nurturing/custodial one to a mainly educational/community orientated role. The research findings demonstrate that this change has increased nurses' self-esteem and their satisfaction with important areas of their work. There is some evidence also that nurses/resident relationships have improved in spite of reservations felt about new forms of treatment and community care. We suggest that such reservations may be linked to critical views expressed by nurses, particularly sisters and charge nurses, that decisions were taken about residents by other more senior personnel who had little contact with residents. One important conclusion of this study is that the traditional processes of decision making in the hospital appears to impede the full implementation of a major change which requires nurses to be involved in a potentially threatening process of altering their perceptions of themselves and residents.

0228341 83108197

**The surgical decision-making process: determinants of surgical rates.**

Rutkow IM

Health Serv Res ,Winter 1982, 17 (4) p379-85, ISSN 0017-9124 Journal Code: G2L

Languages: ENGLISH

00395

0228231 83107064  
**Bidding for hospitals.**  
Brown M; McCool B  
Hospitals ,Mar 1 1983, 57 (5) p53-4, 57-60, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0228218 83107051  
**Learning by listening. Employee input shapes \$38 million hospital addition.**  
Schiffner WC  
Hospitals ,Feb 16 1983, 57 (4) p114-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228054 83104142  
**Discharge decision-making in a medical ICU: characteristics of unexpected readmissions.**  
Franklin C; Jackson D  
Crit Care Med ,Feb 1983, 11 (2) p61-6, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

To identify those patients most likely to be readmitted to a Medical ICU (MICU), we studied 512 MICU admissions during a 1-yr period. There were 36 readmissions within the same hospitalization in that interval. When ICU deaths and short-term drug overdoses were excluded, these 36 readmissions comprised 12% of all patients discharged from MICU. The mortality rate of this group was 58%, greater than twice the overall mortality rate for the year. Fifty-three % of the patients were readmitted because of recurrence of their initial disease on admission, with septicemia being the most common disease. Another 30% were readmitted because of a new complication, one-half of which were medication toxicities. We have attempted to delineate diseases, medications, and complications which may predict the high-risk discharge from MICU. Further studies to identify high-risk and low-risk admissions and discharges will effect better use of intensive care.

0227736 83090728  
**A programmatic procedure for evaluating personnel policies.**  
King AS  
Pers Adm ,Sep 1982, 27 (9) p82-95, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227680 83088510  
**Hospitals must shop around for buyer [news]**  
Simler SL

Mod Health Care ,Jan 1983, 13 (1) p38, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227635 83087935  
**The six commandments of referrals.**  
Womack GR  
Med Econ ,Sep 13 1982, 59 (18) p105-6, 111, 114, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0227530 83079759  
**Challenge to hospitals: learning how to evaluate new technology.**  
Valencia PR  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p57-8, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

00217

0227517 83079433  
**Economic evaluation methods and health policy.**  
Stoddart GL  
Eval Health Prof ,Dec 1982, 5 (4) p393-414, ISSN  
0163-2787 Journal Code: ENK  
Languages: ENGLISH

Economic evaluation of health services may take many forms, depending on the range of costs and consequences included in the analysis and the methods employed to measure and value them. In order to clarify the sometimes confusing array of economic analyses for users and evaluations, an analytic overview of costs and consequences to be considered for inclusion in such evaluations is presented. This allows the techniques of cost-effectiveness, cost-benefit, and cost utility analysis to be differentiated. Two often neglected methodologic issues are also discussed. First, it is suggested that the significance of the analytic viewpoint for economic evaluations should not be underestimated. Second, it is recognized that economic evaluations that demonstrate cost savings from a program or policy change implicitly assume that resources can be removed from the health sector. In fact, this is seldom true, consequently strategies for incorporating this knowledge into evaluations are discussed.

00396

0227509 83078738

**Guidelines for selecting a computer system for your medical practice.**

Parker RH; Dahm LL  
Comput Healthc ,Jan 1983, 4 (1) p35, 38, 40, Journal  
Code: D98  
Languages: ENGLISH

0227502 83078731

**Test ordering and medical decision making: a synergistic relationship.**

Pryor TA; Clayton PD; Larsen KG  
Comput Healthc ,Nov-Dec 1982, 3 (6) p36-40, Journal  
Code: D98  
Languages: ENGLISH

0227476 83076666

**Successful hospital computerization depends on a sound acquisition plan.**

Shanks C  
Can Doct ,Oct 1982, 48 (10) p78-9, ISSN 0008-3429  
Journal Code: CG4  
Languages: ENGLISH

0227460 83076065

**Why are people indecisive?**

Delaney WA  
Superv Manage ,Dec 1982, 27 (12) p26-30, ISSN 0039-5919  
Journal Code: BQJ  
Languages: ENGLISH

0227270 83097754

**A comparison of definable traits in women requesting reversal of sterilization and women satisfied with sterilization.**

Leader A; Galan N; George R; Taylor PJ  
Am J Obstet Gynecol ,Jan 15 1983, 145 (2) p198-202,  
ISSN 0002-9378 Journal Code: 3NI  
Languages: ENGLISH

More women of reproductive age are being sterilized. Some of these women regret the decision and subsequently request a reversal of sterilization, whereas others do not. This study was undertaken to develop a profile of easily definable traits of 159 women who requested a reversal of sterilization and compare it with that of 160 women who apparently were satisfied with sterilization. Statistically significant differences were found. Remarriage was the most common cause for regret among women in the group which requested reversal of sterilization. Women in this group married younger, completed their family earlier, and were sterilized at a

younger age. These women had significantly fewer live children and had undergone more therapeutic abortions (p less than 0.005).

0226645 83089753

**Daring directors of nursing.**

Silber M  
Nurs Manage ,Jan 1983, 14 (1) p30-2, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0226491 83088269

**Medical decision-making: is the sequence of information acquisition a variable?**

Dunn EV; Norton PG  
Med Educ ,Nov 1982, 16 (6) p343-4, ISSN 0308-0110  
Journal Code: MZ3  
Languages: ENGLISH

00218

● 0226323 83086188

**Uses of clinical algorithms.**

Margolis CZ  
JAMA ,Feb 4 1983, 249 (5) p627-32, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

The clinical algorithm (flow chart) is a text format that is specially suited for representing a sequence of clinical decisions, for teaching clinical decision making, and for guiding patient care. A representative clinical algorithm is described in detail; five steps for writing an algorithm and seven steps for writing a set of algorithms are outlined. Five clinical education and patient care uses of algorithms are then discussed, including a map for teaching clinical decision making and protocol charts for guiding step-by-step care of specific problems. Clinical algorithms are compared as to their clinical usefulness with decision analysis. Three objections to clinical algorithms are answered, including the one that they restrict thinking. It is concluded that methods should be sought for writing clinical algorithms that represent expert consensus. A clinical algorithm could then be written for any area of medical decision making that can be standardized. Medical practice could then be taught more effectively, monitored accurately, and understood better.

00397



0226322 83086185

**Demand v need v physician prerogatives in the use of the WBC differential.**

Rock WA Jr; Grogan JE  
JAMA ,Feb 4 1983, 249 (5) p613-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

The clinical use of the WBC differential was investigated before and after it was made available on demand. The results indicate that no consistent policy existed in our hospital for the ordering of a differential. When differentials were made available on demand, the number of differentials did not increase compared with earlier periods. The demand for differentials may have been caused more by the denial of a physician's prerogative to order a differential rather than by its requirement for patient care.

00219

0226177 83085035

**"Adhocracy" in health care institutions?**

Fuszard B  
J Nurs Adm ,Jan 1983, 13 (1) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226046 83083649

**Nursing decision making in critical care areas.**

Baumann A; Bourbonnais F  
J Adv Nurs ,Sep 1982, 7 (5) p435-46, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

This exploratory study sought to identify factors that critical care nurses consider relevant in making rapid patient care decisions; to explore the decision making of these nurses in crisis situations; and to identify critical patient care situations where rapid nursing decisions are made. The convenience sample consisted of 50 nurses in critical care settings. A semi-structured interview with a critical care case study was utilized to examine the nurses' decision making. Open ended responses were transformed into fixed categories for tabulation. The findings suggested that: 1 knowledge and experience were the most important factors influencing rapid decision making; 2 although the nurses identified the appropriate decisions in a given crisis situation they had difficulty providing a theoretical rationale for their decisions; 3 the given case study and the 50 crisis situations identified by the subjects indicated that many nursing decisions for critically ill patients were carried out prior to physician assistance. A demographic data questionnaire that examined age, nursing experience, formal education and continuing education of the subjects determined that the majority of the nurses were under 30 years old, had either less than 1 year experience or 7-9 years in critical care, were graduates of a 2-year diploma programme, and took continuing education courses at the community college level.

00220

0225908 83081998

**Theory Z: implications and relevance for health care management.**

Shortell SM  
Health Care Manage Rev ,Fall 1982, 7 (4) p7-21, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

00221

0225903 83081993

**Strategic and nonstrategic planning in hospitals.**

Ready RK; Ranelli FE  
Health Care Manage Rev ,Fall 1982, 7 (4) p27-38, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

0225582 83078425

**The competency of children and adolescents to make informed treatment decisions.**

Weithorn LA; Campbell SB  
Child Dev ,Dec 1982, 53 (6) p1589-98, ISSN 0009-3920  
Journal Code: D28  
Languages: ENGLISH

This study was a test for developmental differences in competency to make informed treatment decisions. 96 subjects, 24 (12 males and 12 females) at each of 4 age levels (9, 14, 18, and 21), were administered a measure developed to assess competency according to 4 legal standards. The measure included 4 hypothetical treatment dilemmas and a structured interview protocol. Overall, 14-year-olds did not differ from adults. 9-year-olds appeared less competent than adults with respect to their ability to reason about and understand the treatment information provided in the dilemmas. However, they did not differ from older subjects in their expression of reasonable preferences regarding treatment. It is concluded that the findings do not support the denial of the right of self-determination to adolescents in health-care situations on the basis of a presumption of incapacity. Further, children as young as 9 appear able to participate meaningfully in personal health-care decision making.

00398

0225472 83076847

**Helping parents of children with cancer during the midstage of illness.**

Krullik T  
Cancer Nurs ,Dec 1982, 5 (6) p441-5, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0225342 83075026

**Dentists' choice of practice in 3 contrasting groups of towns.**

Lennon MA; O'Mullane DM; Robinson CA  
Br Dent J ,Oct 19 1982, 153 (8) p303-6, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0225335 83074955

**School health education.**

Green LW; Iverson DC  
Annu Rev Public Health ,1982, 3 p321-38, ISSN 0163-7525  
Journal Code: ABA  
Languages: ENGLISH  
(59 Refs.)

0225330 83074949

**Control of cigarette smoking from a social perspective.**

Syme SL; Alcalay R  
Annu Rev Public Health ,1982, 3 p179-99, ISSN 0163-7525  
Journal Code: ABA  
Languages: ENGLISH  
(53 Refs.)

0225309 83074920

**A descriptive study concerning the psychosocial dimensions of living related kidney donation.**

Higgerson AB; Bulechek GM  
AANNT J ,Dec 1982, 9 (6) p27-31, ISSN 0744-1479  
Journal Code: AAX  
Languages: ENGLISH

0225156 83068542

**Computer applications for the smaller hospital: how to choose the right system for you.**

Williams FT Jr  
Tex Hosp ,Apr 1982, 37 (11) p56-9, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225134 83068316

**The need for a pharmacy consultant.**

Behr KM  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p74-8, ISSN 0271-1206  
Journal Code: VVJ  
Languages: ENGLISH

0225093 83065959

**Private management of California county hospitals: expectations and performance.**

Shonick W; Roemer R  
Public Aff Rep ,Feb 1982, 23 (1) p1-11, ISSN 0033-3417  
Journal Code: QIZ  
Languages: ENGLISH

0225039 83062426

**Information transfer: past, present and future.**

Schoolman HM  
Mobius ,Apr 1982, 2 (2) p38-43, ISSN 0272-3425  
Journal Code: NFF  
Languages: ENGLISH

0225024 83062411

**Wanted: fresh, creative ad agency.**

McMurry PV Jr  
Mod Health Care ,Dec 1982, 12 (12) p100-2, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0225006 83061624

**Good record-keeping is the key to making management decisions.**

Duffy K  
Laund News ,Sep 1982, 8 (9) p15, 25, Journal Code: L4R  
Languages: ENGLISH

00399

0224981 83057886  
**The effects and resolution of conflict in hospital purchasing management.**  
Cochran DS  
J Health Care Mark ,Fall 1982, 2 (4) p17-24, Journal Code: IAO  
Languages: ENGLISH

0224970 83057286  
**Hospital selection algorithm for emergency patients.**  
Okada M; Okada M  
J Clin Comput ,1982, 11 (3) p122-35, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0224910 83056130  
**Facing reality.**  
McMorran WC  
Internist ,Sep 1982, 23 (7) p12-3, ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0224777 83055056  
**Decision analysis comes of age.**  
Ulvila JW; Brown RV  
Harv Bus Rev ,Sep-Oct 1982, 60 (5) p130-41, ISSN 0017-8012  
Journal Code: GBE  
Languages: ENGLISH

Ten years ago, decision analysis was still an experimental management technique. But even then supporters claimed that eventually it would become for the manager what calculus is to the engineer. According to the authors of this article, decision analysis that incorporates personal judgment has not yet become what some expected, but it has, nonetheless, gained acceptance in many large corporations and government departments. One of the reasons for this acceptance is the greater flexibility and sensitivity of decision analysis to managers' needs than earlier forms had. In other words, today's decision analysis techniques can better take into account the people, the politics, the time pressures, and all the messy but critical factors that managers have to contend with. In this article, the authors describe three major forms of decision analysis and show how real managers have used decision tree analysis, probabilistic forecasting, and multiattribute analysis to solve real business problems.

0224775 83055036  
**Payment patterns: hunches.**  
Zielski K  
Healthc Financ Manage ,Jan 1983, 37 (1) p66, ISSN

0018-5639 Journal Code: GBC  
Languages: ENGLISH

0224765 83055026  
**Financial manager's notebook: evaluating decision support systems, part 2.**  
Rubinger M  
Healthc Financ Manage ,Dec 1982, 36 (12) p85-6, ISSN 0018-5639  
Journal Code: GBC  
Languages: ENGLISH

0224729 83053928  
**The computing physician.**  
Perry RL; Rosch PJ  
Group Pract J ,Nov-Dec 1982, 31 (6) p20-1, ISSN 0199-5103  
Journal Code: ET9  
Languages: ENGLISH

00222

● 0224664 83050854  
**Transport of multisystem trauma patients from rural to urban health care facilities.**  
Lockwood BJ  
CCQ ,Dec 1982, 5 (3) p22-37, ISSN 0160-2551  
Journal Code: CPW  
Languages: ENGLISH

00400

0224637 83074411

**A study of decision-making behavior of aircraft pilots deviating from a planned flight.**

Flathers GW 2d; Giffin WC; Rockwell TH  
Aviat Space Environ Med ,Oct 1982, 53 (10) p958-63,  
ISSN 0095-6562 Journal Code: 9JA  
Languages: ENGLISH

This paper outlines an investigation into the worth structures of pilots facing a deviation from a planned flight.

A "paper and pencil" simulation was used to frame the situation into which pilots interjected their own decision-making skills in a simple ranking of candidate diversion airports with varying locational, navigational aid, radar, and weather attributes. Using the conjoint measurement technique, attribute worth functions of 30 pilots were constructed. Systematic differences in the worth functions of the pilots were not found as a result of dividing the pilot sample according to any measure of flight hours' experience. However, differences were found when the pilot sample was grouped according to grade of pilot certificate, type of pilot training, and type of flying most commonly done.

0223907 83064979

**Women's experiences with second trimester prenatal diagnosis.**

Verjaal M; Leschot NJ; Treffers PE  
Prenatal Diagn ,Jul 1982, 2 (3) p195-209, ISSN  
0197-3851 Journal Code: PJ7  
Languages: ENGLISH

By means of questionnaires, 100 women were asked for their experiences concerning prenatal diagnosis. At four standardized stages of the pregnancy a questionnaire was filled in asking for: expectation, knowledge, attitude towards termination of the pregnancy in case of abnormal findings, reactions to the counselling and the obstetric treatment, interpretation of own risk, experiences since the normal test results were known and ideas to improve the treatment. With regard to the effect of pre-amniocentesis counseling it is concluded that the counselling had little impact on decision making; the counselling caused an increase of factual knowledge: somewhat more than half of the women who did not give a correct answer before counselling, indicated the right answer some time afterwards. Presumed differences in reaction patterns for a number of characteristics were not affirmed by the study; the reactions during the procedure of prenatal diagnosis seem to be highly individual and difficult to predict. In addition to the reaction of the 100 women described in this study, the responses to the first questionnaire of another 16 patients, declining amniocentesis after counselling, are presented.

0223429 83061246

**Patient education: a model for autonomous decision-making and deliberate action in diabetes self-management.**

Strowig S

Med Clin North Am ,Nov 1982, 66 (6) p1293-307, ISSN  
0025-7125 Journal Code: LUG  
Languages: ENGLISH  
(61 Refs.)

0223145 83057807

**Systemic problem solving: a health care perspective.**

Lusk EJ  
J Am Med Wom Assoc ,Oct 1982, 37 (10) p272-6, ISSN  
0098-8421 Journal Code: H7R  
Languages: ENGLISH

0223095 83057384

**Efficient local-state-federal public health systems.**

Elsa WR  
J Public Health Policy ,Sep 1982, 3 (3) p348-50, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0222929 83055170

**Overcoming strategic planning obstacles.**

Nauert R  
Hospitals ,Dec 16 1982, 56 (24) p38, 42, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0222878 83054464

**A computer primer: selecting packaged software.**

Alleyne JS  
Dimens Health Serv ,Aug 1982, 59 (8) p28-9, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222671 83052320

**Computer-based ICU data acquisition as an aid to clinical decision-making.**

Gardner RM; West BJ; Pryor TA; Larsen KG; Warner HR; Clemmer TP; Orme JF Jr  
Crit Care Med ,Dec 1982, 10 (12) p823-30, ISSN  
0090-3493 Journal Code: DTF  
Contract/Grant No.: GM23095  
Languages: ENGLISH

00401

0222668 82052309

**Interdisciplinary consultation on the care of the critically ill and dying: the role of one hospital ethics committee.**

Cohen CB

Crit Care Med ,Nov 1982, 10 (11) p776-84, ISSN 0090-3493 Journal Code: DTF

Languages: ENGLISH

Little is known about the structure and objectives of various hospital ethics committees due to their need to preserve confidentiality, their reluctance to reveal internal hospital problems, and their concern about becoming involved in the developing debate about the appropriate role and value of such committees. The evolution, functions, and goals of one distinctive hospital committee concerned with the care of the critically ill and dying are explained. Its membership and proceedings are described, and the medico-moral issues with which it has grappled are presented and discussed. An assessment is provided of the positive and negative impact of this committee within the Medical Center with which it is affiliated. The experience of this particular group illustrates that hospital ethics committees can play advisory and educational roles within a large medical center. They can provide support for patients, medical professionals, and families who face difficult dilemmas about terminal illness. They can function as forces to sensitize medical personnel to the challenges presented by medicine's growing power over death. They can serve as catalysts for interdisciplinary communication. Finally, they can promote the development of new programs for informed and humane care of the terminally ill.

0222307 83042457

**With info systems, more may be less if needs aren't planned.**

Kernaghan SG

Trustee ,Nov 1982, 35 (11) p17-21, ISSN 0041-3674 Journal Code: WG9

Languages: ENGLISH

Updating the hospital's communications capability is becoming a concern of more and more boards with good reason: it allows the facility to make more informed decisions about competition, pricing, and other issues affecting survival. Discussed here are strategic planning concerns and the advantages and disadvantages of options concerning computer ownership and usage.

0222233 83038021

**Decision analysis: an overview.**

Keeney RL

Oper Res ,Sep-Oct 1982, 30 (5) p803-38, Journal Code: OKC

Languages: ENGLISH

This article, written for the nondecision analyst, describes what decision analysis is, what it can and cannot do, why one should care to do this, and how one does it. To accomplish

these purposes, it is necessary first to describe the decision environment. The article also presents an overview of decision analysis and provides additional sources for its foundations, procedures, history, and applications. (137 Refs.)

0222187 83032764

**O.R. workers, information systems analysts and the challenge of the micro.**

Stevens GC

J Oper Res Soc ,Oct 1982, 33 (10) p921-9, ISSN 0160-5682 Journal Code: JHN

Languages: ENGLISH

An assessment of the effects of microcomputing on O.R. should take account of the impact of micros on other professional groups involved in the provision of information and analysis to managers. The paper examines the likely changes in the role of information systems analysts associated with present trends in computer-based information systems and, by concentrating on the decision support systems area, argues that O.R. workers and systems analysts may find themselves competing for new roles in ways which make it difficult to set out the contribution of each in terms of what they do at present. A modest proposal is made for a new form of team for the development of decision support systems. This incorporates a division of skills which cuts across existing lines of differentiation and foresees an increased contribution on the part of user-managers.

0222185 83032274

**Organizational philosophy and nurse staffing: three-step decision process.**

Shukle RK

J Long Term Care Adm ,Fall 1982, 10 (3) p22-8, ISSN 0093-4445 Journal Code: IWZ

Languages: ENGLISH

0222164 83030422

**The structured decision conference: a case study.**

Weiss JU; Zwahlen GW

Hosp Health Serv Adm ,Sep-Oct 1982, 27 (5) p90-105, ISSN 0364-4553 Journal Code: G9T

Languages: ENGLISH

00402

0222153 83030284

**How to choose a telephone vendor.**

Holland J

HPN Hosp Purch News ,Nov 1982, 6 (11) p6-7. ISSN

0279-4799 Journal Code: G3D

Languages: ENGLISH

0222152 83030283

**Computer bits: the consultant.**

Kelly TW

HPN Hosp Purch News ,Nov 1982, 6 (11) p56. ISSN

0279-4799 Journal Code: G3D

Languages: ENGLISH

0222144 83030247

**Improving the selection of family medicine residents through development of multi-dimensional policy models.**

Parker BR; Skinner BD

Health Policy Educ ,Oct 1982, 3 (3) p229-47. ISSN

0165-2281 Journal Code: G2I

Languages: ENGLISH

The annual cost of training a single family medicine resident may now exceed \$50,000. This, together with the fact that normally only a small fraction of those applying for family medicine residency is selected for admission, creates a decision problem of enormous import to affected institutions. Despite these considerations, the applicant evaluation and selection process remains relatively subjective, with results often disappointing. In the current paper, a preference-based approach is proposed that first models the evaluation/selection process on the basis of well-defined cognitive and noncognitive criteria. It is suggested that validation of this model be based on future performance levels of both the accepted and rejected cohorts during and following their residencies. Discrepancies between future success levels and predicted outcomes may then be translated into appropriate control actions designed: (1) improve the definition/measurement of selection criteria; (2) enhance the evaluation/selection policies and decisions of the admissions committee; and (3) better inform potential applicants of the department's program and selection philosophies. The approach is applied to two recent, accepted cohorts of the University of North Carolina Department of Family Medicine. Preliminary results indicate that the procedure is capable of improving the in-residency success levels of selected applicants, and that these levels can be better predicted than when no formal, i.e., analytic, process is followed.

0222088 83029198

**The buck stops where? Accountability and control in the National Health Service.**

Elcock H; Haywood S

Hosp Eng ,Oct 1982, 36 (8) p3-4, 6-8, ISSN 0309-7498

Journal Code: GDS

Languages: ENGLISH

0222059 83029081

**Financial manager's notebook: Decision support systems.**

Rubinger M

Healthc Financ Manage ,Nov 1982, 36 (11) p77-8. ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0222026 83028752

**A decision making model used to evaluate a smoking cessation program.**

Smith BC

Health Values ,Sep-Oct 1982, 6 (5) p31-5. ISSN

0147-0353 Journal Code: FX6

Languages: ENGLISH

0221885 83047445

**Decision-making strategy for clinical-ethical problems in medicine.**

Siegler M

Arch Intern Med ,Nov 1982, 142 (12) p2178-9. ISSN

0003-9926 Journal Code: 7FS

Languages: ENGLISH

0221871 83047131

**Sharing decision making with staff.**

Jordan CH

AORN J ,Sep 1982, 36 (3) p391-8. ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0221542 83043225

**The costs and risks of medical care: an annotated bibliography for clinicians and educators.**

McPhee SJ; Myers LP; Schroeder SA

West J Med ,Aug 1982, 137 (2) p145-61. ISSN 0093-0415

Journal Code: XN5

Languages: ENGLISH

00403

0221408 83041390

**A resource inventory approach to needs assessment. Examples from a statewide hypertension control program.**

Bosanac EM; Petersen VJ; Forren GL; Baranowski T  
Soc Sci Med ,1982, 16 (13) p1301-7, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

0221145 83038787

**The patient: a partner in the health care process.**

Moughton M  
Nurs Clin North Am ,Sep 1982, 17 (3) p467-79, ISSN  
0029-6465 Journal Code: 092  
Languages: ENGLISH

0221054 83038534

**Administrative decision making: staff-patient ratios (a patient classification system for a psychiatric setting).**

Schroder PJ; Washington WP  
Perspect Psychiatr Care ,Jul-Sep 1982, 20 (3) p111-23,  
ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

In this article, we have described a patient classification system in use at the C.F. Menninger Memorial Hospital. It is a type of factor evaluation, in which we use critical indicators or descriptors of care as units of measurement. Each critical indicator represents a grouping of nursing activities rather than concrete time measurement of each activity. The ten critical indicators of patient care needs and nursing activities which were identified were divided into two major categories: routine and extra. Each category was then subdivided to reflect a range or variation of care levels. This type of patient classification appears to have an advantage over other classification systems when applied to psychiatric nursing. The factor evaluations are broad enough in scope to allow inclusion of patient assessment, documentation, and use of the nursing process, while providing a measurement of psychological and psychosocial needs of the patient which are frequently absent in other classification systems that rely on task measurements or acuity levels alone. Because of its practicality it has been readily accepted by nurses working on psychiatric units, and the nurse administrator's effort to put a classification system in place has been made easier.

0220856 83036481

**Death and decision making among Minnesota physicians.**

Blum RW  
Minn Med ,Aug 1982, 65 (8) p499-502, ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

0220709 83035102

**[Patients' rights. To be back in charge]**

Les droits du patient. Se reprendre en charge.  
Bernhardt JP  
Krankenpflege (Bern) ,Aug 1982, (8) p66-8, Journal  
Code: KX7  
Languages: FRENCH

0220639 83033846

**Withholding of life-sustaining treatment from the terminally ill, incompetent patient: who decides? Part II.**

Suber DG; Tabor WJ  
JAMA ,Nov 19 1982, 248 (19) p2431-2, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0220632 83033818

**Withholding of life-sustaining treatment from the terminal ill, incompetent patient: who decides? Part I.**

Suber DG; Tabor WJ  
JAMA ,Nov 12 1982, 248 (18) p2250-1, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0220573 83033499

**In defence of clinical bioethics.**

Arras JD; Murray TH  
J Med Ethics ,Sep 1982, 8 (3) p122-7, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0220572 83033498

**The ethics of society rather than medical ethics.**

Smith A  
J Med Ethics ,Sep 1982, 8 (3) p120-1, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

00404

0220354 83031579

**Decision-making model of pregnancy counseling.**

DeCuir YM; Stites MC  
J Am Coll Health ,Apr 1982, 30 (5) p244-7, ISSN  
0744-8481 Journal Code: HSE  
Languages: ENGLISH

0220237 83029946

**Teaching concepts of clinical measurement variation to medical students.**

Hodder RA; Longfield JN; Cruess DF; Horton JA  
Int J Epidemiol ,Sep 1982, 11 (3) p287-92, ISSN  
0300-5771 Journal Code: GR6  
Languages: ENGLISH

An exercise in clinical epidemiology was developed for medical students to demonstrate the process and limitations of scientific measurement using models that simulate common clinical experiences. All scales of measurement (nominal, ordinal and interval) were used to illustrate concepts of intra- and interobserver variation, systematic error, recording error, and procedural error. In a laboratory, students a) determined blood pressures on six videotaped subjects, b) graded sugar content of unknown solutions from 0 to 4+ using Clinitest tablets, c) measured papules that simulated PPD reactions, d) measured heart and kidney size on X-rays and, e) described a model skin lesion (melanoma). Traditionally, measurement variation is taught in biostatistics or epidemiology courses using previously collected data. Use of these models enables students to produce their own data using measurements commonly employed by the clinician. The exercise provided material for a meaningful discussion of the implications of measurement error in clinical decision-making.

0220208 83029676

**Conditional logit analysis of physicians' practice mode choices.**

Goodman LJ; Wolinsky FD  
Inquiry ,Fall 1982, 19 (3) p262-70, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0220200 83029668

**More care is not always better care.**

Ginzberg E  
Inquiry ,Fall 1982, 19 (3) p187-9, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0220183 83029616

**Socio-demographic correlates of the decision process for medical termination of pregnancy and family planning.**

Chaurasia AR; Pattankar J  
Indian J Public Health ,Jan-Mar 1982, 26 (1) p4-9, ISSN  
0019-557X Journal Code: GLN  
Languages: ENGLISH

0219599 83002876

**Refilling prescriptions and physician consent.**

Bobrt KF; Purohit AA  
Contemp Pharm Pract ,Spring 1982, 5 (2) p80-4, ISSN  
0162-3761 Journal Code: DQ9  
Languages: ENGLISH

Much has been written regarding physicians' prescribing behavior. However, a literature search revealed a dearth of information regarding physicians' refilling behavior. The purpose of this study was to explore how authorization is given to community pharmacists for refilling a prescription by telephone. A total of 30 physicians (general practitioners and internists) was systematically selected with a random start from the telephone directory of a large metropolitan city. A surveyor acting as a registered pharmacist from a fictitious pharmacy called and requested refill authorization from a prescriber using a simulated patient's name and prescription. Half of the 30 phone calls utilized a controlled substance as the drug in question, and the remaining half utilized a noncontrolled legend drug. All of the phone calls were made either during late afternoon or evening. The results of this study show that 48.3 percent of the physicians authorized refills. Positive refill authorization was given in 29 percent of the instances with the controlled drug and 66 percent of the instances with the noncontrolled legend drug. Only 27.6 percent of the physicians checked their records.

00405



0219066 83016717

**Perceived influence of different information sources on the decision-making of internal medicine house staff and faculty.**

Cohen SJ; Weinberger M; Mazzuca SA; McDonald CJ  
Soc Sci Med ,1982, 16 (14) p1361-4, ISSN 0277-9536  
Journal Code: UT9

Contract/Grant No.: PHS P60 AM 20542; 502485-HEW

Languages: ENGLISH

To determine the extent to which different sources of information are perceived to influence common medical decisions, 10 interns, 22 senior residents and 9 faculty general internists rated the degree of influence of house staff, general internists, subspecialists, conferences, journal reading and past experience on their decisions concerning primary prevention (vaccination), secondary prevention (screening) and drug therapy. Analysis of variance of their questionnaire data supports the following conclusions: physicians at different stages of training rely on different sources of information; as physicians advance in training the influence of generalists wanes while that of subspecialists increases; subspecialists and past experience are perceived as primarily affecting therapeutic decisions; primary prevention appears least subject to influence by prevailing information sources; and the preference for reading begins early and increases as physicians advance in training. These data suggest that designing effective medical education requires considering the level of the physician's training and the nature of the medical decision.

0219002 83015587

**Factors affecting the choice of a psychiatric career: an experimental study.**

Gerber LA  
Psychiatr Q ,Spring 1982, 54 (1) p26-32, ISSN 0033-2720  
Journal Code: QBP

Languages: ENGLISH

Some factors affecting the choice of a psychiatric career are explored using experimental data from all medical students in two classes who started their clinical clerkships with a strong interest in psychiatry. Information was obtained via regularly scheduled observations and discussions over 13-month clerkship periods. A number of themes were expressed by the clerks and explored in this paper. The significant impact of role models was especially noted. Experimental research can be most helpful in deepening one's understanding of the day-to-day forces that impinge upon the clinical clerk and the career decision process.

0218907 83014348

**Factors in a woman's decision to undergo genetic amniocentesis for advanced maternal age.**

Davies BL; Doran TA  
Nurs Res ,Jan-Feb 1982, 31 (1) p56-9, ISSN 0029-6562  
Journal Code: .09K

Languages: ENGLISH

0218645 83011393

**Seeking help for drinking problems; a study in the Boston Metropolitan Area.**

Hingson R; Mangione T; Meyers A; Scotch N  
J Stud Alcohol ,Mar 1982, 43 (3) p273-88, ISSN  
0096-882X Journal Code: K76

Contract/Grant No.: R01 AA05133-03

Languages: ENGLISH

0218601 83010642

**The operation of a radiology consultation service in an acute care hospital.**

Baker SR  
JAMA ,Nov 5 1982, 248 (17) p2152-4, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

The operation of a radiology consultation service in an acute care teaching hospital is described. The radiologist acts as an active advisor in the structuring of diagnostic evaluations in three disease categories: biliary tract disease, nonemergency gastrointestinal tract bleeding, and abdominal mass. There was a 64% reduction in the time needed to establish a diagnosis and a 32% decrease in the number of studies for each patient on the consultation ward compared with a control group, which consisted of patients with similar clinical presentations. A formal partnership between clinician and radiologist serves two important functions in teaching hospitals. It can simultaneously expedite diagnostic evaluations and teach the best utilization of imaging examinations.

00406

00224

0218541 83010151

**Modification of decision-making behavior of third-year medical students.**

Spiegel CT; Kemp BA; Newman MA; Birnbaum PS; Alter CL  
 J Med Educ ,Oct 1982, 57 (10 Pt 1) p769-77, ISSN  
 0022-2577 Journal Code: J13

Languages: ENGLISH

Modification of physician behavior has been suggested as one approach to controlling health care expenditures. Third-year students participated in an experimental program which attempted both to construct an educational approach that included aspects of such expenditures and to measure the effectiveness of the approach. Students were divided between experimental and control groups, with the former receiving information relative to the appropriate use and costs of diagnostic procedures. Both groups were presented with case studies dealing with specific disease processes discussed in the program. Members of the experimental group scored significantly better in their ability to determine diagnoses, make patient-management decisions, and choose essential diagnostic procedures. Average charges generated by the experimental student group were half the amount generated by the control group. Future studies will be required to determine whether the behavior modification carries forward in practice and to provide a standardized methodology for use by members of the faculty and house staff in educating future medical students.

0218467 83009290

**Combating 'burn-out' by developing a theoretical framework.**

Hickey JV  
 J Neurosurg Nurs ,Apr 1982, 14 (2) p103-7, ISSN  
 0047-2603 Journal Code: JD7

Languages: ENGLISH

0218423 83008702

**Scarce medical resource allocation--the case of first impression: a hypothetical opinion of the Twelfth Circuit United States Court of Appeals.**

Hewetson DS  
 J Leg Med (Chicago) ,Jun 1982, 3 (2) p295-315, ISSN  
 0194-7648 Journal Code: IWX

Languages: ENGLISH

0218420 83008699

**Termination of medical treatment: a judicial perspective.**

Ackerman JW; Pope MC  
 J Leg Med (Chicago) ,Jun 1982, 3 (2) p211-43, ISSN  
 0194-7648 Journal Code: IWX

Languages: ENGLISH

0218336 83008041

**'The nurse should consider.' Critical care ethical issues.**

Lawrence JA; Farr EH  
 J Adv Nurs ,May 1982, 7 (3) p223-9, ISSN 0309-2402  
 Journal Code: H3L  
 Languages: ENGLISH

A hypothetical dilemma on resuscitation of an intensive care patient was presented to nurses at a workshop on ethics of critical care nursing. Nurses responded to separate questionnaires about what a charge nurse should do, and what they themselves would do in relation to ten considerations arising from the dilemma. Nurses were agreed that legal consequences, patient wishes and rights, and physician authority should and would be considered, and that peer influence should not. Nurses were divided in their attitudes to following procedure and personal moral beliefs, and to job risk. The most contentious issues were related to the nurse's role as a decision-making member of the health care team. Implications for regarding nurses as independent decision-makers are discussed.

0218311 83007929

**Decision rules for phenomenological classification of psychiatric patients.**

Overall JE; Hollister LE  
 J Consult Clin Psychol ,Aug 1982, 50 (4) p535-45, ISSN  
 0022-006X Journal Code: HW3  
 Contract/Grant No.: 1-R01-MH32457-04  
 Languages: ENGLISH

0218162 83005947

**Cardiopulmonary resuscitation in general hospital wards. Time to reevaluate.**

Hershey CD  
 Int J Cardiol ,1982, 1 (5-6) p454-8, ISSN 0167-5273  
 Journal Code: GQW  
 Languages: ENGLISH

00407

00225

● 0217902 83001567

**Career development of McMaster University medical graduates and its implications for Canadian medical manpower.**

Woodward CA; Ferrier BM  
 Can Med Assoc J ,Sep 15 1982, 127 (6) p477-80, ISSN  
 0008-4409 Journal Code: CKW  
 Languages: ENGLISH

A study was undertaken of the career paths and decisions, and the factors influencing the decisions, of the first six graduating classes of McMaster University's medical school. Climate and geography, preference for urban or rural living and influence of spouse were the factors that most influenced the location of practice, although the graduates who moved to the United States considered economic factors important too. Nearly one third of the specialists were practising in the United States. Personal challenge and positive clinical experience in the field were the major influences on choice of medical field. Graduates entering a specialty were more likely than those entering primary care to consider encouragement of others, a positive example set by medical school faculty members, working hours and research experience in the field as important influences on their choice of medical field. Data are needed on the career decisions, and the factors affecting them, of the graduates of all Canadian medical schools if Canadian medical manpower planning is to be realistic.

0217777 83000091

**The maintenance of dental equipment. Part 1--factors in selection and installation.**

Williams KV; Williams FT  
 Br Dent J ,Jul 6 1982, 153 (1) p37-8, ISSN 0007-0610  
 Journal Code: ASW  
 Languages: ENGLISH

0217746 82280822

**Empowering nets of participation.**

Blau JR; Alba RD  
 Adm Sci Q ,Sep 1982, 27 (3) p363-79, ISSN 0001-8392  
 Journal Code: ZH6  
 Languages: ENGLISH

To test the implications of field work in a psychiatric hospital for children, this study focuses on the effects of network properties of organizational units, personal network position, and other individual attributes, on individual power. The contextual analysis is carried out by two linked regression equations, one at the individual and one at the contextual level, a procedure that has methodological advantages over a single regression model. The results suggest that sheer complexity can undermine inequalities among bureaucratic units and occupational groups, and that organizational democracy is fostered when complex role relations promote extensive interunit communication. Specifically, we find that a main mechanism that endows individuals with power is found in the local domains of

participation, i.e., the organizational units of which they are members, and that the capacity of such a unit to empower its members depends on its integration in organization-wide communication networks. The basis of this integration is conceived as overlapping circles of weak ties that inhibit segmentation along occupational or organizational lines and sustain wide participation by rewarding those who participate.  
 (61 Refs.)

0217709 82278413

**Information systems planning: luxury or necessity?**

Neuman B; Kreitzer M; McCutcheon J  
 Top Health Rec Manage ,Sep 1982, 3 (1) p19-37, ISSN  
 0270-5230 Journal Code: WAD  
 Languages: ENGLISH

0217606 82272302

**Dilemmas of managing participation.**

Kanter RM  
 Organ Dyn ,Summer 1982, 11 (1) p5-27, ISSN 0090-2616  
 Journal Code: NQ2  
 Languages: ENGLISH

There are two reasons that current corporate efforts to achieve employee "participation" often seem fragile and temporary: unrealistic expectations about the appropriate use of participation and a failure to manage participation efforts for maximum success. Participation is most appropriate when, for example, expertise is diffused, issues are controversial, problems cut across existing roles, or the development of people is desired; autonomy and individual responsibility may be more appropriate under the opposite conditions. Kanter discusses six sets of dilemmas that must be resolved to ensure that participating teams work effectively for the organization: dilemmas around initiation, structure, issue choice, teamwork, links between teams and their environment, and evaluation/continuation. Kanter concludes that participation works best when it is well managed. Participation is best viewed not as a permanent "program" or a "formula" but as temporary episodes of high involvement alternating with a more routine everyday structure.

00226

● 0217548 82266743

**How to buy a freezer.**

Meller JD Jr  
 J Am Health Care Assoc ,Sep 1982, 8 (5) p49-50, ISSN  
 0360-4969 Journal Code: H6X  
 Languages: ENGLISH

00408

0217496 82265031  
**Organizational rationality, medicine, and the use of new knowledge in American hospitals.**  
Georgopoulos BS  
Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p34-56, ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217432 82263925  
**Look before you leap.**  
Milder S  
Health Care (Don Mills) ,Mar 19 1982, 24 (2) p20-1, ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0217294 82263355  
**Evaluating the consolidation decision: resolving conflict, negotiating, building consensus are keys to planning process.**  
Reynolds JX  
HMQ ,Summer 1982, p14-9, Journal Code: GCA  
Languages: ENGLISH

0217274 82263270  
**Some caveats: constraints and risks of corporate reorganization.**  
Stonehill E; Ewell CM  
Healthc Financ Manage ,Sep 1982, 36 (9) p26, 30-1, 34-6, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217267 82263263  
**Capital management: in the beginning and some conclusions.**  
Silvers JB  
Healthc Financ Manage ,Oct 1982, 36 (10) p58, 60, 62 passim, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217064 82282342  
**Help with diagnostic decisions [editorial]**  
Williams SV; Eisenberg JM  
Ann Intern Med ,Sep 1982, 97 (3) p444-5, ISSN 0003-4819  
Journal Code: 5A6  
Languages: ENGLISH

0216961 82281491  
**Abortion and informed consent requirements.**

Kapp MB  
Am J Obstet Gynecol ,Sep 1 1982, 144 (1) p1-4, ISSN 0002-9378 Journal Code: 3NI  
Languages: ENGLISH

Supreme Court decisions have liberalized a woman's right to decide whether to obtain an abortion. Some state and local governments have tried to circumvent these decisions by enacting requirements designed to discourage abortions by, among other things, dictating to physicians an elaborate litany of specific information that must be communicated to a patient as a necessary precondition of her informed consent for an abortion. This article discusses the legal status of such requirements, their implications for the professional autonomy of physicians, and the role of the medical profession in challenging these restrictions, on its own behalf and in concert with its patients.

0216953 82281450  
**Toward a theory of clinical expertise.**  
Kassirer JP; Kuipers BJ; Gorry GA  
Am J Med ,Aug 1982, 73 (2) p251-9, ISSN 0002-9343  
Journal Code: 3JU  
Contract/Grant No.: LM 03603; 1 PD4LM03374; 1 T15LM07027; +  
Languages: ENGLISH

We believe that the outline of a promising approach to the study of expert clinical problem-solving is emerging. This process involves collecting as verbal transcripts the thoughts of experienced clinicians engaged in simulated clinical tasks and analyzing these transcripts to formulate theories of problem-solving tactics and strategies. In turn, these theories are embodied in a computer program that simulates the problem-solving process. The computer program's response to fresh clinical problems can be compared with physician behavior in order to revise, refute, or confirm the problem-solving theories. A scientific understanding of the expert clinician's reasoning strategies could prove exceptionally useful in improving the way we teach and practice medicine and in developing practical computer aids for medical decision-making.

00409

0216913 82281313  
**Juvenile offenders' diversion potential as a function of police perceptions.**

Kraus J; Hasleton SL  
Am J Community Psychol ,Apr 1982, 10 (2) p171-82, ISSN 0091-0562 Journal Code: 3FV  
Languages: ENGLISH

The study concerns the relationship of police perception of arrested male juveniles to potential police diversion (operationally defined by perception of juveniles as deserving lenient treatment). Arresting officers (n = 102) from 20 police stations provided structured reports on 174 juveniles, covering 27 questions that police considered important in encounters with juvenile offenders. Of 16 independent variables suitable for analysis, only 4 were significantly related to diversion potential when other variables were held constant (multiple regression analysis). Only 26% of the potential's variance was accounted for by the 16 variables jointly. Factor analysis yielded six latent dimensions (orthogonal factors) of police perception of juvenile offenders: offensive behavior, conformity of appearance, delinquent background, nonserious offense, favorable impression, single offender. All dimensions except "delinquent background" were significantly related to diversion potential, and an empirical rationale could be found for three of these relationships. The findings are discussed critically. It is concluded that the importance of interpersonal variables in police encounters with juveniles might be less than has been suggested in the literature.

0216659 82278156  
**Strategic planning and the design of a hospital ambulatory care financial strategy.**

Meiselman BL  
Top Health Care Financ ,Fall 1982, 9 (1) p7-21, ISSN 0095-3814 Journal Code: VVG  
Languages: ENGLISH

00227

● 0216634 82277764  
**Cost-benefit and cost-effective analysis in surgery.**

Barnes BA  
Surg Clin North Am ,Aug 1982, 62 (4) p737-49, ISSN 0039-6109 Journal Code: VAN  
Languages: ENGLISH

Cost-benefit analysis and cost-effective analysis are formal analytical methods to provide a rational, objective means of comparing total costs with total benefits or of comparing effects in the selection of competing programs for financial support. The use of these techniques in the medical field is a relatively recent development and can aid in future cost containment.

0216559 82277420  
**Reoperation for failure of portoenterostomy.**  
Golladay ES  
South Med J ,Aug 1982, 75 (8) p927-32, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

Over a four-year period, 18 children with biliary atresia have required portoenterostomy. Either because of failure of initial biliary output or failure to resume output after an episode of ascending cholangitis, reoperation on the portoenterostomy was performed in ten patients. Each of the patients had essentially no output before curettage. Seven of them are now long-term jaundice-free survivors; two did not respond to curettage and died, and one responded initially but subsequently ceased output and also died.

0216136 82274273  
**What's in store? 1. A 'nurse for equipment.**  
Causter P  
Nurs Times ,Jul 21-27 1982, 78 (29) p1225-7, ISSN 0029-6589 Journal Code: D9U  
Languages: ENGLISH

0216134 82274271  
**What's in store? Nursing input to the supplies service.**  
Norton D  
Nurs Times ,Jul 21-27 1982, 78 (29) p1221-4, ISSN 0029-6589 Journal Code: D9U  
Languages: ENGLISH

0215987 82273314  
**Selecting the right computer system.**  
Cook M  
Nurs Manage ,Aug 1982, 13 (8) p26-8, Journal Code: OBV  
Languages: ENGLISH

0215914 82273161  
**Assessment and diagnosis of sexual problems.**  
Elmassian BJ; Wilson RW  
Nurse Pract ,Jun 1982, 7 (6) p13-22, ISSN 0361-1817  
Journal Code: DA1  
Languages: ENGLISH

00410

0215907 82273143

**The process of influencing decisions.**

VARRICCHIO CG  
Nurs Adm Q ,Summer 1982, 6 (4) p8-15, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215832 82272171

**The ethics of the randomized clinical trial.**

Schafer A  
N Engl J Med ,Sep 16 1982, 307 (12) p719-24, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0215825 82272128

**A computer-derived protocol to aid in the diagnosis of emergency room patients with acute chest pain.**

Goldman L; Weinberg M; Weisberg M; Dishen R; Cook EF;  
Sargent RK; Lamas GA; Dennis C; Wilson C; Deckelbaum L;  
Fineberg H; Stiratelli R  
N Engl J Med ,Sep 2 1982, 307 (10) p588-96, ISSN  
0028-4793 Journal Code: NOW  
Contract/Grant No.: CA 26666  
Languages: ENGLISH

To determine whether data available to physicians in the emergency room can accurately identify which patients with acute chest pain are having myocardial infarctions, we analyzed 482 patients at one hospital. Using recursive partitioning analysis, we constructed a decision protocol in the format of a simple flow chart to identify infarction on the basis of nine clinical factors. In prospective testing on 468 other patients at a second hospital, the protocol performed as well as the physicians. Moreover, an integration of the protocol with the physicians' judgments resulted in a classification system that preserved sensitivity for detecting infarctions, significantly improved the specificity (from 67 per cent to 77 per cent,  $P$  less than 0.01) and positive predictive value (from 34 per cent to 42 per cent,  $P = 0.016$ ) of admission to an intensive-care area. The protocol identified a subgroup of 107 patients among whom only 5 per cent had infarctions and for whom admission to non-intensive-care areas might be appropriate. This decision protocol warrants further wide-scale prospective testing but is not ready for routine clinical use.

0215722 82270766

**Computerized health information systems in the 1980s.**

Jenkin M  
Med Inf (Lond) ,Jan-Mar 1982, 7 (1) p1-6, Journal  
Code: LU9  
Languages: ENGLISH

0215713 82270730

**An examination of the factors that influence patient referral decisions.**

Ludke RL  
Med Care ,Aug 1982, 20 (8) p782-96, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: 1 R03 HS 02351-0  
Languages: ENGLISH

The results of a study to identify the factors that two types of referring physicians, general/family practitioners and general surgeons, consider when deciding whether or not to refer the patient, and where to refer the patient are presented and discussed. The factors for each type of decision were identified initially through interviews with physicians in active practice in Wisconsin and rank ordered according to their relative importance in making the referral decisions. These factors were then used in two alternative normative decision-making models to predict physician referral behavior.

Factors related to the kind and quality of medical care the patient would receive appear to be most important in the decisions, with a high level of agreement between and among general/family practitioners and general surgeons as to the relative importance of the factors. Although the normative decision-making models correctly predicted a relatively high percentage of the referral decisions, not all of the factors were found to be important in explaining the behavior of physicians, and were not always consistent with the factors that were reported to be important.

0215644 82269470

**Brain death and live birth [editorial]**

Siegler M; Wikler D  
JAMA ,Sep 3 1982, 248 (9) p1101-2, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0215510 82268270

**Rational decision making: managing uncertainty.**

Lancaster W; Lancaster J  
J Nurs Adm ,Sep 1982, 12 (9) p23-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00411

0215508 82268268

**Clarifying autonomy and accountability in nursing service:  
part I.**

Batey MV; Lewis FM  
J Nurs Adm , Sep 1982, 12 (9) p13-8, ISSN 0002-0443  
Journal Code: JEL  
Contract/Grant No.: RR 05758  
Languages: ENGLISH

0215406 82266887

**The real lessons of national health planning.**

Falkson JL; Leavitt HA  
J Health Polit Policy Law , Spring 1982, 7 (1) p125-7,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

0215317 82266330

**Adolescent alcohol abuse: a review.**

Hawkins RO Jr  
JDBP , Jun 1982, 3 (2) p83-7, ISSN 0196-206X Journal  
Code: HTF  
Languages: ENGLISH

Adolescent alcohol abuse is an individual and social problem of epidemic proportions. Investigation of the many correlates of this behavior indicates that three are primary: peer pressure, attempts at reaching adult status, and sexuality socialization. The societal support for alcohol use and tolerance of alcohol abuse combine with these three factors to exacerbate the problem. Analyzing each correlate leads to a proposed solution to the problem. It is suggested that the optimal approach is a group-process method that involves adolescents and adults and enables participants to analyze motivation and develop skills necessary for either abstinence or responsible drinking. (29 Refs.)

0215299 82266089

**Seeking care for cancer relevant symptoms.**

Berkanovic E  
J Chronic Dis , 1982, 35 (9) p727-34, ISSN 0021-9681  
Journal Code: HQV  
Contract/Grant No.: 5-R18-CA-18451  
Languages: ENGLISH

Although it has been estimated that a fourth of the individuals who die of cancer each year might have survived if their cancer had been detected earlier, little is known about the characteristics of individuals who seek care for cancer relevant symptoms. This study reports data from a 1 yr panel study of 1210 individuals in metropolitan Los Angeles who were asked to report any symptoms they had experienced during each six week interval between interviews. These symptoms were classified according to the National Ambulatory Symptom Classification and then rated for their cancer relevance by

three university-based oncologists working independently. There were 35 symptoms rated as cancer relevant. Inter-rated reliability was 0.73. Analysis is directed towards the distribution of these symptoms in the population, the distribution of physician visits for these symptoms and the structural and social psychological factors that predict the decision to seek medical care for these symptoms. The implications of the results for health education are twofold. First, because these symptoms occur homogeneously across subgroups, education programs targeted to specific subpopulations are likely to be inefficient. Second, even if successful education campaigns could be undertaken, it is unlikely that all physicians would agree that all of the increased demand for services would be appropriate.

0215278 82265292

**Strategies for dealing with students whose clinical performance is unsatisfactory.**

Welborn P; Thompson D  
JNE , May 1982, 21 (5) p26-30, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0215228 82264813

**Decision support systems in hospitals.**

Turban E  
Health Care Manage Rev , Summer 1982, 7 (3) p35-42, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215216 82264801

**Intra-organizational strategic decision model in the certificate-of-need application process.**

Levy MG; Covalleski MA; Johnson AC  
Health Care Manage Rev , Spring 1982, 7 (2) p25-36, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215205 82264790

**Market research: when, why and how.**

Clarke RN; Shyavitz LJ  
Health Care Manage Rev , Winter 1982, 7 (1) p29-34, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

00412

0215197 82264704  
**Medicine--an ailing profession?**  
O'Dwyer E  
Ir Med J ,Jun 1982, 75 (6) p214-6, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

0215171 82264492  
**The case for prediction the Modified Desert Model of criminal sentencing.**  
Monahan J  
Int J Law Psychiatry ,1982, 5 (1) p103-113, ISSN 0160-2527  
Journal Code: GRP  
Languages: ENGLISH

0215012 82262465  
**[A step towards informed decisions (editorial)]**  
Vers des decisions bien informees.  
Martin JC  
Dimens Health Serv ,Jun 1982, 59 (6) p4-5, ISSN 0317-7645  
Journal Code: E9N  
Languages: FRENCH

0214891 82260738  
**Comfort measures only for "DNR" orders.**  
Paris JJ  
Conn Med ,Apr 1982, 46 (4) p195-9, ISSN 0010-6178  
Journal Code: DQF  
Languages: ENGLISH

0214653 82257591  
**The P300 component of the event-related brain potential as an index of information processing.**  
Duncan-Johnson CC; Donchin E  
Biol Psychol ,Feb-Mar 1982, 14 (1-2) p1-52, ISSN 0301-0511  
Journal Code: A3U  
Contract/Grant No.: MH-15147  
Languages: ENGLISH

Studies of event-related brain potentials (ERPs) have shown that attributes of the ERP can be used as dependent variables in the study of human information processing. These variables can complement the information gained from the study of overt, skeletal responses. The manner in which the P300 component of the ERP can be used to study human information processing is illustrated in this report. Specifically, we show that through an analysis of the covariation of the latency of P300 component and reaction time, it is possible to examine the relation between the probability of a stimulus and the speed of response to that stimulus. Our data indicate that increased in the probability of a stimulus reduce reaction time by

decreasing both stimulus-evaluation and response-production times. We also examine changes in reaction time and P300 latency induced by the match or mismatch between two stimuli presented consecutively, again as a function of probability. Models of the effects of stimulus matching on reaction time are evaluated.

0214574 82250974  
**Analysis and selection of pharmacy computer systems.**  
Holz DS; Butler KH  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p25-31, ISSN 0271-1206  
Journal Code: VVJ  
Languages: ENGLISH

0214515 82248017  
**Ten questions to ask -- and answer -- before launching an employee health promotion program.**  
Jones LD  
Promot Health ,Sep-Oct 1982, 3 (5) p1, 7-8, ISSN 0272-9709  
Journal Code: PZU  
Languages: ENGLISH

0214416 82238857  
**Formal planning gives physicians a stake in the hospital's future.**  
Goodspeed SW  
Hosp Med Staff ,Aug 1982, 11 (8) p2-8, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0214355 82237946  
**Nursing committees participate in management.**  
Hosp Prog ,Aug 1982, 63 (8) p52-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214349 82237940  
**Treating defective newborns: who decides? On what basis?**  
Boyle JM Jr  
Hosp Prog ,Aug 1982, 63 (8) p34-7, 61, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

00413



0214307 82237784  
**FAS subscribers surveyed: hospitals increase use of capital budgeting process.**  
Cleverley WO; Falkner JG  
Healthc Financ Manage ,Jun 1982, 36 (6) p70, 73-4, 76  
passim, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0214301 82237778  
**Computerized billing: using automated systems for hospital-based physician services.**  
Dalva J; Reinke T  
Healthc Financ Manage ,Jun 1982, 36 (6) p30, 32-4, 36,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0214299 82237776  
**Closing the theory/application gap: computer modeling helps decision makers.**  
Harris JP  
Healthc Financ Manage ,Jun 1982, 36 (6) p10-2, 14, 16-9,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0214169 82255781  
**Competency to consent to research: a psychiatric overview.**  
Appelbaum PS; Roth LH  
Arch Gen Psychiatry ,Aug 1982, 39 (8) p951-8, ISSN  
0003-990X Journal Code: 72C  
Contract/Grant No.: MH27553  
Languages: ENGLISH

The requirement that a subject be competent as a condition of valid consent to participate in research has been accepted by most students of legal and ethical problems of human experimentation. "Competency," however, has lacked a clear and generally agreed on standard. There are four commonly used standards for competency: evidencing a choice in regard to research participation, factual understanding of the issues, rational manipulation of information, and appreciation of the nature of the situation. These standards can be arranged hierarchically such that each represents a stricter test of competency. The decision as to how rigorous a standard for competency is desirable cannot be made on psychiatric grounds. It requires consideration of the policy goals one hopes to attain. Empirical research helps demonstrate the consequences of choosing a particular standard but cannot replace the need for achieving consensus on policy goals.

0214130 82254972  
**How decisions are reached: physician and patient.**

Eraker SA; Politser P  
Ann Intern Med ,Aug 1982, 97 (2) p262-8, ISSN 0003-4819  
Journal Code: 5A6  
Contract/Grant No.: LMO3366  
Languages: ENGLISH  
How can physicians consider patient preferences in reaching medical decisions? Physicians may intuitively agree about the importance of considering all significant aspects of alternative therapies, including patient preferences. However, it may be difficult to resolve or quantitate critical trade-offs between benefit and risk, and quality and quantity of life. One way to do this is decision analysis, a systematic approach to decision making under conditions of uncertainty. Behavioral research involving the assessment of values and probabilities may bear on the adequacy of decision analysis and help us to better understand patient preferences in clinical decisions.

0213986 82253882  
**Letting defective babies die: who decides?**  
Ellis TS 3d  
Am J Law Med ,Winter 1982, 7 (4) p393-423, ISSN  
0098-8588 Journal Code: 3IP  
Languages: ENGLISH  
This article explores who, in the first instance, should decide whether to withhold or withdraw treatment from a defective newborn. The Article begins by defining the term "severely defective newborn" and discussing potential sources of liability for persons who decide to withhold or withdraw treatment. It next analyzes the ability of parents, physicians, and courts to make these treatment decisions. The Article concludes that, although parents and physicians may eventually make the specific determination, the legislature should at least set guidelines so that the decisions will be, in some measure, consistent, predictable, adequately informed, and in accord with community values.

00414

0213791 82251223

**The difficult crossmatch: a consideration of the staff and not the method.**

Douglas R

Transfusion , Jul-Aug 1982, 22 (4) p333-6, ISSN  
0041-1132 Journal Code: WDN

Languages: ENGLISH

The crossmatching laboratory is regarded as a stressful work environment where many nontechnical issues may influence the interpretation of test results, particularly if the results are unclear. An attempt has been made to identify major areas of conflict and stress and to demonstrate their relationship to the quality of crossmatching. The Janis and Mann model for decision making in conflict situations is presented and related to interpretation of crossmatches.

0213715 82250022

**Professional uncertainty and the problem of supplier-induced demand.**

Wennberg JE; Barnes BA; Zubkoff M

Soc Sci Med .1982, 16 (7) p811-24, ISSN 0277-9536  
Journal Code: UT9

Contract/Grant No.: No-18-P-97192

Languages: ENGLISH

This paper discusses the puzzling problem of large differences in per capita use of certain common surgical procedures among neighboring populations, which by all available measures are quite similar in need for and access to services. The evidence reviewed here supports the hypothesis that variations occur to a large extent because of differences among physicians in their evaluation of patients (diagnosis) or in their belief in the value of the procedures for meeting patient needs (therapy). This hypothesis, which we call the professional uncertainty hypothesis, is germane to current controversies concerning the nature and extent of supplier influence on the demand for medical services. It is also important because of its implications for health regulatory policy. Our plan is to (1) review the relevance of the hypotheses for the supplier-induced demand controversy; (2) review the epidemiologic evidence on the nature and causes of variation; (3) examine patterns of use of common surgical procedures to illustrate the importance of supplier influence on utilization; and (4) consider some of the implications of the professional uncertainty hypotheses for public policy.

00415

**DECORACION INTERIOR**

00416

0233383 83147260  
**Make hospital walls, halls art gallery.**  
Resnik D  
Tex Hosp ,Feb 1983, 38 (9) p8, ISSN 0040-4357 Journal  
Code: WAL  
Languages: ENGLISH

0233376 83147253  
**Designing on limited budget not an impossible dream.**  
Tex Hosp ,Feb 1983, 38 (9) p20, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0232960 83133833  
**Case study of a large system: loss control and safety analysis in hospitals.**  
Hodnick HV  
Healthc Financ Manage ,Mar 1983, 37 (3) p52-8, 64, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0231419 83139797  
**[The effect of the living environment on the condition of nursing home residents]**  
Einfluss des Wohnumfeldes auf das Befinden des Altenpflegeheimbewohners.  
Hoffmann H  
Krankenpflege (Frankfurt) ,Dec 1982, 36 (12) p399-400, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0231248 83138054  
**Rx for burn-out.**  
Sasmor JL; Sasmor JD  
J Oper Room Res Inst ,Dec 1982, 2 (12) p26-36, ISSN 0276-6353 Journal Code: JHK  
Languages: ENGLISH

0231050 83136245  
**Planning and designing the orthodontic office.**  
Quellette PL  
J Clin Orthod ,Dec 1982, 16 (12) p821-9, ISSN 0022-3875  
Journal Code: HSV  
Languages: ENGLISH

0230879 83133964  
**Modular units introduce 'while you wait' room redesign.**  
Taylor MJ  
Hospitals ,Mar 16 1983, 57 (6) p61-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0229883 83105674  
**The ob/gyn office of tomorrow.**  
Archibald C  
Group Pract J ,Jan-Feb 1983, 32 (1) p12-5, ISSN 0199-5103 Journal Code: ET9  
Languages: ENGLISH

0229847 83104704  
**Healthcare planning expertise boosts dealer's total sales.**  
Forman K  
Contract ,Jan 1983, 25 (1) p183-5, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0229816 83104037  
**The ideal kitchen: parts and portions.**  
Hurt S  
Contemp Adm ,Jun 1982, 5 (6) p15-7, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0229812 83104033  
**Lighting up long-term care.**  
Spicer WA  
Contemp Adm ,Oct 1982, 5 (10) p36-7, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0228226 83107059  
**Expansion within bounds. Wrestling with space and budget limitations.**  
Taylor WJ  
Hospitals ,Feb 16 1983, 57 (4) p95-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00417

0228213 83107046  
**No-compromise design. Ideals sensitive to patients weather planning/budgeting process.**  
Seelye J  
Hospitals ,Feb 16 1983, 57 (4) p100-1, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228144 83105875  
**[KaVo dental chair of Siesta Mfg. Co.]**  
Die KaVo Patienttenstuhle der Siesta-Baureihe.  
Dent Echo (Heidelb) ,Dec 1982, 52 (8) p40, 42-4, ISSN  
0011-8575 Journal Code: E14  
Languages: GERMAN

0227649 83087954  
**The future has no room for "pseudopharmacy".**  
Barker KN  
Med Mark Media ,Nov 1982, 17 (11) p12-3, 16-22, ISSN  
0025-7354 Journal Code: MGJ  
Languages: ENGLISH

0224959 83056687  
**Designing with light.**  
Shemitz SR; Walker G  
Inter Des ,Dec 1982, 53 (12) p168-71, ISSN 0020-5508  
Journal Code: HH2  
Languages: ENGLISH

0224689 83052735  
**Long-run maintenance costs vital client factor in live plant specs.**  
Bungert D  
Contract ,Dec 1982, 24 (12) p82-5, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0223573 83063234  
**Floating operator chair.**  
Sugita K; Kobayashi S; Matsuo K; Yokoo A  
Neurosurgery ,Oct 1982, 11 (4) p522-4, ISSN 0148-396X  
Journal Code: NZL  
Languages: ENGLISH

A newly designed operator chair is suspended by a floor stand and a horizontal arm that rotates and is adjustable for length. The suspension system is equipped with magnetic locks that enable the surgeon instantaneously to take desired positions in a horizontal plane. The height of the chair is

controlled electrically. The foot plate, which is in one piece with the chair, has 18 switches for the microscope, chair, bipolar coagulator, camera, and so on. This comfortable and multifunctional chair is an important microneurosurgical tool not only for minimizing the physical fatigue of the surgeon but also for performing refined techniques.

0222824 83054201  
**Guidelines for the purchase, placement, and use of electrosurgical equipment.**

Poster A  
Dent Clin North Am ,Oct 1982, 26 (4) p699-710, ISSN  
0011-8532 Journal Code: E10  
Languages: ENGLISH

Many excellent clinicians present a myriad of electrosurgical techniques in this tissue. If you select techniques that are applicable to your type of practice, you will be a better, happier, and more productive dentist. The type of unit you select must also fit into your approach to patient treatment. As can be deduced from the equipment guide, there is no uniformity in the manufacture of electrosurgical equipment. There is no standardized color coding system, no uniform labeling of controls and outlets, and no uniformity in the types of current offered. Each manufacturer can produce evidence for the superiority of its unit; the scope of this article is not to evaluate units. The American Academy of Dental Electrosurgery has been active in promoting the use of uniform nomenclature by manufacturers. For more detailed information, the reader can contact the secretary and founder of this organization, Dr. Maurice Dringer, at American Academy of Dental Electrosurgery, 57 West 57th Street, New York, New York 10019. It is crucial for the dentist to know the uses and the refined methods of electrosurgery that he intends to incorporate into his practice. Only with such knowledge can he make the intelligent choice of unit and placement. There are at least 10 models currently available. It is hoped that the dentist will choose and effective unit to be used in the appropriate manner for the selected procedure. Electrosurgery will then be a splendid addition to the armamentarium of each dentist.

0222256 83039079  
**Stauffacher pharmacy, Zurich, Switzerland: double crosses.**  
Prog Archit ,Sep 1982, 63 (9) p204-7, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

00418

0222172 83030642  
**Designing with light: tools of the trade.**  
Shemitz SR; Walker G  
Inter Des ,Sep 1982, 53 (9) p224-7, ISSN 0020-5508  
Journal Code: HH2  
Languages: ENGLISH

0220679 83035066  
**[The child-centered hospital]**  
Das kinderfreundliche Krankenhaus.  
Fiala G; Kuhn R; Link A; Viereck T  
Krankenpflege (Frankfurt) ,Oct 1982, 36 (10) p333-5,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0217781 83000108  
**The maintenance of dental equipment. Part 2--Chairs and lights.**  
Williams KV; Williams FT  
Br Dent J ,Jul 20 1982, 153 (2) p71-3, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0217726 82278555  
**Design as a marketing tool: cater to your clients.**  
Falick J  
Trustee ,Sep 1982, 35 (9) p16-8, 21, 24, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
competing successfully in the market and functioning efficiently often depend on a reassessment of the environment. Accordingly, upgraded convenience, comfort, and atmosphere have become major marketing mechanisms for hospitals. This article presents several examples of how hospitals have used design to provide marketing advantages.

0217696 82277736  
**An Atlanta businessman brings a bit of nature to the confined patient: paintings brighten hospital walls.**  
South Hosp ,Jul-Aug 1982, 50 (4) p14, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0217446 82264204  
**The new health foods.**  
Interiors ,Aug 1982, 142 (1) p76-7, Journal Code: GOU  
Languages: ENGLISH

0217444 82264202  
**Executive health.**  
Slavin M  
Interiors ,Aug 1982, 142 (1) p72-3, Journal Code: GOU  
Languages: ENGLISH

0217443 82264201  
**Corporate action: the health and nature image of the Fortune 500 Shaklee Corporation.**  
Slavin M  
Interiors ,Aug 1982, 142 (1) p65-70, Journal Code: GOU  
Languages: ENGLISH

0217442 82264200  
**Pioneering achievement: the Joseph Belsky House.**  
Russell B  
Interiors ,Aug 1982, 142 (1) p38, Journal Code: GOU  
Languages: ENGLISH

0217400 82263543  
**Operating theatre feature: some guidelines.**  
Rogers P  
Hosp Dev ,Jul-Aug 1982, 10 (5) p30, 32, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH

0217356 82263499  
**Material management: a matter of space.**  
Soth DG  
Hosp Mater Manage Q ,May 1982, 3 (4) p17-24, ISSN 0192-2262  
Journal Code: GD3  
Languages: ENGLISH

0216321 82275559  
**Easy chairs for arthritic patients.**  
Atherton J; Chatfield J; Clarke AK; Harrison RA  
Physiotherapy ,Apr 1982, 68 (4) p116, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

0216217 82274446  
**Environments. 2. Private thoughts.**  
Kagan C; Burton M  
Nurs Mirror ,Aug 25 1982, 155 (8) p56-7, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216204 82274429  
**Environments 1: Scenes of improvement.**  
Kagan C; Burton M  
Nurs Mirror ,Aug 18 1982, 155 (7) p44-5, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0215298 82266000  
**Preschool design and child behaviour.**  
Neill SR  
J Child Psychol Psychiatry ,Jul 1982, 23 (3) p309-18,  
ISSN 0021-9630 Journal Code: HP3  
Languages: ENGLISH

Twenty established children were observed in each of three nursery schools and two day nurseries. Two pairs of nursery schools and day nurseries were matched for building design. Twenty newly arrived children were also observed in each nursery school. Child behaviour was analysed in relation to building design; playroom openness appeared the most important building factor. Children in the more open units spent less time on school-oriented activities and received fewer staff contacts, but more time moving around, doing nothing, and in aggression and active play. Social interaction was little related to building design, but was affected by amount of nursery experience. The findings are discussed in relation to staff aims.

0215086 82263400  
**Art and color brighten "Museum Mile" hospital.**  
Hospitals ,Sep 16 1982, 56 (18) p36-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0215006 82262459  
**Considering carpets in hospital use.**  
Simmons D; Reizenstein J; Grant M  
Dimens Health Serv ,Jun 1982, 59 (6) p18-21, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215004 82262457

**Chronic care: improving the quality of design.**  
Schwartz S  
Dimens Health Serv ,Jun 1982, 59 (6) p10-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214616 82256149  
**New library system saves space, speeds member services.**  
Wilbur H  
Assoc Manage ,Aug 1982, 34 (8) p129-30, ISSN 0004-5578  
Journal Code: 89R  
Languages: ENGLISH

0214492 82245242  
**Labor/delivery/recovery room blends best of birthing styles.**  
Basler DS; Friedman R; Tienprasid W  
Mod Health Care ,Aug 1982, 12 (8) p150-4, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0213879 82252640  
**[Dentist and dental assistant elements today. Technical and functional trends in construction and use]**  
Zahnarzt- und Zahnarzhelferinnen-Elemente heute. Technische und funktionelle Tendenzen der Konstruktion und Anwendung.  
ZWR ,Nov 1981, 90 (11) p18-28, ISSN 0044-166X Journal  
Code: YP9  
Languages: GERMAN

0213593 82248568  
**A plan for hearing conservation.**  
Ganday BJ  
R Soc Health J ,Apr 1982, 102 (2) p50-2, ISSN 0035-9130  
Journal Code: QM3  
Languages: ENGLISH

0212692 82237900  
**Planning the flexible laboratory environment.**  
Garikes AG  
Hospitals ,Aug 16 1982, 56 (16) p80-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00420

0212690 82237898  
**Patients kept cozy in critical care.**  
Hospitals ,Aug 16 1982, 56 (16) p72-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0212249 82218897  
**Revamping of landmark laundry leaves building exterior intact.**  
Carey DL  
Laund News ,Jul 1982, 8 (7) p8, 15, Journal Code: L4R  
Languages: ENGLISH

0209747 82199553  
**The physical environment and social welfare.**  
Resnick H; Jaffee B  
Soc Casework ,Jun 1982, 63 (6) p354-62, Journal Code: UT2  
Languages: ENGLISH  
Besides providing shelter and space for organized work and play, the physical environment symbolically communicates important information about the attributes and tasks of social systems and about the dynamics of individuals operating within those systems. The environment also influences the behavior of system participants.

0209535 82189440  
**Access control: a most important basic.**  
Brouillette JR  
Healthcare Prot Manage ,Apr-Jun 1982, 2 (3) p8-9,  
Journal Code: G21  
Languages: ENGLISH

0209501 82188408  
**Labor/delivery/recovery suite serves OB patients.**  
Schick IC; Reimer G  
Hosp Prog ,Jun 1982, 63 (6) p70-1, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0207568 82188827  
**[Ergonomic approach to scolarity: from conceptual idea to reality of school ergonomics]**  
Approche ergonomique de la scolarite: de l'idee au concept et a la realite de l'ergonomie scolaire.  
Maringue-Bardin M; Maringue-Devaux L  
Infirm Fr ,Mar 1982, (233) p21-5 contd, ISSN 0019-9613  
Journal Code: GOD

Languages: FRENCH

0207408 82187482  
**A patient says, 'lighten your touch'.**  
Scott H  
Dent Econ ,Apr 1982, 72 (4) p79-80, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

0207309 82186053  
**How to invest in dental antiques & collectibles.**  
Glenner RA; Kuhn BL  
Dentalpractice ,Mar 1982, 3 (3) p22-32, Journal Code: D90  
Languages: ENGLISH

0206968 82174429  
**A building adrift: an unusually spectacular facility for mentally ill and mentally retarded people.**  
Barone PL  
Prog Archit ,May 1982, 63 (5) p152-5, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

0206900 82172627  
**Physical surroundings serve as therapeutic catalyst for patients.**  
Remen S  
Mich Hosp ,Apr 1982, 18 (4) p20-3, 25, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206720 82166010  
**Renovation enhances patient care at Chicago's Michael Reese psychiatric clinic.**  
Hosp Top ,May-Jun 1982, 60 (3) p16-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00421



0206275 82178362

**[Arrangement of the dental office. Professional and personal objectives as final goals. Optimum synthesis of the individual personality and the planned design]**

Die Gestaltung der zahnärztlichen Praxis. Fachliche und personalische Ziele als Ausgangsstation. Optimum Synthese von Individualität und Konzeptsystematik.

ZWR ,Jan 1981, 90 (1) p10-9, ISSN 0044-166X Journal Code: YP9

Languages: GERMAN

0205858 82173687

**The ABC's of office happiness.**

Swart RJ

NY State Dent J ,Mar 1982, 48 (3) p160-1, ISSN 0028-7571 Journal Code: DB6

Languages: ENGLISH

0205275 82165973

**Expansion enhances health care education.**

Hospitals ,May 16 1982, 56 (10) p62-4, ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

0205147 82164699

**Seated anthropometry: the problems involved in a large scale survey of disabled and elderly people, (By) Institute for Consumer Ergonomics.**

Ergonomics ,Nov 1981, 24 (11) p831-45, ISSN 0014-0139 Journal Code: ELZ

Languages: ENGLISH

0204630 82150406

**Natural beauty -- interior and exterior.**

Grogan-Anderson P

Nurs Homes ,Mar-Apr 1982, 31 (2) p18-9, ISSN 0029-649X Journal Code: 096

Languages: ENGLISH

0204447 82140468

**Hospital heritage: on the tile trail.**

Greene J

Health Soc Serv J ,Feb 11 1982, 92 (4783) p182-3, ISSN 0300-8347 Journal Code: GAR

Languages: ENGLISH

0204055 82155669

**[Systematic examination of the dark room and the x-ray chair as to hygiene status]**

Systematische Untersuchungen in der Dunkelkammer und am Röntgenstuhl zur Hygienesituation.

Bernhardt H; Matick HG

Zahnarztl Prax ,Oct 1981, 32 (10) p468-71, 474-86, ISSN 0044-1651 Journal Code: Y3K

Languages: GERMAN

0202558 82139666

**[Dental chairs (1). Their construction in relation to work methods and position]**

Patientenstühle (1), Ihre Konstruktion für Arbeitsweise und Arbeitsmethodik von Bedeutung.

Kimmel K

Dent Echo (Heidelb) ,Nov 1981, 51 (7) p18-20, 23-4, ISSN 0011-8575 Journal Code: E14

Languages: GERMAN

0202145 82126896

**Humanizing the nursing home environment.**

Widom CA

Nurs Homes ,Jan-Feb 1982, 31 (1) p32-4, ISSN 0029-649X Journal Code: 096

Languages: ENGLISH

0201898 82118392

**Nightingale's swan song?**

Billing A

Health Soc Serv J ,Jan 7 1982, 92 (4778) p15-7, ISSN 0300-8347 Journal Code: GAR

Languages: ENGLISH

0201897 82118391

**Ward design: on the nurses' trail.**

Seelye A

Health Soc Serv J ,Jan 7 1982, 92 (4778) p12-4, ISSN 0300-8347 Journal Code: GAR

Languages: ENGLISH

00422

0201896 82118390  
**Ward design: under observation.**  
Walsworth-Bell J  
Health Soc Serv J ,Jan 7 1982, 92 (4778) p10-1, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0201849 82116577  
**Venerable dental association HQ changes public image with  
exposed computer room facility.**  
Contract ,Mar 1982, 24 (3) p98-101, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201848 82116576  
**Standard seating conforms to patient needs.**  
Richter M  
Contract ,Feb 1982, 24 (2) p98-101, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201847 82116575  
**Security-minded design & loss prevention key to hospital  
safety.**  
Botnick D  
Contract ,Feb 1982, 24 (2) p94-7, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201846 82116574  
**Color scheme helps key entrances, services at newly  
remodeled midwest hospital facility.**  
Contract ,Feb 1982, 24 (2) p84-7, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201845 82116573  
**Vivid graphics, muted tones are natural choice for Alabama  
child care center.**  
Contract ,Feb 1982, 24 (2) p80-3, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201844 82116572  
**West coast specifier firm sets clients free with hospital  
spec manual.**

Contract ,Feb 1982, 24 (2) p76-9, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201836 82116109  
**Directing traffic through design.**  
Contemp Adm ,Feb 1982, 5 (2) p26-7, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0200232 82118523  
**Design makes patients the center of all cancer services.**  
Hospitals ,Mar 16 1982, 56 (6) p71-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0200181 82118028  
**The gastrointestinal diagnostic unit in the community  
hospital.**  
Schapiro M  
Gastrointest Endosc ,Feb 1982, 28 (1) p31-2, ISSN  
0016-5107 Journal Code: FHB  
Languages: ENGLISH

0199067 82096908  
**Interior design trends.**  
Black S  
Hosp Dev ,Jan-Feb 1982, 10 (1) p24, ISSN 0300-5720  
Journal Code: GDB  
Languages: ENGLISH

0198385 82107041  
**Seating for the arthritic.**  
Munton J  
Rep Rheum Dis ,Jul 1981, (77-78) p2pp, ISSN 0048-7279  
Journal Code: R5D  
Languages: ENGLISH

00423

0197509 82096809  
**Nursing home design focuses on personal needs of residents.**  
Hospitals ,Feb 16 1982, 56 (4) p126-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197506 82096806  
**Round-the-clock child care center provides education and training for children of medical center employees.**  
Hospitals ,Feb 16 1982, 56 (4) p114-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197504 82096804  
**Hospital clinic aids patients with permanent visual impairments.**  
Hospitals ,Feb 16 1982, 56 (4) p106-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197503 82096803  
**What makes a medical office building competitive?**  
Hospitals ,Feb 16 1982, 56 (4) p101-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0196188 82082956  
**Rehabilitation chair.**  
Finlay OE  
Physiotherapy ,Jul 1981, 67 (7) p207, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

0195373 82074329  
**Vinyl graphics bring appeal, color to patient care areas.**  
Hospitals ,Jan 16 1982, 56 (2) p75-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0195085 82068870  
**Building a dental practice. Part 3--Detailed planning of surgeries.**  
Willard PJ  
Br Dent J ,Oct 6 1981, 151 (7) p231-3, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0194786 82052010  
**Good health design: well in the open.**  
Jacqz M  
Interiors ,Aug 1981, 141 (1) p82-3, Journal Code: GOU  
Languages: ENGLISH

0194697 82050143  
**Anatomy of non-task seating: how to determine seated comfort for the body at rest.**  
Peteroy FE  
Contract ,Sep 1981, 23 (9) p106-10, ISSN 0010-7832  
Journal Code: EAO  
Languages: ENGLISH

0193277 82051716  
**Fine arts budget decorates eye hospital.**  
Beason DL  
Hospitals ,Dec 16 1981, 55 (24) p71-2, 75, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0192939 82040891  
**Special effort, furniture avert falls, study says.**  
Todays Nurs Home ,Oct 1981, 2 (10) p8-9, ISSN 0274-5089  
Journal Code: WLG  
Languages: ENGLISH

0191792 82036576  
**Sitting down on the job: not as easy as it sounds.**  
Occup Health Saf ,Oct 1981, 50 (10) p24-6, ISSN 0362-4064  
Journal Code: ODE  
Languages: ENGLISH

0191494 82031609  
**Office design. Contemporary Southwestern decor.**  
Wineinger B  
J Am Optom Assoc ,Sep 1981, 52 (9) p745-6, ISSN 0003-0244  
Journal Code: H82  
Languages: ENGLISH

00424

0191374 82029897  
**Cancer in furniture workers.**  
Rang EH; Acheson ED  
Int J Epidemiol ,Sep 1981, 10 (3) p253-61, ISSN  
0300-5771 Journal Code: GR6  
Languages: ENGLISH

A follow-up study of 5371 men who had worked in 1 or more of 9 furniture factories in Buckinghamshire for an average of 19 years up to 1968 is reported. The incidence of nasal adenocarcinoma in furniture workers taken as a whole was found to be about one hundred times that expected in the local population, and a significant relationship was found between increasing incidence of the tumour and increasing dustiness of work within the cohort. Similar comparisons with the local population produced no evidence for an increased risk of cancer of any other site in the furniture workers including bronchial cancer and malignant disease of the reticulo endothelial system. However, when comparisons were made between men exposed to different amounts of dust within the industry the incidence and mortality of bronchial cancer increased with increasing dustiness of work the latter trend but not the former being statistically significant. This trend is not due to differences in smoking habits among the groups of men. No trends of increasing incidence or mortality of other sites of cancer with increasing dustiness of work were found.

0191208 82028112  
**The visual feel in a dental practice.**  
Ellis JM  
Dent Clin North Am ,Oct 1981, 25 (4) p621-5, ISSN  
0011-8532 Journal Code: E10  
Languages: ENGLISH

0191119 82026787  
**Antique operatory delights patients.**  
Kuhn BL  
Dentalpractice ,Sep 1981, 2 (8) p58-9, Journal Code:  
D90  
Languages: ENGLISH

0191114 82026782  
**Office facelift: new look improves practice.**  
Winter L  
Dentalpractice ,Sep 1981, 2 (8) p28-30, 71, Journal  
Code: D90  
Languages: ENGLISH

0190574 82003237  
**Administration: Sunshine Haven Nursing Home.**

Humphrey DC  
Contemp Adm ,Oct 1981, 4 (10) p21, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0189993 82016838  
**An investigation into the problems of easy chairs used by the arthritic and the elderly.**  
Munton JS; Ellis MI; Chamberlain MA; Wright V  
Rheumatol Rehabil ,Aug 1981, 20 (3) p164-73, ISSN  
0300-3396 Journal Code: TD9  
Languages: ENGLISH

Groups such as the arthritic and the elderly are particularly susceptible to seating problems. An extensive questionnaire to determine the nature and extent seating difficulties was given to patients at rheumatology clinics and members of day centres for the elderly in Leeds. Forty-two per cent of subjects had some degree of difficulty in rising from their easy chair at home and of these 18% either experienced great difficulty or could not rise unaided. Only 13% had chairs designed to aid rising (e.g. high chair) and 40% of subjects thought their chair could be improved. Thirty-four per cent said that their easy chair caused them pain or discomfort. Information about subjects' body dimensions and their easy chair dimensions was also collected. Further research based on the survey results is planned in order to develop criteria for the design of easy chairs for the arthritic and the elderly.

0188948 82006638  
**The development and construction of low cost aids and equipment for the younger disabled child.**  
Lawson AM  
Int J Rehabil Res ,1981, 4 (2) p197-8, ISSN 0342-5282  
Journal Code: GRL  
Languages: ENGLISH

0188904 82005931  
**Interior design brings light into subterranean radiation center.**  
Oliver TG  
Hospitals ,Oct 16 1981, 55 (20) p95, 98, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00425

0188496 82000414

**Castor bean allergy in the upholstery department of a furniture factory.**

Topping MD; Tyrer FH; Lowing RK

Br J Ind Med ,Aug 1981, 38 (3) p293-6, ISSN 0007-1072

Journal Code: AXS

Languages: ENGLISH

In this study, undertaken to identify the cause of allergy in several upholstery workers in a furniture factory, the workers were handling several different materials, including glue, silicone spray, upholstery fabrics, and felt. Radio-allergo-sorbent test (RAST) assays showed that sera from sensitised workers contained specific IgE towards the felt; however, further investigations using RAST showed that the allergen was not the felt itself but a contaminant of the felt. The felt was manufactured from sacks, some of which had been used to store castor beans. The sera with raised IgE to the felt also had raised IgE to the castor bean extract. By means of RAST inhibition we confirmed that castor bean allergens in the felt were solely responsible for the raised IgE in the sera. The in-vitro RAST results were found to correlate well with the in-vivo pick tests and clinical symptoms.

0187853 81259624

**Humanizing hospital design.**

Woods R

Hosp Trustee ,May-Jun 1981, 5 (3) p13-5, ISSN 0704-0407

Journal Code: DM1

Languages: ENGLISH

0186255 81262637

**Bellevue: form follows function.**

Weissmann G

Hosp Pract ,Aug 1981, 16 (8) p18, 21, 24-5, ISSN

0018-5809 Journal Code: GD2

Languages: ENGLISH

0185650 81238227

**Designs for functional work stations in central processing departments.**

Chlysta M

Hosp Mater Manage Q ,Aug 1981, 3 (1) p41-4, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0185638 81238117

**Ward furniture: less strain by design.**

Rogers PJ

Health Soc Serv J ,Jun 26 1981, 91 (4749) p771, 773,

ISSN 0300-8347 Journal Code: GAR

Languages: ENGLISH

0184190 81238748

**The operating room.**

Proctor EA

Int Anesthesiol Clin ,Summer 1981, 19 (2) p49-62, ISSN

0020-5907 Journal Code: GP4

Languages: ENGLISH

0184127 81238179

**Children's hospital accents appeal and efficiency.**

Hospitals ,Jul 16 1981, 55 (14) p44, 47, ISSN 0018-5373

Journal Code: GDL

Languages: ENGLISH

0184075 81237522

**A survey of hearing test rooms.**

Siegenthaler BM

Ear Hear ,May-Jun 1981, 2 (3) p122-6, ISSN 0196-0202

Journal Code: E9G

Languages: ENGLISH

Octave-band and broad-band sound level measurements were made on 46 hearing test rooms in physicians' and audiologists' offices, hospitals, and audiology clinics. The data were evaluated against the ANSI 1977 ears open and ears covered standards for hearing test rooms. Five of the rooms met the ANSI 1977 ears open standard, and 18 met the ANSI 1977 ears covered standard. Neither dBA or dBC measurements nor difference between dBA and dBC values is a satisfactory way of specifying a room that meets a given standard. A double-wall hearing test room does not assure a test area that meets ANSI 1977 standard. Sound room ventilating fans seem to be a significant source of noise in many rooms.

0183766 81223130

**The color and use of color in environments for older people.**

Hiatt LG

Nurs Homes ,May-Jun 1981, 30 (3) p18-22, ISSN 0029-649X

Journal Code: 096

Languages: ENGLISH

00426

0182518 81222015

**Furniture manufacturing: a step-by-step profile.**

Dyson WL

Occup Health Saf ,Jul 1981, 50 (7) p23-5, 28, 30 passim.  
ISSN 0362-4064 Journal Code: ODE

Languages: ENGLISH

Standard Industrial Classification (SIC) 25 -- furniture and fixtures manufacturing -- covers a variety of furniture products. These include household furniture, office furniture, and institutional furniture as well as partitions and fixtures. Statistically, household furniture accounts for two-thirds of the establishments, sales, and employment in this SIC category and will be emphasized in this presentation.

A profile of the household furniture industry (Table 1) indicates that it is very appropriate to discuss this industry in the context of small plants. With 320,000 employees in 5400 plants, the average plant has less than 60 employees. The largest companies in this industry have fewer than 7500 employees and account for less than three percent of the total sales each. Except where furniture manufacturing is a subsidiary or division of a larger company, full-time industrial physicians and hygienists are not employed in this industry. A few of the larger companies have full-time safety managers, and nurses are found in some of the larger plants.

0181593 81213222

**An exploration of environmental variables and patient falls.**

Wong S; Glennie K; Muise M; Lambie E; Meagher D

Dimens Health Serv ,Jun 1981, 58 (6) p9-11, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0181590 81213219

**The "birthing room" alternative.**

Hughes M

Dimens Health Serv ,Jun 1981, 58 (6) p32-3, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0181585 81213214

**Humanizing hospital design.**

Woods R

Dimens Health Serv ,Jun 1981, 58 (6) p13-5, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0180852 81191827

**Corporate Health Examiners: a New York-based business/health facility designed by Fitting Interiors.**

Cohen EL

Inter Des ,May 1981, 52 (5) p294-5, ISSN 0020-5508

Journal Code: HH2

Languages: ENGLISH

0180638 81185623

**Design sensitivity: the partially sighted.**

Genensky SM

Build Oper Manage ,Jun 1981, 28 (6) p50-2, 54, ISSN

0007-3490 Journal Code: B7M

Languages: ENGLISH

0179229 81190441

**Residential design for the aging (for example, the bedroom).**

Parsons HM

Hum Factors ,Feb 1981, 23 (1) p39-58, ISSN 0018-7208

Journal Code: GE5

Languages: ENGLISH

(64 Refs.)

0178653 81167921

**Color in medical facilities.**

Mahnke F

Inter Des ,Apr 1981, 52 (4) p256-63, ISSN 0020-5508

Journal Code: HH2

Languages: ENGLISH

0178587 81166402

**The lecture theatre--Manchester Royal Infirmary.**

Hosp Dev ,Mar-Apr 1981, 9 (2) p22-3, ISSN 0300-5720

Journal Code: GDB

Languages: ENGLISH

0178503 81166193

**Domestic services: a disease of our time.**

Drummond P

Health Soc Serv J ,Mar 27 1981, 91 (4736) p346-8, ISSN

0300-8347 Journal Code: GAR

Languages: ENGLISH

Brent Cross Shopping Centre and the Royal Free Hospital in Hampstead were both opened in the mid 70s. While the centre has remained almost vandal free, the hospital is showing signs of its age. Could this be a case of cutting building costs? Pauline Drummond investigates.

00427

0177921 81176934

**A case-reference study of neuropsychiatric disorders among workers exposed to solvents in the Danish wood and furniture industry.**

Olsen J; Sabroe S  
Scand J Soc Med [Suppl] .1980. 16 p44-9. ISSN 0301-7254  
Journal Code: UDT  
Languages: ENGLISH

A case-reference study was conducted to estimate the association between neuropsychiatric diseases leading to early retirement pensioning and exposure to organic solvents in the Danish wood industry. Cases were defined as all members of the Carpenter/Cabinet Makers' Trade Union who were diagnosed with a neuropsychiatric disease and received disability or early old-age pensions during the period January 1, 1971 to December 31, 1975. The case group comprised 171 disability pensioners and 35 early old-age pensioners. A reference group of equal size was selected among union members with other diseases who were pensioned over the same time-period. Controls were matched to cases according to age and type of pension. Among a total of 412 eligible study subjects, 342 (i.e., 287 disability pensioners and 55 early old-age pensioners) could be located in 1978. Of these, 9.8% of the disability pensioners and 12.7% of the early old-age pensioners did not respond to the questionnaire. Information regarding occupational exposure and vocational training was obtained both directly from study subjects and from the files of the trade union. Medical diagnoses were obtained through registry linkage and by manual search of hospital records. Former employees with high levels of exposure to organic solvents were more likely to receive disability pensions for neuropsychiatric reasons compared to more modestly-exposed individuals. Cabinet-makers and especially cabinet-makers with high exposure to lacquers and glues had a higher risk of receiving a disability pension for a neuropsychiatric disease than carpenters. Possible sources of bias are discussed in the article.

0177133 81167820

**The effects of rearranging ward routines on communication and eating behaviors of psychogeriatric patients.**

Melin L; Gotestam KG  
J Appl Behav Anal .Spring 1981. 14 (1) p47-51. ISSN  
0021-8855 Journal Code: HDR  
Languages: ENGLISH

Several aspects of ward routine were changed to study the effects of environmental manipulation on the behavior of 21 psychogeriatric patients. Furniture was rearranged to be more conducive to conversation (i.e., grouped around tables instead of along corridor walls), and mealtime routines were changed to allow patients more time to eat, more freedom in choosing the composition of the meal, and more pleasant surroundings. Patients were divided into experimental and control groups, and data were collected on the frequency of verbal and tactile communication and degree of skill in eating behavior. Following baseline, environmental changes were

introduced across behaviors. Results show that the frequency of communication increased for the experimental group, as compared to both baseline and the control group. Eating behavior also improved significantly for the experimental group. The study shows that minor changes in the physical environment can promote therapeutic change in the behavior of patients diagnosed as senile dementia.

0177016 81166336

**Major addition plus courtyard provided on constricted site.**

Hospitals .May 16 1981. 55 (10) p40, 44-5. ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0176669 81161675

**Planning hospital nursing units for patient care.**

Chin YH  
Bull NY Acad Med .Mar 1981. 57 (2) p144-8. ISSN  
0028-7091 Journal Code: BQO  
Languages: ENGLISH

0176523 81150617

**Laundry department & life safety program.**

Liftman S  
Nurs Homes .Mar-Apr 1981. 30 (2) p10-22. ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

00428

0175689 81155270

**[Industrial-anthropological basis for development of lounge-chair, for the aged (author's transl)]**

Industrieanthropologische Grundlagen zur Gestaltung eines Ruhestuhles für Bürger.

Flügel B

ZFA (Dresden) ,1980. 34 (6) p527-36. Journal Code: XSR

Languages: GERMAN Summary Languages: ENGLISH

Proceeding on the party and government decisions "On the development of old people's and nursing homes" and on the tasks of the "Working group for appropriate furniture for old people" with the Ministry of Health. 19 measurements and criteria for the design of a lounge-chair for elderly people are demonstrated on the basis of industrial-anthropologically relevant measurements and functions of the body. These data are the scientific foundation for the work of designers and constructors of furniture. By three pictures, the development of the lounge-chair from the industrial-anthropological foundations to the production sample is illustrated.

0173965 81140220

**[A practice which came to our notice]**

Eine Praxis, die uns auffiel.

Grau F

Freie Zahnarzt ,Oct 1980, 24 (10) p55-8, ISSN 0340-1766

Journal Code: F85

Languages: GERMAN

0173365 81124445

**Self-administered check-list for planning and priority setting.**

Hiatt LG

Nurs Homes ,Jan-Feb 1981, 30 (1) p33-9, ISSN 0029-649X  
Journal Code: D96

Languages: ENGLISH

0173006 81115836

**Humanizing the pediatric hospital environment.**

Olds AR

Hosp Admin Curr ,Jan-Mar 1981, 25 (1) p1-6, Journal  
Code: GCI

Languages: ENGLISH

0172998 81115773

**Art in hospitals: they're the real thing!**

Health Soc Serv J ,Feb 6 1981, 91 (4729) p142, ISSN  
0300-8347 Journal Code: GAR

Languages: ENGLISH

Reproductions are all very well, but there is an added excitement about an original painting by a contemporary

artist.

0172988 81115763

**Hidden treasure: from the days of Wellington, Wesley, and William Prowting.**

Watkin B

Health Soc Serv J ,Jan 16 1981, 91 (4726) p44-6, ISSN  
0300-8347 Journal Code: GAR

Languages: ENGLISH

The staff were sure the chairs in the boardroom were Chippendale. And they took it for granted that they were surrounded by antiques and fine paintings. When a team from Bonhams visited St Luke's-Woodside Hospital in north London there was some good news and some bad news. Brian Watkin tells the story of an enjoyable morning, when he learned from the experts.

0172928 81113919

**The need for an improved ambulance design.**

Rolandelli PJ

EMT J ,Feb 1981, 5 (1) p32-5, Journal Code: EGK

Languages: ENGLISH

0172909 81113558

**Medical-facility colors reduce patient stress.**

Rabin M

Contract ,Feb 1981, 23 (2) p78-83, ISSN 0010-7832  
Journal Code: EAQ

Languages: ENGLISH

0172908 81113557

**Hospital upgrades blighted urban area.**

Contract ,Feb 1981, 23 (2) p74-7, ISSN 0010-7832  
Journal Code: EAQ

Languages: ENGLISH

0172907 81113556

**Hexagonal Sinatra Patient Tower maximizes space, improves operations.**

Contract ,Feb 1981, 23 (2) p68-73, ISSN 0010-7832  
Journal Code: EAQ

Languages: ENGLISH

00429



0172906 81113555  
**Graphics enhance group medic's understanding.**  
Contract ,Feb 1981, 23 (2) p64-7, ISSN 0010-7832  
Journal Code: EAO  
Languages: ENGLISH

0172497 81129248  
**[Cabinet combinations and use possibilities in dental laboratories]**  
Schränkkombinationen und Anwendungsmöglichkeiten in der Zahntechnik.  
Burdach E  
Zahntechnik (Berl) ,Jul 1980, 21 (7) p292-300, ISSN 0513-7926  
Journal Code: Y45  
Languages: GERMAN

0171949 81123826  
**Seclusion rooms.**  
Fedoryk W  
QRB ,Dec 1980, 6 (12) p3-4, ISSN 0097-5990  
Journal Code: OKP  
Languages: ENGLISH

0171209 81114919  
**What will an operatory cost you?**  
Crabb LJ  
Dent Stud ,Oct 1980, 59 (2) p27, 30-1, ISSN 0011-877X  
Journal Code: E1Y  
Languages: ENGLISH

0170605 81092689  
**Interiors awards: Detroit Receiving Hospital/Wayne State University Health Care Institute.**  
Inter ,Jan 1981, 140 (6) p70-1, Journal Code: GOU  
Languages: ENGLISH

0170001 81106210  
**Accidents in a geriatric department.**  
Tinker GM  
Age Ageing ,Aug 1979, 8 (3) p196-8, ISSN 0002-0729  
Journal Code: 2XR  
Languages: ENGLISH

0169352 81098718  
**[The furniture show]**  
Die Mobelschau.

Sehrt U  
MMW ,Nov 7 1980, 122 (45) p58-9, ISSN 0341-3098  
Journal Code: NMM  
Languages: GERMAN

0168724 81092341  
**Ambulatory care addition honors local traditions.**  
Haack JL  
Hospitals ,Feb 16 1981, 55 (4) p97-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
A new, less institutional ambulatory care addition is connected to a traditionally designed and furnished hospital by an atrium that accommodates the two different building styles.

0168723 81092340  
**HMO facility is designed with needs of users and staff in mind.**  
Pospula RM  
Hospitals ,Feb 16 1981, 55 (4) p87, 90, 94, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0168722 81092339  
**The emphasis here is on home.**  
Downes G; Hamilton L; Fletcher NC  
Hospitals ,Feb 16 1981, 55 (4) p81-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Adhering to the principal that the most important influence upon health and happiness in the later years of life is the home environment, architects create a home-like atmosphere for Veterans' Home.

0168721 81092338  
**Humanistic design sells your hospital.**  
Falick J  
Hospitals ,Feb 16 1981, 55 (4) p68-74, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Increased competition among hospitals has made it imperative that the overall design of institutions be concerned with esthetics as well as function.

00430

0168718 81092335  
**Colors can help soothe the pediatric patient.**  
Skaggs RL  
Hospitals ,Feb 16 1981, 55 (4) p159-60, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Using bright colors and shapes, Dallas architects designed a hospital with children in mind.

0168717 81092334  
**Design team simplifies interior to aid patient recuperation.**  
Fishback BW; Krewson C  
Hospitals ,Feb 16 1981, 55 (4) p151-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Vanderbilt University Medical Center's architect and interior designer coordinated efforts to minimize medical components by painting them a neutral color and sought a unified approach throughout the building to make it more personal without a substantial cost increase.

0168716 81092333  
**Recreation areas and skylights bring outdoors into psychiatric unit.**  
McLaughlin HP; Boerger J  
Hospitals ,Feb 16 1981, 55 (4) p145-6, 148, 171, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Staff involvement in the design and planning phase of this mental health center resulted in a building of unusual shape that is open to the outdoors and that has soaring roofs and skylights.

0168715 81092332  
**Using flexible space, hospital prepares for the future.**  
Voss RF  
Hospitals ,Feb 16 1981, 55 (4) p141-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
A California hospital's two new facilities were designed for change, as architects for the project promoted multiple-use and flexible-space concepts in their work.

0168714 81092331  
**Hospital opts for "greenhouse" atmosphere in staff dining area.**  
Green DE  
Hospitals ,Feb 16 1981, 55 (4) p137-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

The administration of St. Elizabeth Hospital, Granite City, IL, chose a staff dining area design that accents natural light, foliage, and wood finishes in an attempt to provide their employees with a relaxing, intimate place to meet.

0168711 81092328  
**Air Force hospital reflects military tradition, southern climate.**  
McCree A  
Hospitals ,Feb 16 1981, 55 (4) p115, 117, 119, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Architects successfully combine the colors of Texas with the excitement of aerotechnology to design an Air Force medical center.

0168710 81092327  
**Design of new children's hospital combines warmth with practicality.**  
Huttie J Jr  
Hospitals ,Feb 16 1981, 55 (4) p112-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Through the use of primary colors, wall murals, play areas, and an exterior design that blends well with its urban setting, hospital officials at United Children's Hospital, St. Paul, feeling that they have achieved the humanized health care design that they desired.

**DISEÑO Y CONSTRUCCIONES**

00432

0233383 83147260  
**Make hospital walls, halls art gallery.**  
Resnik D  
Tex Hosp ,Feb 1983, 38 (9) p8. ISSN 0040-4357 Journal  
Code: WAL  
Languages: ENGLISH

0233376 83147253  
**Designing on limited budget not an impossible dream.**  
Tex Hosp ,Feb 1983, 38 (9) p20. ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233302 83144198  
**Specificity and code enforcement.**  
Kubicki DJ  
Prof Saf ,Oct 1982, 27 (10) p30-2. ISSN 0099-0027  
Journal Code: PZW  
Languages: ENGLISH

0233273 83141455  
**This house isn't a home--it's a dealer's showplace.**  
Albertson D  
Med Prod Sales ,Mar 1983, 14 (3) p1. 23-4. ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0233267 83141348  
**Design and construction. Healthcare construction leaps a  
surprising 25% in '82.**  
Kuntz EF  
Mod Health Care ,Feb 1983, 13 (2) p95-102. ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0233243 83141324  
**Design and construction. Ribbon cuttings, contract awards.**  
Mod Health Care ,Feb 1983, 13 (2) p104-13. 116-8. ISSN  
0160-7480 Journal Code: NFA  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**[Magnetic shielded room to measure very low magnetic and electric fields]**  
Magnetisch abgeschirmte Kabine zur Aufnahme kleinster magnetischer und elektrischer Biosignale.  
Mager A  
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Languages: GERMAN Summary Languages: ENGLISH

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10000 and a million for 1000 Hz. First measurements in the shielded room with high-resolution magnetocardiograms (HR MCG) and high-resolution electrocardiograms (HR ECG) showed new methods for non-invasive electrophysiological investigations in man.

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Languages: ENGLISH

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Languages: ENGLISH

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Marler D  
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Languages: ENGLISH

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Journal Code: DP3  
Languages: ENGLISH

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Williams KV; Williams FT  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

0217442 82264200  
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Languages: ENGLISH

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Rogers P  
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Journal Code: GD8  
Languages: ENGLISH

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**Material management: a matter of space.**  
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Languages: ENGLISH

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Languages: GERMAN

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**Easy chairs for arthritic patients.**  
Atherton J; Chatfield J; Clarke AK; Harrison RA  
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Journal Code: P8C  
Languages: ENGLISH

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Languages: ENGLISH  
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**Art and color brighten "Museum Mile" hospital.**  
Hospitals ,Sep 16 1982, 56 (18) p36-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0215006 82262459  
**Considering carpets in hospital use.**  
Simmons D; Reizenstein J; Grant M  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**A plan for hearing conservation.**  
Ganday BJ  
R Soc Health J ,Apr 1982, 102 (2) p50-2, ISSN 0035-9130  
Journal Code: QM3  
Languages: ENGLISH

0212332 82222327  
**Prevention of slip and fall injuries: part II.**  
Szymusiak SM; Ryan JP  
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Journal Code: PZW  
Languages: ENGLISH

0212249 82218897  
**Revamping of landmark laundry leaves building exterior intact.**  
Carey DL  
Laund News ,Jul 1982, 8 (7) p8, 15, Journal Code: L4R  
Languages: ENGLISH

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0212170 82212394  
**Hospital floorcoverings--to weld ... or not to weld: Part two.**  
Annan B  
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Languages: ENGLISH

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Journal Code: 098  
Languages: ENGLISH

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**Organising a practice. Converting to practice premises.**  
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Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1839-40,  
Journal Code: B4X  
Languages: ENGLISH

0209875 82205205  
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Archit Rec ,Jun 1982, 170 (8) p86-9, ISSN 0003-858X  
Journal Code: 60E  
Languages: ENGLISH

0209874 82205204  
**Preserving the quietude: Cold Spring Harbor Laboratory.**  
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Journal Code: 60E  
Languages: ENGLISH

0209842 82202997  
**Serious purpose adorned by color: Illinois Regional Library for the Blind and Physically Handicapped.**  
AIA J ,May 1982, 71 (6) p222-4, ISSN 0001-1479  
Journal Code: 3AF  
Languages: ENGLISH

0209747 82199553  
**The physical environment and social welfare.**  
Resnick H; Jaffee B  
Soc Casework ,Jun 1982, 63 (6) p354-62, Journal Code:

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Languages: ENGLISH  
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Cohen HH; Compton DM  
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Contract/Grant No.: NIO5H 210-76-0150  
Languages: ENGLISH

0209622 82194590  
**A relationship of space and purpose.**  
Bellack B; Champion RW  
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Journal Code: MA7  
Languages: ENGLISH

0209535 82189440  
**Access control: a most important basic.**  
Brouillette JR  
Healthcare Prot Manage ,Apr-Jun 1982, 2 (3) p8-9,  
Journal Code: G21  
Languages: ENGLISH

0209457 82188331  
**Project co-ordination within the NHS.**  
Marshall JE  
Hosp Health Serv Rev ,Apr 1982, 78 (4) p115-7, Journal Code: GC5  
Languages: ENGLISH

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0209389 82185528

**Carpooling--an energy-saving project that can help in postponing capital expenditures for parking facilities.**

Cost Containment ,Mar 9 1982, 4 (5) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0208855 82200092

**See your office from the patient's eyes.**

Barrett G  
Tic ,Mar 1982, 41 (3) p10-1, ISSN 0040-6716 Journal  
Code: VRR  
Languages: ENGLISH

0208027 82193434

**[Current thinking on the aspect of independence in care in homes for the aged]**

Neudenken im Blick auf Eigenständigkeit in der Pflege im  
Altenheim.  
Manteuffel H  
Krankenpflege (Frankfurt) ,Apr 1982, 36 (4) p121-3,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0207806 82190834

**Golden Vision Clinic, P.C.**

Baron SJ  
J Am Optom Assoc ,Mar 1982, 53 (3) p239-40, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

0207805 82190833

**Packaging for patient persuasion.**

Smith DR  
J Am Optom Assoc ,Mar 1982, 53 (3) p233-5, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

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0207718 82190306

**Carpeting in hospitals: an epidemiological evaluation.**

Anderson RL; Mackel DC; Stoler BS; Mallison GF  
J Clin Microbiol ,Mar 1982, 15 (3) p408-15, ISSN  
0095-1137 Journal Code: HSH  
Languages: ENGLISH

Epidemiological and microbiological studies were conducted in a hospital room with carpet (CR) and in one with carpet (NCR). Microbiological profiles were determined with specimens obtained from patients admitted to these rooms. Patient

records were reviewed to note infection status and other case identities. Eleven-millimeter cylindrical core samples of carpet were obtained, and swab template techniques were used on the bare floor for subsequent enumeration and identification of contaminating microorganisms. In each sampling period, higher microbial counts per square inch (1 in(2) = ca 6.452 cm(2)) were measured for the carpet than for the bare floor. Recovery rates of Enterobacter spp., Klebsiella pneumoniae, and Escherichia coli were higher from carpet samples than from bare floor samples. Typable organisms (such as E. coli, Pseudomonas aeruginosa, K. pneumoniae, and Staphylococcus aureus) obtained from patients were also more frequently recovered from the carpet than from the bare flooring. Patients who stayed in the CR were shown to be colonized with the same types of organisms as those initially recovered from the carpet. However, no statistically significant differences were found in patients in the CR versus NCR in colonization with all typable and nontypable organisms first found on the floor. Disease in patients was found not to be associated with organisms found as contaminants of the carpet or the bare floor. Air above carpeting contained more consistent concentrations of organisms than air above the bare flooring.

0207584 82188932

**Facility design for outpatient surgery and anesthesia.**

Burn JM  
Int Anesthesiol Clin ,Spring 1982, 20 (1) p135-51, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0207568 82188827

**[Ergonomic approach to scolarity: from conceptual idea to reality of school ergonomics]**

Approche ergonomique de la scolarite: de l'idee au concept et a la realite de l'ergonomie scolaire.  
Maringue-Bardin M; Maringue-Devaux L  
Infirm Fr ,Mar 1982, (233) p21-5 contd, ISSN 0019-9613  
Journal Code: GOD  
Languages: FRENCH

0207408 82187482

**A patient says, 'tighten your touch'.**

Scott H  
Dent Econ ,Apr 1982, 72 (4) p79-80, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

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0207407 82187481  
**How one dentist conquered the limitations of space.**  
Lewis B  
Dent Econ ,Apr 1982, 72 (4) p59-60, 62, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

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0207160 82183981  
**Medical services for outdoor rock music festivals.**  
Chapman KR; Carmichael FJ; Goode JE  
Can Med Assoc J ,Apr 15 1982, 126 (8) p935-8, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

This paper describes the medical services provided at an outdoor rock music festival near Toronto and reviews similar services at other outdoor concerts as reported in the literature. Between 0.5% and 1.5% of concertgoers were reported to have used medical services, proportions that may be useful in planning for future festivals. Most of the medical problems encountered were minor, although life-threatening problems occasionally occurred. Alcohol and drug abuse were common but led to major medical problems in only small proportions of patients. Guidelines for planning are suggested that include recommendations about facilities, supplies and equipment, transportation and communications, staffing and procedures. The need for liaison with the concert promoters, the police, ambulance officials and local hospital personnel is noted, and the use of the nonmedical ancillary staff is encouraged.

0206989 82176498  
**In case of fire--use the stairwells, elevators aren't safe.**  
Schmidt W; Klote J  
Specif Eng ,May 1982, 47 (5) p82-6, Journal Code: UXT  
Languages: ENGLISH

0206968 82174429  
**A building adrift: an unusually spectacular facility for mentally ill and mentally retarded people.**  
Barone PL  
Prog Archit ,May 1982, 63 (5) p152-5, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

0206949 82173250  
**Check fire exit plans with these guidelines.**  
Natl Saf News ,Jun 1982, 125 (6) p30-2, ISSN 0028-0100  
Journal Code: NTC  
Languages: ENGLISH

0206900 82172627  
**Physical surroundings serve as therapeutic catalyst for patients.**  
Remen S  
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Journal Code: MXZ  
Languages: ENGLISH

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**Renovation enhances patient care at Chicago's Michael Reese psychiatric clinic.**  
Hosp Top ,May-Jun 1982, 60 (3) p16-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0204796 82155330  
**The consequences of designing for the disabled in general hospitals.**  
Putsep EP  
World Hosp ,Feb 1982, 18 (1) p51-3, Journal Code: XP6  
Languages: ENGLISH

0204770 82154195  
**Health Facilities Development Act.**  
Davis CD  
Tex Hosp ,Mar 1982, 37 (10) p38, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0204642 82150614  
**A baseline for energy design.**  
Prog Archit ,Apr 1982, 63 (4) p110-5, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

0204630 82150406  
**Natural beauty -- interior and exterior.**  
Grogan-Anderson P  
Nurs Homes ,Mar-Apr 1982, 31 (2) p18-9, ISSN 0029-649X  
Journal Code: D96  
Languages: ENGLISH

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**Energy conservation--crisis or conspiracy?**  
 O'Sullivan P; Romig FA  
 Hosp Eng ,Mar 1982, 36 (2) p9-17, ISSN 0309-7498  
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 Languages: ENGLISH
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**Hospital heritage: on the tile trail.**  
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 Languages: ENGLISH
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**[Tasks and goals of the geriatric care in nursing homes  
 (author's trans)]**  
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**Instruction in physical facility construction for medical  
 students.**  
 Peterson SE; Rodin AE  
 J Med Educ ,Apr 1982, 57 (4) p323-5, ISSN 0022-2577  
 Journal Code: J13  
 Languages: ENGLISH
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**A new hospital library in San Diego: planning and  
 construction.**  
 Lewis RF; Blaise SA  
 Bull Med Libr Assoc ,Jan 1982, 70 (1) p50-3, ISSN  
 0025-7338 Journal Code: BOW  
 Languages: ENGLISH  
 A new library building at the University of California  
 Medical Center, San Diego provides 7,100 net square feet,  
 seating for 100 readers, and a stack capacity of 23,000  
 volumes. The building contains three split-level floors with  
 conventional reference and circulation services, a combination  
 of group and single seating, rapid copying machines,  
 audiovisual facilities, a public elevator, and an electronic  
 security system for the protection of library materials. The  
 library, intended primarily for the use of health care  
 professionals and students in their third and fourth years of  
 medical school, serves a teaching hospital and its associated
- research facilities.
- 0202145 82126896  
**Humanizing the nursing home environment.**  
 Widom CA  
 Nurs Homes ,Jan-Feb 1982, 31 (1) p32-4, ISSN 0029-649X  
 Journal Code: 096  
 Languages: ENGLISH
- 0202076 82124167  
**Then we put the cast room in frozen foods...**  
 Burke JG  
 Med Econ ,Mar 1 1982, 59 (5) p100-1, 105, 108, ISSN  
 0025-7206 Journal Code: MBN  
 Languages: ENGLISH
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 Fisher S  
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 Planck R  
 Inter Des ,Feb 1982, 53 (2) p212-3, ISSN 0020-5508  
 Journal Code: HH2  
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**Classic adornments.**  
 Planck R  
 Inter Des ,Feb 1982, 53 (2) p172-7, ISSN 0020-5508  
 Journal Code: HH2  
 Languages: ENGLISH

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**Nightingale's swan song?**  
 Billing A  
 Health Soc Serv J ,Jan 7 1982, 92 (4778) p15-7, ISSN  
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 Languages: ENGLISH
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**Ward design: on the nurses' trail.**  
 Seelye A  
 Health Soc Serv J ,Jan 7 1982, 92 (4778) p12-4, ISSN  
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 Walsworth-Bell J  
 Health Soc Serv J ,Jan 7 1982, 92 (4778) p10-1, ISSN  
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 Languages: ENGLISH
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**Venerable dental association HQ changes public image with  
 exposed computer room facility.**  
 Contract ,Mar 1982, 24 (3) p98-101, ISSN 0010-7832  
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 Languages: ENGLISH
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**Standard seating conforms to patient needs.**  
 Richter M  
 Contract ,Feb 1982, 24 (2) p98-101, ISSN 0010-7832  
 Journal Code: EAQ  
 Languages: ENGLISH
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**Security-minded design & loss prevention key to hospital  
 safety.**  
 Botnick D  
 Contract ,Feb 1982, 24 (2) p94-7, ISSN 0010-7832  
 Journal Code: EAQ  
 Languages: ENGLISH
- 0201846 82116574  
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 remodeled midwest hospital facility.**
- Contract ,Feb 1982, 24 (2) p84-7, ISSN 0010-7832  
 Journal Code: EAQ  
 Languages: ENGLISH  
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**Vivid graphics, muted tones are natural choice for Alabama  
 child care center.**  
 Contract ,Feb 1982, 24 (2) p80-3, ISSN 0010-7832  
 Journal Code: EAQ  
 Languages: ENGLISH
- 0201844 82116572  
**West coast specifier firm sets clients free with hospital  
 spec manual.**  
 Contract ,Feb 1982, 24 (2) p76-9, ISSN 0010-7832  
 Journal Code: EAQ  
 Languages: ENGLISH
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**Directing traffic through design.**  
 Contemp Adm ,Feb 1982, 5 (2) p26-7, ISSN 0191-9873  
 Journal Code: DP3  
 Languages: ENGLISH
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**The boom in building.**  
 Spicer WA  
 Contemp Adm ,Feb 1982, 5 (2) p13-6, ISSN 0191-9873  
 Journal Code: DP3  
 Languages: ENGLISH

00444

0201590 82132642

**Review of nuclear pharmacy practice in hospitals.**

Kawada TK; Tubis M; Ebenkamp T; Wolf W

Am J Hosp Pharm ,Feb 1982, 39 (2) p266-74, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

An operational profile for nuclear pharmacy practice is presented, and the technical and professional role of nuclear pharmacists is reviewed. Key aspects of nuclear pharmacy practice in hospitals discussed are the basic facilities and equipment for the preparation, quality control, and distribution of radioactive drug products. Standards for receiving, storing, and processing radioactive material are described. The elements of a radiopharmaceutical quality assurance program, including the working procedures, documentation systems, data analysis, and specific control tests, are presented. Details of dose preparation and administration and systems of inventory control for radioactive products are outlined.

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**Design makes patients the center of all cancer services.**

Hospitals ,Mar 16 1982, 56 (6) p71-3, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0199267 82108174

**Hospital parking lot potential source of income.**

South Hosp ,Jan-Feb 1982, 50 (1) p24, ISSN 0038-4178  
Journal Code: VAB

Languages: ENGLISH

0199204 82103678

**Hospitals' on-campus M.D. office buildings increase hospital use.**

Bendix J  
Mod Health Care ,Feb 1982, 12 (2) p112, 114, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199067 82096908

**Interior design trends.**

Black S  
Hosp Dev ,Jan-Feb 1982, 10 (1) p24, ISSN 0300-5720  
Journal Code: GDB  
Languages: ENGLISH

0199061 82096902

**Construction claims can be prevented.**

Wilson RL  
Hosp Top ,Jan-Feb 1982, 60 (1) p43-4, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0197767 82099980

**The family physician's office: proposed design criteria for family centered medical care.**

Coble RJ; Sinnott SK; Walz TH  
J Fam Pract ,Jan 1982, 14 (1) p77-81, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Four design criteria, home extension, personal extension, family centered environment, and patient education, are explored as guidelines for creating a therapeutic atmosphere in the family physician's office. They can be applied to the entryway, waiting and reception areas, hallways, examination rooms, nurses' station, laboratories, and the physician's private office. They are intended not to replace the traditional design criteria of efficiency, economy, safety, and convention, but to enhance their effectiveness. This occurs when the total environment, physical, administrative, and social, is consciously managed for the purpose of patient therapy and staff well-being. Attention to family centered design criteria facilitates this management and helps to ensure that many components of the health-care system benefit the patient.

0197513 82096813

**Inner-city hospital expands to serve both urban and suburban patients.**

Hospitals ,Feb 16 1982, 56 (4) p137-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197511 82096811

**Regional health center stresses accessibility to primary health care and health education.**

Hospitals ,Feb 16 1982, 56 (4) p132-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00445



0197510 82096810  
Pavilion will offer open, bright environment for alcoholic  
and psychiatric patients.  
Hospitals ,Feb 16 1982, 56 (4) p129-30, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197509 82096809  
Nursing home design focuses on personal needs of residents.  
Hospitals ,Feb 16 1982, 56 (4) p126-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197508 82096808  
Ambulatory care center built by and for medical school and  
underserved community.  
Hospitals ,Feb 16 1982, 56 (4) p121-2, 124, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0197507 82096807  
Pediatric medical center helps to overcome the problems of  
inadequate health care delivery in a rural area.  
Hospitals ,Feb 16 1982, 56 (4) p118-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197506 82096806  
Round-the-clock child care center provides education and  
training for children of medical center employees.  
Hospitals ,Feb 16 1982, 56 (4) p114-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197505 82096805  
Suburban hospital imbued with "medical center" charisma.  
Hospitals ,Feb 16 1982, 56 (4) p109-10, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197504 82096804  
Hospital clinic aids patients with permanent visual  
impairments.  
Hospitals ,Feb 16 1982, 56 (4) p106-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197503 82096803  
What makes a medical office building competitive?  
Hospitals ,Feb 16 1982, 56 (4) p101-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0196955 82075448  
Cut losses at reasonable cost: improving parking lot revenue  
control.  
Marcellino DL; Krommer EL Jr  
Hosp Financ Manage ,Jan 1982, 36 (1) p45-6, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0195373 82074329  
Vinyl graphics bring appeal, color to patient care areas.  
Hospitals ,Jan 16 1982, 56 (2) p75-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00446

**ECONOMIA MEDICA**

00447

0233234 83140844  
**Stay in Medicaid--or treat the patients free.**  
Brown S  
Med Econ ,Mar 7 1983, 60 (5) p80-3, 86, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0233233 83140843  
**Here comes the FTC again.**  
Hunt K  
Med Econ ,Mar 7 1983, 60 (5) p32, 37-8, 42 passim, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0233114 83134710  
**Coping with competition.**  
Reinsel SJ  
Internist ,Nov 1982, 23 (9) p14-6, ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0233103 83134699  
**Portland Oregon: a case study.**  
Gore RD  
Internist ,Dec-1983 Jan 1982, 23 (10) p15-6, ISSN  
0020-9546 Journal Code: GVZ  
Languages: ENGLISH

0233101 83134697  
**Medicine needs a healthy dose of business.**  
McDermott S  
Internist ,Dec-1983 Jan 1982, 23 (10) p12-4, ISSN  
0020-9546 Journal Code: GVZ  
Languages: ENGLISH

0233067 83134135  
**FTC rules on Michigan and Indiana antitrust cases.**  
Rose A  
Health Law Vigil ,Mar 18 1983, 6 (6) p7-9, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0233024 83133998  
**The changing medical practice: implications for hospitals,  
physicians.**

Johnson RL  
Hosp Prog ,Mar 1983, 64 (3) p37-41, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0232614 83150328  
**Supply, workload and utilization: a population-based  
analysis of surgery in rural Manitoba.**  
Roos LL Jr  
Am J Public Health ,Apr 1983, 73 (4) p414-21, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

This paper explores the relationships among physician supply, workload (output per physician), and utilization (physician services per capita) in rural Manitoba. Surgery taking place within a patient's home area and that taking place outside this area are discussed. Longitudinal and cross-sectional analyses are compared. Although the average surgeon does more surgical procedures than does the average general practitioner, the number of procedures performed varies greatly within each specialty. Individual physician workloads remained fairly stable over time when a surgically active physician moved into an area, while population utilization increased 17 per cent. When such physicians left an area, the surgical workloads of the physicians increased significantly (18.7 per cent) while population utilization stayed essentially the same. Both physician workload and surgical utilization in control areas increased gradually (between 6 and 7 per cent) over the period studied. Several models of physician behavior were investigated using data on individual procedures as well as overall figures. A model emphasizing the importance of physician discretion appeared to provide the best fit with the data.

0230733 83132556  
**A layman looks at the white coats.**  
Pye AK  
Del Med J ,Dec 1982, 54 (12) p677-86, ISSN 0011-7781  
Journal Code: EOB  
Languages: ENGLISH

00448

0230142 83116811  
**Corporate medicine. What's the bottom line for physicians and patients?**  
Weiss K  
New Physician ,1982, 31 (9) p19-25, ISSN 0028-6451  
Journal Code: O0Y  
Languages: ENGLISH

0228727 83113493  
**Views of an LMD.**  
Pittman GI  
J Tenn Med Assoc ,Dec 1982, 75 (12) p802-5, ISSN 0040-3318  
Journal Code: K7J  
Languages: ENGLISH

0228042 83104064  
**Physicians' earnings, 1981-82.**  
Conn Med ,Dec 1982, 46 (12) p719-21, ISSN 0010-6178  
Journal Code: DQF  
Languages: ENGLISH

0227876 83098280  
**Money and medical ethics: will patients stop trusting doctors?**  
Am Coll Physicians Obs ,Aug 1982, 2 (7) pt, 15,  
Journal Code: 35L  
Languages: ENGLISH

0227782 83091468  
**Assaults on the medical profession.**  
Snyder JD  
Physicians Manage ,Sep 1982, 22 (9) p28-32, 37, 40,  
ISSN 0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227777 83091463  
**Dealing with overcompetitive colleagues.**  
Physicians Manage ,Nov 1982, 22 (11) p161-4, ISSN 0031-9066  
Journal Code: P7B  
Languages: ENGLISH

0227774 83091460  
**Are physician-owned malpractice insurers viable?**  
Werber R  
Physicians Manage ,Oct 1982, 22 (10) p84-5, 88, 90  
passim, ISSN 0031-9066 Journal Code: P7B

Languages: ENGLISH

0226146 83084476  
**Dangers lie ahead.**  
Boyle JN  
J Med Assoc State Ala ,Nov 1982, 52 (5) p18-21, 24,  
ISSN 0025-7044 Journal Code: IZJ  
Languages: ENGLISH

0226139 83084421  
**Antitrust, restraint of trade, and unfair business practices. Impact on physicians.**  
Heitler G  
J Leg Med (Chicago) ,Sep 1982, 3 (3) p443-60, ISSN 0194-7648  
Journal Code: IWX  
Languages: ENGLISH

0226129 83084381  
**Presidential addresses. Academic medical center decompensation: a cardiologist's viewpoint.**  
Weissler AM  
J Lab Clin Med ,Jan 1983, 101 (1) p7-20, ISSN 0022-2143  
Journal Code: IVR  
Languages: ENGLISH

0226107 83083927  
**Effects of health insurance on physicians' fees.**  
Sloan FA  
J Hum Resour ,Fall 1982, 17 (4) p533-57, ISSN 0022-166X  
Journal Code: IE9  
Languages: ENGLISH  
According to conventional wisdom, the growth of health insurance is partly responsible for the rise in physicians' fees; however, to date, convincing empirical evidence is lacking. A standard model of physician fee determination yields unambiguous predictions about insurance effects on fees. Empirical evidence, based on national interview surveys of physicians, shows insurance does affect fees in the predicted direction. Insurance parameter estimates imply that a \$1.00 increase in an insurer's fee schedule raises physicians' fees somewhere between \$0.13 and \$0.35 on average. The higher fees could be associated with higher quality, an issue discussed in the last section.

00449

0225421 83076253  
**Essentials of health economics: Part IV--Challenges for the future.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Dec 11 1982, 285 (6356) p1727-8,  
Journal Code: B4X  
Languages: ENGLISH

0225332 83074951  
**Low-cost medical practices.**  
Fineberg HV; Pearlman LA  
Annu Rev Public Health ,1982, 3 p225-48, ISSN 0163-7525  
Journal Code: ABA  
Languages: ENGLISH  
(119 Refs.)

0225245 83071187  
**Hospital characteristics and physician productivity and fee levels.**  
Pauly MV  
Adv Health Econ Health Serv Res ,1982, 3 p1-54, ISSN  
0731-2199 Journal Code: 2M4  
Languages: ENGLISH

0224416 83071799  
**Competition within the physicians' services industry: osteopaths and allopaths.**  
Blackstone EA  
Am J Law Med ,Summer 1982, 8 (2) p137-50, ISSN  
0098-8588 Journal Code: 3IP  
Languages: ENGLISH  
Within the physicians' services industry, doctors of osteopathy are the only "full line" competitors of medical doctors. Given the current interest in merger of the two schools of practice, this Article examines the benefits of having an independent osteopathic school. These benefits include: (1) reduction of the monopoly power of medical doctors in malpractice litigation, fee negotiations with third party payors and the formulation of health policy; (2) greater satisfaction of consumer desires; and (3) diversity and innovation in physicians' training and methods of practice. The Article concludes that society has an interest in discouraging merger of the two groups; osteopathy should be maintained as an independent school of practice. To this end, society should carefully consider the impact of legislation and regulatory policies that may have the unintended effect of eliminating osteopathy as an independent competitor.

0223400 83060968  
**New directions in health care financing: a physician's**

comment.  
Harris TR  
J Tenn Med Assoc ,Jul 1982, 75 (7) p462-6, ISSN  
0040-3318 Journal Code: K7J  
Languages: ENGLISH

0223354 83060088  
**Law and medicine. Restrictive covenants.**  
Cooper A  
JAMA ,Dec 17 1982, 248 (23) p3091-2, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0223199 83058426  
**The federal government and Health and Human Services: a new look.**  
Dickinson WL  
J Med Assoc State Ala ,Oct 1982, 52 (4) p37, 40-1, ISSN  
0025-7044 Journal Code: IZJ  
Languages: ENGLISH

0223089 83057378  
**The emerging role of salaried physicians: an organization proposal.**  
Kahn HS; Orris P  
J Public Health Policy ,Sep 1982, 3 (3) p284-92, ISSN  
0197-5897 Journal Code: H55  
Languages: ENGLISH

0222469 83050401  
**Quebec physicians toll under the government yoke.**  
Bieler Z  
Can Med Assoc J ,Dec 15 1982, 127 (12) p1212-5, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0222046 83029043  
**Jeff Goldsmith on: The shape of corporate medicine [interview by Quentin D. Young]**  
Goldsmith JC  
Health Med ,Spring 1982, 1 (2) p15-20, Journal Code:  
GAH  
Languages: ENGLISH

00450

00231

0221781 83046089

**Rural health care delivery amidst federal retrenchment: lessons from the Robert Wood Johnson Foundation's Rural Practice Project.**

Moscovice IS; Rosenblatt RA  
Am J Public Health ,Dec 1982, 72 (12) p1380-5, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

This paper examines the experience of the Robert Wood Johnson Foundation's Rural Practice Project (RPP), a major non-governmental effort in the last decade concentrating on the direct delivery of rural health services. The nine RPP sites started prior to 1977 showed a slow but steady increase in their utilization levels and improvement in their financial status during their initial operational years. The tempo of their development was remarkably similar to that of federally sponsored practices in underserved rural areas. After four years of operation, all of the practices had completed their period of grant support; the practices survived in all cases, with almost all of the practices still retaining community sponsorship, salaried physicians, and a commitment to comprehensive care. Practices in sparsely populated rural areas and in areas with fewer hospital beds grew more slowly than those set in rural areas with higher population density and more ancillary resources. We conclude that the use of time-limited initial subsidies is an effective strategy in starting new rural practices in underserved areas and that those practices have a good chance of surviving their start-up phase.

0221542 83043225

**The costs and risks of medical care: an annotated bibliography for clinicians and educators.**

McPhee SJ; Myers LP; Schroeder SA  
West J Med ,Aug 1982, 137 (2) p145-61, ISSN 0093-0415  
Journal Code: XN5  
Languages: ENGLISH

00232

0221523 83042700

**[Health insurance in Quebec: objectives of the medical profession and of society. 3. Controlling increases in expenditures]**

L'assurance-maladie au Quebec: les objectifs de la profession medicale et de la societe. 3. Le controle de l'accroissement des depenses.

Rivard G  
Union Med Can ,Aug 1982, 111 (8) p720-5, ISSN 0041-6959  
Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0221407 83041389

**Fuzzy measurement of output. A problem of evaluation for**

health policy.

Zweifel P  
Soc Sci Med ,1982, 16 (13) p1291-300, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

0221380 83041143

**Physical activity, health and health economics.**

Waaler HT; Hjort PF  
Scand J Soc Med [Suppl] ,1982, 29 p265-9, ISSN  
0301-7254 Journal Code: UDT  
Languages: ENGLISH

Ideally this article should begin with a mathematical model--an equation. On the left we should put together contributions and expenditures in terms of hours, money and effort. On the right we should enter the profits in terms of years of life, money and quality of life. Unfortunately it is not that easy. The literature is comprehensive but also not complete. At the request of the British Department of Social Welfare, Fentem & Bassey went through the literature on exercise and health--1 334 references (4), and were unable to draw up any conclusion in the form of a mathematical equation.

They could only make a declaration which they called "The case for exercise" (10). Lack of scientific proof should not stop us from drawing probable conclusions. In the article below we set out our reasons for the conclusions we have arrived at. In brief, the conclusion should be: "exercise is healthy and health is profitable".

0219383 83020320

**The profession of medicine in the new competitive marketplace.**

Howell JT; Friedlander EM; Bryan JE  
A1a J Med Sci ,Jul 1982, 19 (3) p296-302, ISSN  
0002-4252 Journal Code: 35H  
Languages: ENGLISH

0219262 83019436

**Careful thinking.**

Neuhauser D  
AJR ,Nov 1982, 139 (5) p849-54, ISSN 0361-803X  
Journal Code: 3AE  
Languages: ENGLISH

00451

0218326 83007985

**Is it time for a computer in your practice? III: Types of computer systems for medical offices.**

Rigel DS

J Dermatol Surg Oncol ,Jul 1982, 8 (7) p532-4, Journal Code: HZA

Languages: ENGLISH

The three basic types of medical-office computer systems have been described along with their basic advantages and disadvantages. A fourth option, that of keeping your current manual office system, may be a valid alternative. The next article of this series will discuss a method for evaluating the suitability of any computer system for your needs and will describe how to select the "best" one for you.

0216710 82278646

**[Health insurance in Quebec: objectives of the medical profession and of society 1. Objectives of the medical profession]**

L'assurance-maladie au Quebec: les objectifs de la profession medicale et de la societe 1. les objectifs de la profession medicale.

Rivard G

Union Med Can ,Jun 1982, 111 (6) p584-94, ISSN 0041-6959 Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

0215415 82266896

**Where you stand depends on where you sit: musings on the regulation/competition dialogue.**

Cohodes DR

J Health Polit Policy Law ,Spring 1982, 7 (1) p54-79, ISSN 0361-6878 Journal Code: IBC

Languages: ENGLISH

In the past two years, the regulation/competition dialogue has polarized into an "either or" debate. The problems facing our health care system are too complex to allow the acceptance of this paradigm. Reasonable people will differ on what they believe are the key factors which contribute to the inflation of health care costs. Four separate scenarios for diagnosing and solving the health care inflation problem are presented. Alternative intervention strategies are discussed and the potential of current competition proposals is examined.

0215234 82264819

**Viewpoint: In defense of physicians' incomes.**

Witt JA

Health Care Manage Rev ,Summer 1982, 7 (3) p79-84, ISSN 0361-6274 Journal Code: G11

Languages: ENGLISH

0214499 82246064

**Health insurers must take reins.**

Rolland I

Natl Underwrit [Life Health] ,Jul 24 1982, 86 (30) p11, 20, ISSN 0028-033X Journal Code: DAC

Languages: ENGLISH

0214045 82254123

**Carel C. Koch Memorial Lecture: another new responsibility for health professionals.**

Phillips ML

Am J Optom Physiol Opt ,Jun 1982, 59 (6) p465-8, ISSN 0093-7002 Journal Code: 3PJ

Languages: ENGLISH

0213652 82249541

**[Of what use is health economics?]**

A quoi sert l'economie de la sante?

Jolly D; Majnoni d'Intignano B

Rev Prat ,Jun 11 1982, 32 (33) p2223-31, ISSN 0035-2640 Journal Code: T1D

Languages: FRENCH Summary Languages: ENGLISH

0213337 82246301

**[The public health system disease (II). Alternatives in the solution of current problems in the public health system--more state or more market place?]**

Die Krankheit der gesetzlichen Krankenversicherung (Teil II). Alternativen zur Losung der gegenwartigen Probleme der GKV--mehr Staat oder mehr Markt?

Metze I

Dff Gesundheitswes ,Feb 1982, 44 (2) p116-22, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0213201 82245478

**Sounding board. Yet another look at medical cost inflation.**

Jellinek PS

N Engl J Med ,Aug 19 1982, 307 (8) p496-7, ISSN 0028-4793 Journal Code: NOW

Languages: ENGLISH

00452

0213159 82245029  
**Physicians may have to offer more for less to compete.**  
Marr J  
Mich Med ,May 1982, 81 (24) p302, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0213081 82243635  
**The crisis of excellence.**  
Ferguson TB  
J Thorac Cardiovasc Surg ,Aug 1982, 84 (2) p161-71,  
ISSN 0022-5223 Journal Code: K9J  
Languages: ENGLISH

0212887 82240357  
**Is optometry compatible with the changing health care and hospital scene in America.**  
Tannebaum S  
J Am Optom Assoc ,May 1982, 53 (5) p397-402, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

The original intent of this study was designed to determine the feasibility of adding an optometric service to an established hospital environment. As the study progressed, it took on a broader perspective. It no longer appeared relevant whether or not one singled-out suburban hospital was ready and willing to add a necessary and beneficial service. It seemed more appropriate to look more closely at the changing national scene with the health care delivery system in a state of flux. The state of transition, in turn, would affect all institutions including the state of the profession, the hospital setting, the shift in population and even the definition of health care. This paper is limited to a background study of health and hospital care.

0212482 82233288  
**Medicine and mammon.**  
Richard L  
Can Med Assoc J ,Aug 15 1982, 127 (4) p269, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0212481 82233286  
**Health care costs are under control.**  
Baltzan M  
Can Med Assoc J ,Jul 15 1982, 127 (2) p158-61, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0212251 82218994  
**Forecasting.**  
Ross A Jr  
Med Group Manage ,May-Jun 1982, 29 (3) p18-20, 22-3,  
ISSN 0025-7257 Journal Code: MA7  
Languages: ENGLISH

0211996 82207198  
**Those sky-high health costs.**  
Greenwald J; Banta K; Saddler J  
Time ,Jul 12 1982, 120 (2) p54-5, ISSN 0040-781X  
Journal Code: BQN  
Languages: ENGLISH

0210971 82219835  
**Sounding board. American medical care--is it worth it?**  
Silk AD  
N Engl J Med ,Jul 8 1982, 307 (2) p117, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0209926 82207383  
**How valuable is the Review Body? [editorial]**  
Br Med J [Clin Res] ,May 15 1982, 284 (6327) p1429-30,  
Journal Code: B4X  
Languages: ENGLISH

0209825 82201282  
**Health indexes for medico-economics.**  
Breslow L  
World Med J ,May-Jun 1982, 29 (3) p44-6, ISSN 0049-8122  
Journal Code: XRC  
Languages: ENGLISH

0209818 82200761  
**Interview with Dr. C. Everett Koop, U. S. Surgeon General:  
Why you're healthier--and paying more for it.**  
Koop CE  
US News World Rep ,Jun 28 1982, 92 (25) p35-7, ISSN  
0041-5537 Journal Code: WSL  
Languages: ENGLISH

00453



Languages: ENGLISH

0209800 82200407  
**Raising physicians' cost consciousness.**  
Boyd S; Gregg J  
Tex Hosp ,May 1982, 37 (12) p30-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0209726 82197916  
**Debate over physician advertising continues.**  
Snyder JD; Bale C  
Physicians Manage ,Jun 1982, 22 (6) p155-6, 158-9, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0209692 82196017  
**Top court rulings could affect health costs.**  
Fisher MJ  
Natl Underwrit [Life Health] ,Jun 26 1982, 86 (26) p8-9,  
ISSN 0028-033X Journal Code: QAC  
Languages: ENGLISH

0209567 82189472  
**Antitrust--a deregulation prospect.**  
Fried JM  
Issues Health Care ,1982, 3 (1) p50-5, Journal Code:  
G3N  
Languages: ENGLISH

0209346 82183675  
**The American Medical Association, et al.; prohibited trade practices, and affirmative corrective actions--Federal Trade Commission. Modifying order.**  
Fed Regist ,Jun 10 1982, 47 (112) p25118-20, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH  
The FTC, in accordance with a decision and judgment rendered by the Court of Appeals for the Second Circuit on October 7, 1980, has modified its Final Order In the Matter of The American Medical Association issued on October 12, 1979 (44 FR 64803, 94 F.T.C 701). The modified order, effective May 19, 1982, narrows the scope of the order so as not to encroach upon the valid activities of the AMA.

0209083 82203335  
**The role of medicine and health in government.**  
Connally NT  
Am J Gastroenterol ,Mar 1982, 77 (3) p184-7, ISSN  
0002-9270 Journal Code: 3HE

0208223 82195283  
**[Shortsightedness in medicine]**  
Einaugigkeit der Medizin?  
MMW ,Mar 26 1982, 124 (12) p90, ISSN 0341-3098  
Journal Code: NMM  
Languages: GERMAN

0208221 82195271  
**[Approach to the diagnosis and therapy of chronic pain (editorial)]**  
Zugang zur Diagnose und Therapie chronischer  
Schmerzzustände.  
Gross D  
MMW ,Mar 26 1982, 124 (12) p283-4, ISSN 0341-3098  
Journal Code: NMM  
Languages: GERMAN

0208153 82194474  
**Research in otolaryngology: NIH support and other considerations.**  
Naunton RF  
Laryngoscope ,May 1982, 92 (5) p489-93, ISSN 0023-852X  
Journal Code: L1W  
Languages: ENGLISH  
The National Institutes of Health continue to provide support for a major portion of biomedical research in this country. Research serves as the keystone to the continued health of Otolaryngology, but there are clear indications that otolaryngologists' direct involvement in research is diminishing at a dangerous pace. Some of the causes of this problem are identified. Solutions include, first and foremost, more general recognition of the importance to the speciality of biomedical research; currently available mechanisms offered by the National Institute of Neurological and Communicative Disorders and Stroke for the support of investigator training might be utilized more extensively and collaborative research between clinician and basic science investigators should be encouraged.

00454

0207912 82191528  
**Impact of liability insurance on health care cost in Florida.**  
Astler VB  
J Fla Med Assoc ,Mar 1982, 69 (3) p215-8, ISSN  
0015-4148 Journal Code: I53  
Languages: ENGLISH

0207905 82191521  
**The Florida Medical Association's involvement in health care financing.**  
Hayes CP Jr  
J Fla Med Assoc ,Mar 1982, 69 (3) p190-4, ISSN  
0015-4148 Journal Code: I53  
Languages: ENGLISH

0207156 82183967  
**Ben Trevino: medicine's rain-maker from the West [interview by Evelyne Michaels].**  
Trevino B  
Can Med Assoc J ,Apr 1 1982, 126 (7) p850-3, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0207151 82183943  
**An argument for opting out.**  
Krahn H  
Can Med Assoc J ,Jun 1 1982, 126 (11) p1336-41, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0207148 82183923  
**Dr. Lazarus Loeb: why I won't practise in Canada [interview by David Woods]**  
Loeb L  
Can Med Assoc J ,May 15 1982, 126 (10) p1213-5, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0206894 82172491  
**Hospital jobs vs. private practice.**  
Owens A  
Med Econ ,May 10 1982, 59 (10) p276-86, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0206543 82181578  
**No longer the only act in town.**  
Hodgson PE  
Arch Surg ,May 1982, 117 (5) p529-32, ISSN 0004-0010  
Journal Code: 8IA  
Languages: ENGLISH

0206482 82180354  
**Tuberculosis: a portal through which to view the future.**  
Sbarbaro JA  
Am Rev Respir Dis ,Mar 1982, 125 (3 Pt 2) p127-32, ISSN  
0003-0805 Journal Code: 426  
Languages: ENGLISH

0206058 82175654  
**[Economic and moral consequences of medical progress]**  
Consequences économiques et morales des progrès de la médecine.  
Bernard J  
Rev Med Suisse Romande ,Jan 1982, 102 (1) p83-93, ISSN  
0035-3655 Journal Code: SR5  
Languages: FRENCH

0205639 82170759  
**Congress may resolve AMA-FTC clash [news]**  
Gunby P  
JAMA ,May 14 1982, 247 (18) p2472-3, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0204801 82155753  
**For treatment of hyper health-care costs.**  
Fralick J  
Across Board (NY) ,Apr 1982, 19 (4) p64-9, ISSN  
0147-1554 Journal Code: OB8  
Languages: ENGLISH

0202826 82142106  
**Economics and medicine in the 1980s [editorial]**  
Kahn AJ  
J Arkansas Med Soc ,Jan 1982, 78 (8) p346-7, ISSN  
0004-1858 Journal Code: HEV  
Languages: ENGLISH

00455

0202354 82136531  
**Quebec's draconian moves endanger profession's liberty.**  
Berube B  
Can Med Assoc J ,Jan 15 1982, 126 (2) p175, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0202221 82130437  
**Why cost of health care won't stop rising [interview]**  
Walsh WB  
US News World Rep ,Mar 8 1982, 92 (9) p67-8, ISSN  
0041-5537 Journal Code: WSL  
Languages: ENGLISH

0202130 82125013  
**Physician population alters product needs.**  
Raber PE  
Med Prod Sales ,Feb 1982, 13 (2) p44, 48-9, 52, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0200632 82121400  
**Physician in the marketplace: some implications of the effects of competition and self insurance on medical practice.**  
Sachatello CR  
J Ky Med Assoc ,Feb 1982, 80 (2) p78-81, ISSN 0023-0294  
Journal Code: IV8  
Languages: ENGLISH

0200610 82121059  
**Differences by sex in economic returns associated with physician specialization.**  
Langwell KM  
J Health Polit Policy Law ,Winter 1982, 6 (4) p752-61,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

Women comprised only 8.8 percent of active physicians in the United States in 1977. However, recent trends in the sex composition of medical school classes indicate that women will make up at least one-fourth of total physician supply in the future. Consequently, the effect of sex-composition changes on the supply of physicians' services is of importance, especially since much current federal policy is based upon assumptions about physician behavior drawn from observation of the current stock of physicians. This article explores the issue of differences by sex in lifetime earnings associated with alternative specialty choices. Economic incentives to specialize rather than enter general/family practice are examined initially. Then the incentives influencing the decision to specialize in either primary care or non-primary

care fields are considered. Findings are reviewed and implications for future trends in specialty distribution of physicians, as well as implications for current and future federal policy affecting physicians' specialty decisions, are discussed.

0200234 82118525  
**Competition in health care: a second opinion.**  
Ginzberg E  
Hospitals ,Mar 16 1982, 56 (6) p81-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0199268 82108175  
**Health economics at a glance.**  
Mills ES  
South Hosp ,Jan-Feb 1982, 50 (1) p8, 10, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0199152 82103074  
**When the push comes, who'll get shoved?**  
Med Econ ,Feb 1 1982, 59 (3) p54-9, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0197276 82092819  
**Pathology of Partnerships. All partnership are brittle.**  
Metcalf D  
Br Med J [Clin Res] ,Jan 9 1982, 284 (6309) p90,  
Journal Code: B4X  
Languages: ENGLISH

0195364 82074320  
**Medical care prices rising faster than overall CPI [news]**  
Riffer J  
Hospitals ,Jan 16 1982, 56 (2) p18, 22, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00456

**EDUCACION PARA LA SALUD,  
PLANIFICACION Y ADMINISTRACION**

00457

00233

0230150 83117218

**Patient education: a component of health education.**

De Haes WF

Patient Couns Health Educ ,1982, 4 (2) p95-102, ISSN  
0190-2040 Journal Code: PAL

Languages: ENGLISH

Because health education is aimed at influencing behavior capable of affecting health and disease, patient education is a important constituent of health education. Patient education should demonstrably lead to increased self-assurance, reduced anxiety, better insight into one's ailments, more knowledge about the effects of medicines administered, greater self-acceptance after surgery, and improved social contacts among the chronically ill. It well deserves a place in primary health care. Patient education is not widely practiced in the Netherlands. Small-scale experiments are needed to establish effective modes of intervention.

0230146 83117214

**Social networks and health status: linking theory, research, and practice.**

Israel BA

Patient Couns Health Educ ,1982, 4 (2) p65-79, ISSN  
0190-2040 Journal Code: PAL

Languages: ENGLISH

Social support and social networks are among the psychosocial influences of physical and mental wellbeing. This literature review attempts to link the theory, research, and practice relevant to social networks and their association with health status. It is necessary that we extend our intervention strategies to build upon and collaborate with the individual and collective expertise of social networks.

0229794 83103323

**Support services enable elderly people to remain at home.**

Engstrom-Poulin C

Can Ment Health ,Sep 1982, 30 (3) p28-9, ISSN 0008-2791  
Journal Code: C8R

Languages: ENGLISH

This paper describes the community rehabilitation team's role in providing services which enable the elderly to remain in their familiar surroundings. The occupational therapist's contributions as a member of this team are outlined, including environmental modifications and adaptations, activities of daily living training, and use of activities to meet specific aims. Finally, the importance of the team members' attitude is discussed. A positive and understanding attitude is a determining factor in the success of intervention programs for the elderly.

**Changes in the U.S. Army aviator selection and training program.**

Brown WR; Dohme JA; Sanders MG

Aviat Space Environ Med ,Dec 1982, 53 (12) p1173-6,  
ISSN 0095-6562 Journal Code: 9JA

Languages: ENGLISH

The Army's aviator selection program began in the mid 1950's. The first Flight Aptitude Selection Test (FAST) was implemented in 1966 and remained in use until 1980 when changes in personnel, aircraft, and tactics necessitated an improved or revised FAST (RFAST). This paper presents an overview of 1) the composition of the FAST and RFAST; 2) the advantages of the RFAST; and 3) the predictive validity estimates for the FAST and RFAST. Also presented are examples of current research projects which show promise for increasing effectiveness and for broadening the scope of the Army aviator selection program.

0229736 83126371

**Sex as a moderator variable in the selection and training of persons for a skilled task.**

McCloy TM; Koonce JM

Aviat Space Environ Med ,Dec 1982, 53 (12) p1170-2,  
ISSN 0095-6562 Journal Code: 9JA

Languages: ENGLISH

We gave 51 male and 52 female Air Force Academy Cadets a battery of five cognitive and three perceptual motor tests before they were taught four basic flight maneuvers followed by a complex chandelle maneuver. The results showed that the males were much faster in attaining the criterion level of performance on the flight tasks, and that some of the sex differences in the acquisition of task skills can be reduced by means of pretraining on specific cognitive and motor skills. In the prediction of trials to criterion (acquisition rate) of both the basic and the complex flight maneuvers, individually tailoring the regression equations by sex--as opposed to utilizing general overall regression equations--greatly enhanced the predictive capability.

0229737 83126372

00458

0229735 83126370

**Validation of a proposed pilot-trainee selection system.**

Koonce JM

Aviat Space Environ Med ,Dec 1982, 53 (12) p1166-9,  
ISSN 0095-6562 Journal Code: 9JA

Languages: ENGLISH

The use of an Aircrew Psychomotor Test Device and the Air Force Officer Qualifying Test have been proposed for the selection of U.S. Air Force pilot training candidates. Random samples of the U.S. Air Force Academy's class of 1978 and the class of 1979 were given the proposed tests and followed through undergraduate pilot training. The results cast serious doubt as to the utility of these tests in selecting U.S. Air Force Academy cadets for pilot training.

0229734 83126321

**Rural ophthalmology in West Africa.**

Down B

Aust J Ophthalmol ,Nov 1982, 10 (4) p271-5, ISSN  
0310-1177 Journal Code: 9G5

Languages: ENGLISH

Eye disease is common in Africa where it causes much suffering and loss of valuable man-power. Simple measures can provide immense relief at little cost. The majority of the population is not wealthy and lives in rural areas. The Royal Commonwealth Society for the Blind (RCSB) has established mobile eye units as a cost-effective means of treatment and prevention of blindness, and for training national personnel to continue the good work. Ophthalmologists prepared to give a period of service are urgently needed.

0229691 83125747

**[Information and health education. Role of the nurse]**

Information et education sanitaire. Role de l'infirmiere.

Jacquerye A

Arch Belg ,1982, 40 (1-2) p87-97, Journal Code: 69U

Languages: FRENCH

0229685 83125741

**[Practical aspects of health education in the hospital environment]**

Aspects pratiques de l'education sanitaire en milieu hospitalier.

De Wever A

Arch Belg ,1982, 40 (1-2) p30-41, Journal Code: 69U

Languages: FRENCH

0229632 83124513

**Screening of hearing disorders in schoolchildren.**

Savary P; Ferron P

Am J Otolaryngol ,Nov-Dec 1982, 3 (6) p388-91, ISSN  
0196-0709 Journal Code: 32W

Languages: ENGLISH

A program of screening hearing in schoolchildren based in part on the teacher's observations of behavioral, language, and learning problems has been initiated. Every child identified as suffering from "school pathology" is referred to the school nurse, who arranges for otolaryngologic evaluation, including a complete otologic examination and audiologic assessment with determination of pure-tone air and bone conduction thresholds. Of the 265 children identified as having "school pathology," 93, or 35 per cent, had audiographic abnormalities, and 120, or 45 per cent, had disease processes requiring otolaryngologic management.

0229465 83122439

**Aid posts in Enga Province.**

Parsons L

Papua New Guinea Med J ,Sep 1982, 25 (3) p173-5, ISSN  
0031-1480 Journal Code: YEU

Languages: ENGLISH

In Papua New Guinea (PNG) primary health care in rural areas is principally provided by aid post orderlies (APO's). During 1979-80, all 110 aid posts in Enga Province were visited; 20% were found to be unstaffed. All APO's were from the province and about 50% were providing satisfactory service. Aid posts were judged on standard of cleanliness, daily patient attendance, number of inpatients, number of family planning consultations provided weekly and on the attendance record of TB and leprosy patients. Aid posts usually had sufficient supplies of basic drugs. Despite the presence of a good APO training school in Enga, the standard of graduates was very variable and some of the best APO's in the province had minimal training over 30 years previously. Tribal warfare in Enga continues to be a threat to the delivery of primary health care.

00234

● 0229403 83122081

**Some observations on nursing service today.**

Kasper AS

Women Health ,Summer 1982, 7 (2) p83-9, ISSN 0363-0242  
Journal Code: XDW

Languages: ENGLISH

00459

0229317 83120288

[Enteral parasitoses: association of therapy to action on socioeconomic factors]

Parasitoses enteriques : associer les traitements a une action sur les facteurs socio-economiques.

Kurz C

Soins Pathol Trop ,Sep-Oct 1982, (37) p23-4, ISSN

0222-9307 Journal Code: UVM

Languages: FRENCH

0229299 83120183

[Health Day. "Health education experiences should be made universal"]

Une journee de la sante. "Il faudrait mettre en commun les experiences d'education sanitaire..."

Messe N

Soins ,Nov 1982, (393) p49-52, ISSN 0038-0814 Journal

Code: UJJ

Languages: FRENCH

0229293 83120160

[Survey on the application of psycho-administrative education in a para-medical environment]

Enquete sur l'application de la formation psycho-gestuelle en milieu para-medical.

Peutillot A

Soins ,Oct 1982, (391) p55-6, ISSN 0038-0814 Journal

Code: UJJ

Languages: FRENCH

0229269 83120003

[Organization of the department of psychotherapy for children at the Salpetriere Hospital in Paris (department of Professor D. J. (Duche)]

Organisation du departement de psychotherapie de l'enfant de l'Hopital de la Salpetriere, service du Professeur D.J. Duche.

Anzieu A; Daymas S

Sem Hop Paris ,Nov 18 1982, 58 (42) p2483-7, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

The staff of the department of psychotherapy at the Salpetriere Hospital (Department of Prof. Duche) includes five psychoanalysts who are in charge of the consultations and treatment of hospitalized children, out-patients and parents. Individual psychoanalytical psychotherapy and psychodrama are the methods used. For adolescents and psychotic children, psychotherapy is carried out in a more flexible way. Special attention is given to the outset of therapy and to the support provided to parents. Two groups for the training of child therapists are ongoing.

0229194 83118378

Meeting the needs of the deprived rural child: some recent findings from education and social services.

Millham S

R Soc Health J ,Dec 1982, 102 (6) p258-61, ISSN 0035-9130 Journal Code: QM3

Languages: ENGLISH

0229148 83117468

[Relative shares in teaching, research, clinical service and administration of the personnel of institutes and clinics of the Medical School of the University of Berne]

Relative Beschäftigungsanteile von Lehre, Forschung, Dienstleistung und Administration des Personals von Instituten und Kliniken der Medizinischen Fakultät der Universität Bern.

Aellen P

Praxis ,Dec 7 1982, 71 (49) p1935-7, ISSN 0032-7026 Journal Code: PK9

Languages: GERMAN

0229061 83117097

Ward sisters: their problems at work-2.

Runciman P

Nurs Times ,Dec 22-1983 Jan 4 1982, 78 (51) psuppl 37:145-7, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0229055 83117088

Ward sisters: their problems at work--1.

Runciman P

Nurs Times ,Dec 15-21 1982, 78 (50) psuppl 36:141-4, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

00235

0228937 83116126

Health and safety in Cuba.

Tabor M

Occup Health Saf ,Oct 1982, 51 (10) p10-3, 16-8, ISSN 0362-4064 Journal Code: ODE

Languages: ENGLISH

00460

0228928 83116116  
**Diabetes update: some new thoughts about an old disease.**  
Pohl SL; Clarke WL  
Occup Health Nurs ,Dec 1982, 30 (12) p15-8, ISSN  
0029-7933 Journal Code: ODC  
Contract/Grant No.: AM22125; RR-00847  
Languages: ENGLISH

0228885 83115918  
**Reflections--1963 to 1982.**  
Stolfi JE  
NY State J Med ,Dec 1982, 82 (13) p1840-4, ISSN  
0028-7628 Journal Code: OBA  
Languages: ENGLISH

0228861 83115844  
**First aid for choking: a successful community education program.**  
Schadt E  
Nurs Health Care ,Dec 1982, 3 (10) p547-9, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0228857 83115626  
**Perspectives in international neurosurgery: neurosurgery in Romania.**  
Constantinovic A  
Neurosurgery ,Nov 1982, 11 (5) p721-2, ISSN 0148-396X  
Journal Code: NZL  
Languages: ENGLISH

0228827 83114997  
**[Cooperation of the family physician with the oncology center in the care of the children with tumors]**  
Die Zusammenarbeit des Hausarztes mit dem onkologischen Zentrum bei der Betreuung des tumorkranken Kindes.  
Feldges A  
Monatsschr Kinderheilkd ,Dec 1982, 130 (12) p872-5, ISSN 0026-9298 Journal Code: NHZ  
Languages: GERMAN Summary Languages: ENGLISH  
With a cure rate of over 50% pediatric oncology contrasts with the adult oncology. The success is the result of a multimodal approach with surgery, radiotherapy and chemotherapy to almost all forms of childhood cancer as outlined in various national and international protocols. These are evaluated permanently concerning efficacy and toxicity at one organisation (in Switzerland: the pediatric section of the "Schweizerische Arbeitsgruppe für klinische Krebsforschung"). For the care of the children with malignancy however a specialist physician team at a tumor center is not

enough. Without the cooperation of the family doctors of the area proper referral of the patients and long term treatment can not be realized. Good information and adequate teaching appears to be necessary to give these patients optimal care.

0228787 83114470  
**[The value of patient education. Results of a patient questionnaire on ambulatory esophago-gastro-duodenoscopy]**  
Über den Wert der ärztlichen Aufklärung. Ergebnisse einer Patientenbefragung zur ambulanten Ösophagogastroduodenoskopie.  
Neukirchen M; Schulz W  
Med Welt ,Nov 19 1982, 33 (46) p1626-8, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0228710 83113432  
**Part II. Evaluation component. School nurse achievement program.**  
Smith AN; Goodwin LD  
J Sch Health ,1982, 52 (10) p608-10, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH  
The School Nurse Achievement Program is a national continuing education course for school nurses to increase and improve their services for disabled children. It is currently being developed under the auspices of the Department of Education, Office of Special Education in conjunction with the University of Colorado Health Sciences Center, School of Nursing. A description of a national needs survey of school nurses and resulting program goals, curriculum development, and course administration in twelve states appeared in last month's Journal. Formative and summative evaluation studies to aid in curriculum development and to examine changes in the school nurses' activities are described in Part II of this article.

00461



0228709 83113431

**Teen advocate program.**

Miller LM

J Sch Health ,1982, 52 (10) p605-7, ISSN 0022-4391

Journal Code: K13

Languages: ENGLISH

The South Bay Free Clinic's Teen Advocate Program is comprised of three basic components: Clinic duties, outreach and CARE-line. The ten Teen Advocates (TA's) spend a total of ten hours per week divided among these activities. In the Clinic, they perform such duties as intake, blood pressure and hematocrit measurement, exam room assistance, birth control raps and answering the phones. Outreach consists mainly of speaking informally with their peers at school, home, parties or wherever young people congregate. Occasionally, TAs speak formally in high school classrooms or at youth-serving agency meetings (e.g. YWCA). They also distribute evaluation forms for each group presentation given. The CARE-line, a health information and referral helpline for teenagers, is staffed by Teen Advocates Monday-Thursday, 4-8 p.m. Adult volunteer supervisors provide necessary support and guidance for the teen listeners.

0228570 83111436

**Rapid and slow release phenytoin in epileptic patients at steady state: comparative plasma levels and toxicity.**

Sawchuk RJ; Pepin SM; Leppik IE; Gummit RJ

J Pharmacokinet Biopharm ,Aug 1982, 10 (4) p365-82,

ISSN 0090-466X Journal Code: JOV

Languages: ENGLISH

Phenytoin plasma level and toxicity data were compared in a three-way crossover study performed in 18 patients at steady state. Formulations compared were a rapid and a slow release capsule and an oral solution. Plasma concentration-time integrals and maximum plasma phenytoin levels were significantly greater for the rapid release capsule and solution than for the slow release capsule. The incidence of nystagmus and toxicity did not differ for the three treatments, but the occurrence of mental symptoms was more frequent for the oral solution, possibly because of the solvent used in this formulation.

0228457 83109902

**We got our act together and took it on the road.**

Devoe J

J Am Coll Health ,Oct 1982, 31 (2) p92-3, ISSN

0744-8481 Journal Code: H5E

Languages: ENGLISH

0228449 83109882

**Academic espionage: dysfunctional aspects of the publish or perish ethic.**

Mensah LL

J Adv Nurs ,Nov 1982, 7 (6) p577-80, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

There are many dysfunctional manifestations relative to the tenure and promotion process. These are disruptive to academic life. Much of this is encouraged by the university because of their publish or perish ethic. Excellence in classroom teaching and success in the field of clinical and human endeavours are not highly valued in deliberations to grant tenure and advancement in academic rank. Research and publications are the major yardsticks upon which a faculty member is judged. This prevailing perspective poses a dilemma for many nursing faculty who have high clinical workloads and have not been socialized for academic survival. The pressures to publish and research can be achieved in a realistic and non-stressful way. Three aspects seem to be particularly relevant to facilitate this achievement; these are: anticipatory planning, balancing the workload, and understanding the interpersonal dimensions of collegiality.

0228447 83109880

**Changes in patterns of care of the mentally handicapped: implications for nurses' perceptions of their roles and hospital decision making processes.**

Shaw M; Heyman B

J Adv Nurs ,Nov 1982, 7 (6) p555-63, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

This paper reports on the findings of a longitudinal study of a mental subnormality hospital in the North of England. The focus is upon how nurses have experienced a major change in care and treatment of residents from 1978 to 1980. We explore, through the eyes of nurses, the change in their role from a predominantly nurturing/custodial one to a mainly educational/community orientated role. The research findings demonstrate that this change has increased nurses' self-esteem and their satisfaction with important areas of their work. There is some evidence also that nurses/resident relationships have improved in spite of reservations felt about new forms of treatment and community care. We suggest that such reservations may be linked to critical views expressed by nurses, particularly sisters and charge nurses, that decisions were taken about residents by other more senior personnel who had little contact with residents. One important conclusion of this study is that the traditional processes of decision making in the hospital appears to impede the full implementation of a major change which requires nurses to be involved in a potentially threatening process of altering their perceptions of themselves and residents.

00462

0228427 83109673

**Teaching behavioral pediatrics and to pediatric residents: the state of the art and description of a program.**

Felice ME; Friedman SB

JDBP ,Dec 1982, 3 (4) p225-31, ISSN 0196-206X Journal Code: HTF

Languages: ENGLISH

In 1978, the Task Force on Pediatric Education strongly recommended that all pediatric residency programs include at least one full-time rotation and biosocial pediatric, preferably in the 1st or 2nd year. Since 1977, the University of Maryland has had a structured, integrated, required program in Behavioral Pediatrics, including 2 months in both the PL-1 and PL-2 years for a total of 4 months addition of elective experience is available in the PL-3 year. The development and description of this program is presented as well as a review to the relevant literature.

00236

0228334 83108176

**Radiation control through licensing and intensive training.**

Cheng CH; Yang YC; Wu TY; Weng PS

Health Phys ,Dec 1982, 43 (6) p803-11, ISSN 0017-9078 Journal Code: G2H

Languages: ENGLISH

Various types of intensive training courses to suit radiation workers in different fields were sponsored by both the Atomic Energy Council of Executive Yuan and the National Health Administration of Executive Yuan, Republic of China during the past seven years. During the years 1974-79, the number of radiation workers attending each training course, their age, sex and educational background are presented in detail. The typical course contents for both medical and non-medical radiation workers are given. A summary of the percentage of passes and failures of the final examination given at the end of each training course is also given. The present status of licensing for radiation facilities and workers is described, and its results are indicated. The successful control of ionizing radiation through this kind of intensive training and licensing is evidenced in the film badge records given by a centralized service laboratory located at the National Tsing Hua University.

0228311 83107973

**The training analyst concept: a superego problem.**

Aarons ZA

Int J Psychoanal Psychother ,83 1982, 9 p679-89, ISSN 0091-0600 Journal Code: GSP

Languages: ENGLISH

00237

0228252 83107218

**The nurses' council in a Soviet clinic.**

Lotareva V

Imprint ,Dec 1982, 29 (5) p51-3, ISSN 0019-3062  
Journal Code: GHC  
Languages: ENGLISH

0228203 83107021

**Models for evaluating services at community mental health centers.**

Lebow J

Hosp Community Psychiatry ,Dec 1982, 33 (12) p1010-4, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Models for evaluating mental health treatment include the organizational model, the care-process model, the consumer-evaluation model, the efficacy model, and the community-impact model. Although organizational data (such as type of programs, number of personnel, amount of available funds, and quality of practitioners' training) are most frequently used to assess mental health centers, the author discusses the data generated by each of the other models. He also examines the advantages and disadvantages of applying such data to the evaluation of mental health services.

0228098 83104775

**An education program that improves the psychomotor skills needed for metaproterenol inhaler use.**

O'Bey KA; Jim LK; Gee JP; Cowen ME; Quigley AF

Drug Intell Clin Pharm ,Dec 1982, 16 (12) p945-8, ISSN 0012-6578 Journal Code: EBU

Languages: ENGLISH

This is the first report assessing an education program's impact on teaching patients the psychomotor skills needed for proper use of the metaproterenol inhaler. Most patients do not use pressurized inhalers correctly. This inability could lead to suboptimal or ineffective therapy. Pharmacists provided a standardized education program to asthma patients and to those with chronic obstructive pulmonary disease for three clinic visits. Proper use of the inhaler was assessed by evaluating the patient's psychomotor performance for each visit before and after instruction. Of 19 patients, 18 demonstrated a mean improvement of 33.5 percent from preinstruction to postinstruction evaluation at the first visit (Student's t-test, p less than 0.0005). Both preinstruction and postinstruction scores demonstrated an upward trend for all three visits, the postinstruction scores always being higher than the preinstruction scores. These results indicate that our standardized education program helped improve psychomotor performance. Certain instructional aspects that need emphasis in future education programs have been identified.

00463

0228069 83104191

**Taking the anxiety out of hemodynamic monitoring: a skills lab.**

Rusk KM  
Crit Care Nurse ,Nov-Dec 1982. 2 (6) p6-9. ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0227851 83096737

**Declining public social service resources: a managerial problem.**

Finch WA Jr  
Adm Soc Work ,Spring 1982. 6 (1) p19-28. Journal Code:  
2H3  
Languages: ENGLISH

Declining budget conditions in many social service settings suggest that education must provide future graduates with very different managerial skills. When human service organizations are perceived as evolving political structures, populated with a variety of individuals who represent diverse values and claims, resource scarcity often results in growing conflict and a preoccupation with individual and subunit survival. This changing organizational context will require increasing political skill on the part of managers as well as an ability to harmonize new approaches with prior service values in achieving consensus around solutions to service delivery problems.

0227826 83094194

**A trainer's guide to successful productivity improvement planning.**

Smith J  
Training ,Mar 1982. 19 (3) p41-4. ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227823 83094191

**Six media guidelines for memorable training.**

Witt GA  
Training ,Feb 1982. 19 (2) p56-7, 61-2. ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

00238

0227315 83098271

**Improving health services in developing countries with new types of public and allied health personnel.**

Blayney KD; Trulove JW  
Ala J Med Sci ,Oct 1982. 19 (4) p442-4. ISSN 0002-4252  
Journal Code: 35H  
Languages: ENGLISH

0227196 83097270

**A review of trends in visual instructional media for the deaf -or- what do you do if your budget is cut?**

Clark DP  
Am Ann Deaf ,Oct 1982. 127 (6) p763-8. ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

00239

0227193 83097267

**Organizing statewide services for the education of the hearing impaired.**

Griffing BL  
Am Ann Deaf ,Oct 1982. 127 (6) p741-6. ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0227122 83095912

**[Sodium fluoride lacquer and individual counseling as a combined method for caries prevention]**

Natriumfluoridlack und individuelle Beratung als kariesprophylaktische Kombinationsmethode.  
Winter K  
Zahnarztl Prax ,Aug 13 1982. 33 (8) p332-5. ISSN  
0044-1651 Journal Code: Y3K  
Languages: GERMAN

0227120 83095910

**[The Marburger prevention model]**

Das Marburger Prophylaxe-Modell.  
Schmidt HF  
Zahnarztl Prax ,Aug 13 1982. 33 (8) p326-7. ISSN  
0044-1651 Journal Code: Y3K  
Languages: GERMAN

0227020 83094515

**Failure to control tuberculosis: a personal view.**

Bignall JR  
Tubercle ,Sep 1982. 63 (3) p171-4. ISSN 0041-3879  
Journal Code: WH9  
Languages: ENGLISH

00464

00240

● 0227008 83094461

**Doctors' roles in primary health care.**

Piyaratn P

Trop Doct ,Oct 1982, 12 (4 Pt 2) p196-202, ISSN

0049-4755 Journal Code: WGC

Languages: ENGLISH

Doctors in developing countries where the majority of the population live in rural areas are facing difficult adjustments of their roles to attain health for all of the rural population. In Thailand, doctors directing remote district hospitals act as the focal points of other health care facilities serving the entire population of the districts. To supplement the existing governmental health service network and in accordance with principles of primary health care, community primary health care volunteers are being developed to expand service coverage to rural communities. These lead to changes in doctors' roles. Doctors are required to be not only competent clinicians but also good managers of health promotive and preventive programmes, effective hospital administrators, competent trainers and qualified researchers. They must not only work within the hospital but also support the health personnel and activities of the entire district, and in particular the community primary health care workers. However, as it is now, they are graduates of traditional medical schools, whose educational programmes do not equip them adequately for their emerging new roles in rural hospitals. Reorientation of the existing health system, including its health personnel, is needed. The critical factor in such a process is the development of appropriate attitudes at all levels of health services. This is a difficult but challenging task, as it involves long established medical institutions which hold firmly to old traditions and values.

0227003 83094446

**Realistic manpower planning for primary health care: practical considerations.**

Smith RA

Trop Doct ,Oct 1982, 12 (4 Pt 1) p148-54, ISSN

0049-4755 Journal Code: WGC

Languages: ENGLISH

0226942 83093465

**Neurosurgical manpower: what are the issues?**

Watts C

Surg Neurol ,Oct 1982, 18 (4) p241-5, ISSN 0090-3019

Journal Code: VBJ

Languages: ENGLISH

Various issues are examined that affect the number of neurosurgeons required to deliver quality care to the people of the United States. The primary issues are a need to define the scope of neurosurgery and to ensure patients adequate access to neurosurgical care. Only after these have been satisfactorily dealt with can realistic numerical goals be

set.

0226917 83093301

**[Postgraduate education for specialists in radiology in Italy]**

Weiterbildung zum Facharzt für Radiologie in Italien.

Oliva L

Röntgenpraxis ,Sep 1982, 35 (9) p346-7, ISSN 0035-7820

Journal Code: UOP

Languages: GERMAN

0226910 83093161

**Factors related to the prescribing of selected psychotropic drugs by primary care physicians.**

Hadsall RS; Freeman RA; Norwood GJ

Soc Sci Med ,1982, 16 (20) p1747-56, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

The objective of this study were to investigate the influences of differing physician characteristics and attitudes on the diagnosis of emotional problems, and the prescribing of selected psychotropic and non-psychotropic drugs. The 32 physicians who completed the study recorded 10,585 patient visits, which accounted for 7934 prescribed drugs. Overall, 549 (6.9%) of the drugs prescribed were classified as psychotropic drugs. After controlling for patient characteristics, there was not a statistically significant relationship between board certification, practice size, or physician age and the rate at which study physicians diagnose emotional problems. Board certification, physician age, physician propensity to prescribe drug therapy, and the feeling that patients expect drug therapy were significantly related to the prescribing of non-psychotropic drugs, the prescribing of psychotropic drugs was not predictable. Only the propensity to prescribe drug therapy was significantly related to the rate at which physicians prescribed drugs for their patients.

00465

0226874 83092903

**Voluntary action by relatives and friends of schizophrenia sufferers in Britain.**

Pringle J; Pyke-Lees P  
Schizophr Bull ,1982, 8 (4) p620-5, ISSN 0586-7614  
Journal Code: UDH  
Languages: ENGLISH

The founding of the National Schizophrenia Fellowship (NSF) is described as a response to the failure of the professional mental health community to meet the needs of schizophrenic individuals and their families. Since its inception, the NSF has engaged in four types of activities: education, political lobbying, policy formulation, and research support. Examples of each type of activity are given, illustrating the efficacy of such consumer-oriented organizations in coping with serious mental disorders such as schizophrenia.

0226857 83092587

**[Report for 1981 on the activities of the emergency service of Saint-Pierre Hospital and its medically equipped ambulances]**

Bilan pour l'annee 1981 des activites du service des urgences de l'hopital Saint-Pierre et de son ambulance medicalisee.  
Flamand JP  
Rev Med Brux ,Oct 1982, 3 (8) p563-5, ISSN 0035-3639  
Journal Code: SLK  
Languages: FRENCH Summary Languages: ENGLISH

00241

0226853 83092417

**A strategy for implementing a dental health education program for state facilities with limited resources.**

Fenton SJ; DeBiase CB; Portugal BV  
Rehabil Lit ,Sep-Oct 1982, 43 (9-10) p290-3, ISSN 0034-3579  
Journal Code: R35  
Languages: ENGLISH

0226818 83091703

**Ability, training performance, and demographic factors in voluntary turnover among psychiatric aides.**

Distefano MK Jr; Pryer MW  
Psychol Rep ,Oct 1982, 51 (2) p619-22, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0226739 83090513

**Care of the patient receiving antineoplastic drugs.**

Walter J  
Nurs Clin North Am ,Dec 1982, 17 (4) p607-29, ISSN 0029-6465  
Journal Code: 092

Languages: ENGLISH

Caring for patients who receive chemotherapeutic agents is among the most challenging and potentially rewarding dimensions of oncologic nursing practice. The nurse must possess sound knowledge of not only the biologic and behavioral sciences, but also of current oncologic nursing practices, pathology, and the pharmaceuticals of antineoplastic drugs. However, comprehensive nursing care must counterbalance clinical expertise with sensitivity to the unique problems patients with cancer and their families experience. Because the nurse is often the only health care professional with whom the patient and family have consistent contact, clinical expertise and sensitivity are of critical importance to the well-being of patients and their families during therapy. Through accurate, ongoing assessment and identification of problems, prompt recognition of learning needs, and intelligent, supportive, and creative interventions, nurses can do much to assure that patients and families receive the comprehensive care to which they are entitled. It is the purpose of this paper to discuss essential aspects of antineoplastic drug therapy and the important role of the nurse in caring for patients receiving this type of treatment.

0226707 83090167

**Behavioral techniques in teaching hemophilia factor replacement procedures to families.**

Sergis-Deavenport E; Varni JW  
Pediatr Nurs ,Nov-Dec 1982, 8 (6) p416-9, ISSN 0097-9805  
Journal Code: DUN  
Contract/Grant No.: MCB-060001-04-0; MCB-060001-02-0  
Languages: ENGLISH

0226593 83089589

**Initiating a TPN program.**

Goldberg AP  
NITA ,Mar-Apr 1982, 5 (2) p118-21, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226573 83089399

**Federal Medical Chiefs on progress and plans. Navy Medical Department.**

Cox JW  
Militt Med ,Nov 1982, 147 (11) p911-2, 917, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

00466

0226359 83087355

**Status and control in voluntary community health planning groups.**

Vojtecky MA  
Med Care ,Dec 1982, 20 (12) p1168-77, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

A field study was conducted to examine the relative control of provider and consumer members of HSA Project Review Committee. Three project review committees chosen at random during a single HSA review cycle were observed throughout the decision-making process using Interaction Process Analysis. Results indicated that there were no significant differences in control between the provider and consumer members when considered as subgroups of the review committees. Findings also confirm the critical role of the chairperson in the organization and function of the group. It can be concluded that the occupational prestige of provider or consumer members is not imported into the planning situation to a sufficient degree to allow either the provider or consumer subgroup to dominate the planning process. Innovations in health care planning such as long-term education in health planning, group processes, and related issues should be attempted to enhance the effectiveness of these groups.

0226329 83086618

**Preoperative teaching on a gynecology unit.**

Paritzky JF; Overby BA  
JGON Nurs ,Nov-Dec 1982, 11 (6) p384-6, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0226133 83084407

**Learning disabled programs in California community colleges.**

Ostertag BA; Baker RE; Howard RF; Best L  
J Learn Disabil ,Nov 1982, 15 (9) p535-8, ISSN  
0022-2194 Journal Code: IWO  
Languages: ENGLISH

0226046 83083649

**Nursing decision making in critical care areas.**

Baumann A; Bourbonnais F  
J Adv Nurs ,Sep 1982, 7 (5) p435-46, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

This exploratory study sought to identify factors that critical care nurses consider relevant in making rapid patient care decisions; to explore the decision making of these nurses in crisis situations; and to identify critical patient care situations where rapid nursing decisions are made. The convenience sample consisted of 50 nurses in critical care settings. A semi-structured interview with a critical care

case study was utilized to examine the nurses' decision making. Open ended responses were transformed into fixed categories for tabulation. The findings suggested that: 1 knowledge and experience were the most important factors influencing rapid decision making; 2 although the nurses identified the appropriate decisions in a given crisis situation they had difficulty providing a theoretical rationale for their decisions; 3 the given case study and the 50 crisis situations identified by the subjects indicated that many nursing decisions for critically ill patients were carried out prior to physician assistance. A demographic data questionnaire that examined age, nursing experience, formal education and continuing education of the subjects determined that the majority of the nurses were under 30 years old, had either less than 1 year experience or 7-9 years in critical care, were graduates of a 2-year diploma programme, and took continuing education courses at the community college level.

0225944 83082274

**Well elderly screening clinics: a community clinical experience in health assessment.**

Cunning BR; Crowell CM  
JNE ,Mar 1982, 21 (3) p38-48, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

00242

0225876 83081824

**Treatment of schizophrenic patients in their homes through a visiting nurse- some issues in the nurse's training.**

Pai S; Nagarajaiah  
Int J Nurs Stud ,1982, 19 (3) p167-72, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

0225779 83080574

**Fostering an empathic approach: an in-service curriculum for nonmedical professionals, paraprofessionals, and families of aphasic clients.**

Ricco-Schwartz S  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p199-206,  
ISSN 0270-1960 Journal Code: FPC  
Languages: ENGLISH

00467

00243

0225778 83080573

**An in-service guide for death education.**

Goherty K; Stein S; Linn MW  
 Gerontol Geriatr Educ ,Spring 1982, 2 (3) p191-7, ISSN  
 0270-1960 Journal Code: FPC  
 Languages: ENGLISH

0225702 83080140

**Increased peripheral insulin sensitivity and muscle mitochondrial enzymes but unchanged blood glucose control in type I diabetics after physical training.**

Wallberg-Henriksson H; Gunnarsson R; Henriksson J; DeFronzo  
 R; Felig P; Ostman J; Wahren J  
 Diabetes ,Dec 1982, 31 (12) p1044-50, ISSN 0012-1797  
 Journal Code: EBX  
 Languages: ENGLISH

Nine male, insulin-dependent diabetic patients participated in a 16-wk training program consisting of 1 h of jogging, running, ball games, and gymnastics, performed 2-3 times/wk. The training resulted in an 8% increase of maximal oxygen uptake (P less than 0.01). Insulin sensitivity as determined by the insulin clamp technique increased 20% (P less than 0.05). Glycosylated hemoglobin showed no change (10.4 +/- 0.7% versus 11.3 +/- 0.5%), 24-h urinary glucose excretion was not reduced, and home-monitored urine tests were unchanged. The frequency of hypoglycemic attacks did not change during the training period and body weight remained constant. There was a 14% fall in plasma cholesterol (P less than 0.01) and a rise in the proportion of HDL-cholesterol from 24 +/- 2% to 30 +/- 3% (P less than 0.01). Thigh muscle oxidative capacity increased, as indicated by a 24% increase in succinate dehydrogenase activity (P less than 0.05). The number of capillaries/muscle fiber increased 15% (P less than 0.01). However, as the mean muscle fiber cross-sectional area increased to a similar extent (11%, P less than 0.05), capillary density (cap x mm<sup>2</sup>) was unchanged. In conclusion, this study demonstrates that physical training in insulin-dependent diabetics results in increased peripheral insulin sensitivity, a rise in muscle mitochondrial enzyme activities, decreased total plasma cholesterol levels, and unchanged blood glucose control. The findings suggest that in the absence of efforts to alter dietary regulation and insulin administration, physical training consisting of 2-3 weekly bouts of moderate exercise may not of itself improve blood glucose control in type I diabetes.

0225643 83079906

**Control of vitamin A deficiency in the in the Philippines--a pilot project.**

Solon FS; Popkin BM; Fernandez TL; Latham MC  
 Food Nutr (Roma) ,1980, 6 (2) p27-36, 43, ISSN  
 0304-8942 Journal Code: EZZ  
 Languages: ENGLISH

0225634 83079832

**CPR marathon '82.**

Kwik JA  
 Focus AACN ,Dec 1983 Jan 1982, 9 (6) p13-4, Journal  
 Code: EXE  
 Languages: ENGLISH

0225555 83078202

**Management of the patient with chest trauma (CEU home study).**

Stambaugh D  
 Crit Care Update ,Dec 1982, 9 (12) p23-9, ISSN  
 0162-7252 Journal Code: DTA  
 Languages: ENGLISH

0225417 83076246

**Doing research as a trainee.**

Reynolds M  
 Br Med J [Clin Res] ,Dec 11 1982, 285 (6356) p1709-10,  
 Journal Code: B4X  
 Languages: ENGLISH

0225391 83076081

**The great pyramid of medicine: a case for the rotating internship.**

DeRemee RA  
 Bull NY Acad Med ,Oct 1982, 58 (7) p628-35, ISSN  
 0028-7091 Journal Code: B00  
 Languages: ENGLISH

0225144 83068530

**Inservice program development as applied to confidentiality.**

Anderson S; Goebel PC  
 Top Health Rec Manage ,Dec 1982, 3 (2) p52-9, ISSN  
 0270-5230 Journal Code: WAD  
 Languages: ENGLISH

00468

00244

0225137 83068523

**The value of need assessment techniques for inservice education.**

Blide L

Top Health Rec Manage ,Dec 1982, 3 (2) p15-21, ISSN

0270-5230 Journal Code: WAD

Languages: ENGLISH

0225083 83064793

**Patient counseling spurs our specialty of geriatric pharmacy.**

Lackey WS

Pharm Times ,Sep 1982, 48 (9) p36-40, ISSN 0003-0627

Journal Code: PBP

Languages: ENGLISH

00245

0224778 83055057

**The hospital capital crisis: issues for trustees.**

Bradford C; Caldwell G; Goldsmith J

Harv Bus Rev ,Sep-Oct 1982, 60 (5) p56-68, ISSN

0017-8012 Journal Code: GBE

Languages: ENGLISH

The erosion of the capital position in the hospital industry--one of the most complex and overregulated industries in the United States--is a major challenge to trustees. Hospital trustees have often neglected to examine their hospitals' capital needs on more than a project-by-project basis. In dealing with their hospitals' capital needs, trustees, most of whom are successful business people, too often take off their "business" hats and put on their "social worker" hats. In doing so they not only neglect to subject their hospitals' capital and operating programs to searching cost-benefit review, but they also overlook much useful knowledge about how to use corporate organization to shelter new ventures and strengthen their hospitals' market position and solvency. In this article, the authors discuss how hospitals can adopt successful corporate restructurings and strategies to respond to the adverse financial developments they will have to face in the coming years.

0224570 83073381

**Identifying learning needs: a teaching for emergency procedures.**

Wells P

AORN J ,Oct 1982, 36 (4) p639-44, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

00246

0224562 83073231

**Development of a national system of physical training to**

**decrease risk factors of diseases in GDR.**

Kabisch D

Ann Clin Res ,1982, 34 p42-7, ISSN 0003-4762 Journal Code: 53A

Languages: ENGLISH

The prevention and control of diseases with priority character for people's health is only possible through concerted measures in the medical, social and political fields. In GDR there is in principle concurrence between the purposes in sports and health policies, which becomes evident in administration and management of public health and sports. Physical culture and sports have gained a new position and function through a conscious integration into protection of health of citizens. Simultaneously there has been a shift in emphasis of all medical and social measures from mainly curative to prophylactic measures. The development of sports medicine and its activities in that field have--directly and indirectly--considerably influenced medical and social measures conducive to health. In addition to the registration of adaptational processes in the organism the organization of health training and the training of functional capacities for all citizens is gaining in importance in sports medical care. This comprises the theoretical justification of the possibility of health training as well as the creation of instructions for training, advice in establishing standards of health and their translation into popular forms of physical culture and sports in institutions of education, in enterprises and communities.

0224551 83073129

**Home care of the pediatric patient with a tracheotomy.**

Ruben RJ; Newton L; Jornsay D; Stein R; Chambers H; Liquori J; Lawrence C

Ann Dtol Rhinol Laryngol ,Nov-Dec 1982, 91 (6 Pt 1) p633-40, ISSN 0003-4898 Journal Code: 502

Languages: ENGLISH

Forty-seven infants and children with tracheotomies were cared for at home for a follow-up period of 1,581 months. There were two relevant fatalities which gave a death rate of 0.13 deaths per 100 months. The average age at the time of tracheotomy was 13 months and the tracheotomy was in place for an average of 33 months per patient. The ability to care for these children was provided through coordinated, intensive training and a home-care program in which the inpatient nurse, nurse practitioner, social worker, pediatrician, and otorhinolaryngologist worked as a team.

00469



0224508 83072333

**Parietal cell vagotomy in a surgical training program.**

Weger RV; Meier DE; Richardson CT; Feldman M; McClelland RN  
Am J Surg ,Dec 1982, 144 (6) p689-93, ISSN 0002-9610  
Journal Code: 3Z4

Languages: ENGLISH

Parietal cell vagotomy was performed in 48 patients at the Parkland Memorial Hospital and the Dallas Veterans Administration Hospital between April 1977 and January 1981. The maximum follow-up time was 50 months and the average was 28 months. Seventy-five percent of the patients were followed for more than 1 year. There were no operative deaths. Four patients (8.3 percent) had persistent postoperative side effects including two documented ulcer recurrences (4.2 percent). Acid secretion studies were reviewed to characterize the longterm effect of parietal cell vagotomy. These studies demonstrated marked postoperative reductions in gastric acid secretion. The results of this study suggest that with the simplified technique described in this paper, parietal cell vagotomy can be performed with minimal mortality and morbidity by surgical residents under direct staff supervision.

0224480 83072155

**The psychiatric chief resident: does gender make a difference?**

Kessler MD; Hellekson-Emery C; Wilder JF  
Am J Psychiatry ,Dec 1982, 139 (12) p1610-3, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors surveyed women and men psychiatric chief residents who were near the end of their residency training. The findings documented the active participation of women in leadership roles as psychiatric residents in education, administration, and clinical care. Men and women reported remarkably similar job descriptions, opportunities, and difficulties. Women were less likely than men to participate in research activities during the chief residency or to accept full-time faculty positions after training.

0224475 83072145

**Difficulties in the integration of psychological and medical practices.**

Brown HN; Zinberg NE  
Am J Psychiatry ,Dec 1982, 139 (12) p1576-80, ISSN  
0002-953X Journal Code: 3VG

Contract/Grant No.: MH-14910

Languages: ENGLISH

The authors, who support in principle the important goal of integrated psychological and physical care, discuss five sources of difficulty in the practical application of such integration: 1) differences in values and, consequently, in systems of practice, 2) training influences, 3) differences in dealing with emotions, 4) conflicting patient expectations, and 5) limitations on the degree of intimacy tolerable in

professional relationships. They suggest that practitioners and educators take these difficulties into account without abandoning a holistic perspective.

00247

0224387 83071577

**Effectiveness of employee training and motivation programs in reducing exposure to inorganic lead and lead alkyls.**

Maples TW; Jacoby JA; Johnson DE; Ter Haar GL; Buckingham FM  
Am Ind Hyg Assoc J ,Sep 1982, 43 (9) p692-4, ISSN  
0002-8894 Journal Code: 3CI

Languages: ENGLISH

The Occupational Safety and Health Administration has advanced engineering controls over administrative controls and protective equipment to reduce exposures to chemicals in the workplace. The application of employee training and motivation programs (such as job safety analysis) to reduce exposures to chemicals has not been emphasized. To determine the effectiveness of such programs, a pilot project in an alkyl lead production facility was conducted with 35 employees in an effort to reduce exposures to organic and inorganic lead. Results after 12 months show a 40% reduction in lead-in-urine and a 24% reduction in lead-in-blood, both indicators of total exposure to organic inorganic lead.

00248

0224376 83071555

**Developing a patient education program in the community pharmacy.**

Witte KW; Bober KF  
Am Pharm ,Oct 1982, 22 (10) p28-32, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0224362 83071469

**The microcomputer as an administrative/educational tool in education of the hearing impaired.**

Graham R

Am Ann Deaf ,Sep 1982, 127 (5) p591-601, ISSN 0002-726X  
Journal Code: 3BA

Languages: ENGLISH

00470

0224357 83071458

**The Apple microcomputer in school learning centers.**

Russell JW

Am Ann Deaf ,Sep 1982, 127 (5) p522-8, ISSN 0002-726X

Journal Code: 3BA

Languages: ENGLISH

0224179 83068455

**Women-oriented health care: New Hampshire Feminist Health Center.**

Bruce J

Stud Fam Plann ,Oct 1981, 12 (10) p353-63, ISSN

0039-3665 Journal Code: V52

Languages: ENGLISH

There are today some 200 women's health centers in the United States providing information and, in many cases, direct health and family planning services to women in a manner responsive to their needs and preferences, and that involves them in the design and provision of services. This approach to delivering services was specifically recommended by the International Conference of Family Planning in the 1980's held in Indonesia in April 1981. In addressing the challenges facing family planning programs in the decade ahead, the conference noted that in many parts of the world, women often have little control over decisions related to their own fertility. Furthermore, low levels of acceptance and use of family planning, which are characteristic of many programs, often reflect a failure to design and provide services in a manner that is responsive to the needs and perceptions of the users. The conference called for measures to improve the status of women, and recommended that women be involved in all aspects of program design, management, policymaking, and provision of services. In this special report, Judith Bruce describes how women-oriented services are designed and provided at one of the women's health centers, The New Hampshire Feminist Health Center.

00249

0224086 83067495

**Prevention of dental caries in young pre-school children--the dental health messages.**

Lo GL

Singapore Dent J ,May 1982, 7 (1) p29-32, ISSN

0377-5291 Journal Code: URA

Languages: ENGLISH

0224072 83067315

**[Comparative study of a new package insert for benzodiazepines adapted for patients]**

Etude comparative d'une nouvelle notice d'emballage pour benzodiazepines adaptee aux malades.

Desponds G; van Melle G; Schelling JL

Schweiz Med Wochenschr ,Oct 1982, 112 (40) p1376-82,

ISSN 0036-7672 Journal Code: UEI

Languages: FRENCH Summary Languages: ENGLISH

A standardized, patient-oriented package insert for benzodiazepines has been compared with four package inserts printed by manufacturers for these drugs. The leaflets were submitted to 222 hospitalized patients randomly allocated to two groups; 108 received a manufacturer's notice and 114 the standardized notice. The patients were interviewed two or three days later and found the standardized notice more comprehensible than those of the manufacturers. Two independent experts assessed the adequacy of the notices and also found the standardized notice more appropriate for patients. The patients answered a questionnaire about the effects of the drugs and the precautions while using them. Those who had read the standardized notice were significantly better informed than those who had read manufacturers' notices. However, the level of understanding varied largely from one item to another, and depended on the level of education and age.

00250

0223956 83065951

**Psychiatric teaching and consultation in a primary care clinic.**

Barsky AJ; Brown HN

Psychosomatics ,Sep 1982, 23 (9) p908-21, ISSN

0033-3182 Journal Code: QH4

Contract/Grant No.: MH14910

Languages: ENGLISH

0223811 83064593

**A self-administration system for elderly patients at Highbury Hospital.**

Hatch AM; Tapley A

Nurs Times ,Oct 20-26 1982, 78 (42) p1773-4, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

00471

0223646 83063695

**Therapeutic drug monitoring: a survey of sub- and supra-therapeutic serum drug levels in a large teaching hospital.**

Frewin DB; Shaw DR; Bochner F  
NZ Med J ,Nov 10 1982, 95 (719) p774-6, ISSN 0028-8446  
Journal Code: DBQ  
Languages: ENGLISH

One thousand five hundred serum drug levels lying outside the defined therapeutic range have been followed up by the clinical pharmacology service at the Royal Adelaide Hospital over a thirteen month period. It was found that digoxin, phenytoin and theophylline were the most frequently monitored drugs. Blood levels outside the therapeutic range tended to be on the high side with digoxin, but were usually sub-therapeutic for the other two. Drug related toxicity was observed in 11.2 percent of those with a high serum level. Several potential drug interacting situations were also noted during the study. The value of therapeutic drug monitoring, to maximise efficacy of therapy and minimise side effects, is stressed. However, correct blood sampling, based on a knowledge of the clinical pharmacology and pharmacokinetics of the drug, must be performed in order to obtain optimal benefit from this exercise.

0223617 83063645

**Management simulation: baccalaureate style.**

Dierk HJ; Farrell JA  
Nurs Leadersh ,Dec 1982, 5 (4) p30-4, ISSN 0164-7865  
Journal Code: DBG  
Languages: ENGLISH

0223595 83063592

**Motivating children to become assertive health care consumers.**

Nursing (Horsham) ,Nov 1982, 12 (11) p94-100, ISSN 0360-4039  
Journal Code: DA3  
Languages: ENGLISH

0223578 83063342

**Preparing Army physicians for practice: I. A survey of hospital commander and physician attitudes.**

Hales RE; Borus JF; Baker FW; Fahey TE; Horak BJ  
Militt Med ,Jul 1982, 147 (7) p554-7, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0223372 83060482

**Lamaze childbirth education: implications for maternal-infant attachment.**

Croft CA  
JOGN Nurs ,Sep-Oct 1982, 11 (5) p333-6, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0223364 83060436

**Patient health teaching needs.**

Clarke K  
JEN ,Nov-Dec 1982, 8 (6) p298-303, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223334 83059692

**A mobile unit as an adjunct to a community outreach program of education, screening, and counseling for sickle cell disease, nutritional anemia, and hypertension.**

Duncan DE; Scott RB; Castro O  
J Natl Med Assoc ,Oct 1982, 74 (10) p969-77, ISSN 0027-9684  
Journal Code: J9Z  
Languages: ENGLISH

00251

0223313 83059559

**Psychiatric education for primary care: a pilot study of needs of residents.**

Cohen-Cole SA; Boker J; Bird J; Freeman AM 3d  
J Med Educ ,Dec 1982, 57 (12) p931-6, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The study reported here documents a variety of psychiatric educational needs of residents in internal medicine. By studying 150 medical outpatients, the authors found that 59 percent of the patients had probable emotional disorders, 48 percent suffered from significant symptoms of depression, negative life events and low social support were significantly associated with both probable emotional disorder and depressive symptoms, only 20 percent of the patient charts contained psychiatric diagnoses, 78 percent of the charts contained no mental status data, patients on the average could report only 56 percent of their diagnoses and 60 percent of their management plans, and 70 percent of the patients reported that they were not asked about personal problems. These results have formed the basis for a psychiatric educational program in internal medicine at the University of Alabama in Birmingham and will serve as pretraining comparison data for the evaluation of outcome.

00472

00252

0223308 83059448

**Management of minor medical problems and trauma: general practice or hospital?**

Myers P

J R Soc Med ,Nov 1982, 75 (11) p879-83, Journal Code: JX1

Languages: ENGLISH

An assessment of the problems for which 1000 consecutive patients attended an accident and emergency department of a district general hospital showed that 54.2% could have been treated by general practitioner. Amongst 150 patients attending hospital for minor problems between the hours of 09:00 and 19:00 on weekdays, the main reason given for not going to a GP was their impression that only in hospital could the required treatment be provided. A postal survey of 50 GPs found that they tended to avoid regularly handling certain specified minor problems which often present to hospital. The current trend away from the community management of such problems is discussed. It is suggested that improving patient education and GPs' incentives, while decreasing list sizes and expanding the primary care team, may encourage the management by GPs of trivial trauma and minor medical problems.

0223240 83058892

**Research and training in the neurosurgical sciences. With comments on some key issues that confront neurosurgery.**

Langfitt TW

J Neurosurg ,Dec 1982, 57 (6) p733-8, ISSN 0022-3085  
Journal Code: JD3

Languages: ENGLISH

0223140 83057800

**Geriatric medicine: a multidisciplinary training and education model in an acute care medical center.**

Crooks V; Lee P; Yoshikawa TT

J Am Geriatr Soc ,Dec 1982, 30 (12) p774-80, ISSN 0002-8614  
Journal Code: H6V

Languages: ENGLISH

A description of a comprehensive multidisciplinary education and training program in geriatrics in an acute care hospital is presented. A brief review of the history of medical education in geriatrics is examined, and the need for and potential of a hospital-based training program is discussed. The methods used in implementing an education program that attracts house staff physicians and other health professionals are described. The program incorporates the application of a multidisciplinary team model of patient assessment and treatment, which is augmented by clinical bedside teaching and a broad-based educational program. Using hospital-wide faculty, the program includes a geriatrics/gerontology lecture series incorporating presentations on the biopsychosocial aspects of aging and a diversity of subjects relevant to aging. Other programs such as weekly house staff topic sessions on aging, interdisciplinary research seminars,

orientations, and special symposia are all part of the education program.

0223106 83057539

**Problems that deans face.**

Caplan RM

J Am Acad Dermatol ,Nov 1982, 7 (5) p694-701, ISSN 0190-9622  
Journal Code: HVG  
Contract/Grant No.: R25 CA 18017-08  
Languages: ENGLISH

0223072 83056783

**Communicating morphological concepts in health sciences.**

Pallie W; Miller D

J Biocommun ,Nov 1982, 9 (3) p26-32, ISSN 0094-2499  
Journal Code: HIG  
Languages: ENGLISH

A program in Health Sciences Education at McMaster University, centered on the undergraduate M.D. program in particular, has changed the educational methodology used in teaching and learning to a different approach than the traditional method. The emphasis on individualized instruction in the morphological disciplines has resulted in the need to develop new facilities. One-hundred modules or units have been produced for self-study in the Department of Anatomy. Audiovisual personnel, illustrators, and laboratory technicians have worked in collaboration with subject experts on the development of these devices; they have shown the value of utilizing different learning modalities to achieve efficient learning outcomes.

00473

0223046 83056285

**How to avoid malnutrition during hospitalization?**

Isaksson B

Hum Nutr Appl Nutr ,Oct 1982, 36 (5) p367-73, Journal Code: G9G

Languages: ENGLISH

Doctors often consider malnutrition as a set of symptoms rather than being a state of nourishment. Consequently, the nutrition of patients without obvious signs of malnutrition is often neglected. Among all categories of patients, unrecognized malnutrition at admission or under-feeding during hospitalization are everyday occurrences. Dietary records of hospitalized patients often show energy intakes well below their calculated BMR and their need for an increased supply of essential nutrients, such as protein, is seldom met. The significance of food preparation, food distribution and ward staff attitudes for proper feeding of the patients is discussed and the responsibility of the doctors for the nutritional care of every patient is stressed.

00253

0222992 83055861

**Oral hygiene for children: a look at what we must have and what we should do.**

Leatherman GH

Int Dent J ,Sep 1982, 32 (3) p252-8, ISSN 0020-6539  
Journal Code: GPT

Languages: ENGLISH

Numerous reports show the state of oral health in children from many parts of the world. They indicate that dental caries and periodontal disease in children are common and not under proper control and that there is a high prevalence of dentofacial anomalies requiring early treatment. What we must have in relation to oral hygiene for children are manpower, materials and health education. These needs are analysed in detail. What we do is described for three groups of children: preschool, school and adolescent and young adult. Six common factors for all children carrying out oral hygiene are outlined under the following headings: (a) increasing the resistance of the tooth by the use of fluorides, (b) the control of plaque, (c) correct nutrition, (d) dental health education, (e) early recognition of major disorders of the orofacial complex and (f) regular visits to the dentist and his auxiliary help. What we should be doing for each group is discussed. Finally, some thought about the future way to dental health are presented in which it is suggested that the computer revolution "will have an overwhelming and comprehensive impact on every human being on earth in every aspect of his or her life" (Evans, 1979). The question is asked and discussed whether the dental profession is preparing for this revolution and the great changes that will come in our methods of education, clinical practice, research and education. The paper ends with the proposal that now is the time for organized dentistry to examine its policies in relation to education, clinical practice, research and administration so as to produce a primary dental health service available to total populations in the countries of the

world.

0222965 83055663

**Health sub-centres and child health (part I).**

Tomar BS; Singh M; Singh RN

Indian Pediatr ,Jun 1982, 19 (6) p499-507, ISSN 0019-6061  
Journal Code: GM2

Languages: ENGLISH

0222902 83054815

**Toward the preparation of social work specialists in health care.**

Lane HJ

Health Soc Work ,Aug 1982, 7 (3) p230-4, ISSN 0360-7283  
Journal Code: FZ6

Languages: ENGLISH

0222762 83053458

**Physical proximity of special education classrooms to regular classrooms.**

McDaniel E; Sullivan PD; Goldbaum JL

Except Child ,Sep 1982, 49 (1) p73-5, ISSN 0014-4029  
Journal Code: ENX

Languages: ENGLISH

00174

0222735 83052975

**The demand for human resources by the community: the implications of a community participation approach.**

Whyte AV  
Educ Med Salud ,1982, 16 (3) p287-300, ISSN 0013-1091  
Journal Code: EDR  
Languages: ENGLISH

The author states that community participation needs to be designed at the national level and executed at the local level, which therefore places greater demands on the organizational efficiency and communication skills of national agencies. The ramifications of a community participation approach reach all aspects of national planning, including budget procedures and allocations of responsibility. Above all, the approach requires that authority, responsibility, and procedures be clearly spelled out and understood by all involved. Only when national strategies have been set for numbers of communities to be served, level of service, and degree of community involvement, can the specific implications for manpower needs, training, and national support services be discussed, evaluated, and quantified. Given a clear indication of national policy directions for community participation, sector planners can begin discussions with their regional offices, other agencies, and community leaders on how to implement it. This article reviews some of the major issues about human resources that need to be addressed in the planning process.

0222660 83052286

**The mega-code system in the critical care unit setting.**

Shipley-Miller L  
Crit Care Update ,Nov 1982, 9 (11) p17-9, ISSN  
0162-7252 Journal Code: DTA  
Languages: ENGLISH

0222627 83052031

**Breast cancer: women's knowledge and attitudes and the difficulties of influencing them.**

Waters WE; Nichols S  
Community Med ,Aug 1982, 4 (3) p173-80, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222599 83051998

**A 5-year school-based comprehensive preventive program in Michigan, U.S.A.**

Bagramian RA  
Community Dent Oral Epidemiol ,Oct 1982, 10 (5) p234-7,  
ISSN 0301-5661 Journal Code: DNF  
Contract/Grant No.: NIH-NIDR-72-2410  
Languages: ENGLISH  
The objectives were to demonstrate that a combination of

preventive regimens could significantly reduce dental disease in a school population, to demonstrate the feasibility of a school-based program in relation to sustained benefits. There were 1286 students in 1st and 6th grades enrolled in the study. Subjects were stratified by grade, sex, and race and randomly placed in a treatment or education group. Procedures included ingestion of fluoridated water, oral hygiene education program, dental examinations, prophylaxis, acidulated phosphate fluoride gel (1.23%) applied in trays, pit and fissure sealants (bis-GMA) on occlusal surfaces of all eligible posterior teeth, and provision of all restorative care. Fluoride and sealant procedures were repeated at 6-month intervals. After 3 years the treatment group was randomly divided to provide a group that would not continue with treatment and serve as a comparison. The study population was enrolled in 18 schools and clinical procedures were provided on-site, using mobile dental vans. Five-year results indicate high degree of success with fall-off of benefits to those for whom treatment was terminated. This pilot program gives strong evidence for the possibility of implementing school-based dental programs. The study also indicates that prevention programs must be comprehensive and continuous for maximum benefit to occur.

0222542 83050836

**Barriers to patient education in the coronary care unit.**

Murdaugh CL  
Cardiovasc Nurs ,Nov-Dec 1982, 18 (6) p31-6, ISSN  
0008-6355 Journal Code: C00  
Languages: ENGLISH

00475

Program Notes Assoc Univ Programs Health Adm , Winter 1982.  
(98) p31-64. ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH  
(16 Refs.)

0222478 83050436

**General internal medicine reappears in the teaching hospital: the experience of the Royal Victoria Hospital.**

Kong HH; Fliegel KM; Coke W; Hoey JR  
Can Med Assoc J , Nov 1 1982. 127 (9) p837-40. ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

The internal medicine unit of the Royal Victoria Hospital in Montreal was created in 1979 to improve the training of residents and the care of patients. The practices of four internists were brought together in one part of the institution, and within 2 years there were 10 attending staff and 6 residents. The unit now provides continuing care for 2500 patients, many of whom have multisystem or potentially lethal problems. Residents and attending staff share the responsibility of providing 24-hour coverage. The group handles 5000 outpatient visits per year (20% of them being consultations) and provides a general medical consulting service for other hospital departments, with about 300 consultations per year. The creation of the unit, with highly visible role models, appears to have given new prestige to general internists in the hospital. The unit has served as a model for the reorganization of the other medical clinics and provides a base for research in health care delivery.

0222433 83049908

**Managing thyroid illness: a trainee group project.**

Howie JG; Butt AJ  
Br Med J [Clin Res] , Nov 27 1982. 285 (6354) p1541-2.  
Journal Code: B4X  
Languages: ENGLISH

0222394 83049653

**Programme development of drug abuse control in Baluchistan, Pakistan.**

Zaidi SM; Ashraf SM; Afridi AA  
Bull Narc , Jan-Mar 1982. 34 (1) p23-6. ISSN 0007-523X  
Journal Code: BQ7  
Languages: ENGLISH

The drug abuse control programme in Baluchistan is inter-disciplinary and progressive. Its main thrust consists of constant vigilance on border check-points by law enforcement agencies, developing in-patient and out-patient facilities for treatment and rehabilitation of addicted persons, and a preventive education programme using the mass media and students from higher educational institutions.

0222284 83039737

**Outcome specifications for graduate health administration education: rationale, problems, sources, and outcomes standards.**

Rhee S

0222170 83030434

**A comprehensive program to increase job satisfaction among pharmacy technicians.**

Mahoney CD; Gallina JN; Jeffrey LP  
Hosp Pharm , Oct 1982. 17 (10) p547-50. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

A multifaceted personnel management and continuing education program specifically designed to provide job satisfaction for the pharmacy technician is described. Turnover among technicians is often higher than for other personnel categories. One interpretation of a high turnover rate is that it is a direct indication of job dissatisfaction and disillusionment on the part of technicians towards their career potential. Several approaches were initiated at the Rhode Island Hospital to increase job satisfaction among pharmacy technicians and to assist the pharmacy department in stabilizing this category to reflect a more satisfactory turnover rate. These were: (1) initiating a comprehensive continuing education program; (2) establishing a "career ladder" by developing an advanced level of pharmacy technicians; (3) incorporating technicians in a concept of participative management within the department; (4) increasing job responsibilities as new programs are developed; (5) rotating assignments and responsibilities to foster flexibility and interest. The programs enumerated have made a significant contribution toward increasing the stability and job satisfaction of the technician category. The success of the measures described is reflected in the average tenure of an individual in the technician category, which is 41.9 months.

0222078 83029176

**Education protects hospital workers who handle toxic cancer drugs [interview]**

Power LA  
Hosp Employee Health , Nov 1982. 1 (11) p154-6. ISSN  
0744-6470 Journal Code: GC6  
Languages: ENGLISH

00476

0221895 83047617

**The characteristics of stat laboratory tests.**

Chu RC; Williams SV; Eisenberg JM  
Arch Pathol Lab Med ,Dec 1982, 106 (13) p662-5. ISSN  
0363-0153 Journal Code: 79Z  
Contract/Grant No.: HS 02577  
Languages: ENGLISH

We studied the use of stat (ie, statim--as soon as possible) laboratory tests at a university teaching hospital. For the 20 most frequently performed tests, 35.7% of the determinations were performed on a stat basis. The frequency with which a test was ordered on a stat basis ranged from 6.0% (for ESR) to 61.5% (amylase level). The proportion of laboratory test requests from a hospital service that were ordered stat ranged from 3.8% (orthopedic surgery) to 100% (emergency services). The daily number of regular laboratory test requests decreased significantly over the weekend, but the daily number of stat requests fell less sharply. The number of requests for routine tests decreased after 6 pm, but the number of requests for stat tests remained relatively constant until about midnight.

0221836 83046579

**University-based continuing education and mental health system change.**

Wolkon GH; Peterson CL; Gongla P  
Am Psychol ,Aug 1982, 37 (8) p966-70. ISSN 0003-066X  
Journal Code: 41V  
Contract/Grant No.: 5-T15-MH 15639  
Languages: ENGLISH

0221816 83046554

**The certification examination in emergency medicine: an update.**

Munger BS; Krome RL; Maatsch JC; Podgorny G  
Ann Emerg Med ,Feb 1982, 11 (2) p91-6. ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH

The 1977 field test and first administration of the American Board of Emergency Medicine certification examination produced data which support the assumption upon which it was originally developed. A total of 22 fourth-year medical students, 36 emergency medicine residents, and 36 emergency physicians participated in the field test held in Lansing, Michigan. The examination was found to be highly reliable, to distribute scores among groups according to presumed competence, and to support the concept of treating the examination as a total instrument rather than one subdivided by content areas. Patient management problems were found to be inefficient as a test format. The first administration of the examination, which tested 616 candidates, confirmed the original field test findings.

0221785 83046109

**Organization and support for a handicapped ski program.**

Frank LL Jr  
Am J Sports Med ,Sep-Oct 1982, 10 (5) p276-84. ISSN  
0363-5465 Journal Code: 3YR  
Languages: ENGLISH

0221765 83046031

**A conjoint psychiatry-internal medicine program: development of a teaching and clinical model.**

Shemo JP; Ballenger JC; Yazel JJ; Spradlin WW  
Am J Psychiatry ,Nov 1982, 139 (11) p1437-42. ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

At a time when psychiatry's repertoire of successful treatment strategies is burgeoning and the public is seeking primary medical care with greater emphasis on humanistic issues, psychiatry has been paradoxically losing status and trainees, partly because it has failed to make its expertise integratable by nonpsychiatric physicians. In response to the educational and patient care deficiencies that result, two universities developed a teaching and clinical program that leads to partial integration of their departments of psychiatry and internal medicine. This collaborative approach includes a conjoint internal medicine-behavioral medicine inpatient unit and a residency program leading to Board eligibility in both specialties.

0221731 83045721

**Content and process in ambulatory care. Notes from an internist's practice.**

Barondess JA  
Am J Med ,Nov 1982, 73 (5) p735-9. ISSN 0002-9343  
Journal Code: 3JU  
Languages: ENGLISH

0221730 83045704

**The generalist: a jaundiced view. XIV. Touch.**

Lee RV  
Am J Med ,Nov 1982, 73 (5) p617-8. ISSN 0002-9343  
Journal Code: 3JU  
Languages: ENGLISH

00477



0221712 83045671

**Emergence of occupational medical services outside the workplace.**

Rosenstock L; Heyer NH  
Am J Industr Med ,1982, 3 (2) p217-23. ISSN 0271-3586  
Journal Code: 3IN  
Languages: ENGLISH

A new type of occupational medicine clinic has recently emerged in the United States. These clinics are multispecialty in staffing, are located in hospital outpatient departments, and are affiliated with academic medical centers. Their primary goal is to provide personal health and medical services including diagnosis, treatment, and follow-through of occupationally related diseases. Approximately 15 such clinics have been established in the last several years. A review of the medical, economic, and social forces that have historically shaped the content and scope of occupational medical and health services for workers explains in large part the reasons why many of these clinics have now come into being. Characteristics of eight of these clinics are reviewed in detail. These clinics provide a setting for interdisciplinary and interspecialty education of personnel and offer the medical community a demonstration of a means for better recognition and treatment of occupationally related illnesses.

0221588 83043521

**[Current problems in conception, organization and work of day facilities for educationally unsuitable, production-capable children and adolescents in the field of public health and social medicine]**

Überlegungen zu derzeitigen Problemen in der Konzeption, Organisation und Arbeit der Tagesstätten für schulbildungsunfähige, forderungsfähige Kinder und Jugendliche des Gesundheits- und Sozialwesens.

Walter V  
Z Exp Chir ,Jul 1982, 28 (7) p502-6. ISSN 0044-2704  
Journal Code: XUO  
Languages: GERMAN

0221470 83041595

**Comparisons in the therapeutic management of Black paediatric outpatients by primary health care nurses and doctors.**

Wagstaff LA; Shuenyane EN; Mkhasibe CM; Geefhuysen J; Platzky D  
S Afr Med J ,Oct 23 1982, 62 (18) p654-7. ISSN 0038-2469  
Journal Code: U4R  
Languages: ENGLISH

Studies were conducted in 1977 and again in 1980 comparing the knowledge and information escorts of paediatric outpatients had about the child's illness and treatment after completing primary care consultations of various kinds. Primary health care nurses achieved the best communication as

judged by answers to a questionnaire administered to the escorts by a social worker. Understanding was greater when patients were seen initially by doctors in the Department of Paediatrics outpatient clinic rather than by doctors in the Soweto polyclinics. Some of the associated factors are discussed.

0221453 83041460

**[Information on the subject of toxicomanias]**

L'information en matiere de toxicomanies.

Damade M  
Soins Psychiatr ,Jul-Aug 1982, (21-22) p43-9. ISSN 0241-6972  
Journal Code: UUU  
Languages: FRENCH

0221372 83041112

**[The future of the psychiatric hospital--dissolution or change?]**

Die Zukunft des psychiatrischen Krankenhauses--Auflosung oder Wandlung?

Boker W  
Schweiz Arch Neurol Neurochir Psychiatr ,1982, 130 (2) p203-13. ISSN 0036-7273  
Journal Code: UDS  
Languages: GERMAN Summary Languages: ENGLISH

A great variety of therapeutic models and alternative ways of taking care of the mentally disturbed have lately made the future of the independent psychiatric hospital rather uncertain. Out-patient and partially in-patient facilities, psychiatric wards within the frame of general hospitals, the transfer of chronic cases to non-psychiatric nursing homes, and redress in cases of misplaced persons, constitute steps and measures entailing a considerable shrinkage in the size and extent of the psychiatric hospital of today, although the alternatives mentioned cannot, of course, entirely replace it.

There is in the population an estimated need for 1.1 to 1.6 psychiatric hospital beds for every 1000 of persons. The psychiatric hospital of the future should aim at attending to and satisfy the various needs of the following three categories, i.e. 1. crisis intervention in cases of gravely upset, psychotically agitated or suicidal patients, 2. programs of intensive therapy by specialized nursing teams for average and long-term mentally disturbed patients, and finally, 3. a certain supply of asylums for the comparatively small number of most severely handicapped persons. The experiences drawn from these combined operations will be of great value to the research field, as well as in the basic and continued training of personnel.

00478

0221339 83040616

**[Cooperation of school health services with other services of the city of Lausanne, different university, institutional, and faculty services]**

Collaboration du Service medical des ecoles avec differents services de la ville de Lausanne, differents services universitaires, institutions et corps enseignant.

Grandguillaume P

Rev Med Suisse Romande ,Jun 1982, 102 (6) p581-90, ISSN

0035-3655 Journal Code: SR5

Languages: FRENCH

0221338 83040615

**[School health services of the city of Lausanne. III. Examples of activities and of practical studies]**

Service medical des ecoles de la ville de Lausanne. III  
Exemples d'activites et etudes pratiques.

Grandguillaume P; Urech E; Marin J; Dovat G; Schori M

Rev Med Suisse Romande ,Jun 1982, 102 (6) p565-80, ISSN

0035-3655 Journal Code: SR5

Languages: FRENCH

0221332 83040457

**[Survey of rehabilitation facilities with psychologic and therapeutic services in the Federal Republic of Germany]**

Eine Umfrage zu rehabilitativen Einrichtungen mit psychologisch-psychotherapeutischen Versorgungsangeboten in der Bundesrepublik Deutschland.

Broda M; Bengel J

Rehabilitation (Stuttg) ,Aug 1982, 21 (3) p111-5, ISSN

0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

Rehabilitation facilities (N=110) in the Federal Republic of Germany had been surveyed in order primarily to take stock of the psychological/psychotherapeutic services available for treatment in various disorders. The numbers of psychologists employed are shown to vary with the diagnostic groups served by the respective institutions. Facilities in the field of child and adolescent psychiatry, for the care of disabled person, and of persons with dependence problems are much better provided with psychologists than are facilities in the fields of psychiatry, neurology, and internal medicine. The same picture is found as regards the patients/psychologist ratios applicable in the different facilities. Preference of certain psychotherapeutic models (behavioural therapy, client-centered psychotherapy, psychoanalysis) varies with facility type. Especially noteworthy is an apparent predominance of inpatient services as opposed to outpatients models of service delivery. This fact is an indication of insufficient availability of follow-up care. Finally, various curricular aspects of the professional training of psychologists are outlined in relation to the recently established specialty of rehabilitation psychology.

0221330 83040455

**[Integration of the handicapped into the work force using electronic data processing]**

Eingliederung von Behinderten in das Erwerbsleben mit Hilfe der EDV.

Fischbach F

Rehabilitation (Stuttg) ,Aug 1982, 21 (3) p100-5, ISSN

0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

Successful settlement of disabled persons in gainful employment is closely contingent on both their training and the working environment present. For those disabled persons who cannot find jobs in the open market, it is possible to work in sheltered workshops. Founded on the initiative of parents of spastic children, the Saarbrücken Reha GmbH, a limited liability company for the sheltered employment of disabled persons, has for several years been employing disabled people in the field of text and data processing. This paper not only outlines some practical examples to illustrate suitable systems but also describes the types of tasks where good results can be achieved by the disabled employees.

0221213 83038947

**Learning to care for your Hickman/Broviac catheter.**

Oncol Nurs Forum ,Fall 1982, 9 (4) p61-3, ISSN

0190-535X Journal Code: PAD

Languages: ENGLISH

0221209 83038938

**Nursing care for the patient with an Ommaya reservoir.**

Esparza DM; Weyland JB

Oncol Nurs Forum ,Fall 1982, 9 (4) p17-20, ISSN

0190-535X Journal Code: PAD

Languages: ENGLISH

00479

0221147 83038790

**Assessing adherence in stroke victims.**

Smith-Brady R

Nurs Clin North Am ,Sep 1982, 17 (3) p499-512, ISSN  
0029-6465 Journal Code: 092

Languages: ENGLISH

A stroke rehabilitation unit or designated hospital beds for the purpose of implementing a stroke rehabilitation program is an effective way to achieve patient compliance. The program should be structured to support the fact that most patients recover most of their spontaneous improvement of brain and motor function by the time they are discharged from the hospital. The overall goal of the program is to provide a consistent rehabilitative approach to improve and maintain patient compliance with a prescribed regimen. Patient compliance is directly related to the patient's perception and knowledge of the disease, his physical condition, and the prescribed therapy. It is important that the program address itself to these three areas. Key activities that enhance the stroke patient's compliance include education of the patient and patient contracting. The stroke rehabilitation program is also evaluated in terms of satisfaction of the patient and the staff. The preservation, promotion, and restoration of health are the rights of every stroke patient. The scope of rehabilitation will continue to reflect the need for developing alternative methods of assisting patients in restructuring their patterns of living. The development of a stroke rehabilitation unit is a step in that direction.

0221059 83038548

**Participative team-management through team-building training.**

Kurtz ME

NLN Publ ,1982, (52-1904) p15-20, Journal Code: 03Z

Languages: ENGLISH

0221052 83038528

**Primary nursing in psychiatry: an effective and functional model.**

Romoff V; Kane I

Perspect Psychiatr Care ,Apr-Jun 1982, 20 (2) p73-8,  
ISSN 0031-5990 Journal Code: 0ZT

Languages: ENGLISH

0220815 83036051

**Psychopathology and mental retardation: survey of a developmental disabilities mental health program.**

Reiss S

Ment Retard ,Jun 1982, 20 (3) p128-132, Journal Code:

MTW

Languages: ENGLISH

0220780 83035766

**The potential benefit of primary health care to leprosy control.**

Buchmann H

Lepr Rev ,Sep 1982, 53 (3) p211-20, ISSN 0024-1032  
Journal Code: L58

Languages: ENGLISH

00254

0220779 83035765

**Leprosy and primary health care: the Mandwa project, India.**

Antia NH

Lepr Rev ,Sep 1982, 53 (3) p205-9, ISSN 0024-1032  
Journal Code: L58

Languages: ENGLISH

0220778 83035764

**Leprosy and primary health care.**

Ross WF

Lepr Rev ,Sep 1982, 53 (3) p201-4, ISSN 0024-1032  
Journal Code: L58

Languages: ENGLISH

00480

0220748 83035515

**Improving compliance among hypertensives: a triage criterion with cost-benefit implications.**

Eastaugh SR; Hatcher ME  
Med Care ,Oct 1982, 20 (10) p1001-17, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: HL-17016, MH-14567; 1-32(HL)-07180  
Languages: ENGLISH

Triage method based upon individual patient characteristics is developed to determine the most effective health education interventions for hypertensive patients. The sample included 402 patients randomly assigned to experimental and control groups. The efficacy of a triage process, whereby patients are subdivided into groups that are more predisposed to benefit from a given health education approach, is discussed. From a limited cost-benefit evaluation, it appears that the benefits of the triage method for achieving medication compliance clearly outweigh its costs only in the case of the highly depressed patients (24 per cent of the sample). Different levels of depression were found to be differentially responsive to different health education treatments for achieving adherence to medication. The most depressed patients were more responsive to family member reinforcement, a 156 per cent increase in the number of high compliers as compared to no intervention.

0220647 83034535

**Suture and wound care training program for emergency nurses.**

Trott AT; DeChatelet J; Levy RC  
JEN ,Sep-Oct 1982, 8 (5) p221-4, ISSN 0099-1767  
Journal Code: KRU

Languages: ENGLISH

0220514 83032858

**Continuing education in the community hospital and reduction in the incidence of intracerebral hemorrhage in the transported preterm infant.**

Lazzara A; Kanto WP Jr; Dykes FD; Ahmann PA; West K  
J Pediatr ,Nov 1982, 101 (5) p757-61, ISSN 0022-3476  
Journal Code: JLZ

Languages: ENGLISH

0220376 83031659

**Snacking and its contribution to food and nutrient intake of college students.**

Khan MA; Lipke LK  
J Am Diet Assoc ,Nov 1982, 81 (5) p583-7, ISSN 0002-8223  
Journal Code: H6F

Languages: ENGLISH

0220321 83031474

**A current prospective on the sodium issue.**

ASDC J Dent Child ,Sep-Oct 1982, 49 (5) p377-80, ISSN 0022-0353  
Journal Code: HXZ  
Languages: ENGLISH

0220309 83031296

**In-class evaluation of behavior modification knowledge: parallel tests for use in applied settings.**

Furtkamp E; Giffort D; Schiers W  
J Behav Ther Exp Psychiatry ,Jun 1982, 13 (2) p131-4, ISSN 0005-7916  
Journal Code: HTN  
Languages: ENGLISH

A revision of the Knowledge of Behavioral Principles as Applied to Children test (O'Dell, Tarler-Benlolo and Flynn, 1979) is described. The revision includes reduction of the original 50 item test to two 10 item tests through administration of the test to a sample of 164 direct care staff after training in an applied human service setting. Psychometric assessment of the two short forms was done using a second sample of 111 trainees. Reducing the test had little impact on the internal consistency of the tests (from 0.862 to 0.735 and 0.765). The two short forms exhibited some of the characteristics of parallel forms (equal means and variances) and their intercorrelation ( $r = 0.87$ , corrected for attenuation) was sufficient for further use in research or evaluation settings. Suggestions for further development and use of the two forms were made.

0220265 83030252

**New approaches in health visiting. 1: A critique of the neighbourhood study in health visitor training.**

Hunt M  
Health Visit ,Oct 1982, 55 (10) p521-5, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0220199 83029667

**Simple living and hard choices.**

Flannery MA  
Inquiry ,Aug 1982, 12 (4) p9-12, ISSN 0020-1731  
Journal Code: GDT  
Languages: ENGLISH

00481

00255

0220120 83029143

**Motivational management: coping with burnout.**

Richardson M; West P

Hosp Community Psychiatry ,Oct 1982, 33 (10) p837-40,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Burnout, the emotional state that accompanies an overload of stress, generally has been ascribed to organizational or personal causes. Motivational management is an approach to identifying the causes of burnout among workers and determining ways to effectively intercede. The authors conducted workshops to help staff combat burnout at a public health agency, a small community hospital, and a preschool for handicapped children. During the first phase of the workshop participants generated a list of problems that contributed to their sense of burnout. They then assigned each problem a personal, organizational, or environmental cause. During the second phase participants decided who should accept responsibility for developing and executing strategies for change. The authors believe motivational management techniques can also be used to explore burnout in other roles such as those of parent, child, friend, or community member.

0220034 83027979

**A national food and nutrition policy for Fiji.**

Johnson JS

Food Nutr (Roma) ,1982, 8 (1) p19-26, ISSN 0304-8942  
Journal Code: EZZ

Languages: ENGLISH

0220014 83026868

**Developing a stress-management program.**

Warren JJ

Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p307-12,  
ISSN 0730-4625 Journal Code: EAO

Languages: ENGLISH

0220009 83026863

**Thoracic duct drainage.**

Outenreath N

Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p284-92,  
ISSN 0730-4625 Journal Code: EAO

Languages: ENGLISH

0219995 83026848

**Scheduling educational programs for the night shift.**

Keely BR

Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p50-2, ISSN  
0730-4625 Journal Code: EAO

Languages: ENGLISH

0219985 83026832

**[Strategy put into effect in the activities of primary health care services in eastern Senegal]**Strategie mise en oeuvre dans une action de soins de sante  
primaires au Senegal Oriental.

de Lauture H; Wone I; Coste M; de Araujo G

Dakar Med ,1982, 27 (1) p19-28, Journal Code: EAM

Languages: FRENCH Summary Languages: ENGLISH

0219954 83026352

**Hypertension update. CEU home study.**

Maloney RJ

Crit Care Update ,Oct 1982, 9 (10) p7-21, ISSN  
0162-7252 Journal Code: DTA

Languages: ENGLISH

0219945 83026147

**Mental health service priorities and the BSW.**

Rubin A; Katz AJ; Powell KS

Community Ment Health J ,Summer 1982, 18 (2) p159-68,  
ISSN 0010-3853 Journal Code: DNH

Contract/Grant No.: 5T01 MH 13758-03

Languages: ENGLISH

New Priorities in mental health service delivery call for the exploration of previously overlooked sources of mental health personnel whose preparation for practice is adapted to historically underserved populations and service delivery approaches geared to their special needs. One such source are baccalaureate level social workers. This exploratory study of 29 purposively selected baccalaureate social work education programs observes and describes their extensive mental health field instruction, in which the predominant student assignments include case management and related functions stressed in current mental health policy. Implications are drawn regarding the allocation of federal training funds and labor force issues.

00482

0219853 83024634

**Clinical cancer research: an embattled species.**

Frei E 3d

Cancer ,Nov 15 1982, 50 (10) p1979-92, ISSN 0008-543X

Journal Code: CLZ

Contract/Grant No.: CA 06516; CA 19589

Languages: ENGLISH

Clinical cancer research is at a crossroads. The major progress which has been achieved will continue, provided that factors which threaten the clinical cancer researcher are identified and corrected. These problems (with proposed solutions) include: the increasing number of clinical oncologists, particularly medical oncologists; the relationship of the practicing clinical oncologist to cancer centers; the relative attractions of clinical practice, on the one side, and basic science on the other, as compared to clinical cancer research; the lack of recognition that clinical cancer research provides an opportunity for high achievement and challenge, and originality; the threat of curtailment of research funding; jurisdictional and other conflicts between scientific and clinical disciplines; the emerging "establishment generation" of clinical oncology; and the bureaucratic and regulatory ambience that has increasingly enveloped the clinical cancer researcher. That opportunities for originality continue was illustrated by a new therapeutic surgery known as neoadjuvant or anterior chemotherapy. In this strategy, systemic treatment is employed prior to surgery and/or radiotherapy for patients with head and neck cancer has increased operability ("upstaged" the patient) and on preliminary analysis would appear to be increasing disease-free survival. A clinical trial in osteogenic sarcoma involving initial chemotherapy has indicated that such treatment not only provides substantial regression of the primary in the majority of patients but also results in a substantially improved disease-free and overall survival, particularly in patients with locally responsive disease.

0219824 83024115

**Intensive attention improves glycaemic control in insulin-dependent diabetes without further advantage from home blood glucose monitoring: results of a controlled trial.**

Worth R; Home PD; Johnston DG; Anderson J; Ashworth L;

Burrin JM; Appleton D; Binder C; Alberti KG

Br Med J [Clin Res] ,Oct 30 1982, 285 (6350) p1233-40,

Journal Code: B4X

Languages: ENGLISH

Forty-six diabetics treated with twice-daily insulin were seen every two weeks for six months in an intensive education programme aided by regular home urine glucose testing. Control was improved with a decrease in 24-hour urinary glucose excretion (median 138 mmol/24 h (24.8 g/24 h) falling to 70 mmol/24 h (12.6 g/24 h); p less than 0.002), glycosylated haemoglobin concentration (mean 11.4 +/- SD 2.3% falling to 10.4 +/- 1.5%; p less than 0.001), and Diastix score (median 3.0 falling to 1.3; p less than 0.001). There was no reported increase in hypoglycaemia. Thirty-eight of the diabetics

proceeded to a nine-month randomised cross-over study of the effect on blood glucose control of monitoring urinary glucose or blood glucose measured visually or by a reflectance meter using appropriate reagent strips. No further improvement in control was observed after home blood glucose monitoring. Nevertheless, 29 out of 37 patients preferred blood to urine glucose monitoring. During both the education and cross-over studies there was evidence of an initial improvement in control followed by deterioration. This was independent of the monitoring method used in the cross-over period and may have been due to waning enthusiasm. Despite patient enthusiasm and other reports to the contrary, home blood glucose monitoring offered no improvement in control over intensive attention and conventional urine glucose monitoring.

0219690 83015189

**...And to capitalize on the concerns of adolescence.**

Wolfe NH; Delmoor E

Promot Health ,Nov-Dec 1982, 3 (6) p5-7, ISSN 0272-9709

Journal Code: PZU

Languages: ENGLISH

0219594 83002871

**The clinical pharmacist as a member of the burn team.**

Anderson PD; Wachtef TL; Frank HA; Trubo BG

Contemp Pharm Pract ,Spring 1982, 5 (2) p120-3, ISSN 0162-3761 Journal Code: DQ9

Languages: ENGLISH

Pharmacists are becoming involved increasingly in a patient care. At the University of California, San Diego Medical Center, a pharmacist has become a member of the multidisciplinary burn team. Through participation in work rounds and team conferences, the pharmacist has had a considerable beneficial impact on drug therapy, drug dosing, monitoring adverse drug reactions, and total parenteral nutrition. Specific benefits to patient care that the pharmacist provides are discussed and also the benefits derived in using a burn unit as a clinical teaching rotation for pharmacy students. The pharmacist has found his association with the burn unit to be professionally rewarding and the attending surgeons and surgical house staff have found his input to be valuable. The authors encourage other burn units to enlist a pharmacist as part of their burn team.

00483

00256

0219574 83002778

**Better care through in-service education.**

Vest KE

Contemp Adm ,May 1982, 5 (5) p7-9, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0219431 83020893

**Part I. Patient administration of eyedrops: interview.**

Kass MA; Hodapp E; Gordon M; Kolker AE; Goldberg I

Ann Ophthalmol ,Aug 1982, 14 (8) p775-9, ISSN 0003-4886

Journal Code: SPA

Contract/Grant No.: EY 03579

Languages: ENGLISH

Interviews of 141 patients were conducted to determine their use of eyedrops. This study indicates a need to improve patient instruction concerning drug compliance and proper time scheduling of eyedrop treatments.

00257

0219364 83020105

**Training supervision as a separate faculty role.**

Borus JF; Groves JE

Am J Psychiatry ,Oct 1982, 139 (10) p1339-42, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

Training supervision is a longitudinal, nonclinically focused personal relationship between a faculty member and a resident for exploring the latter's professional development. In the authors' program the training supervisor meets with the supervisee monthly over the 3-year residency. The training supervisor's role is that of a nonevaluative senior colleague who orients and advises the resident and systematically reviews training progress and problems. The authors discuss the evolution of the training supervision concept, explore potential role conflicts for the training supervisor, who may serve other functions in the residency of the supervisee, and present positive and negative resident and faculty evaluations of their program.

00258

0219145 83017447

**Use of self-learning tools for orientation.**

Palank CL

Top Clin Nurs ,Oct 1982, 4 (3) p75-84, ISSN 0164-0534

Journal Code: WAT

Languages: ENGLISH

0219142 83017444

**Postorientation program for neurosurgical nursing: independent-individualized instruction.**

Crabbe RA

Top Clin Nurs ,Oct 1982, 4 (3) p51-7, ISSN 0164-0534

Journal Code: WAT

Languages: ENGLISH

0219140 83017441

**Creation of self-learning centers.**

Lange CM

Top Clin Nurs ,Oct 1982, 4 (3) p20-8, ISSN 0164-0534

Journal Code: WAT

Languages: ENGLISH

0219108 83017021

**A walk-in and telephone inquiry service: a function of a hospital social work department.**

Horn B; Manuele GM; Olvany BF

Soc Work Health Care ,Spring 1982, 7 (3) p47-56, ISSN

0098-1389 Journal Code: U95

Languages: ENGLISH

This article describes a study undertaken to evaluate the Walk-In and Telephone Inquiry Service provided by a social work department in a general hospital division of a large, voluntary, metropolitan teaching hospital. The major social work function provided in such a service is information and referral; to provide this service, a psychosocial evaluation and counseling are essential. This service is valuable to and utilized by many individuals, professionals and community agencies. It can become the point where individuals enter the health care system. Issues related to policy making, institutional costs and cost benefits are discussed.

60484

0219089 83016762

**Evaluation of educational methods in a comprehensive cost-containment project in ambulatory care.**

Chilton LA; Applegate WB; Bennett MD; Skipper BE; White RE  
South Med J .Oct 1982, 75 (10) p1251-5, ISSN 0038-4348  
Journal Code: UVH

Languages: ENGLISH

The cost of medical care in the United States is a matter of great concern to many health policy makers and physicians as well as to the seekers of care. At the University of New Mexico, a comprehensive cost-containment education program was devised and put into effect with residents from three primary care disciplines. In addition to documenting the effectiveness of the educational package in reducing patients charges, we asked house staff to state which parts of the package were of most use. Wall posters displaying charges for commonly ordered tests, procedures, and prescription items and the distribution of sample bills for patients seen by the individual resident were rated most highly. A test of knowledge of charges to patients did not show resident improvement after education. Cost-containment education can be effective in reducing patient charges, even if physicians do not internalize the actual charge data. We recommend the inclusion of cost-containment education in all primary care training programs, as these physicians play such an important role in the generation of patient charges.

0219086 83016740

**[Role and power of the physician hygienist in hospitals: Geneva concept]**

Fonctions et pouvoirs du medecin hygieniste dans l'hopital: conception genevoise.

Ducel G  
Soins .Jun 1982, (384) p7-10, ISSN 0038-0814 Journal Code: UUU

Languages: FRENCH

0219042 83016201

**Selective primary health care: strategies for control of disease in the developing world. I. Schistosomiasis.**

Warren KS  
Rev Infect Dis .May-Jun 1982, 4 (3) p715-26, ISSN 0162-0886 Journal Code: SXN  
Languages: ENGLISH

The control of schistosomiasis should be related to its unique biology and ecology. Whereas schistosomes multiply within the snail intermediate host, they do not replicate within the mammalian definitive host. As a consequence, a large proportion of infected humans have low or moderate worm burdens, the disease tending to occur in the small proportion of individuals harboring large numbers of worms. This situation suggests an unusual strategy: the control of schistosomal disease rather than the usual approach of control of infection and its almost invariable end point of

eradication. Control of infection (transmission) requires use of mollusciciding, provision of water supplies and sanitation, health education, and chemotherapy and is still highly unlikely to result in eradication. Control of disease can be achieved at far lower cost by chemotherapy alone using the newer single-dose, oral, nontoxic chemotherapeutic agents.

00259

0218997 83015462

**Reflections of a primary-care resident. The value of community experience.**

Lipsitz L  
Pharos .Summer 1982, 45 (3) p23-6, ISSN 0031-7179  
Journal Code: P48

Languages: ENGLISH

0218979 83014658

**Hospice--compassionate, comprehensive approach to terminal care.**

Dupee RM  
Postgrad Med .Sep 1982, 72 (3) p239-41, 244-6, ISSN 0032-5481 Journal Code: PFK  
Languages: ENGLISH

The hospice is a physician-directed, multidisciplinary program of care for terminally ill patients designed to meet their emotional and spiritual as well as their physical needs. Services are provided in the patient's home for as long as possible and then at the hospital, if necessary. Consistent with the hospice's goal of enabling the patient to maintain the highest quality of life possible for as long as possible, every effort is made to relieve enervating symptoms, particularly by administration of analgesics in dosage adequate to control pain. The patient's family and friends are encouraged to participate in care and are given whatever help necessary in coping with their own reactions to the terminal illness. Recent enthusiasm for the hospice concept in this country reflects deficiencies in the care of terminally ill patients that can be attributed in large part to inadequacies in the training physicians receive. By including instruction on the enormous psychologic consequences of illness and impending death, medical schools would better equip future physicians to serve their patients.

00485



0218978 83014656

**Gold for rheumatoid arthritis: current perspectives.**

Mullin GT Jr

Postgrad Med ,Sep 1982, 72 (3) p205-7, 210-3, 216-7,  
ISSN 0032-5481 Journal Code: PFK

Languages: ENGLISH

Gold therapy induces remission in many patients with rheumatoid arthritis (RA). This fact, coupled with improved understanding of gold's mechanism of action and better ability to monitor its side effects, has led to a resurgence of popularity of this drug in the treatment of RA. Gold should be used as an adjunct when basic therapy, ie, aspirin or nonsteroidal antiinflammatory drugs, rest, and physical therapy, fails. Careful patient selection and education; early attention to side effects, especially mouth and skin reactions; and willingness to increase the dosage if the usual regimen does not bring about a satisfactory response, all contribute to successful use of gold. Although only injectable forms of gold are now available in the United States, an oral form that seems to be less toxic is being tested.

0218969 83014575

**Behavioral aspects of diabetes mellitus in childhood and adolescence.**

Johnson SB; Rosenbloom AL

Psychiatr Clin North Am ,Aug 1982, 5 (2) p357-69, ISSN  
0193-953X Journal Code: PBN

Contract/Grant No.: RO1 HD13820

Languages: ENGLISH  
(24 Refs.)

0218964 83014567

**Setting up a pediatric consultation-liaison service.**

Ahsanuddin KM; Adams JE

Psychiatr Clin North Am ,Aug 1982, 5 (2) p259-70, ISSN  
0193-953X Journal Code: PBN

Languages: ENGLISH

0218912 83014358

**New baccalaureate graduates' perceptions of organizational conflict.**

Snyder DJ

Nurs Res ,Sep-Oct 1982, 31 (5) p300-5, ISSN 0029-6562  
Journal Code: O9K

Languages: ENGLISH

This study explores the process of professional socialization in a sample of newly graduated baccalaureate nurses whose first experience as practicing professionals was in a hospital organizational system. Professional socialization was defined in terms of concept of identity reassessment as proposed by Strauss and in terms of the new graduates' descriptions of their own behavior during

conflictual situations in the work setting. These descriptions were identified as conflict-reporting behavior and analyzed from two aspects: the source of the conflict and the level reached by the behavior of the respondent, as defined by a model for organizational conflict proposed by Pondy. Although changes in conflict-reporting behavior with increasing experience in the hospital bureaucracy were noted, the study findings showed no significant relationships between this behavior and ideas about the nursing role and the value of organizational inducements. Some trends in conflict-reporting behavior were noted in relation to three other variables: the size of the unit on which the new graduate was working, the identity of the other persons in the conflict, and the new graduates' work experience in a hospital system while in school.

0218855 83013729

**Training safe workers: one union's solution.**

Denton DR

Occup Health Saf ,Jul 1982, 51 (7) p41, 47, ISSN  
0362-4064 Journal Code: ODE

Languages: ENGLISH

0218813 83013614

**Got problems that won't go away?...Solve them creatively!**

Moskowitz R

Nurs Life ,Sep-Oct 1982, 2 (5) p26-30, ISSN 0279-3091  
Journal Code: OA6

Languages: ENGLISH

0218805 83013596

**Childbirth choice: are there safe options?**

Jennings B

Nurse Pract ,Jul-Aug 1982, 7 (7) p26, 30, 32 passim,  
ISSN 0361-1817 Journal Code: OA1

Languages: ENGLISH  
(97 Refs.)

0218798 83013550

**Total I.V. care concept.**

Bledsoe L

NITA ,Jul-Aug 1982, 5 (4) p268-9, ISSN 0160-3930  
Journal Code: N7G

Languages: ENGLISH

00486

0218788 83013325

**Organization of head injury service in Beijing.**

Cheng M

Neurosurgery, Aug 1982, 11 (2) p321-4, ISSN 0148-396X  
Journal Code: NZL

Languages: ENGLISH

Beijing, the capital of the People's Republic of China, is a city with a population of over 10 million. The incidence of head injuries is increasing yearly and the government pays much attention to this social and medical problem. This is evidenced in both county and big city hospitals by the organization of neurosurgeons and general surgeons to serve the victim, by the training of some general surgeons in primary hospitals to handle emergency head injury care, and by the education of the citizens in accident prevention.

0218730 83012319

**A primary health care project in Sarawak.**

Chen PC; Tan YK

Med J Malaysia, Mar 1982, 37 (1) p25-34, ISSN 0300-5283  
Journal Code: M2M

Languages: ENGLISH

00260

0218725 83012307

**Medical students' attitudes toward basic sciences: influence of a primary care curriculum.**

West M; Mennin SP; Kaufman A; Galey W

Med Educ, Jul 1982, 16 (4) p188-91, ISSN 0308-0110  
Journal Code: MZ3

Languages: ENGLISH

The emerging popularity of family medicine and primary care among medical students with an attendant pressure for clinical relevance in pre-clinical coursework and early clinical exposure has raised questions in the minds of many academicians about the students' perceived value of basic sciences in such an educational environment. A comparison was made of attitudes toward the basic sciences between students in two, concurrent, pre-clinical medical school curricula at the University of New Mexico School of Medicine. The conventional curriculum offers a teacher-centered, 2-year curriculum of basic sciences taught predominantly by basic scientists in a lecture format. The experimental curriculum entitled the Primary Care Curriculum (PCC), offers a student-centered, 2-year curriculum in which pertinent basic and clinical science learning is derived primarily from common, primary care, patient problems, discussed in small group tutorials. There are no formal lectures. Half the tutors are primary care clinicians, half basic scientists. Attitude scales were administered in two successive classes of students in both curricula at the beginning of the first and second terms of the first year. Increased cynicism toward the curriculum and its relevance to future practice was observed among conventional, but not among PCC students. This finding lends supports to the hypothesis that modification in

educational methods in general and relevant, primary care experience in particular can favourably influence students' attitudes toward basic sciences.

00261

0218612 83010913

**Postpartum home visits by maternity nursing students.**

Barrett JE

JOGN Nurs, Jul-Aug 1982, 11 (4) p238-40, ISSN 0090-0311  
Journal Code: KS2

Languages: ENGLISH

Fewer babies are being born; hospital postpartum days are being shortened; and many families are choosing home births. These facts have prompted nursing educators to seek maternity experiences for students outside the hospital setting. At the university where the student-visit program was implemented, faculty appreciated the need for follow-up home care and focused on more than the experiences in prenatal clinics and the acute-care setting. Rather than turning the family over to another community service or colleague when indicated, second and third home visits are being considered. These additional visits would assure a greater opportunity for primary prevention in the care of the total family. Hospital management and home-care maternity nurses have found that postpartum visits have decreased the need for parents to return to the emergency room or the hospital. Problems have been anticipated or assessed and nursing intervention provided on the home visit. This service gradually is becoming available to more families, with both physical and psychosocial needs being considered. It is hoped that it soon will be provided to all families. Postpartum families, nurses, and nursing students benefit from follow-up postpartum visits in the home. The families are assisted in their parenting roles and nurses gain satisfaction in providing continuity of care.

00187

0218601 83010642

The operation of a radiology consultation service in an acute care hospital.

Baker SR  
JAMA ,Nov 5 1982, 248 (17) p2152-4, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

The operation of a radiology consultation service in an acute care teaching hospital is described. The radiologist acts as an active advisor in the structuring of diagnostic evaluations in three disease categories: biliary tract disease, nonemergency gastrointestinal tract bleeding, and abdominal mass. There was a 64% reduction in the time needed to establish a diagnosis and a 32% decrease in the number of studies for each patient on the consultation ward compared with a control group, which consisted of patients with similar clinical presentations. A formal partnership between clinician and radiologist serves two important functions in teaching hospitals. It can simultaneously expedite diagnostic evaluations and teach the best utilization of imaging examinations.

0218593 83010588

Depressives, doctors, and antidepressants [editorial]

Uhlenhuth EH  
JAMA ,Oct 15 1982, 248 (15) p1879-80, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0218592 83010577

Treatment received by depressed patients.

Keller MB; Klerman GL; Lavori PW; Fawcett JA; Coryell W; Endicott J  
JAMA ,Oct 15 1982, 248 (15) p1848-55, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

We report on the treatment received by 217 patients in the community with a diagnosis of major depressive disorder of at least one month's duration. Only a low proportion of subjects received intensive treatment with antidepressant medication or electroconvulsive therapy, as judged by research standards and current clinical teaching. Specific associations emerge between treatment and several clinical, sociodemographic, and diagnostic variables; however, taken together these variables account for only a small fraction of the variance in treatment received. Even among patient subgroups based on severity and long duration of illness, high proportions did not receive adequate therapeutic trials. Substantial differences are found in treatment across community centers that are not attributable to variation in the clinical characteristics of patients. We conclude that more research is needed to determine how patients and practitioners contribute to this phenomenon of low intensity of somatic treatment.

00262

0218546 83010162

House staff education and ambulatory care.

Soslow AR  
J Med Educ ,Oct 1982, 57 (10 Pt 1) p808, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

00263

0218484 83009337

Su Clinica Familiar--Georgetown University pilot project.

Lonsdale L; Murdaugh A; Stiles D  
J Nurse Midwife ,Sep-Oct 1982, 27 (5) p25-33, ISSN 0091-2182  
Journal Code: JER  
Languages: ENGLISH

00264

0218477 83009305

So you're the inservice educator on a Neuro Unit.....

Genter L  
J Neurosurg Nurs ,Aug 1982, 14 (4) p177-81, ISSN 0047-2603  
Journal Code: JD7  
Languages: ENGLISH

0218361 83008116

Iron intakes and serum ferritin levels in developmentally delayed children. An assessment of maternal knowledge and attitudes.

Caliendo MA; Booth G; Moser P  
J Am Diet Assoc ,Oct 1982, 81 (4) p401-6, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

A survey conducted on a quota sample of 42 developmentally delayed children included assessment of maternal nutrition knowledge and attitudes. A 24-hour recall was combined with a two-day food record for calculation of dietary iron intakes of the children. Serum ferritin levels were used to assess subjects' iron stores. Maternal education was positively correlated with maternal nutrition knowledge, attitude toward meal planning, and stricter attitudes toward feeding children. Maternal nutrition knowledge and strictness attitudes significantly correlated with dietary iron intake. Relative feeding skills and age correlated with serum ferritin levels.

00488

0218340 83008045

**Workshops in personal relationships.**

Strehlow MS

J Adv Nurs ,May 1982, 7 (3) p261-7, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

This paper describes the planning, implementation and evaluation of a series of workshops for practising health visitors, as one aspect of continuing professional education. The history demonstrates response to stated need. Planning was intensive and extensive, resulting in one broad educational objective and a flexible approach to teaching/learning. Contributions of expertise from several disciplines proved valuable. Prior to full implementation, experimental workshops were organized and evaluated both objectively and subjectively. The variety of methods of evaluation permitted isolation of some factors which mitigate against success and their avoidance when possible. The objective evaluations used three criteria which appeared to demonstrate positive outcomes to a great extent. Evaluations of 17 workshops demonstrate the continuing value of this form of education, and the summarized response shows, inter alia, that impetus does not necessarily reduce with time. Of significance is the evidence that the results include improved professional practice and that there were increases in depth and breadth of knowledge. Additionally, there were developments of self-help and professional interest groups. Finally, the sequel should lead towards a model of training resource personnel within the NHS, the trial of the model being early in 1982.

0218329 83008017

**Australasian training and examination in intensive care [editorial]**

Baker AB

Intensive Care Med ,1982, 8 (4) p161-2, ISSN 0342-4642  
Journal Code: H2J

Languages: ENGLISH

0218319 83007976

**Screening for specific learning disabilities among dental students.**

Parks AW; Antonoff SJ; Drake C; Olivier C; Sedita J; Weiss I ; Daddi B

J Dent Educ ,Oct 1982, 46 (10) p586-91, ISSN 0022-0337  
Journal Code: HY7

Languages: ENGLISH

At a time when recognition of the needs of handicapped students is of great concern, many handicapped persons have not yet been identified. Even with the advent of legislation mandating educational equity for all handicapped students, those with specific learning disabilities (SLD) still remain unidentified or unserved by institutions of higher education. In 1979, New York University College of Dentistry instituted a classwide screening and testing program for SLD students. The

program sought to identify accepted students "at risk" for SLD through the administration of a two-hour battery of tests designed by learning disabilities specialists. Follow-up in-depth evaluations yielded a 90 percent accuracy rate on correct identification of SLD students based on the screening results. This article presents specific test results, analyses of data, and comparison of self-report measures and suggests educational implications, including suggestions for program accommodations.

0218306 83007917

**Current trends in Finnish adolescent psychiatry.**

Pytkkanen K

J Adolesc ,Jun 1982, 5 (2) p159-66, ISSN 0140-1971  
Journal Code: HWI

Languages: ENGLISH

0217841 83001002

**Screening in disease prevention.**

Crown J

Br J Hosp Med ,Jun 1982, 27 (6) p577-81, ISSN 0007-1064  
Journal Code: BZ5

Languages: ENGLISH

0217830 83000972

**Legal aspects of specious dietary claims.**

Herbert V

Bull NY Acad Med ,Apr 1982, 58 (3) p242-53, ISSN 0028-7091  
Journal Code: B00

Contract/Grant No.: AM20526

Languages: ENGLISH

0217675 82276086

**A radiology department's response to consumer concerns regarding the hazards of low-dose radiation.**

Godderidge C

Radiol Manage ,Jun 1982, 4 (3) p1-5, ISSN 0198-7097  
Journal Code: QSJ

Languages: ENGLISH

00489

0217669 82275617

**In honor of Andrew Pattullo: education for health services administration.**

Fillerman GL

Program Notes Assoc Univ Programs Health Adm , Spring 1982, (99) p19-22, ISSN 0098-1559 Journal Code: OAH

Languages: ENGLISH

0217630 82274590

**Mutual-help groups: members' views of their benefits and of roles for professionals.**

Gottlieb BH

Prev Hum Serv , Spring 1982, 1 (3) p55-67, ISSN 0270-3114 Journal Code: PA8

Languages: ENGLISH

Members of 18 self-help groups in Canada were surveyed as to the benefits of participation in mutual help groups and the roles for professionals in such groups. Three distinctions are made among mutual help groups: (1) those dealing with loss-transition (L-T), (2) those with members one step removed (OSR) from the problem, and (3) groups for stress, coping and support (SC&S). Members in OSR groups feel they benefit significantly more from participation than SC&S group members, while many L-T members feel they could get along well without the group if they had to. Members of SC&S groups tend to favor indirect involvement of professionals and see professional help and mutual help as complementary, more than do members of L-T and OSR groups. The traditional health care system is found to ignore the needs of L-T and OSR group members; mutual help thus provides a critical source of support and education for these people.

0217583 82271499

**Awareness is key to employee participation in a safety program.**

Sweet G

Mich Hosp , Sep 1982, 18 (9) p7-10, ISSN 0026-220X Journal Code: MXZ

Languages: ENGLISH

0217564 82271233

**Examining your black box.**

Crisafulli C

Med Group Manage , Jul-Aug 1982, 29 (4) p16-8, ISSN 0025-7257 Journal Code: MA7

Languages: ENGLISH

Effective management employs the skills of eliciting appropriate behavior and performance from people and successfully interacting with the environment. Formal management training is one tool that can help a medical group manager accomplish this objective. Another tool is a set of personal values which are consistent with the manager's

actions. These values are neatly packaged in what the author calls a "black box." It makes for not only a healthy management style, but also a healthy person if the cognitions contained in one's black box are continually examined and weeded. To assist managers in identifying and examining the elements contained in their personal value sets, the author presents a few elements of his own black box.

0217448 82264787

**'Don't take a chance': a public campaign to encourage the early reporting of breast symptoms.**

Christmas P; Nichols S

Health Educ J , 1982, 41 (2) p61-8, ISSN 0017-8969 Journal Code: G1Z

Languages: ENGLISH

As part of a study to evaluate health education about breast cancer, a campaign to encourage the early reporting of breast symptoms was organised jointly by Community Medicine, University of Southampton and Southampton Health Education Service. A thorough account of all aspects of the preparation and implementation of the campaign is presented. It is hoped that other organisations, considering a similar campaign, could utilise the materials specially produced to convey our message and benefit from our experiences.

0217424 82263900

**In-service education: the PRAISE approach. Key elements in teaching adults.**

Troman LS; Gruber E

J Am Med Rec Assoc , Aug 1982, 53 (4) p33-6, ISSN 0273-9976 Journal Code: GJV

Languages: ENGLISH

0217414 82263772

**Attacking the high costs of back injuries.**

Health Care Secur Saf Manage , Aug 1982, 3 (4) p5-9, Journal Code: GH6

Languages: ENGLISH

0217338 82263424

**Adolescent sexuality program focuses on responsibilities, communication.**

Hosp Prog , Sep 1982, 63 (9) p22, 28, ISSN 0018-5817 Journal Code: GD1

Languages: ENGLISH

00430

0217282 82263294

**Is the National Administrative Training Scheme meeting its objectives?**

Stewart R; Smith P  
Health Serv Manpow Rev ,Aug 1982, 8 (3) p14-8, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0217185 82257758

**The Commission's educational efforts.**

Shurkus MB  
Bull Am Coll Surg ,Sep 1982, 67 (9) p19, ISSN 0002-8045  
Journal Code: BDC  
Languages: ENGLISH

0217128 82283577

**The role of the hygienist in dental practice.**

McIntyre JM  
Aust Dent J ,Apr 1982, 27 (2) p124-8, ISSN 0045-0421  
Journal Code: 9EB  
Languages: ENGLISH

00265

0217117 82283249

**Application of "management by objectives" to a surgical residency.**

Martin LF; Spratt JS Jr; Hoyer RE; Polk HC Jr  
Arch Surg ,Sep 1982, 117 (9) p1203-5, ISSN 0004-0010  
Journal Code: BIA  
Languages: ENGLISH

0216988 82281830

**The future of child psychiatry as a medical discipline.**

Earls F  
Am J Psychiatry ,Sep 1982, 139 (9) p1158-61, ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: MH-00165  
Languages: ENGLISH

There is a shortage of child psychiatrists; at the same time, efforts to establish comprehensive care health resources for families and children are increasing. To ensure that child psychiatry keeps pace with broader changes in medical care, the author recommends that the distribution and practices of child psychiatrists be examined and that the therapies used be evaluated. The structural relationships of child psychiatry remaining programs to medical school departments of psychiatry and pediatrics and to the specialty examining boards also need reappraisal. Discussion of these issues within and outside child psychiatry should be stimulating and useful to the field's future.

0216983 82281817

**Presidential address: science in the service of the ill.**

Freedman DX  
Am J Psychiatry ,Sep 1982, 139 (9) p1087-95, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

0216969 82281577

**Agency practices in assigning fieldwork experiences to occupational therapy students.**

Chung YI; Spelbring LM  
Am J Occup Ther ,Jul 1982, 36 (7) p450-5, ISSN  
0272-9490 Journal Code: 305  
Languages: ENGLISH

Practices by agencies in assigning Level II fieldwork experiences to occupational therapy students were examined. Time-specific logs were collected from students and from agency personnel during a 3-month period. The data generated were used to answer questions about how effectively student time was used in meeting the stated purposes of the assignment. The focus was on "average" student fieldwork activities. The study suggests that more careful and systematic development and design of Level II fieldwork programs are needed to meet the established educational goals and to maximize educational opportunities during the allotted time.

0216964 82281524

**Outpatient breast biopsies on a gynecologic service.**

Mitchell GW Jr; Homer MJ  
Am J Obstet Gynecol ,Sep 15 1982, 144 (2) p127-30, ISSN  
0002-9378 Journal Code: 3NI  
Languages: ENGLISH

One hundred forty-six breast biopsies in 143 patients were done on outpatient basis, without general anesthesia, on a gynecologic service between 1975 and 1980. This procedure has advantages over in-hospital biopsy in terms of cost, time, reduced immediate risk, and patient acceptance. Greater long-term risk, if carcinoma is found, has not been substantiated. Gynecologists need this procedure as an adjunct to the management of benign breast conditions and should be trained to do it.

00491

0216858 82280769

**Utilization of analgesics from 1970 to 1978. Prescription patterns in the county of Jamtland and in Sweden as a whole.**

Gustafsson LL; Boethius G

Acta Med Scand ,1982, 211 (6) p419-25. ISSN 0001-6101  
Journal Code: 14G

Languages: ENGLISH

A comparative analysis of the usage of analgesics in the county of Jamtland and in Sweden 1970-78 has been carried out.

An attempt was also made to map out the indications for prescribing such drugs. Both in Jamtland and in Sweden as a whole, analgesics sold over the counter accounted for more than half of the total usage. The same was true for fixed drug combinations. Analgesics were prescribed each year to 17% of the population of Jamtland. Fixed drug combinations containing sedatives maintained a large fraction of the amount of analgesics prescribed--31% of defined daily doses (DDDs) in 1978. Arylalkanoic acids (ibuprofen and naproxen), introduced in 1975, soon took a substantial part of the market--13% of DDDs in 1978. Though arylalkanoic acids were registered for treatment of degenerative joint diseases, four of five patients in Jamtland received them only once or twice during a two-year period. In the national study, every third prescription of these drugs was for degenerative joint diseases. The pattern of usage revealed in this study calls for improved pharmacotherapeutic training of physicians to make drug treatment more rational.

00266

0216852 82280710

**An epidemiological approach to the improvement of mental health services in developing countries.**

Giel R

Acta Psychiatr Scand [Suppl] ,1982, 296 p56-63. ISSN  
0065-1591 Journal Code: 1W3

Languages: ENGLISH

0216837 82280399

**AANA Journal Course. 2. Cardiovascular system. The anesthetic management of the patient: a focus on myocardial infarction.**

Frye-Kryder S; Katz LE

AANA J ,Jun 1982, 50 (3) p285-92. ISSN 0094-6354  
Journal Code: O2P

Languages: ENGLISH

Although it is important to note the cardiovascular effects of the various anesthetic agents, the anesthetist should use the anesthetic agent with which he or she is most familiar and with which it is felt that the best control of cardiovascular parameters can be maintained. It should be remembered that the effects of all drugs are dependent upon the milieu into which the drug is given. Expected effects may be altered because of the patient's cardiac and/or related pathophysiology. It is important that the anesthetist give attention to all parameters so that oxygen supply is always equal to or greater

than cardiac oxygen demand. In this manner, anesthesia may most safely be conducted for patients with compromised coronary circulation.

0216785 82279913

**[Possibilities of economical caries prevention]**

Die Moglichkeiten fur eine okonomische Kariesprophylaxe.

Schmidt H

Zahnartzl Mitt ,Jun 16 1982, 72 (12) p1371-4. ISSN  
0044-1643 Journal Code: Y3F

Languages: GERMAN

0216762 82279823

**[The role of the Federal Agency for Environmental Protection in the field of noise control]**

Die Rolle des Bundesamtes fur Umweltschutz auf dem Gebiet der Larmbekampfung.

Verdan G

Soz Praventivmed ,May 1982, 27 (2-3) p146-50. ISSN  
0303-8408 Journal Code: YF1

Languages: GERMAN Summary Languages: ENGLISH

The public efforts in noise abatement are shared among federal, cantonal, and local authorities. Since the acceptance of a new article in the Federal Constitution concerning the protection of the environment, the federal authorities have primarily the task to prepare and issue regulations, whilst the cantonal and local authorities have to enforce them. The Federal Office for Environmental Protection has to coordinate the activities at the federal level. The main present tasks are the preparation of new regulations, to act as an advisory board for other authorities, to analyse and evaluate the noise impact of installations and facilities, to inform the public, and to prepare the future education and training of the executive officials.

0216758 82279692

**[Dependability of patients in taking drugs in medical trials. Survey of the literature]**

Die Einnahmezuverlassigkeit bei Arzneimittelprufungen. Eine Literaturrecherche.

Schrey A; Strufe R; Bechler M

ZFA (Stuttgart) ,Jun 10 1982, 58 (16) p907-11. ISSN  
0341-9835 Journal Code: XZ5

Languages: GERMAN

(78 Refs.)

00492

00267

● 0216698 82278518

**The doctor and the primary health worker.**

Waterston A

Trop Doct ,Jul 1982, 12 (3) p101-3, ISSN 0049-4755

Journal Code: WGC

Languages: ENGLISH

0216661 82278241

**Ten dietary topics for the dental practitioner--a review.**

Touyz LZ; Glassman RM

Tydskr Tandheelkd Ver S Afr ,Feb 1982, 37 (2) p63-71,

ISSN 0011-8516 Journal Code: VZY

Languages: ENGLISH

0216598 82277692

**[Education of patients using anti-coagulants: utopia or reality?]**

L'education des malades sous anti-coagulants: utopie ou realite? (1).

Cercy M

Etud Soins Serv Infirm ,1980, (6) p51-68, ISSN

0338-3989 Journal Code: U9F

Languages: FRENCH

00268

● 0216456 82276421

**Code 99: a rehabilitation patient in arrest.**

Hogan NF

Rehabil Nurs ,Sep-Oct 1982, 7 (5) p26-9, ISSN 0278-4807

Journal Code: R25

Languages: ENGLISH

0216373 82275830

**The INSURE project on lifecycle preventive health services.**

Logsdon DN; Rosen MA; Demak MM

Public Health Rep ,Jul-Aug 1982, 97 (4) p308-17, ISSN

0033-3549 Journal Code: QJA

Languages: ENGLISH

The INSURE Project on Lifecycle Preventive Health Services is a 3-year study to determine the feasibility of implementing preventive services in primary medical care as a health insurance benefit and to assess the short-term impact of this implementation on providers and consumers. Initiated by the life and health insurance companies, the project has received additional support from private philanthropic foundations. Preventive services, which will be provided under a lifecycle approach according to the age and sex of the patient and include education of patients on health-related behavior, will range from prenatal care through geriatrics. A quasi-experimental design will be used in which three study (experimental) group practice sites are matched with three

control group practice sites. At the study sites, the primary care physicians will participate in orientation sessions on recommended preventive services and patient education procedure; they will also examine and counsel the study patients. The study and control physicians and patients will be surveyed before and after the program of intervention is conducted at the study sites to assess their knowledge, attitudes, and behavior toward health behavior practices.

00269

● 0216280 82274961

**The role of the Emergency Medical Services in organ donation.**

Whittier FC; Boyd DR; Warren J

Proc Clin Dial Transplant Forum ,1980, 10 p155-9, ISSN

0094-6044 Journal Code: PSZ

Languages: ENGLISH

A potential need for more organ donors has been identified because of the improved survival rates of patients receiving kidney transplants and the reports of improving graft success rates. Because of the development of the EMS trauma program, an awareness of the potential benefit for increased organ donation could be realized by improved working relationship of the EMS trauma unit and the organ recovery agency. In the final analysis, careful planning of a regionwide program for organ recovery by the organ retrieval groups to include the EMS trauma unit should result in an increased number of cadaveric kidneys for transplantation.

0216080 82273712

**A questionnaire for assessment of parents' needs in a child health clinic.**

Ryberg JW; Merrifield EB

Pediatr Nurs ,Sep-Oct 1982, 8 (5) p318-9, 322, ISSN

0097-9805 Journal Code: OUN

Languages: ENGLISH

0215902 82273138

**The emperor's new clothes.**

Bille DA

Nurs Adm Q ,Summer 1982, 6 (4) p52-9, ISSN 0363-9568

Journal Code: DAE

Languages: ENGLISH

00493



0215897 82273133

**Clinical nurse instructor: impact on a nursing unit.**  
Robinson MA  
Nurs Adm Q ,Summer 1982, 6 (4) p35-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215894 82273130

**On the scene: University of California Irvine. Influencing change agents.**  
Solomon JE  
Nurs Adm Q ,Summer 1982, 6 (4) p24-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215846 82272272

**A strategy for the reduction of childhood injuries in Massachusetts: SCIPP.**  
Gallagher SS; Guyer B; Kotelchuck M; Bass J; Lovejoy FH Jr; McLoughlin E; Mehta K  
N Engl J Med ,Oct 14 1982, 307 (16) p1015-9, ISSN 0028-4793  
Journal Code: NOW  
Contract/Grant No.: MCH 022001-02  
Languages: ENGLISH

00270

● 0215792 82271585

**Health care in 20 years' time: to maintain their standing, doctors will have to adapt to their patients' requirements.**  
Ryan JG  
Med J Aust ,Jun 26 1982, 1 (13) p567-8, 571, ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH

00271

● 0215696 82270662

**Comparison of health care delivery in Britain and the United States.**  
Linhardt GE Jr; Moore R; Hill JL  
Md State Med J ,Jul 1982, 31 (7) p41-5, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0215641 82269449

**The diagnosis and treatment of genital herpes.**  
Corey L  
JAMA ,Sep 3 1982, 248 (9) p1041-9, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0215632 82269410

**Physicians who move and why they move.**  
Steiber SR  
JAMA ,Sep 24 1982, 248 (12) p1490-2, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Physicians in the United States migrate across county lines more often than nonphysicians, but their migration parallels that of the population at large: from the northern "Frost Belt" to the southern "Sun Belt." The data presented herein show that mobile physicians ("movers") are more often younger and female than nonmobile physicians ("stayers"). Stayers are more likely to be primary care of self-employed physicians, and movers more often are in nonprimary care or in medical administration, research, teaching, or other medical employment modalities. County-level characteristics such as population income and size also help determine whether a physician will be a mover or stayer.

0215619 82269112

**The Ontario Temporal Bone Bank program and the University of Toronto Temporal Bone Histopathology Laboratory.**

Hawke M; van Nostrand AW  
J Otolaryngol ,Jun 1982, 11 (3) p214-20, ISSN 0381-6605  
Journal Code: KBC  
Languages: ENGLISH

The first temporal bone histopathology laboratory in Canada was established at the University of Toronto in 1966. Its organization is outlined. More than 600 bones have been processed and more than 45 publications produced. These are broadly classified as new discoveries, new techniques of temporal bone processing, clinical pathological case reports, and papers on clinical entities. The laboratory has a major teaching role for the trainee in otolaryngology. The history of the temporal bone bank program in North America and of the Ontario Temporal Bone Bank is outlined.

00494

00272

● 0215591 82268922

**Increasing the educational value of medical care evaluation: a model program.**

Bashook PG; Maxwell JA; Sandlow LJ  
 J Med Educ ,Sep 1982, 57 (9) p701-7, ISSN 0022-2577  
 Journal Code: J13  
 Languages: ENGLISH

A model medical care evaluation (MCE) program, designed to increase the educational value of MCE activities, was implemented in three clinical departments at the Michael Reese Hospital and Medical Center. The program was evaluated by means of quantitative and qualitative observational techniques, questionnaires, and interviews and by comparing committees for which the implementation was highly successful with those for which it was less successful. The results confirmed the educational value of the following features of the model program: (a) a focus on the process of care rather than standards of care, (b) prior review of records and their presentation as case problems, (c) educational emphasis by the committee chairperson, and (d) attendance by at least four physicians. Implications for other types of hospital quality assurance or educational activities are discussed.

00273

● 0215556 82268750

**Medication education for patients in a partial hospitalization program.**

Batey SR; Ledbetter JE  
 J Psychosoc Nurs Ment Health Serv ,Jul 1982, 20 (7) p7-10, ISSN 0279-3695 Journal Code: JUW  
 Languages: ENGLISH

0215518 82268278

**Childbirth preparation: an important service for all. II. A clinical perspective.**

Pahlka B  
 J Nurse Midwife ,Jul-Aug 1982, 27 (4) p34-6, ISSN 0091-2182 Journal Code: JER  
 Languages: ENGLISH

0215387 82266839

**An outreach program for the urban elderly.**

Gerardi GE  
 J Gerontol Nurs ,Aug 1982, 8 (8) p440-2, ISSN 0098-9134  
 Journal Code: IAX  
 Languages: ENGLISH

0215378 82266729

**Education in the nursing home: practical considerations.**

Pawlson LG  
 J Am Geriatr Soc ,Sep. 1982, 30 (9) p600-2, ISSN

0002-8614 Journal Code: H6V  
 Languages: ENGLISH

0215375 82266722

**Knowledge of and compliance with drug regimens in the elderly.**

German PS; Klein LE; McPhee SJ; Smith CR  
 J Am Geriatr Soc ,Sep 1982, 30 (9) p568-71, ISSN  
 0002-8614 Journal Code: H6V  
 Languages: ENGLISH

In an interview study of 545 patients recently discharged from The Johns Hopkins Hospital, data were collected on the patients' knowledge of their diseases, knowledge of drug purpose, and compliance with the prescribed drug regimen. The interrelationships of these variables were compared in patients under age 65 and patients aged 65 or older. Age-related factors and trends were sufficiently important to warrant further investigation. Knowledge of and compliance with drug regimens may reflect doctor-patient relationships. Understanding the patterns of drug use offers a potential for appropriate strategies in clinical practice.

00274

● 0215360 82266700

**Quality assurance. I. A levels of care model.**

Ometer JL; Oberfell MS  
 J Am Diet Assoc ,Aug 1982, 81 (2) p129-32, ISSN  
 0002-8223 Journal Code: H6F  
 Languages: ENGLISH

A model used to identify patients requiring increased nutritional support and to determine priorities and delineate the degree of care required and role responsibilities is described. The model includes three levels of care: Level I is the most basic care and Level III the most intense. Assignment to a level of care is based on the presence, absence, or anticipated development of nutritional problems and/or the degree of dietary teaching required. Within each level of care, practitioner responsibilities have been defined by frequency and by position.

00275

● 0215354 82266656

**Is there a future for tenure in dental education?**

Mendel RW; Scheetz JP  
 J Am Coll Dent ,Spring 1982, 49 (1) p28-31, ISSN  
 0002-7979 Journal Code: H5A  
 Languages: ENGLISH

00495

0215341 82266578

**Faculty retention in dental hygiene programs.**

Ley ES

J Dent Educ .Sep 1982, 46 (9) p533-6. ISSN 0022-0337  
Journal Code: HY7

Languages: ENGLISH

This study assesses the extent to which faculty turnover in dental hygiene programs is related to the type of educational institution. A questionnaire was mailed to 201 dental hygiene program directors; 175 responded (87 percent). Nearly 47 percent of the directors associated with programs in state colleges and universities indicated they had experienced some degree of difficulty retaining faculty in the past five years; less than 18 percent of those in community colleges and technical schools experienced similar problems. Faculty attrition due to personal reasons and job and salary dissatisfaction occurred to a slightly greater extent in state educational institutions than in community colleges and technical schools. Achieving tenure was perceived as a problem primarily by directors of programs in state colleges and universities. Although inadequate salary was a direct cause of attrition in some cases, the degree to which it influenced personal reasons for leaving was not determined.

00277

0215212 82264797

**A strategic planning model for a geriatric initiative in a school of medicine.**

Cahn BW; Rapoport MI

Health Care Manage Rev .Winter 1982, 7 (1) p75-80. ISSN  
0361-6274 Journal Code: G11

Languages: ENGLISH

0215135 82264173

**[Industrial nurse and occupational accidents (prevention and team work)]**

L'infirmiere d'entreprise et les accidents du travail  
(prevention et collaboration).

Abrial-Monque RM

Infirm Fr .Jun 1982, (236) p3-15. ISSN 0019-9613  
Journal Code: GOD

Languages: FRENCH

00276

0215286 82265303

**Future trends in post-basic nursing education.**

Conway-Rutkowski B

JNE .Jun 1982, 21 (6) p5-10. ISSN 0148-4834 Journal  
Code: HAP

Languages: ENGLISH

0215285 82265302

**Health fair: providing a learning experience through a community service project.**

Mason DJ; Calvacca LR

JNE .Jun 1982, 21 (6) p39-47. ISSN 0148-4834 Journal  
Code: HAP

Languages: ENGLISH

0215258 82264920

**Understanding starvation in the critically ill patient.**

Stotts NA; Friesen L

Heart Lung .Sep-Oct 1982, 11 (5) p469-78. Journal  
Code: G2V

Languages: ENGLISH

0215254 82264915

**Effects of chronic lung disease on life in general and on sexuality: perceptions of adult patients.**

Hanson EI

00496

0215130 82264098

**RDA and related tracking systems concerned with sodium.**

Forbes AL

Hypertension ,Sep-Oct 1982, 4 (5 Pt 2) pIII170-5.

Journal Code: GK7

Languages: ENGLISH

The U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services have developed a five-point set of sodium initiatives aimed at moderation of sodium consumption, improved sodium-related information for consumers and health professionals, and improved consumer choice in the marketplace. Implementation is fundamentally based on a voluntary premise, and indications to date are that the program is working. FDA has established a series of tracking systems to measure change over time, particularly relative to changes in the sodium content of the food supply, in the sodium content of American diets, in sodium labeling -- both quantitative and qualitative, in consumer understanding of the sodium-and-hypertension problem, and in consumer food purchasing practices. Some of these efforts are conducted in cooperation with other Federal agencies such as the National Heart, Lung, and Blood Institute and the Department of Agriculture. The epidemiological approach to measurement of the prevalence of hypertensive disease as provided by the periodic National Health and Nutrition Examination Surveys is at the center of all other tracking systems to measure effectiveness of the national effort to reduce sodium intakes and thereby hopefully moderate the magnitude and severity of hypertensive disease as a major public health problem in the United States.

0215129 82264097

**Drug and dietary intervention in hypertension.**

Langford HG

Hypertension ,Sep-Oct 1982, 4 (5 Pt 2) pIII166-9.

Journal Code: GK7

Contract/Grant No.: 5R01 HL24369

Languages: ENGLISH

Antihypertensive drug treatment has been shown to be efficacious in reducing mortality, morbidity, and end-organ damage from hypertension. However, the health care consequences of providing continued antihypertensive therapy for approximately one-fourth of the adult population has led to inquiry into the potential of nutritional change as an alternative therapy. The relapse rate for the return of hypertension after withdrawal of antihypertensive drugs is greater in the obese than in the nonobese patient. The relapse rate is also much greater if the hypertension was severe before antihypertensive drugs were started. A programmed course of dietary instruction enabled participants to drop sodium excretion by 50%, and to lose approximately 5% of body weight in 32 weeks. Adequate large-scale trials to determine the therapeutic success rate of dietary modification in mild hypertension have yet to be done. Studies have been initiated in the United States and Finland to determine the feasibility of dietary modifications as a means of preventing the

occurrence of hypertension. This endeavor deserves the highest priority, for the magnitude of the problem threatens to overwhelm conventional means of provision of medical care.

0215123 82264088

**Food choices for lowering sodium intake.**

Altschul AM; Grommet JK

Hypertension ,Sep-Oct 1982, 4 (5 Pt 2) pIII116-20.

Journal Code: GK7

Languages: ENGLISH

Excessive intake of dietary sodium is one form of affluent or industrial society malnutrition. When combined with a genetic-based sodium sensitivity, this high sodium intake becomes a factor in the etiology of hypertension. Most dietary sodium comes from food, natural or processed. Indirect measures of discretionary sodium intake, that from the salt shaker in the kitchen or at the table, put it at a level of 25% to 50% in the United States. Direct measures on a small sample of subjects indicate that less than 10% of sodium intake is discretionary. Anyone who needs to reduce sodium intake must, therefore, make major changes in diet. This requires information on the sodium content of common foods, the availability of low sodium analogs of popular foods, and a variety of low sodium condiments to provide more choice for the individual.

0215093 82263445

**On reducing prematurity: the hospital's role.**

Behrman SJ

Hosp Pract ,Jun 1982, 17 (6) p15-6, ISSN 0018-5809

Journal Code: GD2

Languages: ENGLISH

0215028 82262481

**Continuing ed: program development.**

Kamenir S

Dimens Health Serv ,Jul 1982, 59 (7) p38-9, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

00497

0215014 82262467  
**The chaplain and lay pastoral volunteers.**  
Peel D  
Dimens Health Serv ,Jun 1982. 59 (6) p44-5. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214951 82261316  
**Patient package inserts: a research perspective.**  
Morris LA; Graft SC  
Drug Ther ,1982. p191-217. ISSN 0163-1705 Journal  
Code: EBX  
Languages: ENGLISH

0214950 82261315  
**Patient package inserts: goals versus achievements.**  
Lasagna L  
Drug Ther ,1982. p181-9. ISSN 0163-1705 Journal Code:  
EBX  
Languages: ENGLISH

0214768 82258880  
**An avenue for health care awareness.**  
Melamed F  
Can Nurse ,Sep 1982. 78 (8) p46. ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00278

0214748 82258782  
**[Evaluation of a nutrition education program in kindergartens]**  
Evaluation de l'efficacite d'un programme d'education en  
nutrition dans des classes de maternelle.  
Saladin G; Provencher HJ; Sevigny J; Desaulniers M  
Can J Public Health ,Mar-Apr 1982. 73 (2) p95-100. ISSN  
0008-4263 Journal Code: CK6  
Languages: FRENCH Summary Languages: ENGLISH

0214744 82258777  
**The value of a school health program for teenagers: a community surveys.**  
Feldman W; Feldman E; Milner R; Caulfield P; Sackett B  
Can J Public Health ,Mar-Apr 1982. 73 (2) p128-30. ISSN  
0008-4263 Journal Code: CK6  
Languages: ENGLISH

0214675 82258117  
**Problems, priorities, and possibilities.**  
Morrell DC  
Br Med J [Clin Res] ,Aug 7 1982. 285 (6339) p413-4.  
Journal Code: B4X  
Languages: ENGLISH

0214593 82252008  
**Children's health education begins with auxiliary library.**  
Reynolds K  
Volunt Leader ,Fall 1982. 23 (3) p4. ISSN 0005-1861  
Journal Code: XHP  
Languages: ENGLISH

00279

0214432 82240329  
**A RN residency program.**  
Olufson EM  
J Am Health Care Assoc ,Jul 1982. 8 (4) p15-7. ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214425 82240241  
**Medicine and education: interactive processing for special children.**  
Sommers PA  
J Ambulatory Care Manage ,Aug 1982. 5 (3) p31-43. ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0214358 82237949  
**Parents learn child management skills in early intervention program.**  
Hoffman EH  
Hosp Prog ,Aug 1982. 63 (8) p56-60. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214347 82237938  
**Two support groups focus on grief education, therapy.**  
Hosp Prog ,Aug 1982. 63 (8) p26. 28. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

00498

00280

0214089 82254234

**The community health teaching center in China.**

Su DL; Taylor CE

Am J Public Health ,Sep 1982, 72 (9 Suppl) p89-91, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0214065 82254203

**Indicators of response to a mass media CPR recruitment campaign.**Selby ML; Kautz JA; Moore TJ; Gombeski WR Jr; Ramirez AG;  
Farge EJ; Forthofer RNAm J Public Health ,Sep 1982, 72 (9) p1039-42, ISSN  
0090-0036 Journal Code: 3XW  
Contract/Grant No.: 17269  
Languages: ENGLISH

Respondents to a mass media cardiopulmonary resuscitation (CPR) recruitment campaign in Harris County, Texas were more likely than non-respondents to be White, female, and under 45 years of age, to have had previous CPR training, experienced an incident in which knowledge of CPR might have been useful, or to have a friend or relative with a relevant medical history. The majority of the respondents were housewives, and professionals or technical workers, particularly in the health field. Findings can be used to identify audiences for future mass media CPR campaigns.

0214045 82254123

**Carel C. Koch Memorial Lecture: another new responsibility for health professionals.**

Phillips ML

Am J Optom Physiol Opt ,Jun 1982, 59 (6) p465-8, ISSN  
0093-7002 Journal Code: 3PJ  
Languages: ENGLISH

0213824 82252163

**Medical intensive care in a community teaching hospital.**

Murata GH; Ellrodt AG

West J Med ,May 1982, 136 (5) p462-70, ISSN 0093-0415  
Journal Code: XN5  
Languages: ENGLISH

0213777 82251098

**Characteristics of successful distributors in the community-based distribution of contraceptives in Guatemala.**

Bertrand JT; Pineda MA; Santiso R; Hearn S

Stud Fam Plann ,Sep-Oct 1980, 11 (9-10) p274-85, ISSN  
0039-3665 Journal Code: V52  
Languages: ENGLISH  
A study conducted by the Asociacion ProBionestar de la

Familia (APROFAM) of Guatemala among 177 urban and 233 rural distributors in its CBD programs indicates a number of characteristics related to distributor success (measured by volume of contraceptives sold). Among urban distributors the most important factors were number of months the distributor had worked in the program, location of the CBD post, and the fact of promoting the service by displaying a poster and organizing community meetings about family planning. Among rural distributors, performance was highest among those who received assistance from their spouse, had local competition in the sale of contraceptives, promoted family planning by visiting their neighbors and organizing group meetings, had a higher level of education, and received frequent supervision. In general, factors involving program design and task performance were better predictors of distributor performance than the sociodemographic characteristics of the distributor.

0213750 82250415

**Society of University Surgeons. Presidential address: On the nature of things that go bang in the night.**

Trunkley DD

Surgery ,Aug 1982, 92 (2) p123-32, ISSN 0039-6060  
Journal Code: VC3  
Languages: ENGLISH

00499

0213663 82249716

**A feasibility study of organizing occupational health services for farmers.**

Vohlonen IJ; Husman K; Kalimo E; Nuutinen J; Raitasalo R; Tupi K; Virolainen R

Scand J Work Environ Health ,1982, 8 Suppl 1 p26-9.  
Journal Code: UEB

Languages: ENGLISH

In Finland the Occupational Health Care Act of 1979 provides farmers the possibility of purchasing occupational health services. The main objective of the present study is to develop national model for the organization of occupational health services for farmers. The problems of providing and specifying occupational health services for farmers can be described by two parameters. The first is the type of farm production. The occupational health services to be provided are though to depend on the occupational health risks. The risks vary with the type of farm production, which in turn depends on the geographic location of the farm. The second parameter represents the supply of occupational services to be provided by the municipal health center. The supply has been characterized as occupational health inspections of farms, health examinations, and health education. For the optimization of the supply and the demand, the experiment consists of three models to be tested in respect to two matrices of risk. The feasibility of the models in the 2-a experiment will be evaluated by pre- and postexperimental surveys.

0213660 82249707

**A new approach for providing occupational health services in developing countries.**

Khogali M

Scand J Work Environ Health ,1982, 8 Suppl 1 p152-6.  
Journal Code: UEB

Languages: ENGLISH

A comprehensive approach to the health problems of workers and the gainfully employed should be adopted when occupational health services are planned in developing countries. The system developed in industrialized countries cannot be applied to new industrializing countries. The definition of what constitutes a developing country is not yet agreed upon. They share many of the criteria which create a vicious cycle of poverty and disease. This cycle can only be broken by industrialization and economic progress. The maintenance of health in industrial communities in the developing countries entails the treatment and prevention of epidemic and endemic communicable diseases, the prevention of occupational injuries and diseases, the planning and organization of medical care, training, the introduction and enforcement of standards of health, and safety and medical care in industry. To achieve this a new approach is advocated. The total health services are visualized as a spectrum, while occupational health services are used as a springboard and a point of entry. The health personnel who provide services to workers in factories, agricultural projects, and mines can carry out a comprehensive

preventive program for the workers and their families.

0213585 82248506

**Roles and relationships in health education.**

Eskin F

Public Health ,Mar 1982, 96 (2) p105-12, ISSN 0033-3506  
Journal Code: Q17

Languages: ENGLISH

0213488 82247293

**Relatively speaking - 3. A home care course.**

Saddington N

Nurs Times ,Jun 23-29 1982, 78 (25) p1075-6, ISSN 0029-6589  
Journal Code: Q9U

Languages: ENGLISH

0213434 82247093

**Operationalizing learning experiences in the nursing administration practicum.**

Anderson RM

NLN Publ ,1982, (15-1902) p5-15, Journal Code: Q3Z

Languages: ENGLISH

00281

0213278 82246210

**Improving management: a communication system really helped the staff members of one unit.**

Mlynczak BA

Nurs Manage ,Jul 1982, 13 (7) p45-9, Journal Code: DBV  
Languages: ENGLISH

0213275 82246207

**Teaching nursing assistants: a comparison of teaching nursing assistants in a university and in a hospital.**

Richardson E

Nurs Manage ,Jul 1982, 13 (7) p34-6, Journal Code: DBV  
Languages: ENGLISH

00500

0213032 82242396

**Advances in cardiovascular pharmacology.**

Hayes AH Jr

JAMA ,Aug 6 1982, 248 (5) p537-43. ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

00282

0212741 82238384

**[Study of the functioning of Departmental Commissions on Special Education]**

Etude du fonctionnement des Commissions Departementales d'Education Speciale.

Zucman E; Magnier J; Oudard L; Spinga J

Int J Rehabil Res ,1982, 5 (1) p27-34. ISSN 0342-5282

Journal Code: GRL

Languages: FRENCH Summary Languages: ENGLISH

The study of the functioning of the Regional Commissions for Special Education (C.D.E.S.), which were established by the Loi d'Orientation (orientation law) of 1975, was carried through within a three years' period by a team of researchers from the areas of Public Health and Education. The following main results were found: (1) A statistical analysis of 800 dossiers from the Commissions resulted in findings which are in accordance with corresponding epidemiological data from France: in the population aged 0-20 the frequency of handicap is 11.5%. (2) Three quarters of the children had additional social-familial conditions caused by severe behavior disturbances and light or moderate intellectual limitations 8.7% were found to be excluded from school. The hypothesis elaborated by the researchers was that the Loi d'Orientation of 1975 has caused a unifying change in the practice of social action. This assumption was confirmed by the observations and evaluations: the Commissions for Special Education are aware of 90% of the needs of the corresponding population, without creating inadequate needs. They are a place of concertation, bringing together all partners: representatives of parents, representatives of institutions, from the areas of Public Health and Education, and Administration. The integration of the handicapped in regular schools makes progress, not so much in a quantitative but in a qualitative way. At the same time the study points at a number of unsolved problems: the contact with parents is not always well established; the work rhythm of the Commissions and working groups is too quick, the availability of their members is insufficient; finally, the reticence of maintaining accurate dossiers and of keeping to the rules of professional secrecy impede concerted action and coherence of decisions, as much in respect to educational orientation as to the allotment of means. In conclusion, the engaged unifying change should be favored by new means of personnel and by establishing new methodological and deontological tools which are well adapted to a concerted medico-social action.

0213021 82242138

**Home births.**

Jorgensen AJ

J Nurs Care ,Apr 1982, 15 (4) p14-7. ISSN 0162-7155

Journal Code: J9K

Languages: ENGLISH

0212976 82241788

**Self medication among psychiatric patients and adherence after discharge.**

Battle EH; Halliburton A; Walliston KA

J Psychosoc Nurs Ment Health Serv ,May 1982, 20 (5) p21-8. ISSN 0279-3695 Journal Code: JUW

Languages: ENGLISH

0212947 82241257

**Regional spinal cord injury center nursing care: prescription for the present and the future.**

MackKechnie JN

J Neurosurg Nurs ,Jun 1982, 14 (3) p133-6. ISSN 0047-2603

Journal Code: JD7

Languages: ENGLISH

0212883 82240353

**The optometrist's role in public health.**

Marshall EC

J Am Optom Assoc ,May 1982, 53 (5) p371-8. ISSN 0003-0244 Journal Code: H82

Languages: ENGLISH

The scope of the optometric profession, and its relationship to the total health care system, is in a state of constant change; many of the changes are influenced by or impact upon that area of health care that is referred to as public health. Very basically, public health is "people's health" -- a concern for the health and well-being of groups of people. It emphasizes the role of health care practitioners in the delivery of health care to the aggregate, as opposed to the individualized or private system of health care delivery. Fundamental to the overall philosophy of public health is the necessity to make comprehensive health care readily available and accessible to all segments of the population. Optometry must expand its efforts to recognize, evaluate and assume its role in the maintenance of the health and well-being of the

00501



00283

0212738 82238364

**A conceptual model for developing prevention programs.**

Newman IM; Martin GL; Weppner R

Int J Addict ,Apr 1982, 17 (3) p493-504, ISSN 0020-773X

Journal Code: G08

Languages: ENGLISH

0212559 82235007

**Improving rural foster care services through cross-county cooperation.**

Hapner WA

Child Welfare ,May 1982, 61 (5) p297-303, ISSN

0009-4021 Journal Code: D2U

Languages: ENGLISH

Both the financial problems of social service agencies and the service needs of communities are increasing. Foster Care Services of Northeast Indiana is assisting six small rural counties with this dilemma by providing foster homes, foster home studies, foster parent education classes, and coordination of cross-county child placement.

0212527 82234352

**Diabetes mellitus in childhood.**

Ehrlich RM

Clin Endocrinol Metab ,Mar 1982, 11 (1) p195-210, ISSN

0300-595X Journal Code: DCR

Languages: ENGLISH

This review has attempted to highlight current views on the aetiology and management of children with type 1 diabetes mellitus. Emphasis has been placed on the management of ketoacidosis, the need for education and the use of home blood glucose monitoring. A perspective on new research direction has been given.

0212486 82233304

**A comparative trial of home and hospital psychiatric treatment: financial costs.**

Fenton FR; Tessier L; Contandriopoulos AP; Nguyen H;

Struening EL

Can J Psychiatry ,Apr 1982, 27 (3) p177-87, ISSN

0706-7437 Journal Code: CLR

Languages: ENGLISH

The financial costs of community-based treatment, stressing home treatment, were compared with the cost of hospital-based treatment during one year. Of 155 patients destined to receive inpatient treatment, 76 were randomly assigned to home treatment, 79 to hospital treatment; the two groups were similar as to important social, demographic, and clinical characteristics. The principal differences between the two treatments concerned the focus of treatment, the locale of treatment, the degree to which continuity of treatment was maintained, and the roles of the respective treatment staffs.

Manpower and operating costs, measured in dollars, were estimated in two ways. Either way, hospital-based treatment was more expensive during the year: 64.1% more expensive (+2,250 vs. 11,980 per patient) in the first instance, 108.9% more expensive (+6,750 vs. +3,230 per patient) in the second. With two exceptions during the first month of treatment, the proportions of patients and families receiving either treatment who incurred other costs of treatment were low, and the differences between groups were not significantly different. A higher proportion of patients and families receiving home based treatment defrayed the cost of the patient's psychotropic drugs; second, a higher proportion of families of patients receiving hospital-based treatment defrayed transportation costs. The proportions of patients and families incurring costs of the consequences of illness were low, and the differences between treatment groups were not significant. We compared this study with similar studies, discussed the generalizability of the results of this study and similar studies, and identified issues for future research.

0212420 82231887

**Glaucoma patients not compliant with their drug therapy: clinical and behavioural aspects.**

Granstrom PA

Br J Ophthalmol ,Jul 1982, 66 (7) p464-70, ISSN

0007-1161 Journal Code: AZK

Languages: ENGLISH

The pattern of drug self-administration among 15 patients not compliant with their pilocarpine therapy was studied with an electronic medication monitor. Recording the date and the hour every time the medication bottle was opened, the monitor gives detailed information on the medication behaviour. The results indicate different types of medication errors: inadequate spacing of doses during the day with long intervals during the night, frequently missed doses at noon, and long interruptions in the medication, sometimes lasting for several days. Improvement in their compliance was seen in patients who were given instruction and taught to relate their medication to specified events in the day.

00502

00284

0212233 82215552

**The effect of managerial interventions on high personnel turnover in nursing homes.**

Stryker R

J Long Term Care Adm , Summer 1982, 10 (2) p21-33, ISSN 0093-4445 Journal Code: IWZ

Languages: ENGLISH

This study indicates that administrator attention and intervention can reduce high turnover in nursing homes. It also indicates a need to investigate the contributing factors in a specific organization, to select interventions based on this knowledge and for multiple but related actions that will support one another. Increased supervision of new employees, increased recruitment efforts, supervisory training, revised personnel policies, and avoidance of personnel pools seem to have particularly high impact on the reduction of turnover in nursing homes and are recommended as a place to begin. (45 Refs.)

0212115 82212262

**The relevance of action learning to problem-solving and manager development in the NHS.**

Edmonstone J

Health Serv Manpow Rev , May 1982, 8 (2) p16-9, ISSN 0306-0233 Journal Code: GBY

Languages: ENGLISH

0212099 82212006

**Industry: the education of workers in the prevention of cancer.**

Ware BG

Health Values , May-Jun 1982, 6 (3) p36-40, ISSN 0147-0353 Journal Code: FX6

Languages: ENGLISH

0212096 82211769

**Everyman's (woman's too) guide to Rx drugs.**

FDA Consum , Jun 1982, 16 (5) p21-6, Journal Code: FOK

Languages: ENGLISH

0212074 82211114

**Individualized, comprehensive drug education.**

Martin M

Fam Community Health , Aug 1982, 5 (2) p22-33, ISSN 0160-6379 Journal Code: ESE

Languages: ENGLISH

0211940 82230413

**Relaxation training. Blood pressure lowering during the working day.**

Southam MA; Agras WS; Taylor CB; Khaemer HC

Arch Gen Psychiatry , Jun 1982, 39 (6) p715-7, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: 1 R01 HL23667

Languages: ENGLISH

Controlled studies have demonstrated that relaxation training can lead to significant in-clinic blood pressure (BP) reductions in patients with essential hypertension. We examined the BP-lowering effect of relaxation training during the working day. Forty-two patients being treated for essential hypertension with diastolic BPs greater than 90 mm Hg were randomized into either a relaxation training program or no treatment. Multiple BP measurements were made during the working hours, using an ambulatory monitoring device, before and after training. Significant work-site differences between groups were evident after treatment both for systolic and diastolic pressures. These results suggest that relaxation therapy leads to a reduction in BP that is evident in the natural environment, providing new evidence that the procedure is a useful adjunct to the treatment of hypertensive patients.

0211841 82228823

**Poison center operations: the necessity of follow-up.**

Litovitz TL; Elshami JE

Ann Emerg Med , Jul 1982, 11 (7) p348-52, ISSN 0196-0644 Journal Code: 4Z7

Languages: ENGLISH

A retrospective study of 2,526 calls made to a regional poison center demonstrated the value of telephone follow-up of poison exposures. Further treatment recommendations were required in 21.2% of follow-up calls, more than 25% of which were made to physicians. Poison prevention education and data collection were accomplished in more than 95% of cases. Twenty-four telephone follow-up calls corrected major treatment errors, corresponding to a dramatic change in patient management more than twice each week. This study delineates the functions and value of the follow-up call in the treatment and prevention of poisonings and in toxicologic research. Because the effective use of this procedure is limited to comprehensive poison centers with vast resources and full-time staff, this study further supports regionalization to promote maximal utilization of this and other elements of poison control.

00503

0211830 82228511

**The anaesthetist and intensive care.**

Loder RE

Anaesthesia, Jun 1982, 37 (6) p691-3, ISSN 0003-2409  
Journal Code: 4MC

Languages: ENGLISH

The author retired from active practice as a consultant anaesthetist in the British National Health Service during 1980 at the age of 60. He kept a detailed diary for the last full year as a consultant. One of the Editors suggested that the diary, augmented by his considered views culled from the experiences of a professional lifetime, could form the basis of a series of essays on various aspects of the life and practice of a consultant anaesthetist during the second half of the twentieth century. This essay considers the present and future role of the anaesthetist in intensive care and the need for proper policies of organisation and training in that discipline.

0211790 82228228

**Cancer control in India: a multinational approach involving the USA and the USSR.**

Sutnick AI; Saunders JF; Puchkov YI

Am J Public Health, Jul 1982, 72 (7) p714-7, ISSN 0090-0036  
Journal Code: 3XW

Languages: ENGLISH

Based on a long-standing cooperation in medicine and public health between the United States and the Soviet Union, and on the potential contributions to be made by scientists from both of these countries, the World Health Organization invited an American-Soviet collaborative team to recommend a cancer control program for the Government of India. The consultants defined the importance of cancer of the cervix uteri and of the oral cavity, which comprise one-half of India's cancer cases, as the basis for a cancer control program. They recommended incorporation of cancer control functions into the organizational structure of the Ministry of Health as well as specific recommendations in education, prevention, and early detection, diagnosis, treatment, and epidemiologic studies. The mission underscores the value of multinational cooperation on health care problems that are faced in common by the United States, the Soviet Union, and other countries of the world. In addition it serves as a basis for international friendship and understanding in the context of mutually productive activities which may provide a benefit for all nations.

0211697 82226949

**Organizational change in an adolescent inpatient unit.**

Hargrave MC

Adolescence, Spring 1982, 17 (65) p65-72, ISSN 0001-8449  
Journal Code: 2HB

Languages: ENGLISH

This paper describes a two-year process of evolution toward a more open, yet more structured therapeutic orientation in a

large adolescent inpatient psychiatric unit. The rationale for alterations in structural organization, therapeutic modalities, and staff development are discussed. Issues of treatment team leadership, physical organization of the treatment center, integration of family, group and individual therapy, continuity of care and staff training are examined. Assessment of the impact of the changes were accomplished by administration of the Moos Ward Atmosphere Scale to clients and staff prior to and two years following the implementation of the changes. Adolescents perceived the ward environments as engendering more involvement, being more oriented toward personal problems, and encouraging less anger and aggressiveness. In addition, they saw the program as increasing in clarity, and the staff as being in greater control. Staff's perceptions, shifted in a more positive direction on nine of ten WAS subscales. Implications for the direction of change and its relationship to the organizational changes is discussed.

0211509 82224067

**Rhinitis medicamentosa: the forgotten factor in nasal obstruction.**

Mabry RL

South Med J, Jul 1982, 75 (7) p817-9, ISSN 0038-4348  
Journal Code: UVH

Languages: ENGLISH

Rebound nasal mucosal edema may follow the use of topical nasal vasoconstrictors for even a short time. The physician seeing a patient with nasal stuffiness should always ask about the usage of these substances. Management of patients with rhinitis medicamentosa includes making the diagnosis, reversing the mucosal changes, patient education, and appropriate follow-up. Systemic medications such as antihypertensives, beta-blockers, and antidepressants may also cause nasal stuffiness, which should resolve upon withdrawal of the offending substance.

00501

00285

0211467 82223938

**Innovation, ideology and innocence.**

Maddison D

Soc Sci Med ,1982, 16 (6) p623-8, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

Innovative solutions are required to deal with the inadequacies of existing medical education programmes, in both the developed and developing countries, if we are to promote the evolution of more acceptable, more efficient and more effective health care. The newly formed Network of Community-oriented Educational Institutions for Health Sciences is attempting to promote a series of educational and organisational innovations, aimed at the preparation of health professionals who will be better equipped and better motivated to meet the real health needs of the populations they are to serve. Such innovations encounter many obstacles, of which ideologically-based inflexibility of thought is the most important. Ideologies are here defined, in Barnett's words, as "patterns of belief ... quasi-conceptual, quasi-affective sets assumed to be true", having the power to prohibit "rigorous or experimental examination of novel experience." Such systems of thought have 'negative, restrictive and pathological effects' on the development of innovative solutions to complex problems. A particularly destructive and inhibiting stereotype has flowed from an ideological commitment to the achievement of 'international excellence'. A state of what in this paper is called 'innocence' is regarded as mandatory for the implementation of studies based on a commitment to the empirical approach, to the null hypothesis and above all to the evaluation of the process and outcome of educational and other interventions in the health care system.

0211267 82221814

**[Dental health experiences in the Tuamotu-Gambier archipelago (French Polynesia). 1: Dental practice in the isolated islands]**

Experience de sante dentaire dans l'archipel des Tuamotu-Gambier (Polynesie francaise). Premiere partie: la pratique dentaire dans les files isolees.

Lhomond H

Odontostomato Trop ,Mar 1982, 5 (1) p7-15, ISSN 0251-172X Journal Code: PCK

Languages: FRENCH

0211184 82221480

**Sharing the pleasure and the pain.**

Walden E; Sanders R; Gallant K

Nurs Times ,May 19-25 1982, 78 (20) p833-6, ISSN 0029-6589 Journal Code: O9U

Languages: ENGLISH

0211128 82221239

**Trends in service delivery and treatment of the mentally retarded.**

Cohen HJ

Pediatr Ann ,May 1982, 11 (5) p458-69, ISSN 0090-4481  
Journal Code: OUB

Languages: ENGLISH

0211064 82220826

**Comprehensive management of the respiratory cripple: basic principles.**

Harrison AC

NZ Med J ,Apr 28 1982, 95 (706) p270-1, ISSN 0028-8446  
Journal Code: OBO

Languages: ENGLISH

0210817 82217697

**Maternal-infant attachment in a traditional hospital setting.**

Paukert S

JOGN Nurs ,Jan-Feb 1982, 11 (1) p23-6, ISSN 0090-0311  
Journal Code: KS2

Languages: ENGLISH

All changes were implemented by nurse-midwives and staff nurses. Some of the changes required administrative or medical concurrence, but all were initiated by nurses. Nursing administration was supportive and encouraged the staff nurse. It took courage and determination to implement changes described. The biggest hurdle was to overcome the attitude that nothing at the hospital could ever change. Once that attitude was overcome, the actual changes in routine and policy were made with a minimum of difficulty. It is inexcusable not to encourage maternal-infant attachment because the setting is less than ideal. Women, infants, and families benefit too much from this initial contact for nurses to sit back and wait for hospital policy to change, the ABC to open, or the new wing to be built. In addition, there is so much joy and satisfaction in assisting in the development of a positive relationship between a mother and her newborn that the nurse should avail herself of the opportunity to do so.

00505

0210815 82217695

**Maternity-patient teaching--a nursing priority.**

Brown B

JOGN Nurs ,Jan-Feb 1982, 11 (1) p11-4, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

The overall positive response of the parent participants has validated the utility of the program. Future program expansion and revision will be based on social and technological change.

Participant responses to the program will be monitored continually to determine whether their needs are being met. The program clarified the role nursing personnel have in teaching maternity patients. It serves to increase the new parents' self-confidence in being able to adjust to their new roles. One possible future expansion of the program might be post-discharge group discussion sessions, supervised by nursing personnel. During those sessions, mothers could discuss feelings that they are experiencing, any difficulties they may have adapting to their new roles, and other topics they feel are relevant. Nurses would attend these sessions to serve as resource persons and group facilitators. The need for patient teaching in obstetrics is being recognized increasingly as a priority by health professionals in the field of maternal-child health. A concise and accurate means of documentation is necessary to ensure that consistent, comprehensive instructions are given to all new parents.

0210796 82217298

**Informed consent to biomedical research in Veterans Administration Hospitals.**

Riecken HW; Ravich R

JAMA ,Jul 16 1982, 248 (3) p344-8, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

To illuminate the process of obtaining informed consent to research in a medically dependent population, we interviewed 156 patients and 37 physicians involved in research projects at four Veterans Administration hospitals. Most patients knew they were research subjects, had voluntarily consented, and knew the details of their medical treatment, but few understood the research well. Readability analysis indicated that consent forms required college-level education. Twenty-eight percent of patients were not aware of their participation in research although they had signed consent forms. No single act, omission, or personal attribute completely explains this unawareness, but it is associated with incomplete consent forms, the identity of the person explaining the research, the manner of the explanation, and, in some cases, grave illness.

0210795 82217296

**Intravenous antibiotic therapy in an outpatient setting.**

Poretz DM; Eron LJ; Goldenberg RI; Gilbert AF; Rising J; Sparks S; Horn CE

JAMA ,Jul 16 1982, 248 (3) p336-9, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

A program has been developed for the outpatient administration of parenteral antibiotics. To date, more than 150 patients with osteomyelitis, septic arthritis, pyelonephritis, endocarditis, and other infections have been treated. Antibiotic solutions were prepared in the hospital pharmacy and given to the patient to be kept refrigerated at home until used. Patients administered their own antibiotics by means of a heparin lock, which was replaced every four days or when necessary. Complications were infrequent. Many patients were able to return to work while receiving therapy; others enjoyed the comfort of being at home. Cost reductions were substantial, calculated to be at least \$142 a day, or the charge for a semiprivate room in 1981. In addition to the cost savings, critically needed hospital beds were freed for more acutely ill patients.

0210774 82217200

**Diagnosis of diabetic eye disease.**

Sussman EJ; Tsianos WG; Soper KA

JAMA ,Jun 18 1982, 247 (23) p3231-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

The correct diagnosis of proliferative diabetic retinopathy is essential, because it is a treatable disease and missing the diagnosis can lead to the patient becoming blind. We examined the ability of internists and ophthalmologists to diagnose proliferative retinopathy under optimal conditions. Twenty-three physicians performed retinal examinations on ten diabetic patients and one normal patient with dilated pupils. Physician examiners were members of a university medical center and included 10 internists, 2 diabetologists, 4 senior medical residents, 4 general ophthalmologists, and 3 ophthalmologists who were subspecialists in retinal disease. Correct diagnosis was determined separately by the consensus of three ophthalmologists specializing in retinal disease, who reviewed seven-view stereo fundus photographs and medical charts. Of a possible 483 individual eye examinations, 438 were completed. The overall error rate was 61%. The error rate for missing the diagnosis of proliferative retinopathy varied from 0% for retinal specialists to 49% for internists, diabetologists, and medical residents. We conclude that potentially serious mistakes in diagnosis are currently made by the physicians who care for most diabetic patients. Experience and specialized knowledge lessen that the error rate. Further education or greater use of referrals may be necessary to provide optimal patient care.

00506

0210729 82216572

**General practitioners and learning by audit.**

Freeling P; Burton RH

J R Coll Gen Pract ,Apr 1982, 32 (237) p231-7, ISSN

0035-8797 Journal Code: JVG

Languages: ENGLISH

0210682 82216049

**Theory into hospital practice: a pilot implementation.**

Mastal MF; Hammond H; Roberts MP

J Nurs Adm ,Jun 1982, 12 (6) p9-15, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

Implementing the Adaptation Model required that the model's concepts be explicitly identified, defined, and understood. Guidelines, standards and tools had to be revised or developed. Effective nursing administration leadership and the personal and professional commitment of administrators, educators, and staff nurses to the goal were necessary ingredients. The abstract nature of theory often requires sheer determination and hard thinking if it is to be effectively applied to practice. A formal education process must also be dynamic and ongoing. Project members continue to gain greater insight into the model's structure, identify problems in its application, and seek ways to solve them. Their combined, concentrated efforts have proved a cost-effective way to close gap between education and practice. The project's initial outcomes, increased patient satisfaction and expanded professional nursing, support the application of the Adaptation Model in our hospital. Further validation of its structure and the value of its outcomes, however, needs additional study, and extended application in multiple practice settings. Validation of the Roy Adaptation Model or any of the evolving conceptual frameworks for nursing practice requires use, input, and evaluation by nurses in all settings. Opening the theoretical domain to hospital nurses needs the support and leadership of nursing and hospital administrators.

0210678 82216045

**Providing preceptors for nursing students: what questions should you ask?**

Limon S; Bargagliotti LA; Spencer JB

J Nurs Adm ,Jun 1982, 12 (6) p16-9, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

0210625 82215542

**The University of Pittsburgh's Psychoeducational Clinic.**

Chandler LA; Siegel DJ

J Learn Disabil ,May 1982, 15 (5) p303-5, ISSN

0022-2194 Journal Code: IWO

Languages: ENGLISH

0210623 82215540

**The Temple University Reading Clinic.**

Rosner SL; Cooper FH

J Learn Disabil ,May 1982, 15 (5) p294-8, ISSN

0022-2194 Journal Code: IWO

Languages: ENGLISH

0210622 82215539

**Institute of Child Guidance and Development at the University of Saskatchewan.**

McLeod J

J Learn Disabil ,May 1982, 15 (5) p290-3, ISSN

0022-2194 Journal Code: IWO

Languages: ENGLISH

0210572 82214810

**A long-term geriatric teaching ward in an acute-care hospital: a three-year experience.**

Clarfield AM

J Am Geriatr Soc ,Jul 1982, 30 (7) p457-65, ISSN

0002-8614 Journal Code: H6V

Languages: ENGLISH

The development and management of a long-term geriatric ward in an acute-care teaching hospital are described. Structure, function, and costs are discussed, and issues of service and medical education are emphasized. A full geriatric team (physician, nurse, social worker, physiotherapist, and occupational therapist) assessed 165 long-term patients in the general wards of the hospital and accepted 98 for admission to the new long-term geriatric ward. Of these, 31 were discharged; 29 per cent went to a facility that encouraged more independent living. Eighteen patients died during their stay in the geriatric ward; autopsies were obtained in 33 per cent--a higher autopsy rate than the average for general hospitals. General hospitals may continue to have large populations of chronically ill patients. This model for a geriatric ward may offer a way of dealing with a difficult situation.

00287

0210543 82214721

**Self-instruction and assessment in techniques of intensive care using a computer model of the respiratory system.**

Hinds CJ; Ingram D; Dickinson CJ

Intensive Care Med ,1982, 8 (3) p115-23, ISSN 0342-4642

Journal Code: H2J

Languages: ENGLISH

There are considerable logistical difficulties involved in providing an adequate training programme for each new doctor when starting intensive care. One solution is to use an interactive computer terminal and provide programmes for self-instruction and assessment. Using a computer model of the respiratory system linked to a computer-assisted instructional driver we have developed instructional exercises on the management of artificial ventilation and the treatment of respiratory failure. Each teaching session contains explanatory text, multiple choice questions and model simulations. The student can interact with the simulations, appropriate assistance being provided when required, while his answers are marked and assessed with further explanation when necessary. The use of computer models adds a new dimension to computer-assisted learning techniques and is particularly applicable to intensive care medicine.

00288

0210534 82214705

**A case study of a nontraditional basic science curriculum.**

Roth GI; Bridges RB; Brown AT; Calmes R; Lillich IT; Matheny JL; Sammon PJ; Wynn RL

J Dent Educ ,Jun 1982, 46 (6) p314-22, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

This article presents a critical analysis of the ten-year experience of the Department of Oral Biology of the University of Kentucky College of Dentistry with a nontraditional basic science curriculum. The factors that led to the adoption of this curriculum are outlined, and its effects on students, faculty, and the college's administration are described. The pitfalls inherent in this approach and in the individualized self-instructional format for teaching the basic sciences to dental students are discussed. This critical evaluation is aimed at providing information for those contemplating similar sweeping curricular changes in the future to enable them to make rational decisions and to help them predict the effects of such changes on the educational program.

0210483 82213655

**The association for the care of asthma--past, present, and future.**

Sly RM

J Asthma ,1982, 19 (1) p5-7, ISSN 0277-0903 Journal

Code: HF7

Languages: ENGLISH

0210452 82213271

**Nursing considerations of the burned patient during the emergent period.**

Woodbridge-King M

Heart Lung ,Jul-Aug 1982, 11 (4) p353-63, Journal

Code: G2V

Languages: ENGLISH

00289

0210162 82209706

**Hospital liaison: home - with care.**

Hall P

Community Outlook ,Jun 9 1982, p169-71, Journal Code:

DPG

Languages: ENGLISH

0210148 82209624

**Response and critique: university and the CMHC--marriage d'amour ou de raison?**

Weiss JM

Community Ment Health J ,Spring 1982, 18 (1) p19-20,

ISSN 0010-3853 Journal Code: DNH

Languages: ENGLISH

0210147 82209623

**The CMHC as a setting for residency education. Response and critique.**

Rankin RM

Community Ment Health J ,Spring 1982, 18 (1) p17-8,

ISSN 0010-3853 Journal Code: DNH

Languages: ENGLISH

00508

0210090 82208985

**Health visitor support for families with Down's syndrome infants.**

Cunningham CC; Aumonier ME; Sloper P  
Child Care Health Dev ,Jan-Feb 1982, 8 (1) p1-19. ISSN  
0305-1862 Journal Code: C9X  
Languages: ENGLISH

A health visitor was seconded to a university based research team studying intervention with families who have an infant with Down's syndrome. She was given a 3-week practical training and then provided a home-based service for 61 families, visiting every 6 weeks until 2 years of age. Infant development and parental satisfaction with the service were compared to previous findings of the research group. Parental satisfaction was found to be very high and the progress of the infants compared favourably to previous studies. Following this, two field health visitors were given the training and then provided a service in their local areas. The progress of the infants was monitored at 6-month intervals until 2 years of age, and parents were interviewed. Again no differences were found in the developmental progress of the infants and previous groups and parental satisfaction was high. The limitations of the training and some implications for practice were discussed.

00290

0210065 82208541

**Primary health care and the medical school.**

Waterston T  
Cent Afr J Med ,Jan 1982, 28 (1) p11-4, ISSN 0008-9176  
Journal Code: CQD  
Languages: ENGLISH

0210022 82208200

**Women's health education clinic.**

Dewar K  
Can Nurse ,Jun 1982, 78 (6) p42-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0209941 82207453

**The distinction awards system in England and Wales 1980.**

Bruggen P; Bourne S  
Br Med J [Clin Res] ,May 22 1982, 284 (6328) p1577-80.  
Journal Code: B4X  
Languages: ENGLISH

0209884 82161674

**ABC of 1 to 7. Services for children: the community.**

Wilson J; Valman HB  
Br Med J [Clin Res] ,Mar 13 1982, 284 (6318) p809-11.

Journal Code: B4X  
Languages: ENGLISH

00291

0209802 82200409

**The evolving role of the medical staff coordinator.**

Orsund CA  
Tex Hosp ,May 1982, 37 (12) p38-40, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0209716 82197248

**Evaluation of a self-teaching program.**

Roberts CR; Hosokawa MC; Walts B; Mueller R  
Patient Couns Health Educ ,4th Quarter 1982, 3 (4)  
p16f-5, ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

A self-teaching booklet on hypertension was evaluated in two populations: clients attending public health screening clinics and inpatients at a Veterans Administration hospital. Participants were randomized into an education or a control group. Evaluation consisted of measuring knowledge gained from the booklet immediately after reading it and retention of key concepts two weeks later. Men did better than women, and VA education participants did better than VA controls. No differences were detected between the public health education and control groups or the combined VA and public health education and control groups. The self-teaching booklet alone did not appear to yield a measurable amount of new knowledge. Health professionals, when educating patients and evaluating programs, should consider combinations of educational methods when using self-teaching programs.

0209712 82197244

**Preparing cancer patients to administer medication.**

Thomas NP; Cloak M; Crosson K; Kwan J  
Patient Couns Health Educ ,4th Quarter 1982, 3 (4)  
p137-43, ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

Leucovorin calcium is given to cancer patients receiving high-dose methotrexate to retard the onset of serious side effects. Precise adherence to dose and schedule is essential, and it is necessary that patients who self-administer their drug know how to open the ampules and withdraw the correct amount without wastage. Educational resource materials were developed to be given to patients when the leucovorin calcium was dispensed. This paper describes the development and evaluation of the resource materials.

00509



0209573 82189478  
**Governance responsibilities.**  
Sarvetnick HC  
Issues Health Care ,1982, 3 (1) p76-80, Journal Code:  
G3N  
Languages: ENGLISH

0209526 82189379  
**Consumers' views of antenatal education.**  
Adams L  
Health Educ J ,1982, 41 (1) p12-6, ISSN 0017-8969  
Journal Code: G1Z  
Languages: ENGLISH

0209430 82187861  
**On narrowing the patient-doctor communications gap.**  
FDA Consum ,May 1982, 16 (4) p19-21, Journal Code: FDK  
Languages: ENGLISH

0209338 82183152  
**Following the patient home: a hospital improves its  
community service with cable TV programming.**  
Novara JK  
Biomed Commun ,May-Jun 1982, 10 (3) p10-1, ISSN  
0092-8607 Journal Code: A4Y  
Languages: ENGLISH

0209235 82204677  
**The cochlear implant program: an overview.**  
Berliner KI; House WF  
Ann Otol Rhinol Laryngol [Suppl] ,Mar-Apr 1982, 91 (2 Pt  
3 Suppl 91) p11-4, Journal Code: 503  
Languages: ENGLISH

The single-electrode cochlear implant used at the House Ear  
Institute is undergoing clinical trials under Food and Drug  
Administration regulations governing medical devices. The  
program involves selection and evaluation of suitable  
subjects, surgery, basic guidance or training in implant use,  
and regular follow-up. As of November 1, 1981, 199 deaf  
subjects have had cochlear implant surgery. They range in age  
from 3.5 to 75 years old. Subjects with a wide variety of  
etiologies have been successfully implanted. The vast majority  
use their device on a daily basis, and subjects as a group  
have received more than 800,000 hours of electrical  
stimulation. Fifteen other otologists in the United States  
have implanted one or more subjects as coinvestigators in this  
clinical trials program. The otologists and their implant  
teams are trained by the House Ear Institute. Results indicate  
that the implant program can be performed adequately in a  
variety of clinical settings.

0209229 82204620  
**Community-based cardiopulmonary resuscitation: what have we  
learned?**

Cobb LA; Hallstrom AP  
Ann NY Acad Sci ,1982, 382 p330-42, ISSN 0077-8923  
Journal Code: 5NM  
Contract/Grant No.: HL 18805  
Languages: ENGLISH

During the past 9 years, more than 175,000 residents of  
Seattle have received basic training in cardiopulmonary  
resuscitation (CPR). On the basis of experience in that city  
and of observations from three other communities, there is  
little doubt that early initiation of CPA by a bystander is  
associated with a substantially improved survival. In one  
year, 43% of patients (47/109) found in a state of ventricular  
fibrillation survived to hospital discharge when bystanders  
initiated CPR. In comparison, only 21% (43/207) lived when CPR  
was delayed until fire department personnel arrived on the  
scene (p less than 0.001). As expected, there are questions  
regarding community CPR programs, particularly concerning the  
level of skills attained and retained. However, in the setting  
of a rapid-response emergency-care system, we have been unable  
to relate survival to the apparent quality of CPR as judged by  
the bystanders' training and occupation or by assessment of  
what was done on the scene. This discrepancy is likely related  
to the rapid initial response of the fire department,  
averaging 3 minutes from dispatch to arrival on the scene. It  
is important to emphasize that CPR is almost always a  
temporizing measure and that most victims who require CPR will  
also need defibrillation, special airway management, and  
administration of medications. In patients with  
out-of-hospital ventricular fibrillation, the factors that  
determine survival are predominantly related to the rapidity  
with which care is provided, namely, the time from collapse to  
initiation of CPR and the time to provision of advanced  
life-support measure. In many communities a 50% survival rate  
from ventricular fibrillation is probably attainable. Further  
improvement might accrue from the extensive deployment of  
inexpensive defibrillators capable of detecting ventricular  
fibrillation and suitable for use by the general public.

0209207 82204359  
**Hospital-wide surveillance: perspective for the  
practitioner.**

Landry SL; Donowitz LG; Wenzel RP  
Am J Infect Control ,May 1982, 10 (2) p66-7, ISSN  
0196-6553 Journal Code: 4T6  
Languages: ENGLISH

00510

0209188 82204179

**Drug recognition by nurses and anaesthetists.**

Smellie GD; Lees NW; Smith EM

Anaesthesia, Feb 1982, 37 (2) p206-8. ISSN 0003-2409

Journal Code: 4MC

Languages: ENGLISH

A survey of nurses and anaesthetists in a 500-bed teaching hospital set out to discover how they located a drug container in order to read its label and verify its contents. Members of each group assessed the value of seven factors thought to help in this location and answered questions on personal errors in drug administration. The nurses found the expected position of the drug container in the trolley or cupboard to be the most important factor, followed by the size of the container. The anaesthetists placed the colour of the container as most important, followed by the manufacturer's distinctive container as their second best guide to drug location. This preference for colour and a distinctive container can be used to reduce the chance of confusing drugs locally. A scheme for colour-coding ampoules in broad groups to reduce gross mistakes in the future is presented.

0209116 82203490

**Assessing whether a clinical pharmacy program is meeting its goals.**

Fink A; Kosecoff J; Oppenheimer PR; Smith WE; Brodie DC

Am J Hosp Pharm, May 1982, 39 (5) pR06-10. ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

An assessment of whether the clinical pharmacy program at Memorial Hospital Medical Center (MHMC), Long Beach CA, was meeting its goals is presented. MHMC is a 858-bed, nonprofit teaching hospital that initiated a clinical pharmacy program in 1967. The program's three foremost goals were to: (1) establish cohesive and standardized clinical services, (2) promote the acceptance of the roles and functions of clinical pharmacists by physicians and nurses, and (3) assure the provision of good quality care. The evaluation data were collected over a six-week period using questionnaire surveys of approximately 28 pharmacists, 146 physicians, and 389 nurses; pharmacist service reports from 5991 drug monitorings; 228 medical record audits for six drugs; 68 guideline compliance records for three drugs; interviews with 131 users of the drug information services; and logs of 3946 pharmacist encounters with other health-care providers. Generally, the clinical pharmacy program was found to be meeting its goals. Most of the monitorings (81.6%) were initiated by pharmacists, and 20% resulted in changes in drug therapy. The pharmacists adhered to the pharmacy department's monitoring and dosing guidelines. There was unanimous satisfaction among users of the drug information service with the response received from pharmacists, and 99% satisfaction with the promptness of response and accuracy of the information. Sixty-eight percent of the pharmacists reported discussing general issues with physicians, and 72% answered patient-specific questions from physicians. The physicians (96%) and nurses (97%) thought that

there was an improvement in the quality of patient care as a result of pharmacist involvement. Pharmacists at MHMC are providing useful clinical services.

0208799 82199496

**[Alcoholism in young people (author's transl)]**

Les jeunes et l'alcool.

Zourbas J

Sem Hop Paris, Apr 8 1982, 58 (14) p881-5. ISSN

0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Epidemiology should be used for studying teenagers' attitudes and behaviours concerning alcoholic beverages in order to develop health education programs designed to induce temperance in adolescence and, subsequently, in adulthood. We report on five studies carried out in France, including 5,481 subjects, both male and female, aged 13 to 26, belonging to various communities, and living in different conditions. Answers to questionnaires showed that both the first ingestion of alcohol (usually with the family) and the first inebriation (usually with friends) occur very early (at ages 10 to 12 and 15 to 16 respectively). Alcohol intake increases with age, parents' permissiveness, money allowance, and pub attendance. Health education should be undertaken very early, in kindergarten, and subsequently included in school programs each year. Cooperation among school teachers and with the school's medical staff and the childrens' parents is essential.

0208626 82197904

**Competencies in physical therapy: a resource for written self-assessment and clinical performance evaluation and a component of a department's quality assurance program.**

Ellingham CT; Fleischaker K

Phys Ther, Jun 1982, 62 (6) p845-9. ISSN 0031-9023

Journal Code: P6W

Languages: ENGLISH

This article was written to demonstrate how clinical competence in ultrasound administration can be reviewed. A team of two members of the Minnesota Competency Consortium developed two tests: 1) a written examination that could be used as a tool to assess the knowledge of physical therapists in physical therapy departments and 2) a skills-mastery check list to assess ultrasound treatment skills. Both tests followed the competency hierarchy of Competencies in Physical Therapy: An Analysis of Practice. As one component of a physical therapy department's quality assurance program, the tests also were used to identify educational needs in order to develop programs to meet those needs.

00511

0208575 82197155  
**Accidents: where the nurse fits in.**  
Cliff K  
Nurs Mirror ,May 12 1982, 154 (19) p21-5, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0208530 82197062  
**Community forum 4 - preventive division: an apple a day.**  
Handley N  
Nurs Mirror ,Apr 7 1982, 154 (14) pii-xii, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0208529 82197060  
**Curriculum change in nursing-V. Conceptual framework of community health orientation.**  
Harnar R  
Nurs J India ,Jan 1982, 73 (1) p19-21, ISSN 0029-6503  
Journal Code: 097  
Languages: ENGLISH

0208524 82197045  
**A proposal: primary nursing for the mother-baby dyad.**  
Vestal KW  
Nurs Clin North Am ,Mar 1982, 17 (1) p3-9, ISSN  
0029-6465 Journal Code: 092  
Languages: ENGLISH

Nurses who work in a maternity setting must define their role in terms of the families for whom they care. Care of the childbearing family includes the social, cultural, and economic environment in which the new baby and his family are a part. The postpartum period is an ideal time for the primary nurse to influence the care of the baby and family in a way that supports their unique family system. The nurse who utilizes this opportunity to care for the family can contribute positively to the start of a new member of society.

The interactional system of the infant and family can be viewed as a mutually dependent dyad that is best supported by consistent and knowledgeable nursing care. It is no longer reasonable to deny such care to maternity clients. Family-centered care has been shown to be successful in a variety of hospital maternity settings, improving care for the mother-baby dyad and promoting cost-effective staffing. The process of proposing such a change is challenging. Obstacles to change can be overcome and, although painful, they often lead to clearer definition of the proposal. Nursing must provide the impetus to sound family-centered care. The alternatives are no longer acceptable to consumers, and fragmented nursing care is seldom satisfying to nurses. There is much to be gained by fulfilling the true sense of family-centered postpartum care.

0208430 82196668  
**Effects of parent training on teenage mother and their infants.**  
Field T; Widmayer S; Greenberg R; Stoller S  
Pediatrics ,Jun 1982, 69 (6) p703-7, ISSN 0031-4005  
Journal Code: 0XV  
Languages: ENGLISH

Parent training was provided for 80 low-income, black teenage mothers during their infants' first six months. Half of the mothers were visited biweekly in their homes to be instructed in caregiving and in sensorimotor and interaction exercises, and half were trained as CETA (Comprehensive Employment Training ACT)-paid, teacher's aides in a medical school infant nursery that provided care for their infants and infants of medical faculty. Growth and development during the first two years were superior for the infants whose mothers received training, particularly those who received paid parent training as teacher's aides in the infant nursery. Repeat pregnancy rates were lower and return to work/school rates were higher for the infant nursery mothers, most of whom subsequently pursued nurse's aide training.

0208349 82196213  
**The patient compliance puzzle.**  
Villeneuve ME  
Nurs Manage ,May 1982, p54-6, Journal Code: 0BV  
Languages: ENGLISH

0208319 82196156  
**The application of job satisfaction theory to the nursing profession.**  
Berns JS  
Nurs Leadersh ,Mar 1982, 5 (1) p27-33, ISSN 0164-7865  
Journal Code: 0BG  
Languages: ENGLISH

0208317 82196154  
**Wanted: mentor relationships within nursing administration.**  
Cameron RK  
Nurs Leadersh ,Mar 1982, 5 (1) p18-22, ISSN 0164-7865  
Journal Code: 0BG  
Languages: ENGLISH

00292  
● 0001924 75020262  
**[Problems in the organization of hospital medical structures]**  
Problemes des structures medicales hospitalieres  
Gligore V; Mazilu A  
Sante Publique (Bucur) ,1970, 0 (2) p149-56, ISSN  
0048-9107 Journal Code: U9T  
Languages: FRENCH

00000

00293

0208261 82195677

**Patient education - sometimes on Sundays. A how-to guide for program planning.**

Morris JE

Nephrol Nurse ,Mar-Apr 1982, 4 (2) p35-9, 65, Journal Code: NW9

Languages: ENGLISH

0208114 82194078

**Continuity reexamined: differential impact on satisfaction with medical care for disabled and normal children.**

Breslau N

Med Care ,Apr 1982, 20 (4) p347-60, ISSN 0025-7079 Journal Code: LSM

Languages: ENGLISH

The satisfaction with medical care of families with disabled children and of randomly selected families is compared to test the hypothesis that the impact of continuity of physician on parental satisfaction is greater when disabled children are patients than is the case among the general population of children. A multiple regression approach for the study of interaction was used. The results provide general confirmation for the hypothesis that the weights of continuity in producing change in all three patient satisfaction areas studied were greater in the sample of families with disabled children than in the random sample of families. Controlling for maternal education, family income, race and waiting time did not alter these results. It is suggested that a continuous doctor-patient relationship, conducive to the expression and resolution of psychological needs, is of special importance when a patient's illness is severe. Implications for the organization of medical care in specialty clinics, which serve the disabled and chronically ill, are discussed.

00294

0208103 82194067

**Primary care and medical education.**

Ross M; Willer B

Med Care ,Feb 1982, 20 (2) p235-41, ISSN 0025-7079 Journal Code: LSM

Languages: ENGLISH

There is considerable argument for the value of educating medical students in the basics of primary care, comprehensive care and concern for psychological needs of patients. However, medical schools do not place much emphasis on primary care. Most clinical experiences take place in tertiary care centers, and most teaching is provided by specialists. Relatively little attention is paid to psychological issues of care and development of interpersonal skills among would-be physicians.

The impact of the tertiary care orientation is widespread. Medical students are expected to adopt the role of the physician-specialist or technologist. Those who want to be primary care physicians have to face value conflicts with the establishment, and some develop emotional problems. The effects carry over into practice. Physicians who do not

develop adequate personal skills are less likely to be viewed as competent by their patients. They are also more likely to develop mental health problems themselves. This article argues for a modification of the medical school curriculum to reflect the orientation of the primary care model.

0208076 82193795

**Development of a cancer prevention-detection clinic.**

Mettlin C; Boyle M; Michalek A

J Surg Oncol ,Apr 1982, 19 (4) p211-5, ISSN 0022-4790 Journal Code: K79

Contract/Grant No.: CA 16411

Languages: ENGLISH

Control of cancer through risk reduction and early detection has great potential. Roswell Park Memorial Institute's Prevention-Detection Center addresses a community need for health promotion, disease prevention, and cancer detection as well as providing opportunity for research on the efficacy of such a program. The Prevention-Detection Center offers a range of services including education, genetic counseling, risk assessment, counseling in smoking cessation and other means of risk reduction, and screening for cancer. It is also involved in evaluation of new technologies of cancer detection such as the ultrasonic examination of the breast. A community outreach program is aimed at attracting high-risk populations. In its first eighteen months of operation, the Prevention-Detection Center detected 24 confirmed cancers. The Center is used by approximately 60 persons each week. Interviews with persons using the clinic over a two-week period indicate that most are motivated to attend because a relative has had cancer or because of a belief in the importance of regular checkups. Client satisfaction with the clinic is high. Although many of the activities of the prevention-Detection Center have a research dimension, many of its activities and services are suited to the community ambulatory health care setting.

00295

0109889 79099651

**[Health care for the population. Making prevention more popular]**

Assistance medicale a la population. Pour que la prevention devienne populaire.

Jaggi Y

Soz Praeventivmed ,Dec 1978, 23 (5-6) p362-3, ISSN 0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

In order to get the information about prevention issues to "go through" and to foster behavior modifications in the individuals, there is a need to disseminate in with the communication techniques used in the commercial sector in particular; in a way, the matter is to make prevention fashionable. At the institutional level, it is important to remove the obstacles which hinder or delay the availability and use to preventive services. This should be done in obtaining a real transparency of the health care system, especially as regards the type of care given, the equipment and the costs involved.

A B C D

0207986 82192629

**Impairment prevention in the training years. A new mental health program at UCLA.**

Borenstein DB; Cook K  
JAMA ,May 21 1982, 247 (19) p2700-3, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

The new Mental Health Program for Physicians in Training, at UCLA, offers free psychiatric evaluation and short-term psychotherapy to UCLA medical students and house officers, utilizing a large group of physician volunteers from the clinical and regular faculties. The program features complete confidentiality and an off-campus setting and provides help in a number of specialized areas. It also conducts research on stress in medical education. A basic aim is to promote a sense of community in the medical profession by demonstrating the concern of mature practitioners for their young colleagues. It also seeks to foster greater sensitivity among young physicians by educating them about the importance of their own psychological needs. The UCLA program provides a model for mental health services that are low in cost, both to medical trainees and to the training institution, at a time of severe budget shrinkage.

0207972 82192475

**An integrated university emergency medicine - trauma program.**

Geis WP; Altergott RA; Giacchino JL; Freeark RJ  
J Trauma ,Apr 1982, 22 (4) p295-302, ISSN 0022-5282  
Journal Code: KAF

Languages: ENGLISH

Systems for prehospital care, emergency medical care, and trauma care clearly overlap educationally, medically, financially, and politically. Most systems have not accomplished separation of this interdisciplinary tangle. To solve this dilemma we have customized an Emergency Medicine and Trauma Service (EM & TS) at a regional trauma medical center. The program (annually): 1) treats 32,000 patients (11,330 are trauma); 2) educates 140 paramedics, residents, students. Physician personnel: Members are fully trained in Internal Medicine, Surgery, or Pediatrics; are members of other academic departments. Each is approved by three chairmen: Emergency Department, The physician's specialty, and Surgery. Structure: Board-qualified trauma surgeon always present; other faculty supplement surgical manpower; physicians are salaried; each is responsible to Director of EM & TS; trainees are not included as patient-care manpower. Organization: Academically, EM & TS is a Section of the Department of Surgery; the Section Chief is Director of EM & TS, and is responsible for Emergency Department, prehospital care, and trauma admissions. The solution: A vertical responsibility structure to this multidisciplinary system has provided a successful solution and may be tailored to other systems.

0207724 82190410

**Early intervention program for adolescent mothers and their infants.**

Thompson RJ Jr; Cappleman MW; Conrad HH; Jordan WB  
JDBP ,Mar 1982, 3 (1) p18-21, ISSN 0196-206X Journal  
Code: HTF

Languages: ENGLISH

0207678 82189425

**Survey of critical care nursing practice. Part IV. Staffing and training of intensive care unit personnel.**

Sullivan S; Brea C  
Heart Lung ,May-Jun 1982, 11 (3) p237-41, Journal  
Code: G2V

Contract/Grant No.: 1D10NU290818-01

Languages: ENGLISH

0207674 82189417

**Controversy over clinical competencies.**

Canfield AB  
Heart Lung ,May-Jun 1982, 11 (3) p197-9, Journal Code:  
G2V

Languages: ENGLISH

0146165 80149655

**[An overview of health education in Switzerland]**

Apercu sur un inventaire d'education pour la sante en Suisse.

Allemann-Tschopp A; Muret A; Muret A; Voneche L; Voneche L  
Soz Praeventivmed ,Aug 1979, 24 (4) p255-6, ISSN  
0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

The present research is an attempt to give an overall view of health education programmes in Switzerland. Three phases are planned: 1. Inventory of health education programmes, 2. evaluation of these programmes, 3. recommendations for the improvement of the present situation. The present paper gives the underlying concepts of the project. These concepts are: - personal responsibility and active participation, - coordination of existing structures. The inventory is meant to give an exhaustive view of the fields covered, the target groups, the channels of informations, and the organization.

0115046 79139283

**[Training of rural health personnel in the socialist republic of Vietnam]**

Formation des cadres sanitaires ruraux dans la republique socialiste du Viet Nam.

Cau HD

Sante Publique (Bucar) ,1978, 21 (1-2) p3-11, ISSN  
0048-9107 Journal Code: U9T

Languages: FRENCH Summary Languages: ENGLISH

00514

0207662 82189401

**Promoting employee acceptance of a consumer bill of rights in a complex medical care organization: a case study.**

Mullen PD; Leifer BH

Health Educ Q , Spring 1982. 9 (1) p3-22. ISSN 0195-8402

Journal Code: G20

Contract/Grant No.: No. 5T324L07180-04

Languages: ENGLISH

To develop strong health education programs, health educators working in complex medical care organizations must often secure professional cooperation across disciplines, coordination of services, and orientation of policies, procedures, and personnel toward patient preferences and needs. Frequently, they undertake these tasks against the tide, within a problematic organizational structure. The present case study illustrates the difficulties posed by introducing change in medical care organizations in the context of an education program to acquaint employees of a large HMO with a consumer bill of rights mandated by the consumer Board of Trustees. The underlying assumption was that in a bureaucratic institution, an employee-centered and modest system reform strategy would be effective in bringing about client-centered outcomes in this case, increased recognition of client rights. The case analysis and results of a post-intervention, cross-sectional survey suggest that in units where a threshold level of participation was reached, there were improvements in knowledge about the Bill and employee attitudes. The program was less successful with hospital nurses whose feelings about physicians were not taken into account fully, and with physicians whose relative lack of integration into the policy and managerial domains made them harder to reach.

0207631 82189217

**[Typical and avoidable risks in the therapy of internal diseases]**

Typische und vermeidbare Risiken bei der Therapie innerer Krankheiten.

Riecker G

Internist (Berlin) , Mar 1982. 23 (3) p121-6. ISSN

0020-9554 Journal Code: GVX

Languages: GERMAN

0207606 82189055

**Feeder area approach: an impact evaluation of a prevention project on student drug abuse.**

Kim S

Int J Addict , Feb 1982. 17 (2) p305-13. ISSN 0020-773X  
Journal Code: G08

Contract/Grant No.: 1E07DA 01562

Languages: ENGLISH

To determine the impact of a primary prevention project at the community level, a feeder area approach has been implemented for a period of 2 years. The operational objective

of the approach has been to concentrate most of the prevention agency's programs in one small area rather than scattering its resources throughout the country at large. It has been assumed that the country as a whole is too large a unit to have a measurable impact in a short period of time. The feeder area chosen therefore is used as an experimental group while the rest of the country is viewed as a control group in a natural social setting. Through countrywide drug surveys implemented before and after the project, it has been determined that there is a significant reduction in the current users of various drugs in the selected feeder area when compared to the rest of the country.

0207542 82188424

**The prevention and treatment of status asthmaticus.**

Raffin I; Roberts P

Hosp Pract , Feb 1982. 17 (2) p80A-C. 80H-S. 80V-Z (6).  
ISSN 0018-5809 Journal Code: GD2

Languages: ENGLISH

0207423 82187619

**Conquering fear of surgery.**

Nurse R; Deber R

Dimens Health Serv , Mar 1982. 59 (3) p34-6. ISSN  
0317-7645 Journal Code: E9N

Languages: ENGLISH

0207328 82186237

**Delivering pharmaceutical services from a decentralized pharmacy--health care system in Spain.**

Bonal J; Altimiras J

Drug Intell Clin Pharm , Feb 1982. 16 (2) p141-3. ISSN  
0012-6578 Journal Code: EBU

Languages: ENGLISH

This article presents a practical demonstration of a decentralized pharmacy system improving the quality of pharmaceutical services. The authors explain the working system of a satellite pharmacy in one of the pavilions of the Hospital de la Santa Creu i Sant Pau in Barcelona, Spain. Clinical pharmacists working in this satellite become deeply involved in drug information, quality control programs, pharmacokinetics, patient education, research, and teaching activities.

00298  
● 0125569 79225637

**[Geriatric education]**

La formation geriatrique.

Barrier MC; Guy A

Soins , 5-20 Jul 1979. 24 (13-14) p95-103. ISSN  
0038-0814 Journal Code: UUU

Languages: FRENCH

00515

0207274 82185607

**Meeting the needs of critical care nurses: the simulated cardiopulmonary resuscitation.**

Sommers MS  
Crit Care Nurse ,Mar-Apr 1982, 2 (2) p58-63, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0207260 82185544

**Tongue extrusion as an aid to blind nasal intubation.**

Adams AL; Cane RD; Shapiro BA  
Crit Care Med ,May 1982, 10 (5) p335-6, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

Blind nasal intubation often results in esophageal placement of the tube because reflex swallowing and supralaryngeal structures direct the tube posteriorly. Extrusion of the tongue, which inhibits swallowing and shifts the supralaryngeal structures anteriorly, facilitated blind placement of a nasotracheal tube in 14 of 16 critically ill patients. The technique avoids manipulation of the neck, the use of heavy sedation or anesthesia, and requires no specialized training or equipment.

0207113 82183505

**Planning services for the mentally handicapped: a look at Sweden.**

Golding AM  
Br Med J [Clin Res] ,Apr 24 1982, 284 (6324) p1251-3,  
Journal Code: B4X  
Languages: ENGLISH

0207084 82183309

**Mexico's San Rafael Community Mental Health Center: six years of progress.**

Calderon G  
Bull Pan Am Health Organ ,1982, 16 (1) p17-27, Journal  
Code: BSB  
Languages: ENGLISH

0206985 82176331

**A residence for autistic and schizophrenic adolescents.**

Epstein N  
Soc Casework ,Apr 1982, 63 (4) p209-14, Journal Code:  
UT2  
Languages: ENGLISH

A community-based residence for male adolescents who require intensive training in basic life skills is described. Group therapy was used to promote eventual semi-independent living. Mastery over idiosyncratic behavior and learning how to obtain

and hold a job constituted the main achievements of intervention.

00299

0206809 82166952

**Continuing education for hospital management: trends and issues.**

Brown DR  
Hosp Health Serv Adm ,Mar-Apr 1982, 27 (2) p22-32, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0206808 82166951

**Are fire drills enough?**

Hosp Superv Bull ,May 30 1982, (438) p1-3, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0206723 82166013

**Training supervisors--through behavior modeling: an approach used at North Carolina Memorial Hospital for four years.**

Goldfinch J  
Hosp Top ,May-Jun 1982, 60 (3) p33-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0206617 82162630

**Preparing for high-level nursing administration positions.**

Hansen MM  
CCQ ,Jun 1982, 5 (1) p7-15, ISSN 0160-2551 Journal  
Code: CPW  
Languages: ENGLISH

0206559 82181838

**Primary medical care for children in Victoria.**

Mok CH  
Aust Fam Physician ,Feb 1982, 11 (2) p133-43, ISSN  
0300-8495 Journal Code: 9EC  
Languages: ENGLISH

00300

0192105 82041150

**[Medical education in occupational medicine]**

La formation du medecin en medecine du travail.  
Demers H; Brodeur J  
Union Med Can ,Aug 1981, 110 (8) p687-90, ISSN  
0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

00516

0206373 82179456

**The longitudinal study of findings in childhood. Analysis of an interdisciplinary process.**

Levine MD; Wolman R; Oberklaid F; Pierson DE

Am J Dis Child ,Apr 1982, 136 (4) p303-9, ISSN

0002-922X Journal Code: 3GS

Languages: ENGLISH

The Brookline Early Education Project provided periodic diagnostic assessments and individualized educational programs for approximately 300 children enrolled at birth in an attempt to reduce the prevalence of neglected health needs and school problems. A method, The Longitudinal Study of Findings, was developed to monitor and document diagnostic findings (determinations suggesting a possible service need). Each finding was rated for severity, treatability, and predictive value (potential impact on future function). At the 42-month-old check-point, 87% of children had at least one finding; there was a mean of 3.4 findings per child. Only 15% of findings had a high likelihood of treatability, and 12% were rated as highly predictive of later problems. Only 1.1% of findings were highly predictive and highly treatable. While certain categories of findings tended to prevail in isolation, others tended to coexist in the same child.

0206340 82179221

**Canadian services to hearing-impaired adults.**

Reich C; Johnson L

Am Ann Deaf ,Apr 1982, 127 (2) p80-8, ISSN 0002-726X

Journal Code: 3BA

Languages: ENGLISH

0206232 82178033

**[Decrease of tuberculosis in children in GDR - facts, data and conclusions]**

Der Ruckgang der Kindertuberkulose in der DDR - Fakten und Konsequenzen.

Thal W; Muller J

Z Erkr Atmungsorgane ,1982, 158 (1-2) p142-8, ISSN

0303-657X Journal Code: XTN

Languages: GERMAN Summary Languages: ENGLISH

With decrease of tuberculosis among children GDR to nearly insignificant numbers nonspecific respiratory diseases have taken precedence in the health care of children. Nevertheless tuberculosis must not be forgotten in differential diagnostic consideration. Prophylaxis of tuberculosis exposition is becoming a predominant task. Immunoprophylaxis by BCG-vaccination should be carried on, yet treatment of tuberculous children should be started centrally at the children's hospital for pulmonary diseases at Harzgerode (GDR) also further on. The following ambulatory therapy should be done under the control of the district centres for respiratory diseases among children in close cooperation with the appropriate policlinical department for pulmonary disease (PALT) and the hospital at Harzgerode. Tuberculosis has to

remain an important component of medical education of students and postgraduate education of pediatricians in spite of its low incidence, in future too.

0206207 82177898

**Training the internist for primary care: a view from Nevada.**

Kurtz KJ

West J Med ,Jan 1982, 136 (1) p76-82, ISSN 0093-0415

Journal Code: XN5

Languages: ENGLISH

0206016 82175214

**Child health services in Colombia: developing preventive health care strategies in university-level hospitals.**

Krueger T

Public Health ,Jan 1982, 96 (1) p31-42, ISSN 0033-3506

Journal Code: Q17

Languages: ENGLISH

0205905 82174017

**Incorporating behavioral pediatrics into primary care.**

Christophersen ER

Pediatr Clin North Am ,Apr 1982, 29 (2) p261-96, ISSN

0031-3955 Journal Code: DUM

Contract/Grant No.: HD 03144

Languages: ENGLISH

0205890 82173863

**Antibiotic review performed by a pharmacy and therapeutics subcommittee.**

Klapp DL; Ramphal R

QRB ,Jan 1982, 8 (1) p15-9, ISSN 0097-5990 Journal

Code: OKP

Languages: ENGLISH

0205875 82173756

**Illinois occupational health nurses express continuing education needs.**

Parker JE; Wood JM; Millsap M

Occup Health Nurs ,Apr 1982, 30 (4) p27-32, ISSN

0029-7933 Journal Code: ODC

Languages: ENGLISH

00517



00301

0205874 82173755

**Continuing education needs of occupational health nurses.**

Brown VA; Brown KC

Occup Health Nurs ,Apr 1982, 30 (4) p22-6, ISSN

0029-7933 Journal Code: DDC

Languages: ENGLISH

0205801 82173055

**Sounding board. The present status of child psychiatry in pediatrics.**

Jellinek MS

N Engl J Med ,May 20 1982, 306 (20) p1227-30, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

00302

0205775 82172718

**Personality type and curriculum preference in primary care.**

West M; O'Donnell M

Med Educ ,Mar 1982, 16 (2) p94-6, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

The study was conducted to examine the impact which personality types may have on the selection process of two preclinical medical school curricula. The two curricula run concurrently at the University of New Mexico School of Medicine. One curriculum has a conventional-lecture format, and the other a new student-centered curriculum, which is designed to graduate students planning careers in rural primary-care. Results indicated that those students preferring the innovative curriculum were personality types unlikely to enter rural primary-care, whereas students preferring the conventional curriculum had personality profiles more consistent with those making rural primary-care career choices. Discussion deals with the implications of personality type and curriculum choice in terms of the curriculum goals and educational method.

0205771 82172709

**Training primary health care workers in Upper Volta.**

Cross I

Med Educ ,Mar 1982, 16 (2) p102-4, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

In collaboration with aid agencies and government health workers, Save the Children Fund medical staff have been involved in the training of primary health care workers in the Sahel region of upper Volta. This report deals specifically with the problems involved in training illiterate health workers.

0205551 82169569

**Educational benefits of antepartum continuity of care.**

Long PJ

J Nurse Midwife ,Mar-Apr 1982, 27 (2) p23-5, ISSN

0091-2182 Journal Code: JER

Languages: ENGLISH

0205494 82169064

**The selection of special educators and learning disability specialists.**

Wilson B; Sapir SG

J Learn Disabil ,Mar 1982, 15 (3) p166-72, ISSN

0022-2194 Journal Code: IWD

Languages: ENGLISH

0205484 82168852

**Care of children with diabetes in Indiana. As indicated by statistics gathered at Indiana's Camp for Children with Diabetes.**

Wentworth SM; Alles B; Russell B

J Indiana State Med Assoc ,Feb 1982, 75 (2) p120-4, ISSN 0019-6770

Journal Code: IGN

Languages: ENGLISH

0205431 82168470

**The community mental health nurse: a new professional role.**

Hall V; Russell D

J Adv Nurs ,Jan 1982, 7 (1) p3-10, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

This review of recent literature explores the similarities and differences between the work of community psychiatric nurses and their mental handicap counterparts. The comparisons which have been made between these groups of nurses are related to the authors' own research studies. These included an observational study of one community mental handicap nursing team and a national survey of all such teams in England and Wales. The importance of trade union membership, the place of the Community Psychiatric Nursing Association and the implications of joint training courses are discussed. The emergence of a new professional role, that of the "community mental health nurse" is discussed and the implications which this might have for the future organization of community psychiatric nursing services is outlined.

00518

0205417 82168393  
**A data-based approach to continuing education.**  
Murphy N; Ferris L; O'Leary P  
J Contin Educ Nurs .Mar-Apr 1982, 13 (2) p4-9, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0205416 82168390  
**Training community health nurses in care of handicapped children.**  
Stiles K; Lierman C; Austin J  
J Contin Educ Nurs .Mar-Apr 1982, 13 (2) p26-34, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0205383 82167699  
**Voluntary school screening for scoliosis in Minnesota.**  
Lonstein JE; Bjorklund S; Wanninger MH; Nelson RP  
J Bone Joint Surg [Am] .Apr 1982, 64 (4) p481-8, ISSN  
0021-9355 Journal Code: HJR  
Languages: ENGLISH

School screening for scoliosis is a well accepted technique for the early detection of spinal deformities. We reviewed the experience in Minnesota over the past eight years, with an average of one-quarter of a million children being screened yearly. Of the children screened, 3.4 per cent were referred for evaluation and scoliosis was found in 1.2 per cent. The number of children requiring operations for adolescent idiopathic scoliosis has diminished since 1970. The average curve for which a surgical procedure was done has also diminished from 60 to 42 degrees. The cost of the program is low, averaging 6.6 cents per student screened. This compares with a so-called time cost averaging thirty-five cents. Voluntary scoliosis screening in Minnesota is an efficient and cost-effective program.

0205365 82167048  
**Interdisciplinarity: problems & promises.**  
Turnbull EN  
JNE .Feb 1982, 21 (2) p24-31, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

00303

0205300 82166316  
**Governance of university-owned teaching hospitals.**  
Allison RF; Dalston JW  
Inquiry .Spring 1982, 19 (1) p3-17, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0205250 82165768  
**Office care of the insensitive foot.**  
Jacobs RL; Kanmody AM  
Foot Ankle .Jan 1982, 2 (4) p230-7, ISSN 0198-0211  
Journal Code: F3X  
Languages: ENGLISH  
Diabetes is the most common cause of foot insensitivity. Its treatment requires in depth education of the patient in the cause, effects, and danger signs of the disease. Circulatory studies are outlined with particular emphasis on the use of the ultrasonic Doppler in monitoring the course of any foot lesions particularly with regard to their healing.

0205213 82165550  
**Important aspects of pulmonary rehabilitation.**  
McDonald GJ; Hudson LD  
Geriatrics .Mar 1982, 37 (3) p127-32, 134, ISSN  
0016-867X Journal Code: F01  
Languages: ENGLISH

0205135 82164478  
**Evaluating drug use behavior.**  
Freeman HE; Solomon MA  
Drug Intell Clin Pharm .Apr 1982, 16 (4) p313-9, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH  
Evaluations of drug use behavior can be described as an emerging activity. There are a variety of stakeholders, a number of different activities, and a multitude of purposes for which evaluations have utility. A tentative codification of drugs use evaluations is offered that takes into account stakeholders, activities, and purposes. Summaries of completed and on-going studies are provided to illustrate the value of undertaking drug use evaluations.

0205080 82163619  
**Home blood glucose monitoring.**  
Jovanovic L; Peterson CM  
Compr Ther .Jan 1982, 8 (1) p10-20, ISSN 0098-8243  
Journal Code: DMZ  
Languages: ENGLISH  
(29 Refs.)

00304

0004857 75049505  
**[Medical education and medical careers: opinion]**  
Formation et carrieres medicales: point de vue  
Nabli R  
Tunis Med .Jan-Feb 1974, 52 (1) p47-50, ISSN 0041-4131  
Journal Code: WKS  
Languages: FRENCH

00519

0205059 82163399

**Standards for physician training in sports medicine.**

Ryan AJ  
Clin Orthop ,Apr 1982, 164 p13-7, ISSN 0009-921X  
Journal Code: DFY  
Languages: ENGLISH

Modern interest in sports medicine dates to the founding of the International Federation of Sports Medicine in 1928. Formal training in this field has been offered in a number of European countries for many years, but only for one five-year period in the United States at one University. Medical schools in this country may offer short elective periods, but there is no residency training program and only a few fellowships available to the orthopedic surgeon. Physicians seeking postgraduate training must seek out short conferences and read the growing volume of literature. Sports medicine clinics and centers, however, have increased rapidly in number. A group of 80 physicians organized themselves to develop the basis for a curriculum in sports medicine which could be applied to both undergraduate and graduate training. It is divided into basic sciences, organ systems, clinical systems, and miscellaneous topics, and when completed, the outline will be presented to interested medical bodies for their use.

0205015 82162449

**Nursing implications of hepatic artery infusion.**

Garvey EC; Manganaro M  
Cancer Nurs ,Feb 1982, 5 (1) p51-5, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0204963 82162120

**A formal audit as continuing medical education: anaesthesia for neurosurgery.**

McIntyre JW; Purdell-Lewis JG  
Can Anaesth Soc J ,Mar 1982, 29 (2) p174-80, ISSN 0008-2856  
Journal Code: CG7  
Languages: ENGLISH

A brief description of the change from a normative evaluation to a formal audit of anaesthesia for neurosurgery is described. The criteria to be applied and their significance for clinical practise are listed. It is emphasized that these items are not presented as criteria for the standard of anaesthesia practised but as matters deserving debate among anaesthetists participating in a formal audit, particularly where the case load does not permit statistical analysis of patient outcome and only discussion of individual patients or small groups is possible. It is suggested, as it has been by others, that formal audit in a department of anaesthesia can be developed as the form of continuing medical education most closely related to the clinical work of the anaesthetists working within it.

0204883 82161581

**University of Manchester sports injury clinic.**

Galasko CS; Menon TJ; Lemon GJ; Banks AJ; Morris MA; Bourne MS; Bentley S  
Br J Sports Med ,Mar 1982, 16 (1) p23-6, ISSN 0306-3674  
Journal Code: B2W  
Languages: ENGLISH

This paper reviews the work of the sports injury clinic based at the Student Health Centre, University of Manchester during its first eighteen months. A total of 852 patients including 46 Centre of Excellence athletes were treated. The results indicate that the establishment of such a specialised clinic is worthwhile, that the injured sportsmen should be treated by individuals trained and interested in the treatment of injured patients in general and that the commonest injuries are soft tissue injuries to the knee or ankle joint. A record card, designed for future computer analysis, is illustrated. It includes details of the sport, training, mechanism of injury, pathology and treatment.

0204570 82143235

**Program evaluators in community mental health centers: results of a national survey.**

Baker F  
J Community Psychol ,Apr 1982, 10 (2) p151-6, ISSN 0090-4392  
Journal Code: HUU  
Languages: ENGLISH

A national survey of CMHC directors and program evaluators yielded responses by both directors and evaluators from 323 CMHCs (60% response rate). The majority of centers reported only one full-time equivalent evaluator or less. Evaluators generally had little or no specific formal education in program evaluation and the majority had a master's degree or less as their highest degree. However, consultants were widely used and evaluators expressed much interest in hearing about conferences, continuing education opportunities, and publications dealing with program evaluation.

00305

0204537 82141610

**Job satisfaction among health professionals in teaching hospitals.**

Hurka SJ  
Health Manage Forum ,Spring 1982, 3 (1) p37-49,  
Journal Code: G56  
Languages: ENGLISH

00306

0032916 76255160

**[Training of medical students in medical economics]**

La formation en economie medicale des etudiants en medecine  
Bonamour P; Guyot F; Jolly D  
Cah Social Demogr Med ,Apr-Jun 1975, 15 (2) p84-98,  
ISSN 0007-9995  
Journal Code: CEH  
Languages: FRENCH

00520

0204487 82140615  
**Managing the engineer function: a case for in-house service in small hospitals.**  
Hartford OO  
Hosp Eng ,Mar 1982, 36 (2) p17-21, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204475 82140554  
**Health care manager's notebook: managing professional development.**  
Boissoneau R  
Hosp Forum ,Mar-Apr 1982, 25 (2) p61-4, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0204432 82140297  
**Workshop series for youngsters with diabetes--an interdisciplinary approach to patient education.**  
Zufall DL; Butler B; Dreazen J; Goldsmith RW; Long C; Puri D ; Sohor R  
Health Values ,Mar-Apr 1982, 6 (2) p23-5, ISSN 0147-0353  
Journal Code: FX6  
Languages: ENGLISH

0204159 82157752  
**Problems of psychiatric practice in community mental health centers.**  
Donovan CM  
Am J Psychiatry ,Apr 1982, 139 (4) p456-60, ISSN 0002-953X  
Journal Code: 3VG  
Languages: ENGLISH  
Initial enthusiasm about community mental health centers (CMHCs) has diminished. The participation of psychiatrists in CMHCs declined in the 1970s and may decline further. The author describes one center to highlight problems encountered by community psychiatrists: 1) unrealistic treatment expectations, 2) limitations of psychiatric knowledge, 3) need for a broad range of clinical expertise, 4) supervision of other CMHC clinicians, 5) limited funds and rehabilitation facilities, 6) complex medical and legal problems, and 7) lack of adequate training in administration. She suggests that the public be reeducated regarding realistic treatment goals, that CMHCs be allied with university departments of psychiatry, that funding be stabilized, and that community psychiatrists be given more support.

0204061 82155794  
**[Comparison between the mobile emergency care systems of the Free University of Brussels and the Catholic University of**

**Leuven]**

Comparaison entre les services d'aide medicale urgente de l'Universite Libre de Bruxelles et la Katholieke Universiteit Leuven.

Askenasi R; Lignian H; Dufaye P; Chiarotto P; Rommes M  
Acta Chir Belg ,Jan-Feb 1982, 82 (1) p25-31, ISSN 0001-5458  
Journal Code: OH8

Languages: FRENCH Summary Languages: ENGLISH  
Populations concerned with mobile emergency care systems have the same age distribution in Leuven and in Brussels. Interventions for trauma are more frequent in Leuven and cardiac emergencies more frequent in Brussels, but these differences decrease when only critical patients are taken into consideration. The origin of calls is quite different in Brussels and in Leuven. The mobile emergency care system is underused in Brussels. The distribution of emergencies is influenced by the information and the formation of firemen, physicians and public.

0204041 82155395  
**[Dying patients and medical problems from the family doctors point of view (author's transl)]**  
Probleme bei der Betreuung Sterbender aus der Sicht des Facharztes fur Allgemeinmedizin.  
Dan J  
ZFA (Dresden) ,Jan-Feb 1982, 37 (1) p35-40, Journal Code: XSR

Languages: GERMAN Summary Languages: ENGLISH  
Problems appearing to the confrontation with dying patients concern the family doctor as well as the clinician. To our computation 55,3% all men did not die in the hospital. Near 38% all at home dying men have had a more or less long sick bed and did care by the family doctor. In opposite to the hospital the general practitioner may cooperate only with medical laymans. The community nurse can many help but she has a lot of other tasks. According to our view, the enlightenment hopelessly ill patients is a very difficult problem solving of which we can on consideration of all conditions only. We should keep the straight talk not too early, otherwise we take the patients hope and paralyse all kinds of activities. There are some cases with complications in which we don't avoid hospitalisation in spite of very good home cars. All our troubles we may terminate not till after definite death.

00307

0170973 81111448  
**[Reform in medical education: toward reinforcement of hospital organization?]**  
La reforme des etudes medicales: vers un renforcement des structures hospitalieres?  
Dupre JP  
Cah Sociol Demogr Med ,Oct-Dec 1980, 20 (4) p192-200, ISSN 0007-9995  
Journal Code: CEH  
Languages: FRENCH

00521

0203946 82153395

**The systematic approach of dispensary follow-up for the young people with mouth and teeth affections.**

Traskovskiy VN  
Sante Publique (Bucur) ,1980. 23 (4) p363-73. ISSN  
0048-9107 Journal Code: U9T  
Languages: ENGLISH

0203809 82151614

**Effects of sociodemographic and attitudinal factors on mother-initiated medication behavior for children.**

Maiman LA; Becker MH; Cummings KM; Drachman RH; O'Connor PA  
Public Health Rep ,Mar-Apr 1982. 97 (2) p140-9. ISSN  
0033-3549 Journal Code: QJA  
Contract/Grant No.: 1 R01-HD15357  
Languages: ENGLISH

Little is known about the therapies that people initiate for their health problems, and the available research on self-medication has focused primarily on adult populations. Only a few studies have specifically addressed mothers' independent use of medications for their children, and none has described such behavior in depth (for example, relating-perceived symptoms and conditions in the child or attempting to provide an explanation for mothers' decisions in these situations). A stratified systematic random sample of 100 mothers of children between 6 months and 12 years old was obtained at each of 3 pediatric ambulatory care clinics. Mothers were interviewed about their use of medications for their children, their concerns about their children's health, and their medication-related attitudes. The study results suggest that income and education are related to the types of medication and medical appliances mothers keep to treat the various health problems of their children. Mothers' perceptions of their children's potential susceptibility to health problems are related to possession of what they believe are relevant remedies for those problems (as well as to keeping a greater variety of medications on hand). Socioeconomic status appears to be one determinant of the number of different remedies (and especially the number of different medical appliances) that are purchased. Certain attitudes held by mothers about medications also play a role in explaining how great a variety of remedies are kept available for children in the event that they become ill, and these medication-related attitudes are highly correlated with socioeconomic status.

0203803 82151608

**Data-based planning for educational interventions through hypertension control programs for urban and rural populations in Maryland.**

Levine DM; Morisky DE; Bone LR; Lewis C; Ward WB; Green LW  
Public Health Rep ,Mar-Apr 1982. 97 (2) p107-12. ISSN  
0033-3549 Journal Code: QJA  
Contract/Grant No.: 1-HV-72986; 5P32-HL-97180-05

Languages: ENGLISH

As part of a statewide effort to coordinate existing resources for high blood pressure (HBP) control, a public health HBP control program was planned and implemented in two high-risk communities in Maryland. The selection of the two communities was based on epidemiologic data. The planning of the educational intervention program in these communities (urban and rural) was guided by organizational theory and health education principles. The framework for development, implementation, and evaluation of the program utilizes an educational assessment model which identified factors that predispose, reinforce, and enable individual persons to practice positive health behavior. Multiple data sources were used in assessing the extent of the problem and relevant approaches in the development of the coordinated HBP control program. These include statewide vital statistics and a random statewide household survey to assess the prevalence rates of awareness, treatment, and control of HBP. To supplement these data, telephone surveys were carried out in the two communities to assess knowledge, beliefs, and practices related to HBP control. Medical record reviews provided baseline information on appointment keeping behavior and BP correlates of hypertensive patients. The planning and implementation of the program was carried out under the direction of representatives of the health care systems, community leaders, and residents, and representatives of communitywide organizations involved in HBP control.

0203674 82150475

**Psychiatry/mental handicap. Forum 2. Portage in Britain: tailored to suit.**

Blunden R  
Nurs Mirror ,Feb 24 1982. 154 (8) pi-vii. ISSN  
0029-6511 Journal Code: Q98  
Languages: ENGLISH

0203672 82150473

**Careers - intensive care: one-to-one.**

Finn E  
Nurs Mirror ,Feb 17 1982. 154 (7) p42. ISSN 0029-6511  
Journal Code: Q98  
Languages: ENGLISH

0218004 83003089

**[Should physicians also be managers? Beginning of a reorientation in hospital administration]**

Sollen Arzte auch "Manager" sein?- Beginn einer Umorientierung in der Krankenhausfuehrung.  
Unkel B  
Chirurg ,Jul 1982. 53 (7) psuppl 88-9. ISSN 0009-4722  
Journal Code: DSU  
Languages: GERMAN

00522

0203495 82149372  
**Nursing students investigate work-related health needs of  
Jerusalem construction workers.**  
Block-Benlbgui D  
Occup Health Nurs ,Mar 1982, 30 (3) p22-3, ISSN  
0029-7933 Journal Code: ODC  
Languages: ENGLISH

0203413 82149190  
**Nurse practitioners within the Veterans Administration.**  
deWever MK  
Nurse Pract ,Feb 1982, 7 (2) p24, 38, ISSN 0361-1817  
Journal Code: OA1  
Languages: ENGLISH

0203408 82149184  
**A first-hand view of the unit teacher role.**  
Meisenhelder JB  
Nurse Educ ,Mar-Apr 1982, 7 (2) p17-20, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0203198 82146997  
**What can we expect from school health education?**  
Kolbe LJ  
J Sch Health ,Mar 1982, 52 (3) p145-50, ISSN 0022-4391  
Journal Code: K13  
Contract/Grant No.: 200-78-0807  
Languages: ENGLISH

0203170 82146831  
**[A theory of nursing care at the hospital]**  
Une theorie de soins infirmiers a l'hospital.  
Bischoff C; Dupuis P; Keist AM; Hourri A  
Krankenpflege (Bern) ,Feb 1982, (2) p40-7, Journal  
Code: KX7  
Languages: FRENCH

0203128 82145919  
**Cancer rehabilitation. An analysis of 36 program approaches.**  
Harvey RF; Jellinek HM; Habeck RV  
JAMA ,Apr 16 1982, 247 (15) p2127-31, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH  
Information about comprehensive rehabilitation for patients  
with cancer is limited. Only a few descriptions of existing  
models are found in the literature. A survey questionnaire  
concerning the description and operation of cancer

rehabilitation programs was developed and mailed to identified  
programs in 95 facilities throughout the country. Thirty-six  
facilities responded with data appropriate for analysis of  
their method of organization, treatment approaches, team  
composition, program emphasis, evaluation procedures, and  
program results. A literature and survey analysis provide  
support for an interdisciplinary team approach for  
rehabilitation of cancer patients disabled by the disease or  
its treatment. In addition, the survey shows favorable  
acceptance and success of cancer rehabilitation programs,  
especially in community hospital settings.

0203085 82145476  
**Medical audit as an educational tool to improve intravenous  
nutritional support.**  
Kudsk KA; Thompson M; Tranbaugh RF; Sheldon GF  
J Med Educ ,Apr 1982, 57 (4) p336-8, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0203084 82145473  
**Outpatient management of hypertension by general medicine  
and traditional track residents.**  
Robie PW; Andrus PL  
J Med Educ ,Apr 1982, 57 (4) p330-1, ISSN 0022-2577  
Journal Code: J13  
Contract/Grant No.: D28-PE16005  
Languages: ENGLISH

0208799 82199496  
**[Alcoholism in young people (author's transl)]**  
Les jeunes et l'alcool.  
Zourbas J  
Sem Hop Paris ,Apr 8 1982, 58 (14) p881-5, ISSN  
0037-1777 Journal Code: ULD  
Languages: FRENCH Summary Languages: ENGLISH  
Epidemiology should be used for studying teenagers'  
attitudes and behaviours concerning alcoholic beverages in  
order to develop health education programs designed to induce  
temperance in adolescence and, subsequently, in adulthood. We  
report on five studies carried out in France, including 5,481  
subjects, both male and female, aged 13 to 26, belonging to  
various communities, and living in different conditions.  
Answers to questionnaires showed that both the first ingestion  
of alcohol (usually with the family) and the first inebriation  
(usually with friends) occur very early (at ages 10 to 12 and  
15 to 16 respectively). Alcohol intake increases with age,  
parents' permissiveness, money allowance, and pub attendance.  
Health education should be undertaken very early, in  
kindergarten, and subsequently included in school programs  
each year. Cooperation among school teachers and with the  
school's medical staff and the childrens' parents is  
essential.

00523

0203051 82145360  
**What's a medication group?**

Larkin AR

J Psychosoc Nurs Ment Health Serv .Feb 1982, 20 (2)  
p35-7, ISSN 0279-3695 Journal Code: JUW

Languages: ENGLISH

For therapists interested in a didactic model, a Medication Group can be an ideal vehicle for patient education. Our patients are remarkably well informed on dopamine, tardive dyskinesia, side effects, types and levels of drugs, early symptoms, individual stressors and coping mechanisms. They request and titrate drug levels according to their own identification of symptom distress. There is no question that the ability to control their symptoms and medications is a positive and important experience for them. The focus for this paper, however, has been an exploration of a group therapeutic strategy which deals with the phenomenological needs of chronic schizophrenics to address the residual or negative symptoms of schizophrenia, and not their educational needs.

00308

0202999 82144839

**Job expectations of senior nursing students.**

Burton CE; Burton DT

J Nurs Adm .Mar 1982, 12 (3) p11-7, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

0202963 82144317

**Patient care telephone calls received in family practice offices.**

Brown JM; Helling DK; Burns EA; Burmeister LF; Rake1 RE

J Fam Pract .Mar 1982, 14 (3) p527-32, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

The majority of patients care calls referred to practitioners at each of two family practice office study sites were related to medications. However, there were significant differences in the proportion of patient care calls managed by staff physicians, family practice residents, and clinical pharmacists which involved discussion of medication. There were also significant differences in the callers and types of medication related calls managed by each practitioner group. Calls initiated by patients and those classified as refill requests accounted for the largest proportion of calls managed by staff physicians, residents, and clinical pharmacists. The majority of calls received by each practitioner group were managed without consultation. A follow-up office visit was recommended in approximately one half of all medication related calls. The findings of this study may be useful in determining the personnel required to manage medication related telephone calls and in identifying potential areas for education and training of personnel in family practice.

0202893 82143447

**The Veterans Administration's experience with geriatric centers of excellence (Geriatric Research, Education, and Clinical Centers).**

Haber PA; Moravec JD

J Am Geriatr Soc .Mar 1982, 30 (3) p206-10, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

0202795 82141574

**Survey of critical care nursing practice. Part III. Responsibilities of intensive care unit staff.**

Breu C; Dracup K

Heart Lung .Mar-Apr 1982, 11 (2) p157-61, Journal  
Code: G2V

Contract/Grant No.: 1D10NU290818-01

Languages: ENGLISH

0202784 82141555

**More Effective Living: a partnership approach to health education programming.**

Di Berto SN

Health Educ Q .Winter 1981, 8 (4) p348-58, ISSN  
0195-8402 Journal Code: G20

Languages: ENGLISH

In September, 1974, the Kaiser-Permanente Medical Center in Santa Clara, California, and the West Valley Community College District entered into cooperative planning for delivery of consumer health education. Two months later, the first five classes commenced with a total enrollment of 53 persons, all of whom were HMO members. Seven years later, this joining HMO-community college health education program entitled More Effective Living (MEL) contains over 50 different class titles, is offered cooperatively by two Kaiser-Permanente facilities and three locally-based community colleges, is scheduled in three academic semester time periods spanning 12 months and, is expected to serve an estimated 760 HMO members and community residents in the Spring 1981 semester. Although this paper addresses the HMO-community college partnership primarily from an administrative perspective, some background information is given to explain the basic concepts of the program design. For health educators, particularly those working in medical care, partnership with a community organization can be an effective way to deliver health education to a target population at minimal cost.

00524

0202748 82141365

**Innovation, change, decision-making, and the key variables in nursing curriculum implementation.**

Greaves F  
Int J Nurs Stud, 1982, 19 (1) p11-9. ISSN 0020-7489  
Journal Code: GSB  
Languages: ENGLISH

0202696 82140969

**[School health 1982: control, education, prevention and health research]**

A propos de sante scolaire 1982 : controle, education, prevention et recherche sanitaire.  
Infirm Fr, Jan 1982, (231) p25-6. ISSN 0019-9613  
Journal Code: GOD  
Languages: FRENCH

0202498 82139043

**Interagency collaboration: driving and restraining forces.**  
Johnson HW; McLaughlin JA; Christensen M  
Except Child, Feb 1982, 48 (5) p395-9. ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0202444 82138062

**Day treatment for delinquent youth: an alternative to residential care.**

Schutjer M  
Child Today, Jan-Feb 1982, 11 (1) p20-3. Journal Code: D2E  
Languages: ENGLISH

0202435 82137867

**WHO special programme of research, development and research training in human reproduction. Task force on long-acting agents for the regulation of fertility.**

Contraception, Jan 1982, 25 (1) p1-11. ISSN 0010-7824  
Journal Code: DQN  
Languages: ENGLISH

A multicentre phase III clinical trial has been undertaken to compare norethisterone enantate (NET-EN) given by two different treatment regimens and depot-medroxyprogesterone acetate (DMPA). After 18 months of observation, preliminary findings are reported for 1,589 women who received DMPA 150mg every 90 days; 790 women who received NET-EN 200mg every 60 days; and 796 women who received NET-EN, 200mg every 60 days for 6 months, then 200mg every 84 days. The overall discontinuation rates per 100 women were similar for all three treatment groups over the 18 months observation (61.8 - 63.5 per 100 women). The discontinuation rates for bleeding

problems and for personal reasons were also similar for all three treatment groups. However, terminations due to amenorrhoea were significantly higher among DMPA users (12.1 and 17.4 per 100 women at 12 and 18 months) as compared with both NET-EN groups (6.8 - 8.2 per 100 women at 12 months and 10.4 - 10.9 per 100 women at 18 months). The only significant difference in pregnancy rates observed between the three groups was a higher rate at 18 months among NET-EN (84 days) users (1.6 per 100 women), as compared with DMPA users (0.2 per 100 women). There was no overall significant difference between the two NET-EN groups, although between the 6 and 18 month's follow-up when the two NET-EN regimens diverged, the NET-EN (84 days) users' pregnancy rate rose significantly, whereas in the NET-EN (60 days) group the pregnancy rate did not change. There was a significantly higher weight gain in those subjects using NET-EN at 60-day intervals compared with those using it at 84-day intervals.

0202030 82119664

**Willful concealment complicates hospitals' liability [interview]**

Lambert RL  
Hosp Risk Manage, Mar 1982, 4 (3) p29-32. ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0201953 82118571

**Is your case cart system working?**

Underwood L  
Hosp Top, Mar-Apr 1982, 60 (2) p32-4. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0201908 82118453

**NHS administration--are we getting the best graduates?**

Fewtrell C  
Health Serv Manpow Rev, Feb 1982, 8 (1) p11-5. ISSN 0306-0233  
Journal Code: GBY  
Languages: ENGLISH

0222978 83055840

**[Notes on nursing education in France]**

Notes sur la formation infirmiere en France.  
Lize TH  
Infirm Can, Nov 1982, 24 (10) p24-6. ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

00525



0201674 82133366

**General internal medicine units in academic medical centers: their emergence and functions.**

Friedman RH; Pozen JT; Rosencrans AL; Eisenberg JM; Gertman PM

Ann Intern Med ,Feb 1982, 96 (2) p233-8, ISSN 0003-4819  
Journal Code: 5A6

Languages: ENGLISH

By 1979, 77% of medical school primary teaching hospitals had functioning general internal medicine units; less than 5% had existed before 1970. These units were established to meet institutional needs for primary care internal medicine teachers and clinicians. By the end of the decade they had achieved major administrative and staffing responsibility for a wide variety of general education and service activities. The scope of general internal medicine units goes beyond the narrow definition of primary care internal medicine, to include activities traditionally considered those of the entire department of medicine.

0201565 82132488

**Sublingual nitroglycerin: tablet potency and patient education.**

DeVine AM; Johnson CE

Am Pharm ,Feb 1982, 22 (2) p40-3, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0201429 82129449

**The Peninsula Maternity and Neonatal Service. An urban community perinatal programme.**

van Coeverden de Groot HA; Davey DA; Howland RC

S Afr Med J ,Jan 9 1982, 61 (2) p35-6, ISSN 0038-2469  
Journal Code: U4R

Languages: ENGLISH

The first year of existence of the Peninsula Maternity and Neonatal Service (PMNS) is reviewed. Some 21000 deliveries per annum fall under the Service. The ethnic distribution in 1980 was 27% Black, 69% Coloured and 4% White. The perinatal mortality rates per 1000 births were 31.2 for Blacks, 29.4 for Coloureds and 15.0 for Whites, with an overall perinatal mortality rate for the PMNS of 29.2. The administration of the PMNS is described. The Midwife Obstetric Units are discussed under the following headings: function, workload, advantages, and continuing education. Research opportunities and the main problems in the PMNS are outlined.

0201422 82129296

**Rationale behind the periodic health examination in adults.**

Willoughby ML; Dunlap DB

South Med J ,Feb 1982, 75 (2) p197-202, ISSN 0038-4348  
Journal Code: UVH

Languages: ENGLISH

We have outlined a comprehensive approach to the periodic examination of adults. We do not discuss reasons for excluding specific practices. The approach outlined eliminates many practices that have become part of the "routine examination" and focuses on specific key areas. Our recommendations are practical and somewhat more inclusive than those of the others. We have not addressed mass screening, but have instead defined a periodic health examination applicable to the unique physician-patient relationship.

0201089 82126818

**Dissonance in nurse and patient evaluations of the effectiveness of a patient-teaching program.**

Adom D; Wright AS

Nurs Outlook ,Feb 1982, 30 (2) p132-6, ISSN 0029-6554  
Journal Code: 09H

Languages: ENGLISH

0229691 83125747

**[Information and health education. Role of the nurse]**

Information et education sanitaire. Role de l'infirmiere.  
Jacquerye A

Arch Belg ,1982, 40 (1-2) p87-97, Journal Code: 69U  
Languages: FRENCH

0229685 83125741

**[Practical aspects of health education in the hospital environment]**

Aspects pratiques de l'education sanitaire en milieu hospitalier.

De Wever A

Arch Belg ,1982, 40 (1-2) p30-41, Journal Code: 69U  
Languages: FRENCH

00526

0201056 82126583

**Projecting physician requirements for child health care-1990.**

Morgan BC  
Pediatrics ,Feb 1982. 69 (2) p150-6. ISSN 0031-4005  
Journal Code: OXV

Languages: ENGLISH

In 1976 the Secretary of the Department of Health, Education and Welfare appointed the Graduate Medical Education National Advisory Committee (GMENAC) with the charge to advise the Secretary on five national health planning objectives, including estimates of the numbers of physicians required to meet the health care needs of the nation, recommendations regarding the most appropriate specialty distribution of these physicians, and development of strategies to achieve the recommendations formulated by the committee. GMENAC evaluated projected supply and requirements for all major specialties, including child health care, for 1990, and recommended strategies to bring supply and requirement into reasonable balance. Despite the range of error of the methodology used, these data represent the most detailed scientific study to date on this subject. Pediatrics, the portion of child health care accruing to the pediatrician in 1990 was projected to be in "near balance" for supply/requirement ratio. Inasmuch as GMENAC recommended that larger surpluses be created deliberately in the three primary care fields, it is unlikely that the numbers of pediatric residency training programs will be decreased. As several hundred pediatric residency positions are unfilled each year, a concomitant decrease in residency offerings in oversupplied fields would be required to accomplish the recommended subspecialty distribution.

0201005 82126149

**A comparative study of hospital incidents.**

Swartzbeck EM; Milligan WL  
Nurs Manage ,Jan 1982, 13 (1) p39-43. Journal Code:

OBV

Languages: ENGLISH

0200914 82125270

**Sounding board. Recent health gains for adults.**

McGinnis JM  
N Engl J Med ,Mar 18 1982, 306 (11) p671-3. ISSN  
0028-4793 Journal Code: NOW

Languages: ENGLISH

0200908 82125245

**Socioeconomic evaluation of a state-funded comprehensive hemophilia-care program.**

Smith PS; Keyes NC; Forman EN  
N Engl J Med ,Mar 11 1982, 306 (10) p575-9. ISSN  
0028-4793 Journal Code: NOW

Languages: ENGLISH

To assess the effectiveness, cost, and socioeconomic gains associated with a comprehensive state-funded hemophilia program, we compared data from a three-year experience with such a program in Rhode Island with those from the preceding year. Self-treatment, integration of children into school, and achieving satisfying employment of adults are the main goals of the program. During the most recent year, 77 per cent of the patients with severe hemophilia in the state received total care through the Hemophilia Center. Twenty-eight of the 43 patients now treat themselves, the annual number of hospital days per patient has decreased from 12.6 to 3.5, and the number of visits to hospital facilities has fallen from 34 to 2.4, while the yearly cost of clotting factor per patient has remained about \$7,000. Altogether, this has saved more than \$10,000 each year for treatment, despite the cost of rehabilitative surgery. Numbers of days lost from school and work have decreased twofold and threefold, respectively. Best of all, comprehensive care has vastly improved the quality of life for patients with hemophilia in Rhode Island.

0200855 82124006

**The free-standing birth centre.**

Bennetts AB; Lubic RW  
Lancet ,Feb 13 1982, 1 (8268) p378-80. ISSN 0023-7507  
Journal Code: LOS

Languages: ENGLISH

0200806 82122901

**The four horsemen of the apocalypse. Study of academic medical center governance.**

Petersdorf RG; Wilson MP  
JAMA ,Feb 26 1982, 247 (8) p1153-61. ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

Governance of academic medical centers is in a process of change. This essay reviews some of the historical factors that have affected the present status of academic medical center governance and describes the functions of the four individuals who are most involved in the operation of academic medical centers: vice-presidents for health affairs, deans of relationships between these four individuals are analyzed, and points of conflict are identified. Some suggestion about how these individuals can work together more effectively are made.

00527

for the elderly.

0200792 82122848

**Therapeutic use of albumin: 2.**

Alexander MR; Alexander B; Mustion AL; Spector R; Wright CB  
JAMA ,Feb 12 1982, 247 (6) p831-3, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

It has previously been shown that albumin costs in a Veterans Administration Hospital constituted a large portion of the pharmacy drug budget and that much albumin was prescribed inappropriately. Therefore, a program of education and use monitoring was instituted to improve understanding and prescribing of this product. Inappropriate use declined from 41% to 26% of total albumin units and, more dramatically, total cost of albumin used had decreased by 90% one year after this program was initiated. Projected yearly savings from decreased use was more than \$85,000. These results demonstrate that such a program can promote more appropriate use of albumin and effect a cost savings for hospitals.

0200655 82121628

**A study of resident applicant screening.**

DiVasto P; Heffron WA; Wiese WH; Skipper BJ  
J Fam Pract ,Feb 1982, 14 (2) p382-3, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

0200574 82120940

**Training health professionals in the care of the elderly.**

Panneton PE; Moritsugu KP; Miller AM  
J Am Geriatr Soc ,Feb 1982, 30 (2) p144-9, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

Twenty-seven projects for the development of interdisciplinary geriatric curricula were supported by the Health Resources Administration's Bureau of Health Professions in fiscal 1979. A variety of clinical training sites were used (e.g., university gerontology centers, VA medical centers, senior citizen facilities, adult health care centers), and innovative teaching approaches were developed. For example, a combined medical/dental/optometry clinic is conducted by students at the three professional schools; medical students accompany volunteers serving Meals on Wheels; and dental students treat patients in nursing homes in a mobile dental unit. Students have gained insights into the problems of the elderly and the roles of other health professionals through the interdisciplinary-team training courses. Nurse-practitioner programs to prepare nurses to provide primary health care to the elderly were also supported by the Bureau, as were special projects to develop short-term in-service basic training programs for nurses' aides and orderlies in nursing homes, to upgrade the skills of the paraprofessionals who care for the elderly. In other projects, the geriatric educational needs of pharmacy students were assessed, and dental schools promoted remote-site training to improve access to dental care

0200573 82120935

**Team approach to the problem-oriented record in a long-term care facility.**

Beattie BL; Crawshaw ML  
J Am Geriatr Soc ,Feb 1982, 30 (2) p109-13, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

At the Extended Care Unit of the Health Sciences Centre Hospital at the University of British Columbia, team participation in the care of 300 elderly patients includes the team's ability to facilitate use of the problem-oriented record (POR). The key to making the POR a functional communication tool was the development of a useful Problem List. In establishing this system, many difficulties arose. It was imperative to recognize that many staff members had not been trained in problem-solving techniques, and that they had varying degrees of knowledge about the data base. Active physician involvement was mandatory. Employment of a half-time POR Coordinator working with a supporting interdisciplinary POR Committee was needed to make the system work. Guidelines for defining problems were developed, and Problem Lists gradually acquired significance for the entire health care team. Examples are included. Concurrent continuing education was started in pathophysiology, problem-solving, and use of the POR.

00528

0200517 82120763

**The use of microfiche in testing clinical judgment.**

Mackenzie RS; Javid NS; Weldy PL

J Dent Educ ,Mar 1982, 46 (3) p143-6, ISSN 0022-0337

Journal Code: HY7

Contract/Grant No.: 1 G08 LM 03244-02

Languages: ENGLISH

This paper reports an investigation of the use of microfiche to replace other more bulky clinical materials in testing clinical judgment. Twenty-three students were administered two versions of tests of clinical judgment (micro-fiche and nonmicrofiche) regarding the treatment of partial edentulism. Each student served as both experimental subject and control. Results indicated that under the conditions of testing used, students preferred the nonmicrofiche version of the test. However, there was no significant difference in time of administration or grades resulting from the microfiche medium.

Whether the test was given first or fourth in a series of five made a difference in time to take the test (p less than .01), and in the grade received (p less than .01). Tests taken in the first position took more time to complete and resulted in a higher grade. The rate of agreement in grading between the first and second grading session was 70 percent.

0200426 82119565

**Why cardiovascular health education in the schools. From an educational perspective.**

Biles FR

Health Educ (Wash) ,Jan-Feb 1982, 13 (1) p17-8, ISSN

0097-0050 Journal Code: G26

Languages: ENGLISH

0200396 82119518

**Childhood illness and community care.**

Neal S

Health Visit ,Jan 1982, 55 (1) p12-6, ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0200154 82117763

**Training for the effective management of medical emergencies.**

Kinne RD

Dent Clin North Am ,Jan 1982, 26 (1) p147-62, ISSN

0011-8532 Journal Code: E10

Languages: ENGLISH

0200043 82116093

**Planning for the future in psychiatric training: the place of the chronic care program.**

Mayo J; Gabel R; Carvalho R

Compr Psychiatry ,Jan-Feb 1982, 23 (1) p1-8, ISSN

0010-440X Journal Code: D09

Languages: ENGLISH

0199908 82114412

**Treatment of epilepsy: whose right is it anyway?**

Buchanan N

Br Med J [Clin Res] ,Jan 16 1982, 284 (6310) p173-4,

Journal Code: B4X

Languages: ENGLISH

0199276 82108619

**The hospital educator and the elderly.**

Esberger KK; Dodson P

Tex Hosp ,Jan 1982, 37 (8) p18-9, ISSN 0040-4357

Journal Code: W4L

Languages: ENGLISH

0199168 82103284

**Weight management program promises and delivers.**

Williams DR

Mich Hosp ,Jan 1982, 18 (1) p15-7, ISSN 0026-220X

Journal Code: MX7

Languages: ENGLISH

0199131 82098965

**Observations of the efficiency of pediatric ambulatory care in a teaching clinic.**

Gururaj VJ; Laude TA; Rajkumar SV; Russo RM

J Ambulatory Care Manage ,Feb 1982, 5 (1) p41-6, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

0199053 82096894

**Hemoccult screening: detecting the cancer nobody talks about.**

Strahler T

Hosp Top ,Jan-Feb 1982, 60 (1) p29-30, ISSN 0018-5868

Journal Code: G06

Languages: ENGLISH

00529

0198974 82095539

**The school as a setting for health education, health promotion, and health care.**

Bruhn JG; Nader PR

Fam Community Health ,Feb 1982, 4 (4) p57-69, ISSN

0160-6379 Journal Code: ESE

Languages: ENGLISH

0198778 82111008

**Teaching the client about anticoagulants.**

Thompson DA

Am J Nurs ,Feb 1982, 82 (2) p278-81, ISSN 0002-936X

Journal Code: 3MW

Languages: ENGLISH

0198765 82110968

**Impact of a drug bulletin on prescribing oral analgesics in a teaching hospital.**

Berbatis CG; Maher MJ; Plumridge RJ; Stoelwinder JU; Zubrick SR

Am J Hosp Pharm ,Jan 1982, 39 (1) p98-100, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The impact of a drug bulletin on prescribing oral analgesics in a teaching hospital was studied. Using an abbreviated time-series design, prescriptions for oral analgesics for all inpatients were surveyed one, three, and five weeks before and one, three, five, and seven weeks after the distribution of one of the hospital's regular drug bulletins. This bulletin contained guidelines for the treatment of minor, moderate, and severe pain. The 493 patients included in the study were classified by drug category, pain severity, and timer period. The drug categories were: (1) propoxyphene, (2) aspirin or acetaminophen alone or with codeine 8 mg or less, and (3) codeine alone or in combination products with more than codeine 8 mg, or other oral narcotic drugs. Each patient's pain severity was determined by interviewing attendant nursing staff; the validity of this approach was confirmed by correlating nurse and physician perception of pain at one time point. Multivariate contingency table analysis revealed that the drug bulletin significantly ( $p$  less than or equal to 0.05) reduced the prescribing of propoxyphene hydrochloride across both the minor and moderate pain categories. An increased use of aspirin and acetaminophen was significant three weeks after the release of the drug bulletin. This effect, however, was not significant at other time points. Drug bulletins can be used to achieve a temporary change in physician prescribing patterns of oral analgesics. For a sustained effect, alternative strategies are needed.

0198758 82110961

**Analysis of information provided by clinical pharmacists.**

Lipman AG; Devenport JK; Page BC

Am J Hosp Pharm ,Jan 1982, 39 (1) p71-3, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

Data were collected to characterize the interactions between clinical pharmacists and other health professionals in a university hospital with decentralized pharmaceutical services. A self-report data collection form was developed. Six faculty pharmacists participated in the study. Each pharmacist collected data by recording all clinical interactions that occurred in his normal activities for a one-month period. The pharmacists' practice sites were inpatient internal medicine, inpatient pediatrics (two pharmacists), family practice clinic, pediatric clinic, and inpatient physical medicine and rehabilitation. A computer program was written to provide correlation data among the locations, contents, and participants of the interactions. Data were collected on the time required for a literature search and on the outcomes of the interactions. Four hundred ninety-nine interactions were documented. Work rounds were the most common location for these interactions, and the housestaff physicians were the most frequent participants. Patients' dosage schedule was the most common topic discussed (17%). Pharmacokinetics accounted for only 6% of the communications; drug interactions, only 3%. Ninety-six percent of the pharmacists' recommendations were adopted within 24 hours. More than half of the interactions (56%) required no literature search by the pharmacists and nearly half (249) required less than one minute of pharmacist time.

0198724 82110835

**Fluoride supplementation in Harris County, Texas.**

Siegel C; Gutgesell ME

Am J Dis Child ,Jan 1982, 136 (1) p61-3, ISSN 0002-922X

Journal Code: 3GS

Languages: ENGLISH

We sent questionnaires to 421 physicians in Harris County, Texas, to determine the use of oral fluoride supplementation. The response rate was 56%. Although 95% of the physicians practice in fluoride-deficient areas (less than 0.7 ppm), 36% of those responding stated that the fluoride content of the water was adequate; 25% were unsure. Of those who thought that the fluoride content was adequate, 79% stated that the actual fluoride content was less than 0.7 ppm or were unsure. Only 35% of the responding physicians prescribed fluoride, only 45% knew the correct dose. Only 50% of the responders made routine dental referrals in the 3- and 4-year age group. More physician education is needed to ensure oral fluoride supplementation in communities with inadequately fluoridated water supplies.

00530

0198328 82105770

**Potholes on the road to compliance.**

Riegelman RK

Postgrad Med ,Jan 1982, 71 (1) p205-9, 212, ISSN

0032-5481 Journal Code: PFK

Languages: ENGLISH

0198313 82105667

**Developing role of school nursing: nursing in the schoolroom.**

Winter C

Nurs Mirror ,Jan 13 1982, 154 (2) pii-iv, Journal

Code: 098

Languages: ENGLISH

0197862 82100917

**Resident preferences for the clinical teaching of ambulatory care.**

Stritter FT; Baker RM

J Med Educ ,Jan 1982, 57 (1) p33-41, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

The content and teaching behaviors of clinical teaching in ambulatory care and, in particular, in family practice centers are important to residents as they attempt to learn the varied aspects of patient care. This paper is based on a study of family medicine residents' preferences for the content areas of family medicine emphasized by those attending physicians perceived by the residents as the "best" clinical teachers in their respective centers. Also included in the study were the specific teaching behaviors of those same clinical teachers. A statistical analysis of the preferences of residents provided an indication of the dimensions of clinical teaching in resident education. Further, certain individual characteristics of residents were found to influence their perceptions. It was concluded that selected content areas should receive more emphasis and that the human aspects of clinical teaching are more important than technical teaching skills. These perceptions were helpful in suggesting ways of improving the teaching of residents and faculty development.

0197759 82099962

**Meeting the challenge of research in family medicine: report of The Study Group on Family Medicine Research.**

Parkerson GR Jr; Barr DM; Bass M; Bland CJ; Froom J; Geyman JP; Hames C; McWhinney I; Medalie JH; Moore AS; Perkoff G; Rosenblatt R; Seifert MH Jr; Spitzer W; Williams T; Wood M

J Fam Pract ,Jan 1982, 14 (1) p105-113, ISSN 0094-3509

Journal Code: 14L

Languages: ENGLISH

The challenge of research in family medicine is addressed in this paper by describing the rationale for research,

appropriate content areas, resources available, and needs for the future. Family medicine has the opportunity to study health and disease in humans within their natural habitat over long periods of time, and to examine the multiple aspects of personal and family health care delivery. Resources for research include large primary care study populations, practitioner and faculty researchers, and technical support systems. The basic needs for the future are to increase the quantity and quality of researchers and to attract more funds designed for research. It is recommended that family medicine practitioners and teachers support research and participate more actively; that family medicine academic units provide their learners more research curricular time and their faculties more research activity time, and that they develop Family Medicine Research Centers; that family medicine professional organizations raise funds to support research, promote research opportunities for their members, and communicate to others the research activities, resources, and needs of family medicine; and that the requirements for residency training be modified to include elective research opportunities.

0197685 82099021

**The entry-level generalist dietitian: I. Employer's general opinions of the adequacy of educational preparation in administration.**

Rinke WJ; David BD; Bjoraker WT

J Am Diet Assoc ,Feb 1982, 80 (2) p132-9, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

Data were collected from 350 hospital food service directors regarding their general perceptions of the adequacy of preparation in administration provided in the internship (I), coordinated undergraduate (C), traineeship (T), and advanced degree (A) programs. Most employers (93 percent) said that they believed that the educational preparation varied in the four routes. Differences among the routes were highly significant for the measures theoretical, practical, and overall preparation. The direction of the proportions for these measures was A greater than I greater than C greater than T, I greater than T greater than C greater than A, and I much greater than C greater than T greater than A, respectively. Significant differences were observed for the employers' hiring preferences (I greater than greater than T greater than A approximately C) and their opinions about the least amount of on-the-job training required (I much greater than T greater than C approximately A). Findings also indicated that a significant majority (76 percent) would not vary the starting salary of the entry-level dietitian regardless of the route of attainment.

00531

0197648 82098826

**Establishing a Nursing Journal Club for professional education and certification.**

Kranstuber SS

J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p24-7. ISSN 0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197554 82097449

**The "hospital epidemiologist" in U.S. hospitals, 1976-1977: a description of the head of the infection surveillance and control program. Report from the SENIC project.**

Haley RW

Infect Control ,Jan-Feb 1980, 1 (1) p21-32. ISSN 0195-9417 Journal Code: GTM  
Languages: ENGLISH

As part of the first two phases of the SENIC Project (Study on the Efficacy of Nosocomial Infection Control), information was collected from the heads of the infection surveillance and control programs (ISCPs) in U.S. hospitals. The data were analyzed to describe these respondents and to determine whether differences among them were related to their areas of professional training or to characteristics of the hospitals where they were located. The findings indicate that the ISCP heads constitute a very heterogeneous group, with substantial differences in age, professional training (40% are pathologists), characteristics of their medical practices, memberships in professional organizations related to infection control, time spent in ISCP activities, approach to epidemiologic problems, and opinions on the preventability of nosocomial infections and the seriousness of infection problems in their hospitals. These differences are related strongly to the ISCP heads' professional training, size of hospital, and, to a lesser extent, medical school affiliation, but there is little evidence that the differences are related to regional or urban-rural location or type of ownership of the hospitals. The average ISCP head estimates that about half of all nosocomial infections are preventable, but these estimates vary inversely with tenure in the position and the tendency to approach a clinical problem epidemiologically.

00309

0197501 82096801

**Teaching hospitals build models for nursing organization.**

Pannell M

Hospitals ,Feb 1 1982, 56 (3) p60-3. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197393 82094792

**A comparison of various types of patient instruction in the proper administration of metered inhalers.**

Roberts RJ; Robinson JD; Doering PL; Dailman JJ; Steeves RA

Drug Intell Clin Pharm ,Jan 1982, 16 (1) p53-5. 59,

ISSN 0012-6578 Journal Code: EBU

Languages: ENGLISH

The administration technique employed by 42 inpatients using metered inhalers were observed. Proper performance of the six steps recommended by the manufacturer provided the guidelines for correct administration. The degree of compliance with proper technique was defined as the number of steps correctly executed by the patient. The mean number of steps correctly performed was 2.9 out of the possible six (48.3 percent). Twenty-four patients were then randomized into one of three groups. Group 1 received the manufacturer's instruction sheet, Group 2 received counseling from a pharmacist, and Group 3 received both the manufacturer's instruction sheet and counseling from a pharmacist. There was a significant improvement in the postinstruction technique in Groups 2 and 3, while Groups 1 failed to demonstrate any significant improvement. Comparisons were then made among the three groups. No significant difference was found between Group 2 and Group 3. However, both Groups 2 and 3 were found to be significantly different (p less than 0.05) from Group 1. This study shows that pharmacist counseling can significantly improve the degree of patient compliance in the administration of metered inhalers.

0197299 82093500

**The implementation of the case assignment method of patient care at the Dr. A.J. Stals Care and Rehabilitation Centre.**

Daniels NL

Curationis ,Dec 1980, 3 (3) p37-43. Journal Code: CIA  
Languages: ENGLISH

0196972 82075505

**A clinical pharmacy program for cardiac patients.**

Hoffmann RP; Sveska KJ

Hosp Pharm ,Jan 1982, 17 (1) p17-24. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

Through efficient staff scheduling our 481-bed community teaching hospital has been able to expand its pharmacy services. This paper describes how a clinical pharmacy service program for cardiology and cardiac surgery patients was developed and defines the service components. After over two years of experience with the cardiology program, we have found this pharmacy service area to be very successful and well received. Various forms and proposals are provided to assist other pharmacists interested in expanding into this area of practice.

00532

0195700 82078266  
**'Pigging out'.**  
Lucas AR  
JAMA .Jan 1 1982, 247 (1) p82. ISSN 0098-7484 Journal  
Code: KFR  
Languages: ENGLISH

0195222 82071372  
**Nursing care for the severely obese patient.**  
Vaughan MS  
Contemp Anesth Pract .1982, 5 p111-34. ISSN 0191-247X  
Journal Code: DQY  
Languages: ENGLISH

Care of the morbidly obese person (BMI greater than or equal to 30) during the perioperative period is specific and differs from routine nursing care. Effective communication, preplanning, and psychologic and physiologic assessment, with appropriate intervention (pulmonary and circulatory), result in positive care outcomes. Preoperative care emphasizes both psychologic and physiologic support concurrent with evaluation of vital signs, fluid status, teaching, and administration of preoperative medications (see Table 1). Intra- and postoperative care incorporates the necessity of additional personnel, transport precautions, physical protection, positioning, oxygenation, and early ambulation coupled with accurate arterial blood gas sampling, intraarterial line care, and cardiopulmonary and fluid status monitoring (see Tables 2 and 5). New information regarding hypothermia and shivering documented to occur in the recovery room underlines the need for accurate core temperature monitoring (see Tables 3 and 4; Figs. 1 and 2). An assessment tool (see Fig. 3)--an effective reminder of important aspects of patient care in the recovery room and until hospital discharge--provides a systematic guide to facilitate nursing care, recording, and reporting.

0193454 82053858  
**Regional centers: part III. Three regions' educational efforts and infant mortality rates.**  
Bowen PA  
Issues Health Care Women .Sep-Dec 1980, 2 (5-6) p19-23.  
ISSN 0161-5246 Journal Code: H36  
Languages: ENGLISH

0189940 82015836  
**AKAP nurses in primary health care TB control program.**  
de los Angeles C  
Philipp J Nurs .Jul-Sep 1980, 50 (3) p86. ISSN  
0048-3818 Journal Code: P59  
Languages: ENGLISH

0189155 82008119  
**Local health department activities in heart disease control.**  
Brumback CL; Christakis G  
J Public Health Policy .Mar 1980, 1 (1) p64-82. ISSN  
0197-5897 Journal Code: H55  
Languages: ENGLISH

0189028 82007065  
**Planning the educational component of a hypertension control program: a case study.**  
Cleary HP; Kornacki MJ; Grancio S  
Health Educ Q .Winter 1980, 7 (4) p263-77. ISSN  
0195-8402 Journal Code: G20  
Languages: ENGLISH

The failure to plan the health education component of a health service program together with the total planning effort has severely limited the contribution education could make to program goals. This case study illustrates the use of the systematic observation of behavior to identify factors which facilitated or hindered the development of a hypertension control program in ambulatory facilities and boards of health. The relationship of these factors to the planning process is discussed. Although this project deals with hypertension, the factors identified as facilitating or hindering change are applicable to any public health program.

0186373 81264014  
**A new method of administering aqueous epinephrine: the EpiPen, an automatic syringe.**  
Lockey SD  
J Asthma Res .Jul 1980, 17 (4) p153-5. ISSN 0021-9134  
Journal Code: HGG  
Languages: ENGLISH

0186225 81262444  
**Being a courier - four accounts of a courier's daily activities.**  
Asplin C; Beaver M; Davis J; Kocer N  
Front Nurs Serv Q Bull .Winter 1980, 56 (3) p10-4. ISSN  
0016-2116 Journal Code: F8C  
Languages: ENGLISH

00533



0185935 81257709

**Terminal care: present services and future priorities.**

Lunt B; Hillier R

Br Med J [Clin Res] ,Aug 29 1981, 283 (6291) p595-8,  
Journal Code: B4X

Languages: ENGLISH

Since 1975 hospices and other specialist services for terminal cancer have expanded rapidly. In December 1980 this survey found 72 such services in Britain providing 58 inpatient units, 32 home care teams, and eight hospital support teams. Many were outside the NHS. Inpatient units provided 1297 beds (modal size 21-25 beds) and dealt with under 7% of deaths from cancer. Home care teams provided 76.5 full-time equivalent nurses (modal size two nurses). Regional variations were considerable: from 10.9 beds/million population in Trent to 48.5 beds/million in South-west Thames; no home care nurses in Mersey and Wales, and 5.1 nurses/million in Wessex. Of 58 more services being planned, the 17 starting in 1981 will not substantially alter these regional imbalances. Respondents' opinions suggest a target of 40-50 inpatient unit beds/million population. This might be reduced if hospitals were better equipped to deal with these patients. Suggested priorities are to redress regional inequalities, develop home care and hospital support teams rather than inpatient units, and improve teaching and training. Co-ordination of plans between the NHS and the voluntary sector is needed.

0184109 81238161

**Back ward society, 1981: implications for residential treatment and staff training.**

Birnback D

Hosp Community Psychiatry ,Aug 1981, 32 (8) p550-5,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0183385 81229564

**Laboratory economics: a personal perspective.**

Siegle MD

Am J Med Technol ,Nov 1980, 46 (11) p807-9, ISSN  
0002-9335 Journal Code: 3L0

Languages: ENGLISH

0183094 81226449

**Prescribing psychotropic drugs: whose responsibility?**

Miller RS; Wiedeman GH; Linn L

Soc Work Health Care ,Fall 1980, 6 (1) p51-61, ISSN  
0098-1389 Journal Code: U95

Languages: ENGLISH

Through the use of a questionnaire it has been ascertained that a significant number of second-year graduate school social work students at the Columbia University School of

Social Work are called upon to monitor and dispense psychotropic drugs in various placements where they receive their practical clinical training. In some instances they may even fill out prescription blanks that are signed by psychiatrists who do not have the time to see the patients personally. This situation not only represents the abdication of medical responsibility, frequently leaving non-medical personnel with functions beyond their training and professional competence, but also raises important ethical and legal problems. Non-medical professionals in mental health settings should receive appropriate instruction in the essentials of psychopharmacology. Such training should not be left to chance as apparently is the case now. Non-medically trained members of the mental health team, if properly instructed, could cooperate more effectively with the psychiatrists who must in any event retain primary responsibility for pharmacotherapy.

0182936 81225084

**Modular teaching of cardio-pulmonary resuscitation for nursing service personnel.**

McSwain EC; Mahan JM

Resuscitation ,Dec 1980, 8 (4) p257-61, ISSN 0300-9572  
Journal Code: R8Q

Languages: ENGLISH

Hospital accrediting agencies are becoming increasingly concerned that all nursing service personnel should be proficient in the administration of cardiopulmonary resuscitation. In response, our department had instituted a modular, self-learning CPR course, based on American Heart Association standards, which yields a high quality performance and decreases instruction time.

0182350 81220333

**Medical training and mentally retarded citizens: an enrichment program.**

Retish PM

Ment Retard ,Oct 1980, 18 (5) p253-7, Journal Code:  
MTW

Languages: ENGLISH

00534

0182134 81218054  
**Simple instructions for using pressurized aerosol bronchodilators.**  
Newman SP; Pavia D; Clarke SW  
J R Soc Med .Nov 1980, 73 (11) p776-9. Journal Code:  
JX1  
Languages: ENGLISH

0181854 81215085  
**Postdischarge follow-up.**  
Mandell S  
Issues Compr Pediatr Nurs .Dec 1980, 4 (5-6) p1-5. ISSN  
0146-0862 Journal Code: G94  
Languages: ENGLISH

0180867 81192817  
**Spotlight on staff development: efforts are appreciated by management.**  
Morrow G  
J Am Health Care Assoc .Jul 1980, 6 (4) p35. ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0180499 81205698  
**Priorities in service delivery to the communicatively disadvantaged: habilitation needs.**  
Silverman SR  
Ann Otol Rhinol Laryngol [Suppl] .Sep-Oct 1980, 89 (5 Pt  
2 Suppl 74) p15-8. Journal Code: 503  
Languages: ENGLISH

The bewildering patchwork of organization and organizing principles involved in the delivery of services to the communicatively disadvantaged requires an amalgam of effort. Also helpful would be a clearer understanding of magnitudes, characteristics and habilitation needs of certain subgroups such as the language disabled, the multiply handicapped and the moderately handicapped. Since this conference is concerned primarily with scientific contribution, it is suggested that we are in a transition from intuitive approaches to habilitative procedures to those derived from scientific investigations. This is pointedly documented in the area of language which cuts across all types of communicative disorders, as well as in such areas as early identification, sensory aids, career education, parent guidance, media use and mental health. It is important, too, for scientists to communicate clearly with their many publics.

0180258 81202690  
**[Program of the dietetic society of the GDR to promote wholesome nutrition of the population of the GDR]**

Der Beitrag der Gesellschaft für Ernährung in der DDR zur Förderung einer gesunden Ernährung der Bevölkerung der DDR.  
Ketz HA; Schmandke H  
Z Gesamte Hyg .1980, 26 (12) p923-8. ISSN 0049-8610  
Journal Code: XUN  
Languages: GERMAN Summary Languages: ENGLISH

0180247 81202645  
**[Tasks and possibilities of professional training for medical students in the East Germany]**  
Aufgaben und Möglichkeiten der berufspraktischen Ausbildung von Medizinstudenten in der DDR.  
Knabe H; Hahn G; Krethlow W; Temmler L  
Z Aerztl Fortbild (Jena) .Nov 1 1980, 24 (21) p1013-7.  
ISSN 0044-2178 Journal Code: X56  
Languages: GERMAN

0179901 81198134  
**Observation unit in children's hospital; adjunct to delivery and teaching of ambulatory pediatric care.**  
Ellerstein NS; Sullivan TD  
NY State J Med .Oct 1980, 80 (11) p1684-6. ISSN  
0028-7628 Journal Code: OBA  
Languages: ENGLISH

0179564 81194719  
**Regional advisers in general practice.**  
Hawkins DB  
J R Soc Med .Aug 1980, 73 (8) p556-60. Journal Code:  
JX1  
Languages: ENGLISH

0177729 81174873  
**Oral rehydration therapy (ORT) for childhood diarrhea.**  
Popul Rep [L] .Nov-DEC 1980, (2) pL41-L75. ISSN  
0197-5838 Journal Code: PDC  
Languages: ENGLISH

00535

0177493 81172442

**General practitioner as psychotherapist.**

Andrews G; Brodaty H

Med J Aust ,Dec 13 1980, 2 (12) p655-9, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

The importance of general practitioners attending to the emotional problems of their patients is demonstrated. Evidence has been presented concerning the feasibility and cost effectiveness of general practitioners developing the skills required to manage such disorders. A model for training general practitioners in counselling and interviewing skills, and in the more complex psychological therapies, is presented.

It is argued that such an integrated approach would produce results superior to the present fragmented approach.

0176975 81165866

**[Reorganization of an obstetric department in a psychosomatic sense]**

Umgestaltung einer geburtshilflichen Abteilung im psychosomatischen Sinn.

Elsner-Mackay P; Neumann H

Gynaekol Rundsch ,Jun 1980, 20 Suppl 2 p235-8, ISSN 0017-6001  
Journal Code: FX2

Languages: GERMAN

0176626 81156900

**Community interaction program: a vocational rehabilitation training model.**

Lesh G

Am Arch Rehabil Ther ,Winter 1980, 28 (3) p15-6, ISSN 0002-7324  
Journal Code: 3BB

Languages: ENGLISH

0176103 81159767

**Changing to U100 insulins.**

Hartman LJ

Aust Fam Physician ,Sep 1980, 9 (9) p636-41, ISSN 0300-8495  
Journal Code: 9EC

Languages: ENGLISH

The change of insulin strength to 100 units/mL is underway, and patients should be changed now. Make sure the syringe is changed at the same time. Only in those patients having a dose greater than 100 units will the syringe (ordinary medical 2.0 mL syringe) be the same, but the volume is different. Further information and help may be obtained from the insulin manufacturers, hospital diabetic clinics, State offices of the Diabetes Federation of Australia, or the Hot Line Service.

0175804 81156872

**Creative caring.**

King LJ

AJOT ,Aug 1980, 34 (8) p522-8, ISSN 0161-326X  
Journal Code: 3AU

Languages: ENGLISH

0175802 81156870

**1980 Eleanor Clarke Slagle lecture. Occupational therapists put care in the health system.**

Baum CM

AJOT ,Aug 1980, 34 (8) p505-16, ISSN 0161-326X  
Journal Code: 3AU

Languages: ENGLISH

0175768 81156381

**Experiences from a winter camp for teenage diabetics.**

Akerblom HK; Koivukangas T; Ilkka J

Acta Paediatr Scand [Suppl] ,1980, (Suppl 283) p50-2, ISSN 0300-8843  
Journal Code: 1LX

Languages: ENGLISH

Experiences are described from a winter camp, where the main purpose was to show the campers how to handle diet and insulin in connection with strenuous, repeated exercise. Twelve diabetics, aged 12-17 years attended a 7 days long winter camp. The relative decrease in the daily insulin dose vs. pre-camp dose was 11.8 +/- 1.6% (mean +/- S.E.), and the relative increase in caloric intake was 31 +/- 4%. The balance of diabetes was in most cases fair to good at the start of the camp and remained unchanged. No severe hypoglycemias occurred. The physical fitness index improved during the camp (t-test, paired comparison, P less than 0.005), and the campers gained self-confidence.

0175749 81155850

**The most recent lesson from community control of cardiovascular diseases [editorial]**

Tuomilehto J

Acta Cardiol (Brux) ,1980, 35 (4) p251-6, ISSN 0001-5385  
Journal Code: 0G0

Languages: ENGLISH

00536

0175551 81153297

**Patient attitudes toward health care: expectations of primary care in a clinic setting.**

Greene JY; Weinberger M; Mamlin JJ  
Soc Sci Med [Med Psychol Med Sociol] ,Mar 1980, 14 (2)  
p133-8. ISSN 0160-7979 Journal Code: UUF  
Languages: ENGLISH

0175540 81153279

**The therapist-spiritist training project in Puerto Rico: an experiment to relate the traditional healing system to the public health system.**

Koss JD  
Soc Sci Med [Med Anthropol] ,Nov 1980, 14B (4) p255-66.  
ISSN 0160-7987 Journal Code: UUB  
Languages: ENGLISH

0175399 81152250

**[The rescue emergency care service of the Free University of Brussels (author's transl)]**

Le service d'aide medicale urgente du reseau hospitalier de l'universite libre de Bruxelles.  
Askenasi R; Cornil A; Flamand J; Bernard R; Renard M; Gillet JM; Lignan H; Denolin H; Blum D; Kahn A  
Rev Med Brux ,Dec 1980, 1 (10) p673-5. ISSN 0035-3639  
Journal Code: SLK  
Languages: FRENCH Summary Languages: ENGLISH

0175333 81151452

**Patient compliance.**

Robbins JA  
Primary Care ,Dec 1980, 7 (4) p703-11. ISSN 0095-4543  
Journal Code: P99  
Languages: ENGLISH  
(21 Refs.)

0175084 81149987

**The intensive care nursery as a small society: its contribution to the socialization and learning of the pediatric intern.**

Brody EB; Klein H  
Paediatrician ,1980, 9 (3-4) p169-81. ISSN 0300-1245  
Journal Code: 00T  
Languages: ENGLISH

0174705 81146844

**A community approach: school-based health care delivery.**

Warren RC

J Sch Health ,Oct 1980, 50 (8) p463-6. ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0174704 81146843

**A lesson for every state from Minnesota's preschool screening program.**

Lombard TJ  
J Sch Health ,Oct 1980, 50 (8) p459-62. ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0174522 81145012

**Stresses in the primary health care team.**

Beales G  
J R Coll Gen Pract [Occas Pap] ,1980, (14) p5-7. ISSN  
0309-6300 Journal Code: JVB  
Languages: ENGLISH

0174520 81145010

**Education for co-operation.**

England H  
J R Coll Gen Pract [Occas Pap] ,1980, (14) p26-7. ISSN  
0309-6300 Journal Code: JVB  
Languages: ENGLISH

0174516 81145006

**An account of two experiments for students in training.**

Klinger M  
J R Coll Gen Pract [Occas Pap] ,1980, (14) p19-20. ISSN  
0309-6300 Journal Code: JVB  
Languages: ENGLISH

0174515 81145005

**A model for use in shared teaching.**

Small S  
J R Coll Gen Pract [Occas Pap] ,1980, (14) p17-9. ISSN  
0309-6300 Journal Code: JVB  
Languages: ENGLISH

00537

00310

0174513 81145003

**An education for practice.**

Metcalfe D

J R Coll Gen Pract [Occas Pap] ,1980. (14) p11-4. ISSN

0309-6300 Journal Code: JVB

Languages: ENGLISH

0174336 81143196

**Through education we can grow.**

Pierce RM

J Am Optom Assoc ,Jan 1981. 52 (1) p21-3. ISSN

0003-0244 Journal Code: H82

Languages: ENGLISH

A Registry Examination for optometric technicians was administered to 189 students and graduate optometric technicians on April 19, 1980. Those who passed this examination will be designated as members of the National paraoptometric Registry. A Registry Examination for optometric assistants is being developed for administration in April 1981. This article will outline how these Registry Examination were developed and what implications they have for the profession. A paraoptometric career ladder will also be presented.

0174266 81142800

**Strategies for enhancing patient compliance.**

Becker MH; Maiman LA

J Community Health ,Winter 1980. 6 (2) p113-35. ISSN

0094-5145 Journal Code: HUT

Contract/Grant No.: 5K04-HD00237

Languages: ENGLISH

Patient noncompliance is a substantial obstacle to the achievement of therapeutic goals. This paper reviews a number of practical interventions with demonstrated efficacy in enhancing patient adherence, including (1) improving patients' levels of information concerning the specifics of their regimens, reinforcing essential points with review, discussion, and written instruction, and emphasizing the importance of the therapeutic plan, (2) taking clinically appropriate steps to reduce the cost, complexity, duration, and amount of behavioral change required by the regimen and other approaches, (3) obtaining a compliance-oriented history of the patient's prior experiences and present health beliefs and, where necessary, employing strategies to modify those perceptions likely to inhibit compliance, (4) improving levels of patient satisfaction, particularly with the provider-patient relationship, (5) arranging for the continued monitoring of the patient's subsequent compliance to treatment, (6) increasing staff awareness of the magnitude and determinants of the noncompliance phenomenon and attempting to develop an "active influence orientation" in each member of the health care team, (7) using such techniques as patient-provider contracts to involve the patient in

therapeutic decisions and in the setting of treatment objectives and creating incentives (through rewards and reinforcements) for achieving these objectives, (8) arranging for as much continuity of provider (and other staff) as possible, (9) establishing methods of supervising the patient, including involvement of the patient's social support network, and (10) involving fully the assistance of all available health care providers, assigning specific roles and responsibilities for activities directed at improving adherence to treatment.

0174087 81141081

**When legislation precedes the state of the art in teacher training: problems and implications.**

Tymitz BL

Int J Rehabil Res ,1980. 3 (4) p485-95. ISSN 0342-5282

Journal Code: GRL

Languages: ENGLISH

Passage of Public Law 94-142, the Education for all Handicapped Children Act requires the development of an Individualized Education Program (IEP) for each handicapped child served. While administrators are inclined to view the IEP as a document intended to monitor the provision of special services, teachers focused on the potential instructional value of the IEP. Professionals agree that this has been one of the most difficult components of the law to implement. Policymakers designing the law posited that training technology was adequate to support the instructional requirements outlined in the legislation. The present study challenges that assumption. It is also argued that studies which attempt to integrate multiple operations to clarify findings can provide more accurate and consequently more useful data of critical value in the beginning stages of policy formation. The multiple data collection strategies employed in this study yielded increasingly specific information on the status of present training technology--particularly in relation to teacher skills related to the instructional aspects of the IEP planning process. Teacher perceptions of their training needs were compared with actual skill performances on selected IEP tasks. Data reveal the inadequacy of essential skills in formulating required goal and objective statements. Special education and regular classroom teachers show similar patterns in specific skills which are problematic. Statements from teacher interviews corroborated deficits in past training. Suggestions for future training are offered as are emphases for needed research. Implications for implementation of the IEP are also discussed.

00538

0174030 81140515

**The delivery of genetic counseling services in Europe.**

Passarge E; Vogel F

Hum Genet .1980, 56 (1) p1-5, Journal Code: GED

Languages: ENGLISH

Organizational forms and the current status of genetic counseling within the health care system of 15 European countries were evaluated by questionnaire and at a symposium, with individuals present from Austria, Belgium, Czechoslovakia, Denmark, the Federal Republic of Germany, the German Democratic Republic, Finland, France, Hungary, Italy, the Netherlands, Norway, Switzerland, the United Kingdom, and the Soviet Union. In spite of wide differences between these countries, certain similarities with respect to the delivery of genetic counseling services could be observed: (i) most genetic counseling is done within university institutions or closely linked to it, (ii) governmental support of genetic counseling is developing slowly, and genetic counseling is usually not yet fully integrated into the health care system; (iii) there is lack of qualified personnel; (iv) no guide lines for formal education have been developed, but a postgraduate training period of no less than four years is considered a minimum; (v) without appropriate support, genetic counseling is a burden for research in human genetics; yet, a strict separation of genetic counseling and research activities is not recommended; (vi) on the average, a team providing genetic counseling for about 1-2 million people should consist of 3-4 physicians, 5-10 technicians, 2-3 secretaries, and other supportive personnel.

0173975 81140358

**Time-limited residential treatment: issues and evaluation.**

Archer RP; Amuso KF; Bedell JR

Hosp Community Psychiatry .Dec 1980, 31 (12) p837-40,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

The trends toward deinstitutionalization and community care have increased the need for short-term residential programs, and the literature supports their effectiveness as an alternative to longer-term care. The authors describe an innovative short-term residential treatment program at Florida Mental Health Institute. Called the Early Intervention Project and limited to nine weeks, it uses a combination of behavioral and psycho-educational techniques for building skills in younger patients who have not received extensive prior treatment. It includes training modules in assertiveness, communication, problem-solving, managing anxiety and depression, medication, relaxation, and nutrition, and also incorporates a peer-managed token economy. A series of research studies have demonstrated the program's effectiveness in changing patient behavior.

0173934 81139592

**The family-oriented home visiting program: a longitudinal**

**study.**

Gray SW; Ruttle K

Genet Psychol Monogr .Nov 1980, 102 (2) p299-316, ISSN

0016-6677 Journal Code: FMX

Languages: ENGLISH

Designed and tested a home-based intervention program for low-income mothers with toddler and at least one other child under five. Sex of toddlers and race (black or white) about equally divided. Nine months of weekly home visits were specifically planned for each mother to enhance her effectiveness as an educational change agent. Treatment was planned to promote skills and understandings applicable over range of ages. Pretests, immediate posttests, and posttests one and two years later were administered to 27 experimental families and to a randomly assigned control group of 20. At .05 level of significance or beyond, experimentals excelled controls on receptive language test (toddler), on the Caldwell HOME (mother was indirectly rated as an educational change agent), and on a measure of teaching style (mother). They were also significantly superior on the Binet (toddler) at second posttest. No differences found with older siblings on Slosson Intelligence Test. Differences at third posttest were at least as great as earlier ones on mother measures. Relationships among child and mother measures are discussed.

0173739 81136830

**Serving the mental health needs of the elderly: the case for removing barriers and improving service integration.**

Hagebak JE; Hagebak BR

Community Ment Health J .Winter 1980, 16 (4) p263-75,

ISSN 0010-3853 Journal Code: DNH

Languages: ENGLISH

Utilization rate information reveals that elderly persons are not adequately served by the existing mental health service system. The authors identify cultural, systems, and resource related barriers to full service, emphasizing psychological barriers which may be present in both the elderly client and the therapist. Overcoming these barriers will require, first, that professional training programs and local in-service training activities be modified to expand multi-disciplinary learning opportunities. Then, the authors advocate systems change to move through in-house outreach, advocacy and programming activities toward an integrated system of community services for the elderly. Mental health workers are seen as uniquely qualified to serve as standard-bearers in developing a locally integrated service delivery system.

00539

0173571 81134654

**[Medical ethics and the public health office]**

Ethik und Bundesamt für Gesundheitswesen.

Frey U

Bull Schweiz Akad Med Wiss ,Nov 1980, 36 (4-6) p427-30.  
ISSN 0036-7494 Journal Code: BWV

Languages: GERMAN Summary Languages: ENGLISH

The Federal Office of Public Health is a governmental administration in charge of control and coordination measures related to the field of health protection. A rough 20% of the 220 officials and employees have university education prevailing in medicine or natural sciences. Any government is working for the benefit of the general public and ought not to end in itself. Although there is a potential danger of abuse of official authority and power and of corruption, such deviations have proved to be quite rare in Switzerland. The safety guarantees are sufficient and we furthermore dispose in general of a professionally and morally well qualified staff. A governmental institution is as good or as bad as the humans working for it. A careful selection of the civil servants is therefore of utmost importance. On the whole, the quality of our civil service is quite superior to its reputation. Negative global judgements are to be declined. The Federal Office of Public Health aims at respecting the principles of the medical ethics in all its activities.

00311

0172688 81131377

**Quality assurance in surgical practice through auditing.**

Wong WT

Am J Surg ,May 1980, 139 (5) p669-72, ISSN 0002-9610  
Journal Code: 3Z4

Languages: ENGLISH

An efficient auditing method is presented which involves objective criteria-based numerical screening of medical process and treatment outcome by paramedical staff and detailed analysis of deviated cases by surgeons. If properly performed it requires the study of no more than 50 cases in a diagnostic category to provide sufficient information about the quality of care. Encouraging points as well as problems are communicated to the surgeons to induce the maintenance or improvement of the standard of care. Graphic documentation of case performance is possible, allowing surgeons to compare results with their colleagues. The general performance level of several consecutive studies can be compared at a glance. In addition, logical education programs to improve the medical process can be designed on the basis of the problems identified. As all the cases with an unacceptable outcome are traceable to inadequate medical process, improvement in this area will decrease outcome defects. With the use of auditing and the follow-up technique described, the quality of care in surgery may be assured.

0172635 81130980

**Problems and proposals for the surveillance and control of**

**sexually transmitted diseases associated with pelvic inflammatory disease in South America.**

de la Torre LA

Am J Obstet Gynecol ,Dec 1 1980, 138 (7 Pt 2) p1078-81.  
ISSN 0002-9378 Journal Code: 3NI

Languages: ENGLISH

In South America, the number of women at risk for gonococcal pelvic inflammatory disease has increased greatly along with the incidence rates for gonorrhoea. Further information is needed on the epidemiologic aspects of gonorrhoea and PID in order to develop programs for optimal control of sexually transmitted disease (STD). We think that the control of STD, including PID, requires improvement of four basic factors: professional training in STD, management of STD by all levels of health care services, laboratory diagnostic services, and public education in STD. (10 Refs.)

0172634 81130978

**Surveillance, prevention, and control of sexually transmitted agents associated with pelvic inflammatory disease.**

Meheus AZ

Am J Obstet Gynecol ,Dec 1 1980, 138 (7 Pt 2) p1064-70.  
ISSN 0002-9378 Journal Code: 3NI

Languages: ENGLISH

Control and prevention of pelvic inflammatory disease would result from successful control of Neisseria gonorrhoeae and genital Chlamydia trachomatis infections. The same control system applies to both, but while this system is well documented in gonorrhoea control, there is still no evidence that it is effective for C. trachomatis infections. Primary prevention of PID should be realized through a reduction of the incidence of gonorrhoea, and the available techniques--(1) contact tracing and epidemiologic treatment, (2) screening and case finding, (3) preventive measures, (4) health education, and (5) training of the health workers--are discussed. Secondary prevention of PID can be achieved through good management of uncomplicated infections due to N. gonorrhoeae and C. trachomatis. The approach must be adapted to local conditions and should be different in developing countries with a specialized health care system for sexually transmitted disease. Good management of PID is crucial in preventing sequelae and most important are tracing and treating the male contacts of patients with PID. Measures of tertiary prevention attempt to rehabilitate the patient; the main sequelae after PID are ectopic pregnancy and infertility. Surgical techniques can restore tubal function, but these methods are complicated and have a low success rate.

00540

0172477 81129091

**Smoking cessation: a new approach through secondary prevention strategies in the Federal Republic of Germany.**

Welsch G

Int J Health Educ ,Oct-Dec 1980. 23 (4) p216-26. ISSN 0020-7306 Journal Code: YEE

Languages: ENGLISH

There are 15-16 million cigarette smokers in the Federal Republic of Germany. Of these, some 50% smoke over 5,500 cigarettes a year. Yet, according to Federal Centre for Health Education studies, over half would like to cut down or give up smoking and some 4-5 million smokers are prepared to accept external help. Although the FCHE operates basically in the area of primary prevention, such a situation called for an intervention at the secondary prevention level. Accordingly, a programme was developed, "Smokers! Here's your chance: quit in ten weeks!", which aimed at serving as a back-up strategy to primary prevention measures. One criterion used in developing the programme was that the therapy offered should be available to all. The FCHE turned therefore to institutions for adult education and to local institutions to organize courses based on the principles of learning theory and behaviour therapy on as broad a base as possible. This paper reviews problems encountered and presents the results of an initial survey of the interim situation after three years. It is based on built-in investigations regarding participant-related success in connection with all the courses undertaken in 1978. Findings indicate an absolute success rate, stable in the medium term, of 27% (zero consumption), and when stable reduction (1-50% of previous consumption) is included, a success rate of 43%. The author points out that the success rate per course, however encouraging, is not the only factor that should be taken into account. The real criterion for success is the contribution that the development and dissemination of a course system on an extensive scale can make to health education.

0172474 81129088

**Training folk practitioners as PHWs in rural India.**

Moynihan M; Kochar V; Sarma UC; Tandon J; Wantanutte AS; Rai PH; Marwah S; Gupta VM; Singh K

Int J Health Educ ,1980. 23 (3) p167-78. ISSN 0020-7306

Journal Code: YEE

Languages: ENGLISH

0172345 81127660

**[Changing health behavior II. Suggestions for the organization of community health programs]**

La modification de comportements relies a la sante II. Suggestions pour l'organisation de programmes de sante communautaire.

O'Neill M

Union Med Can ,Jun 1980. 109 (6) p921-8. ISSN 0041-6959

Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

0172126 81125112

**Presidential address 1980. Management.**

Wall JJ

Radiography ,Nov 1980. 46 (551) p245-9. ISSN 0033-8281

Journal Code: QOX

Languages: ENGLISH

0171936 81123677

**[Physician and teacher (author's transl)]**

Arzt und Lehrer.

Hartung H

Deff Gesundheitswes ,Jul 1980. 42 (7) p455-62. ISSN 0029-8573 Journal Code: DFE

Languages: GERMAN Summary Languages: ENGLISH

0171845 81123214

**[Some difficulties encountered in the multidisciplinary functioning of a domiciliary therapeutic team (author's transl)]**

De quelques difficultes rencontres dans le fonctionnement pluridisciplinaire d'une equipe de soins a domicile.

Chartier JP

Neuropsychiatr Enfance Adolesc ,Oct-Nov 1980. 28 (10-11) p447-9. Journal Code: NZI

Languages: FRENCH Summary Languages: ENGLISH

0171819 81122832

**[Pharmacy in the event of catastrophe]**

Pharmazie im Katastrophenfall.

Schell F

MMW ,Oct 17 1980. 122 (42) p1463-6. ISSN 0341-3098

Journal Code: NMM

Languages: GERMAN Summary Languages: ENGLISH

Pharmacy in the event of catastrophe is a field which has so far been little worked on. A good grounding in the knowledge of catastrophe medicine is necessary. A list of the most important drugs, dressings and medical aids for use in the event of a catastrophe is given. Legal measures, appropriate literature and the need for constant information, advanced training and good organizational preparation of the pharmacist and pharmacies is referred to.

00541



0171816 81122828

**[Catastrophe medicine. General principles]**

Katastrophenmedizin. Allgemeine Grundlagen.

Linde H

MMW ,Oct 17 1980, 122 (42) p1450-4, ISSN 0341-3098

Journal Code: NMM

Languages: GERMAN Summary Languages: ENGLISH

Catastrophe medicine is the organization of masses under difficult conditions. The present article is concerned with the competence and organization in the event of a catastrophe and describes the phasic course of a catastrophe situation. The most important element of effective first aid measures, screening for shock and pain treatment, and first surgical treatment and the principles of ballistic factors are dealt with. Particular attention is given to the evacuation of emergency patients from the scene of the catastrophe. A request is made for "Catastrophe medicine" to be included by the medical faculties and educational institutes in their course of study for paramedical personnel.

0171472 81118673

**[The treatment of intermittent claudication by physical retraining of the non-hospitalised patient. Evaluation of effectiveness in a group of 40 patients (author's transl)]**

Le traitement de la claudication intermittente par reentrainement physique du patient non hospitalise. Evaluation de son efficacite sur un groupe de 40 malades.

Dereume JP; Azama M; Barroy Y; Rondeux C; Goldstein M

J Mal Vasc ,1980, 5 (3) p191-2, ISSN 0398-0499

Journal Code: IYN

Languages: FRENCH Summary Languages: ENGLISH

The treatment of intermittent claudication by physical re-training of a patient with lower limb arteriopathy is not new (Alpert 1969, Cachovan 1976, Kindler 1965, Schoop 1964). It gives an effective improvement of walking distance and of physical performance capacity. Most programs used need the patient to be kept in an hospital and thus entail a significant social cost. We have set up a program for the retraining of patients that are not hospitalized and have checked the short and long term action achieved. The walking distance, the maximum performance in specific exercises, the walking exercises on a treadmill, are studied during the clearance X133, the total leg blood flow before and after an arterial occlusive hyperhemic test is studied simultaneously.

0171040 81113069

**Dental health and the application of geographical methodology.**

Taylor PJ; Carmichael CL

Community Dent Oral Epidemiol ,Jun 1980, 8 (3) p117-22,

ISSN 0301-5661 Journal Code: DNF

Languages: ENGLISH

Reorganisation of dental services in Britain gives new opportunities for planning. Geographical methodology provides

new techniques. An elementary spatial analysis of variations in dental health in Newcastle Area Health Authority (Teaching) shows that dental health varies with availability and access to treatment facilities. Opposite types of geographical distribution of community (School) and general dental services are illustrated showing location biases for each type of service. The evaluation of the spatial distribution of dental services is shown to be basic to planning and a key to improved dental health.

0170856 81110115

**Future trends in the provision of oral health care.**

Davies GN

Br Dent J ,Dec 16 1980, 149 (12) p356-61, ISSN

0007-0610 Journal Code: ASW

Languages: ENGLISH

0170408 81088609

**A clinical model for use in mental health centres.**

Gladkowski G

Can Ment Health ,Dec 1980, 28 (4) p9-11, 19, ISSN

0008-2791 Journal Code: C8R

Languages: ENGLISH

The model presented is an attempt to provide a way of viewing and organizing the clinical process. Major factors involved in the process, ranging from the common characteristics of the setting to basic treatment guidelines, are identified. Although the original purpose of the model was to provide order and direction for those directing inpatient units, it can, with minor modifications, be used in a variety of settings by various professionals. For example, it has been used for staff development purposes in educational and mental health facilities. The model is not intended to be a delineation to the nth detail but is to be suggestive. It is sufficiently flexible to accommodate different theoretical approaches and thus serve as the basis for ongoing staff development and direction. How the model is specifically used and/or adapted is left to the reader's discretion, although some suggestions for its use will be presented.

0170288 81109330

**Preparing nurses for an expanded role in primary health care delivery.**

Brann J

Aust Nurses J ,Nov 1980, 10 (5) p44-6, ISSN 0045-0758

Journal Code: 9GG

Languages: ENGLISH

00542

0170282 81109319  
N.S.W. College of Nursing President speaks out on tertiary education.  
van der Wal J  
Aust Nurses J ,Nov 1980, 10 (5) p17-8, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0170237 81108247  
[Organizational problems in emergency medical services]  
Problemes d'organisation dans l'aide medicale urgente.  
Beckers R  
Arch Belg Med Soc ,Feb 1980, 38 (2) p78-108, ISSN 0003-9578  
Journal Code: 6RY  
Languages: FRENCH Summary Languages: ENGLISH

0170220 81108186  
OR experience teaches continuity of care.  
Hercules PA  
AORN J ,Nov 1980, 32 (5) p799-806, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0170192 81108026  
Patient care appraisal in the ambulatory setting: effectiveness as a continuing medical education tool.  
Putnam W; Curry L  
Annu Conf Res Med Educ ,1980, (19) p207-12, ISSN 0190-7255  
Journal Code: 5W8  
Languages: ENGLISH

0170022 81106448  
Mandatory PPIS to begin in 1981; APhA issues strong objections.  
Small WE  
Am Pharm ,Nov 1980, 20 (11) p10-1, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0169985 81105784  
Medication behaviour. A study of outpatients treated with pilocarpine eye drops for primary open-angle glaucoma.  
Norell S  
Acta Ophthalmol [Suppl] (Copenh) ,1980, (143) p1-28, ISSN 0065-1451  
Journal Code: 1FK  
Languages: ENGLISH

0169938 81105082  
[The professional and familial status of female physicians in Switzerland]  
Die berufliche und familiare Lage der Arztinnen in der Schweiz.  
Gerber K; Lachenmeier M; Ackermann-Liebrich U  
Soz Praeventivmed ,Sep 1980, 25 (4) p215-6, ISSN 0303-8408  
Journal Code: YF1  
Languages: GERMAN Summary Languages: ENGLISH

A questionnaire on professional and family life was sent to all women doctors in Switzerland (N=2570). 70% were returned, 80% of the respondents are exercising their profession, though only 50% in full time jobs. The most important reason for not working is the presence of small children, mainly in doctors aged 30-40.

0169922 81104986  
Selling health in the market place: the Araromi approach.  
Laoye JA  
Int J Health Educ ,1980, 23 (2) p87-93, ISSN 0020-7306  
Journal Code: YEE  
Languages: ENGLISH

This paper describes a village health education project in a disadvantaged community of 10,000 inhabitants located 100 kms north of Lagos, Nigeria. The object was to "sell" the concept of good health to the people. With this purpose in mind the health education team set up a health stall on the market place. Soon it was crowded with people and a neighbouring village asked for assistance in launching a similar project. This was the opportunity the team had been waiting for to start off the participation process. A village health committee was set up, including community leaders and health personnel as well as traditional healers and birth attendants. The group split up into three subcommittees, to involve a maximum number of people: the turning point in changing the community's attitudes and making the people look at health problems as their problems had been reached. Within a few months progress was recorded. Six covered pit-hole latrines were built, the stream was fenced on both sides, an incinerator was built, families became accustomed to boiling and filtering water, the dispensary recorded an increase of more than 300% in attendance, the maternity centre doubled its volume of work, and school weight charts reflected an improvement in nutrition practices. Teachers became quite cooperative in sending children to the dispensary and took on the supervision of hygiene on the school premises. Finally, volunteers personally checked on environmental cleanliness. In short, within nine months the village became an example to other communities--and a test case of the use of the primary health care approach.

00543

0169919 81104982

**Teaching family planning management and evaluation skills.**

Gorosh ME; Helbig DW; Revson JE

Int J Health Educ .1980. 23 (2) p107-15. ISSN 0020-7306

Journal Code: YEE

Languages: ENGLISH

In the last several years the need for training schemes in family planning programme administration has become increasingly apparent with the rapid growth of family planning services throughout the world. This paper reports on the development and use of a series of 16 practical classroom training exercises designed for teaching planning, management and evaluation skills. Each exercise can be introduced, worked and discussed in a morning or an afternoon. It is available in an individual booklet, which contains worksheets, blank tables and step-by-step instructions for working the exercise, along with a discussion of the skills being taught. Topics covered include demographic rates and concepts, the Dryfoos-Polgar-Varkey formula, risk factor analysis, target-setting, case load forecasting, service statistics, contraceptive supplies, manpower planning, couple-year of protection, cost-effectiveness, contraceptive use-effectiveness, life table techniques, numerator analysis, fertility pattern method, sampling methods and questionnaire design. These curriculum materials concentrate on imparting through the medium of actual experience a series of specific management techniques of a quantitative nature that will enhance the ability of the trainees to plan, administer and evaluate any family planning programme anywhere in the world. The exercises in this series have been tested in the family planning training programmes at Columbia University and at Downstate Medical Center in New York. They have also been used in WHO workshops in Thailand and Tanzania and in training programmes in France, Kenya and Nicaragua.

0169917 81104979

**Planning oral health services.**

WHO Offset Publ .1980. (53) p2-49. ISSN 0303-7878

Journal Code: YA4

Languages: ENGLISH

0169877 81104720

**College of Allied Health Sciences, Madang, Papua New Guinea: health extension officers, Papua New Guinea's personnel for health care.**

Banam J

Public Health Pap .1980. 2 (71) p97-113. ISSN 0555-6015

Journal Code: X00

Languages: ENGLISH

the People's Democratic Republic of Yemen.

Bahattab AS

Public Health Pap .1980. 2 (71) p183-9. ISSN 0555-6015

Journal Code: X00

Languages: ENGLISH

0169866 81104708

**University of the Philippines College of Medicine, Philippines: the institute of health sciences, Tacloban--search for a model.**

Bonifacio AF

Public Health Pap .1980. 2 (71) p115-30. ISSN 0555-6015

Journal Code: X00

Languages: ENGLISH

0169860 81104658

**Collaborative practice in the nursing home setting.**

Moritis K

Wash State J Nurs .1980. 52 p1-14. ISSN 0043-0781

Journal Code: XMY

Languages: ENGLISH

00312

0169872 81104714

University of Aden, Democratic Yemen: medical education in

00544

Languages: ENGLISH

0169695 81102074

**Identifying talented health administration students: a look at academic criteria.**

Quatrano LA  
Res Nurs Health ,Dec 1980, 3 (4) p129-35, ISSN  
0160-6891 Journal Code: RAQ  
Contract/Grant No.: 1-MB-44175  
Languages: ENGLISH

The objective of this study was to examine the relationships of undergraduate academic and admission test performance with graduate academic performance. Results could aid in selecting health service administration students in the future. The sample included 139 students (40 women and 99 men) entering seven health services administration programs during the fall of 1975 and graduating during the spring and summer of 1977. Participating programs were located in the Midwest, Northeast, South, and West Coast. Independent variables included undergraduate academic performance and admission test scores, while the dependent variable was graduate academic performance. Correlation analyses revealed that: (a) the verbal and quantitative subtest scores of the GRE were related to most aspects of graduate academic performance for men but only to selected aspects for women, (b) performance on the MAT was related to women's graduate academic performance in quantitative courses, and (c) men's and women's composite undergraduate grade point average was not related to composite graduate grade point average. These findings suggest that some of the standardized tests presently employed as admission screening devices should be used judiciously.

0169548 81100434

**Defining the role and function of the psychiatric nurse as a member of the team.**

Benfer BA  
Perspect Psychiatr Care ,Jul-Aug 1980, 18 (4) p166-77,  
ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

0169546 81100432

**Point--the scatter bed system of care: should psychiatric patients be placed in medical/surgical units?**

Pearlmutter DR; Blythe M  
Perspect Psychiatr Care ,Jul-Aug 1980, 18 (4) p164,  
179-80, ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

0169460 81099744

**A one-day-a-week extramural experience for senior students in community dentistry.**

Wasserman BS; Goldman HS; Cheng K; Marcus C  
NY State Dent J ,Nov 1980, 46 (9) p570-6, ISSN  
0028-7571 Journal Code: DR6

0169274 81097633

**The relationship of pediatric resident recording behavior across medical conditions.**

Erviti VF; Templeton B; Bunce JV; Burg FD  
Med Care ,Oct 1980, 18 (10) p1020-31, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: MCR-420310  
Languages: ENGLISH

During the July 1975-June 1976 academic year, nonphysician abstractors collected data on 15,101 ambulatory patient visits managed by 175 residents in five pediatric training programs. The visits included in this study were those on which a general data base should be collected and visits for health maintenance, head trauma, impetigo, otitis media, tonsillopharyngitis and urinary tract infection. These data provided an opportunity to investigate the number of medical record audits required to obtain a stable estimate of resident performance for a given medical condition and the relationship of performance across a number of medical conditions. The standard errors of the mean for 844 distributions of per cent compliance scores for individual residents were calculated. The standard error was less than five in 97 per cent of the instances where ten or more records had been abstracted for a given resident. Although there was some variability of resident performance from case to case, these data indicate that ten records may be a lower bound on the number of abstracts required to provide a stable estimate of performance. The correlations across conditions showed a moderate amount of homogeneity of performance and a clustering of performance for the acute care conditions included in the study. The correlations across acute care conditions were all statistically significant and ranged in magnitude from .52 to .77. Although the relationships between general data base and health maintenance and the acute conditions were statistically significant in some instances, they were all of lower magnitude and ranged from -.20 to .36. Thus, a modest number of abstracts for only a few conditions may provide a reliable estimate of resident day-to-day performance in ambulatory care clinics.

00545

0169233 81097181

**[Results and consequences of a social medical study in the region of Gera on Langdon-Down disease]**

Ergebnisse und Konsequenzen einer sozialmedizinischen Studie im Bezirk Gera zum Morbus Langdon Down.

Kirchner M; Wolfram E; Prohl U; Pelz L; Mucke J; Sandig KR; Seidlitz G

Kinderaerztl Prax ,Nov 1980, 48 (11) p571-82, ISSN 0023-1495 Journal Code: KVD

Languages: GERMAN

0169145 81096388

**National terminal care policy. Report of the Working Group on Terminal Care.**

J R Coll Gen Pract ,Aug 1980, 30 (217) p466-71, ISSN 0035-8797 Journal Code: JV9

Languages: ENGLISH

0169130 81096350

**Health education and disease prevention programme in an underdeveloped area Cusichaca project Peru, 1979.**

Hewetson PR  
J R Army Med Corps ,Jun 1980, 126 (2) p68-72, ISSN 0035-8665 Journal Code: JV6

Languages: ENGLISH

0169061 81095593

**Family practice residencies and their sponsoring hospitals: mutual interests and unrecognized potential.**

Geyman JP  
J Fam Pract ,Dec 1980, 11 (7) p1019-21, ISSN 0094-3509 Journal Code: I4L

Languages: ENGLISH

0169055 81095582

**Clinical breast examination and breast self-examination experience in a family practice population.**

Keller K; George E; Podell RN  
J Fam Pract ,Nov 1980, 11 (6) p887-93, ISSN 0094-3509 Journal Code: I4L

Contract/Grant No.: 5 D15 PE12020-05 NSS  
Languages: ENGLISH

A patient questionnaire, chart audit, and resident questionnaire were used to assess clinical breast examination and breast self-examination experience in a family practice patient population. It was found that approximately 50 percent of the women studied reported annual routine breast examinations during a five-year study period. However, the residency program was responsible for providing or documenting annual clinical examinations in only ten percent of the

population. Although 99 percent of the women knew about Breast Self-Examination (BSE), only 19 percent practiced monthly BSE.

A positive association was found between the physician's active teaching of BSE and the patient's confidence in and regular practice of BSE. The low number of annual clinical examinations and low performance of BSE may be explained partially by the physician's setting too narrowly the parameters of when a clinical breast examination and BSE teaching could be done appropriately, ie, a pap smear/pelvic or general examination. A more aggressive approach by the physician may increase the number of women who get routine clinical breast examinations and who supplement them by monthly BSE.

0168985 81094734

**Problems facing American medicine--a student viewpoint.**

Hamburger S  
J Am Med Wom Assoc ,Dec 1980, 35 (12) p302-3, ISSN 0091-7427 Journal Code: H7R

Languages: ENGLISH

0168963 81094593

**Hospital ward routine--friend or foe?**

Fretwell JE  
J Adv Nurs ,Nov 1980, 5 (6) p625-36, ISSN 0309-2402 Journal Code: H3L

Languages: ENGLISH

00546

0168846 81093144

**A statewide characterization of hospital infection control practices and practitioners.**

Booth AL; Weeks RM; Hutcheson RH Jr; Schaffner W  
Infect Control ,Jul-Aug 1980, 1 (4) p227-32, ISSN  
0195-9417 Journal Code: GTM  
Languages: ENGLISH

Selected features of infection control programs among the 163 general hospitals in Tennessee were surveyed in 1976 and 1979. Each hospital but one had a designated infection control practitioner. Three-fourths of the hospitals had fewer than 200 beds and most were in rural areas. The practitioners in these small hospitals worked in an isolated professional milieu: few (4%) had attended a basic training course or were members of a national (11%) or local (16%) infection control association. They also had significantly less access to standard infection control resource publications than did practitioners in large hospitals. Use of aqueous quaternary ammonium compounds for disinfection was reported by 37% of all hospitals in 1979; 68% of hospitals routinely performed bacteriologic cultures of personnel or the environment. In contrast, only 3% of hospitals did not have a policy specifying the use of sterile closed-system drainage of indwelling bladder catheters. Although these practices varied somewhat by hospital size, the differences were not statistically significant. Modest improvement in each parameter was noted since 1976. Pathology was the most common medical specialty (34%) among chairman of infection control committees; internal medicine and pediatrics accounted for only 13%. The practice of routine microbiologic monitoring was significantly more common among hospitals with chairmen who were pathologists. The implications of these findings for national priorities in hospital infection control are discussed.

0168560 81089912

**Profiles of diabetes education in 1979; results of three surveys.**

Ezzard NV; Deeb LC; Alogna M; Gettinger J  
Diabetes Educ ,Summer 1980, 6 (2) p11-5, ISSN 0145-7217  
Journal Code: EBG  
Languages: ENGLISH

0168445 81089599

**Foster parent training: an opportunity for skills enrichment and empowerment.**

Jacobs M  
Child Welfare ,Dec 1980, 59 (10) p615-24, ISSN  
0009-4021 Journal Code: D2U  
Languages: ENGLISH

0168435 81089372

**Computerized information system for ICU patient management.**

Manzano JL; Villalobos J; Church A; Manzano JJ  
Crit Care Med ,Dec 1980, 8 (12) p745-7, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

To solve the problem of data management, a digital computer was introduced in this ICU in 1977. Data are manually entered at the bedside alpha-numeric keyboards; two beds are directly connected to the computer. The system was especially designed to work in the 11-bed ICU; its functions are: (1) admission, discharge, and transfer data of patients; (2) management of doctors' and nurses' notes in a free text form; (3) management of the problem-oriented record; (4) management of physical and biochemical variables, medical disorders, and fluid balance; and (5) diagnostic and therapeutic decision-making. Since 1977, the authors have computerized over 2600 patients and now conclude: (1) data management and communication have improved, thus, allowing nurses more time for direct patient care; (2) teaching of the residents and nurses has been facilitated and minimizes disparities from their diverse experience; (3) it has contributed to the development of protocols for many of the procedures; and (4) it has led to a more systematic approach to patient care. The assistance of a professional computer programmer and continuous maintenance of the software are essential.

0168371 81088039

**Effect of patient education on medication compliance.**

Seltzer A; Roncari I; Garfinkel P  
Can J Psychiatry ,Dec 1980, 25 (8) p638-45, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

Noncompliance is a major contributing factor to therapeutic failure. Many complex variables have been reported to interfere with patient compliance. Though there are exceptions, educational techniques have been shown to be of value. Patients with diagnoses of schizophrenia, and bipolar and unipolar affective disorders were separated into control and experimental groups and studied to determine the factors associated with poor compliance and the potential value of educational techniques. Following a course of lectures and data sheets, the "educated" patients tended to be more compliant on outpatient follow-up. They were also less fearful of side effects and addiction. Factors associated with poor compliance were related to severity of illness, social isolation, fear of dependency and side effects (extra-pyramidal).

00547

0168265 81086868

**Oral surgery training in the United States of America.**

Frame JW

Br J Oral Surg ,Jun 1980, 18 (1) p86-9. ISSN 0007-117X

Journal Code: AZS

Languages: ENGLISH

Currently in the United Kingdom, there is much debate on the 'medical' training of oral surgeons. The system in the United States of America is reviewed to demonstrate how they have approached this problem. The benefits of working with colleagues in other countries is also stressed as playing an important role in postgraduate education.

0168187 81076978

**Continuity of care and poisoning prevention education.**

Phillips WR; Little TL

Patient Couns Health Educ ,4th Quarter 1980, 2 (4)  
p170-3, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

0168186 81076977

**Education and counselling for cancer patients--lifting the shroud of silence.**

Lane DS; Liss-Levinson W

Patient Couns Health Educ ,4th Quarter 1980, 2 (4)  
p154-60, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

A demonstration education and counselling project for cancer patients was developed in a community hospital. A team comprising a psychologist and a nurse patient educator were added to existing hospital staff. Based on this experience, we have defined the primary educational and emotional needs of the cancer patient and delineated the related functions and activities of project staff. The organization, nature, and volume of the education and counselling services are presented to provide a framework for others interested in embarking on similar efforts.

0167840 81083901

**A multidisciplinary approach to offering true alternatives for childbirth.**

Tiedecken KH; Samson LF

ANA Publ ,1980, (G-147) p1-13, Journal Code: 4LW

Languages: ENGLISH

0167821 81083655

**Mastering money issues that complicate treatment: the last taboo.**

DiBella GA

Am J Psychother ,Oct 1980, 34 (4) p510-22, ISSN

0002-9564 Journal Code: 3XA

Languages: ENGLISH

Money is ubiquitous, and individuals' attitudes to money are rife with ambivalence and dysphoria. Medical training neglects money issues; thus, many physicians remain with conflicts that interfere greatly with therapeutic potential and cost containment. Conflictful emotions about money appear throughout treatment. Guidance is given toward developing the attitudes, knowledge, and skills for dealing with money in a way that will avoid possible interference with optimal treatment.

0167735 81082924

**The Gallaudet College Library: its use of technology.**

Edwards F

Am Ann Deaf ,Sep 1980, 125 (6) p769-74, ISSN 0002-726X  
Journal Code: 3BA

Languages: ENGLISH

0167609 81080747

**Presidential address. An eye on the eighties.**

Fenton C

Trans Ophthalmol Soc NZ ,1980, 32 p10-7, ISSN 0300-8983  
Journal Code: W90

Languages: ENGLISH

00313

0167525 81079275

**The role of the patient education coordinator.**

Zonca BM

Superv Nurse ,Dec 1980, 11 (12) p21-7, ISSN 0039-5870  
Journal Code: VAK

Languages: ENGLISH

0167524 81079274

**Patient education & the audit.**

Kuehnel C; Rowe B

Superv Nurse ,Dec 1980, 11 (12) p15-9, ISSN 0039-5870  
Journal Code: VAK

Languages: ENGLISH

00548

0167509 81079257

**Cross-training program for nurses: a solution to a staffing problem.**

Thorpe R  
Superv Nurse ,Oct 1980, 11 (10) p65-7, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

00314

0167507 81079255

**Nursing's management crisis.**

Sherman VC  
Superv Nurse ,Oct 1980, 11 (10) p31-3, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

0167480 81078921

**Obstetrics through the retrospectroscope.**

Savage JE  
South Med J ,Nov 1980, 73 (11) p1516-20, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

This essay is a personal comparison of obstetrics in the 1930s and the 1970s. Maternal and perinatal mortality are contrasted for the two eras. Hospital delivery then and now, and hospital versus home delivery are compared. Changing patterns of operative delivery are presented with special reference to the increasing incidence of cesarean section. Continuing medical education and electronic fetal monitoring are discussed. The use of drugs during pregnancy, labor, and delivery is considered. Governmental and public intervention in obstetrics is lamented.

0167478 81078909

**Use, misuse, and cost of parenteral cephalosporins at a county hospital.**

Appleby DH; John JF Jr  
South Med J ,Nov 1980, 73 (11) p1473-5, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

We reviewed total usage of parenteral cephalosporins at a county hospital during 1978 with regard to appropriateness, pattern of use, and cost. In addition, we determined the impact of replacing cephalothin with cephapirin in the hospital formulary. During the 12-month study 366 patients received 409 courses of parenteral cephalosporins: 167 received cefazolin, 160 received cephapirin, and 35 received a combination of cefazolin and cephapirin. The surgical service prescribed 87% of the cephapirin and 92% of the cefazolin. Parenteral cephalosporins were used 62% of the time for prophylaxis and 38% of the time for therapy. Usage was judged inappropriate in 47% of all courses based on our criteria; 25% of the therapeutic courses were judged inappropriate, compared

to 60% of the prophylactic courses. Pharmacy costs of cefazolin used as prophylaxis were more than twice the cost for cephapirin. Cost of a mean therapeutic course for cefazolin was 43% higher than for cephapirin. Antibiotic audits and continued education combined with judicious substitution of therapeutic equivalents should limit the inappropriate use and expense of parenteral cephalosporins for large as well as small hospitals.

0167424 81078437

**[General organization of French education]**

Organisation generale de l'enseignement francais.  
Gilbert-Collet J  
Rev Prat ,Oct 1 1980, 30 (43) p2883-4, 2887-8, 2891-2  
passim, ISSN 0035-2640 Journal Code: I1D  
Languages: FRENCH Summary Languages: ENGLISH

0167227 81076759

**A school of children in hospital.**

Maxwell GI  
Nurs Times ,Dec 4 1980, 76 (49) pARPN 2-3, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0167180 81076692

**The changing status of nursing as a profession in Japan.**

Takahashi A  
Nurs J Singapore ,Aug 1980, 20 p68-71, ISSN 0067-5814  
Journal Code: 09A  
Languages: ENGLISH

00549



0167173 81076471

**[Continuous ambulatory peritoneal dialysis (author's transl)]**

La dialyse peritoneale continue ambulatoire.

Nouv Presse Med ,Nov 8 1980, 9 (42) p3153-63, ISSN 0301-1518 Journal Code: Q50

Languages: FRENCH Summary Languages: ENGLISH

Continuous ambulatory peritoneal dialysis (CAPD) required rapid technique and high quality material. This paper describes the material prepared and supplied by the Central Pharmacy of Paris Public Hospitals and the results obtained with this material in the Nephrology Department of the Pitie-Salpetriere Hospital. The peritoneal catheter, introduced under local anaesthesia, is the double-cuffed Tenckhoff catheter. The two dialysates routinely used mainly differ in glucose concentration (83 and 250 mmol/l respectively). The plastic bags are made of polyvinylchloride; those for adults have a capacity of 2.8 l and contain 2 l of dialysate; smaller bags are available for children and adolescents. The patients are trained in an independent out-patient unit opened from 8 a.m. to 9 p.m. The average duration of training is 10 days, and audio-visual aids are widely used. Between August, 1978 and February, 1980 forty-seven patients were accepted for training. Their mean age at the start of treatment was 65 years, and the follow-up was 308 patient-months. During this period there were 5 deaths, only one of which could be blamed on the dialysis technique. There was one peritonitis per 7.5 patient-months, and the mean duration of hospital treatment for all complications was 15 days per patient-year. In view of the patients' age and of the deliberate selection of high-risk patients (including 8 diabetics), these results are very encouraging. However, a longer follow-up is needed to determine the exact place of CAPD among the various treatments of end stage renal failure.

0167047 81075762

**Self-directed continuing education.**

Gilbert GF

Occup Health Nurs ,Nov 1980, 28 (11) p18-21, ISSN 0029-7933 Journal Code: ODC

Languages: ENGLISH

0167028 81075724

**Leadership--the key to inservice education.**

Consedine M

NZ Nurs J ,Aug 1980, 73 (8) p13-5, 35, ISSN 0028-8535 Journal Code: OBT

Languages: ENGLISH

0166977 81075582

**On the scene: risk management in health care.**

Duran GS

Nurs Adm Q ,Fall 1980, 5 (1) p19-36, ISSN 0363-9568

Journal Code: OAF

Languages: ENGLISH

0166952 81075184

**Peritoneal dialysis--a nursing update.**

Richard CJ

Nephrol Nurse ,Nov-Dec 1980, 2 (6) p4-8, 46-52, Journal Code: NW9

Languages: ENGLISH

0166804 81073397

**Early school health: an analysis of its impact on primary care.**

Hanson MA; Levine MD

J Sch Health ,Dec 1980, 50 (10) p577-80, ISSN 0022-4391

Journal Code: K13

Languages: ENGLISH

0166765 81073154

**[Intensive care in pediatrics (author's transl)]**

Intensivmedizin in der Padiatrie.

Wille L

Klin Paediatr ,Sep 1980, 192 (5) p399-407, ISSN 0300-8630 Journal Code: KWE

Languages: GERMAN Summary Languages: ENGLISH

Centralized treatment of critically ill pediatric patients and related problems are presented. Pediatric intensive care allows to overbridge deranged or interrupted organ functions while simultaneously treating the disease causing the disturbance. Its efficiency depends on continuity of medical care. Medical and nursing staff should be trained in the use of specialized equipment, especially monitoring equipment and ventilators. Medical and nursing staff must know who is responsible for the patients all the time. Undivided medical responsibility and coordinated specialist care are essential. Some general points concerning design features, equipment and organisation of a pediatric intensive care unit are made. Some special aspects such as staffing, transportation of high-risk neonates, economy of operation and personal training programm are discussed. Results of pediatric intensive care at the University Children's Hospital Heidelberg are documented. Regionalisation of neonatal care is discussed based on the actual situation in Baden-Wuerttemberg. (25 Refs.)

00550

0166745 81072551

**Home delivery and neonatal mortality in North Carolina.**

Burnett CA 3d; Jones JA; Rooks J; Chen CH; Tyler CW Jr; Miller CA

JAMA ,Dec 19 1980, 244 (24) p2741-5, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

Neonatal mortality examined by place and circumstances of delivery in North Carolina during 1974 through 1976 with attention given to home delivery. Planned home deliveries by lay-midwives resulted in three neonatal deaths per 1,000 live births; planned home deliveries without a lay-midwife, 30 neonatal deaths per 1,000 live births; and unplanned home deliveries, 120 neonatal deaths per 1,000 live births. The women babies were delivered by lay-midwives were screened in county health departments and found to be medically at low risk of complication, despite having demographic characteristics associated with high-risk of neonatal mortality. Conversely, the women delivered at home without known prenatal screening or a trained attendant had low-risk demographic characteristics but experienced a high rate of neonatal mortality. Planning, prenatal screening, and attendant-training were important in differentiating the risk of neonatal mortality in this uncontrolled, observational study.

0166693 81072190

**Use of peers to teach interviewing and clinical problem-solving.**

Pepe EA; Hodel CG; Bosshart DA  
J Med Educ ,Sep 1980, 55 (9) p800, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

00315

0166687 81072179

**Matrix organization of a residency program in an academic medical center.**

Smith ES; Eisenberg JM  
J Med Educ ,Sep 1980, 55 (9) p758-64, ISSN 0022-2577

Journal Code: J13

Contract/Grant No.: 2D28 PE13157

Languages: ENGLISH

Matrix organization has recently been employed in health care administration to integrate individuals from different disciplines in complex projects and tasks. As residency training in primary care develops and its leaders recognize the need for multidisciplinary inputs to medical education, similar integrative methods of organization will become necessary. Matrix organization offers a structure which can facilitate coordination, communication, and cooperation in health care educational administration as well as in service administration.

00316

0166685 81072177

**HMO development for primary care team teaching of medical and nursing students.**

Osterweis M; Chickadonz G; Huntley RR; Spencer CD  
J Med Educ ,Sep 1980, 55 (9) p743-50, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

This article describes a three-year effort to facilitate the development of a university health maintenance organization (HMO) into an effective clinical teaching site for the team practice of primary care. Project staff initiated several activities to promote team development in the HMO. These included review and development of algorithms to guide physician/nurse teams in the care of patients with common problems, workshops on communication and role negotiating skills, and preceptor training. A variety of objective and subjective methods were employed to assess HMO team development and the effectiveness of the HMO as a primary care teaching site. Initial resistance to both team practice and teaching have been overcome. Students who were trained in the project not only acquired good clinical skills but also, perhaps more importantly, developed skills in professional role negotiation and communication as well.

00317

0166679 81072163

**Primary care training in a traditional medical residency: an ambulatory care rotation.**

Goodson JD; Stoeckle JD; Leaf A  
J Med Educ ,Nov 1980, 55 (11) p950-2, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0166608 81071618

**Parents' knowledge and sources of knowledge about antipyretic drugs.**

Kapasi AA; Lorin MI; Nirken MH; Yudovich M  
J Pediatr ,Dec 1980, 97 (6) p1035-7, ISSN 0022-3476

Journal Code: JLZ

Languages: ENGLISH

00551

0166607 81071617

**Home care for dying children: a nursing model.**

Lauer ME; Camitta BM

J Pediatr ,Dec 1980, 97 (6) p1032-5, ISSN 0022-3476

Journal Code: JLZ

Languages: ENGLISH

A model is presented for providing home care services for children dying from cancer and for their families. Forty-two families whose children were patients at the Midwest Children's Cancer Center received home care during the first two years of this program. Variations in patient age, diagnosis, or family structure did not preclude successful participation in home care. In all families, the medical and nonmedical financial burdens of inpatient and outpatient hospital care were reduced when the child died at home. Since this program was initiated, terminal care has shifted from hospital-based medical management to nursing support in the home for the majority of children at our cancer center.

0166525 81070557

**Finding a new avenue for gerontological practice.**

Metz EL

J Gerontol Nurs ,Nov 1980, 6 (11) p654-8, ISSN

0098-9134 Journal Code: IAX

Languages: ENGLISH

0166491 81070389

**Effectiveness of two procedures for reducing dental fear: group-administered desensitization and group education and discussion.**

Gatchel RJ

J Am Dent Assoc ,Oct 1980, 101 (4) p634-7, ISSN

0002-8177 Journal Code: H5J

Languages: ENGLISH

Self-control desensitization and education and discussion groups improved the behavior of subjects who were extremely anxious about dental treatment. These two treatment procedures can be used effectively on a group basis in the community by dentists who receive some basic training in administration.

0166463 81070274

**Processing a task group: a continuing education committee at work planning a conference.**

Callahan J; Fertig S; O'Dell PA; Marlowe B

J Contin Educ Nurs ,Sep-Oct 1980, 11 (5) p8-15, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0166460 81070270

**Staff nurse preceptorship: an experiment for graduate nurse**

**orientation.**

Knauss PJ

J Contin Educ Nurs ,Sep-Oct 1980, 11 (5) p44-6, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0166457 81070267

**A nontraditional access model to nursing education.**

Haritos DJ; Anderson A

J Contin Educ Nurs ,Sep-Oct 1980, 11 (5) p3-7, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0166455 81070265

**Meeting the challenge of inservice education in rural Minnesota hospitals.**

Koenig T; Dachelet CZ

J Contin Educ Nurs ,Sep-Oct 1980, 11 (5) p20-4, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0166357 81068938

**Development of primary health care.**

Colliere MF

Int Nurs Rev ,Nov-Dec 1980, 27 (6) p169-72, ISSN

0020-8132 Journal Code: GTP

Languages: ENGLISH

0166319 81068693

**Behavioural change for the prevention of oral disease in children: one-on-one programme.**

Page J

Int Dent J ,Sep 1980, 30 (3) p236-9, ISSN 0020-6539

Journal Code: GPT

Languages: ENGLISH

A description is given of the efforts made in a typical dental practice to influence dental health behaviour in a positive manner. A consistent message has been given over the years involving adequate fluoride supplements, restriction in the frequency of sugar intake and thorough oral hygiene. In addition, emphasis is placed on constant repetition and the use of positive feedback.

00552

0166108 81066262

**The relationship between the health belief model and compliance of persons with diabetes mellitus.**

Cerkoney KA; Hart LK  
Diabetes Care ,Sep-Oct 1980, 3 (5) p594-8, ISSN  
0149-5992 Journal Code: EAG  
Languages: ENGLISH

Thirty insulin-treated diabetic individuals were interviewed in their homes 6-12 mo after having attended diabetic education classes at a community hospital. Self-report as well as direct observation were used to measure these patients' level of compliance with their insulin administration, urine testing, diet, hypoglycemia management, and foot care prescriptions. All patients were complying with at least 59% of the points measured. Over one-half of the group indicated compliance with at least 70% of the 61 points measured. However, only 7% complied with every one of the 45 points considered to be necessary for good control of their disease. The group was most compliant with regard to insulin administration and least compliant regarding urine testing. The level of these patients' beliefs regarding their disease (severity and susceptibility, treatment benefits, and barriers) and cues to action were also measured. A correlation of 0.5 occurred between these patients' overall compliance levels and a composite of their level of health belief motivation. The highest levels of correlations between the areas of compliance and the motivators occurred with cues to action.

0166072 81065968

**The nurse's role in transporting the critically ill child.**

Cox NC  
Curr Pract Pediatr Nurs ,1980, 3 p240-66, ISSN  
0361-9257 Journal Code: DX2  
Languages: ENGLISH

0166071 81065967

**Role of the clinical specialist in the pediatric intensive care unit.**

Weeks H  
Curr Pract Pediatr Nurs ,1980, 3 p225-39, ISSN  
0361-9257 Journal Code: DX2  
Languages: ENGLISH

0166037 81065741

**The clinical use of glucocorticoids.**

Collins TR; Bynny RL  
Compr Ther ,Nov 1980, 6 (11) p63-72, ISSN 0098-8243  
Journal Code: DMZ  
Languages: ENGLISH

0165985 81064548

**Clinical value of ambulatory rhythm monitoring.**

Chung EK  
Cardiovasc Clin ,1980, 11 (1) p113-126, ISSN 0069-0384  
Journal Code: COL  
Languages: ENGLISH

(1) Ambulatory (Holter monitor) electrocardiography is currently one of the most important noninvasive cardiac diagnostic tests in our daily practice. (2) The primary purpose of Holter monitor electrocardiography is to diagnose various cardiac arrhythmias with accuracy, especially when the routine 12-lead electrocardiogram fails to record the arrhythmia because of its transient and episodic nature. (3) A precise etiology of a dizzy spell or a fainting episode can be confirmed by the Holter monitor ECG, when various symptoms are directly related to either tachyarrhythmias or bradyarrhythmias. (4) Another very important role of the Holter monitor ECG is to assess the efficacy of various antiarrhythmic agents, digitalis, and antianginal drugs. (5) Another purpose for obtaining the Holter monitor ECG is to document ischemic events by recognizing S-T segment and/or T wave abnormalities, especially at rest or during sleep. This is particularly valuable when the chest pain is atypical and when the exercise electrocardiogram is equivocal. Conversely, the patient's complaints may be totally unrelated to ischemic manifestations or any cardiac arrhythmias. (6) In addition, the status of artificial pacemaker function can be assessed by the Holter monitor ECG. (7) Many other clinical applications of the Holter monitor ECG have been described also.

0165961 81064330

**Man versus microbe: a case for the infection control nurse.**

Beaufoy A; Ratsoy MB  
Can Nurse ,Dec 1980, 76 (11) p30-2, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00553

00318

0165898 81063800

**Effect of restrictions on prescribing patterns for dextropropoxyphene.**

Shenfield GM; Jones AN; Paterson JW

Br Med J .Sep 6 1980. 281 (6241) p651-3. ISSN 0007-1447

Journal Code: B4W

Languages: ENGLISH

Prescribing of compound analgesics containing dextropropoxyphene was limited to consultants only in a teaching hospital. Inpatient prescribing (mainly by junior staff) fell immediately to very low levels but outpatient prescribing (by consultants) fell more slowly to about one-third of the original level, suggesting that patients and doctors find dextropropoxyphene compounds useful. Prescriptions for paracetamol increased but so did those for other compound analgesics, particularly those containing high doses of codeine, indicating a belief that compound analgesics have a role in treatment. Restrictions may produce unexpected results and monitoring is essential, but the method of audit used by pharmacies is not suitable for detailed analysis.

0165844 81062817

**The prevention of oral disease. Established methods of prevention.**

Horowitz HS

Br Dent J .Dec 2 1980. 149 (11) p311-8. ISSN 0007-0610

Journal Code: ASW

Languages: ENGLISH

(119 Refs.)

0165700 81054093

**A perinatal group in family practice.**

Jelly P

Patient Couns Health Educ .3d Quarter 1980. 2 (3) p107-10. ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

Pregnancy is a time of natural stress that can have a marked effect on the relationship of the expectant parents and, subsequently, on the child. A group was formed to provide emotional support for the women and to involve the husbands in the process. By offering this service in a family practice residency program, it not only has a beneficial effect on the outcome of the pregnancy but also gives family practice residents a valuable learning experience.

0165696 81053996

**Train your food service staff with initiative.**

Zaccarelli HE

Nurs Homes .Nov-Dec 1980. 29 (6) p6. 8-12. ISSN

0029-649X Journal Code: 096

Languages: ENGLISH

0165566 81049850

**Managers of professional departments in teaching hospitals: a study of satisfaction.**

Hurka SJ

J Health Hum Resour Adm .Nov 1980. 3 (2) p251-67. ISSN

0160-4198 Journal Code: KD1

Languages: ENGLISH

0165427 81045599

**St. Margaret's Hospital for Women and St. Mary's Home, Boston. Maternity hospital's care supports parents, child.**

Horwitz MR

Hosp Prog .Dec 1980. 61 (12) p56-7. ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

Family-centered maternity and perinatal care for high-risk mothers and infants is a special mission demanding firm commitment from health care personnel. Support services in the form of education, social service, psychiatric consultation, recreation, and nutrition supplement the full range of maternity-cycle care.

0165349 81044913

**Rx with a dose of info.**

Miller RW

FDA Consum .Nov 1980. 14 (9) p22-3. Journal Code: FOK

Languages: ENGLISH

Information similar to that provided to physicians will be available to patients who get new prescriptions for 10 drugs, as part of a 3-year pilot program of the Food and Drug Administration. The information, in leaflet form, is to be handed out to the customer at the time the prescription is filled. Included will be possible side effect, proper uses for the drug, and any precautions in taking the particular medicine.

0165294 81043056

**New home health program: family saves \$100,000.**

Jordan E

Times .Dec 1980. 21 (9) p24. Journal Code: DNB

Languages: ENGLISH

00554

0165232 81039040

**A winner.**

Westerdahl N

J NAHD ,Fall 1980, p39. ISSN 0196-4933 Journal Code:

AIZ

Languages: ENGLISH

0165164 81061469

**Effect of a rheumatology elective on house officers' evaluation of rheumatoid arthritis.**

Eyanson S; Brandt KD

Arch Intern Med ,Nov 1980, 140 (11) p1449-52, ISSN

0003-9926 Journal Code: 7FS

Contract/Grant No.: AM 20582

Languages: ENGLISH

To ascertain whether a rheumatology elective (RE) increase the ability of house officers (HOs) to treat patients with rheumatic disease, 109 encounters involving patients with rheumatoid arthritis were audited. This permitted a comparison of 12 HOs who had had an RE with 55 HOs who had not. Results suggested that the RE led to better reporting of history and physical findings and increased the frequency with which relevant laboratory studies were ordered. During the 30-month period of the study, no increase was apparent in audit scores of HOs who had not had the elective, nor was any deterioration noted in scores of HOs who had participated in the elective with increasing length of the interval between the RE and the subsequent encounters.

0165119 81061045

**Your OR suite can be a good learning environment.**

Lunn SR

AORN J ,Jul 1980, 32 (1) p21, 24. ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0165086 81060620

**Patient-physician concordance in problem identification in the primary care setting.**

Freidin RB; Goldman L; Cecil RR

Ann Intern Med ,Sep 1980, 93 (3) p490-3, ISSN 0003-4819

Journal Code: 5A6

Contract/Grant No.: RR-05569

Languages: ENGLISH

We analyzed how often patients and physicians identified the same principal problem for 439 return primary care visits. Agreement between the patient and physician, called concordance, was scored as complete when both cited a problem in the same organ-system (208 visits; 47%); as partial when the patient cited a problem that was anywhere but first on the physician's problem list but both parties agreed on the biological or psychosocial nature of the principal problem

(114 visits; 26%); or as absent (117 visits; 27%). Concordance scores were significantly lower when physicians identified a principal psychosocial problem or when patients identified a principal problem related to psychosocial issues, preventive medicine, the musculoskeletal system, or accidents. Because physicians in the Primary Care Internal Medicine Training Program were significantly more likely to identify principal psychosocial problems, their concordance scores were significantly lower than those of standard internal medicine track physicians.

0165025 81059908

**From supervisee to supervisor: an unexplored aspect of the psychiatrist's education.**

Granet RB; Kalman TP; Sacks MH

Am J Psychiatry ,Nov 1980, 137 (11) p1443-6, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors describe several problems that are unique to the beginning supervisor of psychiatry residents. These difficulties can be divided into four general areas: inexperience, competition, identity, and administration. The authors provide examples to illustrate the types of situations that the new supervisor may encounter and make recommendations for dealing effectively with them.

0164991 81059527

**'Teach a man to fish' (Chinese proverb).**

Sumpter EA

Am J Dis Child ,Nov 1980, 134 (11) p1025-7, ISSN

0002-922X Journal Code: 3GS

Languages: ENGLISH

0164954 81059289

**Outreach education: a possible preventer of teenage pregnancy.**

Block RW; Block SA

Adolescence ,Fall 1980, 15 (59) p657-60, ISSN 0001-8449

Journal Code: 2H8

Languages: ENGLISH

00555

relation to dollars from 1970 to 1979.

0164889 81057975  
**Strategies for teaching nursing research.**  
Ludeman R  
West J Nurs Res ,Summer 1980, 2 (3) p651-4, ISSN  
0193-9459 Journal Code: XNZ  
Languages: ENGLISH

0164827 81056895  
**Irregularities in the use of regular aerosol inhalers.**  
Macfarlane JT; Lane DJ  
Thorax ,Jun 1980, 35 (6) p477-8, ISSN 0040-6376  
Journal Code: VQW  
Languages: ENGLISH

0164888 81057974  
**Using research in practice: a research-based model for patient education.**  
Archuleta V  
West J Nurs Res ,Summer 1980, 2 (3) p648-51, ISSN  
0193-9459 Journal Code: XNZ  
Languages: ENGLISH

0164794 81056630  
**A group program for cancer patients and their family members in an acute care teaching hospital.**  
Johnson EM; Stark DE  
Soc Work Health Care ,Summer 1980, 5 (4) p335-49, ISSN  
0098-1389 Journal Code: U95  
Languages: ENGLISH

0164842 81056969  
**The chief financial officer's qualifications for the chief executive officer's job.**  
Levitan M  
Top Health Care Financ ,Fall 1980, 7 (1) p7-16, ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

An open-ended information/support group program for cancer patients and family members is described. The leadership role of the social work authors in developing the program, facilitating the sessions, adapting it to the limitations of an acute care teaching hospital, coordinating and training the multidisciplinary staff, and dealing with problem behaviors within the group sessions are discussed. Consumer satisfaction survey results are presented. The authors believe the program provides a helpful service to patients and families and a valuable opportunity for staff and students to become more sensitive health professionals through increased understanding of the psychosocial aspects of chronic illness.

The changing character of the role of the CFO raises the question of whether the terminal role for someone starting in the financial track is the CFO position or whether the training received in financial management prepares an individual to accept the responsibility of the CEO position. An examination of the responsibilities of both roles comparing their similarities and differences is helpful in answering this question. Job descriptions will vary from institution to institution, depending upon the special needs and circumstances that exist. However, certain characteristics are common to both the CEO and the CFO. Table 2-1 presents a brief comparison of these two roles.

0164836 81056963  
**The evolution of CFO requirements.**  
Dolan RC  
Top Health Care Financ ,Fall 1980, 7 (1) p39-46, ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

An analysis of 53 searches for CFOs, conducted by Witt & Dolan between 1970 and 1979, reveals some startling changes in the requirements that have occurred for these key positions. These changes are largely responsible for the increased salary ranges of today's CFOs. The searches were conducted in all sections of the United States. Although bed size is no longer considered an accurate gauge for comparing the real size of one hospital with another (today budgets, admissions and other facts are usually included in determining the size of an institution), Witt & Dolan used it as a measure because inflationary factors would tend to distort figures with

00556

0164790 81056626

**Socioeconomic status of Indochinese refugees in the United States: progress and problems.**

Marsh RE  
Soc Secur Bull ,Oct 1980, 43 (10) p11-20, ISSN  
0037-7910 Journal Code: U94  
Languages: ENGLISH

The Social Security Administration is responsible for administering assistance programs not only to needy citizens but also to lawfully admitted aliens who require such aid. It therefore is interested in the economic situation of all the Nation's inhabitants, including refugees. This article examines the status of one such group--the Indochinese refugees who came to this country following the fall of the South Vietnamese government in 1975. A series of sample surveys, commissioned by the Department of Health, Education, and Welfare, reveals that most members of the original group of 130,000 Indochinese had achieved a large measure of economic self-sufficiency by the end of 1978. In the fall of that year, however, a new wave of Indochinese refugees began emigrating to the United States. The latecomers--who now outnumber the original group--are generally poorer, less well educated, and less acclimated to urban living than were their predecessors. Such characteristics suggest higher future resettlement costs, which could well be exacerbated by the propensity of ethnic groups to cluster in a few areas.

0164749 81055945

**[Inadequate use of pressurized aerosols by asthmatic patients [author's trans]]**

Mauvaise utilisation des aerosol-doseurs par les  
asthmatiques.  
Gaynard P; Orehek J  
Respiration ,1980, 40 (1) p47-52, ISSN 0025-7931  
Journal Code: R8K

Languages: FRENCH Summary Languages: ENGLISH  
The purpose of this study was to determine in a population of asthmatics, the number of patients who correctly used the pressurized aerosols (bronchodilator drugs or steroids) spontaneously, or after training sessions. 115 asthmatics (in- or outpatients, 14-70 years old) were asked to use their inhaler in the presence of an observer. The inhalation technique was considered correct when (1) the puff release was coordinated with a deep inspiration and (2) when the inspiration was followed by a few seconds' breath-holding. The patients were divided into two groups: a trained group of 46 patients who were observed for 1 month or more after the two above-mentioned manuevres had been demonstrated to them by a physician and the need for correct use strongly emphasized. The other group (the untrained group) comprised 69 patients who were presumably using their inhalers according to the manufacturer's instructions: (1) expiration; (2) inspiration and actuation, and (3) apnea. In the trained group 52% of the patients were classified by the observer as correct users, as compared to 28% in the untrained group. The results were not influenced by sex, age or occupational differences. These

observations suggest that a majority of asthmatics probably derived incomplete benefit from the use of pressurized aerosols. Although training apparently results in a more efficient use of the canisters, this study shows that training sessions must be repeated, and the results checked at regular intervals by a member of the medical staff. In subjects who repeatedly fail to achieve a correct inhalation technique the drug should be given by another route.

0164743 81055678

**Needs assessment for hospital-based home care services.**

Inui TS; Stevenson KM; Plorde D; Murphy I  
Res Nurs Health ,Sep 1980, 3 (3) p101-6, ISSN 0160-6891  
Journal Code: RAQ  
Languages: ENGLISH

Careful needs assessment is a prerequisite to addressing issues of health care program effectiveness and program planning from a population-based perspective. Home care program evaluation literature is lacking in examples of strategies for such assessment. A nurse-screening of admissions was conducted at an acute care general hospital to estimate need for hospital-based home care (HBHC) services among the 2,613 patients discharged from medical and surgical services over a 5-month period. After careful delineation of inclusion and exclusion criteria for identifying HBHC patients and participant-observer training, the nurse's judgments on patient appropriateness for HBHC care were shown to agree reliably with those of the HBHC staff ( $k = + .45$ ). In the study hospital under current conditions, an estimated 64% of discharged patients appropriate for home care do not receive these services. A comparison of the incidence according to service of HBHC-appropriate patients and patient-referral rates to HBHC suggests that one service over-refers (neurology), but most under-refers. Screening nurse salary expenditures constitute the major costs of this approach to home care needs assessment, which is recommended only for addressing major, infrequent programmatic policy issues.

0164627 81054048

**'Briggs' crosses Irish Sea.**

Brown A  
Nurs Mirror ,Oct 30 1980, 151 (18) p8-9, Journal Code:  
098  
Languages: ENGLISH

00557



Perspect Psychiatr Care .May-Jun 1980, 18 (3) p119,  
138-9, ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

0164569 81053929  
**Nursing in an inner city area--Glasgow.**  
Nurs Times ,Oct 2 1980, 76 (40) p1735-41, ISSN  
0029-6589 Journal Code: O9U  
Languages: ENGLISH

0164528 81053502  
**Should there be a national organization of directors of  
graduate programs in psychiatric mental health nursing?**  
Miller JC  
Perspect Psychiatr Care .May-Jun 1980, 18 (3) p118, 138,  
ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

0164560 81053904  
**Attitude change as a motivational factor in producing  
behavior change related to implementing primary nursing.**  
Keiser GJ; Bickle IM  
Nurs Res ,Sep-Oct 1980, 29 (5) p290-4, ISSN 0029-6562  
Journal Code: O9K  
Languages: ENGLISH

This study examined the relationship between nurses' improved attitudes toward the feasibility of primary nursing within the Veterans Administration setting and resultant behaviors directed at implementing primary nursing. Festinger's cognitive dissonance theory served as an explanatory model for observed outcomes. Improved attitudes motivated participants to engage in predicted behaviors. Findings implied that effective training is maximized in situations in which correspondence exists between the source of the behavioral deficiency and educational activities designed to remedy the deficiency.

0164518 81053286  
**Evaluation of a rural perinatal care system.**  
Hein HA  
Pediatrics ,Oct 1980, 66 (4) p540-6, ISSN 0031-4005  
Journal Code: DXV  
Languages: ENGLISH

A voluntary system of regionalized perinatal health care was developed in Iowa to provide accessible services for a rural population. Larger community hospitals were upgraded to serve as level II regional centers and small obstetric units continued to provide maternity services for low risk patients. Consolidation of services was encouraged only when accessibility was not compromised. Education rather than legislative fiat was the stimulus for change. Evaluation by review of birth and mortality data suggests that a stratified system of care exists in Iowa. Judged by mortality statistics, perinatal outcome has improved since the inception of the program in 1973. The concept of a mortality risk ratio (neonatal deaths/<1,500 gm live births) is suggested as a method of reviewing mortality data from the perspective of risks inherent in the population served.

0164554 81053894  
**Nursing administrators' assessment of nursing education.**  
Wagner DL  
Nurs Outlook ,Sep 1980, 28 (9) p557-61, ISSN 0029-6554  
Journal Code: O9H  
Languages: ENGLISH

0164536 81053574  
**Perspectives of community health nursing education.**  
Archer SE; Fleshman RP  
NLN Publ ,1980, (52-1834) p13-41, Journal Code: O3Z  
Languages: ENGLISH

0164450 81052938  
**An unattainable ideal.**  
O'Toole R  
Nurs Focus ,Oct 1980, 2 (2) p53-8, ISSN 0144-4069  
Journal Code: DBK  
Languages: ENGLISH

0164535 81053573  
**Perspectives of community health nursing practice.**  
Henry OM  
NLN Publ ,1980, (52-1834) p1-12, Journal Code: O3Z  
Languages: ENGLISH

0164529 81053503  
**Should there be a national organization of graduate programs  
in psychiatric mental health nursing?**  
Poulsen S

00558

0164445 81052930  
**Careers in nursing: VD clinics.**  
Fairbrother C  
Nursing (Oxford) ,Aug 1980, 1 (16) p710-2, ISSN  
0142-0372 Journal Code: OA5  
Languages: ENGLISH

0164430 81052904  
**Periodic preventive health screening schedule for adult men and women.**  
Lindberg SC  
Nurse Pract ,Sep-Oct 1980, 5 (5) p9-11, 13, 21, ISSN  
0361-1817 Journal Code: OA1  
Languages: ENGLISH

0164426 81052896  
**Teaching activities of family nurse practitioners.**  
Draye MA; Pesznecker B  
Nurse Pract ,Sep-Oct 1980, 5 (5) p28-9, 32-3, ISSN  
0361-1817 Journal Code: OA1  
Languages: ENGLISH

0164418 81052879  
**Toward a more definitive understanding of the nurse's role [interview]**  
Johnson L  
Nurs Health Care ,Jul-Aug 1980, 1 (1) p40-1, 44,  
Journal Code: N77  
Languages: ENGLISH

0164393 81052734  
**The National Health Service Corps: rapid growth and uncertain future.**  
Rosenblatt RA; Moscovice I  
Milbank Mem Fund Q ,Spring 1980, 58 (2) p283-309, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
From inauspicious origins in laudable, but vague, legislation and diffident--even disorganized--implementation, the NHSC has evolved into a major federal program for delivering health care to underserved areas. Tying together the financing of medical education and the delivery of health services for the first time could enable responsiveness to both qualitative and quantitative changes in medical care. But competing demands, within the program and its administration, and in the communities to be served, have made evaluation of the NHSC effort and impact difficult, but all the more necessary for future planning.

0164378 81052582  
**Educating patients about their medication.**  
Corlett PA  
Nephrol Nurse ,Sep-Oct 1980, 2 (5) p10-1, Journal  
Code: NW9  
Languages: ENGLISH

0164174 81050676  
**Community involvement in high blood pressure control--the Bamberg model.**  
Watson MC  
J SC Med Assoc ,Sep 1980, 76 (9 Suppl) p83-6, ISSN  
0038-3139 Journal Code: KON  
Languages: ENGLISH

0164012 81048872  
**Education for nursing administration: what investment yields highest returns?**  
Duffy ME; Gold NE  
J Nurs Adm ,Sep 1980, 10 (9) p31-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00319

● 0164007 81048867  
**The role of staff development in hospital cost control.**  
Sovie MD  
J Nurs Adm ,Nov 1980, 10 (11) p38-8, 42, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00559

0164002 81048862

**Essential skills for baccalaureate graduates: perspectives of education and service.**

Sweeney MA; Regan P; O'Malley M; Hedstrom B  
J Nurs Adm ,Oct 1980, 10 (10) p37-44, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

What psychomotor tasks should baccalaureate graduates be able to perform when they arrive on the doorsteps of practice settings. This article describes a research study in which a representative sample of nursing educators and nursing service personnel provide their perceptions in regard to that question. The content offers a clear view of the expectations of both groups, emphasizes the need for dialogue on this topic between educational service, and raises important issues for nursing administrators regarding the role of staff development and the transition of new graduates to the work setting.

0163847 81046512

**A model for a health career information center.**

Bruhn JG; Rogers PJ; Torres MC  
J Allied Health ,Aug 1980, 9 (3) p169-75, ISSN  
0090-7421 Journal Code: HAB

Languages: ENGLISH

A model health career information center was developed and evaluated at a university health science center. One part of the information center is a statewide, toll-free health careers hotline which provides information about health careers to high school and college students, parents, counselors, and teachers, especially in small schools and rural areas, which are not usually included in recruiting circuits. Evaluation of the hotline after one year of operation has indicated that it fills a need, is considered useful by callers, and is of a relatively small cost, considering the geographical coverage. The model information system proposed can be implemented in phases with only slight modifications to meet the unique needs of specific health science centers or their geographical location.

0163815 81046209

**The expanded role of the nurse in the Caribbean.**

Tulloch EE  
Int Nurs Rev ,Sep-Oct 1980, 27 (5) p144-5, ISSN  
0020-8132 Journal Code: GTP  
Languages: ENGLISH

0163721 81045522

**Characteristics of operators of adult psychiatric foster homes.**

Beatty LS; Seeley M  
Hosp Community Psychiatry ,Nov 1980, 31 (11) p774-6,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

To discover characteristics of adult foster home operators that might improve future selection and training procedures, the authors studied 39 operators who lived and worked with chronic psychiatric patients from a VA hospital. The findings supported their hypothesis that foster home operators have higher behavioral expectations of the mentally ill than does the normative population, in this case a group of college sophomores. Other findings included the fact that the operators most preferred clients diagnosed as being depressed or anxious and least preferred those who were alcoholic. The reason most gave for being foster home operators was that they wanted to help people.

0163683 81045193

**Older wiser learners.**

Bolton N  
Geriatr Nurs (New York) ,Sep-Oct 1980, 1 (3) p199-202,  
Journal Code: FW7

Languages: ENGLISH

0163675 81045175

**Patient-administered drugs in a municipal hospital.**

Macauley C; Murray L; Ellis H  
Geriatr Nurs (New York) ,Jul-Aug 1980, 1 (2) p109-11,  
Journal Code: FW7

Languages: ENGLISH

0163524 81043061

**Anticipated and actual barriers to developing community mental health programs for the elderly.**

Pratt CC; Kethley AJ  
Community Ment Health J ,Fall 1980, 16 (3) p205-16,  
ISSN 0010-3853 Journal Code: DNH  
Contract/Grant No.: MT 76 -0061  
Languages: ENGLISH

Teams of state and local agency professionals responsible for mental health and aging services participated in a model project utilizing education and consultation to facilitate community mental health programming for the elderly. Participants identified both anticipated and actual barriers to programming. Competing program priorities and lack of staff knowledge about mental health and aging were anticipated and confirmed as major barriers. Agency-organizational barriers were unanticipated, yet there were severe problems in cooperative interagency programming.

00560

0163416 81041312

**Audit: an annual assessment of the work and performance of a surgical firm in a regional teaching hospital.**

Gough MH; Kettlewell MG; Marks CG; Holmes SJ; Holderness J  
Br Med J ,Oct 4 1980, 281 (6245) p913-8, ISSN 0007-1447  
Journal Code: B4W  
Languages: ENGLISH

0163339 81040835

**Quality of prescribing for children in general practice.**

Catford JC  
Br Med J ,Jun 14 1980, 280 (6229) p1435-7, ISSN  
0007-1447 Journal Code: B4W  
Languages: ENGLISH

In a feasibility study of how often doctors prescribe drugs inappropriately for children 6331 FP10 forms issued to children in September 1978 by a random sample of 72 general practitioners in Wessex were examined. Prescriptions for drugs long known to be contraindicated in children--for instance, chloramphenicol, barbiturates, tetracyclines, and those with effects on appetite--were not encountered. Most scripts were for one drug only. Only about 1% (80/6331) of prescriptions could legitimately be called into question on the basis of current modern specialist teaching, although 42% of the doctors used drugs that have recently been considered to be hazardous or undesirable. These were predominantly drugs to control the symptoms of diarrhoea, vomiting, and enuresis. It is concluded that aspects of prescribing for children are responsible in the main but that there is a lag in the availability or use of important information relevant to general practice. The approach used in this study is applicable to many other areas of clinical practice and does not threaten individual doctors. It may prove to be a convenient way of assessing the general quality of medical care for children.

0163333 81040807

**Research and risk [editorial]**

Br Med J ,Jun 14 1980, 280 (6229) p1391-2, ISSN  
0007-1447 Journal Code: B4W  
Languages: ENGLISH

0163248 81036516

**A mini-college for the aging.**

Niles DA; Anderson AF  
Aging Leis Living ,Jul-Aug 1980, 3 (7-8) p14-6, ISSN  
0194-455X Journal Code: 2XL  
Languages: ENGLISH

0163211 81034474

**Educators in action: two-day health fair.**

Stanton F  
Tex Hosp ,Oct 1980, 36 (5) p23, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0163025 81025985

**Preventing "job burnout" at the University of Wisconsin-Madison.**

Strother GB  
Hosp Financ Manage ,Oct 1980, 34 (10) p58-9, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0162856 81024488

**Guess who's coming to breakfast?!**

Stephenson S  
Food Manage ,Oct 1980, 15 (10) p73-6, 135, ISSN  
0091-018X Journal Code: EZW  
Languages: ENGLISH

0162826 81023895

**Responding with alacrity.**

Cobb LA  
Emerg Med ,Oct 30 1980, 12 (18) p19-21, 24-5, ISSN  
0013-6654 Journal Code: EGC  
Languages: ENGLISH

0162746 81038608

**Teaching patients correct use of asthma aerosols.**

Pincus R  
Aust Fam Physician ,Oct 1980, 9 (10) p732-3, ISSN  
0300-8495 Journal Code: 9EC  
Languages: ENGLISH

00561

00320

0162710 81037590

**Involving and educating base station physicians in paramedic programs.**

Cooper MA; Ornatto JP  
Ann Emerg Med .Oct 1980. 9 (10) p524-6. ISSN 0196-0644  
Journal Code: 4Z7

Languages: ENGLISH

There is often misunderstanding and conflict between the emergency physician and paramedic team, particularly as a new system is being implemented. This paper outlines a four-pronged approach to reduce this conflict: 1) community physician involvement in protocol development by means of a Paramedic Policy and Procedures Committee; 2) clinical training of paramedics in community hospitals; 3) involvement of community physicians in primary training and by riding rescue squads; and 4) formulation of a base station physician course to familiarize physicians with radio technique, system operation, and paramedic field work. An outline of the base station physician course is given and discussed. The reactions and outcome of the course and the positive changes it made in both physician and paramedic attitudes are discussed.

0162681 81037196

**Changing house staff attitudes toward nurse practitioners during their residency training.**

Weinberger M; Greene JY; Mamlin JJ  
Am J Public Health .Nov 1980. 70 (11) p1204-6. ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

This study examines the hypothesis that increased physician contact with nurse practitioners (NPs) during residency training would encourage positive house staff attitudes. House staff expectations of and attitudes toward NPs were assessed at three points during the residency. Data indicated a more positive evaluation of NPs by house staff later in the residency program, as shown by: 1) physician expectations and valuation of NPs, 2) attitudes concerning future employment of NPs, and 3) the extent and capacity of NP utilization by residents.

0162626 81036882

**Home peritoneal dialysis.**

Denniston DJ; Burns KT  
Am J Nurs .Nov 1980. 80 (11) p2022-6. ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0162533 81035491

**[Information by the physician]**

Information durch den Arzt.

Rothlisberger MF

Soz Praeventivmed .Mar 1980. 25 (1-2) p73-4. ISSN

0303-8408 Journal Code: YF1

Languages: GERMAN Summary Languages: ENGLISH

It appears that only one third of all information that a doctor gives, are understood by the patient. It has been observed that among patients discharged from hospital, only 50% follow the medical prescriptions. The physician cannot but consider this alarming fact. In addition, the patient is being made insecure by information from newspapers and other mass media, by pharmacists and friends, as well as by the well-meant campaigns against drug abuse. There is no typical non-compliance patient, yet some influences can be named: 1. Social characteristics of the patient; 2. General attitude toward health by the patient; 3. Attitude of the patient toward his present illness; 4. Attitude of the patient toward the treating physician; 5. Content and form of the medical prescriptions; 6. Type of disease. Information is indispensable for compliance. To reach compliance is an important task of the physician. When the family doctor succeeds in making an ally out of the patient, then the problem of noningestion of drugs is greatly reduced.

00562

0162528 81035486

**[A pharmacist's proposal for improved pharmacotherapy]**

Proposte di un farmacista per una miglior farmacoterapia.

Antognini G

Soz Praeventivmed ,Mar 1980, 25 (1-2) p49-55, ISSN  
0303-8408 Journal Code: YF1

Languages: ITALIAN, GERMAN Summary Languages: ENGLISH

The pharmaceutical sciences have recently made great progresses towards a better knowledge of drug action. For the security of medication, it seems most important that said knowledge should be made available to specialists without delay. This means also that an adequate instruction in pharmacobiological branches is necessary. Cooperation of physicians and pharmacists should be intensified. The latter are in a position to give general information (i.e. critical evaluation of a new drug on the market) as well as specific information (required form of administration, mode of action, biopharmaceutical properties, adequate dosage, adverse effects and probable interactions, alternative medication in case of contraindications, etc.). The medical and pharmaceutical studies today do not sufficiently prepare both professions for such a cooperation. It is therefore highly advisable to coordinate in a better way the education in different sciences. For the time being, pharmacists already have at their disposals a good infrastructure, which comprises the scientific center of the national professional organization. The information of the patient himself should also be developed and intensified, especially with regard to the correct use of drugs, prescribed or OTC. Again, this specific activity needs the close cooperation of physicians and pharmacists. Steady relations between both health professions are thus to be deepened and reinforced for the benefit of the patient.

0162495 81035295

**[The agreement on cooperation in the fields of gynecology and obstetrics ensures a high quality of medical care for the female population of the city and district of Leipzig]**

Die Kooperationsvereinbarung (Ko.V.) für das Fachgebiet Gynakologie und Geburtshilfe sichert in der Stadt und im Landkreis Leipzig eine hohe Qualität der medizinischen Betreuung der weiblichen Bevölkerung.

Malzer G; Metzsig H; Kuhndel K

Z Aerztl Fortbild (Jena) ,May 15 1980, 74 (10) p499-502.

ISSN 0044-2178 Journal Code: XS6

Languages: GERMAN

0162482 81035127

**Blindness prevention: training auxiliary personnel in eye care.**

WHO Chron ,Sep 1980, 34 (9) p332-5, ISSN 0042-9694

Journal Code: XNQ

Languages: ENGLISH

0162318 81032866

**Analysis of the reasons for the high turnover of clinicians in neighborhood health centers.**

Pantell RH; Reilly T; Liang MH

Public Health Rep ,Jul-Aug 1980, 95 (4) p344-50, ISSN  
0033-3549 Journal Code: QJA

Languages: ENGLISH

A high rate of turnover of professional personnel in a clinic is disruptive to patient care and organizational stability as well as to the individual clinician. The turnover rate for clinicians (physicians, nurse practitioners, and physician assistants) working in neighborhood health centers (NHCs) is considerably higher than that for clinicians in other forms of practices. All 10 of the neighborhood health centers in HEW (Department of Health, Education, and Welfare--now the Department of Health and Human Services) Region X (Alaska, Idaho, Washington, and Oregon) that offered a full range of medical services provided information about the clinicians that they had employed since their inception. One hundred and one clinicians were surveyed about their work experience. The vast majority of those clinicians who had left a neighborhood health center remained in the community; they cited organizational issues as being at the heart of their dissatisfaction with the centers. Clinicians who began work during the initiation of a clinic remained significantly longer. The results suggest the immediate need for a strategy directed at the smooth organizational evolution of each NHC right from its inception.

00321

0162295 81032555

**Training and management for primary health care.**

Fendall NR

Proc R Soc Lond [Bio1] ,Jul 28 1980, 209 (1174) p97-109,  
ISSN 0080-4649 Journal Code: PXF

Languages: ENGLISH

Training depends for its success upon initial selection of both students and teacher, and secondly on the curriculum content relevance to realistic job designations, consequent upon community appraisal, epidemiological surveys, manpower studies and facilities analysis. Examination systems should not be an encumbrance to real learning and the acquisition of appropriate skills. Management in primary health care depends for its improvement upon accepting that the delivery system is supportive to the primary health care unit rather than the reverse; that the structure of the delivery system and educational programmes correlate and form a simple referral chain and that data gathering be designed for a community information system rather than for centralized statistics. The two aspects, manpower development and delivery system, can be made more relevant one to the other by reconsidering the overall roles of the teacher and the practitioner. Supervision is a key issue and is primarily an educational activity, not administrative. Teamwork, to be effective, must be learned and instilled from inception of training.

00322

0162294 81032554

**A new approach to decision making in primary health care.**

Essex B

Proc R Soc Lond [Bio1] ,Jul 28 1980, 209 (1174) p89-96,  
ISSN 0080-4649 Journal Code: PXF

Languages: ENGLISH

The village health worker has two basic tasks: (1) to prevent health problems; (2) to identify and provide effective management of illness in the village. The village health worker has limited education and the length of basic health training is usually 12 weeks. This training can only be considered appropriate if it enables the village health worker to practise effectively within the cultural, social, economic and educational constraints of the village. How far does the training help this worker to work with other members of the village community to prevent illness? These others include mothers, children, school teachers, village leaders, religious leaders, traditional birth attendants, and traditional healers; training needs to be problem-oriented. The management decisions that have to be made in situations of shortage of resources are complex to analyse. A W.H.O. research project has been undertaken to determine the feasibility of developing and using flow charts to provide alternative and more appropriate methods to help the village health worker to provide optimal management in suboptimal situations. Some examples of these new methods are presented.

**Surgical care in the village.**

Roy AD

Proc R Soc Lond [Bio1] ,Jul 28 1980, 209 (1174) p147-51,  
ISSN 0080-4649 Journal Code: PXF

Languages: ENGLISH

The care of people suffering from surgical disease or injury is unique in requiring, even at its simplest level, a certain degree of psychomotor skill and technological support. This cannot be achieved and maintained in isolation with any consistency. Villages must therefore be interdependent and related to supervision from the district hospital. The responsibility for village care rests with the district physician. He must be adequately trained for this purpose and provided with the simple facilities that are required. He extends his reach into the villages through the auxiliary health workers, who must be taught the skills necessary for simple surgical procedures and be trained to stabilize those patients that they cannot treat for transport to the district hospital. Although the skills and facilities required must be determined locally, there is a need to define the broad principles of training and to develop simple and adequate technology at village and district levels.

0162277 81032536

**Laboratory support for rural health care.**

Brown SS

Proc R Soc Lond [Biol] ,Jul 28 1980. 209 (1174) p119-28.

ISSN 0080-4649 Journal Code: PXF

Languages: ENGLISH

Lack of technical facilities to support diagnostic and curative medicine discourages physicians from providing rural health care. In developing countries, therefore, the first decision on most health problems is often made by auxiliaries.

Such staff, in conducting basic community medicine, collect specimens for appropriate investigations. Simple tests performed by the auxiliaries themselves can assist in routine surveillance, in establishing priorities of medical care and in systematizing referrals to health centres. The simplest screening tests--of weight, temperature and haemoglobin--are the most useful. Serial weighing in childhood can monitor malnutrition, acute or chronic infections and infestations; in young adults, it can point to ill-health requiring further investigation. The finding of fever and examination of a blood film may reveal acute bacterial infection, malnutrition, malaria, hookworm, bilharzia and sickling, and thus be followed up by a thin blood film, or tests for sickle-cell and stool hookworm ova, pus cells or amoeba. The repertoire of simple laboratory investigations is largely completed by examination of sputum for acid-fast bacilli, or diplococci; by urine microscopy, with haematuria; and tests for protein or sugar, in cases of oedema or polyuria. A limited range of more elaborate tests may be available in the laboratories of district or regional hospitals. Human and technological factors which bear on the modus operandi of rural laboratories are identified and discussed.

0162174 81031708

**Behavioral observation and analysis of pain behavior in critically burned patients.**

Klein RM; Charlton JE

Pain ,Aug 1980, 9 (1) p27-40. ISSN 0304-3959 Journal

Code: OPF

Languages: ENGLISH

Although patients who have been critically burned obviously suffer significant levels of pain, they also appear to engage in adaptive behaviors with greater frequency than previously documented. Observers trained in the use of an objective, reliable coding system recorded 5 min samples of behavior during treatment procedures. Typically, patients report severe pain during procedures such as wound debridement, dressing changes, physical therapy, etc., and many dread having to undergo them. The coding system allowed for the concurrent recording of staff reactions to patients' pain behaviors, well-being behaviors (discussing progress, future plans, complying with therapeutic instructions, etc.), criticism and praise of the hospital and the staff, and focusing on other patient's problems. Results indicate that: (1) patients exhibit a significant higher frequency of psychological and somatic well-being than psychological and somatic complaints,

even in the context of an intense, typically painful, treatment procedure; (2) differences in the frequency of pain behaviors and of well-beings behaviors were not systematically related to the expected burn-related variables, e.g., total body surface area burned, site of burn, days since onset; and (3) nursing staff who have not received specific training in the behavioral analysis and treatment of pain respond to most patient behaviors with positive reinforcement regardless of whether such reinforcement is therapeutically indicated. Behavioral implications for the theory and treatment of pain are discussed.

0162157 81031581

**Standards of nursing performance. Tools for assuring quality care.**

Miller R; Drake M

QRB ,May 1980, 6 (5) p16-9. ISSN 0097-5990 Journal

Code: OKP

Languages: ENGLISH

By providing specific, job-related performance requirements, standards of nursing performance can play an important role in assuring the quality of nursing care. Nursing standards, such as those implemented at the Jewish Hospital of Cincinnati, help orient and educate new staff nurses; promote consistent, acceptable nursing care throughout the hospital; enhance communication between nursing staff and nurse managers; and form the basis of equitable, objective performance appraisal--all of which have an impact on the quality of nursing care. In addition, valuable quality assessment data can be gained from performance evaluations based on standards. When combined with information from other quality assurance mechanisms, such as patient care evaluation studies and nursing staff surveys, these data can contribute significantly to comprehensive assessment of nursing performance and lead to overall improvement in the quality of nursing care. To be most effective, however, the standards must be flexible so that they can be adapted to particular jobs and levels of training and experience and so that they can be appropriately modified as job requirements change. They will thus remain valuable tools for assuring the quality of nursing care.

0162126 81031451

**Occupational Health Records.**

Burkeon DE

Occup Health Nurs ,Oct 1980, 28 (10) p9-18. ISSN 0029-7933 Journal Code: ODC

Languages: ENGLISH

00564



0162017 81030224

**You and the U-100 changeover.**

Moffitt P

Med J Aust ,Jul 26 1980, 2 (2) p63-4. ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

Between 10% and 58% of diabetics are injecting insulin in doses which are unrelated to their stated doses. Some are injecting five times as much as they and their medical advisers believe they do. At least 6000 Australian diabetics will experience gross dosage changes with the introduction of U-100 insulin unless the members of the medical profession become aware of the problem. Recognition and correction of the problem are discussed.

0161853 81028072

**Strategies for a statewide approach to improving geographic distribution of health professionals.**

Fulton GP; Sylek JA; Evans CW; Mayes CR

J Med Educ ,Oct 1980, 55 (10) p865-71. ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

A combination of several educational strategies for improving the distribution of physicians and other health professionals is proposed as a coordinated state-level approach designed to achieve equitable access to health care in rural areas. The strategies in place in South Carolina are described to exemplify the concept and potential of such an approach. A unique characteristic is the suggestion that state health planners and sparsely populated rural communities accept as reality that health professionals, in general, and physicians, in particular, are unlikely to remain permanently in such communities and that communities institute procedures for a planned turnover that will assure continuity of the service rather than of the individual practitioner. Rural practice fellowship and rural practice scholarship components are proposed.

0161833 81028044

**Limitations of the surgical contract.**

Nilsson F

J Med Ethics ,Jun 1980, 6 (2) p64-7. ISSN 0306-6800  
Journal Code: J1D

Languages: ENGLISH

0161788 81027403

**Preceptor development in residency training through a faculty facilitator.**

Stuart MR; Orzano AJ; Eidus R

J Fam Pract ,Oct 1980, 11 (4) p591-5. ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

To address the demand for training preceptors, a community hospital-based residency program is using a part-time preceptor in a consultative capacity as a faculty facilitator to model, assess skills, and generally improve the level of teaching. Direct observation of resident-patient interactions and subsequent preceptor critiques are followed by feedback to the preceptor on the cogency and effectiveness of comments made. Goals, objectives, and teaching style are jointly examined by the preceptor and faculty facilitator. Evaluation of videotaped resident-preceptor interactions before and after six months' experience with the faculty facilitator shows significant increases in preceptor skills. Greatest improvement is in comments related to resident's clinical assessments, the resident-patient relationship, and in the quality of the resident-preceptor interaction. Scores by the faculty facilitator are significantly lower but parallel those of an independent, blind evaluator. Preceptor, resident, and administration reactions to the project are all positive. This ongoing program assures the continued upgrading of preceptor skills and provides for faculty attrition. A faculty facilitator providing direct feedback in the clinical setting is a low-cost and viable alternative to workshops and conferences for training effective teachers of family medicine.

0161772 81027309

**Patient information and patient preparation in orthognathic surgery: a medical audit study.**

Rittersma J; Casparie AF; Reerink E

J Maxillofac Surg ,Aug 1980, 8 (3) p206-9. ISSN 0301-0503  
Journal Code: IYA

Languages: ENGLISH

In 110 patients who had undergone various kinds of orthognathic surgery, patient satisfaction was measured by means of a written questionnaire. Ninety-four percent expressed satisfaction, both with regard to total preparation and the final outcome of the surgical procedure itself. Twenty to forty percent of the patients, however, were not properly informed about postoperative complications. On the basis of the deficiencies, indicated in the questionnaire, appropriate written information was developed. In the near future the effect of the recently added information will be investigated.

00565

0161733 81026999

**Hospital treatment of elderly neuropsychiatric patients. I. Initial clinical and administrative experience with a new teaching ward.**

Ford CV; Spar JE; Davis B; Liston EH  
J Am Geriatr Soc ,Oct 1980, 28 (10) p446-50, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

Program planning and the initial experience of a new teaching ward for geriatric psychiatry are described. Elderly psychiatric patients, with diagnoses predominantly of depression and dementia, demonstrate more self-centeredness and less group awareness than do younger patients. Ward staff members often experience frustration, sadness and anger in response to working with them. Major problems unique to a geriatric psychiatry service include the paucity of adequate resources for post-discharge care and the necessity to obtain excellent medical-surgical consultation and support.

0161662 81025876

**Managing teenage pregnancies: success and failure in two U.S. communities.**

Allen JE; Bender D  
Health Care Manage Rev ,Spring 1980, 5 (2) p85-93, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

Can APHA's policies effectively help U.S. communities reduce excess fertility rates among their sexually active teenagers? A study of two communities reveals to what extent APHA's policies are being adopted and whether they are successful.

00323

0161653 81025867

**Point of view: multi-institutional arrangements in a teaching hospital setting.**

Sanders CA; Bander KW  
Health Care Manage Rev ,Spring 1980, 5 (2) p25-33, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

00324

0161652 81025866

**A requiem for the university hospital?**

Westerman JH  
Health Care Manage Rev ,Spring 1980, 5 (2) p17-24, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

Until recently, the difficulties associated with the university hospital appeared manageable, and the possibility of its demise premature. But time may be running out for those concerned with the future of this complex, frustrating organization.

0161578 81025357

**Management, employees plan education effort.**

Wheeler JR  
Hospitals ,Nov 1 1980, 54 (21) p93-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

At a hospital-based clinical laboratory organization, a joint management-employee advisory committee coordinates policy, programs, and expenditures for continuing education activities.

0161544 81025299

**Gold Award: Reducing the admissions of high-risk chronic patients to state institutions. Gulf Coast Regional Mental Health-Mental Retardation Center, Galveston, Texas.**

Hosp Community Psychiatry ,Oct 1980, 31 (10) p690-2, ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

A regional mental health-mental retardation center has reduced admissions to state institutions for the citizens of the Gulf Coast in Texas by 74 per cent over the past ten years. The center serves first those most in need, based on risk of institutionalization. Because it focuses on the clients' level of functioning rather than on diagnosis, retardation services are not separated from mental health services. There are outpatient programs, day treatment programs, and residential services. Treatment stress clients' acquisition of practical living skills. The center's innovative measures include the use of law enforcement officers who are trained to recognize and deal with mentally and emotionally disturbed clients and thus divert them from the criminal to the mental health system, a liaison team that assesses programs and support systems needed to bring institutionalized clients back to the community, and a local inpatient unit for clients in crisis that precludes commitment to state hospitals.

0161216 81014988

**Facility report : Lynn hospital, Lynn, Massachusetts.**

Donlin J; Couillard A  
Respir Ther ,Sep-Oct 1980, 10 (5) p73-4, 76-7, ISSN  
0048-7392 Journal Code: R8L  
Languages: ENGLISH

00566

0161143 81006417

**Implementation and operation of a hospital pediatric satellite pharmacy.**

Castile JA; Castile RG; O'Connell EJ  
Hosp Pharm ,Sep 1980, 15 (9) p457-62, 466, 468-9, ISSN  
0018-5787 Journal Code: G98  
Languages: ENGLISH

The planning, implementation, operation, and evaluation of a hospital pediatric satellite pharmacy are described. An initial three-month project involving establishment of a pediatric satellite pharmacy that provided unit dose drug distribution, intravenous admixtures, and a few clinical services was completed and evaluated. Positive evaluations by the medical and nursing staffs resulted in continuation of the satellite as a permanent program. Clinical services initially provided by the pediatric pharmacist were expanded to include acquisition of admission drug histories, instruction on discharge medication, participation on pediatric medical rounds and on the pediatric cardiopulmonary arrest team, operation of the poison control center, distribution of pediatric drug information, preparation of chemotherapy and monitoring of investigational protocols, and provision of pediatric nursing inservice education and community education.

A five-year evaluation of the services provided by the pediatric satellite pharmacy was completed by 71 pediatric nurses and 27 Mayo Clinic physicians, all of whom had worked with the system regularly. The tabulated results are presented. Responses to overall services of the pediatric pharmacy were designated good to excellent by 100% of the physicians and by 98.6% of the nurses, indicating that the pediatric satellite pharmacy is a successful and beneficial program at this institution.

0161040 81000977

**Cancer: guidelines for the eighties. Is the approvals program relevant to the university center?**

Lawrence W Jr  
Bull Am Coll Surg ,Sep 1980, 65 (9) p15-7, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0160857 81019003

**Mexican Americans and mental health: a selected review and recommendations for mental health service delivery.**

Keefe SE; Casas JM  
Am J Community Psycho ,Jun 1980, 8 (3) p303-26, ISSN  
0091-0562 Journal Code: 3FV  
Languages: ENGLISH

Eight working assumptions are generated from the literature in three problem areas and evaluated with recently published quantitative data, paying particular attention to variation within the ethnic group. Assumptions that Mexican Americans have few emotional problems, primarily use a folk medical system, do not rely on clergymen for emotional support, and

have negative attitudes toward mental health services are rejected. Two assumptions are qualified: Mexican Americans have some emotional problems at different rates than Anglos and some Mexican subgroups are relatively unaware of mental health services. There is confirmation of the Mexican American extended family support system and mental health policies which variously discourage utilization by Mexican Americans. Implications for mental health service delivery are discussed.

0160816 81017944

**[Specialization and integration in surgery. An attempt]**

Spezialisierung und Integration in der Chirurgie. Ein Versuch.

Schmitt W  
Zentralbl Chir ,1980, 105 (8) p495-503, ISSN 0044-409X  
Journal Code: Y5I

Languages: GERMAN Summary Languages: ENGLISH  
Today surgery has reached a very high standard of specialisation, where economic and social borderlines come into sight. From time to time it seems necessary to look back and to check what of the new knowledge became mature to add-to integrate-it to the armamentarium of the surgical and the general practitioner. Reflexions concerning curricula; postgraduate training; structure, organisation and site of medical institutions are dealt with.

0160801 81017717

**Trends in the organization of health education in three developing countries.**

Carlaw RW  
Int J Health Educ ,Apr-Jun 1980, 23 (2 Suppl) p1-14,  
ISSN 0020-7306 Journal Code: YEE  
Languages: ENGLISH

0160779 81017543

**[Health education--a common task]**

Gesundheitserziehung--eine gemeinsame Aufgabe.  
Moritzen P  
ZFA (Stuttgart) ,Apr 30 1980, 56 (12) p871-5, ISSN  
0341-9835 Journal Code: XZ5  
Languages: GERMAN

00567

0160676 81016260

**The Matlab family planning-health services project.**

Bhatia S; Mosley WH; Faruque AS; Chakraborty J

Stud Fam Plann ,Jun 1980, 11 (6) p202-12. ISSN

0039-3665 Journal Code: V52

Languages: ENGLISH

0160633 81015634

**Survey of knowledge among primary health care workers in diabetes.**

Leichter SB; Ferguson SK; Collins P; Rhodes A; Garrity T; Hernandez C

South Med J ,Sep 1980, 73 (9) p1243-6. ISSN 0038-4348

Journal Code: UVH

Contract/Grant No.: No. 203-65-7H350-A4707

Languages: ENGLISH

The knowledge of diabetes mellitus held by allied health professionals in Kentucky and the short-term and long-term effectiveness of a symposium in altering this knowledge was studied. The groups investigated consisted of: 136 primary health workers (nurses, dieticians, health educators, and other health professionals) surveyed before and after the 12-hour symposium (group 1); 37 of these primary health professionals studied again one year after the first symposium (group 2); and 26 nurses who work at a university hospital, and who did not attend the symposium (group 3). Before training, all groups performed similarly on this survey. Group 1 scored 58.5 +/- 0.2% correct, group 2, 56.9 +/- 3.1% correct, and group 3, 52.7 +/- 5.0% correct. Performance did not correlate with educational level, job description, or geographic location within Kentucky. There was a negative correlation between performance and age for group 1 ( $r = -0.3494$ ,  $P < .001$ ). Follow-up studies immediately after the symposium showed that a significant improvement occurred in the performance of group 1 and group 2 on this knowledge survey (correct score +/- SEM = 82.5 +/- 0.3%, and 81.7 +/- 2.4% respectively,  $P < .005$ ) compared to pretraining scores. A repeat survey of group 2 one year later showed a significant deterioration of knowledge ( $P < .05$ ), but not to pretraining levels (mean correct score = 69.2 +/- 3.4% at one year versus 56.9 +/- 3.1% before training,  $P < .02$ ). These results suggest that more emphasis on professional education in diabetes and study of effective methods for providing this education is required.

0160570 81014476

**The biopsychosocial model in education: discussion.**

Sadler HH

Psychosom Med ,1980, 42 (1 Suppl) p134-6. ISSN

0033-3174 Journal Code: QGR

Languages: ENGLISH

0160568 81014473

**The biopsychosocial model: its future for the internist.**

Swisher SN

Psychosom Med ,1980, 42 (1 Suppl) p113-21. ISSN

0033-3174 Journal Code: QGR

Languages: ENGLISH

The need to broaden explicitly the biopsychosocial model to include the human environmental context is described. Lessons learned from past advocacy of a broad model of the human patient and his illnesses should guide us in a basic further extension of this fundamental frame of reference. Development of the biopsychosocial model of patient care as we now have it may well be the principal intellectual achievement of medicine in the last 30 years. The contributions of George Engel and his colleagues are gratefully acknowledged.

0160318 81011898

**The control and eradication of tuberculosis. A summary report.**

Kearns TJ; Russo PK

N Engl J Med ,Oct 2 1980, 303 (14) p812-4. ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0160301 81011643

**Clinical thiamine deficiency in Australia: the size of the problem and approaches to prevention.**

Wood B; Breen KJ

Med J Aust ,May 17 1980, 1 (10) p461-2. 464. ISSN

0025-729X Journal Code: M26

Languages: ENGLISH

00568

0160288 81011609

**The management perspective of medical instrumentation.**

Buchmuller DP

Med Instrum , Jul-Aug 1980, 14 (4) p201-5, ISSN

0004-5446 Journal Code: M12

Languages: ENGLISH

With the health care environment growing increasingly stringent, hospitals are closely scrutinizing decisions regarding acquisition of medical technology. During this process, physicians and nurses should be involved with hospital management in an orderly, equitable decisionmaking process. Hospital resources should be allocated to those items of medical instrumentation that improve patient care and that can be cost justified. Therefore, hospital management must receive from physicians, nurses, and other medical technology users information concerning such factors as installation requirements and cost, projected utilization, and estimated useful life. Management also looks to physicians and nurses to ensure that mechanisms exist for approving the introduction of new medical instrumentation, training users, and ensuring that privileges are consistent with training. Careful planning, incorporating as much quantifiable data as possible, can benefit all concerned by enabling the hospital team to acquire the most useful medical instrumentation for its money.

0160252 81011106

**The contributions of consumer health education to primary care practice: a review.**

Bartlett EE

Med Care , Aug 1980, 18 (8) p862-71, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: T-T32-HL 07180-03S1

Languages: ENGLISH

The inclusion of health education in high quality primary care has been suggested on the basis of 1) definitions and descriptions and descriptions of the content of primary care practice; 2) observational studies which have found that about 25 per cent of the direct patient-care time of the primary care physician is devoted to health education and counseling; and 3) surveys of physicians, who identified the most important "critical incidents" contributing to desired medical outcomes. This article reviews empirical studies of the role of health education in improving behavioral and medical outcomes for such conditions as hypertension, diabetes, congestive heart disease, streptococcal infections and others. Other contributions of health education in primary care in schools and other community settings are cited. Finally, the possible role of health education in medical education programs is described. (72 Refs.)

0160173 81009687

**From the classroom to the community: teaching primary health workers.**

Wait G; Smith PA

J Trop Med Hyg , Aug 1980, 83 (4) p161-4, ISSN 0022-5304

Journal Code: KAV

Languages: ENGLISH

0160132 81009321

**An agenda for the eighties: self-applied fluorides.**

Horowitz AM

J Public Health Dent , Summer 1980, 40 (3) p268-75, ISSN

0022-4006 Journal Code: JV3

Languages: ENGLISH

0160077 81008788

**Helping critical care nurses with work-related stress.**

Stillman SM; Strasser BL

J Nurs Adm , Jan 1980, 10 (1) p28-31, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

0160039 81008452

**Family pharmacy and family medicine: a viable private practice alliance.**

Robertson DL; Groh MJ; Papadopoulos DA

J Fam Pract , Aug 1980, 11 (2) p273-7, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

The association of the new roles of the family physician and the family pharmacist in a model private practice is described. The pharmacist works closely with the family physician to offer personalized patient education and follow-up for therapeutic effectiveness. He also serves as a consultant to the physician for up-to-date drug information and assists in solving difficult therapeutic problems. Reimbursement for pharmacy services occurs for consultative time as well as by traditional methods. Initial response by the professionals themselves as well as the patients and staff has been very positive. An appropriate physical plant and ongoing communication between physician and pharmacist are mandatory for the success of this model. Some specifics of this practice at its present stage of development are included.

00569

0160030 81008440  
**Measuring continuity of care in a family practice residency program.**

Patten RC; Friberg R  
J Fam Pract ,Jul 1980, 11 (1) p67-71, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

While the significance of continuity of care in medical practice has not yet been completely assessed, this concept has been espoused by the new specialty of family practice along with some other specialties. It is an integral component in family practice residency programs. The purpose of this paper is to identify several methods of measuring continuity of care in a residency setting and to demonstrate their application. Measurements called COC (Continuity of Care) and UPC (Usual Provider Continuity) will be described as they apply to overall patient visits, visits for chronic conditions, and visits by family members.

0160026 81008433  
**The allied health professional in New Zealand general practice.**

Richards JG  
J Fam Pract ,Jul 1980, 11 (1) p145-7, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

0160002 81008246  
**Huelsman Education Clinic at Ohio State University.**

Stephens T; McCormick S; Sutherland H; Genshaft J  
J Learn Disabil ,Aug-Sep 1980, 13 (7) p406-9, ISSN  
0022-2194 Journal Code: IWO

Languages: ENGLISH

0160001 81008245  
**Lehigh University's diagnostic interdisciplinary classroom.**

Manni JL; Kender JP  
J Learn Disabil ,Aug-Sep 1980, 13 (7) p403-6, ISSN  
0022-2194 Journal Code: IWO

Languages: ENGLISH

0159999 81008243  
**DePaul University's Center for Reading and Learning.**

Kaufman NL  
J Learn Disabil ,Aug-Sep 1980, 13 (7) p397-400, ISSN  
0022-2194 Journal Code: IWO

Languages: ENGLISH

0159998 81008242  
**Demonstration and research programs for learning problems of Fernald, UCLA.**

Taylor L; Adelman H  
J Learn Disabil ,Aug-Sep 1980, 13 (7) p392-7, ISSN  
0022-2194 Journal Code: IWO  
Languages: ENGLISH

0159956 81007598  
**Technique for in-service education.**

Jernigan AK  
J Am Diet Assoc ,Sep 1980, 77 (3) p303-6, ISSN  
0002-8223 Journal Code: H6F

Languages: ENGLISH

Management needs to support training efforts. The teacher needs to establish objectives for improving the overall quality of service for the dietary department (3). The supervisor or supervisors should think about areas in which improved methods would be useful and better service to patients could be achieved. If there were no patients to serve, there would be no jobs. The patients deserve the best the hospital personnel can give. The challenge is there. Employee training is the answer to achieving the goal.

00570

0159942 81007551

**Development of a mental health programme in the Central Coast of New South Wales, Australia.**

Gallagher RM

J Adv Nurs ,Jul 1980, 5 (4) p397-407, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

The Central Coast Programme is considered to have begun in December 1969 with the arrival and commitment of Dr Donald Scott-Orr (specialist psychiatrist) in the Central Coast, and with the parallel commitment of the then Medical Superintendent of Morisset Hospital, Dr Howard Gorton to support the development of a regional programme for the Central Coast. It was decided not to re-establish any clinics and so avoid waiting lists. There was an emphasis on groups as a means of interaction and a family orientation in the work. In the early years the role of the nurse was changing. Initially, the extramural role was expected by the hospital to be 'following-up' patients. However, the service was based on commitment to a community rather than hospital. Increasingly the nurses' work was directly referred to them independently of hospital admissions. Staff visited general practitioners (GPs) on the Central Coast in their surgeries and regular letters were sent keeping the GPs informed of changes in the service. Consultations and transactions were recorded on referral forms and files were opened on all persons concerning whom the service was consulted. A client's name was always linked with the name of their general practitioner who was encouraged to make telephone contact freely to seek consultative support in connection with problems in their practice. Priority for crisis intervention and orientation towards family and group was backed up by domiciliary visits and widespread communication and consultation. The attempt was made to use therapeutic community principles for the in-patient programme. The processes of care were seen as being as important as the content of care in assuring an optimum quality care. There is a continuing need to focus on the flexible interchange between intra- and extra-mural staff in providing continuity for clients in care and integration with primary care services and agencies. In January 1978 Dr Max Chapman was appointed director of the psychiatric and mental health services on the Central Coast and he is currently in that position.

0159940 81007549

**Setting performance goals in geriatric nursing.**

Davies AD; Crisp AG

J Adv Nurs ,Jul 1980, 5 (4) p381-8, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

Behavioural techniques are increasingly being applied in the geriatric field as part of a broader emphasis on psychological and social treatments in the care of the elderly. The nurse is in the best position to analyse a patient's performance and manage an intervention programme; however, some nurses have had little experience of autonomously diagnosing problems and

setting performance goals. The authors argue that it is important to set such goals and give examples of how performance may be objectively specified, prerequisites made explicit, criteria for success defined and the consequences of goal attainment or non-attainment discussed with those most concerned. A complex situation drawn from the geriatric setting which was used as part of a teaching workshop to help nurses define suitable targets for intervention is described in the Appendix.

0159894 81007173

**Educational approaches promoting optimal taxative use in long-term-care patients.**

Elzarian EJ; Shirachi DY; Jones JK

J Chronic Dis ,1980, 33 (10) p613-26, ISSN 0021-9681  
Journal Code: HQV

Languages: ENGLISH

0159871 81006442

**Ambulatory care and the integrated curriculum.**

Adams A; Wenk V; Carpenter A

JNE ,Sep 1980, 19 (7) p39-44, ISSN 0148-4834 Journal  
Code: HAP

Languages: ENGLISH

0159816 81006157

**Epidemiological study of a body temperature in patients in a teaching hospital.**

Angerami EL

Int J Nurs Stud ,1980, 17 (2) p91-9, ISSN 0020-7489  
Journal Code: GS8

Languages: ENGLISH

0159807 81006106

**Practical evaluation of a pilot immunization campaign against typhoid fever in a Cambodian refugee camp.**

Bollag U

Int J Epidemiol ,Jun 1980, 9 (2) p121-2, ISSN 0300-5771

Journal Code: GR6

Languages: ENGLISH

An outbreak of typhoid fever in the largest refugee camp of the besieged capital of Phnom-Penh, Cambodia, and availability of a locally manufactured Anti-Tetanus-Typhoid-Paratyphoid vaccine prompted us to test the practicability of a mass immunization campaign by carrying out a trial in the smaller, well delineated refugee camp of Pochentong. Initial acceptance was good, due to a comprehensive service (information, health education and individual care of patients). Attendances by adults and children showed a steady decline with only 20% completing the course. It is concluded that multiinjection immunization campaigns against typhoid-paratyphoid are a waste of money in a war-torn situation with an unstable population.

0159766 81005631

**Education should reflect hospital goals.**

Munk R

Hospitals ,Oct 1 1980, 54 (19) p85-6, ISSN 0018-5973

Journal Code: GDJ

Languages: ENGLISH

0159722 81005387

**Health care in the Spanish social security system.**

Kelley JB

Health Soc Work ,May 1980, 5 (2) p34-40, ISSN 0360-7283

Journal Code: FZ6

Languages: ENGLISH

0159552 81003218

**Self-management: an approach to patients with insulin-dependent diabetes mellitus.**

Peterson CM; Forhan SE; Jones RL

Diabetes Care ,Jan-Feb 1980, 3 (1) p82-7, ISSN

0149-5992 Journal Code: EAG

Languages: ENGLISH

Patients have been shown to be able to monitor their blood glucose and administer insulin to optimize and normalize blood glucose levels. There are now three reflectance meters available whose measurements correlate well with laboratory measurement of blood glucose, with a correlation coefficient between 0.92 and 0.97. A stepwise approach toward blood glucose control has been found to be most valuable. The initial phase of the program involves patients performing blood glucose measurements before and 1 h after each meal, in addition to times when patients feel hypo- or hyperglycemic. This phase of the program demonstrates the vagaries of glucose

control and emphasizes to the patients the dichotomy between symptoms and actual glucose levels. The patient is also taught during this period the risk factors associated with hyperglycemia that may contribute to vascular disease in the future. Subsequently, insulin is adjusted so that patients are given an insulin regimen that will coordinate peaks of insulin with peaks of blood glucose associated with a meal pattern. Patients are taught by health professionals and in a group setting to calibrate insulin calories and exercise depending on blood glucose readings. Such a program is received enthusiastically by patients and physicians. The major disadvantage lies in the cost of the meter and the reagent strips. Nevertheless, such programs may be cost effective because of the avoidance of diabetes-related hospitalizations.

00572



0159550 81003216

**Blood glucose control during pregnancy.**

Skyler JS; O'Sullivan MJ; Robertson EG; Skyler DL; Holsinger KK; Lasky IA; McLeod AG; Burkett G; Mintz DH  
Diabetes Care ,Jan-Feb 1980, 3 (1) p69-76, ISSN  
0149-5992 Journal Code: EAG  
Languages: ENGLISH

Pregnant diabetic women represent a unique category of patient in whom diabetic control is most desirable, since even minor degrees of hyperglycemia have adverse effects on the conceptus. In 18 insulin-dependent pregnant diabetic women (White Class B, N = 4; C, N = 5; D, N = 7; and R, N = 2), we have utilized a therapeutic program consisting of intensive patient education, a multiple-component insulin regimen (two to four injections daily), careful dietary control, and meticulous balancing of food, activity, and insulin dosage, monitoring such balance with patient-determined blood glucose measurements four to seven times daily using the Dextrostix/Eyetone system. Our goals for blood glucose management have been to attain fasting levels of 60-90 mg/dl, preprandial levels less than 105 mg/dl, and postprandial levels less than 120 mg/dl, in the absence of significant hypoglycemia. We have been able to attain these goals for most of the period of monitoring in the majority of these patients, while in the others we have achieved marked improvement in diabetic control, although we did not consistently attain our goals. Despite this, there was not infrequent neonatal morbidity, including a 33% frequency of macrosomia, an 11% frequency of significant hypoglycemia, and a 22% frequency of congenital malformation. Nevertheless, all infants survived and are generally healthy, whereas only 38% of 21 previous pregnancies in these same women have eventuated in living offspring. Thus, although further refinement is clearly indicated, it appears that our approach has resulted in improved pregnancy outcome. Patient self-monitoring of blood glucose is a procedure that is relatively simple, practical, acceptable to patients, and facilitates the attainment of glycemic control.

0159543 81003184

**Teaching diabetic patients about self-management.**

Judd S; Sonksen PH  
Diabetes Care ,Jan-Feb 1980, 3 (1) p134-9, ISSN  
0149-5992 Journal Code: EAG  
Languages: ENGLISH

It takes approximately 20 min to teach a patient how to use Dextrostix reagent strips in conjunction with an Eyetone reflectance meter (or the more recently introduced Glucochek). Blood glucose monitoring is no more difficult or time consuming than conventional urine testing and can be learned and executed by patients of various levels of intelligence. It is important to emphasize the need for an adequate drop of blood and the use of Monolet blood lancets has greatly facilitated this. Emphasis is put on the most useful times to make recordings and the importance of good record-keeping. The more intelligent patients readily learn how to adjust their

insulin to improve their blood glucose readings while the less intelligent need help and advice. Experience has shown that not only are blood glucose levels improved but also hypoglycemic episodes are less common.

0159538 81003179

**Interpretation of glycosuria in the teenage diabetic patient.**

Moffitt PS  
Diabetes Care ,Jan-Feb 1980, 3 (1) p112-6, ISSN  
0149-5992 Journal Code: EAG  
Languages: ENGLISH

More than 700 insulin-dependent diabetic patients of both sexes and all ages have attended an education and stabilization course. Twelve adult females and four adult males were subsequently issued the means to monitor their blood glucose in their homes. Two of the adult females were pregnant, while the other 14 patients had one or more of the following: renal failure, an abnormal renal threshold, diabetic retinopathy, or continued and unexplained instability. A number of children were also issued Ames reflectometers. Eleven out of 13 male patients between the ages of 12 and 18 yr had no special difficulties except for a poor correlation between minor degrees of glycosuria and blood glucose estimations. One youth had a renal threshold of 17 mmol/L, while a recently diagnosed youth had a varying renal threshold. Eleven out of 17 teenage female diabetic patients had no correlation between urinary and blood glucose estimations with an apparent varying renal threshold being common. Four of these patients had a reflectometer on loan for 6--8 wk, but in three there was continued instability. Two others, who had continued use of home monitoring of blood glucose, had normoglycemia upon review. One of these patients had what appeared to be a varying renal threshold while unstable but a normal threshold with diabetic stability. Regardless of the cause of the disparity between blood and urinary glucose estimations, it appears that the unstable teenage female diabetic patient cannot rely upon urinalysis as a guide to insulin dosage.

0159426 81001530

**To be or not to be a psychiatric chief resident. Factors in selection.**

Lowy FH; Thornton JF  
Can J Psychiatry ,Mar 1980, 25 (2) p121-7, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

The issues involved in selecting a psychiatric chief resident have been examined. Problems associated with this position include poorly defined objectives and role; lack of training for the job; a marginal position at the interface of groups that at times are in conflict, leading to situations of divided loyalties and unrealistic performance expectations. Qualities seen as desirable in a chief resident have been discussed. In addition to the usual personal qualities which command respect these include organizing ability, leadership potential, mediation skills, the capacity for self direction and humour. Factors which make the position attractive and factors relevant to appropriate evaluation are considered. To improve the performance and job satisfaction of chief residents, the following points are suggested: The expectations related to the position should be clarified in terms of specific objectives when the candidate is selected or elected. Whom he reports to and whom he works for should be clear. Before, or soon after, assuming office the chief resident should have exposure to teaching or supervision in group dynamics, consultation skills and mental health administration.

0159266 80260338

**Mass. facility cares for both young and old.**

Today's Nurs Home ,Jul-Aug 1980, 1 (2) pt. 28, Journal  
Code: WLG  
Languages: ENGLISH

0159213 80257984

**Computer interpretation of pulmonary function tests.**

Ballantyne D; Baigelman W  
Respir Ther ,Jul-Aug 1980, 10 (4) p19-24, ISSN  
0048-7392 Journal Code: R8L  
Languages: ENGLISH

A computer program for interpretation of pulmonary function tests, including flow-volume loops, lung volumes, and diffusing capacity, is described. Comparisons of data obtained before and after administration of bronchodilators and comparison with previous tests are also available as part of the program. Computer interpretation of pulmonary function testing accelerates the reporting of test data and may have a role in education in the discipline of respiratory medicine and related fields.

**Teaching parents with high-risk infants in the home.**

Isaacs PC  
Patient Couns Health Educ ,2d Quarter 1980, 2 (2) p84-6,  
ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

Forty families evaluated the effectiveness of the newborn intensive care coordinator's teaching in helping them to adjust to caring for their high-risk infants after discharge from a newborn intensive care center. The families described the coordinator as an effective teacher and a trusted person who was available, gave emotional support, and made them feel competent as parents. The families recommended that the newborn intensive care coordinator work with other families with similar problems.

0159189 80256290

**Counselling in a hospital-based newborn screening service.**

Headings V  
Patient Couns Health Educ ,2d Quarter 1980, 2 (2) p80-3,  
ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

The newborn screening and parent counselling service at Howard University Hospital is an integral component of services to newborn infants. The organization of this service presents a model that appears appropriately suited to the general organization of health-care delivery in the United States. Significant features of this service are: hospital-based planning and management of the service; integration of multiscreening components into a unified service; tight integration between screening, education, and counselling; a hospital-based team that provides coherent and in-depth counselling for all screening-related needs; a forum for orienting parents to the benefits of preventive health care; and a context in which to teach students the applied aspects of preventive health care based on early detection of disorders. If we are to have high quality newborn services in this area it may be incumbent on hospital-based health professionals to designate this as a required component of adequate hospital-based services for newborn infants rather than relinquishing the initiative to centralized health planners and legislators.

00574

0159190 80256291

0159185 80256286

**Effects of an information booklet on well-being of hospital patients.**

Visser AP

Patient Couns Health Educ ,2d Quarter 1980, 2 (2) p51-64

ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

Although informational booklets are being used increasingly in Dutch hospitals, little is known of their effects and the conditions for optimal use. Various aspects of the use and effects of a specially developed information booklet were investigated in two surgical wards of a general hospital. The booklet gave information about ward procedures, operative routines, narcosis, and psychosocial care possibilities. Both before and after introduction of the booklet we gathered data on the satisfaction, knowledge, and emotional state of patients on the two wards and their perception of the care climate. Patients on the control ward received just the booklet. On the experimental ward staff nurses were trained in nondirective therapeutic skills, and measurements were repeated on both wards after this intervention. In a third manipulation on the experimental ward, some of the patients had a supportive and informative talk with a trained nurse. Although patients appreciated and read the booklet better than a general hospital leaflet, the results show that the booklet and other supporting measures had no effect on the patients' perception of their well-being.

0159158 80254311

**Agencies use education more than regulation to lower X-ray exposure.**

Knutson T

Mod Health Care ,Sep 1980, 10 (9) p91, ISSN 0160-7480

Journal Code: NFA

Languages: ENGLISH

0158835 80245256

**Take a systematic approach to patient education programming.**

Longe ME; Elliot S

Crossref Hum Resour Manage ,Sep-Oct 1980, 10 (5) p4-5,

ISSN 0190-0447 Journal Code: DTK

Languages: ENGLISH

0158824 80245223

**Prescription medication practices of the elderly.**

Robinson AF

Contemp Pharm Pract ,Summer 1980, 3 (3) p131-6, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

The prescription medication practices of 30 subjects, 65 years or older, were surveyed and compared to the actual physician's instructions indicated on the prescription label.

The study identified reasons for errors in administration and compliance or noncompliance with the prescribed regimen. The subjects were interviewed with a questionnaire developed by the author. The study revealed that more errors were made by subjects who were 65 to 69 years old, Protestant, and female. The error-prone individuals also lived alone and had less than 12 grades of education. Teaching about medications is typically a nursing or pharmacy function; a professional nurse or pharmacist could be employed to present instructional sessions periodically.

0158823 80245058

**Crash! And training helps.**

Reed DL

Contemp Adm ,Sep 1980, 3 (9) p42, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0158802 80244991

**Cardiac rehab gains momentum: a nuts & bolts program outline.**

Bushy L

Times ,Sep-Oct 1980, 21 (7) p13, 24, Journal Code: DNB

Languages: ENGLISH

0158585 80262752

**Caldwell lecture. Changing values in medicine.**

Dennis JM

AJR ,Sep 1980, 135 (3) p440-4, Journal Code: 3AE

Languages: ENGLISH

00575

0158566 80262290

**Clopenthixol and flupenthixol depot preparations in outpatient schizophrenics. I. A one year double-blind study of clopenthixol decanoate and flupenthixol palmitate.**

Dencker SJ; Lepp M; Malm U  
Acta Psychiatr Scand [Suppl] ,1980, 279 p10-28, ISSN  
0065-1591 Journal Code: 1W3  
Languages: ENGLISH

Clopenthixol decanoate and flupenthixol palmitate, both depot neuroleptics belonging to the thioxanthene group, were studied during double-blind conditions for 12 months using four week intervals between injections. The 60 patients included in the study were chronic schizophrenics and treated as outpatients after earlier admission to hospital and rehabilitation training periods. They had all been treated with depot neuroleptics in the last three years and they had been free from relapse for at least 15 months. The main aim with this trial was to study the two depot drugs during maintenance treatment conditions in an outpatient setting. Ten patients dropped out, 7 because of unsatisfactory effect, mainly because only limited dose levels were accepted according to the design. In spite of the earlier long lasting neuroleptic treatment and the good social adaptation in this schizophrenic subgroup there was observed a symptom decrease in all the rating scales even in these symptom poor patients. This improvement in psychopathology with optimal results after half a year seems to be a combined result of the efficient neuroleptics tested and careful monitoring of the drug.

0158478 80260591

**[Organizational tasks for physicians to meet civilian catastrophes (author's transl)]**

Arztlich-organisatorische Aufgaben zur Bewältigung ziviler Katastrophen.  
Suren EG; Tscherne H  
Unfallheilkunde ,May 1980, 83 (5) p260-9, ISSN  
0341-5694 Journal Code: WNL  
Languages: GERMAN Summary Languages: ENGLISH

0158421 80259482

**Values. Part IV--Leading educators believe that the most important learning is the continuing education of educated adults.**

McNally JM  
Superv Nurse ,Aug 1980, 11 (8) p38-9, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

0158362 80259055

**An industrial council launches a co-operative venture into the field of industrial health.**

Erasmus CA

S Afr Med J ,Jan 5 1980, 57 (1) p21-6, ISSN 0038-2469  
Journal Code: U4R

Languages: ENGLISH

The Industrial Council for the Transvaal Chemical Manufacturing Industry decided to introduce additional benefits for the members of its Sick Benefit Fund. To establish the benefits which should receive priority, an industrial health survey was undertaken of 60 of the approximately 160 industries which form part of the group covered by this Council. The results of the survey revealed that very little occupational health care was available for the workers. It was concluded that very basic preventive health benefits should be introduced, and it was decided to initiate a health education programme and to undertake a health screening examination of each member with the object of reaching those individuals who rarely undergo a complete medical examination, thereby detecting and treating presymptomatic illness and establishing a basic medical record of each member. This would enhance the health of all the workers in the industry.

0158257 80258281

**Sound off: 'Ivory tower' vs. practice: the real split in nursing.**

Peters VJ  
RN ,Sep 1980, 43 (9) p107-10, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

00576

0158235 80257902

**[Sports in the centres of vocational training and re-training (author's transl)]**

Der Sport in den Berufsbildungs- und und Berufsförderungswerken -- eine Bestandsaufnahme.

Schule K

Rehabilitation (Stuttg) ,Aug 1980, 19 (3) p164-9, ISSN

0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

The majority of disabilities are coupled with impairments of the motor system. In its action programme on rehabilitation, the Federal Government therefore recognises that sports should invariably be included in present-day rehabilitation as provided in the centres for vocational rehabilitation. This thesis was investigated on the basis of a study of 14 vocational re-training centres (= 93 percent) and 13 vocational training centres (= 81 percent) in operation in 1978/1979. It was found that there still is marked understaffing in this sector, especially as regards specifically trained personnel. The majority of sports facilities moreover are still in need of equipment capable of stimulating motivation. The organisational patterns found in the field of sport for the disabled widely lack uniformity, with solutions being rather unsatisfactory.

0158230 80257890

**[Early education of disabled children seen from the angle of regionalization and inter-disciplinary work (author's transl)]**

Padagogische Frühförderung behinderter Kinder unter den Aspekten der Regionalisierung und Interdisziplinarität.

Speck O

Rehabilitation (Stuttg) ,May 1980, 19 (2) p102-6, ISSN

0034-3536 Journal Code: R3P

Languages: GERMAN Summary Languages: ENGLISH

Early education of disabled children is presented as a specific and indispensable yet integrated part of a complex task which can be mastered solely by inter-disciplinary co-operation and interchange between educational, psychological, medical and clinical services. The author submits a concept - developed and put to the test at federal state level - of a regional and closely knit network of educationally-oriented education services. Statistical data obtained from 103 early education facilities in Bavaria give an insight into the work of such institutions.

0158122 80256251

**Exploring nursing issues: cost containment.**

Oncol Nurs Forum ,Summer 1980, 7 (3) p27-34, ISSN

0190-535X Journal Code: PAD

Languages: ENGLISH

0158065 80256140

**District nursing: bringing the system home.**

Spicer J

Nurs Mirror ,Sep 11 1980, 151 (11) piv-ix, Journal

Code: 098

Languages: ENGLISH

0158064 80256139

**District nursing.**

Nurs Mirror ,Sep 11 1980, 151 (11) pi-xxviii, Journal

Code: 098

Languages: ENGLISH

0158063 80256138

**District nursing: a sign of the times.**

Miller P

Nurs Mirror ,Sep 11 1980, 151 (11) pi-ii, Journal

Code: 098

Languages: ENGLISH

0158048 80256112

**Complete nursing care - 2.**

Nurs Times ,Aug 21 1980, 76 (34) p1484-7, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0158016 80256055

**Progress at the poly.**

Kratz C

Nurs Times ,Jul 17 1980, 76 (29) p1277-8, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0158007 80256034

**A computer system for student nurse allocation during training.**

Butler E

Nurs Times ,Jul 10 1980, 76 (28) p1208-12, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

00577

0157989 80255999  
**A course in self-care for rural residents.**  
Irish EM; Taylor JM  
Nurs Outlook ,Jul 1980, 28 (7) p421-3, ISSN 0029-6554  
Journal Code: Q9H  
Languages: ENGLISH

0157988 80255997  
**The education/service split: who loses?**  
Johnson JA  
Nurs Outlook ,Jul 1980, 28 (7) p412-5, ISSN 0029-6554  
Journal Code: Q9H  
Languages: ENGLISH

0157971 80255743  
**Psychosocial and psychosomatic diagnoses in primary care of children.**  
Starfield B; Gross E; Wood M; Pantell R; Allen C; Gordon IB; Moffatt P; Drachman R; Katz H  
Pediatrics ,Aug 1980, 66 (2) p159-67, ISSN 0031-4005  
Journal Code: QXV  
Languages: ENGLISH

In this study in seven primary care facilities the proportion of children recognized as having behavioral, educational, or social problems was much higher than generally assumed. Although there was great variability among the facilities, at least 5% and as many as 15% of children seen in one year were diagnosed as having these problems in all but the hospital teaching facilities. The prevalence was even higher among children from poor families. The variability among facilities was much less for psychosomatic problems, which were diagnosed in 8% to 10% of the children. For both psychosocial and psychosomatic types of problems, but especially for psychosocial ones, the proportion of visits with the diagnoses was much lower than the proportion of children with them, so that these problems engendered fewer visits for their management than might have been expected from their frequency in the population. However, available evidence suggests that individuals with unresolved psychosocial problems make more than their share of visits for other diagnoses. The findings of this study have implications for the content of educational programs for primary care practitioners, for the organization of primary care practice, and for the current debate over policy concerning reimbursement and benefit packages.

0157917 80255260  
**Organization of medical care in obstetrics and gynecology.**  
Palomaki JF  
Obstet Gynecol Annu ,1980, 9 p357-82, ISSN 0091-3332  
Journal Code: QCC  
Languages: ENGLISH

0157889 80255119  
**The district nurse as a life-saver.**  
Spicer J  
Nursing (Oxford) ,Jul 1980, (15) p644-6, ISSN 0142-0372  
Journal Code: QA5  
Languages: ENGLISH

0157868 80255075  
**Improving patient teaching with an all-in-one program.**  
Raymer MC  
Nursing (Horsham) ,Aug 1980, 10 (8) p18-9, ISSN 0360-4039  
Journal Code: QA3  
Languages: ENGLISH

0157864 80255068  
**NAQ forum: outreach programs: past, present and future.**  
Hongladarom G  
Nurs Adm Q ,Summer 1980, 4 (4) p85-90, ISSN 0363-9568  
Journal Code: QAE  
Languages: ENGLISH

0157861 80255065  
**Educating nurses to reach out.**  
Nurs Adm Q ,Summer 1980, 4 (4) p47-60, ISSN 0363-9568  
Journal Code: QAE  
Languages: ENGLISH

0157839 80254792  
**Health care maintenance in Nebraska preceptorship sites.**  
Morgan TO  
Nebr Med J ,Aug 1980, 65 (8) p232-3, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

00578

0157785 80254099  
**Human rights and health care for the developmentally disabled population.**  
Zuzich A  
Mich Nurse ,Jul 1980, 53 (7) p16-7, ISSN 0026-2366  
Journal Code: MX6  
Languages: ENGLISH

0157693 80252975  
**Nurse practitioners in a jailhouse clinic.**  
Hastings GE; Vick L; Lee G; Sasmor L; Natiello TA; Sanders JH  
Med Care ,Jul 1980, 18 (7) p731-44, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Six primary nurse practitioners were introduced into a large urban jail health service along with supportive organizational changes. The system's primary care volume capacity doubled. The average cost of each patient visit decreased by about one third. The technical quality of primary care improved continuously during a 3-year period of study while patient outcomes, patient satisfaction levels and overall mortality rates remained unchanged. The inmate suicide rate decreased after the introduction of a psychiatrically directed screening and treatment program, and cardiopulmonary resuscitation (CPR) training for correctional officers. Attribution of the decrease awaits further experience. The nurse practitioners delivered primary care equal in technical quality of care provided by medical subspecialty Fellows. A test of clinical knowledge proved to be a good predictor of the technical quality of care delivered by individual graduate nurse practitioners. One measure of the quality of management of illness episodes in the jail clinic correlated weakly with two measures of patient outcome. The addition of nurse practitioners into a well-organized, well-monitored jail health program was a cost-effective means of expanding the program's patient volume capacity. Screening and referral of inmates with high suicide potential, coupled with CPR training for correctional officers, may have been a factor in reducing the inmate suicide rate.

0157688 80252970  
**Marginal ambulatory teaching cost under varying levels of service utilization.**  
Panton DM; Mushlin AI; Gavett JW  
Med Care ,Jun 1980, 18 (6) p668-74, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

The ambulatory component of residency training jointly produces two products, namely, training and patient services. In costing educational programs of this type, two approaches are frequently taken. The first considers the total costs of the educational program, including training and patient services. These costs are usually constructed from historical

accounting records. The second approach attempts to cost the joint products separately, based upon estimates of future changes in program costs, if the product in question is added to or removed from the program. The second approach relates to typical decisions facing the managers of medical centers and practices used for teaching purposes. This article reports such a study of costs in a primary-care residency training program in a hospital outpatient setting. The costs of the product, i.e., on-the-job training, are evaluated using a replacement-cost concept under different levels of patient services. The results show that the cost of the product, training, is small at full clinical utilization and is sensitive to changes in the volume of services provided.

0157565 80251606  
**The New assistant Secretary in Education: Martin grabs the helm [interview by Dick Dietl]**  
Martin E  
J Rehabil ,Jul-Sep 1980, 46 (3) p18-9, 92, ISSN 0022-4154  
Journal Code: JW7  
Languages: ENGLISH

0157471 80250610  
**28.3495 grams of prevention [editorial]**  
Gray DE  
J Kans Med Soc ,Jun 1980, 81 (6) p302-3, ISSN 0022-8699  
Journal Code: IRR  
Languages: ENGLISH

0157446 80250420

**The legality of nursing associations serving as collective bargaining agents: the Arundel case.**

Dolan AK

J Health Polit Policy Law ,Spring 1980, 5 (1) p25-54,  
ISSN 0361-6878 Journal Code: IBC

Languages: ENGLISH

Several recent legal developments have been analyzed which call into question the appropriateness of state nursing associations as collective bargaining agents for working nurses. A federal case ruled that because some state nursing associations are dominated by supervisors, they are inappropriate collective bargaining agents for nonsupervisory nurses. A review of the pertinent history and literature reveals that collective bargaining has tended to be a secondary concern of nursing leaders who have more resolutely pursued what they regard as a professional route to elevating the status of nurses. Therefore, the highly stratified nature of nursing practice and the highly disparate roads to improving the status of nursing held by various sectors within nursing have resulted in conflicts of interests which call into serious question whether umbrella groups like nursing associations can represent working nurses.

0157435 80250366

**Self-administration of drugs in the elderly: nursing responsibilities.**

Brock A

J Gerontol Nurs ,Jul 1980, 6 (7) p393-404, 312, ISSN  
0098-9134 Journal Code: IAX

Languages: ENGLISH

0157411 80250252

**Impact of EFNEP on some nutrition-related practices. Developing a tool to record changes.**

Murphy MJ; Smicklas-Wright H; Heasley DK; Hamilton LW

J Am Diet Assoc ,Jun 1980, 76 (6) p570-4, ISSN  
0002-8223 Journal Code: H6F

Languages: ENGLISH

Described are the design and preliminary administration of an instrument to measure the impact of the Pennsylvania Expanded Food and Nutrition Education Program (EFNEP) on food storage and safety, kitchen sanitation, and food money management practices of program participants. No significant differences among these practices were found when each was correlated with duration of program participation. Overall improvement, however, was revealed, particularly in the first six months in the program.

0157379 80250081

**Developing a department of continuing education in a diploma nursing school.**

White M

J Contin Educ Nurs ,Jul-Aug 1980, 11 (4) p9-14, ISSN  
0022-0124 Journal Code: HWD

Languages: ENGLISH

0157378 80250079

**Statewide continuing education for nurses increases accessibility to university resources.**

Squires RL

J Contin Educ Nurs ,Jul-Aug 1980, 11 (4) p46-9, ISSN  
0022-0124 Journal Code: HWD

Languages: ENGLISH

0157376 80250074

**The Meharry way: program of guided studies: RN to BSN.**

Brown AB; Carter AJ; Tomes EK; Wilson BL; Quattlebaum B

J Contin Educ Nurs ,Jul-Aug 1980, 11 (4) p15-24, ISSN  
0022-0124 Journal Code: HWD

Languages: ENGLISH

0157341 80249227

**Engineering-based interdisciplinary education for health systems problem solving.**

Kay BJ; Pittman JV

J Allied Health ,May 1980, 9 (2) p112-8, ISSN 0090-7421  
Journal Code: H48

Languages: ENGLISH

This paper examines the educational challenges created by the existence of complex health care delivery systems and the need to train analysts and problem solvers to work effectively within these systems. An undergraduate, interdisciplinary curriculum, based in the College of Engineering at the Georgia Institute of Technology, is described which addresses these challenges. One particular course is used to illustrate how cognitive and experiential learning approaches are combined to provide the student with a bridge between acquiring technical skills and applying them sensitively in a real world context.

0157309 80248976

**Prevention: an exploratory study of health visiting in England, Wales and Scotland.**

Bolton G

Health Visit ,Jun 1980, 53 (6) p203-6, ISSN 0017-9140  
Journal Code: G2P

Languages: ENGLISH

00580



0157297 80248903  
**Practicing procedures on dying children.**  
Shelp EE; Fost N  
Hastings Cent Rep ,Aug 1980, 10 (4) p11-2, ISSN  
0093-0334 Journal Code: GOT  
Languages: ENGLISH

0157193 80247844  
**Study supports hiring more part-time RNs.**  
Newby JM Jr  
Hospitals ,Sep 1 1980, 54 (17) p71-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Although not a panacea for the national shortage of nurses,  
the addition of more part-time nurses may allow hospitals  
greater flexibility in scheduling full-time personnel.

0157105 80247241  
**Role playing in leadership training.**  
Darragh E; Gentles R  
Dimens Health Serv ,Jul 1980, 57 (7) p21-2, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0157076 80247212  
**Rebuilding Edmonton's Health Sciences Centre.**  
Zeidler EH  
Dimens Health Serv ,Apr 1980, 57 (4) pA12, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0156999 80245181  
**Guidelines for short-course tuberculosis chemotherapy. U.S.  
Department of Health, Education, and Welfare, Public Health  
Service, Center for Disease Control Atlanta, Ga.**  
Conn Med ,Aug 1980, 44 (8) p516-8, ISSN 0010-6178  
Journal Code: DQF  
Languages: ENGLISH

0156962 80244904  
**The role of the community hospital in a regional program of  
obstetrics and neonatal care.**  
Brown JL  
Clin Perinatol ,Mar 1980, 7 (1) p197-203, ISSN  
0095-5108 Journal Code: DHH  
Languages: ENGLISH  
A regionalized system of perinatal care, which draws on the  
strengths of individual hospitals and corrects any weaknesses,

can enhance the level of performance of the community  
hospital. Although the care of high risk infants takes  
priority in this system, concern is expressed that routine  
perinatal care should also receive additional attention.

0156958 80244900  
**The expanded nursing role in the neonatal intensive care  
unit.**  
Bellig LL  
Clin Perinatol ,Mar 1980, 7 (1) p159-71, ISSN 0095-5108  
Journal Code: DHH  
Languages: ENGLISH

0156957 80244899  
**Training and staffing in the neonatal intensive care unit.**  
Auld PA  
Clin Perinatol ,Mar 1980, 7 (1) p155-8, ISSN 0095-5108  
Journal Code: DHH  
Languages: ENGLISH

0156845 80240100  
**Surveillance: retrospective versus prospective.**  
Blake S; Cheate E; Mack B  
Am J Infect Control ,Aug 1980, 8 (3) p75-8, ISSN  
0196-6553 Journal Code: 4T6  
Languages: ENGLISH  
A survey was undertaken to determine if a retrospective  
review of charts for nosocomial infections could be as  
accurate as a prospective review of charts. The retrospective  
review was done by medical record technicians using criteria  
established by the Infection Control Committee and the medical  
staff. The infection control nurse reviewed the data collected  
by the Medical Records Department before the monthly report  
was completed. Surveillance was done prospectively by the  
infection control nurse and an R.N. helper. The study was  
carried out on two nursing units. The infection control team  
used the same criteria as the medical record technicians. At  
the end of the 4-month study period, infections found by  
medical record technicians were compared to those found by the  
infection control team. The Medical Records Department  
identified more nosocomial infections than did the nurse team.  
It was concluded that the Medical Records Department can do  
an accurate review of charts for nosocomial infection and that  
their report is reliable to show basic trends. The infection  
control nurse is then able to spend her time on special  
studies and investigations as well as employee education.

00581

0156809 80237690  
**Where villains are booed and heroes cheered.**  
Volunt Leader ,Fall 1980, 21 (3) p11, ISSN 0005-1861  
Journal Code: XHR  
Languages: ENGLISH

0156803 80237684  
**Eyes right for glaucoma detection.**  
Downing L  
Volunt Leader ,Spring 1980, 21 (1) p10-2, ISSN  
0005-1861 Journal Code: XHR  
Languages: ENGLISH

0156729 80235086  
**Mental retardation, the education of administrators:  
comments on the report of the National Task Force on Mental  
Health/Mental Retardation Administration.**  
Tarjan G; Keeran CV  
Program Notes Assoc Univ Programs Health Adm ,May-Jun 1980  
, (89) p37-40, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

0156728 80235085  
**The role of health administration programs in training  
administrators for mental health and mental retardation  
services.**  
Richardson M  
Program Notes Assoc Univ Programs Health Adm ,May-Jun 1980  
, (89) p30-6, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

00325

0156590 80227427  
**Strategic planning: reality versus literature.**  
Bander KW  
Hosp Health Serv Adm ,1980, 25 (Special Issue 1) p7-22,  
ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0156529 80226470  
**Successful planning and implementation of a hospital-based  
community self-help group for patient and community cardiac  
education.**  
Hughes OT  
Hosp Top ,Mar-Apr 1980, 58 (2) p25-7, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0156381 80223893  
**Employees identify work unit's learning needs.**  
Stein DS  
Crossref Hum Resour Manage ,Jul-Aug 1980, 10 (4) p1-3,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH  
The modified critical incident technique described in this  
article is a diagnostic tool that takes advantage of  
employees' insight into the everyday problems facing a work  
unit. Through group needs assessment, a training program can  
be devised that directly addresses the deficiencies in a  
particular work environment.

0156281 80241054  
**Accentuating the positive.**  
Adkins PC  
Ann Thorac Surg ,Jul 1980, 30 (1) p5-12, ISSN 0003-4975  
Journal Code: 683  
Languages: ENGLISH  
The Society of Thoracic Surgeons is the largest organization  
representing our specialty. At this time, escalating costs of  
medical care and the public demand for accountability have  
given rise to a number of issues that must be faced. The  
Society is in a position to lead the medical profession in  
addressing many of these issues. We must present a united  
front for our specialty and resolve problems involving our  
training programs, manpower, federal regulations regarding  
medical devices, and the Federal Trade Commission's position  
on advertising. Additionally, the organization must address  
the issue of a definition of physician competence as it  
relates to the certifying and recertifying process. Awareness  
of these problems by all members of the Society with the  
opportunity for open discussion is essential. It is vital that  
The Society of Thoracic Surgeons assume a visible positive  
position on these issues.

0156272 80240854  
**"Crash course" for scrub nurses carries risk.**  
Regan WA  
AORN J ,May 1980, 31 (6) p1068, 1070, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

00582

0156268 80240849

**At Whiteriver ENT clinic, home visits bring care to Apaches.**  
AORN J ,May 1980, 31 (6) p1007-13, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0156262 80240657

**Impressions of neurology and neurosurgery in the People's Republic of China.**  
Tower DB; Feindel W  
Ann Neurol ,May 1980, 7 (5) p395-405, Journal Code:  
6AE  
Languages: ENGLISH

During July, 1979, the authors visited the neurological and neurosurgical services of eight major hospitals and associated medical schools in Peking, Tientsin, and Shanghai, and viewed many of their teaching and research facilities. From these visits and our discussions with the staffs of these units, we came away with the impressions reported here. In the People's Republic of China today there are more than 2,000 neurologists and 1,300 neurosurgeons. At present there are two major clinical centers: the Peking Institute of Neurosurgery, directed by Prof Wang Chung-Cheng and located in the Xuan Wu Hospital affiliated with the Peking First Medical College; and the Shanghai Institute of Neurology, directed by Prof Chang Yuan-Cheng and located in the Hua San Hospital affiliated with the Shanghai First Medical College. In every hospital, patient loads are formidable (e.g., several thousand outpatients weekly), but the variety of clinical problems does not differ from those seen elsewhere in the world. The most common problems are head injuries, brain tumors, cerebrovascular disorders, infections, and epilepsy. Each of the centers is heavily engaged in undergraduate and postgraduate training, and research has been resumed after the major disruptions of the 1966-76 "Cultural Revolution." Research continues on acupuncture, but present emphasis is directed toward pain mechanisms, notably at the Shanghai Institute of Physiology, directed by Prof Feng De-Pei. We were most impressed by this, the principal neurophysiology and neuroscience research center in the country. Clearly, the People's Republic of China has a wealth of clinical material and many competent neurologists and neurosurgeons with stimulating research ideas-characteristics which offer real potentials for collaborative research.

0156154 80239566

**Nursing vs. nonnursing administration preparation.**  
Stokinger ME; Gold NE  
Am J Nurs ,Jun 1980, 80 (6) p1129, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0156153 80239560

**Unification: bringing nursing service and nursing education together.**

Nayer DD  
Am J Nurs ,Jun 1980, 80 (6) p1110-4, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0156115 80239374

**Computer system for a hospital microbiology laboratory.**  
Delorme J; Cournoyer G  
Am J Clin Pathol ,Jul 1980, 74 (1) p51-60, ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH  
An online computer system has been developed for a university hospital laboratory in microbiology that processes more than 125,000 specimens yearly. The system performs activities such as the printing of reports, fiscal and administrative tasks, quality control of data and technics, epidemiologic assistance, germ identification, and teaching and research in the different subspecialties of microbiology. Features of interest are smooth sequential transmission of clinical microbiologic test results from the laboratory to medical records, instantaneous display of all results for as long as 16 months, and updating of patient status, room number, and attending physician before the printing of reports. All data stored in the computer-file can be retrieved by any data item or combination of such. The reports are normally produced in the laboratory area by a teleprinter or by batch at night in case of mechanical failure of the terminal. If the system breaks down, the manually completed request forms can be sent to medical records. Programs were written in COBOL and ASSEMBLY languages.

0155987 80237916

**Evaluation of Nutrition Rehabilitation Centre in Ile-Ife, Oyo State, Nigeria.**  
Ojofeitimi EO; Teniola SO  
World Rev Nutr Diet ,1980, 35 p87-95, ISSN 0084-2230  
Journal Code: XQN  
Languages: ENGLISH

00583

0155934 80237146

**Integrated maternal and child health services. A study at a Rural Health Centre in Kenya.**

Dissevelt AG

Trop Geogr Med ,Mar 1980, 32 (1) p57-69, ISSN 0041-3232

Journal Code: WGJ

Languages: ENGLISH

The increasing demand for maternal and child health care in developing countries and the constraints in terms of available resources to meet this demand result in a dysfunction of the existing services. To improve Maternal and Child Health Services on a short term it is the author's contention that available resources can be used more efficiently. The system of conventional Maternal and Child Health Services operating at health centres in Kenya until the early seventies is described and analyzed. An alternative system called the Integrated Maternal and Child Health Clinic--an extension of Morley's proposals for the Under-Fives Clinic--is described and its potential advantages and disadvantages reviewed. A study was carried out in 1971--1975 at a rural health centre where the new system was introduced in 1973. It was found that the new system has several advantages but some aspects did not come up to expectations; also some disadvantages were identified. Implications for planning and management of health services, for staff training and for health services research are discussed.

0155882 80236488

**Roundsmanship: inherent control on a medical teaching ward.**

Arluke A

Soc Sci Med [Med Psychol Med Sociol] ,Jun 1980, 14 (4)

p297-302, ISSN 0160-7979 Journal Code: UUF

Languages: ENGLISH

0155813 80235323

**The need for a comprehensive health education programme in Nigeria.**

Williams PB

R Soc Health J ,Jun 1980, 100 (3) p90-4, ISSN 0035-9130

Journal Code: QM3

Languages: ENGLISH

0155747 80234058

**In praise of smallness--how can we return to small science?**

Chargaff E

Perspect Biol Med ,Spring 1980, 23 (3) p370-85, ISSN

0031-5982 Journal Code: OZ0

Languages: ENGLISH

0155510 80232090

**Obstetrics in small hospitals.**

Carter LV; Dooley DJ; Elliott CE; Semple A

Med J Aust ,Apr 19 1980, 1 (8) p359-62, ISSN 0025-729X

Journal Code: M26

Languages: ENGLISH

0155509 80232089

**Come back--all is forgiven.**

Morrell DC

Med J Aust ,Apr 19 1980, 1 (8) p355-6, 358, ISSN

0025-729X Journal Code: M26

Languages: ENGLISH

0155396 80230105

**The effect on survival of critically ill and injured patients of an ICU teaching service organized about a computer-based physiologic CARE system.**

Siegel JH; Cerra FB; Moody EA; Shetye M; Coleman B; Garr L; Shubert M; Keane JS

J Trauma ,Jul 1980, 20 (7) p558-79, ISSN 0022-5282

Journal Code: KAF

Languages: ENGLISH

0155349 80229892

**Evaluation of a community-based education program for individuals with chronic obstructive pulmonary disease.**

Ashikaga T; Vacek PM; Lewis SO

J Rehabil ,Apr-June 1980, 46 (2) p23-7, ISSN 0022-4154

Journal Code: JW7

Languages: ENGLISH

0155312 80229343

**Idealism vs realism: reflections on primary care practice and training.**

Garr DR

J Fam Pract ,May 1980, 10 (5) p911-2, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

00584

0155307 80229335

**The cost of medical student instruction in the practice setting.**

Pawlson LG; Watkins R; Donaldson M  
J Fam Pract ,May 1980, 10 (5) p847-52. ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Using an incremental cost approach, the cost of instruction for medical students participating in a variety of ambulatory-care, chiefly family-practice, experiences in several clinical practice sites was examined. The costs ranged from \$5 per student per day for a first-year observational experience to \$112 per student per day for a second-year preceptorship with direct patient care involvement by the students. Factors such as the previous experience of the student, the baseline productivity of the site, the number of examining rooms, the income source of the preceptor (salary vs fee-for-service), and the clarity of preceptor role definition are discussed in relation to cost. The lack of defined, stable income to offset costs is noted. In view of the substantial costs of instruction in ambulatory family practice clerkships, clearly defined ongoing sources of income must be provided to ensure the continuation or expansion of these vital experiences.

0155305 80229331

**Breast self-examination in the primary care setting.**

Miller SL; Norcross WA; Bass RA  
J Fam Pract ,May 1980, 10 (5) p811-5. ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Very little is known about breast self-examination (BSE), a health practice that has been found to be associated with better clinical and pathological breast cancer outcomes. Using data obtained from a sample of 260 women frequenting three primary care centers, this study investigates rates of BSE and how such rates are affected by social and medical factors. Results indicate that BSE practices are influenced to some extent by a woman's race and level of education, while they are significantly affected by her religion. In contrast, there was no evidence to suggest that a woman's knowledge of breast cancer risk factors, or her own level of risk for the disease, affect the extent to which she is likely to self-examine. These findings suggest the need to confirm these social influences on BSE practice using a larger, population based sample. Moreover, the values and attitudes affecting differential rates of BSE performance should be further investigated.

0155242 80228692

**Characteristics of family practitioners with large geriatric practices.**

Haas WH; Crandall LA; Bain DJ  
J Am Geriatr Soc ,Jul 1980, 28 (7) p289-94. ISSN

0002-8614 Journal Code: H6V

Languages: ENGLISH

Little has been reported on the characteristics of physicians presently serving the health needs of the elderly. In this report, generated from a survey of Florida family practitioners, physicians and with large geriatric practices are compared to physicians with practices composed primarily of younger patients. Family physicians with large geriatric practices are older, and treat more chronic disease than do their peers. However, they consult the same professional journals and texts in caring for their patients, refer patients to specialists at the same rate, and have the same office facilities as do their colleagues who treat chiefly younger patients. The family physician with a large geriatric case load is less likely to have a predominantly outpatient practice and more likely to be involved with hospitalized patients. Data from the census and health manpower studies suggest that family physicians will care for substantial number of elderly patients in the future. Continuing education which addresses issues in geriatrics may help to attain optimal health care for the elderly.

0155216 80228652

**The dietitian in community home programs.**

Oller JA  
J Am Diet Assoc ,Mar 1980, 76 (3) p267-9. ISSN  
0002-8223 Journal Code: H6F

Languages: ENGLISH

The dietitian is an important member of the health care team in the community and must be competent in the areas of administration, clinical nutrition, patient education, and human relations. Dietary follow-up care is essential in the community to evaluate existing facilities, assess economic levels, disseminate information to residents and sponsors, and ultimately provide good nutritional care to the patients. Responsibilities of the community care dietitian include participation in the initial evaluation of community homes under consideration for veteran placement and in determining the appropriateness of home placement for individual patients. Also, she/he makes follow-up visits to patients living in community residences.

00585

0155204 80228628

**Documentation of nutritional care.**

Ometer JL

J Am Diet Assoc ,Jan 1980, 76 (1) p35-40, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

The results of a study designed to gather information concerning dietitians' charting practices suggest that The American Dietetic Association and hospitals themselves have recognized the importance of dietitians charting in medical records. The results also suggest that dietitians recognize their own adequacies and inadequacies in terms of charting frequency. The identification of lack of time as the factor most often preventing more frequent recording may indicate a need to adjust staffing patterns or to re-order priorities. Achievement of the latter may require more education concerning both the overall importance of charting and the importance of charting some specific categories of information. Due to less exposure to charting during professional programs, dietetic graduates prior to 1966 may need more help to improve their charting than later graduates.

0155180 80228579

**Evaluation of patients' compliance with medical practitioners' prescriptions: university health center experience.**

Parsons RJ; Wright ND; Wilson LS

J Am Coll Health Assoc ,Jun 1980, 28 (6) p342-5, ISSN

0002-7944 Journal Code: H5D

Languages: ENGLISH

0155066 80227198

**Graduate training of family practice residents in Israel.**

Miller ES

Isr J Med Sci ,Mar 1980, 16 (3) p206-11, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

The educational goals and the actual implementation of the Israeli residency program in family medicine are examined. Except for the lack of required training in gynecology, the program syllabus is based on a sophisticated concept of comprehensive care. The teaching clinics provide residents with excellent patient material and with generally adequate medical facilities; however, important equipment is occasionally lacking, and the administration of the clinic discourages thorough teaching. The instructors are experienced practitioners and highly motivated teachers; They provide excellent role models, but are unable to give the residents adequate feedback or to stimulate deeper personal insight. The residents have heavy service responsibility, but in such areas as the interview technique, pediatrics and gynecology, they fail to acquire necessary skills. Suggestions are made regarding an educational reform of the program that would entail the use of university departments of family practice to

support regional networks of teaching clinics.

0155057 80227100

**Patterns of psychotropic drug use in a Nigerian Psychiatric outpatient clinic.**

Odejide AO

Int Pharmacopsychiatry ,1980, 15 (1) p14-23, ISSN

0020-8272 Journal Code: GU2

Languages: ENGLISH

The prescription pattern of clinicians in a Nigerian psychiatric outpatient clinic was studied. The three major psychiatric disorders diagnosed at the centre were schizophrenia, affective disorders and psychoses associated with other cerebral conditions. The schizophrenics were treated essentially with neuroleptics in different combinations. Also, combinations of neuroleptics and antidepressants were employed in the few cases diagnosed as schizo-affective disorders. As for the cases of affective disorders, combination of neuroleptics and antidepressants was found to be the pattern. The reasons for this pattern of treatment were discussed. The average maintenance neuroleptic dose per day was 300 mg while those of the tricyclic antidepressants was 88 mg. In as much as psychopharmacotherapy is widely employed in treating the various psychiatric disorders in African countries, especially Nigeria, the need for more information on psychotropic drugs through training courses was suggested.

0155024 80226404

**Fat-modified menu's ongoing success noted.**

Pannbacker B; Berkson D; Pardo E; Rech R; Callanta O; Hall Y; Mojonnier L

Hospitals ,Jul 16 1980, 54 (14) p95, 97-100, ISSN

0018-5973 Journal Code: GDL

Languages: ENGLISH

In 1972, a hospital food service introduced a fat-modified selective cycle menu program for its patients, staff members, and visitors. Goals and implementation are discussed.

0155014 80226394

**Controlling risks in patient transfers.**

Schaeffer JN; Millen H

Hospitals ,Jul 16 1980, 54 (14) p46, 50, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

00586

0154934 80225734

**Primary care in psychiatry residency training.**

Hales RE

Gen Hosp Psychiatry, Jun 1980, 2 (2) p148-55, ISSN  
0163-8343 Journal Code: FNK

Languages: ENGLISH

The author summarizes patient perspectives and government initiatives that have fostered closer medicine-psychiatry cooperation and more comprehensive treatment of patients. Despite the growing numbers of people requiring more formal mental health care, most patients are being treated by primary health care providers. This trend will continue as long as there is a decline in the number of medical students entering psychiatry. The author summarizes several general principles that psychiatry residency program directors should consider in designing primary care experiences for their residents and for medical students rotating on their services: longitudinal primary care experiences in organized medical care settings, training in basic medical principles and techniques, and instruction in the biopsychosocial model of disease. The author also recommends three specific training experiences for psychiatry residents that would enhance their ability to provide more effective mental health services to primary care physicians and their patients: consultation psychiatry, primary mental health care, and general psychiatry. The author concludes that medical students, through their contact with primary care-oriented psychiatry residency programs, would be more attracted to psychiatry as a specialty choice and that residents, upon completion of training, would be more inclined to practice in primary care settings.

0154829 80224223

**Deterioration of diabetic patients' knowledge and management skills as determined during outpatient visits.**

Lawrence PA; Cheely J

Diabetes Care, Mar-Apr 1980, 3 (2) p214-8, ISSN  
0149-5992 Journal Code: EAG

Languages: ENGLISH

A checklist of 22 items that diabetic persons need to perform correctly in order to carry out adequate home management was analyzed for 30 patients in an outpatient clinic. Both a recording of correct performance (baseline assessment) and a reassessment 3--17 mo later were obtained for each item included in the study. An 8 1/2% error rate occurred on reassessment. Approximately one-third of the patients had an error rate of 10% or more. No significant relationship was found between the percentage of error and age, interval between assessments, years of diabetes, or past performance on the checklist. Nor did a majority of the errors occur on items that showed an error immediately before the correct baseline assessment. This error rate is less than in reports not including a correct baseline performance. However, it is high enough to indicate that reassessment is needed more frequently than is generally done.

0154652 80220787

**The Manchester Detoxification Centre.**

Hore BD

Br J Addict, Jun 1980, 75 (2) p197-205, ISSN 0007-0890  
Journal Code: AU8

Languages: ENGLISH

0154328 80203054

**Levels of knowledge about aging among homemaker/home health aides.**

Ventura CA

Home Health Rev, Jun 1980, 3 (2) p16-23, Journal Code:  
GDW

Languages: ENGLISH

0154241 80201523

**House staff knowledge of blood component therapy: an evaluation.**

Kasprisin DO; Kasprisin L

Eval Health Prof, Jun 1980, 3 (2) p153-8, ISSN  
0163-2787 Journal Code: ENK

Languages: ENGLISH

It has been documented that most transfusion errors are either administrative or clerical. It is necessary to ascertain if those responsible for transfusing patients have the knowledge to do it properly. Since house staff are responsible for the proper administration of blood components at many teaching hospitals, a group of pediatric interns and residents were given a short examination to measure their knowledge of transfusion practices and to identify when, during their training, this knowledge is obtained. Transfusion techniques, inspection of blood bag labels, compatibility, and transfusion reactions were covered in the exam. It was found that the knowledge of transfusion therapy is learned by experience and that many house staff members have an adequate knowledge of present-day transfusion practices.

00587

0154233 80201176

**The application of a freeze-microwave thaw technique to central admixture services.**

Ausman RK; Holmes CJ; Walter CW; Kundsinn RB  
Drug Intell Clin Pharm ,Apr 1980, 14 (4) p284-7, ISSN  
0012-6578 Journal Code: EBU

Languages: ENGLISH

The establishment of a centralized, intravenous solution/admixture drug program in a hospital enhances the quality of patient care. Costs for personnel, equipment, and space have constrained the growth of such a service in the past. A method of preparation for admixture units, which capitalizes on the economics of volume and employs personnel at levels of training consistent with need, is proposed. This technique, utilizing freezing, long-term storage at -20 degrees C, and thawing by exposure in a microwave oven minutes before intended use, surmounts the real and perceived difficulties in many planned or existing admixture programs. A strong element of prospective quality control can be introduced. Where demand is insufficient to justify a separate activity, cooperative arrangements among hospitals will bring all the advantages of central admixture to each. It appears that reductions can be made in the pharmacy hours devoted to admixture. Waste of any unused, reconstituted drugs or prepared units that were not administered may be diminished. Thus, there may be substantial savings for existing admixture programs, if the technique described is adopted. The ultimate form of implementation in each institution, as always, is dependent upon the special "personality" of the hospital.

0154025 80218501

**The Institute of Medicine report, "A Manpower Policy for Primary Health Care": a commentary from the American College of Physicians.**

Peterson ML  
Ann Intern Med ,Jun 1980, 92 (6) p843-51, ISSN  
0003-4819 Journal Code: 5A6

Languages: ENGLISH

In 1978 the Institute of Medicine issued "A Manpower Policy for Health Care," the report of a study of major issues bearing on the availability of an adequate number of physicians for provision of primary care and on potential strategies for an appropriate manpower policy. The report was analyzed by committees of the American College of Physicians, and they prepared a response to the Institute's recommendations that illuminates the position of the College on the fundamental principles of manpower policy. The "Commentary" that sets forth the College position is presented here. Some introductory comments and discussion provide a useful background to the "Commentary" for readers not familiar with these developments.

0154006 80218384

**Interdisciplinary training: hospital dental general**

**practice/emergency medicine.**

Amsterdam JT; Wagner DK; Rose LF  
Ann Emerg Med ,Jun 1980, 9 (6) p310-3, ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH

The interaction between the residency training program in hospital dental general practice and emergency medicine at The Medical College of Pennsylvania is discussed. The contribution by the emergency medicine resident to the training of the dental resident and the role of the dental resident in the education of the emergency medicine resident are described in detail. Methods for enhancing this unique relationship between two departments are presented.

0153904 80217340

**APhA joins 'Project Sleep'.**

Weish JS  
Am Pharm ,Apr 1980, 20 (4) p10-1, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0153783 80214917

**Health care in China: the experts take command.**

Rifkin SB  
Trop Doct ,Apr 1980, 10 (2) p86-90, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

0153770 80214839

**Health education from a group perspective.**

Evans LK  
Top Clin Nurs ,Jul 1980, 2 (2) p45-55, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0153719 80214155

**Values: Part III.**

McNally VM  
Superv Nurse ,Jul 1980, 11 (7) p17-8, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

00588



0153711 80214146

**A modular approach to unit orientation.**

Rantz MJ  
Superv Nurse ,Jun 1980, 11 (6) p48-51, ISSN 0039-5870  
Journal Code: VAK  
Languages: ENGLISH

0153699 80213938

**Selection of primary care as a medical career: demographic and psychosocial correlates.**

Stefanu C; Korman M; Pate ML; Chapman JS  
South Med J ,Jul 1980, 73 (7) p924-7, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

A study analyzing demographic and psychosocial correlates associated with the selection of primary care as a medical career was conducted on 357 physicians who were graduated from medical school between 1963 and 1966. Results suggest that individuals who were reared in smaller communities, who were among the younger siblings of their family, and who exhibited a strong pattern of socialization at home and school tended to choose a primary care specialty. The findings also suggest that if all other factors are equal and if production of primary care physicians is an important goal, medical school admission committees might consider including cross-validated psychosocial and demographic variables in selecting applicants to medical schools.

0153696 80213913

**Primary care as a medical career.**

Chapman JE  
South Med J ,Jul 1980, 73 (7) p837, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

0153657 80213715

**A community programme for rehabilitation and secondary prevention for patients with acute myocardial infarction as part of a comprehensive community programme for control of cardiovascular diseases (North Karelia Project).**

Salonen JT; Puska P  
Scand J Rehabil Med ,1980, 12 (1) p33-42, ISSN 0036-5505  
Journal Code: UD3  
Languages: ENGLISH

The comprehensive community programme for the control of cardiovascular diseases in North Karelia includes a special subprogramme for the rehabilitation and secondary prevention among patients with an acute myocardial infarction (AMI). The target group of the programme were persons under the age of 65 who had an AMI according to the community-based AMI register and had survived the acute phase of the disease. The programme consisted of systematic long-term medical follow-up at an

outpatient MI clinic and of decentralized local group-rehabilitation with special emphasis on secondary prevention. The main component of the programme were health education and submaximal physical exercise, aiming at the reduction of the known secondary risk factors and the improvement of the general well-being of the patients. The feasibility of this programme was good. During the five-year period from 1973 to 1977 a total of 1308 persons under the age of 65 survived an AMI. Out of these patients 515 visited the outpatient MI clinic and 575 took part in the rehabilitation groups. The participation rate in the rehabilitation groups in the whole community increased during the period from 24% to 63%. During the programme period there was a reduction in incidence of recurrent infarctions and new vocational invalidity pensions among the patients with AMI.

0153605 80213312

**[Teaching and Treatment Unit in the Division of Diabetology (Geneva)]**

L'Unité d'Enseignement et de Traitement de la Division de Diabetologie, (Geneve).  
Pometta D; Kreinhofer M; Mousset F  
Rev Med Suisse Romande ,Jan 1980, 100 (1) p101-6, ISSN 0035-3655  
Journal Code: SR5  
Languages: FRENCH

0153519 80212530

**A community field training programme for students of physiotherapy and occupational therapy in Sri Lanka.**

Fernando T; Mendis P  
Physiotherapy ,Jan 1980, 66 (1) p14-5, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

0153399 80211821

**A dynamic approach to nursing.**

Mancha MC  
Nurs J India ,Mar 1980, 71 (3) p69-71, ISSN 0029-6503  
Journal Code: 097  
Languages: ENGLISH

00589

0153241 80210754  
**Primary health care in New Zealand.**  
Hiddlestone HJ  
NZ Nurs J ,May 1980, 73 (5) p10-3, ISSN 0028-8535  
Journal Code: DBT  
Languages: ENGLISH

0153212 80210643  
**Education--a continuing concern.**  
Darling V  
Nurs Focus ,Jun 1980, 1 (9) p405-7, Journal Code: OBK  
Languages: ENGLISH

0153211 80210642  
**Managing an education division.**  
Wood J  
Nurs Focus ,Jun 1980, 1 (9) p400-1, Journal Code: OBK  
Languages: ENGLISH

0153207 80210637  
**Management development: problems and progress.**  
White D  
Nurs Focus ,May 1980, 1 (9) p354-6, Journal Code: OBK  
Languages: ENGLISH

0153203 80210632  
**Short term absence--another view.**  
Hughes F  
Nurs Focus ,Jul 1980, 1 (11) p437-8, Journal Code: OBK  
Languages: ENGLISH

0153069 80209013  
**From research to reality--home care for the dying child.**  
Moldow DG; Martinson IM  
MCN ,May-Jun 1980, 5 (3) p159-66, ISSN 0361-929X  
Journal Code: MA3  
Languages: ENGLISH

0153058 80208778  
**Elementary-school pupils as health educators: role of school health programmes in primary health-care.**  
Rohde JE; Sadjimin T  
Lancet ,Jun 21 1980, 1 (8182) p1350-2, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH  
The high proportion of children attending primary schools in

rural parts of Indonesia and the low health-care cover in these areas prompted a plan to involve schoolchildren in a health-education programme. Action-oriented health lessons aimed at modifying community-health-related behaviour were designed to suit the teaching format familiar to rural teachers. The lessons involved pupils in health activities in their own homes and neighbourhoods. Evaluation of the teaching module on diarrhoea showed a substantial improvement in knowledge, skills, and attitudes of rural families regarding this illness, and indicated how a vastly increased outreach of primary health-care activities is possible through a well-designed school-health programme.

0152961 80207671  
**Family-centered maternity units--fact or fiction?**  
Levine NH  
JOGN Nurs ,Mar-Apr 1980, 9 (2) p116-7, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

The author describes discrepancies between nursing education and institutional practices in the area of family-centered maternity care, and questions current limitations in FCMC. The maternity nurse is urged to implement changes which will result in a rewarding childbirth experience in a medically safe environment.

0152914 80206924  
**The 'life-cycle' of social concern and change in medical care delivery.**  
Mick SS  
J Med Educ ,Jun 1980, 55 (6) p548-50, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

00590

0152908 80206914

**Planning a shared-schedule residency.**

Chamberlin PA; Jones MD

J Med Educ Jun 1980, 55 (6) p496-501, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

Shared-schedule residency training has received more consideration recently as more people have become aware of the need and desirability of such programs. The details of one program, in the Department of Pediatrics of the University of Texas Medical Branch at Galveston, are reviewed. Some of the problems encountered in the execution of this type of program are presented, along with some suggestions for their alleviation. The benefits of a shared-schedule residency are also discussed. The authors suggest guidelines to use in planning a shared-schedule residency program.

0152907 80206913

**The use of slow-scan video for CME in a remote area.**

Dunn EV; Acton H; Conrath D; Higgins C; Bain H

J Med Educ Jun 1980, 55 (6) p493-5, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

Since August 1977 a slow-scan video system has been operating in a remote area of northwestern Ontario, Canada. This system, using regular dial-up telephone lines, interconnects the local hospital, five remote communities, and two teaching hospitals in Toronto, 1,000 miles distant. Since August 1978 the system has been used on a regular basis for continuing medical education programs, graduate medical education including X-ray rounds, medical rounds, nursing rounds, in-service education, and patient education. These CME programs for physicians have been accepted for study credits by the College of Family Physicians of Canada.

0152906 80206912

**Medical school leadership in CME: A UCLA program.**

Sayre SA

J Med Educ Jun 1980, 55 (6) p489-92, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

Medical schools are responsible for undergraduate education and most postgraduate training. They have not taken responsibility, at this time, for continuing medical education. Coordination and quality of CME curricula are unpredictable and often inferior. A program at the University of California at Los Angeles is described which is designed to provide community physicians with a dependable source of high-quality courses based on a total curriculum concept.

**activities in a university hospital setting.**

Pennington FC; Wiggin SB; Wright S; Hiss R; Harlan W

J Med Educ Jun 1980, 55 (6) p486-8, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

The increased demand that mandatory continuing education requirements place on an academic physician's time and the conviction that continued learning is best when that learning is related to patient care were the impetus for developing a continuing education system in the University of Michigan Hospital for medical faculty and medical staff. Using the capability to co-sponsor continuing medical education, the University of Michigan Medical School established a quality assessment mechanism that enabled approval of a variety of ongoing instructional activities in the hospital setting for continuing education credit.

0152821 80206276

**Installing a computer-based patient information system.**

Hughes SJ

J Nurs Adm May 1980, 10 (5) p7-10, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

Extensive planning and coordination are the keys to successful implementation of a hospital-wide, computer-based patient information system. With user involvement, problems can be minimized and benefits realized. Nursing administrators can avoid common pitfalls by following the example of one hospital staff in meeting the challenge of computerization.

0152905 80206911

**A system for approving, monitoring, and recording CME**

00591

0152702 80205048

**Developing effective institutional managers in the 1980s--part 2: some new directions.**

Lees S

J Adv Nurs ,May 1980, 5 (3) p329-39, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

In the earlier paper (published in the March 1980 issue of the Journal of Advanced Nursing) two dominant themes were developed. One was that the organizational behaviour of nurse managers could be traced to the social defence system learned during early nursing, the other was that many of the assumptions which underpin much of the current thinking on nurse management training can do little either to help them unlearn these early behaviours or to prepare them to take more innovative action in their respective roles. Part 2 analyses some implications of this. The initial discussion examines the purpose of management training and what it is intended to achieve, which embraces the issues of the transfer of course learning back to the workplace and the greater involvement of line managers in the development of their staff. By redefining nursing in terms of open-system boundary management, some new directions are suggested which management trainers may find useful in clarifying and redefining their own task, as well as enabling nurse managers to be more innovative and effective within the constraints of their organizational situations. The implications go beyond just nursing and nurse management training. They are concerned with the wider range of institutions whose task is the throughput of people, and which tend to be managed by groups of professionals.

0152700 80205045

**Towards rational midwifery service planning.**

Moore B

J Adv Nurs ,May 1980, 5 (3) p301-11, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

Although the work reported here began at health district level, even a casual perusal of published statistics reveals a quite bizarre situation when viewed from a manpower planning perspective. The quite considerable effort involved in producing state-certified midwives seems, on the surface at least, to be excessive given the number gainfully employed in that profession. The national situation with respect to trends in the birth rate is examined and a somewhat surprising seasonal effect identified. This material is then used to estimate the likely situation to be encountered at local level and in particular the effect at different levels of bed provision. In an attempt to translate these estimated births into workload figures recourse was made to regression analysis. Data from 417 maternity units relating both to outputs and inputs were secured, but the subsequent analysis proved abortive due to the high correlation which exists between the variables. Estimates were therefore derived from the work of other authors.

0152699 80205044

**A model for establishment of educational programmes in developing countries: the nursing paradoxes in Kuwait.**

Meleis AI

J Adv Nurs ,May 1980, 5 (3) p285-300, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

While American nursing attempts to deal with the multitude of dilemmas that have been plaguing it for decades, many developing countries look to the USA for a nursing model to emulate, and then become lost in this confusion of its nursing profession. However, these countries continue to reach out and seek consultants with educational and practical experience in nursing in the USA, as well as in other developed countries. A paradigm is proposed for use by educators and consultants to help delineate the major issues a developing country has to confront in establishing a stable nursing service. This paradigm is explicated by applying it to the situation in Kuwait, a Fourth World country with many social paradoxes (e.g., rich in economic resources but poor in human resources). Four major paradoxes in nursing are identified by using the proposed paradigm. They are: 1 educational needs vs. educational reality; 2 locals vs. cosmopolitans; 3 role congruency vs. role incongruency; and finally 4 medical vs. nursing conceptual models. Although these paradoxes became manifest through work done by the author in Kuwait, any international health care professional will quickly realize that the paradoxes are not unique to Kuwait but have parallels in many other countries which are at different stages of development.

0152696 80205041

**Preserving the essence of nursing in a technological age.**

Henderson VA

J Adv Nurs ,May 1980, 5 (3) p245-60, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

0152650 80204057

**Implementation of a campus nursing and health information center in the baccalaureate curriculum. Part I. overview of the center.**

Mezey M; Chiamulera DN

JNE ,May 1980, 19 (5) p7-10, ISSN 0148-4834 Journal Code: HAP

Languages: ENGLISH

00592

00326

0152649 80204056

**Organizational patterns of baccalaureate nursing programs.**

Griffith JW

JNE ,May 1980, 19 (5) p55-60, ISSN 0148-4834 Journal

Code: HAP

Languages: ENGLISH

0152643 80204049

**Implementation of a campus nursing and health information center in the baccalaureate curriculum. Part III: independent study project.**

Damen J

JNE ,May 1980, 19 (5) p15-9, ISSN 0148-4834 Journal

Code: HAP

Languages: ENGLISH

0152642 80204048

**Implementation of a campus nursing and health information center in the baccalaureate curriculum. Part II: center project health fairs.**

Culang TG; Josephson SL; Marcus MT; Vezina ML

JNE ,May 1980, 19 (5) p11-14, ISSN 0148-4834 Journal

Code: HAP

Languages: ENGLISH

0152622 80203868

**National health insurance and health education: strategies for change.**

Dwore RB

Health Educ (Wash) ,May-Jun 1980, 11 (3) p2-5, ISSN

0097-0050 Journal Code: G26

Languages: ENGLISH

0152609 80203853

**Your place: health education 1999.**

Burt J; Fertziger A

Health Educ (Wash) ,Mar-Apr 1980, 11 (2) p20-3, ISSN

0097-0050 Journal Code: G26

Languages: ENGLISH

0152567 80203732

**Nursing: thoughts on nursing service and identification of the service offered.**

Colliere MF

Int Nurs Rev ,May-Jun 1980, 27 (3) p79-87, ISSN

0020-8132 Journal Code: GTP

Languages: ENGLISH

0152565 80203730

**Nursing and child health in Brazil.**

Dourado HG; Coelho CP

Int Nurs Rev ,May-Jun 1980, 27 (3) p70-5, ISSN

0020-8132 Journal Code: GTP

Languages: ENGLISH

0152560 80203680

**Characteristics of inner city heroin addicts applying for treatment in a Veteran Administration Hospital Drug Program (Chicago).**

Craig RJ

Int J Addict ,Apr 1980, 15 (3) p409-18, ISSN 0020-773X

Journal Code: G08

Languages: ENGLISH

Based on a total sample of 469 clients processed for admission to an inner city Veteran Drug Abuse Program, reliable information was obtained from a total of 322 heroin addicts. The following is a summary profile of the "average" narcotic addict prior to program entry: Black male, age 30, and unmarried. He has an 11th grade education, including 1/3 who completed the GED while in prison. He has been unemployed for over 1 year and receives \$383 per month in legitimate benefits. He began to use heroin at 21 and did not perceive himself to have a drug problem until a year later. He has been addicted for over 8 years and has made five attempts to autonomously detox while ambulatory without the benefit of a treatment program. He has been treated on two other occasions for drug abuse in formal programs. He uses heroin from 2 to 3 times per day at an average daily cost of \$68. He has spent 3 years in prison for committing crimes against property or narcotic crimes. He abuses alcohol and marijuana regularly, but has discontinued his use of amphetamines, barbiturates, and hallucinogens. These have been replaced with Talwin and Pyribenzamine. His personality tends to have traits associated with the Character Disorder or Schizoid Personalities. He has been refractory to past treatment efforts.

00593

0152508 80202977

**The late life counseling service: a program for the elderly.**

Selan BH; Gold CA

Hosp Community Psychiatry .Jun 1980. 31 (6) p403-6.

ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH

Many old people who are trying to cope with crises in their lives at a time when their physical and emotional resources are lowered could benefit from mental health counseling. A special late counseling service was established for that population in Milwaukee County, despite initial cynicism about its usefulness from both senior citizens and mental health professionals. Minority, economically deprived, and handicapped clients are vigorously recruited. Services include initial and sometimes subsequent home visits; staff deal with such problems as strained family relationships, unhealthy dependencies, and depressions of varying degrees. The authors discuss the importance of home visits, thorough assessment of clients, and public education to overcome ageism in the community at large and among mental health professionals.

0152487 80202616

**The TG interview: Robert Benedict, U.S. Commissioner, Administration on aging, Department of Health, Education and Welfare.**

Benedict R

Gerontologist .Apr 1980. 20 (2) p131-9. ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0152480 80202569

**When a patient is admitted to a nursing home.**

Reiff TR

Geriatrics .Jul 1980. 35 (7) p87-94. ISSN 0016-867X

Journal Code: F01

Languages: ENGLISH

0152416 80200962

**Responding to the needs of sick children with mental retardation.**

Erickson MP

Child Today .Jan-Feb 1980. 9 (1) p24-5. Journal Code:

D2E

Languages: ENGLISH

0152332 80199754

**A common sense approach to caring for children with cancer: the community health nurse.**

Klopovich P; Suenram D; Cairns N

Cancer Nurs .Jun 1980. 3 (3) p201-8. ISSN 0162-220X

Journal Code: CNC

Languages: ENGLISH

00327

0152311 80199599

**Clinical audit of surgery in a large teaching hospital.**

Blanchard RJ; Downs AR

Can J Surg .May 1980. 23 (3) p278-82. ISSN 0008-428X

Journal Code: CKJ

Languages: ENGLISH

Practical peer review by means of a clinical audit requires complete documentation, critical assessment and open discussion of difficulties or errors in patient management. The quality of care in a large surgical department was monitored using weekly on-the-ward capture of complications and immediate feedback to involved surgeons. Retrospective peer review of surgical deaths judged the process of patient care in three categories--treatment, investigation and documentation; feedback was also provided. Seven of the 10 surgical services each collected morbidity data for at least 40 weeks in 1976 and 44 weeks in 1977. In 1978, 8 of the 10 services collected data for 50 weeks or more. The number of patients reviewed was 3520 in 1978. Of these, 822 (23%) had complications in 1976, 703 (16%) in 1977 and 918 (17%) in 1978. In 1976, 260 patients died; the quality of care was considered to have been adequate in 67%. In 1977, 278 patients died; in 76% the management was considered adequate. In 1978, 231 patients died; in 68% management was satisfactory. This clinical audit system is suitable for computer programming and can provide a complete and accurate report of the entire spectrum of complications.

0152232 80196489

**A total infection control program: six elements make it work.**

Pappas SA; Krause SL

Am J Infect Control .May 1980. 8 (2) p51-7. ISSN

0196-6553 Journal Code: 4T6

Languages: ENGLISH

0152220 80195859

**The decisions pharmacists make.**

Brodie DD; Parish PA; Poston JW

Am J Pharm Educ .Feb 1980. 44 (1) p40-3. ISSN 0002-9459

Journal Code: 3R9

Languages: ENGLISH

00594

0152200 80195003

**Surprise and sense making: what newcomers experience in entering unfamiliar organizational settings.**

Louis MR

Adm Sci Q ,Jun 1980, 25 (2) p226-51, ISSN 0001-8392  
Journal Code: 2H6

Languages: ENGLISH

Growing disillusionment among new members of organizations has been traced to inadequacies in approaches to organizational entry. Current directions of research on organizational entry and their limitations are described, and a new perspective is proposed. The new perspective identifies key features of newcomers' entry experiences, including surprise, contrast, and change, and describes the sense-making processes by which individuals cope with their entry experiences. Implications for research and practice on organizational entry are drawn.

0152145 80192112

**Planning for education in the health services: a multicriterion approach.**

Holl ST; Young JP

Socioecon Plann Sci ,1980, 14 (2) p79-84, ISSN  
0038-0121 Journal Code: UUV

Languages: ENGLISH

0152142 80190851

**Back school--teaching patients to love their backs.**

Grimes D; Bennion D; Blush K; Duncan ME

Resid Staff Physician ,May 1980, 26 (5) p60-5, 68,  
Journal Code: RB3

Languages: ENGLISH

0152115 80189810

**Preventive-maintenance techniques for staying union-free.**

Rand JF

Pers J ,Jun 1980, 59 (6) p497-9, ISSN 0031-5745  
Journal Code: PAW

Languages: ENGLISH

Maintaining union-free status is a matter of maintaining credibility with your employees in five key areas: management development, employee training, promotion, compensation and benefits, and communications. The latter two concerns are particularly stressed by Dr. Rand in this low-cost, high-return strategy.

0152100 80189576

**Indisposed to medicine: the women's self-help movement.**

Gapen P

New Physician ,May 1980, 29 (5) p20-4, ISSN 0028-6451

Journal Code: 00Y

Languages: ENGLISH

0152041 80187157

**Interaction analysis: an application for medical record administration instructors and clinical supervisors.**

Drum RL; Cordova FD; Ripple BA; Caskey JC

Med Rec News ,Apr 1980, 51 (2) p26-9, ISSN 0025-7486  
Journal Code: MB5

Languages: ENGLISH

0151931 80181888

**Analysis of dispensing activities before and after decentralization of pharmaceutical services.**

Bair JN; Cheminant RL

Hosp Pharm ,May 1980, 15 (5) p237-40, ISSN 0018-5787  
Journal Code: G98

Languages: ENGLISH

Changes in drug handling activities, revenue, and telephone communications were documented during a conversion from a centralized unit dose system to decentralized pharmacists and unit dose services in a 310-bed university teaching hospital. All decentralized services were mobile; no physical satellites were utilized. Computer programs were used to collect and analyze drug handling and revenue data during a prestudy control period and three equal-length study periods after decentralization of pharmaceutical services for five patient care areas of the hospital. All telephone calls to the central pharmacy were recorded and classified by type during 21 days of the prestudy period and were compared with 21 days of the second postimplementation period. The mean number of doses handled decreased for all patient care areas. After decentralization the number of telephone calls to the central pharmacy requesting clinical drug information, as well as distributive information, decreased sharply. Moving the pharmacist to the patient care unit decreased the time that pharmacists spent handling drugs and improved communication with the medical and nursing staffs.

00595

0151508 80197305

**The American Board of Surgery in-training examination.**

Grosse ME; Cruft GE; Blaisdell FW  
Arch Surg ,May 1980, 115 (5) p654-7. ISSN 0004-0010  
Journal Code: 8IA

Languages: ENGLISH

Since 1975, the American Board of Surgery has annually offered a multiple-choice in-training examination to directors of accredited general surgery programs in the United States for administration to residents in their programs. Residents' scores for the total examination and the five body-system categories are provided to program directors, along with normative data for comparison of their residents' performance against that of all examinees. Each year, residents' scores have correlated well with their level of training. Reliability coefficients have verified that the examinations have functioned effectively as test instruments. The increasingly wide use of the examination and its favorable acceptance by program directors have indicated that the examination is making a significant contribution to surgical education in the United States.

0151456 80196561

**Priorities for psychology in medical education and health care delivery.**

Stachnik TJ  
Am Psycho ,Jan 1980, 35 (1) p8-15. ISSN 0003-066X  
Journal Code: 41V

Languages: ENGLISH

0151416 80196069

**The achievement of continuity of care in a primary care training program.**

Rogers J; Curtis P  
Am J Public Health ,May 1980, 70 (5) p528-30. ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

0151415 80196068

**Evaluation of utilization of laboratory tests in a hospital emergency room.**

Bloomgarden Z; Sidel VW  
Am J Public Health ,May 1980, 70 (5) p525-8. ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

Visits to a metropolitan teaching hospital emergency room were evaluated for laboratory test utilization and quality of care of chart review. Of 630 tests, 197 (32 per cent), clustered in 44 out of 476 (9 per cent) patient visits, were considered unnecessary. The number of tests per visit showed a strong negative correlation with the necessity of tests and with the quality of care. Results suggest the usefulness of

identifying a subgroup of patients with excessive tests and implementing measures to alter testing behavior for this subgroup.

0151392 80195792

**Alternative birthing center: experience in a teaching obstetric service.**

Barton JJ; Rovner S; Puls K; Read PA  
Am J Obstet Gynecol ,Jun 1 1980, 137 (3) p377-84. ISSN  
0002-9378 Journal Code: 3NI

Languages: ENGLISH

The Illinois Masonic Medical Center's (IMMC) experience with an Alternative Birthing Center (ABC), established as an integral part of the conventional obstetric suite, has proved to be a safe and efficacious method of providing a true alternative to high technology obstetric care to those carefully screened, low-risk patients who elect this form of childbirth experience. However, the high transfer rate (23.8%) and substantial cesarean birth rate (9.17%) in this low-risk group of patients do demonstrate the necessity for the immediate availability of conventional and high technology obstetric facilities, as well. The low incidence of neonatal morbidity demonstrates that the ABC is a safe environment for the neonate. Acceptance and utilization of the ABC by consumers and professionals is rapidly increasing as it is demonstrated to be a safe alternative to birth in a conventional delivery suite or home delivery.

0151242 80193182

**Marketing veterinary medicine: by what means?**

Samuelson ML  
VM SAC ,Mar 1980, 75 (3) p394-405. ISSN 0042-4889  
Journal Code: X80

Languages: ENGLISH

00596



0151115 80191825

**The role of lay workers in community health education: experiences of the North Karelia project.**

Neittaanmaki L; Koskela K; Puska P; McAlister AL  
Scand J Soc Med ,1980, 8 (1) p1-7. ISSN 0300-8037  
Journal Code: UD5

Languages: ENGLISH

The role of natural community leaders in serving as lay health workers in a comprehensive community health programme has been explored. In rural Finland, nearly 300 persons were trained to detect cardiovascular risk factors (smoking, high-cholesterol diet, high blood pressure) in their communities, and to advise community members of the desirability of lowering these risk factors. Initial data from studies of the lay health workers and their intervention work support the concept that carefully select community health workers who are to varying degrees representative of their local populations, can well act as intermediaries in preventive health care strategies.

0150896 80189355

**School dysfunction in the adolescent.**

Cannon IP; Compton CL  
Pediatr Clin North Am ,Feb 1980, 27 (1) p79-96. ISSN 0031-3955 Journal Code: OUM

Languages: ENGLISH

The adolescent with school dysfunction presents a multifaceted problem to his parents, to the school, to his physician, and to himself. He struggles with the developmental tasks of adolescence against great odds, entering this important period of life discouraged by school failure and poor self-esteem. Follow-up studies demonstrate that he is at high risk for social, emotional, and psychiatric problems. Despite the pessimistic nature of most of this research, the field holds much promise. New techniques of prevention, assessment, and teaching, as well as prediction of response to education and medication, are being explored and recent research has demonstrated that adolescents with learning disabilities and hyperactivity can continue to make progress and develop into successful, happy adults. (128 Refs.)

0150894 80189351

**Compliance with medical regimens during adolescence.**

Litt IF; Cuskey WR  
Pediatr Clin North Am ,Feb 1980, 27 (1) p3-15. ISSN 0031-3955 Journal Code: OUM

Languages: ENGLISH

In summary, compliance behavior among adolescents is complex and incompletely understood. Although the study of compliance is important for understanding the adolescent's stage of psychological development, relationships with authority figures, and the beginning of the youngster's career as a consumer of health care, its ultimate importance lies in the prospect of improving the likelihood that medication will be

utilized appropriately. The first step in the process involves systematic monitoring of compliance rather than doing so only when noncompliance is clinically suspected. When compliance is found to be problematic for an adolescent, resorting to "scare" techniques or re-education is rarely effective. A more positive outcome may be achieved by determining the circumstances under which the youngster was successful in complying and attempting to tailor-make the regimen accordingly. Barriers to compliance, such as the presence of side effects, previous negative experience with the medicine, and lack of conviction about the diagnosis of appropriateness of therapy, should always be explored. Other potential intervention strategies for improving compliance have been discussed. In the final analysis, however, as Jonson has noted, all strategies aimed at improving compliance must provide the patient with insight into his own situation and himself, as well as his capability of doing something other than conforming when he judges it best. (54 Refs.)

0150890 80189344

**The role of the pediatrician in the adolescent's school.**

Duke PM  
Pediatr Clin North Am ,Feb 1980, 27 (1) p163-71. ISSN 0031-3955 Journal Code: OUM

Languages: ENGLISH

Whether the setting for medical care delivery is the pediatrician's office or the school itself, successful school health models call for good communication and interaction between educators and physicians. In addition, parents and peers can be influential transmitters of health education to teenagers. (43 Refs.)

0150789 80188791

**Meeting the health care needs of older adults through a community nursing center.**

Grimes D; Stamps C  
Nurs Adm Q ,Spring 1980, 4 (3) p31-40. ISSN 0363-9568  
Journal Code: DAE

Languages: ENGLISH

0150787 80188789

**Continuing care: the educator's role.**

Meisenheimer CG  
Nurs Adm Q ,Spring 1980, 4 (3) p17-22. ISSN 0363-9568  
Journal Code: DAE

Languages: ENGLISH

00597

0150786 80188788

**Nursing centers can promote health for individuals, families and communities.**

Riesch S; Felder E; Stauder C  
Nurs Adm Q ,Spring 1980, 4 (3) p1-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0150769 80188164

**Can the private sector lead the evolution of medicine in the 1980's?**

Anlyan WG; Cohn V  
N Engl J Med ,Jul 3 1980, 303 (1) p57-9, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0150761 80188108

**A continuum of care for the inner city: assessment of its benefits for Boston's elderly and high-risk populations.**

Master RJ; Felton M; Jainchill J; Mark R; Kavesh WN; Rabkin MT; Turner B; Bachrach S; Lennox S  
N Engl J Med ,Jun 26 1980, 302 (26) p1434-40, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

We describe an approach to health care in the inner city: a multidisciplinary system of physicians and mid-level practitioners that provides individualized care to chronically ill, elderly, homebound, and nursing-home residents of urban Boston who would otherwise be forced into an inappropriate reliance on teaching hospitals. Linked to four neighborhood health centers, three home-care programs, and a teaching hospital, and financially self-supporting except for the home-care component, the system cared for 3000 ambulatory, 280 homebound, and 358 nursing-home patients in the representative year described. In-hospital use, particularly hospital days, was reduced when judged by existing data for comparable (though not identical) populations. Based on stable physician practices, the system offers a workable approach to the related problems of care, manpower, and cost in the urban core.

0150755 80188056

**The future need for geriatric manpower in the United States.**

Kane R; Solomon D; Beck J; Keeler E; Kane R  
N Engl J Med ,Jun 12 1980, 302 (24) p1327-32, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

Additional medical manpower will be required to meet the growth in the elderly segment of the United States population over the next 50 years. This paper provides estimates of the needs for medical geriatric manpower under four different models: continuation of the status quo; academic geriatricians

only; provision of care by academic and consultant geriatricians; and provision of care by academic, consultant, and primary-care geriatric practitioners. Each option is further analyzed in terms of three levels of delegation to nonphysician clinicians. We project the implications of these 12 patterns through the year 2030, assuming present usage levels and allowing for improved care of the elderly. The need for geropsychiatric care is explored separately. We think that geriatricians should provide improved care, including both consultant and primary care, to people aged 75 years and older, and that they should delegate a moderate amount of responsibility to nurse practitioners, physician assistants, and social workers. On the basis of these assumptions, and allowing for an academic role as well, we estimate that the United States will require between 7000 and 10,300 geriatricians by the year 1990; the best intermediate figure is about 8000.

0150647 80186376

**Health education policy 1916-1926: venereal disease and the prophylaxis dilemma.**

Towers BA  
Med Hist ,Jan 1980, 24 (1) p70-87, ISSN 0025-7273  
Journal Code: LZV  
Languages: ENGLISH

0150615 80186048

**Presidential address to the Association for Academic Surgery: The role of the young academic surgeon in American surgery.**

Copeland EM 3d  
J Surg Res ,Mar 1980, 28 (3) p191-7, ISSN 0022-4804  
Journal Code: K7B  
Languages: ENGLISH

00598

0150600 80186010

**Support services in the school setting: the nursing model.**

Stenson CB; Sullivan AR

J Sch Health ,May 1980, 50 (5) p246-9, ISSN 0022-4391

Journal Code: K13

Languages: ENGLISH

The multiple components of the school-based services for the handicapped are collapsed into a support service/instructional intent matrix which gives visual expression to new dimensions in school health services. Student needs for care and coping skills are addressed by a network of professional joint-practice arrangements built into a nursing service delivery model. A challenge is made to providers for a reciprocal relationship, to improve professional preparedness and thus promote access, excellence and equity in programs for the handicapped.

0150583 80185743

**Women and the health care system (submitted for the AJN-KSNA 1979 Writing Competition).**

Near T

Kans Nurse ,May 1980, 55 (5) p4-8, ISSN 0022-8710

Journal Code: KU3

Languages: ENGLISH

0150498 80184862

**Some effects on house officers of an elective rheumatology rotation.**

Eyanson S; Brandt KD

J Rheumatol ,Mar-Apr 1980, 7 (2) p251-7, ISSN 0315-162X

Journal Code: JWX

Languages: ENGLISH

To ascertain whether a rheumatology elective (RE) increases the skills of house officers (HOs) managing patients with rheumatic disease, and whether these skills persist after the RE, medical records of 164 gouty patients, seen by 16 HOs who had had an RE and 73 who had not, were audited. The RE led to more complete documentation of history and physical examination and possibly to more frequent use of diagnostic arthrocentesis. Over the 30-month period of the study, no increase in scores of HOs not having a RE was apparent, while some deterioration, related to the interval between the RE and audit, was seen in scores of those who had an RE.

0150436 80184388

**Evaluation of an educational program on compliance with medication regimens in pediatric patients with renal transplants.**

Beck DE; Fennell RS; Yost RL; Robinson JD; Geary D; Richards

GA

J Pediatr ,Jun 1980, 96 (6) p1094-7, ISSN 0022-3476

Journal Code: JLZ

Languages: ENGLISH

An educational program was initiated in an attempt to improve compliance in taking medications among pediatric renal transplant patients. Compliance was assessed by pill counts and by knowledge about medications by interview and questionnaire before, during, and after a six-month study period. Forty-three percent of the population was initially found to be in some way noncompliant with medication regimens, and 19% remained so after extensive counseling and instruction. Factors associated with noncompliance were adolescence, female sex, and family instability. Compliance was associated with direct parental involvement and voluntary maintenance of medication calendars. Although knowledge about drugs significantly improved, there was no correlation with compliance; motivational factors appeared to be of greater importance.

0150429 80184303

**Factors influencing recruitment to an occupational fitness program.**

Shephard RJ; Morgan P; Finucane R; Schimmelfing L

JOM ,Jun 1980, 22 (6) p389-98, ISSN 0096-1736 Journal Code: JGN

Languages: ENGLISH

Factors influencing participation in an employee fitness program have been studied in a group of 535 early recruits for a Health Fitness Center established at the headquarters office of a larger corporation. The overall participation rate (20% of eligible staff with convenient access to the facility) was much as in previous reports. Interest was relatively equal in men and in women. Typical recruits were middle-aged non-smokers who had previously been active elsewhere. Men had an above average maximum oxygen intake and muscle strength, but were also somewhat overweight and fat. Women were closer to their actuarial ideal weight, but had relatively lower levels of cardiorespiratory and muscular fitness than the men. Program acceptability factors (traveling time, hours of work, and cost) had little effect on participation. Subjects perceived that they were active for health, fitness, competition (men), and appearance (women). General and specific health beliefs were well-developed, but bore surprisingly little relationship to health practices and outcomes. It is thus argued that the shaping of attitudes by trial of an exercise program may be a more effective tactic for increasing exercise participation than general campaigns designed to change attitudes and values.

00599

0150362 80183327

**Rationalisation of therapeutic diets in the Netherlands: dietetic applications and organizational application in hospitals.**

Hekkens-Klaassen A; Swieringa J  
J Hum Nutr ,Apr 1980, 34 (2) p91-106. ISSN 0308-4329  
Journal Code: IEB  
Languages: ENGLISH

In 1976 a project was started by The Netherlands Education Bureau for Food and Nutrition to rationalise therapeutic diets and reorganise hospital catering departments. The principles of the rationalisation were described in J. Hum. Nutr. 33, 329-334. The basis of the practical applications are reported here.

0150344 80183232

**The plight of the urban public hospital.**

Goff DW  
J Health Polit Policy Law ,Winter 1980, 4 (4) p657-74.  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

This paper reviews identifying characteristics of the urban public hospital and discusses some of the chronic problems, such as funding, image, constituency and acceptance, that this institution has faced. Alternative courses of action for dealing with these problems are considered. No single solution is recommended for every community, but suggestions are made about how to address specific areas of concern.

0150330 80183205

**Know your community resources. Dentistry and nursing work together to improve care of the aged.**

Busse G; Simpson R  
J Gerontol Nurs ,May 1980, 6 (5) p280-3. ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0150324 80183199

**Gerontological nursing [editorial]**

Brower HT  
J Gerontol Nurs ,May 1980, 6 (5) p251. ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0150309 80183007

**Confronting dilemmas in dentistry. Strategies for success.**

Yanoff JM; Anger R  
J Am Coll Dent ,Apr 1980, 47 (2) p76-87. ISSN 0002-7979  
Journal Code: H5A  
Languages: ENGLISH

0150300 80182895

**A one-day pit and fissure sealant exercise.**

Hardin JF; Zwemer JD; Williams JE; Mertz-Fairhurst EJ  
J Dent Educ ,Jun 1980, 44 (6) p336-7. ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0150296 80182891

**Providing preventive dental care in the community using the team approach: a comparison of five training programs.**

Balzer JA; Kleinman DV; Graves RC; Johnson RG; Mann ML; Nizel AE  
J Dent Educ ,Jun 1980, 44 (6) p322-7. ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

Five dental schools developed training programs for dental and dental auxiliary students in planning and delivering preventive dental services in a community setting. The schools (1) designed a curriculum that would train dental students to plan, organize, and manage the delivery of community preventive services using a team approach; (2) developed a related curriculum for dental auxiliary students; (3) implemented the program intramurally and extramurally in selected community settings; and (4) planned and conducted an evaluation of the program. Each school individualized the program to the interests of its students, the constraints of its curriculum, and the needs of community groups. A total of 228 dental and 576 dental auxiliary students were trained. A full range of community sites and target populations were provided with preventive dentistry services.

0150292 80182887

**On preparing academic health centers for the very different 1980s.**

Rogers DE  
J Dent Educ ,Jun 1980, 44 (6) p301-8. ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

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0150275 80182769  
**Management classes for head nurses--a consortium approach.**  
Hinchliffe MG  
J Contin Educ Nurs ,May-Jun 1980, 11 (3) p51-5, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0150216 80181889  
**IDPH looks at diabetes in Illinois.**  
Dyson BC; Gurian GL; Francis BJ  
IMJ ,Apr 1980, 157 (4) p219-22, ISSN 0019-2120  
Journal Code: HAJ  
Languages: ENGLISH

0150214 80181799  
**Integration--fact or friction?**  
Walton M  
Health Visit ,Apr 1980, 53 (4) p122-6, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0150167 80181509  
**Creating critical consciousness in health: applications of Freire's philosophy and methods to the health care setting.**  
Minkler M; Cox K  
Int J Health Serv ,1980, 10 (2) p311-22, ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

Paulo Freire's philosophy of "education for critical consciousness" takes on special relevance within the context of the health care system. This dialogical approach to change, stressing action based on critical reflection by the people is seen here as importantly supplementing current efforts to deal with the "health care crisis" in the United States and many developing countries. Applications of the Freire approach in a health context of necessity involve the perception of health and medical care within the total oppressive structure of society. Viewed thusly, health "reform" cannot justifiably be envisioned except within the context of broader structural transformations. Two case studies are presented to illustrate the application of the Freire approach within a health context. Successful utilization of the methodology among peasants in rural Honduras and a relatively unsuccessful application among impoverished elderly residents of an urban United States ghetto are described and analyzed. Modifications of the approach to increase its usefulness in a variety of situational contexts are suggested. The potentials and limitations of this approach to radical change in the health field finally are described, along with lessons learned from initial work in the applications of conscientization to the health field.

0150165 80181507  
**The proletarianization of nursing in the United States, 1932--1946.**  
Wagner D  
Int J Health Serv ,1980, 10 (2) p271-90, ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

There have been many studies of the development of an industrial work force with all its attendant hardships as newly proletarianized peasants were thrown off the land and into factory labor. The author postulates that a similar process occurred in the creation of at least one modern "profession"--nursing--as the traditional autonomy of private practice nursing was displaced by institutional nursing in hospitals and nursing homes. Prior to the Depression, most nurses worked in private duty--as independent entrepreneurs--without the regimentation, rigid division of labor, and intense supervision characteristic of modern hospitals. The collapse of the U.S. economy made it impossible for most nurses to continue to earn a living privately at the same time that hospitals required cheap labor power in order to develop as viable businesses. Despite the promise of job security in hospital work, most nurses resisted the change by criticism, sabotage, walking away from job, and attempts at unionization. Hospitals sought in response to inculcate loyalty by a variety of methods, including screening of applicants, in-service training, and professional ideology. In some instances, hospitals coerced private nurses into "staff" jobs by threatening their ability to secure business on their own. By the end of World War II, the majority of nurses were employed, for the first time, as wage earners for institutions. The entire period was marked by such discord and revolt on the part of nurses, however, that the American Nurses' Association was transformed as an organization in order to avoid massive unionization. The study points out that this unwritten history of nursing has been obscured by professional nursing leaders who are still suppressing revolts of rank-and-file nurses against the conditions of hospital work.

00601

0150163 80181505

**A historical and socioeconomic analysis of occupational safety and health in India.**

Vilaniam JV

Int J Health Serv ,1980, 10 (2) p233-49, ISSN 0020-7314

Journal Code: GRJ

Languages: ENGLISH

Workers in poor countries of the so-called Third World are more likely to be affected by the dangers of high technology than their counterparts in wealthier countries. Owing to their lack of education, most workers in the "developing" world are unaware of the hazards of their occupations. Moreover, their general backwardness in sanitation and nutrition and climatic proneness of their geographic region to epidemics cause diseases contracted from the work environment to be aggravated. Occupational diseases are often misconstrued as diseases resulting from the general environment. Since unemployment in underdeveloped countries is of a very high order, workers are prepared to accept any job, irrespective of the dangers involved. Labor is cheap and easily replaceable, so employers see no need for improving occupational safety and health. Labor unions are mostly controlled by full-time politicians who consider health a political issue, especially when their party controls the country's government. The seriousness of all these factors is heightened by the existing socioeconomic order in poor countries, in which national medievalism and multinational modernism play a crucial role. In order to understand the prevailing socioeconomic order, one has to analyze the social structures of poor countries in the context of today's world economic structure. India is taken as an example of a "developing" country where all the above-mentioned factors and many others are in operation: backwardness of the worker; poor nutrition; lack of concern for public health; proneness to epidemics; and indifference on the part of employers, politicians, and unions toward occupational health; high unemployment, control of the local economy by multinational corporations; and control of the mass media by feudalistic vested interests. This article attempts to analyze the occupational health and safety issue in India from a historical perspective, and stresses the vital need of structural changes in various fields so that workers can have a safe and healthy working environment.

0150103 80180933

**Program ensures better treatment for patients.**

Toban PL; Moore R

Hospitals ,Jun 1 1980, 54 (11) p76-8, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

Training program for all employees with patient contact has improved patients' view of the hospital itself and has employees more aware of their contributions to the hospital.

**44-year dental health survey of Helsinki schoolchildren.**

Rytomaa I; Jarvinen V; Galonius PE

Community Dent Oral Epidemiol ,Feb 1980, 8 (1) p66-7, ISSN 0301-5661 Journal Code: DNF

Languages: ENGLISH

The purpose of the present study was to establish whether the number of intact teeth in Helsinki schoolchildren aged 7-13 years was rationally correlated with the wartime reduction in sugar consumption and, later, with dental health education programs in Finland. The period covered is 44 years. The results show that dental health education is effective in caries prevention and that enforced programs can lead to an improvement similar to that seen during the war.

0149653 80175899

**Care of private patients in teaching hospitals: a perspective of the referring physician.**

Berger H

Bull NY Acad Med ,May 1980, 56 (4) p393-400, ISSN 0028-7091 Journal Code: BQO

Languages: ENGLISH

0149652 80175898

**A study of the role of private patients in surgical training programs: a resident's viewpoint.**

Greif JM

Bull NY Acad Med ,May 1980, 56 (4) p385-92, ISSN 0028-7091 Journal Code: BQO

Languages: ENGLISH

0149651 80175897

**Private patient care and residency training: a surgeon's viewpoint.**

Polk HC Jr

Bull NY Acad Med ,May 1980, 56 (4) p378-84, ISSN 0028-7091 Journal Code: BQO

Languages: ENGLISH

00602

0149850 80177959

0149571 80170171

**Sustaining board trains future trustees.**

Stanton J  
Trustee ,May 1980, 33 (5) p53-4. ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

The sustaining board of fellows of Mount Sinai Medical Center, Miami Beach, FL, serves as a training ground for future members of the hospital's board of trustees. The sustaining board also sponsors numerous hospital projects, including a student scholarship program and various community outreach programs.

00328

0149549 80169938

**Risk management education: program development. Part three.**

Hollander EC  
Tex Hosp ,Apr 1980, 35 (11) p50-1. ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0149155 80158247

**The children's hospital: a parent-child center.**

Green M  
Hosp Admin Curr ,Jan-Feb 1980, 24 (1) p1-4. Journal  
Code: GCI  
Languages: ENGLISH

0149028 80156049

**Planning for ambulatory pharmacy services.**

Gong WC; Floyd RA  
Contemp Pharm Pract ,Spring 1980, 3 (2) p78-81. ISSN  
0162-3761 Journal Code: DQ9  
Languages: ENGLISH

To aid in the planning of patient-oriented pharmacy services in an ambulatory care center, the demographic profile of the patients visiting the pharmacist at the Sunol Health Center (SHC) pharmacy in Los Angeles, California was studied. Analysis of the data collected over a 6-month period revealed that female patient visits were double the number of male patient visits. Ten disease conditions requiring drug therapy accounted for 75% of all problems presented by the patients. The mean number of prescribed medications received per patient was 1.7. The ratio of newly prescribed medications versus refill medications was 2.5 to 1 or 70% versus 30%. The proportion of new patient visits versus return patient visits was 55% versus 45%. With this information, the training of the pharmacist and the services of a pharmacy may be designed specifically to meet the needs of the patients in the community or the ambulatory care setting.

0149022 80155963

**East Tennessee Baptist opens cardio/pulmonary reconditioning center.**

Hanshaw R  
Times ,May-Jun 1980, 21 (5) p27. Journal Code: DNB  
Languages: ENGLISH

0148946 80174634

**Every town should have one.**

Gaynor B  
Aust Fam Physician ,Jan 1980, 9 (1) p45-51. ISSN  
0300-8495 Journal Code: 9EC  
Languages: ENGLISH

0148481 80169110

**The method of training traditional healers and midwives among the Yoruba of Nigeria.**

Oyebola DD  
Soc Sci Med ,Jan 1980, 14A (1) p31-7. ISSN 0037-7856  
Journal Code: UUA  
Languages: ENGLISH

0148467 80169086

**The nurse and cancer patient education.**

Johnson J; Flaherty M  
Semin Oncol ,Mar 1980, 7 (1) p63-70. ISSN 0093-7754  
Journal Code: UN5  
Languages: ENGLISH

0148464 80169081

**Nursing roles in continuing care: home care and hospice.**

Baird SB  
Semin Oncol ,Mar 1980, 7 (1) p28-38. ISSN 0093-7754  
Journal Code: UN5  
Languages: ENGLISH

0148463 80169080

**The nurse in a community hospital setting.**

Thaney KM  
Semin Oncol ,Mar 1980, 7 (1) p18-27. ISSN 0093-7754  
Journal Code: UN5  
Languages: ENGLISH

00603

Languages: ENGLISH

0148462 80169079

**The nurse oncologist.**

Semin Oncol ,Mar 1980, 7 (1) p1-87, ISSN 0093-7754  
Journal Code: UN5  
Languages: ENGLISH

0148438 80168891

**Drug and psychosocial therapy in schizophrenia: current status and research needs.**

Goldberg SC  
Schizophr Bull ,1980, 6 (1) p117-21, ISSN 0586-7614  
Journal Code: UDH  
Languages: ENGLISH

The author assesses the current status of research on psychopharmacological and psychosocial interventions with schizophrenic patients. Among the issues discussed are the needs to validate the diagnosis of schizophrenia; to reduce sample heterogeneity by defining subgroups based on meaningful response to drug treatment, long-term course, family history, neurologic soft signs, etc.; to characterize the subgroup of patients who do not respond to or do not require neuroleptic treatment; to determine the prevalence of tardive dyskinesia on a national and regional basis; to use blood levels of neuroleptic drugs as indices of whether individual patients are receiving adequate dosages; to investigate further the question of drug compliance and optimal duration of maintenance therapy; and finally to demonstrate how drug treatment and social skills training interact with each other.

0148381 80167850

**Care of immigrant under-fives. Some aspects of health service planning for children of cultural minorities.**

Slack PA  
R Soc Health J ,Feb 1980, 100 (1) p13-5, ISSN 0035-9130  
Journal Code: QM3  
Languages: ENGLISH

0148296 80166965

**Education and training for primary care as seen by a health visitor.**

Batley N  
Nurs Times ,Apr 17 1980, 76 (16) psuppl 10:41-3, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0148293 80166962

**Education: the teaching process.**

Young EJ  
Nurs Times ,Apr 3 1980, 76 (14) p605-6, ISSN 0029-6589  
Journal Code: 09U

0148216 80166405

**Primary care physicians make needs known.**

Queeney DS; van Nieuwkerk J  
Pa Med ,May 1980, 83 (5) p30, ISSN 0031-4595  
Journal Code: 00G  
Languages: ENGLISH

0148187 80166095

**Employee assistance programs: promoting on-the-job vitality.**

Jacobs PE  
Occup Health Saf ,Apr 1980, 49 (4) p34-6, ISSN 0362-4064  
Journal Code: ODE  
Languages: ENGLISH

0148111 80165293

**[Patient cooperation in hypertensive therapy (author's transl)]**

Die Kooperation des Patienten bei der Hochdrucktherapie.  
Holzgreve H  
MMW ,Feb 22 1980, 122 (8) p267-70, ISSN 0341-3098  
Journal Code: NMM  
Languages: GERMAN Summary Languages: ENGLISH  
Patients with hypertension usually follow the medical recommendations only very inadequately. It can be assumed that perhaps 50-60% of hypertensives take less than 50-80% of the drugs prescribed. Improved cooperation will best be achieved when the nature of their illness, the necessity for prolonged treatment and the consequences of not being treated are carefully and intelligently explained to the patient. The plan of treatment should be simple and adapted to the living habits as closely as possible. The patient should be instructed on the possible side-effects of the drug as early as possible and strengthened in his own sense of responsibility (e.g. keeping a record and measuring his own blood pressure). Regular follow-up examinations possibly by the appointment system should be arranged. The legislators and the pharmaceutical industry are asked to produce package inserts which patients can understand.

00604



0148110 80165291

**[Emergency services in case of catastrophes. The physicians were forgotten. Simply unbelievable (interview)]**

Katastrophenschutz: die Ärzte wurden vergessen. Einfach unglaublich.

Koslowski L

MMW ,Feb 22 1980, 122 (8) p260-1, ISSN 0341-3098

Journal Code: NMM

Languages: GERMAN

0148023 80164896

**Physicians' role in the future needs to be clarified, refined.**

Klinkner MW

Mich Med ,May 1980, 79 (14) p242, ISSN 0026-2293

Journal Code: MX2

Languages: ENGLISH

0148021 80164894

**Physicians' role to cure and care--importance of latter must not be overlooked.**

Pacer R

Mich Med ,May 1980, 79 (14) p240, ISSN 0026-2293

Journal Code: MX2

Languages: ENGLISH

0147911 80163201

**Nutritional support of the hospitalized patient. The team concept.**

Nehme AE

JAMA ,May 16 1980, 243 (19) p1906-8, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

Two groups of patients receiving total parenteral nutrition (TPN) were compared in a prospective study for a period of 24 months. The TPN in one group of 211 patients was exclusively managed by a nutrition support team. A variety of physicians managed the TPN of 164 patients in the other group. The complication rate of both groups was compared. The second group had a much higher incidence of all complications. The study concludes that a protocol strictly adhered to by knowledgeable persons is necessary for the proper administration of TPN in the hospitalized patient.

0147896 80162938

**Barefoot or professional? Community health workers in the third world: some important questions concerning their function, utilization, selection, training and evaluation.**

Vaughan JP

J Trop Med Hyg ,Feb 1980, 83 (1) p3-10, ISSN 0022-5304

Journal Code: KAV

Languages: ENGLISH

0147833 80162449

**The role of the children's nurse in the community.**

Gow M; Atwell J

J Pediatr Surg ,Feb 1980, 15 (1) p26-30, ISSN 0022-3468

Journal Code: JMJ

Languages: ENGLISH

In 1969 a pediatric home nursing service was started in Southampton to care for sick children at home. The primary role of the children's nurse in the community is discussed with particular reference to day case surgery, early discharge, care of the mentally and physically handicapped, pediatric medical care, prevention of a hospital admission, and care of the terminally ill. The secondary roles of teaching and liaison between the hospital and the primary health care team is discussed. After 10 yr experience with over 12,000 admissions to the day unit we believe that the majority of general surgical procedures such as circumcision, inguinal herniotomy, and orchidopexies can be safely undertaken on a day basis. The provision of adequate nursing care in the community which is closely linked with the hospital has been one of the main reasons for the success of the scheme.

0147823 80162254

**Health carnival: an experiment in health education.**

Wear RF Jr; Hawley RC; James M

JDM ,Apr 1980, 22 (4) p253-5, ISSN 0096-1736 Journal

Code: JGN

Languages: ENGLISH

Some common diseases or accidents that kill or disable persons prematurely are preventable, delayable or sometimes curable if detected early. Prevention, delay or cure requires that individuals be informed of the risks and of the ways they can avoid them, and that those with habits that increase their risks change their behavior. The authors decided to attempt health education of employees and their families by using a carnival setting to make it attractive and memorable. Active participation and demonstrations were used to stimulate interest and involvement to promote learning. Attendance was satisfactory and post-carnival conversations and questionnaires suggest that this might be a useful method of promoting health and safety with employees and their families.

00605

0147582 80159484

**The future of allied health education.**

Dickey FG

J Allied Health ,Feb 1980, 9 (1) p5-13, ISSN 0090-7421

Journal Code: HA8

Languages: ENGLISH

0147580 80159482

**Preparing faculty for the allied health professions: a follow-up study of a program's graduates.**

Holcomb JD; Ponder LD; Evans DW; Roush RE; Buckner WP

J Allied Health ,Feb 1980, 9 (1) p41-8, ISSN 0090-7421

Journal Code: HA8

Languages: ENGLISH

Since 1972, Baylor College of Medicine, the University of Houston and Texas A&M University have jointly offered a graduate Program in Allied Health Teacher Education and Administration. The purpose of the program is to prepare faculty and administrative leaders for allied health education programs. As of December 1978, a total of 94 allied health professionals had completed master's or doctoral degrees and most of them are currently pursuing academic careers. This article describes the results of a follow-up study of these graduates to determine their current activities, locations and job satisfaction and to make decisions regarding the success of the program in reaching its goals.

0147499 80158896

**Relative roles of toothbrushing, sucrose consumption and fluorides in the maintenance of oral health in children.**

Ainamo J

Int Dent J ,Mar 1980, 30 (1) p54-66, ISSN 0020-6539

Journal Code: GPT

Languages: ENGLISH

0147432 80158293

**Swing beds can work--with good planning.**

Miller DB

Hospitals ,May 16 1980, 54 (10) p97-103, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

Swing beds in an acute care hospital should be grouped in a distinct unit staffed by specially trained professionals who can adjust to the needs of the limited long-term care patients.

0147420 80158281

**Urban hospital reaches out to its area's aged.**

Riklan M; Larson DL; Gerardi G; Beard JM

Hospitals ,May 16 1980, 54 (10) p110-2, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

In the medically underserved Bronx, NY, a hospital's gerontology center provides screening, health education, and outpatient services to elderly residents in the community.

0147345 80157054

**Adolescent pregnancy prevention services in high school clinics.**

Edwards LE; Steinman ME; Arnold KA; Hakanson EY

Fam Plann Perspect ,Jan-Feb 1980, 12 (1) p6-7,11-4, ISSN 0014-7354

Journal Code: ERK

Languages: ENGLISH

0147298 80156470

**What patients with diabetes want to know about their therapy.**

Breidahl HD

Drugs ,Feb 1980, 19 (2) p135-40, ISSN 0012-6667

Journal Code: EC2

Languages: ENGLISH

0147207 80155505

**Home teaching in the North-West: a pilot survey.**

Petrie I; Taylor P

Child Care Health Dev ,Jan-Feb 1980, 6 (1) p57-64, ISSN 0305-1862

Journal Code: C9X

Languages: ENGLISH

The home teaching services in three counties and two metropolitan districts in the north-west were surveyed. A questionnaire was used to gather information relating to the number of children and range and types of problems referred, organization and staffing, and changes and developments in the services. Wide differences were found among the individual education authorities in these various aspects of home tuition. Although home teaching demands high professional skills it does not offer an attractive career structure and is very largely staffed by part-time women teachers.

00606

0147165 80154928

**Antibiotic misuse in a pediatric teaching hospital.**

Schollenberg E; Albritton WL

Can Med Assoc J ,Jan 12 1980, 122 (1) p49-52, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

Antibiotic use at a pediatric teaching hospital was reviewed for a month. A total of 188 courses of therapy were evaluated with respect to choice of antibiotic, dosage and necessity of treatment. Errors in therapy were noted in 30% of the medical orders and 63% of the surgical orders. The most frequent error, unnecessary therapy, was found in 13% and 45% of the medical and surgical orders respectively. Error rates were highest for the most frequently ordered antibiotics, notably the penicillins. The magnitude of the problem appeared to be similar to that previously reported from general and adult hospitals. The difficulties with solutions such as educational programs and compulsory consultation are discussed.

0147115 80154438

**Clinical medical officers in the child health service.**

Faculty of Community Medicine.

Br Med J ,Feb 9 1980, 280 (6211) p385-6, ISSN 0007-1447

Journal Code: B4W

Languages: ENGLISH

0146989 80149262

**Guatemala's rural health technicians: an overview.**

Viau A; Bostrum ER

World Hosp ,Feb 1980, 16 (1) p31-4, ISSN 0512-3135

Journal Code: XP6

Languages: ENGLISH

0146988 80149261

**The barangay health worker and the barangay nutrition and health scholar.**

Nieto EP

World Hosp ,Feb 1980, 16 (1) p28-31, ISSN 0512-3135

Journal Code: XP6

Languages: ENGLISH

0146987 80149260

**Management of health institutions and manpower utilisation in India.**

Sahni A

World Hosp ,Feb 1980, 16 (1) p25-8, ISSN 0512-3135

Journal Code: XP6

Languages: ENGLISH

0146985 80149258

**The primary school and the teacher: new health care roles in developing countries.**

Ahmad S

World Hosp ,Feb 1980, 16 (1) p21-3, ISSN 0512-3135

Journal Code: XP6

Languages: ENGLISH

0146981 80149254

**Medic 1--the Seattle System for the management of out-of-hospital medical emergencies.**

Jetland RI

World Hosp ,Feb 1980, 16 (1) p10-2, ISSN 0512-3135

Journal Code: XP6

Languages: ENGLISH

0146946 80146859

**Respiratory therapists in the NICU.**

Dawes GW; Gee GN

Respir Ther ,Mar-Apr 1980, 10 (2) p38-40, ISSN

0048-7392 Journal Code: R8L

Languages: ENGLISH

The need for respiratory therapists in a hospital's NICU has not always been apparent, nor has the respiratory therapist's role been entirely understood and adequately defined. Many hospitals do not even recognize the need for respiratory-care services in this specialty area, and among medical staff there is a certain uneasiness in allowing an unfamiliar paramedical profession (such as respiratory therapy) to enter their well-established realm. Training in ICU care for infants and becoming credentialed in this specialty area is still in its beginnings. Loma Linda University Medical Center (LLUMC) is one example of how a respiratory-care department was able to break through the barriers and deliver care to the NICU patients. The background of how this breakthrough actually took place and what role the respiratory therapist first played is discussed, as well as that role's expansion and the progression that has taken place since respiratory care's first involvement.

0146938 80146182

**Recruiting psychiatrists seen as vital issue.**

Hales D

Psychiatr News ,Apr 4 1980, 15 (7) p1, 4-5, 27, ISSN

0033-2704 Journal Code: QC1

Languages: ENGLISH

00607

0146924 80145353  
**Behavioral contingency management: a bottom-line alternative for management development.**  
White DD; Davis B  
Pers Adm ,Apr 1980, 25 (4) p67-75, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0146700 80135719  
**Training for innovation: chicken or egg?**  
Diplock C  
Health Serv Manpower Rev ,Feb 1980, 6 (1) p11-4,  
Journal Code: GBY  
Languages: ENGLISH

0146519 80152775  
**Hindsight, insight and foresight of nursing.**  
Condon MB  
Ariz Nurse ,Jan-Feb 1980, 33 (1) p1, 6, 15, 18, ISSN  
0004-1599 Journal Code: 8NB  
Languages: ENGLISH

0146515 80152674  
**To answer questions. A review of an autopsy service.**  
Mergner WJ; Sutherland JC; Tigertt WD; Trump BF  
Arch Pathol Lab Med ,Apr 1980, 104 (4) p167-70, ISSN  
0363-0153 Journal Code: 79Z  
Languages: ENGLISH

Autopsies are important in the quality control of medical practice, in research, and in teaching. We have attempted to realize more of the service, teaching, and research potential from doing autopsies. The key of all efforts is the involvement of the senior staff. This involvement should be made possible by supporting such a person by a qualified team that consists of the mortuary service, pathologist's assistants, and highly trained and qualified residents. Such a staff person can direct his or her attention toward improving communication with clinicians, answering open questions in-depth, encouraging collaborative clinicopathological projects, developing new approaches to the performance of autopsies, such as the immediate autopsy, and using special laboratory modalities, such as electron microscopy and immunofluorescence. Computer storage of autopsy data and retrieval for special studies seem to make autopsy data available and usable. It is most important that autopsies be performed, that they be done well, and that their findings be carefully evaluated using all available scientific tools and, finally, that the results are adequately communicated.

**Designing an outpatient surgery program.**  
Shaw LM  
AORN J ,Apr 1980, 31 (5) p900, 902, 906, passim, ISSN  
0001-2092 Journal Code: 6JR  
Languages: ENGLISH

0146474 80152169  
**Power for the OR nurse.**  
Sandford ND  
AORN J ,Apr 1980, 31 (5) p787-94, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0146466 80152159  
**OR nursing committee works for change.**  
Hett AE; McDevitt EF; Toohey EM  
AORN J ,Mar 1980, 31 (4) p701,703-4,706, passim, ISSN  
0001-2092 Journal Code: 6JR  
Languages: ENGLISH

0146367 80151228  
**Assessing the acute inpatient psychiatric needs of the state hospital patient.**  
Cotton PG; Macht LB  
Am J Psychiatry ,Apr 1980, 137 (4) p480-2, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Regulators have a major opportunity to enhance the community care of former state hospital patients through their power to authorize additional general hospital psychiatric beds. The authors propose a series of clinical criteria for such regulators based on a review of state hospital admissions. These include provisions for patients who have chronic illness with repeated hospitalizations, who are involuntarily admitted, who have alcoholism, and who are impoverished. Further implications for general hospital units include specific changes in their treatment strategy, their links to facilities for ambulatory patients, and their provisions for staff education and support.

00608

0146487 80152184

0146310 80150910

**Patient comprehension of written drug information.**

Eaton ML; Holloway RL

Am J Hosp Pharm ,Feb 1980, 37 (2) p240-3, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The effect of the readability level of patient drug information materials on patient comprehension of and attitude toward the information was studied. The reading level of 108 outpatients at a Veterans Administration hospital who could read English, read type of normal size, and who were not receiving warfarin sodium was measured. Patients then were given, on a random basis, a warfarin drug monograph written on either the 5th- or 10th-grade level. To test comprehension, all subjects took a true-false test of recall written at the 5th-grade level. A significant relationship was found between comprehension and reading ability (p less than 0.001). Patients receiving the 5th-grade level monograph exhibited significantly better comprehension than those receiving the 10th-grade level material (p less than 0.001). As compared with those getting 10th-grade material, the group receiving the 5th-grade material had a more favorable perception of the level of difficulty, understandability, and clarity of the material. The study indicates that comprehension of written patient drug information can be improved by adjusting the readability of informational materials to the reading level of the patients.

0146095 80149001

**Fund raising for veterinary education.**

Fussell MH

Vet Rec ,Jan 1980, 108 (3) p62-3, ISSN 0042-4900

Journal Code: XBS

Languages: ENGLISH

0146028 80147931

**Nursing leadership crisis: proposal for solution.**

Wilsea MM

Superv Nurse ,Apr 1980, 11 (4) p47-8, ISSN 0039-5870

Journal Code: VAK

Languages: ENGLISH

0145928 80147356

**[Ways of organization for the treatment of malignant neoplastic diseases]**

Organisationsformen für die Behandlung maligner Tumorkrankheiten.

Senn HJ

Schweiz Med Wochenschr ,Jan 1980, 110 (1) p4-11, ISSN

0036-7672 Journal Code: UEI

Languages: GERMAN Summary Languages: ENGLISH

To meet the challenge, quantitative and especially

qualitative, of optimum care for the large number of patients with disseminated neoplastic diseases, it is essential to create new, strongly interdisciplinary patient care systems. Acceptance of "medical oncology" as an important new subspecialty of internal medicine and the establishment of well equipped onco-(hematology) divisions, assuring adequate coordination of "total oncological care" within the traditional structure of large regional hospital centers, represents a necessary prerequisite. Adequate therapy and optimal supportive care for the many tumor types and stages must be critically evaluated in suitable controlled, largely cooperative clinical trials. To facilitate such evaluations and guarantee optimal access and care for the majority of tumor patients, the availability of competent and regional distributed clinical tumor centers, and their close coordination in national and international cancer research groups, is extremely important. These regional interdisciplinary tumorcenters (usually within large "maximal care" type general hospitals), and especially their outpatient departments, need to cooperate permanently on a partner-to-partner basis with physicians and smaller non-specialized hospitals in their neighbourhood. They are also responsible for establishing an adequate teaching and consultancy program for physicians, nurses and the public in their area.

0145561 80144988

**Into the 80s: preparing for the next decade.**

Bolton G

Nurs Times ,Jan 3 1980, 76 (1) p26-8, ISSN 0029-6589

Journal Code: 09U

Languages: ENGLISH

0145537 80144958

**Running a CE program: administrative strategies.**

Haymes H

Nurs Outlook ,Mar 1980, 28 (3) p183-6, ISSN 0029-6554

Journal Code: 09H

Languages: ENGLISH

0145259 80143743

**Helping the diabetic manage his self-care.**

Guthrie D

Nursing (Horsham) ,Feb 1980, 10 (2) p57-64, ISSN

0360-4039 Journal Code: DA3

Languages: ENGLISH

00609

0145240 80143700  
**The dilemma of patient education.**  
Bille DA  
Nurs Adm Q ,Winter 1980, 4 (2) p87-95, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0145237 80143697  
**Negotiating a patient teaching policy in the community hospital.**  
Dison CC; Kinnaird LS  
Nurs Adm Q ,Winter 1980, 4 (2) p75-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0145236 80143695  
**Implementation of educational programs for patients.**  
McCulloch C; Boggs BJ; Varner CF  
Nurs Adm Q ,Winter 1980, 4 (2) p61-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0145227 80143683  
**On the scene: Tufts-New England Medical Center Hospital. Patient education: the importance of institutional support.**  
Woldum K  
Nurs Adm Q ,Winter 1980, 4 (2) p13-17, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0145225 80143681  
**A community hospital's approach--decentralized patient education.**  
Malkin S; Lauteri P  
Nurs Adm Q ,Winter 1980, 4 (2) p101-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0145220 80143403  
**Medication education for the chronic hemodialysis patient.**  
Weiss M  
Nephrol Nurse ,Mar-Apr 1980, 2 (2) p8-9, 12, Journal Code: NW9  
Languages: ENGLISH

0145125 80142749

**Inner-city community health centre: six years' experience.**  
Morey S; Williams AT; Moloney J  
Med J Aust ,Jan 26 1980, 1 (2) p55-7, ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH  
Some aspects of the work of an inner-city community health centre administered by a large teaching hospital are described. Some sociodemographic characteristics and patterns of morbidity of persons attending the centre over the past six years are presented. Initial attempts of evaluation of clinical services provided by the centre are described.

0145075 80142386  
**Home care for young with long-term tracheostomies.**  
Aradine CE  
MCN ,Mar-Apr 1980, 5 (2) p121-5, ISSN 0361-929X  
Journal Code: MA3  
Languages: ENGLISH

0145074 80142382  
**Administering medication to children.**  
Weeks HF  
MCN ,Jan-Feb 1980, 5 (1) p63, ISSN 0361-929X Journal Code: MA3  
Languages: ENGLISH

00610

0144957 80140876

**Patient compliance with a home parenteral nutrition program.**

Hughes BA; Fleming CR; Berkner S; Gaffron R

JPEN ,Jan-Feb 1980, 4 (1) p12-4, ISSN 0148-6071

Journal Code: KGA

Languages: ENGLISH

A systematic study of patient compliance to home parenteral nutrition (HPN) was done by an independent nurse who visited 10 patients and families at varying periods after HPN had been started. A compliance scale was based on assessment of aseptic technique, sequence of steps followed, safety precautions, proper use of equipment, and knowledge of complications. Compliance percentiles ranged from 73 to 97, with a median of 95. Seven of the 10 patients scored 90% or more in overall compliance. The only category that clearly showed a deficiency was patient knowledge of potential complications of HPN. Factors that correlated positively with a high compliance score were male sex, absence of children in the home, and wives who were enthusiastic about HPN and who offered the most moral support. This study shows that patients with chronic disabling diseases of the small bowel and severe malnutrition can be managed safely at home with HPN if they are properly trained and supervised.

0144944 80140839

**Algorithm-directed triage of pediatric patients. A prospective study.**

Wilson FP Jr; Wilson LO; Butler AB; Canales L

JAMA ,Apr 18 1980, 243 (15) p1528-31, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

An Army corpsman used physician-written triage algorithms to rate the urgency of the chief complaints of 2,000 pediatric outpatients. His ratings agreed with subsequent ratings by physicians in 84% of cases. The corpsman assigned a higher care urgency classification in 15% of cases and a lower classification in only 1.2% of cases. No danger to patients resulted from the algorithm-directed screening. Use of a "nonprofessional" as a triage agent spares the pediatrician, pediatric nurse practitioner, and nurse for providing health care. With increasing use of acute care facilities by patients without appointments, physician-written algorithms allow triage agents who lack formal medical training to determine safely the need for care of patients.

0144900 80140322

**The design and use of appropriate health technologies for developing countries.**

Lomax CA

J Med Eng Technol ,Jan 1980, 4 (1) p11-5, ISSN

0309-1902 Journal Code: J14

Languages: ENGLISH

Health care in developing countries is discussed in terms of the administrative systems, medical manpower and technologies

which are most appropriate to the economic and cultural environment in which they will be used. Appropriate technology must be preceded by appropriate research and development and those involved in the training of overseas students should critically examine the relevance of the course to the needs of the students.

0144695 80138153

**Developing effective institutional managers in the 1980s--Part 1: a current analysis.**

Lees S

J Adv Nurs ,Mar 1980, 5 (2) p209-20, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

Two dominant themes are developed in this two part paper. One is that the organizational behaviour of nurse managers has its origins in the social defence system learned during early nursing; the other is that many of the assumptions which underpin current thinking on management training can do little either to help unlearn these early behaviours or to enable managers to be more innovative in their roles. In part one management training is examined in some detail from the three perspectives of the institution, the management trainers and the nurse managers, and in particular the widely differing assumptions and expectations which each have about the management training process. The social defence system of nursing is then analysed and tentative evidence is offered to illustrate how nurse managers transfer this system to managerial positions, with dysfunctional consequences. Although primarily concerned with nurse management training, there are implications for managers and management trainers in a much wider range of institutions and professions.

00611

0144693 80138151

**Constructs of relationships and issues of authority in nursing.**

Shaw M; Heyman B  
J Adv Nurs ,Mar 1980, 5 (2) p187-98, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

The research on which this paper is based was designed to investigate nurses' perceptions of relationships in their work. The most important issue to emerge from their descriptions of relationships was that of the nature of authority. From their own accounts; examples of which are included in this paper; it can be seen that views of authority in the hospital setting are both complex and varied. We have identified four different types of authority as seen by nurses: parental, reciprocal, political and arbitrary. Our research suggests that any analysis of authority relationships based purely on structural arrangements would be too simplistic. One possible implication of the findings we present might be that more explicit discussion of the nature of authority in nursing relationships should be encouraged both in training and subsequently.

0144691 80138149

**Effectiveness of self instructional units in post-basic nursing education: with special reference to the use of nursing care plans unit.**

Ogundeyin WM  
J Adv Nurs ,Mar 1980, 5 (2) p169-78, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

A self instructional unit (SIU) on nursing care plans was tested to demonstrate its effectiveness on the cognitive performance of three different student achievement groups. Two other text formats: Question Text Type (QTT) and Information Text Type (ITT) were utilized to demonstrate their effect on the cognitive performance of the three achievement groups. The expectation was that the SIU would successfully improve the subjects' knowledge on nursing care plans, and that the post test scores would be related to the text types used during the study. The subjects were 48 B.Sc. (Nursing) degree students in the first year of a post-basic nursing degree programme who were divided into high, middle and low achievement groups, according to the results of a pretest on the theory related to nursing care plans. The results showed that the SIU significantly improved the basic knowledge of subjects on nursing care plans. Furthermore, the SIU and the QTT appeared to be superior to the ITT formats. On the whole there appears to be a relationship between text type and cognitive performance whilst students try to accumulate or review information.

0144679 80138092

**Recruitment of ethnic and socio-economically disadvantaged**

**students into dentistry.**

Claycomb CK; Moreland D Jr; Park RI  
J Dent Educ ,Apr 1980, 44 (4) p195-7, ISSN 0022-0337  
Journal Code: HY7

Languages: ENGLISH

A program designed to attract and graduate underrepresented minorities and disadvantaged students in dentistry is reported. The program consisted of three phases: career orientation, recruitment, and academic enrichment/retention. In the six years of this program's existence, the number of minority students enrolled increased from 1 to 28, including 12 who were graduated by June 1979. Only two were lost because of academic difficulties. An analysis of grades and tutorial needs showed that students experienced the most difficulty with first-year basic science courses. Recommendations are presented for program improvement.

0144678 80138091

**Increasing recruitment and retention of minority students in health programs--dentistry.**

Henry JL  
J Dent Educ ,Apr 1980, 44 (4) p191-4, ISSN 0022-0337  
Journal Code: HY7

Languages: ENGLISH

0144644 80137328

**New health practitioners and Arkansas.**

Kutait K; Busby D  
J Arkansas Med Soc ,Feb 1980, 76 (9) p353-60, ISSN 0004-1858  
Journal Code: HEV

Languages: ENGLISH

00612



0144523 80136740

**Comparison of clinic and home blood pressure measurements.**

Silverberg DS; Rosenfeld JB

Isr J Med Sci ,Jan 1980, 16 (1) p22-4, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

The blood pressures of 26 treated hypertensive patients were monitored throughout a 4-min interview with a physician and during a further 6 min of silence. During the period of conversation, the systolic pressure did not change significantly but diastolic pressure rose by 5.6 mm Hg. During the subsequent period of silence the mean systolic/diastolic blood pressure fell by 19.7/11.3 mm Hg. After a training course, 20 of the patients measured their blood pressure at home for one week. There was no significant difference between the mean systolic pressure taken in the home and that measured after 5 min of quiet rest in the clinic. The mean clinic diastolic blood pressure after 5 min of quiet rest was 3.1 mm Hg higher than that measured at home. Since hypertensive cardiovascular complications are more closely related to home than to casual clinic measurements, and since the blood pressure after 5 min of quiet rest in the clinic closely approximates the home measurement, we suggest that clinic blood pressure be taken only after 5 min of quiet rest.

0144504 80136528

**The role of community health nurses in family health education at home in a southern province of Iran (Fars).**

Jinadu MK

Int J Nurs Stud ,1980, 17 (1) p47-53, ISSN 0020-7489

Journal Code: GS8

Languages: ENGLISH

0144486 80136438

**Dermatology in Tanzania. Problems and solutions.**

Samitz MH

Int J Dermatol ,Mar 1980, 19 (2) p102-6, ISSN 0011-9059

Journal Code: GR2

Languages: ENGLISH

0144418 80136051

**Multidisciplinary learning in primary care settings.**

Collier IC; Libo G

Imprint ,Feb 1980, 27 (1) p46, 56, ISSN 0019-3062

Journal Code: GHC

Languages: ENGLISH

0144384 80135836

**Psychiatric hospital aids its community.**

Pena JJ; Cohen M; Rosen B; Ramseur JE

Hospitals ,Apr 16 1980, 54 (8) p63-5, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

A state hospital, which had been viewed as an unwelcome neighbor, has adopted a youth employment program that has established the facility as an asset to the community.

0144266 80133788

**Future trends in mental retardation.**

Menolascino FJ; Eaton LF

Child Psychiatry Hum Dev ,Spring 1980, 10 (3) p156-68, ISSN 0009-398X

Journal Code: D2B

Languages: ENGLISH

In summary, the future of retarded citizen in his or her community will encompass the full impact of today's key ideologies in human service, the fruits of research and prevention efforts, and a continuing quest to bring equal rights to a group of citizens who have for too long been termed "unequal". Some current key trends in the care of the mentally retarded strongly suggest that they will involve into postures towards ideology, prevention, treatment-management, advocacy, and economical approaches which will be oriented along the lines of the nine future trends herein presented. A persisting strong advocacy group of parents, interested professionals, and handicapped citizens themselves will keep pushing back the future horizons of help and hope.

0144202 80132336

**Monitoring and facilitating adherence to hypertension therapeutic regimens.**

Daniels LM; Kochar MS

Cardiovasc Nurs ,Mar-Apr 1980, 16 (2) p7-12, ISSN 0008-6355

Journal Code: C00

Languages: ENGLISH

0144137 80131589

**Outside Europe. An urban community health project.**

Paterson EH

Br Med J ,Jan 5 1980, 280 (6206) p29-31, ISSN 0007-1447

Journal Code: B4W

Languages: ENGLISH

00613

0144014 80094824

**Application of the training in community living program to rural areas.**

Field G; Allness D; Knoedler W  
J Community Psychol ,Jan 1980, 8 (1) p9-15, ISSN  
0090-4392 Journal Code: HUU  
Languages: ENGLISH

In previous work, The Training in Community Living program has been shown to be an effective and feasible mode of community treatment for markedly impaired patients. However, questions have been raised regarding its potential for dissemination to clinical settings in communities other than Madison, Wisconsin. Described are successful experiences in consulting with three rural Wisconsin counties to help them establish community treatment programs modeled on Training in Community Living principles. Also described are the factors responsible for the success of these consultations.

0143712 80115415

**Parent aides: an intervention program in cases of child abuse and neglect.**

Press-Rigler M; Kent JT; Croot P; Finnila M  
J Assoc Care Child Hosp ,Winter 1980, 8 (3) p64-8, ISSN  
0145-3351 Journal Code: HF6  
Languages: ENGLISH

The article describes a program at Childrens Hospital of Los Angeles that has developed a treatment modality for child abuse and/or neglect families using nonabusive parents as a critical link between the patient families and community and professional resources. A component of a larger intervention program, the Parent Aide Program involves nine aides recruited from the community and given orientation and training to some of the problems of child abusing and neglecting families. Under supervision they are assigned to selected families identified at the hospital and function in a variety of ways. They provide many of the services of a "good neighbor" (e.g., emergency transportation and babysitting) as well as emotional support and encouragement.

0143709 80115071

**Financing hospitals and clinical pharmacy services.**

Lash MP  
Hosp Pharm ,Feb 1980, 15 (2) p78-88, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

This article describes the existing health care operating environment and specifically details the reimbursement pressures within the hospital milieu. The paper outlines several financial management subjects that have special relevance to financing clinical pharmacy services. The process of developing new clinical pharmacy services which were subsequently approved for third-party payment is highlighted. The article optimistically concludes that new and extremely relevant clinically oriented pharmacy programs that offer

valuable service to the patient population can be developed and implemented with approval for reimbursement.

0143708 80115070

**Implementation of a unit dose distribution system for respiratory therapy medications.**

Smith MA; Land MJ; Guzzetti PJ  
Hosp Pharm ,Feb 1980, 15 (2) p71-5, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

The development and implementation of a comprehensive unit dose distribution system for respiratory medications is described. Initially, an evaluation of carts and unit dose packaging materials for respiratory medications was conducted. Subsequent to the selection, a unit dose processing and packaging program was developed in accordance with the Respiratory Therapy Medical Director's Standard Treatment Orders. A 24-hour exchange system, separate but paralleling the already operational unit dose system, was implemented. The primary advantages attributed to the implementation of this system were 1) a decrease in potential respiratory medication order interpretation/transcription errors; 2) a decrease in the waste of medication solutions; 3) a decrease in potential preparation errors by the respiratory therapists; 4) standardization and accuracy of respiratory medication dosages; and 5) a more equitable method of charging patients.

00614

structured treatment and prevention programs.

0143706 80115068

**Developing an educational safety program for pharmacy employees.**

Hayman JN  
Hosp Pharm ,Feb 1980, 15 (2) p56-60, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

The need for developing educational safety programs for pharmacy employees is discussed. A three-part program is offered as a guide for structuring a departmental safety program. Part I deals with environmental hazards such as wet floors, poor lighting, and cluttered walk areas. Precautions that should be taken to avoid accidental exposure to patients with communicable diseases are also included. Hazards that may result from improper handling of materials or equipment are addressed in Part II. Included are precautions for handling chemicals, needles, ladders, and electrical equipment. Proper methods of lifting heavy objects are also discussed. Part III details plans to protect staff members in the event of a fire. Plans for reporting fires and evacuating the pharmacy and hospital are discussed. The outlined program requires self-study by staff members during initial employee orientation, followed by annual retraining. Employees are tested and graded on safety topics, and training records are filed for future reference. The program outlined is thought to offer a simple yet effective means of acquainting staff members with established institutional and departmental safety procedures.

0143705 80114981

**Making pediatrics residency training a community affair.**

Greenberg LW  
Hosp Med Staff ,Mar 1980, 9 (3) p2-9, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

A successful community pediatrics residency training program was created through a university/community hospital affiliation agreement. Residents get firsthand experience with children on an ambulatory basis through the special office rotation program, and they are exposed to a broad panorama of pediatrics that is not primarily tertiary in nature. Residents also become familiar with community hospital settings--the facilities that they will use most often in their careers.

0143625 80114248

**Treating the impaired physician: the hospital's role.**

Flynn JR  
Hosp Prog ,Mar 1980, 61 (3) p44-7, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

Hospitals are partners with physicians in dealing with staff physicians' alcohol and substance abuse. Education and vigilance protect patients and the medical profession alike, and legal sanctions support hospitals' involvement in

0143607 80114100

**'Invisible' resource: women for boards.**

Schwartz FN  
Harv Bus Rev ,Mar-Apr 1980, 58 (2) p6-8, 12-4, 18, ISSN 0017-8012  
Journal Code: GBE  
Languages: ENGLISH

Despite the increased appearance of women on corporate boards in recent years, only 1.8% of the directors of the top 1,300 boards are women. Almost without exception, these women have been highly "visible" for their achievements in government, education, and nonprofit circles. But there are hundreds of other high achievers who are not so visible. The problem for chairmen and nominating committees is two-fold: (1) identifying and selecting the best of this "unknown" but talented pool of candidates and (2) defining and communicating their expectations from women.

0143603 80114096

**Instilling activism in trustees.**

Stern AR  
Harv Bus Rev ,Jan-Feb 1980, 58 (1) p24-6, 28, 32, ISSN 0017-8012  
Journal Code: GBE  
Languages: ENGLISH

One of the great challenges in America today is the stewardship of its not-for-profit institutions. While the profit motive may be absent in the running of such organizations, the demand for thoughtful budgeting, cost accounting, and financial skills still exists. Voluntary community hospitals in particular--given the economic realities of the day--need leadership, reciprocal education, and future planning. Speaking from his own experience, the author presents an activist's perspective on hospital boards; but service to other types of not-for-profit institutions involves similar demands for change.

00615

0143134 80128320

**Trends in training: focus on emergency medicine.**

Anwar RA

Ann Emerg Med ,Feb 1980, 9 (2) p60-71, ISSN 0196-0644  
Journal Code: 4Z7

Languages: ENGLISH

A research project was developed to study the process of professional socialization in graduate medical education by describing and analyzing the development of emergency medicine residencies in comparison to those of surgery and internal medicine. Based on the assumption that residency programs have a profound impact on the quality, distribution, and career patterns of physicians, researchers surveyed residents and residency directors in the three specialty groups to determine the following: characteristics of founders of the programs, factors influencing physicians to enter a specialty, variations in residency program organization and structure, and career patterns of physicians entering the specialty. Implications are drawn from the data and applied to the development of residency training. Anwar RAH: Trends in training: focus on emergency medicine.

0143125 80128298

**Effective algorithm-based triage and self-care protocols: quality medicine at lower costs.**

Vaughn PB; Wolcott BW; Dupont S

Ann Emerg Med ,Jan 1980, 9 (1) p55-60, ISSN 0196-0644  
Journal Code: 4Z7

Languages: ENGLISH

The triage phase of an algorithm-based medical care system was analyzed in three military patient environments. Combat medics triaged 4,799 patients using a physician-prepared triage manual which specified levels of initial health care based on the patient's presenting complaints and a brief history. Evaluation indicated that 36% of those reporting for sick call were eligible for treatment by medically appropriate self-care protocols. Of the remaining 64%, all but 4% could receive initial evaluation by non-physician health care extenders. The study demonstrates that personnel receiving basic medical training and orientation to an algorithm-directed triage system can direct military patients to appropriate levels of health care.

0143080 80127892

**Guidelines for hospital emergency medical service in a university hospital in France: a progress report.**

Murat JE; Vaur JL; Bernard JL; Pasdeloup J

Am J Surg ,Feb 1980, 139 (2) p240-3, ISSN 0002-9610  
Journal Code: 3Z4

Languages: ENGLISH

The emergency department has become a major portal of entry in university hospitals for patients with life-threatening conditions as well as for nonurgent cases. A fourfold increase in 10 years (28,263 patients in 1977) allows an analysis of

admissions according to the Abbreviated Injury Scale and of the value of diagnosis. Results emphasize the need for complementary surgical consultant and operator structures, a rapid and good quality approach and a specific coordination on an equal basis between the emergency department and other specialized departments. Teaching of practical emergency care should be adapted and increased.

0143023 80127484

**Rehabilitation of the cardiac patient. Bridging the gap between in-hospital and outpatient care.**

Devney AM

Am J Nurs ,Mar 1980, 80 (3) p446-9, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0143009 80127463

**The "entry into practice" conflict. How we got where we are and what will happen next.**

Lynaugh J

Am J Nurs ,Feb 1980, 80 (2) p266-70, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0142928 80127019

**Optimal use of portable and stat examination.**

Eisenberg RL; Akin JR; Hedgcock MW

AJR ,Mar 1980, 134 (3) p523-4, Journal Code: 3AE

Languages: ENGLISH

Using previously published criteria for "justification" of requests for portable and stat radiographs, a prospective study was instituted in a 300-bed teaching hospital. The rates of "unjustified" portable and stat examinations were 5% and 10%, respectively, significantly lower than in a previous study. The results indicate that close cooperation between radiologists and referring clinicians and proper education of house staff can result in more optimal use of these valuable, though often overused, techniques.

00616

0142755 80124260

**Sickle cell centers of tomorrow. Part I: Regional information centers.**

Diggs LW  
South Med J ,Feb 1980, 73 (2) p188-91, ISSN 0038-4348  
Journal Code: UVH

Languages: ENGLISH

Regional sickle cell organizations are needed to assemble, catalogue, and distribute information, to maintain teaching programs, to serve as referral agencies, and to aid individuals with sickle cell hemoglobinopathies in obtaining maximal benefit from existing community services. The governing body should be representative of the entire area. More than half of the voting members should be adults with the sickle cell trait or sickle cell disease and/or their relatives. A suggested minimal staff could consist of a secretary-librarian and a director. The usefulness of the "Center" to patients, especially at the time of their recurrent painful episodes, could be greatly extended by the maintenance of a 24-hour telephone answering service. Funding of the "Regional Sickle Cell Information Center" by the United Way is recommended.

0142553 80122002

**Report of the New England Regional Infant Cardiac Program.**

Pediatrics ,Feb 1980, 65 (2 Pt 2 Suppl) p375-461, ISSN 0031-4005  
Journal Code: OXV

Languages: ENGLISH

0142259 80119149

**Evaluation of television consultations between a large neonatal care hospital and a community hospital.**

Jones PK; Jones SL; Halliday HL  
Med Care ,Jan 1980, 18 (1) p110-6, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Two-way television consultations between community hospital nurses and neonatologists at a nearby teaching hospital were conducted over a two- and one-half year period of time and were evaluated with respect to a baseline time period in which the television was not available. Screening for illness and prematurity in neonates occurred in a high risk population residing in a black, economically deprived, innercity area. Outcomes including transfer of sick babies from the community hospital to the large teaching hospital are analyzed in relation to prenatal maternal risk characteristics. Apgar scores, birth weight and gestational age. Evidence available suggests that television consultations facilitated formation of appropriate criteria for interhospital transfer and that routine clinical screening tests were performed more consistently following initiation of interhospital consultations.

0142257 80119115

**Organization and operation of a home parenteral nutrition program with emphasis on the pharmacist's role.**

Gaffron RE; Fleming CR; Berkner S; McCallum D; Schwartz N; McGill DB

Mayo Clin Proc ,Feb 1980, 55 (2) p94-8, ISSN 0025-6196  
Journal Code: LLY

Languages: ENGLISH

A home parenteral nutrition program was organized at Mayo Clinic-Rochester Methodist Hospital in 1975. To date, 26 patients with chronic malnutrition usually due to either severe short bowel syndrome or extensive Crohn's disease have been trained in home parenteral nutrition for a total treatment period of 430 patient-months. Home parenteral nutrition is an attractive alternative for these patients in that it dramatically improves nutrition, promotes rehabilitation at home, and probably decreases long-term expenses. The numerous medical, psychosocial, and financial problems confronting patients on home parenteral nutrition are managed through a multispecialty team consisting of physicians, pharmacists, nurse, social worker, dietitian, physiatrist, psychiatrist, and business manager. The pharmacist is the person with whom the patient has the most contact during a 2-week training period. In addition to patient education, the pharmacist coordinates the transition to home care, offers in-service education on home parenteral nutrition to nurses and house officers, tests and evaluates the equipment, coauthors a training manual, and edits a quarterly newsletter to patients who are on home parenteral nutrition.

0142172 80117790

**Teaching primary care psychiatry to medical students: a program and its results.**

Welsh RJ; Brandsma JM; Storrow HB; James S  
J Med Educ ,Feb 1980, 55 (2) p135-7, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0142084 80116959

**Sound and fury in perspective: comments on the primary care backlash.**

Mull JD  
J Fam Pract ,Feb 1980, 10 (2) p333-4, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

00617

0142081 80116953

**Perceptions of the family physician by patients and family physicians.**

Hyatt JD

J Fam Pract ,Feb 1980, 10 (2) p295-300, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

The professional definition of the family physician is not based on research that considers both patient and family physician perceptions. Questionnaire responses from 86 family physicians and 287 patients from ten family practices in Los Angeles were analyzed to compare their attitudes, perceptions, and expectations of the family physician. Both groups agreed the family physician could handle most medical problems (including hospital care), should provide continuity, should emphasize preventive medicine, and should be caring. The physician's manner and skill were felt equally important. Family physician and patient expectations conflicted in four major areas: referral, the handling of emotional problems, concern with and care of family, and the issue of autonomy. Such research may help the development of family practice and improve the patient-family physician relationship through improved graduate and continuing medical education for family physicians.

0141998 80116336

**Dental education for care of the disabled at the University of Washington.**

Stiefel DJ

J Dent Educ ,Mar 1980, 44 (3) p141-5, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

0141891 80114913

**The handicapped pre-school child: the 'Portage' system in Gwent.**

Jones C

Health Visit ,Feb 1980, 53 (2) p42, ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0141769 80114176

**Sexuality education in a state mental hospital.**

Shaul S; Morrey L

Hosp Community Psychiatry ,Mar 1980, 31 (3) p175-9, ISSN 0022-1597

Journal Code: GCJ

Languages: ENGLISH

The issue of whether sex education programs should be offered in public psychiatric facilities is delicate and complex. It raises a number of questions about the sexual rights of patients and whether the programs help or harm them. The authors discuss such issues and describe a sex education

program for patients in the adult transitional living program at Western State Hospital. They believe such a program is necessary for patients who will be released from the hospital and thus expected to cope with the complexities of society. Staff members also attended educational sessions to give them an opportunity to discuss sexual issues. Recommendations for others interested in setting up a sex education program are included.

0141768 80114175

**Regulation, adaptation, and leadership in psychiatric facilities.**

Astrachan BM

Hosp Community Psychiatry ,Mar 1980, 31 (3) p169-74, ISSN 0022-1597

Journal Code: GCJ

Languages: ENGLISH

The public policies of the sixties led to new organizational forms, expansion, significantly increased services, and inflation. The policies of the seventies, characterized by cost containment and regulation, have dramatically modified health care institutions. The impact of changing public policy and regulation is mediated by the effectiveness of executive groups, whose members must have the skills to ensure that institutional values are preserved during organizational changes. The author maintains that the future of health care organizations lies primarily in their members' clinical competency and commitment to excellent practice, but is also dependent on their knowledge of such administrative tasks as planning and budgeting and the management of the physical plant and its employees.

0141762 80114169

**Problems in providing equal education for young adults in psychiatric hospitals.**

Lozanoff P

Hosp Community Psychiatry ,Feb 1980, 31 (2) p130-1, ISSN 0022-1597

Journal Code: GCJ

Languages: ENGLISH

0141746 80114153

**Nursing home residents serve as teachers of sociology students.**

Berman S; Ellis V

Hosp Community Psychiatry ,Jan 1980, 31 (1) p57-8, ISSN 0022-1597

Journal Code: GCJ

Languages: ENGLISH

00618

0141741 80114148

**Multidisciplinary team malfunctioning on a state hospital unit: a case study.**

Gomez EA; Ruiz P; Langrod J  
Hosp Community Psychiatry, Jan 1980, 31 (1) p38-40,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

The use of multidisciplinary teams in the care of psychiatric patients can be countertherapeutic unless attention is paid to the dynamics of team functioning. The authors present a case study of team malfunctioning on an inpatient unit in a state hospital that resulted from staff's role confusion and insecurity. Patient care was relegated to second place as major interpersonal conflicts among the staff were played out along ethnic and cultural lines. Resolution of the conflicts required identifying their source, clarifying staff roles, and initiating a special inservice training program focused primarily on the needs of paraprofessional staff.

0141088 80108023

**How to work with nursing schools for OR experience.**

Lindeman CA  
AORN J, Jan 1980, 31 (1) p17-8, 20, ISSN 0001-2092  
Journal Code: 6JR

Languages: ENGLISH

0141000 80107023

**The role of psychiatric and behavioral factors in the practice of medicine.**

Haupt JL; Orleans CS; George LK; Keith H; Brodie HK  
Am J Psychiatry, Jan 1980, 137 (1) p37-47, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors review the role of psychiatric and behavioral factors in the practice of medicine in three areas: 1) prevalence of psychiatric morbidity, 2) the role of behavioral or lifestyle factors in illness onset, and 3) the overlapping of psychiatric and behavioral factors with medical illness. Within each area they review behavioral factors to the practice of medicine, the limits of current treatment approaches, and future research needs. In their final section they draw implications for health care delivery and manpower development. (124 Refs.)

0140866 80105303

**Emergency medical services: teamwork to fight sudden death.**

Garvin JM; Miller KP  
Va Med, Jan 1980, 107 (1) p47-9, ISSN 0146-3616  
Journal Code: X6S

Languages: ENGLISH

It is estimated that upwards of 20% of accidental highway

and prehospital coronary deaths could be averted by the availability of prompt, effective prehospital care; this implies that approximately 35,000 deaths from myocardial infarctions and 12,000 deaths from vehicular trauma are preventable. So, statistically, are 13,000 deaths from cerebrovascular accidents, poisonings, drowning, and other accidents. There are nearly 12 million nonfatal injuries each year, the suffering, cost and disabilities of which are incalculable. It is clear that these statistics demand some type of unified multi-professional response. Although not perfect, Emergency Medical Services is clearly the most effective available means of reversing the present rates of sudden death and disability.

0140590 80101096

**What new staff learned and didn't learn.**

Littlejohn CE  
Nurs Outlook, Jan 1980, 28 (1) p32-5, ISSN 0029-6554  
Journal Code: 09H

Languages: ENGLISH

0140510 80100114

**Medical manpower and child health care: a paediatric point of view.**

Hindle RC  
NZ Med J, Jan 9 1980, 91 (651) p19-21, ISSN 0028-8446  
Journal Code: 0BQ

Languages: ENGLISH

0140345 80097425

**The trips of slips. Time delays in laboratory and X-ray data for outpatients in a teaching hospital.**

Dove HG; Gifford R; Schneider KC  
JAMA, Feb 8 1980, 243 (6) p537-9, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

The laboratory and x-ray studies performed on 148 outpatients were monitored to see how long it took for the results to be obtained, reviewed, and inserted into the medical record. An average of 27.0 days was required for all of these tasks. This mundane, unwieldy problem clearly deserves more attention, especially in outpatient clinics at teaching hospitals.

00619

Languages: ENGLISH

0140283 80097052

**After hours call: an aspect to primary care education.**

Curtis P; Talbot A

J Med Educ ,Jan 1980, 55 (1) p55-7, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0140278 80097046

**A model for statement of privileges of medical students within the AHEC systems.**

Berens L; Nicholson RM

J Med Educ ,Jan 1980, 55 (1) p23-6, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

A combination of factors has resulted in medical students being placed in hospitals not accustomed to their presence. These factors include expansion of the number of medical students in United States schools, an increasing emphasis on primary care education, and the strengthening of medical education programs in hospitals and area health education centers (AHEC) not previously utilized as medical education facilities. The introduction of the students has caused some confusion in these hospitals which may contribute to less than optimal medical education. Some of the confusion is attributable to the lack of a clearly defined role for the medical student and the lack of delineation of the responsibility of other personnel in providing and permitting student access to the system. Presented here is a model of privileges and responsibilities which has been introduced in an AHEC with positive effects on the quality of medical education and improvement of interdisciplinary relations.

0139762 80090668

**Is there an unconscious national conspiracy against children in the United States?**

Rothenberg MB

Clin Pediatr (Phila) ,Jan 1980, 19 (1) p10, 15-6, 21-4, ISSN 0009-9228 Journal Code: DHE

Languages: ENGLISH

The author's thesis is that there is indeed an unconscious national conspiracy against children in our country. He presents data in relation to seven areas in which children function, to support his thesis. He then proposes an approach to understanding how this state of affairs has come about and makes specific recommendations that he feels will help us move toward a solution to this problem.

0139525 80082382

**Prehospital care systems for advanced coronary life support.**

Cayton CG

Top Emerg Med ,Jan 1980, 1 (4) p9-18, ISSN 0164-2340  
Journal Code: VVC

0139524 80082381

**Crisis intervention training for prehospital care personnel.**

Johnston DH; Eie KF

Top Emerg Med ,Jan 1980, 1 (4) p83-92, ISSN 0164-2340  
Journal Code: VVC

Languages: ENGLISH

0139519 80082376

**Citizen CPR: the role of the lay person in prehospital care.**

McElroy CR

Top Emerg Med ,Jan 1980, 1 (4) p37-46, ISSN 0164-2340  
Journal Code: VVC

Languages: ENGLISH

0139418 80073066

**A group-process approach to resident and staff abuse.**

Livengood M

J Am Health Care Assoc ,Jan 1980, 6 (1) p29-30, 35, ISSN 0360-4969 Journal Code: H6X

Languages: ENGLISH

0139034 80085703

**The impact of non-physician health directors on full-time public health coverage in Connecticut.**

Jekel JF; Dunay TM; Siker E; Rossetti M

Am J Public Health ,Jan 1980, 70 (1) p73-4, ISSN 0090-0036 Journal Code: 3XW

Languages: ENGLISH

Seven years after passing a 1971 law enabling individuals without MD degrees but trained in public health to become local directors of health, the proportion of Connecticut towns covered by full-time directors had risen from 14 per cent to 38 per cent and the proportion of the population covered had risen from 46 per cent to 63 per cent. The directors of health without MD degrees were satisfied with their positions and believed they had developed good relationships with physicians, the community, and government.

00620



0139033 80085702

**Job-related activities, academic preparation, and continuing education needs of graduates of schools of public health.**

Monroe LB; Tuttle DM; Lorimor RJ

Am J Public Health ,Jan 1980, 70 (1) p70-3, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

This survey determined the job-related activities being carried out by graduates of the University of Texas School of Public Health (UTSPH), whether the graduates received preparation for each activity in their academic program, and what continuing education was needed in each job-related activity. It was found that there was a difference between job activities of UTSPH graduates and their perceptions of their preparation at UTSPH for these activities. Further study is planned.

0139032 80085701

**Identifying the relationship between higher education for public health and the field of practice.**

Sheps CG

Am J Public Health ,Jan 1980, 70 (1) p7-9, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0139026 80085694

**A performance comparison: USMG-FMG house staff physicians.**

Saywell RW Jr; Studnicki J; Bean JA; Ludke RL

Am J Public Health ,Jan 1980, 70 (1) p23-8, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

To determine whether differences exist in the performance of United States Medical Graduate (USMG) and Foreign Medical Graduate (FMG) House Staff physicians, inpatient hospital audits evaluating individual physician performance on patient histories and physical examinations were conducted in 14 Maryland and Pennsylvania non-federal, short-term hospitals. A total of 3,204 medical records were abstracted from eight diagnostic categories for 898 house staff physicians, 556 of which were USMGs and 342 were FMGs. The results from these audits indicate that while there is evidence of a strong hospital/type of physician interaction for many of the diagnoses, there was no significant overall difference in performance of USMG and FMG house staff physicians. The largest and most consistent differences in physician performance were associated with hospital characteristics, not physician characteristics.

0139024 80085692

**Must local health officers be physicians?**

Atwater JB

Am J Public Health ,Jan 1980, 70 (1) p11, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0138724 80081947

**Diagnosis of deep venous thrombosis in the outpatient by venography.**

O'Donnell TF Jr; Abbott WM; Athanasoulis CA; Millan VG; Callow AD

Surg Gynecol Obstet ,Jan 1980, 150 (1) p69-74, ISSN

0039-6087 Journal Code: VBD

Languages: ENGLISH

One hundred and two patients, presenting at the outpatient departments of two Boston teaching hospitals, underwent clinical examination and venography. History, physical examination and presence of risk factors were unreliable in the diagnosis of deep venous thrombosis. Seventy-two per cent of the patients with deep venous thrombosis had a proximal extension of the thrombus to the femoral vein or higher. The outpatient with deep venous thrombosis appears to differ from the more frequently studied inpatient in the time of diagnosis and its anatomic extent. The high incidence of false-positive clinical examination results has important cost-benefit implications.

0138716 80081909

**A critical care teaching method.**

Lindstrom SR; Archibald EJ

Superv Nurse ,Jan 1980, 11 (1) p49, ISSN 0039-5870

Journal Code: VAK

Languages: ENGLISH

0138529 80079580

**Teaching program for patients receiving interstitial radioactive iodine 125 for cancer of the prostate.**

Champagne EE; Kane NE

Oncol Nurs Forum ,Winter 1980, 7 (1) p12-5, ISSN

0190-535X Journal Code: PAD

Languages: ENGLISH

00621

0138385 80079320

**Effect of structured preparation for transfer on patient anxiety on leaving coronary care unit.**

Toth JC  
Nurs Res ,1980, 29 (1) p28-34, ISSN 0029-6562 Journal Code: 09K

Languages: ENGLISH

This study compared the effect of teaching methods on patient anxiety after leaving the coronary care unit. Twenty myocardial infarction patients were studied; half received from the investigator structured pretransfer teaching designed to orient them to differences in the environment and care in the progressive unit. All subjects received unstructured pretransfer teaching by CCU nurses. Data were analyzed using a two-tailed t test for independent groups with a .05 alpha. As measured by a psychological questionnaire, no statistical differences were found in patient anxiety between groups at the time of transfer. However, the anxiety level of subjects who received structured pretransfer teaching was significantly lower than the anxiety level of control subjects on each of four physiological parameters measured: systolic blood pressure the day and time of transfer and heart rates the day and time of transfer. An indication exists, therefore, that a structured pretransfer teaching program is a more appropriate type of nursing intervention than an unstructured one.

0138163 80077887

**Ambulatory medical care: a comparison of internists and family-general practitioners.**

Noren J; Frazier T; Altman I; DeLozier J  
N Engl J Med ,Jan 3 1980, 302 (1) p11-6, ISSN 0028-4793  
Journal Code: NOW

Languages: ENGLISH

We analyzed data from the National Ambulatory Medical Care Survey to compare the style of practice of two primary-care providers, general internists and family-general practitioners. Whereas internists spent 18.4 minutes with the average patient, family-general practitioners spent 13.0 minutes. Whereas internists used laboratory tests in 73 per cent of visits and x-ray tests in 53 per cent, family-general practitioners used these studies in 34 and 19 per cent of visits. Internists provided instructions regarding health problems in 17.8 per cent of visits, and family-general practitioners in 12.4 per cent. The two provider groups did not differ in terms of therapy for emotional problems, both providing it in a relatively low proportion of visits (3 per cent). Whether by choice or necessity, family-general practitioners spent less time examining and instructing patients, and they ordered fewer laboratory and x-ray studies. The implications of these differences for the cost and quality of primary care need further study.

Jones M; Dodge D  
Hospitals ,Jan 16 1980, 54 (2) p40-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00622

0230239 83121798  
**Forces of change in health services. Implications for pharmacy.**  
Halperin JA  
Vital Speeches Day ,Jan 15 1983, 49 (7) p198-202, ISSN  
0042-742X Journal Code: XFA  
Languages: ENGLISH

0230163 83117993  
**PA utilization in a family practice residency program.**  
Johnson R; Driggers DA; Huff CW  
Physician Assist Health Pract ,Jan 1983, 7 (1) p68-70,  
ISSN 0197-713X Journal Code: P6K  
Languages: ENGLISH

0230134 83116191  
**Satellite training helps lessen the internship crunch.**  
Pirtle JR  
OH ,Feb 1983, 27 (2) p8-10, ISSN 0161-0007 Journal  
Code: QGP  
Languages: ENGLISH

0230117 83114666  
**Doctor/patient relationship: caring stressed at MSU medical colleges.**  
Houston NM; Grauer PT  
Mich Hosp ,Jan 1983, 19 (1) p9-11, 13, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

00329

0230025 83109261  
**Computer use and undergraduate education for computer use in Canadian health care foodservices.**  
Upton EM  
J Can Diet Assoc ,Jan 1983, 44 (1) p64-7, ISSN  
0008-3399 Journal Code: HM9  
Languages: ENGLISH

Surveys were conducted to assess the computer use in 50 selected Canadian health care foodservice facilities and to determine the educational preparation for computer use in seven selected Canadian post-secondary education institutions which educate potential foodservice personnel. Both the foodservices and post-secondary educational institutions selected were represented at two workshops on computer-assisted foodservice management held in June 1980 and in May 1981. Only seven facilities used a computer for foodservice functions; nine foodservices planned to use a computer within the next two years. A list of applications in use, being planned and of future interest showed the priority

areas for these foodservices. Only one post-secondary educational institution actually had an educational foodservice application for student use. The other six educational foodservice facilities covered the subject matter content by readings, lectures and discussions.

0229626 83124446  
**Effect of utilization review on surgical training with reference to the increasing importance of the ward service in this changing environment [editorial]**  
Levin JM  
Am J Surg ,Feb 1983, 145 (2) p191-2, ISSN 0002-9610  
Journal Code: 3Z4  
Languages: ENGLISH

0229583 83124021  
**Self-directed learning of hospital pharmacy residents in western Canada.**

Levchuk JW  
Am J Hosp Pharm ,Jan 1983, 40 (1) p78-83, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The extent of self-directed learning among hospital pharmacy residents in western Canada was studied. A preresidency questionnaire and a postresidency group interview with a set of questionnaires were used. The residents were asked to list learning projects conducted in their residency programs; these learning projects were categorized as self-directed, mutual-agreement, and preceptor-directed. A postinterview questionnaire was used to obtain postresidency measurements of self-directedness and resident autonomy. Twenty-four residents provided data on 164 learning projects. Projects with the most meaningfulness, high achievement contribution, positive motivation, and relevance corresponded with the self-directed approach. Residents who had more meaningful learning entered their residencies with no more self-directedness than other residents, but they did have more autonomy in their residencies. No particular type of project, with respect to learner autonomy, was found to be more problematic than the others. Facilitation of learner autonomy in a hospital pharmacy residency may increase the value of self-directed learning projects in general and improve the resident's self-directedness. Self-directed learning should continue to be part of residency programs.

00623

0229311 83120231

**Aesculapian Rounds: the challenge of clinical acumen, wit, and diversity.**

Michael M  
South Med J ,Jan 1983, 76 (1) p79-80, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

0229309 83120221

**Maximal use of microcomputers in anesthesiology.**

Kraft HH; Macnamara TE; Lees DE  
South Med J ,Jan 1983, 76 (1) p33-6, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

Microcomputer applications in anesthesiology are increasing rapidly. All areas are affected: research, education, administration and clinical care. In research, microcomputers are accomplishing both process control and analysis, as well as storage of large data banks. In education, computer-aided instruction permits the student to progress at his own speed, while freeing instructor time for individual tutoring. Administrative applications produce more useful information and cost-control with reduced clerical effort. Clinical applications offer the possibility of truly integrated monitoring systems that will make automated anesthesia records possible; eventually this will lead to computer-controlled anesthesia. This paper examines the "state of the art" in applications of microcomputers in anesthesia.

0228924 83116054

**Presidential address. Responsibilities, ten problems, and a few solutions.**

Ranney B  
Obstet Gynecol ,Feb 1983, 61 (2) p241-7, ISSN 0386-9792  
Journal Code: OC2  
Languages: ENGLISH

0228849 83115285

**The return of the intern? [news]**

Shapley D  
Nature ,Feb 3 1983, 301 (5899) p367, ISSN 0028-0836  
Journal Code: NSC  
Languages: ENGLISH

00330

0228796 83114728

**The content of the medical curriculum at McMaster University: graduates' evaluation of their preparation for postgraduate training.**

Woodward CA; Ferrier BM  
Med Educ ,Jan 1983, 17 (1) p54-60, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

This paper describes McMaster University medical graduates' perceptions of how well their medical curriculum prepared them for postgraduate training. The graduates view their overall preparation for postgraduate work as sound. These perceptions were compared with independent assessments by internship supervisors for one graduated class. The graduates suggest their preparation for postgraduate work differs somewhat from fellow interns. Graduates reported feeling very well prepared compared to fellow postgraduate trainees in independent learning, self-evaluation and problem solving skills. They also judge their preparation in data gathering skills, behavioural science knowledge, ability to deal with social and emotional problems of patients, medical record keeping skills, preventive, follow-up and in-patient care as very good compared to peers. They identified two content areas, pharmacology and the basic medical sciences, as requiring more attention in the curriculum. These findings are discussed and related to the approach to medical education at McMaster University.

00331

0228680 83112395

**Continuing medical education. The next step.**

Manning PR  
JAMA ,Feb 25 1983, 249 (8) p1042-5, ISSN 0098-7484  
Journal Code: KFR  
Contract/Grant No.: LM02857  
Languages: ENGLISH

Traditional continuing medical education (CME) keeps physicians aware of the state of the art. It has limitations, however, as a quality-assurance tool: it is memory based, involves a group endeavor with diffuse goals, often unrelated to practice, is an inappropriate remedy for many problems in patient care, is hampered by poor-quality evaluation, and is governed more by market factors than educational outcomes. The self-study of practice and practice-linked CME offer rich potential for development. The physician's monitoring of his work, with appropriate improvements in performance, is valuable CME. Computers provide facts and guidance at the time and place the physician is developing diagnostic plans, diminishing reliance on memory. The next step in CME is for hospitals, societies, and medical schools to perfect methods of self-study of practice and practice-linked CME.

00624

0228629 83111856

**Occupational history-taking in a family practice academic setting.**

Demers RY; Wall SJ  
J Med Educ ,Feb 1983, 58 (2) p151-3, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

00332

0228627 83111854

**An evaluation of a computerized exercise in teaching cost consciousness.**

Smith SR  
J Med Educ ,Feb 1983, 58 (2) p146-8, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0228625 83111852

**Dermatologic practice: implications for a primary care residency curriculum.**

Branch WT Jr; Collins M; Wintroub BU  
J Med Educ ,Feb 1983, 58 (2) p136-42, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The problems encountered, diagnostic procedures performed, and treatments prescribed in dermatology were studied in a primary care practice and in a dermatology clinic. Referrals from a primary care practice to a dermatology practice were analyzed. It was determined that nine disease categories accounted for more than 75 percent of the problems encountered in both settings. Only one diagnostic procedure was performed commonly in both the primary care and dermatology practices--skin scraping for fungal infection. Approximately 90 percent of the treatments prescribed in both settings fell within 13 categories. It is proposed that these findings be the basis for designing the curriculum in dermatology for residents in primary care medicine. The curriculum also should provide practical experience in dermatology and familiarity with selected, rarely encountered dermatologic conditions that have important therapeutic implications.

0228623 83111850

**Decision-making among emergency room residents: preliminary observations and a decision model.**

Quick JD; Moorhead G; Quick JC; Gerloff EA; Mattox KL; Mullins C  
J Med Educ ,Feb 1983, 58 (2) p117-25, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

Emergency room residents face a range of clinical decisions and often call on senior residents or faculty members for help. The individual clinical decision process has frequently been analyzed, but little attention has been given to the

social process in clinical decision-making. Based on data from interviews and over 100 hours of direct observation at two large urban general hospitals with busy emergency rooms staffed by medical and surgical residents, the authors suggest there are five basic decision situations. In each situation, the residents appeared to follow implicit decision patterns about involving other medical and surgical staff in the final clinical decision. The decision situations are nonacute, routine acute, nonroutine acute, multispecialty acute, and crisis. These situations call for individual, consultive, or consensual patterns in making decisions. The consequences of these patterns are explored. Improving residents' decision-making should contribute to improved understanding of the resident's role, better resident supervision, and better emergency room functioning.

0228520 83110805

**Pediatric behavioral science in family practice.**

Poole SR  
J Fam Pract ,Feb 1983, 16 (2) p365-74, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Behavioral science is a well-accepted component of family practice, but official guidelines and proposed curricula have a predominantly adult focus. This paper describes a pediatric behavioral science curriculum for family practice residents that has been successfully integrated into the three-year family practice residency curriculum at the University of Colorado. Details of development and implementation are presented: the requisite knowledge base, skills, and attitudes; the core pediatric behavioral science topics and diagnoses; the family physician's role in handling each core diagnosis; guidelines for making management decisions; suggested approaches to teaching the curriculum; and a reference list for behavioral science faculty.

00625

00333

0228519 83110804

**A model for teaching ethics in a family practice residency.**  
 Self DJ; Lyon-Loftus GT  
 J Fam Pract ,Feb 1983, 16 (2) p355-9, ISSN 0094-3509  
 Journal Code: I4L  
 Languages: ENGLISH

The model used for teaching ethics at the Ghent Family Medicine Residency at Eastern Virginia Medical School consists of a monthly one-hour noon conference integrating ethical principles and clinical decision making. The underlying objective is to help produce effective physicians by developing their knowledge, skills, and attitudes. The model combines didactic material and clarification of personal values in a case study format. The most important kind of learning to be derived is the self-awareness of one's own value structure and its contribution to the clinical decision-making process. Such a conference will succeed in capturing resident participation in direct proportion to faculty support. Medical ethics teaching in family medicine is appropriate, important, and consistent with the principles of a good family practice residency. An illustration of a typical ethics noon conference on confidentiality is given.

0228483 83110011

**Council on Podiatry Education. Sixty-third Annual Report; 1981-1982.**

J Am Podiatry Assoc ,Jan 1983, 73 (1) p47-9, ISSN 0003-0538 Journal Code: H9J  
 Languages: ENGLISH

0228469 83109961

**Geriatric medical education: a project in faculty development.**

Wallace RK; Ford AB; Wallace RW  
 J Am Geriatr Soc ,Feb 1983, 31 (2) p106-8, ISSN 0002-8614 Journal Code: H6V  
 Languages: ENGLISH

To increase the competence of physicians to practice and teach geriatric medicine, the Office of Geriatric Medicine at Case Western Reserve University School of Medicine in Cleveland, Ohio, offered an 11-week course to interested physicians on the faculty. This course, "Medical Management of the Aged--A State of the Art Symposium for Medical Faculty," was conducted as part of an overall plan of the Office to enhance faculty and curriculum development in geriatrics within the School. The weekly sessions consisted of clinical and research information presented by recognized experts in the field of geriatric medicine. Of the 52 formal registrants, 79 per cent were physicians and were from such fields of specialization as internal medicine, family medicine, and psychiatry. The mean attendance was 37. An overview and evaluation of the geriatric faculty development program is given.

0228462 83109924

**Special requirements for residencies in allergy and immunology.**  
 J Allergy Clin Immunol ,Jan 1983, 71 (1 Pt 1) p1-4, ISSN 0091-6749 Journal Code: H53  
 Languages: ENGLISH

0227969 83102604

**Surgical residency evaluation by residents.**

Beauchamp G; Des Marchais JE; Dulude J  
 Can J Surg ,Jan 1983, 26 (1) p75-8, ISSN 0008-428X  
 Journal Code: CKJ  
 Languages: ENGLISH

A multiple-choice questionnaire was designed so that surgical residents could evaluate their residency program. It was answered anonymously by 344 residents, four times during a 2-year period, at different stages of training. The answers were analysed, comparing individual hospitals and individual programs within the department. The weaknesses and strengths of the department could be identified by the residents. This identification of problems has brought about major changes in the attitudes of staff surgeons towards teaching. The authors believe that the residents' opinions are essential to amend and improve the quality of postgraduate education.

0227401 83099697

**Report of the Graduate Medical Education National Advisory Committee and health manpower development.**

Pardes H; Pincus HA  
 Arch Gen Psychiatry ,Jan 1983, 40 (1) p97-102, ISSN 0003-990X Journal Code: 72C  
 Languages: ENGLISH

The federally chartered Graduate Medical Education National Advisory Committee projected a shortage of approximately 12,000 general and child psychiatrists by 1990. The committee's methods of analysis and recommendations have been criticized on grounds ranging from the accuracy of its data to the appropriateness of federal involvement in free-market issues. Yet the GMENAC report appears to have contributed to a recent reversal of psychiatric recruitment trends, and psychiatrists should be aware of its further implications for clinical and academic psychiatry. We analyzed the GMENAC process as one element among many that will determine future health care personnel development trends.

00626

0227335 83098562

**A longitudinal study of residency-trained emergency physicians.**

Anwar RA

Ann Emerg Med ,Jan 1983, 12 (1) p20-4, ISSN 0196-0644  
Journal Code: 427

Contract/Grant No.: HSO2129

Languages: ENGLISH

An annual survey of emergency medicine (EM) graduate physicians from 31 programs was conducted from 1977 through 1979. Results of the 1979 data are presented. Practice patterns show that 96% of the EM graduates are providing patient care, and almost half are working in the states in which they trained. Of those caring for patients, 38.8% practice in an urban location and only 7% work in rural hospitals. Learning new skills and procedures and retaining skills are major problems faced by physicians in rural locations. Other activities of EM graduates include teaching medical students and residents, administration, research, and community emergency medical services. Data are analyzed with attention to long-term commitment to emergency medicine. Implications for manpower needs are suggested.

0227280 83098026

**Underrecognition of patients' psychosocial distress in a university hospital medical clinic.**

Thompson TL 2d; Stoudemire A; Mitchell WD; Grant RL

Am J Psychiatry ,Feb 1983, 140 (2) p158-61, ISSN 0002-953X  
Journal Code: 3VG

Languages: ENGLISH

Seventeen areas of psychosocial distress were evaluated in 87 university hospital internal medicine clinic patients by a self-administered questionnaire and a psychiatric interview. These patients' internists then predicted the patients' distress level in each area. Their predictions correlated significantly with their patients' self-reports of distress-level problems in only 3 of the 17 areas. Even when the internists felt that they had sufficient information to make an accurate prediction, their perceptions were often erroneous, including evaluations of such areas as suicidal ideation and drug use. These data suggest the need for active psychiatric education components in internal medicine training programs.

0227239 83097561

**Impact of inter-physician communication on the effectiveness of medical consultations.**

Lee T; Pappius EM; Goldman L

Am J Med ,Jan 1983, 74 (1) p106-12, ISSN 0002-9343  
Journal Code: 3JU

Languages: ENGLISH

To evaluate the impact of the inter-physician communication on the effectiveness of consultations, consultations performed by general and subspecialty medical consultation services for

one week both early and late in the academic year were prospectively evaluated. Physicians commonly requested consultations to get advice on diagnosis (56 percent), advice on management (37 percent), or assistance in arranging or performing a procedure or test (20 percent). Despite our very liberal definitions, the requesting physician and the consultant completely disagreed on both the reason for the consultation and the principal clinical issue in 22 (14 percent) of 156 consultations. Consultants were twice as likely as the requesting physicians to rate consultations as crucial for management (35 percent versus 18 percent,  $p = 0.001$ ) because they gave significantly higher ratings when they and the requesting physicians did not agree on the reasons for consultation. Consultations ordered for very specific purposes, such as assistance in arranging or performing a test, were rated significantly higher by the requesting physicians. It was found that breakdowns in communication are not uncommon in the consultation process and may adversely affect patient care, cost effectiveness, and education.

0226275 83085710

**Course for drug representatives.**

Massengill R Jr; Verghese A; Robert T

J Med Educ ,Jan 1983, 58 (1) p86, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

00334

0226270 83085702

**Ambulatory care in medical residency: integration of private practitioner's office with traditional sites.**

Bane S; Criscione T

J Med Educ ,Jan 1983, 58 (1) p64-6, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

00627

0226263 83085695

**The extent of volunteer faculty integration in teaching hospital settings.**

Simon J; Zippin D  
J Med Educ ,Jan 1983, 58 (1) p34-8, ISSN 0022-2577  
Journal Code: J13

Contract/Grant No.: T32 MH 14664

Languages: ENGLISH

In a survey conducted by the authors, volunteer faculty members were found to be generally satisfied with their role in medical education, despite their acknowledgement of problems involving respect and responsibility when working with academic colleagues. These problems and the indifference of the volunteers to them are delineated. The structural reasons for simultaneous recognition of an indifference to problems are discussed in relation to the erosion of the utilization and authority of volunteer faculty members.

0226262 83085694

**Baccalaureate preparation for medical school: does type of degree make a difference?**

Zeleznik C; Hojat M; Veloski J  
J Med Educ ,Jan 1983, 58 (1) p26-33, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Four groups of medical school matriculants (43 with a B.A. degree in social sciences, 68 with a B.A. degree in the humanities, 49 with a B.A. degree in science, and 40 with a B.S. degree in science) were studied. No significant difference was found among the four groups on yearly grade-point averages in medical school or on parts I, II, and III of the examinations of the National Board of Medical Examiners. Those with an undergraduate degree in the humanities considered leaving medical school more frequently than the others. A substantial proportion of medical students with an undergraduate major in the sciences and social sciences reported they would choose the humanities if they were once again high school seniors. Those with a science background were disproportionately more likely than the others to choose residencies in internal medicine and surgery, and those with undergraduate degrees in the humanities and social sciences were more likely to choose psychiatry residencies.

00335

0226261 83085693

**Predicting performance during clinical years from the new Medical College Admission Test.**

Carline JD; Cullen TJ; Scott CS; Shannon NF; Schaad D  
J Med Educ ,Jan 1983, 58 (1) p18-25, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

The results of a predictive validity study of the new Medical College Admission Test (MCAT) using criteria from the clinical years of undergraduate medical education are presented and discussed. The criteria included course grades

and faculty ratings of clerks in internal medicine, surgery, obstetrics and gynecology, pediatrics, and psychiatry; scores on a comprehensive test of clinical knowledge (including patient management type examinations); and scores on Part II of the examinations of the National Board of Medical Examiners (NBME). While the validity coefficients of the MCAT with the Part II examinations ranged from .03 to .47, they were higher than those of undergraduate grade-point averages with the same criteria. The implications of the small-to-medium size validity coefficients for admissions are discussed.

0226156 83084643

**Practice management training in family practice residencies.**

Kellerman R  
J Fam Pract ,Jan 1983, 16 (1) p173-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Recent surveys have suggested that practice management instruction in family practice residency programs is inadequate. The majority of third-year family practice residents graduating in 1980 felt inadequately trained in nearly all aspects of practice management. Thirty-five percent of these residents noted that their residency programs offered no regularly scheduled time for practice management training. Results of four family practice residency graduate follow-up surveys showed that no fewer than 25 percent and, often, 60 to 80 percent of graduates felt underprepared in most areas of practice management.

00628



0226153 83084636

**Emergency department chart auditing in a family practice residency program.**

Grauer K

J Fam Pract ,Jan 1983, 16 (1) p121-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

A prospective audit of process on 1,200 consecutive patients seen in the emergency department by family practice residents was performed at the Family Practice Residency Program in Gainesville, Florida. The overall quality of care delivered conformed to the standards of "good medical care" as judged by the author in 85.6 percent of cases. Resident errors were detected in the remaining 14.4 percent of cases, and occurred most frequently among physicians in the earlier years of training (P less than .005). Ultimate patient management was changed by the audit in only 1 percent of cases but potentially had an important impact on the care of these patients. Errors of inadequate documentation were common among residents irrespective of their level of training. An ongoing audit of emergency department charts with regular feedback on medical process and recording appears to be useful both as an educational tool and as a method of improving emergency care.

0226068 83083719

**The evolution of computers in dietetics: a review.**

Youngwirth J

J Am Diet Assoc ,Jan 1983, 82 (1) p62-7, ISSN 0002-8223  
Journal Code: H6F

Languages: ENGLISH  
(135 Refs.)

0224868 83055269

**The use of computers/data processing in staff development.**

Cohen AG

Hosp Top ,Jan-Feb 1983, 61 (1) p6-12, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0224545 83073018

**Extended care in nursing homes: a program for a county teaching medical center.**

Breitenbacher RB; Schultz AL

Ann Intern Med ,Jan 1983, 98 (1) p96-100, ISSN  
0003-4819 Journal Code: 5A6

Languages: ENGLISH

A continuity care program for patients in nursing homes using internal medicine residents in training has been developed in a county teaching hospital. Resident physicians on a paid basis assume primary care responsibility for 1000 patients in 29 private community nursing homes. A faculty internist coordinates the activities of the residents and

monitors patient care through an extended care office in the county hospital. The program has produced a significant upgrading of the continuity and quality of care of patients in these nursing homes as well as providing medical residents with geriatric and nursing home experience. The increased sensitivity and concern for the needs of nursing home patients developed by the medical residents seems to continue after they complete their training.

00336

0223543 83062788

**The teaching hospital and the future role of state government.**

Schramm CJ

N Engl J Med ,Jan 6 1983, 308 (1) p41-5, ISSN 0028-4793  
Journal Code: NDW

Languages: ENGLISH

00629

00337

0230224 83121269

**Prudent use of supplies can lower costs.**

Nekuza J

Tex Hosp ,Jan 1983, 38 (8) p44-5, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0230215 83121260

**Smoking: what are the cost implications to hospitals?**

Adams E

Tex Hosp ,Jan 1983, 38 (8) p17-9, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0230157 83117335

**Work sampling: a means of determining physiotherapy activities and reviewing caseloads.**

Allen JM

Physiother Can ,Jan-Feb 1983, 35 (1) p31-5, ISSN

0300-0508 Journal Code: PCP

Languages: ENGLISH

Work sampling is a tool used to examine the activities involved in performing a job. A work sampling study was designed to examine the components of physiotherapy care in a 350-bed teaching hospital. The components were related to a physiotherapist's activities and included an examination of the time related to patient treatment, attendance at meetings, record-keeping and preparation, travel, teaching, continuing education (in-service), talking to colleagues (doctors, occupational therapists), and other activities. The purpose of the study was to quantify a therapist's nontreatment activities, and to compare observations concerning treatment with the work sampling data obtained in compliance with the Canadian Schedule of Unit Values and, in particular, its weighted units. The study showed that there was no difference between the "observed" time (sampling time in percentage of total time) spent in direct patient contact, and the weighted units, when the latter was converted to a percentage of time. The Nova Scotia government's standard of 50 000 work units per year was found to be useful in justifying staffing levels; a useful indicator of productivity was also developed using weighted units expressed as a percentage of worked or paid hours. Work sampling would thus appear to be a useful tool for physiotherapy department managers.

0230134 83116191

**Satellite training helps lessen the internship crunch.**

Pirtle JR

OH ,Feb 1983, 27 (2) p8-10, ISSN 0161-0007 Journal

Code: OGP

Languages: ENGLISH

00338

0230045 83109985

**Using research to plan nurse aide training.**

Crawford SA; Waxman HM; Carner EA

J Am Health Care Assoc ,Jan 1983, 9 (1) p59-61, ISSN

0360-4969 Journal Code: H6X

Languages: ENGLISH

0230036 83109976

**The non-proprietary facility and the future.**

Nichols GL

J Am Health Care Assoc ,Jan 1983, 9 (1) p15, 20, ISSN

0360-4969 Journal Code: H6X

Languages: ENGLISH

0229844 83104152

**Demonstrating accountability.**

Melton VB

Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p10-1,

ISSN 0190-0447 Journal Code: DTK

Languages: ENGLISH

Clearly, the department of education has an important role to play in assisting the hospital to become more effective and efficient. The key competencies required of today's manager and practitioner are educational needs assessment, evaluation, and measurement. ASHET educational programs, including the highly successful teleconference "Productivity and Performance Improvement" broadcast nationally last fall, are addressing this need for increased knowledge and skill in educational diagnosis. The key to the success of the health care education and training field depends, to a large extent, on the value, productivity, quality, and cost-effectiveness of our education programs and activities. With the advent of cost-per-case reimbursement, these will play an increasingly important part in the expectations that will be placed on education in the coming years.

00630

Journal Code: R25  
Languages: ENGLISH

0229583 83124021

**Self-directed learning of hospital pharmacy residents in western Canada.**

Levchuk JW

Am J Hosp Pharm ,Jan 1983, 40 (1) p78-83, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The extent of self-directed learning among hospital pharmacy residents in western Canada was studied. A preresidency questionnaire and a postresidency group interview with a set of questionnaires were used. The residents were asked to list learning projects conducted in their residency programs; these learning projects were categorized as self-directed, mutual-agreement, and preceptor-directed. A postinterview questionnaire was used to obtain postresidency measurements of self-directedness and resident autonomy. Twenty-four residents provided data on 164 learning projects. Projects with the most meaningfulness, high achievement contribution, positive motivation, and relevance corresponded with the self-directed approach. Residents who had more meaningful learning entered their residencies with no more self-directedness than other residents, but they did have more autonomy in their residencies. No particular type of project, with respect to learner autonomy, was found to be more problematic than the others. Facilitation of learner autonomy in a hospital pharmacy residency may increase the value of self-directed learning projects in general and improve the resident's self-directedness. Self-directed learning should continue to be part of residency programs.

00339

0229168 83118002

**Supervised versus independent student laboratories.**

Kloth LC; Morrison MA

Phys Ther ,Feb 1983, 63 (2) p225-8, ISSN 0031-9023  
Journal Code: P6W

Languages: ENGLISH

The purpose of this study was to determine if classroom laboratory time could be reduced in a basic physical agents course. Fifty-seven junior physical therapy students were randomly assigned to three laboratory sections. All students received identical lectures, demonstrations, course materials, and laboratory manuals. The control group, Section 1, received supervision and assistance during laboratory practice. Students in Section 2 and Section 3 worked independent of instructor supervision but could receive assistance from the instructor in an adjacent room. Students in Section 2 were provided with feedback following periodic assessment by the instructor. Attitudinal questionnaire responses indicated that the students preferred the supervised laboratory section. The presence of the instructor during classroom laboratory practice of basic physical agents did not affect student performance. Comparison of written and practical examination results indicated no significant differences in student performance. Classroom laboratory time for faculty and students was reduced when students worked independently.

0229328 83120397

**Task analysis in neurosciences programme design--neurological problems in general practice.**

Gledhill RF

S Afr Med J ,Feb 5 1983, 63 (6) p206-8, ISSN 0038-2469  
Journal Code: U4R

Languages: ENGLISH

Defining educational objectives is the key to achieving the goal of professional competence in students. The technique of task analysis was selected to determine components of competence in clinical neurology appropriate to the needs of primary care. A survey of neurological problems in general practice revealed that these constitute a significant proportion of consultations, and that teaching programmes have failed to provide the appropriate knowledge and skills to manage the commonest problems effectively. Consideration is given to innovations in curriculum and programme design whereby the graduating student might be more suitably prepared to give primary care.

0229204 83118661

**A reciprocation model for nursing service and education.**

Ham LM

Rehabil Nurs ,Jan-Feb 1983, 8 (1) p24-6, ISSN 0278-4807

00631

0229166 83117995

**Transcutaneous electrical nerve stimulation for postlaparotomy pain.**

Schomburg FL; Carter-Baker SA  
Phys Ther ,Feb 1983, 63 (2) p188-93, ISSN 0031-9023  
Journal Code: P6W

Languages: ENGLISH

This study was designed to evaluate the transcutaneous electrical nerve stimulation (TENS) postoperative program administered by a physical therapy department. A surgeon, a physical therapist, a recovery room nurse, and unit nurses participated in the program which included preoperative evaluation and patient education, application of sterile electrodes parallel to the incision in the operating room, TENS activation in the recovery room, follow-up visits, and data collection. Seventy-five patients who underwent laparotomy and received TENS at the most comfortable machine settings were compared by chart review to 75 patients who had undergone similar surgical procedures performed by the same surgeon before TENS postoperative pain management had been instituted. The TENS was applied for an average of five days; machine settings of intensity, frequency, and pulse width tended to be midrange. The TENS group took significantly less pain medication, but the length of hospital stay was not significantly different. Patients with TENS rated their pain on 10-point scales as more intense than uncomfortable. This study demonstrated that a well-structured interdisciplinary program of postoperative TENS management can reduce the amount of pain medication taken by patients after laparotomy.

0229097 83117159

**District nursing management. The advent of the supernumerary student.**

Salter B; Battle S  
Nurs Mirror ,Jan 5 1983, 156 (1) p26-8, ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0228849 83115285

**The return of the intern? [news]**

Shapley D  
Nature ,Feb 3 1983, 301 (5899) p367, ISSN 0028-0836  
Journal Code: NSC

Languages: ENGLISH

0228796 83114728

**The content of the medical curriculum at McMaster University: graduates' evaluation of their preparation for postgraduate training.**

Woodward CA; Ferrier BM  
Med Educ ,Jan 1983, 17 (1) p54-60, ISSN 0308-0110  
Journal Code: M23

Languages: ENGLISH

This paper describes McMaster University medical graduates' perceptions of how well their medical curriculum prepared them for postgraduate training. The graduates view their overall preparation for postgraduate work as sound. These perceptions were compared with independent assessments by internship supervisors for one graduated class. The graduates suggest their preparation for postgraduate work differs somewhat from fellow interns. Graduates reported feeling very well prepared compared to fellow postgraduate trainees in independent learning, self-evaluation and problem solving skills. They also judge their preparation in data gathering skills, behavioural science knowledge, ability to deal with social and emotional problems of patients, medical record keeping skills, preventive, follow-up and in-patient care as very good compared to peers. They identified two content areas, pharmacology and the basic medical sciences, as requiring more attention in the curriculum. These findings are discussed and related to the approach to medical education at McMaster University.

00340

● 0228795 83114727

**The use of computerized learning in intensive care: an evaluation of a new teaching program.**

Skinner JB; Knowles G; Armstrong RF; Ingram D  
Med Educ ,Jan 1983, 17 (1) p49-53, ISSN 0308-0110  
Journal Code: M23

Languages: ENGLISH

A computer-assisted learning program in respiratory intensive care was introduced into the undergraduate curriculum at University College Hospital. Educational effectiveness was assessed. This method of learning was found to be highly acceptable to students. The improvement in students knowledge of the subject was up to three times greater in those who used the computer program, than a control group of students who received only teaching by conventional means, ( $P = 0.016$ ). The results of a questionnaire designed to elicit students' attitudes to this learning experience are discussed.

00632

00341

0228794 83114725

**The Community Project: the teaching implications of applied epidemiology.**

Epstein LM; Tamir A; Spenser T; Perlman S  
 Med Educ ,Jan 1983, 17 (1) p39-44, ISSN 0308-0110  
 Journal Code: MZ3  
 Languages: ENGLISH

The use of the epidemiological method in primary health care (PHC) has become an accepted part of the service. The team will utilize community-oriented data in order to assess the health needs of the population, perform continued surveillance of changes in the health of the people served and for service evaluation. This development in health services has to find its counterpart in the training programme for the future doctor. This paper describes a 6-year experience with a community project carried out in the framework of a clinical clerkship in Family and Community Medicine. The students were able to define the project, collect the data and analyse it, and frequently see the start of the implementation of the recommendations.

00342

0228791 83114721

**Difficulties in clinical skills evaluation.**

Harper AC; Roy WB; Norman GR; Rand CA; Feightner JW  
 Med Educ ,Jan 1983, 17 (1) p24-7, ISSN 0308-0110  
 Journal Code: MZ3  
 Languages: ENGLISH

A case-specific method of evaluating clinical skills is presented. The instrument is described together with its evaluation based on results from ninety-two medical students. The method involves direct observation, by pairs of teachers, of student encounters with simulated patients. The purpose of this paper is to explore the methodology of assessing clinical competence. Three aspects of this are addressed: reliability between teachers acting as observers, and the relationship of both observations of process measures and self-assessments with the students' understanding of the patient. Three aspects of clinical skills were evaluated; interviewing, problem orientation and physical examination. The results showed the observers to be highly reliable in observing physical examination but to have a wide range of reliability across cases in their observations of the other aspects of clinical skill. There was no correlation between both teachers' observations and the students' self-assessments with the students' understanding of the patient. This is a worrying finding. The implications of this study are that evaluation of the process of clinical skills is difficult methodologically and, added to which, it is not clear what relevance these observations have to clinical competence. Rather than effort being devoted to refining instruments to measure the process of clinical skills it would seem preferable to devote energy to assessing students' abilities in diagnosis and management, at least until we understand what observations of clinical skills are measuring.

0228790 83114720

**Evaluation of a course on medical microbiology for non-medical graduate scientists from medical microbiological laboratories.**

Harris FT; McSwiggan DA; Hurley R; Hibberd JA  
 Med Educ ,Jan 1983, 17 (1) p17-23, ISSN 0308-0110  
 Journal Code: MZ3  
 Languages: ENGLISH

An assessment of the educational value of a series of courses intended to improve the clinical awareness of non-medical graduate microbiologists has been made. Objective and subjective data were collected by means of questionnaires, pre- and post-course multiple choice tests and informal discussion. The format of the courses are described. The increase in cognitive knowledge acquired during three of the courses is comparable with results from another study in clinical students. The anomalous results from one of the four courses may be explained in terms of the composition of that course. The data presented contribute to the information required for the evaluation and assessment of educational courses.

0228691 83112432

**The clinical pharmacist [editorial]**

Lundberg GD  
 JAMA ,Mar 4 1983, 249 (9) p1193, ISSN 0098-7484  
 Journal Code: KFR  
 Languages: ENGLISH

0228689 83112422

**The doctor of pharmacy.**

Biles JA  
 JAMA ,Mar 4 1983, 249 (9) p1157-60, ISSN 0098-7484  
 Journal Code: KFR  
 Languages: ENGLISH

00633

0228680 83112395

**Continuing medical education. The next step.**

Manning PR

JAMA ,Feb 25 1983, 249 (8) p1042-5, ISSN 0098-7484

Journal Code: KFR

Contract/Grant No.: LM02857

Languages: ENGLISH

Traditional continuing medical education (CME) keeps physicians aware of the state of the art. It has limitations, however, as a quality-assurance tool: it is memory based, involves a group endeavor with diffuse goals, often unrelated to practice, is an inappropriate remedy for many problems in patient care, is hampered by poor-quality evaluation, and is governed more by market factors than educational outcomes. The self-study of practice and practice-linked CME offer rich potential for development. The physician's monitoring of his work, with appropriate improvements in performance, is valuable CME. Computers provide facts and guidance at the time and place the physician is developing diagnostic plans, diminishing reliance on memory. The next step in CME is for hospitals, societies, and medical schools to perfect methods of self-study of practice and practice-linked CME.

0228627 83111854

**An evaluation of a computerized exercise in teaching cost consciousness.**

Smith SR

J Med Educ ,Feb 1983, 58 (2) p146-8, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0228626 83111853

**Medical students' attitudes toward learning and learning-related skills: a four-year study.**

Konefal J; Provenzo EF Jr

J Med Educ ,Feb 1983, 58 (2) p143-6, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0228625 83111852

**Dermatologic practice: implications for a primary care residency curriculum.**

Branch WT Jr; Collins M; Wintroub BU

J Med Educ ,Feb 1983, 58 (2) p136-42, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

The problems encountered, diagnostic procedures performed, and treatments prescribed in dermatology were studied in a primary care practice and in a dermatology clinic. Referrals from a primary care practice to a dermatology practice were analyzed. It was determined that nine disease categories accounted for more than 75 percent of the problems encountered

in both settings. Only one diagnostic procedure was performed commonly in both the primary care and dermatology practices--skin scraping for fungal infection. Approximately 90 percent of the treatments prescribed in both settings fell within 13 categories. It is proposed that these findings be the basis for designing the curriculum in dermatology for residents in primary care medicine. The curriculum also should provide practical experience in dermatology and familiarity with selected, rarely encountered dermatologic conditions that have important therapeutic implications.

0228623 83111850

**Decision-making among emergency room residents: preliminary observations and a decision model.**

Quick JD; Moorhead G; Quick JC; Gerloff EA; Mattox KL; Mullins C

J Med Educ ,Feb 1983, 58 (2) p117-25, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

Emergency room residents face a range of clinical decisions and often call on senior residents or faculty members for help. The individual clinical decision process has frequently been analyzed, but little attention has been given to the social process in clinical decision-making. Based on data from interviews and over 100 hours of direct observation at two large urban general hospitals with busy emergency rooms staffed by medical and surgical residents, the authors suggest there are five basic decision situations. In each situation, the residents appeared to follow implicit decision patterns about involving other medical and surgical staff in the final clinical decision. The decision situations are nonacute, routine acute, nonroutine acute, multispecialty acute, and crisis. These situations call for individual, consultive, or consensual patterns in making decisions. The consequences of these patterns are explored. Improving residents' decision-making should contribute to improved understanding of the resident's role, better resident supervision, and better emergency room functioning.

00634

0228621 83111848

**An innovation in physician training: the Clinical Scholars Program.**

Shuster AL; Cluff LE; Haynes MA; Hook EW; Rogers DE  
J Med Educ ,Feb 1983, 58 (2) p101-11. ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

The Robert Wood Johnson Foundation Clinical Scholars Program was developed to allow selected physician clinicians to acquire certain skills which are not part of the usual physician's repertoire. Begun in 1969 with support from the Carnegie Corporation and the Commonwealth Fund, funding has been provided since 1973 by the Robert Wood Johnson Foundation. By June 1981, 309 physicians had completed their training as clinical scholars, and a majority were pursuing careers in academic medicine. This paper recounts the factors and forces which led to the initiation and development of the program, its successes and failures, the problems faced, the achievements of clinical scholar alumni, and the program's current status.

0228520 83110805

**Pediatric behavioral science in family practice.**

Poole SR  
J Fam Pract ,Feb 1983, 16 (2) p365-74. ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Behavioral science is a well-accepted component of family practice, but official guidelines and proposed curricula have a predominantly adult focus. This paper describes a pediatric behavioral science curriculum for family practice residents that has been successfully integrated into the three-year family practice residency curriculum at the University of Colorado. Details of development and implementation are presented: the requisite knowledge base, skills, and attitudes; the core pediatric behavioral science topics and diagnoses; the family physician's role in handling each core diagnosis; guidelines for making management decisions; suggested approaches to teaching the curriculum; and a reference list for behavioral science faculty.

0228473 83109967

**Hospice: lessons for geriatricians.**

Greer DS  
J Am Geriatr Soc ,Feb 1983, 31 (2) p67-70. ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

Hospice is a new system of medical care provision that has undergone remarkable growth and received widespread support in the United States in less than a decade. Its success is apparently related to an accurate reading of social trends and the ability to fill a widely perceived void in the medical profession. Geriatric medicine is developing in the same environment and has not yet established its social or

professional role. A review of the hospice experience suggests directions for the development of geriatric medicine that could promote its growth as a socially useful and professionally desirable new approach to medical education and service.

0228469 83109961

**Geriatric medical education: a project in faculty development.**

Wallace RK; Ford AB; Wallace RW  
J Am Geriatr Soc ,Feb 1983, 31 (2) p106-8. ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

To increase the competence of physicians to practice and teach geriatric medicine, the Office of Geriatric Medicine at Case Western Reserve University School of Medicine in Cleveland, Ohio, offered an 11-week course to interested physicians on the faculty. This course, "Medical Management of the Aged--A State of the Art Symposium for Medical Faculty," was conducted as part of an overall plan of the Office to enhance faculty and curriculum development in geriatrics within the School. The weekly sessions consisted of clinical and research information presented by recognized experts in the field of geriatric medicine. Of the 52 formal registrants, 79 per cent were physicians and were from such fields of specialization as internal medicine, family medicine, and psychiatry. The mean attendance was 37. An overview and evaluation of the geriatric faculty development program is given.

0228462 83109924

**Special requirements for residencies in allergy and immunology.**

J Allergy Clin Immunol ,Jan 1983, 71 (1 Pt 1) p1-4,  
ISSN 0091-6749 Journal Code: H53

Languages: ENGLISH

0227974 83102628

**A more logical fee for service.**

Rose LC  
Can Med Assoc J ,Feb 1 1983, 128 (3) p320-4. ISSN  
0008-4409 Journal Code: CKW

Languages: ENGLISH

00635

0227969 83102604

**Surgical residency evaluation by residents.**

Beauchamp G; Des Marchais JE; Dulude J  
Can J Surg ,Jan 1983, 26 (1) p75-8, ISSN 0008-428X  
Journal Code: CKJ  
Languages: ENGLISH

A multiple-choice questionnaire was designed so that surgical residents could evaluate their residency program. It was answered anonymously by 344 residents, four times during a 2-year period, at different stages of training. The answers were analysed, comparing individual hospitals and individual programs within the department. The weaknesses and strengths of the department could be identified by the residents. This identification of problems has brought about major changes in the attitudes of staff surgeons towards teaching. The authors believe that the residents' opinions are essential to amend and improve the quality of postgraduate education.

0227933 83102184

**Audits of antibiotic prescribing in a Bristol hospital.**

Swindell PJ; Reeves DS; Bullock DW; Davies AJ; Spence CE  
Br Med J [Clin Res] ,Jan 8 1983, 286 (6359) p118-22,  
Journal Code: B4X  
Languages: ENGLISH

Audits of antibiotic prescribing were done for periods of up to eight weeks in two successive years on medical, surgical, orthopaedic, gynaecology, obstetric, and urology wards and in an accident and emergency department. Clinical details were matched with antibiotic prescribing, and the appropriateness of the latter was judged independently by two medical microbiologists. Only when they agreed was an individual prescription included in the analysis. Overall, 28% of prescriptions in 1979 and 35% in 1980 were judged as unnecessary, with 17% and 16%, respectively, being for inappropriate choices of antibiotic. An educational programme about antibiotic prescribing carried out between the audits had no beneficial effect overall. Though the results compared favourably with those of audits published, prescribing could still be much improved. To judge by the failure of education, however, this might be difficult to achieve. Most prescriptions were written by junior staff, who in the absence of guidance from their seniors and because of their frequent moves would require a widespread and continual education programme. Published concern about the quality of antibiotic prescribing appears to be justified.

0227296 83098083

**Five-year blood pressure control and mortality following health education for hypertensive patients.**

Morisky DE; Levine DM; Green LW; Shapiro S; Russell RP; Smith CR  
Am J Public Health ,Feb 1983, 73 (2) p153-62, ISSN 0090-0036  
Journal Code: 3XW  
Contract/Grant No.: 1-R25-HL 17016-03; 1-T32-HL 0710-02;

5-PD 50-HS11964-02

Languages: ENGLISH

Three health education interventions for urban poor hypertensive patients were introduced sequentially in a randomized factorial design: 1) an exit interview to increase understanding of and compliance with the prescribed regimen; 2) a home visit to encourage a family member to provide support for the patient's regimen; and 3) invitations to small group sessions to increase the patient's confidence and ability to manage his/her problem. Previous evaluation of the initial two-year experience demonstrated a positive effect of the educational program on compliance with the medical treatment and blood pressure control. Data accumulated over an additional three years, including mortality analysis, are now presented. The study group consisted of the same cohort of 400 ambulatory hypertensive outpatients in the eight experimental and control groups. The five-year analysis shows a continuing positive effect on appointment keeping, weight control, and blood pressure control. All-cause life table mortality rate was 57.3 per cent less for the experimental group compared to the control group (12.9/100 vs 30.2/100, p less than .05), while the hypertension-related mortality rate was 53.2 per cent less (8.9/100 vs 19.0/100, p less than .01). The results from this longitudinal study provide evidence to encourage health practitioners to utilize such educational programs in the long-term management and control of high blood pressure.

0227240 83097583

**Some considerations for implementing collaborative practice.**

Burchell RC; Thomas DA; Smith HL  
Am J Med ,Jan 1983, 74 (1) p9-13, ISSN 0002-9343  
Journal Code: 3JU  
Languages: ENGLISH

0226793 83091452

**Method to determine the effect of clinical education on production in a health care facility.**

Leiken AM  
Phys Ther ,Jan 1983, 63 (1) p56-9, ISSN 0031-9023  
Journal Code: P6W  
Languages: ENGLISH

00636



0226647 83089755

**Critical care staff shortages.**

Monaghan JJ; Perro KB; Haran ML  
Nurs Manage ,Jan 1983, 14 (1) p38-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0226449 83087873

**Integrating parent education into the hospital setting.**

Bernau KM; Krugman MK  
MCN ,Jan-Feb 1983, 8 (1) p13-21, ISSN 0361-929X  
Journal Code: MA3  
Languages: ENGLISH

0226306 83086098

**Comprehensive health care for the elderly.**

Fisk AA  
JAMA ,Jan 14 1983, 249 (2) p230-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Health care for the elderly in the United States remains fragmentary and noncomprehensive despite concern for the needs of an expanding elderly population and a new emphasis on geriatrics. Model health care programs for the elderly have been few and not generally applicable to central city populations. A model health care program has been designed to offer a continuum of comprehensive, multidisciplinary health care to Milwaukee elderly. An acute care unit for the elderly, rehabilitation-oriented nursing home, outpatient clinic, home care service, outreach clinics, rehabilitation day hospital, Alzheimer's Disease Day Care program, and acute geriatric psychiatric unit have been developed and integrated into one continuum of care. The program serves chiefly the frail elderly, who are demonstrated to be markedly impaired physically, mentally, and socially, requiring the services of multiple professionals to enable the patients to achieve maximum independence. Alternatives to institutionalization are emphasized, and geriatric education and research programs are part of the model program.

0226297 83086061

**Medical education: prosperitas interrupta [news]**

Korcok M  
JAMA ,Jan 7 1983, 249 (1) p12-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

0226266 83085698

**Identifying the content of family medicine for educational purposes: an empirical approach.**

Friedman CP; Slatt LM; Baker RM; Cummings SB  
J Med Educ ,Jan 1983, 58 (1) p51-7, ISSN 0022-2577  
Journal Code: J13  
Contract/Grant No.: 2-015-PE8-01-4003  
Languages: ENGLISH

In this article, the authors present a method to assist in curriculum planning and report an application of the method at one institution. Through interviews of 40 selected subjects, the authors identified 27 content elements appropriate for inclusion in a family medicine curriculum for medical students. These elements were organized into four areas portraying family medicine as "a synthesis of content and process," "a field of inquiry," "a career and peer group," and "a value system." A questionnaire employing the method of pair-comparisons was subsequently completed by 38 of the interview subjects, and on the basis of these responses priorities were assigned to content elements within each area. For three of the four areas, there was statistically significant consensus about the priority orderings. Over three years, the content elements themselves and their priority orderings have proved beneficial to curricular planning at the University of North Carolina School of Medicine.

0226156 83084643

**Practice management training in family practice residencies.**

Kellerman R  
J Fam Pract ,Jan 1983, 16 (1) p173-6, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Recent surveys have suggested that practice management instruction in family practice residency programs is inadequate. The majority of third-year family practice residents graduating in 1980 felt inadequately trained in nearly all aspects of practice management. Thirty-five percent of these residents noted that their residency programs offered no regularly scheduled time for practice management training. Results of four family practice residency graduate follow-up surveys showed that no fewer than 25 percent and, often, 60 to 80 percent of graduates felt underprepared in most areas of practice management.

0226129 83084381

**Presidential addresses. Academic medical center decompensation: a cardiologist's viewpoint.**

Weissler AM  
J Lab Clin Med ,Jan 1983, 101 (1) p7-20, ISSN 0022-2143  
Journal Code: IVR  
Languages: ENGLISH

00637

0226067 83083718

**Enhancing managerial effectiveness in dietetics.**

Hoover LW

J Am Diet Assoc, Jan 1983, 82 (1) p58-61, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

Environmental pressures from such sources as economic conditions, the government, third-party payers, and inter-institutional competition create managerial challenges. Although cost-containment has received considerable attention, long-term cost-effectiveness is probably the significant issue. Dietitians must become more cost-conscious and effective in resource management to attain desired performance outcomes. Some of the skills and characteristics essential to managerial effectiveness are a marketing orientation, systems design skill, quantitative operations management techniques, financial expertise, and leadership. These abilities facilitate decision-making and achievement of long-term cost-effectiveness. Curriculum enhancement and continuing education are two strategies for improving managerial competency in the dietetics profession. In dietetics education, study of management topics should be enhanced to provide more advanced coverage of management theories and quantitative models so that managerial performance can be at a higher level of sophistication and competency. To assure the viability of the dietetics profession, the emphasis on management must be more comprehensive and rigorous.

0225929 83082193

**Utilization of findings in the cerebral palsy clinic.**

Drewry LJ

Issues Compr Pediatr Nurs, Jan-Feb 1983, 6 (1) p63-6, ISSN 0146-0862 Journal Code: G94

Languages: ENGLISH

0225921 83082057

**Limited effects of outpatient teaching and counseling after myocardial infarction: a controlled study.**

Sivarajan ES; Newton KM; Aimes MJ; Kempf TM; Mansfield LW; Bruce RA

Heart Lung, Jan 1983, 12 (1) p65-73, Journal Code: G2V

Contract/Grant No.: 5 R01 NU 00589-04

Languages: ENGLISH

0225919 83082053

**Percutaneous transluminal coronary angioplasty.**

Shillingher FL

Heart Lung, Jan 1983, 12 (1) p45-51, Journal Code: G2V

Languages: ENGLISH

0225807 83081057

**Talking to the board. By opening communication lines with board members, CEOs promote continuity and effective handling of key issues.**

Ewell CM

Hospitals, Jan 16 1983, 57 (2) p79, 81, 84, passim, ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

When asked how he has been able to effectively stay in one job for so long, the man who has been at the head of one of the nation's largest banking organizations for 16 years, Richard Cooley, chairman, Wells-Fargo Bank, said that he "learned very early that board relations was the most important key to his continuity." Cooley said his strategy over the years has been to meet for dinner about once a year with each member of this board to allow the board member to get to know him, to personally hear the issues that the board member considers most important, and to solicit input on proposed management plans.

0225791 83080729

**A new perspective on nurse's aide training.**

Barney JL

Geriatr Nurs (New York), Jan-Feb 1983, 4 (1) p44-8, Journal Code: FW7

Languages: ENGLISH

0224868 83055269

**The use of computers/data processing in staff development.**

Cohen AG

Hosp Top, Jan-Feb 1983, 61 (1) p6-12, ISSN 0018-5868 Journal Code: GD6

Languages: ENGLISH

00638

0224545 83073018

**Extended care in nursing homes: a program for a county teaching medical center.**

Breitenbucher RB; Schultz AL

Ann Intern Med ,Jan 1983. 98 (1) p96-100, ISSN

0003-4819 Journal Code: 5A6

Languages: ENGLISH

A continuity care program for patients in nursing homes using internal medicine residents in training has been developed in a county teaching hospital. Resident physicians on a paid basis assume primary care responsibility for 1000 patients in 29 private community nursing homes. A faculty internist coordinates the activities of the residents and monitors patient care through an extended care office in the county hospital. The program has produced a significant upgrading of the continuity and quality of care of patients in these nursing homes as well as providing medical residents with geriatric and nursing home experience. The increased sensitivity and concern for the needs of nursing home patients developed by the medical residents seems to continue after they complete their training.

**00343**

● 0223542 83062781

**A medical-school curriculum for the 1980s.**

Eichna LW

N Engl J Med ,Jan 6 1983. 308 (1) p18-21, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

00639

0230076 83113407  
**Employee orientation program.**  
DiVenuti T  
J Patient Acc Manage ,Jul 1982, p10-6, Journal Code:  
KOH  
Languages: ENGLISH

0230074 83110601  
**Granting academic credit for experimental learning.**  
Seidel LF; Brown GD  
J Long Term Care Adm ,Winter 1982, 10 (4) p7-18, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

0229678 83125490  
**Internship prepares perioperative nurses.**  
Mims BC  
AORN J ,Dec 1982, 36 (6) p986-90, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0229675 83125486  
**Nursing ethics: a timely subject for continuing education.**  
Wells PE  
AORN J ,Dec 1982, 36 (6) p938-40, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0228861 83115844  
**First aid for choking: a successful community education program.**  
Schadt E  
Nurs Health Care ,Dec 1982, 3 (10) p547-9, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0228718 83113442  
**Evaluation of an activity-centered health curriculum: assessment of cognitive knowledge.**  
Brooks CH; Howard DJ  
J Sch Health ,Nov 1982, 52 (9) p549-52, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH  
This study was to determine how effective an activity-centered health curriculum was in providing health information to fourth, fifth and sixth-grade students in the Canton City school system. The assessment was facilitated by a

posttest-only research design. Ten schools were randomly selected to receive a new health program, as compared to a control group of 10 schools which did not. Results indicated that the experimental students achieved significantly higher posttest cognitive knowledge mean scores than the control students. These findings were sustained for each grade level after adjusting for group differences in reading ability.

0228713 83113436  
**Where should Health Science/Education be located administratively?**  
Olsen LK  
J Sch Health ,Nov 1982, 52 (9) p520-4, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0228457 83109902  
**We got our act together and took it on the road.**  
Devroe J  
J Am Coll Health ,Oct 1982, 31 (2) p92-3, ISSN  
0744-8481 Journal Code: H5E  
Languages: ENGLISH

0228427 83109673  
**Teaching behavioral pediatrics and to pediatric residents: the state of the art and description of a program.**  
Felice ME; Friedman SB  
JDBP ,Dec 1982, 3 (4) p225-31, ISSN 0196-206X Journal  
Code: HTF  
Languages: ENGLISH  
In 1978, the Task Force on Pediatric Education strongly recommended that all pediatric residency programs include at least one full-time rotation and biosocial pediatric, preferably in the 1st or 2nd year. Since 1977, the University of Maryland has had a structured, integrated, required program in Behavioral Pediatrics, including 2 months in both the PL-1 and PL-2 years for a total of 4 months addition of elective experience is available in the PL-3 year. The development and description of this program is presented as well as a review to the relevant literature.

00640

0228387 83108650

**The accelerated professional training program: rationale and observations on alterations in the preclinical experiences.**

Gingell JC; Swancar JR; Zeller GG  
J Baltimore Coll Dent Surg ,Nov 1982, 35 (2) p6-8, ISSN  
0067-3072 Journal Code: HHB  
Languages: ENGLISH

0228334 83108176

**Radiation control through licensing and intensive training.**

Cheng CH; Yang YC; Wu TY; Weng PS  
Health Phys ,Dec 1982, 43 (6) p803-11, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

Various types of intensive training courses to suit radiation workers in different fields were sponsored by both the Atomic Energy Council of Executive Yuan and the National Health Administration of Executive Yuan, Republic of China during the past seven years. During the years 1974-79, the number of radiation workers attending each training course, their age, sex and educational background are presented in detail. The typical course contents for both medical and non-medical radiation workers are given. A summary of the percentage of passes and failures of the final examination given at the end of each training course is also given. The present status of licensing for radiation facilities and workers is described, and its results are indicated. The successful control of ionizing radiation through this kind of intensive training and licensing is evidenced in the film badge records given by a centralized service laboratory located at the National Tsing Hua University.

0228311 83107973

**The training analyst concept: a superego problem.**

Aarons ZA  
Int J Psychoanal Psychother ,83 1982, 9 p679-89, ISSN  
0091-0600 Journal Code: GSP  
Languages: ENGLISH

0227493 83077488

**Advanced degrees for home care administration?**

McNamara M  
Caring ,Oct 1982, p39, Journal Code: C9V  
Languages: ENGLISH

Journal Code: 35H  
Languages: ENGLISH

0227193 83097267

**Organizing statewide services for the education of the hearing impaired.**

Griffing BL  
Am Ann Deaf ,Oct 1982, 127 (6) p741-6, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0226990 83094340

**A comparison of the effects of prejob training and job experience on nonprofessional telephone crisis counselors.**

Elkins RL Jr; Cohen CR  
Suicide Life Threat Behav ,Summer 1982, 12 (2) p84-9,  
ISSN 0363-0234 Journal Code: V8G  
Languages: ENGLISH

This study, carried out in a telephone crisis intervention program in which nonprofessional volunteer counselors received 55 hours of prejob training, isolates the effects of prejob training and on-the-job experience. Participants in the study were evaluated on several parameters including knowledge, counseling skills, acceptance of others, and dogmatism. Three groups of volunteers were measured: group 1--measured immediately before and after prejob training, group 2--measured just after prejob training, and group 3--measured after five months of telephone counseling experience. Results indicate that counselor skills and knowledge significantly increased with prejob training, but did not show further improvement as a result of five months of experience. Attitudes such as acceptance of others and dogmatism did not change either as a result of training or experience. Dogmatism was found to be inversely related to both counselor skill and knowledge.

0226657 83089765

**The effect of special education on the success rate of foreign-trained dentists taking licensure examinations.**

Chohayeb AA; Dunn ZA  
NY State Dent J ,Dec 1982, 48 (10) p706-7, ISSN  
0028-7571 Journal Code: DB6  
Languages: ENGLISH

00344

0227315 83098271

**Improving health services in developing countries with new types of public and allied health personnel.**

Blayney KD; Trulove JW  
Ala J Med Sci ,Oct 1982, 19 (4) p442-4, ISSN 0002-4252

00641

0226598 83089601  
**Orientation program for an outpatient infusion center.**  
Acevedo ML  
NITA ,Sep-Oct 1982, 5 (5) p316-8, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226354 83087302  
**Med-Chi and Blue Cross/Blue Shield collaborate.**  
Valente CM  
Md State Med J ,Oct 1982, 31 (10) p34-6, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0226329 83086618  
**Preoperative teaching on a gynecology unit.**  
Paritzky JF; Overby BA  
JOGN Nurs ,Nov-Dec 1982, 11 (6) p384-6, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0226133 83084407  
**Learning disabled programs in California community colleges.**  
Ostertag BA; Baker RE; Howard RF; Best L  
J Learn Disabil ,Nov 1982, 15 (9) p535-8, ISSN  
0022-2194 Journal Code: IWD  
Languages: ENGLISH

0226082 83083749  
**VEF's educational and diagnostic center [interview]**  
Wallace W; Lennon R; Mauney M  
J Am Optom Assoc ,Nov 1982, 53 (11) p935-40, ISSN  
0003-0244 Journal Code: H82  
Languages: ENGLISH

0226049 83083652  
**Learning to nurse: the family as the unit of care.**  
Jerrett MD; Ross MM  
J Adv Nurs ,Sep 1982, 7 (5) p461-8, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

How can we prepare nurses who will have as their focus of practice, the health of the family unit? This paper describes the learning outcomes which were generated from a short term experience in a curriculum where the major thrust is learning to nurse families in a health promoting way. Students were provided with experience with families who were undergoing an important family event, e.g., coping with the short term

hospitalization of a child. An exploration and analysis of these experiences revealed for students the content of nursing families who are in the process of dealing with this particular event of family living. This content related to the acquisition of nursing skills of an interpersonal, technical and decision-making nature as well as the development of knowledge which provides the basis for nursing the family as the unit of care.

0226038 83083606  
**How to plan an ostomy workshop.**  
Downey V  
J Enterostomal Ther ,Nov-Dec 1982, 9 (6) p53-6, ISSN  
0270-1170 Journal Code: HZS  
Languages: ENGLISH

0225944 83082274  
**Well elderly screening clinics: a community clinical experience in health assessment.**  
Cunning BR; Crowell CM  
JNE ,Mar 1982, 21 (3) p38-48, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0225872 83081820  
**Competency based learning: a literature review.**  
Scott B  
Int J Nurs Stud ,1982, 19 (3) p119-24, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

0225779 83080574  
**Fostering an empathic approach: an in-service curriculum for nonmedical professionals, paraprofessionals, and families of aphasic clients.**  
Rizzo-Schwartz S  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p199-206,  
ISSN 0270-1960 Journal Code: FPC  
Languages: ENGLISH

00642

0225778 83080573  
**An in-service guide for death education.**  
Doherty K; Stein S; Linn MW  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p191-7, ISSN  
0270-1960 Journal Code: FPC  
Languages: ENGLISH

0225634 83079832  
**CPR marathon '82.**  
Kwik JA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p13-4, Journal  
Code: EXE  
Languages: ENGLISH

0225492 83077124  
**Short presentation on experiences in nutrition education.**  
Walsh P  
Cent Afr J Med ,Aug 1982, 28 (8) p196-7, ISSN 0008-9176  
Journal Code: CQO  
Languages: ENGLISH

0225470 83076837  
**Psychiatry in the prelicensure internship. The position of  
the Canadian Psychiatric Association.**  
Smart M; Douglass A; Bland R  
Can J Psychiatry ,Nov 1982, 27 (7) p597-600, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH, FRENCH

0225209 83068595  
**The educator's role with external agencies, situations.**  
Green HG  
Tex Hosp ,Dec 1982, 38 (7) p21-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225202 83068588  
**The challenge of education for nurses.**  
Richards B  
Tex Hosp ,Nov 1982, 38 (6) p40, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225197 83068583  
**Graduate nurse traineeship programs.**  
Norman DK; Vincent JM

Tex Hosp ,Nov 1982, 38 (6) p24-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225178 83068564  
**Learn to stay one step ahead of T.E.D.s.**  
Halper C  
Tex Hosp ,Sep 1982, 38 (4) p12, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225170 83068556  
**The challenge of continuing education.**  
Garrett JH  
Tex Hosp ,Aug 1982, 38 (3) p31-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00346

0225142 83068528  
**Approaching competency-based education in medical record  
science.**  
Siebert ML  
Top Health Rec Manage ,Dec 1982, 3 (2) p46-51, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225083 83064793  
**Patient counseling spurs our specialty of geriatric  
pharmacy.**  
Lackey WS  
Pharm Times ,Sep 1982, 48 (9) p36-40, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0225077 83064787  
**How AMA's new PMI program also helps physicians and  
pharmacists.**  
Boyle JF  
Pharm Times ,Nov 1982, 48 (11) p28-33, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

00345

00643

0225051 83062940  
**Hospital's safety fair involves employees, community.**  
 Natl Saf News ,Dec 1982, 126 (6) p54-5, ISSN 0028-0100  
 Journal Code: NTC  
 Languages: ENGLISH

0225034 83062421  
**Components of a successful learning resource center for health professionals.**  
 Hodapp WJ; Cline RS  
 Mobius ,Jan 1982, 2 (1) p20-30, ISSN 0272-3425  
 Journal Code: NFF  
 Languages: ENGLISH

0224907 83056127  
**Unlearning patients' habits.**  
 Merwin DJ  
 Internist ,Jun 1982, 23 (5) p5-7, ISSN 0020-9546  
 Journal Code: GVZ  
 Languages: ENGLISH

0224855 83055256  
**Consumer health information: a joint project sponsored by the Health Science Library and the Department of Nursing.**  
 Campese M; Mutchek M  
 Hosp Top ,Nov-Dec 1982, 60 (6) p46-8, ISSN 0018-5868  
 Journal Code: GDS  
 Languages: ENGLISH

0224790 83055133  
**Hospital health education/promotion programs: long-range planning and marketing strategies.**  
 Houghton DA; Radosevic JA  
 Hosp Admin Curr ,Oct-Dec 1982, 26 (4) p21-6, Journal Code: GCI  
 Languages: ENGLISH

0224713 83053199  
**Proctor & Gamble strategy: start small, coordinate resources [interview]**  
 Patterson E  
 Employee Health Fitness News1 ,Jul 1982, 4 (6) p89-90, ISSN 0199-6304 Journal Code: EIG  
 Languages: ENGLISH

0224687 83052336

**The management education imperative: an opinion.**  
 Wellever AL  
 Crossref Hum Resour Manage ,Nov-Dec 1982, 12 (6) p8-11, ISSN 0190-0447 Journal Code: DTK  
 Languages: ENGLISH  
 This article presents an opinion on the need for middle-management education in the four basic functions of management: planning, organizing, directing, and controlling. Using nursing management as an example, the author describes the role of middle management in complex organizations and states that the job of management is to ensure the efficiency and effectiveness of work performed by others.

0224570 83073381  
**Identifying learning needs: a teaching for emergency procedures.**  
 Wells P  
 AORN J ,Oct 1982, 36 (4) p639-44, ISSN 0001-2092  
 Journal Code: 6JR  
 Languages: ENGLISH

0224376 83071555  
**Developing a patient education program in the community pharmacy.**  
 Witte KW; Bober KF  
 Am Pharm ,Oct 1982, 22 (10) p28-32, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0224362 83071469  
**The microcomputer as an administrative/educational tool in education of the hearing impaired.**  
 Graham R  
 Am Ann Deaf ,Sep 1982, 127 (5) p591-601, ISSN 0002-726X  
 Journal Code: 3BA  
 Languages: ENGLISH

0223779 83064353  
**Cost of nursing education. A manual for analysis of expenditures. Part I. Method, directions, and examples. Associate degree program.**  
 Knopf L  
 NLN Publ ,1982, (19-1910) p1-74, Journal Code: 03Z  
 Languages: ENGLISH

00644



0223778 83064352  
**Cost of nursing education. A manual for analysis of expenditures. Part I. Method, directions, and examples.**  
Knopf L  
NLN Publ ,1982, (19-1909) pi-iv, 1-66, Journal Code:  
032  
Languages: ENGLISH

0223663 83063713  
**Write where you work.**  
Binger JL; Huntsman AJ  
Nurs Manage ,Oct 1982, 13 (10) p74-6, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223617 83063645  
**Management simulation: baccalaureate style.**  
Dierk HJ; Farrell JA  
Nurs Leadersh ,Dec 1982, 5 (4) p30-4, ISSN 0164-7865  
Journal Code: OBG  
Languages: ENGLISH

00347

0223595 83063592  
**Motivating children to become assertive health care consumers.**  
Nursing (Horsham) ,Nov 1982, 12 (11) p94-100, ISSN  
0360-4039 Journal Code: OA3  
Languages: ENGLISH

0223564 83063047  
**Education within the combined department of periodontology, prosthodontics and restorative dentistry.**  
van de Poel AC; Vermeer EH  
Ned Tijdschr Tandheelkd ,1982, 89 (Suppl 21) p49-55,  
ISSN 0028-2200 Journal Code: NV4  
Languages: ENGLISH

0223393 83060934  
**Integrating health services and health education: seeking a balance.**  
Newman IM  
J Sch Health ,Oct 1982, 52 (8) p498-501, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0223317 83059564

**Assessing the oncology content of the preclinical and clinical undergraduate curriculum.**  
Kishner M; Williams WL; Hazra TA  
J Med Educ ,Dec 1982, 57 (12) p946-8, ISSN 0022-2577  
Journal Code: J13  
Contract/Grant No.: CA22032  
Languages: ENGLISH

0223227 83058577  
**Occupational health: a core discipline of family medicine?**  
Cordes DH; Rest KM; Hake JC  
J Fam Pract ,Dec 1982, 15 (6) p1193-4, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0223224 83058571  
**Pediatric training in family practice: a core curriculum.**  
Poole SR; Morrison JD; Adolf A; Reed FM  
J Fam Pract ,Dec 1982, 15 (6) p1145-56, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH  
Official residency guidelines for pediatric training of family practice residents focus on the number of months of block time on pediatric rotations and the percentage of pediatric patients in the resident's model practice. These guidelines do not ensure competence in pediatrics. Family practice residencies need a competency-based curriculum derived from actual pediatric experience in family practice. Such a curriculum should define specific knowledge, skills, and attitudes required, define the family physician's role in handling each issue or condition, be used on a daily basis, and form a basis for evaluation of residents and curriculum. This paper describes the development and implementation of such a pediatric core curriculum at the University of Colorado Family Practice Residency.

0222902 83054815  
**Toward the preparation of social work specialists in health care.**  
Lane HJ  
Health Soc Work ,Aug 1982, 7 (3) p230-4, ISSN 0360-7283  
Journal Code: FZ6  
Languages: ENGLISH

00645

0222901 83054814  
**Social work education for health care: a blueprint for action.**  
Borland JJ; Strauss M  
Health Soc Work ,Aug 1982, 7 (3) p224-9, ISSN 0360-7283  
Journal Code: F26  
Languages: ENGLISH

0222874 83054460  
**Educating managers with inhouse resources.**  
Nesbitt TJ; Kobes M  
Dimens Health Serv ,Aug 1982, 59 (8) p16, 18, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222762 83053458  
**Physical proximity of special education classrooms to regular classrooms.**  
McDaniel E; Sullivan PD; Goldbaum JL  
Except Child ,Sep 1982, 49 (1) p73-5, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0222660 83052286  
**The mega-code system in the critical care unit setting.**  
Shipley-Miller L  
Crit Care Update ,Nov 1982, 9 (11) p17-9, ISSN  
0162-7252 Journal Code: DTA  
Languages: ENGLISH

0222627 83052031  
**Breast cancer: women's knowledge and attitudes and the difficulties of influencing them.**  
Waters WE; Nichols S  
Community Med ,Aug 1982, 4 (3) p173-80, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

00348

● 0222619 83052020  
**A regional medical manpower and training information system.**  
Viner RS; Lees W; Dick GW  
Community Med ,May 1982, 4 (2) p108-12, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222542 83050836

**Barriers to patient education in the coronary care unit.**  
Murdaugh CL  
Cardiovasc Nurs ,Nov-Dec 1982, 18 (6) p31-6, ISSN  
0008-6355 Journal Code: C00  
Languages: ENGLISH

0222284 83039737  
**Outcome specifications for graduate health administration education: rationale, problems, sources, and outcomes standards.**  
Rhee S  
Program Notes Assoc Univ Programs Health Adm ,Winter 1982,  
(98) p31-64, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH  
(16 Refs.)

0222184 83032273  
**The nursing home as a teaching and research center.**  
Weiner AS; Lichtman M  
J Long Term Care Adm ,Fall 1982, 10 (3) p2-8, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

00646

0222170 83030434

**A comprehensive program to increase job satisfaction among pharmacy technicians.**

Mahoney CD; Gallina JN; Jeffrey LP  
Hosp Pharm ,Oct 1982, 17 (10) p547-50, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

A multifaceted personnel management and continuing education program specifically designed to provide job satisfaction for the pharmacy technician is described. Turnover among technicians is often higher than for other personnel categories. One interpretation of a high turnover rate is that it is a direct indication of job dissatisfaction and disillusionment on the part of technicians towards their career potential. Several approaches were initiated at the Rhode Island Hospital to increase job satisfaction among pharmacy technicians and to assist the pharmacy department in stabilizing this category to reflect a more satisfactory turnover rate. These were: (1) initiating a comprehensive continuing education program; (2) establishing a "career ladder" by developing an advanced level of pharmacy technicians; (3) incorporating technicians in a concept of participative management within the department; (4) increasing job responsibilities as new programs are developed; (5) rotating assignments and responsibilities to foster flexibility and interest. The programs enumerated have made a significant contribution toward increasing the stability and job satisfaction of the technician category. The success of the measures described is reflected in the average tenure of an individual in the technician category, which is 41.9 months.

0222145 83030248

**Postgraduate and continuing medical education in Finland.**

Jaaskelainen M  
Health Policy Educ ,Oct 1982, 3 (3) p249-68, ISSN  
0165-2281 Journal Code: G2I  
Languages: ENGLISH

In this paper, postgraduate and continuing medical education in Finland is described and analyzed. Especially, the contacts with health care policy of Finland are analyzed and presented. First, the roots of CME in basic medical education and its goals are shown. Secondly, the advanced professional medical education (specialization) is presented. Thirdly, the scientific postgraduate system of studies is analyzed. Finally, the system of continuing, complementary medical education and its organization is presented. It is stressed that the CME has close connections with the health care policy in a country. Some problems in this respect are presented.

0222144 83030247

**Improving the selection of family medicine residents through development of multi-dimensional policy models.**

Parker BR; Skinner BD

Health Policy Educ ,Oct 1982, 3 (3) p229-47, ISSN  
0165-2281 Journal Code: G2I

Languages: ENGLISH

The annual cost of training a single family medicine resident may now exceed \$50,000. This, together with the fact that normally only a small fraction of those applying for family medicine residency is selected for admission, creates a decision problem of enormous import to affected institutions. Despite these considerations, the applicant evaluation and selection process remains relatively subjective, with results often disappointing. In the current paper, a preference-based approach is proposed that first models the evaluation/selection process on the basis of well-defined cognitive and noncognitive criteria. It is suggested that validation of this model be based on future performance levels of both the accepted and rejected cohorts during and following their residencies. Discrepancies between future success levels and predicted outcomes may then be translated into appropriate control actions designed: (1) improve the definition/measurement of selection criteria; (2) enhance the evaluation/selection policies and decisions of the admissions committee; and (3) better inform potential applicants of the department's program and selection philosophies. The approach is applied to two recent, accepted cohorts of the University of North Carolina Department of Family Medicine. Preliminary results indicate that the procedure is capable of improving the in-residency success levels of selected applicants, and that these levels can be better predicted than when no formal, i.e., analytic, process is followed.

0222143 83030246

**Some challenges in the management of community health education.**

Timmereck TC  
Health Policy Educ ,Oct 1982, 3 (3) p223-8, ISSN  
0165-2281 Journal Code: G2I  
Languages: ENGLISH

Health Educators are often expected to fill managerial roles yet are not always trained in management skills. The Health Educator's role is constantly changing but training has not always kept up, especially in the area of management. Job descriptions are often less than adequate and coordination between the jobs and the training institution could be better. Health Educators, due to frustration caused by inadequate role definition, may choose administration as a career as it is easier identified. Barriers to successful management can also be frustrating for the Health Educator, i.e., political constraints, lack of skills, etc. Planning should be a major activity of any Health Education program in order to ensure a successfully managed Health Education project.

00647

0221980 83026321

**Characterization of pharmacy workload and pharmacist activities in a Canadian community pharmacy.**

Boyd R; Parker WA; Yung DK  
Contemp Pharm Pract ,Fall 1982, 5 (4) p219-25. ISSN  
0162-3761 Journal Code: D09  
Languages: ENGLISH

The present study was undertaken to obtain data which would characterize pharmacist activities and prescription workload in a community pharmacy. Data on pharmacist activities were obtained by using a work sampling methodology. The proportion of time spent on each of 44 activities was obtained, and it was found that the proportion of time spent on professional activities (17.6 percent) was notably less than the time spent on nonprofessional activities (82.4 percent). Data on prescription workload were obtained by the design of a data sheet which was to be completed by each pharmacist for every prescription dispensed. The collected data characterized the number of prescriptions dispensed, which were related to the time of day and day of the week; they also provided information on the types of prescriptions dispensed, the age of patients (e.g., pediatric, geriatric), and the methods of payment.

0221946 83023460

**The five P's of CME: a structured approach to workshop management can maximize your meeting's productivity.**

Levy M; McPherson C  
Biomed Commun ,Sep-Oct 1982, 10 (5) p6-7, 31, ISSN  
0092-8607 Journal Code: A4Y  
Languages: ENGLISH

0221765 83046031

**A conjoint psychiatry-internal medicine program: development of a teaching and clinical model.**

Shemo JP; Ballenger JC; Yazel JJ; Spradlin WW  
Am J Psychiatry ,Nov 1982, 139 (11) p1437-42, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

At a time when psychiatry's repertoire of successful treatment strategies is burgeoning and the public is seeking primary medical care with greater emphasis on humanistic issues, psychiatry has been paradoxically losing status and trainees, partly because it has failed to make its expertise integratable by nonpsychiatric physicians. In response to the educational and patient care deficiencies that result, two universities developed a teaching and clinical program that leads to partial integration of their departments of psychiatry and internal medicine. This collaborative approach includes a conjoint internal medicine-behavioral medicine inpatient unit and a residency program leading to Board eligibility in both specialties.

0221556 83043304

**The role of health education in promoting health at work.**

Daly N  
World Ir Nurs ,Aug-Sep 1982, 11 (8-9) p2, Journal  
Code: XQB  
Languages: ENGLISH

00349

● 0221413 83041396

**Psychology in an integrated undergraduate medical curriculum.**

Hayes M; Mitchell KR  
Soc Sci Med ,1982, 16 (15) p1425-8, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

0221096 83038705

**First-line management training-does it work?**

Bevan G  
Nurs Times ,Sep 1-7 1982, 78 (35) p1487, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0221058 83038547

**Survival of the fittest.**

Donaho B  
NLN Publ ,1982, (52-1904) p1-14, Journal Code: 03Z  
Languages: ENGLISH

0220779 83035765

**Leprosy and primary health care: the Mandwa project, India.**

Antia NH  
Lepr Rev ,Sep 1982, 53 (3) p205-9, ISSN 0024-1032  
Journal Code: L58  
Languages: ENGLISH

00648

0220748 83035515

**Improving compliance among hypertensives: a triage criterion with cost-benefit implications.**

Eastaugh SR; Hatcher ME  
Med Care ,Oct 1982, 20 (10) p1001-17, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: HL-17016, MH-14567; 1-32(HL)-07180

Languages: ENGLISH

Triage method based upon individual patient characteristics is developed to determine the most effective health education interventions for hypertensive patients. The sample included 402 patients randomly assigned to experimental and control groups. The efficacy of a triage process, whereby patients are subdivided into groups that are more predisposed to benefit from a given health education approach, is discussed. From a limited cost-benefit evaluation, it appears that the benefits of the triage method for achieving medication compliance clearly outweigh its costs only in the case of the highly depressed patients (24 per cent of the sample). Different levels of depression were found to be differentially responsive to different health education treatments for achieving adherence to medication. The most depressed patients were more responsive to family member reinforcement, a 156 per cent increase in the number of high compliers as compared to no intervention.

0220650 83034540

**Cooperative workshops for emergency nurses.**

Eben JD; Wininger ME; Stewart M; Sapp MP; Batza DM; Misinski M

JEN ,Sep-Oct 1982, 8 (5) p248-53, ISSN 0099-1767  
Journal Code: KRU

Languages: ENGLISH

0220647 83034535

**Suture and wound care training program for emergency nurses.**

Trott AT; DeChatelet J; Levy RC  
JEN ,Sep-Oct 1982, 8 (5) p221-4, ISSN 0099-1767  
Journal Code: KRU

Languages: ENGLISH

0220588 83033517

**Development of a clerkship curriculum in the family life cycle.**

Armstrong EG; Jaffe A; Froom J; Rosen M  
J Med Educ ,Nov 1982, 57 (11) p872-4, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

0220586 83033514

**Design of a course on the medical consequences of nuclear war.**

Cassel C; Garland M; McCally M  
J Med Educ ,Nov 1982, 57 (11) p866-8, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0220582 83033509

**Selective patient enrollment: a tool for improved residency training.**

Hainer BL; Curry HB  
J Med Educ ,Nov 1982, 57 (11) p835-40, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Providing a full range of problems to be managed in a model family practice unit is the goal of selective enrollment of patients at the Medical University of South Carolina. A computerized problem-oriented medical record is used to help distribute families with selected chronic diseases equitably to residents. Attention to the demographics of each resident's practice panel can help influence the distribution of health problems which a resident may experience at the model unit. Knowledge of the demographics of families at the model unit can help determine how representative they are of the surrounding community. Reallocation of families to new resident physicians when their old resident physicians complete training is logically planned. Work loads of resident physicians are monitored to adjust family assignments in their practice panels. The patient enrollment process is responsive to resident and faculty input regarding deficiencies in the health care experiences of the resident.

00649

0220581 83033508  
**Needs assessment in continuing medical education: a practical guide.**

Laxdal OE  
J Med Educ ,Nov 1982, 57 (11) p827-34, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The identification and assessment of learning needs and the setting of priorities are the foundation of successful program planning in continuing medical education (CME). The present report includes recommendations concerning optimal procedures for the assessment of the learning needs of individual physicians, small groups, and large groups. The vital role of learners and their perceived needs is emphasized. Appropriate and accurate needs assessment contributes greatly to the success of CME programs. The most effective needs assessment involves the dynamic interaction of teachers, learners, and experienced program planners. The recommendations in this report are based on studies and interviews conducted in several major academic health centers in the United States and Europe over a period of one year. Research efforts to improve needs assessment techniques are greatly needed. As improved methods of needs assessment are adopted, CME planners may be assured that their programs will become more attractive and effective.

0220571 83033497

**Medical ethics: some reservations.**

Swales JD  
J Med Ethics ,Sep 1982, 8 (3) p117-9, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0220407 83031777

**The need for gerontologic content within nursing curricula and other conclusions based on a recent survey.**

Tollett SM; Adamson CM  
J Gerontol Nurs ,Oct 1982, 8 (10) p576-80, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0220375 83031657

**Essential competencies for baccalaureate dietetic programs.**

Holmes RW  
J Am Diet Assoc ,Nov 1982, 81 (5) p573-9, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

0220353 83031578

**Developing a women's health care course.**

Riddle PK  
J Am Coll Health ,Apr 1982, 30 (5) p242-3, ISSN 0744-8481  
Journal Code: H5E  
Languages: ENGLISH

0220296 83030896

**Academic focus: the biomaterials program at the University of Washington (Seattle).**

Hoffman AS  
J Biomed Mater Res ,Sep 1982, 16 (5) p735-40, ISSN 0021-9304  
Journal Code: HJJ  
Languages: ENGLISH

0220247 83030070

**In-service education for nursing service administrators--bridging a gap?**

Olade R  
Int Nurs Rev ,Jul-Aug 1982, 29 (4) p118-21, ISSN 0020-8132  
Journal Code: GTP  
Languages: ENGLISH

0220146 83029187

**Hospitalwide input facilitates spectrum of teaching programs.**

Hospitals ,Nov 16 1982, 56 (22) p48, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0219995 83026848

**Scheduling educational programs for the night shift.**

Keely BR  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p50-2, ISSN 0730-4625  
Journal Code: EAO  
Languages: ENGLISH

0219735 83022775

**Will university dentistry remain an 'ample' education?**

Whittaker DK  
Br Dent J ,Sep 7 1982, 153 (5) p167-8, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

00650

0219690 83015189  
...And to capitalize on the concerns of adolescence.  
Wolfe NH; Delmoor E  
Promot Health ,Nov-Dec 1982, 3 (6) p5-7, ISSN 0272-9709  
Journal Code: PZU  
Languages: ENGLISH

0219364 83020105  
**Training supervision as a separate faculty role.**  
Borus JF; Groves JE  
Am J Psychiatry ,Oct 1982, 139 (10) p1339-42, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH  
Training supervision is a longitudinal, nonclinically  
focused personal relationship between a faculty member and a  
resident for exploring the latter's professional development.  
In the authors' program the training supervisor meets with the  
supervisee monthly over the 3-year residency. The training  
supervisor's role is that of a nonevaluative senior colleague  
who orients and advises the resident and systematically  
reviews training progress and problems. The authors discuss  
the evolution of the training supervision concept, explore  
potential role conflicts for the training supervisor, who may  
serve other functions in the residency of the supervisee, and  
present positive and negative resident and faculty evaluations  
of their program.

00350

0219360 83020096  
**Behavioral science teaching in U.S. medical schools: a 1980  
national survey.**  
Blackwell B; Torem M  
Am J Psychiatry ,Oct 1982, 139 (10) p1304-7, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH  
The teaching of behavioral science in medical school has  
become increasingly complex in the attempt to integrate  
biological, social, and psychological knowledge. The authors  
sent a survey questionnaire to determine actual and preferred  
organizational structures to 130 medical schools; 90  
responded. The most frequent structure--46 schools (51%)--was  
unidepartmental. Thirty-four schools (38%) were  
multidepartmental, and 10 (11%) had a matrix organization.  
Schools with a unidepartmental structure reported a higher  
degree of satisfaction and more organizational advantages.  
Multidepartmental and matrix models offered some educational  
advantages at the cost of administrative efficiency. During  
the 1980s, funding for unidepartmental schools may prove more  
cost effective than funding for schools with different  
organizational structures.

0219097 83016806  
**Undergraduate medical education for primary care: a case**

**study in New Mexico.**  
Kaufman A; Kiepper D; Obenshain SS; Voorhees JD; Galey W;  
Duban S; Moore-West M; Jackson R; Bennett M; Waterman R  
South Med J ,Sep 1982, 75 (9) p1110-7, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

To address the dual problems of maldistribution of  
physicians and an increasing need for physicians who are  
lifelong learners, an experimental curricular track was  
developed at the University of New Mexico School of  
Medicine. Increased student responsibility for learning is  
encouraged by student-centered, small-group, problem-based  
tutorial learning, and early, primary care role modeling is  
offered during an early, lengthy, rural preceptorship.  
Preliminary outcomes reveal there is reinforcement of career  
interest in rural primary care with important linkages forged  
between the university and communities as a program  
by-product. Further, the experimental students, as compared to  
students in the conventional track, showed a greater  
appreciation of their learning environment, showed less  
stress, and failed to become cynical. The reorientation of  
undergraduate medical education toward the future health care  
needs of communities and the learning needs of physicians may  
require major modifications of curriculum design and role  
modeling experiences.

0218895 83014295  
**Cost-effective management: its implications for schools of  
nursing.**  
Bryson JA  
NLN Publ ,1982, (16-1897) p9-16, Journal Code: 03Z  
Languages: ENGLISH

0218894 83014294  
**Studying the costs of nursing education programs.**  
Knopf L  
NLN Publ ,1982, (16-1897) p29-44, Journal Code: 03Z  
Languages: ENGLISH

0218893 83014293  
**Implementing cost-effective management in schools of  
nursing.**  
Bryson JA; Schwallie R  
NLN Publ ,1982, (16-1897) p17-28, Journal Code: 03Z  
Languages: ENGLISH

00651

0218892 83014292  
**Principles of cost-effective management of educational programs.**  
Nelson G  
NLN Publ ,1982, (16-1897) p1-7, Journal Code: 03Z  
Languages: ENGLISH

0218855 83013729  
**Training safe workers: one union's solution.**  
Denton DR  
Occup Health Saf ,Jul 1982, 51 (7) p41, 47, ISSN  
0362-4064 Journal Code: ODE  
Languages: ENGLISH

0218833 83013657  
**Bickering over baccalaureates, again?**  
Curtin LL  
Nurs Manage ,Apr 1982, 13 (4) p7-8, Journal Code: OBV  
Languages: ENGLISH

0218769 83013074  
**Infection control as the focus for a new course for medical students.**  
Johnson MW  
Nebr Med J ,Jul 1982, 67 (7) p186-7, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

0218631 83011304  
**The evaluation of a Cardiovascular School Health Curriculum: an assessment of long-term cognitive retention and attitudinal correlates.**  
Holcomb JD; Carbonari JP; Nelson J; Wylie L  
J Sch Health ,Aug 1982, 52 (8) p378-83, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH  
This study provided evidence that the Cardiovascular School Health Curriculum was successful in increasing the knowledge levels of high school students and maintaining significant portions of that knowledge during a six month period, indicating that with a strong, well developed curriculum, relatively permanent change in knowledge levels can be achieved. This was particularly gratifying to the researchers who believe that the appropriate knowledge of the cardiovascular system, heart diseases and methods of preventing heart and circulatory problems are essential foundations for having positive impact of youths' future behavioral choices. Additional longitudinal studies are planned to augment the findings of this study.

0218623 83011294  
**Does the medical community have an investment in South Carolina's approach to the "basics"?**  
Faulkenberry JR; Sloan LA; Mitcham JP  
J SC Med Assoc ,Jul 1982, 78 (7) p386-90, ISSN  
0038-3139 Journal Code: KON  
Languages: ENGLISH

0218477 83009305  
**So you're the inservice educator on a Neuro Unit.....**  
Genter L  
J Neurosurg Nurs ,Aug 1982, 14 (4) p177-81, ISSN  
0047-2603 Journal Code: JD7  
Languages: ENGLISH

00351

0218346 83008058  
**Alternative practicum in health education.**  
Cappel LW  
J Am Coll Health Assoc ,Feb 1982, 30 (4) p183-4, ISSN  
0002-7944 Journal Code: H5D  
Languages: ENGLISH

0218301 83007901  
**Continuing educational goals and learning needs of community nurses who care for patients with cancer.**  
Wood CA; Dodge RK  
J Contin Educ Nurs ,Sep-Oct 1982, 13 (5) p14-8, ISSN  
0022-0125 Journal Code: HWD  
Languages: ENGLISH

0218256 83006795  
**Applicability of nursing school programs in meeting foreign students' needs and expectations.**  
Abu-Saad H; Kayser-Jones J  
JNE ,Sep 1982, 21 (7) p4-10, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

00652



0218215 83006472  
**Organizing community experience for student nurses in Northamptonshire.**  
Button F  
Health Visit ,Aug 1982, 55 (8) p403-8, ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0218192 83006268  
**Strategies for implementation of a new curriculum in Nigeria.**  
Ogundeyin WM  
Int Nurs Rev ,May-Jun 1982, 29 (3) p78-85, ISSN 0020-8132  
Journal Code: GTP  
Languages: ENGLISH

0217672 82275620  
**Report of the president: Association of University Programs in Health Administration.**  
Filerman GL  
Program Notes Assoc Univ Programs Health Adm ,Spring 1982, (99) p31-41, ISSN 0098-1559  
Journal Code: QAH  
Languages: ENGLISH

0217671 82275619  
**Report of the board of directors: Association of University Programs in Health Administration.**  
Loebs SF  
Program Notes Assoc Univ Programs Health Adm ,Spring 1982, (99) p23-30, ISSN 0098-1559  
Journal Code: QAH  
Languages: ENGLISH

0217583 82271499  
**Awareness is key to employee participation in a safety program.**  
Sweet G  
Mich Hosp ,Sep 1982, 18 (9) p7-10, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0217553 82266748  
**Quality of life as a way of life.**  
Cohen S  
J Am Health Care Assoc ,Sep 1982, 8 (5) p74-80, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

0217448 82264787  
**'Don't take a chance': a public campaign to encourage the early reporting of breast symptoms.**  
Christmas P; Nichols S  
Health Educ J ,1982, 41 (2) p61-8, ISSN 0017-8969  
Journal Code: G1Z  
Languages: ENGLISH

As part of a study to evaluate health education about breast cancer, a campaign to encourage the early reporting of breast symptoms was organised jointly by Community Medicine, University of Southampton and Southampton Health Education Service. A thorough account of all aspects of the preparation and implementation of the campaign is presented. It is hoped that other organisations, considering a similar campaign, could utilise the materials specially produced to convey our message and benefit from our experiences.

0217447 82264786  
**An investigation of the determinants of the advisory and information service, and the potential for health education in retail pharmacy.**  
Harris J  
Health Educ J ,1982, 41 (2) p42-6, ISSN 0017-8969  
Journal Code: G1Z  
Languages: ENGLISH

0217341 82263427  
**Managers, educators collaborate for hospitalwide educational programs.**  
Lawrence D; Peoples RJ  
Hosp Prog ,Sep 1982, 63 (9) p36-9, 60, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217338 82263424  
**Adolescent sexuality program focuses on responsibilities, communication.**  
Hosp Prog ,Sep 1982, 63 (9) p22, 28, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217286 82263298  
**Corporate management development.**  
Dixon M  
Health Serv Manpow Rev ,Aug 1982, 8 (3) p6-10, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0217282 82263294  
**Is the National Administrative Training Scheme meeting its objectives?**  
Stewart R; Smith P  
Health Serv Manpow Rev ,Aug 1982, 8 (3) p14-8, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0217214 82260845  
**Where do the hours go? Project method tells you.**  
Mooney RT  
Crossref Hum Resour Manage ,Sep-Oct 1982, 12 (5) p10-2,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0217172 82256880  
**Health education and health promotion...it can be your success story, too.**  
Nudd SP  
J NAHD ,Fall 1982, p20-4, ISSN 0196-4933 Journal  
Code: AIZ  
Languages: ENGLISH

00352

● 0217117 82283249  
**Application of "management by objectives" to a surgical residency.**  
Martin LF; Spratt JS Jr; Hoyer RE; Polk HC Jr  
Arch Surg ,Sep 1982, 117 (9) p1203-5, ISSN 0004-0010  
Journal Code: 8IA  
Languages: ENGLISH

0217034 82282254  
**A time efficient EMT-A course for first year medical students.**  
Bradley K; Anwar RA; Davidson SJ; Mariano J  
Ann Emerg Med ,Sep 1982, 11 (9) p478-81, ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH  
The purpose of the study was to design an EMT-A course for freshman medical students that maximized practical work and minimized lecture hours. A 48-hour required course was given

up to 101 members of the first-year class at The Medical College of Pennsylvania. Ten hours of lecture-demonstration time were included. Test scores were comparable to scores of regular EMT-A candidates and medical students who had a full lecture series included in their course. Means of further decreasing the number of hours of the course are discussed. By decreasing the number of curricular hours, it is hoped that medical schools not having EMT-A certification programs in their preclinical years will be encouraged to do so.

0216692 82278410  
**OR management and the nursing student.**  
Kaminski SM; Colter EA  
Today's OR Nurse ,Jul 1982, 4 (5) p28-31, 60, ISSN  
0194-5181 Journal Code: WAC  
Languages: ENGLISH

0216317 82275465  
**Follow-up of the graduates of one curriculum, 1956-1980.**  
Morrison MA; Linder MT; Aubert EJ  
Phys Ther ,Sep 1982, 62 (9) p1307-12, ISSN 0031-9023  
Journal Code: P6W  
Languages: ENGLISH  
A questionnaire was developed to obtain information from the graduates of the Marquette University Program in Physical Therapy from 1956, the year the program was established, to 1980. The response rate was 65 percent, with 433 graduates from 25 classes returning the questionnaire. The profile derived from the responses is of a graduate who remains employed in physical therapy full time or part-time, is satisfied with the undergraduate preparation received, and is a member of the American Physical Therapy Association. Compared with other studies, this survey reveals that lower percentages of physical therapy graduates are employed in hospital settings, higher percentages are earning graduate credits, and the dropout rate from the profession has decreased significantly. Other information obtained from the questionnaire is presented relating to demographics, continuing education, and participation in professional organizations.

00654

0216174 82274371  
**Community nursing services: goodbye Uncle Tom Cobley--and all.**  
Scott DG  
Nurs Mirror ,Jul 28 1982, 155 (4) p48-9, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216121 82274250  
**Discovering resources for continuing education.**  
Presler EP; Bolte IM  
Nurs Outlook ,Sep-Oct 1982, 30 (8) p454-8, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0216120 82274248  
**Synthesis of public health science and nursing science.**  
Archer SE  
Nurs Outlook ,Sep-Oct 1982, 30 (8) p442-6, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0216080 82273712  
**A questionnaire for assessment of parents' needs in a child health clinic.**  
Ryberg JW; Merrifield EB  
Pediatr Nurs ,Sep-Oct 1982, 8 (5) p318-9, 322, ISSN 0097-9805  
Journal Code: OUN  
Languages: ENGLISH

0215940 82273217  
**Are baccalaureate students prepared to assume first-level management position?**  
Kalisz MA; Ryan ME  
Nurs Leadersh ,Sep 1982, 5 (3) p23-7, ISSN 0164-7865  
Journal Code: OBG  
Languages: ENGLISH

0215911 82273147  
**A clinical performance evaluation tool for a process-oriented nursing curriculum.**  
Cronin-Stubbs D; Mathews JJ  
Nurse Educ ,Jul-Aug 1982, 7 (4) p24-9, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0215897 82273133  
**Clinical nurse instructor: impact on a nursing unit.**  
Robinson MA  
Nurs Adm Q ,Summer 1982, 6 (4) p35-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215896 82273132  
**Clinical evaluation of patient outcome: an influence for change.**  
Wolvin MB  
Nurs Adm Q ,Summer 1982, 6 (4) p32-5, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215894 82273130  
**On the scene: University of California Irvine. Influencing change agents.**  
Solomon JE  
Nurs Adm Q ,Summer 1982, 6 (4) p24-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

00353

0215730 82270810  
**Orientation programme for third year medical students.**  
Godwin P  
Lamp ,May-Jun 1982, 39 (3) p41-5, ISSN 0047-3936  
Journal Code: LOP  
Languages: ENGLISH

0215729 82270809  
**Suggested curriculum outline for psychiatric nurses.**  
Brown R  
Lamp ,May-Jun 1982, 39 (3) p34-8, ISSN 0047-3936  
Journal Code: LOP  
Languages: ENGLISH

00655

0215518 82268278  
**Childbirth preparation: an important service for all. II. A clinical perspective.**  
Pahika B  
J Nurse Midwife ,Jul-Aug 1982, 27 (4) p34-6, ISSN 0091-2182 Journal Code: JER  
Languages: ENGLISH

0215378 82266729  
**Education in the nursing home: practical considerations.**  
Pawison LG  
J Am Geriatr Soc ,Sep 1982, 30 (9) p600-2, ISSN 0002-8614 Journal Code: H6V  
Languages: ENGLISH

0215285 82265302  
**Health fair: providing a learning experience through a community service project.**  
Mason DJ; Calvacca LR  
JNE ,Jun 1982, 21 (6) p39-47, ISSN 0148-4834 Journal Code: HAP  
Languages: ENGLISH

0215282 82265299  
**Geriatric and gerontology nursing curricular trends.**  
Tollett SM; Thornby JI  
JNE ,Jun 1982, 21 (6) p16-23, ISSN 0148-4834 Journal Code: HAP  
Languages: ENGLISH

The amount of geriatric and gerontology content in a nursing curriculum does not appear to influence students' attitudes about aging. However, based on the findings of this study, specific content areas should be addressed in nursing curricula. These content areas include: 1) social changes as well as physical changes that occur to elderly persons and adaptation patterns of these individuals; 2) usefulness of aged persons and the contributions they can and do make to society; 3) characteristics of the well elderly as opposed to total concentration on the sick elderly. The inclusion of these content areas might assist the nursing student in developing a more positive attitude about aging.

0215212 82264797  
**A strategic planning model for a geriatric initiative in a school of medicine.**  
Cahn BW; Rapoport MI  
Health Care Manage Rev ,Winter 1982, 7 (1) p75-80, ISSN 0361-6274 Journal Code: G11  
Languages: ENGLISH

0215183 82264580  
**Nursing education in the Arabian Gulf: the Bahrain model.**  
Kronfol NM; Affara FA  
Int J Nurs Stud ,1982, 19 (2) p89-98, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

00354

● 0215028 82262481  
**Continuing ed: program development.**  
Kamenir S  
Dimens Health Serv ,Jul 1982, 59 (7) p38-9, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH

00355

● 0215027 82262480  
**Continuing ed: program planning.**  
Conlin E  
Dimens Health Serv ,Jul 1982, 59 (7) p36-7, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215014 82262467  
**The chaplain and lay pastoral volunteers.**  
Peel D  
Dimens Health Serv ,Jun 1982, 59 (6) p44-5, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214896 82260750  
**Teaching medical law II.**  
Healey JM  
Conn Med ,Jun 1982, 46 (6) p357, ISSN 0010-6178  
Journal Code: DQF  
Languages: ENGLISH

00656

0214841 82260284

**Development of a model practice for pediatric residents.  
Economic and administrative considerations.**

Mankad VN; Shell RT  
Clin Pediatr (Phila) .Sep 1982, 21 (9) p519-24, ISSN  
0009-9228 Journal Code: DHE  
Contract/Grant No.: 5528 PE 14236-04  
Languages: ENGLISH

A model pediatric residents' group practice which functions independently of the hospital administration and, to a large extent, of the university administration was developed for the specific purpose of training pediatric residents. During the second year of operation (1981), the residents' group practice met 91 per cent of all expenses, including faculty and resident salaries. The residents' group practice shares many characteristics of private practice (e.g., continuity of physician-patient relationship, appointment keeping, efficient patient flow, and physician participation in practice management). Through their involvement in the management of the practice, residents learn about socioeconomic aspects of pediatric practice and learn how to provide affordable primary care of high quality. Suggestions for developing similar models elsewhere are described.

0214768 82258880

**An avenue for health care awareness.**

Melamed F  
Can Nurse .Sep 1982, 78 (8) p46, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0214593 82252008

**Children's health education begins with auxiliary library.**

Reynolds K  
Volunt Leader .Fall 1982, 23 (3) p4, ISSN 0005-1861  
Journal Code: XHR  
Languages: ENGLISH

0214432 82240329

**A RN residency program.**

Olufson EM  
J Am Health Care Assoc .Jul 1982, 8 (4) p15-7, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214425 82240241

**Medicine and education: interactive processing for special children.**

Sommers PA  
J Ambulatory Care Manage .Aug 1982, 5 (3) p31-43, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

0214358 82237949

**Parents learn child management skills in early intervention program.**

Hoffman EH  
Hosp Prog .Aug 1982, 63 (8) p56-60, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214357 82237948

**Patient education center benefits hospitalized patients, community.**

Klimecki CC  
Hosp Prog .Aug 1982, 63 (8) p54-5, 68, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214356 82237947

**Expanded in-service education includes night shift employees.**

Hosp Prog .Aug 1982, 63 (8) p53, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214268 82234833

**Costing out hospital-based community educational programs.**

Fiorelli JS; Murphy MJ  
Crossref Hum Resour Manage .Jul-Aug 1982, 12 (4) p5-7,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0214267 82234832

**Rural consortium: key resource for critical care nursing education.**

Burfiend MK; Bernhardt T  
Crossref Hum Resour Manage .Jul-Aug 1982, 12 (4) p1-5,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

00657

00356

0214204 82256324

**Advanced training in orthopaedic surgery in Australia.**

Dooley BJ

Aust NZ J Surg ,Jun 1982, 52 (3) p227-9, ISSN 0004-8682

Journal Code: 9IC

Languages: ENGLISH

0214203 82256323

**Orthopaedic training in New Zealand.**

Gray DH

Aust NZ J Surg ,Jun 1982, 52 (3) p224-6, ISSN 0004-8682

Journal Code: 9IC

Languages: ENGLISH

This paper illustrates some of the problems associated with a nationally organised training programme. The limit on entry numbers is on the 'best guess' for manpower requirements and not on the number of training posts available and hence a challenge can always be made on the grounds that a 'closed shop' is being operated. Experience has shown that to date this is not a valid criticism. However, there is little room for expanding the number of training posts available so that the annual intake cannot be expanded significantly beyond present levels. The selection criteria and methodology are discussed in detail, representing our current practice without any claim to have established an ideal technique. Finally, when a trainee is seconded from an overseas programme and the question of approval of his time in this country is raised, it is most important that the host institution have data relevant to both the local and the national scene.

0214193 82256297

**A course for psychiatric nurse therapists.**

Pitcher M

Aust Nurses J ,May 1982, 11 (10) p40-2, ISSN 0045-0758

Journal Code: 9GG

Languages: ENGLISH

0214192 82256296

**Nursing in the outback-- a survey of training needs.**

Munoz E; Mann M

Aust Nurses J ,May 1982, 11 (10) p38-9, ISSN 0045-0758

Journal Code: 9GG

Languages: ENGLISH

0214148 82255370

**A nursing workshop for medical students.**

Reeder JM; Moran ML; Connolly MS

AORN J ,Jul 1982, 36 (1) p118-30, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0214089 82254234

**The community health teaching center in China.**

Su DL; Taylor CE

Am J Public Health ,Sep 1982, 72 (9 Suppl) p89-91, ISSN

0090-0036 Journal Code: 3XW

Languages: ENGLISH

0213585 82248506

**Roles and relationships in health education.**

Eskin F

Public Health ,Mar 1982, 96 (2) p105-12, ISSN 0033-3506

Journal Code: Q17

Languages: ENGLISH

0213434 82247093

**Operationalizing learning experiences in the nursing administration practicum.**

Anderson RM

NLN Publ ,1982, (15-1902) p5-15, Journal Code: 03Z

Languages: ENGLISH

0213433 82247092

**The role of today's nurse executive: implications for education.**

Stevens BJ

NLN Publ ,1982, (15-1902) p29-36, Journal Code: 03Z

Languages: ENGLISH

0213432 82247091

**An educational program for the administrator's role in nursing services.**

Hechenberger NB

NLN Publ ,1982, (15-1902) p16-28, Journal Code: 03Z

Languages: ENGLISH

00658

0213275 82246207

**Teaching nursing assistants: a comparison of teaching nursing assistants in a university and in a hospital.**

Richardson E

Nurs Manage ,Jul 1982, 13 (7) p34-6, Journal Code: OBV  
Languages: ENGLISH

00357

0213171 82245050

**Impact of an independent-study programme upon professional careers.**

Blumberg P; Sharf BF; Sinacore JM

Med Educ ,May 1982, 16 (3) p156-60, ISSN 0308-0110  
Journal Code: MZ3

Languages: ENGLISH

A survey of graduates of the Independent-Study Programme (ISP) at the College of Medicine, University of Illinois, was conducted in order to assess the impact of the ISP on their subsequent careers. Responses from ninety-nine of these graduates, when compared with their classmates, lend strong support to the idea that such an independent study programme has long-lasting effects on the participants. The ISP graduates are selecting a medical subspecialty in a much higher percentage than their classmates or the national average. They also are engaging in more research, administration, and teaching. Differences between the ISP and the traditional graduates are explained in terms of unique educational opportunities, contact with teachers and peers, orientation towards independent learning and curricular requirements.

0212977 82241789

**Comparison of psychiatric-mental health nursing education objectives: consumers, educators, and practitioners.**

Mansfield E; Garrard J; Hausman W; Howey MK

J Psychosoc Nurs Ment Health Serv ,May 1982, 20 (5)  
p29-36, ISSN 0279-3695 Journal Code: JUW

Contract/Grant No.: 1 T24 MH15430

Languages: ENGLISH

This consumer-nurse study was part of a larger project, Research in Mental Health Education, which compared the priorities of educators and practitioners within and between three core mental health professions and between the professionals and consumers. In the consumer-nurse portion of the study, the objectives for graduate education in psychiatric-mental health nursing were validated by psychiatric-mental health nursing educators (N=20) based in four university programs in the East, West, and Midwest. Another sample of nurse educators and practitioners in this specialty area, drawn from nine states, prioritized these objectives. A separate deck of objectives for mental health professionals was generated and prioritized by consumers (N=15) who were members of the Mental Health Association of Minnesota. Standardized procedures for generating and validating the objectives for nurses and consumers and the

same task, the Priority Sort, were used by all subjects, nurses, and consumers, to prioritize the objectives. Similarities and differences between nurses and consumers are discussed. Differences between nurse educators and practitioners, which are statistically significant, also are described. Implications for consumer and practitioner input into curricular decisions are discussed as well as interdisciplinary courses that could conserve faculty time and budgetary resources.

0212375 82225860

**Developing dynamic organisations through management seminars.**

Halpin CB

World Hosp ,May 1982, 18 (2) p34, Journal Code: XP6  
Languages: ENGLISH

0212330 8222325

**Hospital, public libraries join forces to make reliable health information more accessible to public.**

Gartenfeld E; Witte LM

Promot Health ,Jul-Aug 1982, 3 (4) p8-10, ISSN  
0272-9709 Journal Code: PZU  
Languages: ENGLISH

0212197 82213278

**Hiring a health education specialist helps insure high-quality, well-organized promotion by HMOs.**

Health Educ Rep ,Jul 1 1982, 4 (12) p1-4, ISSN

0193-5232 Journal Code: G20

Languages: ENGLISH

0212147 82212353

**Pastoral care workshops provide resource for clergy.**

Hosp Prog ,Jul 1982, 63 (7) p88, 90, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

00659

0212115 82212262

**The relevance of action learning to problem-solving and manager development in the NHS.**

Edmonstone J  
Health Serv Manpow Rev ,May 1982, 8 (2) p16-9, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0212099 82212006

**Industry: the education of workers in the prevention of cancer.**

Ware BG  
Health Values ,May-Jun 1982, 6 (3) p36-40, ISSN 00358  
0147-0353 Journal Code: FX6  
Languages: ENGLISH

0212063 82210543

**Hospital unit work concept.**

Charles EG  
Exec Housekeep Today ,Jun 1982, 3 (6) p4, Journal  
Code: EHV  
Languages: ENGLISH

0211986 82207154

**Ethics and surgery: bedside teaching and learning.**

Richardson JD; Polk HC Jr; Barber RL  
Bull Am Coll Surg ,Jul 1982, 67 (7) p10-3, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0211913 82229799

**Choosing the role in staff development that's best for you.**

O'Brien A  
AORN J ,Jun 1982, 35 (7) p1262-7, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0211759 82227939

**Mini-councils: a solution to fieldwork supervision.**

Still JR  
Am J Occup Ther ,May 1982, 36 (5) p328-32, ISSN  
0272-9490 Journal Code: 305  
Languages: ENGLISH

In 1977, the Occupational Therapy faculty at San Jose State University, with support from a Special Improvement Grant, embarked on a 3-year curriculum revision. One issue of particular concern was the need to devise a system for involving the clinical faculty in the revision process

regardless of geographic relationship to the university. The system that evolved became known as Mini-Councils, regional groups consisting of students and clinical and academic faculty who participate in fieldwork experience at the University. Mini-Councils replaced the on-site visit system and shifted the emphasis from supervision of individual students to discussion groups focusing on general educational issues of mutual concern to faculty and students. The Mini-Councils have also strengthened the relationship between academic and clinical educators by providing a practical, efficient means of maintaining contact with students in fieldwork, and by helping integrate academic and clinical education.

0211647 82226163

**Profession-specific training in health education.**

Brieger W; Dlaseha IO; Ekeh HE; Johnson DC; Adeniyi JD  
Int J Health Educ ,1982, 24 (3) p156-63, ISSN 0020-7306  
Journal Code: YEE  
Languages: ENGLISH

In 1975, the African Regional Health Education Centre (ARHEC) inaugurated two training programmes in health education: a two-year postgraduate course leading to a master's degree, and a one-year course preparing for a non-graduate diploma. The purpose of the latter was to give advanced training and updating to experienced health personnel who had either received a diploma in health education some years before or had been functioning as health educators. This was intended to be a temporary course, to phase out in three years. However, due to its popularity, it was extended in spite of certain negative aspects, mainly the fact that new graduates often return to their former positions with little opportunity to utilize fully their new skills. Those who succeeded best tried to merge health education with their basic professional practice (for example, nursing with patient education). ARHEC decided therefore to modify the programme of its advanced diploma course, which now provides for the teaching of a basic core of health education subjects to all students, and includes three modules to which students are assigned according to their previous training and their future professional activities: community health education and primary health care; hospital-based patient and family health education; and school health education. The practical field work, which is an essential aspect of the course, is tailored to the interests of students in each module. Preliminary evaluation indicates that this programme provides a better response to the needs of students and their employers and eliminates the problem of two categories of health educators (diploma and masters level). It is intended to create other modules dealing with the media, occupational health, and so on.

00660



00359

0211467 82223938

**Innovation, ideology and innocence.**

Maddison D

Soc Sci Med ,1982, 16 (6) p623-8, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

Innovative solutions are required to deal with the inadequacies of existing medical education programmes, in both the developed and developing countries, if we are to promote the evolution of more acceptable, more efficient and more effective health care. The newly formed Network of Community-oriented Educational Institutions for Health Sciences is attempting to promote a series of educational and organisational innovations, aimed at the preparation of health professionals who will be better equipped and better motivated to meet the real health needs of the populations they are to serve. Such innovations encounter many obstacles, of which ideologically-based inflexibility of thought is the most important. Ideologies are here defined, in Barnett's words, as "patterns of belief ... quasi-conceptual, quasi-affective sets assumed to be true", having the power to prohibit "rigorous or experimental examination of novel experience." Such systems of thought have 'negative, restrictive and pathological effects' on the development of innovative solutions to complex problems. A particularly destructive and inhibiting stereotype has flowed from an ideological commitment to the achievement of 'international excellence'. A state of what in this paper is called 'innocence' is regarded as mandatory for the implementation of studies based on a commitment to the empirical approach, to the null hypothesis and above all to the evaluation of the process and outcome of educational and other interventions in the health care system.

0211208 82221533

**Curriculum change in nursing. VI. An example of community health-orientation.**

Harnar R

Nurs J India ,Feb 1982, 73 (2) p37-45, ISSN 0029-6503

Journal Code: 097

Languages: ENGLISH

0211184 82221480

**Sharing the pleasure and the pain.**

Walden E; Sanders R; Gallant K

Nurs Times ,May 19-25 1982, 78 (20) p833-6, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0211178 82221470

**View from an inspectorate. Inspectorate of the General Nursing Council for England and Wales.**

Nurs Times ,May 19-25 1982, 78 (20) psuppl 14: 53-6.

ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0211165 82221451

**Establishment of a nursing clinic for faculty and student clinical practice.**

Ossler CC; Goodwin ME; Mariani M; Gilliss CL

Nurs Outlook ,Jul-Aug 1982, 30 (7) p402-5, ISSN

0029-6554 Journal Code: 09H

Languages: ENGLISH

0211153 82221439

**When former students fail state boards.**

Kopala B; Ritzman C; Young M

Nurs Outlook ,May 1982, 30 (5) p314-7, ISSN 0029-6554

Journal Code: 09H

Languages: ENGLISH

0210815 82217695

**Maternity-patient teaching--a nursing priority.**

Brown B

JOGN Nurs ,Jan-Feb 1982, 11 (1) p11-4, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

The overall positive response of the parent participants has validated the utility of the program. Future program expansion and revision will be based on social and technological change. Participant responses to the program will be monitored continually to determine whether their needs are being met. The program clarified the role nursing personnel have in teaching maternity patients. It serves to increase the new parents' self-confidence in being able to adjust to their new roles. One possible future expansion of the program might be post-discharge group discussion sessions, supervised by nursing personnel. During those sessions, mothers could discuss feelings that they are experiencing, any difficulties they may have adapting to their new roles, and other topics they feel are relevant. Nurses would attend these sessions to serve as resource persons and group facilitators. The need for patient teaching in obstetrics is being recognized increasingly as a priority by health professionals in the field of maternal-child health. A concise and accurate means of documentation is necessary to ensure that consistent, comprehensive instructions are given to all new parents.

00661

0210808 82217657  
**"It wasn't what I thought it was going to be".**  
Miller M  
JEN ,May-Jun 1982, 8 (3) p109-10. ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0210678 82216045  
**Providing preceptors for nursing students: what questions should you ask?**  
Limon S; Bargagliotti LA; Spencer JB  
J Nurs Adm ,Jun 1982, 12 (6) p16-9. ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0210623 82215540  
**The Temple University Reading Clinic.**  
Rosner SL; Cooper FH  
J Learn Disabil ,May 1982, 15 (5) p294-8. ISSN 0022-2194  
Journal Code: IWO  
Languages: ENGLISH

0210622 82215539  
**Institute of Child Guidance and Development at the University of Saskatchewan.**  
McLeod J  
J Learn Disabil ,May 1982, 15 (5) p290-3. ISSN 0022-2194  
Journal Code: IWO  
Languages: ENGLISH

0210572 82214810  
**A long-term geriatric teaching ward in an acute-care hospital: a three-year experience.**  
Clarfield AM  
J Am Geriatr Soc ,Jul 1982, 30 (7) p457-65. ISSN 0002-8614  
Journal Code: H6V  
Languages: ENGLISH

The development and management of a long-term geriatric ward in an acute-care teaching hospital are described. Structure, function, and costs are discussed, and issues of service and medical education are emphasized. A full geriatric team (physician, nurse, social worker, physiotherapist, and occupational therapist) assessed 165 long-term patients in the general wards of the hospital and accepted 98 for admission to the new long-term geriatric ward. Of these, 31 were discharged; 29 per cent went to a facility that encouraged more independent living. Eighteen patients died during their stay in the geriatric ward; autopsies were obtained in 33 per cent--a higher autopsy rate than the average for general hospitals. General hospitals may continue to have large

populations of chronically ill patients. This model for a geriatric ward may offer a way of dealing with a difficult situation.

0210546 82214761  
**Models of nursing as the basis for curriculum development: some rationales and implications.**

Smith L  
J Adv Nurs ,Mar 1982, 7 (2) p117-27. ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH  
Within this paper the notion of a model of nursing as a basis for curriculum development is explored. Firstly the factors which a curriculum developer in nursing might take under initial consideration are discussed. It is then argued that a nursing faculty must identify and define its conceptualization of nursing and what it is to be a nurse. The process of conceptualizing nursing itself is examined. The paper goes on to argue that once a nursing faculty has reached a consensus view as to what constitutes nursing, then it either designs or selects a model of nursing which supports their particular conceptualization. Educational literature is cited to support the view that curriculum design, process and content are interrelated and that student learning is facilitated when the relationship between these three factors is coordinated. It is suggested that a nursing curriculum can achieve such an integration if a model of nursing is used as the conceptual framework. Finally some of the implications of adopting a model of nursing are stated.

00662

0210537 82214708

**Resolved: that a fifth year of dental education be a requirement. Remarks for the negative.**

Brown WE; Bohannon HM; Colman HL  
J Dent Educ ,Jun 1982, 46 (6) p332-4, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

Those representing the affirmative side of the issue have failed to provide convincing evidence supporting the necessity of a required fifth year of dental education. The mechanism is already in place for additional education and experience through expanding general practice residency programs for students desiring additional experience. A required fifth year would increase the cost of dental education for all students at a time of diminishing resources and would undoubtedly result in greater health care costs for the public. The overcrowded curriculum can be addressed successfully and far more economically by restructuring the present pre-dental/dental curriculum continuum instead of adding a required fifth year. In conclusion, the negative side asserts that there are more practical, less expensive, and more feasible ways to address the issues confronting dental education today than by adding a mandatory year to the education process.

0210536 82214707

**Resolved: that a fifth year of dental education be a requirement. Remarks for the affirmative.**

Morris AL; Hasler JF; Mulvihill JE  
J Dent Educ ,Jun 1982, 46 (6) p327-31, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

Evidence has been presented that leading deans of dental schools and leaders of the AADS support the assertion that the current four-year dental curriculum is overcrowded. Furthermore, it has been shown that the magnitude of the problem of overcrowding is regarded as serious and has been so recognized for at least twenty years. Evidence was also presented that educators, students, and the practicing profession support the assertion that the current four-year curriculum does not prepare students adequately for dental practice. Evidence was then presented that the overcrowding and inadequacies of the current curriculum cannot be corrected by merely manipulating or restructuring curricular elements within the context of pre-dental and four years of predoctoral education. Finally, it was shown that, in the opinion of educators and students, the overcrowding and inadequacies of the current four-year curriculum can be overcome by establishing a fifth year of dental education as a requirement.

0210534 82214705

**A case study of a nontraditional basic science curriculum.**

Roth GI; Bridges RB; Brown AT; Calmes R; Lillich TT; Matheny

JL; Sammon PJ; Wynn RL

J Dent Educ ,Jun 1982, 46 (6) p314-22, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

This article presents a critical analysis of the ten-year experience of the Department of Oral Biology of the University of Kentucky College of Dentistry with a nontraditional basic science curriculum. The factors that led to the adoption of this curriculum are outlined, and its effects on students, faculty, and the college's administration are described. The pitfalls inherent in this approach and in the individualized self-instructional format for teaching the basic sciences to dental students are discussed. This critical evaluation is aimed at providing information for those contemplating similar sweeping curricular changes in the future to enable them to make rational decisions and to help them predict the effects of such changes on the educational program.

0210466 82213428

**Part or a functional medical curriculum: rehabilitation medicine.**

Rogers EJ  
IMJ ,Mar 1982, 161 (3) p173-5, ISSN 0019-2120 Journal  
Code: HAJ  
Languages: ENGLISH

0210327 82212304

**Joint sponsorship saves two-year program for certified registered nurse anesthetists.**

Hospitals ,Jul 1 1982, 56 (13) p45, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210325 82212302

**Computer recordkeeping streamlines educational programs' organization.**

Donald MK; Whiston S; Ross C  
Hospitals ,Jul 1 1982, 56 (13) p43-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00663

00360

0210262 82211660

**Training and education in gastroenterology. List of available training programs.**

Gastroenterology ,Aug 1982, 83 (2) p506-18, ISSN 0016-5085 Journal Code: FH3  
Languages: ENGLISH

0210022 82208200

**Women's health education clinic.**

Dewar K  
Can Nurse ,Jun 1982, 78 (6) p42-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0210018 82208194

**Preceptorship is alive and well and working at BCIT.**

Taylor J; Zabawski P  
Can Nurse ,Jun 1982, 78 (6) p19-22, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0209938 82207435

**How I would organise a day-release course for trainees.**

Jewell MD  
Br Med J [Clin Res] ,May 22 1982, 284 (6328) p1537-8,  
Journal Code: B4X  
Languages: ENGLISH

0209903 82206589

**Recent graduate opinion on orthodontic training.**

Pender N  
Br J Orthod ,Apr 1982, 9 (2) p73-6, ISSN 0301-228X  
Journal Code: AZV  
Languages: ENGLISH

A study was undertaken to assess the views of recent graduates on the undergraduate orthodontic curriculum. The opinions of dental graduates qualified since 1968 from The Welsh National School of Medicine, the University of Birmingham and the University of London were acquired by postal questionnaire. The three samples were in close agreement in the majority of data supplied. A close relationship existed with Central Government figures, where these were available. General Dental Practitioners were found to treat a small and diminishing proportion of the orthodontic case load in the General Dental Services. The Advice Service has a limited application. Consultants acquire small numbers of patients from many sources, whilst practitioners limited to orthodontics receive larger numbers of patients from fewer sources. The undergraduate course was considered to be too short and lacking emphasis on complex therapy. Chairside,

small group teaching on a greater variety of cases might improve diagnostic ability at the expense of a reduced individual case load.

0209700 82196764

**The occupational hazards of a medical education: hospitals and medical school laboratories are very complex places to work.**

Haglund K  
New Physician ,May-Jun 1982, 31 (4) p18-22, ISSN 0028-6451 Journal Code: 00Y  
Languages: ENGLISH

0209526 82189379

**Consumers' views of antenatal education.**

Adams L  
Health Educ J ,1982, 41 (1) p12-6, ISSN 0017-8969  
Journal Code: G1Z  
Languages: ENGLISH

0209523 82188774

**Development of a resource document for medical record education.**

Biglow LA  
J Am Med Rec Assoc ,Jun 1982, 53 (3) p84-106, ISSN 0025-7486 Journal Code: GJV  
Contract/Grant No.: 232-80-0056  
Languages: ENGLISH

0209338 82183152

**Following the patient home: a hospital improves its community service with cable TV programming.**

Novara JK  
Biomed Commun ,May-Jun 1982, 10 (3) p10-1, ISSN 0092-8607 Journal Code: A4Y  
Languages: ENGLISH

00664

00361

0209153 82203669

**Administrative patterns in curriculum-clinic interactions.**

Snow T; Mitchell MM

Am J Occup Ther ,Apr 1982, 36 (4) p251-6, ISSN

0272-9490 Journal Code: 305

Languages: ENGLISH

A questionnaire was sent to directors of occupational therapy curricula and faculty members, to directors of occupational therapy clinics and clinicians, to deans of medical schools, and to hospital administrators in order to determine the professional and administrative relationships between occupational therapy academic programs and clinical programs. Results of the survey, analyzed by groups, indicated that informal relationships were prevalent, whereas other relationships were poorly delineated. Strengths and weaknesses of formal and informal relationships are presented. Finally, a model for interaction is proposed.

0208598 82197195

**Nursing abroad: nursing pressure pays off.**

Calton S

Nurs Mirror ,May 26 1982, 154 (21) p17-20, ISSN

0029-6511 Journal Code: 098

Languages: ENGLISH

0208529 82197060

**Curriculum change in nursing-V. Conceptual framework of community health orientation.**

Harnar R

Nurs J India ,Jan 1982, 73 (1) p19-21, ISSN 0029-6503

Journal Code: 097

Languages: ENGLISH

0208318 82196155

**A new approach to the development of a head nurse management course.**

Simms S

Nurs Leadersh ,Mar 1982, 5 (1) p23-6, ISSN 0164-7865

Journal Code: 08G

Languages: ENGLISH

0208316 82196153

**A senior leadership experience within the YMCA and the community.**

Smith PL

Nurs Leadersh ,Mar 1982, 5 (1) p15-7, ISSN 0164-7865

Journal Code: 08G

Languages: ENGLISH

0208261 82195677

**Patient education - sometimes on Sundays. A how-to guide for program planning.**

Morris JE

Nephrol Nurse ,Mar-Apr 1982, 4 (2) p35-9, 65, Journal

Code: NW9

Languages: ENGLISH

0207988 82192652

**The teaching nursing home. One approach.**

JAMA ,May 28 1982, 247 (20) p2787-8, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0207959 82192344

**A new tool for problem-based, self-directed learning.**

Distlehorst LH; Barrows HS

J Med Educ ,Jun 1982, 57 (6) p486-8, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0207816 82190864

**A course description: designing and managing care of the elderly.**

Gress LD; Bahr RT

J Gerontol Nurs ,Apr 1982, 8 (4) p217-20, ISSN

0098-9134 Journal Code: IAX

Contract/Grant No.: 1D23NU00091

Languages: ENGLISH

0207811 82190857

**Integrating advocacy into the gerontological nursing major.**

Namerow MJ

J Gerontol Nurs ,Mar 1982, 8 (3) p149-51, ISSN

0098-9134 Journal Code: IAX

Languages: ENGLISH

00665

0207783 82190787

**Dietetic internship selection process.**

Bobeng BJ; Carey M

J Am Diet Assoc ,May 1982, 80 (5) p459-60, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

0207777 82190768

**Presidential address. An organizational framework for training, service, and research in clinical immunology and allergy.**

Austen KF

J Allergy Clin Immunol ,Jun 1982, 69 (6) p479-83, ISSN

0091-6749 Journal Code: H53

Contract/Grant No.: AI-07167; AI-10356; AM-07031

Languages: ENGLISH

0207755 82190672

**Current status of direct gold in teaching and licensure.**

Miranda FJ; Willer RD

J Deht Educ ,May 1982, 46 (5) p290-2, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

A questionnaire on the teaching of direct gold was mailed to each dental school in the United States, and a telephone survey of direct gold requirements on all state and regional licensure examining boards was conducted. While the vast majority of schools still teach direct gold in some form, there is a definite trend toward deemphasis of this material both in dental education and in licensing examinations. Cited as major reasons for this decline are (1) the observation that relatively few practicing dentists offer direct gold as a treatment alternative, (2) the decline in faculty motivation and dedication in teaching the techniques, and (3) the shifting of available curriculum time away from direct gold to other areas of restorative dentistry.

0207662 82189401

**Promoting employee acceptance of a consumer bill of rights in a complex medical care organization: a case study.**

Mullen PD; Leifer BH

Health Educ Q ,Spring 1982, 9 (1) p3-22, ISSN 0195-8402

Journal Code: G20

Contract/Grant No.: No. 5T324L07180-04

Languages: ENGLISH

To develop strong health education programs, health educators working in complex medical care organizations must often secure professional cooperation across disciplines, coordination of services, and orientation of policies, procedures, and personnel toward patient preferences and needs. Frequently, they undertake these tasks against the tide, within a problematic organizational structure. The

present case study illustrates the difficulties posed by introducing change in medical care organizations in the context of an education program to acquaint employees of a large HMO with a consumer bill of rights mandated by the consumer Board of Trustees. The underlying assumption was that in a bureaucratic institution, an employee-centered and modest system reform strategy would be effective in bringing about client-centered outcomes-in this case, increased recognition of client rights. The case analysis and results of a post-intervention, cross-sectional survey suggest that in units where a threshold level of participation was reached, there were improvements in knowledge about the Bill and employee attitudes. The program was less successful with hospital nurses whose feelings about physicians were not taken into account fully, and with physicians whose relative lack of integration into the policy and managerial domains made them harder to reach.

0207606 82189055

**Feeder area approach: an impact evaluation of a prevention project on student drug abuse.**

Kim S

Int J Addict ,Feb 1982, 17 (2) p305-13, ISSN 0020-773X

Journal Code: GQ8

Contract/Grant No.: 1E07DA 01562

Languages: ENGLISH

To determine the impact of a primary prevention project at the community level, a feeder area approach has been implemented for a period of 2 years. The operational objective of the approach has been to concentrate most of the prevention agency's programs in one small area rather than scattering its resources throughout the country at large. It has been assumed that the country as a whole is too large a unit to have a measurable impact in a short period of time. The feeder area chosen therefore is used as an experimental group while the rest of the country is viewed as a control group in a natural social setting. Through countrywide drug surveys implemented before and after the project, it has been determined that there is a significant reduction in the current users of various drugs in the selected feeder area when compared to the rest of the country.

00666

00362

0207553 82188515

**Leadership and management in medicine in the 1980s.**

Strandjord PE

Hum Pathol ,Jun 1982, 13 (6) p515-8, ISSN 0046-8177

Journal Code: GEC

Languages: ENGLISH

The increasing importance of effective leadership and management in medicine in the United States has been discussed. Examples of continuing-education courses for physicians and scientists have been cited as an indication of enhanced awareness of this importance. Development of a minimal academic foundation in this area has been suggested as a desirable addition to our current postgraduate educational programs, and an example of a formal graduate course designed to address this need has been presented.

0207469 82188073

**Teaching human sexuality and social work values.**

Johnson JD; Shore DA

Health Soc Work ,Feb 1982, 7 (1) p41-9, ISSN 0360-7283

Journal Code: FZ6

Languages: ENGLISH

0207426 82187622

**New directions for continuing education.**

Baron RH

Dimens Health Serv ,Mar 1982, 59 (3) p9, ISSN 0317-7645

Journal Code: E9N

Languages: ENGLISH

0207423 82187619

**Conquering fear of surgery.**

Nurse R; Deber R

Dimens Health Serv ,Mar 1982, 59 (3) p34-6, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0207340 82186389

**Public health training programs at the University of the West Indies.**

Standard KL; Pinnock M; Kumar AK

Educ Med Salud ,1982, 16 (1) p62-8, ISSN 0013-1091

Journal Code: EDR

Languages: ENGLISH

The Department of Preventive Medicine of the University of the West Indies was established in 1957 with the idea of improving undergraduate teaching facilities to enable medical students to study patients in their homes and social environment. The authors describe the two public health diploma programs available at the University and cite

pertinent enrollment and geographic distribution statistics. Candidates for the Diploma in Public Health are registered medical practitioners who take a series of compulsory and elective subjects and have a period of supervised field training and research during the 12-month course. The Diploma in Community Health trains students in the health and diseases of man in his total environment. Students choose among three program options: the general program, specialization in health education, or specialization in health services administration/hospital administration. The general program is the most popular because it gives the student a rounded education suitable to the needs of small states. The 12-month diploma course features the interdisciplinary approach where students from various fields discuss important issues in community health. Comprehensive courses in these areas include health services administration, social sciences, environmental health, epidemiology and biostatistics, family health, communication science, and community mental health. The authors state that the candidate for the Diploma in Community Health is assessed on the basis of course and field work, a special project report, and a final written and oral examination.

0207274 82185607

**Meeting the needs of critical care nurses: the simulated cardiopulmonary resuscitation.**

Sommers MS

Crit Care Nurse ,Mar-Apr 1982, 2 (2) p58-63, ISSN

0279-5442 Journal Code: DT8

Languages: ENGLISH

0207185 82184183

**Perspective: journal editors interview CNA president on "entry into practice" [interview by Anne Besharah and Claire Bigue]**

Stinson SM

Can Nurse ,May 1982, 78 (5) p12-3, ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

0207184 82184182

**The CNA connection. The testing service: how it works!**

Beland G

Can Nurse ,Apr 1982, 78 (4) p6-10, ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

00667

00363

0207173 82184011

**Education of the Medical Officer of Health in Canada.**

Hancock T; Best EW; Le Riche H

Can J Public Health ,Jan-Feb 1982, 73 (1) p35-8, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH

0207130 82183569

**The preregistration houseman in general practice.**

Freeman GK; Coles CR

Br Med J [Clin Res] ,May 8 1982, 284 (6326) p1379-83,

Journal Code: B4X

Languages: ENGLISH

During 1979-80 an experimental preregistration house physician post in general practice was conducted at Aldermoor Health Centre in Southampton in rotation with medical posts at Southampton General Hospital. Ten house physicians took part in the experiment that lasted for 19 months and each doctor spent two months in general practice. The house physicians settled quickly into general practice and found the experience both enjoyable and worth while. The hospital consultants, general practitioners, and the house physicians themselves thought that this was a valuable extension to preregistration education. The experiment raised several questions, some of which were specific to the type of rotation organised and others that were more fundamental to the whole concept of the preregistration house physician in general practice. If the experiment is to be repeated a longer period in general practice is strongly recommended. A full year rotation is suggested with four months each of surgery, medicine, and general practice.

0206848 82168577

**The teaching nursing home: a review of two models proposed.**

Mehlferber K

J Am Health Care Assoc ,Jan 1982, 8 (1) p13-6, ISSN

0360-4969 Journal Code: H6X

Languages: ENGLISH

0206641 82163980

**Medical center recruits college to equip adult learning center.**

Greer BJ

Crossref Hum Resour Manage ,May-Jun 1982, 12 (3) p9-10,

ISSN 0190-0447 Journal Code: DTK

Languages: ENGLISH

0206640 82163979

**Hospital, library, and community link forces to build CCTV system.**

Tillack LA; O'Bryant JF

Crossref Hum Resour Manage ,May-Jun 1982, 12 (3) p5-7,

ISSN 0190-0447 Journal Code: DTK

Languages: ENGLISH

0206639 82163978

**Cooperative education program meets management needs citywide.**

Day DM

Crossref Hum Resour Manage ,May-Jun 1982, 12 (3) p1-5,

ISSN 0190-0447 Journal Code: DTK

Languages: ENGLISH

0206497 82181077

**Competency statements reflect achievement, challenge for OR nurses.**

Manuel BJ

ADRN J ,Apr 1982, 35 (5) p856-7, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0206474 82180199

**Impact of attending level supervision of the emergency department experience.**

Kroboth FJ; Brown FH; Stewart R; Karpt R; Karpf M; Levey GS

Ann Emerg Med ,Apr 1982, 11 (4) p192-6, ISSN 0196-0644

Journal Code: 4Z7

Languages: ENGLISH

Medical experiences encountered in the activities of an emergency department are important for the development of a well-trained internist. Therefore, a rotation in the emergency department must remain an integral part of any program in internal medicine. At the University of Pittsburgh, faculty members from both the internal medicine and emergency medicine departments worked together in order to develop the emergency department to its fullest capacity as part of a broad educational program. The faculty attendings provide supervision, immediately available consultation, and an on-going curriculum, including daily lectures and chart review. The results of their programmatic change have been the following: 1) enthusiasm and satisfaction on the part of the housestaff; 2) a 20+ increase in admissions to the hospital from the emergency department; 3) decreased utilization of the observation unit; and 4) fewer patients leaving without being examined.

00668



00364

0205775 82172718

**Personality type and curriculum preference in primary care.**

West M; O'Donnell M

Med Educ ,Mar 1982, 16 (2) p94-6, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

The study was conducted to examine the impact which personality types may have on the selection process of two preclinical medical school curricula. The two curricula run concurrently at the University of New Mexico School of Medicine. One curriculum has a conventional-lecture format, and the other a new student-centered curriculum, which is designed to graduate students planning careers in rural primary-care. Results indicated that those students preferring the innovative curriculum were personality types unlikely to enter rural primary-care, whereas students preferring the conventional curriculum had personality profiles more consistent with those making rural primary-care career choices. Discussion deals with the implications of personality type and curriculum choice in terms of the curriculum goals and educational method.

0205617 82170332

**Coordinated behavioral science curricula in American medical schools: 1980.**

Nathan RG; Allen JH

J Med Educ ,May 1982, 57 (5) p401-3, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0205418 82168394

**Notes on continuing education: "Our speaker for tonight".**

Cooper SS

J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p40-3, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0205417 82168393

**A data-based approach to continuing education.**

Murphy N; Ferris L; O'Leary P

J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p4-9, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0205414 82168387

**Mandatory continuing education in Kansas - three years later.**

Gaston S; Pucci J

J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p15-7, ISSN

0022-0124 Journal Code: HWD

Languages: ENGLISH

0205367 82167050

**Organizing approaches used in curriculum design.**

Quiring J; Gray G

JNE ,Feb 1982, 21 (2) p38-44, ISSN 0148-4834 Journal

Code: HAP

Languages: ENGLISH

0205364 82167047

**A multidimensional approach to evaluation.**

Dean PR; Edwards TA

JNE ,Feb 1982, 21 (2) p18-23, ISSN 0148-4834 Journal

Code: HAP

Languages: ENGLISH

00365

0204920 82161783

**Organising health education.**

Pike LA

Br Med J [Clin Res] ,Mar 20 1982, 284 (6319) p874-5,

Journal Code: B4X

Languages: ENGLISH

0204703 82151887

**Improving technologists' in-service education programs.**

Bergey TW

Radiol Manage ,Mar 1982, 4 (2) p2-5, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

An in-service program for Radiologic Technologists is, for some departments, more of a burden than a benefit. Resources and time are limited, as well as interest in many instances. Utilizing some basic steps of coordinating and assessment, in-service sessions can develop into worthwhile learning experiences instead of just a requirement being met.

0204679 82151131

**Maternity patient information: babies that come with instructions for use.**

Profiles Hosp Mark ,2d Quarter 1982, (6) p36-7,

Journal Code: PZD

Languages: ENGLISH

00669

0204487 82140615  
**Managing the engineer function: a case for in-house service in small hospitals.**  
Hartford QO  
Hosp Eng ,Mar 1982, 36 (2) p17-21, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204432 82140297  
**Workshop series for youngsters with diabetes--an interdisciplinary approach to patient education.**  
Zufall DL; Butler B; Dreazen J; Goldsmith RW; Long C; Puri D ; Sohor R  
Health Values ,Mar-Apr 1982, 6 (2) p23-5, ISSN 0147-0353  
Journal Code: FX6  
Languages: ENGLISH

0204405 82137964  
**Are there safety belts on the bandwagons?**  
Grodin AF; Kelly EM  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p8-10,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204404 82137963  
**Education staff takes learning to the worksite.**  
Skurow AD; Stein DS  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p7-8,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204403 82137962  
**A practical program evaluation model.**  
Harris H  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p5-7,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204402 82137961  
**Maximizing resources: external funding.**  
Hoffman AM  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p1-4,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204255 82158956

**A teaching plan for surgical scrubbing, gowning, and gloving.**  
Merrill S  
AORN J ,Mar 1982, 35 (4) p679-82, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203986 82154202  
**The what and how of ethics education.**  
Gilbert C  
Top Clin Nurs ,Apr 1982, 4 (1) p49-56, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0203857 82152379  
**Sound off! Nurses' needs ignored...in hospitals, and in CE, too.**  
Ramsey PW; Huffman J  
RN ,Apr 1982, 45 (4) p81-4, ISSN 0033-7021  
Journal Code: TWP  
Languages: ENGLISH

0203674 82150475  
**Psychiatry/mental handicap. Forum 2. Portage in Britain: tailored to suit.**  
Blunden R  
Nurs Mirror ,Feb 24 1982, 154 (8) p1-vii, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0203567 82150071  
**Comparing and analyzing expenditure factors in nursing education.**  
Brown EL  
NLN Publ ,1982, (15-1880) p13-25, Journal Code: 03Z  
Languages: ENGLISH

0203566 82150070  
**Analyzing the cost of baccalaureate education.**  
NLN Publ ,1982, (15-1880) p1-27, Journal Code: 03Z  
Languages: ENGLISH

00670

0203565 82150069

**The cost components of an instructional program.**

Lyons JM  
NLN Publ ,1982, (15-1880) p1-11, Journal Code: 03Z  
Languages: ENGLISH

0203408 82149184

**A first-hand view of the unit teacher role.**

Meisenhelder JB  
Nurse Educ ,Mar-Apr 1982, 7 (2) p17-20, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0203392 82149150

**Development of a primary care setting for nursing education.**

Chickadonz GH; Burke MM; Fitzgerald S; Osterweis M  
Nurs Health Care ,Feb 1982, 3 (2) p83-7, 92, Journal  
Code: N77  
Languages: ENGLISH

0203198 82146997

**What can we expect from school health education?**

Kolbe LJ  
J Sch Health ,Mar 1982, 52 (3) p145-50, ISSN 0022-4391  
Journal Code: K13  
Contract/Grant No.: 200-78-0807  
Languages: ENGLISH

0203080 82145468

**Development of a respiratory therapeutics elective for fourth-year medical students.**

Shelly RW  
J Med Educ ,Apr 1982, 57 (4) p316-21, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The teaching of respiratory therapeutics in medical schools has lacked structure and cohesiveness. Comprehensive, formal programs which address the clinical needs of fourth-year students in the areas of acute and non-acute respiratory therapy problems have not been reported in the literature. A report on a pilot program in respiratory therapeutics, including a development and implementation model, is presented. Prerotational and postrotational evaluations are described. Significant improvement in specific competency areas related to clinical skill areas is also reported.

0202893 82143447

**The Veterans Administration's experience with geriatric**

**centers of excellence (Geriatric Research, Education, and Clinical Centers).**

Haber PA; Moravec JD  
J Am Geriatr Soc ,Mar 1982, 30 (3) p206-10, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

0202885 82143432

**Implications of ADA plan IV for active membership.**

Junkermier PA; Wenberg BG  
J Am Diet Assoc ,Apr 1982, 80 (4) p338-43, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

A survey was made of academic institutions in the United States having an American Dietetic Association (ADA) approve Plan IV program and/or a graduate program in public health nutrition. Data from the respondents encompassed enrollment, ADA Plan IV and its implementation, and ADA active membership qualification. The number and kinds of dietetic-related programs, number of enrolled master's level students, and the perceived process of evaluating the transcripts of such students in accordance with ADA's Plan IV were reported. Results underscore the need for clarification and standardization of the evaluation process.

0202748 82141365

**Innovation, change, decision-making, and the key variables in nursing curriculum implementation.**

Greaves F  
Int J Nurs Stud ,1982, 19 (1) p11-9, ISSN 0020-7489  
Journal Code: G58  
Languages: ENGLISH

0202664 82140592

**13 Virginia hospitals start support group to keep abreast of patient education trends.**

Hospitals ,Apr 16 1982, 56 (8) p58, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00671

0202659 82140587  
**Hospital produces television series for Spanish-speaking viewers.**  
Hospitals ,Apr 16 1982, 56 (8) p36, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0202498 82139043  
**Interagency collaboration: driving and restraining forces.**  
Johnson HW; McLaughlin JA; Christensen M  
Except Child ,Feb 1982, 48 (5) p395-9, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0201935 82118553  
**Clinic trains GPs, meets inner city needs.**  
Hosp Prog ,Mar 1982, 63 (3) p32-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

00366

0201908 82118453  
**NHS administration--are we getting the best graduates?**  
Fewtrell C  
Health Serv Manpow Rev ,Feb 1982, 8 (1) p11-5, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0201674 82133366  
**General internal medicine units in academic medical centers: their emergence and functions.**  
Friedman RH; Pozen JT; Rosenkrans AL; Eisenberg JM; Gertman PM  
Ann Intern Med ,Feb 1982, 96 (2) p233-8, ISSN 0003-4819  
Journal Code: 5A6  
Languages: ENGLISH

By 1979, 77% of medical school primary teaching hospitals had functioning general internal medicine units; less than 5% had existed before 1970. These units were established to meet institutional needs for primary care internal medicine teachers and clinicians. By the end of the decade they had achieved major administrative and staffing responsibility for a wide variety of general education and service activities. The scope of general internal medicine units goes beyond the narrow definition of primary care internal medicine, to include activities traditionally considered those of the entire department of medicine.

0201663 82133304

**New RN exam based on nursing process.**  
McCarty P  
Am Nurse ,Mar 1982, 14 (3) p1, 10, 28, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

0201194 82126987  
**Management forum. 1. First-line managers.**  
Bowman M  
Nurs Mirror ,Feb 3 1982, 154 (5) pi-xii, Journal Code:  
098  
Languages: ENGLISH

0201083 82126810  
**Health assessment skills in the baccalaureate program.**  
Natapoff JN; Moetzinger CA; Quarto JM  
Nurs Outlook ,Jan 1982, 30 (1) p44-7, ISSN 0029-6554  
Journal Code: 09H  
Contract/Grant No.: 1 010 NU-22028-01  
Languages: ENGLISH

0201080 82126807  
**Matching students with clinical experiences by computer.**  
Ellis PJ  
Nurs Outlook ,Jan 1982, 30 (1) p29-30, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0201010 82126154  
**Continuing education: a collaborative model.**  
Gilbert G; Gorman L; Magill K; Racine D; Sweeney V  
Nurs Manage ,Jan 1982, 13 (1) p53-7, Journal Code: DBV  
Languages: ENGLISH

0200666 82121874  
**A first-hand view of the unit teacher role.**  
Meisenhelder JB  
J Nurs Adm ,Jan 1982, 12 (1) p35-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00672

0200655 82121628  
**A study of resident applicant screening.**  
DiVasto P; Heffron WA; Wiese WH; Skipper BJ  
J Fam Pract ,Feb 1982, 14 (2) p382-3, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0200520 82120767  
**College major and its relation to performance in dental school and on licensing examinations.**  
Waldman HB  
J Dent Educ ,Mar 1982, 46 (3) p163-5, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0200441 82119729  
**Advocacy-a tool for radical nursing curriculum planners.**  
Jones EW  
JNE ,Jan 1982, 21 (1) p40-5, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0200440 82119728  
**Evaluating a curriculum.**  
Koehler ML  
JNE ,Jan 1982, 21 (1) p32-9, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0200439 82119726  
**Health education in baccalaureate nursing curriculum: myth or reality?**  
Ackerman AM; Partridge KB; Kalmer H  
JNE ,Jan 1982, 21 (1) p15-22, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

This survey of baccalaureate nursing curricula was conducted to identify content and methods being used to help students develop beginning competence in health education. Catalogs from 200 schools revealed only minimal explicit attention to the teaching role of nurses. The 36 schools which gave evidence of health education and sent course materials showed little agreement on what health education encompassed or what reasonable expectations were for the baccalaureate nursing student. While there can be no generalization of these findings to baccalaureate nursing education, serious questions are raised concerning the thoroughness with which nursing educators are treating the health education component of the baccalaureate curriculum. Given the centrality of health education to prevention, health promotion, greater client

control over his own health, reduced anxiety and more appropriate utilization, it would appear that health education is scarcely an area to be dealt with superficially in baccalaureate nursing education.

0200426 82119565  
**Why cardiovascular health education in the schools. From an educational perspective.**  
Biles FR  
Health Educ (Wash) ,Jan-Feb 1982, 13 (1) p17-8, ISSN  
0097-0050 Journal Code: G26  
Languages: ENGLISH

0200130 82117169  
**A curriculum in handicapping conditions for pediatric residents.**  
Guralnick MJ; Richardson HB Jr; Heiser KE  
Except Child ,Jan 1982, 48 (4) p338-46, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0199975 82114984  
**Shopping for health? Maybe this storefront health information centre can help.**  
Bartman J; Mummy V; Poppe M; Robbins B; Robertson-Palmer K  
Can Nurse ,Feb 1982, 78 (2) p48-50, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0199973 82114982  
**Point of view: the entry into practice issue. The shouting starts.**  
Kerr JC  
Can Nurse ,Feb 1982, 78 (2) p42-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0199972 82114981  
**Point of view: the entry to practice issue. We have seen the enemy.**  
Rajabally MH  
Can Nurse ,Feb 1982, 78 (2) p40-2, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0199276 82108619  
**The hospital educator and the elderly.**  
Esberger KK; Dodson P  
Tex Hosp ,Jan 1982, 37 (8) p18-9, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0199168 82103284  
**Weight management program promises and delivers.**  
Williams DR  
Mich Hosp ,Jan 1982, 18 (1) p15-7, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0199075 82097119  
**Initial competence education.**  
Finnegan R  
J Am Med Rec Assoc ,Feb 1982, 53 (1) p25-32, ISSN 0025-7486  
Journal Code: GJV  
Languages: ENGLISH

0199053 82096894  
**Hemocult screening: detecting the cancer nobody talks about.**  
Strahler T  
Hosp Top ,Jan-Feb 1982, 60 (1) p29-30, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0198941 82092372  
**Accreditation of graduate medical education: the AAMC position.**  
Oliver TK Jr  
Bull Am Coll Surg ,Feb 1982, 67 (2) p18-20, ISSN 0002-8045  
Journal Code: BDC  
Languages: ENGLISH

0198837 82111342

**A national study on professional preparation in patient education.**  
Pigg RM Jr  
Am J Public Health ,Feb 1982, 72 (2) p180-2, ISSN 0090-0036  
Journal Code: 3XW  
Languages: ENGLISH

0198760 82110963  
**Integrating pharmaceutical services and education in an academic medical center.**  
Gourley DR; Fine DJ  
Am J Hosp Pharm ,Jan 1982, 39 (1) p77-81, ISSN 0002-9289  
Journal Code: 3IO  
Languages: ENGLISH

0198752 82110952  
**Medical information dialogues: continuing education for physicians.**  
Jeffrey LP; Mahoney CD; Iannuccilli EA  
Am J Hosp Pharm ,Jan 1982, 39 (1) p128-9, ISSN 0002-9289  
Journal Code: 3IO  
Languages: ENGLISH

0198254 82105441  
**NLN nursing data book 1981: statistical information on nursing education and newly licensed nurses.**  
NJ Nurse ,1982, (19-1882) pi-xx, 1-188, ISSN 0196-4895  
Journal Code: 03U  
Languages: ENGLISH

0197971 82102282  
**The humanistic approach: a model for dental health curriculums.**  
Beall S; Hurley RS  
J Sch Health ,Jan 1982, 52 (1) p29-32, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

00673

0197650 82098829  
**Notes on continuing education: policies of the staff  
development department.**  
Moran V  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p41-5, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197649 82098827  
**The views of Illinois nurses toward requiring continuing  
education for relicensure.**  
Schoen DC  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p28-37, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197648 82098826  
**Establishing a Nursing Journal Club for professional  
education and certification.**  
Kranstuber SS  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p24-7, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197647 82098825  
**From academia to practice--realities of delivering nursing  
education in a medical center.**  
Schultheis JG; deWolfe L  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p21-3, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0195370 82074326  
**High school for health professions uses hospital for  
classrooms [interview]**  
Roush RE  
Hospitals ,Jan 16 1982, 56 (2) p64, 67, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230163 83117993

**PA utilization in a family practice residency program.**

Johnson R; Driggers DA; Huff CW  
Physician Assist Health Pract ,Jan 1983, 7 (1) p68-70.  
ISSN 0197-713X Journal Code: P6K  
Languages: ENGLISH

0230134 83116191

**Satellite training helps lessen the internship crunch.**

Pirtle JR  
OH ,Feb 1983, 27 (2) p8-10, ISSN 0161-0007 Journal  
Code: DGP  
Languages: ENGLISH

0230117 83114666

**Doctor/patient relationship: caring stressed at MSU medical colleges.**

Houston NM; Grauer PT  
Mich Hosp ,Jan 1983, 19 (1) p9-11, 13, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0229626 83124446

**Effect of utilization review on surgical training with reference to the increasing importance of the ward service in this changing environment [editorial]**

Levin JM  
Am J Surg ,Feb 1983, 145 (2) p191-2, ISSN 0002-9610  
Journal Code: 324  
Languages: ENGLISH

0229311 83120231

**Aesculapian Rounds: the challenge of clinical acumen, wit, and diversity.**

Michael M  
South Med J ,Jan 1983, 76 (1) p79-80, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

00367

0229237 83119572

**[From internship under a practitioner to being a family physician, teacher of interns]**

Du stagiaire interne chez le praticien au medecin de famille maitre de stage.  
Carcaillet Y  
Rev Prat ,Nov 15 1982, 32 (52) p3350-1, ISSN 0035-2640  
Journal Code: T1D

Languages: FRENCH

0229171 83118120

**Resident recruiting, patient care, and problem solving: threats from within [editorial]**

Bennett JE  
Plast Reconstr Surg ,Feb 1983, 71 (2) p248, ISSN  
0032-1052 Journal Code: P9S  
Languages: ENGLISH

0228975 83116247

**Laser trabeculoplasty in a residency program.**

Cahn PH  
Ophthalmic Surg ,Nov 1982, 13 (11) p954, ISSN 0022-023X  
Journal Code: OIC  
Languages: ENGLISH

0228974 83116243

**Wills eye hospital residents' intraocular lens experience.**

Wong MY; Kline OR Jr  
Ophthalmic Surg ,Nov 1982, 13 (11) p934-5, ISSN  
0022-023X Journal Code: OIC  
Languages: ENGLISH

Intraocular lens (IOL) operations performed by Wills Eye Hospital residents over a three-year period were reviewed retrospectively. The growing numbers of implants performed, the trends in methods of cataract extraction, the trends in types of intraocular lenses, and the relative safety of the procedure were examined. The estimate for the total number of intraocular lenses implanted by Wills Eye Hospital residents this past year was 600, or 60 per senior resident, and the percent of patients seeing 6/12 or better was 93.2%. There has been a great increase in the number of intraocular lenses implanted by residents at Wills Eye Hospital, with planned extracapsular cataract extractions and posterior chamber lenses currently favored. This analysis documents a very high visual success rate and acceptably low complication rate in closely supervised residents' surgery.

0228968 83116200

**Fifty years of surgical education at Akron City Hospital.**

Loughry CW  
Ohio State Med J ,Oct 1982, 78 (10) p723-6, ISSN  
0030-1124 Journal Code: OGS  
Languages: ENGLISH

00675



0228924 83116054

**Presidential address. Responsibilities, ten problems, and a few solutions.**

Ranney B

Obstet Gynecol ,Feb 1983, 61 (2) p241-7, ISSN 0386-9792

Journal Code: OC2

Languages: ENGLISH

0228849 83115285

**The return of the intern? [news]**

Shapley D

Nature ,Feb 3 1983, 301 (5899) p367, ISSN 0028-0836

Journal Code: NSC

Languages: ENGLISH

0228796 83114728

**The content of the medical curriculum at McMaster University: graduates' evaluation of their preparation for postgraduate training.**

Woodward CA; Ferrier BM

Med Educ ,Jan 1983, 17 (1) p54-60, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

This paper describes McMaster University medical graduates' perceptions of how well their medical curriculum prepared them for postgraduate training. The graduates view their overall preparation for postgraduate work as sound. These perceptions were compared with independent assessments by internship supervisors for one graduated class. The graduates suggest their preparation for postgraduate work differs somewhat from fellow interns. Graduates reported feeling very well prepared compared to fellow postgraduate trainees in independent learning, self-evaluation and problem solving skills. They also judge their preparation in data gathering skills, behavioural science knowledge, ability to deal with social and emotional problems of patients, medical record keeping skills, preventive, follow-up and in-patient care as very good compared to peers. They identified two content areas, pharmacology and the basic medical sciences, as requiring more attention in the curriculum. These findings are discussed and related to the approach to medical education at McMaster University.

0228678 83112393

**Detection and correction of house staff error in physical diagnosis.**

Wray NP; Friedland JA

JAMA ,Feb 25 1983, 249 (8) p1035-7, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

A significant number of errors in physical examination can be detected when house staff are observed by attending

physicians. In this study, observation of residents and interns showed a total error of 13.1% and 15.6%, respectively, with incorrect findings of 3.3% and 4.9% and omitted findings of 9.8% and 10.7%, respectively. Approximately two thirds of all patients examined had at least one error noted. A method was instituted for detecting and correcting these errors that can be integrated into daily attending rounds. Using this method, a statistically significant decrease in the number of errors was shown. The method used emphasizes the physical examination pertinent to the patient's main problem, consumes very little rounding time, and is well received by both attending physicians and house officers.

0228629 83111856

**Occupational history-taking in a family practice academic setting.**

Demers RY; Wall SJ

J Med Educ ,Feb 1983, 58 (2) p151-3, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0228625 83111852

**Dermatologic practice: implications for a primary care residency curriculum.**

Branch WT Jr; Collins M; Wintroub BU

J Med Educ ,Feb 1983, 58 (2) p136-42, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

The problems encountered, diagnostic procedures performed, and treatments prescribed in dermatology were studied in a primary care practice and in a dermatology clinic. Referrals from a primary care practice to a dermatology practice were analyzed. It was determined that nine disease categories accounted for more than 75 percent of the problems encountered in both settings. Only one diagnostic procedure was performed commonly in both the primary care and dermatology practices--skin scraping for fungal infection. Approximately 90 percent of the treatments prescribed in both settings fell within 13 categories. It is proposed that these findings be the basis for designing the curriculum in dermatology for residents in primary care medicine. The curriculum also should provide practical experience in dermatology and familiarity with selected, rarely encountered dermatologic conditions that have important therapeutic implications.

00368

● 0228623 83111850

**Decision-making among emergency room residents: preliminary observations and a decision model.**

Quick JD; Moorhead G; Quick JC; Gerloff EA; Mattox KL; Mullins C

J Med Educ ,Feb 1983, 58 (2) p117-25, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Emergency room residents face a range of clinical decisions and often call on senior residents or faculty members for help. The individual clinical decision process has frequently been analyzed, but little attention has been given to the social process in clinical decision-making. Based on data from interviews and over 100 hours of direct observation at two large urban general hospitals with busy emergency rooms staffed by medical and surgical residents, the authors suggest there are five basic decision situations. In each situation, the residents appeared to follow implicit decision patterns about involving other medical and surgical staff in the final clinical decision. The decision situations are nonacute, routine acute, nonroutine acute, multispecialty acute, and crisis. These situations call for individual, consultive, or consensual patterns in making decisions. The consequences of these patterns are explored. Improving residents' decision-making should contribute to improved understanding of the resident's role, better resident supervision, and better emergency room functioning.

0228520 83110805

**Pediatric behavioral science in family practice.**

Poole SR

J Fam Pract ,Feb 1983, 16 (2) p365-74, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Behavioral science is a well-accepted component of family practice, but official guidelines and proposed curricula have a predominantly adult focus. This paper describes a pediatric behavioral science curriculum for family practice residents that has been successfully integrated into the three-year family practice residency curriculum at the University of Colorado. Details of development and implementation are presented: the requisite knowledge base, skills, and attitudes; the core pediatric behavioral science topics and diagnoses; the family physician's role in handling each core diagnosis; guidelines for making management decisions; suggested approaches to teaching the curriculum; and a reference list for behavioral science faculty.

0228519 83110804

**A model for teaching ethics in a family practice residency.**

Self DJ; Lyon-Loftus GT

J Fam Pract ,Feb 1983, 16 (2) p355-9, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

The model used for teaching ethics at the Ghent Family Medicine Residency at Eastern Virginia Medical School consists of a monthly one-hour noon conference integrating ethical principles and clinical decision making. The underlying objective is to help produce effective physicians by developing their knowledge, skills, and attitudes. The model combines didactic material and clarification of personal values in a case study format. The most important kind of learning to be derived is the self-awareness of one's own value structure and its contribution to the clinical decision-making process. Such a conference will succeed in capturing resident participation in direct proportion to faculty support. Medical ethics teaching in family medicine is appropriate, important, and consistent with the principles of a good family practice residency. An illustration of a typical ethics noon conference on confidentiality is given.

0228483 83110011

**Council on Podiatry Education. Sixty-third Annual Report; 1981-1982.**J Am Podiatry Assoc ,Jan 1983, 73 (1) p47-9, ISSN 0003-0538  
Journal Code: H9J

Languages: ENGLISH

0228462 83109924

**Special requirements for residencies in allergy and immunology.**J Allergy Clin Immunol ,Jan 1983, 71 (1 Pt 1) p1-4,  
ISSN 0091-6749  
Journal Code: H53

Languages: ENGLISH

00676

0228427 83109673

**Teaching behavioral pediatrics and to pediatric residents: the state of the art and description of a program.**

Felice ME; Friedman SB  
JDBP ,Dec 1982, 3 (4) p225-31, ISSN 0196-206X Journal  
Code: HTF

Languages: ENGLISH

In 1978, the Task Force on Pediatric Education strongly recommended that all pediatric residency programs include at least one full-time rotation and biosocial pediatric, preferably in the 1st or 2nd year. Since 1977, the University of Maryland has had a structured, integrated, required program in Behavioral Pediatrics, including 2 months in both the PL-1 and PL-2 years for a total of 4 months addition of elective experience is available in the PL-3 year. The development and description of this program is presented as well as a review to the relevant literature.

0228271 83107501

**Physicians' perceptions about unnecessary diagnostic testing.**

Williams SV; Eisenberg JM; Pascale LA; Kitz DS  
Inquiry ,Winter 1982, 19 (4) p363-70, ISSN 0020-1731  
Journal Code: GDT

Contract/Grant No.: HS02577

Languages: ENGLISH

0228212 83107033

**Needs for psychiatry in the general hospital.**

Strain JJ  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p996-1001,  
ISSN 0022-1597 Journal Code: GCU  
Contract/Grant No.: MH-16438  
Languages: ENGLISH

Thirty to 60 per cent of the patients in general hospitals suffer from significant psychological dysfunction or psychological dysfunction secondary to their medical illness. In addition to helping medically ill patients adapt to their illness and hospitalization, psychiatrists who work in general hospitals should develop the biopsychosocial model of diagnosis and management and improve the staff's capacity to detect, diagnose, and manage their patients' psychological problems. The author discusses specific needs for consultation-liaison psychiatry in the general hospital such as development of prevention scheme, case detection, continuing education programs for staff, and education groups for patients and families. He also describes structural innovations to meet the increasing demands for psychiatric services in the general hospital setting. These innovations include the establishment of a biopsychosocial data-base system and the use of screening devices, medical-psychiatric inpatient units, and medical-psychiatric aftercare clinics in ambulatory facilities.

0228208 83107027

**Why young psychiatrists choose not to work with chronic patients.**

Eichler S  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1023-4,  
ISSN 0022-1597 Journal Code: GCU  
Languages: ENGLISH

0228167 83106435

**A survey of consultation-liaison psychiatry program characteristics and functions.**

Tilley DH; Silverman JJ  
Gen Hosp Psychiatry ,Dec 1982, 4 (4) p265-70, ISSN  
0163-8343 Journal Code: FNK

Languages: ENGLISH

A survey of medical school affiliated consultation-liaison psychiatry programs has provided useful information on several aspects of current C-L program activity, including: (a) patients seen and treatments provided; (b) C-L training; (c) program structure (and fiscal operations); and (d) subjective appraisal by program directors. Data on patients, diagnostic categories, and treatments support the findings of similar, previous studies. Training and research appear to be continuing at past levels rather than increasing. Limited information on fiscal operations and program structure preclude adequate assessment of their strengths and vulnerabilities. Recording of better data and the development of more aggressive management techniques are proposed as appropriate foci of attention for C-L program leaders.

0227969 83102604

**Surgical residency evaluation by residents.**

Beauchamp G; Des Marchais JE; Dulude J  
Can J Surg ,Jan 1983, 26 (1) p75-8, ISSN 0008-428X  
Journal Code: CKJ  
Languages: ENGLISH

A multiple-choice questionnaire was designed so that surgical residents could evaluate their residency program. It was answered anonymously by 344 residents, four times during a 2-year period, at different stages of training. The answers were analysed, comparing individual hospitals and individual programs within the department. The weaknesses and strengths of the department could be identified by the residents. This identification of problems has brought about major changes in the attitudes of staff surgeons towards teaching. The authors believe that the residents' opinions are essential to amend and improve the quality of postgraduate education.

00677

0227884 83098288

**The 'Me Generation' meets medical practice.**

Fink DJ  
Am Coll Physicians Obs ,Oct 1982, 2 (9) p6, Journal  
Code: 35L  
Languages: ENGLISH

0227870 83098274

**The morning report: starting the day right at a teaching hospital.**

Sivaprasad R; Taguchi JT  
Am Coll Physicians Obs ,Nov 1982, 2 (10) p1, 17,  
Journal Code: 35L  
Languages: ENGLISH

0227335 83098562

**A longitudinal study of residency-trained emergency physicians.**

Anwar RA  
Ann Emerg Med ,Jan 1983, 12 (1) p20-4, ISSN 0196-0644  
Journal Code: 427  
Contract/Grant No.: HSO2129  
Languages: ENGLISH

An annual survey of emergency medicine (EM) graduate physicians from 31 programs was conducted from 1977 through 1979. Results of the 1979 data are presented. Practice patterns show that 96% of the EM graduates are providing patient care, and almost half are working in the states in which they trained. Of those caring for patients, 38.8% practice in an urban location and only 7% work in rural hospitals. Learning new skills and procedures and retaining skills are major problems faced by physicians in rural locations. Other activities of EM graduates include teaching medical students and residents, administration, research, and community emergency medical services. Data are analyzed with attention to long-term commitment to emergency medicine. Implications for manpower needs are suggested.

0227325 83098473

**Attitudes of patients, housestaff, and nurses toward postoperative analgesic care.**

Weis DF; Sriwatanakul K; Alloza JL; Weindraub M; Lasagna L  
Anesth Analg ,Jan 1983, 62 (1) p70-4, ISSN 0003-2999  
Journal Code: 4R8  
Languages: ENGLISH

A survey was carried out among housestaff and nurses involved with postoperative patient care to assess their knowledge of analgesics and their attitudes toward postoperative analgesic care. Only one-fifth of the respondents prescribed for complete pain relief. There were some misconceptions about adding other drugs to narcotic analgesics as well as fear of the addictive properties of

these narcotics. The respondents lacked confidence about their knowledge of narcotic analgesics. Fear of respiratory depression was less prominent. Nine percent of the physicians and 31% of the nurses believed that response to a placebo indicates factitious pain. Fifty-four percent of the physicians and 74% of the nurses believed that patients receive adequate pain relief. Eighty-one patients were questioned on their beliefs about pain and its relief. Sixty-six of these were monitored postoperatively to assess the effectiveness of pain relief, which was judged by the authors to be ineffective (i.e., moderate to severe pain at the peak of analgesia) in 41%. Seventy-five percent of the patients reported that their overall postoperative pain relief had been adequate. There was no correlation between the amount of analgesic required postoperatively and either the degree to which patients believed pain builds character or the degree to which they rated themselves sensitive to pain. This study emphasizes the need for better and more comprehensive training of housestaff and nurses in analgesic care.

0227280 83098026

**Underrecognition of patients' psychosocial distress in a university hospital medical clinic.**

Thompson TL 2d; Stoudemire A; Mitchell WD; Grant RL  
Am J Psychiatry ,Feb 1983, 140 (2) p158-61, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Seventeen areas of psychosocial distress were evaluated in 87 university hospital internal medicine clinic patients by a self-administered questionnaire and a psychiatric interview. These patients' internists then predicted the patients' distress level in each area. Their predictions correlated significantly with their patients' self-reports of distress-level problems in only 3 of the 17 areas. Even when the internists felt that they had sufficient information to make an accurate prediction, their perceptions were often erroneous, including evaluations of such areas as suicidal ideation and drug use. These data suggest the need for active psychiatric education components in internal medicine training programs.

00678

0227239 83097561

**Impact of inter-physician communication on the effectiveness of medical consultations.**

Lee T; Pappius EM; Goldman L  
Am J Med ,Jan 1983, 74 (1) p106-12, ISSN 0002-9343  
Journal Code: 3JU

Languages: ENGLISH

To evaluate the impact of the inter-physician communication on the effectiveness of consultations, consultations performed by general and subspecialty medical consultation services for one week both early and late in the academic year were prospectively evaluated. Physicians commonly requested consultations to get advice on diagnosis (56 percent), advice on management (37 percent), or assistance in arranging or performing a procedure or test (20 percent). Despite our very liberal definitions, the requesting physician and the consultant completely disagreed on both the reason for the consultation and the principal clinical issue in 22 (14 percent) of 156 consultations. Consultants were twice as likely as the requesting physicians to rate consultations as crucial for management (35 percent versus 18 percent,  $p = 0.001$ ) because they gave significantly higher ratings when they and the requesting physicians did not agree on the reasons for consultation. Consultations ordered for very specific purposes, such as assistance in arranging or performing a test, were rated significantly higher by the requesting physicians. It was found that breakdowns in communication are not uncommon in the consultation process and may adversely affect patient care, cost effectiveness, and education.

0227178 83096942

**Training program in general pediatrics.**

Novack AH; Weinberger HL  
Adv Pediatr ,1982, 29 p351-67, ISSN 0065-3101 Journal Code: 200

Languages: ENGLISH

00369

0227024 83094669

**[Masters courses for non-resident medical students in a hospital milieu: effect of results obtained on the final exam]**

Les cours magistraux aux externes en milieu hospitalier : influence sur les resultats obtenus a l'examen de synthese.

Chaoulli J; Ferland JJ  
Union Med Can ,Oct 1982, 111 (10) p909-10, 915, ISSN 0041-6959 Journal Code: WNM

Languages: FRENCH

0226673 83089808

**Graduate medical education. Who is responsible?**

Peterson S; Rodin AE  
Ohio State Med J ,Nov 1982, 78 (11) p763-5, 9, ISSN

0030-1124 Journal Code: OGS

Languages: ENGLISH

0226590 83089447

**Involvement of a navy family practice residency program in school health education in the civilian community.**

Lehman G; Alcock J  
Militt Med ,Sep 1982, 147 (9) p741-2, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0226581 83089417

**The surgical residency, the surgical clinic at the Walter Reed Army Medical Center.**

Abramson DJ  
Militt Med ,Dec 1982, 147 (12) p1025-8, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0226516 83088409

**Primary care internal medicine residency at Hennepin County Medical Center (1970-1977). Where did they come from, where are they now, and what do they do?**

Leonard A  
Minn Med ,Oct 1982, 65 (10) p603-10, ISSN 0026-556X

Journal Code: NBY

Languages: ENGLISH

00370

0226491 83088269

**Medical decision-making: is the sequence of information acquisition a variable?**

Dunn EV; Norton PG  
Med Educ ,Nov 1982, 16 (6) p343-4, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

0226287 83085766

**New Jersey's Fifth Pathway: the returns for the effort.**

French GN; Semen JR  
J Med Soc NJ ,Nov 1982, 79 (12) p903-6, ISSN 0025-7524

Journal Code: J47

Languages: ENGLISH

00679

0226275 83085710

**Course for drug representatives.**

Massengill R Jr; Verghese A; Robert T

J Med Educ ,Jan 1983, 58 (1) p86, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0226270 83085702

**Ambulatory care in medical residency: integration of private practitioner's office with traditional sites.**

Bane S; Criscione T

J Med Educ ,Jan 1983, 58 (1) p64-6, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

00371

0226269 83085701

**Effect of residents' use of laboratory tests on hospital costs.**

Boice JL; McGregor M

J Med Educ ,Jan 1983, 58 (1) p61-4, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0226263 83085695

**The extent of volunteer faculty integration in teaching hospital settings.**

Simon J; Zippin D

J Med Educ ,Jan 1983, 58 (1) p34-8, ISSN 0022-2577

Journal Code: J13

Contract/Grant No.: T32 MH 14664

Languages: ENGLISH

In a survey conducted by the authors, volunteer faculty members were found to be generally satisfied with their role in medical education, despite their acknowledgement of problems involving respect and responsibility when working with academic colleagues. These problems and the indifference of the volunteers to them are delineated. The structural reasons for simultaneous recognition of an indifference to problems are discussed in relation to the erosion of the utilization and authority of volunteer faculty members.

0226199 83085241

**The impact of pediatric surgery training on the attitudes and practice patterns of general surgeons.**

Wesley JR; Coran AG

J Pediatr Surg ,Oct 1982, 17 (5) p660-5, ISSN 0022-3468

Journal Code: JMJ

Languages: ENGLISH

In order to evaluate how experience in pediatric surgery during residency training affects attitudes and practice

patterns of general surgeons, questionnaires were sent to the 51 residents who graduated from our general surgical residency program since the establishment of a Section of Pediatric Surgery in 1974. There were 51 respondents (100%) of whom 50 were male and 1 female. Three were pediatric surgeons and their responses to the questionnaire were not included in the analysis. During the past year, 29 of the respondents had performed from 2 to 55 pediatric operations, with a mean of 23.7. Most of these were herniorrhaphies, appendectomies, and sub-specialty cases. Thirty-two of the 48 respondents referred most pediatric cases to a board certified pediatric surgeon nearby. Ninety-two percent of the respondents indicated that pediatric surgery rotations were of great value in their training (6.3 mean response on a scale of 7) and 92% felt that pediatric surgery was a necessary part of a general surgery training program. Respondents had a mean exposure of 1.8 mo to pediatric surgery as junior residents, and 2.1 mo as senior residents; 90% felt that their operative experience was good to excellent (5.5 mean on a scale of 7). Most respondents felt qualified to do many more pediatric procedures than they actually performed; however, their perception was that these cases were best done by fully trained pediatric surgeons. The 51 graduates of our general surgical residency program considered pediatric surgery an important factor in the development of their technical skills and surgical judgment.

0226158 83084646

**Medicine in the Mexican Sierra Madre.**

Mull JD; Mull OS

J Fam Pract ,Jan 1983, 16 (1) p189-91, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

00680

0226156 83084643

**Practice management training in family practice residencies.**

Kellerman R  
J Fam Pract ,Jan 1983, 16 (1) p173-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Recent surveys have suggested that practice management instruction in family practice residency programs is inadequate. The majority of third-year family practice residents graduating in 1980 felt inadequately trained in nearly all aspects of practice management. Thirty-five percent of these residents noted that their residency programs offered no regularly scheduled time for practice management training. Results of four family practice residency graduate follow-up surveys showed that no fewer than 25 percent and, often, 60 to 80 percent of graduates felt underprepared in most areas of practice management.

0226153 83084636

**Emergency department chart auditing in a family practice residency program.**

Grauer K  
J Fam Pract ,Jan 1983, 16 (1) p121-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

A prospective audit of process on 1,200 consecutive patients seen in the emergency department by family practice residents was performed at the Family Practice Residency Program in Gainesville, Florida. The overall quality of care delivered conformed to the standards of "good medical care" as judged by the author in 85.6 percent of cases. Resident errors were detected in the remaining 14.4 percent of cases, and occurred most frequently among physicians in the earlier years of training ( $P$  less than .005). Ultimate patient management was changed by the audit in only 1 percent of cases but potentially had an important impact on the care of these patients. Errors of inadequate documentation were common among residents irrespective of their level of training. An ongoing audit of emergency department charts with regular feedback on medical process and recording appears to be useful both as an educational tool and as a method of improving emergency care.

0225925 83082180

**An alternative to the 1-year rotating internship in the osteopathic profession.**

Powell J; Feinstein AA  
J Am Osteopath Assoc ,Sep 1982, 82 (1) p38-41, ISSN 0003-0287  
Journal Code: G90

Languages: ENGLISH

0225782 83080577

**Design and evolution of a geriatric curriculum for family**

**medicine residents.**

Long CC  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p219-25, ISSN 0270-1960  
Journal Code: FPC  
Languages: ENGLISH

0225781 83080576

**A geriatrics curriculum for the family practice residency.**

Maxwell AJ  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p213-7, ISSN 0270-1960  
Journal Code: FPC  
Languages: ENGLISH

0225470 83076837

**Psychiatry in the prelicensure internship. The position of the Canadian Psychiatric Association.**

Smart M; Douglass A; Bland R  
Can J Psychiatry ,Nov 1982, 27 (7) p597-600, ISSN 0706-7437  
Journal Code: CLR  
Languages: ENGLISH, FRENCH

0225466 83076830

**Resident training systems and family systems training: limits of compatibility.**

Feldman RB; Feldman S  
Can J Psychiatry ,Nov 1982, 27 (7) p559-60, ISSN 0706-7437  
Journal Code: CLR  
Languages: ENGLISH

0225465 83076829

**Learning objectives in family therapy training.**

Rubenstein JS  
Can J Psychiatry ,Nov 1982, 27 (7) p556-8, ISSN 0706-7437  
Journal Code: CLR  
Languages: ENGLISH

0225464 83076828

**Biases of teachers and trainees in child psychiatry.**

Fine S; Penfold PS; Krell R  
Can J Psychiatry ,Nov 1982, 27 (7) p553-5, ISSN 0706-7437  
Journal Code: CLR  
Languages: ENGLISH

00681

0225463 83076827  
**Training in child psychiatry: some problems, areas of controversy and some attempted solutions.**  
Steinhauer PD  
Can J Psychiatry ,Nov 1982, 27 (7) p546-8. ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

0225462 83076826  
**Training standards for career child psychiatrists.**  
Barker P  
Can J Psychiatry ,Nov 1982, 27 (7) p543-5. ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

0225391 83076081  
**The great pyramid of medicine: a case for the rotating internship.**  
DeRemee RA  
Bull NY Acad Med ,Oct 1982, 58 (7) p628-35. ISSN  
0028-7091 Journal Code: B00  
Languages: ENGLISH

0224545 83073018  
**Extended care in nursing homes: a program for a county teaching medical center.**  
Breitenbucher RB; Schultz AL  
Ann Intern Med ,Jan 1983, 98 (1) p96-100. ISSN  
0003-4819 Journal Code: 5A6  
Languages: ENGLISH

A continuity care program for patients in nursing homes using internal medicine residents in training has been developed in a county teaching hospital. Resident physicians on a paid basis assume primary care responsibility for 1000 patients in 29 private community nursing homes. A faculty internist coordinates the activities of the residents and monitors patient care through an extended care office in the county hospital. The program has produced a significant upgrading of the continuity and quality of care of patients in these nursing homes as well as providing medical residents with geriatric and nursing home experience. The increased sensitivity and concern for the needs of nursing home patients developed by the medical residents seems to continue after they complete their training.

0224529 83072763  
**Suction curettage in the emergency department: the appropriateness of adding this to the training of residents [editorial]**  
Anderson GV

0224508 83072333  
**Parietal cell vagotomy in a surgical training program.**  
Weger RV; Meier DE; Richardson CT; Feldman M; McClelland RN  
Am J Surg ,Dec 1982, 144 (6) p689-93. ISSN 0002-9610  
Journal Code: 3Z4  
Languages: ENGLISH

Parietal cell vagotomy was performed in 48 patients at the Parkland Memorial Hospital and the Dallas Veterans Administration Hospital between April 1977 and January 1981. The maximum follow-up time was 50 months and the average was 28 months. Seventy-five percent of the patients were followed for more than 1 year. There were no operative deaths. Four patients (8.3 percent) had persistent postoperative side effects including two documented ulcer recurrences (4.2 percent). Acid secretion studies were reviewed to characterize the longterm effect of parietal cell vagotomy. These studies demonstrated marked postoperative reductions in gastric acid secretion. The results of this study suggest that with the simplified technique described in this paper, parietal cell vagotomy can be performed with minimal mortality and morbidity by surgical residents under direct staff supervision.

0224480 83072155  
**The psychiatric chief resident: does gender make a difference?**  
Kessler MD; Hellekson-Emery C; Wilder JF  
Am J Psychiatry ,Dec 1982, 139 (12) p1610-3. ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

The authors surveyed women and men psychiatric chief residents who were near the end of their residency training. The findings documented the active participation of women in leadership roles as psychiatric residents in education, administration, and clinical care. Men and women reported remarkably similar job descriptions, opportunities, and difficulties. Women were less likely than men to participate in research activities during the chief residency or to accept full-time faculty positions after training.

00682



0224479 83072154

**Learning dynamic psychotherapy: a longitudinal study.**

Buckley P; Conte HR; Plutchik R; Karasu TB; Wild KV  
Am J Psychiatry ,Dec 1982, 139 (12) p1607-10, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors investigated the evolution of psychotherapeutic skills over time in a group of psychiatric residents in their third year of training. A 29-item Supervisors Evaluation Scale measuring psychotherapy skills was developed. Each resident who began his or her clinical experience in conducting individual analytically oriented psychotherapy was rated by his or her supervisors on this scale toward the beginning of training and again 8 months later. Statistically significant changes were found for 7 of the skills measured. The authors feel that these may reflect those aspects of psychotherapy which the beginning therapist can readily learn with supervision and experience.

0224474 83072057

**The University of North Carolina School of Medicine  
Otolaryngology training program.**

Biggers WP  
Am J Otol ,Oct 1982, 4 (2) p180-2, ISSN 0192-9763  
Journal Code: 3R7

Languages: ENGLISH

0224244 83068877

**[Pediatric education and child care]**

L'enseignement de la pediatrie et les soins aux enfants.  
Chicoine L  
Union Med Can ,Sep 1982, 111 (9) p819-22, ISSN  
0041-6959 Journal Code: WNM  
Languages: FRENCH

0224149 83068054

**Advanced education in general dentistry.**

Bradley RE  
Spec Care Dentist ,Sep-Oct 1982, 2 (5) p222-8, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0224144 83068048

**Tax exemption of resident-salaries.**

Barnett PR  
Spec Care Dentist ,Sep-Oct 1982, 2 (5) p201-3, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0224006 83066164

**Training in computer sciences for radiologists.**

Levy JM; Hessel SJ  
Radiology ,Dec 1982, 145 (3) p853, ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

0223770 83064227

**The teaching of crisis counseling skills to pediatric residents: a one-year study.**

Jewett LS; Greenberg LW; Champion LA; Gluck RS; Leikin SL;  
Altieri MF; Lipnick RN  
Pediatrics ,Dec 1982, 70 (6) p907-11, ISSN 0031-4005  
Journal Code: OXV  
Contract/Grant No.: CA 21241  
Languages: ENGLISH

Pediatric residents should learn to manage family crises such as informing parents that their child has a potentially life-threatening illness. Unfortunately, few training programs prepare residents to counsel parents of a child with cancer. An experiential parent crisis counseling program has been developed at the Children's Hospital National Medical Center in Washington, DC; this program has demonstrated that pediatric residents, with limited instruction, can be taught to give bad news to parents using effective information-giving and interpersonal skills.

0223763 83064183

**Moral reasoning and decisions in dilemmas of neonatal care.**

Candee D; Sheehan TJ; Cook CD; Husted SD; Borgen M

Pediatr Res ,Oct 1982, 16 (10) p846-50, ISSN 0031-3998

Journal Code: OWL

Languages: ENGLISH

The relationship between levels of moral reasoning and decisions in dilemmas of neonatal care was investigated in a sample of 452 pediatricians. Subjects included residents, faculty members, and practitioners recruited from a variety of university-affiliated and community hospitals. It was hypothesized that physicians whose moral reasoning was more fully developed would less actively treat particular cases. Such cases might include those where a patient's family requested such a limit (designated "negative family attitude") or the quality of life likely to be led after therapy was so low as to preclude even a minimal degree of human activity or social interaction (designated "unsalvageable prognosis"). The hypothesis was tested through the use of two questionnaires. The first questionnaire, devised by Crane, assessed the physician's reported degree of activism in treating six cases of infants born with severe defects. The structure of moral reasoning was measured by a second questionnaire, Rest's Defining Issue Test. Subjects were scored by the degree to which they use universal, ethical principles in resolving a series of moral dilemmas. Results of the absolute level of activism (Table 1) showed that among both residents and postresidents, the degree to which cases are actively treated depends, for salvageable patients, on the type of damage and on the possibility for research. Results involving moral reasoning showed a different pattern among residents and postresidents. Among residents, a significant correlation exists between principled reasoning and the absence of active treatment ( $r = -0.41$ , Form A;  $r = -0.23$ , Form B). As predicted, such correlations were strongest for cases of negative family attitude or of unsalvageable prognosis. The pattern of correlations among postresidents showed either no relationship to moral reasoning or the reverse of the residency pattern ( $r = -0.08$ , Form A;  $r = 0.30$ , Form B). The influence of the type of institution a resident operates within was assessed by analysis of variance. Inasmuch as moral reasoning and institutional type both had significant main effects (Form A), their magnitude differed. Institutional type accounted for 43% of the variation in mean activism scores whereas moral reasoning accounted for only 4%; however, because one could, a priori, expect institutional norms and customs to be powerful determinants of behavior, any additional, identifiable influence deserves attention. The structure of individ

0223712 83063794

**Surgical education of obstetrician-gynecologists.**

Gusberg SB

Obstet Gynecol ,Dec 1982, 60 (6) p722-4, ISSN 0386-9792

Journal Code: OC2

Languages: ENGLISH

0223710 83063792

**Basic surgical training for surgical specialists.**

Skinner DB

Obstet Gynecol ,Dec 1982, 60 (6) p717-20, ISSN

0386-9792 Journal Code: OC2

Languages: ENGLISH

0223709 83063791

**Certification requirements for gynecologic oncology versus pelvic surgery: is gynecologic oncology too narrowing?**

Moore JG

Obstet Gynecol ,Dec 1982, 60 (6) p715-7, ISSN 0386-9792

Journal Code: OC2

Languages: ENGLISH

0223707 83063789

**The general surgeon's view of gynecologic surgical training.**

Bricker EM

Obstet Gynecol ,Dec 1982, 60 (6) p710-2, ISSN 0386-9792

Journal Code: OC2

Contract/Grant No.: RR 05824; CA 17946

Languages: ENGLISH

0223706 83063788

**The training of the gynecologist.**

Barber HR

Obstet Gynecol ,Dec 1982, 60 (6) p708-10, ISSN

0386-9792 Journal Code: OC2

Languages: ENGLISH

0223578 83063342

**Preparing Army physicians for practice: I. A survey of hospital commander and physician attitudes.**

Hales RE; Borus JF; Baker FW; Fahey TE; Horak BJ

Milit Med ,Jul 1982, 147 (7) p554-7, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

00684

0223313 83059559

**Psychiatric education for primary care: a pilot study of needs of residents.**

Cohen-Cole SA; Boker J; Bird J; Freeman AM 3d  
J Med Educ ,Dec 1982, 57 (12) p931-6, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

The study reported here documents a variety of psychiatric educational needs of residents in internal medicine. By studying 150 medical outpatients, the authors found that 59 percent of the patients had probable emotional disorders, 48 percent suffered from significant symptoms of depression, negative life events and low social support were significantly associated with both probable emotional disorder and depressive symptoms, only 20 percent of the patient charts contained psychiatric diagnoses, 78 percent of the charts contained no mental status data, patients on the average could report only 56 percent of their diagnoses and 60 percent of their management plans, and 70 percent of the patients reported that they were not asked about personal problems. These results have formed the basis for a psychiatric educational program in internal medicine at the University of Alabama in Birmingham and will serve as pretraining comparison data for the evaluation of outcome.

0223226 83058576

**Acute trauma experience at ski resort emergency rooms.**

Petrie KA  
J Fam Pract ,Dec 1982, 15 (6) p1180, 1185, ISSN  
0094-3509 Journal Code: I4L  
Languages: ENGLISH

0223225 83058575

**Clinical pharmacy services in family practice residency programs.**

Thies PW; Helling DK; Rakel RE  
J Fam Pract ,Dec 1982, 15 (6) p1173, 1179, ISSN  
0094-3509 Journal Code: I4L  
Languages: ENGLISH

0223224 83058571

**Pediatric training in family practice: a core curriculum.**

Poole SR; Morrison JD; Adolf A; Reed FM  
J Fam Pract ,Dec 1982, 15 (6) p1145-56, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Official residency guidelines for pediatric training of family practice residents focus on the number of months of block time on pediatric rotations and the percentage of pediatric patients in the resident's model practice. These guidelines do not ensure competence in pediatrics. Family practice residencies need a competency-based curriculum

derived from actual pediatric experience in family practice. Such a curriculum should define specific knowledge, skills, and attitudes required, define the family physician's role in handling each issue or condition, be used on a daily basis, and form a basis for evaluation of residents and curriculum. This paper describes the development and implementation of such a pediatric core curriculum at the University of Colorado Family Practice Residency.

0223223 83058570

**Alteration of emergency room usage in a family practice residency program.**

Benz JR; Shank JC  
J Fam Pract ,Dec 1982, 15 (6) p1135-9, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

A patient education program was instituted that emphasized the importance of telephoning the physician prior to making an emergency room visit and defined an inappropriate visit in simple terms. The purpose of the program was to reduce the percentage of nonurgent or inappropriate emergency room visits each month. A total of 3,825 emergency room visits were reviewed. The percentage of inappropriate visits dropped from 29 percent in the control period to 18 percent in the patient education period (P less than or equal to .001). This included significant decreases in the four major reimbursement groups: self-paying (P less than or equal to .005), group insurance (P less than or equal to .001), Medical Assistance (P less than or equal to .01), and Medicare (P less than or equal to .01). Also during the patient education period there was a trend toward increased telephone calls prior to emergency room visits.

00685

0223221 83058567

**Utilization of pneumococcal vaccine in a family practice residency.**

Brownlee HJ; Brown DL; D'Angelo RJ  
J Fam Pract ,Dec 1982, 15 (6) p1111-4, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Pneumococcal diseases continue to account for a significant amount of morbidity and mortality in family practice. Daily charts audits revealed significant underutilization of pneumococcal vaccine in a family practice residency. Identified primary factors for pneumococcal vaccine underutilization were inadequate physician knowledge regarding the vaccine and failure to consider vaccine need during physician-patient encounters. A physician education update regarding vaccine indications and use was completed. A questionnaire was developed and given to each patient, allowing the physician to quickly evaluate each patient's need for pneumococcal vaccine. Evaluation of the first 1,000 questionnaires revealed the approximately 20 percent of the patients had indications for pneumococcal vaccine. Evaluation of immunization records revealed significant increased utilization of the pneumococcal vaccine following initiation of the questionnaire. Patient questionnaires such as this can prove to be a useful tool in the evaluation and provision of preventive medicine services in the family practice setting.

0223089 83057378

**The emerging role of salaried physicians: an organization proposal.**

Kahn HS; Orris P  
J Public Health Policy ,Sep 1982, 3 (3) p284-92, ISSN 0197-5897  
Journal Code: HS5  
Languages: ENGLISH

0222891 83054596

**Contributions in teaching consultation-liaison psychiatry. The use of the medical team model on a consultation-liaison teaching service.**

Guggenheim FG  
Gen Hosp Psychiatry ,Sep 1982, 4 (3) p219-24, ISSN 0163-8343  
Journal Code: FNK  
Languages: ENGLISH

This paper describes a consultation-liaison (C/L) teaching service that uses a medical team rounding model; four teams cover distinct geographic areas of the hospital, each team consisting of an attending psychiatrist, a resident, two medical students, and a psychology graduate student. Daily attending rounds on the medical/surgical wards provide prompt and direct patient care supervision for the team members, allowing for coordination of their activities and communication with the attending physician, who serves as a role model. Psychological testing can be readily integrated into the clinical setting; neurology and family practice

residents can also get their psychiatric training in this setting. The medical team model of rounding is different from other models used on C/L services; its pros and cons are discussed.

00372

0222498 83050481

**Psychiatric manpower in Canada-The 1980 surveys.**

el-Guebaly N; Leichner P  
Can J Psychiatry ,Oct 1982, 27 (6) p486-515, ISSN 0706-7437  
Journal Code: CLR  
Languages: ENGLISH

The estimation of manpower needs is a complex endeavour due to the multiplicity of variables involved. Part I of this report presents national and interprovincial comparisons of demographic and practice data collected through a questionnaire survey of 1089 psychiatrists listed in the provincial specialists registers (i.e. 51.6% response rate). Of our respondents, 57.9% practice in urban areas of 500,000 inhabitants or more; the male-female ratio is 9 to 1; 37.9% are foreign medical graduates; and 98.5% of the specialists are exam qualified. General adult psychiatry accounts for 57.6% of the time spent in clinical practice and the total professional week is estimated to be 48.9 hours. The experience gathered towards the design of a monitoring system, the significance of the psychiatrist-to-population ratio, the comparison of our data with other manpower studies and a review of recruitment variables conclude the report.

00686

0222497 83050480

**Consultation Liaison training in Canadian psychiatric residency programs.**

Agbayewa MO; Perez E  
Can J Psychiatry ,Oct 1982, 27 (6) p482-5, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

Canadian Psychiatry Residency programs were surveyed through questionnaires to determine the status of Consultation Liaison Training (CLT) for the year 1979/80. Virtually all the programs offered CLT as lecture/seminars and clinical postings. The majority of residents who received CLT were in their first and second years, with the average trainee spending less than 6% of total clinical training time in Consultation Liaison work. About 9% of the total core teaching time was devoted to Consultation Liaison Psychiatry (CLP) and related topics. Canadian medical students are exposed to CLP in various forms during their training. There is little interdisciplinary collaboration or post-residency fellowships in CLP at this time. The authors suggest that CLT be offered in the last two years of training when the trainee can be an effective consultant with a consolidated identity as physician and psychiatrist. They also recommend an increase in inter-departmental collaboration and further development of post-residency fellowships in Consultation Liaison Psychiatry.

0222478 83050436

**General internal medicine reappears in the teaching hospital: the experience of the Royal Victoria Hospital.**

Kong HH; Flegel KM; Coke W; Hoey JR  
Can Med Assoc J ,Nov 1 1982, 127 (9) p837-40, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

The internal medicine unit of the Royal Victoria Hospital in Montreal was created in 1979 to improve the training of residents and the care of patients. The practices of four internists were brought together in one part of the institution, and within 2 years there were 10 attending staff and 6 residents. The unit now provides continuing care for 2500 patients, many of whom have multisystem or potentially lethal problems. Residents and attending staff share the responsibility of providing 24-hour coverage. The group handles 5000 outpatient visits per year (20% of them being consultations) and provides a general medical consulting service for other hospital departments, with about 300 consultations per year. The creation of the unit, with highly visible role models, appears to have given new prestige to general internists in the hospital. The unit has served as a model for the reorganization of the other medical clinics and provides a base for research in health care delivery.

0222184 83032273

**The nursing home as a teaching and research center.**

Weiner AS; Lichtman M

J Long Term Care Adm ,Fall 1982, 10 (3) p2-8, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

0222144 83030247

**Improving the selection of family medicine residents through development of multi-dimensional policy models.**

Parker BR; Skinner BD  
Health Policy Educ ,Oct 1982, 3 (3) p229-47, ISSN  
0165-2281 Journal Code: G2I  
Languages: ENGLISH

The annual cost of training a single family medicine resident may now exceed \$50,000. This, together with the fact that normally only a small fraction of those applying for family medicine residency is selected for admission, creates a decision problem of enormous import to affected institutions. Despite these considerations, the applicant evaluation and selection process remains relatively subjective, with results often disappointing. In the current paper, a preference-based approach is proposed that first models the evaluation/selection process on the basis of well-defined cognitive and noncognitive criteria. It is suggested that validation of this model be based on future performance levels of both the accepted and rejected cohorts during and following their residencies. Discrepancies between future success levels and predicted outcomes may then be translated into appropriate control actions designed: (1) improve the definition/measurement of selection criteria; (2) enhance the evaluation/selection policies and decisions of the admissions committee; and (3) better inform potential applicants of the department's program and selection philosophies. The approach is applied to two recent, accepted cohorts of the University of North Carolina Department of Family Medicine. Preliminary results indicate that the procedure is capable of improving the in-residency success levels of selected applicants, and that these levels can be better predicted than when no formal, i.e., analytic, process is followed.

00687

0221890 83047578

**Supervising intake diagnosis. A psychiatric 'Rashomon'.**

Spitzer RL; Skodol AE; Williams JB; Gibbon M; Kass F

Arch Gen Psychiatry ,Nov 1982, 39 (11) p1299-1305, ISSN 0003-990X Journal Code: 72C

Languages: ENGLISH

Psychiatric diagnoses based on data collected during routine clinical intake evaluations done by trainees are often later used in research studies and in program evaluation. It is commonly assumed that the supervisory process can effectively overcome errors that trainees make in diagnosis. We designed a study to assess the adequacy of patient-in-absentia supervision for ensuring accurate psychiatric diagnoses. In 30% of the cases there were major diagnostic disagreements between the supervised diagnoses and consensus diagnoses based on information provided by both the trainee and an experienced clinician who sat in on the trainee's initial interview. These findings have implications for clinical care, training, and research.

0221811 83046532

**Duration of training in emergency medicine residencies.**

Barsan WG; Levy RC

Ann Emerg Med ,Nov 1982, 11 (11) p639-40, ISSN 0196-0644 Journal Code: 4Z7

Languages: ENGLISH

0221765 83046031

**A conjoint psychiatry-internal medicine program: development of a teaching and clinical model.**

Shemo JP; Ballenger JC; Yazel JJ; Spradlin WW

Am J Psychiatry ,Nov 1982, 139 (11) p1437-42, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

At a time when psychiatry's repertoire of successful treatment strategies is burgeoning and the public is seeking primary medical care with greater emphasis on humanistic issues, psychiatry has been paradoxically losing status and trainees, partly because it has failed to make its expertise integratable by nonpsychiatric physicians. In response to the educational and patient care deficiencies that result, two universities developed a teaching and clinical program that leads to partial integration of their departments of psychiatry and internal medicine. This collaborative approach includes a conjoint internal medicine-behavioral medicine inpatient unit and a residency program leading to Board eligibility in both specialties.

0221762 83046026

**The prevalence and ramifications of psychopathology in psychiatric residents: an overview.**

Campbell HD

Am J Psychiatry ,Nov 1982, 139 (11) p1405-11, ISSN 0002-953X Journal Code: 3VG

Languages: ENGLISH

Although estimates of psychopathology in psychiatric residents vary from 4% to 22%, at either end of the spectrum emotional disturbance is a significant problem that merits greater attention. The prevalence of psychopathology may be seriously underestimated when obtained from residency program directors, who may be aware of only the most blatant cases. On the other hand, figures that rely on self-report of the subjective impressions of faculty may be spuriously inflated by transient manifestations of stress commonly experienced during residency training in psychiatry. The author makes recommendations for improved screening of candidates and greater commitment by training programs to recognizing and meeting the emotional needs of psychiatric residents.

0221488 83041740

**Neurosurgical residency training programs.**

Bucy PC

Surg Neurol ,Aug 1982, 18 (2) p149-50, ISSN 0090-3019 Journal Code: VBU

Languages: ENGLISH

0221041 83038363

**Examination of genitalia in children: 'the remaining taboo'.**

Balk SJ; Dreyfus NG; Harris P

Pediatrics ,Nov 1982, 70 (5) p751-3, ISSN 0031-4005 Journal Code: DXV

Languages: ENGLISH

Trained student observers rated 123 physical examinations by pediatric house staff during health care maintenance visits to assess the frequency of examinations done on male and female genitalia compared with examination of ears, heart, and abdomen. Sixty-five observations were made of 21 male house staff and 58 observations of 18 female house staff. One to five examinations per physician were observed. Whereas physicians examined the ears, heart, and abdomen of pediatric patients greater than or equal to 97% of the time regardless of the sex or age of the child, female genitalia were examined 39% of the time and male genitalia 84% of the time. Female genitalia were examined approximately half as frequently as male genitalia at all ages with a trend to less frequent genital examinations on older children. Both male and female physicians examined female genitalia less frequently than male genitalia. It is concluded that increased emphasis is needed in house staff training programs on the examination of genitalia.

00688

0221009 83038028

**The effect of quality assurance review on implementation of an automatic stop-order policy.**

Zoebelein E; Levy M; Greenwald RA  
QRB ,Aug 1982, 8 (8) p12-7, ISSN 0097-5990 Journal  
Code: OKP

Languages: ENGLISH

Because of problems associated with overutilization of antimicrobial drugs, particularly antibiotics, Long Island Jewish-Hillside Medical Center, New York, conducted a hospitalwide study to ensure that physicians' orders for antimicrobial drugs complied with an automatic stop-order policy. The original study, conducted in 1980, revealed a compliance rate of only 18.5% for antibiotics. However, after implementation of an extensive educational program for physicians and nurses, a restudy, conducted one year later, showed that compliance with the automatic stop-order policy increased to 54%--a 300% improvement over the first study. In addition, the follow-up study also revealed a 6% decrease in the percentage of patients who received antibiotics.

0220824 83036267

**Residents' training goals in respiratory knowledge and skills: perspective of three parties.**

Gong H; Sayre JW; Simmons MS  
Med Educ ,Sep 1982, 16 (5) p273-7, ISSN 0308-0110  
Journal Code: MZ3

Languages: ENGLISH

Medical residents, full-time respiratory teaching staff, and community-based doctors rated the importance of fifty-five respiratory training goals involving knowledge and skills necessary for the future practices of all medical residents. Residents also rated their perceived preparedness in these training areas. Intra- and inter-group analyses indicated that residents agreed more often, and consistently assigned more importance (94% of goals) to the training goals, than did the teachers and doctors. Although the residents considered themselves prepared for 69% of the training goals, they also had moderate intra-group disagreement. These results may reflect variable training experiences and/or institutional practices, but areas of less than adequate preparation were identified and can be corrected. The other two groups were in general agreement except regarding some clinical skills. This study offers possible explanations for the group responses and indicates the potential benefit for groups to discuss, identify, and survey training goals.

0220751 83035518

**Improving physician compliance with preventive medicine guidelines.**

Cohen DI; Littenberg B; Wetzel C; Neuhauser D  
Med Care ,Oct 1982, 20 (10) p1040-5, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Similar general medical outpatient clinics with randomly assigned patients were used to evaluate the effectiveness of a program that was to increase house staff compliance with preventive medicine guidelines. Two clinics were designated experimental and two served as controls. In the experimental clinics, age-specific checklists of all recommended preventive procedures (drawn from the Canadian Task Force report on The Periodic Health Examination and American Cancer Society guidelines) were appended to each patient's chart. In addition, house officers were presented with a series of weekly seminars dealing with issues in screening, as well as the specific recommendations included in the checklist. House officers in all four clinics were tested for their knowledge and attitudes toward the preventive program before and after the intervention. Counts of immunizations and mammograms performed and the total populations eligible for these procedures were determined for all four clinics. As predicted, test scores as well as mammography and immunization rates increased significantly (from 2-40 per cent) in the intervention clinics as compared with controls. We conclude that this intervention was clearly effective in the short run. However, follow-up studies will be necessary to determine whether the desired long-term effect has been achieved.

0220724 83035195

**Pediatric residents as health educators: the reactions of children.**

Bass JL; Mehta KA; Chartor J; Hickey J  
J Sch Health ,Sep 1982, 52 (7) p422-4, ISSN 0022-4391  
Journal Code: K13

Languages: ENGLISH

00689

0230536 83130225

**The effectiveness of health education on home use of ipecac.**

Dershewitz RA; Posner MK; Paichel W  
Clin Pediatr (Phila) ,Apr 1983, 22 (4) p268-70. ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

It is widely recommended by pediatricians that syrup of ipecac for secondary prevention of poisoning be kept in homes where there are young children. To evaluate the efficacy of this recommendation we measured mother's gain in knowledge of how to use ipecac safely at home. The study population (n = 78) were primarily middle class mothers bringing their 9-month-old infants to one pediatrician at a health maintenance organization for a well-baby visit. The pediatrician delivered health education on poisonings. A before-after study design was used. The highly significant (p less than 0.001) gain in knowledge demonstrates that parents can learn to use ipecac safely at home. The practitioner should limit safety counseling to selected areas most problematic at each age level, and within each topic, should concentrate on the most salient points.

0230485 83128986

**Self-care for side effects in cancer chemotherapy: an assessment of nursing interventions--Part II.**

Dodd MJ  
Cancer Nurs ,Feb 1983, 6 (1) p63-7. ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0230359 83128273

**Alcohol and advice to the pregnant woman [editorial]**

Edwards G  
Br Med J [Clin Res] ,Jan 22 1983, 286 (6361) p247-8.  
Journal Code: B4X  
Languages: ENGLISH

0230284 83126801

**Effective of teaching methods for renal patients.**

Adler PK; Rawlinson M; Crabtree K; Hallburg JC  
AANNT J ,Feb 1983, 10 (1) p9-16. ISSN 0744-1479  
Journal Code: AAX  
Languages: ENGLISH

0230240 83121799

**The delivery of health information. The role of industry in patient education.**

Denison GW Jr  
Vital Speeches Day ,Jan 15 1983, 49 (7) p208-10. ISSN  
0042-742X Journal Code: XFA

Languages: ENGLISH

0230160 83117863

**Tapping the client's own potential: a strategy for the resource-short patient educator [interview]**

Chewing BA  
Promot Health ,Mar-Apr 1983, 4 (2) p4-6. ISSN 0272-9709  
Journal Code: PZU  
Languages: ENGLISH

0230152 83117280

**How our pharmacists now play an important role in home TPN.**

Ohl JC  
Pharm Times ,Jan 1983, 49 (1) p28-31. ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0230150 83117218

**Patient education: a component of health education.**

De Haes WF  
Patient Couns Health Educ ,1982, 4 (2) p95-102. ISSN  
0190-2040 Journal Code: PAL  
Languages: ENGLISH

Because health education is aimed at influencing behavior capable of affecting health and disease, patient education is a important constituent of health education. Patient education should demonstrably lead to increased self-assurance, reduced anxiety, better insight into one's ailments, more knowledge about the effects of medicines administered, greater self-acceptance after surgery, and improved social contacts among the chronically ill. It well deserves a place in primary health care. Patient education is not widely practiced in the Netherlands. Small-scale experiments are needed to establish effective modes of intervention.

00630



# ENTRENAMIENTO

00691

00373

0233363 83147240

**Inservice training as a tool in managing the changing environment in the medical record department.**

Daniels LM

Top Health Rec Manage ,Mar 1983, 3 (3) p20-8, ISSN

0270-5230 Journal Code: WAD

Languages: ENGLISH

0233191 83136415

**The helping community: issues in the evaluation of a preventive intervention to promote informal helping.**

D'Augelli AR; Vallance TR

J Community Psychol ,Jul 1982, 10 (3) p199-209, ISSN

0090-4392 Journal Code: HUU

Contract/Grant No.: MH 14883

Languages: ENGLISH

This report addresses conceptual and practical problems in evaluating the effectiveness of an intervention which used a pyramid training model for improving helping skills for informal helpers in two rural communities. Against a background for a study of help-giving and help-seeking patterns, the transmission of helping skills from professional to community trainers to local helpers was studied. Impacts of the intervention on other aspects of the community are reported.

0233148 83135140

**New employee: potential plus.**

Hosp Superv Bull ,Mar 15 1983, (457) p6-7, ISSN

0018-585X Journal Code: G9S

Languages: ENGLISH

0233048 83134022

**Central service: inservice instruction material and tests. Part 4.**

Underwood L

Hosp Top ,Mar-Apr 1983, 61 (2) p38-44, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0233031 83134005

**Educational seminar recognizes nursing staff achievements.**

Conedera F

Hosp Prog ,Mar 1983, 64 (3) p58-9, 75, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0232987 83133909

**An orientation program that will start employees out right.**

Seidlitz P

Health Care News1 ,Mar-Apr 1983, p1, Journal Code: GB8

Languages: ENGLISH

0232812 83128771

**A course on computed tomography for radiologic technologists: a conceptual framework.**

Seeram E

Can J Radiogr Radiother Nucl Med ,1983, 14 (1) p11-3,

ISSN 0319-4434 Journal Code: CKA

Languages: ENGLISH

0232689 83151486

**Coping with anxiety about patient interviews.**

Haggard BA

AORN J ,Feb 1983, 37 (2) p195-8, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0232469 83149187

**Retrospective considerations in training teachers regarding problems faced in adolescence.**

D'Hondt W; Vandewiele M

Adolescence ,Winter 1982, 17 (68) p855-61, ISSN

0001-8449 Journal Code: 2H8

Languages: ENGLISH

With the help of a questionnaire addressed to 276 training teachers, we investigated the difficulties encountered by these adults during their adolescence with their teachers, their parents and their friends. Three-quarters of our subjects had trouble with their parents and their friends, while only half of them had trouble with teachers. A great proportion (40%) of those who had trouble with their teachers laid the blame on themselves rather than the teachers. Concerning parents, father's authoritarianism received the most criticism and subjects complained that they had little personal freedom. A considerable proportion of subjects (34%) attribute difficulties with their former comrades to themselves.

00692

0232335 83147447  
**[Organization of a cardio-respiratory resuscitation system in a general hospital]**  
Organisation d'un systeme de reanimation cardio-respiratoire dans un hopital general.  
Couture J; Solignac A; Beauchamps F  
Union Med Can ,Dec 1982, 111 (12) p1056-8, ISSN 0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0232204 83146033  
**Two very different views of nursing re-entry.**  
RN ,Feb 1983, 46 (2) p83-4, ISSN 0033-7021 Journal Code: TWP  
Languages: ENGLISH

0231991 83143580  
**Recovery room nursing.**  
Dawes C  
Nurs Mirror ,Feb 9 1983, 156 (6) p62, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0231937 83143491  
**Tubercular patients: a study.**  
Sharma S; Duggal I; Malhotra AK; Kakar DN  
Nurs J India ,Dec 1982, 73 (12) p306-8, ISSN 0029-6503  
Journal Code: 097  
Languages: ENGLISH

0231886 83143393  
**The role of complex equipment in nurses' work: toward the development of a measure.**  
Campbell S; Leatt P  
Nurs Pap ,Fall 1982, 14 (3) p32-46, ISSN 0318-1006  
Journal Code: 09J  
Languages: ENGLISH

0231877 83143382  
**Continuing education for practising nurses.**  
Mcardle D  
Nurs J Singapore ,Aug-Sep 1982, 22 p48-51, ISSN 0067-5814 Journal Code: 09A  
Languages: ENGLISH

0231751 83142496

**Nursing Education Review and Advisory Committee: report.**  
NZ Nurs J ,Dec 1982, 75 (12) p18-9, ISSN 0028-8535  
Journal Code: OBT  
Languages: ENGLISH

0231739 83142483  
**Is inservice education really necessary?**  
Moot S  
NZ Nurs J ,Oct 1982, 75 (10) p8, ISSN 0028-8535  
Journal Code: OBT  
Languages: ENGLISH

0231686 83142370  
**Promoting positive attitudes among the caregivers of the elderly.**  
Farley JK; Fay P  
Nurse Educ ,Spring 1983, 8 (1) p43-5, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0231685 83142369  
**The staff educator as process consultant.**  
Scully R  
Nurse Educ ,Spring 1983, 8 (1) p39-42, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0231680 83142336  
**Management training won't work...unless nursing administration provides it.**  
Zander K  
Nurs Adm Q ,Winter 1983, 7 (2) p77-87, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

0231669 83142325  
**On the scene: Mount Sinai Medical Center of Greater Miami. Taking the first steps to become a nurse manager.**  
Taylor BA; DeSimone A  
Nurs Adm Q ,Winter 1983, 7 (2) p17-22, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

00693

0230855 83133923

**Training personnel in the prevention and management of violent behavior.**

Lehmann LS; Padilla M; Clark S; Loucks S  
Hosp Community Psychiatry ,Jan 1983, 34 (1) p40-3, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The authors describe a training program on prevention and management of violent behavior for the staff of a Veterans Administration hospital. The one-day workshop focuses on preventive identification of potentially violent situations and on methods of verbal and physical management of violent behavior. A study of workshop participants showed that trainees had improved knowledge about and performance in handling violent behavior after completing the program. Future developments in training in prevention and management of violent behavior should include greater availability of educational resource materials and incorporation of the subject in undergraduate and graduate health care training.

0230841 83133630

**Gonorrhea: not a 'second-class' disease.**

Carlton TO; Mayes SM  
Health Soc Work ,Nov 1982, 7 (4) p301-13, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH  
(72 Refs.)

0230839 83133628

**Performance management and professional development as separate functions of supervision.**

Harris DV; Allison EK  
Health Soc Work ,Nov 1982, 7 (4) p283-90, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH

0230826 83133435

**The benefits of a drug holiday.**

Keenan R; Redshaw A; Munson J; Mundt W  
Geriatr Nurs (New York) ,Mar-Apr 1983, 4 (2) p103-4,  
Journal Code: FW7  
Languages: ENGLISH

0230640 83130817

**Mitigating turnover of child care staff in group care facilities.**

Ross AL  
Child Welfare ,Jan-Feb 1983, 62 (1) p63-7, ISSN  
0009-4021 Journal Code: D2U  
Languages: ENGLISH

0230609 83130624

**Establishing a critical care unit orientation program.**

Bullas JB; Anderson P  
Crit Care Nurse ,Jul-Aug 1982, 2 (4) p72-6, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0230604 83130611

**How to develop a critical care nursing course.**

Kaldor PK  
Crit Care Nurse ,May-Jun 1982, 2 (3) p84-6, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0230575 83130456

**Psychiatric consultation through continuing education in correctional institutions.**

Brodsky CM; Epstein LJ  
Compr Psychiatry ,Nov-Dec 1982, 23 (6) p582-9, ISSN  
0010-440X Journal Code: D09  
Languages: ENGLISH

0230509 83129748

**Staff development and education.**

Thompson RA  
Curationis ,Dec 1982, 5 (4) p34-40, ISSN 0379-8577  
Journal Code: C1A  
Languages: ENGLISH

0230211 83121124

**Use the Q-test to sort your statistical odd ducks.**

Taff TG  
Training ,Nov 1982, 19 (11) p70-1, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

00694

0230210 83121123  
**What the research says about CAI's potential.**  
Selden PH; Schultz NL  
Training ,Nov 1982, 19 (11) p61-2, 64, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0230209 83121122  
**Using testing instruments in your training effort.**  
Zemke R  
Training ,Nov 1982, 19 (11) p30-1, 38-41, 44, ISSN  
0095-5892 Journal Code: VZ8  
Languages: ENGLISH

00374

0230208 83121121  
**Eight steps to strategic planning for training managers.**  
Ward LD  
Training ,Nov 1982, 19 (11) p22-9, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0230207 83121120  
**Training budgets: where does the money go?**  
Training ,Oct 1982, 19 (10) p36-7, 40-4, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0230206 83121119  
**Trainer tally varies--depending upon who is counted.**  
Training ,Oct 1982, 19 (10) p22-6, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0230114 83114663  
**Employee style affects patients' view of hospital.**  
Bandemer N  
Mich Hosp ,Jan 1983, 19 (1) p23-5, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0230045 83109985  
**Using research to plan nurse aide training.**  
Crawford SA; Waxman HM; Carner EA  
J Am Health Care Assoc ,Jan 1983, 9 (1) p59-61, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0230007 83108340  
**Who's second in command?**  
Hosp Superv Bull ,Feb 28 1983, (456) p5-6, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0230006 83108339  
**Versatility: key to productivity [interview]**  
Wallace S  
Hosp Superv Bull ,Feb 28 1983, (456) p1-4, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0229994 83107470  
**Developing a word/information processing training program.**  
Meroney JW  
Inf Rec Manage ,Jan 1983, 17 (1) p28, 32, Journal  
Code: GN2  
Languages: ENGLISH

0229811 83104032  
**Making or breaking the new employee.**  
Puckett RP  
Contemp Adm ,Oct 1982, 5 (10) p14-6, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

00695

0229465 83122439

**Aid posts in Enga Province.**

Parsons L

Papua New Guinea Med J ,Sep 1982, 25 (3) p173-5, ISSN  
0031-1480 Journal Code: YEU

Languages: ENGLISH

In Papua New Guinea (PNG) primary health care in rural areas is principally provided by aid post orderlies (APO's). During 1979-80, all 110 aid posts in Enga Province were visited; 20% were found to be unstaffed. All APO's were from the province and about 50% were providing satisfactory service. Aid posts were judged on standard of cleanliness, daily patient attendance, number of inpatients, number of family planning consultations provided weekly and on the attendance record of TB and leprosy patients. Aid posts usually had sufficient supplies of basic drugs. Despite the presence of a good APO training school in Enga, the standard of graduates was very variable and some of the best APO's in the province had minimal training over 30 years previously. Tribal warfare in Enga continues to be a threat to the delivery of primary health care.

0229323 83120298

**The effect of social systems on group relations training.**

Klein EB; Correa ME; Howe SR; Stone WN

Soc Psychiatry ,1983, 18 (1) p7-12, ISSN 0037-7813  
Journal Code: UV0

Languages: ENGLISH

0228961 83116182

**Preventing staff turnover: train employees to be long-term members of the dental team.**

Skillman K

Ohio Dent J ,Jan 1983, 57 (1) p34-6, ISSN 0030-087X  
Journal Code: OGD

Languages: ENGLISH

0228863 83115849

**Sudden pediatric death: meeting the needs of family and staff.**

Henretta CB; Van Brunt PF

Nurse Educ ,Winter 1982, 7 (6) p13-6, ISSN 0363-3624  
Journal Code: DAU

Languages: ENGLISH

0228548 83111172

**Decentralized budgeting: holding the purse strings, part 1.**

Althaus JN; Hardyck NM; Pierce PB; Rodgers MS

J Nurs Adm ,May 1982, 12 (5) p15-20, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

A decentralized nursing structure allows the head nurse to become actively involved in the planning and budgeting process. In Nursing Decentralization: The El Camino Experience (published in November 1981 by Nursing Resources) the authors describe the development of a budgeting system that supports autonomy, accountability, and authority at the practitioner level. For JONA readers, we present, in two parts, an abridged version of the chapter "Budgeting: Holding the Purse Strings." Part 1, which follows, outlines important steps for the development of a successful and efficient budgeting program that can be adapted to meet the needs of other decentralized organizations. Part 2, which details a typical budget session, will appear in the next issue of JONA.

0228543 83111167

**Using registry nurses: coping with cost and quality issues.**

Sheridan DR; Bronstein JE; Walker DD

J Nurs Adm ,Oct 1982, 12 (10) p26-34, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

If a nursing service uses agency nurses to help cope with staff shortages, the nursing administrator must manage the cost and quality of care delivered by these nurses. The authors describe their hospital's system for using agency nurses. The components of their system--an orientation program, contracts with the agencies, and systematic performance evaluation--can be used or adapted in other institutions.

0228440 83109841

**Barium instillation via colostomy.**

Panzau KT; Gundiach J; Ahrens S

J Enterostomal Ther ,Jan-Feb 1983, 10 (1) p26-7, ISSN  
0270-1170 Journal Code: HZS

Languages: ENGLISH

00375

0228315 83108002

**Basic nursing education for primary health care in the Caribbean.**

Reid UV

Int Nurs Rev ,Nov-Dec 1982, 29 (6) p169-76, ISSN  
0020-8132 Journal Code: GTP

Languages: ENGLISH

00696

- 0227911 83101913  
**Library orientation for health sciences center secretaries.**  
Taylor D  
Bull Med Libr Assoc ,Oct 1982, 70 (4) p411-2, ISSN  
0025-7338 Journal Code: BOW  
Languages: ENGLISH
- 0227834 83094202  
**Computer-based learning: deciphering the alphabet soup.**  
Reynolds A  
Training ,Jan 1983, 20 (1) p65-6, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227833 83094201  
**Blood and black bile: four-style behavior models in training.**  
O'Brien RT  
Training ,Jan 1983, 20 (1) p54-7, 60-1, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227832 83094200  
**Who uses teleconferencing for training?**  
Training ,Jan 1983, 20 (1) p34, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227831 83094199  
**Reach out and train somebody.**  
Cushing D  
Training ,Jan 1983, 20 (1) p33, 39, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227830 83094198  
**How to plug into teleconferencing.**  
Jenkins TM  
Training ,Jan 1983, 20 (1) p30-2, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227829 83094197  
**Eight steps to clarify a training philosophy for you and your department.**  
Feldman M  
Training ,Aug 1982, 19 (8) p48-51, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227827 83094195  
**Videodisc-based training: does it make economic sense?**  
Marx RJ  
Training ,Mar 1982, 19 (3) p56-8, 60-1, 65, ISSN  
0095-5892 Journal Code: VZ8  
Languages: ENGLISH
- 0227826 83094194  
**A trainer's guide to successful productivity improvement planning.**  
Smith J  
Training ,Mar 1982, 19 (3) p41-4, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227824 83094192  
**Task analysis: training's enduring workhorse.**  
Training ,Feb 1982, 19 (2) p80-3, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227823 83094191  
**Six media guidelines for memorable training.**  
Witt GA  
Training ,Feb 1982, 19 (2) p56-7, 61-2, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH
- 0227714 83090628  
**The how, what and why of stress management training.**  
Matteson MT; Ivancevich JM  
Pers J ,Oct 1982, 61 (10) p768-74, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

00697

0227705 83090538  
**Education as a management tool.**  
Bloom RS  
Nurs Homes ,Nov-Dec 1982, 31 (6) p26-8, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0227551 83081048  
**The role of the "American culture" in patient care and employee relationships.**  
Livingston WG  
Hosp Forum ,Jan-Feb 1983, 26 (1) p35-7, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0227544 83081041  
**Personal liability: how vulnerable are you?**  
Hosp Secur Saf Manage ,Dec 1982, 3 (8) p5-8, Journal  
Code: GCP  
Languages: ENGLISH

00376

0227330 83098515  
**Customizing infection control educational programs within the health care facility. Meeting a challenge vs. just satisfying a requirement.**  
Christel LP  
Am J Infect Control ,Nov 1982, 10 (4) p138-46, ISSN  
0196-6553 Journal Code: 4T6  
Languages: ENGLISH

Infection control practitioners working within health care facilities are charged with the providing of in-service education programs for all new employees and volunteers as well as for all hospital departments, at least annually. To be effective, each program should be customized to meet the needs of the group for which it is given. Such a charge may be viewed as simply a "requirement that must be satisfied," or it may be approached as a challenge to be met with a measure of ingenuity and inventiveness. Academic preparation in the principles and skills germane to teaching are traditionally lacking in the training of health care professionals, and the ICP is thus left accountable for a job function for which she/he may have little proficiency. Customized education programs may be achieved with thoughtful planning and through the use of a few innovative ideas and resource materials available to most practitioners.

0226617 83089646  
**Automation and staff nurses' patient management activities.**  
Henry BM  
Nurs Adm Q ,Fall 1982, 7 (1) p69-76, ISSN 0363-9568

Journal Code: OAE  
Languages: ENGLISH

0226608 83089633  
**Some points to consider when selecting audiovisual aids.**  
Caldwell LM  
Nurs Health Care ,Jan 1983, 4 (1) p35-7, ISSN 0276-5284  
Journal Code: N77  
Languages: ENGLISH

0226598 83089601  
**Orientation program for an outpatient infusion center.**  
Acevedo ML  
NITA ,Sep-Oct 1982, 5 (5) p316-8, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226594 83089592  
**Nursing techniques in preparing and administering intravenous admixtures.**  
Gong H Jr; Finnerty MA; Robinson LE  
NITA ,Mar-Apr 1982, 5 (2) p132-5, ISSN 0160-3930  
Journal Code: N7G  
Contract/Grant No.: K07 HLO0340  
Languages: ENGLISH

0226593 83089589  
**Initiating a TPN program.**  
Goldberg AP  
NITA ,Mar-Apr 1982, 5 (2) p118-21, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226592 83089588  
**Contract orientation for the intravenous nurse.**  
Daly GM  
NITA ,Mar-Apr 1982, 5 (2) p109-15, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

00698



0226182 83085040

**Nursing quality assurance: a process, not a tool.**

Smeltzer CH; Feltman B; Rajki K

J Nurs Adm ,Jan 1983, 13 (1) p5-9, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

A meaningful quality assurance program comes only with appropriate knowledge, communication, and accountability for all quality assurance functions among nurses at all levels. Describing the implementation of their quality assurance program, these authors tell of their eventual realization that, in fact, they had merely implemented a quality assurance tool that brought the nursing staff little benefit and a lot of grief. Highlighting the identified problems, the factors contributing to the program's failure, and the actions they took to develop and meet appropriate objectives, they detail their later, successful implementation of the concept and the process of quality assurance. Their experience provides readers with food for thought and stimulus for critical evaluations of their own quality assurance programs.

0226038 83083606

**How to plan an ostomy workshop.**

Downey V

J Enterostomal Ther ,Nov-Dec 1982, 9 (6) p53-6, ISSN

0270-1170 Journal Code: HZS

Languages: ENGLISH

0225779 83080574

**Fostering an empathic approach: an in-service curriculum for nonmedical professionals, paraprofessionals, and families of aphasic clients.**

Ricco-Schwartz S

Gerontol Geriatr Educ ,Spring 1982, 2 (3) p199-206, ISSN

0270-1960 Journal Code: FPC

Languages: ENGLISH

00377

● 0225778 83080573

**An in-service guide for death education.**

Doherty K; Stein S; Linn MW

Gerontol Geriatr Educ ,Spring 1982, 2 (3) p191-7, ISSN

0270-1960 Journal Code: FPC

Languages: ENGLISH

0225634 83079832

**CPR marathon '82.**

Kwik JA

Focus AACN ,Dec 1983 Jan 1982, 9 (6) p13-4, Journal

Code: EXE

Languages: ENGLISH

0225626 83079444

**Applications of microcomputer technology to special education.**

Bennett RE

Except Child ,Oct 1982, 49 (2) p106-13, ISSN 0014-4029

Journal Code: ENX

Languages: ENGLISH

0225178 83068564

**Learn to stay one step ahead of T.E.D.s.**

Halper C

Tex Hosp ,Sep 1982, 38 (4) p12, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0225152 83068538

**The smaller hospital through an educator's eyes.**

Green HG

Tex Hosp ,Apr 1982, 37 (11) p40-1, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

● 0225147 83068533

**How to set up a training program.**

Moore PA

Top Health Rec Manage ,Dec 1982, 3 (2) p8-14, ISSN

0270-5230 Journal Code: WAD

Languages: ENGLISH

0225145 83068531

**Inservice education at George Washington University Medical Center.**

Bloomrosen M

Top Health Rec Manage ,Dec 1982, 3 (2) p60-71, ISSN

0270-5230 Journal Code: WAD

Languages: ENGLISH

00699

0225144 83068530  
**Inservice program development as applied to confidentiality.**  
Anderson S; Goebel PC  
Top Health Rec Manage ,Dec 1982, 3 (2) p52-9, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225141 83068527  
**Orientation: what do you do after saying hello?**  
Abrams L  
Top Health Rec Manage ,Dec 1982, 3 (2) p39-45, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225137 83068523  
**The value of need assessment techniques for inservice education.**  
Blide L  
Top Health Rec Manage ,Dec 1982, 3 (2) p15-21, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225129 83068311  
**The development and assessment of a pharmacy technician training program.**  
Crane VS; Louviere ML  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p40-54, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

00379

● 0224687 83052336  
**The management education imperative: an opinion.**  
Wellever AL  
Crossref Hum Resour Manage ,Nov-Dec 1982, 12 (6) p8-11,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH  
This article presents an opinion on the need for middle-management education in the four basic functions of management: planning, organizing, directing, and controlling. Using nursing management as an example, the author describes the role of middle management in complex organizations and states that the job of management is to ensure the efficiency and effectiveness of work performed by others.

0224570 83073381  
**Identifying learning needs: a teaching for emergency procedures.**  
Wells P

ADRN J ,Oct 1982, 36 (4) p639-44, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0224566 83073374  
**Understanding aspects of staff development aids its effective use.**  
Merrill SK  
ADRN J ,Oct 1982, 36 (4) p542-5, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0224354 83071452  
**Microcomputer reading comprehension improvement program for the deaf.**  
Pollard G; Shaw CC  
Am Ann Deaf ,Sep 1982, 127 (5) p483-6, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0223932 83065792  
**Improving pain management through staff education.**  
Graffam S  
PRN Forum ,Oct-Nov 1982, 1 (5) p1-2, Journal Code: QBG  
Languages: ENGLISH

0223663 83063713  
**Write where you work.**  
Binger JL; Huntsman AJ  
Nurs Manage ,Oct 1982, 13 (10) p74-6, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

0223256 83059008  
**Fostering professional nursing careers in hospitals: the role of staff development, Part 1.**  
Sovie MD  
J Nurs Adm ,Dec 1982, 12 (12) p5-10, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00700

00380

0223254 83059006

**Expanding the hospital nursing role: an administrative account.**

Garvey JL; Rottet S  
 J Nurs Adm ,Dec 1982, 12 (12) p30-4, ISSN 0002-0443  
 Journal Code: JEL  
 Languages: ENGLISH

In reality, role change among staff RNs is a continuous phenomenon. As medical technology increases, patient care regimes follow suit, and the staff RN is constantly called upon to apply a knowledge base in different ways and to acquire new knowledge and behaviors. The nursing administrator who keeps pace with this growth can capitalize on the phenomenon, guiding the change to see that it is progressive, that it assists the nurse in developing a more advanced nursing (as opposed to mini-physician) identity and that it does improve extant nursing practice. Undertaking a new project of this sort on the unit is likely to create a number of beneficial by-products. For example, nurse-physician rapport and communication increase as each group opens professional boundaries in defining and planning the content of role expansion. The unit's traditional operation must also be examined in the course of building in new functions. System critiques stimulate the unit's nursing manager to weed out less than optimal features of the existing nursing care delivery system. The expanded role has favorably affected nursing care at Mercy Hospital. Physicians, nurses, and most important, the patient have reaped the benefits. The nurse is able to function in a more advanced capacity, and physicians see the benefits to their patients; fewer delays in specific aspects of care delivery with a more sophisticated, higher quality of nursing care. What is exciting about this concept is that the principles could apply to virtually any RN work group that gives direct care to a homogeneous patient population.

0223188 83058371

**Learning principles and teaching models.**

Lieberman LM  
 J Learn Disabil ,Oct 1982, 15 (8) p506-7, ISSN  
 0022-2194 Journal Code: IWO  
 Languages: ENGLISH

0222874 83054460

**Educating managers with inhouse resources.**

Nesbitt TJ; Kobes M  
 Dimens Health Serv ,Aug 1982, 59 (8) p16, 18, ISSN  
 0317-7645 Journal Code: E9N  
 Languages: ENGLISH

0222790 83054151

**[Education in the company-owned educational workshop]**

Die Ausbildung in der betriebseigenen Lehrwerkstatt.  
 Schulze HK  
 Dent Labor (Munch) ,Jun 1982, 30 (6) p897-904, ISSN  
 0011-8656 Journal Code: E1A  
 Languages: GERMAN

0222616 83052015

**Specialist training in community medicine.**

Community Med ,Feb 1982, 4 (1) p48-73, ISSN 0142-2456  
 Journal Code: DNI  
 Languages: ENGLISH

0222570 83051296

**A preliminary investigation on the use of the Portage system in day nursery settings.**

Clements JC; Smith J; Spain B; Watkeys J  
 Child Care Health Dev ,May-Jun 1982, 8 (3) p123-31,  
 ISSN 0305-1862 Journal Code: C9X  
 Languages: ENGLISH

The paper describes the impact of a training programme for local authority day nursery staff on the use of the Portage system with handicapped children. The results suggest that the staff mastered the techniques and were able to continue using them, though some modification to the system seems indicated for these settings. These findings were discussed in the light of more general issues about the support needed for day nursery staff.

00701

0222170 83030434

**A comprehensive program to increase job satisfaction among pharmacy technicians.**

Mahoney CD; Gallina JN; Jeffrey LP  
Hosp Pharm ,Oct 1982, 17 (10) p547-50, ISSN 0018-5787  
Journal Code: G98

Languages: ENGLISH

A multifaceted personnel management and continuing education program specifically designed to provide job satisfaction for the pharmacy technician is described. Turnover among technicians is often higher than for other personnel categories. One interpretation of a high turnover rate is that it is a direct indication of job dissatisfaction and disillusionment on the part of technicians towards their career potential. Several approaches were initiated at the Rhode Island Hospital to increase job satisfaction among pharmacy technicians and to assist the pharmacy department in stabilizing this category to reflect a more satisfactory turnover rate. These were: (1) initiating a comprehensive continuing education program; (2) establishing a "career ladder" by developing an advanced level of pharmacy technicians; (3) incorporating technicians in a concept of participative management within the department; (4) increasing job responsibilities as new programs are developed; (5) rotating assignments and responsibilities to foster flexibility and interest. The programs enumerated have made a significant contribution toward increasing the stability and job satisfaction of the technician category. The success of the measures described is reflected in the average tenure of an individual in the technician category, which is 41.9 months.

0221744 83045783

**So you want a cushy job...**

Morrish M  
Am J Nurs ,Nov 1982, 82 (11) p1800, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0221738 83045773

**Post-traumatic stress disorder in Vietnam veterans. For some the war rages on.**

Furey JA  
Am J Nurs ,Nov 1982, 82 (11) p1694-6, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0221220 83038983

**Orienting the float team to orthopedic patient care.**

Farrell J  
Orthop Nurs ,Sep-Oct 1982, 1 (5) p42, ISSN 0744-6020  
Journal Code: PA0

Languages: ENGLISH

0221184 83038871

**In-service education: changing staff attitudes.**

Wandless D  
Nurs Mirror ,Oct 6 1982, 155 (14) p48-50, ISSN  
0029-6511 Journal Code: 098

Languages: ENGLISH

0220971 83037848

**Supplemental staffing agencies: friend ... or foe?**

Brown LE; Lewin BA  
Nurs Manage ,Sep 1982, 13 (9) p37-47, ISSN 0744-6314  
Journal Code: 0BV

Languages: ENGLISH

0220814 83036048

**A critical examination of the effect of inservice training on staff performance.**

Ziarnik JP; Bernstein GS  
Ment Retard ,Jun 1982, 20 (3) p109-14, Journal Code:  
MTW

Languages: ENGLISH

0220728 83035199

**School emergencies--preparation not panic.**

Sousa B  
J Sch Health ,Sep 1982, 52 (7) p437-40, ISSN 0022-4391  
Journal Code: K13

Languages: ENGLISH

0220650 83034540

**Cooperative workshops for emergency nurses.**

Eben JD; Winingar ME; Stewart M; Sapp MP; Batza DM; Misinski M  
JEN ,Sep-Oct 1982, 8 (5) p248-53, ISSN 0099-1767  
Journal Code: KRU

Languages: ENGLISH

00702

0220647 83034535

**Suture and wound care training program for emergency nurses.**

Trott AT; DeChatelet J; Levy RC

JEN ,Sep-Oct 1982, 8 (5) p221-4, ISSN 0099-1767

Journal Code: KRU

Languages: ENGLISH

0220590 83033519

**Effects of behavioral science orientations on attitudes of first-year residents in family practice.**

Walker BA; Mehr M; Brummel-Smith K; Kahn E

J Med Educ ,Nov 1982, 57 (11) p877-9, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0220495 83032708

**Evaluating a hospital nursing internship.**

Dear MR; Celentano DD; Weisman CS; Keen MF

J Nurs Adm ,Nov 1982, 12 (11) p16-20, ISSN 0002-0443

Journal Code: JEL

Contract/Grant No.: 5 DIO NU 02192-01

Languages: ENGLISH

0220410 83031849

**Who should be doing what about the gay alcoholic?**

Zigrang TA

J Homosex ,Summer 1982, 7 (4) p27-35, ISSN 0091-8369

Journal Code: ID5

Languages: ENGLISH

0220309 83031296

**In-class evaluation of behavior modification knowledge: parallel tests for use in applied settings.**

Furtkamp E; Giffort D; Schiers W

J Behav Ther Exp Psychiatry ,Jun 1982, 13 (2) p131-4,

ISSN 0005-7916 Journal Code: HTN

Languages: ENGLISH

A revision of the Knowledge of Behavioral Principles as Applied to Children test (O'Dell, Tarler-Benlolo and Flynn, 1979) is described. The revision includes reduction of the original 50 item test to two 10 item tests through administration of the test to a sample of 164 direct care staff after training in an applied human service setting. Psychometric assessment of the two short forms was done using a second sample of 111 trainees. Reducing the test had little impact on the internal consistency of the tests (from 0.862 to 0.735 and 0.765). The two short forms exhibited some of the characteristics of parallel forms (equal means and variances) and their intercorrelation ( $r = 0.87$ , corrected for attenuation) was sufficient for further use in research or

evaluation settings. Suggestions for further development and use of the two forms were made.

00381

0220247 83030070

**In-service education for nursing service administrators--bridging a gap?**

Olade R

Int Nurs Rev ,Jul-Aug 1982, 29 (4) p118-21, ISSN

0020-8132 Journal Code: GTP

Languages: ENGLISH

0220120 83029143

**Motivational management: coping with burnout.**

Richardson M; West P

Hosp Community Psychiatry ,Oct 1982, 33 (10) p837-40,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Burnout, the emotional state that accompanies an overload of stress, generally has been ascribed to organizational or personal causes. Motivational management is an approach to identifying the causes of burnout among workers and determining ways to effectively intercede. The authors conducted workshops to help staff combat burnout at a public health agency, a small community hospital, and a preschool for handicapped children. During the first phase of the workshop participants generated a list of problems that contributed to their sense of burnout. They then assigned each problem a personal, organizational, or environmental cause. During the second phase participants decided who should accept responsibility for developing and executing strategies for change. The authors believe motivational management techniques can also be used to explore burnout in other roles such as those of parent, child, friend, or community member.

0220014 83026868

**Developing a stress-management program.**

Warren JJ

Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p307-12,

ISSN 0730-4625 Journal Code: EAO

Languages: ENGLISH

00703

0219995 83026848  
**Scheduling educational programs for the night shift.**  
Keely BR  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p50-2, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219922 83025734  
**Joint Review Committee on Education in Electroencephalographic Technology.**  
Warner EG  
Clin Electroencephalogr ,Jul 1982, 13 (3) p137-8, ISSN  
0009-9155 Journal Code: DCG  
Languages: ENGLISH

0219574 83002778  
**Better care through in-service education.**  
Vest KE  
Contemp Adm ,May 1982, 5 (5) p7-9, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0219540 83022120  
**The relationship between in-service assessment and post-graduate examination performance in psychiatry.**  
Mellso G; Berah E  
Aust NZ J Psychiatry ,Jun 1982, 16 (2) p84-6, ISSN  
0004-8674 Journal Code: 9I6  
Languages: ENGLISH

A system of in-service assessment of trainee psychiatrists by their supervisors is reported. It has been used for four years in a large, service delivery organisation. Analysis of the data collected indicates that the supervisors' ratings were significantly related to subsequent trainee examination performance. From the individual scores however, it can be postulated that as a feedback aid to learning, its usefulness may have been limited by the narrow range of ratings given.

0219304 83019727  
**Self-study program on drug information for staff pharmacists.**  
Poirier TI; Lech JG  
Am J Hosp Pharm ,Aug 1982, 39 (8) p1313-5, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

A self-study inservice educational program on drug information resources was designed to improve staff pharmacist competence in responding to drug information requests. Pharmacists attended two introductory sessions in the drug information center (DIC) that focused on available resources

and the systematic search process. Each pharmacist also spent an eight-hour work period in the DIC. Twenty-four hours of regular staff time was allowed for each pharmacist to complete a self-study manual. The manual consisted of three sections: (1) discussion of selected references; (2) assignments based on common types of drug information questions; and (3) assignments that required the use of indexing and abstracting sources. Each pharmacist had to complete 50 questions during a 12-week period. The pharmacists were evaluated through pre- and post-tests and by the accuracy of answers to assignments in the manual. Six pharmacists initially participated in the program; five of them attained an average grade of more than 70 on the post-test and assignments. Three new staff pharmacists now have also completed the program. The success of the program depended on the support of pharmacy administration, as well as the motivation of the participating pharmacists. This staff development program using a self-study manual has been an effective means for improving pharmacists' use of drug information resources. The manual is flexible to accommodate differences in the rate of staff development and it is a useful training tool for new pharmacists.

0219145 83017447  
**Use of self-learning tools for orientation.**  
Palank CL  
Top Clin Nurs ,Oct 1982, 4 (3) p75-84, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219142 83017444  
**Postorientation program for neurosurgical nursing: independent-individualized instruction.**  
Crabbe RA  
Top Clin Nurs ,Oct 1982, 4 (3) p51-7, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0218824 83013646  
**Assessment: a nursing model.**  
Schoonover LA; Gooden MD; Moore P; Reimer ED; Younker SK  
Nurs Manage ,Apr 1982, 13 (4) p18-22, Journal Code:  
OBV  
Languages: ENGLISH

00704

0218802 83013556  
**The development of an audiovisual intravenous preparation and administration training program.**  
Crane VS; Hargraves EJ  
NITA ,Jul-Aug 1982, 5 (4) p281-2, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0218477 83009305  
**So you're the inservice educator on a Neuro Unit.....**  
Genter L  
J Neurosurg Nurs ,Aug 1982, 14 (4) p177-81, ISSN 0047-2603  
Journal Code: JD7  
Languages: ENGLISH

0218303 83007903  
**Highlights from the JCEN reader survey.**  
Niles AG  
J Contin Educ Nurs ,Sep-Oct 1982, 13 (5) p23-8, ISSN 0022-0125  
Journal Code: HWD  
Languages: ENGLISH

0218259 83006887  
**Assessment and training of clinical interviewing skills: analogue analysis and field replication.**  
Iwata BA; Wong SE; Riordan MM; Dorsey MF; Lau MM  
J Appl Behav Anal ,Summer 1982, 15 (2) p191-203, ISSN 0021-8855  
Journal Code: HDR  
Languages: ENGLISH

Two studies were conducted to assess the train clinical interviewing skills. In Experiment 1, eight university practicum students ("therapists") and either role played or volunteer "clients" were audiotaped during simulated interviews. Following the collection of baseline data on both therapist and client responses, training was provided by way of written materials, classroom instruction and practice, and quizzes. Results of a multiple baseline design across subjects showed improvements in therapists' interviewing skills and subsequent increases in client responding. Experiment 2 replicated and extended the research to a hospital outpatient clinic, in which therapists interviewed the parents of children with behavior problems. In addition, four months following the completion of Experiment 2, follow-up data collected during a maintenance condition showed continued high levels of therapist and client behavior. Finally, a panel of expert peers indicated that each response category was judged highly relevant to the behavioral assessment process.

0217493 82265028  
**Taking it one step further.**

Hosp Superv Bull ,Sep 30 1982, (446) p1-4, ISSN 0018-585X  
Journal Code: G9S  
Languages: ENGLISH

0217433 82263926  
**Are you really the manager you think you are?**  
Clemmer J  
Health Care (Don Mills) ,Mar 19 1982, 24 (2) p24-5, ISSN 0226-5788  
Journal Code: GKM  
Languages: ENGLISH

0217424 82263900  
**In-service education: the PRAISE approach. Key elements in teaching adults.**  
Troman LS; Gruber E  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p33-6, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0217422 82263898  
**In-service education as a promotional tool.**  
Stezak L  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p12, 14, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0217414 82263772  
**Attacking the high costs of back injuries.**  
Health Care Secur Saf Manage ,Aug 1982, 3 (4) p5-9, Journal Code: GH6  
Languages: ENGLISH

0217392 82263535  
**More effective training: central service, Part I.**  
Underwood L  
Hosp Top ,Sep-Oct 1982, 60 (5) p38-9 contd, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00705

0217341 82263427  
**Managers, educators collaborate for hospitalwide educational programs.**  
Lawrence D; Peoples RJ  
Hosp Prog ,Sep 1982, 63 (9) p36-9, 60, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217220 82261451  
**How to tackle training for teleconference users.**  
Baird M; Monson M  
Educ Ind Telev ,Aug 1982, 14 (8) p45-50, ISSN 0046-1466  
Journal Code: EE2  
Languages: ENGLISH

0216814 82280039  
**[A tray system for the professional practice training of dental technicians]**  
Ein Traysystem fur die berufspraktische Ausbildung zum Zahntechniker.  
Methfessel G; Heinrich H  
Zahntechnik (Berl) ,Mar 1982, 23 (3) p124-7, ISSN 0513-7926  
Journal Code: Y45  
Languages: GERMAN

0216417 82276002  
**The provision of in-service training.**  
Deaville O  
Radiography ,Jun 1982, 48 (570) p113-5, ISSN 0033-8281  
Journal Code: QOX  
Languages: ENGLISH

0216225 82274487  
**Oncologic implications for the IV team--a slide-tape orientation program.**  
Groat N  
Oncol Nurs Forum ,Spring 1982, 9 (2) p28-9, ISSN 0190-535X  
Journal Code: PAD  
Languages: ENGLISH

0215912 82273148  
**MIC: a self-directed learning method for nursing staff.**  
Bomberger AS; Kern CJ  
Nurse Educ ,Jul-Aug 1982, 7 (4) p30-1, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0215897 82273133  
**Clinical nurse instructor: impact on a nursing unit.**  
Robinson MA  
Nurs Adm Q ,Summer 1982, 6 (4) p35-9, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

0215896 82273132  
**Clinical evaluation of patient outcome: an influence for change.**  
Wolvin MB  
Nurs Adm Q ,Summer 1982, 6 (4) p32-5, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

0215367 82266708  
**Training effectiveness in school food service.**  
Reed LE  
J Am Diet Assoc ,Aug 1982, 81 (2) p176-9, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

0215364 82266705  
**Evaluation of two nutrition education modules for hospital staff members.**  
Looker A; Walker S; Hamilton L; Shannon B  
J Am Diet Assoc ,Aug 1982, 81 (2) p158-63, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH  
Two nutrition education modules for inservice training of hospital food service personnel were evaluated in 16 hospitals. The modules, dealing with cardiovascular disease and diet, contained a leader's guide, a teaching package, audiovisual material, and suggested learning activities. Pretests and post-tests were used to assess knowledge gains resulting from learning sessions. Participants were divided so that one group took the post-tests before the sessions and one group after the sessions. When differences between groups were controlled, the sessions were shown to have a significant positive effect on post-test scores. Three-fourths of the participants rated the sessions as "very good" to "excellent."

00706



- 0215280 82265297  
**Innovation in orientation: a community health learning package.**  
 Seigel H  
 JNE ,May 1982, 21 (5) p8-15. ISSN 0148-4834 Journal Code: HAP  
 Languages: ENGLISH
- 0215184 82264581  
**Cardiopulmonary resuscitation competencies of nurses.**  
 Watson LA  
 Int J Nurs Stud ,1982, 19 (2) p99-107, ISSN 0020-7489  
 Journal Code: GS8  
 Languages: ENGLISH
- 0215020 82262473  
**Homework for planning a chill-freeze system.**  
 Clement HC  
 Dimens Health Serv ,Jul 1982, 59 (7) p18-20, ISSN 0317-7645 Journal Code: E9N  
 Languages: ENGLISH
- 0215014 82262467  
**The chaplain and lay pastoral volunteers.**  
 Peel D  
 Dimens Health Serv ,Jun 1982, 59 (6) p44-5, ISSN 0317-7645 Journal Code: E9N  
 Languages: ENGLISH
- 0214972 82262233  
**Train employees to be professionals.**  
 Herbert JG  
 Dent Lab Rev ,Jan 1982, 57 (1) p26, ISSN 0011-8672  
 Journal Code: E1M  
 Languages: ENGLISH
- 0214445 82240342  
**Staff development: determining its value.**  
 Smith HL  
 J Am Health Care Assoc ,Jul 1982, 8 (4) p8, 10, 12-4, ISSN 0360-4969 Journal Code: H6X  
 Languages: ENGLISH
- 0214356 82237947  
**Expanded in-service education includes night shift employees.**
- Hosp Prog ,Aug 1982, 63 (8) p53, ISSN 0018-5817  
 Journal Code: GD1  
 Languages: ENGLISH
- 0214333 82237867  
**HCA gives its materiel managers education sessions on videotape.**  
 Pritchett DD  
 Hosp Purch Manage ,Aug 1982, 7 (8) p7-8, ISSN 0163-1322  
 Journal Code: GB6  
 Languages: ENGLISH
- 0214276 82235698  
**Orientation and on-the-job training.**  
 Stancell P  
 Exec Housekeep Today ,Aug 1982, 3 (8) p8-9, Journal Code: EHV  
 Languages: ENGLISH
- 0214269 82234834  
**Building learner-based education and training programs.**  
 Burstein GB; Washburn PV; St. Denis F  
 Crossref Hum Resour Manage ,Jul-Aug 1982, 12 (4) p7-10, ISSN 0190-0447 Journal Code: DTK  
 Languages: ENGLISH
- 0214267 82234832  
**Rural consortium: key resource for critical care nursing education.**  
 Burfiend MK; Bernhardt T  
 Crossref Hum Resour Manage ,Jul-Aug 1982, 12 (4) p1-5, ISSN 0190-0447 Journal Code: DTK  
 Languages: ENGLISH
- 0214149 82255371  
**Bringing nurses back into the OR.**  
 Root DC  
 AORN J ,Jul 1982, 36 (1) p132-8, ISSN 0001-2092  
 Journal Code: 6JR  
 Languages: ENGLISH

00707

0214148 82255370  
**A nursing workshop for medical students.**  
Reeder JM; Moran ML; Connolly MS  
AORN J ,Jul 1982, 36 (1) p118-30, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0213275 82246207  
**Teaching nursing assistants: a comparison of teaching nursing assistants in a university and in a hospital.**  
Richardson E  
Nurs Manage ,Jul 1982, 13 (7) p34-6, Journal Code: OBV  
Languages: ENGLISH

0213273 82246205  
**Avoiding orientation burn-out: a practical guide designed to help inservice instructors.**  
Armstrong M; King M; Miller B  
Nurs Manage ,Jul 1982, 13 (7) p24-7, Journal Code: OBV  
Languages: ENGLISH

0213068 82243468  
**[Care of the dying]**  
Begleitung Sterbender.  
Marschke W; Nicolay MU; Wenz M; Jungermann J; Sitzmann F  
Krankenpflege (Frankfurt) ,Jun 1982, 36 (6) p193-5,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0213061 82243099  
**Development of a neonatal intensive care orientation program.**  
Martin TL; Burnett PA  
JOGN Nurs ,May-Jun 1982, 11 (3) p175-9, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0212813 82239019  
**Training teachers in generalized writing of behavior modification programs for multihandicapped deaf children.**  
Hundert J  
J Appl Behav Anal ,Spring 1982, 15 (1) p111-22, ISSN 0021-8855 Journal Code: HDR  
Languages: ENGLISH  
In contrast to previous studies where teachers were instructed how to implement behavior modification programs designed by an experimenter, teachers in the present experiment were taught how to write as well as implement

behavior modification programs. The generalized effects of two training conditions on teacher and pupil behaviors were assessed by a multiple baseline design where, following baseline, two teachers of multi-handicapped deaf children were taught to set objectives and measure pupil performance (measurement training). Later, through a training manual, they learned a general problem-solving approach to writing behavior modification programs (programming training). After both training conditions, experimenter feedback was given for teachers' application of training to a target behavior for one pupil and generalization was measured across target behaviors for the same pupil and across pupils. It was found that measurement training had little general effect on either teacher behavior or pupil behavior. However, after programming training, teachers increased their program writing and correct use of behavior modification procedures and generalized this training across pupils and target behaviors. Along with these effects, there was improvement in pupil behaviors. Possible explanation for generalized effects of teacher training were considered.

00708

0212812 82239018

**An evaluation of Teaching-Family (Achievement Place) group homes for juvenile offenders.**

Kirigin KA; Braukmann CJ; Atwater JD; Wolf MM  
J Appl Behav Anal ,Spring 1982. 15 (1) p1-16, ISSN  
0021-8855 Journal Code: HDR  
Contract/Grant No.: MH20030; MH13644  
Languages: ENGLISH

Juvenile crime is a serious problem for which treatment approach has been found to be reliably effective. This outcome evaluation assessed during and posttreatment effectiveness of Teaching-Family group home treatment programs for juvenile offenders. The evaluation included the original Achievement Place program, which was the prototype for the development of the Teaching-Family treatment approach, 12 replications of Achievement Place, and 9 comparison group home programs. Primary dependent measures were retrieved from court and police files and included number of alleged offenses, percentage of youths involved in those alleged offenses, and percentage of youths institutionalized. Other dependent measures were subjective ratings of effectiveness obtained from the program consumers, including the group home residents. The results showed difference during treatment favoring the Teaching-Family programs on rate of alleged criminal offenses, percentage of youths involved in those offenses, and consumer ratings of the programs. The consumer ratings provided by the youths and their school teachers were found to be inversely and significantly correlated with the reduction of criminal offenses during treatment. There were no significant differences during treatment on measures of noncriminal offenses (e.g., truancy, runaway, and curfew violations). In the posttreatment year, none of the differences between the groups was significant on any of the outcome measures. The results are discussed in terms of measurement and design issues in the evaluation of delinquency treatment programs and in relation to the evaluation of Teaching-Family group homes by Richard Jones and his colleagues.

0212616 82236497

**[Instruction in the laboratory of a large business]**

Ausbildung im Labor eines Grossbetriebs.  
Stuve-Scharrn I  
Dent Labor (Munch) ,Mar 1982, 30 (3) p325-6, 329-30,  
ISSN 0011-8656 Journal Code: E1A  
Languages: GERMAN

0212590 82235852

**A statewide network for training special education paraprofessionals.**

Kelly P; Havlicek L  
Except Child ,Apr 1982, 48 (6) p535-6, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0211920 82229808

**A teaching plan for surgical skin preparation.**

Merrill S  
AORN J ,Jun 1982, 35 (7) p1372-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0210830 82217971

**[Why inservice continued education in a nursing home?]**

Warum innerbetriebliche Fortbildung im Altenheim?  
Finneiser L  
Krankenpflege (Frankfurt) ,May 1982, 36 (5) p173-5,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0210827 82217968

**[Planning, organization and realization of inservice continued education for the nursing service]**

Planung, Organisation und Durchfuehrung innerbetrieblicher Fort- und Weiterbildung fuer den Krankenpflagedienst.  
Finke F  
Krankenpflege (Frankfurt) ,May 1982, 36 (5) p156-9,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0210826 82217967

**[Experience with inservice continued education]**

Erfahrungen mit Innerbetrieblicher Fortbildung.  
Reimann R  
Krankenpflege (Frankfurt) ,May 1982, 36 (5) p154-6,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0210687 82216087

**Informing those with a need to know.**

Samways MC  
JOM ,May 1982, 24 (5) p387-92, ISSN 0096-1736 Journal  
Code: JFR  
Languages: ENGLISH  
(12 Refs.)

00709

0210680 82216047  
**Skilled clinical knowledge: the value of perceptual awareness, Part 2.**  
Benner P; Wrubel J  
J Nurs Adm ,Jun 1982, 12 (6) p28-33, ISSN 0002-0443  
Journal Code: JEL  
Contract/Grant No.: 7D10 NU 29104-01  
Languages: ENGLISH

0210196 82209940  
**Everybody counts: the Foster Family Institute.**  
Norgard KE; Mayhall PD  
Child Welfare ,Apr 1982, 61 (4) p239-46, ISSN 0009-4021  
Journal Code: D2U  
Languages: ENGLISH

0209813 82200580  
**The role of the psychiatrist in the long-term care facility: Part II.**  
Gersten SP  
Todays Nurs Home ,Jun 1982, 3 (6) p12-4, ISSN 0274-5089  
Journal Code: WLG  
Languages: ENGLISH

00382

0209710 82197242  
**The selection and training of volunteers for a rural, home-based hospice program.**  
Werner PT; Chard PS; Hawkins C; Marshall T  
Patient Couns Health Educ ,4th Quarter 1982, 3 (4) p124-31, ISSN 0190-2040 Journal Code: PAL  
Contract/Grant No.: CA20441  
Languages: ENGLISH

Volunteers are essential to smaller hospice care programs. These volunteers must be selected and trained to provide these services. The training program has several goals: content acquisition, experiential learning, mutual screening and selection, team building, and public relations. Selection processes avoid persons who have rigid beliefs, unresolved grief, or negative personalities as well as those who talk too much. The training uses many teaching methods to emphasize hospice philosophy, team building, communication skills, death awareness, empathy skills, basic nursing skills, impact of death on family, cancer information, pain control, and physician-care factors. Concrete examples of how each of these themes is accomplished are included in the paper. This program has worked well in preparing a group of volunteers for a rural, home-based hospice program in northern Michigan and represents one example of an effective approach.

0209708 82197059

**Personnel training and development in nursing homes: an operational view.**

Elbert NF; Smith HL  
Nurs Homes ,May-Jun 1982, 31 (3) p4-11, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0208524 82197045  
**A proposal: primary nursing for the mother-baby dyad.**  
Vestal KW  
Nurs Clin North Am ,Mar 1982, 17 (1) p3-9, ISSN 0029-6465 Journal Code: 092  
Languages: ENGLISH

Nurses who work in a maternity setting must define their role in terms of the families for whom they care. Care of the childbearing family includes the social, cultural, and economic environment in which the new baby and his family are a part. The postpartum period is an ideal time for the primary nurse to influence the care of the baby and family in a way that supports their unique family system. The nurse who utilizes this opportunity to care for the family can contribute positively to the start of a new member of society. The interactional system of the infant and family can be viewed as a mutually dependent dyad that is best supported by consistent and knowledgeable nursing care. It is no longer reasonable to deny such care to maternity clients. Family-centered care has been shown to be successful in a variety of hospital maternity settings, improving care for the mother-baby dyad and promoting cost-effective staffing. The process of proposing such a change is challenging. Obstacles to change can be overcome and, although painful, they often lead to clearer definition of the proposal. Nursing must provide the impetus to sound family-centered care. The alternatives are no longer acceptable to consumers, and fragmented nursing care is seldom satisfying to nurses. There is much to be gained by fulfilling the true sense of family-centered postpartum care.

0208479 82196975  
**Working together. Staff at a psychogeriatric day unit found a closer working relationship with ambulancemen a valuable asset.**  
Davis EA  
Nurs Times ,Mar 31-Apr 6 1982, 78 (13) p532, ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

00710

0208405 82196533  
**Everything you've been asking about continuing education.**  
Boyer C  
Pa Nurse ,Apr 1982, 37 (4) p10, ISSN 0031-4617  
Journal Code: 00J  
Languages: ENGLISH

0208403 82196501  
**[Inservice continuing education in the Feldbach District Hospital - 1981]**  
Innerbetriebliche Fortbildung im Landeskrankenhaus Feldbach - 1981.  
Frena I  
Osterr Krankenpflegez ,1982, 35 (4) p111-2, ISSN 0303-4461  
Journal Code: OMR  
Languages: GERMAN

0208343 82196206  
**Code blue evaluation.**  
Buechler D  
Nurs Manage ,May 1982, p25-8, Journal Code: OBV  
Languages: ENGLISH

0208005 82193110  
**An in-house program of continuing education for perinatal nurses.**  
Pirong GG; Smith MS  
JOGN Nurs ,Mar-Apr 1982, 11 (2) p109-11, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

The value of continuing education for nurses continues to be stressed by nursing educators and nursing administrators. An in-house program, similar to the one described above, could be useful for other acute-care health facilities. It seems highly probable that certification by a recognized credentials-granting agency, especially a specialty of nursing, such as obstetrics or neonatology, will become an important evaluation tool for those who employ nurses. It seems logical and cost-effective for nurses to take advantage of this opportunity to learn from resources in their own institution.

0207925 82191901  
**Options for transition into practice: nursing process orientation program.**  
Feldsine FT  
J NY State Nurses Assoc ,Mar 1982, 13 (1) p11-6, ISSN 0028-7644  
Journal Code: JFH  
Languages: ENGLISH

0207678 82189425  
**Survey of critical care nursing practice. Part IV. Staffing and training of intensive care unit personnel.**  
Sullivan S; Breu C  
Heart Lung ,May-Jun 1982, 11 (3) p237-41, Journal Code: G2V  
Contract/Grant No.: 1D10NU290818-01  
Languages: ENGLISH

0207665 82189404  
**The professional health educator in HMOs: implications for training and our future in medical care.**  
Squyres W  
Health Educ Q ,Spring 1982, 9 (1) p67-80, ISSN 0195-8402  
Journal Code: G20  
Languages: ENGLISH

Health Educators who work in HMOs face most of the problems and predicaments of their colleagues in medical care as well as some additional challenges. In keeping with the national interest in role definitions for health educators in various settings, this paper examines the role, functions, and skills of health educators in medical care, with special attention and case examples in HMOs. Several key issues, in role definition, are identified: 1) the lack of standards for training health educators in medical care; 2) the lack of agreement on health education roles and functions; and 3) the lack of reality-based training for health educators in medical care settings. The one hopeful note for the future is that current efforts at role definition are by and large efforts of the health education profession to set its own standards. Countering that note are directions that the profession is moving that jeopardize its effectiveness and future in medical care. This paper recommends that health educators from academia and practice work collaboratively on role definition, as well as standards for training.

00711

0207662 82189401

**Promoting employee acceptance of a consumer bill of rights in a complex medical care organization: a case study.**

Mullen PD; Leifer BH

Health Educ Q ,Spring 1982, 9 (1) p3-22, ISSN 0195-8402  
Journal Code: G20

Contract/Grant No.: No. 5T324L07180-04

Languages: ENGLISH

To develop strong health education programs, health educators working in complex medical care organizations must often secure professional cooperation across disciplines, coordination of services, and orientation of policies, procedures, and personnel toward patient preferences and needs. Frequently, they undertake these tasks against the tide, within a problematic organizational structure. The present case study illustrates the difficulties posed by introducing change in medical care organizations in the context of an education program to acquaint employees of a large HMO with a consumer bill of rights mandated by the consumer Board of Trustees. The underlying assumption was that in a bureaucratic institution, an employee-centered and modest system reform strategy would be effective in bringing about client-centered outcomes in this case, increased recognition of client rights. The case analysis and results of a post-intervention, cross-sectional survey suggest that in units where a threshold level of participation was reached, there were improvements in knowledge about the Bill and employee attitudes. The program was less successful with hospital nurses whose feelings about physicians were not taken into account fully, and with physicians whose relative lack of integration into the policy and managerial domains made them harder to reach.

0207466 82188070

**Role training for interdisciplinary health teams.**

Lister L

Health Soc Work ,Feb 1982, 7 (1) p19-25, ISSN 0360-7283  
Journal Code: FZ6

Languages: ENGLISH

0207439 82187635

**Made-to-measure C.P.R.**

Howard A; Adams G; Church LJ; MacKay D

Dimens Health Serv ,Apr 1982, 59 (4) p9, ISSN 0317-7645  
Journal Code: E9N

Languages: ENGLISH

0207435 82187631

**Nursing education, self-taught.**

Cook R

Dimens Health Serv ,Apr 1982, 59 (4) p36-7, ISSN 0317-7645  
Journal Code: E9N

Languages: ENGLISH

0207431 82187627

**Beating low back pain.**

Tracz S; Rose I

Dimens Health Serv ,Apr 1982, 59 (4) p20, 22-3, ISSN 0317-7645  
Journal Code: E9N

Languages: ENGLISH

0207303 82185753

**Staff development in a community-based respite program.**

Shettle KR; Gaulin-Kremer E; Witzel C; Keating DL; Klaber MM  
Child Welfare ,Mar 1982, 61 (3) p161-70, ISSN 0009-4021

Journal Code: D2U

Languages: ENGLISH

0207274 82185607

**Meeting the needs of critical care nurses: the simulated cardiopulmonary resuscitation.**

Sommers MS

Crit Care Nurse ,Mar-Apr 1982, 2 (2) p58-63, ISSN 0279-5442  
Journal Code: DT8

Languages: ENGLISH

0207044 82179913

**A linen control program that reduced pilferage [interview]**

Nestel B

Am Laund Dig ,May 15 1982, 47 (5) p43-4, ISSN 0002-9718  
Journal Code: 3Z5

Languages: ENGLISH

0206808 82166951

**Are fire drills enough?**

Hosp Superv Bull ,May 30 1982, (438) p1-3, ISSN 0018-585X  
Journal Code: G9S

Languages: ENGLISH

00712

0206789 82166832  
**Education: key to quality in new case cart system.**  
Hunstiger C  
HPN Hosp Purch News ,Jun 1982, 6 (6) p16, 18-9,  
Journal Code: G3D  
Languages: ENGLISH

0206649 82164636  
**Training methodology.**  
Hibbert W  
Exec Housekeep Today ,Apr 1982, 3 (4) p4-5, Journal  
Code: EHV  
Languages: ENGLISH

0206610 82162199  
**A five point approach to staff development for quality assurance.**  
Shimeld A  
Can J Occup Ther ,Apr 1982, 49 (2) p53-6, ISSN  
0008-4174 Journal Code: CJO  
Languages: ENGLISH

The nature of Quality Assurance is outlined, as well as the range of activities encompassed in a Quality Assurance program. The need to provide occupational therapy personnel with an organizational framework within which to develop the skills to implement a Quality Assurance program is given as the rationale for utilizing a model that focuses on five key areas of professional practice. The model is described, and the way it has facilitated the Quality Assurance program in the Occupational Therapy Services Department of the University Hospital, London, Ontario is discussed. Reference material, useful when implementing a program, is included.

0206508 82181088  
**What's wrong? An inservice for cardiac arrests.**  
Galin R; Jaeger VG  
AORN J ,Apr 1982, 35 (5) p956-66, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0205656 82171216  
**ED standards and audit criteria.**  
Heister K; Johnson B; Trimberger L  
JEN ,Mar-Apr 1982, 8 (2) p83-7, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0205415 82168388

**Determining the learning needs of nursing personnel in nursing homes.**  
Headricks MM  
J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p18-22, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0205413 82168386  
**Staff development: the problems of motivation.**  
O'Connor AB  
J Contin Educ Nurs ,Mar-Apr 1982, 13 (2) p10-4, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0204968 82162194  
**Performance evaluation.**  
Thorogood L  
Can J Psychiatr Nurs ,Jan-Mar 1982, 23 (1) p8-9, ISSN  
0008-4247 Journal Code: CJP  
Languages: ENGLISH

0204703 82151887  
**Improving technologists' in-service education programs.**  
Bergey TW  
Radiol Manage ,Mar 1982, 4 (2) p2-5, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH  
An in-service program for Radiologic Technologists is, for some departments, more of a burden than a benefit. Resources and time are limited, as well as interest in many instances. Utilizing some basic steps of coordinating and assessment, in-service sessions can develop into worthwhile learning experiences instead of just a requirement being met.

0204671 82151123  
**Internal management seminar: encouraging leadership from within.**  
Profiles Hosp Mark ,1st Quarter 1982, (5) p92-3,  
Journal Code: PZO  
Languages: ENGLISH

00713

0204647 82151099

**A fellowship program for employees: wherein employees get to know their hospital from inside-out.**

Profiles Hosp Mark ,1st Quarter 1982, (5) p20-2,  
Journal Code: P20  
Languages: ENGLISH

0204405 82137964

**Are there safety belts on the bandwagons?**

Groden AF; Kelly EM  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p8-10,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204404 82137963

**Education staff takes learning to the worksite.**

Skurov AD; Stein DS  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p7-8,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204403 82137962

**A practical program evaluation model.**

Harris H  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p5-7,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204255 82158956

**A teaching plan for surgical scrubbing, gowning, and gloving.**

Merrill S  
AGRN J ,Mar 1982, 35 (4) p679-82, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203520 82149634

**[Inservice education in the Bad Ischl district hospital]**

Innerbetriebliche Fortbildung im Landeskrankenhaus Bad Ischl.  
Hoffmann G  
Osterr Krankenpflegez ,1982, 35 (1) p23-5, ISSN  
0303-4461 Journal Code: OMR  
Languages: GERMAN

0203480 82149346

**Contingency nursing.**

Shearer KM  
Nurs Manage ,Mar 1982, 13 (3) p56-8, Journal Code: OBV  
Languages: ENGLISH

0203477 82149343

**What manual?! Getting policies & procedures on the line.**

Steel JL  
Nurs Manage ,Mar 1982, 13 (3) p43-6, Journal Code: OBV  
Languages: ENGLISH

0203465 82149329

**Games & simulations.**

Watts NS  
Nurs Manage ,Feb 1982, 13 (2) p28-9, Journal Code: OBV  
Languages: ENGLISH

0203464 82149328

**Data processing in staff development.**

Moon DL  
Nurs Manage ,Feb 1982, 13 (2) p23-5, Journal Code: OBV  
Languages: ENGLISH

0203410 82149187

**Meeting the needs of inservice educators.**

Varveri PS; Gould BJ  
Nurse Educ ,Mar-Apr 1982, 7 (2) p34, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0203408 82149184

**A first-hand view of the unit teacher role.**

Meisenhelder JB  
Nurse Educ ,Mar-Apr 1982, 7 (2) p17-20, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

00714



0202998 82144838  
**Helping your staff address ethical dilemmas.**  
Davis AJ  
J Nurs Adm ,Feb 1982, 12 (2) p9-13, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00385

● 0202052 82120952  
**Food service management: employee training program.**  
Zaccarelli H  
J Am Health Care Assoc ,Mar 1982, 8 (2) p48, 50-1, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0202049 82120949  
**Inservice education and the nursing home administration.**  
Elbert NF; Smith HL  
J Am Health Care Assoc ,Mar 1982, 8 (2) p30-4, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0201001 82126145  
**Transition: student to practitioner.**  
Orleck C  
Nurs Manage ,Jan 1982, 13 (1) p23-4, Journal Code: OBV  
Languages: ENGLISH

0200666 82121874  
**A first-hand view of the unit teacher role.**  
Meisenhelder JB  
J Nurs Adm ,Jan 1982, 12 (1) p35-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0200634 82121426  
**In-service charades.**  
Chandler HN  
J Learn Disabil ,Feb 1982, 15 (2) p119-20, ISSN  
0022-2194 Journal Code: IWD  
Languages: ENGLISH

0200574 82120940  
**Training health professionals in the care of the elderly.**  
Panneton PE; Moritsugu KP; Miller AM  
J Am Geriatr Soc ,Feb 1982, 30 (2) p144-9, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH  
Twenty-seven projects for the development of interdisciplinary geriatric curricula were supported by the Health Resources Administration's Bureau of Health Professions in fiscal 1979. A variety of clinical training sites were used (e.g., university gerontology centers, VA medical centers, senior citizen facilities, adult health care centers), and innovative teaching approaches were developed. For example, a combined medical/dental/optometry clinic is conducted by students at the three professional schools; medical students accompany volunteers serving Meals on Wheels; and dental students treat patients in nursing homes in a mobile dental unit. Students have gained insights into the problems of the elderly and the roles of other health professionals through the interdisciplinary-team training courses. Nurse-practitioner programs to prepare nurses to provide primary health care to the elderly were also supported by the Bureau, as were special projects to develop short-term in-service basic training programs for nurses' aides and orderlies in nursing homes, to upgrade the skills of the paraprofessionals who care for the elderly. In other projects, the geriatric educational needs of pharmacy students were assessed, and dental schools promoted remote-site training to improve access to dental care for the elderly.

0200383 82119496  
**Industrial occupational exposure in the Taiwan Province of the Republic of China.**  
Weng PS; Li SY  
Health Phys ,Jan 1982, 42 (1) p19-25, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

0200129 82117168  
**Inservice training for physicians serving handicapped children.**  
Powers JT; Healy A  
Except Child ,Jan 1982, 48 (4) p332-6, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0199974 82114983  
**Dr. 99--an adult learning experience.**  
Matthewman J; Terry B  
Can Nurse ,Feb 1982, 78 (2) p44-5, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

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0199003 82096827  
**New program offers ICPs master's degrees.**  
McGuckin M  
Hosp Infect Control ,Feb 1982, 9 (2) p21, ISSN  
0098-180X Journal Code: GDN  
Languages: ENGLISH

0198824 82111297  
**Dissemination of new behavior therapy programs to community mental health centers.**  
Lieberman RP; Eckman T; Kuehnel T; Rosenstein J; Kuehnel J  
Am J Psychiatry ,Feb 1982, 139 (2) p224-6, ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: MH-26207  
Languages: ENGLISH

0198132 82104579  
**Games with goals.**  
Walljasper D  
Nurse Educ ,Jan-Feb 1982, 7 (1) p15-8, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0198131 82104578  
**Teaching male catheterization: an application of change theory for an entire nursing staff.**  
Holloran SD  
Nurse Educ ,Jan-Feb 1982, 7 (1) p11-4, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0197650 82098829  
**Notes on continuing education: policies of the staff development department.**  
Moran V  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p41-5, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197648 82098826  
**Establishing a Nursing Journal Club for professional education and certification.**  
Kranstuber SS  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p24-7, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0197647 82098825  
**From academia to practice--realities of delivering nursing education in a medical center.**  
Schultheis JG; deWolfe L  
J Contin Educ Nurs ,Jan-Feb 1982, 13 (1) p21-3, ISSN  
0022-0124 Journal Code: HWD  
Languages: ENGLISH

0196803 82071299  
**Preventing patient abuse.**  
Warner SU  
Contemp Adm ,Jan 1982, 5 (1) p28-30, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0196801 82071297  
**Dietetics/good training, more profits.**  
Fettleton MP  
Contemp Adm ,Jan 1982, 5 (1) p18-20, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0195358 82074314  
**Year-long program teaches staff about the needs of disabled patients.**  
Hospitals ,Jan 1 1982, 56 (1) p44, 46, ISSN 0018-5973  
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Languages: ENGLISH

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**ANA agrees, differs on points in IOM nursing study.**  
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Languages: ENGLISH

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Languages: DANISH

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**[Economic castration of continued education]**  
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Languages: NORWEGIAN

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Languages: ENGLISH

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**The Health Services Research Labor Force in the United States.**  
Ebert-Flattau P; Perkoff GT  
National Research Council, Washington, D.C.  
Med Care (UNITED STATES) ,Mar 1983, 21 (3) p253-65.  
ISSN 0025-7079 Journal Code: LSM  
Contract/Grant No.: NO1-OD-9-2109  
Languages: ENGLISH  
In 1978, the Panel on Health Services Research Training of the Committee on a Study of National Needs for Biomedical and Behavioral Research Personnel surveyed former health services research trainees and principal investigators to get information about the supply, employment, research, and teaching activities of people in these two groups. The survey shows that federal support for the training of health services research personnel has generated a cadre of investigators who

remain active in health services research. Former trainees represent a cohort of largely younger investigators who are doing research of a type once done by older principal investigators who today engage in more administration and do less research. Most health services researchers are employed in academic settings and do research in their field.

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Languages: JAPANESE

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**Weighing the issues and consequences of federal program termination: administration on aging support for career preparation.**  
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Languages: ENGLISH

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Languages: ENGLISH

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0232653 83150842  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**Financing dental school: what the Reagan budget means to you.**  
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Languages: ENGLISH

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0229768 83102394  
**Privacy Act of 1974; proposed major alterations to an existing system of records--Public Health Service. Notice of proposed major alterations.**

Fed Regist ,Oct 12 1982, 47 (197) p44885-7, ISSN 0097-6326 Journal Code: B58

Languages: ENGLISH

In accordance with the requirements of the Privacy Act, the Public Health Service (PHS) is publishing a notice proposing major alterations in the Privacy Act system of records entitled "Grants Act system of records entitled "Grants: Research, Research Training, Research Scientist Development, Education, Demonstration, Fellowships, Clinical Training, Community Services, Cooperation Agreements, "HHS/ADAMHA/OA, 09-03-0027. The system contains the official documentation of the grant programs of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). The proposed alterations are necessary to ensure compliance with recently added provisions in the Public Health Service Act (PHSA). Section 303 (42 U.S.C 242a), concerning clinical training awardees' payback obligations.

0229263 83119907  
**Wyngaarden sets policy agenda for NIH [news]**

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Languages: ENGLISH

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**Sounding Boards. Teaching nursing homes.**

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Languages: ENGLISH

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Iglehart JK  
N Engl J Med ,Jan 27 1983, 308 (4) p232-6, ISSN 0028-4793 Journal Code: NOW

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Languages: ENGLISH

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Kirchner JA  
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Languages: ENGLISH

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McNicol GP  
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Journal Code: LOS

Languages: ENGLISH

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Estock P  
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Languages: ENGLISH

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Languages: ENGLISH

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Verville RE  
AANA J ,Aug 1982, 50 (4) p412-6, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

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Languages: ENGLISH

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NLN Publ ,1982, (41-408) p1-17, Journal Code: 03Z  
Languages: ENGLISH

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Languages: ENGLISH

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Journal Code: KFR  
Languages: ENGLISH

0223234 83058791  
**The impact on tuition increases on dental students.**  
Peterson DS; Taylor MH; Coffee PK; Russell CC  
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Languages: ENGLISH

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0190-9622 Journal Code: HVG  
Contract/Grant No.: R25 CA 18017-08  
Languages: ENGLISH

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**Financing college for your kids--how to pay the high costs of higher education.**  
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Dentalpractice ,Nov-Dec 1982, 3 (10) p34-6, 38,  
Journal Code: D90  
Languages: ENGLISH

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Buchmann H  
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Journal Code: L58  
Languages: ENGLISH

0219988 83026841  
**The untapped source of funds for nursing education.**  
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Languages: ENGLISH

0219809 83024057  
**Facing the future: medical education in a cold climate.**  
Fleming PR  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1099-100,  
Journal Code: B4X  
Languages: ENGLISH

0218975 83014652  
**Nursing shortage-fact or fancy? [editorial]**  
Howard RB  
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0032-5481 Journal Code: PFK  
Languages: ENGLISH

0218350 83008064  
**Higher education and the economy.**  
Breneman DW  
J Am Coll Health Assoc ,Feb 1982, 30 (4) p193-5, ISSN  
0002-7944 Journal Code: H5D  
Languages: ENGLISH

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**Who benefits from the education of our youth? Who should pay for it?**  
Babbidge HD Jr  
J Conn State Dent Assoc ,May 1982, 56 (2) p52-4,  
Journal Code: HVZ  
Languages: ENGLISH

0217670 82275618  
**The tension among multiple objectives in health administration education.**

Loebs SF  
Program Notes Assoc Univ Programs Health Adm ,Spring 1982,  
(99) p2-10, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

0217513 82265211  
**Institutional support of continuing education as a fringe benefit for hospital pharmacists.**  
Herbert WJ; Mergener MA; De Muth JE  
Hosp Pharm ,Aug 1982, 17 (8) p412-3, 417-8, ISSN  
0018-5787 Journal Code: G98  
Languages: ENGLISH

The purpose of this study was to examine the extent to which hospital pharmacists in Wisconsin received compensation for continuing education (CE) from their institutions and to compare this with their participation in CE activities. The study was conducted by a mail questionnaire sent to all pharmacists practicing in a hospital setting in Wisconsin. The usable response rate was greater than 45%. Persons in administrative positions received greater support for CE activities than staff in the areas of registration fees (P less than 0.005), travel expenses (P less than 0.0005), dues for professional organizations (P less than 0.0005), and compensatory time (P less than 0.0005). Pharmacists in the sample participated in an average of 123.8 hours of CE yearly, including 77.2 hours of journal reading. Staff size influenced the method of obtaining CE, with smaller staffs relying more heavily on journals and larger staffs on in-house programs. The amount of compensation did not influence total CE participation, suggesting that other factors might influence CE participation.

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0217470 82264878

**Financing graduate medical education: an update and a suggestion for reform.**

Hadley J; Tighe P  
Health Policy Educ ,Jul 1982, 3 (2) p157-71, ISSN  
0165-2281 Journal Code: G2I  
Contract/Grant No.: HCFA 95-P-97176/3-02  
Languages: ENGLISH

This article reports data pertinent to three issues in the financing of graduate medical education: sources of funds for house staff support, the financing of faculty salaries for educational activities, and reimbursement bias in favor of care provided in inpatient settings. Using data from a 1979 hospital survey, we estimate that total expenditures for house-staff stipends and fringe benefits were almost \$1.6 billion. Eighty-seven percent of these funds were derived from patient care revenues. Faculty salaries for educational activities added another \$376 million to the cost of graduate medical education. Teaching hospitals collected 81 percent of their charges for inpatient care, but only 72.8 percent of charges for outpatient care. However, Medicare and Medicaid reimbursed approximately the same proportion of charges in both settings. The article concludes by arguing that a unified-charge system for paying teaching hospitals would eliminate most of the issues currently associated with the financing of graduate medical education as matters of public policy.

0217260 82263246

**Health professions education: state of responsibilities under the new federalism.**

Lewin LS; Derzon RA  
Health Aff (Millwood) ,Spring 1982, 1 (2) p69-85, ISSN  
0278-2715 Journal Code: GAG  
Languages: ENGLISH

0217119 82283280

**Grants for training and research in toxicology.**

Arch Toxicol ,May 1982, 50 (1) p97-9, ISSN 0003-9446  
Journal Code: 8J7  
Languages: ENGLISH

0215378 82266729

**Education in the nursing home: practical considerations.**

Pawlson LG  
J Am Geriatr Soc ,Sep 1982, 30 (9) p600-2, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

0215340 82266577

**Dental education in a capitalistic society.**

Hein JW  
J Dent Educ ,Sep 1982, 46 (9) p523-32, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0214445 82240342

**Staff development: determining its value.**

Smith HL  
J Am Health Care Assoc ,Jul 1982, 8 (4) p8, 10, 12-4,  
ISSN 0360-4969 Journal Code: H6X  
Languages: ENGLISH

0213515 82247345

**Preparing for a key post.**

Norman A  
Nurs Mirror ,Jun 30 1982, 154 (26) p1v-vii, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0212999 82241977

**Service-conditional medical student aid programs: The experience of the states.**

Strosberg MA; Mullan F; Winsberg GR  
J Med Educ ,Aug 1982, 57 (8) p586-92, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

Medical student aid programs tied to a service commitment are in operation in 31 states. The programs provide various options for students to pay back the financial support given by the state, the most popular form being cancellation of the financial obligation to the state if a service commitment is fulfilled. Although the statutory language and program literature claim a major objective of the programs to be the provision of manpower to underserved areas, lenient "buy-out" provisions and small awards relative to the total tuition have caused these programs to be used as sources of low-interest loans. Moreover, states do not provide subsidies to promote service in unattractive areas; thus, there is little reason for physician graduates to locate in low-income areas. State cooperation with the federal National Health Service Corps Scholarship Program, which does provide subsidies to physicians practicing in underserved areas, may provide the states a strategy for meeting their legislative objectives of providing physicians for the underserved.

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0212858 82240146  
**The rising cost of dental education: the effect on students.**  
August M  
J Dent Educ ,Jul 1982, 46 (7) p469-72, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0211675 82226492  
**The great budget and New Federalism debates.**  
Verville RE  
AANA J ,Apr 1982, 50 (2) p169-72, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0210972 82219847  
**Health Policy report. Moment of truth for the teaching hospitals.**  
Iglehart JK  
N Engl J Med ,Jul 8 1982, 307 (2) p132-6, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0210912 82218803  
**Strikes and cuts [editorial]**  
Lancet ,Jul 24 1982, 2 (8291) p191-2, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0210539 82214713  
**Loan utilization by dental school seniors.**  
Solomon E; Liggett M  
J Dent Educ ,Jun 1982, 46 (6) p350-1, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0210533 82214704  
**Financing dental education from the viewpoint of the academic health center: retrenchment to mediocrity or enhancement for excellence.**  
Mulvihill JE  
J Dent Educ ,Jun 1982, 46 (6) p307-13, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0210523 82214675  
**The American Fund for Dental Health--a responsive catalyst.**

Heidkamp R  
J Dent Res ,Jun 1982, 61 (6) p734-6, ISSN 0022-0345  
Journal Code: HYV  
Languages: ENGLISH

0209762 82199906  
**Health care will suffer.**  
South Hosp ,May-Jun 1982, 50 (3) p19, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

00386

0207954 82192339  
**Graduate medical education in an HMO: an internal medicine residency program.**  
Wolfe ES; Jones HW 3d  
J Med Educ ,Jun 1982, 57 (6) p468-71, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH  
Graduate medical education in the setting of a large health maintenance organization (HMO) is a challenging enterprise with surmountable problems and tangible rewards. Ten years ago an independent residency program in internal medicine was begun at one of the largest medical centers in the Kaiser-Permanente Medical Care Program in Northern California. The residency program, at the Kaiser-Permanente Medical Center in Santa Clara, is described and compared with other graduate medical programs. Included are discussions of curriculum development, faculty, funding, medical school affiliation, and the role of HMOs in graduate training.

0207511 82188360  
**Hospitals should link education assistance to human resource plans.**  
Hospitals ,Jun 1 1982, 56 (11) p38, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0205761 82172661  
**Variety of views exist about a Michigan physician surplus.**  
Mich Med ,Mar 1982, 81 (13) p146-7, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

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0205622 82170339  
**Consequences of the student loan proposals in the  
administration's fiscal 1983 budget [editorial]**  
J Med Educ ,May 1982, 57 (5) p418-9, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0204927 82161797  
**Thin students for thin medical schools [editorial]**  
Br Med J [Clin Res] ,Mar 27 1982, 284 (6320) p919-20,  
Journal Code: B4X  
Languages: ENGLISH

0204402 82137961  
**Maximizing resources: external funding.**  
Hoffman AM  
Crossref Hum Resour Manage ,Mar-Apr 1982, 12 (2) p1-4,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0204261 82158963  
**Hospitals feel pinch as costs go up and federal funds go  
down.**  
Patterson P  
AORN J ,Mar 1982, 35 (4) p778-82, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203365 82148530  
**Sounding Board. A Federal Health Service Corps.**  
Smith BW; Gerard RJ  
N Engl J Med ,Apr 29 1982, 306 (17) p1045-8, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0202500 82139046  
**State special education fiscal policy: the quest for equity.**  
McCarthy EF; Sage DD  
Except Child ,Feb 1982, 48 (5) p414-9, ISSN 0014-4029  
Journal Code: ENX  
Languages: ENGLISH

0202307 82136068  
**The starving of the medical schools.**  
Smith R  
Br Med J [Clin Res] ,Jan 30 1982, 284 (6312) p335-7,

Journal Code: B4X  
Languages: ENGLISH

0201885 82118379  
**Educators assail Reagan's health professions budget.**  
Health Plann Manpow Rep ,Feb 24 1982, 11 (4) p3-6,  
Journal Code: GAC  
Languages: ENGLISH

0201087 82126816  
**Developing the evaluation component of a grant application.**  
Dixon J  
Nurs Outlook ,Feb 1982, 30 (2) p122-7, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0201081 82126808  
**Developing skills in grant writing.**  
Sexton DL  
Nurs Outlook ,Jan 1982, 30 (1) p31-8, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0198862 82111818  
**Education funds tied to IOM study.**  
Am Nurse ,Feb 1982, 14 (2) p3, 25, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

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**FARMACIA, ADMINISTRACION**

00725

0232818 83129768  
**Competing for scarce resources: the institutional pharmacists' challenge.**  
Kubica AJ  
Curr Concepts Hosp Pharm Manage ,Spring 1983, 5 (1) p6-8  
ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0232491 83149600  
**Return goods management.**  
Siecker BR  
Am Pharm ,Feb 1983, 23 (2) p30-2, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0229542 83123739  
**Wholesaler or manufacturer--from whom do I buy?**  
Berger BA  
Am Pharm ,Jan 1983, 23 (1) p42-3, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0227203 83097320  
**Improving inventory efficiency.**  
Siecker BR  
Am Pharm ,Nov 1982, 22 (11) p51-2, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0219304 83019727  
**Self-study program on drug information for staff pharmacists.**  
Poirier TI; Lech JG  
Am J Hosp Pharm ,Aug 1982, 39 (8) p1313-5, ISSN 0002-9289  
Journal Code: 3IO  
Languages: ENGLISH

A self-study inservice educational program on drug information resources was designed to improve staff pharmacist competence in responding to drug information requests. Pharmacists attended two introductory sessions in the drug information center (DIC) that focused on available resources and the systematic search process. Each pharmacist also spent an eight-hour work period in the DIC. Twenty-four hours of regular staff time was allowed for each pharmacist to complete a self-study manual. The manual consisted of three sections: (1) discussion of selected references; (2) assignments based on common types of drug information questions; and (3) assignments that required the use of indexing and abstracting sources. Each pharmacist had to complete 50 questions during a

12-week period. The pharmacists were evaluated through pre- and post-tests and by the accuracy of answers to assignments in the manual. Six pharmacists initially participated in the program; five of them attained an average grade of more than 70 on the post-test and assignments. Three new staff pharmacists now have also completed the program. The success of the program depended on the support of pharmacy administration, as well as the motivation of the participating pharmacists. This staff development program using a self-study manual has been an effective means for improving pharmacists' use of drug information resources. The manual is flexible to accommodate differences in the rate of staff development and it is a useful training tool for new pharmacists.

0213944 82253633  
**Determining the purchase price of an established pharmacy.**  
Herman CM; Zabloski EJ  
Am Pharm ,May 1982, 22 (5) p50-3, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0213943 82253632  
**Pharmacy crime prevention--it's up to you!**  
Griffin RJ Jr  
Am Pharm ,May 1982, 22 (5) p45-9, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0206355 82179288  
**How to find your new tax bracket.**  
Hohenstein CL  
Am Pharm ,Mar 1982, 22 (3) p48-51, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

00387

0202468 82138369

**Application of cost-benefit and cost-effectiveness analysis to clinical practice.**

Bootman JL; McGhan WF; Schondelmeyer SW  
 Drug Intell Clin Pharm ,Mar 1982, 16 (3) p235-43, ISSN  
 0012-6578 Journal Code: EBU  
 Languages: ENGLISH

This article is intended to introduce the reader to the concepts of CEA/CBA for purposes of evaluating innovative pharmacy services. Furthermore, sensitization to the issues surrounding CEA/CBA studies should allow the reader to be more discriminating in reviewing such reports in the literature. Rising costs for health care and the existence of limited resources are forcing policy makers to allocate resources in ways that maximize return-on-investment. It is felt by some that in the 1980s, researchers will be expected to answer the questions, "How much better is the innovation?" and "How do the expected benefits of an innovation compare with the benefits that could be obtained if the resources were used in some alternative way?" Part of the solution will require changes in the training and practice of health professionals. Future physicians, pharmacists, and others will need to acquire skills from the behavioral, social, and decision sciences (e.g., epidemiology, statistics, economics, decision analysis). The notion of cost-effective clinical decision making needs to be taught at all levels. Health practitioners involved with decision making at the level of the patient need to become more knowledgeable of the overall impact (regarding costs and benefits) of their decisions. Finally, evaluation of innovative pharmacy services is but one element of a management program for clinical services. Our attempt is not to deemphasize the need for studies documenting the value of clinical services, but rather to put evaluation in perspective with an equally important need, the need for development of an overall pharmacy program that is not only cost effective but efficient as well. The means to this end is a total management program integrating all pharmacy services.

0199598 78208121

**The behavioral approach to employee development.**

Stewart JE; Manasse HR  
 Am Pharm ,Apr 1978, 18 (4) p30-2, Journal Code: 3BX  
 Languages: ENGLISH

0196545 82088418

**Pharmacy crime requires an all-out effort.**

Bickett WJ  
 Am Pharm ,Dec 1981, 21 (12) p11-4, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194391 82065220

**Productivity & information: two good reasons to computerize.**

Casler RE  
 Am Pharm ,Nov 1981, 21 (11) p37-41, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194390 82065219

**The wholesaler effect in pharmacy management.**

Siecker BR  
 Am Pharm ,Nov 1981, 21 (11) p34-6, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194389 82065218

**Pharmaceutical wholesaling in Europe.**

Ritchie AR  
 Am Pharm ,Nov 1981, 21 (11) p30-2, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194388 82065217

**Pharmacy and wholesalers--partners in service.**

Mullan PA  
 Am Pharm ,Nov 1981, 21 (11) p26-9, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194387 82065216

**A wholesaler's look at pharmacy.**

Burckart WM  
 Am Pharm ,Nov 1981, 21 (11) p24-5, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

0194386 82065215

**Wholesalers: adversaries or agents?**

Fay JT Jr  
 Am Pharm ,Nov 1981, 21 (11) p18-23, ISSN 0160-3450  
 Journal Code: 3BX  
 Languages: ENGLISH

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0192248 82043450

**Men and women as pharmacy managers.**

Shepherd MD; Kirk KW  
Am J Hosp Pharm ,Oct 1981, 38 (10) p1463-6, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The managerial position held by men and women pharmacists in three primary practice settings were examined and compared. A nationwide survey, using a pretested 12-page questionnaire, was sent to 2100 pharmacists in hospitals, independently owned pharmacies, and chain-store pharmacies. The variables examined by discriminant analysis were sex, age, years with employer, the number of times a pharmacist left practice, and educational level. A total of 767 completed questionnaires were used in the analysis for a 39.6% response rate, and 57.6% of the sample was women. Women were found to be significantly under represented in managerial positions in all three practice settings; however, there were a greater percentage of women in managerial positions in hospital pharmacies than in independently owned or chain-store pharmacies (p less than or equal to 0.001). When age was controlled in the analysis, there were more women at the staff level than men in all the age categories above 25. The discriminant analysis showed that advanced education was a significant factor in a pharmacist's position in hospital pharmacies but not in community pharmacies. The sex of the pharmacist showed the highest discriminating power in classifying the position of community pharmacists. Women pharmacists were under represented in managerial positions in all three practice environments. However, hospital pharmacy had a greater percentage of women in managerial positions than community pharmacy.

0190344 82021130

**Competency-based advancement program for pharmacists.**

Schneider PJ; Fudge RP; Hafner PE; McNulty RM; Tschampel MM;  
Latiolais CJ  
Am J Hosp Pharm ,Sep 1981, 38 (9) p1331-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A competency-based advancement program for practicing pharmacists is presented. The criteria for selecting this method of providing incentives for pharmacists are outlined. Procedures for developing and implementing this competency-based program are described. Five competency levels for pharmacists were developed based on the pharmacist's educational background, training, and experience. Differentiated position titles and competency expectations for each level are summarized. Criteria for pharmacist placement and promotion from one completely level to another are outlined. The administration of the program is described, including budget considerations and methods for evaluating its effectiveness. This system recognizes and rewards accomplishments of staff pharmacists without removing them from patient care roles.

0190294 82020886

**Credit management. Under adverse economic conditions.**

Siecker BR  
Am Pharm ,Sep 1981, 21 (9) p50-3, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0187591 81279071

**Professional income under different payment plans.**

Siecker BR  
Am Pharm ,Aug 1981, 21 (8) p49-50, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0187585 81279064

**A development plan for support staff.**

Siecker BR  
Am Pharm ,Jul 1981, 21 (7) p58-9, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0186304 81263405

**The role of nuclear pharmacy in reducing radiation exposure.**

Ahluwalia B; Allen EW; Basmadjian G; Ice R  
Health Phys ,May 1981, 40 (5) p728-9, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

0183347 81229318

**Plan your profits for the next three years.**

Hohenstein L  
Am Pharm ,Jun 1981, 21 (6) p46-7, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

00388

0178201 81181203

**Administrative audits of professional services: effective residency training experience.**

Schneider PJ; Brier KL; Caryer KE; Lemay AP; Rogers KR; Salzer LB; Witkowski PL

Am J Hosp Pharm .Mar 1981, 38 (3) p339-42, ISSN 0002-9289 Journal Code: 3IO

Languages: ENGLISH

The development of a structured method of providing administrative experience for hospital pharmacy residents, using internal audit techniques, is described. Residents were assigned topics to investigate in the administrative area of hospital pharmacy early during their two-year, academically affiliated residency. They were expected to review and evaluate the topic critically using internal audit techniques; written and oral reports were presented to the administrative staff. Residents were able to complete the audits while attending classes as part of their academic experience. As a result of performing the audits, residents have learned administrative skills in problem identification, assessed their personal competency by reviewing major components of contemporary practice, learned accepted standards of pharmacy practice, and developed skills in making improvements in conformity with quality assurance standards. This program has been incorporated as an integral part of the residency program.

0178182 81181035

**Cutting costs. Selecting the best payment option.**

Hohenstein L

Am Pharm .Apr 1981, 21 (4) p60-1, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0178177 81181023

**Purchase or lease? How to find the most profitable option.**

Hohenstein L

Am Pharm .Mar 1981, 21 (3) p60-2, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0178174 81181020

**Pharmacy economics: freedom and ability to manage.**

Apple WS

Am Pharm .Mar 1981, 21 (3) p29-35, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0175867 81157288

**Interpretation of research data: regression analysis.**

Nelson AA Jr

Am J Hosp Pharm .Feb 1981, 38 (2) p224-30, ISSN 0002-9289 Journal Code: 3IO

Languages: ENGLISH

The types of problems that can be analyzed with regression analysis, and interpretation of the resulting summary statistics, are discussed. Linear and multiple regression models, regression coefficients are described. Regression analysis can answer questions about the existence and strength of relationships and the relative importance of independent variables, and can forecast the outcome from changes in the values of independent variables. Multivariate regression analysis can detect the contribution of each of several independent variables on the dependent variable.

0170038 81106473

**Managing the marginal employee.**

Lurvey P; Forbes D

Am Pharm .Dec 1980, 20 (12) p44-6, ISSN 0160-3450  
Journal Code: 3BX

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**The pharmacists primer on price discrimination.**

Roberts C

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0164958 81059382

**Pharmacist dispensing: service or sale?**

Aboud RR

Am Pharm .Oct 1980, 20 (10) p25-9, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

0162577 81036607

**Motivating the pharmacy employee: expectancy and equity theories.**

Lutgen TA

Am Pharm .Aug 1980, 20 (8) p59-61, ISSN 0160-3450  
Journal Code: 3BX

Languages: ENGLISH

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0156085 80239213  
**Inflation gauge--measuring growth in the pharmacy.**  
Smith HA  
Am Pharm ,May 1980, 20 (5) p50-1, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0153912 80217353  
**The President's price guidelines made easy.**  
Siecker BR  
Am Pharm ,Apr 1980, 20 (4) p49-50, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0148748 80172417  
**Motivating the pharmacy employee: McGregor's theories X and Y.**  
Lambert RL; Wertheimer AI; Johnson CA  
Am Pharm ,Jan 1980, 20 (1) p52-3, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0142949 80127108  
**Herzberg's theory of hygienes and motivators.**  
Lambert RL; Wertheimer AI; Johnson CA  
Am Pharm ,Feb 1980, 20 (2) p43-4, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0140621 80101880  
**Another day, another dollar--a primer on motivation Part II. How do you make this thing work?**  
Hepler CD  
PM ,Nov-Dec 1979, 151 (6) p269-70, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0140619 80101878  
**Cash flow planning and control in a pharmacy.**  
Siecker BR  
PM ,Nov-Dec 1979, 151 (6) p260-6, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0140618 80101877  
**Back-up: insurance for your pharmacy operation.**

King JL; King AS  
PM ,Nov-Dec 1979, 151 (6) p258-9, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0138939 80085135  
**Stimulating growth through public relations.**  
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Journal Code: 3BX  
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0138937 80085133  
**Full speed ahead...on an empty tank.**  
Siecker BR  
Am Pharm ,Nov 1979, 19 (12) p40-2, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0138936 80085130  
**Is there a future for cooperative pharmacies?**  
Montagne M; Framm H; Wertheimer A  
Am Pharm ,Nov 1979, 19 (12) p34-5, 53, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0136043 80057162  
**Prescription department cost analysis.**  
Gagnon JP  
PM ,Sep-Oct 1979, 151 (5) p235-8, ISSN 0163-464X  
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Languages: ENGLISH

0136038 80057157  
**Another day, another dollar--a primer on motivation. Part I. "It seems like nobody wants to really work anymore".**  
Hepler CD; Segal R  
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Journal Code: P7K  
Languages: ENGLISH

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0136037 80057156  
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Herman CM; Zabloski EJ  
PM ,Sep-Oct 1979, 151 (5) p211-3, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0136035 80057153  
**Patient counseling or longer coffee breaks?**  
King AS; King JL  
PM ,Sep-Oct 1979, 151 (5) p205, 208, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

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**Hiring an intern: the employer's view.**  
Dickson WM; Jensen R; Sherry M  
PM ,Sep-Oct 1979, 151 (5) p202-4, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0136032 80057150  
**Collonade Pharmacy.**  
Baldwin HJ; Siecker BR  
PM ,Sep-Oct 1979, 151 (5) p196-9, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

0133740 80035271  
**A standard time approach to pharmacist labor allocation for  
cost of dispensing determination.**  
Dickson WM  
PM ,Jul-Aug 1979, 151 (4) p174-9, 190, ISSN 0163-464X  
Journal Code: P7K  
Languages: ENGLISH

00731

# ADMINISTRACION PARA LA SALUD

REVISION BIBLIOGRAFICA  
DE 15.000 REFERENCIAS  
CON MICROFICHA DE  
ARTICULOS CIRCA DE 1982

## Tomo II



SUB PROGRAMA DE EDUCACION EN ADMINISTRACION DE SALUD  
OFICINA DE DOCUMENTACION E INFORMACION  
ORGANIZACION PANAMERICANA DE LA SALUD/ORGANIZACION MUNDIAL DE LA SALUD  
FUNDACION W.K. KELLOGG

1983



**FINANZAS , GERENCIA**

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Languages: ENGLISH

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**Resources allocation--why should hospitals be different?**

Morris JM

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Journal Code: 9GC

Languages: ENGLISH

0230277 83126307

**Continuing cost constraint in a world of excesses.**

Kirk MG

Aust Health Rev ,Feb 1983, 6 (1) p10-1, ISSN 0156-5788

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**The financial exchange. Funded depreciation.**

Tiscornia JF

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**Capital planning strategies in an era of changing ground rules.**

Goldsmith JC

Trustee ,Jan 1983, 36 (1) p31-5, ISSN 0041-3674

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Changes in federal reimbursement policies and in the private health insurance system will affect boards' capital planning strategies. Actions recommended here include increased attention to debt service costs, return on investments, new capital sources, the efficient use of existing capital, and the substitution of capital for labor.

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**Shrinking budgets and the shrinkage of budget theory.**

Bozeman B; Straussman JD

Public Adm Rev ,Nov-Dec 1982, 42 (6) p509-15, ISSN

0033-3352 Journal Code: QIN

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0230136 83116193

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Batman B; Hufton WL

OH ,Mar 1983, 27 (3) p17-9, ISSN 0161-0007 Journal

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0230132 83116189

**Capital financing. Working with your advisors.**

Doody MF; Ford C Jr

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**Capital financing trends.**

van de Moortel V

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0230121 83114670

**Tax-exempt bonds.**

Hancock EG

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Kolva GY; Lauer RE

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**Capital formation: an ongoing strategic development process.**

Go R; Fox JN Jr

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**A public relations course for business office employees.**  
Zimmerman D  
J Patient Acc Manage ,Jul 1982, p24-6, Journal Code:  
KOH  
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Kenneth RJ; Lampf GL  
J Patient Acc Manage ,Aug-Sep 1982, p16-9, Journal  
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Chipko J  
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**Employee orientation program.**  
DiVenuti T  
J Patient Acc Manage ,Jul 1982, p10-6, Journal Code:  
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**Financial modeling: the impact of ambulatory care services on the hospital.**  
Jennings MC  
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Venable M  
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Rappoport BA  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p68-72, ISSN  
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Chandler RD  
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**Borrow from industrial hygiene to control hazards [interview]**  
Grynbaum G  
Hosp Employee Health ,Mar 1983, 2 (3) p29-32, ISSN  
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Cenac DS  
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Loria LS  
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**Financial manager's notebook. Accounting controls.**  
Cisneros RJ  
Healthc Financ Manage ,Feb 1983, 37 (2) p46A-B. ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0229897 83106926  
**Johns Hopkins' experience: insurance coordination program  
can improve P & L picture.**  
Ward WJ Jr  
Healthc Financ Manage ,Feb 1983, 37 (2) p46, 48, 50.  
ISSN 0018-5639 Journal Code: GBC  
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**Overcoming payment lag: creating a cash discount policy.**  
Bainbridge T  
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Averill RF; Kalison MJ  
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Griffes EJ  
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Balderston TW  
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McConnell G  
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**Hospitals evaluate risks before acquisitions.**  
Punch L  
Bus Insur ,Oct 25 1982, 16 (43) p77, ISSN 0007-6864  
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**Medicare program; access to books, documents and records of subcontractors--Health Care Financing Administration. Proposed rule.**  
Fed Regist ,Oct 12 1982, 47 (197) p44750-6, ISSN 0097-6326 Journal Code: B58  
Languages: ENGLISH

This proposal would implement section 952 of the Omnibus Reconciliation Act of 1980 (Pub. Law 96-499), which conditions Medicare reimbursement for the cost of services performed under certain contracts upon compliance with prescribed criteria. If a contract between a provider and a subcontractor covers services valued at or costing \$10,000 or more over a 12-month period, Medicare reimbursement cannot be made for the services unless the contract includes a clause allowing the Secretary of Health and Human Services and the Comptroller General and access to the contract and to the subcontractor's books, documents and records necessary to verify the costs of the contract. The clause in the contract must also permit similar access to any subcontract between the subcontractor and a related organization of the subcontractor when the subcontract is worth or costs \$10,000 or more over a 12-month period. This proposal specifies the criteria and procedures that the Department would use to obtain access to affected books, documents and records. The purpose of the legislation and these proposed regulations is to permit the Secretary and Comptroller General to make an accurate determination of the reasonable costs under these contracts.

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Borier F  
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Languages: FRENCH

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Hodson B  
R Soc Health J ,Dec 1982, 102 (6) p249-51, ISSN 0035-9130 Journal Code: QM3  
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Bernstein J  
Oral Health ,Dec 1982, 72 (12) p31-2, 37-9, ISSN 0030-4204 Journal Code: OJG  
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Creighton H  
Nurs Manage ,Feb 1983, 14 (2) p55-7, ISSN 0744-6314  
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Languages: ENGLISH

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Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm ,May 1982, 12 (5) p15-20, ISSN 0002-0443  
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Languages: ENGLISH  
A decentralized nursing structure allows the head nurse to become actively involved in the planning and budgeting process. In Nursing Decentralization: The El Camino Experience (published in November 1981 by Nursing Resources) the authors describe the development of a budgeting system that supports autonomy, accountability, and authority at the practitioner level. For JONA readers, we present, in two parts, an abridged version of the chapter "Budgeting: Holding the Purse Strings." Part 1, which follows, outlines important steps for the development of a successful and efficient budgeting program that can be adapted to meet the needs of other decentralized organizations. Part 2, which details a typical budget session, will appear in the next issue of JONA.

00736

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Pour infirmieres seulement. L'infirmiere administratrice devrait-elle utiliser les rapports d'incidents comme outil de gestion des risques?  
Kinloch K  
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Cleverley WO; Rosegay WH  
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Buchanan RJ  
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Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p241-2,  
Journal Code: B4X  
Languages: ENGLISH

0227930 83102153  
**Essentials of health economics. Part VI (concluded)--challenges for the future.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Jan 1 1983, 286 (6358) p40-1,  
Journal Code: B4X  
Languages: ENGLISH

0227851 83096737  
**Declining public social service resources: a managerial problem.**  
Finch WA Jr  
Adm Soc Work ,Spring 1982, 6 (1) p19-28, Journal Code: 2H3  
Languages: ENGLISH  
Declining budget conditions in many social service settings suggest that education must provide future graduates with very different managerial skills. When human service organizations are perceived as evolving political structures, populated with a variety of individuals who represent diverse values and claims, resource scarcity often results in growing conflict and a preoccupation with individual and subunit survival. This changing organizational context will require increasing political skill on the part of managers as well as an ability to harmonize new approaches with prior service values in achieving consensus around solutions to service delivery problems.

0227807 83092689  
**The new informationist.**  
Destein JA  
Risk Manage ,Oct 1982, 29 (10) p26-8, 30, 32 passim,  
ISSN 0035-5593 Journal Code: TG5  
Languages: ENGLISH

00737



0227803 83092052

**Operational budgeting and budgetary control in diagnostic radiology.**

Evert H

Radiol Manage ,Sep 1982, 4 (4) p21-3, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

This article is concerned with establishing a revenue and expense budget for a diagnostic radiology department. It deals with setting up a breakout of examinations into specific categories and projecting the volume in each category. The volume should be expressed in RVUs rather than examinations. The volume predictions for the upcoming year would then be decided by factoring in such things as new procedures, new technology, patient day projections, ER projections, and any known outside influences. Once the volume is projected, expenses should be matched to these increases or decreases. These expenses would be prior to adding inflationary impacts. Finally, a follow-up should be performed on a monthly basis to ensure that the percentage change in volume is being matched by the same percentage change in expenses.

0227793 83091798

**The politics of fund raising through grantsmanship in the human services.**

Lorenz PH

Public Adm Rev ,May-Jun 1982, 42 (3) p244-51, ISSN 0033-3352 Journal Code: QIN

Languages: ENGLISH

Funds for human service programs and services are declining, and selection criteria for funds are becoming more objective. These conditions are creating an imbalance in the system which will result in a significant change in human service funding and delivery. The climate is ripe for increased competition among those who obtain funds for human services. This article attempts to define how that competition will ultimately generate a spirit of cooperation among the survivors. To reach that point, however, grantsmen/providers, to be competitive, will need to sharpen their technical writing skills and their political skills, that is, they need to become more shrewd, prudent, and diplomatic. This article suggests some methods for improving technical grant-writing skills and developing political skills among grant writers.

0227787 83091792

**Future-based budgeting.**

McNabb DE

Public Relat J ,Oct 1982, 38 (10) p24, ISSN 0033-3670

Journal Code: QH5

Languages: ENGLISH

0227786 83091791

**Budgeting. Realistic budgeting for public relations requires consideration of three components: a competent staff; facilities; and funds.**

Strenski JB

Public Relat J ,Oct 1982, 38 (10) p20-3, ISSN 0033-3670

Journal Code: QH5

Languages: ENGLISH

0227768 83091185

**A modern approach to injury record keeping.**

Fragala G

Prof Saf ,Jan 1983, 28 (1) p21-4, ISSN 0099-0027

Journal Code: PZW

Languages: ENGLISH

0227754 83091171

**Direct mail fund raising. Using an accident in the annual appeal.**

Profiles Hosp Mark ,1st Quarter 1983, (9) p48-51, ISSN 0275-9632 Journal Code: PZO

Languages: ENGLISH

0227692 83088678

**Study reportedly finds rent-purchase expensive.**

Med Prod Sales ,Jan 1983, 14 (1) p1, 9-12, ISSN 0279-4802 Journal Code: NMG

Languages: ENGLISH

0227690 83088520

**Economic outlook. Regs will hurt hospitals' ability to borrow ... but not until '84.**

Kuntz EF

Mod Health Care ,Jan 1983, 13 (1) p94, 96, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

0227675 83088505

**Credit pooled to lower interest rates [news]**

Kuntz EF

Mod Health Care ,Jan 1983, 13 (1) p142, 144, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

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0227663 83087968

**Hospitals' exclusive contracts with specialist groups are called into question.**

Med World News ,Oct 25 1982, 23 (22) p38-9, ISSN  
0025-763X Journal Code: MGW  
Languages: ENGLISH

0227588 83082066

**Risk management and quality assurance--so what?**

Grothaus CL  
Healthcare Prot Manage ,Oct-Dec 1982, 3 (1) p8-9,  
Journal Code: G21  
Languages: ENGLISH

0227574 83081349

**1982 tax wrap-up.**

O'Brien JP  
Health Law Vigil ,Jan 7 1983, 6 (1) p1-11, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0227545 83081042

**An interview with Donald E. Bogardus.**

Bogardus DE  
Hosp Secur Saf Manage ,Dec 1982, 3 (8) p9-10, Journal  
Code: GCP  
Languages: ENGLISH

0227540 83081027

**Contracting refinement saves one hospital \$600,000.**

Decker R  
Hosp Purch Manage ,Jan 1983, 8 (1) p18-9, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0227527 83079756

**Religion and hospital finance: a look at zero coupon bond idea.**

Powers GD  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p48-50, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227526 83079755

**Reimbursement pressures can impact industry's capacity to raise capital.**

Vignola M

Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p45-6, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227525 83079754

**Hospital capital raising after TEFRA: more changes for the industry.**

Mansdorf BD  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p41-2, 44, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227524 83079753

**Multi-hospital system chief sees capital financing as industry's most pressing issue [interview]**

Wegmiller DC  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p37-40, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227523 83079752

**Favorable capital market likely to continue, investor-owned company executives believe.**

Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p26-33, 36, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227522 83079751

**Study by ICF indicates hospitals' unmet capital needs to total \$54 billion by 1990.**

Ting HM; Valiante JD  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p22-3, 25, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227521 83079750

**Competition for capital looms as a major challenge for hospitals during the 1980s.**

Winston DA  
Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p18-20, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

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0227520 83079749  
**Hospital industry girds for capital crisis and impact of shortfall expected in 1980s.**  
Rev Fed Am Hosp ,Jan-Feb 1983. 16 (1) p12-4. 17. ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0227340 83098617  
**More budget cuts slated for health agencies.**  
Bauknecht VL  
Am Nurse ,Jan 1983. 15 (1) p2. ISSN 0098-1486 Journal  
Code: 40D  
Languages: ENGLISH

0227236 83097556  
**Contractual pharmaceutical services in a pediatric psychiatric hospital.**  
Swain GA; Jeffrey LP; Purtell TJ  
Am J Hosp Pharm ,Dec 1982. 39 (12) p2124-5. ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0227220 83097453  
**Simultaneous financial evaluation of a complex set of capital budgeting alternatives: a mathematical model.**  
Duncan CS  
Am J Clin Pathol ,Jan 1983. 79 (1) p87-97. ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH

Capital budgeting technics provide for financial evaluation of planned purchases of equipment or other major investments. In capital budgeting, the laboratorian often is faced with a complex set of alternatives, including leasing, installment purchasing, contracting work to another laboratory, and outright purchasing. This paper presents a mathematical model useful for simultaneously evaluating the financial worth of all such alternatives under the same set of assumptions. Armed with the results of financial evaluation and evaluations of quality, turnaround time, and other patient-care factors, the laboratorian can make better decisions regarding the choice of method which, in turn, will affect the productivity of the laboratory. The model is tended for application to mutually exclusive alternatives and includes three useful capital budgeting technics: (1) payback period, (2) net present value, and (3) profitability index. The technics are demonstrated as well as a method of programming the model in financial planning software for solution by microcomputer.

0227196 83097270  
**A review of trends in visual instructional media for the**

**deaf -or- what do you do if your budget is cut?**  
Clark DP  
Am Ann Deaf ,Oct 1982. 127 (6) p763-8. ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

0227131 83096263  
**Exclusive contracts in anesthesia are still held viable.**  
Manson JN  
AANA J ,Oct 1982. 50 (5) p486-7. ISSN 0094-6354  
Journal Code: 02P  
Languages: ENGLISH

0226975 83094105  
**Ambulatory care and hospital-based group practice in the 1980s: viewpoint.**  
Gold B; Greenberg R; Ingram J; Landau B; Roth A; Shaffert T; Taubin M; Wolper L  
Top Health Care Financ ,Winter 1982. 9 (2) p55-71. ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

0226974 83094104  
**Physicians' income distribution.**  
Wild RA  
Top Health Care Financ ,Winter 1982. 9 (2) p41-53. ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

0226972 83094102  
**Legal aspects of hospital-based groups.**  
Landau BD; Taubin MJ; Roth AB  
Top Health Care Financ ,Winter 1982. 9 (2) p15-28. ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

0226965 83093897  
**Dentists and the office rental bind.**  
Cimring H  
Tic ,May 1982. 41 (5) p7. ISSN 0040-6716 Journal  
Code: VRR  
Languages: ENGLISH

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0226286 83085765  
**DRGs and medical practice: meeting the challenge of incentive reimbursement.**  
Caterinicchio RP; Warren JA  
J Med Soc NJ ,Nov 1982, 79 (12) p895-8, ISSN 0025-7524  
Journal Code: J47  
Languages: ENGLISH

00390

● 0225905 83081995  
**Management contracts: strategy for organizational stability.**  
Zuckerman HS; Wheeler JR  
Health Care Manage Rev ,Fall 1982, 7 (4) p45-51, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

00391

● 0225904 83081994  
**A reasoned approach to hospital planning in an uncertain world.**  
Bruton P  
Health Care Manage Rev ,Fall 1982, 7 (4) p39-43, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH  
The historical approach to planning community hospitals fails to recognize the substantial impact of finance on program decisions. A fundamentally different approach, an approach that involves the chief financial officer in the planning effort, is proposed here. By integrating financial planning within the overall planning effort, a hospital can develop a truly strategic plan based on the best information from everyone on the hospital management team.

00392

● 0225902 83081992  
**An American version of Theory Z.**  
Brown M  
Health Care Manage Rev ,Fall 1982, 7 (4) p23-5, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

0225712 83080189  
**Reporting incidents: how many is too many?**  
Wasiuta V  
Dimens Health Serv ,Sep 1982, 59 (9) p16-8, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

0225495 83077154  
**Financial planning: a blueprint for your future.**  
Crowder WE; Schulman IM

CDA J ,Nov 1982, 10 (11) p49-52, ISSN 0091-4231  
Journal Code: CRA  
Languages: ENGLISH

0225254 83071196  
**The economics of hospital reimbursement.**  
Hornbrook M; Rafferty J  
Adv Health Econ Health Serv Res ,1982, 3 p79-115, ISSN 0731-2199  
Journal Code: 2M4  
Languages: ENGLISH

0225235 83069953  
**New California strategy for medical assistance favors public health and organized plans.**  
Cole CA  
Urban Health ,Aug 1982, 11 (7) p36-9, Journal Code: X6C  
Languages: ENGLISH

In coming months, county governments in California will begin implementing regulations enacted by State Assembly that will change the settings for treatment of Medi-Cal (Medicaid) patients. The change will be dramatic, channeling medical assistance patients out of the offices of individual private practice physicians and into the offices of salaried doctors in public health settings or offices of doctors participating in organized health plans. Negotiated contracts with counties, institutions and non-institutional providers, patients, and fixed rates of reimbursement will become the parameters of medical service for providers of health care in the state's medical assistance program. For urban private solo practitioners in California whose practices rely heavily on publicly-supported patients, these changes hold a major threat, and for physicians throughout the nation it is a situation which should be watched carefully, because California is well known as a state which gives birth to changes that later appear in other states.

0225213 83068599  
**Hospitals may charge interest on patients' unpaid bills.**  
Davis CD  
Tex Hosp ,Dec 1982, 38 (7) p40-1, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

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0225191 83068577  
**Unrelated business income.**  
Davis CD  
Tex Hosp ,Oct 1982, 38 (5) p39-40, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225185 83068571  
**One hospital's successful experience: computerization in the smaller hospital.**  
Neely B  
Tex Hosp ,Oct 1982, 38 (5) p24-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225174 83068560  
**Pricing for hospital success.**  
Burik D; Stevenson EI  
Tex Hosp ,Aug 1982, 38 (3) p42, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225153 83068539  
**Contract hospital pharmacy services: the prescription for your needs?**  
Hareluk JH  
Tex Hosp ,Apr 1982, 37 (11) p44-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225112 83068059  
**Is low bidding the best method for...choosing a landscape maintenance company [interview]**  
Brickman D  
South Hosp ,Nov-Dec 1982, 50 (6) p16-7, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0225093 83065959  
**Private management of California county hospitals: expectations and performance.**  
Shonick W; Roemer R  
Public Aff Rep ,Feb 1982, 23 (1) p1-11, ISSN 0033-3417  
Journal Code: QIZ  
Languages: ENGLISH

0225027 83062414  
**Cost shifting: it's a taxing problem.**  
Keegan AJ  
Mod Health Care ,Dec 1982, 12 (12) p116, 118, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0224944 83056333  
**Reusing disposables: examining the risks and benefits.**  
Hosp Risk Manage ,Sep 1982, 4 (9) p113-32, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0224943 83056332  
**Involve medical staff in RM through incident, claim review [interview]**  
Salman SL  
Hosp Risk Manage ,Aug 1982, 4 (8) p108-9, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0224942 83056331  
**Florida hospitals advocate more aggressive RM.**  
Hosp Risk Manage ,Aug 1982, 4 (8) p101-4, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0224941 83056330  
**Professional negligence awards increase 450% research shows.**  
Hosp Risk Manage ,Jul 1982, 4 (7) p95-8, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0224940 83056329  
**Anonymity system boosts high risk occurrence reporting [interview]**  
Grothaus C  
Hosp Risk Manage ,Jul 1982, 4 (7) p86-8, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

00742

0224939 83056328  
**Physician input crucial to successful generic screening  
[interview]**  
Meyers D  
Hosp Risk Manage ,Jul 1982, 4 (7) p85-6, 88-91, ISSN  
0199-6312 Journal Code: G91  
Languages: ENGLISH

0224924 83056244  
**Donor option: there's less to it than meets the eye.**  
Bothwell RO; Saasta T  
Grantsmanship Cent News ,Sep-Oct 1982, 10 (5) p56-7.  
Journal Code: G2M  
Languages: ENGLISH

0224922 83056242  
**A primer on mailing lists.**  
Andres S  
Grantsmanship Cent News ,Sep-Oct 1982, 10 (5) p14-22,  
25-8, Journal Code: G2M  
Languages: ENGLISH

0224920 83056240  
**The prize is right.**  
Campbell J  
Grantsmanship Cent News ,Jul-Aug 1982, 10 (4) p40-5.  
Journal Code: G2M  
Languages: ENGLISH

0224914 83056234  
**Challenges and opportunities for philanthropy.**  
Eisenberg P  
Grantsmanship Cent News ,Mar-Apr 1982, 10 (2) p14, 18-23  
Journal Code: G2M  
Languages: ENGLISH

0224904 83056124  
**Risk management in practice.**  
Rasinski D  
Internist ,May 1982, 23 (4) p8p following 12, ISSN  
0020-9546 Journal Code: GVZ  
Languages: ENGLISH

0224880 83055442  
**Is the public still willing to give?**  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p18, ISSN

0226-5788 Journal Code: GKM  
Languages: ENGLISH

0224861 83055262  
**Some problems of funded medical malpractice: self-insurance  
on a single hospital basis.**  
Conslor JE; Grisham DP  
Hosp Top ,Jan-Feb 1983, 61 (1) p26-8, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224856 83055257  
**The effect of the Tax Equity and Fiscal Responsibility Act  
of 1982 on Medicare and Medicaid reimbursement to hospitals.**  
Hosp Top ,Nov-Dec 1982, 60 (6) p8-11, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224786 83055129  
**Renting biomedical equipment to patients: what is the  
hospital's liability?**  
Decker R  
Hosp Purch Manage ,Jun 1982, 7 (6) p19, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0224784 83055127  
**Financial considerations in making capital investments.**  
Moreland J  
Hosp Purch Manage ,Jun 1982, 7 (6) p10-3, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0224782 83055125  
**Materials budgeting techniques on the move.**  
Kreitschmann AA; Stadnik JK  
Hosp Purch Manage ,Dec 1982, 7 (12) p3-6, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

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0224778 83055057

**The hospital capital crisis: issues for trustees.**

Bradford C; Caldwell G; Goldsmith J

Harv Bus Rev ,Sep-Oct 1982, 60 (5) p56-68, ISSN

0017-8012 Journal Code: GBE

Languages: ENGLISH

The erosion of the capital position in the hospital industry--one of the most complex and overregulated industries in the United States--is a major challenge to trustees. Hospital trustees have often neglected to examine their hospitals' capital needs on more than a project-by-project basis. In dealing with their hospitals' capital needs, trustees, most of whom are successful business people, too often take off their "business" hats and put on their "social worker" hats. In doing so they not only neglect to subject their hospitals' capital and operating programs to searching cost-benefit review, but they also overlook much useful knowledge about how to use corporate organization to shelter new ventures and strengthen their hospitals' market position and solvency. In this article, the authors discuss how hospitals can adopt successful corporate restructurings and strategies to respond to the adverse financial developments they will have to face in the coming years.

0224775 83055036

**Payment patterns: hunches.**

Zielski K

Healthc Financ Manage ,Jan 1983, 37 (1) p66, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224774 83055035

**Financial manager's notebook: financial ratio analysis.**

Sandleback G

Healthc Financ Manage ,Jan 1983, 37 (1) p61-2, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224773 83055034

**Assessing financial capabilities: debt capacity analysis is critical to planning.**

Fitz TE Jr

Healthc Financ Manage ,Jan 1983, 37 (1) p52-8, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224772 83055033

**Determining allowable reimbursable costs: PERT as a tool for hospital costs under Social Security.**

Rautenberg R

Healthc Financ Manage ,Jan 1983, 37 (1) p48, 50, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224767 83055028

**Start small: computer-based financial modeling scaled to size.**

Tucker GE Jr

Healthc Financ Manage ,Jan 1983, 37 (1) p24-32, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224765 83055026

**Financial manager's notebook: evaluating decision support systems, part 2.**

Rubinger M

Healthc Financ Manage ,Dec 1982, 36 (12) p85-6, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224761 83055022

**California charts a new competitive course [interview by Walter J. Unger]**

Guy WA

Healthc Financ Manage ,Dec 1982, 36 (12) p60-1, 64-74, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224760 83055021

**Philanthropy for patient care.**

Haussler PH

Healthc Financ Manage ,Dec 1982, 36 (12) p6, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0224759 83055020

**Is deregulation the answer? Winning the new competitive game in health care.**

Bleeke JA

Healthc Financ Manage ,Dec 1982, 36 (12) p46-9, 52-9, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

00744

Languages: ENGLISH

0224757 83055018

**A behind-the-scenes look at the production of the HFMA professional examinations.**

Zenger P  
Healthc Financ Manage ,Dec 1982, 36 (12) p30, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0224744 83055005

**Nation's hospitals face severe financing crisis.**

Health Plann Manpow Rep ,Oct 6 1982, 11 (20) p5,  
Journal Code: GAC  
Languages: ENGLISH

0224740 83054144

**How non-profit mailers won political victory.**

Shorey CE Jr; Olson WJ  
Fund Raising Manage ,Sep 1982, 13 (7) p16, 18, 20 passim  
ISSN 0016-268X Journal Code: EOE  
Languages: ENGLISH

0224738 83054142

**Board must recruit, push for effective staff.**

Sherman HL  
Fund Raising Manage ,Aug 1982, 13 (6) p39, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0224736 83054140

**More hospitals will use marketing techniques.**

Fund Raising Manage ,Dec 1982, 13 (10) p40-2, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0224735 83054139

**Non-profits must consider ethics in soliciting gifts.**

Dingfelder W  
Fund Raising Manage ,Dec 1982, 13 (10) p36-7, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0224734 83054138

**How to budget the fund raising process.**

Stoll RE  
Fund Raising Manage ,Dec 1982, 13 (10) p30-5, ISSN  
0016-268X Journal Code: EOE

0224733 83054137

**15 ways to measure fund raising program effectiveness.**

Jacobson HJ  
Fund Raising Manage ,Dec 1982, 13 (10) p24-8, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0224417 83071800

**The ties that bind: life care contracts and nursing homes.**

Leonard LR  
Am J Law Med ,Summer 1982, 8 (2) p153-73, ISSN  
0098-8588 Journal Code: 3IP  
Languages: ENGLISH

Approximately 1.3 million of our nation's elderly live in nursing homes. Despite the increasingly important role of Medicare and Medicaid, many must bear the costs of their care. This Note examines one means of financing nursing home care--the life care contract. These require residents to pay an entrance fee and transfer to the nursing home all or part of their property in return for the home's promise to provide care for the remainder of the resident's life. The Note discusses the potential problem a life care resident may face, such as substandard living conditions or a home's financial instability. It concludes by delineating steps that potential residents can take in constructing life care contracts to ensure protection of their rights and needs.

0223362 83060433

**Basic budgeting for ED nursing personnel.**

Piper LR  
JEN ,Nov-Dec 1982, 8 (6) p285-87, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223354 83060088

**Law and medicine. Restrictive covenants.**

Cooper A  
JAMA ,Dec 17 1982, 248 (23) p3091-2, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

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0223203 83058438  
**A dynamic family practice information system for enhanced financial management.**

Hofman MN; Hughes RL  
J Med Syst ,Aug 1982, 6 (4) p423-30, ISSN 0148-5598  
Journal Code: IZM

Languages: ENGLISH

The definition of the fiscal unit/family structure has enabled users of the FMIS, or family practices in Colorado and Wyoming, to maintain accurate, ongoing financial information on their patients. In turn, this structure has been a major incentive for maintaining accurate family information, and a distinct benefit to FMIS users. This article has presented the rationale, design, and method of implementation of the fiscal unit structure, with the intention of presenting this concept to others for use in other information systems used in maintaining family-oriented financial and medical information for medical practices.

0223074 83056785  
**Fiscal management of biomedical communications units in the 80's.**

Tandy CW; Manheimer MA  
J Biocommun ,Nov 1982, 9 (3) p4-9, ISSN 0094-2499  
Journal Code: HIG

Languages: ENGLISH

0222932 83055173  
**Synopsis '82: budget battles dominate Congress.**

Lesparre M  
Hospitals ,Dec 16 1982, 56 (24) p67-78, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0222925 83055166  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**Appreciation & recognition generate support.**

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AIZ

Languages: ENGLISH

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Journal Code: AIZ

Languages: ENGLISH

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Code: AIZ

Languages: ENGLISH

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**Revenue maximization through effective operations and systems.**

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**A financial planning model for estimating hospital debt capacity.**

Hopkins DS; Heath D; Levin PJ  
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0033-3549 Journal Code: QJA  
Languages: ENGLISH

A computer-based financial planning model was formulated to measure the impact of a major capital improvement project on the fiscal health of Stanford University Hospital. The model had to be responsive to many variables and easy to use, so as to allow for the testing of numerous alternatives. Special efforts were made to identify the key variables that needed to be presented in the model and to include all known links between capital investment, debt, and hospital operating expenses. Growth in the number of patient days of care was singled out as a major source of uncertainty that would have profound effects on the hospital's finances. Therefore this variable was subjected to special scrutiny in terms of efforts to gauge expected demographic trends and market forces. In addition, alternative base runs of the model were made under three distinct patient-demand assumptions. Use of the model enabled planners at the Stanford University Hospital (a) to determine that a proposed modernization plan was financially feasible under a reasonable (that is, not unduly optimistic) set of assumptions and (b) to examine the major sources of risk. Other than patient demand, these sources were found to be gross revenues per patient, operating costs, and future limitations on government reimbursement programs. When the

likely financial consequences of these risks were estimated, both separately and in combination, it was determined that even if two or more assumptions took a somewhat more negative turn than was expected, the hospital would be able to offset adverse consequences by a relatively minor reduction in operating costs.

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Languages: ENGLISH

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Languages: ENGLISH

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Cleverley WO  
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Languages: ENGLISH

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Languages: ENGLISH

0214473 82244521  
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Languages: ENGLISH

0214472 82244520  
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Languages: ENGLISH

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**Majority says rising costs will not jeopardize the future of OPLs.**  
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Languages: ENGLISH

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0214311 82237788  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

0214191 82256295  
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Gibbs J  
Aust Nurses J ,May 1982, 11 (10) p34-7, ISSN 0045-0758  
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Languages: ENGLISH

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0214461 82244389

**Muhlenberg wins bidding battle for hospital laundry contract.**

Carey DL

Laund News ,Aug 1982, 8 (8) p2. Journal Code: L4R

Languages: ENGLISH

0214410 82238800

**Outside laundries must follow JCAH guidelines.**

HPN Hosp Purch News ,Aug 1982, 6 (8) p6, Journal Code:

G3D

Languages: ENGLISH

0214378 82238109

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O'Brien JP

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0270-3343 Journal Code: GIF

Languages: ENGLISH

0214365 82237982

**Fund development and public relations: should we splice 'em or split 'em?**

Oliphant CA

Hosp Manage Commun ,May-Jun 1982, 6 (3) p2-4, ISSN

0274-5429 Journal Code: GEA

Languages: ENGLISH

0214326 82237803

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0018-5639 Journal Code: GBC

Languages: ENGLISH

0214325 82237802

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Herman A; O'Leary P

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0018-5639 Journal Code: GBC

Languages: ENGLISH

0214324 82237801

**Back to basics: preparing the Medicare report.**

McKeown TE

Healthc Financ Manage ,Aug 1982, 36 (8) p60, 62, ISSN

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Languages: ENGLISH

0214323 82237800

**Forecasting capital requirements: potential trends in capital investment during the 1980's.**

Valiante JD

Healthc Financ Manage ,Aug 1982, 36 (8) p52-9, ISSN

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Languages: ENGLISH

0214322 82237799

**Preserving capital: asset choice and program selection in a competitive environment. Part 2.**

Long HW

Healthc Financ Manage ,Aug 1982, 36 (8) p34-8, 42-50, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0214318 82237795

**Focus on economic reality [editorial]**

Whitman JT

Healthc Financ Manage ,Jul 1982, 36 (7) p7, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0214317 82237794

**Changing educational attainment of HFMA members.**

Healthc Financ Manage ,Jul 1982, 36 (7) p64, 66-8, 70, ISSN

0018-5639 Journal Code: GBC

Languages: ENGLISH

0214312 82237789

**Using big business tactics: hospital debt capacity in a competitive environment.**

Deets MK; Krentz SE

Healthc Financ Manage ,Jul 1982, 36 (7) p26-8, 30, 32, ISSN

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Languages: ENGLISH

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0214150 82255372  
**Learning budget game is key to your success as an OR manager.**  
Zoeter MA  
AORN J ,Jul 1982, 36 (1) p26-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0214024 82254022  
**Supplemental nursing services: how much do hospitals really pay?**  
Prescott PA  
Am J Nurs ,Aug 1982, 82 (8) p1208-13, ISSN 0002-936X  
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Languages: ENGLISH

0213767 82250971  
**Inpatient front office functions.**  
Top Health Care Financ ,Spring 1982, 8 (3) p7-24, ISSN 0095-3814  
Journal Code: VVG  
Languages: ENGLISH

0213766 82250970  
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Top Health Care Financ ,Spring 1982, 8 (3) p69-71, ISSN 0095-3814  
Journal Code: VVG  
Languages: ENGLISH

00396

● 0213764 82250968  
**Electronic data processing applications.**  
Top Health Care Financ ,Spring 1982, 8 (3) p57-9, ISSN 0095-3814  
Journal Code: VVG  
Languages: ENGLISH

0213763 82250967  
**Back office functions of the billing process.**  
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Journal Code: VVG  
Languages: ENGLISH

0213762 82250966  
**Outpatient front office functions.**  
Top Health Care Financ ,Spring 1982, 8 (3) p25-31, ISSN 0095-3814  
Journal Code: VVG  
Languages: ENGLISH

0213761 82250965  
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Journal Code: VVG  
Languages: ENGLISH

0213596 82248575  
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0213595 82248574  
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Languages: ENGLISH

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**Who's holding the purse-strings?**  
Tongue D  
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Journal Code: 09U  
Languages: ENGLISH

0213397 82246642  
**Practice management: legal, financial, installing details of computer use.**  
Anders GT; McGinness MA; Beck LC; Sweeney DR  
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Journal Code: 00G  
Languages: ENGLISH

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0212912 82240601  
**Income tax, investment and estate planning opportunities created by Economic Recovery Tax Act of 1981 (ERTA). Part II - Investment and retirement planning.**  
Quimby DE  
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Languages: ENGLISH

0212715 82238150  
**How management contracts can affect hospital finances.**  
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Journal Code: GOT  
Languages: ENGLISH

0212714 82238149  
**Return on equity in the hospital industry: requirement or windfall?**  
Cleverley WO  
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Journal Code: GOT  
Languages: ENGLISH

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● 0212688 82237896  
**Rapid incident identification, systematic follow-up key to preventive risk managing.**  
Freilich H; Farkas S  
Hospitals ,Aug 16 1982, 56 (16) p53-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00398

● 0212681 82237889  
**Strategic planning and hospitals: a business perspective.**  
Falkson JL; Leavitt H  
Hospitals ,Aug 1 1982, 56 (15) p51-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0212297 82219573  
**Zeros catch on, but risks unknown [news]**  
Kuntz EF  
Mod Health Care ,Jul 1982, 12 (7) p86-7, 92, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212285 82219561  
**VHA to buy 25% share of financial services firm [news]**  
Kuntz EF  
Mod Health Care ,Jul 1982, 12 (7) p19-20, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212279 82219555  
**Hospital joins with computer firm to market wellness programs.**  
Lippe D  
Mod Health Care ,Jul 1982, 12 (7) p142, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0212278 82219554  
**Materials management contractors work themselves out of their jobs.**  
Kuntz EF  
Mod Health Care ,Jul 1982, 12 (7) p138, 140, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212276 82219552  
**Shared services pacts up 22%.**  
Punch L  
Mod Health Care ,Jul 1982, 12 (7) p124-6, 128, 130-4, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212275 82219551  
**Leading firms boost contract business 18.2%.**  
Punch L  
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Languages: ENGLISH

0212274 82219550  
**Authors offer tips on successfully negotiating management contract.**  
Mod Health Care ,Jul 1982, 12 (7) p114, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

00761



0212273 82219549  
**Contracts climb 22% in '81; more steady growth seen.**  
Johnson DE; Punch L  
Mod Health Care ,Jul 1982, 12 (7) p103-6, 108, 110-12,  
ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212196 82213248  
**Tax considerations in charitable giving.**  
Grantsmanship Cent News ,May-Jun 1982, 9 (3) p34-46,  
Journal Code: G2M  
Languages: ENGLISH

0212151 82212375  
**Survey shows hospitals want new payment system.**  
Powell PD  
Hosp Top ,Jul-Aug 1982, 60 (4) p12-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00399

● 0212127 82212274  
**Specialty budgeting for beginners.**  
Edwards M; Strudwick BG; Thompson MA  
Hosp Health Serv Rev ,Feb 1982, 78 (2) p45-7, Journal  
Code: GC5  
Languages: ENGLISH

0212094 82211379  
**Prospect research gains new friends in development office.**  
Pflizenmaier E  
Fund Raising Manage ,Jul 1982, 13 (5) p30-2, 34-6, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0212092 82211377  
**Non-profit mail image requires close scrutiny.**  
Fisher W  
Fund Raising Manage ,Jul 1982, 13 (5) p16-21, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0212048 82209692  
**Selecting a DP financial system approach.**  
Randall AM  
Comput Hosp ,Jul-Aug 1982, 3 (4) p62, 64, 68, ISSN  
0274-631X Journal Code: DOL

Languages: ENGLISH

0212041 82209685  
**Contract negotiations: a standard for performance.**  
Carretta WJ  
Comput Hosp ,Jul-Aug 1982, 3 (4) p10, ISSN 0274-631X  
Journal Code: DOL  
Languages: ENGLISH

0211675 82226492  
**The great budget and New Federalism debates.**  
Verville RE  
AANA J ,Apr 1982, 50 (2) p169-72, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0210887 82218443  
**Quality assurance & risk management in Maryland hospitals in the 1980s.**  
Mulholland JH; Bittle L  
Md State Med J ,Apr 1982, 31 (4) p60-2, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0210681 82216048  
**Decentralized budgeting: holding the purse strings, Part 2.**  
Althaus JN; Hardyck NM; Pierce PB; Rodgers MS  
J Nurs Adm ,Jun 1982, 12 (6) p34-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

00762

0210679 82216046

**Variable billing for services: new fiscal direction for nursing.**

Higgerson NJ; Van Slyck A  
J Nurs Adm ,Jun 1982, 12 (6) p20-7, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

The advantages of variable billing for nursing care that: It identifies revenue nursing cost centers. It facilitates systematic control of revenue and expenses, improving budget planning and management. It generates a tremendous amount of data that can be used in administrative planning and decision making. It is more equitable than past billing practices for the patient, the third-party payer, and the hospital, making it a public relations asset. The disadvantages of variable billing are that: Charges at one hospital are not easily compared with those at another. The mix of patients at varying classification levels has a significant effect on revenue, thus increasing the possibility of lower revenue. More accountability and in some cases more work is required of nursing administrators. In this article, the practical application of variable billing in acute care settings has been discussed. It is hoped that the information provided here will stimulate nursing administrators to assess the feasibility of implementing variable billing for nursing services as a fiscal practice in their own institutions.

0210403 82212895

**On the political economy of risk: farmworkers, pesticides, and dollars.**

Strigini P  
Int J Health Serv ,1982, 12 (2) p263-92, ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

The rapid industrialization of world agriculture has been one of the most eventful social and economic transformations taking place in the second half of the 20th century. Today two agricultures coexist in most countries: capital-intensive agri-business and labor-intensive subsistence farming. In the U.S., the former exploits largely nonwhite immigrant labor and the latter female unpaid labor, surviving as a "second job." The striking increase of production in industrial agriculture has been accompanied by uneven and irrational development and by a tragic upsurge of mechanical accidents and chemical hazards. Current pesticide use poses a threat to workers and their families, the general public, the environment, and future generations. Acute risks begin to be known largely through farmworkers' exposure, while chronic risks are often inferred from experimental studies but generally are disregarded. Because of industry's historic neglect of health and environmental hazards, regulation has evolved under pressure from workers and citizens. Regulation is at present the best tool available to shape technological development according to society's needs and goals. Its basic requirements are information, reorientation of public resources, and democratic control. A major obstacle to its implementation is

the inequitable social distribution of risks and benefits, within and among nations.

0210355 82212332

**Declining reimbursement will demand innovative delivery methods.**

Mannisto M  
Hospitals ,Jul 16 1982, 56 (14) p92, 94, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

In summary, hospitals will have to find innovative ways to secure market share as federal reimbursement continues to decline and the commercial insurance industry rebels against the cost shifting burden that is being placed on it. Hospitals can also expect increasing pressure to control costs if inflation rates continue to moderate but hospital expenses exceed the current inflation rates. All in all, the reimbursement system will undergo severe "belt tightening," which will force hospitals to change their product mix; accept new payment systems, such as capitation; and reduce expenses in order to achieve profitable operating margins.

0210350 82212327

**Hospital bills patients according to nurses' assessment of the amount of care needed [interview]**

Hoopes J  
Hospitals ,Jul 16 1982, 56 (14) p64, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210342 82212319

**Hospital realizes benefits of participative financial reports.**

Wolfenden P  
Hospitals ,Jul 16 1982, 56 (14) p38, 41, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210318 82212295

**Cost-shifting will mean profit-shift -- to hospitals' loss columns.**

Hospitals ,Jul 1 1982, 56 (13) p34, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00763

0209855 82203943  
**Hospital-associated MDs not employees, AMA tells Congress.**  
Am Med News ,May 7 1982, 25 (17) p2, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0209695 82196575  
**A case study: collecting self-pay accounts.**  
Brummer RJ  
Patient Acc ,Jun 10 1982, 5 (6) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0209694 82196574  
**Improving the commercial insurance receivables picture.**  
Brummer RJ  
Patient Acc ,Mar 10 1982, 5 (3) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0209691 82196016  
**New health claim system ready [interview]**  
Bradley RS  
Natl Underwrit [Life Health] ,Jun 5 1982, 86 (23) p29,  
ISSN 0028-033X Journal Code: DAC  
Languages: ENGLISH

0209681 82195254  
**AHSC appeals decision.**  
Bale CJ  
Med Prod Sales ,Jun 1982, 13 (6) p1-3, 11-4, 16-20  
passim, ISSN 0279-4802 Journal Code: NMG  
Languages: ENGLISH

0209680 82195188  
**Prospective plan hurts poor manager.**  
Wallace C  
Mod Health Care ,Jun 1982, 12 (6) p98-9, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

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Languages: ENGLISH

There are many hazards in the clinical laboratory that could result in injury, illness, or loss of property. Many of these hazards are common to the home and a wide variety of working environments; others are unique to the laboratory. Since control and prevention of occupational illness and injury depends on recognizing their causes and taking timely and appropriate corrective action, this article presents a basic program for protecting the health and safety of clinical laboratorians. It consists of three parts: hazard identification, control measures, and accountability.

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Clarkin JF; Chizever SD  
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**Managing medical malpractice risk via system science.**

Grose VL  
J Med Syst ,Feb 1982, 6 (1) p89-103, ISSN 0148-5598  
Journal Code: IZM  
Languages: ENGLISH

The complexity of health care is increasing at an alarming rate. Medical malpractice risks, which are inherent elements of this complexity, threaten the survival of both physicians and hospitals. Technological advances, social concerns, legal ramifications, economic values, and political pressures all amplify risk for health care professionals. Federal government warnings to control health care costs compound the dilemma. System science provides a framework for identifying, analyzing, and ranking all types of risk so that they can be balanced against the more easily recognized benefits of health care. Rather than limiting the concept of risk management to the traditional concern for financial loss, this paper stresses a much broader scope of risk assessment and control. All medical activities that can lead to injury or death of any person, or damage to or loss of property, material, or reputation must be systematically managed regarding risk. A strong theoretical foundation is combined with the successful application of system science to managing risk at the Saint Joseph Medical Center in Burbank, California.

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Languages: ENGLISH

0204769 82154194

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Mooney RT

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Newberry JO

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Marrow JC

Tex Hosp ,Mar 1982, 37 (10) p12-4, ISSN 0040-4357

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Cornelis WA; Colaiuca DM

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Gronbjerg KA

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Journal Code: UTV

Languages: ENGLISH

This paper examines recent trends in American philanthropy and relates these to changes in the composition and size of both the private and public welfare sectors in the United

States. The findings reveal that private welfare has been overwhelmed - but not replaced - by the growth in public welfare. Although private welfare maintains some of its traditional functions, it has become more closely linked to and in some cases dependent on, public welfare. Consequently, there have been significant changes in the institutional character and organizational format and operations of private welfare. These transformations of the American welfare system are interpreted within the mass-society perspective. (63 Refs.)

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**Hospital information systems: time-sharing firms grab for micro market.**

Kuntz EF

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Languages: ENGLISH

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Simler SL  
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Languages: ENGLISH

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**Share hospital liability with products' manufacturers, sellers [interview]**  
Holzer JF  
Hosp Risk Manage ,Apr 1982, 4 (4) p41-4, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

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Posner JR  
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Languages: ENGLISH

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Cisneros RJ  
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Languages: ENGLISH

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Gilchrist JE; Winterble ES  
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Languages: ENGLISH

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Linklater RB  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Swartzbeck EM; Milligan WL

Nurs Manage ,Jan 1982, 13 (1) p39-43, Journal Code:  
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Languages: ENGLISH

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**Medical practice, case mix, and cost containment. A new role for the attending physician.**

Young DW; Saltman RB

JAMA ,Feb 12 1982, 247 (6) p801-5, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Present political pressures for hospital cost containment appear to make some form of case-specific reimbursement system inevitable. For such a system to be able to control hospital costs effectively, however, its design must reflect the fundamental and traditional principles of management control systems. Although the diagnostic-related group (DRG) approach is the most frequently discussed form of case-mix-sensitive reimbursement, DRGs do not satisfy basic management control principles. Under a more appropriate hospital control system, however, physicians would be incorporated directly into the hospital's management structure. Consequently, to ensure that this new control system is medically as well as financially appropriate, physicians should seize the initiative in determining the standards against which their performance will be measured.

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Hospitals ,Mar 1 1982, 56 (5) p75-7, ISSN 0018-5973  
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**Tax-exempt bond issues hit peak; hospitals bank on interest rate drop [news]**

Kuntz EF

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Mod Health Care ,Jan 1982, 12 (1) p97-8, ISSN 0160-7480  
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0199121 82097734

**Malpractice in the '80s -- what lies ahead, what can be done.**

Mills DH

Hosp Med Staff ,Jan 1982, 11 (1) p18-22, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

To weather the stormy malpractice environment that lies ahead, hospital medical staffs will need to cooperate more actively with risk management and quality assurance programs than they have in the past. One barrier to more active physician cooperation has been fear that the confidentiality of medical staff committee findings will be breached. This article describes how the California Medical Association and the California Hospital Association worked to promote an organized approach to quality assurance built around legislation that removes quality assurance data and records from legal discovery.

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**Operator error causes most biomedical incidents, expert says [interview]**

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Languages: ENGLISH

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**Charging interest is equitable!**

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Hosp Financ Manage ,Feb 1982, 36 (2) p7, ISSN 0018-5639  
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Languages: ENGLISH

0199109 82097703

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Languages: ENGLISH

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Cisneros RJ

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Languages: ENGLISH

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**New funding resources: cultivating long-range philanthropy.**

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Languages: ENGLISH

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Languages: ENGLISH

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Wilson RL  
Hosp Top ,Jan-Feb 1982, 60 (1) p43-4, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

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McNulty EG  
Hosp Top ,Jan-Feb 1982, 60 (1) p3-4, ISSN 0018-5868  
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Hosp Prog ,Feb 1982, 63 (2) p36-41, 52, ISSN 0018-5817  
Journal Code: GD1  
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Languages: ENGLISH

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Languages: ENGLISH

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Hospitals ,Feb 1 1982, 56 (3) p39, 48-9, ISSN 0018-5973  
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**The financial exchange: increasing pressures on expenses put premium on good management.**  
Trustee ,Jan 1982, 35 (1) p11-2, 54, ISSN 0041-3674  
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Languages: ENGLISH

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Bower J  
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Languages: ENGLISH

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Hosp Financ Manage ,Jan 1982, 36 (1) p76, 80-2, ISSN  
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Languages: ENGLISH

0196958 82075451  
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Wright CR  
Hosp Financ Manage ,Jan 1982, 36 (1) p64-7, ISSN  
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Languages: ENGLISH

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Camarena RW  
Hosp Financ Manage ,Jan 1982, 36 (1) p60-1, ISSN  
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O'Brien JP  
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Languages: ENGLISH

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Holmgren JH; Wentz WJ  
Hosp Purch Manage ,Jan 1982, 7 (1) p8-12, ISSN  
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Languages: ENGLISH

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Young DW  
Hary Bus Rev ,Jan-Feb 1982, 60 (1) p124-31, ISSN  
0017-8012 Journal Code: GBE  
Languages: ENGLISH

By definition profit refers to the difference between revenue and expenses. In for-profit organizations profit or surplus gives a return to the owners of the company and serves as a source of financing for capital acquisitions and working capital. Nonprofit organizations, which are not allowed a surplus, don't suffer on the first count because they have no owners. But they do suffer on the second count because, if expected to grow, they need to finance asset replacement and growth. In these days when funds for long-term debt are becoming scarcer, this author asserts, the need for regulators to allow 'nonprofits' to keep a surplus is increasing. In this article, he argues for a surplus and then discusses how managers and regulators can determine how much a nonprofit organization should be allowed. He presents a combination of a modified version of the return-on-asset pricing model used in for-profit organizations and a model for assessing working capital needs associated with growth.

0196837 82074160  
**Chicago judge dismisses AHA's Hill-Burton challenge.**  
Health Plann Manpow Rep ,Jan 27 1982, 11 (2) p1-2,  
Journal Code: GAC  
Languages: ENGLISH

00782

0196656 82089562

**The distinction between cost and charges.**

Finkler SA

Ann Intern Med ,Jan 1982, 96 (1) p102-9, ISSN 0003-4819

Journal Code: 5A6

Contract/Grant No.: HS-02577

Languages: ENGLISH

The literature on economic efficiency in providing hospital services has been growing recently. Often such literature examines the costs of providing services at varying volumes of treatments per location per year. However, instead of measuring cost directly, these studies use patient bills (charges) as a proxy for cost. Charges may bear little resemblance to economic cost, and use of charges as a proxy for economic cost may lead researchers to draw unwarranted conclusions about economic efficiency. Because of the differences between economic cost, accounting cost, and charges to the patient, actual resource consumption should be used as a measure of cost.

0195378 82074334

**What to buy and how to get it: the cash flow factor.**

Dickerson JF

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Journal Code: GDL

Languages: ENGLISH

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**The financial exchange. Funded depreciation.**  
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Trustee ,Feb 1983, 36 (2) p30, 32, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0230140 83116514  
**How hospital business office personnel can become patient oriented.**  
Moore RL  
Patient Acc ,Feb 1983, 6 (2) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0230139 83116513  
**Magistrate's Court--a collection alternative.**  
Hogsett S  
Patient Acc ,Jan 1983, 6 (1) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0230081 83113412  
**Bad checks a problem -- will new state laws provide a solution?**  
Foley M  
J Patient Acc Manage ,Aug-Sep 1982, p26-7, Journal  
Code: KOH  
Languages: ENGLISH

0230079 83113410  
**Automatic collection letter series better than in-house collections.**  
Mielke MA  
J Patient Acc Manage ,Jul 1982, p21, Journal Code: KOH  
Languages: ENGLISH

0230078 83113409  
**Management by objective: how to make it work in the business office.**  
Kenneth RJ; Lampi GL  
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Languages: ENGLISH

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**Managing the accounts receivable investment.**  
Chipko J  
J Patient Acc Manage ,Aug-Sep 1982, p12-5, Journal  
Code: KOH  
Languages: ENGLISH

0229964 83107126  
**Cost containment through component depreciation analysis.**  
Tillett JW Jr; Taylor RJ 4th  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p26-31, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229904 83106972  
**Building depreciation: which method pays off?**  
Krasker WS  
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0017-8012 Journal Code: GBE  
Languages: ENGLISH

0229898 83106927  
**Financial manager's notebook. Accounting controls.**  
Cisneros RJ  
Healthc Financ Manage ,Feb 1983, 37 (2) p46A-B, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0229895 83106924  
**Overcoming payment lag: creating a cash discount policy.**  
Bainbridge T  
Healthc Financ Manage ,Feb 1983, 37 (2) p36-40, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

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ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

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0229202 83118536  
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Languages: ENGLISH

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**Changes in accounting practice necessitate modifications in Panel Survey.**  
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0017-9124 Journal Code: G2L  
Languages: ENGLISH

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**An effective collection system: the key to a successful practice.**  
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Journal Code: 35H  
Languages: ENGLISH

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**Credit cards: a way to reduce your accounts receivable problem.**  
Swerdlow RA; Wooten BE; McCullough CD  
Dent Manage ,Jan 1983, 23 (1) p24-6, 81, ISSN 0011-8680  
Journal Code: E1C  
Languages: ENGLISH

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**Delinquent accounts: are collection agencies the only answer?**  
Hess LA  
Dent Manage ,Sep 1982, 22 (9) p16-20, 23, ISSN  
0011-8680 Journal Code: E1C  
Languages: ENGLISH

0225670 83080029  
**Delinquent accounts: your legal remedies and responsibilities.**  
Spital SE  
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Journal Code: E1C  
Languages: ENGLISH

0225587 83078711  
**Successful collections demand daily routine.**  
Doherty H; Tekavec M  
Dentalpractice ,Jul-Aug 1982, 3 (7) p28, 31-2, 34-5,  
Journal Code: D90  
Languages: ENGLISH

0225497 83077156  
**How to stay on top of your bottom-line profit.**  
Watson M  
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Languages: ENGLISH

0225071 83064149  
**PSRs add a personal touch to accounts receivable.**  
Taylor RB Jr  
Patient Acc ,Dec 1982, 5 (12) p2-3, ISSN 0195-7775  
Journal Code: QTE  
Languages: ENGLISH

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0224715 83053541  
**Standard setting: the crucial issues. A case study of accounting & auditing.**  
Nowakowski JR  
Eval Program Plann ,1982, 5 (1) p1-9, ISSN 0149-7189  
Journal Code: EOB  
Languages: ENGLISH  
A study of standard-setting efforts in accounting and auditing is reported. The study reveals four major areas of concern in a professional standard-setting effort: (1) issues related to the rationale for setting standards, (2) issues related to the standard-setting board and its support structure, (3) issues related to the content of standards and rules for generating them, and (4) issues that deal with how standards are put to use. Principles derived from the study of accounting and auditing are provided to illuminate and assess standard-setting efforts in evaluation.

00785



0224683 83052280  
**Eliminating accounts receivable: how one hospital is gaining on that elusive goal [interview]**  
Kent DA  
Cost Containment ,Oct 12 1982, 4 (19) p7-8, ISSN 0198-9782 Journal Code: DSR  
Languages: ENGLISH

0222830 83054226  
**Superbill improved our accounts receivable.**  
Smith RL; Campbell-Smith R  
Dent Econ ,Oct 1982, 72 (10) p103, 105-6, ISSN 0011-8583 Journal Code: E2M  
Languages: ENGLISH

0222813 83054179  
**Labs speak out on account relations.**  
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Dent Lab Rev ,Nov 1982, 57 (11) p16, 18, ISSN 0011-8672  
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Languages: ENGLISH

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Dent Lab Rev ,Oct 1982, 57 (10) p25, 28, ISSN 0011-8672  
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Languages: ENGLISH

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**When all else fails--what you can expect from a collection agency.**  
Quinn JE; Mayo F  
Dentalpractice ,Sep 1982, 3 (8) p31-3, Journal Code: D90  
Languages: ENGLISH

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**Financial indicators as a measure of nonprofit human service organization performance: the underlying issues.**  
Drtina RE  
New Engl J Hum Serv ,Summer 1982, 2 (3) p35-41, ISSN 0277-996X Journal Code: D0G  
Languages: ENGLISH

0222236 83038250

**Bad-debt analysis can improve cash flow.**  
Schlag DW Jr  
Patient Acc ,Nov 1982, 5 (11) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0222235 83038249  
**Produced by lasers, personalized letters inject new life into collections.**  
Ross SB  
Patient Acc ,Oct 10 1982, 5 (10) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0222111 83029245  
**Computerized purchasing, material management and accounts payable system: planning, features and selection.**  
Rosegay WH  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p48-61, ISSN 0192-2262 Journal Code: GD3  
Languages: ENGLISH

00786

0221972 83024629

**Accountability, efficiency, and the "bottom line" in non-profit organizations.**

Cutt J

Can Public Adm ,Fall 1982, 25 (3) p311-31, Journal

Code: CK7

Languages: ENGLISH

Financial reporting by non-profit organizations deals only with accountability for propriety and regularity, and ignores output measurement. The development of output measures of a physical or index nature offers a means of relating dollar costs to output in the form of cost-efficiency or cost-effectiveness measures, but does not provide any measure of the absolute value or worthwhileness of such programs. This fundamental absolute value question should be asked of all non-profit programs and documented to the greatest possible extent in budgetary submissions, and subsequent control and audit. In public sector non-profit programs, the posing of this question requires information on consumer demand other than in aggregative and imprecise form through the political process, and much improved information on the cost side. Eliciting demand information is feasible in the case of public programs with separable benefits by the use of a variety of pricing techniques, direct or imputed, whether or not the service in question is ultimately financed on a user-pay basis. The problem of eliciting demand is more difficult in the case of public goods, but improved demand information can be obtained, ideally by an approach such as the use of a Clarke tax. The argument can be extended to encompass questions of income distribution, stabilization, regulation and tax policy. Recent developments in program evaluation in the federal government are important, but remain deficient in failing to address the question of absolute value.

0220066 83028032

**Collection policies outdated?**

Kuhn BL

Dent Econ ,Sep 1982, 72 (9) p68-72, ISSN 0011-8583

Journal Code: E2M

Languages: ENGLISH

0220043 83027994

**Accounts receivable management and control: a cash-flow primer.**

Miller VB Jr

Dent Manage ,Apr 1982, 22 (4) p62-4, 69, ISSN 0011-8680

Journal Code: EIC

Languages: ENGLISH

0219623 83005641

**Regulation Z revised effective Oct. 1, 1982: hospitals should review applicability to credit practices.**

O'Brien JP

Health Law Vigil ,Oct 15 1982, 5 (21) p8-9, ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0219301 83019719

**Subjecting hospitals to truth in lending disclosure requirements: Bright V. Ball Memorial Hospital.**

Galler L

Am J Law Med ,Spring 1982, 8 (1) p69-86, ISSN 0098-8588

Journal Code: 3IP

Languages: ENGLISH

The federal Truth in Lending Act requires creditors to comply with complex disclosure requirements whenever they engage in consumer credit transactions. In light of procedures adopted by hospitals and health care professionals which permit payment for services over time, there is some question as to whether these groups may be considered creditors within the meaning of the Act and therefore subject to the Act's disclosure requirements. In Bright v. Ball Memorial Hospital, the Court of Appeals for the Seventh Circuit concluded that a hospital can be a creditor with respect to certain hospital-patient transactions. However, the court found that the defendant had not consummated consumer credit transactions with the plaintiffs and consequently had not violated the Act by failing to make disclosures. This Case Comment contends that although the court correctly determined that a hospital, in certain circumstances, may be subject to the Act, it incorrectly held that Ball Memorial failed to consummate consumer credit transactions with the plaintiffs. This Case Comment also discusses the circumstances under which a hospital should be considered a creditor for purposes of the Truth in Lending Act and recommends that hospitals offering installment payment plans routinely comply with disclosure requirements of the Act.

0217616 82273681

**Emergency room accounts: using a customized approach to collections.**

Taylor RB Jr

Patient Acc ,Sep 10 1982, 5 (9) p2-3, ISSN 0195-7775

Journal Code: OTE

Languages: ENGLISH

00787

0217279 82263275  
**Pharmaceutical scam: use audit to detect 'pyramid cube scheme'.**  
Gardner JR  
Healthc Financ Manage ,Sep 1982, 36 (9) p72, 74, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217272 82263268  
**Staffing and training.**  
Zielski K  
Healthc Financ Manage ,Sep 1982, 36 (9) p110, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217271 82263267  
**HFMA's Financial Analysis Service: new developments -- bond rating groups.**  
Sandleback G  
Healthc Financ Manage ,Sep 1982, 36 (9) p104, 107, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217269 82263265  
**Patient accounts post-mortem: a procedure to reduce bad debts.**  
Hewitt GN  
Healthc Financ Manage ,Oct 1982, 36 (10) p72-4, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0216399 82275936  
**[Accounting practices (IV)]**  
Abrechnungs ubungen (IV).  
Knoop M  
Quintessenz J ,Feb 1982, 12 (2) p161-4, ISSN 0033-6599  
Journal Code: QLR  
Languages: GERMAN

0216392 82275928  
**[Accounting practice (III)]**  
Abrechnungsubungen (III).  
Knoop M  
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Journal Code: QLR  
Languages: GERMAN

0215530 82268358  
**Improving office procedures using a computer service.**  
Blatner S  
J Oreg Dent Assoc ,Summer 1982, 51 (4) p43-50, ISSN  
0030-4670 Journal Code: JIP  
Languages: ENGLISH

0215220 82264805  
**Ratio analysis: use with caution.**  
Finkler SA  
Health Care Manage Rev ,Spring 1982, 7 (2) p65-72, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215085 82263399  
**Hospitals offer money-back guarantees [news]**  
Riffer J  
Hospitals ,Sep 16 1982, 56 (18) p22, 25, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0214505 82246793  
**Watch out for the tunnel: planning your educational and career future.**  
Herkimer AG Jr  
Patient Acc ,Aug 10 1982, 5 (8) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

00416

● 0214504 82246792  
**Assessing the general health of the accounts receivable balance.**  
Taylor RB Jr  
Patient Acc ,Jul 10 1982, 5 (7) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

00788

Languages: ENGLISH

0214324 82237801

**Back to basics: preparing the Medicare report.**

McKeown TE

Healthc Financ Manage ,Aug 1982, 36 (8) p60, 62, ISSN  
0018-5639 Journal Code: GBC

Languages: ENGLISH

0213763 82250967

**Back office functions of the billing process.**

Top Health Care Financ ,Spring 1982, 8 (3) p33-56, ISSN  
0095-3814 Journal Code: VVG

Languages: ENGLISH

0214308 82237785

**HFMA's P & P Board Statement No. 4: Reporting of certain transactions arising in connection with the issuance of debt.**

Healthc Financ Manage ,Jun 1982, 36 (6) p80-3, ISSN  
0018-5639 Journal Code: GBC

Languages: ENGLISH

0213762 82250966

**Outpatient front office functions.**

Top Health Care Financ ,Spring 1982, 8 (3) p25-31, ISSN  
0095-3814 Journal Code: VVG

Languages: ENGLISH

0214301 82237778

**Computerized billing: using automated systems for hospital-based physician services.**

Dalva J; Reinke T

Healthc Financ Manage ,Jun 1982, 36 (6) p30, 32-4, 36,  
ISSN 0018-5639 Journal Code: GBC

Languages: ENGLISH

0213761 82250965

**Accounts receivable management--an overview.**

Top Health Care Financ ,Spring 1982, 8 (3) p1-5, ISSN  
0095-3814 Journal Code: VVG

Languages: ENGLISH

0214300 82237777

**Using time/access systems: computers simplify payroll complications.**

Hildebrand B; Bacon KH Jr

Healthc Financ Manage ,Jun 1982, 36 (6) p24, 26-7, ISSN  
0018-5639 Journal Code: GBC

Languages: ENGLISH

0213767 82250971

**Inpatient front office functions.**

Top Health Care Financ ,Spring 1982, 8 (3) p7-24, ISSN  
0095-3814 Journal Code: VVG

Languages: ENGLISH

0213766 82250970

**Accounts receivable management: the mid-1980s and beyond.**

Top Health Care Financ ,Spring 1982, 8 (3) p69-71, ISSN  
0095-3814 Journal Code: VVG

Languages: ENGLISH

0213765 82250969

**Applications to physicians' groups.**

Top Health Care Financ ,Spring 1982, 8 (3) p61-8, ISSN  
0095-3814 Journal Code: VVG

00789

0213099 82243876

**Improved cost allocation in case-mix accounting.**

Williams SV; Finkler SA; Murphy CM; Eisenberg JM  
Med Care ,May 1982, 20 (5) p450-9, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: HS-02577  
Languages: ENGLISH

Traditionally, many hospital costs have been allocated to patients using indirect measures that do not always reflect the value of the resources used to provide care. When, for example, costs are allocated by multiplying the patient's charges by the hospital's ratio of costs to charges, the allocated cost does not reflect actual cost because the hospital does not uniformly charge for services in proportion to their cost. The choice of method for cost allocation will be as important for the newly developed case-mix cost-accounting systems as it has been for traditional cost-accounting systems. To illustrate how the use of an indirect cost-allocation method might affect the output of a case-mix cost-accounting system, operating room, radiology and clinical laboratory costs were assigned to 106 hospitalized inguinal hernia patients in two diagnosis-related groups (DRGs) using both the hospital's existing cost-allocation method and a method that measures costs directly. Total costs and the costs in each department were significantly lower in each DRG using the direct method. It was concluded that patients in these two DRGs were being assigned more than the actual cost of their care with the existing cost-allocation method and, therefore, that the existing method prevented the case-mix accounting system from providing accurate management information.

0209695 82196575

**A case study: collecting self-pay accounts.**

Brummer RJ  
Patient Acc ,Jun 10 1982, 5 (6) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0209599 82193648

**How not to collect money.**

Johnson D  
J Patient Acc Manage ,Jun 1982, p23, Journal Code: KOH  
Languages: ENGLISH

0209598 82193647

**The need for written collection procedure.**

Martin PD  
J Patient Acc Manage ,Jun 1982, p22, Journal Code: KOH  
Languages: ENGLISH

0209539 82189444

**Address correction: can your hospital afford not to have it?**

Fernandez F  
HPN Hosp Purch News ,Jul 1982, 6 (7) p2, 9, Journal  
Code: G3D  
Languages: ENGLISH

0209104 82203472

**Improving revenue collection for ambulatory pharmaceutical services.**

Boucher BA; Metzler DM; Baxter H; Cipolle RJ; Zaske DE  
Am J Hosp Pharm ,Apr 1982, 39 (4) p610-2, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A method of improving revenue collection for ambulatory pharmaceutical services was studied. Data were collected and compared from two phases. In Phase 1, all charges for outpatient pharmaceutical services were billed by the business office. During Phase 2, a pharmacy-based cash-and-carry policy was initiated; patients were encouraged to pay for their prescriptions by cash, check, or credit card, and third-party agencies were billed directly for prescriptions when patients had such coverage. Samples of 1000 prescriptions were randomly selected in each phase to determine the amount of charges collected. Criteria for inclusion of prescriptions were the same in each phase. For the 831 prescriptions meeting the study criteria in Phase 1, 46% of the total \$895,812 in charges was collected. For the 767 prescriptions meeting the same criteria in Phase 2, 85% of the total \$892,185 charges was collected. It required an additional 1.5 minutes for the pharmacy to process a prescription in Phase 2. Patients receiving emergency medical services and those covered by Medicare had the poorest collection rates. The highest rates occurred for patients covered by Medicaid and those receiving maintenance medication. The cash-and-carry policy notably improved revenue collection and the efficiency of the collection process for outpatient pharmaceutical services.

0207399 82187473

**Collections may depend on your own attitudes.**

Muchmore P  
Dent Econ ,Mar 1982, 72 (3) p51-4, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

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0207392 82187465  
[Are you letting patients set your credit policy?  
Otten WL  
Dent Econ ,FebU 1982, 72 (2) p75-6,78, ISSN 0011-8583  
Journal Code: E2M  
Languages: ENGLISH

0207377 82187436  
Make credit checks, not collections.  
Gulley E  
Dent Lab Rev ,Mar 1982, 57 (3) p22, 24-5, ISSN  
0011-8672 Journal Code: E1M  
Languages: ENGLISH

0207029 82177707  
IRS audits of the hospital auxiliary: a management tool.  
DeCicco AL; Jankowski T; Pell H  
Volunt Leader ,Summer 1982, 23 (2) p4-5, 15, ISSN  
0005-1861 Journal Code: XHR  
Languages: ENGLISH

0207018 82177372  
Those high hospital bills aren't always right.  
Trafford A  
US News World Rep ,May 17 1982, 92 (19) p80-1, ISSN  
0041-5537 Journal Code: WSL  
Languages: ENGLISH

0206958 82173983  
Removing barriers, Part Two: fine tune your communication  
skills.  
Taylor RB Jr  
Patient Acc ,May 10 1982, 5 (5) p2-3, ISSN 0195-7775  
Journal Code: OTE  
Languages: ENGLISH

0206883 82171491  
A pre-admission program that works.  
Hogan C  
J Patient Acc Manage ,Apr-May 1982, p18-9, Journal  
Code: KOH  
Languages: ENGLISH

0206804 82166941  
Payment patterns: 1981 results.  
Zielski K

Hosp Financ Manage ,May 1982, 36 (5) p66, 68, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206800 82166937  
Personalized collection letters: word processors use lasers  
to convert receivables to cash.  
Ross SB  
Hosp Financ Manage ,May 1982, 36 (5) p44-6, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206784 82166827  
Vendors get tough in economic downturn: reader roundup.  
Collins J  
HPN Hosp Purch News ,May 1982, 6 (5) p1, 20-2, 32,  
Journal Code: G3D  
Languages: ENGLISH

0206718 82165995  
Divorced parents both liable for child's hospital bill  
despite decree's provisions.  
Regan WA  
Hosp Prog ,May 1982, 63 (5) p67, 70, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0206625 82163729  
Planning for a new patient accounting system.  
Doidge JR; Lake RE; Rallo VF; Stay CA; Weiskittel JS  
Comput Hosp ,May-Jun 1982, 3 (3) p40-2, ISSN 0274-631X  
Journal Code: DOL  
Languages: ENGLISH

0206621 82162840  
Financial fundamentals for the hospital pharmacist.  
Silverman HM  
Curr Concepts Hosp Pharm Manage ,Summer 1982, 4 (2)  
p9-11, 16-9, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

00791

00417

0206595 82162031

**Accounting for station connections, optional payment in revenues and related capital costs, customer provided equipment and sale of terminal equipment--Federal Communications Commission. Order on reconsideration and clarification of first report and order.**

Fed Regist ,May 5 1982. 47 (87) p19361-7, ISSN 0097-6326 Journal Code: B58

Languages: ENGLISH

This document sets for the Commissions response to a petition for clarification and a petition for reconsideration of its First Report and Order, Commonly known as "Expensing of Station Connections". The First Report and Order, published in the Federal Register at 456 FR 18481, March 31, 1981, adopted changes to the Commissions Rules in Part 31 on uniform system of accounts for Class A and B telephone companies. Both petitioners raised the question of whether, and to what extent the adoption of th First Report and Order limits the discretion of the State commissions to follow different accounting and depreciation procedures for purposes of computing revenue requirements for intrastate telecommunications services.

0206181 82176998

**Accounts receivable management.**

Clarkin JF; Chizever SD

Top Health Care Financ ,Spring 1982. 8 (3) p1-71, ISSN 0095-3814 Journal Code: VVG

Languages: ENGLISH

0205200 82165416

**Value for money audit: how to do it.**

Gunn RS; Payne RW

Dimens Health Serv ,Jan 1982, 59 (1) p22-4, ISSN 0317-7645 Journal Code: E9N

Languages: ENGLISH

0204546 82141679

**A seven-step guide for hospitals: getting through a debt rating.**

Gilchrist JE; Winterble ES

Hosp Financ Manage ,Apr 1982, 36 (4) p58, 60-2, ISSN 0018-5639 Journal Code: G9N

Languages: ENGLISH

0204545 82141678

**Reporting on debt financing: accounting for indentured funds.**

Linklater RB

Hosp Financ Manage ,Apr 1982, 36 (4) p55-7, ISSN

0018-5639 Journal Code: G9N

Languages: ENGLISH

0204542 82141675

**For timely decision making a capital equipment acquisition process.**

Oszustowicz RJ

Hosp Financ Manage ,Apr 1982, 36 (4) p12-5, 18-9, 24-33, ISSN 0018-5639 Journal Code: G9N

Languages: ENGLISH

0202216 82130301

**Problems with cash flow? Look to patient receivables.**

Nadkarni P

Today's Nurs Home ,Feb 1982, 3 (2) p20, ISSN 0274-5089

Journal Code: WLG

Languages: ENGLISH

0202143 82126894

**Seeking a cure for overdue bills.**

Asking D

Nurs Homes ,Jan-Feb 1982, 31 (1) p22-3, ISSN 0029-649X

Journal Code: 096

Languages: ENGLISH

0202106 82124847

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Robinson ML

Mod Health Care ,Mar 1982, 12 (3) p24, ISSN 0160-7480

Journal Code: NFA

Languages: ENGLISH

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**An overlooked collection aid.**

Rafkin LF

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KOH

Languages: ENGLISH

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Code: KOH  
Languages: ENGLISH

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**Cash discounts.**  
Hosp Financ Manage ,Mar 1982, 36 (3) p70-1, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0202009 82119619  
**Managing hospital ambulatory receivables.**  
Baggett FB  
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0018-5639 Journal Code: G9N  
Languages: ENGLISH

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**Objective, efficient, effective: selecting a collection agency by RFP approach.**  
Ronning PL  
Hosp Financ Manage ,Mar 1982, 36 (3) p42-5, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

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**Diagnosing Medicare bad-debt policies.**  
Gould G  
Hosp Financ Manage ,Mar 1982, 36 (3) p36, 38, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0202006 82119616  
**Reimbursement aids: maintaining Medicare and Medicaid logs.**  
Snipes CK  
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0018-5639 Journal Code: G9N  
Languages: ENGLISH

0202001 82119580  
**Computer bits: purchasing's link to receiving and accounts payable.**  
Kelly TW

HPN Hosp Purch News ,Mar 1982, 6 (3) p24-5, Journal  
Code: G3D  
Languages: ENGLISH

0201926 82118543  
**Finance cycle analysis applied to agency operations.**  
Seidel LF  
Home Health Rev ,Feb 1982, 4 (4) p12-6, Journal Code:  
GDW  
Languages: ENGLISH

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0201907 82118444  
**Relate hospital charges to use of services.**  
Wood CT  
Harv Bus Rev ,Mar-Apr 1982, 60 (2) p123-30, ISSN  
0017-8012 Journal Code: GBE  
Languages: ENGLISH  
Despite their constantly rising charges that provoke government regulators and insurance companies to impose "caps," hospitals and other health care institutions continue to use antiquated cost control systems. This author describes a new accounting system, based on the amount of care each patient needs, that has been in use at Massachusetts Eye and Ear Infirmary for six years. In this system, basic "clinical care units" (determined by a peer review process and in collaboration with third-party payers) establish the acceptable standard for a given diagnosis. With charges and reimbursement based more directly on the labor and services involved, hospitals can plan more efficient use of nursing staff and other personnel and services. Use of established norms for each diagnosis also helps staff and third-party insurers determine when hospital resources are being used most productively.

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Tarnoff S  
Bus Insur ,Mar 8 1982, 16 (10) p24, 26, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

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**How to make sense of your hospital's financial statements.**  
Powell PD  
Trustee ,Feb 1982, 35 (2) p11-2, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

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LaViolette S  
Mod Health Care ,Feb 1982, 12 (2) p64, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0199146 82102269  
**Controlling bad debt through an emergency admission and application tracking system.**  
Pfeffer MD  
J Patient Acc Manage ,Jan 1982, p12-6, Journal Code: KOH  
Languages: ENGLISH

0199111 82097705  
**Payment patterns: getting to know one's payors.**  
Zielski K  
Hosp Financ Manage ,Feb 1982, 36 (2) p70-1, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

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**Charging interest is equitable!**  
Whitman JT  
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Journal Code: G9N  
Languages: ENGLISH

0199098 82097662  
**The auditor's triangle.**  
Kelly TW  
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Languages: ENGLISH

0197495 82096795  
**Guaranteed services improve hospital image.**  
Hospitals ,Feb 1 1982, 56 (3) p43-4, ISSN 0018-5973

Journal Code: GDL  
Languages: ENGLISH

0196957 82075450  
**The St. Joseph's experience. Reducing backlogs with contract billers.**  
Camarena RW  
Hosp Financ Manage ,Jan 1982, 36 (1) p60-1, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

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**FINANZAS, GOBIERNO**

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0233418 83152673

**Mater is first public hospital to be fully funded by the govt.**

Aust Hosp ,Dec 1982, (70) p5, ISSN 0147-0147 Journal Code: 9GD

Languages: ENGLISH

0233274 83141456

**Reagan's health budget aimed at patients' wallets.**

Bale CJ

Med Prod Sales ,Mar 1983, 14 (3) p1, 26, ISSN 0279-4802

Journal Code: NMG

Languages: ENGLISH

0233251 83141332

**Court places welfare responsibility ahead of Hill-Burton free-care rule.**

Horty JF

Mod Health Care ,Feb 1983, 13 (2) p140-1, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

0233064 83134108

**Metamorphosis: federal support for voluntary organizations.**

Saasia T

Grants Mag ,Jun 1982, 5 (2) p87-93, ISSN 0160-9734 Journal Code: GH5

Languages: ENGLISH

0233062 83134106

**How to keep your grant application from being laughed at by the government.**

Duggan DD

Grants Mag ,Jun 1982, 5 (2) p79-83, ISSN 0160-9734 Journal Code: GH5

Languages: ENGLISH

00419

● 0233053 83134087

**National health expenditure growth in the 1980's: an aging population, new technologies, and increasing competition.**

Freeland MS; Schendler CE

Health Care Financ Rev ,Mar 1983, 4 (3) p1-58, Journal Code: GHX

Languages: ENGLISH

Health care spending in the United States more than tripled between 1971 and 1981, increasing from \$83 billion to \$287 billion. This growth in health sector spending substantially

outpaced overall growth in the economy, averaging 13.2 percent per year compared to 10.5 percent for the gross national product (GNP). By 1981, one out of every ten dollars of GNP was spent on health care, compared to one out of every thirteen dollars of GNP in 1971. If current trends continue and if present health care financing arrangements remain basically unchanged, national health expenditures are projected to reach approximately \$756 billion in 1990 and consume roughly 12 percent of GNP. The focal issue in health care today is cost and cost increases. The outlook for the 1980's is for continued rapid growth but at a diminished rate.

The primary force behind this moderating growth is projected lower inflation. However, real growth rates are also expected to moderate slightly. The chief factors influencing the growth of health expenditures in the eighties are expected to be aging of the population, new medical technologies, increasing competition, restrained public funding, growth in real income, increased health manpower, and a deceleration in economy-wide inflation. Managers, policy makers and providers in the health sector, as in all sectors, must include in today's decisions unanticipated outcomes of policies over the last decade have intensified the need for periodic assessments of individual industries and their relationship to the macro economy. This article provides such an assessment for the health care industry. Baseline current-law projections of national health expenditures are made to 1990. (148 Refs.)

0232994 83133916

**State supports options program.**

Home Health J ,Feb 1983, 4 (2) p8, 12, Journal Code: GCB

Languages: ENGLISH

0232953 83133826

**The impact of changes in federal policy on academic health centers.**

Hanft RS

Health Aff (Millwood) ,Fall 1982, 1 (4) p67-82, ISSN 0278-2715 Journal Code: GAG

Languages: ENGLISH

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0232652 83150841

**Nurses study effects of cuts on access to prenatal care.**  
Curry MA  
Am Nurse ,Mar 1983, 15 (3) p1, 10, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

0232125 83145003

**Nutrition services in State and local public health agencies. Special supplement: revision of the 1955 guide by the Nutrition Services Project Committee.**  
Public Health Rep ,Jan-Feb 1983, 98 (1) p7-20, ISSN 0033-3549  
Journal Code: QJA  
Languages: ENGLISH

The contribution of nutrition in preventing disease, prolonging life, and promoting health through organized community effort is well recognized. While many gains have been made in public health nutrition, it is clear that the American population continues to exhibit nutrition problems. Rene Dubos has said that no community will find it possible to deal simultaneously with all of the health problems inherited from the past and with those brought about by modernization and change. The challenge lies in determining priorities and making difficult choices in the face of shifting responsibilities among levels of government, reduced resources, and increased competition. The purpose of this guide is to help public health officials appreciate the important role nutrition services play in meeting the health needs of their communities. The recommendations for nutrition programs are sensitive to the social, economic, and political forces that are shaping the future of public health. How well public health officials meet the challenge of providing nutrition services in their communities will be a significant factor influencing the health status of the American population in the 1980s and beyond.

00420

0232124 83145002

**Integrating primary health care and mental health services--a successful rural linkage.**  
Prindaville GM; Sidwell LH; Milner DE  
Public Health Rep ,Jan-Feb 1983, 98 (1) p67-72, ISSN 0033-3549  
Journal Code: QJA  
Languages: ENGLISH

The local delivery of human services is currently receiving national emphasis. The expectation is that community-based services shall be provided with a minimum of duplication and with maximum efficiency, achieved partly by interdisciplinary and interorganizational cooperation. This emphasis was appropriately facilitated in the mid-1970s through the availability of the Mental Health Initiative grants. The grants, initiated by the Bureau of Community Health Services in conjunction with the National Institute of Mental Health, Public Health Service, promoted the increased availability of mental health services through formal linkages between

community mental health centers and primary health care programs. One such successful linkage was between a small primary health care center and a nonfederally funded, multicounty, mental health center in northwest Illinois. Initiated in September 1980, the services of the linkage project included direct clinical mental health services delivered at the primary health care center site, consultation and education activities, and the coordination of interagency services. The project patients differed from the general clients of the mental health center in demographic characteristics, source of referral, and diagnoses. The key elements in successful linkages and the achievement of goals are analyzed. The experience of the linkage project is relevant to the 1980s. The project was prematurely ended after 14 months. Reduction in Federal funds severely cut support for the primary health care center, and the depressed local economy could not match the withdrawn Federal funds.

0231711 83142419

**Future funding of the NHS.**  
Carr A  
Nurs Focus ,Dec 1982, 4 (4) p3, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

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**Contraception. Djerassi calls for more research [news]**  
Stein MD  
Nature ,Feb 17-23 1983, 301 (5901) p558, ISSN 0028-0836  
Journal Code: NSC  
Languages: ENGLISH

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Die Krankenhausversorgung.  
Krankenpf1 J ,Nov 15 1982, 20 (11) p25, ISSN 0174-108X  
Journal Code: KYN  
Languages: GERMAN

0231129 83136749

**A time to care for dentistry.**  
Mann WV Jr  
J Am Coll Dent ,Fall/Winter 1982, 49 (3-4) p35-40, ISSN 0002-7979  
Journal Code: H5A  
Languages: ENGLISH

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0230888 83133973

**May government recapture its Hill-Burton Act grants?**

Bernstein AH

Hospitals ,Apr 1 1983, 57 (7) p56-7, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0230771 83132632

**Financing dental school: what the Reagan budget means to you.**

Denton D

Dent Stud ,Apr 1982, 60 (6) p9-10, 12, 14 passim, ISSN

0011-877X Journal Code: E1Y

Languages: ENGLISH

0230274 83126304

**On trust, good management and cost containment.**

Hughes AD

Aust Health Rev ,Nov 1982, 5 (4) p17, ISSN 0156-5788

Journal Code: 9GC

Languages: ENGLISH

0230261 83124410

**Many states considering cuts in spending for health care.**

Carrell S; Hinz CA; Lefton D; Shaw J

Am Med News ,Feb 4 1983, 26 (5) p1, 27-8, ISSN

0001-1843 Journal Code: 3YS

Languages: ENGLISH

0230225 83121270

**Denial of staff privileges.**

Davis CD

Tex Hosp ,Jan 1983, 38 (8) p47-8, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0230168 83118294

**Technical issues in allocation formula design.**

Spencer BD

Public Adm Rev ,Nov-Dec 1982, 42 (6) p524-9, ISSN

0033-3352 Journal Code: QIN

Languages: ENGLISH

0230167 83118293

**Shrinking budgets and the shrinkage of budget theory.**

Bozeman B; Straussman JD

Public Adm Rev ,Nov-Dec 1982, 42 (6) p509-15, ISSN

0033-3352 Journal Code: QIN

Languages: ENGLISH

0230141 83116561

**Competition and market forces: an answer to cost containment in health care?**

Enthoven AC

Acta Hosp ,Autumn 1982, 22 (3) p207-34, ISSN 0044-6009

Journal Code: OU4

Languages: ENGLISH

0230099 83114396

**With less federal money, clinics cut back on health care for the poor.**

Med World News ,Dec 6 1982, 23 (25) p20-1, ISSN

0025-763X Journal Code: MGW

Languages: ENGLISH

0230094 83114391

**A last chance for PSROs--and control by doctors.**

Schimmel D

Med World News ,Nov 8 1982, 23 (23) p106, ISSN

0025-763X Journal Code: MGW

Languages: ENGLISH

0229976 83107280

**Medicare reimbursement for Hill-Burton contractual care costs.**

Rossman CE; Bauer WJ

Health Law Vigil ,Feb 4 1983, 6 (3) p10-3, ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0228848 83115252

**US cancer research. NCI "mismanagement" causes unrest at Frederick [news]**

Shapley D

Nature ,Jan 20 1983, 301 (5897) p185, ISSN 0028-0836

Journal Code: NSC

Languages: ENGLISH

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0228846 83115213  
**Oncogenes cause cancer institute to change tack [news]**  
Shapley D  
Nature ,Jan 6 1983, 301 (5895) p5, ISSN 0028-0836  
Journal Code: NSC  
Languages: ENGLISH

0228834 83115114  
**Sounding Boards. Teaching nursing homes.**  
Schneider EL  
N Engl J Med ,Feb 10 1983, 308 (6) p336-7, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0228754 83114002  
**Funding of teaching hospitals.**  
Howie J  
Lancet ,Feb 12 1983, 1 (8320) p345-6, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0228611 83111770  
**Similar benefits in rehabilitation: development of a model program.**  
Crystal RM; LaForge JE  
J Rehabil ,Oct-Dec 1982, 48 (4) p64-6, 79, ISSN  
0022-4154 Journal Code: JW7  
Languages: ENGLISH

0228503 83110595  
**How truants can save the schools.**  
Blatt B  
J Learn Disabil ,Aug-Sep 1982, 15 (7) p435, ISSN  
0022-2194 Journal Code: IWO  
Languages: ENGLISH

0228241 83107152  
**The "new managers" and their effect on the funding of academic pathology departments.**  
Townsend JF  
Hum Pathol ,Nov 1982, 13 (11) p978-80, ISSN 0046-8177  
Journal Code: GEC  
Languages: ENGLISH

0228046 83104086  
**RCTs and the federal government.**

Banta HD  
Controlled Clin Trials ,Sep 1982, 3 (3) p173-83, ISSN  
0197-2456 Journal Code: DSL  
Languages: ENGLISH

As the federal government's role in health policy has grown, its involvement in the development, adoption, and use of medical technology has grown concomitantly. The government now makes a wide variety of decisions concerning technology. Many of these decisions involve randomized clinical trials (RCTs). The federal government probably funds or requires a majority of the RCTs carried out in the United States. The federal government also uses the results of RCTs increasingly as an important basis for its decisions, especially within the Medicare program. As the scientific basis for medical practice has improved through use of the RCT, policy decisions have been put on a firmer base.

0227938 83102201  
**Health care financing in Australia: there is no solution.**  
Arnold PC  
Br Med J [Clin Res] ,Jan 8 1983, 286 (6359) p159-60.  
Journal Code: B4X  
Languages: ENGLISH

0227869 83098117  
**States' activities on block grants outlined.**  
Am Med News ,Jan 14 1983, 26 (2) p24, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

00799

0227793 83091798

**The politics of fund raising through grantsmanship in the human services.**

Lorenz PH

Public Adm Rev ,May-Jun 1982, 42 (3) p244-51, ISSN  
0033-3352 Journal Code: QIN

Languages: ENGLISH

Funds for human service programs and services are declining, and selection criteria for funds are becoming more objective. These conditions are creating an imbalance in the system which will result in a significant change in human service funding and delivery. The climate is ripe for increased competition among those who obtain funds for human services. This article attempts to define how that competition will ultimately generate a spirit of cooperation among the survivors. To reach that point, however, grantsmen/providers, to be competitive, will need to sharpen their technical writing skills and their political skills, that is, they need to become more shrewd, prudent, and diplomatic. This article suggests some methods for improving technical grant-writing skills and developing political skills among grant writers.

0227688 83088518

**Economic outlook. Governments shear spending; hospitals must rethink strategy.**

Simler SL

Mod Health Care ,Jan 1983, 13 (1) p86, 88, ISSN  
0160-7480 Journal Code: NFA

Languages: ENGLISH

0227591 83082069

**The Bronx: preventing preventive medicine.**

Steinberg J

Health PAC Bull ,Jul-Aug 1982, 13 (4) p7-10, 25-6, ISSN  
0017-9051 Journal Code: G29

Languages: ENGLISH

0227535 83080953

**Block grants: the states take the money and run.**

Knauss J

Health Med ,Winter 1982, 1 (1) p5-7, 24, Journal Code:  
GAH

Languages: ENGLISH

0227526 83079755

**Reimbursement pressures can impact industry's capacity to raise capital.**

Vignola M

Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p45-6, ISSN  
0148-9496 Journal Code: EUJ

Languages: ENGLISH

0227482 83076672

**Future financing of health care in Canada: too little too late?**

Freamo BE

Can Doct ,Sep 1982, 48 (9) p67, 69, ISSN 0008-3429  
Journal Code: CG4

Languages: ENGLISH

0227462 83076505

**Reagan's policies strike the hardest at the poorest of America's elderly.**

Demkovich LE

Natl J (Wash) ,Jan 8 1983, 15 (2) p68-72, ISSN  
0360-4217 Journal Code: B7D

Languages: ENGLISH

0227348 83098627

**A federal role in hospice care?**

Randolph J

Am Psychol ,Nov 1982, 37 (11) p1249-53, ISSN 0003-066X  
Journal Code: 41V

Languages: ENGLISH

0227257 83097701

**Clinical research and the review process--a guided tour.**

Novello AC

Am J Nephrol ,1982, 2 (3) p164-70, ISSN 0250-8095  
Journal Code: 3MB

Languages: ENGLISH

0226731 83090492

**Words apart in the NHS.**

Slack P

Nurs Times ,Nov 17-23 1982, 78 (46) p1926-7, ISSN  
0029-6589 Journal Code: 09U

Languages: ENGLISH

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0226587 83089439  
**Patient satisfaction with a totally government financed and administered health care system: a sampling of current military medicine.**

Grant JG  
Mil Med ,Aug 1982, 147 (8) p667-71, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226561 83089379  
**"A poor sort of memory": voluntary hospitals and government before the depression.**

Stevens R  
Milbank Mem Fund Q ,Fall 1982, 60 (4) p551-84, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
(52 Refs.)

0226546 83088833  
**Health policy report. The Reagan record on health care.**

Iglehart JK  
N Engl J Med ,Jan 27 1983, 308 (4) p232-6, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0226495 83088277  
**Regulatory influences on the nursing profession.**

Vaiden RE  
Med Instrum ,Sep-Oct 1982, 16 (5) p239-40, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

0226376 83087464  
**Funding of teaching hospitals. Relationships between the universities and the National Health Service.**

McNicol GP  
Lancet ,Jan 1 1983, 1 (8314-5) p48-9, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0226300 83086069  
**Family medicine research. Status at the end of the first decade.**

Culpepper L; Franks P  
JAMA ,Jan 7 1983, 249 (1) p63-8, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH  
In a national survey of family medicine university units and

residencies, 549 MD and 135 PhD faculty pursuing family medicine research were identified. Resources available for research were assessed, as were practice data system characteristics. The practice base nationally of programs pursuing research included 2.6 million patients from 1 million families, making 5.1 million visits per year. Common major impediments to research reported by programs included lack of faculty time (78%), lack of funding for faculty (61%) or staff, equipment and supplies (48%), and lack of research skill (45%) and role models (43%). The annual amount of all research grants received for calendar year 1979 was \$3.4 million, of which \$2.6 million was from federal government sources. This represented 0.06% of the federal health research effort. Continued development of family medicine research will require increased funding support both for research and research training.

0225805 83081055  
**A state of transition. State health officers try to judge cutbacks, growing need, and added responsibilities.**

Friedman E  
Hospitals ,Jan 16 1983, 57 (2) p68-73, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0225524 83077955  
**Policies regarding health and social care of mothers and children in the United States.**

Wallace HM  
Clin Pediatr (Phila) ,Jan 1983, 22 (1) p14-21, ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

0225300 83074287  
**States face more tough decisions [interview by Ray Maultsald]**

Carlton J  
Aust Hosp ,Jun 1982, (64) p1, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

00801



0225267 83072250  
**AHA hits two-tier medical care.**  
Lefton D  
Am Med News ,Sep 10 1982, 25 (34) p1, 10. ISSN  
0001-1843 Journal Code: 3YS  
Languages: ENGLISH

0225053 83063557  
**Govt. plan hurts private sector.**  
Allison T  
Natl Underwrit [Life Health] ,Jul 17 1982, 86 (29) p13.  
42, ISSN 0028-033X Journal Code: DAC  
Languages: ENGLISH

0225027 83062414  
**Cost shifting: it's a taxing problem.**  
Keegan AJ  
Mod Health Care ,Dec 1982, 12 (12) p116, 118. ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0224989 83059314  
**Formulating disaster relief when needs are unknown.**  
May PJ  
J Policy Anal Manage ,Fall 1982, 2 (1) p39-54. ISSN  
0276-8739 Journal Code: JRV  
Languages: ENGLISH

As in most cases of natural disasters, relief needs arising out of the Mount St. Helens volcanic eruptions in May 1980 were greatly overestimated. Technical, bureaucratic, and political considerations all contribute to the upward bias in such cases. The errors in early estimates of relief needs can be reduced by systematic means. But more important than obtaining good early estimates is maintaining an effective control over actual disaster relief expenditures. As it turns out, the more effective systems of control usually go hand in hand with poorer early estimates, creating a dilemma for the management for disaster relief.

0224914 83056234  
**Challenges and opportunities for philanthropy.**  
Eisenberg P  
Grantsmanship Cent News ,Mar-Apr 1982, 10 (2) p14, 18-23  
Journal Code: G2M  
Languages: ENGLISH

0224899 83056119  
**A California retrospective.**

Pope GA  
Internist ,Apr 1982, 23 (3) p20-1. ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0224898 83056118  
**No time for apathy.**  
Munier WB  
Internist ,Apr 1982, 23 (3) p16-8. ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0224897 83056117  
**In support of federal involvement.**  
Cohen WJ  
Internist ,Apr 1982, 23 (3) p10, 15. ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

0224692 83052761  
**Implications of proposed and current federal budget cuts for discharge planning.**  
Lurie A  
Disch Plann Update ,Spring 1982, 2 (3) p12-4. ISSN  
0276-4652 Journal Code: EBL  
Languages: ENGLISH

0224673 83051989  
**Cutbacks in B.C.--a deadly game.**  
LeBourdais E  
Hosp Trustee ,Sep-Oct 1982, 6 (5) p5-6. ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0224656 83050226  
**If you're poor, hospital doors may be shut because of federal aid cuts.**  
Demkovich LE  
Natl J (Wash) ,Dec 4 1982, 14 (49) p2065-7. ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

00802

0224322 83070577  
**The budget's impact on health.**  
Verville RE  
AANA J ,Aug 1982, 50 (4) p412-6, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0224081 83067388  
**Health care accommodation in Scotland.**  
MacIachlan J  
Scott Med J ,Oct 1982, 27 (4) p325-30, ISSN 0036-9330  
Journal Code: UJK  
Languages: ENGLISH  
The Medical and Nursing Advisers of the Scottish Health Service, Common Services Agency, Building Division, advise upon the planning of health care accommodation. The overall spread of beds by function is given in a review of existing health care buildings in the year 1981. The numbers of hospital beds and of various groups of staff in the hospital and community services are calculated per 100,000 population so that any unusual disparity can be ascertained. One of the parameters for health building planning is fiscal control and so the cost per hospital in-patient week is tabulated for eight groups of specialities. The appropriate responsibilities of the Regional Councils in Scotland in 1979 are considered along with the responsibilities of Health Boards because part of each Social Work Department's work is the provision of accommodation and social care for those in need as opposed to the National Health Service responsibility for the health care of those in hospital and in the community. An overall view of residential accommodation for those requiring medical treatment or social care is presented in tabular form. The views expressed are not necessarily those of the Common Services Agency.

0223543 83062788  
**The teaching hospital and the future role of state government.**  
Schramm CJ  
N Engl J Med ,Jan 6 1983, 308 (1) p41-5, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0223530 83062688  
**Sounding boards. Where is the popular mandate?**  
Navarro V  
N Engl J Med ,Dec 9 1982, 307 (24) p1516-8, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0223484 83062130  
**Making the choice. How the candidates will affect health care in Michigan.**  
Mich Med ,Oct 1982, 81 (46) p550-6, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0223004 83055968  
**Austerity and aging in the United States: 1980 and beyond.**  
Estes CL  
Int J Health Serv ,1982, 12 (4) p573-84, ISSN 0020-7314  
Journal Code: GRU  
Languages: ENGLISH  
This paper presents a critical examination of the past and future direction of social policies for the aged in the United States. The definitions of the social problem of old age and of the appropriate policy solutions for this problem have reflected the ups and downs of the U.S. economy and the shifting bases of political power during the past thirty years. In the 1980s, three dominant definitions of reality are shaping public policy for the elderly: (a) the perception of fiscal crisis and the necessity for reduced federal expenditures; (b) the perception that national policies should give way to decentralization and block grants; and (c) the perception of old age as an individual problem. It is argued that old age policy in the United States reflects a two-class system of welfare in which benefits are distributed on the basis of legitimacy rather than on the basis of need.

0223001 83055965  
**A descriptive overview of treatment modalities in federally funded drug abuse treatment programs.**  
Singh BK; Joe GW; Lehman W; Garland J; Sells SB  
Int J Addict ,Aug 1982, 17 (6) p977-1000, ISSN 0020-773X  
Journal Code: GQ8  
Contract/Grant No.: 271-78-5701  
Languages: ENGLISH

0222932 83055173  
**Synopsis '82: budget battles dominate Congress.**  
Lesparre M  
Hospitals ,Dec 16 1982, 56 (24) p67-78, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

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0222314 83043175  
**Block grants: a mid-term report card.**  
Wash Rep Med Health ,Nov 15 1982, p1-4, ISSN 0043-0730  
Journal Code: XMM  
Languages: ENGLISH

0222310 83042766  
**Funds for the aged: ticklish dilemma.**  
Sanoff AP; Cole BM  
US News World Rep ,Oct 18 1982, 93 (16) p55-6, 58, ISSN  
0041-5537 Journal Code: WSL  
Languages: ENGLISH

0222285 83039874  
**Social programs and social obligations.**  
Mead LM  
Public Interest ,Fall 1982, (69) p17-32, ISSN 0033-3557  
Journal Code: QIB  
Languages: ENGLISH

0222237 83038542  
**New Federalism and the social services: friends or foes?**  
Peirce NR  
New Engl J Hum Serv ,Summer 1982, 2 (3) p13-9, ISSN  
0277-996X Journal Code: DOG  
Languages: ENGLISH

0222027 83028753  
**The "new federalism" and public health.**  
Koop CE  
Health Values ,Sep-Oct 1982, 6 (5) p36-9, ISSN  
0147-0353 Journal Code: FX6  
Languages: ENGLISH

0222021 83027988  
**Limited block grant battles threaten even best planning.**  
Weimar RH  
Fund Raising Manage ,Nov 1982, 13 (9) p38-40, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0221961 83024363  
**Sharing the wealth: the gap between rich and poor grows wider.**  
Havemann J  
Natl J (Wash) ,Oct 23 1982, 14 (43) p1788-95, ISSN

0360-4217 Journal Code: B7D  
Languages: ENGLISH

0221828 83046570  
**Interview with Birch Bayh [interview by Jerome E. Singer]**  
Bayh B  
Am Psychol ,Jul 1982, 37 (7) p843-50, ISSN 0003-066X  
Journal Code: 41V  
Languages: ENGLISH

0221827 83046569  
**The federal budget and the New Federalism. Trends affecting mental health.**  
Chiles LM  
Am Psychol ,Jul 1982, 37 (7) p835-42, ISSN 0003-066X  
Journal Code: 41V  
Languages: ENGLISH

0221523 83042700  
**[Health insurance in Quebec: objectives of the medical profession and of society. 3. Controlling increases in expenditures]**  
L'assurance-maladie au Quebec: les objectifs de la profession medicale et de la societe. 3. Le controle de l'accroissement des depenses.  
Rivard G  
Union Med Can ,Aug 1982, 111 (8) p720-5, ISSN 0041-6959  
Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0220888 83036870  
**Effects of hospital revenue bonds on hospital planning and operations.**  
Wilson G; Sheps CG; Oliver TR  
N Engl J Med ,Dec 2 1982, 307 (23) p1426-30, ISSN  
0028-4793 Journal Code: NDW  
Languages: ENGLISH

0220761 83035638  
**Science vote in the open [editorial]**  
Lancet ,Nov 6 1982, 2 (8306) p1029, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

00804

0220449 83031950  
**An analysis of a public program for heart transplantation.**  
Hellingner FJ  
J Hum Resour ,Spring 1982, 17 (2) p307-13, ISSN  
0022-166X Journal Code: IE9  
Languages: ENGLISH

0220366 83031621  
**Funding for dental research. Council on Dental Research.**  
Council on Dental Research.  
Verrusio AC; Gibson WA  
J Am Dent Assoc ,Oct 1982, 105 (4) p680-4, ISSN  
0002-8177 Journal Code: H5J  
Languages: ENGLISH

0220203 83029671  
**Should mental health services be structured like medical care?**  
Buck JA  
Inquiry ,Fall 1982, 19 (3) p211-21, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0220198 83029666  
**Putting hospitals on notice.**  
Fost N  
Inquiry ,Aug 1982, 12 (4) p5-8, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0220138 83029162  
**Community mental health centers: a look ahead.**  
Beigel A  
Hosp Community Psychiatry ,Sep 1982, 33(9) p741-5,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

Community mental health centers are subject to a number of pressures that will affect the way centers operate in the years ahead. These influences include a reduction in federal appropriations, the use of block grants to the states, the administration's efforts at deregulation, and the continuing impact of deinstitutionalization. Because of these pressures, changes can be expected in the staffing patterns, catchment-area philosophy, numbers of service mergers and consolidations, degree of competition with the private sector the role of the states, use of state hospitals, consumer and citizen involvement, and kind and degree of professional advocacy. The author cautions that these trends may lead to decisions harmful to patient care unless careful planning is carried out. Centers of the future may well have to serve

fewer clients while maintaining a highly professional staff, a wide range of services, and an increased responsibility for caring for the chronic mentally ill.

0219810 83024058  
**Essentials of health economics: part II--Financing health care.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1101-2,  
Journal Code: B4X  
Languages: ENGLISH

0219621 83005639  
**District Court denies Medicare reimbursement for Hill-Burton in first post-Tax Act case.**  
Hofstra PS  
Health Law Vigil ,Oct 15 1982, 5 (21) p2-3, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0219558 83002762  
**The Reagan plan.**  
Watkins R  
Contemp Adm ,Mar 1982, 5 (3) p4-5, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0219556 83002760  
**Home health/challenges and cutbacks.**  
Samuel F  
Contemp Adm ,Mar 1982, 5 (3) p30-1, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0219548 83000857  
**The probable impact of federal budget cuts on emergency medical services.**  
Arahamian C  
Bull Am Coll Surg ,Oct 1982, 67 (10) p10-1, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

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0219509 83021959  
**Current perspectives on biomedical research in the United States.**

Brandt EN Jr  
Arch Otolaryngol ,Oct 1982, 108 (10) p609-11, ISSN  
0003-9977 Journal Code: 860  
Languages: ENGLISH

0219274 83019535  
**MAC study confirms pharmacy losses.**

Torielli G; Gagnon JP; Lingle EW  
Am Pharm ,Aug 1982, 22 (8) p31-3, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0218757 83012793  
**Sounding board the physician and national security.**

Hfatt HH  
N Engl J Med ,Oct 28 1982, 307 (18) p142-5, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0218702 83011945  
**The abortion arena: recent activity.**

Goldstein LS; Comeau DJ  
Leg Med ,1982, p213-26, ISSN 0197-9981 Journal Code:  
L3Q  
Languages: ENGLISH

According to the United States Supreme Court in 1973, a pregnant woman does not have an absolute right to an abortion. The Supreme Court stated that a pregnant woman's right to an abortion, based in part upon her constitutional right of privacy, is limited by a state's interest in the protection of potential human life. A wave of state legislative activity has ensued, most of which has been attempts by states to flex their "police power" muscles. The consequence of such activity has been state statutes which are vague, overly broad, inconsistent with the approaches taken with respect to the area of prenatal negligence, and which often leave the physician and surgeon without proper standards of conduct.

0218587 83010556  
**Genetic services in the United States.**

Sepe SJ; Marks JS; Oakley GP; Manley AF  
JAMA ,Oct 8 1982, 248 (14) p1733-5, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

In fiscal years 1979 and 1980, the Genetic Diseases Service Branch of the Health Services Administration funded 34 state genetic service programs in the United States through monies

from the National Genetic Diseases Act (PL 94-278) of 1976. During the two-year period, 131,818 at-risk individuals were provided with genetic counseling. Analyses of amniotic fluid were performed on 42,003 specimens, with 436 abnormal fetuses (1%) detected. Utilization ratios of amniocentesis for advanced maternal age ranged from a low of 5% to a high of 49%. Screening programs for inborn errors of metabolism reported testing 3, 158,521 specimens. The numbers of affected children detected nationally were 195 with phenylketonuria (1:16,000), 536 with hypothyroidism (1:5,900), 25 with galactosemia (1:39,685), eight with maple syrup urine disease (1:86,984), and eight with homocystinuria (1:139,008).

0218563 83010354  
**The role of the Federal Government in mental health.**

Newton PA  
J Natl Med Assoc ,Jan 1982, 74 (1) p77-81, ISSN  
0027-9684 Journal Code: J9Z  
Languages: ENGLISH

0218045 83004216  
**Publicly funded abortions in FY 1980 and FY 1981.**

Gold RB  
Fam Plann Perspect ,Jul-Aug 1982, 14 (4) p204-7, ISSN  
0014-7354 Journal Code: ERK  
Languages: ENGLISH

0218044 83004215  
**Public funding of contraceptive services, 1980-1982.**

Nestor B  
Fam Plann Perspect ,Jul-Aug 1982, 14 (4) p198-203, ISSN  
0014-7354 Journal Code: ERK  
Languages: ENGLISH

0218041 83004212  
**Why now?**

Rosoff JI  
Fam Plann Perspect ,Jul-Aug 1982, 14 (4) p180, ISSN  
0014-7354 Journal Code: ERK  
Languages: ENGLISH

00806

0217931 83001982  
**Health systems agencies: the feds pull out.**  
Davis T  
CDA J ,Apr 1982, 10 (4) p47-50, ISSN 0091-4231  
Journal Code: CRA  
Languages: ENGLISH

0217551 82266746  
**How to start a home health agency.**  
Asmus H; Casale P; Feldscher B; Fagan LL; Saari K; Hagemeyer L; Mayberry L; Parker RL; Fox C  
J Am Health Care Assoc ,Sep 1982, 8 (5) p62-7, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

0217473 82264924  
**Wound watch.**  
Blumenthal C  
Health PAC Bull ,May-Jun 1982, 13 (3) p11-9, ISSN 0017-9051  
Journal Code: G29  
Languages: ENGLISH

0217434 82263927  
**Public conflict solves nothing.**  
Story AT  
Health Care (Don Mills) ,Mar 19 1982, 24 (2) p28, ISSN 0226-5788  
Journal Code: GKM  
Languages: ENGLISH

0217407 82263765  
**Learning from failure: resubmitting your rejected proposal.**  
Tringo J  
Grants Mag ,Mar 1982, 5 (1) p18-22, ISSN 0160-9734  
Journal Code: GH5  
Languages: ENGLISH

0217330 82263416  
**Health care in Hong Kong Hospital reflects Catholic values, local problems [interview]**  
Hong M  
Hosp Prog ,Oct 1982, 63 (10) p6-8, 12, 22, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217260 82263246  
**Health professions education: state of responsibilities**

**under the new federalism.**  
Lewin LS; Derzon RA  
Health Aff (Millwood) ,Spring 1982, 1 (2) p69-85, ISSN 0278-2715  
Journal Code: GAG  
Languages: ENGLISH

0217258 82263244  
**Do we need competition legislation? The view of an advocate [interview by John K. Iglehart]**  
Gephardt RA  
Health Aff (Millwood) ,Spring 1982, 1 (2) p53-68, ISSN 0278-2715  
Journal Code: GAG  
Languages: ENGLISH

0217166 82284251  
**Federal funding agencies and speech-language-hearing.**  
Punch JL; Gelatt JP  
ASHA ,May 1982, 24 (5) p325-31, ISSN 0001-2475  
Journal Code: 92G  
Languages: ENGLISH

0216966 82281534  
**The redistribution of benign gynecologic surgery.**  
Friedrich EG Jr  
Am J Obstet Gynecol ,Sep 15 1982, 144 (2) p177-80, ISSN 0002-9378  
Journal Code: 3NI  
Languages: ENGLISH  
The program directors of obstetrics-gynecology residencies in the United States were questioned regarding their perceptions of benign gynecologic surgical volume change at their institutions. Most responding departments had experienced a decline volume during the 5 years prior to the study. This volume decrease tended to be more frequent and more pronounced in those programs involving care of a high percentage of indigent patients. Conversely, programs with a predominantly nonindigent patient population tended to experience increases in volume. Many factors are responsible for this redistribution, including a change in gynecology, itself, which has become increasingly occupied with noninvasive ambulatory techniques.

00807

0216938 82281421

**Effect of Reaganomics on the U.S. health-care system.**

Enright SM

Am J Hosp Pharm ,Jul 1982, 39 (7) p1169-75, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

Health care under President Ronald Reagan is discussed as it relates to consumers, third-party carriers, hospitals, and hospital pharmacists. The Reagan Administration's goals are to: (1) promote cost containment and quality control through competition, and (2) shift the major elements of program control to the state and local governments and the competitive private sector. Described are the regulatory and legislative initiatives of the Administration, such as the Omnibus Reconciliation Budget Act, Block Grant Programs, Medicare and Medicaid cuts, and procompetition legislation. Under increased competition in the health insurance system, the locus of responsibility for costs will shift from employers and unions to employees. Incentives for greater cost sharing will force hospitals to restrain costs. Multihospital systems are likely to proliferate. Proposed ancillary service caps will increase competition for resources among hospital departments. Pharmacy departments must implement strategic long-range planning to withstand the pressures for reductions in staff and services. Clinical pharmacy services will become increasingly difficult to implement without full documentation. As a result of all these changes, consumer demand for health-care services may decrease, and the way such services are delivered will probably shift.

0216836 82280398

**Washington scene: the federal budget revisited.**

Verville RE

AANA J ,Jun 1982, 50 (3) p281-4, ISSN 0094-6354

Journal Code: Q2P

Languages: ENGLISH

0216540 82277353

**A spatial analysis of voting on health care issues. United States House of Representatives, 86th Congress, First Session.**

Mullner R; Andes S; Tatalovich R; Bardes B

Soc Sci Med ,1982, 16 (11) p1147-56, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

This study examines the spatial patterns of congressional voting on health issues. Thirteen roll call votes on health care issues occurring during the 1st Session of the 96th Congress are factor analyzed. This analysis shows that health care questions cluster around two major issues: health care regulation and health care spending. The factor scores for each Representative are mapped, and a regression model is developed relating health care voting to characteristics of the Representative, the Congressional district, and the hospitals in that district. The most important findings were:

(1) support for both health care spending and regulation is strongest in the Northeast and upper Midwest. (2) Although Representatives from most of the Southern states are opposed to health care regulation, they generally favor health care spending. (3) Representatives from a few of the Southern states, however, do not fit this generalization. (4) Although Representatives from the Pacific Coast states are the strongest proponents of regulation, they are opposed to spending. (5) Opposition to health care spending is particularly strong among Representatives from suburban districts.

0216020 82273368

**The effects of a master's degree in occupational health on the delivery of services to workers.**

Solomon CJ

Occup Health Nurs ,Aug 1982, 30 (8) p9-24, ISSN 0029-7933 Journal Code: QDC

Languages: ENGLISH

0215842 82272253

**Sounding boards. Moderating the rise in health-care costs: a pragmatic beginning.**

Somers AR

N Engl J Med ,Oct 7 1982, 307 (15) p944-7, ISSN 0028-4793 Journal Code: NOW

Languages: ENGLISH

0215830 82272167

**Taking university research into the marketplace.**

Omern GS

N Engl J Med ,Sep 9 1982, 307 (11) p694-700, ISSN 0028-4793 Journal Code: NOW

Languages: ENGLISH

0215737 82270869

**The unkindest cut of all: a view of the U.G.C. cuts from Britain's first 20th-century medical school.**

Mitchell JR

Lancet ,Sep 4 1982, 2 (8297) p540-5, ISSN 0023-7507 Journal Code: LOS

Languages: ENGLISH

00808

0215685 82270460  
**Washington report.**  
Lewis J  
J Stud Alcohol ,Jan 1982, 43 (1) p183-7, ISSN 0096-882X  
Journal Code: K76  
Languages: ENGLISH

0215657 82269985  
**Reduced federal monies: conflicts in ethics and policy.**  
Robbins D  
JEN ,Jul-Aug 1982, 8 (4) p208, ISSN 0099-1767 Journal  
Code: KRU  
Languages: ENGLISH

0215416 82266897  
**Private and public initiatives in health maintenance organizations.**  
Harrison DH; Kimberly JR  
J Health Polit Policy Law ,Spring 1982, 7 (1) p80-95,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

Public policy controversies about the cost-containing potential of HMOs and the failures of many plans should not overshadow the fact that HMOs will be forces in the health care sector in the 1980s, largely as the result of increasing private investment. There is a large, stable segment of the prepaid industry that developed as a result of private sector and community concern long before the federal HMO Act of 1973, and it is their initiatives along with increasing investment activity by insurance companies and management companies in particular, that will serve as a base for consolidation and growth of HMO plans. HMOs have not proved to be the miraculous cost-containing mechanism of the future, but their impact will be felt even more for the changes they stimulate in the customary organizational forms, in financing, and in the role of business in health care.

0215412 82266893  
**The embattled hospital: cost control measures versus imperatives for expansion.**  
Reilly BJ; Legge JS Jr  
J Health Polit Policy Law ,Spring 1982, 7 (1) p254-70,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

As the costs of the American health care system escalate, there is a tendency to identify the biggest cost item and attempt to reduce it to a manageable size. However, since that biggest cost item, the hospital, is a creation of uncontrolled forces within the system as a whole, attempts to manage costs will be limited in effectiveness. The hospital is the end product of an uncontrolled system, a product that displays little understanding of the economic principles of trade-off,

efficiency, and productivity. To limit spending in the hospital care system, controls must be rooted in an analysis of the forces that have shaped the hospital's present form and structure. Factors to be considered are those that have defined what a "good" hospital is, who its real consumers are, and what economic and quality control factors must be part of the entire health system. This article suggests modification of public policies relative to medical manpower an insurance, and recommends adoption of reimbursement by Diagnostic Related Groups.

0215395 82266849  
**The problem of financing the Social Security system.**  
Chow RK  
J Gerontol Nurs ,Sep 1982, 8 (9) p524-5, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0215309 82266286  
**Demise of health planning in the United States: the politics of incremental health policy formation.**  
DeSario J  
J Public Health Policy ,Jun 1982, 3 (2) p164-77, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0215294 82265879  
**Getting the most out of more.**  
Holmes RB  
J Can Assoc Radiol ,Jun 1982, 33 (2) p68-76, ISSN  
0008-2902 Journal Code: HLZ  
Languages: ENGLISH

The Canadian health care system is like the leaning tower of Pisa--a fine structure which everyone wants to preserve and improve. The officials in charge are caught between demands from those who want a new escalator for the visitors, and those who say the main priority is to find ways to prevent the tower from falling over. Our system has evolved in a sound and orderly way and few would wish to dismantle it. It has become caught up in conflict between pressures for growth and problems of how to pay for that growth. The challenge is to keep the system as a whole viable, while adding improvements in a fair and rational manner. No specific solutions are suggested, but rather a positive approach to finding them. While there will be no easy victories, this suggestion should be considered seriously by any who have an interest in getting the most out of more for Canadians.

00809



0215233 82264818  
**Strategic planning under current cutback conditions.**  
McLaughlin CP  
Health Care Manage Rev ,Summer 1982, 7 (3) p7-17, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215209 82264794  
**Viewpoint: Emerging health policy and industry restructuring.**  
Brown M  
Health Care Manage Rev ,Winter 1982, 7 (1) p67-70, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215056 82263035  
**Medicaid reform.**  
Davidson SM  
Health Soc Work ,May 1982, 7 (2) p85-7, ISSN 0360-7283  
Journal Code: F26  
Languages: ENGLISH

0215029 82262482  
**Government financing- where do we stand [editorial]**  
Martin JC  
Dimens Health Serv ,Jul 1982, 59 (7) p4-5, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH, FRENCH

0214737 82258768  
**Underfunding's effect on Canadian hospitals.**  
Korcok M  
Can Med Assoc J ,Sep 1 1982, 127 (5) p409-13, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0214678 82258120  
**The arms race and health care.**  
Holdstock DJ  
Br Med J [Clin Res] ,Aug 7 1982, 285 (6339) p421-2,  
Journal Code: B4X  
Languages: ENGLISH

0214612 82254256  
**South Florida HMO loses federal subsidy.**  
Am Med News ,Aug 20 1982, 25 (31) p3, ISSN 0001-1843

Journal Code: 3YS  
Languages: ENGLISH

0214377 82238108  
**Special report: Congress passes the Tax Equity and Fiscal Responsibility Act.**  
McCann RW  
Health Law Vigil ,Sep 3 1982, 5 (18) p1-6, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0214178 82256036  
**Health and new federalism.**  
Babbitt B  
Ariz Med ,Apr 1982, 39 (4) p256-7, ISSN 0004-1556  
Journal Code: 8N6  
Languages: ENGLISH

0212846 82240019  
**Sources of support for skin research in departments and divisions of dermatology in the United States.**  
Pochi PE  
J Am Acad Dermatol ,Jun 1982, 6 (6) p1108-11, ISSN  
0190-9622 Journal Code: HVG  
Languages: ENGLISH

0212603 82236364  
**Terminology and core curricula in natural family planning.**  
Brennan JJ; Klaus H  
Fertil Steril ,Jul 1982, 38 (1) p117-8, ISSN 0015-0282  
Journal Code: EVF  
Languages: ENGLISH

0212515 82233734  
**Prospects for dental research and development in the 1980s.**  
Slavkin HC  
CDA J ,Feb 1982, 10 (2) p39-44, ISSN 0091-4231  
Journal Code: CRA  
Languages: ENGLISH

00810

0212146 82212352  
**Administration, Congress lacks clear focus on health care issues [interview by John K. Iglehart]**  
Gradison WD Jr  
Hosp Prog ,Jul 1982, 63 (7) p8-10, 12, 14, ISSN  
0018-5817 Journal Code: GD1  
Languages: ENGLISH

0212086 82211216  
**New financing arrangements.**  
Bromberg MD  
Rev Fed Am Hosp ,Jul-Aug 1982, 15 (4) p5, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0212023 82207828  
**HMOs may face a lean future with declining government support.**  
Demkovich LE  
Natl J (Wash) ,Jul 3 1982, 15 (27) p210-7, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0212022 82207827  
**The welfare sector.**  
Samuelson RJ  
Natl J (Wash) ,Jun 28 1982, 15 (26) p1143, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0212005 82207810  
**Administrative practices and procedures--Office of the Secretary, HHS. Proposed rule.**  
Fed Regist ,Jun 22 1982, 47 (120) p26860-1, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH

These proposed rules would reaffirm the Department's policy ordinarily to use notice and comment procedures in the development of rules relating to public property, loans, grants, benefits, and contracts, even though such action is not required by the Administrative Procedure Act, and would set forth the circumstances for such use. The Secretary believes that public comment serves an important purpose in bringing the expertise and views of interested parties to the attention of the Department.

0211553 82224413  
**Securing grants from the government, industry and private**

**foundations.**  
Handelman SL  
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Languages: ENGLISH

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**Maternal and child health: use of health status indicators in coordinating and targeting federal programs.**

Omenn GS

J Community Health ,Spring 1982, 7 (3) p194-210, ISSN 0094-5145 Journal Code: HUT

Languages: ENGLISH

The United States has achieved dramatic improvements in overall maternal and child health status, yet faces disturbingly wide variations in the health status of many population subgroups. The Surgeon General in 1980 published specific quantitative objectives to stimulate further improvements in the health of the American people by 1990. A critical step in meeting relevant objectives is the more effective use at national, state, and local levels of available data, particularly infant, perinatal, neonatal, and maternal mortality rates and the incidence of low weight births. This paper reviews variations in infant mortality rates and five current federal "categorical" programs that aim to improve maternal and child health: Supplemental Feeding Program for Women, Infants and Children; Head Start; Maternal and Child Health; Family Planning; and Community Health Centers. Several examples are cited of effective use of data in the coordination and targeting of resources from these large public programs. Recommendations are made for enhancement of federal maternal and child health programs within current funding levels. These recommendations will be all the more relevant if the Congress enacts block grants to the states with lower total funding.

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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McNamara JJ

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Languages: ENGLISH

Health Systems Agencies (HSA) are the official national health planning and regulatory agencies in the United States. This case study examines three HSA activities: determination of need, review and approval of federal grants, and appropriateness review. The article raises questions about planning assumptions and suggests the need to simplify regulatory process and strengthen standards of pediatric care in community hospitals.

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Arnold B  
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Languages: ENGLISH

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**Health and human services block grants: the state and local dimension.**  
Beyle TL; Dusenbury PJ  
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Languages: ENGLISH

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ISSN 0018-5663 Journal Code: GDE  
Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Patterson P  
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Journal Code: 6JR  
Languages: ENGLISH

0204161 82157754  
**Medicaid cutbacks and block grants: crisis or opportunity for community mental health?**  
Sharfstein SS  
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0002-953X Journal Code: 3VG  
Languages: ENGLISH

The fourfold growth in the mental health service system since 1955 has been largely financed by federal monies and by federal and state funding through Medicaid. This growth represents expansion of both institutional and outpatient settings, even though there has been a total reversal of the proportion of inpatient to outpatient care over the last 22 years. Current proposals to cap Medicaid costs and to issue block grants challenge the delivery system to attempt alternatives, such as financing similar to what is done in a health maintenance organization (HMO). The author describes a model of a "mental health HMO" that would be appropriate from professional consumer, and economic perspectives.

0203365 82148530  
**Sounding Board. A Federal Health Service Corps.**  
Smith BW; Gerard RJ  
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Languages: ENGLISH

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Caper P  
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Languages: ENGLISH

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**Beyond the cuts [editorial]**  
Lancet ,Feb 20 1982, 1 (8269) p429, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

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**Cancer rehabilitation. An analysis of 38 program approaches.**  
Harvey RF; Jellinek HM; Habeck RV  
JAMA ,Apr 16 1982, 247 (15) p2127-31, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Information about comprehensive rehabilitation for patients with cancer is limited. Only a few descriptions of existing models are found in the literature. A survey questionnaire concerning the description and operation of cancer rehabilitation programs was developed and mailed to identified programs in 95 facilities throughout the country. Thirty-six facilities responded with data appropriate for analysis of their method of organization, treatment approaches, team composition, program emphasis, evaluation procedures, and program results. A literature and survey analysis provide support for an interdisciplinary team approach for rehabilitation of cancer patients disabled by the disease or its treatment. In addition, the survey shows favorable acceptance and success of cancer rehabilitation programs, especially in community hospital settings.

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**Problems and issues in delivering vocational education instruction and support services to students with learning disabilities.**  
Greenan JP  
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0022-2194 Journal Code: IWO  
Languages: ENGLISH

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Languages: ENGLISH

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McCarthy EF; Sage DD  
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Journal Code: ENX  
Languages: ENGLISH

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Smith R  
Br Med J [Clin Res] ,Jan 30 1982, 284 (6312) p335-7,  
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Languages: ENGLISH

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Congress' new method of doing business.  
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Languages: ENGLISH

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Expected principal source of payment for hospital discharges: United States, 1979.  
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Advance Data ,Feb 16 1982, (75) p1-8, ISSN 0147-3956  
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Languages: ENGLISH

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Budget cuts -- budget fights.

Humphrey AG  
Nurs Homes ,Jan-Feb 1982, 31 (1) p38-40, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0202128 82125011  
Health care over the long haul: spending, the elderly and new products.  
Rankin PD  
Med Prod Sales ,Feb 1982, 13 (2) p23-4, 38-43, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

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Two federal district courts make the first awards of attorneys' fees under Equal Access to Justice Act.  
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Journal Code: GIF  
Languages: ENGLISH

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Health Law Vigil ,Mar 5 1982, 5 (5) p2-4, ISSN 0270-3343  
Journal Code: GIF  
Languages: ENGLISH

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Journal Code: GD1  
Languages: ENGLISH

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Budget cuts hit chief weapon in war on childhood diseases, say critics.  
Stein J  
Natl J (Wash) ,Mar 13 1982, 14 (11) p462-4, ISSN 0360-4217  
Journal Code: B7D  
Languages: ENGLISH

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**Medical rehabilitation research: distortions, deflections and detractions.**

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Languages: ENGLISH

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Dunlap MJ  
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Journal Code: 40D  
Languages: ENGLISH

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**Crucial partnership: biomedical scientists and Congress.**

Fallon HJ  
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Journal Code: X6S  
Languages: ENGLISH

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**Evaluation of medical-technology strategies: proposal for an institute for health-care evaluation (second of two parts).**

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N Engl J Med ,Mar 18 1982, 306 (11) p687-92, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

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**The trend of federal and private support of research as applied to anesthesiology.**

Benzon HT; Linde HW; Brunner EA  
JAMA ,Feb 26 1982, 247 (8) p1166-7, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

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Cash R  
Hospitals ,Mar 16 1982, 56 (6) p65, 67, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

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**Multihospital systems in the '80s--the new shape of the health care industry.**

Brown M  
Hospitals ,Mar 1 1982, 56 (5) p71-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

Considering the major challenges that face hospitals during the 1980s--reimbursement shortfalls, capital acquisition, replacement of obsolete facilities, and more--it seems most likely that investor-owned and not-for-profit multihospital systems will begin to replace freestanding hospitals as the dominant organizational form in the health care industry.

0200216 82118507

**Hospital granted \$3 million loan to finance 14 energy conservation projects.**

Hospitals ,Mar 1 1982, 56 (5) p60, 63, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

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**Voluntarism more visible in light of funding cuts.**

Wilkinson RD  
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Languages: ENGLISH

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**"Reaganomics" force new national health priorities.**

US Med ,Jan 15 1982, 18 (2) p4-6, ISSN 0042-1227  
Journal Code: WZP  
Languages: ENGLISH

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**Financing void could close hospitals [news]**

Punch L  
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0160-7480 Journal Code: NFA  
Languages: ENGLISH

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0199206 82103680  
**Hospitals face ominous '82 Congress [news]**  
Simler SL  
Mod Health Care ,Feb 1982, 12 (2) p122, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0199019 82096843  
**Business leaders building strategies to counter Reagan's cost shifting [news]**  
Iglehart JK  
Hosp Prog ,Feb 1982, 63 (2) p17, 20, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0198983 82095645  
**Governors' chairman-elect says cuts in budget too much too soon, urges moratorium for states [interview]**  
Matheson SM  
Rev Fed Am Hosp ,Jan-Feb 1982, 15 (1) p29-30, Journal  
Code: EUJ  
Languages: ENGLISH

0198979 82095641  
**The health care industry analyzes impact of cuts, girds for more in 1982 budget battle.**  
Rev Fed Am Hosp ,Jan-Feb 1982, 15 (1) p12-3, Journal  
Code: EUJ  
Languages: ENGLISH

0198858 82111814  
**Who speaks for poor as states slice block grants? [editorial]**  
Nichols B  
Am Nurse ,Jan 1982, 14 (1) p4, 19, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

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**Navy's are not: Marine units funded.**  
Viau S  
US Med ,Jan 1 1982, 18 (1) p3, 30, ISSN 0042-1227  
Journal Code: WZP  
Languages: ENGLISH

0196905 82074561

**Md federal district court interprets 1980 Equal Access to Justice Act Amendments; Act's utility to hospitals may be limited.**

O'Brien JP  
Health Law Vigil ,Jan 22 1982, 5 (2) p6-7, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0195362 82074318  
**It's going to hurt for more than just a little while [interview]**  
Blendon R  
Hospitals ,Jan 1 1982, 56 (1) p61-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0195360 82074316  
**No more business as usual [editorial]**  
Hospitals ,Jan 1 1982, 56 (1) p53-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

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**GASTOS EN SALUD**

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**Changes and issues in health care in the 1980's. Preferred provider health plans.**  
Smith GA  
Vital Speeches Day ,Mar 15 1983, 49 (11) p329-32, ISSN  
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Languages: ENGLISH

0233277 83141459  
**HHS' figures outline shape of the nation's health.**  
Med Prod Sales ,Mar 1983, 14 (3) p59-61, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0233276 83141458  
**Megabucks!**  
Med Prod Sales ,Mar 1983, 14 (3) p53-4, 56-7, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

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**Medical technology and the health care cost spiral.**  
Ruchlin HS  
J Health Hum Resour Adm ,Summer 1982, 5 (1) p33-42,  
ISSN 0160-4198 Journal Code: KD1  
Languages: ENGLISH

0233056 83134090  
**HCFA program statistics.**  
Health Care Financ Rev ,Mar 1983, 4 (3) p127-32,  
Journal Code: GHX  
Languages: ENGLISH

00422  
0233053 83134087  
**National health expenditure growth in the 1980's: an aging population, new technologies, and increasing competition.**  
Freeland MS; Schendler CE  
Health Care Financ Rev ,Mar 1983, 4 (3) p1-58, Journal  
Code: GHX  
Languages: ENGLISH  
Health care spending in the United States more than tripled between 1971 and 1981, increasing from \$83 billion to \$287 billion. This growth in health sector spending substantially outpaced overall growth in the economy, averaging 13.2 percent per year compared to 10.5 percent for the gross national product (GNP). By 1981, one out of every ten dollars of GNP was spent on health care, compared to one out of every

thirteen dollars of GNP in 1971. If current trends continue and if present health care financing arrangements remain basically unchanged, national health expenditures are projected to reach approximately \$756 billion in 1990 and consume roughly 12 percent of GNP. The focal issue in health care today is cost and cost increases. The outlook for the 1980's is for continued rapid growth but at a diminished rate. The primary force behind this moderating growth is projected lower inflation. However, real growth rates are also expected to moderate slightly. The chief factors influencing the growth of health expenditures in the eighties are expected to be aging of the population, new medical technologies, increasing competition, restrained public funding, growth in real income, increased health manpower, and a deceleration in economy-wide inflation. Managers, policy makers and providers in the health sector, as in all sectors, must include in today's decisions probable future trends. Inflation, economic shocks, and unanticipated outcomes of policies over the last decade have intensified the need for periodic assessments of individual industries and their relationship to the macro economy. This article provides such an assessment for the health care industry. Baseline current-law projections of national health expenditures are made to 1990. (148 Refs.)

0232854 83130908  
**Healthcare spending in the 80's.**  
Childs BW  
Comput Healthc ,Feb 1983, 4 (2) p6, Journal Code: D98  
Languages: ENGLISH

0231792 83142564  
**Health care cost management: developing the occupational health nurse's management role.**  
Yeater DC  
Occup Health Nurs ,Mar 1983, 31 (7) p29-35, ISSN  
0029-7933 Journal Code: ODC  
Languages: ENGLISH

0231291 83138433  
**Procompetition health policies and the future of prosthodontics.**  
Baillit HL; Grasso JE  
J Prosthet Dent ,Feb 1983, 49 (2) p255-62, ISSN  
0022-3913 Journal Code: JSV  
Languages: ENGLISH

00821

0230368 83128303  
"The rising tide" [editorial]  
Arie T; Jolley D  
Br Med J [Clin Res] ,Jan 29 1983, 286 (6362) p325-6,  
Journal Code: B4X  
Languages: ENGLISH

0228940 83116129  
Another look at rising health care costs [editorial]  
Strasser AL  
Occup Health Saf ,Oct 1982, 51 (10) p26, 48, ISSN  
0362-4064 Journal Code: ODE  
Languages: ENGLISH

0228900 83115963  
Legislation & new regulations.  
Spitzer RB  
Nurs Manage ,Feb 1983, 14 (2) p13-21, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

00423

● 0228668 83112348  
More doctors: what will they cost? Physician income as  
supply expands.  
Sloan FA; Schwartz WB  
JAMA ,Feb 11 1983, 249 (6) p766-9, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

During the 1970s, expenditure for physicians' services rose by \$12.7 billion (in 1979 dollars), but only about one fifty of this amount could be attributed to an increase in number of physicians relative to population. Other factors, chiefly demographic changes and greater insurance coverage, were responsible for the bulk of higher expenditures. Despite the growth in number of physicians, real income of individual physicians remained virtually constant. Maintenance of real income was not, however, appreciably dependent on physicians inducing an unwarranted demand for their services. We predict that as the physician supply expands by 25% to 35% during the 1980s, real payments to physicians will increase by some \$14 to \$20 billion (1979) dollars. As in the past decade, however, only about one fifth of the amount will be attributable to an increase in physician supply. Gross income of individual physicians is likely to rise by 10% to 15% (in 1979 dollars) over the decade, but net income probably will show little increase or may even fall slightly.

0228422 83109632  
Causes and implications of variation in hospital  
utilization.

Brewer WR; Freedman MA  
J Public Health Policy ,Dec 1982, 3 (4) p445-54, ISSN  
0197-5897 Journal Code: H55  
Languages: ENGLISH

00424

● 0228355 83108211  
Health promotion: what's in it for business and industry?  
Brennan AJ  
Health Educ Q ,Fall 1982, 9 Spec Suppl p9-19, ISSN  
0195-8402 Journal Code: G20  
Languages: ENGLISH

Health promotion has been linked to improved morale, increased productivity, reduced absenteeism and turnover, more appropriate utilization of medical services and decreased disability and premature death claims due to unhealthy lifestyles. Preliminary data in favor of HPPs are being accumulated. Final proof is not available to "sell" myopic bottom line managers on the concept, however, as Immanuel Kant stated, "It is often necessary to make a decision on the basis of knowledge sufficient for action but insufficient to satisfy the intellect." If techniques can be developed to quantify in economic terms the impact of health promotion in these areas, business and industry will have a profound, hard line reason beyond their genuine interest in the health of their employees, for providing health promotion to employee populations--MONEY.

0227952 83102251  
Expensive innovations [editorial]  
Br Med J [Clin Res] ,Feb 5 1983, 286 (6363) p417-8,  
Journal Code: B4X  
Languages: ENGLISH

0227945 83102229  
General practice in 2000. Alma Ata declaration.  
Horder J  
Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p191-4,  
Journal Code: B4X  
Languages: ENGLISH

00822

0227865 83098113  
**Name of 'new game': allocation of resources.**  
Stacey J  
Am Med News ,Jan 7 1983, 26 (1) p1, 7-8. ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0227697 83089638  
**Prescription for health care.**  
Fisher JE  
Natl Underwrit [Life Health] ,Jan 8 1983, 87 (2) p17, 32  
ISSN 0028-033X Journal Code: OAC  
Languages: ENGLISH

0227602 83086636  
**Improvement of the hospital management in hard circumstances.**  
Kohno M  
Jpn Hosp ,Jul 1982, 1 p31-4. Journal Code: KTA  
Languages: ENGLISH

0227482 83076672  
**Future financing of health care in Canada: too little too late?**  
Freamo BE  
Can Doct ,Sep 1982, 48 (9) p67, 69. ISSN 0008-3429  
Journal Code: CG4  
Languages: ENGLISH

0227020 83094515  
**Failure to control tuberculosis: a personal view.**  
Bignall JR  
Tubercle ,Sep 1982, 63 (3) p171-4. ISSN 0041-3879  
Journal Code: WH9  
Languages: ENGLISH

0226933 83093412  
**Socioeconomic variations in dental status and behavior of today's elderly.**  
Blau ZS  
Spec Care Dentist ,Nov-Dec 1982, 2 (6) p244-7. ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

Forthofer RN; Lairson DR; Glasser JH  
Soc Sci Med ,1982, 16 (20) p1775-9. ISSN 0277-9536  
Journal Code: UT9  
Contract/Grant No.: No. 5 R01 HS-01653  
Languages: ENGLISH

The catastrophic health insurance bills introduced during the 96th U.S. Congress failed to consider the current role that Health Maintenance Organizations (HMO's) play in providing catastrophic protection and the potential negative impact such legislation may have on their competitive position. This article demonstrates that HMO's are providing this coverage by using the simulated health care expenditures for families in one HMO. The estimated proportion of families that incur catastrophic expenditures varies from 0.3 to 14.4% depending on the definition used for catastrophic. The paper closes with a discussion of the potential adverse impact that the legislation would have had on HMO's.

0226522 83088433  
**Disability documentation [editorial]**  
Burns JM  
Minn Med ,Sep 1982, 65 (9) p555. ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

0225910 83082000  
**Pain centers: an alternative for management of chronic pain.**  
Sarkar S  
Health Care Manage Rev ,Fall 1982, 7 (4) p77-84. ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0224912 83056132  
**The search for alternatives.**  
Pepper CD  
Internist ,Sep 1982, 23 (7) p6-8. ISSN 0020-9546  
Journal Code: GVZ  
Languages: ENGLISH

00425

● 0226912 83093164  
**Catastrophic health insurance and HMO's.**

00823

00426

0224092 83067546

**Resource consumption and future organisation of medical work in the National Health Service.**

Kinston W

Soc Sci Med ,1982, 16 (18) p1619-26, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

Medical expenditure within the National Health Service (NHS) is based upon an arrangement whereby doctors share in common resources provided by the Health Authority. This arrangement is unsatisfactory when resources are contracting and leads to social regulation of medical activity. If doctors within the district work-group do not respond to the challenge of cost-containment by internal organisation, more and more externally imposed regulations will result to the detriment of patients and doctors. The continual redevelopment of organisation to permit the optimal mix of internal and external regulation should be a subject of long-term enquiry and action for doctors in each district.

0223543 83062788

**The teaching hospital and the future role of state government.**

Schramm CJ

N Engl J Med ,Jan 6 1983, 308 (1) p41-5, ISSN 0028-4793

Journal Code: NOW

Languages: ENGLISH

0223420 83061177

**An analysis of types and costs of health care services provided to an elderly inner-city population.**

Steel K; Markson E; Crescenzi C; Hoffman S; Bissonnette A

Med Care ,Nov 1982, 20 (11) p1090-1100, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: 5K07 AE 00060

Languages: ENGLISH

The challenge facing national policymakers is to provide health care that is comprehensive and cost-effective to our nation's growing population of elderly people. A solution worthy of consideration is the use of health maintenance organizations (HMOs) in this capacity. An analysis of the services provided by a multidisciplinary health care system to 150 inner-city elderly, many of whom were "homebound," reversal 1) this population is not homogeneous with respect to severity of disease and service utilization, and 2) a total mean cost per individual per year of \$2,021.34 covers: physician, nursing, and social service home visits; visiting nurse, homemakers, home health aide, occupational therapy and physical therapy services; outpatient, laboratory and medication costs. These findings suggest that while costs for those over 65 are many times the per capita costs of younger enrollees, these costs may be significantly less than the costs of institutional care. Further investigation of the costs of maintaining low-income inner-city old, as well as

other elderly populations, at home is vital to planning for future long-term care.

0222486 83050466

**The influence of an employee fitness and lifestyle modification program upon medical care costs.**

Shephard RJ; Corey P; Renzland P; Cox M

Can J Public Health ,Jul-Aug 1982, 73 (4) p259-63, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH

0222288 83040413

**An analysis of alternative imputation strategies for individuals with partial data in the National Medical Care Expenditure Survey.**

Cohen SB

Rev Public Data Use ,Oct 1982, 10 (3) p153-65, ISSN

0092-2846 Journal Code: RWM

Languages: ENGLISH

Data collection in the National Medical Care Expenditure Survey was applied to the same panel of sample households in six rounds of interviewing, with 1977 as the reference period.

Approximately 11 percent of all survey participants provided data for only part of the time they were eligible to respond. To allow for national estimates of relevant health parameters, the data for the partial participants must be adjusted for the entire time frame for which they were eligible. Consequently, three alternative imputation strategies were considered for implementation: a weighted adjustment to the partial data, a substitution of data from complete participants who matched the partial respondents on relevant demographic characteristics, and use of only the data from participants with complete information to characterize the nation. To determine the optimal strategy, a controlled experiment was conducted by artificially creating partial data for participants with complete information, then adjusting the synthetically produced partial data by the three imputation strategies.

0222035 83029032

**DataWatch: health costs outstrip the GNP.**

Health Aff (Millwood) ,Summer 1982, 1 (3) p129-32, ISSN

0278-2715 Journal Code: GAG

Languages: ENGLISH

00824

00427

0221523 83042700

[Health insurance in Quebec: objectives of the medical profession and of society. 3. Controlling increases in expenditures]

L'assurance-maladie au Quebec: les objectifs de la profession medicale et de la societe. 3. Le controle de l'accroissement des depenses.

Rivard G

Union Med Can ,Aug 1982, 111 (8) p720-5, ISSN 0041-6959

Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

0220918 83037471

Estimating the direct costs of illness.

Scitovsky AA

Milbank Mem Fund Q ,Summer 1982, 60 (3) p463-91, ISSN

0026-3745 Journal Code: NOW

Contract/Grant No.: 233-79-3010

Languages: ENGLISH

0220885 83036846

Should the cost of insurance reflect the cost of use in local hospital markets?

Wennberg JE

N Engl J Med ,Nov 25 1982, 307 (22) p1374-81, ISSN

0028-4793 Journal Code: NOW

Contract/Grant No.: 18-P-97192; 291-76-0003; 600-77-0039

Languages: ENGLISH

Local hospital markets have been shown to vary extensively in per capita expenditures for hospital services and in the reimbursements paid per Medicare enrollee and per Blue Cross subscriber. Insurance premiums do not reflect these differences among local markets, resulting in intermarket subsidies (transfer payments) and distortion of competition between health-maintenance organizations and the fee-for-service system. Regulatory strategies to "cap" hospital costs have ignored these market variations and thus perpetuated the established pattern of expenditures and transfer payments. The plans for implementing a voucher system for the Medicare program set the value of the voucher according to average reimbursements at the county or state level. Since several markets can exist within one county's boundaries, the cash value established for the voucher in some low-cost markets will substantially exceed current per capita rates of reimbursement, permitting large profits and an increase in total costs to the Medicare program. If the price of health insurance were adjusted to correspond more closely to local market conditions, transfer payments would be reduced, and more effective regulation, competition, and consumer involvement might result.

0220754 83035521

● Quality, cost, and health: an integrative model.

Donabedian A; Wheeler JR; Wyszewianski L

Med Care ,Oct 1982, 20 (10) p975-92, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: I-R01-HS-0281

Languages: ENGLISH

This article presents an integrative model of the relations among health status, quality of care, and resource expenditure. It defines medical care quality in terms of outcomes, measured as the expected improvements in health status attributable to care. The consideration of how quality so defined is affected by the unconstrained, efficient use of resources for care leads to the specification of the absolutist definition of quality. Consideration of the incidence of individual and external costs and benefits of care provides the basis for distinguishing further between the individualized definition of quality, which depends upon individual preferences and ability to pay, and the social definition of quality, which includes consideration of external benefits, full social definition of quality, which includes consideration of external benefits, full social costs, and preferences for the distribution of welfare. An additional distinction is made between clinical efficiency and production efficiency. This article examines in detail the implications, for the selection of optimal strategies of care, of the three definitions of quality (absolutist, individualized, and social) and the two types of efficiency (clinical and production).

0220699 83035092

[Public statement on the political economic importance of hospitals]

Ein offenes Wort zur volkswirtschaftliche Bedeutung des Krankenhauses.

Engel W

Krankenpflege (Frankfurt) ,Sep 1982, 36 (9) p299-300, ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

0219844 83024618

Opposite views on health costs or eight characters in search of harmony.

Blain G

Can J Public Health ,May-Jun 1982, 73 (3) p160-2, ISSN

0008-4263 Journal Code: CK6

Languages: ENGLISH

00825



0219617 83003190  
**Data processing in hospitals, a \$1,885,000,000 market.**  
Oveson DA  
Comput Healthc ,Sep-Oct 1982, 3 (5) p58-9, Journal  
Code: D98  
Languages: ENGLISH

00428

0217401 82263734  
**National health expenditures, 1981.**  
Gibson RM; Waldo DR  
Health Care Financ Rev ,Sep 1982, 4 (1) p1-35, Journal  
Code: GHX  
Languages: ENGLISH

0219614 83003187  
**Health care--the challenge of the 80's.**  
Roovers TG  
Comput Healthc ,Sep-Oct 1982, 3 (5) p46-7, Journal  
Code: D98  
Languages: ENGLISH

The United States spent an estimated \$287 billion for health care in 1981 (Figure 1), an amount equal to 9.8 percent of the Gross National Product (GNP). Highlights of the figures that underly this estimate include the following: Health care expenditures continued to grow at a rapid rate in 1981, at a time when the economy as a whole exhibited sluggish growth. The 9.8 percent share of the GNP was a dramatic increase from the 8.9 percent share seen just two years earlier. Health care expenditures amounted to \$1,225 per person in 1981 (Table 1). Of that amount, \$524, or 42.7 percent, came from public funds. Hospital care accounted for 41.2 percent of total health care spending in 1981 (Table 2). These expenditures increased 17.5 percent from 1980, to a level of \$118 billion. Spending for the services of physicians increased 16.9 percent to \$55 billion--19.1 percent of all health care spending. Public sources provided 42.7 percent of the money spent on health in 1981, including Federal payments of \$84 billion and \$39 billion in State and local government funds (Table 3). All third parties combined--private health insurers, governments, private charities, and industry--financed 67.9 percent of the \$255 billion in personal health care in 1981 (Table 4), covering 89.2 percent of hospital care services, 62.1 percent of physicians' services, and 41.3 percent of the remainder (Table 5). Direct patient payments for health care reached \$82 billion in 1981, accounting for 32.1 percent of all personal health care expenses (Table 6). Consumers and their employers paid another \$73 billion in premiums to private health insurers, \$67 billion of which was returned in the form of benefits. Outlays for health care benefits by the Medicare and Medicaid programs totaled \$73 billion, including \$42 billion for hospital care. The two programs combined paid for 28.6 percent of all personal health care in the nation (Table 7).

0218045 83004216  
**Publicly funded abortions in FY 1980 and FY 1981.**  
Gold RB  
Fam Plann Perspect ,Jul-Aug 1982, 14 (4) p204-7, ISSN  
0014-7354 Journal Code: ERK  
Languages: ENGLISH

0218044 83004215  
**Public funding of contraceptive services, 1980-1982.**  
Nestor B  
Fam Plann Perspect ,Jul-Aug 1982, 14 (4) p198-203, ISSN  
0014-7354 Journal Code: ERK  
Languages: ENGLISH

0217817 83000951  
**Governmentally initiated assurance programs.**  
Ball JR  
Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p28-38, ISSN  
0028-7091 Journal Code: BQO  
Languages: ENGLISH

0217816 83000950  
**The health systems agencies: their origins, directions and changing assumptions.**  
Darling H  
Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p19-27, ISSN  
0028-7091 Journal Code: BQO  
Languages: ENGLISH

0217730 82278696  
**Are Medicare, Medicaid going belly up?**  
Trafford A

00826

0217393 82263536

**The high cost of hospitalization: this review of causes can help hospitals set their course for the future.**

Blevins DR; Lee JA; Barrett RC  
Hosp Top ,Sep-Oct 1982, 60 (5) p4-6, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217252 82263238

**The aged in America.**

Grana J  
Health Aff (Millwood) ,Spring 1982, 1 (2) p103-10, ISSN  
0278-2715 Journal Code: GAG  
Languages: ENGLISH

0215842 82272253

**Sounding boards. Moderating the rise in health-care costs: a pragmatic beginning.**

Somers AR  
N Engl J Med ,Oct 7 1982, 307 (15) p944-7, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0215837 82272220

**Health Policy Report. Federal policies and the poor.**

Iglehart JK  
N Engl J Med ,Sep 23 1982, 307 (13) p836-40, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

00429

0215716 82270733

**Clinical evaluation vs. economic evaluation: the case of a new drug.**

Geweke J; Weisbrod BA  
Med Care ,Aug 1982, 20 (8) p821-30, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

To economically evaluate a new drug or other medical innovation one must assess both the changes in costs and in benefits. Safety and efficacy matter, but so do resources costs and social benefits. This paper evaluates the effects on expenditures of the recent introduction of cimetidine, a drug used in the prevention and treatment of duodenal ulcers. This evaluation is of interest in its own right and also as a "guide" for studying similar effects of other innovations. State Medicaid records are used to test the effects on hospitalization and aggregate medical care expenditures of this new medical innovation. After controlling to the extent possible for potential selection bias, we find that: 1) usage of cimetidine is associated with a lower level of medical care

expenditures and fewer days of hospitalization per patient for those duodenal ulcer patients who had zero health care expenditures and zero days of hospitalization during the presample period; an annual cost saving of some \$320.00 (20 per cent) per patient is indicated. Further analysis disclosed, however, that this saving was lower for patients with somewhat higher levels of health care expenditures and hospitalization in the presample period, and to some extent was reversed for the patients whose prior year's medical care expenditures and hospitalization were highest.

0215424 82266905

**Sweden's crisis in medical care: political and legal changes.**

Hessler RM; Twaddle AC  
J Health Polit Policy Law ,Summer 1982, 7 (2) p440-59, ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

0214678 82258120

**The arms race and health care.**

Holdstock DJ  
Br Med J [Clin Res] ,Aug 7 1982, 285 (6339) p421-2, Journal Code: B4X  
Languages: ENGLISH

0214313 82237790

**An update from HCFA: effects of Medicare, Medicaid on community hospitals.**

Davis CK  
Healthc Financ Manage ,Jul 1982, 36 (7) p34-8, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0214239 82232674

**Soaring costs: U.S. health bill jumps 15.1%.**

Time ,Aug 9 1982, 120 (6) p42, ISSN 0040-781X Journal Code: BQN  
Languages: ENGLISH

00827

0213655 82249544  
[Attempt at evaluating the effects of the ticket modérateur  
(patient contribution) to health expenditures]  
Essai d'évaluation des effets du ticket modérateur sur les  
depenses de sante.  
Robert P  
Rev Prat ,Jun 11 1982, 32 (33) p2253-7, ISSN 0035-2640  
Journal Code: T1D  
Languages: FRENCH Summary Languages: ENGLISH

0213652 82249541  
[Of what use is health economics?]  
A quoi sert l'économie de la sante?  
Jolly D; Majnoni d'Intignano B  
Rev Prat ,Jun 11 1982, 32 (33) p2223-31, ISSN 0035-2640  
Journal Code: T1D  
Languages: FRENCH Summary Languages: ENGLISH

0212717 82238152  
A quest for certainty: views, memoirs, and predictions on  
health care economics.  
Rorem CR  
Inquiry ,Summer 1982, 19 (2) p99-104, ISSN 0020-1731  
Journal Code: G0T  
Languages: ENGLISH

0212481 82233286  
Health care costs are under control.  
Baltzan M  
Can Med Assoc J ,Jul 15 1982, 127 (2) p158-61, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0212198 82213279  
Section A. National health expenditures and related  
measures.  
Health Care Financ Trends ,Jun 1982, 3 (1) p1-6,  
Journal Code: G28  
Languages: ENGLISH

0212125 82212272  
Figuring it out [editorial]  
Hosp Health Serv Rev ,Feb 1982, 78 (2) p37-8, Journal  
Code: GC5  
Languages: ENGLISH

0212022 82207827  
The welfare sector.  
Samuelson RJ  
Natl J (Wash) ,Jun 26 1982, 15 (26) p1143, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0211879 82229306  
National Medical Care Expenditure Survey.  
Wilensky GR; Walden DC  
Ann NY Acad Sci ,1982, 387 p115-23, ISSN 0077-8923  
Journal Code: 5NM  
Languages: ENGLISH

0211733 82227787  
Who profits from coronary artery bypass surgery?  
Stanford JL  
Am J Nurs ,Jul 1982, 82 (7) p1068-72, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0211727 82227742  
The laboratory environment: 1990-2000.  
Ross DL  
Am J Med Technol ,Apr 1982, 48 (4) p282-7, ISSN  
0002-9335 Journal Code: 3L0  
Languages: ENGLISH

0211477 82223948  
Financing health care in a static economy.  
Deeble JS  
Soc Sci Med ,1982, 16 (6) p713-24, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

0211256 82221625  
Funding: conflicting claims.  
Blenkinsop D  
Nurs Mirror ,Jul 7 1982, 155 (1) p37-8, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

00828

0210913 82218805  
**Infant mortality, economics, and arms [editorial]**  
Lancet ,Jul 24 1982, 2 (8291) p193-4, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0210276 82211906  
**Federal expenditures for the elderly: a different interpretation of the past.**  
Judge K  
Gerontologist ,Apr 1982, 22 (2) p129-33, ISSN 0016-9013  
Journal Code: FP5  
Languages: ENGLISH

0209368 82183697  
**Medicare: past, present, and future.**  
Sunshine JH  
Natl J (Wash) ,Jun 5 1982, 14 (23) p1030-3, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0209334 82182804  
**Government and the financing of health care.**  
Wilensky GR  
Am Econ Rev ,May 1982, 72 (2) p202-7, ISSN 0002-8282  
Journal Code: AZT  
Languages: ENGLISH

0209176 82203936  
**A statistical study of physician care patterns in high school football injuries.**  
Pritchett JW  
Am J Sports Med ,Mar-Apr 1982, 10 (2) p96-9, ISSN  
0363-5465 Journal Code: 3YR  
Languages: ENGLISH

This study examines the specialty background, relative activity, role, and cost of care among physicians treating high school football injuries in six western states. There were 1,000 injuries (in 1,000 players) in the 1980 football season. Among the players, 30.7 and 17.9% were treated solely by general practitioners and emergency room physicians, respectively. Orthopedic surgeons exclusively managed 17.1% of players, and 6.8% were seen initially by the emergency room physician and referred to an orthopedic surgeon. Osteopaths solely treated 6.4% of players. Chiropractic was the exclusive care for 6.4%. Four and nine-tenths per cent of players were seen initially by general practitioners and referred to an orthopedic surgeon. Emergency room physicians referred 3% of their injured high school football players to general practitioners. The remaining 6.8% of players were cared for by

dentists, pediatricians, general surgeons, naturopaths, neurosurgeons, urologists, otolaryngologists, and ophthalmologists. General practitioners referred 14% of their patients, and emergency room physicians referred 73.6% of their patients. The most common referral was to an orthopedic surgeon. Two hundred ninety-eight players ultimately received care from an orthopedist, including 82% of all patients with fractures. For patients with the same diagnosis, costs for care by orthopedic surgeons were 54% higher than the fees charged by a general practitioner.

0206776 82166819  
**National health expenditures and related measures.**  
Health Care Financ Trends ,Mar 1982, 2 (5) p1-9,  
Journal Code: G28  
Languages: ENGLISH

0206736 82166057  
**HCFA program statistics.**  
Health Care Financ Rev ,Mar 1982, 3 (3) p119-24,  
Journal Code: GHX  
Languages: ENGLISH

0206597 82162033  
**Financing Medicare through 1995.**  
Primus WE  
Natl J (Wash) ,May 1 1982, 14 (18) p789-93, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0206596 82162032  
**Will Medicare's successes spoil its chance to survive spending cuts?**  
Iglehart JK  
Natl J (Wash) ,May 1 1982, 14 (18) p772-5, ISSN  
0360-4217 Journal Code: B7D  
Languages: ENGLISH

0205989 82175043  
**Health care expenditures for the elderly. Who pays for them?**  
Pegels CC  
Primary Care ,Mar 1982, 9 (1) p249-55, ISSN 0095-4543  
Journal Code: P99  
Languages: ENGLISH

The degree to which Medicare and Medicaid programs provide health coverage for the elderly still leaves a large financial burden on this population. Although the sale of supplementary health insurance to the elderly has been fraught with abuse, a policy purchased from a reputable organization can be advantageous. Knowledge of the large amount spent on personal health care will hopefully stimulate the search for alternative, less expensive ways to provide health care.

0205807 82173086  
**Health Policy Report. Medicare's uncertain future.**  
Iglehart JK  
N Engl J Med ,May 27 1982, 306 (21) p1308-12, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0205225 82165576  
**A role for Title XX in the aging network.**  
Nelson G  
Gerontologist ,Feb 1982, 22 (1) p18-25, ISSN 0016-9013  
Journal Code: FP5  
Languages: ENGLISH

0204980 82162283  
**Deductible insurance could rationalize medicare.**  
Baltzan MA  
Can Med Assoc J ,Mar 1 1982, 126 (5) p550-2, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0204898 82161671  
**Falling rate of provision of residential care for the elderly.**  
Grundy E; Arife T  
Br Med J [Clin Res] ,Mar 13 1982, 284 (6318) p799-802,  
Journal Code: B4X  
Languages: ENGLISH

The rapid increase in the number of very aged people has not been accompanied by appropriate expansion of local authority residential facilities. The rate of provision in 1976 was already acknowledged to be inadequate, but data are now presented to show that since then there has been an effective fall in the rate of provision of some 9000 places equivalent to, say, 180 old people's homes of 50 places each. The

prospects for the future are even gloomier: public spending cuts and local authority priorities suggest a continuing fall in the rate of provision that can be expected to have a profound effect on the National Health Service, on the burden on families, and on the condition in which old people are obliged to remain "in the community" (where support services have likewise failed to keep pace with demographic change).

0204801 82155753  
**For treatment of hyper health-care costs.**  
Fralick J  
Across Board (NY) ,Apr 1982, 19 (4) p64-9, ISSN  
0147-1554 Journal Code: OBB  
Languages: ENGLISH

00430

0204715 82152912  
**Private welfare in the welfare state: recent U.S. patterns.**  
Gronbjerg KA  
Soc Serv Rev ,Mar 1982, 56 (1) p1-26, ISSN 0037-7961  
Journal Code: UTV  
Languages: ENGLISH

This paper examines recent trends in American philanthropy and relates these to changes in the composition and size of both the private and public welfare sectors in the United States. The findings reveal that private welfare has been overwhelmed - but not replaced - by the growth in public welfare. Although private welfare maintains some of its traditional functions, it has become more closely linked to and in some cases dependent on, public welfare. Consequently, there have been significant changes in the institutional character and organizational format and operations of private welfare. These transformations of the American welfare system are interpreted within the mass-society perspective. (63 Refs.)

0204711 82152328  
**A provider's perspective of health care costs.**  
Herrell JH  
Risk Manage ,Mar 1982, 29 (3) p17-20, 22, ISSN  
0035-5593 Journal Code: IG5  
Languages: ENGLISH

00830

0204596 82147659

**Drug costs can be defended.**

Lee AM

Med Mark Media ,Mar 1982, 17 (3) p36, 38, 40 passim.  
ISSN 0025-7354 Journal Code: MGJ  
Languages: ENGLISH

0203883 82152921

**[Health consumption and explosion of health costs in the budgets of French families]**

Consommation sanitaire et explosion des depenses de sante dans le budget des menages francais.

Peutillot A

Soins ,Jan 1982, 27 (2) p41-4, ISSN 0038-0814 Journal Code: UUU

Languages: FRENCH

0203382 82148964

**Federal health program reforms: implications for child health care.**

Budetti PP; Butler J; McManus P

Milbank Mem Fund Q ,Winter 1982, 60 (1) p155-81, ISSN 0026-3745 Journal Code: NOW  
Contract/Grant No.: HS 02975  
Languages: ENGLISH

The "Omnibus Budget Reconciliation Act of 1981" included a number of provisions designed to reduce federal spending for health care and to increase state authority over health programs. Evidence concerning the financial condition and health care needs of children served by federally-financed health programs, and recent trends in coverage and eligibility, make it possible to assess the likely impact of the new legislation. One conclusion seems clear: extensive federal funding reductions cannot be accommodated by eliminating excesses. While reforms of the Medicaid program may be advisable for a number of reasons, a simple reduction to funding will have serious, adverse consequences for poor children.

0203187 82146865

**[Quo vadis, health care system?]**

Quo vadis, Gesundheitswesen?

Backe KW

Krankenpf1 J ,Feb 15 1982, 20 (2) p4. Journal Code: KYN

Languages: GERMAN

0202419 82137740

**Effects of fluoride and regular dental care on personal dental expenditures of young adults in Finland.**

Alvesalo I; Reisine S; Hay J; Bailit HL  
Community Dent Oral Epidemiol ,Feb 1982, 10 (1) p15-22.  
ISSN 0301-5661 Journal Code: DNF

Languages: ENGLISH

This paper analyzes the relationship among presence of fluoride in the drinking water, oral health and dental expenditures in four towns in Finland. A two-stage least-squares model is used to determine the effect of fluoridated water and other independent variables on the number of missing teeth and per capita annual dental service expenditures for 555 adults. The results show that regularity of dental visits is the only significant factor explaining per capita expenditures. In contrast, many factors affect the number of missing teeth; most importantly, the number of dentists per capita, level of fluoride, age, education, use of services and smoking habits. These findings suggest that fluoride significantly improves oral health status but does not reduce adult per capita dental expenditures.

0202222 82131004

**The nation's health and the 1983 budget.**

Wash Rep Med Health ,Feb 15 1982, p1-10, ISSN 0043-0730  
Journal Code: XMM

Languages: ENGLISH

0202128 82125011

**Health care over the long haul: spending, the elderly and new products.**

Rankin PD

Med Prod Sales ,Feb 1982, 13 (2) p23-4, 38-43, ISSN 0279-4802 Journal Code: NMG  
Languages: ENGLISH

0202127 82125010

**Health spending: will the rapidly rising tide subside?**

Freeland MS; Schendler CE

Med Prod Sales ,Feb 1982, 13 (2) p17-8, 78-80, ISSN 0279-4802 Journal Code: NMG  
Languages: ENGLISH

00831

0200234 82118525  
**Competition in health care: a second opinion.**  
Ginzberg E  
Hospitals ,Mar 16 1982, 56 (6) p81-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0199265 82108172  
**Challenges in the new era of competition.**  
Unger WJ  
South Hosp ,Jan-Feb 1982, 50 (1) p14-8, 24, ISSN  
0038-4178 Journal Code: VAB  
Languages: ENGLISH

0199160 82103131  
**High-tech drug development will contain health costs.**  
Zenner P  
Med Mark Media ,Feb 1982, 17 (2) p10, 12, 14 passim,  
ISSN 0025-7354 Journal Code: MGJ  
Languages: ENGLISH

0198945 82092457  
**We need to ration medicine.**  
Schwartz H  
Newsweek ,Feb 8 1982, 99 (6) p13, ISSN 0028-9604  
Journal Code: BV8  
Languages: ENGLISH

0198099 82103910  
**Special report. Health-policy issues and the predicament in Poland.**  
Webster TG  
N Engl J Med ,Feb 4 1982, 306 (5) p308-12, ISSN  
0028-4793 Journal Code: NDW  
Languages: ENGLISH

0196634 82089032  
**Presidential address. Health costs, competition and the physician.**  
Carey LC  
Am J Surg ,Jan 1982, 143 (1) p2-5, ISSN 0002-9610  
Journal Code: 3Z4  
Languages: ENGLISH

00832

**GERENCIA PARTICIPATIVA**

00833



00431

0218489 83009386

**Type A and B behavior patterns and self-reported health symptoms and stress: examining individual and organizational fit.**

Matteson MT; Ivancevich JM  
J Occup Med ,Aug 1982, 24 (8) p585-9, ISSN 0022-3212  
Journal Code: JFR

Languages: ENGLISH

This article describes a preliminary investigation of the proposition that organizations, as well as people, can be classified along a Type A and B behavior pattern dimension and that the resulting match or lack thereof between individual and organizational behavior patterns is related to various health indices. A sample of 315 medical technologists were classified as either Type As or Bs and as working in either Type A or B environments. Results supported the hypotheses that (1) Type Bs in B organizations report the fewest negative health symptoms; (2) Type As in A organizations report the most; and (3) Type Bs in A organizations and Type As in B organizations report an intermediate level of symptoms. The results are treated within the framework of a person-environment fit model and the implications of the findings are discussed.

00432

0217607 82272303

**Organizational change techniques: their present, their future.**

Michael SR  
Organ Dyn ,Summer 1982, 11 (1) p67-79, ISSN 0090-2616  
Journal Code: NQ2

Languages: ENGLISH

To help carry out their responsibility of managing rapid and often unexpected change, managers have an available set of techniques: organizational behavior modification, management by objectives, management development, organization development, management auditing, and a control cycle of planning, implementation, and control. Each of these has a format that specifies the procedures to be followed to bring about organizational change. Michael emphasizes that such formats are preferable to a haphazard, trial-and-error approach that may produce unanticipated results. In part because some techniques are newer than others, data from a research project of planning and control that Michael conducted show different rates of usage by a sample of Fortune 500 companies. The control cycle is the most widely used; organizational behavior modification the least widely used. The use of these techniques of organizational change is likely to vary in some ways and experience may bring about changes in the techniques. Michael concludes that the newer breed of managers who are versed in the social sciences, mathematics, and the computer are likely to spread new techniques in the organizational world.

0216334 82275663

**The fantasy residue: an antitherapeutic force on the psychiatric inpatient service.**

Levine HB  
Psychiatry ,Aug 1982, 45 (3) p262-9, ISSN 0033-2747  
Journal Code: QCS

Languages: ENGLISH

This paper will attempt a model of organizational behavior to the study of the origin, perpetuation, and rectification of certain antitherapeutic forces (Sacks and Carpenter 1974) on inpatient services, which I shall call the ward's "fantasy residue." The fantasy residue consists of the enduring antitherapeutic patterns of dealing with patients that have become normative for a given ward and evolve from irrational staff responses to a variety of stresses in the absence of appropriate corrective administrative actions. Because they originate in irrational responses to complicated situations of patient management or staff relations, these forces can be called "fantastical." Because they tend to flourish and remain active long after the specific conditions which gave rise to them changed or cease to exist, they are "residual." Hence, the name "fantasy residue." Once established, the fantasy residue can persist either as unacknowledged maladaptive responses in the ward's milieu or as openly espoused, presumably valid "methods of treatment." In either case, the ward staff and its leaders lose sight of both the irrational base and antitherapeutic consequences of these attitudes and actions. In this sense, a ward's fantasy residue is analogous to a person's ego syntonic character resistances and correction requires a process of confrontation, recognition, and facilitation of objective self-scrutiny among staff and patients.

00834

00433

0209834 82202615

**Managing for success: assessing the balanced MIS environment.**

Bellerby LJ; Goslin LN  
 Adm Soc Work ,Fall-Winter 1981, 5 (3-4) p69-81,  
 Journal Code: 2H3  
 Contract/Grant No.: NIMH5T24; MH15446-01  
 Languages: ENGLISH

The authors provide guidelines which permit mental health managers to determine the current stage of growth of the macro dimensions of their MIS environment. These macro dimensions are representative of the technical, managerial, and organizational behavior aspects of system development. A profile of MIS attributes for each macro dimension is presented. These attributes, derived from an empirical study of community mental health centers, distinguish among information systems at different stages of growth. The attributes allow managers to conduct a comparative assessment of the degree of balance in their MIS environment relative to experiences of other centers.

00434

0149523 80169093

**Coordination and citizen participation.**

Tucker DJ  
 Soc Serv Rev ,Mar 1980, 54 (1) p13-30, ISSN 0037-7961  
 Journal Code: UTV  
 Languages: ENGLISH

This study investigates the validity of the assumption that coordination and citizen participation are related inversely and, thus, are incompatible as features in the same social service reform strategy. Seventeen social service organizations situated in the same urban area were studied. Data were obtained by structured interview. The concepts of coordination and citizen participation were operationalized by means of scales. The findings support the validity of the assumption noted above. Although interpretations of the findings can be provided, they are post-factum. This implies a need for explanatory research which might be guided by theories of community power structure and of organizational behavior.

00435

0093711 78175829

**Urgent care in the HMO: evolution of a system in Washington, D.C.**

Turner RW  
 Med Care ,May 1978, 16 (5) p361-71, ISSN 0025-7079  
 Journal Code: LSM  
 Languages: ENGLISH

In 1961, Group Health Association, a large, non-hospital based, prepaid group practice in Washington, D.C. established an after-hours walk-in clinic on its premises for the care of medical problems requiring prompt attention. Within a year, this clinic's operation was extended to daytime hours for the use of the consumer-member at his own discretion. After 10

years, in the plan's main health center, the volume of adult visits to the acute care/walk-in center exceeded the number seen in the Department of Internal Medicine; most were of a routine rather than urgent nature. More visits to the acute care service were made during the day, when the full range of ambulatory services were available by appointment, than were made after hours. The choice of immediate first-come, first-served care over the conventional care-by-appointment by so many members was felt to have resulted in discontinuous suboptimal care, segregation of the membership along socioeconomic lines, as well as unnecessary and very costly duplications of service. The background of organizational behavior and community medical practices contributing to this pattern of utilization are explored. Compared to traditional fee-for-service medicine, demands for outpatient services in the HMO tend to be greater. Acceptable alternatives to off-line channeling of patients with unexpected or acute conditions can be designed. In the general community today, utilization of medical services is strongly influenced by imbalances in available resources and by financial factors which are under no central control. In the HMO, all costs are prepaid and services are planned for a membership of known size. Even so, consumers' use of services in prepaid plans tends to follow the patterns seen in the community. More appropriate distribution of demands requires an active and ongoing system of patient education. A commitment by the HMO's providers and managers toward this goal is indispensable.

00436

0086231 78099996

**Regulation of medical devices and organizational behavior in hospitals.**

McNeil K; Minihan E  
 Adm Sci Q ,Sep 1977, 22 (3) p475-86, ISSN 0001-8392  
 Journal Code: 2H6  
 Languages: ENGLISH

00835

00437

0078183 78160542

**Implementing family planning in a Ministry of Health: organizational barriers at the state and district levels.**

Simmons RS; Ashraf A

Stud Fam Plann ,Feb-Mar 1978, 9 (2-3) p22-34, ISSN 0039-3665 Journal Code: V52

Languages: ENGLISH

1. Family planning occupied a subordinate position in the medical and health bureaucracy almost two decades after its introduction. Senior Ministry officials accorded low priority to formal program objectives, while the State Family Planning Officer, the highest state official concerned solely with the family planning program, suffered from a relatively subordinate position in the Directorate and a lack of authority and support. Within the medical profession, family planning was held in low esteem, and the medical and health bureaucracies did not have a mechanism for selecting personnel on the basis of interest and commitment. 2. Organizational adjustment to family planning in the Ministry of Health was a slow and painful process, absorbing the energy and attention of Ministry officials for almost a decade. The repeated reorganizations of the district setup revolving around the division of labor between medical, health, and family planning activities and between the rural and urban program, led to months of almost total inertia and detracted substantially from the supervisory capacity of the officials involved. 3. Decision making and guidance suffered from the quick turnover of the Secretary, the most powerful administrator in the Ministry. In Uttar Pradesh Secretaries stayed barely long enough to begin to understand the complex organizational setup of the program. 4. Multiple and often conflicting lines of authority characterized the relationships between the higher and lower echelons within the Ministry. This was accentuated when the District Family Planning Officer was placed under the administrative control of the District Magistrate. While intended to "energize" family planning through the association of the most prestigious and powerful district official with the program, this organizational arrangement resulted in conflicting instructions to the staffs of the primary health centers. 5. The organizational behavior of the Ministry of Health was shaped by the interplay of the various "professional cultures" of its key actors. The generalist administrators' short time horizon and eagerness to produce quantitative results clashed with the specialists' emphasis upon long-term goals and technical constraints; the politician's defense of the interest of his constituents clashed with the administrator's desire to defend his autonomy. The calculus of political survival made support for family planning goals a costly burden that few politicians have been willi

Journal Code: EOB

Languages: ENGLISH

00438

0036776 76154393

**Participative management: a valid alternative to traditional organizational behavior.**

Hill BS

Superv Nurse ,Mar 1976, 7 (3) p19-21, ISSN 0039-5870

Journal Code: VAK

Languages: ENGLISH

0075865 78127427

**Motivational and organizational behavior theories applicable to medical practices.**

Beck LC; Kalogredis VJ

Del Med J ,Jan 1978, 50 (1) p45-8, ISSN 0011-7781

00836

Languages: ENGLISH

0233297 83143635

**Team development, Part 6: Variations of procedure meetings.**

Mahoney FX

Personnel ,Jul-Aug 1982, 59 (4) p64-9, ISSN 0031-5702

Journal Code: PAP

Languages: ENGLISH

In the last issue of Personnel, Part 5 of our series on team development covered basic procedure meetings. In this issue, Part 6 goes into the team interaction variation and the critique variation of procedure meetings. Author Francis X. Mahoney, personnel development advisor for Exxon Company, U.S.A., notes that in the interaction variation the team looks at its own practices for the purpose of improving them. The session usually begins by identifying the five or six high-scoring items and the five or six low-scoring items in an opinion survey on team effectiveness that is taken before the session is held. The team then spends one session discussing the high-scoring items and at least one on the low-scoring items. During the latter discussion, the team aims to come up with suggestions for changes in techniques and ways to implement these changes.

0232897 83131475

**The clinical accountable team.**

Gibberd FB

Health Trends ,May 1982, 14 (2) p43-5, ISSN 0017-9132

Journal Code: EJN

Languages: ENGLISH

This paper examines an experiment in an unusual method of accounting and budgeting, and discusses its implications to clinicians. Clinical teams were made responsible for their own expenditure. They were supplied with a breakdown of their expenditure and a budget based on previous expenditure. Each team, at its own discretion, could use savings made from reducing expenditure in one sphere to provide unrelated services. Reduced expenditure was achieved and new projects started.

0229970 83107132

**Capital equipment acquisition.**

Crider CC

Hosp Mater Manage Q ,Feb 1983, 4 (3) p51-5, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0228227 83107060

**Space takes time. Space programming process encourages user participation.**

Knight RM; Hansen RF; Arnold JM

Hospitals ,Feb 16 1983, 57 (4) p98-9, ISSN 0018-5973

Journal Code: GDL

0228222 83107055

**Resident experts. Controlled costs/accountability result from in-house aid.**

Connell KJ

Hospitals ,Feb 16 1983, 57 (4) p77-8, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0228213 83107046

**No-compromise design. Ideals sensitive to patients weather planning/budgeting process.**

Seelye J

Hospitals ,Feb 16 1983, 57 (4) p100-1, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0227775 83091461

**Teambuilding strengthens your practice.**

Valancy J

Physicians Manage ,Nov 1982, 22 (11) p120-1, 124-5, 128,

ISSN 0031-9066 Journal Code: P7B

Languages: ENGLISH

0225240 83070300

**Group process-work outcome relationships: a note on the moderating impact of self-esteem.**

Mossholder KW; Bedeian AG; Armenakis AA

Acad Manage J ,Sep 1982, 25 (3) p575-85, ISSN 0001-4273

Journal Code: OCH

Languages: ENGLISH

Self-esteem was hypothesized to moderate relationships between peer group interaction and two work-related variables, job performance and job strain. The study found support for the general hypothesis. Peer group interaction had a greater impact on the two work-related variables for low than for high self-esteem individuals. (35 Refs.)

00837

0222429 83049890  
**GPS' contributions to district management teams.**  
Jenkins S  
Br Med J [Clin Res] ,Nov 20 1982. 285 (6353) p1516.  
Journal Code: B4X  
Languages: ENGLISH

0222210 83036511  
**Hospitals rally to develop stronger, more productive management teams.**  
LaViolette S  
Mod Health Care ,Nov 1982. 12 (11) p54-5, 58, 62, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0222164 83030422  
**The structured decision conference: a case study.**  
Weiss JJ; Zwahlen GW  
Hosp Health Serv Adm ,Sep-Oct 1982. 27 (5) p90-105,  
ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0222099 83029209  
**Hospital information systems planning increases productivity.**  
Bea JR; Finney WB; Ladd RD  
Hosp Prog ,Nov 1982. 63 (11) p54-8, ISSN 0018-5817  
Journal Code: GDI  
Languages: ENGLISH

0222008 83027871  
**Successful equipment planning tests project team's skills.**  
Zider PR  
Rev Fed Am Hosp ,Nov-Dec 1982. 15 (6) p46-8, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0221059 83038548  
**Participative team-management through team-building training.**  
Kurtz ME  
NLN Publ ,1982. (52-1904) p15-20. Journal Code: 03Z  
Languages: ENGLISH

0219674 83014497  
**Team development, Part 7: Its role at the workplace.**

Mahoney FX  
Personnel ,Sep-Oct 1982. 59 (5) p52-9, ISSN 0031-5702  
Journal Code: PAP  
Languages: ENGLISH

In this windup of his series on team development (TD), Francis X. Mahoney, personnel development advisor for Exxon Company, U.S.A., sums up TD's advantages, shows how it can be used to meet organizational objectives, and indicates other ways of applying TD methods. Mahoney maintains that TD is truly "organization development (OD) at the front line" because they share the same objectives. For example, employee involvement and encouragement of initiative are OD goals and, as we have seen, TD gets people involved and encourages even those at the lowest level of the organization to contribute ideas and work together to solve work problems and implement the solutions. Mahoney hopes that this series will encourage internal and external OD experts to apply OD at levels not normally reached during regular assignments. TD activities can provide the basis for continuing activities between or after consultants' visits and after training programs. It can become a tool, particularly for first-time supervisors and middle managers, to improve productivity and teamwork. That, in essence, is what this series is all about--getting people to work together productively, effectively, and cohesively.

00838

00439

Health Soc Work ,Nov 1982, 7 (4) p283-90, ISSN  
0360-7283 Journal Code: FZ6  
Languages: ENGLISH

0233177 83135215  
**Experiences in utilizing the quality circle concept.**  
Louie C  
Hosp Pharm ,Feb 1983, 18 (2) p63-4, 67, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH  
This article describes an experience with using the quality circle concept in a hospital pharmacy environment. The initial experience was positive in that the staff defined productivity standards for themselves. The staff used their productivity standards to evaluate the perceived problem of understaffing in the department.

0230221 83121266  
**Town meetings give employees a voice.**  
Resnik D  
Tex Hosp ,Jan 1983, 38 (8) p34-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233026 83134000  
**Applying Japanese management styles in American hospitals: focus on values.**  
Ross MB; Hass BA  
Hosp Prog ,Mar 1983, 64 (3) p45-9, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0230205 83121035  
**Viewpoint. Care circles--an approach to improving quality and controlling costs.**  
Beddie DJ  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p78-81, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0231687 83142371  
**Resolving an incident of academic dishonesty: plagiarism.**  
Carmack BJ  
Nurse Educ ,Spring 1983, 8 (1) p9-12, ISSN 0363-3624  
Journal Code: DAU  
Languages: ENGLISH

0230072 83110599  
**The impact of resident councils.**  
Grover RM  
J Long Term Care Adm ,Winter 1982, 10 (4) p2-6, ISSN  
0093-4445 Journal Code: IWZ  
Languages: ENGLISH

0231071 83136542  
**Time management through planning.**  
Marriner A  
J Contin Educ Nurs ,Jan-Feb 1983, 14 (1) p21-6, ISSN  
0022-0125 Journal Code: HWD  
Languages: ENGLISH

0229988 83107347  
**Record ring: moving toward solutions--a quality control circle in a medical record department.**  
Karpel J; Spencer R; Schamberger T; Klein W  
J Am Med Rec Assoc ,Jan 1983, 54 (1) p15-20, ISSN  
0273-9976 Journal Code: GJV  
Languages: ENGLISH

0230929 83134503  
**Patients' perceptions of curative factors in short-term group psychotherapy.**  
Marcovitz RJ; Smith JE  
Int J Group Psychother ,Jan 1983, 33 (1) p21-39, ISSN  
0020-7284 Journal Code: GRH  
Languages: ENGLISH

0229886 83105677  
**Focusing in on your market.**  
Anderson DC  
Group Pract J ,Jan-Feb 1983, 32 (1) p23-5, ISSN  
0199-5103 Journal Code: ET9  
Languages: ENGLISH

0230839 83133628  
**Performance management and professional development as separate functions of supervision.**  
Harris DV; Allison EK

00839

0229846 83104154  
**Going in circles?**  
Comer SW  
Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p9-10,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0229845 83104153  
**Quality circles: a management concept whose time has come.**  
Robison A  
Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p6-8,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0229323 83120298  
**The effect of social systems on group relations training.**  
Klein EB; Correa ME; Howe SR; Stone WN  
Soc Psychiatry ,1983, 18 (1) p7-12, ISSN 0037-7813  
Journal Code: UVD  
Languages: ENGLISH

0229126 83117344  
**Group approach to diabetes care. A preliminary note.**  
Power L  
Postgrad Med ,Feb 1983, 73 (2) p211-6, ISSN 0032-5481  
Journal Code: PFK  
Languages: ENGLISH

0229059 83117092  
**The health visitor's dilemma: discussion groups for mothers**  
**- 2.**  
Gregory S  
Nurs Times ,Dec 15-21 1982, 78 (50) p2110-2, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0229052 83117084  
**Discussion groups for mothers--1.**  
Gregory S  
Nurs Times ,Dec 8-14 1982, 78 (49) p2085-6, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0228584 83111647  
**Consultation in community residences for the chronically  
mentally ill.**

Flagg JM  
J Psychosoc Nurs Ment Health Serv ,Dec 1982, 20 (12)  
p30-5, ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

0227870 83098274  
**The morning report: starting the day right at a teaching  
hospital.**  
Sivaprasad R; Taguchi JT  
Am Coll Physicians Obs ,Nov 1982, 2 (10) p1, 17,  
Journal Code: 35L  
Languages: ENGLISH

0227830 83094198  
**How to plug into teleconferencing.**  
Jenkins TM  
Training ,Jan 1983, 20 (1) p30-2, ISSN 0095-5892  
Journal Code: VZB  
Languages: ENGLISH

0227726 83090640  
**How to make quality circles work for your organization.**  
List CE  
Pers J ,Sep 1982, 61 (9) p652-4, ISSN 0031-5745  
Journal Code: PAW  
Languages: ENGLISH

0227616 83087299  
**What teleconferencing can and cannot do for your meeting.**  
Finkel CL  
Manage Rev ,Jul 1982, 71 (7) p8-9, 11-5, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0227592 83082166  
**Quality control circles in the hospital.**  
Hosp Superv Bull ,Dec 30 1982, (452) p1-8, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

00840

0226462 83087985  
[Theory and practice of Balint group activities with hospital physicians]  
Zur Theorie und Praxis der Balint-Gruppenarbeit mit Klinikarzten.  
Petri H  
Med Welt ,Nov 5 1982, 33 (44) p1551-5, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0226359 83087355  
Status and control in voluntary community health planning groups.  
Vojtecky MA  
Med Care ,Dec 1982, 20 (12) p1168-77, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

A field study was conducted to examine the relative control of provider and consumer members of HSA Project Review Committee. Three project review committees chosen at random during a single HSA review cycle were observed throughout the decision-making process using Interaction Process Analysis. Results indicated that there were no significant differences in control between the provider and consumer members when considered as subgroups of the review committees. Findings also confirm the critical role of the chairperson in the organization and function of the group. It can be concluded that the occupational prestige of provider or consumer members is not imported into the planning situation to a sufficient degree to allow either the provider or consumer subgroup to dominate the planning process. Innovations in health care planning such as long-term education in health planning, group processes, and related issues should be attempted to enhance the effectiveness of these groups.

0226177 83085035  
"Adhocracy" in health care institutions?  
Fuszard B  
J Nurs Adm ,Jan 1983, 13 (1) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226099 83083833  
Group leader--are you a controller?  
Tappen RM; Touhy TA  
J Gerontol Nurs ,Jan 1983, 9 (1) p35-8, 44, 59, ISSN 0098-9134  
Journal Code: IAX  
Languages: ENGLISH

0226014 83083488

Group work with adolescents in a girls' comprehensive school.  
Rushton A  
J Adolesc ,Sep 1982, 5 (3) p267-84, ISSN 0140-1971  
Journal Code: HWT  
Languages: ENGLISH

0225947 83082279  
Art therapy: a learning experience for students in nursing.  
Clarke LM; Willmuth ME  
JNE ,Nov 1982, 21 (9) p24-7, ISSN 0148-4834  
Journal Code: HAP  
Languages: ENGLISH

0225888 83081943  
Themes and cohesiveness observed in a depressed women's support group.  
Gordon VC  
Issues Ment Health Nurs ,Apr-Jun 1982, 4 (2) p115-25, ISSN 0161-2840  
Journal Code: GY7  
Languages: ENGLISH

0225807 83081057  
Talking to the board. By opening communication lines with board members, CEOs promote continuity and effective handling of key issues.  
Ewell CM  
Hospitals ,Jan 16 1983, 57 (2) p79, 81, 84, passim, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

When asked how he has been able to effectively stay in one job for so long, the man who has been at the head of one of the nation's largest banking organizations for 16 years, Richard Cooley, chairman, Wells-Fargo Bank, said that he "learned very early that board relations was the most important key to his continuity." Cooley said his strategy over the years has been to meet for dinner about once a year with each member of this board to allow the board member to get to know him, to personally hear the issues that the board member considers most important, and to solicit input on proposed management plans.

00841



022552 83078189

**Results of one-year antismoking campaign conducted within the framework of multifactorial prevention of ischaemic heart disease.**

Oleynikov SP; Glasunov IS; Chazova LV  
Cor Vasa ,1982, 24 (5) p318-28, ISSN 0010-8650  
Journal Code: DR5

Languages: ENGLISH

Among 593 smokers examined within the framework of the programme of multifactorial prevention of ischaemic heart disease [IHD], various smoking control measures were taken for combating smoking (lecture with discussion, group and individual sessions). Smokers with arterial hypertension and/or IHD were given antismoking advice by their physicians. After one year 20.7% persons of the whole group stopped smoking, and 25.3% reduced the number of daily consumed cigarettes by at least one quarter. The total number of smokers decreased by 8.1% ( $p = 0.0005$ ). In the control group, the smoking habit changed only insignificantly. The greatest success (50% of persons who gave up smoking) was obtained at group discussions, using positive motivation to stop smoking; the smallest effect (12.2%) was reached among patients where the antismoking campaign was entrusted to their physicians. Persons who were given greatest attention in the antismoking campaign (patients participating in group discussions) showed the lowest percentage of those who reported for annual examination within the framework of the programme of multifactorial prevention of IHD.

0225240 83070300

**Group process-work outcome relationships: a note on the moderating impact of self-esteem.**

Mossholder KW; Bedeian AG; Armenakis AA  
Acad Manage J ,Sep 1982, 25 (3) p575-85, ISSN 0001-4273  
Journal Code: OCH

Languages: ENGLISH

Self-esteem was hypothesized to moderate relationships between peer group interaction and two work-related variables, job performance and job strain. The study found support for the general hypothesis. Peer group interaction had a greater impact on the two work-related variables for low than for high self-esteem individuals. (35 Refs.)

0224571 83073383

**Staff nurses can inspire OR changes.**

Sullins ML  
AORN J ,Oct 1982, 36 (4) p672-8, ISSN 0001-2092  
Journal Code: 6JR

Languages: ENGLISH

0224020 83066590

**Nursing students' inpatient groups.**

Davidhizar RE; Leiter P

Rehabil Nurs ,Nov-Dec 1982, 7 (6) p21-4, ISSN 0278-4807  
Journal Code: R25  
Languages: ENGLISH

0223938 83065816

**[The inpatient group in a psychiatric clinic--structure, interaction regulations, patient judgments]**

Die Stationsgruppe in einer psychiatrischen Klinik--Struktur, Interaktionsregeln, Patientenurteile.

Schmidt LG

Psychiatr Prax ,Sep 1982, 9 (5) p138-44, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Structure and functioning of a group therapy comprising all patients of a psychiatric ward is described in terms of psychoanalytic and group dynamics, behaviour therapy and cognitive psychology. 34 acutely-ill patients with heterogenic diagnoses reported their experiences with this group technique at day of discharge. Aims of therapy are discussed in respect of desired effects and risks for delusional patients. This psychotherapeutic procedure with inpatients is conceived as part of "psychiatric psychotherapy".

0223934 83065809

**Cycles and balance: personality change versus organizational maintenance.**

Omark R

Psychiatr Q ,Summer 1982, 54 (2) p109-22, ISSN 0033-2720  
Journal Code: QBP

Languages: ENGLISH

0223252 83059003

**Developing a motivating environment.**

Gordon GK

J Nurs Adm ,Dec 1982, 12 (12) p11-6, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

0222164 83030422

**The structured decision conference: a case study.**

Weiss JJ; Zwahlen GW

Hosp Health Serv Adm ,Sep-Oct 1982, 27 (5) p90-105, ISSN 0364-4553  
Journal Code: G9T

Languages: ENGLISH

00842

0220969 83037845  
**The support group: a method of stress management.**  
Webster S; Kelly LA; Johst B; Weber R; Wickes L  
Nurs Manage ,Sep 1982, 13 (9) p26-30, ISSN 0744-6314  
Journal Code: DBV  
Contract/Grant No.: MH 14338-04  
Languages: ENGLISH

0220545 83033259  
**Role-modeling the extended family: fostering autonomy in C.S.S. acute day hospital clients.**  
Edelman M; Burgos N; Lonesome E  
J Psychosoc Nurs Ment Health Serv ,Oct 1982, 20 (10) p9-11, ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

0220076 83028502  
**Cognitive self-modeling, conventional group counselling, and change in interpersonal skills.**  
Mulcahy GA; Schachter JG  
Genet Psychol Monogr ,Aug 1982, 106 (FIRST HALF) p117-75, ISSN 0016-6677 Journal Code: FMX  
Languages: ENGLISH

This study compared Cognitive Self-Modeling [CSM(N = 39)]--a new treatment using a highly structured, cognitively oriented approach to increasing interpersonal skills among adolescents--with Conventional Group Counselling [CGC(N = 40)]--a widely accepted nondirective approach. A no-treatment group of which about half were pretested, served as a control [NTC(N = 18)]. Students (N = 97, mean age = 16.5) in a school setting were administered self-report trait and behavior indices at pretest, posttest (six weeks), follow-up-1 (10 weeks) and follow-up-2 (52 weeks). In addition, a measure of participation in clubs and organizations was administered at pre and posttest. Scheffe post hoc analyses revealed significant results for both treatment groups: CSM changes occurred early (posttest) and generally remained stable over time (follow-up-1 and 2), whereas CGC changes emerged slowly with significant findings on all measures at follow-up-2. NTC volunteers made no significant changes. Also, no differences were obtained between students who were pretested and those who were not, indicating that pretesting made no contribution to outcome.

0220000 83026853  
**How to develop a support group for families of open heart surgery patients.**  
Wilson L  
Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p108-16, ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219972 83026467  
**Group orientation for parents of children in foster family care.**  
Hess P; Williams LB  
Child Welfare ,Sep-Oct 1982, 61 (7) p456-66, ISSN 0009-4021 Journal Code: D2U  
Languages: ENGLISH

0218809 83013604  
**How to make a lonely place a little less lonely.**  
Chandler NJ  
Nursing (Horsham) ,Oct 1982, 12 (10) p47-50, ISSN 0360-4039 Journal Code: OA3  
Languages: ENGLISH

0218542 83010152  
**Intensive medical student support groups: format, outcome, and leadership guidelines.**  
Plaut SM; Hunt GJ; Johnson FP; Brown RM; Hobbins TE  
J Med Educ ,Oct 1982, 57 (10 Pt 1) p778-86, ISSN 0022-2577 Journal Code: J13  
Contract/Grant No.: AH-53001  
Languages: ENGLISH

The authors report on a five-year experience with process-oriented discussion groups at annual four-day, off-campus retreats attended by students, faculty members, and "significant others." Group sessions comprised 17 hours of each retreat, which also included community activities and recreation time. Group leaders represented a diversity of professional backgrounds. In response to questionnaires sent from one to two months after the retreats, participants rated group experiences highly, although they also considered a significant amount of time for unstructured interpersonal interaction and recreation important. Participants enjoyed meeting students and faculty members in a relatively "role-free" setting, and students derived an enhanced sense of self-awareness from group discussions. The most highly valued group leader behaviors were participation as a group member, facilitation of interpersonal communication, and attention to group members' needs. Guidance and direction by the leaders were also considered valuable, provided that they did not impose inappropriate expectations on their groups.

00843

0218111 83005445

**Self-help and mental health.**

Gartner AJ; Riessman F

Hosp Community Psychiatry ,Aug 1982, 33 (8) p631-5,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Over the past decade self-help groups have become an important way of helping people cope with various life crises.

Groups have organized to help individual members deal with a wide range of health-related and other problems. The authors define the meaning of self-help in such groups and describe the range of groups now available, including a number of mental-health-related groups. The part self-help groups play in providing social support, preventing illness and death, and reducing the need for hospitalization is discussed. The authors also examine the role of professionals in initiating and working with such groups. They point to self-help groups as one means of meeting the increasing demands placed on health and mental health service systems during the 1980s.

0217630 82274590

**Mutual-help groups: members' views of their benefits and of roles for professionals.**

Gottlieb BH

Prev Hum Serv ,Spring 1982, 1 (3) p55-67, ISSN

0270-3114 Journal Code: PAB

Languages: ENGLISH

Members of 18 self-help groups in Canada were surveyed as to the benefits of participation in mutual help groups and the roles for professionals in such groups. Three distinctions are made among mutual help groups: (1) those dealing with loss-transition (L-T), (2) those with members one step removed (OSR) from the problem, and (3) groups for stress, coping and support (SC&S). Members in OSR groups feel they benefit significantly more from participation than SC&S group members, while many L-T members feel they could get along well without the group if they had to. Members of SC&S groups tend to favor indirect involvement of professionals and see professional help and mutual help as complementary, more than do members of L-T and OSR groups. The traditional health care system is found to ignore the needs of L-T and OSR group members; mutual help thus provides a critical source of support and education for these people.

0217606 82272302

**Dilemmas of managing participation.**

Kanter RM

Organ Dyn ,Summer 1982, 11 (1) p5-27, ISSN 0090-2616

Journal Code: NQ2

Languages: ENGLISH

There are two reasons that current corporate efforts to achieve employee "participation" often seem fragile and temporary: unrealistic expectations about the appropriate use of participation and a failure to manage participation efforts

for maximum success. Participation is most appropriate when, for example, expertise is diffused, issues are controversial, problems cut across existing roles, or the development of people is desired; autonomy and individual responsibility may be more appropriate under the opposite conditions. Kanter discusses six sets of dilemmas that must be resolved to ensure that participating teams work effectively for the organization: dilemmas around initiation, structure, issue choice, teamwork, links between teams and their environment, and evaluation/continuation. Kanter concludes that participation works best when it is well managed. Participation is best viewed not as a permanent "program" or a "formula" but as temporary episodes of high involvement alternating with a more routine everyday structure.

00440

0217509 82265054

**Quality circles and medical staffs.**

Orlikoff JE

Hosp Med Staff ,Sep 1982, 11 (9) p23-7, ISSN 0090-0710

Journal Code: G93

Languages: ENGLISH

Quality circles are a new phenomenon in American industry. Can the touted virtues of quality circles-improved morale, productivity, and product quality-be translated into the health care setting? In some departments, probably. But it remains to be seen if medical staff members will become major supporters of the quality circles movement. A future article will take a case study approach to show how the hospital medical staff of one hospital became involved with quality circles.

0217505 82265040

**Focus groups: an innovative marketing research technique.**

Hisrich RD; Peters MP

Hosp Health Serv Adm ,Jul-Aug 1982, 27 (4) p8-21, ISSN

0364-4553 Journal Code: G9T

Languages: ENGLISH

0217220 82261451

**How to tackle training for teleconference users.**

Baird M; Monson M

Educ Ind Telev ,Aug 1982, 14 (8) p45-50, ISSN 0046-1466

Journal Code: EE2

Languages: ENGLISH

00844

0217218 82261449  
**Conferencing by satellite--a selection of case studies.**  
Educ Ind Telev ,Aug 1982, 14 (8) p36-9, ISSN 0046-1466  
Journal Code: EE2  
Languages: ENGLISH

0216834 82280396  
**Motivation and the activation process.**  
McFadden PL  
AANA J ,Jun 1982, 50 (3) p270-8, ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0216011 82273358  
**Helping employees to stop smoking. A report on the use of a self help manual with group support.**  
Perrin H; Tarrant Y; Moreton WJ  
Occup Health (Lond) ,Mar 1982, 34 (3) p127-34, ISSN 0029-7917  
Journal Code: ODB  
Languages: ENGLISH

0215684 82270458  
**Group psychotherapy with alcoholics; special techniques.**  
Vannicelli M  
J Stud Alcohol ,Jan 1982, 43 (1) p17-37, ISSN 0096-882X  
Journal Code: K76  
Contract/Grant No.: ADM 281-78-0005  
Languages: ENGLISH

0215556 82268750  
**Medication education for patients in a partial hospitalization program.**  
Batey SR; Ledbetter JE  
J Psychosoc Nurs Ment Health Serv ,Jul 1982, 20 (7) p7-10, ISSN 0279-3695  
Journal Code: JUW  
Languages: ENGLISH

0215273 82265286  
**Burnout in nursing education.**  
Jeglin-Mendez AM  
JNE ,Apr 1982, 21 (4) p29-34, ISSN 0148-4834  
Journal Code: HAP  
Languages: ENGLISH

0215078 82263370  
**Group treatment for parents of the adult mentally ill.**

McLean CS; Greer K; Scott J; Beck JC  
Hosp Community Psychiatry ,Jul 1982, 33 (7) p564-8,  
ISSN 0022-1597  
Journal Code: GCJ  
Languages: ENGLISH

**Support and education groups for the families of the mentally ill** have been in existence for at least 20 years. The authors describe a group treatment program established in 1979 for parents of chronically mentally ill individuals living in the community. The goal was to help parents become less overprotective, critical, and hostile so that clients would relapse less frequently and improve their social functioning during their time in the community. The groups provided parents with information and support. Some of the results of the groups include the implementation of new hospital procedures, more effective parenting, and a parent-initiated alliance on behalf of the mentally ill in the locality.

0215077 82263369  
**Family orientation: initiating patients and their families to psychiatric hospitalization.**  
Scharfstein B; Libbey M  
Hosp Community Psychiatry ,Jul 1982, 33 (7) p560-3,  
ISSN 0022-1597  
Journal Code: GCJ  
Languages: ENGLISH

Multiple family groups have been used for some time as a treatment for hospitalized psychiatric patients. However, there is no indication that they have been used in orienting patients and their families during the traumatic initial period on the inpatient ward. The authors describe the use of family orientation group meetings on the psychiatric inpatient ward of a university hospital. The theoretical bases of the group format are explained and the kinds of information relayed to parents and patients are outlined. The authors believe that use of one-time orientation meetings can help turn the crucial initial period into a therapeutic gain for the patient.

0215008 82262461  
**Successful commissioning of hospital construction.**  
Drodge W  
Dimens Health Serv ,Jun 1982, 59 (6) p25-6, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

00845

Languages: ENGLISH

0214486 82245236  
**Quality circles roll into hospitals.**  
Lippe D  
Mod Health Care ,Aug 1982, 12 (8) p108-10, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0214354 82237945  
**Quality circle technique aids evaluative criteria process.**  
Shaw JR  
Hosp Prog ,Aug 1982, 63 (8) p49-51, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214353 82237944  
**Adapting QCs to health care: some special challenges.**  
Waszak JJ  
Hosp Prog ,Aug 1982, 63 (8) p47-8, 63, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214231 82232330  
**Video teleconferencing techniques: Part III.**  
Biomed Commun ,Jul-Aug 1982, 10 (4) p8, 18-9, 26, ISSN  
0092-8607 Journal Code: A4Y  
Languages: ENGLISH

0213575 82248420  
**Revitalizing an ailing group psychotherapy program.**  
Johnson D; Howenstine R  
Psychiatry ,May 1982, 45 (2) p138-46, ISSN 0033-2747  
Journal Code: QCS  
Languages: ENGLISH

0212916 82240802  
**Improved diabetic control in an ambulatory group setting.**  
James T 3d  
J Ky Med Assoc ,May 1982, 80 (5) p283-5, ISSN 0023-0294  
Journal Code: IV8  
Languages: ENGLISH

0212684 82237892  
**Operational rounds monitor management of support services.**  
Wells JB  
Hospitals ,Aug 1 1982, 56 (15) p67-70, ISSN 0018-5973  
Journal Code: GDL

0212678 82237881  
**Effective use of community meetings on psychiatric treatment units.**

Arons BS  
Hosp Community Psychiatry ,Jun 1982, 33 (6) p480-3,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH  
The community meeting is often established as a part of the program on a psychiatric treatment unit to enhance the therapeutic atmosphere and advance the unit's goals. Such meetings usually consist of at least 30 or more individuals, including patients, staff, and trainees, and therefore incorporate small-group dynamics as well as phenomena more typical of large groups. Leaders should try to ensure the effectiveness of their meetings by assessing tasks and boundaries, as well as the extent to which small-group dynamics and techniques used in large groups apply.

0212392 82230793  
**Associations move ahead with teleconferencing.**  
Simon R  
Assoc Manage ,Jul 1982, 34 (7) p55-7, ISSN 0004-5578  
Journal Code: 89R  
Languages: ENGLISH

00846

00441

0212310 82221072

**Type A behavior, need for control, and reactions to group participation.**

Sanders GS; Malkis FS  
Organ Behav Hum Perform ,Aug 1982, 30 (1) p71-86. ISSN  
0030-5073 Journal Code: OK6  
Languages: ENGLISH

The present study examines the behavior of Type A coronary-prone subjects in group problem-solving sessions. Subjects discuss possible solutions to two problems in same-sex groups containing both Type As and Bs. As are much more likely than Bs to be seen as leaders and are rarely nominated as the least helpful member. Although A and B leaders are both seen as moderately likeable, A leaders' problem solutions are rated as lower in quality. Manipulations of problem importance and incentive for good solutions have similar effects on As and Bs. The results are discussed as being generally consistent with the proposal that Type As are primarily motivated by a need for control. Some indirect support is obtained for the idea that As are more susceptible than Bs to learned helplessness.

0212160 82212384

**The cost containment of labor.**

Harris RD  
Hosp Top ,Jul-Aug 1982, 60 (4) p38-40. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212133 82212280

**Preparing for the new hospital in Maidstone: the human side of commissioning activities.**

Walton M  
Hosp Health Serv Rev ,May 1982, 78 (5) p148-50.  
Journal Code: GC5  
Languages: ENGLISH

0211699 82226953

**Group meetings on an adolescent medical ward.**

Honig RG  
Adolescence ,Spring 1982, 17 (65) p99-106. ISSN  
0001-8449 Journal Code: 2H8  
Languages: ENGLISH

This report describes the development, functioning, content, and usefulness of patient group meetings on an adolescent medical ward. The meetings prove to be a useful technique in furthering the objectives of psychiatric consultation in such a setting. The meetings convinced the author that the threat to developing autonomy is the major focus of emotional conflict for the hospitalized adolescent. The meetings prove beneficial in helping the patients adjust to the experience of hospitalization. A diagnostic and educational function is also

served.

0211642 82226062

**Implementing reminiscence discussion groups.**

Rosenthal TT  
Va Nurse ,Summer 1982, 50 (2) p57-60. ISSN 0270-7780  
Journal Code: X6W  
Languages: ENGLISH

0210928 82219170

**Effectiveness of a group contingency procedure for increasing provocational behavior of profoundly mentally retarded residents.**

Gola TJ; Holmes PA; Holmes NK  
Ment Retard ,Feb 1982, 20 (1) p26-9. Journal Code: MTW  
Languages: ENGLISH

0210829 82217970

**[Intensification of group activities in a psychogeriatric ward]**

Intensivierung von Gruppenaktivitäten auf einer psychogeriatrischen Station.  
Powell-Proctor L; Chege N; Savage B  
Krankenpflege (Frankfurt) ,May 1982, 36 (5) p167-9.  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0210708 82216514

**Self-awareness - the key to a successful nurse-patient relationship?**

Krikorian DA; Paulanka BJ  
J Psychosoc Nurs Ment Health Serv ,Jun 1982, 20 (6)  
p19-21. ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

00847

0210638 82215570

**Three models of group choice.**

Ozar DT

J Med Philos ,Feb 1982, 7 (1) p23-34, ISSN 0360-5310

Journal Code: IZD

Languages: ENGLISH

The notion of group responsibility has received some very fruitful examination in recent years. But there still remains an important commonsense objection to this notion. Moral responsibility for an action is ordinarily linked to and held to depend upon the action's being the product of an act of choice on the part of the agent. The thrust of the objection here is that it is extremely difficult to understand how intentional acts like acts of choice can be properly attributed to a group. The notion of a group "consciousness" does not seem a very satisfactory resolution of this problem. In this paper I shall propose that there are actually three distinct processes, as well as many hybrid combinations of them there, by which groups "make choices." That is, when we look at the activities of groups, we discover three different kinds of analogues to the act of choice of the individual person. I shall be illustrating each of these models with examples of health care decisions. In addition, I shall also try to illustrate how the level of personal moral responsibility of each of the individuals making up the group, i.e., each one's responsibility for the group's action, can be seen to flow from the particular role that an individual plays within the process of "group choice" that is involved. In this way, I hope to shed light not only on the topics of group choice, group responsibility, and the interplay of personal and group responsibility, but also to show concretely the valuable role that these themes can play in our understanding of the moral elements of the health care setting.

0210342 82212319

**Hospital realizes benefits of participative financial reports.**

Wolfenden P

Hospitals ,Jul 16 1982, 56 (14) p38, 41, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0209748 82199554

**Social health concepts for family practice.**

Smith JR

Soc Casework ,Jun 1982, 63 (6) p363-9, Journal Code:

UT2

Languages: ENGLISH

Social health concepts require that the central focus of assessment and intervention be the development of familial social health, not the elimination of pathology. The social energy generated by a effective relationship with the worker assists the family in making the changes necessary for healthy functioning.

0209608 82194009

**How to make OD work better for your organization.**

Bauer RW

Manage Rev ,Jun 1982, 71 (6) p56-61, ISSN 0025-1895

Journal Code: LGK

Languages: ENGLISH

0209607 82194008

**Study circles: personal and professional fulfillment for employees.**

Osborne KQ; Shevat RS

Manage Rev ,Jun 1982, 71 (6) p37-42, ISSN 0025-1895

Journal Code: LGK

Languages: ENGLISH

0209454 82188328

**The introduction of a hospital management team in a district general hospital.**

Wolfson GM; Dunham PE

Hosp Health Serv Rev ,Apr 1982, 78 (4) p104-7 concl,

Journal Code: GC5

Languages: ENGLISH

0209451 82188325

**The introduction of a hospital management team in a district general hospital.**

Wolfson GM; Dunham PE

Hosp Health Serv Rev ,Mar 1982, 78 (3) p80-3 contd,

Journal Code: GC5

Languages: ENGLISH

0209340 82183154

**Video teleconferencing techniques: Part II.**

Biomed Commun ,May-Jun 1982, 10 (3) p7, 12-3, 22, ISSN

0092-8607 Journal Code: A4Y

Languages: ENGLISH

00848

0209336 82183150  
**Video teleconferencing techniques: part I.**  
Biomed Commun ,Apr 1982, 10 (2) p22-4, ISSN 0092-8607  
Journal Code: A4Y  
Languages: ENGLISH

0209150 82203666  
**A model for activity intervention in disaster-stricken communities.**  
Rosenfeld MS  
Am J Occup Ther ,Apr 1982, 36 (4) p229-35, ISSN 0272-9490 Journal Code: 305  
Languages: ENGLISH  
Environmental disasters cause deaths, injuries, and destruction of familiar surroundings. Social networks and routines that structure daily life are often left in disarray. To surmount subsequent crises, survivors must master painful feelings, solve problems, and accomplish important tasks, even while they are confused, bereaved, and displaced. Otherwise, coping failure leads to a vicious spiral of loss of self-esteem, distrust of the environment, and abandonment of social roles. Both crisis intervention and disaster literature advocate concrete and practical treatment measures. Activity intervention can prevent and reverse the destructive downward spiral by facilitating victims' most effective coping responses. This paper reviews the pertinent literature and sets forth a theoretical model of occupational therapy in post-disaster settings.

0208414 82196600  
**Support groups for parents of chronically ill children.**  
Johnson MP  
Pediatr Nurs ,May-Jun 1982, 8 (3) p160-3, ISSN 0097-9805 Journal Code: DUN  
Languages: ENGLISH

0208097 82194061  
**Measurement of task delegations among nurses by nominal group process analysis.**  
Trivedi VM  
Med Care ,Feb 1982, 20 (2) p154-64, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: HS 03410  
Languages: ENGLISH  
Task delegations among different nursing skill levels (RNs, LPNs, NAs) are empirically measured in this study by performing a nursing activity analysis. Instead of relying on conventional techniques of time study and work sampling, this study incorporates Nominal Group Process and specially designed questionnaires for analyzing nursing activities. Approximately 100 nurses from a 193-bed short-term general hospital participated in the study. The resulting task

delegation rates are compared with hospital policy, and a comparison is also made between different nursing units.

0207622 82189176  
**Presidential address: normal in psychoanalysis.**  
Joseph ED  
Int J Psychoanal ,1982, 63 (1) p3-13, ISSN 0020-7578  
Journal Code: GSL  
Languages: ENGLISH  
This paper is an attempt to spell out some of the usages of 'normal' in psychoanalysis in respect to the concepts lying behind such usage, and to attempt to see how various of these usages and concepts have been and can be employed in present day psychoanalysis. This started out as a seemingly simple exploration of the meaning of a term but turned into a puzzling exposition, the dimensions of which were not anticipated, and perhaps, were not fulfilled in the course of this presentation. In the final section, the author returns to the concept of normality as progressing over time and links this with the concept of average and expectable. This concept, as defined by research and experience, is the most operationally useful one when applied to the individual. From this point of view, the same seems to apply to psychoanalytic societies and groups.

0206821 82166968  
**How to make committees work for you.**  
Williams KJ; Donnelly PR  
Hosp Med Staff ,May 1982, 11 (5) p6-11, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH  
The forum for many hospital managerial concerns is the medical staff committee meeting. This article focuses on the misuses and abuses of committees and offers suggestions for improving their effectiveness. The issues of composition, size, tenure, and formats are discussed, and guidelines for chairman are recommended.

0206810 82166953  
**Interdisciplinary management group design.**  
Kessler DM; Murphy RJ  
Hosp Health Serv Adm ,Mar-Apr 1982, 27 (2) p33-42, ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

00849



0206417 82179664  
**Conducting pre- and postconferences.**  
Mitchell CA; Krainovich B  
Am J Nurs ,May 1982, 82 (5) p823-5, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0205896 82173869  
**Integrating patient concerns into quality assurance activities: The focus group method.**  
Thompson RE; Rodrick AB  
ORB ,Feb 1982, 8 (2) p16-8, ISSN 0097-5990 Journal Code: DKP  
Languages: ENGLISH

0205545 82169563  
**Groupthink: one peril of group cohesiveness.**  
Rosenblum EH  
J Nurs Adm ,Apr 1982, 12 (4) p27-31, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH  
A group's aim is to make well-conceived, well-understood, well-accepted and realistic decisions to reach their agreed-upon goals. This aim applies equally to their own goals and those occasionally imposed by outsiders such as hospital administration, accreditation committees and the federal government. Effective groupwork requires group cohesion with its components of trust, risk taking, mutual support, and group esteem. With constant vigilance the group can maintain its positive dynamics, so that the unhealthy state of groupthink does not undermine its existence.

0205230 82165582  
**Participation in nursing home resident councils: promise and practice.**  
Devitt M; Checkoway B  
Gerontologist ,Feb 1982, 22 (1) p49-53, ISSN 0016-9013  
Journal Code: FP5  
Languages: ENGLISH

0204480 82140559  
**Quality circles in the hospital.**  
Terry K; Alexander T  
Hosp Forum ,May-Jun 1982, 25 (3) p29, 31-2, ISSN 0018-5663 Journal Code: GDE  
Languages: ENGLISH

0204470 82140549

**Health care manager's notebook: managing committees and meetings.**  
Pointer DD; Ross MB  
Hosp Forum ,Jan-Feb 1982, 25 (1) p57-60, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0204432 82140297  
**Workshop series for youngsters with diabetes--an interdisciplinary approach to patient education.**  
Zufall DL; Butler B; Dreazen J; Goldsmith RW; Long C; Puri D; Sohor R  
Health Values ,Mar-Apr 1982, 6 (2) p23-5, ISSN 0147-0353 Journal Code: FX6  
Languages: ENGLISH

0204256 82158958  
**Don't neglect routine staff meetings.**  
Board HK  
AORN J ,Mar 1982, 35 (4) p714-9, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH  
Staff meetings are essential to good staff communication. Meetings help keep the grapevine from growing so big that it strangles the group with its rumors. By holding regular meetings with your staff, you create a consistency in your communications that helps prevent problems that you don't even suspect from cropping up. All personnel should attend the meetings. This way everyone hears news at the same time. Be consistent in your use of meetings. Meetings are more effective if you have a planned agenda and a firm time schedule. Encourage your staff to use meetings to talk out problems that affect the group. Once the meeting is over, encourage them to leave their feelings in the room. Many leaders are reluctant, for a variety of reasons, to hold meetings with their staffs. But it's like dieting and exercise; the more you do it, the easier it becomes. This type of meeting will pay rich dividends in staff personal and professional growth and in improved communication. The sense of participation that can be gained by the effective use of staff meetings can lead to high morale and effective staff performance. As you begin to see the results of a cohesive staff functioning together well, you will realize the routine staff meeting is a management tool that should not be overlooked or underused.

00850

0204128 82157252

**Nursing care in childhood cancer: coping.**

Craft M; Davidson JC; Davis K; Day BE; Gillesby C; McCray LK  
; Swoyer C; Uecker S  
Am J Nurs ,Mar 1982, 82 (3) p440-2, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0203988 82154205

**Autonomy, accountability and nursing practice.**

Curtin L  
Top Clin Nurs ,Apr 1982, 4 (1) p7-14, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0203908 82152972

**[A welcoming center for sharing a special moment with one's young child-children]**

Un centre d'accueil pour partager un moment privilegie avec son-ses jeunes enfants.  
Goddet E  
Soins Gynecol Obstet Pueric ,Jan 1982, (8) p47-50,  
Journal Code: UUS  
Languages: FRENCH

020368i 82150487

**Education forum 2 - Group dynamics: ten minutes in an air-raid shelter.**

Goble J  
Nurs Mirror ,Mar 3 1982, 154 (9) pvi-viii, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0203680 82150486

**Education forum 2. Group dynamics: the art of working together.**

Grant P  
Nurs Mirror ,Mar 3 1982, 154 (9) pii-v, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0203467 82149331

**Preventing group burnout.**

Johnson SH  
Nurs Manage ,Feb 1982, 13 (2) p34-8, Journal Code: OBV  
Languages: ENGLISH

0203052 82145361

**The professional support group: a model for psychiatric clinical nurse specialists.**

Johnson RM; Richardson JI; Von Endt LL; Lindgren KS  
J Psychosoc Nurs Ment Health Serv ,Feb 1982, 20 (2)  
p9-13, ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

In addition to the frustrations experienced by any CNS, the psychiatric CNS in the general hospital setting experiences additional pressures which are inherent to his/her role. The major additional pressure is the great demand for the provision of support to patients, families, and staff. This necessitates a source of support for the psychiatric CNS. In response to this need, a group of psychiatric CNSs from general hospital settings developed and implemented a model for a professional support group. The formation and developmental process of this professional support group was consistent with literature descriptions of both small group and professional support group development. Informal evaluation demonstrated that this professional support group is achieving its purposes, and continues to function as an ongoing group.

0202998 82144838

**Helping your staff address ethical dilemmas.**

Davis AJ  
J Nurs Adm ,Feb 1982, 12 (2) p9-13, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0202995 82144834

**Management and modes of thought.**

Nugent PS  
J Nurs Adm ,Feb 1982, 12 (2) p19-25, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0201957 82118575

**How quality circles work: an "inside look" at two different hospitals, with actual meeting notes.**

Campbell D; Hatfield BP  
Hosp Top ,Mar-Apr 1982, 60 (2) p46-8, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00851

0201914 82118468  
**Art of negotiations: the team approach.**  
Yokl RT  
Hosp Purch Manage ,Mar 1982, 7 (3) p6-7, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0201894 82118388  
**Mount Sinai invests in quality circles.**  
Maser M  
Health Serv Manager ,Feb 1982, 15 (2) p12-3, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0201834 82116107  
**Teamwork in management.**  
Jones DE  
Contemp Adm ,Feb 1982, 5 (2) p21-3, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0201826 82115539  
**The effective committee.**  
Pesko LJ; Pierpaoli PG  
Curr Concepts Hosp Pharm Manage ,Spring 1982, 4 (1) p7,  
11-3, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0201089 82126818  
**Dissonance in nurse and patient evaluations of the effectiveness of a patient-teaching program.**  
Adom D; Wright AS  
Nurs Outlook ,Feb 1982, 30 (2) p132-6, ISSN 0029-6554  
Journal Code: 09H  
Languages: ENGLISH

0200664 82121872  
**How to run a meeting.**  
Jay A  
J Nurs Adm ,Jan 1982, 12 (1) p22-7, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0199200 82103674  
**Japan's quality-control circles fall flat for American hospital industry.**

Brody EW  
Mod Health Care ,Jan 1982, 12 (1) p96, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0199095 82097659  
**Communications improved by oriental management concept.**  
Dildine D  
HPN Hosp Purch News ,Feb 1982, 6 (2) p1, 8, Journal  
Code: G3D  
Languages: ENGLISH

0199056 82096897  
**Quality circles in nursing.**  
Hatfield B  
Hosp Top ,Jan-Feb 1982, 60 (1) p34, 40, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199016 82096840  
**Housekeeping team enjoys task selection, increases output.**  
Barney SM; Hitchcock JE  
Hosp Prog ,Jan 1982, 63 (1) p60, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0197115 82085838  
**Improving quality care through quality circles.**  
Raber PE  
Todays Nurs Home ,Jan 1982, 3 (1) p13, 24, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

00852

**HOSPITAL , ADMISION**

00853

0231467 83140151

**Measuring functional outcomes in chronic disease: a comparison of traditional scales and a self-administered health status questionnaire in patients with rheumatoid arthritis.**

Deyo RA; Inui TS; Leininger JD; Overman SS  
Med Care ,Feb 1983, 21 (2) p180-92, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

A new "health-status" questionnaire, the Sickness Impact Profile (SIP), was examined to determine whether it offered measurement advantages over the traditional American Rheumatism Association (ARA) functional scale or patient self-ratings of function. Seventy-nine outpatients with rheumatoid arthritis (RA) administered the SIP to themselves and provided self-ratings on a 7-point functional scale. Clinicians independently rated patients on the ARA functional scale, and repeated measures were obtained over a 6-month period. Scores on the SIP or its subscales showed stronger correlations than the other scales with hematocrit, sedimentation rate, grip strength, morning stiffness, duration of RA, anatomic stage, work status, and psychiatric status. Validity of the SIP appeared to be maintained with repeated administrations, and the SIP was more reliable than either of the other scales. These findings, as well as the comprehensiveness and feasibility of the self-administered SIP, suggest that this (and perhaps similar health status instruments) may be a useful supplement to more traditional measures of chronic disease outcome.

0227733 83090725

**Using OB Mod to increase hospital productivity.**

Snyder CA; Luthans F  
Pers Adm ,Aug 1982, 27 (8) p67-73, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0217493 82265028

**Taking it one step further.**

Hosp Superv Bull ,Sep 30 1982, (446) p1-4, ISSN 0018-585X  
Journal Code: G9S  
Languages: ENGLISH

0216160 82274306

**Hospital admission through the parents' eyes.**

Gien SA  
Nurs Times ,Aug 4-10 1982, 78 (31) p1321-3, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0215218 82264803

**Using patient information to identify areas for service improvement.**

Carey RG; Posavac EJ  
Health Care Manage Rev ,Spring 1982, 7 (2) p43-8, ISSN 0361-6274  
Journal Code: G11  
Languages: ENGLISH

0213767 82250971

**Inpatient front office functions.**

Top Health Care Financ ,Spring 1982, 8 (3) p7-24, ISSN 0095-3814  
Journal Code: VVG  
Languages: ENGLISH

0212192 82212607

**Records managers are expanding their role.**

Howie HS  
Health Care (Don Mills) ,Jun 14 1982, 24 (4) p32-5, ISSN 0226-5788  
Journal Code: GKM  
Languages: ENGLISH

00442

0212166 82212390

**How to make major changes in paper work processing for admitting procedures. Anderson Memorial Hospital redesigned paper forms to keep up with data processing technology.**

Gambrell EC  
Hosp Top ,Jul-Aug 1982, 60 (4) p8-11, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0209597 82193646

**The admitting office: making first impressions work for you.**

Shields M  
J Patient Acc Manage ,Jun 1980, p14-6, Journal Code: KOH  
Languages: ENGLISH

00854

0209594 82193643  
**Hospital handbook. Admitting: policies and procedures.**  
Page R  
J Patient Acc Manage ,Jun 1982, p10-4, Journal Code:  
KOH  
Languages: ENGLISH

0207423 82187619  
**Conquering fear of surgery.**  
Nurse R; Deber R  
Dimens Health Serv ,Mar 1982, 59 (3) p34-6, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0206883 82171491  
**A pre-admission program that works.**  
Hogan C  
J Patient Acc Manage ,Apr-May 1982, p18-9, Journal  
Code: KOH  
Languages: ENGLISH

0206181 82176998  
**Accounts receivable management.**  
Clarkin JF; Chizever SD  
Top Health Care Financ ,Spring 1982, 8 (3) p1-71, ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

00443

0203894 82152951  
**[Patient admission administrative formalities]**  
Les formalites administratives d'admission.  
Blot P  
Soins Chir ,Jan 1982, (11) p29-31, ISSN 0038-0814  
Journal Code: UUP  
Languages: FRENCH

0199772 78216860  
**System cuts red tape for patients from admission to discharge.**  
Testolin K; Byers M  
Hospitals ,1 Sep 1978, 52 (17) p107-8, 110, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

One hospital's personalized admitting system is staffed by business representatives who perform a variety of liaison activities to ease patients' nonmedical experience in the hospital. For example, they expedite admissions, discharges, and transfers; make bed assignments; arrange patient

transportation; supervise room cleaning on their units; verify patients' insurance coverage; provide financial counseling; and collect payment on bills.

0199445 78198947  
**Consensus vs. discrepancy: an analysis role performance of admission clerks in hospital setting.**  
Baider L; Halevi E  
Ment Health Soc ,1977, 4 (3-4) p221-8, ISSN 0302-2811  
Journal Code: MSM  
Languages: ENGLISH

This paper presents hypotheses and conceptualizations regarding the job-role definition of admissions clerks and managers in the Admissions Department of a general hospital. Our sample represents a segment of the administrative staff. The findings show that the malfunctioning of the department in question is not due to a lack of consensus among the workers regarding the perception or definition of role, but to their lack of identification and to inadequate recognition from their peers and superiors.

0194997 82060462  
**Family care card.**  
Profiles Hosp Mark ,3rd Quarter 1981, (3) p4-7,  
Journal Code: PZO  
Languages: ENGLISH

0194755 82051739  
**Care continuity between a general hospital and a community urgent care center.**  
Dorsky DL; Housley CE  
Hosp Top ,Nov-Dec 1981, 59 (6) p14-7, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0192871 82037920  
**A prescription for care.**  
Profiles Hosp Mark ,4th Quarter 1981, (4) p94, Journal  
Code: PZO  
Languages: ENGLISH

00855

0192853 82037902  
**A ticket to the hospital: new admissions handbook format goes a long way.**  
Profiles Hosp Mark ,4th Quarter 1981, (4) p32-3,  
Journal Code: PZD  
Languages: ENGLISH

0192851 82037900  
**Jumbo admissions handbook: a patient handbook on every coffee table?**  
Profiles Hosp Mark ,4th Quarter 1981, (4) p22-7,  
Journal Code: PZD  
Languages: ENGLISH

0192773 82034506  
**Why have an R. N. in admitting?**  
Pratt RJ  
J Patient Acc Manage ,Oct 1981, p12-3, Journal Code:  
KOH  
Languages: ENGLISH

0190829 82014564  
**Patient accounts department plays a major role in public relations.**  
Herkimer FP; Herkimer AG Jr  
Patient Acc ,Oct 10 1981, 4 (10) p2-3, Journal Code:  
OTE  
Languages: ENGLISH

0188211 81269795  
**One kind of cost-containment that everybody likes.**  
Kirchner M  
Med Econ ,Sep 14 1981, 58 (18) p77, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0188110 81263551  
**Quality in admitting [interview]**  
Weidin J  
Hosp Superv Bull ,Sep 15 1981, (421) p1-4, ISSN  
0018-585X Journal Code: G95  
Languages: ENGLISH

0188004 81262605  
**Admissions on the day of surgery can cut costs and save beds [interview]**

Whitacre WB  
Hosp Peer Rev ,Sep 1981, 6 (9) p105-6, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0187948 81262474  
**Doing something about boosting clerical productivity in hospitals.**  
Nance HW  
Health Serv Manager ,Aug 1981, 14 (8) p4-5, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

00444

● 0186235 81262556  
**The admissions process in two state psychiatric hospitals.**  
Solomon P  
Hosp Community Psychiatry ,Jun 1981, 32 (6) p405-8,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH  
In this study, a conceptual model of the factors influencing the admissions process was tested in two state psychiatric hospitals. The factors included in the model fell into four categories: characteristics of patients, characteristics of admitting personnel, system factors, and patient assessment. The attitudes of individuals accompanying an applicant were found to be most important. Patients referred by police, courts, family, friends, or agency personnel were more likely to be admitted than self-referrals. Pathological behaviors that had a significant impact on the admissions process were those that indicated the presence of mental disorder or danger to self or others. The availability of alternatives to hospitalization was not found to be significant, a finding that suggests that admitting personnel, particularly psychiatrists, should be educated about community alternatives if spiraling rates of psychiatric admission are to be reduced.

0181038 81198669  
**Performance standards form the basis of management control.**  
Taylor RB  
Patient Acc ,May 10 1981, 4 (5) p2-3 concl, Journal  
Code: OTE  
Languages: ENGLISH

00856

0178646 81167691  
**Involve your staff in plans for change [interview]**  
Campbell N  
Hosp Superv Bull ,Apr 30 1981, (412) p1-4, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0176249 81136981  
**After successful start, 'patient rep' system falters, is abandoned by Tucson hospital [interview]**  
Braswell J  
Cost Containment ,Apr 14 1981, 3 (7) p7-8, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0173162 81116785  
**Chart your way to an effective staff [interview]**  
Mays L  
Hosp Superv Bull ,Jan 30 1981, (406) p1-5, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0165568 81050655  
**Business office productivity: a practical program for improvement.**  
Wright CR  
J Patient Acc Manage ,Nov 1980, p14-8 contd, Journal  
Code: KOH  
Languages: ENGLISH

0164796 81056632  
**On the therapeutic aspects of psychiatric admission.**  
Vera MI  
Soc Work Health Care ,Summer 1980, 5 (4) p361-71, ISSN  
0098-1389 Journal Code: U95  
Languages: ENGLISH

Notwithstanding the current interest in different aspects of admission to psychiatric facilities, the actual procedures for admission have been neglected. Their therapeutic importance is here emphasized using the notion of a therapeutic contract that incorporates patients, families and professionals. Clarification of expectations and roles among the parties to this contract is essential to achieving an understanding of the patient-clinician relationship. An admission conference is proposed as conducive to reaching these goals.

0161821 81027957  
**Geriatrics--some problems of the elderly.**

Pollack MR  
J R Coll Gen Pract [Occas Pap] ,May 1980, (10) p36-41,  
ISSN 0309-6300 Journal Code: JV8  
Languages: ENGLISH

0160754 81017304  
**[Experiences with a controlled hospital admitting procedure for routine operations in the department of surgery]**  
Erfahrungen mit einem gelenkten Krankenhausaufnahmeverfahren für Routineoperationen in der Chirurgie.  
Jacob H  
Z Aerztl Fortbild (Jena) ,Mar 1 1980, 74 (5) p232-5,  
ISSN 0044-2178 Journal Code: XS6  
Languages: GERMAN

0160564 81014363  
**[Gerontopsychiatry in the psychiatric land hospital (author's transl)]**  
Die Gerontopsychiatrie im psychiatrischen Landeskrankenhaus. Ein Erfahrungsbericht nach der Eröffnung einer geronto-psychiatrischen Aufnahmestation.

Kunze U  
Psychiatr Prax ,Aug 1980, 7 (3) p186-94, ISSN 0303-4259  
Journal Code: QCK  
Languages: GERMAN Summary Languages: ENGLISH

Care of geriatric patients is a significant, comprehensive and at the same time difficult task facing the psychiatric hospitals run by the Land government. In this field of psychiatry too, new approaches and concepts are beginning to materialise, which, however, are rendered even more difficult by many obstacles which have to be overcome. The present article reports from the practice of a Land hospital, and describes the new accents which have to be placed on diagnostic and therapeutic aspects as a result of the opening of a new ward for gerontopsychiatric patients, and explains how these new aspects influence prognosis. The article is based on the data of 200 patients whose treatment has been completed after this study was taken up. The purpose of this article is to provide a first critical reflection on the work done by the hospital and its staff, including the stimulation of discussions with other institutes and the outpatients field of activities.

00857



0159051 80249142  
**Payment patterns: management of receivables.**  
Zielski K  
Hosp Financ Manage ,Jun 1980, 34 (6) p77, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0155976 80237876  
**[Organization of radiologic-gynecological care from the  
gynecologist's viewpoint]**  
Organisation der radiologisch-gynakologischen Krankenversor-  
gung aus der Sicht des Gynakologen.  
Weghaupt K  
Wien Med Wochenschr ,Mar 31 1980, 130 (6) p205-9, ISSN  
0043-5341 Journal Code: XQU  
Languages: GERMAN

0155032 80226412  
**Review ensures quick response to faulty care.**  
Sherber J  
Hospitals ,Aug 1 1980, 54 (15) p55-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH  
Involving all hospital personnel and medical staff members  
with a role in patient care, concurrent quality assurance  
program ensures that high-quality care is provided at the  
lowest practical cost.

0154225 80200880  
**Hospital sets up public relations effort to encourage  
pre-admission registration.**  
Cost Containment ,June 24 1980, 2 (12) p7, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0152010 80184011  
**The other side of art therapy.**  
Gantt L  
J Natl Assoc Priv Psychiatr Hosp ,1979, 11 (2) p14-9,  
ISSN 0027-8629 Journal Code: JAB  
Languages: ENGLISH

0149340 80163886  
**Implementation of a central registration system.**  
Laliberte JA  
J Patient Acc Manage ,Apr-May 1980, p20-1, Journal  
Code: KOH  
Languages: ENGLISH

0146881 80142502  
**Some observations on medical records practice and training  
in the U.S.A.**  
Lund B  
Med Rec ,Feb 1980, 21 (1) p6-11, ISSN 0025-7478  
Journal Code: MF7  
Languages: ENGLISH

0146858 80141706  
**Hospital notebook -- OHM: from an information booklet  
prepared by Osteopathic Hospital of Maine.**  
J Patient Acc Manage ,Jan 1980, p20-3, Journal Code:  
KOH  
Languages: ENGLISH

0146856 80141704  
**P.S. solution: implementing a pre-admission testing program.**  
Page RS  
J Patient Acc Manage ,Mar 1980, p18-9, Journal Code:  
KOH  
Languages: ENGLISH

0142962 80127166  
**Clinical assessment of external pressure circulatory  
assistance in acute myocardial infarction. Report of a  
cooperative clinical trial.**  
Amsterdam EA; Banas J; Criley JM; Loeb HS; Mueller H;  
Willerson JT; Mason DT  
Am J Cardiol ,Feb 1980, 45 (2) p349-56, ISSN 0002-9149  
Journal Code: 3DQ  
Languages: ENGLISH

00445

● 0141701 80113632  
**Modelling a hospital entrance system.**  
Chase M; Laszlo C; Uyeno D  
Dimens Health Serv ,Jan 1980, 57 (1) p16-20, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

00858

0140832 80104320  
[The chronically ill patient: a challenge]  
Le malade chronique: un defi a relever.  
Dupuis M  
Union Med Can ,Aug 1979, 108 (8) p950-2, ISSN 0041-6959  
Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0137472 80071313  
Errors in psychiatric admission.  
Van Ree F  
Int J Soc Psychiatry ,Summer 1979, 25 (2) p133-4, ISSN  
0020-7640 Journal Code: GT5  
Languages: ENGLISH

0136489 80063417  
[Psychiatric emergency in general hospitals]  
L'urgence psychiatrique dans les hopitaux generaux.  
Porot M; Planche R; Charbonnier JF; Plenat M  
Ann Med Psychol (Paris) ,Jan-Feb 1979, 137 (1-2) p91-8,  
ISSN 0003-4487 Journal Code: 5JC  
Languages: FRENCH

0135567 80051412  
Waiting room blues [editorial]  
Lachman E  
J Okla State Med Assoc ,Oct 1979, 72 (10) p349, ISSN  
0030-1876 Journal Code: JH3  
Languages: ENGLISH

0135261 80048367  
Preadmission programs keep things rolling.  
Hospitals ,Dec 1 1979, 53 (23) p14, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0134683 80026983  
Ways need to be developed to expedite hospital admissions,  
discharges.  
Reeves RE  
Hosp Financ Manage ,Nov 1979, 33 (11) p64-5, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0133924 80037323  
[Problems in the admission to in-hospital oral surgical care

from the patient's viewpoint--results of patient interviews in  
the hospital for dental and maxillo-facial surgery of the Karl  
Marx University, Leipzig]

Probleme der Aufnahme in stationare kieferchirurgische  
Betreuung aus der Sicht des Patienten--Ergebnisse einer  
Patientenbefragung in der Klinik fur Chirurgische Stomatologie  
und Kiefer-Gesichts-Chirurgie der Karl-Marx-Universitat  
Leipzig.

Erpenbeck F; Birnbaum K; Langanke B; Niemand B; Thomzyk I  
Stomatol DDR ,Jun 1979, 29 (6) p450-9, ISSN 0302-4725  
Journal Code: V18

Languages: GERMAN Summary Languages: ENGLISH  
The author deals with the results from the interviewing of  
oral surgery patients on their problems concerning the sending  
and the admission to the hospital, with special attention to  
the problems of waiting for admission, the familiarization  
with the clinical environment and the improvement suggestions  
of the patients. The conclusions concern tasks arising from  
the medical and dental care for inpatients as well as for  
outpatients.

0133550 80033531  
A survey of referral agencies' satisfaction with services  
provided by an acute psychiatric admission unit.  
Walker FA; Snelling E  
NZ Med J ,Aug 22 1979, 90 (642) p158-9, ISSN 0028-8446  
Journal Code: OBO  
Languages: ENGLISH

0132865 80026506  
Model of hospital's inflow.  
Archinard E; Jorrot C; Scherrer JR  
Int J Biomed Comput ,May 1979, 10 (3) p179-90, ISSN  
0020-7101 Journal Code: GOQ  
Languages: ENGLISH

To be accepted as an inpatient in the Geneva Hospital one  
must proceed through a registration post. Data collecting  
sessions were set up there to study its working. Since many  
random components enter the registration procedure a  
stochastic queuing process is the appropriate model. The  
process main characteristics are determined by rather involved  
statistical and mathematical means. The values reckoned for  
the most relevant parameters (to both medical staff and  
general public) are found quite plausible.

00859

0132201 80006231  
**A three-pronged approach to cost effectiveness [interview]**  
Loudenslager G  
Hosp Superv Bull ,Oct 15 1979, (375) p1-3, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0123364 79204010  
**Patient management systems.**  
Sacco JJ; Longnecker CG Jr  
Top Health Care Financ ,Summer 1978, 4 (4) p17-29, ISSN  
0095-3814 Journal Code: VVG  
Languages: ENGLISH

0120798 79171566  
**A Montana hospital implements roving admissions.**  
Bruce DA  
Hosp Forum ,Jan 1976, 18 (10) p6-7, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0116717 79155382  
**The use of length of stay distributions to predict hospital discharges.**  
Fuhs PA; Martin JB; Hancock WM  
Med Care ,Apr 1979, 17 (4) p355-68, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Many hospital admissions scheduling or admissions control systems reported in the literature rely on estimates of future discharges to help control the variance in daily patient census. One of the two most frequently reported methods of estimating discharges attempts to explain the variance in historical length of stay (LPS) data. This paper explores the relationship between LOS variance explanation and the ability to predict discharges and concludes that even a large improvement in the ability to explain LOS variance will only marginally reduce the errors in the associated discharge predictions. In drawing this conclusion, a general discharge prediction model is developed and a more relevant statistic than per cent variance explained is introduced.

0113305 79118891  
**. . .of interest to smaller hospitals.**  
Carothers LD  
Tex Hosp ,Mar 1979, 34 (10) p50-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0111850 79114028  
**Blue Cross pushes for cost containment [editorial]**  
Mod Health Care ,Apr 1979, 9 (4) p3, Journal Code: NFA  
Languages: ENGLISH

0110458 79088388  
**Sidelineing conflict [interview]**  
Dominguez P  
Hosp Superv Bull ,30 Jan 1979, (358) p1-3, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0108027 79072182  
**The beneficial impact of automation on a MR and admission department.**  
Vogler M; Gleser MA; Samson P  
Med Rec News ,Dec 1978, 49 (6) p84-6, 88-9, ISSN  
0025-7486 Journal Code: MB5  
Languages: ENGLISH

0105501 79055890  
**Legal commentary: freestanding independent ambulatory surgery center's needing transfer agreements with hospitals.**  
Griffith JL  
Same Day Surg ,Dec 1978, 2 (12) p190-1, Journal Code:  
UBL  
Languages: ENGLISH

0105032 79046943  
**N.Y. hospital does pre-admission review.**  
Hirsch L  
Hosp Peer Rev ,May 1978, 3 (5) p59-60, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0102469 79025985  
**The management of waiting lists.**  
Hosp Health Serv Rev ,Oct 1978, 74 (10) p382-4,  
Journal Code: GC5  
Languages: ENGLISH

00860

0101112 79031636  
[The relationship of patient-oriented administration with the operational management of a large hospital]  
Die Verknüpfung der patientengebundenen Verwaltung mit dem Betriebsablauf eines Grossklinikums.  
Pfeuffer B  
Methods Inf Med [Suppl] ,1978, 11 p246-51, Journal Code: MVJ  
Languages: GERMAN

0100585 79026765  
Parameters affecting hospital occupancy and implications for facility sizing.  
Hancock WM; Magerlein DB; Storer RH; Martin JB  
Health Serv Res ,Fall 1978, 13 (3) p276-89, ISSN 0017-9124 Journal Code: G2L  
Languages: ENGLISH  
Simulation is used to investigate the effects on hospital occupancy of the number of beds in the facility, the percentage of patients who are emergencies, the percentage of elective patients who are scheduled, and the average lengths of stay of emergency and elective patients. A practical method is presented for estimating the optimum size of a short-term hospital on the basis of expected demand, and use of the results in planning is discussed.

00446

● 0100441 79026017  
Hospital planning can cut risks of admitting prisoner patients.  
Conwell B  
Hospitals ,16 Nov 1978, 52 (22) p105-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0099379 79016800  
[Experiences with legislation for hospital referral]  
Erfahrungen mit dem Einweisungsgesetz.  
Spate HF; Otto K  
Z Aerztl Fortbild (Jena) ,1 Aug 1978, 72 (15) p697-702, ISSN 0044-2178 Journal Code: XS6  
Languages: GERMAN

0095487 78246075  
New patient accounting system benefits hospital.  
Livernois R; Dinges R  
Med Rec News ,Feb 1975, 46 (1) p19-23, ISSN 0025-7486  
Journal Code: MB5  
Languages: ENGLISH

0095011 78241679  
Seven steps to setting up a patient representative system that works.  
Clapp BM; Ganti AR; Nagy EJ; Strauss JF  
Hosp Financ Manage ,Oct 1975, 29 (10) p42-7, ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0093359 78164220  
Approaching the clinical problems of patients with cerebrovascular disease [editorial]  
Slade W  
Angiology ,Feb 1978, 29 (2) p95-9, ISSN 0003-3197  
Journal Code: 4UA  
Languages: ENGLISH

0093338 78163561  
Admissions nurse practitioners make a difference.  
Kettel LJ; Perfetto J; Welty MJ; Crosby AF; Cundiff RJ  
Am J Nurs ,Apr 1978, 78 (4) p648-9, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0090698 78065120  
Staff reaction to computerized admissions.  
Young Y  
Dimens Health Serv ,Dec 1977, 54 (12) p19-20, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH

0090697 78065119  
Computerized admissions revisited.  
Crook W  
Dimens Health Serv ,Dec 1977, 54 (12) p17-8, ISSN 0317-7645 Journal Code: E9N  
Languages: ENGLISH

00861

0090039 78038116

**Planning for a mental hospital phasedown.**

Lawton MP; Lipton MB; Fulcomer MC; Kleban MH

Am J Psychiatry ,Dec 1977, 134 (12) p1386-90, ISSN

0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors studied the patients and community facilities in an area for which a mental hospital phasedown was contemplated. They found that patients who were continuously hospitalized during a 9-month period were highly dependent and judged unlikely to be candidates for community placement. By contrast, the patients who had been discharged during this 9-month period were judged relocatable by staff and constituted a select group in terms of independence. The authors' survey of community facilities indicated few placement possibilities for the majority of the continuously hospitalized patients.

0089507 78010186

**Medical admissions from an emergency room: factors associated with long delays.**

Reilly TA; Stewart MM; Metsch JM; Fine KC

Mt Sinai J Med NY ,Jul-Aug 1977, 44 (4) p544-50, ISSN

0027-2507 Journal Code: NJU

Languages: ENGLISH

0088681 78216801

**Admitting by computer.**

Flynn G; Heard L; Thomas J

Hosp Adm Can ,Jun 1978, 20 (6) p32-4, ISSN 0018-554X

Journal Code: GC9

Languages: ENGLISH

0087984 78192700

**Information rooms for operational management in general hospitals--2.**

Griffiths DA

Hosp Health Serv Rev ,May 1978, 74 (5) p157-60,

Journal Code: GC5

Languages: ENGLISH

0087226 78150457

**New systems can mean real savings. Part 1. effect of contemporary admissions scheduling.**

Magerlein DB; Hancock WM; Butler FW; Mallet GM; Young DR

Hosp Financ Manage ,Apr 1978, 32 (4) p10-4, 16, 18,

ISSN 0018-5639 Journal Code: G9N

Languages: ENGLISH

0085530 78087032

**Can medical records, EOP and finance live happily together?**

Smith LH Jr

Hosp Financ Manage ,Aug 1977, 31 (8) p26-8, ISSN

0018-5639 Journal Code: G9N

Languages: ENGLISH

0085218 78084281

**Concerns of emergency department personnel in connection with mental patients.**

Grant S

Emerg Med Serv ,Jan-Feb 1978, 7 (1) p56, 58-9, ISSN

0094-6575 Journal Code: EF8

Languages: ENGLISH

0063905 77226460

**Admissions after the fact.**

Health Serv Manager ,Jun 1976, 9 (6) p7, ISSN DGAP-0000

Journal Code: GAP

Languages: ENGLISH

0063889 77226443

**Spotlight on the staff. Admitting.**

Galvin M

Health Serv Manager ,Feb 1976, 9 (2) p7, ISSN DGAP-0000

Journal Code: GAP

Languages: ENGLISH

00862

00447

● 0233051 83134025

**The CEO hot line: how to cope with expected occupancy reduction.**

Hosp Top ,Mar-Apr 1983, 61 (2) p5-7, 18, 27, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0231965 83143538

**Monitoring. 2. A question of efficiency.**

Hancock C

Nurs Mirror ,Jan 26 1983, 156 (4) p47-8, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0230342 83128086

**A comparison of in-patient costs of treatment and care in a Scottish psychiatric hospital.**

McKechnie AA; Rae D; May J

Br J Psychiatry ,Dec 1982, 141 p602-7, ISSN 0007-1250  
Journal Code: BIK  
Languages: ENGLISH

0229953 83107087

**Trends in U.S. Catholic hospitals and all other nonfederal U.S. hospitals, 1970 to 1979: CHA study report, Part III. Changes in occupancy, length of stay, and births.**

Fox RT; Walker WR; Unger M

Hosp Prog ,Feb 1983, 64 (2) p59-65, 74, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0229899 83106928

**Include patient and nonpatient areas: exploring creative growth strategies.**

Saucier GJ

Healthc Financ Manage ,Feb 1983, 37 (2) p52, 54, 56, ISSN 0018-5639  
Journal Code: GBC  
Languages: ENGLISH

0229283 83120133

**The blocked bed. Definition of a problem.**

Hall D; Bytheway B

Soc Sci Med ,1982, 16 (22) p1985-91, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

The 'blocked bed' is a term familiar to doctors and hospital administrators, but has no conventional definition. Estimates

of the prevalence of bed blockage vary and are largely subjective. A survey of Area and Regional Health Authorities in the U.K. was used to collect information on the nature and extent of bed blockage. The definitions offered focus on the match between patient characteristics and services provided, and refer in the main to elderly patients in acute hospital beds. It is argued that the emergence of blockage as a problem is related to a dominant model of acute care in hospitals, which does not accurately reflect the situation of elderly patients or their needs for treatment.

00448

● 0228335 83108191

**Hospital performance in multihospital systems: a comparative study of system and independent hospitals.**

Coyne JS

Health Serv Res ,Winter 1982, 17 (4) p303-29, ISSN 0017-9124  
Journal Code: G2L

Languages: ENGLISH

Hospital costs and productivity in multihospital systems versus those of independent hospitals are a major source of debate among health care providers and researchers. Previous studies have shown system hospitals perform better than independent hospitals. The evidence, however, has been limited to only a few nonprofit systems. To help fill this research gap, approximately 100 system hospitals from 14 systems and 4 ownership types are compared with approximately 50 independent hospitals using cost and productivity data from one year. The results show that system hospitals realize both significantly higher cost and higher productivity levels, except for county-owned facilities which have lower costs and insignificantly different productivity levels. Factors that help explain these results are discussed and directions for further research are suggested.

00449

● 0227565 83081093

**Changes in admissions, average daily census, and outpatient visits.**

Fox RT; Walker WR; Unger M

Hosp Prog ,Jan 1983, 64 (1) p62-70, 87, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

00863

0227140 83096426

**Bacterial colonization of newborn infants in a neonatal intensive care unit.**

Eriksson M; Melen B; Myrback KE; Winbladh B; Zetterstrom R  
Acta Paediatr Scand ,Sep 1982, 71 (5) p779-83, ISSN  
0001-656X Journal Code: 1LV

Languages: ENGLISH

The bacterial colonization of the nose, umbilicus, perineum and faeces in 85 newborns was studied during one period of high and one of low occupancy in a neonatal intensive care unit. Cultures were taken on admission, at three days, at one week of age, and then weekly during the stay in the unit. Colonization took place early and potential pathogens were responsible for a significant part of the spectrum. At one week of age, more than 50% of the infants had Staphylococcus aureus in the nose and umbilicus, 25% had E. coli and/or Klebsiella enterobacter in the umbilicus, and 60% had Klebsiella enterobacter in the perineum. Neither the occupancy rate in the unit nor the clinical state of the infant seemed to influence the colonization pattern significantly. Changes in flora were frequent in the individual infant. However, the bacterial spectrum remained essentially the same with increasing age during the stay in the unit and during the two periods. Only on two occasions was the same phage type of Staphylococcus aureus found in two infants at the same time. Two cases of septicemia occurred in the 85 infants during the three months of the study. Both infants were colonized beforehand with the causative organism. The results may indicate that the clinical state of the infant is of greater importance for risk of septicemia than the pattern of the bacterial colonization.

0223680 83063731

**"Ward shape".**

Bubela N  
Nurs Manage ,Dec 1982, 13 (12) p48-50, ISSN 0744-6314  
Journal Code: DBV

Languages: ENGLISH

0223441 83061359

**New South Wales government's redistribution and relocation of health services plan: Report no. 2.**

Moait S  
Lamp ,Jul-Aug 1982, 39 (4) p6-10, ISSN 0047-3936  
Journal Code: LOP

Languages: ENGLISH

0222866 83054452

**In-dept prognosis avoids bed blocking.**

Salter JC  
Dimens Health Serv ,Nov 1982, 59 (11) p22-3, ISSN  
0317-7645 Journal Code: E9N

Languages: ENGLISH

00450

0220959 83037822

**The place of the small district general hospital in the New Zealand medical scene.**

Mandeno JW  
NZ Med J ,Sep 22 1982, 95 (716) p662-3, ISSN 0028-8446  
Journal Code: QBQ

Languages: ENGLISH

00451

0215092 82263406

**Occupancy standards: what are appropriate occupancy levels?**

MacStravic RS  
Hospitals ,Sep 16 1982, 56 (18) p93, 95-6, 98, ISSN  
0018-5973 Journal Code: GDL

Languages: ENGLISH

0214737 82258768

**Underfunding's effect on Canadian hospitals.**

Korcok M  
Can Med Assoc J ,Sep 1 1982, 127 (5) p409-13, ISSN  
0008-4409 Journal Code: CKW

Languages: ENGLISH

00864

0213721 82250029

**An econometric analysis of the major determinants of nursing home costs in the United States.**

Meiners MR

Soc Sci Med ,1982, 16 (8) p887-98, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

This study presents statistical cost function estimates based on data from the 1973-74 National Nursing Home Survey. Using multiple regression techniques, multiplicative and additive models of both total cost and operating cost are presented. Findings from the analysis contribute to the growing literature on nursing home costs and provide added insight to a number of important topics. Economies to scale are indicated with an optimum size in the 300-400 bed range. Flat-rate reimbursement systems and other systems which set rates prospectively are shown to be associated with significantly lower nursing home costs when compared to the incentives of cost based systems with or without limits and the incentives of private financing. Increases in both the admission rate and the occupancy rate are associated with higher costs though only the latter relationship proves of much practical significance, with the cost savings more pronounced for facilities starting with low occupancy rates. The profit motive is confirmed as an important incentive for containing costs. Holding several important level or scope of service indicators constant, proprietary nursing homes were found to have total costs 7% lower and operating costs 11% lower than in the voluntary non-profit nursing homes. The range of therapeutic services available and the type of staff coverage of the daily shifts provided in the nursing homes are confirmed as key cost determinants. Evidence is also provided which suggests that residents with mid-level dependency are relatively more costly to treat than those who are completely dependent or independent. The usefulness of other facility descriptions and quality proxy measures as cost determinants is also explored. The results are compared to those from other recent nursing home cost function studies.

00452

● 0209975 82207621

**Elderly patients in a general surgical unit: do they block beds?**

Seymour DG; Pringle R

Br Med J [Clin Res] ,Jun 26 1982, 284 (6333) p1921-3,  
Journal Code: B4X

Languages: ENGLISH

In a prospective study of patients aged 65 years and over admitted to a general surgical unit only one patient in 10 remained in hospital for more than a month and fewer than one patient in a hundred became a "bed-blocker." While the over-65s had mean and median durations of stay which were longer than those of younger patients, in almost all cases a prolonged stay in hospital resulted from postoperative morbidity and was not related to social or administrative factors. Only a reduction in the incidence of postoperative morbidity could achieve a significant saving in the number of

bed-days occupied by elderly people.

0208639 82198132

**The impact of an expanding community mental health service on patterns of bed usage: evaluation of a four-year period of implementation.**

Hafner H; Klug J

Psychol Med ,Feb 1982, 12 (1) p177-90, ISSN 0033-2917  
Journal Code: QER

Languages: ENGLISH

In the city of Mannheim the introduction of an extensive community mental health service has been shown, by means of case-register data over 4 1/2 years, to have led to a considerable increase in utilization, mainly at the out-patient level of care. The rates of admission to hospital increased very little. Due to the simultaneous decline in long-term bed occupancy, the overall need for psychiatric beds remained stable at a rate of about 1.2/1000, a rate which is very low by international standards. The sharp decline in the "old" long-stay population was followed by a smaller increase in "new" long-stay patients which it has not been possible to prevent. These patients are, however, admitted for a long-term stay significantly later than formerly, and their diagnostic composition has changed significantly. The increase in the bed requirements for short- and medium-term stay patients resulted from different sources: an increasing morbidity in some groups of disorders, the rising utilization in case of emergencies and severe crises, and the transfer of long-stay patients to alternative care services. The level of these needs was very similar in Mannheim, Salford, Samsø and Camberwell, whereas the rates for long-term beds still show clear national differences.

00865



0208100 82194064

**Hospital discharge queues in Massachusetts.**

Gruenberg LW; Willemain TR  
Med Care ,Feb 1982, 20 (2) p188-201, ISSN 0025-7079  
Journal Code: LSM  
Contract/Grant No.: #18-P-97038/1-03  
Languages: ENGLISH

There is growing concern over the inappropriate utilization of health care facilities. The high cost of hospital care and the apparent shortage of nursing home beds have focused attention on one aspect of this problem: the clinically unnecessary days (sometimes called "administrative days" or "ADs") spent in hospitals by patients who are awaiting placement in long-term care facilities. In this study, data from a 1976 Massachusetts Department of Public Health survey of patients backed up in hospitals were analyzed to determine the magnitude of the problem and to examine the influence of several major factors that had been hypothesized in previous studies to contribute to the backup. We demonstrate that the average delay of a patient found waiting in a "snapshot" survey (which is often used to estimate the magnitude of the problem) is significantly greater than the average delay experienced by a typical discharged patient. We show that there are at least two major factors that influence the delay time: nursing home preferences in accepting certain types of patients and nursing home occupancy rates in the hospital service area. Neither medical-surgical occupancy rate nor the number of AD patients waiting in the hospital was significantly correlated with the delay time.

0207090 82183379

**Changing patterns in mental illness in the elderly.**

Christie AB  
Br J Psychiatry ,Feb 1982, 140 p154-9, ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

The study of Graylingwell Hospital conducted by Roth (1955) has in part been replicated in order to study the changing patterns of mental illness in the elderly over a 25-year period. Important changes in the diagnostic distribution and outcome of cases admitted have occurred. Functional illness has given way to dementia, not as a proportion of patients admitted but in the number of beds employed for their care 6 and 24 months after their index admission. Discharge rates for all diagnostic groups except acute confusional states, have undergone considerable change and death rates have fallen. The study has concentrated on the residual in-patient population, paying particular attention to increasing demand for beds for the dementing group. These changes have been quantified and reflect a four-year increase in bed requirements for cases of dementia at two years. Despite a striking reduction in requirement for functional cases, there is an overall increase in bed requirement of 38 per cent at the two-year mark.

0206695 82165858

**Specialty workload: stand by your beds.**

Cocking J  
Health Soc Serv J ,Apr 22 1982, 92 (4793) p502-3, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0206692 82165855

**Hospital design: split in the nucleus.**

Checketts J; Fellows E; O'Brien M  
Health Soc Serv J ,Apr 15 1982, 92 (4792) p473-6, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0205481 82168808

**Economic aspects of the rationing of nursing home beds.**

Friedman B  
J Hum Resour ,Winter 1982, 17 (1) p59-71, ISSN  
0022-166X Journal Code: IE9  
Languages: ENGLISH

State governments, with federal subsidies under the Medicaid program, are the source of the largest share of expenditures to support patients in the long-term institutional nursing care. A major state policy tool that has been evolving is the authority to approve or deny expansions in bed capacity. This paper is an analysis of how the behavior of physicians and nursing homes operates, given present reimbursement policies, could determine the allocation of beds among patients. Both general evidence of inefficient allocation and the detailed experience in the State of Rhode Island before and after a period of rapid expansion of bed capacity lend support to the conceptual model of home-operator behavior. Some alternative structural reforms in Medicaid and in the rationing of beds are suggested in the final section.

0202010 82119620

**To reduce costs hospitals must identify fixed and variable costs.**

Nagy JE  
Hosp Financ Manage ,Mar 1982, 36 (3) p50-4, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

00866

00453

0201951 82118569

**Planning optimum: more hospital beds or less?**

Wolfe HB

Hosp Top ,Mar-Apr 1982, 60 (2) p3-6, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0200605 82121054

**Contracting state mental hospital systems.**

Frank RG; Welch WP

J Health Polit Policy Law ,Winter 1982, 6 (4) p676-83,

ISSN 0361-6878 Journal Code: IBC

Languages: ENGLISH

The predominant approach to contracting state mental hospital systems has been to close individual hospitals. Such a policy creates conflict between state government and the affected workers and communities. Closing of hospitals has been motivated by an implicit assumption on the part of state policy-makers that there are increasing returns to scale in mental hospitals. The bulk of empirical evidence suggests that returns to scale are constant. Thus, in many cases one may forego the political conflict inherent in closing hospitals by shrinking them with no loss in economic efficiency.

0198986 82095648

**Patient occupancy levels: inappropriate basis to limit Medicaid payment.**

Klein RA; Pick LI

Rev Fed Am Hosp ,Jan-Feb 1982, 15 (1) p45-8, Journal

Code: EUJ

Languages: ENGLISH

0196943 82075370

**Cost of excess beds questioned by study.**

HPN Hosp Purch News ,Jan 1982, 6 (1) p16, 18, Journal

Code: G3D

Languages: ENGLISH

00867

**HOSPITAL, ADMINISTRACION**

00868

0233413 83152668  
**Austin becomes computer bureau.**  
Aust Hosp ,Nov 1982, (69) p11, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233411 83152666  
**Baulkham Hills Private Hospital. Sydney's 'Little Westmead'  
becomes big health centre.**  
Aust Hosp ,Sep 1982, (67) p7-10, ISSN 0147-0147  
Journal Code: 9GD  
Languages: ENGLISH

0233396 83148299  
**Nation's hospitals consider option of HMO sponsorship.**  
Urban Health ,Sep 1982, 11 (8) p38-42, 47-8, Journal  
Code: X6C  
Languages: ENGLISH

0233391 83147888  
**Changes and issues in health care in the 1980's. Preferred  
provider health plans.**  
Smith GA  
Vital Speeches Day ,Mar 15 1983, 49 (11) p329-32, ISSN  
0042-742X Journal Code: XFA  
Languages: ENGLISH

0233358 83146715  
**Hospital marketing: a case history.**  
Meyberg L  
South Hosp ,Jan-Feb 1983, 51 (1) p15-7, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0233272 83141454  
**A different drummer [Interview by Kelly F. Guncheon]**  
Eamer R  
Multis ,Mar 1 1983, 1 (1) p48-54, Journal Code: NJ8  
Languages: ENGLISH

0233268 83141450  
**Future bright, but rocky: growth in multihospital systems  
will be largely through consolidation and diversification.**  
Guncheon KF  
Multis ,Mar 1 1983, 1 (1) p15-6, 19-24, Journal Code:

NJ8  
Languages: ENGLISH

0233259 83141340  
**VHA subsidiary guides nonprofits down the road of  
diversification [news]**  
Punch L  
Mod Health Care ,Feb 1983, 13 (2) p50, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0233236 83141073  
**The whats and whys of corporate restructuring.**  
Rossman C  
Mich Hosp ,Mar 1983, 19 (3) p17-20, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0233146 83135039  
**Surviving the crunch.**  
Roeder EW  
Health Manage Forum ,Spring 1983, 4 (1) p7-16, ISSN  
0712-5046 Journal Code: G56  
Languages: ENGLISH

0233143 83135036  
**Regimen for a dinosaur.**  
McEwan ED  
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0712-5046 Journal Code: G56  
Languages: ENGLISH

0233127 83134998  
**Monitoring equipment issue.**  
Rushton L; Boddie B  
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0279-4799 Journal Code: G3D  
Languages: ENGLISH

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0233104 83134700  
**Mega-hospital systems: a look into the future.**  
Meighan SS  
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0020-9546 Journal Code: GVZ  
Languages: ENGLISH

0233051 83134025  
**The CEO hot line: how to cope with expected occupancy reduction.**  
Hosp Top ,Mar-Apr 1983, 61 (2) p5-7, 18, 27, ISSN  
0018-5868 Journal Code: GD6  
Languages: ENGLISH

0233047 83134021  
**Practical learning in health administration education.**  
Boissoneau R  
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Journal Code: GD6  
Languages: ENGLISH

0233042 83134016  
**A centralized transport system for inpatient treatments.**  
O'Leary JR  
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Journal Code: GD6  
Languages: ENGLISH

0232999 83133956  
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Languages: ENGLISH

0232995 83133917  
**Issues in hospital information system development.**  
Hosp Admin Curr ,Jan-Mar 1983, 27 (1) p1-6, Journal  
Code: GCI  
Languages: ENGLISH

0232983 83133896  
**Exchange cart vs. PAR stock: which is the best distribution system? Part III.**  
Gray SP  
Hosp Purch Manage ,Mar 1983, 8 (3) p10-4, ISSN

0163-1322 Journal Code: GB6  
Languages: ENGLISH

0232932 83132422  
**Humana leases Louisville university hospital: to provide care for needy.**  
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0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0232931 83132421  
**Distribution of supplies, services: making the system cost effective.**  
Powell PB  
Rev Fed Am Hosp ,Mar-Apr 1983, 16 (2) p82, 84, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0232924 83132414  
**The Overlook Hospital story: physicians' involvement strengthens system under DRGs [interview]**  
Nestler WB  
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Languages: ENGLISH

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**Marketing competition.**  
Schadt J; Millar M  
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Languages: ENGLISH

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Journal Code: 41V  
Languages: ENGLISH

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0232205 83146034  
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Lee A  
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Code: TWP  
Languages: ENGLISH

0230892 83133977  
**Looking back, looking forward.**  
Bennett NE; Fisher BW  
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Journal Code: GDL  
Languages: ENGLISH

0230891 83133976  
**Value-driven management.**  
Wacker RC  
Hospitals ,Apr 1 1983, 57 (7) p81-4. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230883 83133968  
**Trustees shift focus. Prospective payment encourages a board's integrative skills.**  
O'Gara N  
Hospitals ,Mar 16 1983, 57 (6) p88-90. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230882 83133967  
**Meeting of the minds. Hospital/physician diplomacy crucial under prospective system.**  
Kahn L  
Hospitals ,Mar 16 1983, 57 (6) p84-6. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230880 83133965  
**The next step. The feds and hospitals recognize that payment incentives need changing.**  
Richards G  
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Languages: ENGLISH

0230808 83132982

**Future nursing directors to tread new ground.**  
Austin D  
Dimens Health Serv ,Jan 1983, 60 (1) p26. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230805 83132979  
**Royal Vic program limits guesswork for head nurses.**  
Laberge L; Douglas BJ  
Dimens Health Serv ,Jan 1983, 60 (1) p18, 33. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230803 83132977  
**Staff performance: a three-part appraisal.**  
Khan MK  
Dimens Health Serv ,Jan 1983, 60 (1) p14-5, 22. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230802 83132976  
**Scheduling a mix of shifts in a nursing unit.**  
Aggarwal V; Lamont CA  
Dimens Health Serv ,Jan 1983, 60 (1) p12-3. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230798 83132972  
**Your annual report: the community's window.**  
Hill P  
Dimens Health Serv ,Dec 1982, 59 (12) p33. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230603 83130608  
**The legalities of critical care. Hospital policy: to follow or not to follow.**  
Bennett HM  
Crit Care Nurse ,May-Jun 1982, 2 (3) p75. ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

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0230443 83128832

**The Ontario hospital experiment: American managers march in.**  
Korcok M  
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Languages: ENGLISH

0230275 83126305

**Management practice in Australian hospitals.**  
Pickering E  
Aust Health Rev ,Nov 1982, 5 (4) p2-7. ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0230230 83121374

**Marketing strategies, or, it wouldn't be competition without competitors.**  
Beckham D  
Trustee ,Jan 1983, 36 (1) p36-40, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

Predicting that in an environment of limited resources, the hospital's competitive strategy will assume greater importance, the author reviews the relationship of positioning to market success. He also discussed how such strategies as differentiation, overall cost leadership, and market focus can be applied to hospitals.

0230227 83121371

**The best laid plans of mice and men need men (or mice) and money.**  
Bays KD  
Trustee ,Jan 1983, 36 (1) p16, 18-9, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0230164 83118139

**A concept of health administration: implications for education and quality control.**  
Jain SC; Files LA  
Program Notes Assoc Univ Programs Health Adm ,Fall 1982,  
(100) p1-14, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

0230032 83109894

**HMOs: competitive threat or strategic opportunity?**  
Federa RD  
J Ambulatory Care Manage ,Feb 1983, 6 (1) p64-83, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

0230027 83109889

**Role of ambulatory care in developing a strategic plan.**  
Black JT  
J Ambulatory Care Manage ,Feb 1983, 6 (1) p1-15, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0229962 83107124

**Hospital capital equipment purchasing in an investor-owned environment.**  
Garner EO  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p16-22, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229949 83107083

**Strategic outcome planning promotes goal-directed hospital management.**  
MacStravic RE  
Hosp Prog ,Feb 1983, 64 (2) p42-6, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH  
Many hospitals' long-range plans contain general statements of projected actions but do not specify their expected results. Strategic outcome planning provides a different way of making decisions and focuses on goal-directed and cost-efficient changes.

0229916 83107010

**Drucker's management by objective concept [letter]**  
Johnson JB; McMurry PV Jr  
HMQ ,Fall 1982, p23-4, Journal Code: GCA  
Languages: ENGLISH

0229913 83107007

**Corporate restructuring in a nutshell.**  
Bryant LE Jr  
HMQ ,Fall 1982, p15-21, Journal Code: GCA  
Languages: ENGLISH

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0229896 83106925  
**Information systems planning: use critical success factor approach.**  
Kanter M  
Healthc Financ Manage ,Feb 1983, 37 (2) p43-4, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0229782 83102420  
**Grants to train health care policymakers.**  
Cain C  
Bus Insur ,Oct 25 1982, 16 (43) p89, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0229780 83102418  
**Hospitals evaluate risks before acquisitions.**  
Punch L  
Bus Insur ,Oct 25 1982, 16 (43) p77, ISSN 0007-6864  
Journal Code: B9A  
Languages: ENGLISH

0229685 83125741  
**[Practical aspects of health education in the hospital environment]**  
Aspects pratiques de l'education sanitaire en milieu hospitalier.  
De Wever A  
Arch Belg ,1982, 40 (1-2) p30-41, Journal Code: 69U  
Languages: FRENCH

0229435 83122155  
**[Management tasks and problems in the implementation of general hospital regulations]**  
Leitungsaufgaben und -probleme bei der Durchsetzung der Rahmenkrankenhausordnung.  
Peuker P; Keck A  
Z Gesamte Hyg ,Sep 1982, 28 (9) p649-52, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0228447 83109880  
**Changes in patterns of care of the mentally handicapped: implications for nurses' perceptions of their roles and hospital decision making processes.**  
Shaw M; Heyman B  
J Adv Nurs ,Nov 1982, 7 (6) p555-63, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

This paper reports on the findings of a longitudinal study of a mental subnormality hospital in the North of England. The focus is upon how nurses have experienced a major change in care and treatment of residents from 1978 to 1980. We explore, through the eyes of nurses, the change in their role from a predominantly nurturing/custodial one to a mainly educational/community orientated role. The research findings demonstrate that this change has increased nurses' self-esteem and their satisfaction with important areas of their work. There is some evidence also that nurses/resident relationships have improved in spite of reservations felt about new forms of treatment and community care. We suggest that such reservations may be linked to critical views expressed by nurses, particularly sisters and charge nurses, that decisions were taken about residents by other more senior personnel who had little contact with residents. One important conclusion of this study is that the traditional processes of decision making in the hospital appears to impede the full implementation of a major change which requires nurses to be involved in a potentially threatening process of altering their perceptions of themselves and residents.

0228339 83108195  
**Improving organizational effectiveness: a comment on "Effectiveness in professional organizations".**  
Shortell SM  
Health Serv Res ,Winter 1982, 17 (4) p367-72, ISSN  
0017-9124 Journal Code: G2L  
Languages: ENGLISH

0228231 83107064  
**Bidding for hospitals.**  
Brown M; McCool B  
Hospitals ,Mar 1 1983, 57 (5) p53-4, 57-60, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0227840 83095504  
**Study tour in England. An administrator's view.**  
Andrews WF  
World Hosp ,Nov 1982, 18 (4) p22-4, Journal Code: XP6  
Languages: ENGLISH

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0227685 83088515  
**Diversification is hospital's first move in \$485 million game plan to survive.**  
Wallace C  
Mod Health Care ,Jan 1983, 13 (1) p64-8, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227628 83087928  
**Does your hospital really care what you think?**  
Tucker SL  
Med Econ ,Jul 19 1982, 59 (15) p111, 115, 118, ISSN 0025-7206  
Journal Code: MBN  
Languages: ENGLISH

0227602 83086636  
**Improvement of the hospital management in hard circumstances.**  
Kohno M  
Jpn Hosp ,Jul 1982, 1 p31-4, Journal Code: KTA  
Languages: ENGLISH

00454

● 0227601 83086635  
**Health services in Japan.**  
Ichijo K; Kiikuni K  
Jpn Hosp ,Jul 1982, 1 p3-30, Journal Code: KTA  
Languages: ENGLISH

0227542 83081029  
**Traveling requisitions: a means of nonstock supply control.**  
Hitchcock B  
Hosp Purch Manage ,Jan 1983, 8 (1) p7-10, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0227539 83081026  
**Exchange cart vs. par stock: which is the best distribution system? Part II.**  
Gray SP  
Hosp Purch Manage ,Jan 1983, 8 (1) p15-7, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

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● 0226925 83093369  
**The Hospital Information Planning Study at Groote Schuur Hospital, Cape Town.**

Davis CK; Kane-Berman J; van der Poel KG  
S Afr Med J ,Jan 8 1983, 63 (2) p43-5, ISSN 0038-2469  
Journal Code: U4R  
Languages: ENGLISH  
Information is an increasingly important resource in an academic hospital. Effective planning and control of this resource are essential in order to maximize its usefulness. The Hospital Information Planning Study (HIPS) undertaken at Groote Schuur Hospital, and based on the Business Systems Planning (BSP) methodology, is outlined, as are the results of the study. The recommendations arising from the study, which are of considerable significance to the hospital, are mentioned briefly.

0226729 83090488  
**Setting up a CSSD service.**  
Rait A; Sawyer M; Styles M  
Nurs Times ,Nov 10-16 1982, 78 (45) p1911-4, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0226637 83089727  
**Where to the medical staff.**  
Way GT  
NY State J Med ,Nov 1982, 82 (12) p1713-5, ISSN 0028-7628  
Journal Code: OBA  
Languages: ENGLISH

0226460 83087979  
**[Clinical management in the simulation model]**  
Klinikmanagement im Simulationsmodell.  
Schwab D  
Med Welt ,Oct 22 1982, 33 (42) p3, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0226177 83085035  
**"Adhocracy" in health care institutions?**  
Fuszard B  
J Nurs Adm ,Jan 1983, 13 (1) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

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0226146 83084476  
**Dangers lie ahead.**  
Boyle JN  
J Med Assoc State Ala ,Nov 1982, 52 (5) p18-21, 24,  
ISSN 0025-7044 Journal Code: IZJ  
Languages: ENGLISH

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0225908 83081998  
**Theory Z: implications and relevance for health care management.**  
Shortell SM  
Health Care Manage Rev ,Fall 1982, 7 (4) p7-21, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0225808 83081058  
**More than a business. Are hospitals forgetting their basic mission?**  
Cunningham RM Jr  
Hospitals ,Jan 16 1983, 57 (2) p88-90, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0225300 83074287  
**States face more tough decisions [interview by Ray Maultsaid]**  
Carlton J  
Aust Hosp ,Jun 1982, (64) p1, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0225245 83071187  
**Hospital characteristics and physician productivity and fee levels.**  
Pauly MV  
Adv Health Econ Health Serv Res ,1982, 3 p1-54, ISSN  
0731-2199 Journal Code: 2M4  
Languages: ENGLISH

0225244 83071041  
**Adapting to environmental jolts.**  
Meyer AD  
Adm Sci Q ,Dec 1982, 27 (4) p515-37, ISSN 0001-8392  
Journal Code: 2H6  
Languages: ENGLISH  
This paper examines organizational adaptations to an environmental jolt--a sudden and unprecedented event (in this case, a doctors' strike)-- that created a natural experiment

within a group of hospitals. Although adaptations were diverse and appeared anomalous, they are elucidated by considering the hospitals' antecedent strategies, structures, ideologies, and stockpiles of slack resources. Assessments of the primacy of the antecedents suggest that ideological and strategic variables are better predictors of adaptations to jolts than are structural variables or measures of organizational slack. Although abrupt changes in environments are commonly thought to jeopardize organizations, environmental jolts are found to be ambiguous events that offer propitious opportunities for organizational learning, administrative drama, and introducing unrelated changes.

0225182 83068568  
**Narrowing the gap between the health administrator and the educator.**  
Meadors AC  
Tex Hosp ,Oct 1982, 38 (5) p12-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225155 83068541  
**"Human touch" the smaller hospital's best medicine.**  
Paulsen RA  
Tex Hosp ,Apr 1982, 37 (11) p54-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

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0225150 83068536  
**Diversification: one hospital's successful approach to facing the future.**  
Clark EG  
Tex Hosp ,Apr 1982, 37 (11) p28-30, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225068 83063846  
**Osteopathic hospital administration: there is a difference!**  
Rudnick JD Jr  
OH ,Nov-Dec 1982, 26 (10) p14-6, ISSN 0161-0007  
Journal Code: OGP  
Languages: ENGLISH

00875

0225023 83062124  
**Profile: Robert E. Laverty.**  
Grice VR  
Mich Hosp ,Nov 1982, 18 (11) p8-11, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

00458

● 0224967 83057283  
**A comparison of the utilization of general purpose computers in hospitals of the United States of America and England.**  
Lopez M  
J Clin Comput ,1982, 11 (2) p56-95, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0224947 83056336  
**What legal guidelines must medical staff members consider in advising hospital administration on programs to lay off nurses and other patient care personnel?**  
Beck AE  
Hosp Med Staff ,Dec 1982, 11 (12) p22-5, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0224945 83056334  
**Repairing the competitive wedge between physicians and hospitals.**  
Thompson RE  
Hosp Med Staff ,Dec 1982, 11 (12) p12-6, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0224929 83056259  
**Does health administration represent a new form of professionalism?**  
MacDonald MS  
Health Manage Forum ,Winter 1982, 3 (4) p10-8, ISSN 0712-5046  
Journal Code: G56  
Languages: ENGLISH

0224885 83055447  
**Handling a coroner's inquest.**  
Campbell M  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p32, ISSN 0226-5788  
Journal Code: GKM  
Languages: ENGLISH

0224810 83055189  
**Laundry distribution.**  
Taylor HW  
Hosp Eng ,Sep 1982, 36 (7) p10-2, 15-6, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

00459

● 0224778 83055057  
**The hospital capital crisis: issues for trustees.**  
Bradford C; Caldwell G; Goldsmith J  
Harv Bus Rev ,Sep-Oct 1982, 60 (5) p56-68, ISSN 0017-8012  
Journal Code: GBE  
Languages: ENGLISH  
The erosion of the capital position in the hospital industry--one of the most complex and overregulated industries in the United States--is a major challenge to trustees. Hospital trustees have often neglected to examine their hospitals' capital needs on more than a project-by-project basis. In dealing with their hospitals' capital needs, trustees, most of whom are successful business people, too often take off their "business" hats and put on their "social worker" hats. In doing so they not only neglect to subject their hospitals' capital and operating programs to searching cost-benefit review, but they also overlook much useful knowledge about how to use corporate organization to shelter new ventures and strengthen their hospitals' market position and solvency. In this article, the authors discuss how hospitals can adopt successful corporate restructurings and strategies to respond to the adverse financial developments they will have to face in the coming years.

0223681 83063732  
**The new federal regs: survival and revival.**  
Curtin L  
Nurs Manage ,Dec 1982, 13 (12) p7-8, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223610 83063632  
**[Beneficiaries' ombudsman]**  
L'ombudsman des beneficiaires.  
Bergeron F  
Nurs Que ,Jul-Aug 1982, 2 (5) p32-3, ISSN 0381-6419  
Journal Code: OBD  
Languages: FRENCH

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0223578 83063342  
**Preparing Army physicians for practice: I. A survey of hospital commander and physician attitudes.**  
Hales RE; Borus JF; Baker FW; Fahey TE; Horak BJ  
Militt Med ,Jul 1982, 147 (7) p554-7, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0223544 83062811  
**Why acute-care hospitals must undertake long-term care.**  
Campion EW; Bang A; May MI  
N Engl J Med ,Jan 13 1983, 308 (2) p71-5, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0223140 83057800  
**Geriatric medicine: a multidisciplinary training and education model in an acute care medical center.**  
Crooks V; Lee P; Yoshikawa TT  
J Am Geriatr Soc ,Dec 1982, 30 (12) p774-80, ISSN 0002-8614  
Journal Code: H6V  
Languages: ENGLISH

A description of a comprehensive multidisciplinary education and training program in geriatrics in an acute care hospital is presented. A brief review of the history of medical education in geriatrics is examined, and the need for and potential of a hospital-based training program is discussed. The methods used in implementing an education program that attracts house staff physicians and other health professionals are described. The program incorporates the application of a multidisciplinary team model of patient assessment and treatment, which is augmented by clinical bedside teaching and a broad-based educational program. Using hospital-wide faculty, the program includes a geriatrics/gerontology lecture series incorporating presentations on the biopsychosocial aspects of aging and a diversity of subjects relevant to aging. Other programs such as weekly house staff topic sessions on aging, interdisciplinary research seminars, orientations, and special symposia are all part of the education program.

0222977 83055839  
**[The computer at the service of the patient]**  
L'ordinateur au service du malade.  
Green R; Kerr H; Likely N; Stephenson P  
Infirm Can ,Nov 1982, 24 (10) p17-9, ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0222924 83055165

**Diversification. Broadening hospital services: what makes sense?**  
Goldsmith J  
Hospitals ,Dec 1 1982, 56 (23) p68, 70-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0222788 83054131  
**The need for strategic planning by hospitals.**  
Heyssel RM  
Del Med J ,Aug 1982, 54 (8) p461-4, ISSN 0011-7781  
Journal Code: EOB  
Languages: ENGLISH

0222306 83042456  
**The financial exchange: before diversifying, ask six questions.**  
Hyde F  
Trustee ,Nov 1982, 35 (11) p14, 16, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0222298 83041540  
**The public interest and governing boards of nonprofit health care institutions.**  
Dimieri R; Weiner S  
Spec Law Dig Health Care (Mon) ,Oct 1982, 4 (8) p5-42, ISSN 0198-8778  
Journal Code: UXP  
Languages: ENGLISH

0222215 83036516  
**HCA distributing minis systemwide.**  
Punch L  
Mod Health Care ,Nov 1982, 12 (11) p90, 94, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

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0222210 83036511  
**Hospitals rally to develop stronger, more productive management teams.**  
 LaViolette S  
 Mod Health Care ,Nov 1982, 12 (11) p54-5, 58, 62, ISSN  
 0160-7480 Journal Code: NFA  
 Languages: ENGLISH

0222208 83036509  
**Rural, tertiary hospitals join forces to compete with encroaching chains [news]**  
 Punch L  
 Mod Health Care ,Nov 1982, 12 (11) p44, 46, 48, ISSN  
 0160-7480 Journal Code: NFA  
 Languages: ENGLISH

0222201 83036502  
**Political savvy aids purchase plans.**  
 Berger S  
 Mod Health Care ,Nov 1982, 12 (11) p124, ISSN 0160-7480  
 Journal Code: NFA  
 Languages: ENGLISH

00460

● 0222162 83030420  
**A pragmatic typology of hospitals based on their internal complexity dimension.**  
 Alpander GC  
 Hosp Health Serv Adm ,Sep-Oct 1982, 27 (5) p6-27, ISSN  
 0364-4553 Journal Code: G9T  
 Languages: ENGLISH

00461

● 0222160 83030418  
**After fifty years of graduate education: a return to the practitioner/teacher model.**  
 Campbell BC  
 Hosp Health Serv Adm ,Sep-Oct 1982, 27 (5) p45-54, ISSN  
 0364-4553 Journal Code: G9T  
 Languages: ENGLISH

0222095 83029205  
**Charism and identity: signs of hope in Catholic health care.**  
 Brady JF  
 Hosp Prog ,Nov 1982, 63 (11) p38-41, 68, ISSN 0018-5817  
 Journal Code: GD1  
 Languages: ENGLISH

0222094 83029204  
**Brazilian hospital's ministry hampered by insufficient resources [interview]**  
 Veronese J  
 Hosp Prog ,Nov 1982, 63 (11) p30, 32, 26, ISSN  
 0018-5817 Journal Code: GD1  
 Languages: ENGLISH

0222065 83029126  
**Exchange cart vs. par stock: which is the best distribution system?**  
 Gray SP  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Hong M  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**Peter F. Drucker and Karl D. Bays discuss the toughest job--running a hospital. Part 2 [interview]**  
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Languages: ENGLISH

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**Building cultural support for strategic change.**  
Evans AB  
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Languages: ENGLISH

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**155 hospitals studied: survey reveals trends in corporate reorganization.**  
Tillett JM; Linklater RB; Sucher RA  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Healthc Financ Manage ,Oct 1982, 36 (10) p13, 16-20,  
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Languages: ENGLISH

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Languages: ENGLISH

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**The hourglass configuration.**  
Sutula DA  
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Languages: ENGLISH

0217176 82256884  
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Code: AIZ  
Languages: ENGLISH

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0216708 82278638  
[Bill 27 and the head of the clinical department: towards a new hospital administration in Quebec]  
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Duplessis P; Lecours S; Hoey J  
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Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0216514 82277033  
**Unemployment and hospitalization among bricklayers.**  
Lajer M  
Scand J Soc Med ,1982, 10 (1) p3-10, ISSN 0300-8037  
Journal Code: UDS  
Languages: ENGLISH  
677 active members of the bricklayers' trade union in Aarhus have been investigated with regard to unemployment and hospitalization during the period April 1, 1972-March 31, 1978. Information concerning unemployment was obtained through the bricklayers' trade union, and information about hospitalization from the hospital administration registry of three counties of Northern Jutland and from the Danish Central Psychiatric Register. Using logit analysis it was found that admission to a hospital increased the risk of unemployment, and that unemployment increased the risk of hospitalization. Admission to a psychiatric department appeared within a latency period of 0-1 years. A latency period of 1/2-11/2 years was observed before admission to a medical department. Admission to a surgical department occurred 1/2-21/2 years after accumulated unemployment. The risk of admission to a psychiatric department was seven times as high for bricklayers who have been unemployed more than 50% of the time compared with those who have been unemployed less of the time, although the calculation was based on relatively few individuals. The risk of admission to medical wards was twice as high, and the risk of admission to surgical wards was almost twice as high among those with much unemployment.

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Journal Code: 098  
Languages: ENGLISH

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**What's in store? Nursing input to the supplies service.**  
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Nurs Times ,Jul 21-27 1982, 78 (29) p1221-4, ISSN 0029-6589  
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Languages: ENGLISH

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**When nurses compete: nurse midwives denied hospital privileges.**  
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Languages: ENGLISH

0215992 82273319  
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Languages: ENGLISH

0215990 82273317  
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Languages: ENGLISH

0215989 82273316  
**A computerized patient information system.**  
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Languages: ENGLISH

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Hartigan EG; Brown J  
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Languages: ENGLISH

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Languages: ENGLISH

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0215905 82273141  
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Nyberg J  
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Languages: ENGLISH

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0025-7044 Journal Code: IZJ  
Languages: ENGLISH

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● 0215312 82266289  
**Regionalization and hospital reform in Italy.**  
Koff SZ  
J Public Health Policy ,Jun 1982, 3 (2) p205-25, ISSN  
0197-5897 Journal Code: HS5  
Languages: ENGLISH

0215311 82266288  
**Private management of public hospitals: the California experience.**  
Shonick W; Roemer R  
J Public Health Policy ,Jun 1982, 3 (2) p182-204, ISSN  
0197-5897 Journal Code: HS5  
Contract/Grant No.: HS02015  
Languages: ENGLISH

0215232 82264817  
**Financial barriers to closure: a case study.**  
Cleverley WD  
Health Care Manage Rev ,Summer 1982, 7 (3) p67-78, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215228 82264813  
**Decision support systems in hospitals.**  
Turban E  
Health Care Manage Rev ,Summer 1982, 7 (3) p35-42, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

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**The concept of corporate planning.**

Jaeger BJ  
Health Care Manage Rev ,Summer 1982, 7 (3) p19-27, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215225 82264810  
**HCMR interview: Bishop Joseph M. Sullivan [interview by Montague Brown]**  
Sullivan JM  
Health Care Manage Rev ,Spring 1982, 7 (2) p89-95, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215216 82264801  
**Intra-organizational strategic decision model in the certificate-of-need application process.**  
Levy MG; Covalleski MA; Johnson AC  
Health Care Manage Rev ,Spring 1982, 7 (2) p25-36, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215214 82264799  
**HCMR interview: Scott Parker [interview by Montague Brown]**  
Parker S  
Health Care Manage Rev ,Winter 1982, 7 (1) p91-7, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0214916 82260994  
**The management of smoking in the physician's "workshop".**  
Chest ,Sep 1982, 82 (3) p359-61, ISSN 0012-3692  
Journal Code: D1C  
Languages: ENGLISH

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0214841 82260284

**Development of a model practice for pediatric residents.  
Economic and administrative considerations.**

Mankad VN; Shell RT  
Clin Pediatr (Phila) ,Sep 1982, 21 (9) p519-24. ISSN  
0009-9228 Journal Code: DHE  
Contract/Grant No.: 5528 PE 14236-04  
Languages: ENGLISH

A model pediatric residents' group practice which functions independently of the hospital administration and, to a large extent, of the university administration was developed for the specific purpose of training pediatric residents. During the second year of operation (1981), the residents' group practice met 91 per cent of all expenses, including faculty and resident salaries. The residents' group practice shares many characteristics of private practice (e.g., continuity of physician-patient relationship, appointment keeping, efficient patient flow, and physician participation in practice management). Through their involvement in the management of the practice, residents learn about socioeconomic aspects of pediatric practice and learn how to provide affordable primary care of high quality. Suggestions for developing similar models elsewhere are described.

0214498 82245248

**Prepare to go through major attitude changes to reap  
restructuring reward [news]**

Punch L  
Mod Health Care ,Aug 1982, 12 (8) p86, 88. ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0214485 82245235

**Specialty gives edge in rough fight for jobs.**

Ewell CM  
Mod Health Care ,Aug 1982, 12 (8) p105-6. ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0214195 82256299

**Hitting hard without striking: what courage and cohesion did  
for the nurses at Victoria's W.G.H.**

Whitehead C  
Aust Nurses J ,May 1982, 11 (10) p45-6. ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0214194 82256298

**Energy and hospitals.**

Kraus I

Aust Nurses J ,May 1982, 11 (10) p43-4. ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0213610 82248773

**Instructor/student nurse/head nurse triangle: legalities.  
Case in point: Kessler v. Bd. of Higher Education (448 N.Y.S.  
2d 538 - N.Y.).**

Regan WA  
Regan Rep Nurs Law ,Jun 1982, 23 (1) p2. ISSN 0034-3196  
Journal Code: QY6  
Languages: ENGLISH

0213178 82245089

**Administrative considerations in an infective outbreak.**

Westwood G; Douglas DK  
Med J Aust ,May 29 1982, 1 (11) p470-2. ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH

00885

0213027 82242203

**A metropolitan airport disaster plan--coordination of a multihospital response to provide on-site resuscitation and stabilization before evacuation.**

Dove DB; Del Guercio LR; Stahl WM; Star LD; Abelson LC  
J Trauma ,Jul 1982, 22 (7) p550-9, ISSN 0022-5282

Journal Code: KAF

Languages: ENGLISH

At the John F. Kennedy International Airport in New York City, disaster planning has been an integral part of the airport operations for the past 20 years. The medical component of this disaster planning has focused around the Medical Office at JFK. Through this office, on-site emergency medical teams have been established and trained from all ranks of airport personnel. Following the crash of a Boeing 727 aircraft in 1975, a new concept was added to disaster planning for JFK, which involves bringing the hospital, its facilities, and its personnel to the scene. A new piece of equipment, known as Emergency Mobile Hospital, was developed with the cooperation of the airlines, the operating authority of the airport, and other interested parties. Two such vehicles are now in constant readiness at the airport, and together provide two operating rooms, 12 monitored ICU beds, a 16-bed burn unit, and 72 other beds to be used for on-site stabilization of critically ill patients, before transfer to a definitive care facility. Under the auspices of a single area medical school (New York Medical College) and its affiliated departments of surgery, trauma teams are made available to be airlifted to the scene within 30 minutes of notification. Additional medical teams from other medical school hospitals serve as backup support. The principle of bringing the hospital to the emergency, and of assembling trauma teams for the initial phase, remains the same for Kennedy Airport as for that of any other metropolitan airport.

00466

● 0212792 82238772

**Quality assurance and organizational effectiveness in hospitals.**

Hetherington RW  
Health Serv Res ,Summer 1982, 17 (2) p185-201, ISSN  
0017-9124 Journal Code: G2L

Languages: ENGLISH

The purpose of this paper is to explore some aspects of a general theoretical model within which research on the organizational impacts of quality assurance programs in hospitals may be examined. Quality assurance is conceptualized as an organizational control mechanism, operating primarily through increased formalization of structures and specification of procedures. Organizational effectiveness is discussed from the perspective of the problem-solving theory of organizations, wherein effective organizations are those which maintain at least average performance in all four system problem areas simultaneously (goal-attainment, integration, adaptation and pattern-maintenance). It is proposed that through the realization of mutual benefits for both professionals and the bureaucracy, quality assurance programs

can maximize such effective performance in hospitals.

0212715 82238150

**How management contracts can affect hospital finances.**

Wheeler JR; Zuckerman HS; Aderholdt J  
Inquiry ,Summer 1982, 19 (2) p160-6, ISSN 0020-1731

Journal Code: GOT

Languages: ENGLISH

0212684 82237892

**Operational rounds monitor management of support services.**

Wells JB  
Hospitals ,Aug 1 1982, 56 (15) p67-70, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0212681 82237889

**Strategic planning and hospitals: a business perspective.**

Falkson JL; Leavitt H  
Hospitals ,Aug 1 1982, 56 (15) p51-6, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0212372 82225857

**Quality assurance in Japanese hospitals.**

Kiikuni K  
World Hosp ,May 1982, 18 (2) p29, Journal Code: XP6

Languages: ENGLISH

0212309 82220944

**Survival depends on innovations: trouble-shooters needed.**

Bedrosian JC  
OH ,Jul-Aug 1982, 26 (7) p8-12, ISSN 0161-0007

Journal Code: OGP

Languages: ENGLISH

00886

0212210 82213377  
**Health care in the '80s: trying times for physicians.**  
Parks P  
Hosp Med Staff ,Jul 1982, 11 (7) p17-24, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0212206 82213294  
**Patient-oriented management.**  
Wilson C  
Health Manage Forum ,Summer 1982, 3 (2) p40-57,  
Journal Code: G56  
Languages: ENGLISH

0212193 82212608  
**Poll shows Canadian trends.**  
Health Care (Don Mills) ,Jun 14 1982, 24 (4) p36, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

**HOSPITAL, ADMINISTRACION DE PERSONAL**

factual data rather than information about feelings, emotions, or relationships.

0233368 83147245  
**Personnel management and the law.**  
Jacobson F  
Top Health Rec Manage ,Mar 1983, 3 (3) p59-66, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233366 83147243  
**Managing a computerized medical record information system conversion.**  
Stewart SP  
Top Health Rec Manage ,Mar 1983, 3 (3) p41-52, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233363 83147240  
**Inservice training as a tool in managing the changing environment in the medical record department.** 00467  
Daniels LM  
Top Health Rec Manage ,Mar 1983, 3 (3) p20-8, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233359 83146716  
**Questions and answers on CRPA.**  
Berger L; Clipp FP 3d  
South Hosp ,Jan-Feb 1983, 51 (1) p18-9, 24, ISSN  
0038-4178 Journal Code: VAB  
Languages: ENGLISH

0233290 83143617  
**Teenagers' assessment of reproductive health-care services.**  
Nenney SW; Smith PB  
Patient Couns Health Educ ,1983, 4 (3) p152-5, ISSN  
0190-2040 Journal Code: PAL  
Contract/Grant No.: 06-H-000614-02-1  
Languages: ENGLISH  
Adolescent clients of a Teen Health Clinic were surveyed to determine those aspects of the service that were considered crucial to patient acceptance and program continuance. A simple one-page questionnaire enabled the clients to express their feelings about personnel, services, environment, and educational materials used in the clinic. Eighty-five percent of the clients expressed positive reactions to the clinic, while only 25.5% offered negative statements. Most respondents indicated clinic staff as the feature they liked most about the service and mentioned routine clinical activities as the part they liked least. Of the topics on which teenage clients wanted more information, 68% indicated that they wanted

0233241 83141078  
**TEFRA's effect on pensions: a new challenge for hospitals.**  
Kryvicky RC  
Mich Hosp ,Mar 1983, 19 (3) p37-9, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0233222 83140579  
**Hard facts about losing your job that will help you to survive.**  
Frederick EL  
Laund News ,Mar 1983, 9 (3) p11-3, 15-6, Journal Code:  
L4R  
Languages: ENGLISH

0233177 83135215  
**Experiences in utilizing the quality circle concept.**  
Louie C  
Hosp Pharm ,Feb 1983, 18 (2) p63-4, 67, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH  
This article describes an experience with using the quality circle concept in a hospital pharmacy environment. The initial experience was positive in that the staff defined productivity standards for themselves. The staff used their productivity standards to evaluate the perceived problem of understaffing in the department.

0233148 83135140  
**New employee: potential plus.**  
Hosp Superv Bull ,Mar 15 1983, (457) p6-7, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0233134 83135005  
**Purchasers divided on groups' job impact.**  
Albertson D  
HPN Hosp Purch News ,Apr 1983, 7 (4) p1, 13-5, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

00889



0233120 83134991  
**Hospital security. A study of size, scope and management.**  
Moran J; Bukowski T  
Healthcare Prot Manage ,Jan-Mar 1983, 3 (2) p10-5,  
Journal Code: G21  
Languages: ENGLISH

0233096 83134220  
**Getting arrested: what happens to your job?**  
MacFarlane SJ  
Health Care (Don Mills) ,Feb 8 1983, 25 (1) p22, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

0233031 83134005  
**Educational seminar recognizes nursing staff achievements.**  
Conedera F  
Hosp Prog ,Mar 1983, 64 (3) p58-9, 75, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0233028 83134002  
**Social justice programs target discrimination, employment.**  
Tuley M; Cater PB; Jones EE Jr  
Hosp Prog ,Mar 1983, 64 (3) p52-3, 70, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0233027 83134001  
**"Living room" represents oncology unit's focus on total patient care.**  
Blackburn LH  
Hosp Prog ,Mar 1983, 64 (3) p50-1, 70, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0233026 83134000  
**Applying Japanese management styles in American hospitals: focus on values.**  
Ross MB; Hass BA  
Hosp Prog ,Mar 1983, 64 (3) p45-9, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0232987 83133909  
**An orientation program that will start employees out right.**

Seidlitz P  
Health Care News1 ,Mar-Apr 1983, p1, Journal Code: GB8  
Languages: ENGLISH

0232985 83133898  
**OR/MM relationships: an analysis.**  
Roberts PB  
Hosp Purch Manage ,Mar 1983, 8 (3) p3-7, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0232980 83133867  
**NHS reorganisation and industrial relations.**  
Marsh AI; Brandis J  
Health Serv Manpow Rev ,Nov 1982, 8 (4) p16-9, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0232978 83133865  
**Common pay spines in health care organisations--common sense? An application of job evaluation in a health care setting.**  
Potter CC  
Health Serv Manpow Rev ,Nov 1982, 8 (4) p10-3, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0232950 83133823  
**Supplemental nursing agencies.**  
LeRoy L  
Health Aff (Millwood) ,Fall 1982, 1 (4) p41-54, ISSN  
0278-2715 Journal Code: GAG  
Languages: ENGLISH

0232875 83131371  
**After contract cleaning.**  
Johnson P  
Exec Housekeep Today ,Feb 1983, 4 (2) p18-9, Journal  
Code: EHV  
Languages: ENGLISH

00830

0232852 83130906

**The personal computer: another view.**

Randall AM

Comput Healthc ,Feb 1983, 4 (2) p44-6, Journal Code:  
D98

Languages: ENGLISH

0232817 83129767

**Policy and procedure manual: hospital employee relations.**

Curr Concepts Hosp Pharm Manage ,Spring 1983, 5 (1) p19,  
ISSN 0164-7857 Journal Code: C8J

Languages: ENGLISH

0232649 83150750

**Improved emergency department patient flow: five years of experience with a scribe system.**

Allred RJ; Ewer S

Ann Emerg Med ,Mar 1983, 12 (3) p162-3, ISSN 0196-0644  
Journal Code: 4Z7

Languages: ENGLISH

Alternative methods for rapidly producing accurate medical records, usually dictation-transcription systems or nurse-scribe methods, have been used in emergency departments.

We now have more than five years of experience with a non-nurse scribe system. This system has proven effective in generating accurate and complete medical records while enhancing patient flow. We describe the system and its implementation.

0232578 83149994

**Assertiveness in nursing: part I.**

Am J Nurs ,Mar 1983, 83 (3) p417-34, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0232576 83149989

**Nursing in China: 3 perspectives. Psychiatric diagnoses range from depression and violence to social and sexual nonconformity.**

Wilson HS; Hutchinson SA

Am J Nurs ,Mar 1983, 83 (3) p393-5, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

Am J Clin Pathol ,Mar 1983, 79 (3) p353-9, ISSN  
0002-9173 Journal Code: 3FK

Languages: ENGLISH

Critical Path Method (CPM) and Program Evaluation and Review Technique (PERT) are quantitative network planning strategies that facilitate management of projects with many interrelated activities. They determine the minimum time necessary to complete a project and identify which activities are critical to achieving the minimum. PERT also incorporates probabilistic estimates of activity durations. This statistical approach is useful when planning a project entailing some uncertainty and allows one to calculate chances of finishing on time. CPM and PERT encourage participation of all key personnel in the planning process, effective fit between project variables and organizational structure, and optimization of resource allocation. Availability of several levels of sophistication make network planning flexible enough to be applied easily in laboratory research and development. Iterative refinement of network plans and time estimates in progressive steps of involvement with clinical colleagues augments the effectiveness of these technics in hospital settings.

0232335 83147447

**[Organization of a cardio-respiratory resuscitation system in a general hospital]**

Organisation d'un systeme de reanimation cardio-respiratoire dans un hopital general.

Couture J; Solignac A; Beauchamps F

Union Med Can ,Dec 1982, 111 (12) p1056-8, ISSN  
0041-6959 Journal Code: WNM

Languages: FRENCH Summary Languages: ENGLISH

00468

0232522 83149761

**Theory of network planning for laboratory research and development.**

Kost GJ

00891

0232268 83146528

**The role of parents and medical auxiliaries in oral rehydration in Thailand.**

Varavithya W; Pavabutara P; Pichaipat V; Thanomsingh P; Putthipongsiriporn S; Mahothorn K; Ratanapanich P

Southeast Asian J Trop Med Public Health .Sep 1982, 13 (3) p451-4, ISSN 0038-3619 Journal Code: UVN

Languages: ENGLISH

Parents and medical auxiliaries should participate in the oral rehydration programme to reduce diarrhoeal diseases mortality. Integration of this programme into the national health programme will require a system of education and training that can reach everyone involved in the delivery of health care. A pilot study carried out at a province in northeast of Thailand showed that only 0.6% of diarrhoeal cases had to be referred for treatment to the provincial hospital. The benefit of oral rehydration at periphery by local health officers could be appreciated by the reduction in admission of diarrhoeal cases to the provincial hospital and significant reduction of mortality rate. The role of parents and medical auxiliaries in practice and promotion of oral rehydration is the key to the success of control of diarrhoeal diseases in the context of primary health care.

0232197 83146022

**How our computer cut turnover in half--and saved major dollars in the bargain.**

Alt J; Poindexter CJ  
RN .Feb 1983, 46 (2) p32G-32J, ISSN 0033-7021 Journal Code: TWP

Languages: ENGLISH

0232090 83144874

**[6 years of psychiatry in a general hospital]**

Sechs Jahre Psychiatrie an einem Allgemeinkrankenhaus.

Michaelis R; Crome B; Kulenkampff M; Schwartz RB

Psychiatr Prax .Nov 1982, 9 (6) p197-202, ISSN 0303-4259 Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Six years of experience in the psychiatric and neurologic department of the General Hospital at Itzehoe (122 beds, including 78 psychiatric patients and 44 neurological patients; 5 assistant physicians, 1 psychologist, 2 senior physicians, 1 Medical Director [Head]; 38 nurses, 1 social worker, 2 occupational therapists) allow us to summarize initially the efficiency of such an institution: A department like this is basically able to take over full responsibility for the psychiatric care of a community district including the town and adjacent areas of other districts (totalling 120,000 inhabitants). The prerequisites--as is the case in the Steinburg district--are that a hospital is available for patients with chronic mental diseases; close cooperation with an established sociopsychiatric service; and, last but not least, a possibility of transferring patients for the purpose

of long-term rehabilitation and withdrawal treatment in relevant institutions. Hence, it is absolutely out of place to label such work performed by "small" departments as "gilded" or "miniature psychiatry". Such departments are increasingly becoming the representatives of a type of psychiatry which definitely has a future because it operates near the patients' domiciles. However, it will be necessary to revise the job schedules, since the number of personnel employed in this type of work is by no means sufficient for conducting a type of psychiatry which is in line with modern concepts and requirements.

0232088 83144872

**[Nurses in the psychiatric department of a community hospital]**

Krankenschwestern in der psychiatrischen Abteilung eines Gemeindekrankenhauses.

Mayer D; Driburg B  
Psychiatr Prax .Nov 1982, 9 (6) p190-2, ISSN 0303-4259 Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Anyone who tries to convert a Psychiatric Department into a hospitable home for the benefit on the inmates and their environment, has quite often not reckoned with, the "host", that is to say, with the doctors, nurses and the hospital staff in general. Hence, it seems that a fundamental change in the attitude and consciousness of those who are engaged in psychiatry, is just as important as a new treatment concept or a new building. The author quotes the Bad Driburg Community Hospital as an example: here, planning and construction were not the only important factors. The nurses have taken and accepted advice with regard to their supervisory functions, and in the course of a protracted process they have changed their attitude in favour of a psychiatric practice which follows a treatment pattern based on a "open-minded" approach to community members.

0231985 83143570

**Nursing process: where the lights are not dim.**

Hunt S  
Nurs Mirror .Feb 9 1983, 156 (6) p30, ISSN 0029-6511 Journal Code: 098  
Languages: ENGLISH

00892

- 0231917 83143437  
**Management case study: a problem of staff attitudes.**  
 MacMillan P  
 Nurs Times ,Jan 26-Feb 1 1983, 79 (4) p38-41, ISSN  
 0029-6589 Journal Code: 09U  
 Languages: ENGLISH
- 0231911 83143429  
**Primary nursing in psychiatry.**  
 Green B  
 Nurs Times ,Jan 19-25 1983, 79 (3) p24-8, ISSN  
 0029-6589 Journal Code: 09U  
 Languages: ENGLISH
- 0231824 83142860  
**[A critical discussion on the scheduling arrangement of nursing personnel. 2.]**  
 Eine kritische Auseinandersetzung mit der Diensterteilung des Krankenpflegepersonals - 2. Teil.  
 Wiltse M  
 Osterr Krankenpflegez ,1982, 35 (11) p267-73, ISSN  
 0303-4461 Journal Code: OMR  
 Languages: GERMAN
- 0231821 83142855  
**[A critical discussion about the service distribution of nursing personnel. 1.]**  
 Eine kritische Auseinandersetzung mit der Diensterteilung des Krankenpflegepersonals - 1. Teil.  
 Wiltse M  
 Osterr Krankenpflegez ,1982, 35 (10) p235-40, ISSN  
 0303-4461 Journal Code: OMR  
 Languages: GERMAN
- 0231795 83142568  
**Are we killing the healers?**  
 Denton DR  
 Occup Health Saf ,Dec 1982, 51 (12) p11-6, 50, ISSN  
 0362-4064 Journal Code: ODE  
 Languages: ENGLISH
- 0231741 83142485  
**Primary nursing: one grand step forward - and maybe one, sometimes two, backwards.**  
 Henderson H  
 NZ Nurs J ,Nov 1982, 75 (11) p10-1, 13, ISSN 0028-8535  
 Journal Code: OBT  
 Languages: ENGLISH
- 0231714 83142423  
**The lamp in the desert.**  
 Rogers PJ  
 Nurs Focus ,Jan 1983, 4 (5) p12-3, ISSN 0144-4069  
 Journal Code: DBK  
 Languages: ENGLISH
- 0231702 83142398  
**Another scheduling alternative: bonus leave time.**  
 Trimberger L; Turner M  
 Nurs Life ,Mar-Apr 1983, 3 (2) p35, ISSN 0279-3091  
 Journal Code: OAE  
 Languages: ENGLISH
- 0231701 83142397  
**Flexible scheduling.**  
 Kirk R  
 Nurs Life ,Mar-Apr 1983, 3 (2) p32-4, ISSN 0279-3091  
 Journal Code: OAE  
 Languages: ENGLISH
- 0231680 83142336  
**Management training won't work...unless nursing administration provides it.**  
 Zander K  
 Nurs Adm Q ,Winter 1983, 7 (2) p77-87, ISSN 0363-9568  
 Journal Code: OAE  
 Languages: ENGLISH
- 0231675 83142331  
**Dispelling illusions with management development.**  
 Spicer JG  
 Nurs Adm Q ,Winter 1983, 7 (2) p46-9, ISSN 0363-9568  
 Journal Code: OAE  
 Languages: ENGLISH

00893

0231672 83142328  
**On the scene: Mount Sinai Medical Center of Greater Miami. Managerial stress.**  
Faulconer DR; Goldman VB  
Nurs Adm Q ,Winter 1983, 7 (2) p31-4, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231670 83142326  
**On the scene: Mount Sinai Medical Center of Greater Miami. Nurse managers and Mickey Mouse marketing.**  
Reeves DM; Underly N  
Nurs Adm Q ,Winter 1983, 7 (2) p22-7, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231668 83142324  
**Helping nurses through the management threshold.**  
Gleeson S; Nestor DW; Riddell AJ  
Nurs Adm Q ,Winter 1983, 7 (2) p11-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231667 83142323  
**Organization commitment and job involvement of directors of nursing services.**  
Friss L  
Nurs Adm Q ,Winter 1983, 7 (2) p1-10, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231648 83141887  
**Working longer and loving it?**  
Licking T  
Nebr Nurse ,Dec 1982, 15 (4) p2, ISSN 0028-1921  
Journal Code: NU4  
Languages: ENGLISH

0230855 83133923  
**Training personnel in the prevention and management of violent behavior.**  
Lehmann LS; Padilla M; Clark S; Loucks S  
Hosp Community Psychiatry ,Jan 1983, 34 (1) p40-3, ISSN 0022-1597  
Journal Code: GCJ  
Languages: ENGLISH  
The authors describe a training program on prevention and management of violent behavior for the staff of a Veterans Administration hospital. The one-day workshop focuses on

preventive identification of potentially violent situations and on methods of verbal and physical management of violent behavior. A study of workshop participants showed that trainees had improved knowledge about and performance in handling violent behavior after completing the program. Future developments in training in prevention and management of violent behavior should include greater availability of educational resource materials and incorporation of the subject in undergraduate and graduate health care training.

0230842 83133632  
**Employees' job satisfaction, residents' functioning, and treatment progress in psychiatric institutions.**  
Buffum WE; Konick A  
Health Soc Work ,Nov 1982, 7 (4) p320-7, ISSN 0360-7283  
Journal Code: FZ6  
Languages: ENGLISH  
This article examines the job satisfaction of 297 direct care workers in relation to residents' levels of functioning and treatment progress in twenty-two wards of three long-term psychiatric institutions. Employees' satisfaction with work was significantly associated with residents' progress in community adjustment potential, but not with residents' change in pathology or behavior on the ward.

0230839 83133628  
**Performance management and professional development as separate functions of supervision.**  
Harris DV; Allison EK  
Health Soc Work ,Nov 1982, 7 (4) p283-90, ISSN 0360-7283  
Journal Code: FZ6  
Languages: ENGLISH

0230802 83132976  
**Scheduling a mix of shifts in a nursing unit.**  
Aggarwal V; Lamont CA  
Dimens Health Serv ,Jan 1983, 60 (1) p12-3, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

00894

0230799 83132973  
**Motivating staff--bridge communication gaps [editorial]**  
Staigh D  
Dimens Health Serv ,Dec 1982, 59 (12) p4-5, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH, FRENCH

0230794 83132968  
**Quality circles: an overview.**  
Duncan IE  
Dimens Health Serv ,Dec 1982, 59 (12) p24, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230793 83132967  
**Quality circles--the henry ford hospital experience.**  
Dutkewych JI; Buback K  
Dimens Health Serv ,Dec 1982, 59 (12) p20-2, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230792 83132966  
**Organizational burnout: is your hospital on fire?**  
Moore TF; Simendinger EA  
Dimens Health Serv ,Dec 1982, 59 (12) p17-8, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230661 83130978  
**Patient classification in critical care.**  
Billings DM  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p36-43, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0230275 83126305  
**Management practice in Australian hospitals.**  
Pickering E  
Aust Health Rev ,Nov 1982, 5 (4) p2-7, ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0230271 83126301  
**An interim index of Victorian hospital wage & salary movements, 1980-82.**  
Davenport P; Duckett SJ; Price PM

Aust Health Rev ,Nov 1982, 5 (4) p12, ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0230227 83121371  
**The best laid plans of mice and men need men (or mice) and money.**  
Bays KD  
Trustee ,Jan 1983, 36 (1) p16, 18-9, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

00469

0230223 83121268  
**MBO. An effective way to improve productivity in a teaching hospital.**  
Stefanu C; Pate ML; Anderson RM  
Tex Hosp ,Jan 1983, 38 (8) p41-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0230221 83121266  
**Town meetings give employees a voice.**  
Resnik D  
Tex Hosp ,Jan 1983, 38 (8) p34-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0230214 83121259  
**Managing transcription costs. Former employees handle overflow work efficiently, cost-effectively.**  
Peppard D  
Tex Hosp ,Jan 1983, 38 (8) p16, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0230205 83121035  
**Viewpoint. Care circles--an approach to improving quality and controlling costs.**  
Beddie DJ  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p78-81, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

00895

0230204 83121034

**Management case study: development, evaluation, and impact of mobile decentralized pharmacy services.**

Noel MW; McCoy LK; Bootman JL; Berry CC  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p62-77, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230202 83121032

**The pharmacy manager as communicator. Part I--effective writing.**

Trudeau T  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p42-55, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230198 83121028

**Coping with stress: strategies for the pharmacy manager.**

Appelbaum SH  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p1-9, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230157 83117335

**Work sampling: a means of determining physiotherapy activities and reviewing caseloads.**

Allen JM  
Physiother Can ,Jan-Feb 1983, 35 (1) p31-5, ISSN  
0300-0508 Journal Code: PCP  
Languages: ENGLISH

Work sampling is a tool used to examine the activities involved in performing a job. A work sampling study was designed to examine the components of physiotherapy care in a 350-bed teaching hospital. The components were related to a physiotherapist's activities and included an examination of the time related to patient treatment, attendance at meetings, record-keeping and preparation, travel, teaching, continuing education (in-service), talking to colleagues (doctors, occupational therapists), and other activities. The purpose of the study was to quantify a therapist's nontreatment activities, and to compare observations concerning treatment with the work sampling data obtained in compliance with the Canadian Schedule of Unit Values and, in particular, its weighted units. The study showed that there was no difference between the "observed" time (sampling time in percentage of total time) spent in direct patient contact, and the weighted units, when the latter was converted to a percentage of time. The Nova Scotia government's standard of 50 000 work units per year was found to be useful in justifying staffing levels; a useful indicator of productivity was also developed using weighted units expressed as a percentage of worked or paid hours. Work sampling would thus appear to be a useful tool for

physiotherapy department managers.

0230076 83113407

**Employee orientation program.**

DiVenuti T  
J Patient Acc Manage ,Jul 1982, p10-6, Journal Code:  
KOH  
Languages: ENGLISH

0230009 83108342

**How hospitals can solve the nursing shortage.**

Decker P; Moore RC; Sullivan E  
Hosp Health Serv Adm ,Nov-Dec 1982, 27 (6) p12-27, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0230005 83108338

**A supervisor for the eighties.**

Hosp Superv Bull ,Feb 15 1983, (455) p6-8, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0230004 83108337

**Health care team management requires savvy [interview]**

Costello NJ  
Hosp Superv Bull ,Feb 15 1983, (455) p1-4, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0230001 83108334

**Coordination is key to increased productivity.**

Hosp Superv Bull ,Jan 30 1983, (454) p1-4, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

00896

0229979 83107283  
**Washington State enjoined from implementing Medicaid wage component limitation plan.**  
Kemezys KP  
Health Law Vigil ,Feb 4 1983, 6 (3) p19-21, ISSN  
0192-3343 Journal Code: GIF  
Languages: ENGLISH

0229969 83107131  
**Perspectives on capital equipment. The material manager.**  
Cook J  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p5-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229932 83107041  
**Workers' compensation dilemma: maintaining a fair reputation.**  
Mazacoufa D  
Hosp Employee Health ,Mar 1983, 2 (3) p34-5, ISSN  
0744-6470 Journal Code: GC6  
Languages: ENGLISH

0229845 83104153  
**Quality circles: a management concept whose time has come.**  
Robison A  
Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p6-8,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

00470

0229843 83104151  
**Behavioral science approaches to improving productivity.**  
Shortell SM  
Crossref Hum Resour Manage ,Jan-Feb 1983, 13 (1) p1-5,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

We have suggested that improving the productivity of an individual or of one group of workers is not the same thing as improving the productivity of the organization overall. Further, because work units in hospitals are interdependent, attempts to improve productivity ultimately involve a reexamination of the organization's values and culture. Until this fundamental realization occurs, little can be done to improve the organization's productivity. As such, productivity is not simply a day-to-day managerial issue as a long-term leadership issue. Thus, we ought to begin mapping out productivity strategies for the long run. Some of the elements of such a strategy have been highlighted.

0229804 83103928  
**Certification to strike: where do trustees fit in?**  
Puchyr J  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p12-3, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0229791 83102557  
**Care of the elderly at home: serving the family in the community.**  
Marjoribanks SD  
Can J Occup Ther ,Dec 1982, 49 (5) p163-7, ISSN  
0008-4174 Journal Code: CJO  
Languages: ENGLISH

This is a report on a community seminar, jointly sponsored by Toronto East General and Orthopaedic Hospital and the Borough of East York. The object was to provide information, support and a milieu for discussion for those caring for an elderly person at home. The planning committee included health-care professionals and agencies from both the hospital and the community. Two questionnaires were distributed and results indicated that the objectives had been met.

0229755 83102381  
**Medicare and Medicaid programs; rural hospitals: provision of long-term care services (swing-bed provision); flexibility in application of standards--Health Care Financing Administration. Interim final rule with comment period.**  
Fed Regist ,Jul 20 1982, 47 (139) p31518-33, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH

These regulations implement sections 904 and 949 of Pub. L. 96-499, the Omnibus Reconciliation Act of 1980. Under section 904 (the swing-bed provision), certain small, rural hospitals may use their inpatient facilities to furnish skilled nursing facility (SNF) services to Medicare and Medicaid beneficiaries, and intermediate care facility (ICF) services to Medicaid beneficiaries. These hospitals will be reimbursed at rates appropriate for those services, which are generally lower than hospital rates. This statutory provision is intended to encourage the most efficient and effective use of inpatient hospital beds for delivery of either hospital or SNF and ICF services. Under section 949, rural hospitals of 50 or fewer beds may be exempted from certain personnel standards in the conditions of participation for hospitals. This exemption applies only to the extent that it does not jeopardize or adversely affect the health and safety of patients.

00897



0229674 83125484  
**Hospital child care centers open to retain staff [interview]**  
Close C  
AORN J ,Dec 1982, 36 (6) p1025-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0229309 83120221  
**Maximal use of microcomputers in anesthesiology.**  
Kraft HH; Macnamara TE; Lees DE  
South Med J ,Jan 1983, 76 (1) p33-6, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

Microcomputer applications in anesthesiology are increasing rapidly. All areas are affected: research, education, administration and clinical care. In research, microcomputers are accomplishing both process control and analysis, as well as storage of large data banks. In education, computer-aided instruction permits the student to progress at his own speed, while freeing instructor time for individual tutoring. Administrative applications produce more useful information and cost-control with reduced clerical effort. clinical applications offer the possibility of truly integrated monitoring systems that will make automated anesthesia records possible; eventually this will lead to computer-controlled anesthesia. This paper examines the "state of the art" in applications of microcomputers in anesthesia.

0229148 83117468  
**[Relative shares in teaching, research, clinical service and administration of the personnel of institutes and clinics of the Medical School of the University of Berne]**  
Relative Beschäftigungsanteile von Lehre, Forschung, Dienstleistung und Administration des Personals von Instituten und Kliniken der Medizinischen Fakultät der Universität Bern.  
Allen P  
Praxis ,Dec 7 1982, 71 (49) p1935-7, ISSN 0032-7026  
Journal Code: PK9  
Languages: GERMAN

0228910 83115973  
**It's time to take charge.**  
Engelke MK  
Nurs Manage ,Feb 1983, 14 (2) p71-3, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228906 83115969  
**The ten-hour schedule.**  
Kellmann D

Nurs Manage ,Feb 1983, 14 (2) p58-62, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228858 83115841  
**A clinical career pathway: the Mount Sinai experience, Part I.**  
Wieczorek RR; Weissman GK; Hiatt H  
Nurs Health Care ,Dec 1982, 3 (10) p533-5, ISSN 0276-5284  
Journal Code: N77  
Languages: ENGLISH

0228557 83111234  
**Total employee health care.**  
Lowenthal G  
J Occup Med ,Dec 1982, 24 (12) p1000-2, ISSN 0096-1736  
Journal Code: JFR  
Languages: ENGLISH

0228554 83111178  
**Patient classification systems: the ideal vs. reality.**  
Alward RR  
J Nurs Adm ,Feb 1983, 13 (2) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

This author identifies a critical problem in the wholesale adoption of patient classification systems (PCSs) in nursing departments. She suggests that without attention to their reliability and validity for the specific institution's standards and practice, PCSs may frustrate, rather than assist, the nursing administrator's efforts to predict staffing needs. Here she describes an "ideal" PCS and compares it with the reality of today's systems. She then suggests ways that nursing administrators can move closer to this ideal system and make PCSs more useful management tools.

00838

0228552 83111176

**Promoting research-based nursing: the nurse administrator's role.**

Hefferin EA; Horsley JA; Ventura MR  
J Nurs Adm ,May 1982, 12 (5) p34-41, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

As the practice of research increasingly becomes a part of the nursing profession, nurses must develop their ability to evaluate and incorporate the findings gained through the research process. This article reports the results of a survey aimed at determining problem areas existing among nursing staffs in understanding, accepting, and incorporating research findings. The report will help nursing administrators identify specific factors that inhibit the use of research findings and improve the conditions for incorporating research in their facilities.

0228550 83111174

**Recruit from within: hospital nurse retention in the 1980s.**

Weisman CS  
J Nurs Adm ,May 1982, 12 (5) p24-31, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

Nursing administrators and nurse recruiters coping with staffing shortages can profit from some recent studies of the causes of nursing turnover. Research reveals that the problem lies not in the motivations or characteristics of individual nurses but the nature of hospital nursing jobs and incentive structures. Using the research findings as a basis for discussion, Weisman suggests target areas for administrative intervention in the design of hospital nursing jobs. Her insightful commentary provides stimulus for some basic rethinking of the nature of nursing jobs and the traditional employer-employee relationship between hospitals and nurses--as well as some specific suggestions for "recruiting from within" to retain those productive nurses in whom the hospital has already invested time and money.

0228546 83111170

**Applying management information systems to staffing.**

Hanson RL  
J Nurs Adm ,Oct 1982, 12 (10) p5-9, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

A management information system (MIS) is a tool for managing resources effectively. After reviewing some concepts and principles for effective data management, Hanson clearly applies the concepts to nurse staffing systems, which manage human resources. He defines a seven-step process for establishing an MIS, from defining the management objective to implementing the system. Pointing out that an MIS need not be computerized to be effective, Hanson presents a positive perspective and clarifies some often-misconceived notions

about management information systems and the paper printouts they generate. In the next issue of JONA, a second article by Hanson will take a more detailed look at the variety, use, and usefulness of staffing statistics available from an MIS for staffing. These articles are based on material in a forthcoming book, Management Systems for Nursing Service Staffing, to be published by Aspen Systems Corporation, Rockville, Maryland.

0228543 83111167

**Using registry nurses: coping with cost and quality issues.**

Sheridan DR; Bronstein JE; Walker DD  
J Nurs Adm ,Oct 1982, 12 (10) p26-34, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

If a nursing service uses agency nurses to help cope with staff shortages, the nursing administrator must manage the cost and quality of care delivered by these nurses. The authors describe their hospital's system for using agency nurses. The components of their system--an orientation program, contracts with the agencies, and systematic performance evaluation--can be used or adapted in other institutions.

0228542 83111166

**The 12-hour weekend plan--does the nursing staff really like it?**

Metcalf ML  
J Nurs Adm ,Oct 1982, 12 (10) p16-9, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

After nursing administrators at one Boston hospital implemented a new system for weekend coverage, they surveyed the staff's response to the trial plan. Here the author explains their system, what they learned when they measured its effects, and how they used staff responses to improve it. They proceed to examine the new system's effects on recruitment and absenteeism. The experiences shared here should assist other nursing administrators who are looking at new scheduling approaches and their viability in resolving staffing problems.

0228529 83110991

**Mental health in the Third World.**

Lin TY

J Nerv Ment Dis ,Feb 1983, 171 (2) p71-8. ISSN  
0022-3018 Journal Code: JAF

Languages: ENGLISH

In spite of great national and international efforts and relative success in achieving technological and economic progress, the underlying situation in the Third World offers little cause for optimism. Some notable exceptions notwithstanding, in most countries poverty is increasing at an alarming rate, with its accompanying misery, poor health, and social unrest. Unequal distribution of material wealth, political instability, and the crumbling of traditional and cultural values are also increasingly prevalent. Critical assessment of the philosophy, goals, and methodology of development is an urgent requirement in many nations. Mental health endeavors in the Third World need similar reformulation of both immediate and long range objectives and methods, if ever-increasing mental health demands fostered by such rapid and sweeping changes are to be met. Four major models--the hospital-based model, the medical school-based model, the community-based model, and the voluntary organization model--have so far been the basis for mental health development in Third World nations and, to a certain extent, have produced the needed personnel and services. A fifth model--the primary health care model--seems to hold more promise for the future. By virtue of its integration with general health and other administrative social networks, it can more easily reach out to the community, providing both curative and preventive mental health. Whichever model or combination of models any one nation or region adopts, future mental health endeavors in the Third World should be an integral part of overall social policy and health planning. Taking children, family, and school as major foci, such efforts are indispensable and should constitute a positive force in shaping the continuing process of social evolution.

0228447 83109880

**Changes in patterns of care of the mentally handicapped: implications for nurses' perceptions of their roles and hospital decision making processes.**

Shaw M; Heyman B

J Adv Nurs ,Nov 1982, 7 (6) p555-63. ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

This paper reports on the findings of a longitudinal study of a mental subnormality hospital in the North of England. The focus is upon how nurses have experienced a major change in care and treatment of residents from 1978 to 1980. We explore, through the eyes of nurses, the change in their role from a predominantly nurturing/custodial one to a mainly educational/community orientated role. The research findings demonstrate that this change has increased nurses' self-esteem and their satisfaction with important areas of their work. There is some evidence also that nurses/resident relationships

have improved in spite of reservations felt about new forms of treatment and community care. We suggest that such reservations may be linked to critical views expressed by nurses, particularly sisters and charge nurses, that decisions were taken about residents by other more senior personnel who had little contact with residents. One important conclusion of this study is that the traditional processes of decision making in the hospital appears to impede the full implementation of a major change which requires nurses to be involved in a potentially threatening process of altering their perceptions of themselves and residents.

0228234 83107067

**Taking the staff's pulse.**

Slote LM

Hospitals ,Mar 1 1983, 57 (5) p80-4. ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0228215 83107048

**Evolutionary design. Taking a project through concept, program, and detail.**

Ziskind DM

Hospitals ,Feb 16 1983, 57 (4) p107-8. ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0228067 83104182

**Nursing management in critical care units. Effective disciplinary action.**

Bray KA

Crit Care Nurse ,Nov-Dec 1982, 2 (6) p10. ISSN  
0279-5442 Journal Code: DT8

Languages: ENGLISH

0228062 83104173

**Performance appraisal of staff nurses - part III. Developing performance standards and an evaluation tool for staff nurses.**

Bray KA

Crit Care Nurse ,Sep-Oct 1982, 2 (5) p36-44. ISSN  
0279-5442 Journal Code: DT8

Languages: ENGLISH

00300

0228061 83104172  
**Patient classification index documents staffing needs.**  
Burger J; Schmitt P  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p33-5, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0227993 83102857  
**Job sharing, a solution to the personal energy crisis.**  
Friese P; Stefura E  
Can Nurse ,Jan 1983, 79 (1) p20-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0227767 83091184  
**Think you've got problems starting a health promotion program? Wait 'til it succeeds!**  
Kovacek PR  
Promot Health ,Jan-Feb 1983, 4 (1) p4-6, ISSN 0272-9709  
Journal Code: PZU  
Languages: ENGLISH

0227733 83090725  
**Using OB Mod to increase hospital productivity.**  
Snyder CA; Luthans F  
Pers Adm ,Aug 1982, 27 (8) p67-73, ISSN 0031-5729  
Journal Code: PA9  
Languages: ENGLISH

0227691 83088521  
**Economic outlook. Staff growth may be cut abruptly.**  
LaViolette S  
Mod Health Care ,Jan 1983, 13 (1) p98, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227578 83081353  
**NLRB enunciates two-tier test for determining appropriateness of bargaining units in health care field.**  
Hofstra PS  
Health Law Vigil ,Jan 21 1983, 6 (2) p3-5, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0227551 83081048  
**The role of the "American culture" in patient care and**

**employee relationships.**

Livingston WG  
Hosp Forum ,Jan-Feb 1983, 26 (1) p35-7, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0227550 83081047  
**How to create an outstanding hospital culture.**  
Deal TE; Kennedy AA; Spiegel AH 3d  
Hosp Forum ,Jan-Feb 1983, 26 (1) p21-8, 33-4, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0227549 83081046  
**Discovering your hospital's unconscious.**  
Allen RF; Kraft C  
Hosp Forum ,Jan-Feb 1983, 26 (1) p11-6, 19, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0227426 83100110  
**Full-time, part-time: a study of opinions.**  
Cameron-Hill PD  
Aust Nurses J ,Oct 1982, 12 (4) p37-9, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

00901

0227325 83098473

**Attitudes of patients, housestaff, and nurses toward postoperative analgesic care.**

Weis DF; Sriwatanakul K; Alloza JL; Weintraub M; Lasagna L  
Anesth Analg ,Jan 1983, 62 (1) p70-4, ISSN 0003-2999  
Journal Code: 4R8  
Languages: ENGLISH

A survey was carried out among housestaff and nurses involved with postoperative patient care to assess their knowledge of analgesics and their attitudes toward postoperative analgesic care. Only one-fifth of the respondents prescribed for complete pain relief. There were some misconceptions about adding other drugs to narcotic analgesics as well as fear of the addictive properties of these narcotics. The respondents lacked confidence about their knowledge of narcotic analgesics. Fear of respiratory depression was less prominent. Nine percent of the physicians and 31% of the nurses believed that response to a placebo indicates factitious pain. Fifty-four percent of the physicians and 74% of the nurses believed that patients receive adequate pain relief. Eighty-one patients were questioned on their beliefs about pain and its relief. Sixty-six of these were monitored postoperatively to assess the effectiveness of pain relief, which was judged by the authors to be ineffective (i.e., moderate to severe pain at the peak of analgesia) in 41%. Seventy-five percent of the patients reported that their overall postoperative pain relief had been adequate. There was no correlation between the amount of analgesic required postoperatively and either the degree to which patients believed pain builds character or the degree to which they rated themselves sensitive to pain. This study emphasizes the need for better and more comprehensive training of housestaff and nurses in analgesic care.

0227235 83097555

**Computer systems planning, development, and impact assessment.**

Gouveia WA; Nold EG  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2117-24, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

In this final installment of a 12-article series on managing computer systems for the hospital pharmacy department, contemporary issues related to the topic of the series are discussed. Assessment of institutional strategy for acquiring systems and determining the departmental direction is reviewed. The far-reaching impact of computerization on personnel staffing and job functions is discussed. The results of a telephone survey of 23 pharmacy computer system vendors that had at least one installation of a unit dose and i.v. admixture system are also presented. Because of the current and future widespread use of computers, pharmacists must acquire knowledge of computer systems.

0227030 83094726

**[Recent experiences with kidney explantation outside transplantation centers]**

Neue Erfahrungen mit der Nierenexplantation ausserhalb von Transplantationszentren.  
Geister H; Simon S  
Urologe [Auszg A] ,Sep 1982, 21 (5) p254-5, ISSN  
0042-1103 Journal Code: WSJ

Languages: GERMAN Summary Languages: ENGLISH

The ever-increasing negative balance between the offer of a demand for organs with regard to transplantation surgery is very problematic. The transplantation centres are confronted with an insolvable problem and for this reason the co-operation of hospitals, other than the transplantation centres, is of vital importance where the explantation of kidneys, under specified conditions, is concerned. There are reports of new experiences in the removal of organs through in-situ-perfusion and en-bloc-removals as well as combined consignments of organs and typing material. The favourable results personally achieved during the past 6 years have given cause to believe that other clinics or hospitals, other than the transplantation centres, will participate in the explantation or organs for the purpose of transplantation.

00002

0227008 83094461

**Doctors' roles in primary health care.**

Piyaratn P

Trop Doct ,Oct 1982, 12 (4 Pt 2) p196-202, ISSN  
0049-4755 Journal Code: WGC

Languages: ENGLISH

Doctors in developing countries where the majority of the population live in rural areas are facing difficult adjustments of their roles to attain health for all of the rural population. In Thailand, doctors directing remote district hospitals act as the focal points of other health care facilities serving the entire population of the districts. To supplement the existing governmental health service network and in accordance with principles of primary health care, community primary health care volunteers are being developed to expand service coverage to rural communities. These lead to changes in doctors' roles. Doctors are required to be not only competent clinicians but also good managers of health promotive and preventive programmes, effective hospital administrators, competent trainers and qualified researchers. They must not only work within the hospital but also support the health personnel and activities of the entire district, and in particular the community primary health care workers. However, as it is now, they are graduates of traditional medical schools, whose educational programmes do not equip them adequately for their emerging new roles in rural hospitals. Reorientation of the existing health system, including its health personnel, is needed. The critical factor in such a process is the development of appropriate attitudes at all levels of health services. This is a difficult but challenging task, as it involves long established medical institutions which hold firmly to old traditions and values.

0226853 83092417

**A strategy for implementing a dental health education program for state facilities with limited resources.**

Fenton SJ; DeBiase CB; Portugal BV

Rehabil Lit ,Sep-Oct 1982, 43 (9-10) p290-3, ISSN  
0034-3579 Journal Code: R35

Languages: ENGLISH

0226683 83089939

**A study of emergency unit waiting time.**

DiGiacomo EV; Kramer LD

QRB ,Nov 1982, 8 (11) p10-3, ISSN 0097-5990 Journal  
Code: OKP

Languages: ENGLISH

Administrators at Mercy Hospital in Springfield, Massachusetts, studied the effects of daily patient number and arrival rate on waiting time in the Emergency Unit. These two factors were found to have a smaller impact on waiting times than might be expected. Several issues relating to staffing and to patients' illnesses were addressed to reduce visit

lengths (ie, inadequate number of admitting registrars, inefficient use of staff, insufficient locations for the rapid treatment of patients requiring suturing, and large numbers of ancillary services requested on a stat basis). Subsequent studies showed that changes instituted as a result of the initial study had reduced overall emergency waiting time by 12%, even though average daily census had increased by 17%.

0226650 83089758

**Putting leaders, consultants & teachers on the line.**

Morath J

Nurs Manage ,Jan 1983, 14 (1) p50-2, ISSN 0744-6314  
Journal Code: OBV

Languages: ENGLISH

0226647 83089755

**Critical care staff shortages.**

Monaghan JJ; Perro KB; Haran ML

Nurs Manage ,Jan 1983, 14 (1) p38-9, ISSN 0744-6314  
Journal Code: OBV

Languages: ENGLISH

0226599 83089603

**Cost quality and staffing considerations for I.V. teams.**

Seymour SB

NITA ,Sep-Oct 1982, 5 (5) p325-7, ISSN 0160-3930  
Journal Code: N7G

Languages: ENGLISH

0226178 83085036

**Adhocracy as an organizational structure in a psychiatric institution.**

Bishop JK

J Nurs Adm ,Jan 1983, 13 (1) p20-4, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

00303

0226069 83083720  
**A computerized dietary order entry system.**  
Dunphy MK; Bratton BD  
J Am Diet Assoc ,Jan 1983, 82 (1) p68-71, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

The Dietary Order Entry System is a computerized system which instantaneously communicates orders/messages from the patient care units to the floor diet offices. The system also produces up-to-date management reports such as diet lists and diet census at pre-determined times and on demand. Dietary and nursing personnel believe it is an extremely beneficial system in terms of both increased accuracy of data and time savings in transmission of information. We believe that improved patient care will result from this improved method of diet ordering.

00471

0225908 83081998  
**Theory Z: implications and relevance for health care management.**  
Shortell SM  
Health Care Manage Rev ,Fall 1982, 7 (4) p7-21, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0225907 83081997  
**A primer on regulations and controls affecting employee compensation.**  
Costello BG  
Health Care Manage Rev ,Fall 1982, 7 (4) p59-69, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0225905 83081995  
**Management contracts: strategy for organizational stability.**  
Zuckerman HS; Wheeler JR  
Health Care Manage Rev ,Fall 1982, 7 (4) p45-51, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0225807 83081057  
**Talking to the board. By opening communication lines with board members, CEOs promote continuity and effective handling of key issues.**  
Ewell CM  
Hospitals ,Jan 16 1983, 57 (2) p79, 81, 84, passim,  
ISSN 0018-5973 Journal Code: GDL  
Languages: ENGLISH  
When asked how he has been able to effectively stay in one job for so long, the man who has been at the head of one of

the nation's largest banking organizations for 16 years, Richard Cooley, chairman, Wells-Fargo Bank, said that he "learned very early that board relations was the most important key to his continuity." Cooley said his strategy over the years has been to meet for dinner about once a year with each member of this board to allow the board member to get to know him, to personally hear the issues that the board member considers most important, and to solicit input on proposed management plans.

0225711 83080188  
**Wrongful dismissal--an expensive mistake.**  
Barnes G  
Dimens Health Serv ,Sep 1982, 59 (9) p10-5, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

A contract of employment is based on implied terms (a nurse can be expected to work shifts while the same does not apply to a secretary in the purchasing department), on conduct (unacceptable tardiness or laxity can become an accepted term of the contract if it is not corrected by the employer), and on agreements either express (a signed contract) or implied (the acceptance of personnel manual terms during a probationary period). An employee's service can not be terminated without reasonable notice except for cause. To determine if summary dismissal (cause) is warranted, apply the test described in Stilwell v. Audio Pictures Ltd.

0225710 83080187  
**C.H.A. job exchange--an idea whose time has come!**  
[editorial]  
LeTouze D  
Dimens Health Serv ,Oct 1982, 59 (10) p4-5, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH, FRENCH

0225637 83079836  
**Legal issues in nursing.**  
Dean KA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p31-2, Journal  
Code: EXE  
Languages: ENGLISH

00304

0225634 83079832  
**CPR marathon '82.**  
Kwik JA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p13-4, Journal  
Code: EXE  
Languages: ENGLISH

0225253 83071195  
**Hospital wage inflation.**  
Taylor AK  
Adv Health Econ Health Serv Res ,1982, 3 p55-77, ISSN  
0731-2199 Journal Code: 2M4  
Languages: ENGLISH

0225200 83068586  
**Nursing staff management systems.**  
Winslow C  
Tex Hosp ,Nov 1982, 38 (6) p35-7, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225192 83068578  
**Employee benefits: how hospitals can provide high quality packages at less cost.**  
Achenbach SH; Swenson KS  
Tex Hosp ,Oct 1982, 38 (5) p42-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225109 83068056  
**Cost control through...maximization of hospital benefit plans.**  
Achenbach SH; Swenson KS  
South Hosp ,Nov-Dec 1982, 50 (6) p10-1, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0224981 83057886  
**The effects and resolution of conflict in hospital purchasing management.**  
Cochran DS  
J Health Care Mark ,Fall 1982, 2 (4) p17-24, Journal  
Code: IAO  
Languages: ENGLISH

0224958 83056398

**Superior hospital formularies: a critical analysis.**  
Rucker TD  
Hosp Pharm ,Sep 1982, 17 (9) p465-71, 474-5, 477-9  
passim, ISSN 0018-5787 Journal Code: G98  
Languages: ENGLISH  
The drug monograph section of eight superior hospital formularies was examined to (1) determine the type of pharmaceuticals, including dosage forms, listed, (2) delineate patterns of concurrence and divergence in drug acceptance, and (3) ascertain quantitative benchmarks by therapeutic category that may suggest optimum formulary size. The survey also undertook a comparative analysis of marginal drugs and reviewed the role of pharmacy personnel in supporting formulary administration. The critique of pharmaceutical preparations revealed significant patterns of similarity, heterogeneity, perplexity, and redundancy. The investigation also documented problems in dosage form selection and formulary publication. The report concludes that there is a need for more comprehensive studies that incorporate alternative quality assurance methods and focus on the more intangible factors of professional leadership and integrity.

0224947 83056336  
**What legal guidelines must medical staff members consider in advising hospital administration on programs to lay off nurses and other patient care personnel?**  
Beck AE  
Hosp Med Staff ,Dec 1982, 11 (12) p22-5, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0224885 83055447  
**Handling a coroner's inquest.**  
Campbell M  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p32, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

0224854 83055255  
**How supervisors can prevent or minimize employee dissatisfaction.**  
Underwood L  
Hosp Top ,Nov-Dec 1982, 60 (6) p42-4, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00905



0224852 83055253

**Labor relations in the health care industry: a view of the effects of unionization of professional registered nurses on hospitals.**

Cohen AG  
Hosp Top ,Nov-Dec 1982, 60 (6) p33-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224850 83055251

**Maximizing benefits, limiting costs in hospital benefit plans.**

Achenbach SH; Swenson KS  
Hosp Top ,Nov-Dec 1982, 60 (6) p24-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224831 83055212

**CLN eases transition to computer system.**

Hosp Prog ,Dec 1982, 63 (12) p28, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0224780 83055123

**"Do you think the purchasing and inventory control of drugs should be the responsibility of the materials manager"?**

Hosp Purch Manage ,Dec 1982, 7 (12) p14-5, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0224771 83055032

**Management's responsibility: productivity begins with awareness.**

Johnson RM  
Healthc Financ Manage ,Jan 1983, 37 (1) p44-5, ISSN 0018-5639  
Journal Code: GBC  
Languages: ENGLISH

0224705 83053053

**EM administrator--one-man band, diplomat, bridge-builder.**

Henze HM  
Emerg Dep News ,Aug 1982, 4 (8) p2, 4, ISSN 0195-3281  
Journal Code: EFJ  
Languages: ENGLISH

0224687 83052336

● **The management education imperative: an opinion.**

Wellever AL  
Crossref Hum Resour Manage ,Nov-Dec 1982, 12 (6) p8-11,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

This article presents an opinion on the need for middle-management education in the four basic functions of management: planning, organizing, directing, and controlling. Using nursing management as an example, the author describes the role of middle management in complex organizations and states that the job of management is to ensure the efficiency and effectiveness of work performed by others.

0224572 83073385

**A new look at old problems.**

Slowey RM  
ADRN J ,Oct 1982, 36 (4) p693-7, 700-1, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0224447 83071846

**System maintenance, problems, and enhancements.**

Moore TD; Ruhl NB  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1957-63, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

The procedures required for software and hardware maintenance of a pharmacy computer system, and methods of dealing with operational and administrative problems of such systems, are described. Maintenance of software and hardware purchased from a vendor is usually provided by the vendor under contract. Repair maintenance is required for programs that do not run, produce incorrect results, or run too slowly. Update and revision maintenance is required when user requirements exceed the limits and design of the original program. Typical problems encountered with computer systems include slow computer response time, performance of maintenance personnel, turnover in user personnel, legal liabilities and restrictions, reliability of hardware and software, downtime, security, and changing configuration of equipment. Successful management of predictable and unpredictable problems with computer systems is accomplished through systematic review of the potential problem area and prospective planning.

022444 83071843

**Qualifications required in advertisements for hospital pharmacy management positions.**

Shepherd MD; Pink LA

Am J Hosp Pharm ,Nov 1982, 39 (11) p1940-3, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Advertisements for pharmacy management positions were analyzed to determine the extent to which advanced degrees or experience were required. Advertisements were collected from three professional journals for 1971-1981 for the following positions: director and assistant director of pharmacy services, director and assistant director of clinical services, director and assistant director of drug information, and clinical coordinator. The following information was obtained from each advertisement: position title, educational degree required or preferred, number of beds in institution, type of ownership of institution, residency required or preferred, and experience required or preferred. Of 224 advertisements analyzed, 124 were for directors of pharmacy, 59 for assistant directors of pharmacy, and 41 for clinical management positions. No degree was required or preferred in 85 of the advertisements. A degree qualification was specified for all the clinical management positions; 37 out of 41 required a Pharm.D. or advanced degree. Advertisements for directors and assistant directors requiring an advanced degree were evenly divided between Pharm.D. and M.S. degrees. Since 1979, the number of advertisements not specifying a degree appears to have decreased and the number specifying M.S. or Pharm.D. to have increased. Managerial experience was mentioned in 51 of 183 advertisements for directors and assistant directors. For clinical management positions, only 6 specified managerial experience and 22 required clinical experience. Many employers specified residencies as qualifications. Advanced degrees are increasingly in demand for management positions. Advancement opportunities in the future may not be as promising as in the past for pharmacists who hold only B.S. degrees.

0224438 83071835

**Regional disaster planning for hospital pharmacies.**

Bragdon RL; Gousse GC; Piwarzyk P; Szweczyk T

Am J Hosp Pharm ,Nov 1982, 39 (11) p1913-5, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The development of a disaster plan for hospital pharmacy services in Hartford, CT, is described. In June 1978, directors of pharmacy from 12 hospitals in the Hartford, CT, area began a project designed to ensure an uninterrupted supply of drugs and an adequate supply of pharmacy personnel during and after any natural disaster. The project initially involved standardization of components of the individual hospital pharmacies' disaster plans. A questionnaire was then completed by each director of pharmacy regarding hours of operation, telephone numbers, and pharmaceutical products usually stocked (including blood derivatives, radiologic-cont-

rast media, and intravenous solutions). Information on inventory levels was collected later. Pharmaceutical manufacturers and wholesalers in the region were contacted, and a list of routine and emergency telephone numbers was compiled. The disaster plan was completed in July 1979. The plan has been tested in a mock catastrophe drill and one natural disaster that caused relatively few injuries.

00473

0224430 83071820

**Role of the director of pharmacy: the first four months.**

Nold EG

Am J Hosp Pharm ,Oct 1982, 39 (10) p1702-6, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Specific goals and tasks that should be addressed during a pharmacy director's first four months of employment are reviewed. Individuals must prepare themselves for the director's role, find the right job, and negotiate an acceptable benefits package. During the first two months as director of pharmacy, an individual should primarily work on gathering facts and assessing the department's operations without making many changes. Interrelationships within the hospital should be studied, and many pharmacy and hospital documents should be reviewed so that the director has an understanding of past history. The director should interview all employees of the department and work as a staff pharmacist for one to two days in each area. During the third and fourth months, the new director will need to determine the extent of authority, develop working relationships with key individuals, assess the pharmacy-management team, develop a data-collection system, learn the processes for making changes, and consolidate authority. A major document, containing a departmental-operations analysis, statement of philosophy, goals, and approach to goal completion, should be the culmination of the four months. The director of pharmacy must meld professional, administrative, and financial activities; the final determinant of success will be the director's ability to implement and follow through with proposed changes.

00907

0224429 83071819

**Managing the implementation of a pharmacy computer system.**

Mildenberger J; Gouveia WA

Am J Hosp Pharm ,Oct 1982, 39 (10) p1692-701, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The process of managing the implementation of a pharmacy computer system is described. The three major phases of an implementation plan are (1) orientation and testing, (2) training of personnel, and (3) operation and expansion. Testing procedures described include those for entering new medication orders, profile maintenance, printouts for unit dose cart dispensing, label and report generation, I.V. system orders, back-up system, special edit features, charge generation, and admission, discharge, and transfer status. Personnel training components described are orientation, formal and practical sessions, program development, and training manual development. Implementation programs described include parallel operations of manual and computer systems, limited independent operation, and expansion. Successful implementation of a pharmacy computer system depends on careful planning and coordination.

0224152 83068078

**Operating room practices for the control of infection in U. S. hospitals, October 1976 to July 1977.**

Garner JS; Emori TG; Haley RW

Surg Gynecol Obstet ,Dec 1982, 155 (6) p873-80, ISSN

0039-6087 Journal Code: VBD

Languages: ENGLISH

We estimated the frequency of selected infection control practices in the operating room from a nationwide survey of hospitals. Our survey confirmed that, in many hospitals, practices which have not received scientific or budgetary scrutiny have become part of the perioperative routine. Almost half of the hospitals reported using nonrecommended tacky, or disinfectant, mats at the entrance to operating rooms, and more than three-fourths were performing nonrecommended environmental cultures in the operating room at a cost ranging from \$2,000 to \$20,000 per year. When routine nose and throat cultures were taken of operating room personnel, we found an obvious pecking order, rather than a scientific rationale for culturing. In almost all instances, we found wide variations in practice among hospitals. This nonuniformity may be due to such factors as lack of a convincing scientific basis for evaluating the relative efficacy of alternative practices, the strong influence of industry marketing, the individual preferences of surgeons and operating room supervisors and the lack of completeness and agreement of statements from various scientific and professional organizations.

0223796 83064569

**The effect of nursing care modalities and shift assignments on nurses' work experiences and job attitudes.**

Parasuraman S; Drake BH; Zammuto RF

Nurs Res ,Nov-Dec 1982, 31 (6) p364-7, ISSN 0029-6562

Journal Code: 09K

Languages: ENGLISH

0223674 83063725

**What motivation isn't.**

Porter-D'Grady T

Nurs Manage ,Dec 1982, 13 (12) p27-30, ISSN 0744-6314

Journal Code: 0BV

Languages: ENGLISH

0223670 83063721

**The art of effective communication.**

Worthington J

Nurs Manage ,Nov 1982, 13 (11) p47-9, ISSN 0744-6314

Journal Code: 0BV

Languages: ENGLISH

0223661 83063711

**Art & science of management. Raising their sights.**

Levenstein A

Nurs Manage ,Oct 1982, 13 (10) p70-71, ISSN 0744-6314

Journal Code: 0BV

Languages: ENGLISH

0223654 83063704

**Performance appraisal.**

Clark MD

Nurs Manage ,Oct 1982, 13 (10) p27-9, ISSN 0744-6314

Journal Code: 0BV

Languages: ENGLISH

0223368 83060441

**Profile of a successful interview.**

McCall P

JEN ,Nov-Dec 1982, 8 (6) p320-1, ISSN 0099-1767

Journal Code: KRU

Languages: ENGLISH

00908

0223140 83057800

**Geriatric medicine: a multidisciplinary training and education model in an acute care medical center.**

Crooks V; Lee P; Yoshikawa TT  
J Am Geriatr Soc ,Dec 1982, 30 (12) p774-80, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

A description of a comprehensive multidisciplinary education and training program in geriatrics in an acute care hospital is presented. A brief review of the history of medical education in geriatrics is examined, and the need for and potential of a hospital-based training program is discussed. The methods used in implementing an education program that attracts house staff physicians and other health professionals are described. The program incorporates the application of a multidisciplinary team model of patient assessment and treatment, which is augmented by clinical bedside teaching and a broad-based educational program. Using hospital-wide faculty, the program includes a geriatrics/gerontology lecture series incorporating presentations on the biopsychosocial aspects of aging and a diversity of subjects relevant to aging. Other programs such as weekly house staff topic sessions on aging, interdisciplinary research seminars, orientations, and special symposia are all part of the education program.

0223028 83056188

**Industrial action in the health services--the management perspective.**

Condon D  
Ir Med J ,Sep 1982, 75 (9) p318-20, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

00474

0222923 83055164

**Survey of hospital salaries. Complete national salary information on 22 hospital positions.**

Collins LI  
Hospitals ,Dec 1 1982, 56 (23) p59-66, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0222874 83054460

**Educating managers with inhouse resources.**

Nesbitt TJ; Kobes M  
Dimens Health Serv ,Aug 1982, 59 (8) p16, 18, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222788 83054131

**The need for strategic planning by hospitals.**

Heyssel RM  
Del Med J ,Aug 1982, 54 (8) p461-4, ISSN 0011-7781  
Journal Code: EOB  
Languages: ENGLISH

0222668 83052309

**Interdisciplinary consultation on the care of the critically ill and dying: the role of one hospital ethics committee.**

Cohen CB  
Crit Care Med ,Nov 1982, 10 (11) p776-84, ISSN  
0090-3493 Journal Code: DTF  
Languages: ENGLISH

Little is known about the structure and objectives of various hospital ethics committees due to their need to preserve confidentiality, their reluctance to reveal internal hospital problems, and their concern about becoming involved in the developing debate about the appropriate role and value of such committees. The evolution, functions, and goals of one distinctive hospital committee concerned with the care of the critically ill and dying are explained. Its membership and proceedings are described, and the medico-moral issues with which it has grappled are presented and discussed. An assessment is provided of the positive and negative impact of this committee within the Medical Center with which it is affiliated. The experience of this particular group illustrates that hospital ethics committees can play advisory and educational roles within a large medical center. They can provide support for patients, medical professionals, and families who face difficult dilemmas about terminal illness. They can function as forces to sensitize medical personnel to the challenges presented by medicine's growing power over death. They can serve as catalysts for interdisciplinary communication. Finally, they can promote the development of new programs for informed and humane care of the terminally ill.

0222516 83050615

**Twelve-hour shifts, a way to beat the "prime time" blues.**

McColl CM  
Can Nurse ,Dec 1982, 78 (11) p28-31, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00309

0222496 83050479

**The mental hospital and its environment.**

Mohelesky H

Can J Psychiatry .Oct 1982, 27 (6) p478-81, ISSN  
0706-7437 Journal Code: CLR

Languages: ENGLISH

This paper examines the task and functioning of a contemporary mental institution. The author, drawing from his experience, explores the world within such an institution whose purpose often contradicts the officially stated one. This world with its own assumptions is a creation in response to needs and anxieties of its participants. In the face of rapid shifts and increasing complexity in institutional environments, the capability to change become critical. Real change is impossible unless the underlying assumptions of an institution are recognized, understood and dealt with.

0222301 83041655

**Ten myths about criterion reference performance appraisal.**

Berger L; Clipp FP

South Hosp .Sep-Oct 1982, 50 (5) p8-9, ISSN 0038-4178  
Journal Code: VAB

Languages: ENGLISH

0222210 83036511

**Hospitals rally to develop stronger, more productive management teams.**

LaViolette S

Mod Health Care .Nov 1982, 12 (11) p54-5, 58, 62, ISSN  
0160-7480 Journal Code: NFA

Languages: ENGLISH

0222170 83030434

**A comprehensive program to increase job satisfaction among pharmacy technicians.**

Mahoney CD; Gallina JN; Jeffrey LP

Hosp Pharm .Oct 1982, 17 (10) p547-50, ISSN 0018-5787  
Journal Code: G98

Languages: ENGLISH

A multifaceted personnel management and continuing education program specifically designed to provide job satisfaction for the pharmacy technician is described. Turnover among technicians is often higher than for other personnel categories. One interpretation of a high turnover rate is that it is a direct indication of job dissatisfaction and disillusionment on the part of technicians towards their career potential. Several approaches were initiated at the Rhode Island Hospital to increase job satisfaction among pharmacy technicians and to assist the pharmacy department in stabilizing this category to reflect a more satisfactory turnover rate. These were: (1) initiating a comprehensive continuing education program; (2) establishing a "career

ladder" by developing an advanced level of pharmacy technicians; (3) incorporating technicians in a concept of participative management within the department; (4) increasing job responsibilities as new programs are developed; (5) rotating assignments and responsibilities to foster flexibility and interest. The programs enumerated have made a significant contribution toward increasing the stability and job satisfaction of the technician category. The success of the measures described is reflected in the average tenure of an individual in the technician category, which is 41.9 months.

0222167 83030431

**Medical staff committees benefit from job descriptions.**

Topham AS

Hosp Med Staff .Nov 1982, 11 (11) p22-5, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

When new medical staff officers and committees begin their terms, the confusion potential runs high. Job descriptions in a industry have helped facilitate the orientation of officers and the smooth running of committees.

0222156 83030414

**Planning you can live with.**

Hosp Superv Bull .Oct 15 1982, (447) p1-3, ISSN  
0018-585X Journal Code: G9S

Languages: ENGLISH

0222135 83029580

**The rules aren't everything.**

MacFarlane SJ

Health Care (Don Mills) .Oct 14 1982, 24 (7) p19, ISSN  
0226-5788 Journal Code: GKM

Languages: ENGLISH

0222096 83029206

**Labor-management conflicts pose dilemmas in health care setting.**

McPhee MR

Hosp Prog .Nov 1982, 63 (11) p42-3, 69, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

00010

0222084 83029182  
**Carner's codes: managing change.**  
Carner DC  
Hosp Forum ,Nov-Dec 1982, 25 (6) p59-62, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0222068 83029129  
**An over the shoulder look at materials management.**  
Hosp Purch Manage ,Nov 1982, 7 (11) p3-6, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0222055 83029077  
**Certain tax changes due to: Tax Equity and Fiscal  
Responsibility Act of 1982.**  
Healthc Financ Manage ,Nov 1982, 36 (11) p48, 50, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0222052 83029074  
**Other programs compared: updating the controversial Social  
Security option.**  
Freeman JK; Luecke RW  
Healthc Financ Manage ,Nov 1982, 36 (11) p22-7, 30-6,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0221977 83025409  
**Harnessing stress in the hospital pharmacy.**  
Schafer W  
Curr Concepts Hosp Pharm Manage ,Winter 1982, 4 (4)  
p10-1, 16-7, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0221896 83047618  
**Surgical pathology reports with a portable microcomputer.**  
MacDonald RA; Pechet GS; Lovenbury P  
Arch Pathol Lab Med ,Dec 1982, 106 (13) p666-9, ISSN  
0363-0153 Journal Code: 79Z  
Languages: ENGLISH

A microcomputer reporting system for gross and microscopic surgical pathology is simple and inexpensive, reduces the need for clerical personnel, and saves the pathologist's time in the preparation of reports. Gross descriptions are performatted. A dictionary of microscopic diagnoses is constructed and stored on disks. The diagnosis to be used for a case is selected by a pathologist by number. It is called to

a video screen from disk storage by entering the number on the microcomputer keyboard. The diagnosis is edited or expanded for an individual patient while it is on the screen and is printed after changes are made. Each diagnosis contains preentered classification, coding, and filing information, as well as format, medical terminology, and spelling. The system has rapid retrieval and search capability and may be used for patients awaiting frozen-section diagnosis. The system requires fewer clerical personnel in surgical pathology than with free-form reporting.

0221871 83047131  
**Sharing decision making with staff.**  
Jordan CH  
ADRN J ,Sep 1982, 36 (3) p391-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0221820 83046559  
**Nurse managers can also run hospitals.**  
Am Nurse ,Nov-Dec 1982, 14 (10) p3, 12, ISSN 0098-1486  
Journal Code: 40D  
Languages: ENGLISH

0221721 83045691  
**Preparing to implement.**  
Thielke TS  
Am J Hosp Pharm ,Sep 1982, 39 (9) p1521-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The steps involved in preparing to implement a pharmacy computer system are described. Although the order in which the various steps have to be completed varies according to the hospital specifics, important elements of the preparation process include preparation of the site, organization of personnel, development of policies and procedures, developing and ordering forms, preparation of the implementation schedule, file development, and preparation of other departments. A well-designed plan and a realistic time schedule for the preparation process facilitates the actual implementation of a pharmacy computer system.

0221716 83045685

**Changing an automated drug inventory control system to a data base design.**

Bradish RA

Am J Hosp Pharm ,Sep 1982, 39 (9) p1502-5, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

A pharmacy department's change from indexed sequential access files to a data base management system (DBMS) for purposes of automated inventory control is described. The DBMS has three main functional areas: (1) inventory ordering and accountability, (2) charging of interdepartmental and intradepartmental orders, and (3) data manipulation with report design for management control. There are seven files directly related to the inventory ordering and accountability area. Each record can be accessed directly or through another file. Information on the quantity of a drug on hand, drug(s) supplied by a specific vendor, status of a purchase order, or calculation of an estimated order quantity can be retrieved quickly. In the drug master file, two records contain a reorder point and safety-stock level that are determined by searching the entries in the order history file and vendor master file. The intradepartmental and interdepartmental orders section contains five files assigned to record and store information on drug distribution. All items removed from the stockroom and distributed are recorded, and reports can be generated for itemized bills, total cost by area, and as formatted files for the accounts payable department. The design, development, and implementation of the DBMS took approximately a year using a part-time pharmacist and minimal outside help, while the previous system required constant expensive help of a programmer/analyst. The DBMS has given the pharmacy department a flexible inventory management system with increased drug control, decreased operating expenses, increased use of department personnel, and the ability to develop and enhance other systems.

0221712 83045671

**Emergence of occupational medical services outside the workplace.**

Rosenstock L; Heyer NH

Am J Industr Med ,1982, 3 (2) p217-23, ISSN 0271-3586  
Journal Code: 31N

Languages: ENGLISH

A new type of occupational medicine clinic has recently emerged in the United States. These clinics are multispecialty in staffing, are located in hospital outpatient departments, and are affiliated with academic medical centers. Their primary goal is to provide personal health and medical services including diagnosis, treatment, and follow-through of occupationally related diseases. Approximately 15 such clinics have been established in the last several years. A review of the medical, economic, and social forces that have historically shaped the content and scope of occupational medical and health services for workers explains in large part the reasons why many of these clinics have now come into

being. Characteristics of eight of these clinics are reviewed in detail. These clinics provide a setting for interdisciplinary and interspecialty education of personnel and offer the medical community a demonstration of a means for better recognition and treatment of occupationally related illnesses.

0221400 83041325

**Understaffing living with the reality.**

Greenlaw J

SD Nurse ,Aug 1982, 24 (3) p29-31, ISSN 0038-335X  
Journal Code: UK1

Languages: ENGLISH

0221185 83038875

**Ward routine: a change is as good as a rest.**

Eardley A; Southern R

Nurs Mirror ,Oct 6 1982, 155 (14) p59-61, ISSN  
0029-6511 Journal Code: 098

Languages: ENGLISH

0221132 83038763

**Industrial relations - the good news.**

Stack P

Nurs Times ,Oct 6-12 1982, 78 (40) p1656-7, ISSN  
0029-6589 Journal Code: 09U

Languages: ENGLISH

0221097 83038706

**Staffing a geriatric unit at morning peak hours.**

Bokhoree L

Nurs Times ,Sep 8-14 1982, 78 (36) p suppl 26:101-2,  
ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0221096 83038705

**First-line management training-does it work?**

Bevan G

Nurs Times ,Sep 1-7 1982, 78 (35) p1487, ISSN 0029-6589  
Journal Code: 09U

Languages: ENGLISH

00912

0221093 83038701

**Computers: the new approach. Computers and staff allocation made easy.**

Gebhardt AN

Nurs Times ,Sep 1-7 1982, 78 (35) p1471-3, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0221054 83038534

**Administrative decision making: staff-patient ratios (a patient classification system for a psychiatric setting).**

Schroder PJ; Washington WP

Perspect Psychiatr Care ,Jul-Sep 1982, 20 (3) p111-23,

ISSN 0031-5990 Journal Code: 0ZT

Languages: ENGLISH

In this article, we have described a patient classification system in use at the C.F. Menninger Memorial Hospital. It is a type of factor evaluation, in which we use critical indicators or descriptors of care as units of measurement. Each critical indicator represents a grouping of nursing activities rather than concrete time measurement of each activity. The ten critical indicators of patient care needs and nursing activities which were identified were divided into two major categories: routine and extra. Each category was then subdivided to reflect a range or variation of care levels. This type of patient classification appears to have an advantage over other classification systems when applied to psychiatric nursing. The factor evaluations are broad enough in scope to allow inclusion of patient assessment, documentation, and use of the nursing process, while providing a measurement of psychological and psychosocial needs of the patient which are frequently absent in other classification systems that rely on task measurements or acuity levels alone.

Because of its practicality it has been readily accepted by nurses working on psychiatric units, and the nurse administrator's effort to put a classification system in place has been made easier.

0221033 83038204

**Developing a system of comprehensive care for the spinal cord injured patient in Houston, Texas, U.S.A.**

Donovan WH; Clifton G; Carter RE

Paraplegia ,Jun 1982, 20 (3) p174-9, ISSN 0031-1758

Journal Code: 0QT

Languages: ENGLISH

The authors agree with the principle, widely accepted, that spinal cord injured (SCI) individuals should receive all their acute, rehabilitative and follow-up care in a spinal cord injury centre. The evolution of rehabilitation medicine and services in the United States, however, has favoured the separation of acute and rehabilitation care for spinal cord injured patients, as well as other disabilities. This has resulted partly from specialisation of medical and allied health personnel, physical separation of acute and

rehabilitation facilities, and reluctance of some funders of health care to see rehabilitation as a natural extension of medical care in these patients. In Houston the proximity of a rehabilitation facility to three acute care university hospitals, representing three medical schools, provided an opportunity to improve communication among the medical personnel. These individuals have recognised the value of early rehabilitation even while the patient is acutely ill; they agreed to institute a system of care wherein the rehabilitation physician partakes in the early management in a designated area of the acute hospitals for spinal cord injured patients and works toward early transfer to the rehabilitation hospital in as ideal a condition as possible. Surgeons, who have initial primary responsibility, also visit the rehabilitation hospital, following their patient's progress at selected conferences and at the bedside. This paper describes how, a spinal cord injury service was established, how the major barriers to early transfer were confronted, and the results of the first 6 months of operation.

0220971 83037848

**Supplemental staffing agencies: friend ... or foe?**

Brown LE; Lewin BA

Nurs Manage ,Sep 1982, 13 (9) p37-47, ISSN 0744-6314

Journal Code: 0BV

Languages: ENGLISH

0220878 83036816

**The financially distressed hospital.**

Hadley J; Mulliner R; Feder J

N Engl J Med ,Nov 11 1982, 307 (20) p1283-7, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0220742 83035452

**Allied health professionals and hospital privileges: an introduction to the issues.**

Grad JD

Law Med Health Care ,Sep 1982, 10 (4) p165-7, ISSN

0277-8459 Journal Code: LAF

Languages: ENGLISH

00913



0220701 83035094

**[Part-time work in the hospital: attempt at an objective opinion]**

Teilzeitarbeit im Spital: Versuch einer sachlichen Betrachtungsweise.

Kuhn R

Krankenpflege (Bern) ,Aug 1982, (8) p32-3, Journal Code: KX7

Languages: GERMAN

0220681 83035072

**[Model nursing unit: working with the nursing process]**

Pflegemodellstation: arbeiten mit dem Krankenpflegeprozess. Schomburg O

Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8) p28-37, ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

0220499 83032713

**Nurse discontent: the search for realistic solutions.**

Ginzberg E; Patray J; Ostow M; Brann EA

J Nurs Adm ,Nov 1982, 12 (11) p7-11, ISSN 0002-0443 Journal Code: JEL

Languages: ENGLISH

0220497 83032711

**Staffing statistics: their use and usefulness.**

Hanson RL

J Nurs Adm ,Nov 1982, 12 (11) p29-35, ISSN 0002-0443 Journal Code: JEL

Languages: ENGLISH

0220338 83031548

**A method of estimating nursing workload.**

Henney CR; Chrissafis I; McFarlane J; Crooks J

J Adv Nurs ,Jul 1982, 7 (4) p319-25, ISSN 0309-2402 Journal Code: H3L

Languages: ENGLISH

A real-time nursing computer system operational on six medical wards allows the automatic data capture of all nursing procedures carried out for all patients. Each nursing procedure has been graded by an experienced nurse on a 5-point scale (Ninewells Index I), with grade 5 representing the greatest workload. A Delphi type survey was carried out by a questionnaire involving 115 medical charge nurses in Scotland who graded the same procedures on a 5-point scale (Delphi Index I). Good agreement with the two indices was found. The Delphi Index I was transferred from the original scale to an interval scale (Delphi Index II) to facilitate statistical handling of data and conversion to timings. The conversion of

Delphi Index II to timings (Ninewells Index II) was achieved by using data from three extensive work studies. It is suggested that Ninewells Index II is a practical problem of staff allocation in medical wards.

0220120 83029143

**Motivational management: coping with burnout.**

Richardson M; West P

Hosp Community Psychiatry ,Oct 1982, 33 (10) p837-40, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Burnout, the emotional state that accompanies an overload of stress, generally has been ascribed to organizational or personal causes. Motivational management is an approach to identifying the causes of burnout among workers and determining ways to effectively intercede. The authors conducted workshops to help staff combat burnout at a public health agency, a small community hospital, and a preschool for handicapped children. During the first phase of the workshop participants generated a list of problems that contributed to their sense of burnout. They then assigned each problem a personal, organizational, or environmental cause. During the second phase participants decided who should accept responsibility for developing and executing strategies for change. The authors believe motivational management techniques can also be used to explore burnout in other roles such as those of parent, child, friend, or community member.

0220004 83026858

**The use of registry nurses in critical care: a cost-benefit analysis.**

Davis SH

Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p88-96, ISSN 0730-4625 Journal Code: EA0

Languages: ENGLISH

0219992 83026845

**Getting your input into unit design.**

Landamood MO

Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p36-43, ISSN 0730-4625 Journal Code: EA0

Languages: ENGLISH

00914

0219867 83024790  
**Exposure of pharmacy personnel to mutagenic antineoplastic drugs.**

Nguyen TV; Theiss JC; Matney TS  
Cancer Res ,Nov 1982, 42 (11) p4792-6, ISSN 0008-5472  
Journal Code: CNF  
Contract/Grant No.: S07RR05828  
Languages: ENGLISH

The Salmonella reversion test was used to measure the mutagenic activities of urine concentrates from individuals preparing cancer chemotherapy agents for i.v. administration. Longitudinal studies were performed in which the total urine produced in 24-hr periods was collected, starting on a Sunday at 7 p.m. after a duty-free weekend and extending over an 8-day period. There was no detectable increase in mutagenic activity in the urine concentrates of three pharmacy administrators who had no contact with these drugs. All six individuals admixing drugs in open-faced, horizontal laminar flow hoods displayed a 2-fold increase in mutagenesis by the fourth day with peak values of 2.7- to 24-fold occurring on Days 5 and 6, reduced values by Day 7, and a return to the spontaneous level by Day 8. When four of the six positive individuals in the preceding experiment admixed comparable amounts of chemotherapeutic drugs in a closed-face, vertical laminar flow hood, no increase in mutagenic activity was detected in their urine concentrates over the 8-day period.

0219863 83024697  
**Implementation of a unit dose medication system: making change strategy relevant throughout a hospital.**

Royle J; Eaton H; Rychlicki W; Thompson D  
Can Nurse ,Oct 1982, 78 (9) p36-9, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0219805 83024052  
**Changing the method of selection at Northwick Park.**

Samuel OW; Cohen BJ  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1087-9,  
Journal Code: B4X  
Languages: ENGLISH

0219714 83022560  
**The effectiveness of an eight hour/ten hour day shift rotation.**

Curtis RA  
AANNT J ,Oct 1982, 9 (5) p11-4, ISSN 0744-1479  
Journal Code: AAX  
Languages: ENGLISH

0219339 83019862  
**Building a ladder.**

Gassert C; Holt C; Pope K  
Am J Nurs ,Oct 1982, 82 (10) p1527-8, 1530, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219338 83019861  
**Looking at ladders.**

Huey FL  
Am J Nurs ,Oct 1982, 82 (10) p1520-6, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219003 83015588  
**On the therapy in clinical administration. Part I. Introduction and history; administration and its relation to psychotherapy.**

Gutheil T  
Psychiatr Q ,Spring 1982, 54 (1) p3-25, ISSN 0033-2720  
Journal Code: QBP  
Languages: ENGLISH

0218941 83014405  
**Sleepless night, peaceful night.**

Watson C  
Nurs Mirror ,Sep 15 1982, 155 (11) p22, ISSN 0029-6511  
Journal Code: Q98  
Languages: ENGLISH

0218912 83014358

**New baccalaureate graduates' perceptions of organizational conflict.**

Snyder DJ

Nurs Res ,Sep-Oct 1982, 31 (5) p300-5, ISSN 0029-6562  
Journal Code: 09K

Languages: ENGLISH

This study explores the process of professional socialization in a sample of newly graduated baccalaureate nurses whose first experience as practicing professionals was in a hospital organizational system. Professional socialization was defined in terms of concept of identity reassessment as proposed by Strauss and in terms of the new graduates' descriptions of their own behavior during conflictual situations in the work setting. These descriptions were identified as conflict-reporting behavior and analyzed from two aspects: the source of the conflict and the level reached by the behavior of the respondent, as defined by a model for organizational conflict proposed by Pondy. Although changes in conflict-reporting behavior with increasing experience in the hospital bureaucracy were noted, the study findings showed no significant relationships between this behavior and ideas about the nursing role and the value of organizational inducements. Some trends in conflict-reporting behavior were noted in relation to three other variables: the size of the unit on which the new graduate was working, the identity of the other persons in the conflict, and the new graduates' work experience in a hospital system while in school.

0218905 83014345

**Determinants of staff nurses' perceptions of autonomy within different clinical contexts.**

Alexander CS; Weisman CS; Chase GA

Nurs Res ,Jan-Feb 1982, 31 (1) p48-52, ISSN 0029-6562  
Journal Code: 09K

Contract/Grant No.: NU00568

Languages: ENGLISH

Studies of nurses and other health professionals indicate that autonomy is an important determinant of job satisfaction and turnover. This study analyzed selected characteristics of hospital nursing units to identify those features of the work setting that influence staff nurses' perceptions of autonomy: comparisons among nurses who work in different clinical areas were made. Data were collected by interviewing 789 nonsupervisory registered nurses who were employed full time at one large university-affiliated hospital. Personal and job-related information was obtained for each nurse. Structural features of units, such as workload, were gathered from head nurse reports and hospital records. Findings indicated that nurses' perceptions of autonomy are influenced by both personal characteristics of the nurse and structural features of the units. The nurse's sense of personal efficacy and the relationship she has with her head nurse are two important determinants of autonomy across all units. Workload, primary nursing, and staffing patterns are influential factors

in predicting autonomy for nurses who work in critical care areas. Implications of these findings for nursing administrators are discussed.

0218831 83013654

**Work evaluations: are they effective?**

Lorraine K

Nurs Manage ,Apr 1982, 13 (4) p44-6, Journal Code: 0BV  
Languages: ENGLISH

0218817 83013618

**Delegating safely within the law.**

Rabinow J

Nurs Life ,Sep-Oct 1982, 2 (5) p48-9, ISSN 0279-3091  
Journal Code: 0A6  
Languages: ENGLISH

0218341 83008046

**Janforum. Nurse/patient dependency revisited (somewhat apologetically).**

Moore B; Barr L

J Adv Nurs ,May 1982, 7 (3) p269-71, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

00016

00475

0218333 83008038

**Hospital ward layout and nurse staffing.**

Seelye A

J Adv Nurs ,May 1982, 7 (3) p195-201, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

This literature review discusses the evidence that modern wards divided into small bedrooms or bays, require higher nurse staffing levels. Aspects of ward design and operation such as patient privacy, nursing efficiency, patient dependency and ward organization are outlined and methods for establishing staffing levels which take ward design into account are described. The majority of ward evaluation studies concerned with nurse staffing concentrate on two areas, the use of the nurses' time (particularly in travel) and user opinion of wards. The conclusions drawn suggest that the two main measures of ward layout which relate to effective and efficient nursing care are short travel distances and features which facilitate the maximum contact between nurses and patients. Further, how these two principles are incorporated effectively into a ward will depend upon a number of other factors which effect nursing work viz, the number and characteristics of the patients and ward staff and the policies and practices of the nurses themselves. (61 Refs.)

00476

0218210 83006467

**Managing professional work: three models of control for health organizations.**

Scott WR

Health Serv Res ,Fall 1982, 17 (3) p213-40, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

Three arrangements for structuring the work of professional participants in professional organizations are described, contrasted and evaluated. Arguments are illustrated by application to the organization of physicians within hospitals. The primary rationale, the support structures that have fostered its development, the key structural features and the advantages and disadvantages of each arrangement are described. The effect on these arrangements of structures and forces external to any particular professional organization is emphasized. (80 Refs.)

00917

**HOSPITALES, ADMINISTRADORES DE SALUD**

00918

0233384 83147382  
**CEO contracts.**  
Trustee ,Mar 1983, 36 (3) p12, 14, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0233372 83147249  
**Management: right-brain vision for left-brain systems.**  
Venerable G  
Top Health Rec Manage ,Mar 1983, 3 (3) p9-19, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233365 83147242  
**Manage or be managed.**  
Hardy CJ  
Top Health Rec Manage ,Mar 1983, 3 (3) p4-6, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233283 83143478  
**Job satisfaction and demographics of nursing home administrators.**  
Buhmeyer KJ  
Nurs Homes ,Jan-Feb 1983, 32 (1) p28-30, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0233269 83141451  
**Who, where, and how much: first survey of multihospital systems management salaries.**  
Collins LI  
Multis ,Mar 1 1983, 1 (1) p25-32, Journal Code: NJ8  
Languages: ENGLISH

0233263 83141344  
**Hospitals try to relieve frustration of their baby-boom era managers [news]**  
LaViolette S  
Mod Health Care ,Feb 1983, 13 (2) p70, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0233249 83141330  
**Incentives may become a popular way to spur aggressive**

**management.**  
Ewell CM  
Mod Health Care ,Feb 1983, 13 (2) p139, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0233167 83135174  
**Physician-hospital diplomacy crucial in prospective system.**  
Kahn L  
Hosp Med Staff ,Mar 1983, 12 (3) p11-6, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0233095 83134219  
**Profile of president. Vickery Stoughton.**  
Merckel L  
Health Care (Don Mills) ,Feb 8 1983, 25 (1) p16-8, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

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**Management tools for the modern day health administrator: the first of a series of five articles. I. Planning tools.**  
Snook ID Jr; Zimmerman GM  
Hosp Top ,Mar-Apr 1983, 61 (2) p9-10, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0233004 83133961  
**The formation and destruction of physician/administrator cooperation.**  
Simendinger EA; Moore TF  
Hosp Forum ,Mar-Apr 1983, 26 (2) p7-8, 13-5, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0233003 83133960  
**Carner's codes, Chapter 8: Managing with committees.**  
Carner DC  
Hosp Forum ,Mar-Apr 1983, 26 (2) p68-70, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

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0233002 83133959  
**Health care manager's notebook: master four competencies.**  
Williamson B  
Hosp Forum ,Mar-Apr 1983, 26 (2) p59-62, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0232958 83133831  
**Director and officer liability: covering an area often overlooked.**  
Parry AE  
Healthc Financ Manage ,Mar 1983, 37 (3) p30, 32-3, ISSN 0018-5639  
Journal Code: GBC  
Languages: ENGLISH

0232857 83130911  
**The changing role of the physician in the 80's [interview by Jean Schadt and Mary Millar]**  
Buchanan RJ; Pollard JW  
Comput Healthc ,Mar 1983, 4 (3) p36-40, Journal Code: D98  
Languages: ENGLISH

0230807 83132981  
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Spiers M  
Dimens Health Serv ,Jan 1983, 60 (1) p23-5, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

0230135 83116192  
**Tomorrow's CEO--today's marketing leader.**  
House SG; Flexner WA  
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Journal Code: OGP  
Languages: ENGLISH

0230074 83110601  
**Granting academic credit for experimental learning.**  
Seidel LF; Brown GD  
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Journal Code: IWZ  
Languages: ENGLISH

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**An owner-administrator's thoughts.**

Wertlieb HR  
J Am Health Care Assoc ,Jan 1983, 9 (1) p12-3, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

0229917 83107011  
**Hospital management poll: prospective payment.**  
Calder BJ  
HMQ ,Fall 1982, p4-8, Journal Code: GCA  
Languages: ENGLISH

0229458 83122423  
**On being a medical superintendent.**  
Palmer P  
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Journal Code: YEU  
Languages: ENGLISH

0227701 83089804  
**You are an effective leader . . . are you a statesman too?**  
Jeppson D  
OH ,Oct 1982, 26 (9) p8-10, ISSN 0161-0007  
Journal Code: OGP  
Languages: ENGLISH

0227699 83089802  
**Physician/CEO partnership vital to success.**  
Kanoff H  
OH ,Oct 1982, 26 (9) p12-3, ISSN 0161-0007  
Journal Code: OGP  
Languages: ENGLISH

0227566 83081094  
**CHA Task Force on Stewardship survey report, Part III. CEOs' views of the Catholic health care ministry.**  
Hosp Prog ,Jan 1983, 64 (1) p71-80, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

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0227564 83081092  
**Labor relations raises consciousness issues for Catholic administrators.**

Brady JF  
Hosp Prog ,Jan 1983, 64 (1) p54-7, 24, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0227552 83081049  
**Carner's codes, Chapter 5. Managing issues.**

Carner DC  
Hosp Forum ,Jan-Feb 1983, 26 (1) p38-40, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0227543 83081040  
**Violence against hospital administrators warrants executive protection measures.**

Hosp Secur Saf Manage ,Dec 1982, 3 (8) p1-2, Journal  
Code: GCP  
Languages: ENGLISH

0227514 83078743  
**Computers in Healthcare profile: William A. Bauman, M.D.**

Bauman WA  
Comput Healthc ,Jan 1983, 4 (1) p70, Journal Code: D98  
Languages: ENGLISH

0227493 83077488  
**Advanced degrees for home care administration?**

McNamara M  
Caring ,Oct 1982, p39, Journal Code: C9V  
Languages: ENGLISH

0226642 83089749  
**Nurses' quality of working life.**

Smith HL; Mitry NW  
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Journal Code: OBV  
Languages: ENGLISH

0225903 83081993  
**Strategic and nonstrategic planning in hospitals.**

Ready RK; Ranelli FE  
Health Care Manage Rev ,Fall 1982, 7 (4) p27-38, ISSN  
0361-6274 Journal Code: G1f

Languages: ENGLISH

0225807 83081057  
**Talking to the board. By opening communication lines with board members, CEOs promote continuity and effective handling of key issues.**

Ewell CM  
Hospitals ,Jan 16 1983, 57 (2) p79, 81, 84, passim,  
ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

When asked how he has been able to effectively stay in one job for so long, the man who has been at the head of one of the nation's largest banking organizations for 16 years, Richard Cooley, chairman, Wells-Fargo Bank, said that he "learned very early that board relations was the most important key to his continuity." Cooley said his strategy over the years has been to meet for dinner about once a year with each member of this board to allow the board member to get to know him, to personally hear the issues that the board member considers most important, and to solicit input on proposed management plans.

0225706 83080183  
**Health forum--a convention trend?**

Sutherland RW  
Dimens Health Serv ,Oct 1982, 59 (10) p21-2, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0225269 83072252  
**Of educators: making MDs, administrators 'partners' is goal.**

Spaltro K  
Am Med News ,Sep 17 1982, 25 (35) p3, 14, ISSN  
0001-1843 Journal Code: 3YS  
Languages: ENGLISH

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0225217 83068667

**Executive compensation committees: an idea whose time has come?**

Browdy JD  
Trustee ,Dec 1982, 35 (12) p45-8, ISSN 0041-3674  
Journal Code: WG9

Languages: ENGLISH  
Because executive and managerial talent is a hospital's most valuable asset in a highly competitive climate, boards should be concerned with matters of executive compensation. The major responsibilities of an executive compensation committee are outlined here, including evaluation of the CEO's performance, determination of his compensation level, and establishment of the institution's basic compensation philosophy.

0225168 83068554

**The administrator's role in media relations. That's not my job ... or is it?**

Magers BD  
Tex Hosp ,Aug 1982, 38 (3) p24-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225143 83068529

**The use of computer-assisted simulation in professional recertification programs.**

Burmeister R  
Top Health Rec Manage ,Dec 1982, 3 (2) p5-7, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0225031 83062418

**Compensation: top hospital managers win 11.4% salary increase.**

Cole BS  
Mod Health Care ,Dec 1982, 12 (12) p67, 70-82, 86 passim  
ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0224984 83057889

**Has marketing been oversold to hospital administrators?**

Lamb CW Jr; Finn DW  
J Health Care Mark ,Fall 1982, 2 (4) p43-6, Journal Code: IAO  
Languages: ENGLISH

0224886 83055448

**Bilingualism of a different order.**

Loughlan M

Health Care (Don Mills) ,Nov 20 1982, 24 (8) p50, ISSN 0226-5788  
Journal Code: GKM  
Languages: ENGLISH

0224857 83055258

**Tug of war between work and leisure for health care managers.**

Henry JR  
Hosp Top ,Jan-Feb 1983, 61 (1) p13-7, 28, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224848 83055249

**The management job of the hospital administrator: incentive! Dilemma, contradiction and negative.**

Simendinger EA; Aram JD  
Hosp Top ,Nov-Dec 1982, 60 (6) p2-6, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224843 83055224

**CHA Task Force on Stewardship survey report. Part II: Interviews with major superiors.**

Hosp Prog ,Dec 1982, 63 (12) p89-94, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0224757 83055018

**A behind-the-scenes look at the production of the HFMA professional examinations.**

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Languages: ENGLISH

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Journal Code: DM1  
Languages: ENGLISH

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0223653 83063703  
**The power problem.**  
Hendricks DE  
Nurs Manage ,Oct 1982, 13 (10) p23-4, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0222923 83055164  
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Languages: ENGLISH

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Languages: ENGLISH  
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Griffith JR  
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Languages: ENGLISH

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**Trends in attention to long term care in graduate health administration programs.**  
Miller DB; Goldman L  
Program Notes Assoc Univ Programs Health Adm ,Winter 1982, (98) p1-17, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

0222186 83032275  
**Cost containment practices among nursing home administrators.**  
Smith HL; Fottler MD  
J Long Term Care Adm ,Fall 1982, 10 (3) p9-17, ISSN 0093-4445 Journal Code: IWZ  
Languages: ENGLISH

0222054 83029076  
**Executive compensation: tax considerations should be part of income package [interview by Donald R. Dignam]**  
Witt JA  
Healthc Financ Manage ,Nov 1982, 36 (11) p44-6, ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0219653 83012491  
**More attention to managing with less.**  
Ewell CM  
Mod Health Care ,Oct 1982, 12 (10) p138-9, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

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Henderson RE  
Vital Speeches Day ,Sep 1 1982, 48 (22) p684-7, ISSN 0042-742X Journal Code: XFA  
Languages: ENGLISH

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Program Notes Assoc Univ Programs Health Adm ,Spring 1982, (99) p54-80, ISSN 0098-1559 Journal Code: QAH  
Languages: ENGLISH

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**Research policy statement of the AUPHA Board of Directors.**  
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Languages: ENGLISH

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**Report of the president: Association of University Programs in Health Administration.**  
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 Languages: ENGLISH
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**Report of the board of directors: Association of University Programs in Health Administration.**  
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**The tension among multiple objectives in health administration education.**  
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**In honor of Andrew Pattullo: education for health services administration.**  
 Filerman GL  
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 Languages: ENGLISH
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 Foster JT  
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 Kinzer DM  
 Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p11-33, ISSN  
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**Public conflict solves nothing.**  
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 Carner DC  
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 Sturt JR  
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Languages: ENGLISH

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Cleverley WO; Mullen RP  
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Hospitals ,Sep 16 1982, 56 (18) p54, 57-8, ISSN  
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Hill P  
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**The consultant dietitian and the administrator.**  
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Languages: ENGLISH

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Witt JA  
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Languages: ENGLISH

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J Am Health Care Assoc ,Jul 1982, 8 (4) p54-8, ISSN  
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Languages: ENGLISH

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Axelrod SJ  
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Languages: ENGLISH

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Browne P; Emmer R  
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Languages: ENGLISH

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Holst AC  
J Long Term Care Adm ,Summer 1982, 10 (2) p35-49, ISSN 0093-4445  
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0212231 82215550  
**Personnel management in long-term care administration.**  
Havens JB  
J Long Term Care Adm ,Summer 1982, 10 (2) p1-10, ISSN 0093-4445  
Journal Code: IWZ  
Languages: ENGLISH

Foremost among the serious issues surrounding long-term care is the question of appropriate staffing for quality patient care. The philosophy of personnel management in controlling the key factors of the institution's objectives will enhance the employee's capability and understanding. The approach in personnel management techniques should then be designed to involve management, supervisory personnel, and the employee. Employee efficiency, quality performance, and advancement of the overall goals are the desired end results. Employees should be constantly challenged to allow them to contribute their best efforts and achieve their potential. While both methods and the workforce are undergoing constant and dramatic changes, people continue to be management's greatest asset.

0212225 82214914  
**A conjoint analysis approach to health care marketing and planning.**  
Malhotra NK; Jain AK  
J Health Care Mark ,Spring 1982, 2 (2) p35-44, Journal Code: IAO  
Languages: ENGLISH

0212203 82213291  
**Moral and ethical obligations of health executives regarding patients' rights and advocacy.**  
Storch JL  
Health Manage Forum ,Summer 1982, 3 (2) p15-25, Journal Code: G56  
Languages: ENGLISH

0212151 82212375  
**Survey shows hospitals want new payment system.**  
Powell PD  
Hosp Top ,Jul-Aug 1982, 60 (4) p12-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212139 82212286  
**Health care manager's notebook: managing productivity.**  
Sherman VC  
Hosp Forum ,Jul-Aug 1982, 25 (4) p41-4, ISSN 0018-5663  
Journal Code: G0E  
Languages: ENGLISH

00477

● 0212068 82210832  
**Health services administrator role delineation methodology: an institutional long-term care example.**  
Cyr AB  
Eval Health Prof ,Jun 1982, 5 (2) p170-99, ISSN 0163-2787  
Journal Code: ENK  
Languages: ENGLISH  
Health services administrators (HSA) are the cynosure of much current research because of their pivotal positions vis-a-vis quality of care and cost-effective policies. Role delineation methods used to date are too simple and/or too subjective to reflect the actual complexities of these roles. Dimensional analysis, as used to delineate complex organizational processes, more succinctly and accurately reflects these complexities and is more objective. The inherent weakness of dimensional analysis in devising the initial list of tasks can be counteracted by the use of facet analysis. A set of LTC administrator tasks from a national study is dimensionally analyzed to produce a role delineation and the subroles are validated through criterion analyses and amplified through reference to the literature. A similar strategy could usefully and readily be applied to extant data sets for other HSAs. (49 Refs.)

00926

0212067 82210831  
**Evaluating the effectiveness of nursing home administrations.**

Fottler MD; Smith HL  
Eval Health Prof ,Jun 1982, 5 (2) p145-69, ISSN  
0163-2787 Journal Code: ENK  
Languages: ENGLISH

There has been little previous research on the determinants of the effectiveness of health care administrators. This research gap pertains to virtually all health care areas but is especially germane to the long-term care field, which has only recently witnessed professional growth in nursing home associations and administrator licensing, education, and ethical behavior. The present study examines the effectiveness of nursing home administrators according to economic criteria (costs and profits per patient per day). Multiple regression analysis was used to determine structure and process variables related to those effectiveness measures. Results indicate that process variable which are controllable by administrators themselves account for the bulk of the variability in nursing home administrator effectiveness.

0211069 82220842  
**PSRO: the hospital manager's role.**

Savage J  
Nurs Manage ,Jun 1982, 13 (6) p20-4, Journal Code: OBV  
Languages: ENGLISH

0211035 82220767  
**Medical director and administrator. Nursing home facilities.**

Collins RJ  
NY State J Med ,Mar 1982, 82 (3) p377-8, ISSN 0028-7628  
Journal Code: DBA  
Languages: ENGLISH

0210835 82217978  
**[Professional education in the VESKA]**

Kaderschulung bei der VESKA.  
Leuzinger A  
Krankenpflege (Bern) ,May 1982, (5) p44-7, Journal  
Code: KX7  
Languages: GERMAN

0209812 82200579  
**How far does corporate accountability go?**

Raber PE  
Today's Nurs Home ,Jun 1982, 3 (6) p1, 5, 7 passim, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

0209806 82200558  
**A successful triad.**

Thurston D  
Trustee ,Jun 1982, 35 (6) p12, 14, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0209653 82194955  
**How's your legislative savvy?**

Bennett J  
Mich Hosp ,Jun 1982, 18 (6) p5, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0209646 82194948  
**A CEO discusses the 1982 elections: opportunity or obligation?**

Ayala RP  
Mich Hosp ,Jun 1982, 18 (6) p10-1, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0209621 82194589  
**What happens when communications break down?**

Wright WR Jr  
Med Group Manage ,Mar-Apr 1982, 29 (2) p56-8, 60, 62,  
ISSN 0025-7257 Journal Code: MA7  
Languages: ENGLISH

0209620 82194588  
**Forever may you prosper.**

Saux EJ  
Med Group Manage ,Mar-Apr 1982, 29 (2) p48, 50-2, ISSN  
0025-7257 Journal Code: MA7  
Languages: ENGLISH

00927

0208311 82196133  
**Medical director and administrator: nursing home facilities.**  
Collins RJ  
NY State J Med ,Mar 1982, 82 (3) p377-8, ISSN 0028-7628  
Journal Code: OBA  
Languages: ENGLISH

0208282 82196023  
**On the scene: Barnes Hospital. Managers look at circles.**  
Ellis M  
Nurs Adm Q ,Spring 1982, 6 (3) p30-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0207536 82188385  
**Multi-institutional systems present pros and cons to planning process.**  
Connors EJ; Spaulding PW  
Hospitals ,Jun 16 1982, 56 (12) p64, 67, 70 passim.  
ISSN 0018-5973 Journal Code: GDL  
Languages: ENGLISH

0207535 82188384  
**CEO sets the style of organization's planning.**  
Neiman JS  
Hospitals ,Jun 16 1982, 56 (12) p60-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0207515 82188364  
**Hospitals dislike cost-based system, favor prospective payment: survey.**  
Hospitals ,Jun 1 1982, 56 (11) p50, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0207496 82188302  
**Psychiatrists and community mental health centers: can their relationship be salvaged?**  
Leong GB  
Hosp Community Psychiatry ,Apr 1982, 33 (4) p309-10.  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0207452 82187648  
**Computerization from the Chief of Staff's perspective.**

Granger MP  
Dimens Health Serv ,May 1982, 59 (5) p48-9, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0206995 82177209  
**As I see it: should the hospital chief executive officer (CEO) have a contract?**  
Jellison MD  
Trustee ,May 1982, 35 (5) p10, ISSN 0041-3674 Journal  
Code: WG9  
Languages: ENGLISH

00478

● 0206959 82174027  
**Health administration practice and education in Europe.**  
Blanpain JE  
Acta Hosp ,Spring 1982, 22 (1) p27-37, ISSN 0044-6009  
Journal Code: OU4  
Languages: ENGLISH

00479

● 0206814 82166957  
**Education needs of rural hospital administrators in Arizona.**  
Boissoneau R  
Hosp Health Serv Adm ,Mar-Apr 1982, 27 (2) p72-8, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0206793 82166836  
**Hospitals support prospective payment.**  
HPN Hosp Purch News ,Jun 1982, 6 (6) p33, 37, Journal  
Code: G3D  
Languages: ENGLISH

0206771 82166228  
**Your job--it's a matter of degree.**  
Howie H  
Health Care (Don Mills) ,May 5 1982, 24 (3) p22-4, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

00928

0206733 82166023  
**You've got to be better than you think you are: stalking the mythical leader.**  
Oliphant CA  
Hosp Manage Commun ,Mar-Apr 1982, 6 (2) p2-4, ISSN  
0274-5429 Journal Code: GEA  
Languages: ENGLISH

0205269 82165967  
**Study finds corporate structure influences hospital director's role.**  
Kleiner SG  
Hospitals ,May 16 1982, 56 (10) p46, 49, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0205205 82165421  
**Energy management: a status report.**  
Wayling S; Voelker C  
Dimens Health Serv ,Feb 1982, 59 (2) p10-1, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0204605 82148159  
**Think big! But don't belittle 'small'.**  
Bennett AC  
Mod Health Care ,Apr 1982, 12 (4) p124, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0204491 82140619  
**Estate management in the reorganised service.**  
Hindle JK  
Hosp Eng ,Apr 1982, 36 (3) p14-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204483 82140562  
**Empowerment: key to effectiveness.**  
Brown JC; Kanter RM  
Hosp Forum ,May-Jun 1982, 25 (3) p6-7, 9, 11-2, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0204482 82140561  
**Carner's codes, Chapter 1: your compensation.**

Carner DC  
Hosp Forum ,May-Jun 1982, 25 (3) p45, 47-8, 51 passim.  
ISSN 0018-5663 Journal Code: GDE  
Languages: ENGLISH

0204443 82140464  
**Grand rounds for management.**  
Alexander RS  
Health Serv Manager ,Apr 1982, 15 (4) p6, 15, ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0204358 82135800  
**The changing relationship between hospitals and surgeons.**  
Gurtner WH  
Bull Am Coll Surg ,Apr 1982, 67 (4) p10-1, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0203185 82146861  
**[Ethics is once again a subject in the hospital]**  
Ethik ist wieder ein Thema im Krankenhaus.  
Kirchner-Enders S  
Krankenpfl J ,Feb 15 1982, 20 (2) p13, Journal Code:  
KYN  
Languages: GERMAN

0202202 82130076  
**The fine art of communication: an important part of a successful board-administrator relationship.**  
Bartels EJ  
Tex Hosp ,Feb 1982, 37 (9) p24-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0202122 82124863  
**Changes in hospital management demand "specialist" administrator.**  
Ewell CM  
Mod Health Care ,Mar 1982, 12 (3) p90, 92, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

00929



0202114 82124855  
**Young Administrator of the Year-- finance, planning expertise pulls manage to top.**  
LaViolette S  
Mod Health Care ,Mar 1982, 12 (3) p70-2, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0202109 82124850  
**Give contracts to CEOs [editorial]**  
Mod Health Care ,Mar 1982, 12 (3) p5, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0202049 82120949  
**Inservice education and the nursing home administration.**  
Elbert NF; Smith HL  
J Am Health Care Assoc ,Mar 1982, 8 (2) p30-4, ISSN 0360-4969  
Journal Code: H6X  
Languages: ENGLISH

0202025 82119635  
**The hospital administrator and organizational change: do we recruit from outside?**  
Brady GF; Helmich DL  
Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p53-62, ISSN 0364-4553  
Journal Code: G9T  
Languages: ENGLISH

0201941 82118559  
**On administration: ministry and management.**  
Druhota TJ  
Hosp Prog ,Mar 1982, 63 (3) p56-9, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0201937 82118555  
**Proposed Canon Law on temporal goods reflects Vatican II's influence.**  
Morrisey FG  
Hosp Prog ,Mar 1982, 63 (3) p38-44, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0201908 82118453  
**NHS administration--are we getting the best graduates?**

Fewtrell C  
Health Serv Manpow Rev ,Feb 1982, 8 (1) p11-5, ISSN 0306-0233  
Journal Code: GBY  
Languages: ENGLISH

00480

● 0200806 82122901  
**The four horsemen of the apocalypse. Study of academic medical center governance.**  
Petersdorf RG; Wilson MP  
JAMA ,Feb 26 1982, 247 (8) p1153-61, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH  
Governance of academic medical centers is in a process of change. This essay reviews some of the historical factors that have affected the present status of academic medical center governance and describes the functions of the four individuals who are most involved in the operation of academic medical centers: vice-presidents for health affairs, deans of relationships between these four individuals are analyzed, and points of conflict are identified. Some suggestion about how these individuals can work together more effectively are made.

0200603 82121052  
**Managerial innovation and health policy: theoretical perspectives and research implications.**  
Kimberly JR  
J Health Polit Policy Law ,Winter 1982, 6 (4) p637-52, ISSN 0361-6878  
Journal Code: IBC  
Languages: ENGLISH

Stimulated by a variety of external pressures, managerial innovation is likely to become more common in health care organizations. Relatively little is known, however, about the phenomenon. This paper develops a framework for the analysis of managerial innovation in health care organizations, based on the premise that control is at the heart of effective managerial practice. Physician control over the production process in health care is likely to be increasingly challenged, partially as a consequence of the ascendancy of managerial ideology. Opportunities for managerial innovation will be created, but are likely to be successful only to the extent that physician expertise is incorporated into rather than excluded from the resulting changes.

00330

0200235 82118526  
**Where grow tomorrow's CEOs?**  
Richards G  
Hospitals ,Mar 16 1982, 56 (6) p86-91, ISSN 0018-5973  
Journal Code: GDJ  
Languages: ENGLISH

0196799 82071280  
**Selection management is more than a committee responsibility.**  
Randall AM  
Comput Hosp ,Jan-Feb 1982, 3 (1) p61, 63, 65, ISSN 0274-631X  
Journal Code: DOL  
Languages: ENGLISH

0199287 82108755  
**How well are you paying your executives?**  
Moyer J  
Trustee ,Feb 1982, 35 (2) p25-8, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
A well-designed executive compensation program can help to motivate and retain key executives. An executive compensation program should be linked to the hospital's objectives, should be competitive in the marketplace, should minimize the executive's taxes, and should meet executive expectations.

0199199 82103673  
**Hospital executives need marketing tools to meet competition challenges [news]**  
Hillestad SG; Berkowitz EN  
Mod Health Care ,Jan 1982, 12 (1) p84, 86, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0199099 82097693  
**Reductions in hospital capacity: physicians' behavior and the administrators' challenge.**  
Stano M; Horwitz RM; Aten R  
Hosp Financ Manage ,Feb 1982, 36 (2) p14-8, 20, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

0198946 82092458  
**Reckless homicide in a nursing home.**  
Newsweek ,Feb 22 1982, 99 (8) p66, ISSN 0028-9604  
Journal Code: BV8  
Languages: ENGLISH

0197037 82081257  
**Memo to the board: how to back not buck your chief executive.**  
Ryan JL  
OH ,Jan 1982, 26 (1) p13-6, ISSN 0161-0007  
Journal Code: DGP  
Languages: ENGLISH

00931

**HOSPITAL, ARCHIVO**

00932

0233125 83134996  
**Centralizing sterilization records.**  
Berlant HD  
HPN Hosp Purch News ,Jan 1983, 7 (1) p10, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233121 83134992  
**A document examiner's advice to security management.**  
Koenigsmark J  
Healthcare Prot Manage ,Jan-Mar 1983, 3 (2) p16-8, 24,  
Journal Code: G21  
Languages: ENGLISH

0232127 83145005  
**A study of underreporting of Down's syndrome on birth  
certificates in an Ohio County, 1970-78.**  
Barg MS; Huether CA  
Public Health Rep ,Jan-Feb 1983, 98 (1) p78-84, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0231568 83140941  
**[Patient's right to see his psychiatric records]**  
Einsichtsrecht des Patienten in psychiatrische  
Krankenunterlagen.  
Barnikel W  
Med Welt ,Jan 21 1983, 34 (3) p85-8, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0230974 83134910  
**Development and use of a record of psychologist-patient  
contacts.**  
Philip AE  
Health Bull (Edinb) ,Jan 1983, 41 (1) p26-31, ISSN  
0374-8014 Journal Code: G1Y  
Languages: ENGLISH

0230796 83132970  
**Waiting for the archivist: techniques for novices.**  
MacLeod R  
Dimens Health Serv ,Dec 1982, 59 (12) p28-31, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0229956 83107090  
**Hospital's refusal to disclose records underscores crucial  
privacy issues.**  
Regan WA  
Hosp Prog ,Feb 1983, 64 (2) p76, 78, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0228377 83108528  
**The medical assessment of seriously delinquent boys: a  
comparison of pediatric, psychiatric, neurologic, and hospital  
record data.**  
Lewis DO; Shanok SS; Pincus JH; Giammarino M  
J Adolesc Health Care ,Dec 1982, 3 (3) p160-4, ISSN  
0197-0070 Journal Code: HAM  
Languages: ENGLISH  
This study documents a high prevalence of medical disorders,  
especially head and face injury, seizures, and other  
neurological problems in violent incarcerated adolescent  
delinquents. It documents the failure of three different  
medical specialties--pediatrics, psychiatry, and  
neurology--to consistently elicit significant potentially  
treatable disorders during routine evaluations. It explores  
possible causes for overlooking significant medical factors in  
these youngsters and proposes ways to improve the health  
evaluations of delinquent adolescents.

00481

0227801 83092050  
**The single most important event in a PERT chart.**  
Johnson KC; Priday DM  
Radiol Manage ,Sep 1982, 4 (4) p18-20, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH  
PERT is becoming a necessary approach for controlling the  
many events that contribute to the success or failure of  
initiating new diagnostic imaging services. This article first  
describes the development of a PERT program and offers advice  
on how to optimize the chance for successful results. It then  
describes the one single event that is the most critical one  
that impacts on the total results which are obtained.

00933

0227634 83087934  
**New inroads into confidentiality.**  
Chenen AR  
Med Econ ,Aug 23 1982, 59 (17) p88-90, 95, 98. ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0227623 83087754  
**Reagan administration drops plans to enact hospital reporting system.**  
Reinfeld J  
Laund News ,Jan 1983, 9 (1) p1, 26. Journal Code: L4R  
Languages: ENGLISH

0227575 83081950  
**"Final" regulations issued allowing government access to Medicare subcontractors' books, documents, and records.**  
Peterson RN  
Health Law Vigil ,Jan 21 1983, 6 (2) p1-3. ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0227569 83081097  
**Protecting confidential patient records: what is the hospital's duty?**  
Shields TC  
Hosp Prog ,Jan 1983, 64 (1) p82-6. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0227289 83098043  
**Quality review of outpatient psychopharmacological practice with APA Task Force criteria.**  
Kass F; Charles E; Walsh T; Barsa J  
Am J Psychiatry ,Feb 1983, 140 (2) p221-4. ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: MH-30906  
Languages: ENGLISH

The authors conducted quality review of outpatient psychopharmacological practice in 180 cases with the screening criteria of the APA Task Force on Psychopharmacological Criteria Development and a subset of 12 criteria involving higher-risk practices. Excessive duration of drug treatment was the most common questionable practice, and no relationship was found between frequency of questionable practices and patients' sex, age, social class, or Global Assessment Scale score. An educational exercise based on the audit resulted in a nonsignificant decrease in the higher-risk practices.

0227206 83097333  
**Problems in health data analysis: the Maryland permanent pacemaker experience in 1979 and 1980.**  
Scherlis L; Dembo DH  
Am J Cardiol ,Jan 1 1983, 51 (1) p131-6. ISSN 0002-9149  
Journal Code: 3DQ  
Languages: ENGLISH

In a recent report the Maryland statewide health data base, which is derived from "face sheet" data, was used to determine the appropriateness of permanent pacemaker insertion. In the present study the same indications were utilized and both the complete medical records and the face sheet were reviewed for those patients who had been classified as having permanent pacemakers inserted for inappropriate or questionable reasons. In 32 hospitals, 75% of the records were reviewed (610 of 817 patients). Although coded as having received permanent pacemakers, 16% had received temporary pacemakers, battery change, and the like. Diagnoses justifying permanent pacemaker insertion had been omitted in 53% of the face sheets, and coding errors were found in 39%. Although none of the 610 medical records reviewed had a valid indication for permanent pacemaker insertion listed on the face sheet, complete medical record review demonstrated valid indications in 95%. Inherent difficulties arise in attempting to list rigid indications for permanent pacemaker insertion. The face sheet does not provide adequate data for assessing the appropriateness of permanent pacemaker insertion.

0227034 83094734  
**[Organization and financing of a center for kidney transplantation]**  
Organisation und Finanzierung eines Zentrums für Nierentransplantation.  
Huland H; Klosterhalfen H  
Urologe [Ausz A] ,Sep 1982, 21 (5) p306-9. ISSN  
0042-1103 Journal Code: WSJ  
Languages: GERMAN

0225712 83080189  
**Reporting incidents: how many is too many?**  
Wasiuta V  
Dimens Health Serv ,Sep 1982, 59 (9) p16-8. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

00934

0225709 83080186

**Hospital archives: necessity or frill?**

Moulds H  
Dimens Health Serv ,Oct 1982, 59 (10) p38-40, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0225532 83078029

**Microcomputer data handling for the Phoenix system.**

Ardern JC; Herod E; Hyde K; Urmston A; MacIver JE  
Clin Lab Haematol ,1982, 4 (3) p209-308, ISSN 0141-9854  
Journal Code: DKF  
Languages: ENGLISH

A modified Phoenix data processing system has been introduced into the laboratories at the Manchester Royal Infirmary. Specifications for the design and installation of microcomputers to link automated instruments to this host computer are described. The operation and data manipulation facilities of the microcomputer are included. It is concluded that these devices aid the management of data within the department and improve the quality of service.

0225216 83068666

**Guidelines for more informative quality assurance reports.**

Thompson RE  
Trustee ,Dec 1982, 35 (12) p33, 36-8, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0225006 83061624

**Good record-keeping is the key to making management decisions.**

Duffy K  
Laund News ,Sep 1982, 8 (9) p15, 25, Journal Code: L4R  
Languages: ENGLISH

0224874 83055421

**Implementation of a data release policy.**

Lichtig LK  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p34-42, ISSN  
0273-9976 Journal Code: GJV  
Languages: ENGLISH

0224868 83055269

**The use of computers/data processing in staff development.**

Cohen AG  
Hosp Top ,Jan-Feb 1983, 61 (1) p6-12, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0224290 83069806

**[Active productivity of microfilm technology in the intramural health system]**

Zur aktiven Nutzung der Mikrofilmtechnik (MFT) im stationären Gesundheitswesen.  
Eckstein D; Karsten U; Lerche B  
Z Arztl Fortbild (Jena) ,Sep 1 1982, 76 (17) p801-2,  
ISSN 0044-2178 Journal Code: X56  
Languages: GERMAN

0223966 83065972

**Patterns of care for hypertension among hospitalized patients.**

Shankar BS; Russell RP; Southard JW; Schurman EW  
Public Health Rep ,Nov-Dec 1982, 97 (6) p521-7, ISSN  
0033-3549 Journal Code: QJA  
Contract/Grant No.: N01-HV-7-2986  
Languages: ENGLISH

In a sample of 19,210 adult inpatients discharged from Maryland community hospitals in 1978, 1 in 4 had either an elevated diastolic blood pressure greater than or equal to 100 mm Hg (3,338) or a diagnosis of hypertension (1,233). Among the patients with elevated blood pressure, hypertension was diagnosed in 44 percent, and 48 percent received advice concerning followup care. Likewise, of the patients with diagnosed hypertension, 72 percent were treated in the hospital, and 70 percent received advice concerning followup care. Age, race, and sex differences were significant. White male were least likely to have hypertension diagnosed, to be treated for it, or to receive instruction about it. The survey results were used to the Maryland State Department of Health and Mental Hygiene to formulate a statewide high blood pressure coordination plan and to construct modules for the education of professional in high blood pressure treatment and control. A followup survey is planned to evaluate the effect of these efforts.

0223470 83061924

**[Documentation tasks of internal medicine]**

Internistische dokumentationsaufgaben.  
Spechtmeyer H; Wichmann HE; Renschler H  
Med Welt ,Oct 1 1982, 33 (39) p1373-8, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

00935

00482

0222974 83055697

**Nosocomial data collection, making it meaningful. Part 2: Interfacing infection control with other surveillance systems.**  
 Chavigny KH  
 Infect Control Urol Care ,1982, 7 (2) p9-12, Journal  
 Code: GN4  
 Languages: ENGLISH

0222865 83054451

**A look at Kingston General Hospital's archives.**  
 Burkinshaw SM  
 Dimens Health Serv ,Nov 1982, 59 (11) p20-1, ISSN  
 0317-7645 Journal Code: E9N  
 Languages: ENGLISH

0222012 83027964

**Canadian hospital fire reports: an incomplete record?**  
 Scanlon J; Hiscott R  
 Fire J ,Nov 1982, 76 (6) p85-8, ISSN 0015-2617  
 Journal Code: EYS  
 Languages: ENGLISH

0221722 83045692

**Simplified method of calculating and recording the use of tax-free alcohol.**  
 Kaul AF; Vogenberg FR; Harsfield JC  
 Am J Hosp Pharm ,Sep 1982, 39 (9) p1525-6, ISSN  
 0002-9289 Journal Code: 310  
 Languages: ENGLISH

0221252 83039725

**Statistics from physiotherapy departments. Their reliability for costing and comparison.**  
 Williams JI  
 Physiotherapy ,Jul 10 1982, 68 (7) p231-2, ISSN  
 0031-9406 Journal Code: P8C  
 Languages: ENGLISH

0220257 83030151

**The hospital in-patient enquiry scheme-a study of data accuracy.**  
 O'Neill B  
 Ir Med J ,Jul 1982, 75 (7) p238-9, ISSN 0021-129X  
 Journal Code: GXD  
 Languages: ENGLISH

0220012 83026866

**Using an OR activity log.**  
 Craik P  
 Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p301-3, ISSN  
 0730-4625 Journal Code: EAD  
 Languages: ENGLISH

0219767 83023811

**The Menninger Hospitals' Guide to the Order Sheet.**  
 Menninger WC  
 Bull Menninger Clin ,Jan 1982, 46 (1) p1-112, ISSN  
 0025-9284 Journal Code: BPC  
 Languages: ENGLISH

0218006 83003167

**Hospital information system, user external diagram of neurological clinic.**  
 Fandak A; Ciganek L  
 Czech Med ,1982, 5 (2) p70-4, ISSN 0034-6497 Journal  
 Code: D91  
 Languages: ENGLISH  
 The hospital information system developed by Research Institute of Medical Bionics during 1976--1980 provides the means to enter and update files continually during a patient's stay in hospital. Particular external diagram provide the access the relationship for each user. Only data relevant to the user level is revealed by the system. For illustration, a detailed description of an external diagram of the First Neurological Clinic of Komensky's University Medical School is shown to inform the reader about the practicability of the system for nurses and physicians during daily routine.

0217380 82263523

**Decreasing pharmacy revenue loss from intensive care units: a practical approach.**  
 Porembski CP  
 Hosp Mater Manage Q ,Aug 1982, 4 (1) p64-8, ISSN  
 0192-2262 Journal Code: GD3  
 Languages: ENGLISH

00936

0217347 82263433  
**Records document pastoral care accountability and productivity.**  
Oberti MD  
Hosp Prog ,Sep 1982, 63 (9) p54-5, 63, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217325 82263411  
**Hospital incident reports: protected from discovery?**  
Dwyer JS  
Hosp Prog ,Oct 1982, 63 (10) p38-9, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217277 82263273  
**A case study: material management subsystem grows with Deaconess Hospital.**  
Ferderber CU  
Healthc Financ Manage ,Sep 1982, 36 (9) p64, 66-8, 70-1,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0216508 82277000  
**Increasing incidence of clefts in Finland: reliability of hospital records and central register of congenital malformations.**

Rintala A; Stegars T  
Scand J Plast Reconstr Surg ,1982, 16 (1) p35-40, ISSN  
0036-5556 Journal Code: UCZ  
Languages: ENGLISH

The treatment of cleft lip and/or palate [CL(P), CP] in Finland has been centralized to one unit since 1947. Since 1963 all congenital malformations are reported to a central register. Comparison of these two materials showed that altogether 3928 children with clefts, born from 1948 to 1975, were registered in a total of 2 258 850 live born children in Finland, corresponding an incidence of 1.74%. There was a constant registered rise in the incidence from 1.31% in 1948-52 to 2.16% in 1969-75, indicating a corrected "true" increase in the incidence by 33% in 28 years, or approximately by over one percent per year. Of all registered clefts born 1963-75 23.5% were lacking from the Register of Congenital Malformations, and 10.3% from the hospital records. In 1948-75 55.8% of the clefts belonged to the group CP and 44.2% to CL(P). The incidence of CP increased from 0.78% in 1948-52 to 1.21% in 1969-75, and that of CL(P) from 0.53 to 0.95%. An average of 13.8% of the CP-cases were submucous clefts. Their registered incidence in all live born children increased from 0.08% in 1948-52 to 0.19% in 1969-75.

0215655 82269982  
**Special Needs Kardex: an answer for repeaters.**  
Rich C  
JEN ,Jul-Aug 1982, 8 (4) p191-5, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0215480 82267897  
**DSM-III and affective pathology in hospitalized adolescents.**  
Friedman RC; Clarkin JF; Corn R; Aronoff MS; Hurt SW; Murphy MC  
J Nerv Ment Dis ,Sep 1982, 170 (9) p511-21, ISSN  
0022-3018 Journal Code: JAF  
Languages: ENGLISH

0215228 82264813  
**Decision support systems in hospitals.**  
Turban E  
Health Care Manage Rev ,Summer 1982, 7 (3) p35-42, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0214995 82262299  
**[Epidemiological facts and technical experiences of a clinic for skin diseases during 25 years of automatic data processing (author's transl)]**

Epidemiologische Befunde und dokumentationstechnische Erfahrungen einer Hautklinik aus 25 Jahren automatisierter Informationsverarbeitung.  
Richter G; Kleine-Natrop HE; Herrmann G  
Dermatol Monatsschr ,Apr 1982, 168 (4) p243-54, ISSN  
0011-9083 Journal Code: E2J  
Languages: GERMAN Summary Languages: ENGLISH

0214494 82245244  
**Hospital, as public agency, pressed to give documents to newspaper.**  
Horty JF  
Mod Health Care ,Aug 1982, 12 (8) p170, 174, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

00337



0214175 82255899

**Validation of autopsy method for evaluating trauma care.**

West JG

Arch Surg ,Aug 1982, 117 (8) p1033-5, ISSN 0004-0010

Journal Code: 8IA

Languages: ENGLISH

A previous study on the simplified autopsy method evaluated autopsies from a series of motor vehicle deaths. The results were not generally accepted by the medical and political community because of reservations concerning the validity of the autopsy data. In response, I undertook a second study evaluating a similar series, using data from hospital records as well as autopsies. Results were evaluated by the autopsy method and compared with the results obtained by the hospital records method. Seventy-one percent of the deaths were judged preventable by the autopsy method as compared with 85% by the hospital records method. All deaths judged preventable by the autopsy method were also judged preventable by the method using hospital records. This confirms that the autopsy method accurately identifies and understates the problem it exposes.

0213763 82250967

**Back office functions of the billing process.**

Top Health Care Financ ,Spring 1982, 8 (3) p33-56, ISSN

0095-3814 Journal Code: VVG

Languages: ENGLISH

0212886 82240356

**Mortality rate in strabismus surgery.**

Cooper J; Medow N; Dibble C

J Am Optom Assoc ,May 1982, 53 (5) p391-5, ISSN

0003-0244 Journal Code: H82

Languages: ENGLISH

Strabismus surgery has been viewed as being associated with a high degree of mortality. Many past studies have used small surgical samples and have stressed the various theoretical causes of the deaths rather than view the procedure from a statistical and scientific standpoint. We present here a large series of surgical cases collected nationwide showing that strabismus surgery is a relatively safe procedure associated with a mortality less than that of a tooth extraction.

0211974 82231128

**Computational and noncomputational clinical information processing by computer.**

Kleinmuntz B

Behav Sci ,Apr 1982, 27 (2) p164-75, ISSN 0005-7940

Journal Code: 9KW

Languages: ENGLISH

Computers have been used in their computational as well as noncomputational modes for the scientific study of the clinical decision making. As computational tools, computers

serve as storage devices for hospital file data so that these data can be analyzed statistically for a large variety of epidemiological and diagnostic purposes. As noncomputational devices, computers are functioning as knowledgeable medical teachers that interface with students who can query the system. In this mode, computers are sometimes used as consultants to clinicians who need information on technical topics. Noncomputational computers are also used to simulate the inferences of clinicians. Byproducts of these simulations are computer programs that become formal statements or theories of the decision processes under investigation.

0210734 82216634

**North West Thames registry of neurological disease.**

Haberman S; Benjamin B; Capildeo R; Rose FC

J R Soc Med ,Jun 1982, 75 (6) p443-9, Journal Code:

JX1

Languages: ENGLISH

A feasibility study has been carried out to determine whether a population-based registry of neurological disease can be established using the Hospital (Inpatient) Activity Analysis (HAA) records for England and Wales. The study provides a valuable opportunity to use and test the HAA system. The neurological disease chosen was the Guillain-Barre-Strohl syndrome (GBS), because it would be expected that most patients would be admitted to hospital, and recurrent attacks or chronicity are rare. In this study it has been demonstrated that, for GBS, a neurological registry, based on HAA records, provided an excellent source of data to measure the incidence of the disease and potentially any change of incidence over time. The proportion of coding errors was found to be under 5%.

0209908 82206820

**Depression as a risk factor in tardive dyskinesia.**

Rush M; Diamond F; Alpert M

Biol Psychiatry ,Mar 1982, 17 (3) p387-92, ISSN

0006-3223 Journal Code: A3S

Contract/Grant No.: MH 28892

Languages: ENGLISH

00938

0209850 82203938  
**On informed consent: new form aims to lessen liability risks.**  
Carrell S  
Am Med News ,Apr 16 1982, 25 (15) p3, 18, ISSN  
0001-1843 Journal Code: 3YS  
Languages: ENGLISH

0209786 82200393  
**Consumer access to medical market information.**  
Sigelman DW  
Top Health Rec Manage ,Jun 1982, 2 (4) p1-4, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0209586 82189552  
**Developing a quality assurance program for clinical services.**  
Burkle WS  
Hosp Pharm ,Mar 1982, 17 (3) p125-7, 131-2, 135-8 passim  
ISSN 0018-5787 Journal Code: G98  
Languages: ENGLISH

0209584 82189550  
**To report or not to report: that is the question [editorial]**  
Cohen MR  
Hosp Pharm ,Mar 1982, 17 (3) p114, 116, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0209579 82189539  
**Risk management components.**  
Oppman CD  
Hosp Risk Manage ,Jun 1982, 4 (6) p82-4, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0208106 82194070  
**How good are the data? Reliability of one health care data bank.**  
Roos LL Jr; Roos NP; Cageorge SM; Nicol JP  
Med Care ,Mar 1982, 20 (3) p266-76, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH  
This study investigates the reliability of the Manitoba Health Services Commission data bank from a variety of perspectives. Emphasizing diagnostic and surgical procedures, the research focuses on those areas in which problems exist

and in which the data can be relied upon. Computerized comparisons are stressed, since they can provide cost-effective checks on data quality. One key to performing reliability studies inexpensively is finding information recorded independently: by separate individuals or organizations, at two different times, or in two or more data files. When a particular event has certain logical implications vis-a-vis another, inconsistencies can be located. Face sheet information and data on the performance of major surgical procedures were found to be reliably recorded in the Manitoba data bank. Collapsing ICD-8 diagnosis from medical claims into several categories proved much better than relying upon individual diagnoses. Problems in working with the data included difficulty in distinguishing between closely related surgical procedures and the underreporting of in-hospital consultations and nonsurgical procedures.

0207707 82190070  
**Illegitimacy in Aberdeen.**  
Filinson R  
J Biosoc Sci ,Apr 1982, 14 (2) p141-55, ISSN 0021-9320  
Journal Code: HJN  
Languages: ENGLISH

0207547 82188486  
**The use of the differential leukocyte count for inpatient casefinding.**  
Connelly DP; McClain MP; Crowson TW; Benson ES  
Hum Pathol ,Apr 1982, 13 (4) p294-300, ISSN 0046-8177  
Journal Code: GEC  
Languages: ENGLISH  
The differential leukocyte count is a nonspecific, imprecise, error-prone, usually labor-intensive, and expensive test to perform. Although the differential count is frequently ordered in the absence of clinical suspicion in both inpatient and outpatient settings, its effectiveness as a screening test has been studied little. From a detailed chart review of 287 cases randomly drawn from a population of 2682 adult patients for whom a differential count was performed on admission, we found that 23 per cent of the cases met criteria for admission screening, that abnormal results were found in approximately one half of these screening differential examinations, and that one third of the abnormal examinations were acknowledged in the medical record by a physician. In no instance did a screening differential count appear to have had clinical significance. It may be medically prudent to consider discontinuing the differential leukocyte count as an inpatient screening test for adults.

00939

0207494 82188300  
**Medical treatment of psychiatric patients: possible polypharmacy problems.**  
Norton JC; Ludwig AM  
Hosp Community Psychiatry ,Apr 1982, 33 (4) p305-7,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0206830 82167910  
**Proposed information system for management of electromedical equipment.**  
Johnston GI  
J Clin Eng ,Jan-Mar 1982, 7 (1) p29-39, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH  
The equipment investment in modern health care facilities warrants management attention to selection, maintenance, operation, and retirement requirements. An equipment information system is described that has been working for seven years, and a total system using modern hardware and data base technology is proposed to supplement the present system.

0206769 82166226  
**Computers: the focus is on the patient.**  
MacFarlane SJ  
Health Care (Don Mills) ,May 5 1982, 24 (3) p14-6, 18,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0206693 82165856  
**Medical records: underneath the archives.**  
Allan A  
Health Soc Serv J ,Apr 22 1982, 92 (4793) p496-9, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0204773 82154320  
**Why boards should back uniform billing.**  
Chebatoris D  
Trustee ,Apr 1982, 35 (4) p13-4, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0204545 82141678  
**Reporting on debt financing: accounting for indentured funds.**  
Linklater RB  
Hosp Financ Manage ,Apr 1982, 36 (4) p55-7, ISSN

0018-5639 Journal Code: G9N  
Languages: ENGLISH

0204510 82140645  
**Medical staff records exempt from discovery.**  
Regan WA  
Hosp Prog ,Apr 1982, 63 (4) p72-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0204458 82140524  
**Inspection of contract under 1980 statute.**  
Decker R  
Hosp Purch Manage ,Apr 1982, 7 (4) p14, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0203894 82152951  
**[Patient admission administrative formalities]**  
Les formalites administratives d'admission.  
Blot P  
Soins Chir ,Jan 1982, (11) p29-31, ISSN 0038-0814  
Journal Code: UUP  
Languages: FRENCH

0203893 82152950  
**[Role of the emergency service secretary]**  
Rôle d'une secrétaire aux urgences.  
Designe A  
Soins Chir ,Jan 1982, (11) p21-7, ISSN 0038-0814  
Journal Code: UUP  
Languages: FRENCH

0202669 82140597  
**Program matrix aids planning process.**  
Sinioris ME; Esmond TH; Glenesk AE; Newman RS  
Hospitals ,Apr 16 1982, 56 (8) p75-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

00040

0202188 82130062  
**Analyzing hospital discharge data to support utilization review and quality assurance activities.**  
Yaffe R  
Top Health Rec Manage ,Mar 1982, 2 (3) p31-44, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0202071 82124084  
**Record keeping and employee relations: two key factors in controlling linen.**  
Fisher AW  
Laund News ,Mar 1982, 8 (3) p23, Journal Code: L4R  
Languages: ENGLISH

0202001 82119580  
**Computer bits: purchasing's link to receiving and accounts payable.**  
Kelly TW  
HPN Hosp Purch News ,Mar 1982, 6 (3) p24-5, Journal  
Code: G3D  
Languages: ENGLISH

0199285 82108753  
**How to make sense of your hospital's financial statements.**  
Powell PD  
Trustee ,Feb 1982, 35 (2) p11-2, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0199069 82097064  
**Important hospital confidentiality interests are strengthened through Illinois court's denial of staff privileges material discovery in malpractice action.**  
O'Brien JP  
Health Law Vigil ,Feb 19 1982, 5 (4) p5-6, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0199028 82096852  
**Records of state-linked hospital available to public.**  
Regan WA  
Hosp Prog ,Feb 1982, 63 (2) p56, 58, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0196973 82075506  
**Controlled substances system change provides increased accountability.**  
Proksch RA; Riley AN  
Hosp Pharm ,Jan 1982, 17 (1) p6-7, 9-16, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH  
The distribution and control systems for controlled substances were evaluated. A mail survey of other hospitals was conducted to obtain samples of control substance systems and the associated procedures. From these samples of existing programs and previous experiences with the current program, a system was designed to meet the needs of an 800-bed hospital with a decentralized pharmacy distribution system. The new distribution and control system completely replaced the prior system. Therefore, new forms and procedures were generated. The total system was implemented in a stepwise procedure in two-week increments over approximately 14 weeks until the entire hospital was converted. The new system has increased control as well as identified workload, inventory utilization, and problem areas.

0196957 82075450  
**The St. Joseph's experience. Reducing backlogs with contract billers.**  
Camarena RW  
Hosp Financ Manage ,Jan 1982, 36 (1) p60-1, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0233371 83147248

**Release of and access to minors' medical records.**

Roach WH Jr; Kunde K  
Top Health Rec Manage ,Mar 1983, 3 (3) p73-8, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0233080 83134204

**Considering qualitative standards for health care data.**

Sheehy KH  
J Am Med Rec Assoc ,Feb 1983, 54 (2) p31-7, ISSN  
0273-9976 Journal Code: GJV  
Languages: ENGLISH

0232733 83152435

**A computer data bank system for otolaryngologic and audiologic data.**

Alberti PW; Hyde ML  
Arch Otolaryngol ,Apr 1983, 109 (4) p245-51, ISSN  
0003-9977 Journal Code: 860  
Languages: ENGLISH

A data bank system has been in routine clinical operation for more than two years in our department. It is used to record histories, physical findings, and audiometric data; to produce reports that are sent with short covering letters to referring physicians, and to establish a data bank for research. Although originally created for noise-induced hearing loss claimants referred by the Workmen's Compensation Board, the system was designed, from the start, to be applicable to a wide range of clinical conditions. This report describes the conceptual approach to the data bank and certain practical details involved. The system is quick and effective to use, and it can be run on a relatively small microcomputer.

0232649 83150750

**Improved emergency department patient flow: five years of experience with a scribe system.**

Allred RJ; Ewer S  
Ann Emerg Med ,Mar 1983, 12 (3) p162-3, ISSN 0196-0644  
Journal Code: 4Z7  
Languages: ENGLISH

Alternative methods for rapidly producing accurate medical records, usually dictation-transcription systems or nurse-scribe methods, have been used in emergency departments. We now have more than five years of experience with a non-nurse scribe system. This system has proven effective in generating accurate and complete medical records while enhancing patient flow. We describe the system and its implementation.

0232141 83145177

**An all-digital nuclear medicine department.**

Parker JA; Royal HD; Uren RF; Front D; Bliss JG; Rabuzzi M; Jansons D; Kolodny GM  
Radiology ,Apr 1983, 147 (1) p237-40, ISSN 0033-8419  
Journal Code: QSH  
Contract/Grant No.: 5 K04 HL00465  
Languages: ENGLISH

An all-digital nuclear medicine department is described. Nuclear medicine images are acquired by a separate computer interfaced to each camera. The digital images are viewed, manipulated, and interpreted from remote display stations in an interpretation area. The interpretation is dictated into a Rapid Telephone Access System (RTAS), where the voice is digitized and stored. By dialing the patient's identification number, the referring physician can hear the interpretation over any telephone. The images are filed on large storage discs. The digital scans can be rapidly and easily accessed for later review by the use of several directory programs. This system has brought not only efficiency and cost savings, but the ability for remote viewing elsewhere in the hospital and telephone transmission of nuclear cardiology studies from community hospitals for interpretation in the digital nuclear medicine department.

0231498 83140207

**Comprehensive computerized data management in a chemical pathology laboratory with SOCRATES.**

Flynn FV; Ball SG  
Med Inf (Lond) ,Oct-Dec 1982, 7 (4) p275-305, Journal  
Code: LU9  
Languages: ENGLISH

00342

0231467 83140151

**Measuring functional outcomes in chronic disease: a comparison of traditional scales and a self-administered health status questionnaire in patients with rheumatoid arthritis.**

Deyo RA; Inui TS; Leininger JD; Overman SS  
Med Care .Feb 1983, 21 (2) p180-92, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

A new "health-status" questionnaire, the Sickness Impact Profile (SIP), was examined to determine whether it offered measurement advantages over the traditional American Rheumatism Association (ARA) functional scale or patient self-ratings of function. Seventy-nine outpatients with rheumatoid arthritis (RA) administered the SIP to themselves and provided self-ratings on a 7-point functional scale. Clinicians independently rated patients on the ARA functional scale, and repeated measures were obtained over a 6-month period. Scores on the SIP or its subscales showed stronger correlations than the other scales with hematocrit, sedimentation rate, grip strength, morning stiffness, duration of RA, anatomic stage, work status, and psychiatric status. Validity of the SIP appeared to be maintained with repeated administrations, and the SIP was more reliable than either of the other scales. These findings, as well as the comprehensiveness and feasibility of the self-administered SIP, suggest that this (and perhaps similar health status instruments) may be a useful supplement to more traditional measures of chronic disease outcome.

0230543 83130292

**Why are radiologists in the UK not using computers in their departments?**

Sutherland GR  
Clin Radiol .Mar 1983, 34 (2) p215-20, ISSN 0009-9260  
Journal Code: DIU

Languages: ENGLISH

The value of administrative support computers in radiology departments has been evident, particularly in the United States, for more than a decade. It is difficult to understand why so little interest appears to have developed in this country; it is, perhaps, our inherent conservatism. The advent of the inexpensive microprocessor with a wide range of program packages has set the scene for an expansion of the use of computing in a wide range of clerical tasks. This article sets out to describe the various applications which we have demonstrated to be particularly suitable for incorporation into a computer system and suggests a number of additional applications which may be appropriate to particular radiology departments.

0229314 83120260

**Radiologic examination requisition procedures: a study of their effectiveness in a community hospital.**

Worrell J

South Med J .Feb 1983, 76 (2) p216-7, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

I reviewed 100 consecutive radiologic examinations with particular attention to the clinical information included. The referring physician originated this clinical information in only 33% of cases. Other personnel, including nurses and aides, added information on the requisitions 57% of the time. When nonphysician personnel completed the requisitions, 46% of the cases were completed with either inappropriate or misleading clinical information. In 9% of the cases, there was no clinical information. Because all of the cases originated by physicians were appropriately completed, a strong plea is made for requiring physicians to originate radiologic requisitions.

0228797 83114750

**Automated anesthesia data management and recordkeeping.**

Mitchell MM  
Med Instrum .Nov-Dec 1982, 16 (6) p279-82, ISSN 0004-5446  
Journal Code: M12  
Languages: ENGLISH

It is apparent that judicious application of computer technology to the design and implementation of an automated anesthesia recordkeeping system could afford increased ease of use to the anesthesiologist compared to a manually kept record. Although prototype systems have been developed at academic institutions, and commercially available operating room physiological monitoring systems show increasing capability for some recordkeeping functions, production of an effective AAD-MARKS will depend on the development of suitable display formats and capabilities, markedly improved user interfaces for data input and system control, intelligent graduated alarm systems, and demonstrated reliability, with provision for preservation of critical data and recordkeeping functions and basic physiological data monitoring despite system failure.

00343

0226153 83084636

**Emergency department chart auditing in a family practice residency program.**

Grauer K

J Fam Pract .Jan 1983, 16 (1) p121-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

A prospective audit of process on 1,200 consecutive patients seen in the emergency department by family practice residents was performed at the Family Practice Residency Program in Gainesville, Florida. The overall quality of care delivered conformed to the standards of "good medical care" as judged by the author in 85.6 percent of cases. Resident errors were detected in the remaining 14.4 percent of cases, and occurred most frequently among physicians in the earlier years of training (P less than .005). Ultimate patient management was changed by the audit in only 1 percent of cases but potentially had an important impact on the care of these patients. Errors of inadequate documentation were common among residents irrespective of their level of training. An ongoing audit of emergency department charts with regular feedback on medical process and recording appears to be useful both as an educational tool and as a method of improving emergency care.

0226084 83083772

**Use of a microcomputer in a department of medical illustration for retrieval of clinical teaching slides.**

Gilson CC; Collins JM

J Audiov Media Med .Oct 1982, 5 (4) p130-4, ISSN  
0140-511X Journal Code: H99

Languages: ENGLISH

0224875 83055422

**Sharing computerized data benefits cancer registry and radiation therapy division.**

Fayos J

J Am Med Rec Assoc .Dec 1982, 53 (6) p43-9, ISSN  
0273-9976 Journal Code: GJV

Languages: ENGLISH

0224817 83055198

**Physicians must show reasons for x-rays on requisition forms.**

Skillicorn SA

Hosp Peer Rev .Oct 1982, 7 (10) p127-8, ISSN 0149-2632  
Journal Code: GDO

Languages: ENGLISH

0223751 83063959

**A study of lithium carbonate use in a health maintenance**

**organization.**

Feldman J; Wilner S; Winickoff R

QRB .Sep 1982, 8 (9) p8-14, ISSN 0097-5990 Journal  
Code: OKP

Languages: ENGLISH

The Harvard Community Health Plan, a Boston-based health maintenance organization, evaluated the use of lithium carbonate in its mental health department. Criteria were developed for four categories of care: prerequisite workup, initialization of therapy, maintenance of therapy, and management of side effects. Patient records were evaluated for a retrospective control period, an experimental period in which educational interventions (education seminars and reminder notices) were provided to practitioners, and a postexperimental period in which interventions were discontinued. Practitioners' performance improved during the experimental period but declined to control-period levels during the postexperimental period.

0222126 83029571

**Solving a late final diagnosis problem.**

Bartholomew J

J Am Med Rec Assoc .Oct 1982, 53 (5) p40-3, ISSN  
0273-9976 Journal Code: GJV

Languages: ENGLISH

0221896 83047618

**Surgical pathology reports with a portable microcomputer.**

MacDonald RA; Pechet GS; Lovenbury P

Arch Pathol Lab Med .Dec 1982, 106 (13) p666-9, ISSN  
0363-0153 Journal Code: 79Z

Languages: ENGLISH

A microcomputer reporting system for gross and microscopic surgical pathology is simple and inexpensive, reduces the need for clerical personnel, and saves the pathologist's time in the preparation of reports. Gross descriptions are preformatted. A dictionary of microscopic diagnoses is constructed and stored on disks. The diagnosis to be used for a case is selected by a pathologist by number. It is called to a video screen from disk storage by entering the number on the microcomputer keyboard. The diagnosis is edited or expanded for an individual patient while it is on the screen and is printed after changes are made. Each diagnosis contains preentered classification, coding, and filing information, as well as format, medical terminology, and spelling. The system has rapid retrieval and search capability and may be used for patients awaiting frozen-section diagnosis. The system requires fewer clerical personnel in surgical pathology than with free-form reporting.

00944

0220121 83029144

**Response strategies for chart requests from psychiatric inpatients.**

Bernstein RA; Andrews EM  
Hosp Community Psychiatry .Oct 1982. 33 (10) p841-3,  
ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH  
Of 452 patients seen during one year on a medical-school-affiliated general hospital psychiatric unit, 26 requested to see their charts. These patients tended to be younger, more likely to have character disorders, and less likely to have an affective disorder than patients who did not make chart requests. The apparent increase in the number of patients who ask to see their records may be linked to increasing medical consumerism. Rather than causing therapists to become defensive, record requests should provide an opportunity for education and treatment. The authors outline methods of interpreting and responding to chart requests.

0219401 83020407

**One year's evaluation of a system of on-line computerisation of anaesthetic records using a computer bureau.**

Roessler P; Lambert TF  
Anaesth Intensive Care .Aug 1982. 10 (3) p208-11,  
Journal Code: 4M5

Languages: ENGLISH  
A system for the on-line computerisation of anaesthetic records using a computer bureau is described. The requirements of the system are a keyboard and video display unit appropriately linked to the bureau's computer. The system was cheap and easy to install. It required no programming expertise from department members. Disadvantages included the need to change between two screens for data entry, a delay of over 8 months before satisfactory reports materialised for individuals or the department, congestion at peak times for data entry, excessive time spent on data entry, reluctance of the bureau to alter the format of the screens once they had been generated. The cost of the system is felt to be justified by the information provided for both accreditation requirements and for department management.

0219263 83019460

**A peripheralized digital image management system: prospectus.**

Templeton AW; Dwyer SJ 3d; Rosenthal SJ; Hensley KS; Martin NL; Anderson WH; Robinson RG; Levine E; Batnitzky S; Lee KR  
AJR .Nov 1982. 139 (5) p979-84, ISSN 0361-803X

Journal Code: 3AE  
Languages: ENGLISH  
The number of diagnostic radiology examinations being performed on digitally formatted imaging equipment is continually increasing. However, most digital data are recorded as analogue images and the films stored in a central file. The dynamic range of raw digital data is lost.

Currently, the space and cost requirements for storage of all digital data have discouraged most users from attempting it. This article presents the concepts and describes the requirements and initial fabrication of a system that will capture and retain all digital data using a network of peripheralized image acquisition, display, and storage devices. Any piece of digitally formatted equipment can be interfaced into the system. A real-time computer capability provides that any digital examination can be reviewed at any display station for up to 10 days.

0219236 83018951

**The Cleveland Regional Perinatal Network's computerized information system. Success and frustration.**

Merkatz IR; Stephan P; Dickinson W  
Acta Obstet Gynecol Scand [Suppl] .1982. 109 p17-21,  
ISSN 0300-8835 Journal Code: 1EC  
Languages: ENGLISH

0219235 83018950

**A computerized perinatal data system. The Arizona experience.**

Jennett RJ; Warford HS  
Acta Obstet Gynecol Scand [Suppl] .1982. 109 p11-6,  
ISSN 0300-8835 Journal Code: 1EC  
Languages: ENGLISH

The development of a regional data system was one of the major objectives of the Arizona Perinatal Program funded by the Robert Wood Johnson Foundation. To achieve this objective, a decision was made to adopt and expand a perinatal data system under development at St. Joseph's Hospital in Phoenix. This shift from what was planned as a highly sophisticated single hospital system, which would include real-time data storage as well as paper acquired data, required certain sacrifices and resulted in certain problems as well as significant gains for the region. The data system is made up of two major components - (1) a paper record system in which the documents completed by physician or nurse serve both as the official medical record and computer-input document and (2) a computer using the Meditech Interpretive Information System (MIS) version of the MUMPS operating system and language. Programs to achieve the goals and objectives established for the system are described. Lessons learned from this experience which may be helpful to others interested in similar developments are described.

00945



0218307 83007919  
**The Bethlem Royal and Maudsley Hospitals clinical data register for children and adolescents.**  
Thorley G  
J Adolesc ,Jun 1982, 5 (2) p179-89, ISSN 0140-1971  
Journal Code: HWT  
Languages: ENGLISH

0217713 82278417  
**Automated record tracking as a component of a management information system.**  
Siemon JE; Kuratomi RM  
Top Health Rec Manage ,Sep 1982, 3 (1) p54-65, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0217537 82266104  
**Free text processing in clinical documentation.**  
Gell G  
J Clin Comput ,1982, 10 (5-6) p170-9, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0217430 82263906  
**Correcting the health care record.**  
Manning SC  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p76-8, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0217423 82263899  
**The postdischarge loose laboratory report: medical significance.**  
Solis DH  
J Am Med Rec Assoc ,Aug 1982, 53 (4) p26-32, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0216987 82281829  
**Psychiatric records: variations based on discipline and patient characteristics, with implications for quality of care.**  
Perlman BB; Schwartz AH; Paris M; Thornton JC; Smith H; Weber R  
Am J Psychiatry ,Sep 1982, 139 (9) p1154-7, ISSN 0002-953X  
Journal Code: 3VG  
Languages: ENGLISH  
In this study of the delivery of outpatient psychiatric care

to Medicaid patients at all 29 free-standing psychiatric clinics and at six hospital clinics in New York City, the authors found that nonphysician mental health workers provided much direct patient care: diagnosis and identifying data, necessary for reimbursement, were always included in records whereas mental status and medical history were poorly documented; and nonphysicians in hospitals generally surpassed physicians in the latter two areas. An additional observation was that attitudes of mental health workers toward certain diagnostic and ethnic groups may be inferred from the selective completeness of their psychiatric record keeping.

0215397 82266860  
**[A review of six years use of a computerised case history in obstetrics (author's transl)]**  
Bilan de six ans d'exploitation d'un dossier informatise en obstetrique.  
de Mouzon J; Mandry J; Baron M; Grandjean H; Reme JM; Monrozies M; Pontonnier G  
J Gynecol Obstet Biol Reprod (Paris) ,1982, 11 (2) p201-13, Journal Code: IAZ  
Languages: FRENCH Summary Languages: ENGLISH  
The University Centre for Gynaecology and Obstetrics in Toulouse have been using a computerised record system for obstetrics since 1974. This makes it possible for a review for a review to be undertaken each year of the work carried out in the Service and has made it possible to study over six years the evolution of the characteristics of the population who have been followed, as well as the changes in attitudes and techniques adopted during pregnancy and labour. A study has been carried out on the factors associated with perinatal mortality and prematurity. Computerisation of 13,500 records has made it possible to draw curves of birth weights, according to the duration of the pregnancy, and characterising the service given. Finally the adoption of a prospective record system used in common by several teams and checked by people specialised in this work has improved the quality and quantity of retrieval and has made it possible to foresee cooperative studies between different departments.

00346

0214133 82255059

**[Use of a microcomputer for simplified data processing of ENT case-records employing a commercial program (author's transl)]**

Micro-informatique : gestion simplifiée des dossiers ORL sur programme commercial.

Garcin M; Brisac A; Ardaud B

Ann Otolaryngol Chir Cervicofac ,1982, 99 (3) p89-96,  
ISSN 0003-438X Journal Code: 500

Languages: FRENCH Summary Languages: ENGLISH

Combined use of a microcomputer of sufficient capacity and a commercial program for data processing permits simple storage and exploitation of hospital case-records in an ENT department of moderate size. The principal advantages of the system reside in its permanent availability, the ease of communication with the computer due to the clear language employed, its large storage capacity (650 case-records per diskette), and the moderate cost involved. Programming time is reduced by the use of a particular nomenclature for questions and possible replies. The system is not static, and can be adapted to individual needs or modifications in pathology.

0213620 82248964

**[The low consumption of outpatient medical care in the department of Ardennes (France) (author's transl)]**

La faible consommation de médecine de ville dans le département des Ardennes.

Lebrun T; Saily J

Rev Epidemiol Sante Publique ,1982, 30 (1) p99-118,  
ISSN 0398-7620 Journal Code: RST

Languages: FRENCH Summary Languages: ENGLISH

The purpose of the research explained in this article was to build up a methodology which allows to set up a map of low consumption of outpatient medical care and to find out to which extent the low recorded demand is attributable to the medical aids supply. French National Health Service files were the basic data for this research which was led into the department of Ardennes. First and foremost the investigation was to identify on a district level with low consumer families after having eliminated demands' factors. Thus one could set up maps of low consumption in comparison with maps of low prescription. The investigation showed that low consumer families live generally in the cantons of low medical care consumption concerned mainly with low medical aids suppliers.

0212409 82231740

**Computerised cardiological case notes.**

Williams KN; Brooksby IA; Morrice J; Houseago S; Webb-Peploe MM

Br Heart J ,Aug 1982, 48 (2) p169-76, ISSN 0007-0769  
Journal Code: ATS

Languages: ENGLISH

Optical Mark Reader forms have been used by the Cardiac Department at St Thomas's Hospital for six years to store

clinical and haemodynamic data by computer. Forms are completed by clinical staff in outpatients and also for those patients undergoing cardiac catheterisation. Three documents are used to record the symptoms and signs at the clinical consultation, the results of relevant investigations, and the important findings at cardiac catheterisation. These documents are fed into a computer and data from them, together with a limited quantity of types information, are used to produce full clinical reports for our colleagues and the case notes. These reports have saved much secretarial and medical time. A variety of analyses is available for research and management purposes.

0210735 82216635

**Epidemiological studies of radiation workers: preliminary communication.**

Schofield GB

J R Soc Med ,Jun 1982, 75 (6) p450-6, Journal Code: JXI

Languages: ENGLISH

British Nuclear Fuels Limited has embarked on a study of the mortality data among those of its workforce who were employed prior to 1 January 1976. The study covers a total population of about 41 000 current and ex-employees, but is initially concerned with a radiation worker cohort of 7500 at the Sellafield establishment where the highest radiation doses are received. Tracing of the health status of ex-employees has been undertaken using the services provided by the Office of Population Censuses and Surveys (OPCS) and the Department of Health and Social Security (DHSS) and it is expected that ultimately the level of trace will be better than 97%. Mortality data not specifically related to radiation workers are included and relate to male deaths among serving staff and pensioners during the years 1962-1978. Those observed deaths (O) are compared on an age standardized basis with those expected (E) from the general population, the ratio O/E being about 1 for all cancers and less than 1 for non-cancer deaths.

This pattern is consistent with the well known 'healthy worker' effect seen in industry.

00947

0209970 82207585

**Accuracy of hospital activity analysis operation codes.**

Whates PD; Birzgalis AR; Irving M  
Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1857-8,  
Journal Code: B4X  
Languages: ENGLISH

The accuracy of operation codes on hospital activity analysis printouts has been compared with unit and patient records. Inaccurate information is being provided by the hospital activity analysis in a significant number of cases. The same mistake is often repeatedly made, suggesting deficient monitoring procedures. These lapses occurred despite a unit policy of medical staff entering the operation and diagnostic details on the HMRI(IP) sheet and the checking of all entries by a consultant.

0206797 82166934

**Word processing cuts transcription costs.**

Kahl K; Vlazny J; Meinz A  
Hosp Financ Manage ,May 1982, 36 (5) p16-8, 24, 26-7,  
ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206755 82166195

**Effective communication: key to successful computerization of medical records.**

Murphy G; Waters K  
J Am Med Rec Assoc ,Apr 1982, 53 (2) p27-33, ISSN  
0025-7486 Journal Code: GJV  
Languages: ENGLISH

0205899 82173872

**Monitoring laboratory services through concurrent review.**

McManus CD; Smalley DL; Sanders DE  
QRB ,Feb 1982, 8 (2) p5-9, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

0205406 82168157

**Practical use of a word processor in a histopathology laboratory.**

Briggs JC; Ibrahim NB; Mackintosh I; Norris D  
J Clin Pathol ,Feb 1982, 35 (2) p151-8, ISSN 0021-9746  
Journal Code: HT3  
Languages: ENGLISH

Some of the facilities available with a commercially purchased word processing program, linked to a DEC PDP 11/23 computer are described, together with an account of the practical histopathological use. The system is based on a share of the computer with a Clinical Chemistry Department.

Development was time-consuming and required the constant availability of the Department of Physics. However, once working, considerable saving in secretarial time has resulted and a number of projects have been started which would not have been contemplated without the use of the word processor and its linked computer.

0205121 82164097

**[Rational EDP-basic documentation in the surgical clinic]**

Rationelle EDV-Basisdokumentation in der Chirurgischen Klinik.

Stock W; Nitzschke E; Mackrodt HG  
Chirurg ,Mar 1982, 53 (3) p176-83, ISSN 0009-4722  
Journal Code: D5U

Languages: GERMAN Summary Languages: ENGLISH

The establishment of a clinical basis documentation has approved because of the co-operation with the service-computer-centre of the clinical administration by linking the administrative and clinical data of the patients. The most essential data like diagnosis, operation, complication, operating surgeon as well as the eventual case of death will be registered in a protocol by the ward physician. These data will be registered by a documentary assistant according to the international keys. The evaluation of the data is done by a SPSS-program. The present results demonstrate that this kind of computer assisted clinical documentation has been successful.

0204962 82162119

**A micro-computerized anaesthetic record system.**

Zissos A; Strunin L  
Can Anaesth Soc J ,Mar 1982, 29 (2) p168-73, ISSN  
0008-2856 Journal Code: CG7  
Languages: ENGLISH

An anesthetic record system has been implemented using a micro-computer, rather than a larger computer system. The record system provides a wide range of functions, including record retrieval, random record processing, and the generation of graphical reports on the department's operating room performance. The steps taken in realizing this system are described, with emphasis on the preparatory decisions that must be made before computer programming can be undertaken. Adopting a modest straightforward design philosophy is shown to be an important pre-requisite to success.

00348

0204594 82147657

**Royal College of Physicians of Edinburgh Working Group on  
cooperation between medical and other health professions.**

Med Rec (Truro) ,Feb 1982, 23 (1) p11-4, ISSN 0025-7478

Journal Code: MF7

Languages: ENGLISH

0200920 82125310

**What's wrong with radiology.**

Heilman RS

N Engl J Med ,Feb 25 1982, 306 (8) p477-9, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

00349

0230804 83132978

**St. Joseph's achieves effective patient care.**

Somers P

Dimens Health Serv ,Jan 1983, 60 (1) p16-7, ISSN  
0317-7645 Journal Code: E9N

Languages: ENGLISH

0230418 83128509

**Problem-orientated categorisation of "other conditions" seen  
in a genitourinary medicine clinic.**

Pattman RS; Schofield CB

Br J Vener Dis ,Feb 1983, 59 (1) p63-5, ISSN 0007-134X  
Journal Code: B40

Languages: ENGLISH

The case sheets of patients coded as D2 (other conditions requiring treatment) and D3 (other conditions not requiring treatment) in 1981 were reclassified on a problem-orientated basis. Ten discreet categories were delineated with ease. Women with non-specific vaginitis and men with Gardnerella vaginalis urogenital infection, usually coded D2 or C4, should be reclassified under the C group of conditions as, for example, "Gardnerella or other bacterial genital infections." It is suggested that codes D2 and D3 be replaced by the following nine categories: genital skin lesions or rashes; genitourinary symptoms; enteric conditions; other sexually transmitted infections; normal genital architecture, congenital conditions, or unconfirmed genital discharges; asymptomatic patients attending for routine examination; uninfected contacts of patients with sexually transmitted diseases; psychosexual problems; and others.

0223470 83061924

**[Documentation tasks of internal medicine]**

Internistische dokumentationsaufgaben.

Spechtmeyer H; Wichmann HE; Renschler H

Med Welt ,Oct 1 1982, 33 (39) p1373-8, ISSN 0025-8512  
Journal Code: MIM

Languages: GERMAN

0219929 83026004

**A data base form for pediatric practice.**

Abrams R; Sigelman D

Clin Pediatr (Phila) ,Nov 1982, 21 (11) p676-9, ISSN  
0009-9228 Journal Code: DHE

Languages: ENGLISH

0218787 83013320

**Technical note: flow sheet for the neurosurgical intensive  
care unit.**

Clifton GL; Grossman RG  
Neurosurgery ,Aug 1982, 11 (2) p280-3, ISSN 0148-396X  
Journal Code: NZL

Languages: ENGLISH

With the rapid expansion of knowledge and techniques for the care of critically ill patients, the organization and recording of data have become increasingly complex and increasingly important for patient care. A flow sheet for the Neurosurgical Intensive Care Unit has been developed in a series of pilot studies with input from general and cardiovascular surgeons and nurses specializing in critical care medicine.

0214936 82261204

**Problem-oriented recording in the intensive care unit.**

Merkel SI

Dimens Crit Care Nurs ,Jul-Aug 1982, 1 (4) p232-40,  
ISSN 0730-4625 Journal Code: EAD

Languages: ENGLISH

0212457 82232849

**Organising a practice. Problem identification, disease  
management, and audit.**

Martin EE

Br Med J [Clin Res] ,Jul 24 1982, 285 (6337) p265-6,  
Journal Code: B4X

Languages: ENGLISH

0209982 82207657

**Structuring medical records and constructing a Weaver index:  
a three-year project.**

Stott PC

Br Med J [Clin Res] ,Jul 3 1982, 285 (6334) p27-9,  
Journal Code: B4X

Languages: ENGLISH

0208388 82196425

**Use of the problem-oriented record to evaluate treatment in  
a chronic psychiatric population.**

Allen RH

QRB ,Mar 1982, 8 (3) p13-6, ISSN 0097-5990 Journal  
Code: OKP

Languages: ENGLISH

00350

0207657 82189396

**The utility for audit of manual and computerized problem-oriented medical record systems.**

Stratmann WC; Goldberg AS; Haugh LD  
Health Serv Res ,Spring 1982, 17 (1) p5-26, ISSN  
0017-9124 Journal Code: G2L  
Contract/Grant No.: HRA 230-75-0204  
Languages: ENGLISH

Objective assessment of the delivery of care requires an unambiguous record of all related events and decisions in the care process. Both the handwritten Problem-Oriented Medical Record (POMR) and its computerized successor, the Problem Oriented Medical Information System (PROMIS) have been designed to facilitate audit of care delivery. In this study, a national sample of physicians was asked to determine which of these two record systems best serves the function of audit. The study involves assessment of a sample of 69 matched pairs of patient records drawn from two different ward settings, one of which used the manual POMR, the other, PROMIS. No difference was perceived between the two records with respect to the reliability of information or the analytical reasoning of providers. Information in PROMIS records was judged to be slightly more thorough. The format of the manual record was judged better on the basis of conciseness, accessibility, and organization of record information.

0202715 82141151

**[A chronological linkage technic of records and use of the obtained information. Application to the functional control of cardiac stimulators]**

Une technique de chainage chronologique de dossiers et exploitation du fichier obtenu: Application au controle du fonctionnement des stimulateurs cardiaques.

Chau N; Valantin G; Kubler L; Martin J; Legras B; Dodinot B  
Int J Biomed Comput .Jan 1982, 13 (1) p37-47, ISSN  
0020-7101 Journal Code: G00  
Languages: FRENCH Summary Languages: ENGLISH

The application of information processing to the study of the evolution of the patient's state requires the constituting of a file which contains the values of different items as functions of time. There are many methods for doing this and most of them appeal to the construction of a complex database.

The technique presented in the paper paper tries at first to constitute, for each patient, some records, of which every one corresponds to a determined "operation" (the term "operation" is taken in the wide sense; example: consultation, surgical intervention,...) then to link them according to the chronological order. It has the advantage of being easy so that it may be used even on minicomputers. Furthermore, the exploitation of the resultant data file is very easy. This method is well suited to problems such as the examination of the longitudinal investigations, the treatment of records of the patients who went through several operations, etc. The application presented here is the checking of the functioning of pacemakers. We wrote on a minicomputer MITRA 15/125 transferable general program (using FORTRAN IV exclusively).

which allows one to carry out the linking and to exploit the resultant file. It is so designed that the addition of new procedures involved in new applications may be very easy.

0200573 82120935

**Team approach to the problem-oriented record in a long-term care facility.**

Beattie BL; Crawshaw ML  
J Am Geriatr Soc ,Feb 1982, 30 (2) p109-13, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

At the Extended Care Unit of the Health Sciences Centre Hospital at the University of British Columbia, team participation in the care of 300 elderly patients includes the team's ability to facilitate use of the problem-oriented record (POR). The key to making the POR a functional communication tool was the development of a useful Problem List. In establishing this system, many difficulties arose. It was imperative to recognize that many staff members had not been trained in problem-solving techniques, and that they had varying degrees of knowledge about the data base. Active physician involvement was mandatory. Employment of a half-time POR Coordinator working with a supporting interdisciplinary POR Committee was needed to make the system work. Guidelines for defining problems were developed, and Problem Lists gradually acquired significance for the entire health care team. Examples are included. Concurrent continuing education was started in pathophysiology, problem-solving, and use of the POR.

00351

**HOSPITAL, CIRUGIA**

00352

0253331 83173828  
[Utilization of non-depolarizing neuromuscular blocking agents]  
Ocena zu.ANG.zycia srodkow blokujacych przewodnictwo nerwowo-miesniowe o dzialaniu niedepolaryzujacym.  
Macheta A; Wiecek A  
Wiad Lek (POLAND) ,Dec 15 1982, 35 (23-24) p1489-94,  
ISSN 0043-5147 Journal Code: XOA  
Languages: POLISH Summary Languages: ENGLISH

0251773 83172172  
[Hospital capacity. 4. One-day-section double as efficient as stationary wards]  
Sygehuskapacitet/4. En-dags-afsnit dobbelt s.ANG.a effektive som stationaere afdelinger.  
Rosenkvist I  
Sygeplejersken (DENMARK) ,Feb 2 1983, 83 (5) p20-2.  
ISSN 0049-3856 Journal Code: VF9  
Languages: DANISH

0240200 83160277  
The management of surgical facilities in hospitals.  
Hejna WF; Gutmann CM  
Health Care Manage Rev (UNITED STATES) ,Winter 1983, 8  
(1) p51-5, ISSN 0361-6274 Journal Code: G11  
Languages: ENGLISH  
Hospitals are often faced with the problem of apparent inefficiency or ineffectiveness of operating room management. There can be many contributing factors, and a systematic approach is needed to solve this problem. The article delineates eight management components and suggests that implementation and continuous evaluation of these components will promote the efficient operation of surgical facilities.

0232906 83131484  
Short-stay surgery in orthopaedics.  
Haines JF; Thompson H  
Health Trends ,Aug 1982, 14 (3) p73-4, ISSN 0017-9132  
Journal Code: EJN  
Languages: ENGLISH  
This paper reviews the orthopaedic operations performed on patients from one consultant's waiting list using two short-stay wards. In a twelve-month period over 200 operations were performed with no major complication. The ultimate clinical result was not impaired by the short period of hospitalization. The advantages short-stay wards have over day wards in reducing orthopaedic waiting lists are discussed, as are the precautions necessary to make this a safe method of managing non-urgent orthopaedic problems.

0232333 83147443  
[Cost comparison of the use of textile surgical covers and disposable surgical covers in Mainz University Clinics]  
Kostenvergleich zwischen der Anwendung textiler Op-Abdecktucher und Einweg-Op-Abdecktucher in den Universitätskliniken Mainz.  
Rorig R  
Unfallchirurgie ,Dec 1982, 8 (6) p405-7, ISSN 0340-2649  
Journal Code: WNU  
Languages: GERMAN Summary Languages: ENGLISH

0232292 83146754  
Improved utilization of blood for elective surgery.  
de Jongh DS; Feng CS; Frank S; Wallace M  
Surg Gynecol Obstet ,Mar 1983, 156 (3) p326-8, ISSN 0039-6087 Journal Code: VBD  
Languages: ENGLISH  
Results of our experience have shown that SSBO and T & S are cost effective and extremely safe. We believe that the safety in using these guidelines for hemotherapy for elective surgery depends upon a sensitive and meticulously performed T & S, a mechanism by which ABO compatibility can be affirmed and an ongoing surveillance program to monitor the proper operation of these procedures.

0230647 83130851  
[Limitation and responsibilities in the intensive care of surgical patients]  
Abgrenzung und Zuständigkeiten bei chirurgischen Intensivpatienten.  
Schildberg FW  
Chirurg ,Nov 1982, 53 (11) p663-8, ISSN 0009-4722  
Journal Code: D5U  
Languages: GERMAN

0229808 83103932  
Volunteers lend a hand.  
Bachle M  
Hosp Trustee ,Jan-Feb 1983, 7 (1) p5, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH



0229476 83122476

**[Children hospitalized for surgery: a cognitive program for the prevention of behavioral disorders]**

Das chirurgisch kranke Kind im Krankenhaus: Ein kognitives Programm zur Reduktion von Verhaltensstörungen während des Aufenthaltes und nach der Entlassung.

Loschenkohl E; Brandesky G  
Z Kinderchir ,Oct 1982, 37 (2) p42-9, ISSN 0174-3082  
Journal Code: YF2

Languages: GERMAN Summary Languages: ENGLISH

To compare the conditions of behavioral disorders of hospitalized children in pediatric and surgical wards an investigation was made on 60 children aged 3 to 6 years who had to undergo surgery. The results were compared with earlier findings on children hospitalized in pediatric wards (Wanschura and Loschenkohl 1979, Schandl and Loschenkohl 1980). Most of the conditions of behavioral disorders could be confirmed. Conditions which inhibit behavioral disorders are: opportunity to play freely, contact to other children, positive contact to medical staff, play organized by parents who visited their children, higher frequency of visits, higher age of the child, active searching for contact by the child, confidence in the medical staff. Conditions which reinforce behavioral disorders are: Higher frequency of earlier hospitalizations, previous psychic traumas, anxiety of the mother related to illness. A psychological intervention program based on a cognitive theory of anxiety combined with the transfer of positive affects by a photographed model who had shown no fear in different situations of hospitalization and surgery significantly reduced behavioral disorders of hospitalized children in the hospital and after release from the hospital in the home environment.

0229474 83122468

**[Medical surveillance of persons exposed to anesthetic gases]**

Surveillance medicale de personnes exposees aux gaz anesthésiques.

Boillat MA; Fasnacht B; Berode M; Droz PO; Haller E; Lob M  
Soz Praventivmed ,Oct 1982, 27 (5) p256-7, ISSN  
0303-8408 Journal Code: YF1  
Languages: FRENCH

0228968 83116200

**Fifty years of surgical education at Akron City Hospital.**

Loughry CW  
Ohio State Med J ,Oct 1982, 78 (10) p723-6, ISSN  
0030-1124 Journal Code: OGS  
Languages: ENGLISH

0228695 83112461

**Pattern of admissions in a general surgical unit.**

Junaid I; Qureshi H; Hasan A; Ahmed M  
JPMA ,Aug 1982, 32 (8) p187-90, ISSN 0030-9982  
Journal Code: KGI  
Languages: ENGLISH

0228340 83108196

**Applying the conclusions of the Flood study to the hospital practice world.**

Ross A  
Health Serv Res ,Winter 1982, 17 (4) p373-7, ISSN  
0017-9124 Journal Code: G2L  
Languages: ENGLISH

0228339 83108195

**Improving organizational effectiveness: a comment on "Effectiveness in professional organizations".**

Shortell SM  
Health Serv Res ,Winter 1982, 17 (4) p367-72, ISSN  
0017-9124 Journal Code: G2L  
Languages: ENGLISH

00483

0228338 83108194

**Effectiveness in professional organizations: the impact of surgeons and surgical staff organizations on the quality of care in hospitals.**

Flood AB; Scott WR; Ewy W; Forrest WH Jr  
Health Serv Res ,Winter 1982, 17 (4) p341-66, ISSN  
0017-9124 Journal Code: G2L  
Languages: ENGLISH

In this research, we examine the relative importance of different structural units in a professional organization, the hospital, as they affect organizational effectiveness. The difficulties of measuring effectiveness in a complex professional organization are discussed, and an adjusted measure of surgical outcome is developed. Data are drawn from a prospective study of over 8,000 surgical patients treated by more than 500 surgeons in 15 hospitals throughout the nation. Two different types of analyses are presented, both indicating that hospital features have more impact on surgical outcomes than do surgeon characteristics. The second analysis assesses the relative importance of specific attributes of the hospital, surgical staff organization, and surgeon characteristics on surgical outcomes.

00354

0226890 83092936

**Variations between and within countries in hospital care for peptic ulcer. A comparison between Denmark and Sweden.**

J:snsson B; Silverberg R

Scand J Soc Med ,1982, 10 (2) p63-9, ISSN 0300-8037  
Journal Code: UD5

Languages: ENGLISH

The present study tries to examine variations in utilization rates for hospital care for ulcer disease between and within Denmark and Sweden. The focus is on how utilization rates differ but an attempt is also made to explain why regional differences occur. Hospital patient statistics from both countries show that ulcer disease accounts for 35% more bed-days per 100000 inhabitants in Denmark than in Sweden. The main source for this difference is duodenal ulcer, where the number of bed-days is 63% higher in Denmark. The differences in length of stay are negligible and the numbers of surgical operations are about the same in the two countries. The greater utilization of hospital resources in Denmark is explained mainly by the fact that more medical cases are treated as in-patients in Denmark than in Sweden. Neither mortality rates nor other data support the hypothesis that the incidence of duodenal ulcer is higher in Denmark than in Sweden. The difference between Denmark and Sweden widens when utilization rates are adjusted for differences in the age structure of the population in the two countries. There are wide variations in utilization rates between regions within both countries. The findings support the hypothesis that the intertemporal change in the technology for management of ulcer disease is one of the main reasons for variations between and within countries.

0226581 83089417

**The surgical residency, the surgical clinic at the Walter Reed Army Medical Center.**

Abramson DJ

Milit Med ,Dec 1982, 147 (12) p1025-8, ISSN 0026-4075  
Journal Code: N1A

Languages: ENGLISH

0224572 83073385

**A new look at old problems.**

Slowey RM

AORN J ,Oct 1982, 36 (4) p693-7, 700-1, ISSN 0001-2092  
Journal Code: 6JR

Languages: ENGLISH

0222889 83054593

**Patient transfers from medical and surgical settings to psychiatric inpatient wards.**

Weimer SR; Fenn HH

Gen Hosp Psychiatry ,Sep 1982, 4 (3) p179-85, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

0221599 83043782

**[Evaluation of the Swiss Hospital Association diagnostic and surgical statistics]**

Auswertung der VESKA-Diagnosen- und Operations-statistik.

Spuhler T; Abelin T; Ehrenguber H; Gass R; Gutzwiller F; Minder C; Stutz J; Adam H

Soz Praventivmed ,Sep 1982, 27 (4) p165-6, ISSN 0303-8408  
Journal Code: YF1

Languages: GERMAN Summary Languages: ENGLISH

Number of admissions, days of care and the average length of stay are presented by age, sex and other criteria for Swiss short stay hospital. Persons 60 and over consumed more than 50 percent of all days of care. On the average, females of all age groups, except from 5 to 54 years of age, were hospitalized longer than males. Principal factors influencing the length of stay are: age, diagnosis and mode of discharge. The increase in the number of persons 65 and over admitted to medical departments corresponds to the demographic development, while it exceeds the demographic increase for surgical departments.

00955

0221396 83041225

**[Studies on bacteriologic contamination of potassium chloride solution 25% in multidose containers regularly used on hospital wards]**

Untersuchungen zur bakteriologischen Kontamination von Kaliumchloridlosung 25% in Mehrdosenbehaltern unter den Praxisbedingungen des Krankenhausbetriebes.

Schramm G; Bianchi S

Schweiz Med Wochenschr .Aug 3 1982. 112 (31-32)

p1099-100. ISSN 0036-7672 Journal Code: UEI

Languages: GERMAN Summary Languages: ENGLISH

The use of multidose containers poses the problem of in-use microbial contamination. In a clinical investigation sterility tests of 25% potassium chloride solution (w/v) in multidose containers have been performed in-use on two surgical wards. The contents of 80 vials used for 1, 3, 7 or 10 days (with registered withdrawals) were sterility tested with the aid of blood agar plates. None of the 80 bottles were contaminated. It has been shown that lege artis withdrawals of 25% potassium chloride solution (w/v) from multidose containers involves a very low risk of contamination. However, the theory that contaminants have been killed must not be excluded. In final laboratory tests, multidose containers of 25% sterile potassium chloride solution (w/v) were artificially contaminated. Test microorganisms were E. coli ATCC 25922, Pseudomonas aeruginosa ATCC 27853 and Staph. aureus ATCC 25923. Microbial control after 1 or 2 days storage showed absence or significant germ reduction with the experimental technique described.

0220439 83031904

**Nasal carriage of Staphylococcus aureus among patients on a general surgical ward.**

St. Leger AS; Howells CH; Crosby D; Mahler M; Rees PW

J Hosp Infect .Dec 1980. 1 (4) p333-9. ISSN 0195-6701

Journal Code: ID6

Languages: ENGLISH

0219804 83024028

**Use of operating theatres.**

Barr A; McNeilly RH; Rogers S

Br Med J [Clin Res] .Oct 9 1982. 285 (6347) p1059-61.

Journal Code: B4X

Languages: ENGLISH

0218788 83013325

**Organization of head injury service in Beijing.**

Cheng M

Neurosurgery .Aug 1982. 11 (2) p321-4. ISSN 0148-396X

Journal Code: NZL

Languages: ENGLISH

Beijing, the capital of the People's Republic of China, is a

city with a population of over 10 million. The incidence of head injuries is increasing yearly and the government pays much attention to this social and medical problem. This is evidenced in both county and big city hospitals by the organization of neurosurgeons and general surgeons to serve the victim, by the training of some general surgeons in primary hospitals to handle emergency head injury care, and by the education of the citizens in accident prevention.

0217117 82283249

**Application of "management by objectives" to a surgical residency.**

Martin LF; Spratt JS Jr; Hoyer RE; Polk HC Jr

Arch Surg .Sep 1982. 117 (9) p1203-5. ISSN 0004-0010

Journal Code: B1A

Languages: ENGLISH

0216635 82277765

**Quality assurance and surgical practice.**

McSherry CK

Surg Clin North Am .Aug 1982. 62 (4) p751-9. ISSN

0039-6109 Journal Code: VAN

Languages: ENGLISH

0216630 82277759

**The utilization of surgical physician assistants: policy implications for the future.**

Detmer DE; Perry HB

Surg Clin North Am .Aug 1982. 62 (4) p669-75. ISSN

0039-6109 Journal Code: VAN

Languages: ENGLISH

It is anticipated that there will be a major growth in the role of surgical physician assistants in the immediate future. The authors believe that this trend will improve the quality of surgical care in the United States, reduce the number of surgeons being trained, and enable practicing surgeons to be more productive and hence more proficient.

00356

00484

0216629 8227758

**Should surgery be regionalized?**

Bunker JP; Luft HS; Enthoven A  
Surg Clin North Am ,Aug 1982, 62 (4) p657-68, ISSN  
0039-6109 Journal Code: VAN  
Languages: ENGLISH

The authors suggest that new surgical procedures be carried out initially in selected institutions and that complex procedures for which it has been or can be demonstrated that mortality is inversely related to the volume of experience also be regionalized. Regionalization in the latter instance can have a small overall impact on surgical practice but a large impact on the adverse consequences of high risk operations that are performed only occasionally.

0216514 82277033

**Unemployment and hospitalization among bricklayers.**

Lajer M  
Scand J Soc Med ,1982, 10 (1) p3-10, ISSN 0300-8037  
Journal Code: UD5  
Languages: ENGLISH

677 active members of the bricklayers' trade union in Aarhus have been investigated with regard to unemployment and hospitalization during the period April 1, 1972-March 31, 1978. Information concerning unemployment was obtained through the bricklayers' trade union, and information about hospitalization from the hospital administration registry of three counties of Northern Jutland and from the Danish Central Psychiatric Register. Using logit analysis it was found that admission to a hospital increased the risk of unemployment, and that unemployment increased the risk of hospitalization. Admission to a psychiatric department appeared within a latency period of 0-1 years. A latency period of 1/2-11/2 years was observed before admission to a medical department. Admission to a surgical department occurred 1/2-21/2 years after accumulated unemployment. The risk of admission to a psychiatric department was seven times as high for bricklayers who have been unemployed more than 50% of the time compared with those who have been unemployed less of the time, although the calculation was based on relatively few individuals. The risk of admission to medical wards was twice as high, and the risk of admission to surgical wards was almost twice as high among those with much unemployment.

0215964 82273272

**Surgical practice in a country hospital.**

Kalmar RF  
NZ Med J ,Jul 14 1982, 95 (711) p466-8, ISSN 0028-8446  
Journal Code: OBO  
Languages: ENGLISH

0215850 82272304

**Reorganisation of the NHS.**

NATNEWS ,Jul 1982, 19 (7) p14-5, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0215821 82272006

**[Professional diagnostic, therapy and complication keys for surgery. The "Godesberg key systems"]**

Fachbezogene Diagnose-, Therapie- und Komplikationsschlüssel für die Chirurgie "Godesberger Schlüsselsysteme".  
Haunhorst R; Schunck R  
MMW ,Jun 18 1982, 124 (24) p599-600, ISSN 0341-3098  
Journal Code: NMM  
Languages: GERMAN

0213815 82251956

**Surgical operations in short-stay hospitals: United States, 1978.**

Pokras R; Graves EJ; Dennison CF  
Vital Health Stat [13] ,Mar 1982, 13 (61) p1-56, ISSN  
0083-2006 Journal Code: XE7  
Languages: ENGLISH

0211986 82207154

**Ethics and surgery: bedside teaching and learning.**

Richardson JD; Polk HC Jr; Barber RL  
Bull Am Coll Surg ,Jul 1982, 67 (7) p10-3, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0211285 82221979

**The work of the general practitioner surgeon.**

Williamson BC  
Practitioner ,Mar 1982, 226 (1365) p521-2, 524-5, ISSN  
0032-6518 Journal Code: PHQ  
Languages: ENGLISH

00357

0210492 82214109

**Alcoholism assessment on an orthopaedic surgery service.**

Beresford T; Low D; Adduci R; Goggans F

J Bone Joint Surg [Am] ,Jun 1982, 64 (5) p730-3, ISSN

0021-9355 Journal Code: HJR

Languages: ENGLISH

We reviewed the initial history, obtained by the orthopaedic house staff, of each of eighty-seven patients who were consecutively admitted to an acute orthopaedic-surgery service. A diagnosis of alcoholism was made by the house staff in only one of every ten patients who had been identified as having symptoms of alcohol addiction in a previous study. Alcohol abuse was identified in only five of every ten such patients. Of the orthopaedic patients in this sample who had been shown to be abusing alcohol, 37 per cent were neither suspected nor diagnosed as abusers by the orthopaedic house staff. We recommend the use of a brief screening interview (CAGE) to increase diagnostic effectiveness in this area, and discuss the clinical usefulness of an early diagnosis of alcoholism among orthopaedic surgical patients.

0210208 82210167

**Expanding critical care beds through a surgical observation subunit.**

Cross L

Dimens Crit Care Nurs ,May-Jun 1982, 1 (3) p174-6, ISSN

0730-4625 Journal Code: EAD

Languages: ENGLISH

0209996 82208051

**Treatment outcome and efficiency in surgery.**

Haig TH

Can J Surg ,May 1982, 25 (3) p293-6, ISSN 0008-428X  
Journal Code: CKJ

Languages: ENGLISH

Health gains for patients treated on the surgical service of the University Hospital in Saskatoon have been measured using an illness index matrix and these gains have been related to financial costs. Although many patients benefited, 46.5% did not, either because they suffered self-limiting complaints or because their diseases were beyond the surgeon's ability to help. This 60-bed surgical service generated costs of \$8 million in 1979, of which about \$3 million were for services from which there was little or no gain for the patient. Since 72% of expenditures were for basic bed, board and nursing costs, more exacting use of hospital beds holds the greatest potential for increasing efficiency. There is evidence, too, that our use of medical manpower may be improvident.

0209975 82207621

**Elderly patients in a general surgical unit: do they block beds?**

Seymour DG; Pringle R

Br Med J [Clin Res] ,Jun 26 1982, 284 (6333) p1921-3,

Journal Code: B4X

Languages: ENGLISH

In a prospective study of patients aged 65 years and over admitted to a general surgical unit only one patient in 10 remained in hospital for more than a month and fewer than one patient in a hundred became a "bed-blocker." While the over-65s had mean and median durations of stay which were longer than those of younger patients, in almost all cases a prolonged stay in hospital resulted from postoperative morbidity and was not related to social or administrative factors. Only a reduction in the incidence of postoperative morbidity could achieve a significant saving in the number of bed-days occupied by elderly people.

0209140 82203619

**A freestanding ambulatory surgical unit: a success or failure?**

Wolff J; Dunning DR

Am J Obstet Gynecol ,Jun 1 1982, 143 (3) p270-6, ISSN  
0002-9378 Journal Code: 3NI

Languages: ENGLISH

The concept of a freestanding ambulatory surgical center was to provide the patient with a more cost-effective, safe, and convenient service. A study of 5,369 surgical patients treated at the Northeast Louisiana Surgical Center, Inc., in Monroe, Louisiana, was carried out to determine whether these objectives had been met. The finding was that a freestanding ambulatory surgical center was more cost effective than either a hospital ambulatory unit or an in-hospital service. The infection rate was 0.06%, and the hospital transfer rate was 0.04%. The concept of freestanding ambulatory surgical center has fulfilled the expectations of safety, convenience, and cost effectiveness for the patients.

0207944 82192221

**Oral Candida colonisation in surgical patients.**

Mitchell KG

J R Coll Surg Edinb ,Jan 1982, 27 (1) p50-2, ISSN  
0035-8835 Journal Code: JVC

Languages: ENGLISH

00358

0207845 82191113

**Estimating the effects of nosocomial infections on the length of hospitalization.**

Green MS; Rubinstein E; Amit P

J Infect Dis ,May 1982, 145 (5) p667-72, ISSN 0022-1899

Journal Code: IH3

Languages: ENGLISH

Increased length of hospitalization due to nosocomial infections has generally been calculated from the arithmetic mean of the differences in hospital stay of persons with nosocomial infections and their matched control patients. This method may yield estimates inflated by a few extreme values. Data from a prospective study of nosocomial infections in patients hospitalized in surgical and orthopedic services in a large hospital in Israel are used to illustrate a modified statistical approach to this problem. The geometric mean of the ratio of length of hospitalization of 57 patients with nosocomial infections to matched control patients was determined. The increased mean hospital stay was estimated at 4.5 days for urinary tract infection, 11.9 days for surgical wound infection, and 25 days for "double infection." These figures were lower than those derived from calculation of the arithmetic mean of excess hospital stay and suggest that this modification should be incorporated in future studies of this nature.

0207635 82189315

**Day care surgery for infants and children.**

O'Donnell B

Ir Med J ,Mar 1982, 75 (3) p68, ISSN 0021-129X

Journal Code: GXD

Languages: ENGLISH

0206680 82165843

**Waiting lists: the long, long trail...**

George JA; Canvin RW; Fox D

Health Soc Serv J ,Mar 18 1982, 92 (4788) p332-5, ISSN

0300-8347 Journal Code: GAR

Languages: ENGLISH

0206543 82181578

**No longer the only act in town.**

Hodgson PE

Arch Surg ,May 1982, 117 (5) p529-32, ISSN 0004-0010

Journal Code: 81A

Languages: ENGLISH

0206495 82180846

**Psychologist in a plastic surgery service.**

Clifford E

Ann Plast Surg ,Jan 1982, 8 (1) p79-82, ISSN 0148-7043

Journal Code: 5VB

Languages: ENGLISH

Some of the roles of a psychologist on a plastic surgery service, particularly with patients undergoing cleft palate, craniofacial, and breast reconstruction, are explored. Psychological counseling with parents of infants with birth defects is described. For patients with craniofacial anomalies team management, extensive presurgical evaluations, and a psychological support system during hospitalization are required. Patients undergoing breast reconstruction need to work through preexisting feelings and attitudes about mastectomy as well as their anticipation of results of corrective surgery. For all patients, printed materials are used to augment the counseling. Research is emphasized, in keeping with the role of such a plastic surgery service in a university setting.

0205722 82172211

**[Urgent acute situations for the general surgery department: craniocerebral trauma]**

Unabweisbare Akutsituationen für die Allgemeinchirurgische Abteilung - Schadel-Hirn-Verletzungen.

Liesegang J

Langenbecks Arch Chir ,1981, 355 p335-9, ISSN 0023-8236

Journal Code: LIM

Languages: GERMAN Summary Languages: ENGLISH

In the management of accident patients a physician must be able to recognize the life-threatening complications of craniocerebral trauma. Therefore, he must be well versed in the symptomatology of such complications and by a short neurological examination be able to find out the risk to the patient. Only in this way is it possible to decide whether the patient has to be merely observed or additional neuroradiological investigation is necessary, whether he has to be transferred to a neurosurgical department or in emergency cases be operated on immediately. In acute epidural hematoma, e.g., with signs of midbrain compression, an instantaneous trephination is imperative; therefore, a general surgeon, too, should have the ability to perform such an operation, the technique of which is described in the paper.

00359

0205721 82172210

**[Urgent acute situations for the general surgery department - presented with examples]**

Unabweisbare Akutsituationen für die Allgemein-Chirurgische Abteilung - Aufgezeigt an Beispielen.

Streicher HJ

Langenbecks Arch Chir ,1981, 355 p331-4, ISSN 0023-8236

Journal Code: LIM

Languages: GERMAN

0205718 82172207

**[Possibilities for the application of electronic data processing in surgical departments (author's transl)]**

Möglichkeiten des Einsatzes von elektronischer Datenverarbeitung in chirurgischen Abteilungen.

Bokelmann D; Pfaff G

Langenbecks Arch Chir ,1981, 355 p311-5, ISSN 0023-8236

Journal Code: LIM

Languages: GERMAN Summary Languages: ENGLISH

The primary precondition for the application of electronic data processing (EDP) are organisational measures including adequate personnel who are needed for preparatory work. Special documentation and coding systems must be introduced for the purpose of data preparation, whereby the size of the EDP equipment (hardware) depends on the problem to be tackled.

The EDP programmes (software) should be designed in such a way that every doctor is able to operate the EDP equipment even with little knowledge of data processing. Equipment ranges from minicomputers and centralized computer systems to integrated information systems. Whereas today well-designed application models for minicomputers already exist, the integrated information system is still in a development stage.

0205716 82172205

**[Starting a data processing system in a middle-sized surgical department (author's transl)]**

Datengerechte Befunderhebung, Organisation und Archivierung in einer mittleren chirurgischen Abteilung--Konzeption einer Standardisierung.

Ott G

Langenbecks Arch Chir ,1981, 355 p303-8, ISSN 0023-8236

Journal Code: LIM

Languages: GERMAN Summary Languages: ENGLISH

0205273 82165971

**Automated system solves major problems of scheduling, charging, and data collecting [interview]**

Mathis T

Hospitals ,May 16 1982, 56 (10) p59-60, ISSN 0018-5973

Journal Code: GDJ

Languages: ENGLISH

0205121 82164097

**[Rational EDP-basic documentation in the surgical clinic]**  
Rationelle EDV-Basisdokumentation in der Chirurgischen Klinik.

Stock W; Nitzschke E; Mackrodt HG

Chirurg ,Mar 1982, 53 (3) p176-83, ISSN 0009-4722  
Journal Code: D5U

Languages: GERMAN Summary Languages: ENGLISH

The establishment of a clinical basis documentation has approved because of the co-operation with the service-computer-centre of the clinical administration by linking the administrative and clinical data of the patients. The most essential data like diagnosis, operation, complication, operating surgeon as well as the eventual case of death will be registered in a protocol by the ward physician. These data will be registered by a documentary assistant according to the international keys. The evaluation of the data is done by a SPSS-program. The present results demonstrate that this kind of computer assisted clinical documentation has been successful.

0204790 82155324

**Systems for surgical audit.**

Collopy BT

World Hosp ,Feb 1982, 18 (1) p32-4, Journal Code: XP6

Languages: ENGLISH

0204362 82135804

**Cost containment in surgery: toward practice productivity.**

Manuel BM

Bull Am Coll Surg ,Apr 1982, 67 (4) p4-6, ISSN 0002-8045  
Journal Code: BDC

Languages: ENGLISH

0204311 82159508

**Surgeons and the surgical intensive care unit [editorial]**

Sugarman HJ

Arch Surg ,Apr 1982, 117 (4) p391, ISSN 0004-0010  
Journal Code: BIA

Languages: ENGLISH

00360

0204250 82158950  
**Ambulatory surgery growing at rapid pace.**  
Burns LA  
AORN J ,Feb 1982, 35 (2) p260-70, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203370 82148557  
**The role of the theatre nurse within the surgical unit.**  
Morgan S  
NATNEWS ,Feb 1982, 19 (2) p14-6, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0202172 82128932  
**Productive unit operates in specialized hospital [Interview]**  
Steinberg G  
Same Day Surg ,Mar 1982, 6 (3) p32-5, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0202169 82128929  
**Marketing gives ambulatory surgery units competitive edge.**  
Berkowitz E  
Same Day Surg ,Feb 1982, 6 (2) p13-5, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0202022 82119632  
**Nursing shortage threatens ward closure? An analysis of one medical center's response.**  
Lipscomb J; Toth PS; Wurster G  
Hosp Health Serv Adm ,Jan-Feb 1982, 27 (1) p18-25, ISSN 0364-4553  
Journal Code: G9T  
Languages: ENGLISH

0202016 82119626  
**Hospital ambulatory surgery in the 1980s.**  
O'Donovan TR  
Hosp Health Serv Adm ,1981, 26 (6 Spec No 2) p19-31,  
ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0199074 82097118  
**Same day surgery: a form of hospital ambulatory care specific to surgical procedures.**

Morris MR  
J Am Med Rec Assoc ,Feb 1982, 53 (1) p21-4, ISSN 0025-7486  
Journal Code: GJV  
Languages: ENGLISH

0198209 82104883  
**Organization for upper limb reattachment surgery.**  
Burton R; Beasley R; Omer G; Meyer V  
Orthop Clin North Am ,Oct 1981, 12 (4) p915-27, ISSN 0030-5898  
Journal Code: OKN  
Languages: ENGLISH

0197497 82096797  
**Cart requisition form provides cost control for surgical suite [Interview]**  
Maytum JA  
Hospitals ,Feb 1 1982, 56 (3) p46-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0194818 82052547  
**An alternative approach: determining hospital surgical suite charges.**  
Skousen CR; Hooper GL  
Hosp Financ Manage ,Dec 1981, 35 (12) p50-6, 58, 61, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

0194720 82051638  
**Waiting lists: where does the time go?**  
Homard F  
Health Soc Serv J ,Oct 9 1981, 91 (4767) p1234-7, ISSN 0300-8347  
Journal Code: GAR  
Languages: ENGLISH

00361



00485

0193565 8205549

**Case mix complexity differences between teaching and nonteaching hospitals.**

Ament RP; Kobrinski EJ; Wood WR  
 J Med Educ ,Nov 1981, 56 (11) p894-903. ISSN 0022-2577  
 Journal Code: J13  
 Languages: ENGLISH

In the study reported here, the authors measured the differences between teaching and nonteaching hospitals in case mix complexity and provided some detail concerning the differences. They measured case complexity in a sample of 200 short-term general hospitals by the Resource Need Index (RNI) using a cross-classification of 3,490 case types with weights compiled from patient charges. Median RNI values were moderately higher for teaching than for nonteaching hospitals both for the hospital as a whole and for each clinical service except obstetrics-gynecology. The most resource-intensive case type were relatively more frequent in the teaching hospitals, but the least resource-intensive types were of about equal relative frequency in the two hospital groups. The results show that teaching hospitals could be expected to cost somewhat more per patient even if case mix were the only factor.

0193010 82047512

**Plastic surgery in a large hospital.**

Pers M; Davenport P  
 Br J Plast Surg ,Oct 1981, 34 (4) p373-8. ISSN  
 0007-1226 Journal Code: BOW  
 Languages: ENGLISH

It may be debated whether the interaction between plastic surgery and other specialties is important enough to justify the presence of a department of plastic surgery in a large teaching hospital. To provide some data on which to base such discussion we have analysed the interaction at the Rigshospitalet in Copenhagen over a ten year period (1970-1980). In the plastic surgery department almost 10% of all the operations were on patients from the wards of other departments. One tenth of these operations were combined operations carried out in collaboration with surgeons from other specialties. Otherwise intractable conditions may be cured by such combined activity and a properly organised "skin-grafting service" pays handsome dividends by shortening the healing time for ulcers within the hospital.

0192669 82030166

**Simulation and surgery: planning a complex service.**

Zilm F  
 Health Care Plann Mark ,Oct 1981, 1 (3) p1-10. ISSN  
 0271-1222 Journal Code: G2Y  
 Languages: ENGLISH

0192080 82040146

**The original Peter Bent Brigham Hospital surgical staff.**

Tilney NL  
 Surg Gynecol Obstet ,Nov 1981, 153 (5) p741-6. ISSN  
 0039-6087 Journal Code: VBD  
 Languages: ENGLISH

0190464 82022370

**OR staffs respond to Hyatt casualties.**

Patterson P  
 AORN J ,Sep 1981, 34 (3) p411-6. ISSN 0001-2092  
 Journal Code: 6JR  
 Languages: ENGLISH

0190185 82019342

**[Organization of Inpatient surgery]**

Zur Organisation der stationären Chirurgie.  
 Honnrich J  
 Z Arztl Fortbild (Jena) ,Feb 1 1981, 75 (3) p126-8.  
 ISSN 0044-2178 Journal Code: XSG  
 Languages: GERMAN

0189950 82015988

**A plastic surgeon returns to Vietnam.**

Constable JD  
 Plast Reconstr Surg ,Oct 1981, 68 (4) p618-28. ISSN  
 0032-1052 Journal Code: P95  
 Languages: ENGLISH

0189581 82012799

**[The hygiene-responsible person in the surgical clinic. A report of our experience]**

Der Hygiene-Beauftragte in der Chirurgischen Klinik. Ein Erfahrungsbericht.  
 Rabe M  
 Med Welt ,Aug 21 1981, 32 (34) p1244-6. ISSN 0025-8512  
 Journal Code: MIM  
 Languages: GERMAN

00062

0189303 82009549

**Hospital privileges for family physicians: a national study of office based members of the American Academy of Family Physicians.**

Clinton C; Schmittling G; Stern TL; Black RR  
J Fam Pract ,Sep 1981, 13 (3) p361-71, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

In 1980 the American Academy of Family Physicians sampled those active members who were nonfederal, office based physicians in direct patient care to ascertain the characteristics of their hospital practices. The sample was stratified by the nine US census regions: 83.7 percent of the 5,216 active members in the sample responded. The vast majority of family physician/general practitioners in direct patient care in an office based setting have hospital admission privileges in one or more hospitals. A higher percentage of family physicians/general practitioners in census regions west of the Mississippi River were likely to have privileges in obstetrics and surgery than those in eastern regions. Moreover, family physicians/general practitioners in the nonmetropolitan areas of each census region were more likely to have hospital privileges at any level than were their colleagues in the metropolitan areas of the same region. Although there were disparities in the proportions of family physician/general practitioners with certain hospital privileges among regions, the vast majority in each region indicated that the privileges afforded them were appropriate.

0188686 82003379

**How many intensive care beds does your hospital need?**

Schwartz S; Cullen DJ  
Crit Care Med ,Sep 1981, 9 (9) p625-9, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

0188601 82002075

**King Faisal Specialist hospital and Research Centre cardiovascular Surgery Unit: progress report after two years.**

DeBaKey ME; Beall AC Jr; Feteih N; Guinn GA; Mattox KL; Lawrie GM; Whisennand HH; Mardini M; Fawzy M; Heibig J; Tabba R; Pickard LR  
Cardiovasc Res Cent Bull ,Jan-Mar 1980, 18 (3) p57-60, ISSN 0008-6371 Journal Code: COV  
Languages: ENGLISH

0188133 81265058

**Developing the ambulatory surgical unit: the physician's responsibility.**

Davis JE  
J Ambulatory Care Manage ,Aug 1981, 4 (3) p27-34, ISSN

0148-9917 Journal Code: H49

Languages: ENGLISH

0187549 81278519

**40 years' work of a paediatric surgical ward.**

Pilaszanovich I; Pinter A  
Acta Paediatr Acad Sci Hung ,1981, 22 (1-2) p83-8, ISSN 0001-6527 Journal Code: 1JQ  
Languages: ENGLISH

The overall activity of the Surgical Ward of the Children's Department, University Medical School of Pecs, was analysed in the 40-year period of 1940-1980 in order to illustrate the rapid development in the surgical care of infants and children. A scoring system, based on the magnitude of surgical interventions and patient age, was worked out to prove this progress. The most remarkable feature of the development of paediatric surgery is that more skillful and time-consuming surgery is required in much younger patients. In order to meet the higher demands, the conditions of such a service should further be improved.

0187518 81277909

**[Event-adapted check protocol for kidney transplant candidates]**

Ablaufadaptiertes Prüfprotokoll für Patienten, die zur Nierentransplantation einbestellt sind.  
Bierig FD; Krause G; Rose W; Janisch W  
Z Urol Nephrol ,May 1981, 74 (5) p385-9, ISSN 0044-3611  
Journal Code: Y1W  
Languages: GERMAN

0186875 81270713

**The organisation and management of operating departments.**

NATNEWS ,Jul 1981, 18 (7) p16-7, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0186872 81270708

**Ways in which effective cost saving could be made in the operating department.**

Hughes J  
NATNEWS ,Jun 1981, 18 (6) p15-6, 19, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

00963

0185559 81255256

**Pulmonary artery pressure monitoring in the surgical intensive care unit. Benefits vs difficulties.**

Quinn K; Quebbeman EJ

Arch Surg ,Jul 1981, 116 (7) p872-6, ISSN 0004-0010  
Journal Code: 81A

Languages: ENGLISH

The process of pulmonary artery pressure monitoring in 50 consecutive patients in the surgical intensive care unit was analyzed to determine the number and types of problems that occurred in relation to the benefit obtained. Twenty-six percent of the patients had a change in their cardiorespiratory therapy and their conditions were improved after the pressure data were obtained. Many technical and interpretative problems that tended to decrease the desirability of using pulmonary artery pressure monitoring were identified. Most problems could be avoided by carefully calibrating the monitor system, clearing the catheter system of air bubbles and blood clots, learning to properly interpret pulmonary artery pressure tracings despite large respiratory variations, and obtaining a hard-copy printout of the pressure tracing with the simultaneous ECG signal. A protocol for avoiding many difficulties was developed.

0181971 81216451

**Office and hospital post-surgical infection: a survey.**

Shapiro SL; Shapiro PJ

J Foot Surg ,Spring 1980, 19 (1) p32-3, Journal Code:

IAH

Languages: ENGLISH

0181671 81214053

**Survey indicates extensive ambulatory surgery by hospitals.**

Burns LA; Ferber MS

Hospitals ,Jul 1 1981, 55 (13) p69-70, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0181245 81209107

**A five-day ward as part of a comprehensive surgical service.**

Ruckley CV; Ferguson JB; Cuthbertson C

Br Med J [Clin Res] ,May 9 1981, 282 (6275) p1525-8,  
Journal Code: B4X

Languages: ENGLISH

The role of a five-day ward was examined as part of an audit of the work of a general surgical unit. The four levels of care for elective operations were main ward, five-day ward, major day care, and minor day care. In a prospective study 2000 consecutive patients were followed through their hospital courses from the first referral to the surgical clinic to the postoperative follow-up visit. The aim was to measure the surgical needs of this population and to determine the rates

of success or failure in carrying through the planned care. One thousand and forty-five (52%) of the referred patients were put on waiting lists, and of these, 975 (93%) completed their hospital course within the two years of the study. The surgeons chose five-day ward care for 28% of the patients, major and minor day care for 8% and 33% respectively, leaving only 30% who were judged to require care in the main ward. Selections were validated by postoperative interview, which showed that 82% had followed the expected hospital course, and by monitoring deviations from planned care. Four per cent of the five-day ward patients required transfer to the main ward and 3.3% required readmission. Patients managed in the five-day ward were on average younger and the conditions less urgent than those in the main ward. We conclude that a five-day ward can fulfil a large and important part of a general surgical service provided that its function is closely integrated with other parts of the service and that patients are accurately assessed in the outpatient clinic.

0179885 81197744

**Status of Department of Otolaryngology and Maxillo-Facial Surgery, University of Nebraska Medical Center, Omaha, Nebraska.**

Yonkers AJ

Nebr Med J ,Mar 1981, 66 (3) p57, ISSN 0091-6730  
Journal Code: NUO

Languages: ENGLISH

00264

0179694 81196062

**Gallbladder operations: a population-based analysis.**

Cageorge SM; Roos LL Jr; Danzinger R  
Med Care ,May 1981, 19 (5) p510-25, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Cholecystectomy is one of the most frequently performed elective surgical procedures, and a major contributor to surgery-associated mortality. The well-documented variation in surgical rates across geographic areas has been attributed not simply to differences in disease prevalence but to factors such as varying rates of clinical and radiologic investigation and use of different indications for surgical treatment. The research uses a large claims-based data bank--the hospital and medical files maintained by the Manitoba Health Services Commission. The study focused first on the incidence of gallbladder operations in Manitoba's six rural and three urban areas. Age-adjusted surgical rates varied across regions from more than 50 operations per 10,000 persons aged 25 and over to less than 42. Such variation was considerably less than that noted earlier for the tonsillectomy/adenoidectomy (T&A) operation. Cholecystectomy and T&A rates were not significantly correlated across regions. Moreover, a region's cholecystectomy rate and its 'supply' of operating physicians (measured by a physician-to-population ratio) were not significantly associated. Because a large number of referrals to surgeons in urban centers take place, an analytical distinction between surgery done within the region and that done outside the region has been made. Some movement of rural patients with more serious conditions to urban hospitals is found. Questions of regionalization of surgery are discussed using 9 years of data on mortality following cholecystectomy and biliary tract surgery.

0179342 81191601

**[Organization and activities of microsurgery in Belgium]**

Organisation et activites de la microchirurgie en Belgique.  
Dolmans S  
Helv Chir Acta ,Feb 1981, 47 (6) p831-3, ISSN 0018-0181  
Journal Code: G4P  
Languages: FRENCH Summary Languages: ENGLISH

Answering the question of indications and organisation in microsurgery in Belgium, a report is given of the microsurgical activities around the country. The benefit of the multicentered activity is stated and the necessity of a more pronounced organisation for emergency microsurgery is stressed.

0179341 81191600

**[Organization of microsurgery in France: application of microsurgery in orthopedics]**

Organisation de la microchirurgie en France: application de la microchirurgie en orthopedie.  
Comtet JJ

Helv Chir Acta ,Feb 1981, 47 (6) p823-30, ISSN 0018-0181  
Journal Code: G4P

Languages: FRENCH Summary Languages: ENGLISH  
Microsurgery in France is organized in a relatively large number of centers. More centers would compromise the results achieved especially in replantation. Teaching and training is given in specialised courses and at universities. Indications for microsurgery in orthopaedics and traumatology are widespread. Large replantations may give excellent results but frequent complications have to be kept in mind, which sometimes are life-threatening. Free or composite grafts of skin, toe, muscles, bone and joints with neurovascular peduncle may be taken into consideration.

0179305 81191454

**Analysis of applications for surgical intern post.**

Fox MJ; O'Higgins NJ  
Ir Med J ,Apr 1981, 74 (4) p117-8, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

0177555 81173028

**The 37 1/2 hour working week for nurses, its implementation and implications in the operating department: NATN/Surgikos Scholar Award 1980.**

Aries J  
NATNEWS ,Feb 1981, 18 (2) p17-26, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0176339 81140444

**Discovery rule requires plaintiff to prove facts.**

Regan WA  
Hosp Prog ,Apr 1981, 62 (4) p68, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0176204 81136200

**Development of a clinical department practice plan.**

Small AH  
Case Stud Health Adm ,1980, 2 p401-7, ISSN 0193-9394  
Journal Code: DAN  
Languages: ENGLISH

00965

0176166 81136162

Removal of a department head--abdicate or execute?

Zamberlan A

Case Stud Health Adm .1980. 2 p199-203. ISSN 0193-9394

Journal Code: DAN

Languages: ENGLISH

00366

**HOSPITALES, DEPARTAMENTOS**

00367

0230272 83126302

**The rationale for the Department of Geriatric and Rehabilitation Medicine at the Royal Adelaide Hospital.**

Burr M

Aust Health Rev ,Nov 1982, 5 (4) p13-4, ISSN 0156-5788  
Journal Code: 9GC

Languages: ENGLISH

0230177 83118453

**The impact of computer-age technology on respiratory therapy.**

McPeck M

Respir Care ,Jul 1982, 27 (7) p855-65, ISSN 0730-8418  
Journal Code: QZ3

Languages: ENGLISH

Computer-age technology is changing the face of respiratory therapy as it is that of nearly every other technical field. In some hospital respiratory therapy departments computers are presently being used for a wide range of functions such as blood gas result reporting, billing, budgeting, purchasing, hemodynamic calculations, and respiratory monitoring. Microprocessor-controlled ventilators and respiratory monitoring systems are becoming increasingly utilized. In the future the computer may actually operate the ventilator. But who is going to operate the computer? The new breed of intensivist will be trained in critical care medicine, respiratory therapy, biomedical engineering, and computer technology. Respiratory therapists must recognize and rise to the challenge that computer-age technology presents if they are to continue as intensivists. The worst possible development of the future for respiratory therapy would be for computer-age technology to be applied to respiratory therapy without the input and inclusion of respiratory therapists. The challenge then is to be adequately prepared to utilize and apply this inevitable new computer-age technology.

0230176 83118452

**Respiratory therapy as a component of an integrated hospital information system: the Parkland On-Line Information System (POIS).**

Mishelevich DJ; Robinson AL; Rogers C; DuPriest ME; Mize EI  
Respir Care ,Jul 1982, 27 (7) p846-54, ISSN 0730-8418

Journal Code: QZ3

Languages: ENGLISH

Information handling is an important part of the activities of health care professionals, and the Parkland On-line Information System (POIS)--a computerized hospital information system--was established to more efficiently handle the processing and storage of information in our institution. Computerization of a respiratory therapy department is more effective if done in the context of a comprehensive, integrated hospital information system. Information and requests for services flow into the respiratory therapy

departmental computer from other hospital terminals, and information, such as patient charges and statistical data, flow out of the departmental computer to those requesting such information. POIS is an implementation of the IBM Patient Care System. We have found that a computerized hospital information system can facilitate patient care by easing the burden of information processing.

0230169 83118445

**Computerized decision-making in the pulmonary function laboratory.**

Gardner RM; Crapo RO; Morris AH; Beus ML

Respir Care ,Jul 1982, 27 (7) p799-816, ISSN 0730-8418  
Journal Code: QZ3

Languages: ENGLISH

Computers are now in widespread use in pulmonary function laboratories, where they have made an important contribution by assisting with complex and repetitive tasks. They can be used to acquire data from testing instruments, make measurements and calculations, and prepare reports. At LDS Hospital in Salt Lake City, we use the HELP (Health Evaluation through Logical Processing) Computer System for medical decision-making. As a result of our experience with this system, we have found six definable steps between data acquisition and data interpretation: (1) establish quality instrumentation, (2) establish adequate procedures for test performance, (3) standardize measurement and computational techniques, (4) determine the adequacy and reproducibility of results and apply a test selection, (5) identify the measurements to be used for interpretation, and (6) apply strategies that lead to consistent interpretation of results. Because spirometry and blood gas tests account for the major activities of our pulmonary function laboratory, we have applied these six steps necessary for computer decision-making to these two tests; however, they are equally applicable to other tests in the pulmonary function laboratory.

0229474 83122468

**[Medical surveillance of persons exposed to anesthetic gases]**

Surveillance medicale de personnes exposees aux gaz anesthesiques.

Boillat MA; Fasnacht B; Berode M; Droz PO; Haller E; Lob M

Soz Praventivmed ,Oct 1982, 27 (5) p256-7, ISSN 0303-8408  
Journal Code: YF1

Languages: FRENCH

00368

0229456 83122420

**The occupational therapist in Papua New Guinea.**

Rodgers-Wilson M

Papua New Guinea Med J ,Jun 1982, 25 (2) p123-6. ISSN 0031-1480 Journal Code: YEU

Languages: ENGLISH

The Occupational Therapist (O.T.) is an indispensable member of all health teams in major general hospitals, rehabilitation centres, sheltered workshops, psychiatric clinics and special centres for children and elderly people, as well as contributing to many community health projects. The O.T. provides rehabilitation programmes for patients with spinal injuries, degenerative neurological disease, head injuries, blindness, amputations, and leprosy as well as many other disabling conditions. In addition occupational therapy is important in paediatric practice. Supervision of the sheltered workshop is a further responsibility of the O.T. It is recommended that the position for an O.T. in Port Moresby General Hospital be maintained, and that Papua New Guineans be trained overseas to meet future needs within the country.

0229447 83122194

**[Difficulties and possibilities of the integration of psychosomatic obstetric knowledge in labor and lying-in wards]**

Schwierigkeiten und Möglichkeiten bei der Integration psychosomatisch-geburtshilflichen Wissens im Kreissaal und auf den Wochenbettstationen.

Müller P

Z Geburtshilfe Perinatol ,Aug-Sep 1982, 186 (4) p208-11. ISSN 0300-967X Journal Code: XU4

Languages: GERMAN Summary Languages: ENGLISH

Results of research into early mother-child relations provoked by developments in depth psychology and pediatrics have had an extremely lasting influence on psychosomatic obstetrics. Their intensification depends on the patient's own, often subconscious, motivation, which is the decisive influence in the success of the therapy. In an investigation involving nurses engaged in obstetrical duties (n = 237) the question as to the extent in which the nurses' individual psychological characteristics and social attitudes differed from those of the "average population" and to what extent ward sisters, midwives and children's nurses differed in their psychic make-up was examined. The health of an individual depends on a healthy "relationship", on "his or her real, individual and social capacity as well as on the idealistic standards which the individual strives to live up to." Both with regard to their social position and the appreciation they receive, the nurses considered that they were not appreciated as much as they would like to have been. Their inhibited aggression exercises an influence on their basic mood which, in individual sub-groups, is tinged with depression. Vocational further-training sessions in their intellectualised form are, rather, a form of defence instead of a potential forum for discussing difficulties.

0229318 83120289

**[Role of the supervisory nurse in a medical department in Black Africa]**

Rôle de l'infirmière surveillante d'un service de médecine en Afrique noire.

Diop CD

Soins Pathol Trop ,Sep-Oct 1982, (37) p25-7. ISSN 0222-9307 Journal Code: UVM

Languages: FRENCH

0228981 83116312

**The QA policy statement: a tool for focusing a hospitalwide QA program.**

Hester SB

ORB ,Dec 1982, 8 (12) p14-5. ISSN 0097-5990 Journal Code: OKP

Languages: ENGLISH

0228797 83114750

**Automated anesthesia data management and recordkeeping.**

Mitchell MM

Med Instrum ,Nov-Dec 1982, 16 (6) p279-82. ISSN 0004-5446 Journal Code: M12

Languages: ENGLISH

It is apparent that judicious application of computer technology to the design and implementation of an automated anesthesia recordkeeping system could afford increased ease of use to the anesthesiologist compared to a manually kept record. Although prototype systems have been developed at academic institutions, and commercially available operating room physiological monitoring systems show increasing capability for some recordkeeping functions, production of an effective AAD-MARKS will depend on the development of suitable display formats and capabilities, markedly improved user interfaces for data input and system control, intelligent graduated alarm systems, and demonstrated reliability, with provision for preservation of critical data and recordkeeping functions and basic physiological data monitoring despite system failure.

0228695 83112461

**Pattern of admissions in a general surgical unit.**

Junaid I; Qureshi H; Hasan A; Ahmed M

JPMA ,Aug 1982, 32 (8) p187-90. ISSN 0030-9982 Journal Code: KGI

Languages: ENGLISH

00069



0228633 83111861

**Medical physics in the Northern Region: a general exposition of regional department in excelsis.**

Boddy K

J Med Eng Technol ,Nov-Dec 1982, 6 (6) p219-26, ISSN

0309-1902 Journal Code: J14

Languages: ENGLISH

00486

0228340 83108196

**Applying the conclusions of the Flood study to the hospital practice world.**

Ross A

Health Serv Res ,Winter 1982, 17 (4) p373-7, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

00487

0228338 83108194

**Effectiveness in professional organizations: the impact of surgeons and surgical staff organizations on the quality of care in hospitals.**

Flood AB; Scott WR; Ewy W; Forrest WH Jr

Health Serv Res ,Winter 1982, 17 (4) p341-66, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

In this research, we examine the relative importance of different structural units in a professional organization, the hospital, as they affect organizational effectiveness. The difficulties of measuring effectiveness in a complex professional organization are discussed, and an adjusted measure of surgical outcome is developed. Data are drawn from a prospective study of over 8,000 surgical patients treated by more than 500 surgeons in 15 hospitals throughout the nation. Two different types of analyses are presented, both indicating that hospital features have more impact on surgical outcomes than do surgeon characteristics. The second analysis assesses the relative importance of specific attributes of the hospital, surgical staff organization, and surgeon characteristics on surgical outcomes.

0228332 83108150

**An interactive computer graphics program for determining the shielding for a megavoltage radiotherapy facility.**

Biggs PJ

Health Phys ,Oct 1982, 43 (4) p601-7, ISSN 0017-9078

Journal Code: G2H

Languages: ENGLISH

00488

0228241 83107152

**The "new managers" and their effect on the funding of academic pathology departments.**

Townsend JF  
Hum Pathol ,Nov 1982, 13 (11) p978-80, ISSN 0046-8177  
Journal Code: GEC  
Languages: ENGLISH

0227922 83102101

**The clinical value and cost of a district hospital urodynamic unit.**

Miller RA; Barod RK; Chapman J; Fergus JN

Br J Urol ,Dec 1982, 54 (6) p635-7, ISSN 0007-1331

Journal Code: B3K

Languages: ENGLISH

A retrospective review has shown that urodynamic studies were useful in the diagnosis of 87% of our patients and were diagnostic in 43%. The cost per patient was 43 pounds, which compares favourably with urography (35 pounds) an in-patient cystoscopy (104 pounds). Provided that more than 200 patients a year are studied, the expense and effort of running the urodynamic unit are justified. We now perform urodynamic studies routinely in patients with complex lower urinary tract symptoms, prior to intravenous urography and cystoscopy.

0227806 83092055

**Designing an on-line system for radiology.**

Watkins G

Radiol Manage ,Sep 1982, 4 (4) p8-10, ISSN 0198-7097

Journal Code: QSJ

Languages: ENGLISH

0227805 83092054

**Legal forum: antitrust litigation.**

Kraus GP

Radiol Manage ,Sep 1982, 4 (4) p32-4, ISSN 0198-7097

Journal Code: QSJ

Languages: ENGLISH

00370

0227803 83092052

**Operational budgeting and budgetary control in diagnostic radiology.**

Evert H

Radiol Manage ,Sep 1982, 4 (4) p21-3, ISSN 0198-7097  
Journal Code: Q5J

Languages: ENGLISH

This article is concerned with establishing a revenue and expense budget for a diagnostic radiology department. It deals with setting up a breakout of examinations into specific categories and projecting the volume in each category. The volume should be expressed in RVUs rather than examinations. The volume predictions for the upcoming year would then be decided by factoring in such things as new procedures, new technology, patient day projections, ER projections, and any known outside influences. Once the volume is projected, expenses should be matched to these increases or decreases. These expenses would be prior to adding inflationary impacts. Finally, a follow-up should be performed on a monthly basis to ensure that the percentage change in volume is being matched by the same percentage change in expenses.

00489

● 0227802 83092051

**Radiology information system--let's phase it.**

Hanwell L; Hartman P

Radiol Manage ,Sep 1982, 4 (4) p2-7, ISSN 0198-7097  
Journal Code: Q5J

Languages: ENGLISH

This article describes the phases of the Systems Development Life Cycle for Information Systems: evaluation and recommendation, scope, user specifications, engineering, programming and implementation, and post-implementation review. This methodology provides a means to approach the development process in an organized, logical fashion, providing checkpoints and cost/benefit data throughout.

00430

● 0227801 83092050

**The single most important event in a PERT chart.**

Johnson KC; Priday DM

Radiol Manage ,Sep 1982, 4 (4) p18-20, ISSN 0198-7097  
Journal Code: Q5J

Languages: ENGLISH

PERT is becoming a necessary approach for controlling the many events that contribute to the success or failure of initiating new diagnostic imaging services. This article first describes the development of a PERT program and offers advice on how to optimize the chance for successful results. It then describes the one single event that is the most critical one that impacts on the total results which are obtained.

0227800 83092049

**Smokestacks, widgets and radiology: perspectives on**

**productivity.**

Hage SJ

Radiol Manage ,Sep 1982, 4 (4) p14-7, ISSN 0198-7097  
Journal Code: Q5J

Languages: ENGLISH

Productivity in radiology is a complex and elusive issue. The fact that radiology is the practice of medicine makes management of it very different from management in traditional "smokestack" industry. Management itself is very young, and more familiar with smokestacks and widgets than with radiology or any other service industry. Before management can hope to affect productivity in radiology, it must first come to understand what it (radiology) is, and how it works.

0227799 83092048

**Personnel scheduling--making it work for everyone.**

Cardarella D

Radiol Manage ,Sep 1982, 4 (4) p11-3, ISSN 0198-7097  
Journal Code: Q5J

Languages: ENGLISH

0227733 83090725

**Using OB Mod to increase hospital productivity.**

Snyder CA; Luthans F

Pers Adm ,Aug 1982, 27 (8) p67-73, ISSN 0031-5729  
Journal Code: PA9

Languages: ENGLISH

00491

● 0227606 83086640

**The re-organization of hospital laboratories.**

Yahagi T

Jpn Hosp ,Jul 1982, 1 p45-8, Journal Code: KTA  
Languages: ENGLISH

00492

● 0227592 83082166

**Quality control circles in the hospital.**

Hosp Superv Bull ,Dec 30 1982, (452) p1-8, ISSN 0018-585X  
Journal Code: G9S

Languages: ENGLISH

00371

00493

0227500 83078729

**A fully integrated hospital management system.**

Moss SE

Comput Healthc ,Nov-Dec 1982, 3 (6) p22-4, 26. Journal

Code: D98

Languages: ENGLISH

0227131 83096263

**Exclusive contracts in anesthesia are still held viable.**

Manson JN

AANA J ,Oct 1982, 50 (5) p486-7, ISSN 0094-6354

Journal Code: O2P

Languages: ENGLISH

0227129 83096258

**JCAH perspective: quality assurance in anesthesia services.**

Walczak RM

AANA J ,Oct 1982, 50 (5) p462-4, ISSN 0094-6354

Journal Code: O2P

Languages: ENGLISH

0226974 83094104

**Physicians' income distribution.**

Wild RA

Top Health Care Financ ,Winter 1982, 9 (2) p41-53, ISSN

0095-3814 Journal Code: VVG

Languages: ENGLISH

0226972 83094102

**Legal aspects of hospital-based groups.**

Landau BD; Taubin MJ; Roth AB

Top Health Care Financ ,Winter 1982, 9 (2) p15-28, ISSN

0095-3814 Journal Code: VVG

Languages: ENGLISH

00494

0226890 83092936

**Variations between and within countries in hospital care for peptic ulcer. A comparison between Denmark and Sweden.**

J:snsson B; Silverberg R

Scand J Soc Med ,1982, 10 (2) p63-9, ISSN 0300-8037

Journal Code: UD5

Languages: ENGLISH

The present study tries to examine variations in utilization rates for hospital care for ulcer disease between and within Denmark and Sweden. The focus is on how utilization rates differ but an attempt is also made to explain why regional differences occur. Hospital patient statistics from both countries show that ulcer disease accounts for 35% more

bed-days per 100000 inhabitants in Denmark than in Sweden. The main source for this difference is duodenal ulcer, where the number of bed-days is 63% higher in Denmark. The differences in length of stay are negligible and the numbers of surgical operations are about the same in the two countries. The greater utilization of hospital resources in Denmark is explained mainly by the fact that more medical cases are treated as in-patients in Denmark than in Sweden. Neither mortality rates nor other data support the hypothesis that the incidence of duodenal ulcer is higher in Denmark than in Sweden. The difference between Denmark and Sweden widens when utilization rates are adjusted for differences in the age structure of the population in the two countries. There are wide variations in utilization rates between regions within both countries. The findings support the hypothesis that the intertemporal change in the technology for management of ulcer disease is one of the main reasons for variations between and within countries.

0226797 83091556

**Making physiotherapy more accessible: open access for general practitioners to a physiotherapy department.**

Ellman R; Adams SM; Reardon JA; Curwen IH

Physiotherapy ,Sep 1982, 68 (9) p291-3, ISSN 0031-9406

Journal Code: P8C

Languages: ENGLISH

00495

0226581 83089417

**The surgical residency, the surgical clinic at the Walter Reed Army Medical Center.**

Abramson DJ

Militt Med ,Dec 1982, 147 (12) p1025-8, ISSN 0026-4075

Journal Code: N1A

Languages: ENGLISH

0226127 83084363

**State charity hospital users: a case study of the OB clinic at LSUMCS.**

Dolch NA; Thompson H

J La State Med Soc ,Dec 1982, 134 (9) p20-2, ISSN

0024-6921 Journal Code: IVK

Languages: ENGLISH

00972

0226085 83083773

**Charge-back audiovisual system for a small department.**

Fulwiler D

J Audiov Media Med ,Oct 1982, 5 (4) p135-6, ISSN  
0140-511X Journal Code: H99  
Languages: ENGLISH

0225850 83081664

**Medical and administrative information modelling of a hospital university centre pneumology department.**

Rolland C; Huet B; Battesti JP

Int J Biomed Comput ,Nov 1982, 13 (6) p457-69, ISSN  
0020-7101 Journal Code: G00  
Languages: ENGLISH

Instead of a technology-oriented approach of a hospital information system (HIS), the authors present a structure oriented approach built on three elements: objects, events and operations which allow one to model a static and dynamic schema of an information system (IS). Objects of the static schema lead to a relational model. Events expose various states of Information System; operations allow one to build a dynamic schema. Such a schema is interesting for IS description in order to enhance the analytical capability of the designer, to define IS solutions and to limit the risks of errors. It allows the clinician better management of information relative to patients, especially thanks to the dynamical schema which enables one at any moment to know the patient's state. Finally, it has to free clinicians from managing information and allow them to give an always more important consideration to human relationships in medicine.

0225716 83080193

**M.I.S. teams looks at workload measurement.**

Dimens Health Serv ,Sep 1982, 59 (9) p30, ISSN

0317-7645 Journal Code: E9N  
Languages: ENGLISH

00496

0225304 83074291

**Working towards a total lab management system.**

Heselev B; Frost V

Aust Hosp ,Aug 1982, (66) p7, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0225298 83074285

**PANCH shows the way to modern radiology.**

Aust Hosp ,May 1982, (63) p12, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0225209 83068595

**The educator's role with external agencies, situations.**

Green HG

Tex Hosp ,Dec 1982, 38 (7) p21-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00497

0225202 83068588

**The challenge of education for nurses.**

Richards B

Tex Hosp ,Nov 1982, 38 (6) p40, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225193 83068579

**Turning expectations into performance: administration's goals for medical record department influence productivity and effectiveness.**

Ripple B

Tex Hosp ,Oct 1982, 38 (5) p9-10, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225190 83068576

**How it's working in one Texas hospital.**

Parks D; Cronin SH

Tex Hosp ,Oct 1982, 38 (5) p33-4, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00498

0225189 83068575

**Word processing: a key to increased productivity in medical record departments.**

Dennis A

Tex Hosp ,Oct 1982, 38 (5) p32-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00373

00499

0225187 83068573  
**Retention and release of medical records.**  
Bailey C  
Tex Hosp ,Oct 1982, 38 (5) p29, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225178 83068564  
**Learn to stay one step ahead of T.E.D.s.**  
Halper C  
Tex Hosp ,Sep 1982, 38 (4) p12, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00500

0225170 83068556  
**The challenge of continuing education.**  
Garrett JH  
Tex Hosp ,Aug 1982, 38 (3) p31-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

00501

0225145 83068531  
**Inservice education at George Washington University Medical Center.**  
Bloomrosen M  
Top Health Rec Manage ,Dec 1982, 3 (2) p60-71, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0225144 83068530  
**Inservice program development as applied to confidentiality.**  
Anderson S; Goebel PC  
Top Health Rec Manage ,Dec 1982, 3 (2) p52-9, ISSN 0270-5230  
Journal Code: WAD  
Languages: ENGLISH

0224982 83057887  
**The satisfied consumer: service return behavior in the hospital obstetrics market.**  
Anderson DC  
J Health Care Mark ,Fall 1982, 2 (4) p25-33, Journal Code: IAO  
Languages: ENGLISH

0224968 83057284  
**Physicians, phones and laboratory computers.**

Bloch DM  
J Clin Comput ,1982, 11 (2) p96-101, ISSN 0090-1091  
Journal Code: HOW  
Languages: ENGLISH

0224875 83055422  
**Sharing computerized data benefits cancer registry and radiation therapy division.**  
Fayos J  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p43-9, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0224874 83055421  
**Implementation of a data release policy.**  
Lichtig LK  
J Am Med Rec Assoc ,Dec 1982, 53 (6) p34-42, ISSN 0273-9976  
Journal Code: GJV  
Languages: ENGLISH

0224817 83055198  
**Physicians must show reasons for x-rays on requisition forms.**  
Skillicorn SA  
Hosp Peer Rev ,Oct 1982, 7 (10) p127-8, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0224798 83055154  
**Protecting medical records and other proprietary information.**  
Hosp Secur Saf Manage ,Nov 1982, 3 (7) p5-9, Journal Code: GCP  
Languages: ENGLISH

0224698 83052767  
**Discharge planning models. Oakwood Hospital, Dearborn, MI.**  
Allman J  
Disch Plann Update ,Summer 1982, 2 (4) p26-34, ISSN 0276-4652  
Journal Code: EBL  
Languages: ENGLISH

00974

0224572 83073385

**A new look at old problems.**

Slowey RM

ADRN J ,Oct 1982, 36 (4) p693-7, 700-1, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0224442 83071841

**Trends in radiopharmaceutical dispensing in a regional nuclear pharmacy.**

Basmadjian GP; Johnston J; Barker K; Ice RD

Am J Hosp Pharm ,Nov 1982, 39 (11) p1933-6, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

Dispensing trends for radiopharmaceuticals at a regional nuclear pharmacy over a 51-month period were studied. dispensing records of a regional nuclear pharmacy were analyzed with a forecasting procedure that uses univariate time data to produce time trends and autoregressive models. The overall number of prescriptions increased from 3500 to 5500 per quarter. Radiopharmaceuticals used in nuclear cardiology studies increased from less than 0.1% to 17.5% of total prescriptions dispensed, while radiopharmaceuticals used for brain imaging showed a steady decline from 29% to 11% of total prescriptions dispensed. The demand for other radiopharmaceuticals increased in areas such as renal studies, bone studies, lung studies, liver-function studies, and Ga-67 tumor-uptake studies, and declined slightly for static liver studies. Changes in dispensing trends for radiopharmaceuticals will continue as the practice of nuclear medicine concentrates more on functional studies and as newer imaging techniques become used for other purposes.

0223565 83063054

**[Data on the structure of neurologic inpatient care centers in West Germany]**

Daten zur Struktur neurologischer stationärer Versorgungseinrichtungen in der Bundesrepublik.

Mertens HG; Kappos L; Heitmann R; Seibold-Heitmann S

Nervenarzt ,Oct 1982, 53 (10) p589-97, ISSN 0028-2804

Journal Code: NWS

Languages: GERMAN

0223504 83062163

**Longer visiting hours.**

Fardell J

Midwives Chron ,Nov 1982, 95 (1138) p399-401, ISSN

0026-3524 Journal Code: MYE

Languages: ENGLISH

0223377 83060676

**[Ophthalmologic tumor service for the care of patients with malignant intraocular tumors]**

Ophthalmologische Tumorabteilung zur Betreuung von Patienten mit malignen intraokularen Tumoren.

Heine U; Fuhrmann M

Klin Monatsbl Augenheilkd ,Oct 1982, 181 (4) p240-5, ISSN 0023-2165 Journal Code: KWA

Languages: GERMAN Summary Languages: ENGLISH

The organization of treatment for patients with malignant intraocular tumors is described with reference to the oncology department of an eye clinic specializing in tumor problems. Since eye tumors are seldom encountered in day-to-day ophthalmological practice, and the costs of diagnosis and treatment are so high, centralized treatment facilities are advocated.

0223078 83057093

**Radiology workload system for diagnostic radiology. Productivity enhancement studies.**

MacEwan DW

J Can Assoc Radiol ,Sep 1982, 33 (3) p183-96, ISSN

0008-2902 Journal Code: HLZ

Languages: ENGLISH

A unit measurement system for diagnostic radiology has been prepared. The basic data were collected in fifteen small, medium and large sized Canadian hospitals. Detailed measurements were made of the technologists' time for performing radiographic examinations. Analysis of work activity established the time contribution for each category of support staff. The basic data were tested in a field trial of forty-two Canadian hospitals and found to be reliable. Comparisons with other systems, particularly in Finland and Scotland, revealed a great similarity of results. A method of productivity analysis was developed. The study will be likely to form the basis for national reporting of work in Canadian radiology departments.

0223060 83056415

**The spectrum of outpatient adolescent gynecologic pathology [editorial]**

Russo JF

J Adolesc Health Care ,Sep 1982, 3 (2) p126-7, ISSN

0197-0070 Journal Code: HAM

Languages: ENGLISH

00075

0222889 83054593  
**Patient transfers from medical and surgical settings to psychiatric inpatient wards.**  
Weimer SR; Fenn HH  
Gen Hosp Psychiatry ,Sep 1982. 4 (3) p179-85. ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

0222874 83054460  
**Educating managers with inhouse resources.**  
Nesbitt TJ; Kobes M  
Dimens Health Serv ,Aug 1982. 59 (8) p16, 18. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222869 83054455  
**Anesthetists maintain eternal vigil.**  
Walker TW  
Dimens Health Serv ,Nov 1982. 59 (11) p30. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222868 83054454  
**Recreology department is heart of St. Vincent's.**  
Belanger L  
Dimens Health Serv ,Nov 1982. 59 (11) p28-9. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222343 83048014  
**Early intervention in potential child abuse.**  
Bennie AS; Westphalen JB; Clements FW; Normoyle M  
Aust Health Rev ,Aug 1982. 5 (3) p7-11. ISSN 0159-5709  
Journal Code: 9GC  
Languages: ENGLISH

0222320 83045080  
**Deliveries in short-stay hospitals: United States, 1980.**  
Haupt BJ  
Advance Data ,Oct 8 1982. (83) p1-11. ISSN 0147-3956  
Journal Code: 2GY  
Languages: ENGLISH  
During 1980 3.8 million women with deliveries were discharged from short-stay non-Federal hospitals in the United States. These women made up a sizable portion--9.9 percent--of all the discharges (excluding newborn infants) during that year. Women with deliveries remained hospitalized an average of 3.8 days and used 14.2 million days of inpatient hospital

care. This was only 5.2 percent of the total days spent in hospitals by all patients discharged during the year. Most of the women who had a delivery were in their twenties, were white, and were married. The largest percent of deliveries occurred in the South Region, followed by the North Central, Northeast, and West Regions. The percent of women with deliveries was lowest in the smallest hospitals and highest in the largest hospitals. Most of the women with deliveries were discharged from nonprofit hospitals. About half of the women had a normal delivery and about half had some sort of complication. Women more likely to have a complicated delivery were older, were races other than white, had an unknown marital status, and had delivered in the South Region. These women also stayed in the hospital longer, on the average, than did women with normal delivery. The most frequently occurring complications were forceps or vacuum extraction without mention of indication and obstetrical trauma. Episiotomy was the most common procedure. Other frequently performed procedures were low forceps or vacuum extraction with or without episiotomy, cesarean section, repair of obstetric laceration, and bilateral destruction or occlusion of fallopian tubes.

0222247 83038959  
**CAP to FDA: Class II unnecessary for most of 175 devices.**  
Weller A  
Pathologist ,Nov 1982. 36 (11) p597-9. ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH

0222245 83038957  
**Consolidation in the clinical laboratory industry.**  
Caroland CR 3d  
Pathologist ,Nov 1982. 36 (11) p579-82. ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH

0222221 83036691  
**It's growth pain that challenges TENS market.**  
Champlin L  
Med Prod Sales ,Oct 1982. 13 (10) p1. 20. 22 passim.  
ISSN 0279-4802 Journal Code: NMG  
Languages: ENGLISH

00976

0222216 83036517  
**M/NET aims to close gap between different vendors' digital devices.**  
Kuntz EF  
Mod Health Care ,Nov 1982, 12 (11) p98, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0222142 83030245  
**Relationship between accreditation status and hourly wages of medical record technicians.**  
Marron M; Passmore DL  
Health Policy Educ ,Oct 1982, 3 (3) p215-21, ISSN 0165-2281 Journal Code: G2I  
Languages: ENGLISH  
Using data from a 1975 hospital wage survey conducted by the Industry Wage Division of the U.S. Bureau of Labor Statistics, the relationship between accreditation status and hourly wages of 590 female full-time medical record technicians (MRTs) in four metropolitan areas was examined. Through multiple regression analysis, the hourly wages of Accredited Record Technicians were found to be \$0.62 greater than those not accredited. Job location and hospital funding source also were related strongly to MRT hourly wages. Only 35 percent of the MRT's studied were accredited. These data reveal the willingness of employers to hire MRT's not accredited, while being willing to pay a premium for accreditation.

0222126 83029571  
**Solving a late final diagnosis problem.**  
Bartholomew J  
J Am Med Rec Assoc ,Oct 1982, 53 (5) p40-3, ISSN 0273-9976 Journal Code: GJV  
Languages: ENGLISH

0221896 83047618  
**Surgical pathology reports with a portable microcomputer.**  
MacDonald RA; Pechet GS; Lovenbury P  
Arch Pathol Lab Med ,Dec 1982, 106 (13) p666-9, ISSN 0363-0153 Journal Code: 79Z  
Languages: ENGLISH  
A microcomputer reporting system for gross and microscopic surgical pathology is simple and inexpensive, reduces the need for clerical personnel, and saves the pathologist's time in the preparation of reports. Gross descriptions are reformatted. A dictionary of microscopic diagnoses is constructed and stored on disks. The diagnosis to be used for a case is selected by a pathologist by number. It is called to a video screen from disk storage by entering the number on the microcomputer keyboard. The diagnosis is edited or expanded for an individual patient while it is on the screen and is printed after changes are made. Each diagnosis contains

preentered classification, coding, and filing information, as well as format, medical terminology, and spelling. The system has rapid retrieval and search capability and may be used for patients awaiting frozen-section diagnosis. The system requires fewer clerical personnel in surgical pathology than with free-form reporting.

0221861 83046942  
**Pathology services in Singapore.**  
Yu M  
Ann Acad Med Singapore ,Jul 1982, 11 (3) p418-23, ISSN 0304-4602 Journal Code: 53F  
Languages: ENGLISH  
The provision of an adequate Pathology Service is essential for the rational diagnosis, management and control of diseases. In Singapore such a need has long been recognised, and the service has made substantial progress since it started.

00077



0221850 83046925

**Research and development in obstetrics & gynaecology in the Department of Obstetrics & Gynaecology at the National University of Singapore.**

Ratnam SS; Karim SM; Ng CS; TambyRaja RL; Tsakok FH; McCarthy TG; Ng SC; Goh HH

Ann Acad Med Singapore, Jul 1982, 11 (3) p313-21, ISSN 0304-4602 Journal Code: 53F

Languages: ENGLISH

This is a review of the research and achievements of the Department of Obstetrics and Gynaecology, National University of Singapore since 1949. The research activities reviewed are Fertility Control, Subfertility, Reproductive Endocrinology, In-Vitro Fertilization, Trophoblastic Disease, Prostaglandins and Perinatal Medicine. The University Department has kept abreast with the Singapore norm of two-child families by providing the most sophisticated technology and expertise. The perinatal mortality and stillbirth rates have been reduced to 11 and 6 per thousand births. Prostaglandin research in the Department includes an investigation of the involvement of these substances in various physiological processes, pharmacological studies with different prostaglandins and development of clinical applications. Between 1974 and 1981 we had studied 12 intrauterine contraceptive devices, both on a departmental basis and in conjunction with international agencies. The newer medicated devices have proved to offer significant advantages over the original inert plastic configuration. Metabolic changes in Singapore women on the oral pill and injection Depoprovera were studied. Impaired glucose tolerance and raised fasting total lipids were found in women on the pill. Marginal changes in carbohydrate metabolism only were found in women on injection Depoprovera. Hypercoagulation changes in the blood occurring in Singapore women varied with the dose of the synthetic or natural oestrogen medication. Initially, the fibrinolytic activity was enough to compensate for these changes; however after two years there were signs of decompensation. Progestogens affect coagulation via their influence on the liver functions. Hypercoagulation changes also occurred in pregnancy and was of a greater magnitude than oestrogen or progestogen medication. In many obstetric disorders, including hydatidiform mole, there was evidence of intravascular coagulation. The introduction of endocrine function tests has greatly improved patient care in our Department, in particular those related to endocrine disorders. Application of the immunoassays to basic research has shown that physiological levels of oestradiol exert a negative feedback effect on both FSH and LH secretions in men. The greater suppression of LH than of FSH secretion by pharmacological doses of estradiol is possibly due to different control mechanisms in the pituitary for the synthesis and release of both gonadotrophins. Physiological lev

Ann Clin Biochem, Sep 1982, 19 (Pt 5) p325-8, ISSN 0004-5632 Journal Code: 52Y

Languages: ENGLISH

An out-of-hours emergency biochemistry service, which allows access by all medical practitioners of varying experience within a hospital, can lead to overuse or even abuse of limited and costly facilities. When the workload increases, problems of staffing a voluntary (but paid) working rota may emerge. An industrial dispute involving medical laboratory scientific officers (MLSOs) caused the role of the emergency service to be examined and alternative regulating mechanisms to be tested. Experience at Glasgow Royal Infirmary between 1974 and 1981 has been reviewed. From 1977 to 1979, when clinicians (usually junior) arranged analyses directly with the MLSOs, test numbers increased by about 26% per annum. This was not associated with any concomitant increase in the range of analyses offered. During a five-week period in 1980, consultant clinicians had to contact a consultant clinical biochemist to arrange all emergency analyses, and test numbers were reduced to 13% of the previous levels. Subsequently, all requests for emergency analyses were made by clinicians to laboratory medical staff, and test numbers fell to approximately 60% of 1979 levels. This requesting system is now firmly established. Continued vigilance is required to maintain the reduced level of requesting, but too great a limitation on emergency requests may cause less efficient patient management. Senior clinical staff should be encouraged to take greater responsibility for the use of emergency laboratory services.

0221849 83046855

**Emergency biochemistry services--are they abused?**

Smith AD; Shenkin A; Dryburgh FJ; Morgan HG

00378

0221776 83046083

**A survey to evaluate parental consent as public policy for neonatal screening.**

Faden R; Chwalow AJ; Holtzman NA; Horn SD  
Am J Public Health ,Dec 1982, 72 (12) p1347-52, ISSN  
0090-0036 Journal Code: 3XW  
Contract/Grant No.: MC-R-240405  
Languages: ENGLISH

Most states currently have laws which result in compulsory neonatal screening practices, despite a widespread consensus that participation in genetic services and programs should be voluntary. In 1976, Maryland adopted a regulation designed to respect parents' rights to refuse neonatal screening by imposing a parental consent requirement. The results of a study designed to evaluate the effects of this regulation are reviewed here. Many health care providers were unaware of the parental consent regulation. However, hospitals were generally in compliance with the technical stipulations of the regulations. There was little evidence that the regulation resulted in additional costs to the health care system, either in terms of hospital staff time or in terms of loss of efficiency in the number of infants screened. Mothers affected by the regulation were largely in favor of being informed about neonatal screening and learned a significant amount of new information from the disclosure process. They were almost evenly divided on whether they favored parental consent.

0221746 83045807

**Survival of departments of obstetrics and gynecology: ten points for Association of Professors of Gynecology and Obstetrics action in the 1980s.**

Spellacy WN  
Am J Obstet Gynecol ,Nov 15 1982, 144 (6) p626-9, ISSN  
0002-9378 Journal Code: 3NI  
Languages: ENGLISH

Major changes have occurred in medicine during the past few years: the number of medical students who graduate per year has recently doubled, the federal government pays a significant portion of health care costs, and the body of scientific information is expanding logarithmically. The changes which will occur during the next 10 to 15 years will be equally dramatic, and in order for our specialty to increase its presence and position in medicine, it needs to begin to consider these changes and take actions to capitalize on them. Four areas of change were singled out and discussed in terms of their significance and possible plans of action to address them. The four include the increased numbers of women in obstetrics and gynecology, the demand for departments to generate more practice income, the reduced support for research, and the large numbers of physicians being trained in obstetrics and gynecology. Ten places for action by academic departments of obstetrics and gynecology were outlined, and these are listed in Table III. Continued review of the past and the present will allow us to be prepared for the future.

0221547 83043230

**Urology/sexuality clinic: results of counseling of 67 men.**

Finkle AL; Jackson S  
West J Med ,Aug 1982, 137 (2) p95-8, ISSN 0093-0415  
Journal Code: XN5  
Languages: ENGLISH

00502

0221309 83040076

**The computerized diagnostic radiology department: update 1982.**

Barnhard HJ; Lane GB  
Radiology ,Nov 1982, 145 (2) p551-8, ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

The small digital computer is becoming ever more powerful, reliable, and inexpensive. Diagnostic radiology and the computer are becoming more intertwined. During the past decade, computed tomography (CT) has achieved outstanding success. CT and other digital image systems that are capable of computer manipulation, storage, and viewing are becoming more numerous. Of increasing importance are the new and maturing reporting and operations/management systems. The many facets of newer computer and diagnostic radiology developments are discussed, and a model is presented here that integrates all applications into a single system. Many benefits in improved patient care and general operations of the department would result from its implementation. Some elements of this model exist now and can be installed with relatively little effort. Development of the entire model is within the state of current technology. A number of trends suggest that diagnostic radiology is becoming more ready to use such a model.

00379

0221301 83040028

**A computer system to monitor radiology department activity: a management tool to improve patient care.**

Jost RG; Rodewald SS; Hill RL; Evens RG  
Radiology ,Nov 1982, 145 (2) p347-50, ISSN 0033-8419  
Journal Code: QSH

Languages: ENGLISH

A microcomputer system has been developed and installed at the Mallinckrodt Institute of Radiology to monitor the moment-to-moment activity in a radiology department. Data about department performances are collected, summarized, and displayed in graphs and tables on terminals at stations throughout the department. The system is currently used to monitor a wide variety of functions including patient waiting time, report production time, film-library operations, equipment maintenance, and room use. Since the displays are updated in real-time, it is possible to identify and address problems as they occur, thereby providing a method of evaluation that leads to improved performance as related to patient care.

0221252 83039725

**Statistics from physiotherapy departments. Their reliability for costing and comparison.**

Williams JI  
Physiotherapy ,Jul 10 1982, 68 (7) p231-2, ISSN 0031-9406  
Journal Code: P8C

Languages: ENGLISH

0220900 83037019

**Medical technology: an examination of the advantages of standardization and costs of patient monitoring equipment for an anesthesia service.**

Kafer ER  
NC Med J ,Aug 1982, 43 (8) p557-61, ISSN 0029-2559  
Journal Code: NTX

Languages: ENGLISH

0220146 83029187

**Hospitalwide input facilitates spectrum of teaching programs.**

Hospitals ,Nov 16 1982, 56 (22) p48, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0219772 83023831

**One view: goodbye radiology.**

Mackintosh CE  
Br J Hosp Med ,Jul 1982, 28 (1) p38, ISSN 0007-1064  
Journal Code: BZ5

Languages: ENGLISH

0219702 83016141

**Evaluating RT services by internal audit.**

Mitchell LH  
Respir Ther ,Mar-Apr 1982, 12 (2) p93-5, ISSN 0048-7392  
Journal Code: R8L

Languages: ENGLISH

The quality of services provided by respiratory therapists must be measured as part of a hospital's overall evaluation of patient care, as mandated by the Joint Commission on the Accreditation of Hospitals. An internal audit helps both the respiratory therapists and the attending physicians to know what kind of specific documentation is needed in the medical records to meet the desired standards. It also serves as a useful tool in identifying staff educational needs.

0219700 83016139

**Facility report: the University of Michigan respiratory therapy department.**

Reid C; Bandy K; Finch JS  
Respir Ther ,Mar-Apr 1982, 12 (2) p101-4, ISSN 0048-7392  
Journal Code: R8L

Languages: ENGLISH

0219690 83015189

**...And to capitalize on the concerns of adolescence.**

Wolfe NH; Delmoor E  
Promot Health ,Nov-Dec 1982, 3 (6) p5-7, ISSN 0272-9709  
Journal Code: PZU

Languages: ENGLISH

0219652 83012490

**Designers make room for digital units.**

Kuntz EF  
Mod Health Care ,Oct 1982, 12 (10) p131-2, ISSN 0160-7480  
Journal Code: NFA

Languages: ENGLISH

00030

0219651 83012489

**Planning NMR scanner suite attracts problems of housing powerful magnet.**

Kuntz EF  
Mod Health Care ,Oct 1982, 12 (10) p130-1, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219622 83005640

**Fifth Circuit finds exclusive contract for anesthesia services violates antitrust laws.**

Peterson RN  
Health Law Vigil ,Oct 15 1982, 5 (21) p4-5, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0219263 83019460

**A peripheralized digital image management system: prospectus.**

Templeton AW; Dwyer SJ 3d; Rosenthal SJ; Hensley KS; Martin NL; Anderson WH; Robinson RG; Levine E; Batnitzky S; Lee KR  
AJR ,Nov 1982, 139 (5) p979-84, ISSN 0361-803X  
Journal Code: 3AE  
Languages: ENGLISH

The number of diagnostic radiology examinations being performed on digitally formatted imaging equipment is continually increasing. However, most digital data are recorded as analogue images and the films stored in a central file. The dynamic range of raw digital data is lost. Currently, the space and cost requirements for storage of all digital data have discouraged most users from attempting it. This article presents the concepts and describes the requirements and initial fabrication of a system that will capture and retain all digital data using a network of peripheralized image acquisition, display, and storage devices. Any piece of digitally formatted equipment can be interfaced into the system. A real-time computer capability provides that any digital examination can be reviewed at any display station for up to 10 days.

0219223 83018535

**[Economic aspects of intensive care in obstetrics]**

Ökonomische Aspekte der Intensivgeburtshilfe.  
Koeppcke E; Seidenschnur G  
Zentralbl Gynakol ,1982, 104 (12) p719-30, ISSN  
0044-4197 Journal Code: Y5S  
Languages: GERMAN Summary Languages: ENGLISH

An intensive obstetric care unit has been established at investment costs of 646,167.--Mark which broke down into 220,248.--Mark for prepartum attention, 268,010.--Mark for intrapartum attention, and 157,909.--Mark for neonatal attention. Operational expenditures on equipment and services

were found to amount to 144,052.--Mark per annum.--Specific outlays resulted from intensive obstetrics, as compared to conventional procedures. They varied between 48.--Mark and 96.--Mark per delivery, depending on annual numbers of deliveries and on the use of equipment quantitatively adapted to requirements. Individual costs for intrapartum attention varied by bedside equipment combinations and turnover of patients (n/labour bed/d) and were between 12.--Mark and 36.10 Mark.--Something between 2000 and 3000 births per annum, with patient turnovers between 1.5 and 2.0 per bed and die, was considered optimum. The cost of intensive obstetrics went up under such optimum conditions to something between 48.--Mark and 58.--Mark, with something between 14.80 Mark (BMT 504 biomonitor, Lineomat, FTS 101 foetal-function recorder) and 21.60 Mark (BMT 9141 biomonitor, Lineomat) being required for intrapartum monitoring of one birth.--Reduction in perinatal mortality, as compared to figures of conventional obstetrics and to cost factor between 519,168.--Mark and 627,328.--Mark for equipment and other hardware, yielded a benefit for 10,816 births of something between 46.9 and 167.5 million Mark.

0219108 83017021

**A walk-in and telephone inquiry service: a function of a hospital social work department.**

Horn B; Manuele GM; Olvany BF  
Soc Work Health Care ,Spring 1982, 7 (3) p47-56, ISSN  
0098-1389 Journal Code: U95  
Languages: ENGLISH

This article describes a study undertaken to evaluate the Walk-In and Telephone Inquiry Service provided by a social work department in a general hospital division of a large, voluntary, metropolitan teaching hospital. The major social work function provided in such a service is information and referral; to provide this service, a psychosocial evaluation and counseling are essential. This service is valuable to and utilized by many individuals, professionals and community agencies. It can become the point where individuals enter the health care system. Issues related to policy making, institutional costs and cost benefits are discussed.

00503

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**Risk prevention, quality assurance, and the missed diagnosis conference.**

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**HOSPITAL, ENFERMERIA**

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**Nursing manpower requirements: a framework for rational discussion.**  
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Languages: ENGLISH

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RN ,Mar 1983, 46 (3) p35-41, ISSN 0033-7021 Journal  
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Languages: ENGLISH

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Alt J; Poindexter CJ  
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0231994 83143585

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Nurs Mirror ,Feb 23 1983, 156 (8) p20-2, ISSN 0029-6511  
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Tilak S  
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Languages: ENGLISH

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**Me and my ward.**  
Rowe M  
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Nurs Times ,Jan 19-25 1983, 79 (3) p37-8, ISSN  
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Languages: ENGLISH

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**Primary nursing in psychiatry.**  
Green B  
Nurs Times ,Jan 19-25 1983, 79 (3) p24-8, ISSN  
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Campbell S; Leatt P

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Journal Code: 09J  
Languages: ENGLISH

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**[A critical discussion about the service distribution of nursing personnel. 1.]**  
Eine kritische Auseinandersetzung mit der Diensterteilung des Krankenpflegepersonals - 1. Teil.  
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Betts P  
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Languages: ENGLISH

0231744 83142488  
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McGregor H  
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Languages: ENGLISH

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0231720 83142429

**The management of clinical specialities: a special burns unit.**

Godfrey-Hardinge A  
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0231719 83142428

**Democracy in nursing.**

Carr A  
Nurs Focus ,Jan 1983, 4 (5) p2, ISSN 0144-4069  
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Languages: ENGLISH

0231714 83142423

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Rogers PJ  
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Journal Code: DBK  
Languages: ENGLISH

0231713 83142422

**A pioneering hospital in Jeddah.**

Rogers PJ  
Nurs Focus ,Jan 1983, 4 (5) p10-1, ISSN 0144-4069  
Journal Code: DBK  
Languages: ENGLISH

0231701 83142397

**Flexible scheduling.**

Kirk R  
Nurs Life ,Mar-Apr 1983, 3 (2) p32-4, ISSN 0279-3091  
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Languages: ENGLISH

0231679 83142335

**Decentralization of nursing service management and its**

**impact on job satisfaction.**

Shoemaker H; El-Ahraf A  
Nurs Adm Q ,Winter 1983, 7 (2) p69-76, ISSN 0363-9568  
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Languages: ENGLISH

0231678 83142334

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Peterson ME  
Nurs Adm Q ,Winter 1983, 7 (2) p63-8, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231676 83142332

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DeYoung L; Sifferlin K; Mitzel A  
Nurs Adm Q ,Winter 1983, 7 (2) p50-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231675 83142331

**Dispelling illusions with management development.**

Spicer JG  
Nurs Adm Q ,Winter 1983, 7 (2) p46-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231673 83142329

**Job sharing in the head nurse role--decreasing stress.**

Hyndman C; Personius J  
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Journal Code: OAE  
Languages: ENGLISH

0231672 83142328

**On the scene: Mount Sinai Medical Center of Greater Miami. Managerial stress.**

Faulconer DR; Goldman VB  
Nurs Adm Q ,Winter 1983, 7 (2) p31-4, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

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0231671 83142327  
**On the scene: Mount Sinai Medical Center of Greater Miami. Power at the unit level.**  
Gentleman C  
Nurs Adm Q ,Winter 1983, 7 (2) p27-31, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231670 83142326  
**On the scene: Mount Sinai Medical Center of Greater Miami. Nurse managers and Mickey Mouse marketing.**  
Reeves DM; Underly N  
Nurs Adm Q ,Winter 1983, 7 (2) p22-7, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231669 83142325  
**On the scene: Mount Sinai Medical Center of Greater Miami. Taking the first steps to become a nurse manager.**  
Taylor BA; DeSimone A  
Nurs Adm Q ,Winter 1983, 7 (2) p17-22, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

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**Helping nurses through the management threshold.**  
Gleeson S; Nestor DW; Riddell AJ  
Nurs Adm Q ,Winter 1983, 7 (2) p11-6, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231667 83142323  
**Organization commitment and job involvement of directors of nursing services.**  
Friss L  
Nurs Adm Q ,Winter 1983, 7 (2) p1-10, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231661 83142174  
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Norton P  
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Journal Code: N1A  
Languages: ENGLISH

0231648 83141887  
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Licking T  
Nebr Nurse ,Dec 1982, 15 (4) p2, ISSN 0028-1921  
Journal Code: NU4  
Languages: ENGLISH

0231394 83139530  
**Development and design of an ED nursing flow sheet.**  
Selfridge J; Nitta D; Saltzer E  
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Journal Code: KRU  
Languages: ENGLISH

0231254 83138061  
**Greater Paterson General Hospital Wayne, New Jersey.**  
Reynolds PC  
J Oper Room Res Inst ,Jan 1983, 3 (1) p4-6, ISSN 0276-6353  
Journal Code: JHK  
Languages: ENGLISH

0231248 83138054  
**Rx for burn-out.**  
Sasmor JL; Sasmor JD  
J Oper Room Res Inst ,Dec 1982, 2 (12) p26-36, ISSN 0276-6353  
Journal Code: JHK  
Languages: ENGLISH

0231241 83137998  
**A computer assisted quality assurance model.**  
Edmunds L  
J Nurs Adm ,Mar 1983, 13 (3) p36-43, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH  
This article describes a modular quality assurance program that was designed for computer automation. The author explains how the quality assurance model not only meets this need but also satisfies other critical objectives, including integration with the hospital's multidisciplinary quality assurance program and minimal redundancy in developing standards and measurement criteria. Readers will benefit from ideas for refining or developing effective quality assurance programs that can also use computer technology to increase productivity.

00986

0231236 83137993  
**The cost of nursing care in hospitals.**  
Walker DD  
J Nurs Adm ,Mar 1983, 13 (3) p13-8, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0231071 83136542  
**Time management through planning.**  
Marriner A  
J Contin Educ Nurs ,Jan-Feb 1983, 14 (1) p21-6, ISSN  
0022-0125 Journal Code: HWD  
Languages: ENGLISH

0230806 83132980  
**Computerized information systems: can hospitals avoid them?**  
Vachon BR  
Dimens Health Serv ,Jan 1983, 60 (1) p19, ISSN  
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Languages: ENGLISH

0230805 83132979  
**Royal Vic program limits guesswork for head nurses.**  
Laberge L; Douglas BJ  
Dimens Health Serv ,Jan 1983, 60 (1) p18, 33, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230804 83132978  
**St. Joseph's achieves effective patient care.**  
Somers P  
Dimens Health Serv ,Jan 1983, 60 (1) p16-7, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230803 83132977  
**Staff performance: a three-part appraisal.**  
Khan MK  
Dimens Health Serv ,Jan 1983, 60 (1) p14-5, 22, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230802 83132976  
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Aggarwal V; Lamont CA  
Dimens Health Serv ,Jan 1983, 60 (1) p12-3, ISSN

0317-7645 Journal Code: E9N  
Languages: ENGLISH

0230721 83132498  
**3M/NTI scholarship paper. Innovative strategies for the future.**  
Collins S  
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Languages: ENGLISH

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**Patient classification in critical care.**  
Billings DM  
Dimens Crit Care Nurs ,Jan-Feb 1983, 2 (1) p36-43, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0230510 83129749  
**The role of the unit sister--emphasis on quality of care and accountability.**  
Bergman R  
Curationis ,Dec 1982, 5 (4) p4-9, ISSN 0379-8577  
Journal Code: C1A  
Languages: ENGLISH

0230509 83129748  
**Staff development and education.**  
Thompson RA  
Curationis ,Dec 1982, 5 (4) p34-40, ISSN 0379-8577  
Journal Code: C1A  
Languages: ENGLISH

0230473 83128938  
**Commentary. Is anybody listening?**  
Stephens B  
Can Nurse ,Mar 1983, 79 (3) p18-9, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

00987

0230011 83108344  
**Nursing care structures and productivity.**  
Shukla RK  
Hosp Health Serv Adm ,Nov-Dec 1982, 27 (6) p45-58. ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0230009 83108342  
**How hospitals can solve the nursing shortage.**  
Decker P; Moore RC; Sullivan E  
Hosp Health Serv Adm ,Nov-Dec 1982, 27 (6) p12-27. ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0229333 83120468  
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China.**  
Smith LL  
SCNA News1 ,Jun 1982, 9 (3) p7, 16. ISSN 0199-3399  
Journal Code: U9C  
Languages: ENGLISH

0229204 83118661  
**A reciprocation model for nursing service and education.**  
Ham LM  
Rehabil Nurs ,Jan-Feb 1983, 8 (1) p24-6. ISSN 0278-4807  
Journal Code: R25  
Languages: ENGLISH

0229200 83118444  
**R.N. supervisors: enforcing hospital policy. Case in point:  
Cooper v. State (453 N.Y.S. 2d 483 - NY).**  
Regan WA  
Regan Rep Nurs Law ,Nov 1982, 23 (6) p4. ISSN 0034-3196  
Journal Code: QY6  
Languages: ENGLISH

0229110 83117178  
**Management: changes in the ward.**  
Barrett V  
Nurs Mirror ,Jan 12 1983, 156 (2) p36-8. ISSN 0029-6511  
Journal Code: O98  
Languages: ENGLISH

0229071 83117112  
**Looking back.**

Jones MP  
Nurs Times ,Dec 22-1983 Jan 4 1982, 78 (51) p2189-90.  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0229061 83117097  
**Ward sisters: their problems at work-2.**  
Runciman P  
Nurs Times ,Dec 22-1983 Jan 4 1982, 78 (51) psuppl  
37:145-7. ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0229055 83117088  
**Ward sisters: their problems at work--1.**  
Runciman P  
Nurs Times ,Dec 15-21 1982, 78 (50) psuppl 36:141-4.  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0229018 83117026  
**Professional nursing practice in the bureaucratic  
hospital--revisited.**  
Rosenow AM  
Nurs Outlook ,Jan-Feb 1983, 31 (1) p34-9. ISSN  
0029-6554 Journal Code: 09H  
Languages: ENGLISH

0228910 83115973  
**It's time to take charge.**  
Engelke MK  
Nurs Manage ,Feb 1983, 14 (2) p71-3. ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH

0228906 83115969  
**The ten-hour schedule.**  
Kellmann D  
Nurs Manage ,Feb 1983, 14 (2) p58-62. ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH

00388

0228904 83115967  
**Classifying rehabilitation patients.**  
Davis AL  
Nurs Manage ,Feb 1983, 14 (2) p47-51, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228903 83115966  
**Quality circles.**  
Haggard A  
Nurs Manage ,Feb 1983, 14 (2) p32-4, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228900 83115963  
**Legislation & new regulations.**  
Spitzer RB  
Nurs Manage ,Feb 1983, 14 (2) p13-21, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228860 83115843  
**Primary nursing: two faces with little acquaintance.**  
Betz M  
Nurs Health Care ,Dec 1982, 3 (10) p543-6, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0228858 83115841  
**A clinical career pathway: the Mount Sinai experience, Part I.**  
Wieczorek RR; Weissman GK; Hiatt H  
Nurs Health Care ,Dec 1982, 3 (10) p533-5, ISSN  
0276-5284 Journal Code: N77  
Languages: ENGLISH

0228572 83111580  
**Nursing duties. Your responses to JPN's fifth annual survey.**  
J Pract Nurs ,Nov-Dec 1982, 32 (10) p22-32, ISSN  
0022-3867 Journal Code: JSF  
Languages: ENGLISH

0228555 83111179  
**JONA's Semiannual Directory of Consultants to Nursing Administration.**  
J Nurs Adm ,Feb 1983, 13 (2) p27-46, ISSN 0002-0443

Journal Code: JEL  
Languages: ENGLISH

0228554 83111178  
**Patient classification systems: the ideal vs. reality.**  
Alward RR  
J Nurs Adm ,Feb 1983, 13 (2) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

This author identifies a critical problem in the wholesale adoption of patient classification systems (PCSs) in nursing departments. She suggests that without attention to their reliability and validity for the specific institution's standards and practice, PCSs may frustrate, rather than assist, the nursing administrator's efforts to predict staffing needs. Here she describes an "ideal" PCS and compares it with the reality of today's systems. She then suggests ways that nursing administrators can move closer to this ideal system and make PCSs more useful management tools.

0228553 83111177  
**Nursing Classification System: foundation for personnel planning and control.**  
Dale RL; Mable RJ  
J Nurs Adm ,Feb 1983, 13 (2) p10-3, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

This article demonstrates the usefulness of the Nursing Classification System (NCS) as an operational planning and control tool. Inherent in the NCS is sensitivity both to the quality of nursing care standards and to the variability in patient acuity levels. Consequently, the NCS provides a more effective basis for setting and monitoring productivity objectives in nursing service areas than cruder measures, such as full-time equivalents per patient day. Here the authors introduce and illustrate the concept of workload indexing, a means by which the NCS assists in defining staffing needs and monitoring workload and performance. The nursing administrator will gain insight into a simple and economical method of fiscal accountability for the personnel budget.

00989

0228552 83111176

**Promoting research-based nursing: the nurse administrator's role.**

Hefferin EA; Horsley JA; Ventura MR

J Nurs Adm ,May 1982, 12 (5) p34-41, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

As the practice of research increasingly becomes a part of the nursing profession, nurses must develop their ability to evaluate and incorporate the findings gained through the research process. This article reports the results of a survey aimed at determining problem areas existing among nursing staffs in understanding, accepting, and incorporating research findings. The report will help nursing administrators identify specific factors that inhibit the use of research findings and improve the conditions for incorporating research in their facilities.

0228550 83111174

**Recruit from within: hospital nurse retention in the 1980s.**

Weisman CS

J Nurs Adm ,May 1982, 12 (5) p24-31, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

Nursing administrators and nurse recruiters coping with staffing shortages can profit from some recent studies of the causes of nursing turnover. Research reveals that the problem lies not in the motivations or characteristics of individual nurses but the nature of hospital nursing jobs and incentive structures. Using the research findings as a basis for discussion, Weisman suggests target areas for administrative intervention in the design of hospital nursing jobs. Her insightful commentary provides stimulus for some basic rethinking of the nature of nursing jobs and the traditional employer-employee relationship between hospitals and nurses--as well as some specific suggestions for "recruiting from within" to retain those productive nurses in whom the hospital has already invested time and money.

0228548 83111172

**Decentralized budgeting: holding the purse strings, part 1.**

Althaus JN; Hardyck NM; Pierce PB; Rodgers MS

J Nurs Adm ,May 1982, 12 (5) p15-20, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

A decentralized nursing structure allows the head nurse to become actively involved in the planning and budgeting process. In Nursing Decentralization: The El Camino Experience (published in November 1981 by Nursing Resources) the authors describe the development of a budgeting system that supports autonomy, accountability, and authority at the practitioner level. For JONA readers, we present, in two parts, an abridged version of the chapter "Budgeting: Holding the Purse Strings." Part 1, which follows, outlines important steps for the

development of a successful and efficient budgeting program that can be adapted to meet the needs of other decentralized organizations. Part 2, which details a typical budget session, will appear in the next issue of JONA.

00504

0228546 83111170

**Applying management information systems to staffing.**

Hanson RL

J Nurs Adm ,Oct 1982, 12 (10) p5-9, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

A management information system (MIS) is a tool for managing resources effectively. After reviewing some concepts and principles for effective data management, Hanson clearly applies the concepts to nurse staffing systems, which manage human resources. He defines a seven-step process for establishing an MIS, from defining the management objective to implementing the system. Pointing out that an MIS need not be computerized to be effective, Hanson presents a positive perspective and clarifies some often-misconceived notions about management information systems and the paper printouts they generate. In the next issue of JONA, a second article by Hanson will take a more detailed look at the variety, use, and usefulness of staffing statistics available from an MIS for staffing. These articles are based on material in a forthcoming book, Management Systems for Nursing Service Staffing, to be published by Aspen Systems Corporation, Rockville, Maryland.

0228543 83111167

**Using registry nurses: coping with cost and quality issues.**

Sheridan DR; Bronstein JE; Walker DD

J Nurs Adm ,Oct 1982, 12 (10) p26-34, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

If a nursing service uses agency nurses to help cope with staff shortages, the nursing administrator must manage the cost and quality of care delivered by these nurses. The authors describe their hospital's system for using agency nurses. The components of their system--an orientation program, contracts with the agencies, and systematic performance evaluation--can be used or adapted in other institutions.

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0228542 83111166

**The 12-hour weekend plan--does the nursing staff really like it?**

Metcalf ML  
J Nurs Adm ,Oct 1982, 12 (10) p16-9, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

After nursing administrators at one Boston hospital implemented a new system for weekend coverage, they surveyed the staff's response to the trial plan. Here the author explains their system, what they learned when they measured its effects, and how they used staff responses to improve it. They proceed to examine the new system's effects on recruitment and absenteeism. The experiences shared here should assist other nursing administrators who are looking at new scheduling approaches and their viability in resolving staffing problems.

0228541 83111165

**Clarifying autonomy and accountability in nursing service: part 2.**

Lewis FM; Batey MV  
J Nurs Adm ,Oct 1982, 12 (10) p10-5, ISSN 0002-0443  
Journal Code: JEL

Languages: ENGLISH

How can a nursing service convincingly argue for autonomy and accountability without an understanding of the precise meanings of these terms? In this second of two articles exploring the meanings and implications of autonomy and accountability in nursing service, Lewis and Batey arrive at this and other provocative questions. They analyze the concept of accountability and provide selected definitions of the concept by directors of nursing. Their discussion provides insights into the presence or absence of true accountability in nursing organizations and presents issues for further study.

0228450 83109883

**Work environments of different types of nursing subunits.**

Leatt P; Schneck R  
J Adv Nurs ,Nov 1982, 7 (6) p581-94, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

Based upon organizational theory, the purpose of this research was to identify and describe similarities and differences in the work environments of nine different types of nursing subunits (intensive care, medical, surgical, psychiatric, auxiliary, rehabilitation, rural, paediatric and obstetrical) in hospitals. Six measures of nursing subunit environment were developed: these included measures of nursing subunit autonomy, and the complexity and pervasiveness of other medical and hospital groups interacting with the nursing subunit. Data were collected by questionnaire from headnurses in 157 nursing subunits located in 24 hospitals in Alberta,

Canada. The results indicated that the types of nursing subunits were similar in their degree of autonomy from both physicians and administration in the larger context in which they were located but were significantly different in terms of number and heterogeneity of groups outside nurses with which they interacted and the extent to which such groups pervaded the subunits. For example, intensive care units appeared as the type of nursing subunit with the greatest need for interaction with physicians, paramedics, hotel services and so on, whereas, psychiatric subunits appeared to be the least dependent on groups outside nursing in the hospital. These findings have implications for the management practices and educational programme for nursing.

0228281 83107711

**[For nurses only. Should the nurse administrators use incident reports as a risk management tool?]**

Pour infirmieres seulement. L'infirmiere administratrice devrait-elle utiliser les rapports d'incidents comme outil de gestion des risques?

Kinloch K  
Infirm Can ,Jan 1983, 25 (1) p35-6, ISSN 0019-9605  
Journal Code: G09

Languages: FRENCH

0228252 83107218

**The nurses' council in a Soviet clinic.**

Lotareva V  
Imprint ,Dec 1982, 29 (5) p51-3, ISSN 0019-3062  
Journal Code: GHC  
Languages: ENGLISH

0228229 83107062

**Relief from "busy work" adds confusion.**

Burns D; Stickler DL  
Hospitals ,Mar 1 1983, 57 (5) p40, 42, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228067 83104182  
**Nursing management in critical care units. Effective disciplinary action.**  
Bray KA  
Crit Care Nurse ,Nov-Dec 1982, 2 (6) p10, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228062 83104173  
**Performance appraisal of staff nurses - part III. Developing performance standards and an evaluation tool for staff nurses.**  
Bray KA  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p36-44, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0228061 83104172  
**Patient classification index documents staffing needs.**  
Burger J; Schmitt P  
Crit Care Nurse ,Sep-Oct 1982, 2 (5) p33-5, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0227993 83102857  
**Job sharing, a solution to the personal energy crisis.**  
Frieese P; Stefura E  
Can Nurse ,Jan 1983, 79 (1) p20-3, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0227605 83086639  
**Nursing system and nursing services in Japan.**  
Uchida K  
Jpn Hosp ,Jul 1982, 1 p41-4, Journal Code: KTA  
Languages: ENGLISH

0227426 83100110  
**Full-time, part-time: a study of opinions.**  
Cameron-Hill PD  
Aust Nurses J ,Oct 1982, 12 (4) p37-9, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0227425 83100109  
**After Nightingale: a preliminary report of work undertaken by nurses in Queensland.**

Wilson DA; Najman JM  
Aust Nurses J ,Oct 1982, 12 (4) p31-6, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0227423 83100107  
**The nurse and the law. Mailbag.**  
Langslow A  
Aust Nurses J ,Oct 1982, 12 (4) p22-4, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0226864 83092761  
**Seven easy ways to get more done in less time.**  
Marriner A; Blake PJ  
RN ,Jan 1983, 46 (1) p32C-G, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0226652 83089760  
**Nurse burnout: its effect on patient care.**  
Wimbush FB  
Nurs Manage ,Jan 1983, 14 (1) p55-7, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

0226650 83089758  
**Putting leaders, consultants & teachers on the line.**  
Morath J  
Nurs Manage ,Jan 1983, 14 (1) p50-2, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0226617 83089646  
**Automation and staff nurses' patient management activities.**  
Henry BM  
Nurs Adm Q ,Fall 1982, 7 (1) p69-76, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

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0226615 83089644  
**On the scene: Saint Joseph's Hospital. Shared governance in nursing.**  
Nurs Adm Q ,Fall 1982, 7 (1) p27-60, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0226612 83089641  
**Burnout in nursing--what it is and how to prevent it.**  
Seuntjens AD  
Nurs Adm Q ,Fall 1982, 7 (1) p12-9, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0226599 83089603  
**Cost quality and staffing considerations for I.V. teams.**  
Seymour SB  
NITA ,Sep-Oct 1982, 5 (5) p325-7, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226596 83089596  
**Placement of I.V. teams in hospitals.**  
Larkin M  
NITA ,Mar-Apr 1982, 5 (2) p80-1, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226595 83089594  
**The current state of intravenous therapy nursing in Britain.**  
Whelan J; Speechley V  
NITA ,Mar-Apr 1982, 5 (2) p138-41, ISSN 0160-3930  
Journal Code: N7G  
Languages: ENGLISH

0226582 83089421  
**The path toward professional autonomy.**  
Aydelotte MK  
Militt Med ,Dec 1982, 147 (12) p1048-50, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226182 83085040  
**Nursing quality assurance: a process, not a tool.**  
Smeltzer CH; Feltman B; Rajki K  
J Nurs Adm ,Jan 1983, 13 (1) p5-9, ISSN 0002-0443

Journal Code: JEL  
Languages: ENGLISH  
A meaningful quality assurance program comes only with appropriate knowledge, communication, and accountability for all quality assurance functions among nurses at all levels. Describing the implementation of their quality assurance program, these authors tell of their eventual realization that, in fact, they had merely implemented a quality assurance tool that brought the nursing staff little benefit and a lot of grief. Highlighting the identified problems, the factors contributing to the program's failure, and the actions they took to develop and meet appropriate objectives, they detail their later, successful implementation of the concept and the process of quality assurance. Their experience provides readers with food for thought and stimulus for critical evaluations of their own quality assurance programs.

0226179 83085037  
**The forgotten resource.**  
Stanton MM  
J Nurs Adm ,Jan 1983, 13 (1) p3, 41, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226177 83085035  
**"Adhocracy" in health care institutions?**  
Fuszard B  
J Nurs Adm ,Jan 1983, 13 (1) p14-9, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226037 83083605  
**An interdisciplinary audit to justify enterostomal therapy services.**  
Jackson BS  
J Enterostomal Ther ,Nov-Dec 1982, 9 (6) p51-2, ISSN 0270-1170  
Journal Code: HZS  
Languages: ENGLISH

0225637 83079836  
**Legal issues in nursing.**  
Dean KA  
Focus AACN ,Dec 1983 Jan 1982, 9 (6) p31-2, Journal Code: EXE  
Languages: ENGLISH

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- 0225200 83068586  
**Nursing staff management systems.**  
Winslow C  
Tex Hosp ,Nov 1982, 38 (6) p35-7, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH
- 0225195 83068581  
**Levels of practice: a career ladder and clinical ladder system.**  
Ackley N  
Tex Hosp ,Nov 1982, 38 (6) p16-8, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH
- 0224930 83056260  
**Increase nursing morale? Move to shared power.**  
Schell B  
Health Manage Forum ,Winter 1982, 3 (4) p19-29, ISSN 0712-5046  
Journal Code: G56  
Languages: ENGLISH
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**The use of computers/data processing in staff development.**  
Cohen AG  
Hosp Top ,Jan-Feb 1983, 61 (1) p6-12, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH
- 0224460 83071909  
**Non-nursing functions: our readers respond.**  
Davis K  
Am J Nurs ,Dec 1982, 82 (12) p1857-60, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH
- 0224458 83071907  
**The economic value of nursing research.**  
Fagin CM  
Am J Nurs ,Dec 1982, 82 (12) p1844-9, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH
- 0224262 83069632  
**Nursing administration research: head nurses and staff nurses.**
- West J Nurs Res ,Summer 1982, 4 (3) psuppl 115-22, ISSN 0193-9459  
Journal Code: XNZ  
Languages: ENGLISH
- 0223884 83064718  
**Mental handicap: active analysis.**  
Joyce T; Dustin G  
Nurs Mirror ,Nov 24 1982, 155 (21) p58-60, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH
- 0223796 83064569  
**The effect of nursing care modalities and shift assignments on nurses' work experiences and job attitudes.**  
Parasuraman S; Drake BH; Zammuto RF  
Nurs Res ,Nov-Dec 1982, 31 (6) p364-7, ISSN 0029-6562  
Journal Code: 09K  
Languages: ENGLISH
- 0223676 83063727  
**Art and science of management: maintaining discipline.**  
Levenstein A  
Nurs Manage ,Dec 1982, 13 (12) p35-7, ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH
- 0223674 83063725  
**What motivation isn't.**  
Porter-D'Grady T  
Nurs Manage ,Dec 1982, 13 (12) p27-30, ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH
- 0223673 83063724  
**DRG reimbursement: RIMs & the cost of nursing care.**  
Grimaldi PL; Micheletti JA  
Nurs Manage ,Dec 1982, 13 (12) p12-22, ISSN 0744-6314  
Journal Code: 0BV  
Languages: ENGLISH

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0223671 83063722  
**The economic importance of nurses.**  
Player JM  
Nurs Manage ,Nov 1982, 13 (11) p52-3, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223670 83063721  
**The art of effective communication.**  
Worthington J  
Nurs Manage ,Nov 1982, 13 (11) p47-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223661 83063711  
**Art & science of management. Raising their sights.**  
Levenstein A  
Nurs Manage ,Oct 1982, 13 (10) p70-71, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223659 83063709  
**Balancing priorities to attain quality care.**  
Ferguson DL; Brunner NA  
Nurs Manage ,Oct 1982, 13 (10) p67-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223654 83063704  
**Performance appraisal.**  
Clark MD  
Nurs Manage ,Oct 1982, 13 (10) p27-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223653 83063703  
**The power problem.**  
Hendricks DE  
Nurs Manage ,Oct 1982, 13 (10) p23-4, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223652 83063702  
**Power--getting a piece of the action.**  
Storlie FJ  
Nurs Manage ,Oct 1982, 13 (10) p15-8, ISSN 0744-6314

Journal Code: OBV  
Languages: ENGLISH

0223368 83060441  
**Profile of a successful interview.**  
McCall P  
JEN ,Nov-Dec 1982, 8 (6) p320-1, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223362 83060433  
**Basic budgeting for ED nursing personnel.**  
Piper LR  
JEN ,Nov-Dec 1982, 8 (6) p285-87, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223254 83059006

**Expanding the hospital nursing role: an administrative account.**

Garvey JL; Rottet S  
J Nurs Adm ,Dec 1982, 12 (12) p30-4. ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

In reality, role change among staff RNs is a continuous phenomenon. As medical technology increases, patient care regimes follow suit, and the staff RN is constantly called upon to apply a knowledge base in different ways and to acquire new knowledge and behaviors. The nursing administrator who keeps pace with this growth can capitalize on the phenomenon, guiding the change to see that it is progressive, that it assists the nurse in developing a more advanced nursing (as opposed to mini-physician) identity and that it does improve extant nursing practice. Undertaking a new project of this sort on the unit is likely to create a number of beneficial by-products. For example, nurse-physician rapport and communication increase as each group opens professional boundaries in defining and planning the content of role expansion. The unit's traditional operation must also be examined in the course of building in new functions. System critiques stimulate the unit's nursing manager to weed out less than optimal features of the existing nursing care delivery system. The expanded role has favorably affected nursing care at Mercy Hospital. Physicians, nurses, and most important, the patient have reaped the benefits. The nurse is able to function in a more advanced capacity, and physicians see the benefits to their patients; fewer delays in specific aspects of care delivery with a more sophisticated, higher quality of nursing care. What is exciting about this concept is that the principles could apply to virtually any RN work group that gives direct care to a homogeneous patient population.

0222984 83055849

**[An experiment in decentralization]**

Experience de decentralisation.  
Bellemare N; Brassard M; Joubert E  
Infirm Can ,Dec 1982, 24 (11) p26-7. ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0222983 83055848

**[Setting up information systems (interview by Leo Charbonneau)]**

La mise en place d'un systeme informatise.  
Lord J  
Infirm Can ,Dec 1982, 24 (11) p23-5. ISSN 0019-9605  
Journal Code: G09  
Languages: FRENCH

0222516 83050615

**Twelve-hour shifts, a way to beat the "prime time" blues.**

McColl CM  
Can Nurse ,Dec 1982, 78 (11) p28-31. ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0222505 83050601

**For nurses only: should nursing administrators use incident reports as a risk management tool?**

Kinloch K  
Can Nurse ,Nov 1982, 78 (10) p16-8. ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0221871 83047131

**Sharing decision making with staff.**

Jordan CH  
AORN J ,Sep 1982, 36 (3) p391-8. ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0221742 83045779

**Supplemental nursing services: who uses them? Who does not?**

Prescott PA; Janken JK; Jacox AK; Roth AV  
Am J Nurs ,Nov 1982, 82 (11) p1714-7. ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

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0221721 83045691  
**Preparing to implement.**  
Thielke TS  
Am J Hosp Pharm ,Sep 1982, 39 (9) p1521-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The steps involved in preparing to implement a pharmacy computer system are described. Although the order in which the various steps have to be completed varies according to the hospital specifics, important elements of the preparation process include preparation of the site, organization of personnel, development of policies and procedures, developing and ordering forms, preparation of the implementation schedule, file development, and preparation of other departments. A well-designed plan and a realistic time schedule for the preparation process facilitates the actual implementation of a pharmacy computer system.

0221666 83045407  
**Nursing turnover syndrome.**  
Carew C  
Alumnae Mag (Baltimore) ,Sep 1982, 82 (1) p12-4, ISSN  
0002-6700 Journal Code: 3B2  
Languages: ENGLISH

0221400 83041325  
**Understaffing living with the reality.**  
Greenlaw J  
SD Nurse ,Aug 1982, 24 (3) p29-31, ISSN 0038-335X  
Journal Code: UK1  
Languages: ENGLISH

0221350 83040766  
**National opinion poll shows a wary new welcome for unions.**  
Lee AA  
RN ,Nov 1982, 45 (11) p35-40, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0221349 83040765  
**How to rise above the cross-fire of a union/hospital battle.**  
Lee A  
RN ,Nov 1982, 45 (11) p32K-0, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0221220 83038983  
**Orienting the float team to orthopedic patient care.**

Farrell J  
Orthop Nurs ,Sep-Oct 1982, 1 (5) p42, ISSN 0744-6020  
Journal Code: PA0  
Languages: ENGLISH

0221195 83038889  
**Bitter-sweet time on the ward.**  
Watson C  
Nurs Mirror ,Oct 13 1982, 155 (15) p38, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0221185 83038875  
**Ward routine: a change is as good as a rest.**  
Eardley A; Southern R  
Nurs Mirror ,Oct 6 1982, 155 (14) p59-61, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0221178 83038861  
**Survival kit for managers. 1. Sink or swim.**  
Ross T  
Nurs Mirror ,Oct 6 1982, 155 (14) p18-9, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0221176 83038858  
**Down Memory Lane: Room 80-and after.**  
Warren-Farrow D  
Nurs Mirror ,Sep 29 1982, 155 (13) p70, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0221175 83038857  
**Night duty: the nursing process in dimmed lights.**  
Filkins J  
Nurs Mirror ,Sep 29 1982, 155 (13) p69, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

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0221169 83038844  
**Management forum 4: Theory and practice. Responsibility-the  
key word.**  
Carr A  
Nurs Mirror ,Sep 29 1982, 155 (13) p34-5, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0221132 83038763  
**Industrial relations - the good news.**  
Slack P  
Nurs Times ,Oct 6-12 1982, 78 (40) p1656-7, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221108 83038721  
**Using computers to enhance professional practice.**  
Cook M  
Nurs Times ,Sep 15-21 1982, 78 (37) p1542-4, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221107 83038720  
**When is a nurse not a nurse?**  
Staines B  
Nurs Times ,Sep 15-21 1982, 78 (37) p1541, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221096 83038705  
**First-line management training-does it work?**  
Bevan G  
Nurs Times ,Sep 1-7 1982, 78 (35) p1487, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0221093 83038701  
**Computers: the new approach. Computers and staff allocation  
made easy.**  
Gebhardt AN  
Nurs Times ,Sep 1-7 1982, 78 (35) p1471-3, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221092 83038700  
**Computers: the new approach. A pocket computer in the ward.**

Watkin BA  
Nurs Times ,Sep 1-7 1982, 78 (35) p1468-71, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221058 83038547  
**Survival of the fittest.**  
Donaho B  
NLN Publ ,1982, (52-1904) p1-14, Journal Code: 03Z  
Languages: ENGLISH

0221015 83038121  
**[Nursing documentation--its realization on the ward]**  
Pflagedokumentation--ihre Realisierung auf der Station.  
Ebner H  
Osterr Krankenpflegez ,1982, 35 (8-9) p211-2, ISSN  
0303-4461 Journal Code: OMR  
Languages: GERMAN

0220973 83037850  
**Art and science of management: face to face.**  
Levenstein A  
Nurs Manage ,Sep 1982, 13 (9) p54-6, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220971 83037848  
**Supplemental staffing agencies: friend ... or foe?**  
Brown LE; Lewin BA  
Nurs Manage ,Sep 1982, 13 (9) p37-47, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220968 83037844  
**Interviewing & selecting staff.**  
LaRocco S  
Nurs Manage ,Sep 1982, 13 (9) p22-4, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

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0220967 83037843  
**Determining cost of nursing services.**  
Maher AB; Dolan B  
Nurs Manage ,Sep 1982, 13 (9) p17-21, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220966 83037842  
**Analyzing accounting reports.**  
Tower RB  
Nurs Manage ,Sep 1982, 13 (9) p12-6, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220893 83036910  
**Anatomy of an ad campaign.**  
O'Brien B  
NANR News ,May-Jun 1982, 6 (10) p9, Journal Code: NQR  
Languages: ENGLISH

0220718 83035116  
**[American nurse, are you better off?]**  
Amerikanische Krankenschwester, hast du es besser?  
Wittensoldner C  
Krankenpflege (Bern) ,Sep 1982, (9) p63-9, Journal  
Code: KX7  
Languages: GERMAN

0220701 83035094  
**[Part-time work in the hospital: attempt at an objective  
opinion]**  
Teilzeitarbeit im Spital: Versuch einer sachlichen  
Betrachtungsweise.  
Kuhn R  
Krankenpflege (Bern) ,Aug 1982, (8) p32-3, Journal  
Code: KX7  
Languages: GERMAN

0220686 83035078  
**[Conducting nursing rounds: a task of nursing service  
management]**  
Durchführung der Pflegevisite: Aufgabe der Pflegedienstlei-  
tung.  
Lange G  
Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8)  
p259-60, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220681 83035072  
**[Model nursing unit: working with the nursing process]**  
Pflegemodellisation: arbeiten mit dem Krankenpflegeprozess.  
Schomburg O  
Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8)  
p228-37, ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220680 83035071  
**[Professional group related problem shift in the nursing  
service]**  
Berufsgruppenbezogene Aufgabenverlagerung im Pflegedienst.  
Zagar H  
Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8) p226-8  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220678 83035065  
**[Different standards in district and hospital nursing.  
Experiences and viewpoints of the nurse after the change from  
hospital to district nursing]**  
Unterschiedliche Wertmassstabe in der Gemeinde- und  
Krankenhauspflege. Erfahrungen und Einsichten einer  
Krankenschwester nach dem Wechsel vom Krankenhaus in die  
Gemeindekrankenpflege.  
Krankenpflege (Frankfurt) ,Oct 1982, 36 (10) p326-7,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220499 83032713  
**Nurse discontent: the search for realistic solutions.**  
Ginzberg E; Patray J; Ostow M; Brann EA  
J Nurs Adm ,Nov 1982, 12 (11) p7-11, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0220498 83032712  
**Collaboration benefits nursing service and education.**  
Lazinski HE; Bode SM; Johnston KA; Lang NM; McShane RE;  
Mitchell E  
J Nurs Adm ,Nov 1982, 12 (11) p36-41, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

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0220497 83032711

**Staffing statistics: their use and usefulness.**

Hanson RL

J Nurs Adm ,Nov 1982, 12 (11) p29-35, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0220494 83032707

**Primary or team nursing? Two conditions determine the choice.**

Shukla RK

J Nurs Adm ,Nov 1982, 12 (11) p12-5, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

The cost-benefit analysis of the primary nursing structure is contingent on the factors that affect the proper use of nursing skills. By reducing the problems of coordinating the work, primary nursing has the potential of greater professional nurse involvement with patients. However, in a unit with inefficient support systems, inappropriate use of professional skills in primary nursing render the primary nursing structure less cost-beneficial than the team nursing structure. We may postulate here that primary nursing will be more cost-beneficial than team nursing when the nursing support system requires very little of the RNs' time and the patients require highly skilled care. In a hospital that has inefficient nursing support systems and on nursing units that have mostly self-care to intermediate care patients, primary nursing will only diminish proper use of nursing skills without significant potential to improve the quality of care. On the contrary, with highly efficient nursing support systems and on nursing units that have mostly intermediate use to extensive care patients, primary nursing will have great potential to improve quality and to use nursing skills properly.

0220338 83031548

**A method of estimating nursing workload.**

Henney CR; Chrissafis I; McFarlane J; Crooks J

J Adv Nurs ,Jul 1982, 7 (4) p319-25, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

A real-time nursing computer system operational on six medical wards allows the automatic data capture of all nursing procedures carried out for all patients. Each nursing procedure has been graded by an experienced nurse on a 5-point scale (Ninewells Index I), with grade 5 representing the greatest workload. A Delphi type survey was carried out by a questionnaire involving 115 medical charge nurses in Scotland who graded the same procedures on a 5-point scale (Delphi Index I). Good agreement with the two indices was found. The Delphi Index I was transferred from the original scale to an interval scale (Delphi Index II) to facilitate statistical handling of data and conversion to timings. The conversion of

Delphi Index I] to timings (Ninewells Index II) was achieved by using data from three extensive work studies. It is suggested that Ninewells Index II is a practical problem of staff allocation in medical wards.

0220011 83026865

**Staff involvement in quality assurance.**

Judkins SB

Dimens Crit Care Nurs ,Sep-Oct 1982, 1 (5) p298-300,  
ISSN 0730-4625 Journal Code: EAO  
Languages: ENGLISH

0220004 83026858

**The use of registry nurses in critical care: a cost-benefit analysis.**

Davis SH

Dimens Crit Care Nurs ,Mar-Apr 1982, 1 (2) p88-96, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219995 83026848

**Scheduling educational programs for the night shift.**

Keely BR

Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p50-2, ISSN  
0730-4625 Journal Code: EAO  
Languages: ENGLISH

0219861 83024694

**York Central Hospital [Interview by Leo Charbonneau]**

Lord J

Can Nurse ,Oct 1982, 78 (9) p27-9, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

0219860 83024693

**Computers and patients: the user system.**

Greene R; Kerr H; Likely N; Stephenson P

Can Nurse ,Oct 1982, 78 (9) p24-6, ISSN 0008-4581  
Journal Code: CL9  
Languages: ENGLISH

01002

0219714 83022560  
**The effectiveness of an eight hour/ten hour day shift rotation.**  
Curtis RA  
AANNT J ,Oct 1982, 9 (5) p11-4, ISSN 0744-1479  
Journal Code: AAX  
Languages: ENGLISH

0219343 83019873  
**An experience with a joint appointment.**  
Kuhn JK  
Am J Nurs ,Oct 1982, 82 (10) p1570-1, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219339 83019862  
**Building a ladder.**  
Gassert C; Holt C; Pope K  
Am J Nurs ,Oct 1982, 82 (10) p1527-8, 1530, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0219338 83019861  
**Looking at ladders.**  
Huey FL  
Am J Nurs ,Oct 1982, 82 (10) p1520-6, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0218941 83014405  
**Sleepless night, peaceful night.**  
Watson C  
Nurs Mirror ,Sep 15 1982, 155 (11) p22, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0218912 83014358  
**New baccalaureate graduates' perceptions of organizational conflict.**  
Snyder DJ  
Nurs Res ,Sep-Oct 1982, 31 (5) p300-5, ISSN 0029-6562  
Journal Code: 09K  
Languages: ENGLISH

This study explores the process of professional socialization in a sample of newly graduated baccalaureate nurses whose first experience as practicing professionals was in a hospital organizational system. Professional socialization was defined in terms of concept of identity

reassessment as proposed by Strauss and in terms of the new graduates' descriptions of their own behavior during conflictual situations in the work setting. These descriptions were identified as conflict-reporting behavior and analyzed from two aspects: the source of the conflict and the level reached by the behavior of the respondent, as defined by a model for organizational conflict proposed by Pondy. Although changes in conflict-reporting behavior with increasing experience in the hospital bureaucracy were noted, the study findings showed no significant relationships between this behavior and ideas about the nursing role and the value of organizational inducements. Some trends in conflict-reporting behavior were noted in relation to three other variables: the size of the unit on which the new graduate was working, the identity of the other persons in the conflict, and the new graduates' work experience in a hospital system while in school.

0218905 83014345  
**Determinants of staff nurses' perceptions of autonomy within different clinical contexts.**  
Alexander CS; Weisman CS; Chase GA  
Nurs Res ,Jan-Feb 1982, 31 (1) p48-52, ISSN 0029-6562  
Journal Code: 09K  
Contract/Grant No.: NU00568  
Languages: ENGLISH

Studies of nurses and other health professionals indicate that autonomy is an important determinant of job satisfaction and turnover. This study analyzed selected characteristics of hospital nursing units to identify those features of the work setting that influence staff nurses' perceptions of autonomy: comparisons among nurses who work in different clinical areas were made. Data were collected by interviewing 789 nonsupervisory registered nurses who were employed full time at one large university-affiliated hospital. Personal and job-related information was obtained for each nurse. Structural features of units, such as workload, were gathered from head nurse reports and hospital records. Findings indicated that nurses' perceptions of autonomy are influenced by both personal characteristics of the nurse and structural features of the units. The nurse's sense of personal efficacy and the relationship she has with her head nurse are two important determinants of autonomy across all units. Workload, primary nursing, and staffing patterns are influential factors in predicting autonomy for nurses who work in critical care areas. Implications of these findings for nursing administrators are discussed.

01001



0218831 83013654

**Work evaluations: are they effective?**

Lorraine K

Nurs Manage , Apr 1982, 13 (4) p44-6, Journal Code: 0BV

Languages: ENGLISH

0218828 83013650

**A common-sense approach to primary nursing.**

Molke T; Schreiber R

Nurs Manage , Apr 1982, 13 (4) p32-5, Journal Code: 0BV

Languages: ENGLISH

01002

**HOSPITAL DE ENSEÑANZA**

01003

0233399 83148302

**Asymptomatic gonorrhoea: selective screening and guidelines for identification of high risk patients.**

Ramaswami R; Martin A

Urban Health ,Oct 1982, 11 (9) p36-7, Journal Code:

X6C

Languages: ENGLISH

As recently as 1980, gonorrhoea ranked first among communicable diseases in the U.S.A. More alarming was the fact that 75 to 80 percent of infected females were reported to be asymptomatic. As more of these asymptomatic individuals were discovered, the tendency to do routine gonococcal screening in women increased. Of late, however, the trend to abstain from doing routine gonococcal screening has become more evident because of the low yield of positive cultures in the majority of the population screened. The St. Joseph's Medical Center is a single residency (Family Practice) teaching hospital serving the community of Yonkers, N.Y. The St. Joseph's Family Health Center serves as the model unit where our residents work and is also the main outpatient facility of the hospital. The objective of our study was to determine the incidence of asymptomatic gonorrhoea prospectively and randomly, in our female patients, to form guidelines to separate high from low risk patients, and to discuss the question of whether gonococcal screening should be performed routinely in females.

0233180 83135218

**Self-medication promotes patient independence in rehabilitative setting.**

Pelletier RD

Hosp Pharm ,Feb 1983, 18 (2) p86-8, 96, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

Patients at Sheltering Arms Hospital in Richmond, Virginia, receive instruction about their medication by pharmacists and may progress through three levels of teaching, including monitored self-medication. Pre- and posttests are administered to determine the effectiveness of the program and the percentage of patient improvement in recall as a result. Patients who completed the program demonstrated a significant improvement in scores in four out of five testing categories.

0233048 83134022

**Central service: inservice instruction material and tests.**

**Part 4.**

Underwood L

Hosp Top ,Mar-Apr 1983, 61 (2) p38-44, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0233030 83134004

**Couple to Couple League, hospitals cooperate in teaching NFP.**

Kippley JF

Hosp Prog ,Mar 1983, 64 (3) p57, 73, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0233029 83134003

**Evaluative criteria: translating words into action.**

Huyck TA; Roach JE

Hosp Prog ,Mar 1983, 64 (3) p54-6, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

00505

0232953 83133826

**The impact of changes in federal policy on academic health centers.**

Hanft RS

Health Aff (Millwood) ,Fall 1982, 1 (4) p67-82, ISSN

0278-2715 Journal Code: GAG

Languages: ENGLISH

0232932 83132422

**Humana leases Louisville university hospital: to provide care for needy.**

Rev Fed Am Hosp ,Mar-Apr 1983, 16 (2) p86, 88, ISSN

0148-9496 Journal Code: EUJ

Languages: ENGLISH

01004

00506

0232612 83150325

**Patterns in hospitals' use of a regional poison information center.**

Chafee-Bahamon C; Caplan DL; Lovejoy FH Jr  
Am J Public Health, Apr 1983, 73 (4) p396-400, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

A statewide poison center undertook a study to identify types of hospitals which used its information services. Initial trends in calls from hospitals to the center over the center's first two years and percentages of hospitals' patient caseloads for which the center consulted were analyzed for 104 acute care hospitals by hospitals' location, size, and emergency room staffing. After the center's establishment as a regional resource, emergency room staff in urban teaching hospitals showed the greatest increase in calls within a year (88 per cent) and the highest consultation rates for poison patients seen (57 per cent). Private physician emergency room staff, and staff in distant and rural hospitals, showed lower or no increases in calls and lower consultation rates. Findings suggest that private physician emergency room staff and staff in distant and rural hospitals be considered for poison center outreach. Marketing of consultation services for non-pediatric overdoses is also indicated.

0232436 83148549

**[Obstetrics and gynecology in Ethiopia.--Experiences in practice and teaching at the University of Addis Ababa]**

Geburtshilfe und Gynakologie in Athiopien. Erfahrungen in der Praxis und Lehre an der Addis-Abeba-Universitat.

Schlegel L; Ruckhaberle KE  
Zentralbl Gynakol, 1983, 105 (1) p56-60, ISSN 0044-4197  
Journal Code: Y55

Languages: GERMAN Summary Languages: ENGLISH

The authors give a brief survey about the situation of obstetrical and gynecological practices in Ethiopia and review their experiences and activities as lecturers and medical practitioners respectively in Gondar Medical College of the Addis Ababa University.--Effective improvements of the medical care and the development of health services in the country are hindered by the unimaginable lack of physicians caused by the feudal systems in the past for many centuries.--The first stage of education of doctors as well as the services in obstetrics and gynecology will be reported.

0231714 83142423

**The lamp in the desert.**

Rogers PJ  
Nurs Focus, Jan 1983, 4 (5) p12-3, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0231713 83142422

**A pioneering hospital in Jedday.**

Rogers PJ  
Nurs Focus, Jan 1983, 4 (5) p10-1, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0231685 83142369

**The staff educator as process consultant.**

Scully R  
Nurse Educ, Spring 1983, 8 (1) p39-42, ISSN 0363-3624  
Journal Code: OAU  
Languages: ENGLISH

0231660 83142165

**Impact of a diabetes teaching program on health care trends in an Air Force Medical Center.**

Jacobson JM; O'Rourke PJ; Wolf AE  
Milit Med, Jan 1983, 148 (1) p46-7, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

01005

0231471 83140155

**Patients' priorities for medical care.**

Fletcher RH; O'Malley MS; Earp JA; Littleton TA; Fletcher SW  
; Greganti MA; Davidson RA; Taylor J  
Med Care ,Feb 1983, 21 (2) p234-42, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Relatively little research has been done on the importance patients attach to various aspects of their medical care when their options are constrained. We studied priorities for care among 225 patients attending the medical clinics of a university teaching hospital. Eight attributes of medical care were considered: continuity, coordination, comprehensiveness, availability, convenience, cost, expertise, and compassion. Priorities were established by the method of paired comparisons. Continuity of care was the highest priority for these patients, while cost and convenience were lowest. Priorities varied in subgroups of patients defined by demographic, illness, and utilization characteristics. Patients with acute problems preferred coordination and expertise, while those with chronic problems ranked continuity higher. Patients younger than 30 years old valued coordination most; older patients preferred continuity and comprehensiveness. Since all aspects of medical care cannot be provided to all people, and choices are necessary, patients' priorities should be considered when planning health services.

0231424 83139806

**[The status of trauma surgery at the Hannover Medical University]**

Bilanz der Unfallchirurgie an der Medizinischen Hochschule Hannover.

Krankenpf1 J ,Nov 15 1982, 20 (11) p24, ISSN 0174-108X  
Journal Code: KYN

Languages: GERMAN

0231311 83138600

**Utilization of computers in clinical practice--role of physician networks: preliminary communication.**

Anderson JG; Jay SJ  
J R Soc Med ,Jan 1983, 76 (1) p45-52, ISSN 0141-0768  
Journal Code: JX1

Languages: ENGLISH

This study examines the influence of physician networks on the utilization of computers in clinical practice. Data on patient referrals, consultations, professional discussions, and on-call coverage were collected from 24 physicians who comprise a private group practice. Their utilization of a computerized hospital medical information system (HIS) in caring for patients admitted to a 1160-bed private, university affiliated, teaching hospital was determined. A matrix representing the professional relations among these physicians was subjected to smallest space analysis, a form of multidimensional scaling. Also, a number of indices that

describe structural and interactional properties of the network and individual physicians were computed. The three-dimensional representation of the network that resulted from the analysis suggests a two-step process of adoption and utilization of medical technology. Physicians who were engaged in outside professional activities and in the training of medical students and house staff were more likely to utilize the system in caring for patients. These physicians, who were more centrally located and dominant in the referral and consultation process, were more likely to influence the practice patterns of their colleagues. The use of network analysis to identify influential physicians whose involvement is essential to the success of efforts aimed at introducing computers into clinical practice is discussed.

0231199 83137530

**Facilities.**

Shackleford JM  
J Med Assoc State Ala ,Feb 1983, 52 (8) p39-42, ISSN  
0025-7044 Journal Code: IZJ

Languages: ENGLISH

0231151 83136891

**Success with an inpatient geriatric unit: a controlled study of outcome and follow-up.**

Lefton E; Bonstelle S; Frengley JD  
J Am Geriatr Soc ,Mar 1983, 31 (3) p149-55, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

To assess the worth of a newly established geriatric unit, outcomes for 50 subject patients cared for on this unit were compared with outcomes for 50 control patients. Both groups of patients were hospitalized in Highland View Hospital, the chronic illness and rehabilitation section of a major teaching hospital in Cleveland, Ohio. Analysis of admission data showed the two groups to be closely comparable. All patients were managed by multidisciplinary teams, and the length of stay of both groups was comparable. The discharge data showed that the subject patients were more independent, with significantly greater numbers improving in ambulation and significantly more subject patients being discharged to a home setting. Although the patients in the control group were discharged at lower levels of function, they showed improvement at follow-up. Follow-up data also showed that both groups largely remained in their discharge environments. Explanations for these findings are discussed. The results of this study support the establishment of geriatric inpatient units.

01006

0231146 83136883

**Planning high-carbohydrate, high-fiber diets with a microcomputer.**

Suitor CW; Suitor RF; Adelman MO  
J Am Diet Assoc ,Mar 1983, 82 (3) p279-82, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Current research suggests that a diet high in carbohydrate and fiber (HCF) may be useful in the management of diabetes mellitus, hypercholesterolemia, and hypertriglyceridemia. To meet the needs of our clinic population, a microcomputer program has been developed that allows for individualization of HCF menu patterns that satisfy both the diet prescription and the patient's preferences. Educational materials were prepared to guide and augment the HCF diet instruction. It is hoped that this comprehensive approach to diet planning and teaching can be applied in similar settings to facilitate the delivery of quality patient care.

0231097 83136621

**A practicum for oral cancer teaching.**

Barr CE; Goldberg MD  
J Dent Educ ,Mar 1983, 47 (3) p160-2, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

This article describes a hospital-based method for teaching oral cancer to general practice residents, which involves the use of patients for whom the residents are responsible. The residents present prepared cases of patients of the hospital dental department according to a predetermined protocol. These conferences begin with a talk on a subject germane to the cases being presented and include complete documentation of clinical history and laboratory findings, photographs, projection of microscope slides of the lesion, and a thorough discussion of therapy and rehabilitation. The residents have had significant contact with the cancer patients from the time of initial patient complaint to completion of therapy. The practicum is based on thorough case review and builds on didactic information provided in the undergraduate dental school curriculum.

0230857 83133925

**An overview of patient satisfaction with psychiatric treatment.**

Kalman IP  
Hosp Community Psychiatry ,Jan 1983, 34 (1) p48-54, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

Patient satisfaction with psychiatric treatment can strongly influence pursuit and use of mental health services as well as treatment compliance and treatment outcome. Although assessment of patient satisfaction is crucial to designing effective mental health programs, no standard methodology exists to measure satisfaction; thus it is difficult to

compare findings from different satisfaction studies. The author examines the studies in four areas of satisfaction research: patient satisfaction with treatment, with participation in research, with participation as subjects in psychiatric teaching, and with involuntary commitment. He notes the variance between mental health professionals' expectations of patient satisfaction and the higher satisfaction that patients themselves report. He also discusses the need for more study of the subjective experience of patients who participate in research projects, teaching conferences, and observed psychotherapy and who undergo involuntary commitment.

0230789 83132739

**Clinical causes and classification of perinatal mortality in Lagos.**

Abudu O; Akinkugbe A  
Int J Gynaecol Obstet ,Dec 1982, 20 (6) p443-7, ISSN  
0020-7292 Journal Code: E4T  
Languages: ENGLISH

Perinatal deaths in singleton births at the Lagos University Teaching Hospital during a 5-year period were reviewed. Causes of deaths were classified into eight groups using a modified form of the Aberdeen classification. Perinatal mortality was high (42.5/1000 total births). The stillbirth rate was 32.5/1000 total births. The major causes of perinatal mortality were trauma (30.5%), low birth weight (23.9%), hemorrhage (13.7%), toxemia of pregnancy (10.3%) and mature, cause unknown (10%). Congenital malformation (4.3%) was not a major cause of perinatal deaths in this study.

01007

0230538 83130228

**The prenatal pediatric visit revisited.**

Berger LR; Rose E  
Clin Pediatr (Phila) ,Apr 1983, 22 (4) p287-9, ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

The potential value of prenatal interviews with pediatricians was explored through interviews with 20 low-income women in their last trimester of pregnancy. Major areas of attention included prenatal concerns, psychosocial assessment, and anticipatory guidance. Important issues of relevance to pediatric care emerged, including gaps of parental knowledge, lack of financial and emotional support, and anxieties about the infant. Prenatal pediatric visits also served to encourage the involvement of fathers in pediatric care and to establish an ongoing professional relationship with the pediatrician. In health care settings where comprehensive, coordinated care is often lacking--such as teaching hospitals or county clinics--pediatric providers must take the initiative if families are to be reached prenatally.

0230515 83129784

**A case-control study of stillbirths at a teaching hospital in Zambia, 1979-80: antenatal factors.**

Watts T; Harris RR  
Bull WHO ,1982, 60 (6) p971-9, ISSN 0042-9686 Journal  
Code: C80  
Languages: ENGLISH

0230463 83128920

**Design considerations for a medical school hospital cancer patient data system.**

Hokanson JA; Costanzi JJ; Smith MS; Richard P; Dugat PS  
Cancer ,Apr 15 1983, 51 (8) p1556-61, ISSN 0008-543X  
Journal Code: CLZ  
Contract/Grant No.: CA-17701  
Languages: ENGLISH

Tumor registries abound, but there are few that successfully incorporate information age data management resources. This article describes the evolutionary process of designing, implementing, and maintaining a computer-based cancer patient information system for a medical school hospital. The primary requirement was that accurate information about the cancer experience at University of Texas Medical Branch (UTMB) be readily available. Since the tumor registry staff were not data processing professionals, this system had to use commonly available, well documented, readily maintained, and easily used data management resources. The UTMB registry, as documented by the marked increase in frequency and scope of use, demonstrates that a quality information resource can have a significant impact on hospital cancer programs and could serve as a prototype for other institutions having similar needs.

0230348 83128196

**Colonoscopic polypectomy in a regional teaching hospital.**

Minopoulos GJ; McIntyre RL; Lee EC; Kettlewell MG  
Br J Surg ,Jan 1983, 70 (1) p51-3, ISSN 0007-1323  
Journal Code: B34  
Languages: ENGLISH

Five hundred and thirty-five polyps were found in 200 patients over 6 years at a regional teaching hospital. Eighty-five per cent of the patients were from the hospital area yet the presentation of the patients, the complications of polypectomy, the size, distribution and histological features of the polyps were similar to large series reported from metropolitan specialist centres of referral both in this country and the USA. However, a smaller proportion of our polyps were over 1 cm diameter. Between 25 and 53 per cent of patients had recurrent or residual polyps on the second and third colonoscopy. Patients with two or more polyps at the first endoscopy were significantly more likely (P less than 0.01) to have further polyps at follow-up. We therefore recommend that patients with colonic polyps are colonoscoped annually until free from polyps for 2 years, before being placed on colonoscopic review at 5-year intervals.

0230223 83121268

**MBO. An effective way to improve productivity in a teaching hospital.**

Stefanu C; Pate ML; Anderson RM  
Tex Hosp ,Jan 1983, 38 (8) p41-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

01008

0230157 83117335

**Work sampling: a means of determining physiotherapy activities and reviewing caseloads.**

Allen JM

Physiother Can, Jan-Feb 1983, 35 (1) p31-5, ISSN 0300-0508 Journal Code: PCP

Languages: ENGLISH

Work sampling is a tool used to examine the activities involved in performing a job. A work sampling study was designed to examine the components of physiotherapy care in a 350-bed teaching hospital. The components were related to a physiotherapist's activities and included an examination of the time related to patient treatment, attendance at meetings, record-keeping and preparation, travel, teaching, continuing education (in-service), talking to colleagues (doctors, occupational therapists), and other activities. The purpose of the study was to quantify a therapist's nontreatment activities, and to compare observations concerning treatment with the work sampling data obtained in compliance with the Canadian Schedule of Unit Values and, in particular, its weighted units. The study showed that there was no difference between the "observed" time (sampling time in percentage of total time) spent in direct patient contact, and the weighted units, when the latter was converted to a percentage of time. The Nova Scotia government's standard of 50 000 work units per year was found to be useful in justifying staffing levels; a useful indicator of productivity was also developed using weighted units expressed as a percentage of worked or paid hours. Work sampling would thus appear to be a useful tool for physiotherapy department managers.

0230145 83117213

**Comparison of two teaching methods for self-care training for patients with chronic obstructive pulmonary disease.**

Brough FK; Schmidt CD; Rasmussen T; Boyer M

Patient Couns Health Educ, 1982, 4 (2) p111-6, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

Group instruction in self care is a widely used adjunct to the medical management of chronic obstructive pulmonary disease (COPD). Such classes are neither convenient nor accessible to all COPD patients, however, especially those in rural areas. A self-teaching module could be a practical means of serving hard-to-reach patients. This study compares the results of a self-teaching module with those of an established group method in teaching 13 self-care skills to COPD patients.

On referral from their physicians, patients in eight rural locations were randomly assigned to receive training through a group or a self-teaching process. Knowledge gain, skill attainment, skill implementation, and beneficial results were measured at the end of instruction and again six months later.

The two teaching methods were compared by analyzing the data on 34 patients matched for the variables of smoking, diagnosis, and severity of disease. No statistically significant difference was observed between the two educational methods in any of the parameters measured. The

fact that approximately three out of four patients benefited through either process suggests that the self-teaching module is as effective as group instruction.

00508

0230031 83109893

**Hospital-based physician group practices in teaching hospitals: a national survey.**

Jennings MC; Krentz SE

J Ambulatory Care Manage, Feb 1983, 6 (1) p50-63, ISSN 0148-9917 Journal Code: H49

Languages: ENGLISH

0230015 83108354

**How a university teaching hospital implemented CPR training for its medical staff.**

Simendinger EA; Lyon SL

Hosp Med Staff, Jan 1983, 12 (1) p13-7, ISSN 0090-0710 Journal Code: G93

Languages: ENGLISH

0229685 83125741

**[Practical aspects of health education in the hospital environment]**

Aspects pratiques de l'éducation sanitaire en milieu hospitalier.

De Wever A

Arch Belg, 1982, 40 (1-2) p30-41, Journal Code: 69U

Languages: FRENCH

01003



0229599 83124099

**Women refused second-trimester abortion: correlates of pregnancy outcome.**

Binkin N; Mhango C; Cates W Jr; Slovis B; Freeman M  
Am J Obstet Gynecol ,Feb 1 1983, 145 (3) p279-84, ISSN  
0002-9378 Journal Code: JN1

Languages: ENGLISH

Little is known of the outcome of pregnancy in women denied abortions in the United States. To address this question, we studied the pregnancy outcomes in 316 low-income women who were denied second-trimester abortion at a large, metropolitan teaching hospital in the Southeast between August, 1978, and July, 1979. Follow-up information was available on 82%. One in five women denied an abortion managed to obtain one elsewhere.

Earlier gestational age at the initial abortion request, higher education level, and higher income were the best predictors of whether a woman subsequently obtained an abortion. For the women who continued their pregnancies, neither the rate of serious maternal complications nor the neonatal death rate was increased when compared with that of the rest of the hospital's population.

0229148 83117468

**[Relative shares in teaching, research, clinical service and administration of the personnel of institutes and clinics of the Medical School of the University of Berne]**

Relative Beschäftigungsanteile von Lehre, Forschung, Dienstleistung und Administration des Personals von Instituten und Kliniken der Medizinischen Fakultät der Universität Bern.

Allen P

Praxis ,Dec 7 1982, 71 (49) p1935-7, ISSN 0032-7026  
Journal Code: PK9

Languages: GERMAN

0229055 83117088

**Ward sisters: their problems at work--1.**

Runciman P

Nurs Times ,Dec 15-21 1982, 78 (50) psuppl 36:141-4,  
ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0228968 83116200

**Fifty years of surgical education at Akron City Hospital.**

Loughry CW

Ohio State Med J ,Oct 1982, 78 (10) p723-6, ISSN  
0030-1124 Journal Code: OGS

Languages: ENGLISH

0228907 83115970

**An emergency room teacher's guide.**

Boyd MD

Nurs Manage ,Feb 1983, 14 (2) p65-7, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0228898 83115961

**Pedestrian traffic in a paediatric ward.**

Grant VJ

NZ Med J ,Feb 9 1983, 96 (725) p91-3, ISSN 0028-8446  
Journal Code: OBG

Languages: ENGLISH

On three separate occasions, between May 1980 and May 1982, observations were made of the number of people entering a six cot room in a paediatric ward between 6 am and 6 pm. The number of different people interacting with one unaccompanied child was also counted and in the 1982 study, the child's responses were described in detail. Results showed that more than 300 entrances by 100 different people occurred each day. It is suggested that such social demands on an unaccompanied child in the psychologically vulnerable age group may add to the stress of a hospital stay.

0228824 83114907

**Smoke-free hospitals for Minnesota.**

Kottke TE

Minn Med ,Nov 1982, 65 (11) p711, ISSN 0026-556X  
Journal Code: NBY

Languages: ENGLISH

0228814 83114793

**St Vincent's Hospital, Sydney: 1857-1982.**

Med J Aust ,Nov 27 1982, 2 (11) p532-3, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

01010

0228807 83114764

**Antibiotic-resistant staphylococci in a teaching hospital.**

King K; Brady L; Thomson M; Harkness JL

Med J Aust ,Nov 13 1982, 2 (10) p461-5, ISSN 0025-729X

Journal Code: M26

Languages: ENGLISH

A large, continuing outbreak of infection and colonisation with a Staphylococcus aureus which is resistant to methicillin and gentamicin is reported. Affected patients and staff members seen between September, 1980, and August, 1981, are reviewed in detail. Methods of management of such persons and their treatment, if required, are discussed. The antibiotic-resistant Staph. aureus is readily disseminated in hospitals and may cause outbreaks of infection in wards, which require isolation of affected patients in the attempt to control the problem. It is suggested that a special isolation unit is needed. Use of the few effective antibiotic agents should be restricted. Despite these measures, the spread of this organism may not be contained.

0228795 83114727

**The use of computerized learning in intensive care: an evaluation of a new teaching program.**

Skinner JB; Knowles G; Armstrong RF; Ingram D

Med Educ ,Jan 1983, 17 (1) p49-53, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

A computer-assisted learning program in respiratory intensive care was introduced into the undergraduate curriculum at University College Hospital. Educational effectiveness was assessed. This method of learning was found to be highly acceptable to students. The improvement in students knowledge of the subject was up to three times greater in those who used the computer program, than a control group of students who received only teaching by conventional means, (P = 0.016). The results of a questionnaire designed to elicit students' attitudes to this learning experience are discussed.

0228754 83114002

**Funding of teaching hospitals.**

Howie J

Lancet ,Feb 12 1983, 1 (8320) p345-6, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0228625 83111852

**Dermatologic practice: implications for a primary care residency curriculum.**

Branch WT Jr; Collins M; Wintroub BU

J Med Educ ,Feb 1983, 58 (2) p136-42, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

The problems encountered, diagnostic procedures performed, and treatments prescribed in dermatology were studied in a primary care practice and in a dermatology clinic. Referrals from a primary care practice to a dermatology practice were analyzed. It was determined that nine disease categories accounted for more than 75 percent of the problems encountered in both settings. Only one diagnostic procedure was performed commonly in both the primary care and dermatology practices--skin scraping for fungal infection. Approximately 90 percent of the treatments prescribed in both settings fell within 13 categories. It is proposed that these findings be the basis for designing the curriculum in dermatology for residents in primary care medicine. The curriculum also should provide practical experience in dermatology and familiarity with selected, rarely encountered dermatologic conditions that have important therapeutic implications.

0228427 83109673

**Teaching behavioral pediatrics and to pediatric residents: the state of the art and description of a program.**

Felice ME; Friedman SB

JDBP ,Dec 1982, 3 (4) p225-31, ISSN 0196-206X Journal

Code: HTF

Languages: ENGLISH

In 1978, the Task Force on Pediatric Education strongly recommended that all pediatric residency programs include at least one full-time rotation and biosocial pediatric, preferably in the 1st or 2nd year. Since 1977, the University of Maryland has had a structured, integrated, required program in Behavioral Pediatrics, including 2 months in both the PL-1 and PL-2 years for a total of 4 months addition of elective experience is available in the PL-3 year. The development and description of this program is presented as well as a review to the relevant literature.

01031

0228201 83107019

**Attitudes of nonpsychiatric physicians toward psychiatric consultation.**

Cohen-Cole SA; Friedman CP  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1002-5,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The authors report on an opinion survey of 200 nonpsychiatric attending physicians at a university teaching hospital about the process and outcome of consultation psychiatry. Over-all, physicians felt that 37 per cent of their patients had problems with significant psychological components, but that consultation was indicated for only 11 per cent. Physicians reported a high level of global satisfaction with consultations; 68 per cent were satisfied frequently or almost always. Factor analysis reduced consultees' evaluations of 18 different consultation activities to five dimensions, with patient disposition considered the most important and services to medical and ward staff the least important. Analysis of differences by specialty revealed that family medicine physicians seemed the most oriented to psychological issues and surgeons the least.

0228097 83104774

**Clinical pharmacy services in a pediatric ambulatory care clinic.**

Edwards R; Adams DW  
Drug Intell Clin Pharm ,Dec 1982, 16 (12) p939-44, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH

The implementation of pharmacy services in an ambulatory pediatric clinic has met with initial success in acceptance by the medical and nursing staffs, the administrator, and the patient population. Errors in medication dispensing and prescription labeling have decreased, and patient understanding of prescribed therapy has improved. The number of ER visits by clinic patients has been reduced since the implementation of our service. The importance of patients' understanding directions for use and of dispensing medications in childproof containers for the pediatric population cannot be overstressed. A future goal of our service is to expand the pharmacist's clinical role to allow further participation in pharmacokinetics, specialty clinics, teaching, and patient education. Further documentation of the value of such services is essential to the expansion of the pharmacist's role in patient care.

surgical residents could evaluate their residency program. It was answered anonymously by 344 residents, four times during a 2-year period, at different stages of training. The answers were analysed, comparing individual hospitals and individual programs within the department. The weaknesses and strengths of the department could be identified by the residents. This identification of problems has brought about major changes in the attitudes of staff surgeons towards teaching. The authors believe that the residents' opinions are essential to amend and improve the quality of postgraduate education.

0227947 83102234

**Careers outside hospital and general practice.**

Rhodes P  
Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p206-7,  
Journal Code: B4X  
Languages: ENGLISH

0227883 83098287

**Stanford president warns of danger facing teaching hospitals.**

Am Coll Physicians Obs ,Oct 1982, 2 (9) p4, 6, 10,  
Journal Code: 35L  
Languages: ENGLISH

0227870 83098274

**The morning report: starting the day right at a teaching hospital.**

Sivaprasad R; Taguchi JT  
Am Coll Physicians Obs ,Nov 1982, 2 (10) p1, 17,  
Journal Code: 35L  
Languages: ENGLISH

00509

0227969 83102604

**Surgical residency evaluation by residents.**

Beauchamp G; Des Marchais JE; Dulude J  
Can J Surg ,Jan 1983, 26 (1) p75-8, ISSN 0008-428X  
Journal Code: CKJ  
Languages: ENGLISH  
A multiple-choice questionnaire was designed so that

01012

0227335 83098562

**A longitudinal study of residency-trained emergency physicians.**

Anwar RA

Ann Emerg Med .Jan 1983. 12 (1) p20-4. ISSN 0196-0644  
Journal Code: 427

Contract/Grant No.: H502129

Languages: ENGLISH

An annual survey of emergency medicine (EM) graduate physicians from 31 programs was conducted from 1977 through 1979. Results of the 1979 data are presented. Practice patterns show that 96% of the EM graduates are providing patient care, and almost half are working in the states in which they trained. Of those caring for patients, 38.8% practice in an urban location and only 7% work in rural hospitals. Learning new skills and procedures and retaining skills are major problems faced by physicians in rural locations. Other activities of EM graduates include teaching medical students and residents, administration, research, and community emergency medical services. Data are analyzed with attention to long-term commitment to emergency medicine. Implications for manpower needs are suggested.

Languages: ENGLISH

During the course of a 7-day voluntary rubella vaccination program conducted at a large community-teaching hospital, 718 hospital workers were vaccinated, an overall vaccination rate of 29%. During and after the vaccination campaign, physicians, employees, and students were surveyed as to their reasons for accepting or rejecting rubella vaccine. Prior to the campaign few hospital workers realized that rubella vaccination was of importance in their case. Although paycheck notices, newsletters, and poster displays were all effective in publicizing the campaign, hospital workers most frequently cited discussions with other workers as the major factor leading to their acceptance of vaccination. The belief that a history of rubella, diagnosed clinically, was adequate assurance of immunity was common among physicians and employees and was the major obstacle to greater success in the campaign. Vaccine reactions were infrequent and mild and did not lead to excessive employee absenteeism.

0227330 83098515

**Customizing infection control educational programs within the health care facility. Meeting a challenge vs. just satisfying a requirement.**

Christel LP

Am J Infect Control .Nov 1982. 10 (4) p138-46. ISSN 0196-6553 Journal Code: 4T6

Languages: ENGLISH

Infection control practitioners working within health care facilities are charged with the providing of in-service education programs for all new employees and volunteers as well as for all hospital departments, at least annually. To be effective, each program should be customized to meet the needs of the group for which it is given. Such a charge may be viewed as simply a "requirement that must be satisfied," or it may be approached as a challenge to be met with a measure of ingenuity and inventiveness. Academic preparation in the principles and skills germane to teaching are traditionally lacking in the training of health care professionals, and the ICP is thus left accountable for a job function for which she/he may have little proficiency. Customized education programs may be achieved with thoughtful planning and through the use of a few innovative ideas and resource materials available to most practitioners.

0227327 83098512

**Factors influencing participation in a rubella vaccination program.**

Fischer DL; Jungkind HD; Nieman RE

Am J Infect Control .Nov 1982. 10 (4) p121-7. ISSN 0196-6553 Journal Code: 4T6

01013

0227232 83097552

**Contractual relationships between colleges of pharmacy and university hospitals.**

Gourley DR; Fine DJ  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2102-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The relationships that exist between colleges of pharmacy and university hospitals located in academic medical centers were investigated, and the types of pharmaceutical services that are being offered by these institutions were profiled. Questionnaires were mailed to 35 directors of pharmaceutical services located in academic medical centers. Of the 30 institutions represented by respondents, 27 had a college of pharmacy on the same campus, and 13 had a formal agreement between the hospital and the college. Ninety-seven percent of the hospitals surveyed had unit-dose or partial unit-dose programs, and all of the hospitals had i.v. admixture services. Nine of the 13 hospitals with formal agreements and 13 of the 17 hospitals without formal agreements had decentralized pharmaceutical services. The staffing patterns in these institutions showed that only 10.3% of the pharmacist FTE positions were funded by the college of pharmacy. There was no difference in trends as related to faculty appointment, title, or tenure between directors in hospitals with and without affiliation agreements. Seven of the directors of pharmacy were in tenure-track positions, and the director's reporting mechanism in the college was either to the dean or the chairman of pharmacy practice. No differences were found between the pharmaceutical services offered, staffing patterns, or status of the director of pharmacy in hospitals with or without formal agreements with colleges of pharmacy. These authors believe that a firm relationship between the college and hospital might prove advantageous to both parties.

00510

0227070 83095522

**The practice of hospital epidemiology.**

Hierholzer WJ Jr  
Yale J Biol Med ,May-Aug 1982, 55 (3-4) p225-30, ISSN  
0044-0086 Journal Code: XR7  
Languages: ENGLISH

The practice and methodology of hospital epidemiology in infection control have begun to mature. At the same time, there is need for an institutionally based clinical epidemiologist to assist in several other mandatory patient care-related programs in the hospital. Hospital epidemiology programs should recognize this need, the parallels in other programs, and the unique opportunity to bring to hospital in-service, teaching, and research, epidemiologic methodology as a natural extension of its present role.

0226894 83092960

**[Drug side effects as the probable cause of death. Results of the Berne Comprehensive Hospital Drug Monitoring Program]**

Medikamentnebenwirkungen als wahrscheinliche Todesursache. Ergebnisse aus dem Komprehensiven Spital Drug Monitoring Bern (CHDMB).

Zoppi M; Torok M; Stoller-Guleryuz D; Winzenried P; Marty H; Hess T; Stucki P; Bickel MH; Stocker F; Hoigne R  
Schweiz Med Wochenschr ,Dec 4 1982, 112 (49) p1808-10, ISSN 0036-7672 Journal Code: UEI

Languages: GERMAN Summary Languages: ENGLISH

During the years 1974-1980, 19 of 17,285 inpatients of the divisions of internal medicine of two teaching hospitals showed a probable or definite adverse drug reaction (ADR) which was considered to be a major cause of death. In 7 patients the decisive ADR occurred during the hospital stay. The overall mortality from ADR is 0.040%. For each therapeutic group of drugs the following rate of drug-related death was calculated: for anticoagulants 0.047% (3/6378 inpatients), for cardiac glycosides 0.016% (1/6368), for analgesic/antirheumatic drugs 0.014% (1/7112) and for cytostatic drugs 0.38% (2/531). In 12 patients the ADR was already present on hospital admission.

0226857 83092587

**[Report for 1981 on the activities of the emergency service of Saint-Pierre Hospital and its medically equipped ambulances]**

Bilan pour l'annee 1981 des activites du service des urgences de l'hopital Saint-Pierre et de son ambulance medicalisee.

Flamand JP  
Rev Med Brux ,Oct 1982, 3 (8) p563-5, ISSN 0035-3639  
Journal Code: SLK  
Languages: FRENCH Summary Languages: ENGLISH

0226650 83089758

**Putting leaders, consultants & teachers on the line.**

Morath J  
Nurs Manage ,Jan 1983, 14 (1) p50-2, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0226648 83089756

**A half-way house for the new graduate.**

Lee G; Raleigh ED  
Nurs Manage ,Jan 1983, 14 (1) p43-5, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

01014

0226608 83089633

**Some points to consider when selecting audiovisual aids.**

Caldwell LM

Nurs Health Care ,Jan 1983, 4 (1) p35-7, ISSN 0276-5294

Journal Code: N77

Languages: ENGLISH

0226376 83087464

**Funding of teaching hospitals. Relationships between the universities and the National Health Service.**

McNicol GP

Lancet ,Jan 1 1983, 1 (8314-5) p48-9, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0225887 83081905

**The changing profile of tuberculosis in a general teaching hospital--a five-year review of 121 cases.**

De Buitteir M; Fitzgerald MX

Ir Med J ,Nov 1982, 75 (11) p390-6, 398-9, ISSN

0021-129X Journal Code: GXD

Languages: ENGLISH

0225873 83081821

**Factors influencing the quality of wards as learning environments for student nurses.**

Lewin DC; Leach J

Int J Nurs Stud ,1982, 19 (3) p125-37, ISSN 0020-7489

Journal Code: GS8

Languages: ENGLISH

0225616 83078988

**A two-year study of caesarean section at the University College Hospital, Ibadan, Nigeria.**

Adeleye JA

East Afr Med J ,Jun 1982, 59 (6) p383-9, ISSN 0012-835X

Journal Code: EDG

Languages: ENGLISH

0225281 83072264

**Meharry Medical College fights back.**

Gapen P

Am Med News ,Nov 12 1982, 25 (43) p3, 9, ISSN 0001-1843

Journal Code: 3Y5

Languages: ENGLISH

0224746 83055007

**Teaching hospitals must help inner city hospitals survive, Rangei says.**

Health Plann Manpow Rep ,Nov 17 1982, 11 (23) p7,

Journal Code: GAC

Languages: ENGLISH

0226084 83083772

**Use of a microcomputer in a department of medical illustration for retrieval of clinical teaching slides.**

Gilson CC; Collins JM

J Audiov Media Med ,Oct 1982, 5 (4) p130-4, ISSN

0140-511X Journal Code: H99

Languages: ENGLISH

00511

0226263 83085695

**The extent of volunteer faculty integration in teaching hospital settings.**

Simon J; Zippin D

J Med Educ ,Jan 1983, 58 (1) p34-8, ISSN 0022-2577

Journal Code: J13

Contract/Grant No.: T32 MH 14664

Languages: ENGLISH

In a survey conducted by the authors, volunteer faculty members were found to be generally satisfied with their role in medical education, despite their acknowledgement of problems involving respect and responsibility when working with academic colleagues. These problems and the indifference of the volunteers to them are delineated. The structural reasons for simultaneous recognition of an indifference to problems are discussed in relation to the erosion of the utilization and authority of volunteer faculty members.

0226180 83085038

**Fostering professional nursing careers in hospitals: the role of staff development, part 2.**

Sovie MD

J Nurs Adm ,Jan 1983, 13 (1) p30-3, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

01015

0224688 83052483

**Pharmacist involvement in a diabetic education centre.**

Kanitz J; Birken B; Ward V  
Can J Hosp Pharm ,Jul-Aug 1982, 35 (4) p114-5, ISSN  
0008-4123 Journal Code: D2K  
Languages: ENGLISH

During the past two years, a multi-discipline health team has been meeting with selected diabetic "problem" patients on a regular basis at the North York General Hospital (NYGH). The patients are referred to the programme by their physicians when they appear to be having difficulty handling or coping with their diabetes. The participants in the programme attend the Diabetic Education Centre (DEC) for one week as day patients in the hospital and are exposed to various types of counselling from members of the Diabetic Education Centre Team (DECT), one of which is the pharmacist. Follow-up from this week of intensive education is made at annual intervals. The main purpose of the pharmacist in the clinic is to provide information for the patients regarding their prescriptions and over the counter (OTC) medication. This is achieved by means of individual patient interviews and informal group discussions, as well as rounds with other team members and contact with patients' families. This programme provides a forum for the patient and the patient's family to obtain valid information about diabetes, as well as problems associated with the disease, and aids in coping with these problems. The team concept enables the patient to be analyzed by all disciplines in order to assess his teaching needs and fulfill them. The pharmacist is continually involved in this information system and plays a valuable role on the team.

0224599 83073818

**Analyzing the factors contributing to rising laboratory costs.**

Tydeman J; Morrison JI; Cassidy PA; Hardwick DF  
Arch Pathol Lab Med ,Jan 1983, 107 (1) p7-12, ISSN  
0363-0153 Journal Code: 79Z  
Languages: ENGLISH

A new method for analyzing factors that contribute to the rising costs of hospital laboratories was used to analyze data from a Canadian teaching hospital for the period of 1971 to 1981. Results indicated that real cost per acute care admission has doubled, primarily because more tests are performed and the factors of production in laboratories are costlier. Increasingly sophisticated technology in the laboratory has increased productivity, and thus reduced cost per test; however, increased intensity of testing apparently has not been accompanied by reduced length of stay.

0224545 83073018

**Extended care in nursing homes: a program for a county teaching medical center.**

Breitenbacher RB; Schultz AL  
Ann Intern Med ,Jan 1983, 98 (1) p96-100, ISSN

0003-4819 Journal Code: 5A6

Languages: ENGLISH

A continuity care program for patients in nursing homes using internal medicine residents in training has been developed in a county teaching hospital. Resident physicians on a paid basis assume primary care responsibility for 1000 patients in 29 private community nursing homes. A faculty internist coordinates the activities of the residents and monitors patient care through an extended care office in the county hospital. The program has produced a significant upgrading of the continuity and quality of care of patients in these nursing homes as well as providing medical residents with geriatric and nursing home experience. The increased sensitivity and concern for the needs of nursing home patients developed by the medical residents seems to continue after they complete their training.

0224498 83072227

**Measuring severity of illness: comparisons across institutions.**

Horn SD  
Am J Public Health ,Jan 1983, 73 (1) p25-31, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0224396 83071665

**Workload, space, and personnel of clinical chemistry laboratories in teaching hospitals.**

Elin RJ; Robertson EA; Sever G  
Am J Clin Pathol ,Dec 1982, 78 (6) p839-46, ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH

The resources needed to operate a clinical chemistry laboratory are known only as rough approximations. In order to gather more information about these resources, a 13-page questionnaire was completed by 50 pathology departments of which 38 departments provided adequate information about their clinical chemistry section to permit adequate data analysis. This study provides the results for resource and workload factors, and significant regression analyses among these factors for the whole clinical chemistry section and the subsections of general chemistry, urinalysis, endocrinology, enzymology, lipid analysis, and toxicology. These data provide a basis for evaluating the current needs of clinical chemistry and for making projections for the future.

01016

0224342 83070967

**85 years of the hospital "Na tabulovem Vrchu" and 35 years of its change into a faculty hospital.**

Malat L

Acta Univ Palacki Olomuc Fac Med ,1982, 103 p23-7, ISSN 0001-7167 Journal Code: 2AL

Languages: ENGLISH

0224124 83067645

**Carcinoma of the uterine cervix: results of radiation therapy at a regional community teaching hospital.**

Boulware RJ; Rogers JD; Neglia WJ

South Med J ,Nov 1982, 75 (11) p1339-41, 1344, ISSN 0038-4348 Journal Code: UVH

Languages: ENGLISH

We analyzed the results of radiation therapy for carcinoma of the uterine cervix in 144 patients treated at a regional referral hospital. The local control was good in early stage disease, with only two pelvic failures in 92 stages I and II patients. Survival at 40 months was 86%, 83%, 48%, and 75% for stages I, IIA, IIB, and IIB (barrel-shaped lesions), respectively. Many IIB lesions could have been staged as IIB (barrel-shaped lesions). Control and survival in late disease was poor. The complications were minimal.

0224067 83067293

**[Consultation and liaison psychiatry--a contribution to the holistic thinking in medicine]**

Konsiliar- und Liaisonpsychiatrie--ein Beitrag zum ganzheitlichen Denken in der Medizin?

Wildbolz A

Schweiz Arch Neurol Neurochir Psychiatr ,1982, 131 (1) p81-8, ISSN 0036-7273 Journal Code: UDS

Languages: GERMAN Summary Languages: ENGLISH

After some introductory remarks about consultation and liaison psychiatry, the psychiatric consultation and liaison service in the general university hospital of Bern is presented. It has a statistically expressible exterior activity and an interior activity. It gives its contribution to holistic medical thinking in the fields of patient care, teaching, research, expertising and public relations. Problems of integration of consultation and liaison psychiatry and their possible overcoming are discussed on the base of two other studies of this author. The importance of creating psychiatric services in general hospitals is emphasized.

0224009 83066234

**Management of imperforate anus at the Lagos University Teaching Hospital, Nigeria: a review of ten years' experience.**

Adeyemi SD; de Rocha-Afodu JT

Prog Pediatr Surg ,1982, 15 p187-94, ISSN 0079-6654 Journal Code: Q50

Languages: ENGLISH

Sixty cases of imperforate anus treated at the Lagos University Teaching Hospital, Nigeria between 1969 and 1979 are reviewed. Late presentation at our hospital was a remarkable feature. Although there were only 18 attempts at Wangenstein-Rice (Wangenstein and Rice 1930) inversion radiograms using all the information available, it was possible to categorize 27 children as having high and 17 as having a low-type imperforate anus. Only 16 of the children with high lesions have had abdominoperineal pull-through procedures with an operative mortality of 31%. Eleven definite procedures for low lesions were carried out in newborn infants. The rest were decompressed either by a colostomy or a congenital fistula and are waiting for definite surgery. One child died before any surgical treatment. Some of the problems related to the outcome of treatment of this disease in our hospital are late presentation, inadequate facilities and shortage of specialized personnel, problems peculiar to a developing country. We suggest an urgent colostomy performed under local anaesthesia as a safe and expedient treatment for babies with obstruction and in whom the presence of a translevator anomaly cannot be immediately verified.

0223906 83064962

**The influence of obstetricians on the utilization of amniocentesis.**

Bernhardt BA; Bannerman RM

Prenatal Diagn ,Apr 1982, 2 (2) p115-21, ISSN 0197-3851 Journal Code: PJ7

Languages: ENGLISH

A study of 173 Western New York State obstetricians was undertaken to study referral patterns for second-trimester amniocentesis in 1974-1978. Referral patterns were analysed in relation to obstetrician age, religion, board certification, hospital affiliation and practice location. Forty-seven per cent of the obstetricians had never referred a patient for amniocentesis. Those referring were overall younger than those not referring and were significantly more often board certified. Obstetrician religion was significantly related to referral with fewer Catholic obstetricians referring. Hospital affiliation (teaching versus non-teaching) and obstetrician practice location (urban versus rural) were not important factors after controlling for religion and board certification. Obstetrician factors account for a small but important part of the variability in referral, and other factors, such as cost and access to laboratory and obstetric care need further investigation.

01017



0223792 83064561

**The effect of structured and unstructured pre-operative teaching: a replication.**

King I; Tarsitano B

Nurs Res ,Nov-Dec 1982, 31 (6) p324-9, ISSN 0029-6562  
Journal Code: O9K

Languages: ENGLISH

This study conducted an approximate replication of the Lindeman and Van Aernam study (1971) on a sample of 49 patients from a large metropolitan hospital. Factors controlled in this study that were not present in the original study included sample restrictions to patients of three surgeons with similar techniques and to patients having lower or upper abdominal surgery. Structured pre-operative teaching was conducted primarily by the principle investigator and associate and a check list was used to indicate that the patients could perform the deep breathing, coughing, and exercises. For this sample, using  $p = .05$ , structured pre-operative instruction improved significantly the ability of the patients to deep breathe and cough post-operatively as measured by pulmonary function tests. Hypothesis I was supported. Structured pre-operative instruction did not reduce significantly the mean length of hospital stay and hypothesis II was not supported.

0223770 83064227

**The teaching of crisis counseling skills to pediatric residents: a one-year study.**

Jewett LS; Greenberg LW; Champion LA; Gluck RS; Leikin SL; Altieri MF; Lipnick RN

Pediatrics ,Dec 1982, 70 (6) p907-11, ISSN 0031-4005  
Journal Code: OXV

Contract/Grant No.: CA 21241

Languages: ENGLISH

Pediatric residents should learn to manage family crises such as informing parents that their child has a potentially life-threatening illness. Unfortunately, few training programs prepare residents to counsel parents of a child with cancer. An experiential parent crisis counseling program has been developed at the Children's Hospital National Medical Center in Washington, DC; this program has demonstrated that pediatric residents, with limited instruction, can be taught to give bad news to parents using effective information-giving and interpersonal skills.

0223646 83063695

**Therapeutic drug monitoring: a survey of sub- and supra-therapeutic serum drug levels in a large teaching hospital.**

Frewin DB; Shaw DR; Bochner F

NZ Med J ,Nov 10 1982, 95 (719) p774-6, ISSN 0028-8446  
Journal Code: OBQ

Languages: ENGLISH

One thousand five hundred serum drug levels lying outside

the defined therapeutic range have been followed up by the clinical pharmacology service at the Royal Adelaide Hospital over a thirteen month period. It was found that digoxin, phenytoin and theophylline were the most frequently monitored drugs. Blood levels outside the therapeutic range tended to be on the high side with digoxin, but were usually sub-therapeutic for the other two. Drug related toxicity was observed in 11.2 percent of those with a high serum level. Several potential drug interacting situations were also noted during the study. The value of therapeutic drug monitoring, to maximise efficacy of therapy and minimise side effects, is stressed. However, correct blood sampling, based on a knowledge of the clinical pharmacology and pharmacokinetics of the drug, must be performed in order to obtain optimal benefit from this exercise.

0223543 83062788

**The teaching hospital and the future role of state government.**

Schramm CJ

N Engl J Med ,Jan 6 1983, 308 (1) p41-5, ISSN 0028-4793  
Journal Code: NOW

Languages: ENGLISH

0223506 83062262

**League tables of biochemical laboratory costs. An attempt to modify requesting patterns.**

Grivell AR; Forgie HJ; Fraser CG; Berry MN

Med J Aust ,Oct 2 1982, 2 (7) p326-8, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

"League tables", ordered by potential cost of biochemical laboratory tests requested, were distributed at four-week intervals to all medical specialists of a 500-bed tertiary care teaching hospital, Flinders Medical Centre, Adelaide, in an attempt to reduce the workload of the laboratory. This information feedback did not appear to have any effect on over-all laboratory utilisation or on any individual requesting pattern. However, much useful information on laboratory use was collated and summarised. It appears that more active intervention is required to eliminate unnecessary requesting of laboratory tests.

01018

0223364 83060436

**Patient health teaching needs.**

Clarke K  
JEN ,Nov-Dec 1982, 8 (6) p298-303, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0223287 83059383

**A model for teaching management of disturbed behavior.**

Barile LA  
J Psychosoc Nurs Ment Health Serv ,Nov 1982, 20 (11)  
p9-11, ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

0223140 83057800

**Geriatric medicine: a multidisciplinary training and education model in an acute care medical center.**

Crooks V; Lee P; Yoshikawa TT  
J Am Geriatr Soc ,Dec 1982, 30 (12) p774-80, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

A description of a comprehensive multidisciplinary education and training program in geriatrics in an acute care hospital is presented. A brief review of the history of medical education in geriatrics is examined, and the need for and potential of a hospital-based training program is discussed. The methods used in implementing an education program that attracts house staff physicians and other health professionals are described. The program incorporates the application of a multidisciplinary team model of patient assessment and treatment, which is augmented by clinical bedside teaching and a broad-based educational program. Using hospital-wide faculty, the program includes a geriatrics/gerontology lecture series incorporating presentations on the biopsychosocial aspects of aging and a diversity of subjects relevant to aging. Other programs such as weekly house staff topic sessions on aging, interdisciplinary research seminars, orientations, and special symposia are all part of the education program.

0223138 83057794

**Medical care in a geriatric psychiatry unit: impact on psychiatric outcome.**

Weingarten CH; Rosoff LG; Eisen SV; Grob MC  
J Am Geriatr Soc ,Dec 1982, 30 (12) p738-43, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

The medical care of 49 randomly selected patients admitted to a geriatric psychiatry evaluation unit was assessed to determine the impact on psychiatric care and outcome. Medical factors were identified as directly causing psychiatric symptoms in 12 of the 49 cases, whereas psychiatric

decompensation was precipitated by medical illness in 25. Previously undiagnosed significant medical problems were found in ten patients. In 25 cases concomitant medical illness had a major effect on psychiatric treatment, and in 23 the course of the medical illness affected psychiatric outcome. Seventy-nine per cent of the patients had at least moderately improved at the time of discharge, and most were able to return to their homes. Improvement in medical condition was correlated significantly with psychiatric improvement. Implications for the care of geriatric psychiatry patients are discussed.

0223065 83056579

**Pyramidal training: a large-scale application with institutional staff.**

Page TJ; Iwata BA; Reid DH  
J Appl Behav Anal ,Fall 1982, 15 (3) p335-51, ISSN  
0021-8855 Journal Code: HDR  
Languages: ENGLISH

This study evaluated an indirect method of training 45 institutional direct care staff to conduct behavioral programs. Three supervisors were trained to improve teaching behaviors (instructions, prompts, and consequence) used by the direct care staff while working with severely and profoundly handicapped residents. In addition to training, daily feedback was provided to supervisors regarding performance of their staff. Results of a multiple baseline analysis across teaching behaviors (instructions, prompts, and consequences) and content areas (communication and gross motor skills) showed that providing training and feedback to supervisors resulted in increases in correct teaching behavior by direct care staff. However, teaching behavior newly learned in one content area (communication) did not generalize to the other area (gross motor skills). Data collected on resident behavior showed small but noticeable improvement in terms of correct responses and attending behavior during programming. Results are discussed in terms of the benefits of a pyramidal approach to training institutional staff.

01019

0222891 83054596

**Contributions in teaching consultation-liaison psychiatry. The use of the medical team model on a consultation-liaison teaching service.**

Guggenheim FG

Gen Hosp Psychiatry .Sep 1982, 4 (3) p219-24, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

This paper describes a consultation-liaison (C/L) teaching service that uses a medical team rounding model; four teams cover distinct geographic areas of the hospital, each team consisting of an attending psychiatrist, a resident, two medical students, and a psychology graduate student. Daily attending rounds on the medical/surgical wards provide prompt and direct patient care supervision for the team members, allowing for coordination of their activities and communication with the attending physician, who serves as a role model. Psychological testing can be readily integrated into the clinical setting; neurology and family practice residents can also get their psychiatric training in this setting. The medical team model of rounding is different from other models used on C/L services; its pros and cons are discussed.

0222890 83054595

**Evaluative research in consultation-liaison psychiatry. Review of the literature: 1970-1981.**

McKegney FP; Beckhardt RM

Gen Hosp Psychiatry .Sep 1982, 4 (3) p197-218, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

In the last decade, the biopsychosocial concept of medicine had flourished clinically in the form of consultation-liaison (C-L) psychiatry. However, full acceptance by the medical profession will depend, in part, upon scientific demonstration that psychological and social factors influence biological medical illness, and that C-L psychiatric teaching and patient intervention can improve the medical treatment of patients. This review surveys the literature over the last 10 years that describes and evaluates C-L activities as they impact upon clinical medicine and medical education. A conceptual grid for organizing research in the field is presented that distinguishes decision-oriented, or descriptive studies, from conclusion-oriented, or outcome studies. Further, this grid specifies the focus of the C-L activity, either the patient or health care professional. It seems clear that the very recent shift from descriptive studies to more outcome-oriented research, particularly regarding patient outcomes, should be the direction of the future. A greater emphasis on defining the exact components of C-L work that are most useful is also indicated. Several other specific recommendations for evaluative research in C-L psychiatry conclude this review. (182 Refs.)

0222478 83050436

**General internal medicine reappears in the teaching hospital: the experience of the Royal Victoria Hospital.**

Kong HH; Flegel KM; Coke W; Hoey JR

Can Med Assoc J .Nov 1 1982, 127 (9) p837-40, ISSN  
0008-4409 Journal Code: CKW

Languages: ENGLISH

The internal medicine unit of the Royal Victoria Hospital in Montreal was created in 1979 to improve the training of residents and the care of patients. The practices of four internists were brought together in one part of the institution, and within 2 years there were 10 attending staff and 6 residents. The unit now provides continuing care for 2500 patients, many of whom have multisystem or potentially lethal problems. Residents and attending staff share the responsibility of providing 24-hour coverage. The group handles 5000 outpatient visits per year (20% of them being consultations) and provides a general medical consulting service for other hospital departments, with about 300 consultations per year. The creation of the unit, with highly visible role models, appears to have given new prestige to general internists in the hospital. The unit has served as a model for the reorganization of the other medical clinics and provides a base for research in health care delivery.

0222474 83050423

**The re-emergence of the general internist in the teaching hospital [editorial]**

Hollenberg CH

Can Med Assoc J .Nov 1 1982, 127 (9) p809-10, ISSN  
0008-4409 Journal Code: CKW

Languages: ENGLISH

01020

0222473 83050413

**Subspecialty consultations in a teaching hospital.**

Rosansky SJ; Hoey JR; Seely JF

Can Med Assoc J .Oct 15 1982. 127 (8) p711-3. ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

A chart review of 60 consultations by the nephrology service of a teaching hospital was carried out to determine their diagnostic and therapeutic utility. General medicine residents on elective rotations in nephrology performed 72% of the consultations, only 26% being written by residents in the subspecialty. Consultants made an average of 2.2 diagnoses per patient, of which 57% confirmed the working diagnosis already in the medical record. They made an average of 3.0 recommendations for further investigation per patient, but referring physicians implemented only 58% of these. An average of 1.6 recommendations for therapy were made per patient, of which 64% were implemented. The apparent neglect of the consultant's advice for investigation and therapy suggests that the written consultation to some extent fails to convey information useful for the referring physician and the patient. Further study is needed to determine if this failure reflects inadequate training of house officers as consultants.

0222472 83050412

**Telemedicine in northern Quebec.**

Roberge FA; Page G; Sylvestre J; Chahlaoui J

Can Med Assoc J .Oct 15 1982. 127 (8) p707-9. ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

Television transmission of diagnostic and educational information can help to improve specialized medical care in remote and underserved areas. This paper describes a pilot study in which the Canadian satellite Anik-B was used to link the James Bay area in northern Quebec with two large Montreal teaching hospitals. Broad-band real-time television was well suited for tele-education and teleconsultation activities. A much less costly method, using narrow-band slow-scan television, was also examined, but it requires improvements. The technology of telemedicine is in place, but its future use is impeded by the prohibitive costs of operating an efficient two-way broad-band television system for several remote health care sites. A solution to this problem may be an intermediate-band system combining some of the low-cost features of narrowband slow-scan television with the interactive high-resolution advantages of broad-band real-time television.

0222338 83048009

**Audit and scientific management of drug use in an Australian teaching hospital.**

McLean AJ; Ioannides-Demos L; Tong N; Mercer W; Barned J; Wood TJ

Aust Health Rev .Aug 1982. 5 (3) p12-5. ISSN 0159-5709

Journal Code: 9GC

Languages: ENGLISH

0221995 83027133

**Bad times coming; prepare, warns incoming ACEP pres.**

Milne DR

Emerg Dep News .Oct 1982. 4 (10) p13. ISSN 0195-3281

Journal Code: EFJ

Languages: ENGLISH

0221895 83047617

**The characteristics of stat laboratory tests.**

Chu RC; Williams SV; Eisenberg JM

Arch Pathol Lab Med .Dec 1982. 106 (13) p662-5. ISSN

0363-0153 Journal Code: 79Z

Contract/Grant No.: HS 02577

Languages: ENGLISH

We studied the use of stat (ie, statim--as soon as possible) laboratory tests at a university teaching hospital. For the 20 most frequently performed tests, 35.7% of the determinations were performed on a stat basis. The frequency with which a test was ordered on a stat basis ranged from 6.0% (for ESR) to 61.5% (amylase level). The proportion of laboratory test requests from a hospital service that were ordered stat ranged from 3.8% (orthopedic surgery) to 100% (emergency services). The daily number of regular laboratory test requests decreased significantly over the weekend, but the daily number of stat requests fell less sharply. The number of requests for routine tests decreased after 6 pm, but the number of requests for stat tests remained relatively constant until about midnight.

01021

0221890 83047578

**Supervising intake diagnosis. A psychiatric 'Rashomon'.**

Spitzer RL; Skodol AE; Williams JB; Gibbon M; Kass F  
Arch Gen Psychiatry ,Nov 1982, 39 (11) p1299-1305, ISSN  
0003-990X Journal Code: 72C

Languages: ENGLISH

Psychiatric diagnoses based on data collected during routine clinical intake evaluations done by trainees are often later used in research studies and in program evaluation. It is commonly assumed that the supervisory process can effectively overcome errors that trainees make in diagnosis. We designed a study to assess the adequacy of patient-in-absentia supervision for ensuring accurate psychiatric diagnoses. In 30% of the cases there were major diagnostic disagreements between the supervised diagnoses and consensus diagnoses based on information provided by both the trainee and an experienced clinician who sat in on the trainee's initial interview. These findings have implications for clinical care, training, and research.

0221712 83045671

**Emergence of occupational medical services outside the workplace.**

Rosenstock L; Heyer NH  
Am J Industr Med ,1982, 3 (2) p217-23, ISSN 0271-3586  
Journal Code: 3IN

Languages: ENGLISH

A new type of occupational medicine clinic has recently emerged in the United States. These clinics are multispecialty in staffing, are located in hospital outpatient departments, and are affiliated with academic medical centers. Their primary goal is to provide personal health and medical services including diagnosis, treatment, and follow-through of occupationally related diseases. Approximately 15 such clinics have been established in the last several years. A review of the medical, economic, and social forces that have historically shaped the content and scope of occupational medical and health services for workers explains in large part the reasons why many of these clinics have now come into being. Characteristics of eight of these clinics are reviewed in detail. These clinics provide a setting for interdisciplinary and interspecialty education of personnel and offer the medical community a demonstration of a means for better recognition and treatment of occupationally related illnesses.

0221448 83041453

**[Management of drug addicts in a medico-psychologic center of a regional university hospital center]**

Soins aux toxicomanes dans le centre medico-psychologique d'un CHRU.

Chassaing JL; Planche R; Planche S  
Soins Psychiatr ,Jul-Aug 1982, (21-22) p23-6, ISSN  
0241-6972 Journal Code: UUU

Languages: FRENCH

0221302 83040033

**Computed tomographic studies of the head in a teaching hospital and a community hospital: a comparison.**

McNeil BJ; Kirkwood JR; Hanley JA; Polak J; Wilkinson R; Funkenstein HH

Radiology ,Nov 1982, 145 (2) p367-70, ISSN 0033-8419  
Journal Code: QSH

Languages: ENGLISH

This investigation compared the use of computed tomography (CT) of the head at a large primary medical-school-affiliated hospital and at a large community hospital. There were two aims: first, to study the intrinsic characteristics of the patients in an attempt to determine the potential for developing accurate discrimination algorithms; and second, to study the patterns of neurodiagnostic tests used at these facilities. The results indicated that separability of patients into normal and abnormal categories at both institutions was extremely small. In addition, there was no significant difference in the numbers of types of ancillary tests used at both institutions. Overall, these data once more confirm the difficulty of altering CT usage patterns in primary or secondary hospitals without significantly affecting the number of abnormal patients identified.

0220826 83036270

**Interdisciplinary teaching of community paediatrics.**

Wallgren-Pettersson C; Donner M; Holmberg C; Wasz-Hockert O  
Med Educ ,Sep 1982, 16 (5) p290-5, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

An experiment of combining decentralized and interdisciplinary teaching is described. Seminars were arranged at a district hospital for medical, nursing and social work students to discuss families with a chronically ill child. The purpose of these seminars was to teach co-operation between different health care workers, and to stress the importance of becoming acquainted with the family situation, and learn what a child's illness means to the whole family. An evaluation of the first three seminars shows that this type of teaching was very well received by the students, professionals and families concerned. The students considered house calls an important part of their education and felt that more interdisciplinary teaching should be included in their curriculum. In addition to the teaching aspect, the families involved also considered the seminars a positive experience as they receive more information about their child's disease, and deficiencies in treatment could be corrected.

01022

0220752 83035519

**A description of a means of improving ambulatory care in a large municipal teaching hospital: a new role for nurse practitioners.**

Becker DM; Fournier AM; Gardner LB  
Med Care ,Oct 1982, 20 (10) p1046-50, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

We describe a nurse practitioner program that has improved ambulatory care in a large municipal teaching hospital. The significant feature of this program is an expanded role for nurse practitioners in the follow-up of patients with complicated illnesses. Benefits of this program include improved continuity of care and an easing of the house staff's service burden. Similar use of nurse practitioners at other municipal teaching hospitals would be a useful approach to problems in quality of care and continuity of care.

0220724 83035195

**Pediatric residents as health educators: the reactions of children.**

Bass JL; Mehta KA; Chartor J; Hickey J  
J Sch Health ,Sep 1982, 52 (7) p422-4, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

0220593 83033524

**The maintenance of high ethical standards in the conduct of research adopted June 24, 1982, by the Executive Council of the Association of American Medical Colleges.**

J Med Educ ,Nov 1982, 57 (11) p895-902, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0220341 83031551

**Ward sister--teacher or facilitator? An investigation into the behavioural characteristics of effective ward teachers.**

Marson SN  
J Adv Nurs ,Jul 1982, 7 (4) p347-57, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

The ward sister role is increasingly coming under study. This paper summarizes research into learning in the ward environment. The study being one of several on a similar theme, to have been published in the past 2 years. The research concentrated in particular on the behavioural characteristics of trained nurses perceived as good teachers. Attitudes and perceptions of teaching and learning were investigated by interviewing trained and trainee nurses. The data concerning good teachers collected at interviews were developed into a questionnaire and the results factor analysed. In the third phase of the study trained

nurse-trainee verbal communications were observed and analysed to determine any relationship between verbal behaviours and effective teaching. The findings of the study led to the conclusion that on the job teaching of nurses is a complex global act in which the role model presented to the learner has a powerful influence while it could not be said conclusively that a link between effective teaching and verbal behaviour was identified, a trend towards a more participative mode of communication was noted in two identified good teachers.

0220242 83030061

**Increasing occurrence of methicillin-resistant Staphylococcus aureus in the United States.**

Boyce JM; Causey WA  
Infect Control ,Sep-Oct 1982, 3 (5) p377-83, ISSN 0195-9417  
Journal Code: GTM  
Languages: ENGLISH

Although several outbreaks of methicillin-resistant Staphylococcus aureus (MRSA) infections have been reported in recent years, the geographic distribution and frequency of MRSA infections in American hospitals is unknown. We conducted a questionnaire survey to determine the magnitude of the problem. Data from 261 hospitals were included in the survey. MRSA were reported by 145 hospitals located in 36 states. Large hospitals reported these organisms significantly more often than small hospitals (p less than .001). University hospitals reported MRSA more often than community or community-teaching hospitals (p less than .001 and p less than .005, respectively). The number of hospitals reporting MRSA increased from 24 in 1975 to 112 in 1980 (p less than .001. Our data suggest that MRSA are widely distributed geographically and that the number of hospitals with these organisms has increased dramatically since 1975. (68 Refs.)

0220146 83029187

**Hospitalwide input facilitates spectrum of teaching programs.**

Hospitals ,Nov 16 1982, 56 (22) p48, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

01023

0219781 83023943

**Results of highly selective vagotomy in a non-university teaching hospital.**

Busman DC; Munting JD  
Br J Surg ,Oct 1982, 69 (10) p620-4, ISSN 0007-1323  
Journal Code: B34

Languages: ENGLISH

Clinical and laboratory results are presented of 229 patients treated by highly selective vagotomy for duodenal ulcer in a non-university teaching hospital. Sixty-two per cent of the operations were performed by residents as part of their training. After 1-8 years follow-up (97 per cent complete) there were 22 recurrences (9.6 per cent). The residents had fewer recurrences than the consultants, but their patients follow-up was shorter. The usual Visick grading is presented (1, 2: 83.5 per cent; 3, 4: 16.5 per cent) as well as an additional way of grading described by Visick in 1948 which suggests that 4 per cent appear to be permanent failures. Mortality rate was 0.4 per cent, complications rate was low and side effects were in general of minor importance. Laboratory results are presented showing that the basal acid output (BAO) was reduced permanently by 65 per cent, and the PAO by 50 per cent. In patients with recurrences BAO was not reduced and the PAO was less reduced than in the non-recurrence group. Metabolic parameters did not deteriorate. Basal serum gastrin rose after operation while serum vitamin B12 remained constant with a minimal tendency to decrease.

0219594 83002871

**The clinical pharmacist as a member of the burn team.**

Anderson PD; Wachtel TL; Frank HA; Trubo BG  
Contemp Pharm Pract ,Spring 1982, 5 (2) p120-3, ISSN  
0162-3761 Journal Code: D09

Languages: ENGLISH

Pharmacists are becoming involved increasingly in a patient care. At the University of California, San Diego Medical Center, a pharmacist has become a member of the multidisciplinary burn team. Through participation in work rounds and team conferences, the pharmacist has had a considerable beneficial impact on drug therapy, drug dosing, monitoring adverse drug reactions, and total parenteral nutrition. Specific benefits to patient care that the pharmacist provides are discussed and also the benefits derived in using a burn unit as a clinical teaching rotation for pharmacy students. The pharmacist has found his association with the burn unit to be professionally rewarding and the attending surgeons and surgical house staff have found his input to be valuable. The authors encourage other burn units to enlist a pharmacist as part of their burn team.

0219593 83002870

**Prenatal drugs: patient information and its source.**

Doering PL; Brackbill Y; McManus K; Woodward L; McClave JT

Contemp Pharm Pract ,Spring 1982, 5 (2) p112-9, ISSN  
0162-3761 Journal Code: D09

Languages: ENGLISH

Pregnant women consume numerous medications, some of which are potentially harmful to the fetus. It is especially important that these women are provided with information about these drugs. This study was undertaken, in part, to document the amount of information pregnant women have about the drugs they consume and the sources of their information. Study participants were 304 women selected at random from the postpartum inpatients at a teaching hospital. Mothers were interviewed to obtain drug exposure data and to determine what, if any, information they had about the drugs. The source of information for each drug consumed was also determined. Results show that pregnant women have little information for each drug they consume. Mothers most often cited primary medical personnel (physicians and nurses) as sources of information about specific drugs. In contrast, only six patients cited the pharmacist as a source of information about specific drugs. However, patients ranked the pharmacist high as a source of general drug information. This report emphasizes the need for more drug information for pregnant women and highlights the role of the pharmacist in providing such information.

01024

0219280 83019567

**Pediatric cardiac catheterization with same-day discharge.**

Waldman JD; Young TS; Pappelbaum SJ; Turner SW; Kirkpatrick SE; George LM

Am J Cardiol .Oct 1982. 50 (4) p800-3. ISSN 0002-9149  
Journal Code: 3DQ

Languages: ENGLISH

A system was developed for cardiac catheterization in children without overnight hospital stay (called same-day discharge). Over a 4 year period, 233 children (aged 5 weeks to 20 years) had catheterization with same-day discharge staying an average of 11.8 hours in the hospital. In all but 1, no problems occurred after hospital discharge; 1 child required readmission for psoas tendinitis after retrograde aortography. Same-day discharge was safely applied regardless of the patient's age, diagnosis, and use of systemic heparinization, large-bore sheaths, retrograde arterial catheterization, or cineangiography. The hospital-related cost of pediatric cardiac catheterization was reduced 29% compared with that of the standard 42 hour hospital stay. Same-day discharge provides attractive elements to the physician and institution involved in cardiac catheterizations, for example: (1) improved medical care by a decrease in the length of hospitalization, (2) a significant reduction in medical costs, and (3) elimination of time pressure in training and teaching as well as therapeutic decision-making. Critical factors for the successful application of same-day discharge are coordination of multiple health care professionals and physician judgment of the patient's clinical status. We speculate that reassessment of other hospital-oriented procedures may foster the development of methods for improving medical care or reducing cost, or both.

0219144 83017446

**Mentorship in nursing--a path to self-directed learning.**

Wolf ZR

Top Clin Nurs .Oct 1982. 4 (3) p68-74. ISSN 0164-0534  
Journal Code: WAT

Languages: ENGLISH

0219142 83017444

**Postorientation program for neurosurgical nursing: independent-individualized instruction.**

Crabbe RA

Top Clin Nurs .Oct 1982. 4 (3) p51-7. ISSN 0164-0534  
Journal Code: WAT

Languages: ENGLISH

0219141 83017443

**Computer-assisted instruction in the continuing education process.**

Pogue LM

Top Clin Nurs .Oct 1982. 4 (3) p41-50. ISSN 0164-0534  
Journal Code: WAT

Languages: ENGLISH

0219108 83017021

**A walk-in and telephone inquiry service: a function of a hospital social work department.**

Horn B; Manuele GM; Olvany BF

Soc Work Health Care .Spring 1982. 7 (3) p47-56. ISSN 0098-1389  
Journal Code: U95

Languages: ENGLISH

This article describes a study undertaken to evaluate the Walk-In and Telephone Inquiry Service provided by a social work department in a general hospital division of a large, voluntary, metropolitan teaching hospital. The major social work function provided in such a service is information and referral; to provide this service, a psychosocial evaluation and counseling are essential. This service is valuable to and utilized by many individuals, professionals and community agencies. It can become the point where individuals enter the health care system. Issues related to policy making, institutional costs and cost benefits are discussed.

0219086 83016740

**[Role and power of the physician hygienist in hospitals: Geneva concept]**

Fonctions et pouvoirs du medecin hygieniste dans l'hopital: conception genevoise.

Ducel G

Soins .Jun 1982. (384) p7-10. ISSN 0038-0814  
Journal Code: UUJ

Languages: FRENCH

0218740 83012355

**A century of health care.**

Med J Aust .Jul 24 1982. 2 (2) p98-9. ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

0218716 83012005

**Herkimer helps us teach.**

Knight RW

MCN .Sep-Oct 1982. 7 (5) p332-4. ISSN 0361-929X  
Journal Code: MA3

Languages: ENGLISH

01025



0218660 83011620

**Reimbursement for residency training: how many times?**

Garg ML; Elkhatab M; Kleinberg WM; Mulligan JL  
Med Care ,Jul 1982, 20 (7) p719-26, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

Through an investigation of charges generated for 105 patients treated for congestive heart failure, three issues of reimbursement policy for graduate medical education are examined: 1) reimbursement policy by third parties for resident salaries and for the portion of teaching physicians' time devoted to graduate medical education; 2) the level of involvement for physicians in dual roles as attending physicians for private patients when simultaneously engaged in graduate medical education and supervising patient care delivered by residents; and 3) the greater utilization of hospital resources in teaching units. The results demonstrate that the reimbursement policy, as presently practiced, ignores the basic differences in the level of involvement between teaching and nonteaching physicians. The data also show for the first time the incremental effect of graduate medical education in a teaching hospital. Several alternatives are suggested to eliminate the deficiencies.

0218658 83011618

**Closure among U.S. community hospitals, 1976-1980: a description and a predictive model.**

Mullner RM; Byre CS; Levy PS; Kubal JD  
Med Care ,Jul 1982, 20 (7) p699-709, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

Closure of U.S. community hospitals during the years 1976-1980 is analyzed by describing the distributional patterns of closings among hospitals classified by certain institutional characteristics: bed size, number of facilities and services, ownership, teaching status, location in a Standard Metropolitan Statistical Area (SMSA) or in a non-SMSA, and location in one of the nine United States Census Divisions. The method of Cox regression analysis is used to show that each of these institutional characteristics is independently, and significantly, associated with closure, and to estimate the strength of the association. On the basis of this analysis, a theoretic model is constructed for estimating the relative probability of closure for any community hospital with a given set of these institutional characteristics.

0218609 83010910

**An education program which prepares nurses to teach breast self-examination.**

Kochanczyk ML  
JOGN Nurs ,Jul-Aug 1982, 11 (4) p222-4, ISSN 0090-0311

Journal Code: KS2

Languages: ENGLISH

The importance of competent and regular breast

self-examination in the early detection and improved outcome of breast cancer cannot be emphasized enough. In their contacts with women, nurses are in an opportune position to promote BSE through education and demonstration. Breast self-examination is an area where many nurses are not comfortable. However, with planned and organized instruction, professional nurses can assume the role of teaching this important skill. Breast self-examination can then be incorporated into any clinical setting where professional nursing is practiced.

0218601 83010642

**The operation of a radiology consultation service in an acute care hospital.**

Baker SR  
JAMA ,Nov 5 1982, 248 (17) p2152-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

The operation of a radiology consultation service in an acute care teaching hospital is described. The radiologist acts as an active advisor in the structuring of diagnostic evaluations in three disease categories; biliary tract disease, nonemergency gastrointestinal tract bleeding, and abdominal mass. There was a 64% reduction in the time needed to establish a diagnosis and a 32% decrease in the number of studies for each patient on the consultation ward compared with a control group, which consisted of patients with similar clinical presentations. A formal partnership between clinician and radiologist serves two important functions in teaching hospitals. It can simultaneously expedite diagnostic evaluations and teach the best utilization of imaging examinations.

0218477 83009305

**So you're the inservice educator on a Neuro Unit.....**

Genter L  
J Neurosurg Nurs ,Aug 1982, 14 (4) p177-81, ISSN 0047-2603

Journal Code: JD7

Languages: ENGLISH

01026

0218370 83008136

**The geriatric team in the acute care hospital: an educational and consultation modality.**

Blumenfeld S; Morris J; Sherman FT  
J Am Geriatr Soc ,Oct 1982, 30 (10) p660-4, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

Increasing numbers of older patients with acute, subacute, rehabilitative, and chronic problems are being cared for in acute care hospitals. Health care professionals working in the acute care hospital have not had the training necessary to deal with this particular population. This article discusses the conception and implementation of a multidisciplinary educational and consultation team on an acute care medical unit in an academic medical center.

0218353 83008081

**The effects of psychological factors on recovery from surgery.**

George JM; Scott DS  
J Am Dent Assoc ,Aug 1982, 105 (2) p251-8, ISSN  
0002-8177 Journal Code: H5J  
Languages: ENGLISH

This paper has reviewed correlational studies from both inpatient hospital settings and outpatient oral surgery that demonstrate that several psychological factors are related to postsurgical recovery. Examination of these factors indicates that dentists might improve patients' recovery by giving the surgery a more positive meaning (making the outcome seem desirable), improving patients' acceptance of their condition, making patients' expectations more positive and, reducing anxiety about recovery. Other psychological factors may be helpful in identifying patients who need more support, for example, those with higher trait anxiety, vigilant coping behavior, or an internal locus of control. The review of intervention studies indicates that the best preparation techniques include giving positive suggestions and teaching coping techniques. The value of giving increased amounts of information has not been demonstrated. Also, the literature is not conclusive on varying the type of preparation to fit the personality traits of patients. (46 Refs.)

0218247 83006776

**Self-detection of a breast mass in adolescent females.**

Hein K; Dell R; Cohen MI  
J Adolesc Health Care ,Aug 1982, 3 (1) p15-7, ISSN  
0197-0070 Journal Code: HAM  
Contract/Grant No.: RR05-393-19  
Languages: ENGLISH

The frequency of self-discovered breast masses in adolescent females has not previously been described. The histologic diagnosis rather than the means of detection has been the focus of previous surveys. Seven characteristics of 95 patients admitted from 1968-1979 for the evaluation of a

breast mass were delineated. The mean age at hospitalization was 15.9 years (range 12-20). The delay from detection to hospitalization was 7.2 months (range 0.5-72). In 77 cases the mass was detected by the patient; 11 were found during a physician examination, 4 by a family member, and 3 by an unrecorded source. Diagnoses were fibroadenoma (71), abscess (11), cyst (9), lipoma (2), and cystosarcoma phyllodes (2). The median length of the masses was 2.6 cm, width 2.3 cm, with a median mass area (diameter x length) of 6 cm<sup>2</sup>. When patients were compared for age, delay in hospitalization, means of detection, family history, and mass size, the girls with abscesses were younger and had a shorter time delay before hospitalization. Self-discovery was the means of detection in 77 of 95 (81%). The means of detection is an important factor to consider in weighing the merits of teaching breast self-examination procedures to adolescent females.

0217506 82265051

**Philosophers take their art into classrooms, hospitals.**

Kahn L  
Hosp Med Staff ,Sep 1982, 11 (9) p15-9, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

01027

00512

0217470 82264878

**Financing graduate medical education: an update and a suggestion for reform.**

Hadley J; Tigue P

Health Policy Educ ,Jul 1982, 3 (2) p157-71, ISSN

0165-2281 Journal Code: G2I

Contract/Grant No.: HCFA 95-P-97176/3-02

Languages: ENGLISH

This article reports data pertinent to three issues in the financing of graduate medical education: sources of funds for house staff support, the financing of faculty salaries for educational activities, and reimbursement bias in favor of care provided in inpatient settings. Using data from a 1979 hospital survey, we estimate that total expenditures for house-staff stipends and fringe benefits were almost \$1.6 billion. Eighty-seven percent of these funds were derived from patient care revenues. Faculty salaries for educational activities added another \$376 million to the cost of graduate medical education. Teaching hospitals collected 81 percent of their charges for inpatient care, but only 72.8 percent of charges for outpatient care. However, Medicare and Medicaid reimbursed approximately the same proportion of charges in both settings. The article concludes by arguing that a unified-charge system for paying teaching hospitals would eliminate most of the issues currently associated with the financing of graduate medical education as matters of public policy.

0217424 82263900

**In-service education: the PRAISE approach. Key elements in teaching adults.**

Troman LS; Gruber E

J Am Med Rec Assoc ,Aug 1982, 53 (4) p33-6, ISSN

0273-9976 Journal Code: GJV

Languages: ENGLISH

0217402 82263735

**An analysis of hospital costs by cost center, 1971 through 1978.**

Ashby JL Jr

Health Care Financ Rev ,Sep 1982, 4 (1) p37-53, ISSN

Journal Code: GHX

Languages: ENGLISH

Hospital cost analyses generally have not used costs broken down by hospital department or function due to the unavailability of appropriate data. The Medicare Cost Reports display direct cost by cost center, and the Health Care Financing Administration (HCFA) funded a project to abstract, edit, and categorize these data from a sample of 457 hospitals into meaningful groups. The author used the resulting data base to analyze trends in hospital costs, with cross tabulations by a hospital's teaching status, type of control, and bed size class, from 1971 through 1978. The author also used this data base to preliminarily assess whether

introduction of the Medicare Section 223 reimbursement limits altered cost center growth trends. The study found that the largest cost increases occurred among Ancillary Services. It also found slightly higher than average increases in Inpatient Services (concentrated in Special Care Units), and General Services increased at a below average rate. Outpatient Service costs escalated rapidly in absolute terms but rose much more slowly in per unit terms. The fastest growing cost quantity in the study was Other Ancillary Services, a miscellaneous group encompassing many of the new advanced technology services, which increased at a rate of 24 percent per year between 1973 and 1978. The study found costs per unit of output to be positively associated and bed size across all cost center categories, including General Services, where some evidence of economics of scale might have been expected. The study found no evidence that the Section 223 limits affected cost growth longitudinally, but an understanding of the impact of these limits will require considerably more study.

0216944 82281427

**Alternative to the traditional discount method of wholesaler purchasing.**

Lee GF; Bair JN; Piz JW

Am J Hosp Pharm ,Jul 1982, 39 (7) p1192-4, ISSN

0002-9289 Journal Code: 3IO

Languages: ENGLISH

A program of purchasing drugs from wholesalers at the wholesaler's exact invoice cost plus a percentage is described and compared with the traditional method of average wholesale price (AWP) less a discount. The comparison was conducted by the pharmacy department of a 310-bed, teaching hospital that awarded a one-year contract to a wholesaler offering its items at the exact cost plus a pre-established percentage. Data collected from monthly wholesaler computer printouts gave the following information on each product: (1) list price per item, (2) actual cost to pharmacy per item, (3) percentage discount from AWP, and (4) quantity ordered. The net percentage discount from AWP for 12 months was calculated and compared to the former (traditional) discount rate. The net discount from AWP was 15.6% for purchases made by the hospital during the first 12 months of the program. When compared with the smaller discount the hospital traditionally received, the new program saved the hospital \$5758 on annual purchases of \$136,419. The actual dollar savings to an institution that changes from a traditional discount program to a cost-plus-percentage program depends on: (1) the negotiated percentage added to wholesaler cost, (2) the discount from AWP that the institution was previously receiving, and (3) the volume of wholesale purchases.

01028

0216942 82281425

**Team approach in providing clinical pharmacokinetic services.**

Maddox RR; Lampasona V  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1186-9, ISSN  
0002-9289 Journal Code: JIO  
Languages: ENGLISH

A team approach to clinical pharmacokinetic services at a university hospital is described. The clinical pharmacokinetics team (CPT) developed as an outgrowth of a clinical pharmacokinetic service (CPS) as the workload of the service expanded. The CPT serves to: (1) maximize the quality and continuity of clinical pharmacokinetic care; (2) provide a teaching medium for students at the baccalaureate and graduate level; and (3) stimulate the development of clinical pharmacokinetic research. The CPT is responsible for patients in those medical services that are not regularly served by a clinical pharmacist. The structure of the CPT includes an attending clinical pharmacist with a hierarchy of subordinate practitioners ranked by their individual didactic and clinical experience in pharmacokinetics. Students participate in (1) work rounds, where collective discussions of patient evaluations occur, and (2) one-to-one student-preceptor clinical assessments of patients' drug therapy. The attending clinical pharmacist conducts CPT rounds daily, and the students and residents must convey information to the team on: (1) the drug therapy prescribed and the appropriate monitoring methods, (2) the working diagnosis and plan of treatment, (3) results of laboratory and clinical assessments, and (4) details of patient interviews. The CPT is also responsible for ongoing clinical pharmacokinetic research. The team approach to clinical pharmacokinetic services has provided a framework for the education of clinical pharmacists while stimulating research and providing direct patient care.

0216302 82275023

**Reminiscences of otorhinolaryngology from Loyola University and Hines Veterans Hospital.**

Borkenhagen R; Hipskind M; Lewy R  
Proc Inst Med Chic ,Apr-Jun 1982, 35 (2) p51-2, ISSN  
0091-746X Journal Code: PTA  
Languages: ENGLISH

0215912 82273148

**MIC: a self-directed learning method for nursing staff.**

Bomberger AS; Kern CJ  
Nurse Educ ,Jul-Aug 1982, 7 (4) p30-1, ISSN 0363-3624  
Journal Code: QAU  
Languages: ENGLISH

0215901 82273137

**Nursing action research: using clinical nurse instructors.**

King J

Nurs Adm Q ,Summer 1982, 6 (4) p47-51, ISSN 0363-9568  
Journal Code: DAE  
Languages: ENGLISH

0215860 82272546

**The University of Nebraska Medical Center's fixed wing patient air transport system.**

Ornato JP; Bryson BL; Farquharson RR; Otto JA; Elwood PJ  
Nebr Med J ,Jun 1982, 67 (6) p155-8, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

0215830 82272167

**Taking university research into the marketplace.**

Omnenn GS  
N Engl J Med ,Sep 9 1982, 307 (11) p694-700, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0215737 82270869

**The unkindest cut of all: a view of the U.G.C. cuts from Britain's first 20th-century medical school.**

Mitchell JR  
Lancet ,Sep 4 1982, 2 (8297) p540-5, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

01029

0215701 82270718

**Outcome-based doctor-patient interaction analysis: II. Identifying effective provider and patient behavior.**

Carter WB; Inui TS; Kukul WA; Haigh VH  
Med Care Jun 1982, 20 (6) p550-66, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Three interactional analysis (IA) systems (Bales', Roter's modified Bales and Stiles' "Verbal response modes") were used to characterize behavioral elements of provider-patient dialogues of 101 new-patient visits in a general medical clinic. In a previous article, the explanatory power of these IA systems was compared. In this article, specific provider and patient behaviors within segments of the encounter (introduction-history, physical examination and conclusion), which were shown to be related to encounter outcomes of knowledge, compliance and satisfaction, were examined. Review of interactional behaviors entering regression analysis with a significant F-to-enter ( $p$  less than or equal to 0.05) and supplementary contextual analyses suggested the importance of several categories of physician and patient behavior. Behaviors manifesting tension bear important and complex relationships to encounter outcomes. For example, patient and physician expressions of tension generally bear strong negative relationships to patient satisfaction, while patient expressions interpreted as tension release are positively related to both satisfaction and compliance. The timing of other behaviors appears to be critical to subsequent outcomes.

If patient requests for medication occur early in the encounter, this behavior is positively related to subsequent patient satisfaction. However, if they occur in the concluding segment, a negative relationship results. Finally, several relationships taken together indicate that physician teaching in the concluding segment may be important. While useful observations may emerge from application of currently available IA techniques, the resulting information is best characterized as hypothesis-generating. These IA systems have many limitations, and research is needed to derive more clinically oriented systems that may permit more consistent demonstrations of critical process-outcome relationships.

0215700 82270717

**Outcome-based doctor-patient interaction analysis: I. Comparison of techniques.**

Inui TS; Carter WB; Kukul WA; Haigh VH  
Med Care Jun 1982, 20 (6) p535-49, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Interactional analysis (IA) systems have been devised and applied to doctor-patient dialogues to describe encounters and to relate process to outcomes. Prior work in this area has been typified by the use of a single taxonomy for classifying verbal behaviors and limited outcomes (compliance and/or satisfaction). We applied three different IA systems (Bales, Roter's modified Bales with affective ratings, and Stiles' "Verbal Response Modes") to 101 new-patient visits to a

general medical clinic for which multiple outcomes had been determined: several measures of patient knowledge of problems at conclusion of visit; patient compliance with drugs (over the ensuing three months); and patient satisfaction with the visit (perceived technical, interpersonal and communication quality). Within IA systems, cross tabulations and multiple regressions were performed to relate encounter events to outcomes. Across IA systems, multiple regression R2 and R2 adjusted (R2a) for the number of independent variables entering were used to characterize strength of relationships. Roter's IA system showed stronger relationships to outcomes of knowledge (41% R2, 27% R2a) and compliance (44% R2, 28% R2a) than did Bales' or Stiles' systems. R2 for patient satisfaction was identical for Bales and Roter (35%), and greater than R2 for Stiles (14%). We conclude that choice of IA system for research or teaching purposes should be based on behaviors and outcomes of particular interest and importance to the user. Based on audiotape review of tapes, Roter's approach is less time-consuming and may perform as well as more complex systems requiring transcript analysis.

0215696 82270662

**Comparison of health care delivery in Britain and the United States.**

Linhardt GE Jr; Moore R; Hill JL  
Md State Med J Jul 1982, 31 (7) p41-5, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0215599 82268931

**Net patient revenue at university-owned teaching hospitals.**

Isaacs JC  
J Med Educ Sep 1982, 57 (9) p731-3, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

01030

0215364 82266705

**Evaluation of two nutrition education modules for hospital staff members.**

Looker A; Walker S; Hamilton L; Shannon B  
J Am Diet Assoc ,Aug 1982, 81 (2) p158-63, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Two nutrition education modules for inservice training of hospital food service personnel were evaluated in 16 hospitals. The modules, dealing with cardiovascular disease and diet, contained a leader's guide, a teaching package, audiovisual material, and suggested learning activities. Pretests and post-tests were used to assess knowledge gains resulting from learning sessions. Participants were divided so that one group took the post-tests before the sessions and one group after the sessions. When differences between groups were controlled, the sessions were shown to have a significant positive effect on post-test scores. Three-fourths of the participants rated the sessions as "very good" to "excellent."

0215360 82266700

**Quality assurance. I. A levels of care model.**

Ometer JL; Oberfell MS  
J Am Diet Assoc ,Aug 1982, 81 (2) p129-32, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

A model used to identify patients requiring increased nutritional support and to determine priorities and delineate the degree of care required and role responsibilities is described. The model includes three levels of care; Level I is the most basic care and Level III the most intense. Assignment to a level of care is based on the presence, absence, or anticipated development of nutritional problems and/or the degree of dietary teaching required. Within each level of care, practitioner responsibilities have been defined by frequency and by position.

0215345 82266583

**Preoperative assessment for practicing oral and maxillofacial surgeons.**

Webb CH; Lebowitz MS  
J Dent Educ ,Sep 1982, 46 (9) p558-60, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

A three-day workshop was designed for practicing oral and maxillofacial surgeons to review the clinical skills needed for preoperative assessment. The intent of the workshop was to prepare participants for broader hospital privileges under the new recommendations of the Joint Commission on Accreditation of Hospitals. The course was characterized by small group interaction and team-teaching involving physicians and oral and maxillofacial surgeons. Instruction included observation of simulated cases, a review of the documentation of such encounters, lecture-discussions, and examination of patients

with positive physical findings.

0215028 82262481

**Continuing ed: program development.**

Kamenir S  
Dimens Health Serv ,Jul 1982, 59 (7) p38-9, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214702 82258222

**Dying in hospital: the residents' viewpoint.**

Ahmedzai S  
Br Med J [Clin Res] ,Sep 11 1982, 285 (6343) p712-4,  
Journal Code: B4X  
Languages: ENGLISH

0214608 82254252

**Casualties engulf Beirut hospital.**

Leflon D  
Am Med News ,Aug 20 1982, 25 (31) p1, 9, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0214488 82245238

**Foundering hospital snares surplus with better mousetrap.**

Berger S  
Mod Health Care ,Aug 1982, 12 (8) p120-1, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0214447 82240480

**Comparison of perceived hospital affiliation and selection criteria by primary market segments.**

Hisrich RD; Peters MJ  
J Health Care Mark ,Summer 1982, 2 (3) p24-30, Journal  
Code: IAO  
Languages: ENGLISH

01031

0214430 82240246  
**Group practice at the Columbia-Presbyterian Medical Center.**  
Roglieri JL  
J Ambulatory Care Manage ,Aug 1982, 5 (3) p77-83, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0214429 82240245  
**Evolution of an HMO.**  
Markowitz R; Zimmerman I  
J Ambulatory Care Manage ,Aug 1982, 5 (3) p70-6, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0214207 82256390  
**Patients, pathologists and practice.**  
Attwood HD  
Aust NZ J Obstet Gynaecol ,Feb 1982, 22 (1) p11-4, ISSN  
0004-8666 Journal Code: 910  
Languages: ENGLISH

0214118 82254756  
**Utilization of antibiotics: analysis of appropriateness of use.**  
Bernstein LR; Barriere SL; Conte JE Jr  
Ann Emerg Med ,Aug 1982, 11 (8) p400-3, ISSN 0196-0644  
Journal Code: 427  
Languages: ENGLISH

An antibiotic utilization review was performed for the purpose of determining the frequency and types of infectious diseases presenting to a large, teaching hospital emergency department, and the appropriateness of the use of antibiotics in this setting. In 27% of the visits a diagnosis of an infectious disease was made or an antibiotic was prescribed. The most common presenting diagnoses (comprising more than 75% of cases) were infections of the respiratory tract, skin, urogenital system, and gastrointestinal tract. Penicillins and sulfonamides were frequently prescribed in nearly two-thirds of cases. Antibiotic prescribing was determined to be appropriate in 78% of cases. Inappropriate use most often involved the use of prophylactic antibiotics in clean lacerations and the use of prophylactic antibiotic combination products following trauma to the eye.

0213991 82253891  
**Residency in mental-health pharmacy with a research component.**  
Little MJ; Hayes PE; Escobar JI  
Am J Hosp Pharm ,Jun 1982, 39 (6) p1021-5, ISSN  
0002-9289 Journal Code: 310

Contract/Grant No.: MH-12306; MH-13694  
Languages: ENGLISH

A 12-month postdoctoral specialized residency program in mental-health pharmacy practice with a psychopharmacology research component is described. The resident spent approximately four hours a day in clinical practice and in research activities in the inpatient setting; 10 hours per week in clinical research activities in an ambulatory patient setting; and 10 hours per week in teaching and scholarly activities. The resident was a member of a psychopharmacology research team that also included a research psychiatrist, a nurse, and two psychiatric medical residents at an adult acute-care site. The resident prepared a review of the preclinical evaluations of each investigational drug and participated in the initial screening of study patients. The resident was responsible for patient consent procedures, coordinating clinical evaluations, and scheduling necessary laboratory tests. As a member of the clinical team, she was also responsible for obtaining medication histories, monitoring and reporting adverse drug reactions, maintaining accurate dosage records, and completing the appropriate rating scales in the clinical evaluation of patients. In the ambulatory setting, the resident participated in the outpatient management of study patients. The resident learned to assess patient's clinical progress, maintain progress notes, write medication orders and administer medications in acute situations, maintain individual treatment plans, follow approved drug research protocols, and provide a program of education for patients and families when necessary. In addition, the resident was involved in educational programs for pharmacy students. This training program enables the pharmacist to gain experience in drug research studies, clinical practice, and pharmaceutical education, while contributing to psychopharmacology research.

0213824 82252163  
**Medical intensive care in a community teaching hospital.**  
Murata GH; Ellrod AG  
West J Med ,May 1982, 136 (5) p462-70, ISSN 0093-0415  
Journal Code: XN5  
Languages: ENGLISH

01032

Languages: ENGLISH

0213610 82248773

**Instructor/student nurse/head nurse triangle: legalities.**  
**Case in point: Kessler v. Bd. of Higher Education (448 N.Y.S. 2d 538 - N.Y.).**

Regan WA

Regan Rep Nurs Law ,Jun 1982; 23 (1) p2, ISSN 0034-3196

Journal Code: QY6

Languages: ENGLISH

0213579 82248444

**Ward environment and disturbed behaviour.**

Bouras N; Trauer I; Watson JP

Psychol Med ,May 1982, 12 (2) p309-19, ISSN 0033-2917

Journal Code: QER

Languages: ENGLISH

Disturbed behaviour and dissatisfaction were studied in relation to two contrasting ward environments, one representing the 'medical model' of psychiatry and the other being a modified form of 'therapeutic community'. Specially designed forms were used for 18 months to obtain daily and weekly measures of behavioural disturbance from the nurses and of dissatisfaction with various aspects of the ward environment from the patients. The results suggested that the 'therapeutic community' ward was significantly more disturbed, and that disturbance on that ward varied according to the day of the week, something which did not happen on the 'medical model' ward. Differences in disturbance between diagnoses were also found. Disturbance was significantly correlated with, and tended to precede, dissatisfaction only in the 'therapeutic community' ward.

0213483 82247287

**Spanner in the works.**

Swaffield L

Nurs Times ,Jun 23-29 1982, 78 (25) p1049-54, ISSN

0029-6589 Journal Code: D9U

Languages: ENGLISH

0213278 82246210

**Improving management: a communication system really helped the staff members of one unit.**

Mlynczak BA

Nurs Manage ,Jul 1982, 13 (7) p45-9, Journal Code: OBV

Languages: ENGLISH

0213275 82246207

**Teaching nursing assistants: a comparison of teaching nursing assistants in a university and in a hospital.**

Richardson E

Nurs Manage ,Jul 1982, 13 (7) p34-6, Journal Code: OBV

0213190 82245211

**Treatment of diabetic ketoacidosis. Changing laboratory usage and length of stay patterns in a university hospital.**

Hamburger S; Soffer A

Mo Med ,Apr 1982, 79 (4) p213-5, ISSN 0026-6620

Journal Code: NEW

Languages: ENGLISH

0213179 82245090

**Recommendations for control of the spread of methicillin-resistant Staphylococcus aureus infection based on 18 years' experience in a group of teaching hospitals.**

Bell SM

Med J Aust ,May 29 1982, 1 (11) p472-4, ISSN 0025-729X

Journal Code: M26

Languages: ENGLISH

0213177 82245084

**Methicillin-resistant Staphylococcus aureus in neonatal nurseries. Two years' experience in special-care nurseries in Melbourne.**

Gilbert GL; Asche V; Hewstone AS; Mathiesen JL

Med J Aust ,May 29 1982, 1 (11) p455-9, ISSN 0025-729X

Journal Code: M26

Languages: ENGLISH

Methicillin-resistant Staphylococcus aureus has become an important nosocomial pathogen in the four special-care nurseries in Melbourne during the past two years. Once introduced into a nursery, it can spread rapidly unless specific precautions are taken to prevent it. It has been responsible for a number of serious infections in susceptible infants who have required treatment with the potentially toxic antibiotic agent, vancomycin. Because of the interdependence of the four special-care nurseries, a coordinated approach to infection control is required to minimise the spread of the organism and the associated increased morbidity.

01033



0213176 82245083

**Epidemic of hospital-acquired infection due to methicillin-resistant Staphylococcus aureus in major Victorian hospitals.**

Pavillard R; Harvey K; Douglas D; Hewstone A; Andrew J; Collopy B; Asche V; Carson P; Davidson A; Gilbert G; Spicer J; Tosolini F

Med J Aust ,May 29 1982, 1 (11) p451-4, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

During 1979, the Victorian Health Commission received reports of a rising proportion of methicillin-resistant Staphylococcus aureus (MRSA) isolates from an increasing number of institutions. At least 31 metropolitan hospitals were involved, and six of these reported MRSA totaling between 20% and 40% of all Staph. aureus isolates. Since that time, the problem has continued. In some university teaching hospitals, strains of MRSA now cause from 200 to 300 new cases of hospital-acquired infection each year. Sepsis occurs mainly in patients who underwent surgery, premature neonates and in the immunocompromised or debilitated patients. The organism involved is multiresistant. Recent isolates show increasing resistance, particularly against gentamicin, chloramphenicol and, more lately, fusidic acid and rifampicin. Only vancomycin can be relied upon for empirical treatment. There is concern that increasing use of vancomycin will select vancomycin-resistant strains of MRSA, so that, in the near future, there may no longer be any effective antibiotic therapy against hospital staphylococci.

0212993 82241880

**The clinical faculty in an obstetric-gynecologic residency training program.**

Hale RW; Krieger JA  
J Reprod Med ,Apr 1982, 27 (4) p196-8, ISSN 0024-7758  
Journal Code: JWT

Languages: ENGLISH

0212486 82233304

**A comparative trial of home and hospital psychiatric treatment: financial costs.**

Fenton FR; Tessier L; Contandriopoulos AP; Nguyen H; Struening EL

Can J Psychiatry ,Apr 1982, 27 (3) p177-87, ISSN 0706-7437  
Journal Code: CLR

Languages: ENGLISH

The financial costs of community-based treatment, stressing home treatment, were compared with the cost of hospital-based treatment during one year. Of 155 patients destined to receive inpatient treatment, 76 were randomly assigned to home treatment, 79 to hospital treatment; the two groups were similar as to important social, demographic, and clinical characteristics. The principal differences between the two treatments concerned the focus of treatment, the locale of

treatment, the degree to which continuity of treatment was maintained, and the roles of the respective treatment staffs. Manpower and operating costs, measured in dollars, were estimated in two ways. Either way, hospital-based treatment was more expensive during the year: 64.1% more expensive (+3,250 vs. +1,980 per patient) in the first instance, 108.9% more expensive (+6,750 vs. +3,230 per patient) in the second. With two exceptions during the first month of treatment, the proportions of patients and families receiving either treatment who incurred other costs of treatment were low, and the differences between groups were not significantly different. A higher proportion of patients and families receiving home-based treatment defrayed the cost of the patient's psychotropic drugs; second, a higher proportion of families of patients receiving hospital-based treatment defrayed transportation costs. The proportions of patients and families incurring costs of the consequences of illness were low, and the differences between treatment groups were not significant. We compared this study with similar studies, discussed the generalizability of the results of this study and similar studies, and identified issues for future research.

0212250 82218993

**Establishing goals for a faculty practice plan.**

Westcott CE

Med Group Manage ,May-Jun 1982, 29 (3) p14, 16, ISSN 0025-7257  
Journal Code: MA7

Languages: ENGLISH

0211986 82207154

**Ethics and surgery: bedside teaching and learning.**

Richardson JD; Poik HC Jr; Barber RL

Bull Am Coll Surg ,Jul 1982, 67 (7) p10-3, ISSN 0002-8045  
Journal Code: BDC

Languages: ENGLISH

01034

0211924 82230011

**Failure to thrive: diagnostic yield of hospitalisation.**

Berwick DM; Levy JC; Kleinerman R

Arch Dis Child .May 1982, 57 (5) p347-51. ISSN  
0003-9888 Journal Code: 6XG

Languages: ENGLISH

Review of hospital records of 122 infants, aged between 1 and 25 months, admitted to a teaching hospital with the diagnosis of failure to thrive but without an underlying disease apparent at admission, showed that about one-third of them had no diagnosis after evaluation. Thirty-two per cent were thought to have a social or environmental explanation for poor growth, and 31% were given a specific organic or physiological diagnosis. Of the last group, 2 out of 3 were diagnosed as having either gastro-oesophageal reflux or non-specific chronic diarrhoea. Vomiting was often associated with organic or structural disease. On average about 40 laboratory tests and x-ray films were performed per infant, but only 0.8% of all tests showed an abnormality which contributed to the diagnosis of the cause of failure to thrive. Our results stress the importance of social and environmental factors as basic causes of failure to thrive, and suggest that admission to hospital and laboratory testing is unlikely to lead to a specific organic diagnosis in a child whose failure to thrive is unexplained after careful history taking and a physical examination.

0211920 82229808

**A teaching plan for surgical skin preparation.**

Merrill S

AORN J .Jun 1982, 35 (7) p1372-8. ISSN 0001-2092  
Journal Code: 6JR

Languages: ENGLISH

0211724 82227731

**The impact of an educational program on gentamicin use in a teaching hospital.**

Johnson MW; Mitch WE; Heller AH; Spector R

Am J Med .Jul 1982, 73 (1) p9-14. ISSN 0002-9343  
Journal Code: 3JU

Contract/Grant No.: AM 00750; K07NS00623

Languages: ENGLISH

We evaluated the effectiveness of a structured educational program in improving the gentamicin prescribing pattern of physicians in the hospital. Predetermined criteria for acceptable use were based upon the specific indications for initiating the drug therapy, the dosage regimen, and the precautions taken to avoid toxicity. In the preeducation review period, 57 of 109 courses of gentamicin (52 percent) were found acceptable. Following the educational program, 93 of 120 courses (78 percent;  $p$  less than 0.001) were acceptable; indications for gentamicin use that were found unacceptable decreased from 11 percent to 5 percent ( $p$  less than 0.005) and the incidence of excessive doses declined from

21 to 7 percent ( $p$  less than 0.005). We conclude that a structured educational program may improve the prescribing pattern of physicians.

0211693 82226943

**Teaching home monitoring of blood pressure to adolescents.**

Buckley K; Plaut SM; Ruley EJ

Adolescence .Spring 1982, 17 (65) p189-97. ISSN  
0001-8449 Journal Code: 2H8

Languages: ENGLISH

A videotape and lecture method for teaching the self-measurement of blood pressure were compared in twenty, 13-18-year-old adolescents. The time of instruction and evaluation were monitored in order to assess acquisition of skills and cost-effectiveness. Both methods of instruction were equal in respect to acquisition of skills. The videotape method of instruction was more cost-effective than the lecture method in populations of more than 23.9 patients per year, as long as videotape equipment was already available. If the equipment needed to be purchased, the videotape method became more cost-effective with populations of greater than 93.6 patients per year. It was concluded that health care teams should consider the videotape method as a cost-effective means of instruction when videotape equipment is available. In addition, a health care team which evaluates and follows a substantial number of patients per year for hypertension could realize considerable savings in the use of the newer media.

01035

0211647 82226163

**Profession-specific training in health education.**

Brieger W; Olaseha IO; Ekeh HE; Johnson DC; Adeniyi JD  
Int J Health Educ ,1982, 24 (3) p156-63, ISSN 0020-7306  
Journal Code: YEE  
Languages: ENGLISH

In 1975, the African Regional Health Education Centre (ARHEC) inaugurated two training programmes in health education: a two-year postgraduate course leading to a master's degree, and a one-year course preparing for a non-graduate diploma. The purpose of the latter was to give advanced training and updating to experienced health personnel who had either received a diploma in health education some years before or had been functioning as health educators. This was intended to be a temporary course, to phase out in three years. However, due to its popularity, it was extended in spite of certain negative aspects, mainly the fact that new graduates often return to their former positions with little opportunity to utilize fully their new skills. Those who succeeded best tried to merge health education with their basic professional practice (for example, nursing with patient education). ARHEC decided therefore to modify the programme of its advanced diploma course, which now provides for the teaching of a basic core of health education subjects to all students, and includes three modules to which students are assigned according to their previous training and their future professional activities: community health education and primary health care; hospital-based patient and family health education; and school health education. The practical field work, which is an essential aspect of the course, is tailored to the interests of students in each module. Preliminary evaluation indicates that this programme provides a better response to the needs of students and their employers and eliminates the problem of two categories of health educators (diploma and masters level). It is intended to create other modules dealing with the media, occupational health, and so on.

0211143 82221300

**Tracheobronchial foreign bodies: the impact of a postgraduate educational program on diagnosis, morbidity, and treatment.**

Puterman M; Gorodischer R; Leiberman A  
Pediatrics ,Jul 1982, 70 (1) p96-8, ISSN 0031-4005  
Journal Code: OXV  
Languages: ENGLISH

Aspirated foreign bodies (FBs) may remain undetected and cause serious complications. As part of a postgraduate educational program, results of a local survey were presented to the local medical staff in order to increase its awareness of this diagnostic possibility. The present study was carried out in order to evaluate the management of children with tracheobronchial FBs during two 2-year periods, before and after teaching sessions held in December 1976. In comparison with the previous two years during the 1977-1978 period, the percentage of cases in which a positive history of aspiration

was obtained increased from 47.6% to 84.0%; the mean number of hospitalizations due to tracheobronchial FBs decreased from 1.9 to 1.04 per infant, and the mean number of hospital days required for final diagnosis decreased from 17.6 to 5.3. The postgraduate educational program had a positive effect on physician performance and patient care.

0211102 82220953

**The media tamer.**

Edwards KS  
Ohio State Med J ,May 1982, 78 (5) p331-3, ISSN  
0030-1124 Journal Code: OGS  
Languages: ENGLISH

0211031 82220744

**Teaching families to give trach care at home.**

Rathlev MC; McNamara MA  
Nursing (Horsham) ,Jun 1982, 12 (6) p70-1, ISSN  
0360-4039 Journal Code: OA3  
Languages: ENGLISH

0211002 82220287

**Facility report: Shands Teaching Hospital and Clinics, Gainesville, Florida.**

Gentile D  
Nephrol Nurse ,May-Jun 1982, 4 (3) p40, Journal Code:  
NW9  
Languages: ENGLISH

0210972 82219847

**Health Policy report. Moment of truth for the teaching hospitals.**

Iglehart JK  
N Engl J Med ,Jul 8 1982, 307 (2) p132-6, ISSN  
0028-4793 Journal Code: NDW  
Languages: ENGLISH

0210945 82219385

**Urinalysis in an Australian teaching hospital.**

Shephard MD; Penberthy LA; Fraser CG  
Med J Aust ,Apr 3 1982, 1 (7) p300-1, ISSN 0025-729X  
Journal Code: M26  
Languages: ENGLISH

01036

0210938 82219340

**Follow the yellow brick road: medical research policy in the land of Oz [editorial]**

Doherty RL  
Med J Aust ,Mar 6 1982, 1 (5) p199-202, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

Annual expenditure on medical research in Australia exceeds 70 million dollars. The scientific community has lobbied the government strongly for an increase in this sum. There has been much less discussion about how the available funds should be distributed. The National Health & Medical Research Council, which provides about one-third of the total support for medical research in Australia has, since 1973, attempted to foster research in various areas of need, while maintaining its traditional support of individual projects. These initiatives are seen as important moves towards a national research policy. The complexities of Australian medical research suggest that increased funding of strong research groups as "centres of excellence" is an important objective, but this must be accompanied by steady encouragement of the whole fabric of research in medical schools and teaching hospitals which are the nurseries of the researchers of the future.

0210827 82217968

**[Planning, organization and realization of inservice continued education for the nursing service]**

Planung, Organisation und Durchföhrung innerbetrieblicher Fort- und Weiterbildung für den Krankenpflēgedienst.

Finke F  
Krankenpflēge (Frankfurt) ,May 1982, 36 (5) p156-9,  
ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

0210823 82217897

**[A report on two year of ophthalmological work in Kenya (author's transl)]**

Über unsere ophthalmologische Tätigkeit in Kenia. Ein Zweijahresbericht.

Klauss V; Dechant W  
Klin Monatsbl Augenheilkd ,Feb 1982, 180 (2) p180-3,  
ISSN 0023-2165 Journal Code: KWA

Languages: GERMAN Summary Languages: ENGLISH

After two years' work as lecturers in ophthalmology at the University of Nairobi we report on our experiences in both teaching as well as outpatient and inpatient-care at the Kenyatta National Hospital. Special emphasis is given to the socio-economical background of the public health service in Kenya, to point out the special aspects of day-to-day medical work as well as the different needs of a postgraduate program in ophthalmology in this country. The main purpose of our work, supported by the Federal German Ministry of Economic Cooperation, Munich University Eye Clinic and many other

organizations, was to train ophthalmologists in their own country. Finally, medical research programs currently in progress and concerning special aspects of tropical ophthalmology are reported on. These studies are designed to help find a solution of the problem of blindness, which is briefly analysed, and which is much more urgent in Kenya than in Western Europe.

0210659 82215708

**After-hours calls: a five-year longitudinal study in a family practice group.**

Bergman JJ; Rosenblatt RA  
J Fam Pract ,Jul 1982, 15 (1) p101-6, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

The provision of health care outside of regular hours is one of the major challenges in any primary care practice and an important focus of residency teaching in family medicine. In this study were studied the volume and pattern of after-hours calls in a residency based group family practice at the end of the first and fifth year of the practice's existence. During the five-year study interval, the number of registered patients in the practice tripled, whereas the number of scheduled patient visits doubled. After-hours phone calls increased 40 percent, visits 70 percent, and hospitalizations 50 percent. The distribution of calls during the week remained stable over the five-year period, and the problems prompting the calls changed little except for an increase in traumatic injuries and obstetrics, paralleling changes in the services offered by the practice. After-hours utilization decreased as a function of practice volume, suggesting that practice maturation decreases unscheduled demand for medical care. The burden of after-hours calls increased, however, because of the absolute growth in practice size. Residents handled the vast majority of the calls without consultation in both time periods. The rates and patterns of after-hours utilization are strikingly similar to those reported in other studies.

0210606 82215034

**Pyocin types of Pseudomonas aeruginosa isolated from infections in Lagos University Teaching Hospital.**

Coker AO; Anyiwo CE; Lawal SF; Ogunbi D; Lasi O; Daniel SO; Dawodu M

J Hosp Infect ,Mar 1982, 3 (1) p87-9, ISSN 0195-6701  
Journal Code: ID6

Languages: ENGLISH

01037

0210577 82214819

**Treating diabetic ketoacidosis: university center vs. community facility.**

Hamburger S; Soffer A  
J Am Med Assoc .Feb 1982. 37 (2) p52-4. ISSN  
0098-8421 Journal Code: H7R  
Languages: ENGLISH

0210572 82214810

**A long-term geriatric teaching ward in an acute-care hospital: a three-year experience.**

Clarfield AM  
J Am Geriatr Soc .Jul 1982. 30 (7) p457-65. ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH

The development and management of a long-term geriatric ward in an acute-care teaching hospital are described. Structure, function, and costs are discussed, and issues of service and medical education are emphasized. A full geriatric team (physician, nurse, social worker, physiotherapist, and occupational therapist) assessed 165 long-term patients in the general wards of the hospital and accepted 98 for admission to the new long-term geriatric ward. Of these, 31 were discharged; 29 per cent went to a facility that encouraged more independent living. Eighteen patients died during their stay in the geriatric ward; autopsies were obtained in 33 per cent--a higher autopsy rate than the average for general hospitals. General hospitals may continue to have large populations of chronically ill patients. This model for a geriatric ward may offer a way of dealing with a difficult situation.

0210543 82214721

**Self-instruction and assessment in techniques of intensive care using a computer model of the respiratory system.**

Hinds CJ; Ingram D; Dickinson CJ  
Intensive Care Med .1982. 8 (3) p115-23. ISSN 0342-4642  
Journal Code: H2J  
Languages: ENGLISH

There are considerable logistical difficulties involved in providing an adequate training programme for each new doctor when starting intensive care. One solution is to use an interactive computer terminal and provide programmes for self-instruction and assessment. Using a computer model of the respiratory system linked to a computer-assisted instructional driver we have developed instructional exercises on the management of artificial ventilation and the treatment of respiratory failure. Each teaching session contains explanatory text, multiple choice questions and model simulations. The student can interact with the simulations, appropriate assistance being provided when required, while his answers are marked and assessed with further explanation when necessary. The use of computer models adds a new dimension to computer-assisted learning techniques and is particularly

applicable to intensive care medicine.

0210354 82212331

**Multihospital arrangements hold potential for university hospitals.**

Werft RC  
Hospitals .Jul 16 1982. 56 (14) p87-8. 90. ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0210117 82209454

**Streptococcal pharyngitis: evaluation of diagnosis by gram stain in a pediatric acute care clinic.**

Funamura JL; Berkowitz CD  
Clin Pediatr (Phila) .Aug 1982. 21 (8) p468-71. ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

Clinical prediction of streptococcal pharyngitis at the initial visit is often difficult. The applicability of the gram stain in the initial assessment of streptococcal pharyngitis was evaluated by comparing gram stain with ultimate culture results. Positive gram stains showed polymorphonuclear cells and typical gram-positive cocci. Thirty-one physicians rotating through the Acute Care Clinic of a county teaching hospital participated in the evaluation. The sensitivity, specificity, and predictive value of a positive test (PVP) were 62 per cent, 70 per cent, and 47 per cent, respectively. These results were compared to a clinical algorithm and to the results of a group with more expertise in the technique. It is concluded that the gram-stained smear of pharyngeal secretions does not appear to be a practical tool for the diagnosis of streptococcal pharyngitis in a busy pediatric emergency unit of a teaching hospital.

01038

0210005 82208095

**Expanding the nurse's role to improve preventive service in an outpatient clinic.**

Hoey JR; McCallum HP; Lepage EM  
Can Med Assoc J ,Jul 1 1982, 127 (1) p27-8, ISSN  
0008-4409 Journal Code: CKW

Languages: ENGLISH

To help resolve the conflicting demands of primary and secondary care in hospital medical clinics, a program was developed whereby, with the physicians' agreement, nurses would select and vaccinate clinic patients eligible for influenza vaccination. In a controlled trial the nurses offered vaccination to half of the eligible patients attending morning sessions and vaccinated 35% of them. In contrast, physicians in the afternoon sessions, who were unaware of the program, vaccinated only 2% of similar patients. These results show that, although these physicians agree with guidelines for influenza vaccination, they are not currently providing the service. The use of nursing personnel to provide this and other types of primary medical care for clinic patients is a reasonable alternative.

0209941 82207453

**The distinction awards system in England and Wales 1980.**

Bruggen P; Bourne S  
Br Med J [Clin Res] ,May 22 1982, 284 (6328) p1577-80,  
Journal Code: B4X

Languages: ENGLISH

0209911 82206922

**[A report on a visit to hospitals with service centers in North America (author's transl)]**

Bericht über den Besuch von Hospitalern mit Service-Zentren in Nordamerika.

Innich W

Biomed Tech (Berlin) ,Mar 1982, 27 (3) p52-9, ISSN  
0013-5585 Journal Code: A5L

Languages: GERMAN Summary Languages: ENGLISH

0209716 82197248

**Evaluation of a self-teaching program.**

Roberts CR; Hosokawa MC; Walts B; Mueller R  
Patient Couns Health Educ ,4th Quarter 1982, 3 (4)  
p161-5, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

A self-teaching booklet on hypertension was evaluated in two populations: clients attending public health screening clinics and inpatients at a Veterans Administration hospital. Participants were randomized into an education or a control group. Evaluation consisted of measuring knowledge gained from the booklet immediately after reading it and retention of key concepts two weeks later. Men did better than women, and VA

education participants did better than VA controls. No differences were detected between the public health education and control groups or the combined VA and public health education and control groups. The self-teaching booklet alone did not appear to yield a measurable amount of new knowledge. Health professionals, when educating patients and evaluating programs, should consider combinations of educational methods when using self-teaching programs.

0209672 82195180

**Teaching hospital learns to compete [news]**

Bendix J  
Mod Health Care ,Jun 1982, 12 (6) p54, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209645 82194697

**Beset UC-Davis hospital is due for state scrutiny--and maybe a reprieve.**

Med World News ,Apr 26 1982, 23 (9) p7-8, 16, ISSN  
0025-763X Journal Code: MGW  
Languages: ENGLISH

0209565 82189470

**A physicians' forum.**

Freedman AM; Dick SJ  
Issues Health Care ,1982, 3 (1) p41-6, Journal Code:  
G3N  
Languages: ENGLISH

0209207 82204359

**Hospital-wide surveillance: perspective for the practitioner.**

Landry SL; Donowitz LG; Wenzel RP  
Am J Infect Control ,May 1982, 10 (2) p66-7, ISSN  
0196-6553 Journal Code: 4T6  
Languages: ENGLISH

01039

0209188 82204179

**Drug recognition by nurses and anaesthetists.**

Smellie GD; Lees NW; Smith EM

Anaesthesia ,Feb 1982. 37 (2) p206-8. ISSN 0003-2409

Journal Code: 4MC

Languages: ENGLISH

A survey of nurses and anaesthetists in a 500-bed teaching hospital set out to discover how they located a drug container in order to read its label and verify its contents. Members of each group assessed the value of seven factors thought to help in this location and answered questions on personal errors in drug administration. The nurses found the expected position of the drug container in the trolley or cupboard to be the most important factor, followed by the size of the container. The anaesthetists placed the colour of the container as most important, followed by the manufacturer's distinctive container as their second best guide to drug location. This preference for colour and a distinctive container can be used to reduce the chance of confusing drugs locally. A scheme for colour-coding ampoules in broad groups to reduce gross mistakes in the future is presented.

0209143 82203626

**Maternal mortality in a major referral hospital, 1926 to 1980.**

Vanner MW; Daly KD; Goplerud CP; Keettel WC

Am J Obstet Gynecol ,Jun 1 1982. 143 (3) p325-39. ISSN

0002-9378 Journal Code: 3NI

Languages: ENGLISH

This review describes the changes in the causes of maternal deaths in a major referral hospital over a span of 55 years. There has been a significant decline in direct maternal deaths from infection, hemorrhage, and toxemia. Continued vigilance is needed since 58% of direct obstetric deaths in our hospital during the last 30 years were considered to have been preventable. Heart disease and nonobstetric infection as indirect causes of maternal deaths have decreased also. Greater effort is necessary to identify those patients with conditions that predispose to indirect deaths and to provide appropriate contraception, sterilization, early pregnancy termination, or optimal multidisciplinary care in a referral hospital.

**HOSPITALES, DISEÑO Y CONSTRUCCIÓN**

01041



0233418 83152673  
**Mater is first public hospital to be fully funded by the  
govt.**  
Aust Hosp ,Dec 1982, (70) p5, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233416 83152671  
**Unique concept for hospital in the Outback.**  
Hammond I  
Aust Hosp ,Nov 1982, (69) p7, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233415 83152670  
**Solid construction defies traditional Coober Pedy trends.**  
Aust Hosp ,Nov 1982, (69) p6, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233380 83147257  
**Trends in remodeling.**  
Frye J  
Tex Hosp ,Feb 1983, 38 (9) p35-7, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233379 83147256  
**JCAH: new concept for safety standards.**  
Keil D  
Tex Hosp ,Feb 1983, 38 (9) p31-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233244 83141325  
**Yale-New Haven links century-old patient units with high  
technology.**  
Franz J  
Mod Health Care ,Feb 1983, 13 (2) p122, 124, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0233225 83140582  
**St. Mary's Hospital, Reno to open new off-site laundry in  
March.**

Duffy K  
Laund News ,Mar 1983, 9 (3) p3, Journal Code: L4R  
Languages: ENGLISH

0232088 83144872  
**[Nurses in the psychiatric department of a community  
hospital]**  
Krankenschwestern in der psychiatrischen Abteilung eines  
Gemeindekrankenhauses.  
Mayer D; Driburg B  
Psychiatr Prax ,Nov 1982, 9 (6) p190-2, ISSN 0303-4259  
Journal Code: QCK  
Languages: GERMAN Summary Languages: ENGLISH  
Anyone who tries to convert a Psychiatric Department into a  
hospitable home for the benefit on the inmates and their  
environment, has quite often not reckoned with, the "host",  
that is to say, with the doctors, nurses and the hospital  
staff in general. Hence, it seems that a fundamental change in  
the attitude and consciousness of those who are engaged in  
psychiatry, is just as important as a new treatment concept or  
a new building. The author quotes the Bad Driburg Community  
Hospital as an example: here, planning and construction were  
not the only important factors. The nurses have taken and  
accepted advice with regard to their supervisory functions,  
and in the course of a protracted process they have changed  
their attitude in favour of a psychiatric practice which  
follows a treatment pattern based on a "open-minded" approach  
to community members.

0232087 83144871  
**[The psychiatric department of a community hospital--paving  
the way for a new hospital in the community]**  
Psychiatrische Abteilung im Gemeindekrankenhaus--Wegbereiter  
eines neuen Hospitals in der Gemeinde.  
Philipzen H; Driburg B  
Psychiatr Prax ,Nov 1982, 9 (6) p184-9, ISSN 0303-4259  
Journal Code: QCK  
Languages: GERMAN

0231901 83143413  
**The pitfalls of implementing the nursing process.**  
Bowman GS; Parsons CM; Pointon W  
Nurs Times ,Jan 12-18 1983, 79 (2) p29-35, ISSN  
0029-6589 Journal Code: O9U  
Languages: ENGLISH

01042

0231714 83142423

**The lamp in the desert.**  
Rogers PJ  
Nurs Focus ,Jan 1983, 4 (5) p12-3, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0231421 83139799

**[The psychiatric department in the general hospital. Report of a meeting in the Institute for Hospital Architecture of the Berlin Technical University 1981]**

Die psychiatrische Abteilung im allgemeinen Krankenhaus. Zu einem Bericht über eine Tagung am Institut für Krankenhausbau der Technischen Universität Berlin 1981.

Krause G  
Krankenpf1 J ,Oct 15 1982, 20 (10) p12, 14, ISSN  
0174-10BX Journal Code: KYN  
Languages: GERMAN

0230614 83130632

**Nursing management in critical care units. Developing a project proposal.**

Bray KA  
Crit Care Nurse ,Jan-Feb 1983, 3 (1) p24-8, ISSN  
0279-5442 Journal Code: DT8  
Languages: ENGLISH

0230233 83121377

**The construction manager can be the hospital trustee's ally.**

Miller-Jones M  
Trustee ,Feb 1983, 36 (2) p33-4, 36, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

The construction manager's expertise in accurate cost estimating can help trustees engaged in the process of securing a certificate-of-need authorization and seeking bond market financing for the project. The application of these skills to two recent hospital construction projects is detailed here.

0230155 83117326

**Architectural design citation. A medical and treatment research center.**

Prog Archit ,Jan 1983, 64 (1) p106-8, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

0230120 83114669

**Innovations in debt financing.**

Kolva GY; Lauer RE  
Mich Hosp ,Feb 1983, 19 (2) p23-5, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0230111 83114496

**Designing tomorrow's laboratory today.**

Maratea JM  
MLD Med Lab Obs ,Jan 1983, 15 (1) p94-9, ISSN 0580-7247  
Journal Code: MLS  
Languages: ENGLISH

0229305 83120202

**[Study of the physical environment at the workplace. Lighting in an operating room and at a nurses' station]**

Etude d'une ambiance physique de travail. L'éclairage d'une salle d'opération et l'éclairage d'un poste de soins infirmiers.

Boijout MF; Godin J; Goffette AM  
Soins Chir Gen Spec ,Sep 1982, (19) p37-43, ISSN  
0249-6429 Journal Code: UUY  
Languages: FRENCH

0229226 83119392

**[Hospital rooms]**

Chambres d'Hopital.

Bregetzer J  
Rev Infirm ,Dec 1982, 32 (19) p15-20, ISSN 0397-7900  
Journal Code: S7T  
Languages: FRENCH

0229199 83118428

**[Building plan for enlarging the high voltage therapy department to house the Soviet LUE-15 M 1 linear accelerator]**

Baukonzeption zur Erweiterung der Hochvolttherapie-Abteilung für den sowjetischen Linearbeschleuniger "LUE-15 M 1".

Salewski D; Eichhorn M; Glaser FH; Grimm D; Heider KM; Schuchardt V

Radiobiol Radiother (Berl) ,1982, 23 (5) p577-82, ISSN  
0033-8184 Journal Code: Q01  
Languages: GERMAN Summary Languages: ENGLISH

01043

0229099 83117161

**Mental health forum. 1. Continuous care in a therapeutic environment.**

Tweddle E  
Nurs Mirror ,Jan 5 1983, 156 (1) p32-4, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0228973 83116207

**The vertical laminar air flow system at Mount Carmel Medical Center--a second look.**

Saunders KC; Meyer TL Jr; Cabrera HA  
Ohio State Med J ,Dec 1982, 78 (12) p850-3, ISSN 0030-1124  
Journal Code: OGS  
Languages: ENGLISH

0228753 83114001

**Five years' experience of a gastroenterology day-case unit.**

Northfield TC; Kirkham JS  
Lancet ,Feb 12 1983, 1 (8320) p342-5, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

An inpatient ward has been converted, at low cost, to a gastroenterology day-case unit, which includes a purpose-built endoscopy room and a day-case area. The presence of a day-case ward permits the nursing establishment to be sufficiently flexible to cover the endoscopy room fully, and the hours are suitable for married nurses with families. Patients remain on the same trolley throughout the procedure so that portering delays are avoided, and a good flow system operated by the unit's staff enables endoscopies to be carried out at the rate of one every ten to fifteen minutes. Admissions rose from 1900 to 2700 per year (an average of 12 X 5 admissions per working day, theoretical bed occupancy = 140%). Cost per patient is about half the estimated cost without a day-case unit. The increasing numbers of routine upper gastrointestinal endoscopies are mirrored by a halving of barium-meal examinations.

0228421 83109631

**In and out of the mainstream: the miners' medical program, 1946-78.**

Boyd EW; Konrad TR; Seipp C  
J Public Health Policy ,Dec 1982, 3 (4) p432-44, ISSN 0197-5897  
Journal Code: HS5  
Languages: ENGLISH

0228227 83107060

**Space takes time. Space programming process encourages user participation.**

Knight RM; Hansen RF; Arnold JM  
Hospitals ,Feb 16 1983, 57 (4) p98-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228226 83107059

**Expansion within bounds. Wrestling with space and budget limitations.**

Taylor WJ  
Hospitals ,Feb 16 1983, 57 (4) p95-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228225 83107058

**Playing samaritan downtown. Hospital decides to rebuild to help revitalize downtown Phoenix.**

Brinkley MC; Ward RC  
Hospitals ,Feb 16 1983, 57 (4) p91-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228224 83107057

**Redesign saves project. St. Joseph's hospital meets HSA-approved budget/fulfills space requirements.**

Bentivegna PI  
Hospitals ,Feb 16 1983, 57 (4) p85-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228223 83107056

**The art of estimating. Accurate estimates depend on project quality and quantity.**

Sprague JG  
Hospitals ,Feb 16 1983, 57 (4) p80-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

01044

0228222 83107055  
**Resident experts. Controlled costs/accountability result from in-house aid.**  
Connell KJ  
Hospitals ,Feb 16 1983, 57 (4) p77-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228220 83107053  
**Pre-design sets standards. HCA uses standardized design guidelines to cut time and costs.**  
Caldwell ET  
Hospitals ,Feb 16 1983, 57 (4) p122-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228219 83107052  
**Getting community input. Workshops help hospitals plan community participation for expansion.**  
Bobrow ML; Morrish WR  
Hospitals ,Feb 16 1983, 57 (4) p119-20, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228218 83107051  
**Learning by listening. Employee input shapes \$36 million hospital addition.**  
Schiffner WC  
Hospitals ,Feb 16 1983, 57 (4) p114-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228217 83107050  
**Participatory planning. Staff expedite fast-paced project schedule.**  
Landreth AS  
Hospitals ,Feb 16 1983, 57 (4) p112-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228216 83107049  
**Accurate estimating. Successful cost estimating is key when time is critical.**  
Indorf G  
Hospitals ,Feb 16 1983, 57 (4) p109-10, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228215 83107048  
**Evolutionary design. Taking a project through concept, program, and detail.**  
Ziskind DM  
Hospitals ,Feb 16 1983, 57 (4) p107-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228214 83107047  
**The space challenge. Hospital juggles space redesign, uninterrupted patient care.**  
Hendrickson WW  
Hospitals ,Feb 16 1983, 57 (4) p102-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0228213 83107046  
**No-compromise design. Ideals sensitive to patients weather planning/budgeting process.**  
Seelye J  
Hospitals ,Feb 16 1983, 57 (4) p100-1, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0227843 83095507  
**Study tour in England. An architect's view.**  
De'Ath R  
World Hosp ,Nov 1982, 18 (4) p29-32, Journal Code: XP6  
Languages: ENGLISH

0227842 83095506  
**Study tour in England. An engineer's view.**  
Thye-Petersen A  
World Hosp ,Nov 1982, 18 (4) p27-9, Journal Code: XP6  
Languages: ENGLISH

0227622 83087753  
**Indiana VA Medical Center to start construction on new \$2 million laundry.**  
Laund News ,Nov 1982, 8 (11) p8, Journal Code: L4R  
Languages: ENGLISH

01045

0227556 83081067  
**The importance of a wind tunnel investigation in the design of hospitals.**  
Leene JA  
Hosp Eng ,Dec 1982, 36 (10) p6-12, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

00513

0227555 83081066  
**Laundry design and layout.**  
Fuell WG  
Hosp Eng ,Dec 1982, 36 (10) p12-20, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0227540 83081027  
**Contracting refinement saves one hospital \$600,000.**  
Decker R  
Hosp Purch Manage ,Jan 1983, 8 (1) p18-9, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0227385 83099389  
**Quantitative noise analysis in a modern hospital.**  
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Arch Environ Health ,Nov-Dec 1982, 37 (6) p361-4, ISSN 0003-9896  
Journal Code: 6YD  
Languages: ENGLISH  
Quantitative noise analysis of a general surgical ward in a modern hospital showed that the level of noise was in excess of recommended levels and of sufficient intensity to disturb sleep. Individual noises in excess of 50 dB(A) were recorded in every area at all times of the day. Internal hospital sounds were responsible for most noise; staff and audible warning devices were the main sources of noise over 70 dB(A). Octave waveband analysis showed that both the general ward noise and the noise of the air conditioning were in excess of recommended levels.

0227053 83095383  
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Journal Code: XNZ  
Languages: ENGLISH

0225802 83081052

**Hospital's courtyard transformed into sun-filled lobby.**  
Hospitals ,Jan 16 1983, 57 (2) p32, 36, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0225011 83061629  
**Laundry renovation boosts morale, reduces manpower requirements.**  
Duffy K  
Laund News ,Sep 1982, 8 (9) p7, 27, Journal Code: L4R  
Languages: ENGLISH

0224858 83055259  
**How to effectively plan and administer a major hospital expansion project.**  
Brady J  
Hosp Top ,Jan-Feb 1983, 61 (1) p2-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224851 83055252  
**The ecological & economical interrelationship of the environmental systems for the Mostellar Medical Center.**  
Jones R  
Hosp Top ,Nov-Dec 1982, 60 (6) p26-32, 41, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224849 83055250  
**Subterranean building aids in the conservation of energy and related costs.**  
Oliver TG  
Hosp Top ,Nov-Dec 1982, 60 (6) p22-3, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224813 83055192  
**Planning laundry services.**  
Spooner RR  
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Journal Code: GDS  
Languages: ENGLISH

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0224668 83051859  
**New structure, new paradigm.**  
Frederickson DS  
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Languages: ENGLISH

0222931 83055172  
**Bypass corridor secludes ICU.**  
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Journal Code: GDL  
Languages: ENGLISH

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Br Med J [Clin Res] .Dec 4 1982, 285 (6355) p1634-7,  
Journal Code: B4X  
Languages: ENGLISH

0222190 83035757  
**Brooklyn hospital to double size of on-premise laundry  
[Interview]**  
Neal JD Jr  
Laund News .Oct 1982, 8 (10) p5, Journal Code: L4R  
Languages: ENGLISH

0222189 83035756  
**Veterans Administration Medical Center plans renovation of  
in-house laundry.**  
Reinfeld J  
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Languages: ENGLISH

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**The structured decision conference: a case study.**  
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Languages: ENGLISH

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Townsend P  
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Languages: ENGLISH

0222140 83029677  
**Hospitals and high tech industries share the office  
imperative.**  
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Languages: ENGLISH

0222091 83029201  
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Languages: ENGLISH

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**A review of progress on system hospital building--Nucleus.**  
Ratcliffe S  
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Languages: ENGLISH

0221430 83041431  
**[Planning of different hospital departments: waiting rooms  
and their organization during the influx of wounded patients]**  
Plan des differents services de l'hopital: les locaux  
d'accueil et leur organisation lors d'afflux de blesses.  
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Languages: FRENCH

0221292 83039955  
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Languages: ENGLISH

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**Effects of hospital revenue bonds on hospital planning and operations.**  
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0028-4793 Journal Code: NOW  
Languages: ENGLISH

0220679 83035066  
**[The child-centered hospital]**  
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Fiala G; Kuhn R; Link A; Viereck T  
Krankenpflege (Frankfurt) ,Oct 1982, 36 (10) p333-5,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220677 83035064  
**[Bases for the organization and arrangement of recovery rooms in hospitals]**  
Grundsätze für Organisation und Einrichtung von  
Aufwacheinheiten in Krankenhäusern.  
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ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0220149 83029190  
**Lighting system greets and guides visitors.**  
Olson RV; Winkel G; Pershing A  
Hospitals ,Nov 16 1982, 56 (22) p56-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0220143 83029184  
**Hospital bases new designs on documented functional needs of its patients, staff.**  
Olson R  
Hospitals ,Nov 16 1982, 56 (22) p33-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0219992 83026845  
**Getting your input into unit design.**  
Landmood MD  
Dimens Crit Care Nurs ,Jan-Feb 1982, 1 (1) p36-43, ISSN  
0730-4625 Journal Code: EAD  
Languages: ENGLISH

0219652 83012490  
**Designers make room for digital units.**  
Kuntz EF  
Mod Health Care ,Oct 1982, 12 (10) p131-2, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219651 83012489  
**Planning NMR scanner suite attracts problems of housing powerful magnet.**  
Kuntz EF  
Mod Health Care ,Oct 1982, 12 (10) p130-1, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219227 83018683  
**[Hospital hygiene: what should one expect today?]**  
L'hygiène hospitalière: que doit-on en attendre aujourd'hui?  
Haxhe JJ  
Acta Clin Belg ,1982, 37 (3) p129-33, ISSN 0001-5512  
Journal Code: OKW  
Languages: FRENCH

0219216 83018461  
**[Constructional hygienic premises for prevention of nosocomial infections]**  
Bauliche hygienische Voraussetzungen zur Hospitalismusverhütung.  
Berge G  
Zentralbl Chir ,1982, 107 (11) p678-82, ISSN 0044-409X  
Journal Code: Y5I  
Languages: GERMAN

00514

0218333 83008038

**Hospital ward layout and nurse staffing.**

Seelye A

J Adv Nurs ,May 1982, 7 (3) p195-201, ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

This literature review discusses the evidence that modern wards divided into small bedrooms or bays, require higher nurse staffing levels. Aspects of ward design and operation such as patient privacy, nursing efficiency, patient dependency and ward organization are outlined and methods for establishing staffing levels which take ward design into account are described. The majority of ward evaluation studies concerned with nurse staffing concentrate on two areas, the use of the nurses' time (particularly in travel) and user opinion of wards. The conclusions drawn suggest that the two main measures of ward layout which relate to effective and efficient nursing care are short travel distances and features which facilitate the maximum contact between nurses and patients. Further, how these two principles are incorporated effectively into a ward will depend upon a number of other factors which effect nursing work viz, the number and characteristics of the patients and ward staff and the policies and practices of the nurses themselves. (61 Refs.)

0218137 83005474

**Knowing a review agency's "acceptability range" may help in obtaining CON approval.**

Lee KE; Liu K

Hospitals ,Nov 1 1982, 56 (21) p42, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0218126 83005463

**New signs unsnarl hospital maze.**

Hospitals ,Oct 16 1982, 56 (20) p32-3, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0217727 82278556

**Saving on design doesn't save money, life-cycle costing studies show.**

Sprague JG

Trustee ,Sep 1982, 35 (9) p26-8, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

Design and energy management decisions significantly affect both initial construction and ongoing operation costs. Because of their importance, they are examined in this article, which also provides some general background concerning construction project development and typical fees expected by architect/engineers and construction managers.

0217726 82278555

**Design as a marketing tool: cater to your clients.**

Falick J

Trustee ,Sep 1982, 35 (9) p16-8, 21, 24, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

competing successfully in the market and functioning efficiently often depend on a reassessment of the environment. Accordingly, upgraded convenience, comfort, and atmosphere have become major marketing mechanisms for hospitals. This article presents several examples of how hospitals have used design to provide marketing advantages.

0217725 82278554

**Is deregulation likely to affect hospital design and construction?**

Mannisto M

Trustee ,Sep 1982, 35 (9) p12, 14-5, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

Is the deregulatory thrust of this administration having an effect on hospital design and construction? does it threaten to create an expansion and construction free-for-all in the industry? A number of architects and construction industry professionals comment on what effect, if any, they expect deregulation to have on health care construction, as well as the expected effect of financing and management in an increasingly competitive environment.

0217594 82271752

**Standard design saves money, time needed to build a satellite hospital [news]**

Kuntz EF

Mod Health Care ,Sep 1982, 12 (9) p76-7, ISSN 0160-7480

Journal Code: NFA

Languages: ENGLISH

0217576 82271492

**JCAH and Life Safety Code protect hospitals against tragedy.**

Keil OR

Mich Hosp ,Sep 1982, 18 (9) p15, 17, ISSN 0026-220X

Journal Code: MXZ

Languages: ENGLISH

01049



0217398 82263541  
**Pre-planning factors--a nurse planner's viewpoint.**  
Nation J  
Hosp Dev ,Jul-Aug 1982, 10 (5) p18 concl, ISSN  
0300-5720 Journal Code: GD8  
Languages: ENGLISH

0217368 82263511  
**Designing the receiving process by function.**  
Hersch GY  
Hosp Mater Manage Q ,May 1982, 3 (4) p77-81, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217366 82263509  
**Facilities modernization and renovation of a medical facility.**  
Pitts W  
Hosp Mater Manage Q ,May 1982, 3 (4) p68-72, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217363 82263506  
**Working with the architect.**  
Derby JC; Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p6-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217355 82263498  
**Designing the total supply system.**  
Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p10-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217354 82263497  
**An architect's view of the material management concept.**  
Harader AD; Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p1-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217306 82263382  
**Arrowe Park Hospital, Birkenhead.**  
Hosp Health Serv Rev ,Jul-Aug 1982, 78 (7) p216-7,

Journal Code: GC5  
Languages: ENGLISH

0217302 82263378  
**The Hariri Medical Center, Lebanon.**  
Hosp Health Serv Rev ,Jun 1982, 78 (6) p176-7, Journal  
Code: GC5  
Languages: ENGLISH

0217090 82282755  
**OR design shows nurses' touch.**  
Foley ER  
AORN J ,Aug 1982, 36 (2) p288-93, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

01050

0216376 82275836

**A financial planning model for estimating hospital debt capacity.**

Hopkins DS; Heath D; Levin PJ  
Public Health Rep ,Jul-Aug 1982. 97 (4) p363-72. ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

A computer-based financial planning model was formulated to measure the impact of a major capital improvement project on the fiscal health of Stanford University Hospital. The model had to be responsive to many variables and easy to use, so as to allow for the testing of numerous alternatives. Special efforts were made to identify the key variables that needed to be presented in the model and to include all known links between capital investment, debt, and hospital operating expenses. Growth in the number of patient days of care was singled out as a major source of uncertainty that would have profound effects on the hospital's finances. Therefore this variable was subjected to special scrutiny in terms of efforts to gauge expected demographic trends and market forces. In addition, alternative base runs of the model were made under three distinct patient-demand assumptions. Use of the model enabled planners at the Stanford University Hospital (a) to determine that a proposed modernization plan was financially feasible under a reasonable (that is, not unduly optimistic) set of assumptions and (b) to examine the major sources of risk. Other than patient demand, these sources were found to be gross revenues per patient, operating costs, and future limitations on government reimbursement programs. When the likely financial consequences of these risks were estimated, both separately and in combination, it was determined that even if two or more assumptions took a somewhat more negative turn than was expected, the hospital would be able to offset adverse consequences by a relatively minor reduction in operating costs.

0216217 82274446

**Environments. 2. Private thoughts.**

Kagan C; Burton M  
Nurs Mirror ,Aug 25 1982. 155 (8) p56-7. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216204 82274429

**Environments 1: Scenes of improvement.**

Kagan C; Burton M  
Nurs Mirror ,Aug 18 1982. 155 (7) p44-5. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216195 82274408

**Ward design: central to care.**

Billing A

Nurs Mirror ,Aug 11 1982. 155 (6) p40-1. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0216138 82274277

**The first low energy hospital.**

Dopson L  
Nurs Times ,Jul 21-27 1982. 78 (29) p1245-6. ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0215854 82272309

**Planning operating departments No. 3. The planning of operating theatre suites.**

Weeks J  
NATNEWS ,Jul 1982. 19 (7) p9-12. ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0215788 82271574

**Emergency hospital evacuation plans: how adequate are they?**

Hargest IS  
Med Instrum ,May-Jun 1982. 16 (3) p174-5. ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

0215668 82270108

**Being a move coordinator wasn't in my job description.**

Schroder PJ; Milius A  
Kans Nurse ,Jul 1982. 57 (7) p10-2. 21. 24. ISSN  
0022-8710 Journal Code: KU3  
Languages: ENGLISH

0215008 82262461

**Successful commissioning of hospital construction.**

Drodge W  
Dimens Health Serv ,Jun 1982. 59 (6) p25-6. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

01051

0215007 82262460  
**Minimizing the problems of hospital relocation.**  
Mark K; Rowe C  
Dimens Health Serv ,Jun 1982, 59 (6) p22-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215005 82262458  
**A second look at cost control.**  
Barstow J  
Dimens Health Serv ,Jun 1982, 59 (6) p15-6, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215004 82262457  
**Chronic care: improving the quality of design.**  
Schwartz S  
Dimens Health Serv ,Jun 1982, 59 (6) p10-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214568 82250179  
**How a building gets built: comfortable and inviting ... a new hospital facility for children.**  
Cassidy VM  
Specif Eng ,Jul 1982, 48 (1) p84-6, Journal Code: UXT  
Languages: ENGLISH

0214567 82250178  
**Prefabricated headwalls and columns fit hospitals.**  
Stein HL  
Specif Eng ,Jul 1982, 48 (1) p78-80, Journal Code: UXT  
Languages: ENGLISH

0214531 82249600  
**Ambulatory units make big use of little space.**  
Same Day Surg ,Aug 1982, 6 (8) p98-100, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

0214512 82247404  
**Functional planning for a new clinical laboratory.**  
Merenyi DK  
Pathologist ,Aug 1982, 36 (8) p408-12, ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH

An important decision in planning for a new laboratory is the physical location in relation to other departments. In this article, the author examines the specimen flow, patient and information flow, and the surgical pathology and frozen section services, and explains how consideration of these areas in the planning stages determines the future efficiency of the department.

0214472 82244520  
**Hospital credit crunch looms over billions needed for modernization.**  
Med World News ,Aug 2 1982, 23 (16) p12, 15-6, ISSN  
0025-763X Journal Code: MGW  
Languages: ENGLISH

0214460 82244388  
**Budget cuts, JCAH help trigger DC hospital laundry renovation.**  
Duffy K  
Laund News ,Aug 1982, 8 (8) p1, 1B, Journal Code: L4R  
Languages: ENGLISH

0214411 82238801  
**What's the value in value engineering?**  
Feger RA  
HPN Hosp Purch News ,Aug 1982, 6 (8) p8-9, Journal  
Code: G3D  
Languages: ENGLISH

0214341 82237914  
**The rehabilitation of existing premises.**  
Jones EM  
Hosp Eng ,May 1982, 36 (4) p20-2, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0214338 82237911  
**Hospitals don't burn--or do they?**  
Hinkley P  
Hosp Eng ,May 1982, 36 (4) p10-5, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

01052

- 0213636 82249446  
[Ariadne's daughter ... Aladdin's lamp]  
Le fil d'ariane ... la lampe d'aladin.  
Burrus O  
Rev Infirm ,Jul 1982, 32 (13) p33-9, ISSN 0397-7900  
Journal Code: S7T  
Languages: FRENCH
- 0213487 82247292  
Changing the environment: institution or home.  
O'Donovan M  
Nurs Times ,Jun 23-29 1982, 78 (25) p1071-4, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH
- 0213207 82245540  
Planning operating departments No. 2. Reading architectural  
drawings.  
Dunstan ME  
NATNEWS ,Jun 1982, 19 (6) p13-5, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH
- 0213069 82243469  
[Communication in the hospital--the conversation]  
Kommunikation im Krankenhaus--Das Gesprach.  
Lehndorff HG  
Krankenpflege (Frankfurt) ,Jun 1982, 36 (6) p195-7,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN
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Planning the flexible laboratory environment.  
Garikes AG  
Hospitals ,Aug 16 1982, 56 (16) p80-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH
- 0212690 82237898  
Patients kept cozy in critical care.  
Hospitals ,Aug 16 1982, 56 (16) p72-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH
- 0212369 82225854  
Hospital fire protection: the unit concept.
- Byrne E  
World Hosp ,May 1982, 18 (2) p24-6, Journal Code: XP6  
Languages: ENGLISH
- 0212248 82218896  
Renovation of hospital laundry will mean fewer operating  
days.  
Laund News ,Jul 1982, 8 (7) p4, 14, Journal Code: L4R  
Languages: ENGLISH
- 0212174 82212398  
Chester Nucleus: first operational phase.  
Hosp Dev ,May-Jun 1982, 10 (4) p20-1, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH
- 0212172 82212396  
Ergonomics in health care--a Day Conference of the  
Ergonomics Society, held at Chelsea College.  
Rogers PJ  
Hosp Dev ,May-Jun 1982, 10 (4) p14-5, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH
- 0212171 82212395  
Pre-planning factors-- a nurse planner's viewpoint.  
Nation J  
Hosp Dev ,May-Jun 1982, 10 (4) p11 cont, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH
- 0212169 82212393  
Wrexham DGH: scheme one.  
Hosp Dev ,Apr 1982, 10 (3) p22-3, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH

01053

0212168 82212392  
**Manchester Royal Infirmary: multi-storey nucleus project.**  
Hosp Dev ,Apr 1982, 10 (3) p15, ISSN 0300-5720  
Journal Code: GDB  
Languages: ENGLISH

0212055 82209734  
**Rationale behind major laundry renovation: spend more to save [interview]**  
Perkins C  
Cost Containment ,Jul 13 1982, 4 (13) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0211238 82221592  
**Psychiatry/mental handicap forum. 6. Security: a safe and therapeutic environment.**  
Tibbles P; Hardiman F  
Nurs Mirror ,Jun 23 1982, 154 (25) piv-viii, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0210985 82219984  
**Planning operating departments No. 1. The nursing role.**  
Curry I  
NATNEWS ,May 1982, 19 (5) p9-12, ISSN 0027-6049  
Journal Code: NSB  
Languages: ENGLISH

0210315 82212292  
**Construction contrast determines method of settling disputes.**  
Kasimer JH  
Hospitals ,Jul 1 1982, 56 (13) p28, 30, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0209953 82207506  
**Bathing in hospital.**  
Chamberlain MA; Stowe J  
Br Med J [Clin Res] ,Jun 5 1982, 284 (6330) p1693-4,  
Journal Code: B4X  
Languages: ENGLISH

0209674 82195182  
**Two hospitals share same building to help their individual**

**operations [news]**

Kuntz EF  
Mod Health Care ,Jun 1982, 12 (6) p64-6, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209656 82195164  
**Ending arbitrage profits on bonds would jack up construction costs.**  
Schwertfeger TR  
Mod Health Care ,Jun 1982, 12 (6) p104, 106, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0208754 82199186  
**[Architecture and conception of care in England]**  
Architecture et conception des soins en Angleterre.  
Renaud A  
Rev Infirm ,Apr 1982, 32 (7) p48-53, ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

0208400 82196498  
**[Man as measure of things--a modern fairy tale]**  
Der Mensch als Mass der Dinge--ein Gegenwartsmarchen.  
Rettig A  
Osterr Krankenpflegez ,1982, 35 (3) p89-93, ISSN  
0303-4461 Journal Code: OMR  
Languages: GERMAN

0208029 82193436  
**[Problems of the elderly in a hospital ward]**  
Probleme von alten Menschen auf einer internen Station.  
Herrmann I  
Krankenpflege (Frankfurt) ,Apr 1982, 36 (4) p125-8,  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0207533 82188382  
**Replacement hospital attracts and retains patients, staff.**  
Hospitals ,Jun 16 1982, 56 (12) p53-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

01054

0207028 82177706

**Auxiliary House opens for business.**

Bookwalter F.  
Volunt Leader ,Summer 1982, 23 (2) p10-1, ISSN  
0005-1861 Journal Code: XHR  
Languages: ENGLISH

0206920 82172840

**Architects' energies are directed toward conservation at Allegheny [news]**

Bendix J  
Mod Health Care ,May 1982, 12 (5) p142-4, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0206888 82172314

**Storage system helps to improve efficiency at Columbus hospital.**

Duffy K  
Laund News ,May 1982, 8 (5) p3, Journal Code: L4R  
Languages: ENGLISH

0206731 82166021

**Royal Hampshire County Hospital, Winchester: enabling works.**  
Hosp Dev ,Mar 1982, 10 (2) p17, ISSN 0300-5720  
Journal Code: GD8  
Languages: ENGLISH

0206692 82165855

**Hospital design: split in the nucleus.**  
Checketts J; Fellows E; O'Brien M  
Health Soc Serv J ,Apr 15 1982, 92 (4792) p473-6, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0206629 82163815

**Hospital building codes and the consumer interest.**  
Parston G  
Consum Health Perspect ,Mar 1982, 8 (4) p1-7, ISSN  
0191-3921 Journal Code: DPT  
Languages: ENGLISH

0206579 82161406

**Environmental health hazards in the operating room.**  
LoCicero J; Nichols RL  
Bull Am Coll Surg ,May 1982, 67 (5) p2-5, ISSN

0002-8045 Journal Code: BDC  
Languages: ENGLISH

0205275 82165973

**Expansion enhances health care education.**  
Hospitals ,May 16 1982, 56 (10) p62-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0205199 82165415

**Cost control in hospital design: introducing value analysis.**  
Schwartz S  
Dimens Health Serv ,Jan 1982, 59 (1) p20-1, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0204796 82155330

**The consequences of designing for the disabled in general hospitals.**  
Putsep EP  
World Hosp ,Feb 1982, 18 (1) p51-3, Journal Code: XP6  
Languages: ENGLISH

0204620 82148174

**Healthcare contracts awarded in '81 [news]**  
Mod Health Care ,Apr 1982, 12 (4) p84, 86-8, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0204619 82148173

**Hospitals forge ahead with building [news]**  
Bendix J  
Mod Health Care ,Apr 1982, 12 (4) p84, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

01055

0204597 82147718  
**Labor and material requirements for hospital construction.**  
Dougherty DE  
MLR ,Mar 1982, 105 (3) p34-7, ISSN 0098-1818 Journal  
Code: MLR  
Languages: ENGLISH

0204586 82147569  
**North Dakota hospital to expand and renovate in-house  
laundry [interview]**  
Gaardsmoe JP  
Laund News ,Apr 1982, 8 (4) p7, Journal Code: L4R  
Languages: ENGLISH

0204585 82147568  
**Queens Medical Center, Honolulu, begins reconstruction of  
laundry [interview]**  
Medina A  
Laund News ,Apr 1982, 8 (4) p6, Journal Code: L4R  
Languages: ENGLISH

0204492 82140620  
**Chester's new Nucleus Hospital.**  
Hosp Eng ,Apr 1982, 36 (3) p18-20, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204490 82140618  
**Designing for reduced hospital energy consumption.**  
Rundle M  
Hosp Eng ,Apr 1982, 36 (3) p12-4, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204399 82137914  
**Ambulatory services center: a hospital's commitment to  
community health care.**  
Cost Containment ,Mar 23 1982, 4 (6) p3-6, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0204215 82158479  
**Increased recovery of Aspergillus flavus from respiratory  
specimens during hospital construction.**  
Sarubbi FA Jr; Kopf HB; Wilson MB; McGinnis MR; Rutala WA  
Am Rev Respir Dis ,Jan 1982, 125 (1) p33-8, ISSN

0003-0805 Journal Code: 426  
Languages: ENGLISH

An increase in the recovery of *Aspergillus flavus* from respiratory specimens occurred among hospitalized patients during a several-month period in 1977. Notably, 86% of the patients with positive culture results were located in an older hospital section adjacent to a building construction site that created great amounts of dust in the hospital's vicinity. Airborne contamination was suspected and results of air sampling showed *A. flavus* in 80% of old wing patient rooms (average, 8 *A. flavus*/positive room) compared with only 23% of the contiguous newer wing patient rooms (average, 1 *A. flavus*/positive room). Inspection of the main mechanical ventilation units in the two hospital sections disclosed numerous defects in the unit in the old wing and a properly functioning unit in the new wing. After repairing the defective unit, a significant reduction in the recovery of *A. flavus* from clinical and environmental specimens was noted.

0204189 82157859  
**Interest rate halts hospital's construction.**  
Am Med News ,Apr 9 1982, 25 (14) p17, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0202666 82140594  
**Hospital adopts competitive long-range growth plan.**  
Hospitals ,Apr 16 1982, 56 (8) p63-4, 66, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0202182 82129372  
**How a building gets built: Duke University Hospital--for the  
'80s and beyond.**  
Cassidy VM  
Specif Eng ,Mar 1982, 47 (3) p118-21, Journal Code:  
UXT  
Languages: ENGLISH

0202172 82128932  
**Productive unit operates in specialized hospital [interview]**  
Steinberg G  
Same Day Surg ,Mar 1982, 6 (3) p32-5, ISSN 0190-5066  
Journal Code: UBL  
Languages: ENGLISH

01056

0202000 82119579

**Roof inspection: today's technology.**

Lyons B  
HPN Hosp Purch News ,Mar 1982, 6 (3) p22-3, 26,  
Journal Code: G3D  
Languages: ENGLISH

0201985 82118816

**Design for the human factor.**

Health Care (Don Mills) ,Feb 12 1982, 24 (1) p12-5,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0201948 82118566

**Norfolk General Hospital's new Kaufman Pavilion. A new approach to saving lives--answer to critical need.**

Hosp Top ,Mar-Apr 1982, 60 (2) p22-6, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0201847 82116575

**Security-minded design & loss prevention key to hospital safety.**

Botnick D  
Contract ,Feb 1982, 24 (2) p94-7, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201846 82116574

**Color scheme helps key entrances, services at newly remodeled midwest hospital facility.**

Contract ,Feb 1982, 24 (2) p84-7, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0199225 82103699

**Hospitals give more work to large design firms.**

Kuntz EF  
Mod Health Care ,Feb 1982, 12 (2) p93-4, 96, 98, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199205 82103679

**Healthcare jobs completed in '81.**

Mod Health Care ,Feb 1982, 12 (2) p116, 118-9, ISSN  
0160-7480 Journal Code: NFA

Languages: ENGLISH

0199203 82103677

**Multiunits emphasize ancillary services in new building designs.**

Punch L  
Mod Health Care ,Feb 1982, 12 (2) p108, 110-1, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199202 82103676

**Circular tower cuts staffing needs; increase patients' sense of security.**

Johnson DE  
Mod Health Care ,Feb 1982, 12 (2) p102-4, 106, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0199066 82096907

**St. Michael's Hospital, Hayle--new theatres and audiology unit.**

Black S  
Hosp Dev ,Jan-Feb 1982, 10 (1) p12-3, ISSN 0300-5720  
Journal Code: GDB  
Languages: ENGLISH

0199065 82096906

**The big build-up: talks with builder Morley R. Golden [interview]**

Golden MR  
Hosp Top ,Jan-Feb 1982, 60 (1) p8-9, 14, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199052 82096893

**Hospital administration and engineering maintenance.**

Harris RD  
Hosp Top ,Jan-Feb 1982, 60 (1) p27-8, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01057



Languages: ENGLISH

0197526 82096826

**Design trick: guessing right for a future that's anybody's guess.**

Cunningham RM Jr  
Hospitals ,Feb 16 1982, 56 (4) p96-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197525 82096825

**Construction spending will be shaped by competition.**

Johnson RL  
Hospitals ,Feb 16 1982, 56 (4) p89-92, 94, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0197520 82096820

**New changes in Life Safety Code expected to be JCAH accreditation requirements in late 1982.**

Hospitals ,Feb 16 1982, 56 (4) p74, 77, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197516 82096816

**Planning key to facility's form-follows-function design.**

Hospitals ,Feb 16 1982, 56 (4) p44, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197513 82096813

**Inner-city hospital expands to serve both urban and suburban patients.**

Hospitals ,Feb 16 1982, 56 (4) p137-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197512 82096812

**Project and plan prepare community hospital for regional role.**

Hospitals ,Feb 16 1982, 56 (4) p134-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197505 82096805

**Suburban hospital imbued with "medical center" charisma.**

Hospitals ,Feb 16 1982, 56 (4) p109-10, ISSN 0018-5973  
Journal Code: GDL

01058

**HOSPITAL, FARMACIA**

01059

0233180 83135218

**Self-medication promotes patient independence in rehabilitative setting.**

Pelletier RD

Hosp Pharm ,Feb 1983, 18 (2) p86-8, 96, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

Patients at Sheltering Arms Hospital in Richmond, Virginia, receive instruction about their medication by pharmacists and may progress through three levels of teaching, including monitored self-medication. Pre- and posttests are administered to determine the effectiveness of the program and the percentage of patient improvement in recall as a result. Patients who completed the program demonstrated a significant improvement in scores in four out of five testing categories.

0233179 83135217

**Computer applications in hospital pharmacy practice. II. Manual backup/support system.**

Colaluca DM; Cornelis WA

Hosp Pharm ,Feb 1983, 18 (2) p81-3, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

The planning phase of a hospital pharmacy computer system usually does not address the issue of a suitable backup should the computer fail. This article describes a backup system centered around a hard-copy patient medication profile. This profile is built through use of computer-generated duplicate labels and exists for both the unit dose and intravenous admixture services. With this approach, the computer initiates its own support system and thereby eliminates the need for a separate, manually maintained backup system.

0233178 83135216

**Computer applications in hospital pharmacy practice. I. Computer expectations/applications.**

Colaluca DM; Cornelis WA

Hosp Pharm ,Feb 1983, 18 (2) p68-9, 74-6, ISSN 0018-5787 Journal Code: G98

Languages: ENGLISH

Following vendor selection of a pharmacy computer system, attention must be directed toward which computerized functions to include. Although most features are uniform among the various systems, a discussion is presented listing those applications considered the minimum acceptable for any hospital pharmacy computer system. The descriptions focus on computerization of those labor-intensive activities necessary to support drug distribution services. Computerized support of an intravenous (I.V.) admixture and unit dose program centers around label production and charging/crediting functions. Label production is used to generate a manual backup profile and unit dose cart fill list. The scope of information to include on I.V. and unit dose labels is described.

Charging/crediting functions via computer are also discussed, with mention of free-form capabilities. Other computer applications mentioned include: medication profiling, drug interaction flagging, data confidentiality, census support, and hard copy reports. Feature selection depends on the aspects and unique needs that benefit most from computerization.

00515

0233177 83135215

**Experiences in utilizing the quality circle concept.**

Louie C

Hosp Pharm ,Feb 1983, 18 (2) p63-4, 67, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

This article describes an experience with using the quality circle concept in a hospital pharmacy environment. The initial experience was positive in that the staff defined productivity standards for themselves. The staff used their productivity standards to evaluate the perceived problem of understaffing in the department.

0233176 83135214

**The phone does not ring at 2 a.m. in the average household.**

Davis NM

Hosp Pharm ,Feb 1983, 18 (2) p62, 97-8, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

0233175 83135182

**The outlook for clinical pharmacy reimbursement.**

Meyer J

Hosp Formul ,Feb 1983, 18 (2) p175-8, ISSN 0098-6909

Journal Code: G96

Languages: ENGLISH

0233149 83135141

**\$50,000 in the garbage can [interview]**

Brexler M

Hosp Superv Bull ,Mar 30 1983, (458) p1-4, ISSN 0018-585X Journal Code: G95

Languages: ENGLISH

01060

0233040 83134014

**Pharmacy Q & As: solving reoccurring systems problems in the department.**

Trudeau T  
Hosp Top ,Mar-Apr 1983, 61 (2) p15, 19, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0232902 83131480

**Clinical pharmacology in the Health Service: a progress report.**

Mucklow JC; Bennett PN  
Health Trends ,Aug 1982, 14 (3) p60-3, ISSN 0017-9132  
Journal Code: EUN  
Languages: ENGLISH

0232819 83129769

**The pharmacy troika: a participative approach to the development of professional competency standards.**

Jeffrey LP; Gallina JN; Rich DS; Mahoney CD  
Curr Concepts Hosp Pharm Manage ,Spring 1983, 5 (1)  
p9-11, 14-5, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0232818 83129768

**Competing for scarce resources: the institutional pharmacists' challenge.**

Kubica AJ  
Curr Concepts Hosp Pharm Manage ,Spring 1983, 5 (1) p6-8  
ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0232816 83129766

**Pharmacy ethics in the '80s.**

Schendt RL  
Curr Concepts Hosp Pharm Manage ,Spring 1983, 5 (1)  
p16-8, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0232558 83149897

**Reliability of the settling-plate method in monitoring laminar-airflow benches.**

Lu A; Alto LJ; Prusia MG  
Am J Hosp Pharm ,Feb 1983, 40 (2) p271-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0232556 83149895

**Economies of purchasing group size.**

May BE; Daniels CE; Herrick JD  
Am J Hosp Pharm ,Feb 1983, 40 (2) p263-6, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The relationship of drug price and purchasing group size was evaluated. Thirty drug line items were studied in 26 private hospital purchasing groups of various sizes. Prices were analyzed relative to purchasing group size, age, and location. Drug prices were negatively correlated to group size in a linear relationship. Prices were significantly lower in groups representing greater than 10,000 beds. No significant relationship was found between group age or location and drug prices. The theory that increasing purchasing group size will result in better contract prices was supported.

0232555 83149894

**Pharmacy department costs and patient charges associated with a home parenteral nutrition program.**

Brakebill JI; Robb RA; Ivey MF; Christensen DB; Young JH;  
Scribner BH  
Am J Hosp Pharm ,Feb 1983, 40 (2) p260-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The pharmacy department costs of a home parenteral nutrition (HPN) program were identified, and the patient charges for HPN were compared with the charges for hospitalization for parenteral nutrition. Ten patients were randomly selected from 55 patients active in the HPN program at the University of Washington Hospital. Cost identification included quantification of supplies, personnel, equipment, freight, miscellaneous, and indirect costs. Patient charges were identified through billing documents. Charges included clinic visits and laboratory tests. Inpatient charges were identified in a similar manner and included a standard daily hospital charge. Average yearly costs to the pharmacy department were nearly +9000 per HPN patient. Patient charges for HPN were +48.19 per infusion day compared with +205.68 per infusion day for the hospitalized patient. The cost savings of HPN to the patient and the hospital were clearly demonstrated.

0232550 83149889

**Clinical pharmacy in the 1980s.**

Smith WE  
Am J Hosp Pharm ,Feb 1983, 40 (2) p223-9, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

01061

0231858 83143141  
**Demographic variables in general job satisfaction in a hospital: a multivariate study.**  
Rahim A  
Percept Mot Skills ,Dec 1982, 55 (3 Pt 1) p711-9, ISSN  
0031-5125 Journal Code: OZB  
Languages: ENGLISH

The relationships between demographic variables, such as income, age, education, sex, marital status, job categories (nurses, medical technologists, pharmacists, and administrators) and general job satisfaction were studied in a community general hospital. Analysis showed that females were more satisfied than males when income, age, and education were controlled through covariance. Income and age positively affected job satisfaction when sex, marital status, and job categories were controlled through covariance.

0231659 83142164  
**A concurrent gentamicin review program with a pharmacokinetic consultation service.**  
Gossman GW  
Militt Med ,Jan 1983, 148 (1) p42-5, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0231063 83136349  
**An evaluation of the release of information on a new drug in a hospital without a drug information service.**  
Brodrick A; Preece G; Oakley R  
J Clin Hosp Pharm ,Dec 1982, 7 (4) p293-7, ISSN  
0143-3180 Journal Code: HTT  
Languages: ENGLISH

0230204 83121034  
**Management case study: development, evaluation, and impact of mobile decentralized pharmacy services.**  
Noel MW; McCoy LK; Bootman JL; Berry CC  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p62-77, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230203 83121033  
**Management by objectives.**  
Noble S  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p56-61, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230202 83121032  
**The pharmacy manager as communicator. Part I--effective writing.**  
Trudeau T  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p42-55, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230201 83121031  
**Developing a workload measurement system for a decentralized hospital pharmacy service.**  
Mackewicz DW  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p22-41, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230200 83121030  
**Managing for productivity improvement.**  
Robertsen JA  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p17-21, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230199 83121029  
**The primacy of planning.**  
Smith TR  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p10-6, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230198 83121028  
**Coping with stress: strategies for the pharmacy manager.**  
Appelbaum SH  
Top Hosp Pharm Manage ,Feb 1983, 2 (4) p1-9, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0230153 83117281

**Here's a compact primer for pharmacists on computers in pharmacy.**

Harkness RS  
Pharm Times ,Jan 1983, 49 (1) p65-9, ISSN 0903-0627  
Journal Code: PBP  
Languages: ENGLISH

0230024 83108425

**Revised classification and filing system for hospital pharmacy.**

Dobbins RV; King CM Jr  
Hosp Pharm ,Jan 1983, 18 (1) p7-12, 17-9, 23-8 passim,  
ISSN 0018-5787 Journal Code: G98  
Languages: ENGLISH

0230023 83108424

**Follow-up file and system.**

Smith WE; Breslauer M  
Hosp Pharm ,Jan 1983, 18 (1) p36, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0229583 83124021

**Self-directed learning of hospital pharmacy residents in western Canada.**

Levchuk JW  
Am J Hosp Pharm ,Jan 1983, 40 (1) p78-83, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The extent of self-directed learning among hospital pharmacy residents in western Canada was studied. A preresidency questionnaire and a postresidency group interview with a set of questionnaires were used. The residents were asked to list learning projects conducted in their residency programs; these learning projects were categorized as self-directed, mutual-agreement, and preceptor-directed. A postinterview questionnaire was used to obtain postresidency measurements of self-directedness and resident autonomy. Twenty-four residents provided data on 164 learning projects. Projects with the most meaningfulness, high achievement contribution, positive motivation, and relevance corresponded with the self-directed approach. Residents who had more meaningful learning entered their residencies with no more self-directedness than other residents, but they did have more autonomy in their residencies. No particular type of project, with respect to learner autonomy, was found to be more problematic than the others. Facilitation of learner autonomy in a hospital pharmacy residency may increase the value of self-directed learning projects in general and improve the resident's self-directedness. Self-directed learning should continue to be part of residency programs.

0229582 83124020

**Pharmacy-based controlled substances distribution for a university campus.**

Hibbard FJ; Bair JN; Sylvester KL  
Am J Hosp Pharm ,Jan 1983, 40 (1) p74-7, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

A university-wide pharmacy-based controlled substances distribution system is described. The purchasing and control of controlled substances for the entire university campus is centralized in the hospital pharmacy department. The distribution system uses the concept of restricted versus nonrestricted drugs, where restricted drugs are all Schedule II controlled substances and other drugs needing restrictive control. The restricted or nonrestricted status of a drug is based upon suspected or observed abuse potential. After receipt by the pharmacy, all controlled substances and restricted drugs are stored in a vault. A 24-hour audit-disposition record system is used to control the inpatient distribution of restricted drugs, which are stored in locked cabinets on each nursing unit. In the outpatient pharmacy, a small supply of restricted drugs is stored in a locked cabinet; the inventory is reconciled weekly. Nonrestricted controlled substances, such as phenobarbital and chloral hydrate, are distributed to the inpatient satellite pharmacies and the outpatient pharmacy in the same manner as other prescription drugs. Campus practitioners and researchers order all controlled substances from the pharmacy using the appropriate order forms; each individual is responsible for maintaining a record and control system. A quality assurance program was established to review and improve the quality of service. The centralized pharmacy-based system improved the control, monitoring, and efficiency of controlled substances distribution for the entire university campus.

01063

0229581 83124019

**System to maximize inventory performance in a small hospital.**

VanDerLinde LP

Am J Hosp Pharm ,Jan 1983, 40 (1) p70-3, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

A computerized system to maximize inventory performance in a small hospital is described. An inventory control system, which integrates economic order quantity (EOQ) and ABC inventory models was implemented in a 146-bed hospital. The perpetual inventory control data base, supported by the hospital's mainframe computer, generates monthly inventory statistics that are segregated into A, B, and C reports. Using a hand-held computer that interfaces with the perpetual inventory system, a series of inventory management reports were developed. These reports, which are based on the EOQ model, provide the following information for each drug line item: EOQ, EOQ proposed carrying cost, actual inventory carrying costs, safety stock, order point, average inventory, and the "on hand/on order" point. Several supplemental inventory management reports were also developed. While implementing the computerized inventory system, the pharmacy also changed its purchasing strategy from predominantly direct accounts to a progressive prime-vendor wholesaler. From December 1980 to December 1981, the ABC/EOQ system with progressive prime-vendor involvement essentially doubled total aggregate inventory turnover. A 46.5% reduction in standing inventory levels occurred. The drug cost per line item dispersed remained relatively constant over the one-year period, despite price increases. The application of the computerized ABC/EOQ inventory model to an online perpetual inventory control data base effectively reduced the inventory operation costs.

00516

0229580 83124018

**Improving a pharmaceutical purchasing and inventory control system.**

Rubin H; Keller DD

Am J Hosp Pharm ,Jan 1983, 40 (1) p67-70, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

A method by which a pharmacy department improved its purchasing and inventory control system is described. System changes to the computerized inventory control system included implementation of a formulary, affiliation with a group purchasing association, and transfer of specified purchasing and inventory control functions to the technical staff of the purchasing department. Pharmacy maintained the decision-making authority over all vendors and dosage forms of drug products. Optimal results were achieved when the purchasing department's pharmacy buyer position was staffed with an employee who had previous experience as a clerical worker in the pharmacy. The authors state that this system has proved to be an effective, cost efficient method of purchasing and inventory control of pharmaceuticals in their hospital.

0229579 83124017

**Comprehensive pharmacy-based investigational drug service.**

Benfell K; Powell SH; Kaul AF

Am J Hosp Pharm ,Jan 1983, 40 (1) p64-7, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

0229578 83124016

**Review of quality assurance in hospital pharmacy.**

Oakley RS; Bradham DD

Am J Hosp Pharm ,Jan 1983, 40 (1) p53-63, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

0229575 83124009

**Specialized employment by pharmacy residents (1976-1981).**

Cano SB; Godwin HN

Am J Hosp Pharm ,Jan 1983, 40 (1) p116-7, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

0229574 83124008

**Providing investigational drug data through a hospitalwide computer system.**

Schwartz PA; Vogenberg FR

Am J Hosp Pharm ,Jan 1983, 40 (1) p114-5, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

01064

0229573 83124007

**Legal implications of preparing and dispensing approved drugs for unlabeled indications.**

Podell LB

Am J Hosp Pharm ,Jan 1983, 40 (1) p111-3, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The legal issues surrounding the potential liability of a pharmacist for dispensing or preparing drugs under conditions not contained in the FDA-approved labeling of a product are examined. Although the specific issue of liability of a pharmacist for preparing a drug in a nonapproved manner or dispensing a drug for a nonapproved use has not been adjudicated, based on evolving legal principles it appears that the pharmacist under certain circumstances may be held responsible for the drugs so prepared or dispensed. Preparation of a drug which is adulterated under the federal Food, Drug and Cosmetic Act appears to be negligent, although its precise effect will be dependent upon state law. Liability for dispensing for nonapproved uses will be minimized if the pharmacist, in the exercise of sound professional judgment, concludes that the use is rational, safe, and reasonable.

0228238 83107121

**Documentation of drug allergy in CCU patients.**

Baigelman W; Cupples LA; Harding J; Vignoni B

Hosp Pract ,Feb 1983, 18 (2) p90, 94-6, ISSN 0018-5809 Journal Code: GD2

Languages: ENGLISH

0228097 83104774

**Clinical pharmacy services in a pediatric ambulatory care clinic.**

Edwards R; Adams DW

Drug Intell Clin Pharm ,Dec 1982, 16 (12) p939-44, ISSN 0012-6578 Journal Code: EBU

Languages: ENGLISH

The implementation of pharmacy services in an ambulatory pediatric clinic has met with initial success in acceptance by the medical and nursing staffs, the administrator, and the patient population. Errors in medication dispensing and prescription labeling have decreased, and patient understanding of prescribed therapy has improved. The number of ER visits by clinic patients has been reduced since the implementation of our service. The importance of patients' understanding directions for use and of dispensing medications in childproof containers for the pediatric population cannot be overstressed. A future goal of our service is to expand the pharmacist's clinical role to allow further participation in pharmacokinetics, specialty clinics, teaching, and patient education. Further documentation of the value of such services is essential to the expansion of the pharmacist's role in patient care.

0227951 83102248

**Budgeting for pharmaceuticals.**

Patel MS

Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p241-2,

Journal Code: B4X

Languages: ENGLISH

0227927 83102149

**Development and operation of a pharmacy-based intravenous cytotoxic reconstitution service.**

Anderson M; Brassington D; Bolger J

Br Med J [Clin Res] ,Jan 1 1983, 286 (6358) p32-6, Journal Code: B4X

Languages: ENGLISH

An intravenous cytotoxic reconstitution service has proved extremely popular with both medical and nursing staff. Since the pharmacy has taken over the responsibility for presenting these medicines in a readily usable form, many potential hazards to inexperienced medical staff have been eliminated, and much time and money have been saved. The pharmacists are in an excellent position to offer advice on many aspects of cytotoxic treatment and are well equipped to spot prescription errors. They are often asked to supply information concerning rates and methods of administration as well as compatibility data of different diluents with various cytotoxic agents. The eventual objective of the service is to provide reconstituted cytotoxic drugs for all patients in the pharmaceutical district receiving chemotherapy. As it is not practical to have pharmacists available 24 hours a day, some form of batch production of syringe-loaded drugs could be used. In the immediate future the practicality of storing syringe-loaded drugs in a deep freeze (at -20 degrees C) with rapid thawing will be considered.

0227649 83087954

**The future has no room for "pseudopharmacy".**

Barker KN

Med Mark Media ,Nov 1982, 17 (11) p12-3, 16-22, ISSN 0025-7354 Journal Code: MGJ

Languages: ENGLISH

01065



0227597 83082199  
**Purchasing through a wholesaler via a microcomputer.**  
Mok PC  
Hosp Pharm ,Dec 1982, 17 (12) p679. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0227595 83082197  
**Cost, motion, and time studies comparing a new cephalosporin admixture system.**  
Turco SJ  
Hosp Pharm ,Dec 1982, 17 (12) p653-8. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0227594 83082196  
**Recycled unused piggyback admixtures through the use of tamper-proof safety caps.**  
Jennings RH; Schad RF; Kaurich J  
Hosp Pharm ,Dec 1982, 17 (12) p643-5, 652, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

The purpose of the project was to develop and implement a method whereby unused intravenous preparations could be redispensed for a subsequent dose to another patient. Even if the stability and sterility of the solution can be assured, since the admixture has left the controls of the Pharmacy, it cannot be reused because of the possibility that further additions have been made. If the pharmacy could assure that an admixture has not been altered in any way, it could be redispensed. Tamper-Proof Safety Caps have been placed over the additive port of Viaflex minibags after preparation, thereby rendering it impossible for further additions to be made, and therefore these admixtures can be reused for a different patient. The Department of Pharmaceutical Services has begun to recycle admixtures and has experienced an annual cost savings in 1981 of \$64,512. The cost of the program for the protective caps was \$17,810. This cost savings has been accomplished without further additions to the staff.

0227593 83082195  
**Filing system [editorial]**  
Davis NM  
Hosp Pharm ,Dec 1982, 17 (12) p642. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0227238 83097559  
**Strategy to effect change in pharmacy practice.**  
Schondelmeyer SW

Am J Hosp Pharm ,Dec 1982, 39 (12) p2137-42. ISSN 0002-9289  
Journal Code: 310

Languages: ENGLISH

The formulation of a strategy for change in pharmacy practice is described. Pharmacy has focused more on improving efficiency for existing functions than on identifying and adapting to the changing needs of society. The survival of the profession will depend on its ability to meet the present and future needs of society. Structural and procedural aspects of strategy formulation should focus on building a consensus within the profession. Interests of professional leaders, educators, practitioners, and the public should be incorporated into the profession's strategy. A center for strategic planning, supported by national pharmacy organizations, is suggested. Formulation of a strategy for pharmacy should involve: (1) an assessment of health-care needs relevant to pharmacy; (2) comparative evaluations of methods for delivering needed services; (3) integration with other health-care services; (4) organization and management of pharmacy practice; (5) financing considerations; and (6) legislative and regulatory changes. Planned strategic change will provide pharmacy with a mechanism for channeling its future activity in a direction that can effectively and efficiently meet the needs of society.

0227236 83097556  
**Contractual pharmaceutical services in a pediatric psychiatric hospital.**  
Swain GA; Jeffrey LP; Purtell TJ  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2124-5. ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

01066

0227235 83097555

**Computer systems planning, development, and impact assessment.**

Gouveia WA; Nold EG

Am J Hosp Pharm ,Dec 1982, 39 (12) p2117-24. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

In this final installment of a 12-article series on managing computer systems for the hospital pharmacy department, contemporary issues related to the topic of the series are discussed. Assessment of institutional strategy for acquiring systems and determining the departmental direction is reviewed. The far-reaching impact of computerization on personnel staffing and job functions is discussed. The results of a telephone survey of 23 pharmacy computer system vendors that had at least one installation of a unit dose and i.v. admixture system are also presented. Because of the current and future widespread use of computers, pharmacists must acquire knowledge of computer systems.

0227234 83097554

**Hospital pharmacy computer systems--1982.**

Swanson DS; Broekemeier RL; Anderson MW

Am J Hosp Pharm ,Dec 1982, 39 (12) p2109-17. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Results of a survey of hospital pharmacy computer systems vendors are reported. A questionnaire was mailed to 317 possible vendors of hospital pharmacy computer systems in August 1982. Of the 89 companies responding, 30 stated that they marketed a hospital pharmacy system. The results are tabulated in this paper according to general system information, system hardware, system software, and system features. The most common classification of the responding companies was the health-system corporation; second most common was pharmacy computer system companies. Twenty companies have marketed their systems for two years or longer. Sixteen companies now claim to have contracts with more than 20 health-care institutions. The survey results are offered as a guide for comparing the similarities and differences among various vendors of hospital pharmacy computer systems.

0227232 83097552

**Contractual relationships between colleges of pharmacy and university hospitals.**

Gourley DR; Fine DJ

Am J Hosp Pharm ,Dec 1982, 39 (12) p2102-4. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The relationships that exist between colleges of pharmacy and university hospitals located in academic medical centers were investigated, and the types of pharmaceutical services that are being offered by these institutions were profiled. Questionnaires were mailed to 35 directors of pharmaceutical

services located in academic medical centers. Of the 30 institutions represented by respondents, 27 had a college of pharmacy on the same campus, and 13 had a formal agreement between the hospital and the college. Ninety-seven percent of the hospitals surveyed had unit-dose or partial unit-dose programs, and all of the hospitals had i.v. admixture services. Nine of the 13 hospitals with formal agreements and 13 of the 17 hospitals without formal agreements had decentralized pharmaceutical services. The staffing patterns in these institutions showed that only 10.3% of the pharmacist FTE positions were funded by the college of pharmacy. There was no difference in trends as related to faculty appointment, title, or tenure between directors in hospitals with and without affiliation agreements. Seven of the directors of pharmacy were in tenure-track positions, and the director's reporting mechanism in the college was either to the dean or the chairman of pharmacy practice. No differences were found between the pharmaceutical services offered, staffing patterns, or status of the director of pharmacy in hospitals with or without formal agreements with colleges of pharmacy. These authors believe that a firm relationship between the college and hospital might prove advantageous to both parties.

01067

0227231 83097551

**Pharmacist activities under alternative staffing arrangements.**

Dostal MM; Daniels CE; Roberts MJ; Giese RM  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2098-101, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The proportions of time pharmacists spent in professional and nonprofessional activities is compared under alternative staffing arrangements. Daily activities were observed in three pharmacy satellites each serving approximately 100 beds of a 730-bed hospital. Ten pharmacy administrators and residents recorded more than 8000 observations over a 14-day period, 24 hours per day. In each observation, basic functions were noted; these were chosen from a list compiled to include all pharmacy activities. A specific staffing pattern was identified in each observation. The observations were then categorized as professional or nonprofessional activities as predefined by the majority of the pharmacy staff. As staffing patterns varied, significant differences occurred in the ratio of professional to nonprofessional activities. The greatest percentage of professional activity was observed when one pharmacist worked with more than one technician; where the staffing pattern contained more pharmacists than technicians, a smaller percentage of the pharmacists' time was used in professional activity. Overall, pharmacists were engaged in activities considered professional in 52% of the observations. Assuming that the most efficient use of pharmacy personnel involves a high ratio of professional to nonprofessional activity in the pharmacists' workload, the optimum staffing arrangement would include at least the same number of technicians as pharmacists. Factors other than staff mix affect efficient management of pharmacists' professional time.

0227205 83097324

**A manager's guide to hospital pharmacy systems.**

Siecker BR  
Am Pharm ,Dec 1982, 22 (12) p46-8, ISSN 0160-3450  
Journal Code: 3BX  
Languages: ENGLISH

0226811 83091682

**Job characteristics, job satisfaction, motivation and the role of context variables: a study of hospital pharmacists.**

Hunt M; Head TC; Sorensen PF Jr  
Psychol Rep ,Oct 1982, 51 (2) p394, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0225295 83074282

**Society of Hospital Pharmacists of Australia: planning for a hospital pharmacy.**

Aust Hosp ,Jan-Feb 1982, (60) p8, ISSN 0147-0147  
Journal Code: 9GD  
Languages: ENGLISH

0225175 83068561

**Quality assurance in daily problem solving.**

Crane VS  
Tex Hosp ,Aug 1982, 38 (3) p7, ISSN 0040-4357 Journal  
Code: WAL  
Languages: ENGLISH

0225160 83068546

**Daily problem solving with quality assurance.**

Crane VS  
Tex Hosp ,Jul 1982, 38 (2) p38, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225153 83068539

**Contract hospital pharmacy services: the prescription for your needs?**

Harelik JH  
Tex Hosp ,Apr 1982, 37 (11) p44-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0225135 83068317

**The outside consultant--friend or foe?**

Dickerhofs B  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p78-81, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225134 83068316

**The need for a pharmacy consultant.**

Behr KM  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p74-8, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

01068

0225132 83068314  
**Quality assurance: antidote for pseudopharmacy.**  
Lamnin M; Curtiss FR  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p69-74, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225130 83068312  
**Marketing management concepts for contemporary pharmacy practice.**  
Kubica AJ  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p55-65, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225128 83068310  
**A method for comparing hospital pharmacy staffing patterns.**  
Strandberg LR; Smith MC; Sanger JM  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p27-39, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225127 83068309  
**Work sampling in contemporary pharmacy practice: a multidimensional approach.**  
Hadsall RS; Gourley DR; Haggerty JA; Anderson RJ; Yih P;  
Windle MJ; Dhri L  
Top Hosp Pharm Manage ,Nov 1982, 2 (3) p15-26, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0225081 83064791  
**How our hospital pharmacy maintains control of controlled substances.**  
La Massa PA; Cohen KR; Ruditsky S  
Pharm Times ,Sep 1982, 48 (9) p102-7, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0224956 83056396  
**Improved nutrition support services that are patient-oriented and revenue-generating.**  
Klotz R; Smith AE  
Hosp Pharm ,Nov 1982, 17 (11) p623, 627, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0224955 83056395  
**Cost-containment programs: an approach through education.**  
Schiavone JD  
Hosp Pharm ,Nov 1982, 17 (11) p622-3, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0224953 83056393  
**Blood products used in the treatment of hemophilia.**  
Krasnoff AR; Mangione RA  
Hosp Pharm ,Nov 1982, 17 (11) p598-9, 602-4, ISSN  
0018-5787 Journal Code: G98  
Languages: ENGLISH

The treatment of the hemophilias is a great challenge to all clinicians involved in the care of hemophiliacs. The proper use of blood products, such as whole blood, plasma, fresh frozen plasma, cryoprecipitated factor VIII, commercial factor VIII concentrate, prothrombin complex concentrate, and anti-inhibitor coagulant complex, has a significant effect on the quality of care that these patients receive. Manufacturers now have the ability to commercially prepare some of these products as dry powders requiring reconstitution prior to use. This capability has enabled the department of pharmacy to store, and the pharmacist to dispense, such products as commercial factor VIII concentrate, prothrombin complex concentrate, and anti-inhibitor coagulant complex when needed. Consequently, the practicing pharmacist should possess a basic understanding of how and when the different blood products are used in the treatment of hemophilia. A review of these blood products is presented.

0224806 83055185  
**Methods developed to determine serum levels of antibiotics.**  
Hosp Infect Control ,Jul 1982, 9 (7) p97-9, ISSN  
0098-180X Journal Code: GDN  
Languages: ENGLISH

01069

0224688 83052483

**Pharmacist involvement in a diabetic education centre.**

Kanitz J; Birken B; Ward V  
Can J Hosp Pharm ,Jul-Aug 1982, 35 (4) p114-5, ISSN  
0008-4123 Journal Code: D2K

Languages: ENGLISH

During the past two years, a multi-discipline health team has been meeting with selected diabetic "problem" patients on a regular basis at the North York General Hospital (NYGH). The patients are referred to the programme by their physicians when they appear to be having difficulty handling or coping with their diabetes. The participants in the programme attend the Diabetic Education Centre (DEC) for one week as day patients in the hospital and are exposed to various types of counselling from members of the Diabetic Education Centre Team (DECT), one of which is the pharmacist. Follow-up from this week of intensive education is made at annual intervals. The main purpose of the pharmacist in the clinic is to provide information for the patients regarding their prescriptions and over the counter (OTC) medication. This is achieved by means of individual patient interviews and informal group discussions, as well as rounds with other team members and contact with patients' families. This programme provides a forum for the patient and the patient's family to obtain valid information about diabetes, as well as problems associated with the disease, and aids in coping with these problems. The team concept enables the patient to be analyzed by all disciplines in order to assess his teaching needs and fulfill them. The pharmacist is continually involved in this information system and plays a valuable role on the team.

0224505 83072237

**Physicians' opinions of expanded clinical pharmacy services.**

Ritchey FJ; Raney MR; Keith TD  
Am J Public Health ,Jan 1983, 73 (1) p96-101, ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

0224450 83071851

**Changing the rules of the reimbursement game.**

Curtiss FR  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1975-7, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Recently enacted federal and state legislation reflect a gradual transition from cost-based reimbursement to rate-based reimbursement for hospital services; the implications of this trend for hospital pharmacists are discussed. Under "The Tax Equity and Fiscal Responsibility Act of 1982," Medicare hospital reimbursement is limited based on total hospital costs, effective for the 1983 fiscal reporting period. In addition, a target limit of costs for each hospital will be computed and hospitals will have positive and negative incentives to keep costs below this amount. These

reimbursement changes calculate limits on the basis of costs per case, not costs incurred. These changes increasingly require hospitals to share in the risk of expenditures attributed to use of services. For hospital pharmacists, this means that the focus is changing from maximizing revenue from drug products to controlling unnecessary use and reducing departmental expense. Clinical pharmacy services will survive only if they are shown to be cost effective. Hospital pharmacists cannot afford to ignore the changing patterns of reimbursement; the consequences of unpreparedness and inaction may be decreased budgets and the relegation of hospital pharmacy practice to assembly-line economics.

0224448 83071847

**Pharmacy-based adverse drug reaction surveillance program.**

Powell SH; Schwartz PA; Rayment CM; Marx CM  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1963-4, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

0224447 83071816

**System maintenance, problems, and enhancements.**

Moore TD; Ruhl NB  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1957-63, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The procedures required for software and hardware maintenance of a pharmacy computer system, and methods of dealing with operational and administrative problems of such systems, are described. Maintenance of software and hardware purchased from a vendor is usually provided by the vendor under contract. Repair maintenance is required for programs that do not run, produce incorrect results, or run too slowly. Update and revision maintenance is required when user requirements exceed the limits and design of the original program. Typical problems encountered with computer systems include slow computer response time, performance of maintenance personnel, turnover in user personnel, legal liabilities and restrictions, reliability of hardware and software, downtime, security, and changing configuration of equipment. Successful management of predictable and unpredictable problems with computer systems is accomplished through systematic review of the potential problem area and prospective planning.

01070

022444 83071843

**Qualifications required in advertisements for hospital pharmacy management positions.**

Shepherd MD; Pink LA  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1940-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Advertisements for pharmacy management positions were analyzed to determine the extent to which advanced degrees or experience were required. Advertisements were collected from three professional journals for 1971-1981 for the following positions: director and assistant director of pharmacy services, director and assistant director of clinical services, director and assistant director of drug information, and clinical coordinator. The following information was obtained from each advertisement: position title, educational degree required or preferred, number of beds in institution, type of ownership of institution, residency required or preferred, and experience required or preferred. Of 224 advertisements analyzed, 124 were for directors of pharmacy, 59 for assistant directors of pharmacy, and 41 for clinical management positions. No degree was required or preferred in 85 of the advertisements. A degree qualification was specified for all the clinical management positions; 37 out of 41 required a Pharm.D. or advanced degree. Advertisements for directors and assistant directors requiring an advanced degree were evenly divided between Pharm.D. and M.S. degrees. Since 1979, the number of advertisements not specifying a degree appears to have decreased and the number specifying M.S. or Pharm.D. to have increased. Managerial experience was mentioned in 51 of 183 advertisements for directors and assistant directors. For clinical management positions, only 6 specified managerial experience and 22 required clinical experience. Many employers specified residencies as qualifications. Advanced degrees are increasingly in demand for management positions. Advancement opportunities in the future may not be as promising as in the past for pharmacists who hold only B.S. degrees.

0224442 83071841

**Trends in radiopharmaceutical dispensing in a regional nuclear pharmacy.**

Basmadjian GP; Johnston J; Barker K; Ice RD  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1933-6, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Dispensing trends for radiopharmaceuticals at a regional nuclear pharmacy over a 51-month period were studied. dispensing records of a regional nuclear pharmacy were analyzed with a forecasting procedure that uses univariate time data to produce time trends and autoregressive models. The overall number of prescriptions increased from 3500 to 5500 per quarter. Radiopharmaceuticals used in nuclear cardiology studies increased from less than 0.1% to 17.5% of total prescriptions dispensed, while radiopharmaceuticals used for brain imaging showed a steady decline from 29% to 11% of

total prescriptions dispensed. The demand for other radiopharmaceuticals increased in areas such as renal studies, bone studies, lung studies, liver-function studies, and Ga-67 tumor-uptake studies, and declined slightly for static liver studies. Changes in dispensing trends for radiopharmaceuticals will continue as the practice of nuclear medicine concentrates more on functional studies and as newer imaging techniques become used for other purposes.

0224440 83071837

**Accuracy and efficiency of three methods of preparing piggyback admixtures.**

Fraterrigo CC; Jorgenson JA  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1920-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The efficiency and accuracy of three methods of preparing i.v. admixtures in small-volume plastic bags were compared. One hundred individual 1-g doses of cephalothin sodium in 50-ml minibags were prepared by each of three methods: the PharmAide Fluid Dispensing System (PAFDS), the Valleylab IV Formulator, and the Viavac vacuum unit, using 20-g, 20-g, and 1-g vials of cephalothin sodium, respectively. For each method, preparation time and cost were recorded. To determine accuracy, a random 10% sample of minibags prepared by each method was assayed for cephalothin concentration by microbiologic assay. The IV Formulator required the least time to prepare 100 doses, followed by the PAFDS and the vacuum unit. Cost data for the three methods were nearly identical, with a difference of only \$0.07 per dose between the least and most expensive. The minibags prepared using the vacuum pump and unit-of-use vials were more accurate than those prepared with 20-g vials and the other two methods. However, the initial concentration of the cephalothin sodium vials before transferring to the minibags was not tested. Each method studied was found to have advantages and disadvantages. No one system could be judged best for all situations.

01071

0224439 83071836

**Factors affecting medication-order processing time.**

Beaman MA; Kotzan JA

Am J Hosp Pharm .Nov 1982, 39 (11) p1916-9, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The factors affecting medication-order processing time at one hospital were studied. The order processing time was determined by directly observing the time to process randomly selected new drug orders on all three work shifts during two one-week periods. An order could list more than one drug for an individual patient. The observer recorded the nature, location, and cost of the drugs ordered, as well as the time to process the order. The time and type of interruptions also were noted. The time to process a drug order was classified as six dependent variables: (1) total time, (2) work time, (3) check time, (4) waiting time I--time from arrival on the dumbwaiter until work was initiated, (5) waiting time II--time between completion of the work and initiation of checking, and (6) waiting time III--time after the check was completed until the order left on the dumbwaiter. The significant predictors of each of the six dependent variables were determined using stepwise multiple regression. The total time to process a prescription order was 58.33 +/- 48.72 minutes; the urgency status of the order was the only significant determinant of total time. Urgency status also significantly predicted the three waiting-time variables. Interruptions and the number of drugs on the order were significant determinants of work time and check time. Each telephone interruption increased the work time by 1.72 minutes. While the results of this study cannot be generalized to other institutions, pharmacy managers can use the method of determining factors that affect medication-order processing time to identify problem areas in their institutions.

0224438 83071835

**Regional disaster planning for hospital pharmacies.**

Bragdon RL; Gousse GC; Piwarzyk P; Szewczyk T

Am J Hosp Pharm .Nov 1982, 39 (11) p1913-5, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The development of a disaster plan for hospital pharmacy services in Hartford, CT, is described. In June 1978, directors of pharmacy from 12 hospitals in the Hartford, CT, area began a project designed to ensure an uninterrupted supply of drugs and an adequate supply of pharmacy personnel during and after any natural disaster. The project initially involved standardization of components of the individual hospital pharmacies' disaster plans. A questionnaire was then completed by each director of pharmacy regarding hours of operation, telephone numbers, and pharmaceutical products usually stocked (including blood derivatives, radiologic-contrast media, and intravenous solutions). Information on inventory levels was collected later. Pharmaceutical manufacturers and wholesalers in the region were contracted, and a list of routine and emergency telephone numbers was

compiled. The disaster plan was completed in July 1979. The plan has been tested in a mock catastrophe drill and one natural disaster that caused relatively few injuries.

0224437 83071834

**Establishing a research fund in a hospital pharmacy department.**

Gumpert NF

Am J Hosp Pharm .Nov 1982, 39 (11) p1910-2, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Development of a fund to support research in the pharmacy department of a community hospital is described. Finding research money difficult to obtain from industry or government sources, members of the pharmacy staff created a research fund from their own resources. Staff members donated time spent preparing and presenting educational programs such as seminars and workshops, and profits from these programs were designated for research. In addition, the hospital allowed direct contributions to the fund through payroll deductions. A board comprising pharmacists, physicians, and the hospital's legal counsel was formed to request, receive, and review grant proposals and to award funds. Objectives of the research fund were to facilitate staff development and recognition; improve communication and managerial skills of those planning the program, administering it, and conducting the actual research; and enhance recruitment efforts. More than \$21,000 has been raised, and the first project, a microcomputer-based pharmacokinetic dosing program, has been completed.

01072

0224435 83071831

**Documented effectiveness of clinical pharmacy services.**

Gibson FM; Hyneck ML; Scherrer JJ

Am J Hosp Pharm ,Nov 1982, 39 (11) p1902-3, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

Articles documenting the effectiveness of clinical pharmacy services were reviewed and categorized. A list of articles describing clinical pharmacy services published in the primary pharmacy literature or presented at ASHP Midyear Clinical Meetings was prepared. Selected articles were evaluated further for documented evidence of the impact of these services on patient care. Impact was defined as any one of the following outcomes: decreased morbidity (side effects, toxicity, or adverse drug reactions), decreased mortality, improved prescribing or monitoring practices, improved therapeutic outcome, and increased compliance. Ongoing clinical pharmacy services were described in 144 meeting abstracts and 117 published papers. Of the 33 papers suitable for further review, 16 provided documentation of probable or definite impact on patient care as a result of clinical pharmacy services. Three types of clinical services were provided: patient education and counseling, pharmacokinetic monitoring, and clinical drug monitoring and information. Nine studies involved ambulatory patients; eight of these involved adult patients, while one used pediatric patients. Seven of the nine studies demonstrated increased compliance through patient education and counseling. Seven studies involved adult hospitalized patients. More well-designed studies documenting the effects of clinical pharmacy services on patient outcome are needed.

0224430 83071820

**Role of the director of pharmacy: the first four months.**

Nold EG

Am J Hosp Pharm ,Oct 1982, 39 (10) p1702-6, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

Specific goals and tasks that should be addressed during a pharmacy director's first four months of employment are reviewed. Individuals must prepare themselves for the director's role, find the right job, and negotiate an acceptable benefits package. During the first two months as director of pharmacy, an individual should primarily work on gathering facts and assessing the department's operations without making many changes. Interrelationships within the hospital should be studied, and many pharmacy and hospital documents should be reviewed so that the director has an understanding of past history. The director should interview all employees of the department and work as a staff pharmacist for one to two days in each area. During the third and fourth months, the new director will need to determine the extent of authority, develop working relationships with key individuals, assess the pharmacy-management team, develop a data-collection system, learn the processes for making changes, and consolidate authority. A major document, containing a

departmental-operations analysis, statement of philosophy, goals, and approach to goal completion, should be the culmination of the four months. The director of pharmacy must meld professional, administrative, and financial activities; the final determinant of success will be the director's ability to implement and follow through with proposed changes.

0224429 83071819

**Managing the implementation of a pharmacy computer system.**

Mildenberger J; Gouveia WA

Am J Hosp Pharm ,Oct 1982, 39 (10) p1692-701, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The process of managing the implementation of a pharmacy computer system is described. The three major phases of an implementation plan are (1) orientation and testing, (2) training of personnel, and (3) operation and expansion. Testing procedures described include those for entering new medication orders, profile maintenance, printouts for unit dose cart dispensing, label and report generation, i.v. system orders, back-up system, special edit features, charge generation, and admission, discharge, and transfer status. Personnel training components described are orientation, formal and practical sessions, program development, and training manual development. Implementation programs described include parallel operations of manual and computer systems, limited independent operation, and expansion. Successful implementation of a pharmacy computer system depends on careful planning and coordination.

01073



0224428 83071818

**Word-processing system in a centralized intravenous admixture program.**

Kirschenbaum BE

Am J Hosp Pharm ,Oct 1982, 39 (10) p1690-2, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The application of a word-processing system to a centralized i.v. admixture service is described. The pharmacy department of a 560-bed private hospital developed its admixture service with a limited increase in staff and without compromising its clinical services by using a commercially available word-processing system. The system allows the user to type, edit, store, and print patient profiles and labels for total parenteral nutrition solutions, i.v. piggyback medications, and large-volume parenterals. The data for the admixture service are stored in three diskettes--one for piggybacks, one for TPNs, and one for other applications. Operational details regarding all applications are described. The word-processing system provides a relatively inexpensive method of coping with the large amount of data manipulation and label preparation inherent in a sophisticated i.v. admixture program.

00517

0224423 83071811

**Planning for a JCAH survey.**

Crane VS; Louviere ML

Am J Hosp Pharm ,Oct 1982, 39 (10) p1665-71, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A pharmacy department's planning and preparation for a JCAH survey are described, and advice on meeting JCAH standards is presented. Problems resulting from expansion of pharmacy programs and staff at the hospital were analyzed, and a plan was developed to correct inconsistent procedures and inadequate documentation. JCAH source materials were studied to gain understanding of the standards and their application in this institution. A manager was appointed to carry out the plan, and the pharmacy staff was directly involved in planning for the survey. Priorities for corrective action were set on the basis of previous recommendations, current JCAH emphasis, and effect of the problem on patient care. Checklists were used to evaluate progress toward correcting deficiencies. Documentation of pharmacy operations was organized and summarized for presentation to the surveyor. A mock survey was conducted to assess preparation of the staff and physical aspects of the pharmacy. The pharmacy's goal was to meet all JCAH standards. The systematic preparation, the quality assurance procedures, and the training of the staff provided a basis for achieving this goal and maintaining high standards of operation.

0224422 83071810

**Obtaining reimbursement for clinical pharmacokinetic monitoring.**

Kelly WN; Gibson GA; Miller DE

Am J Hosp Pharm ,Oct 1982, 39 (10) p1662-5, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A method of obtaining reimbursement for clinical pharmacokinetic monitoring is described. The process included reviewing the existing literature, observing the practices of others providing similar services, collecting workload and expense data, selecting an equitable fee, and presenting third party payers with evidence of the service's need, documentation, and effectiveness. The average patient was monitored by the pharmacokinetic service for 8.4 days and had 5.1 serum samples drawn. The physician received 3.1 dosing recommendations. An average of 4.3 hours was spent monitoring each patient with an average cost of \$86. Of the several alternatives for charging considered, an inclusive charge of \$10 per patient day was chosen. Blue Cross reimbursement criteria for pharmacokinetic monitoring stipulated that (1) the service must be physician initiated; (2) documentation of services provided must appear as a permanent part of the patient's record; (3) service provided must be identified with a specific group of patients rather than applied equally to all patients in the institution; and (4) evidence of reduced morbidity, mortality, or length of hospital stay would help. During 1981, \$37,470 in charges was generated for pharmacokinetic monitoring services with reimbursement being received from third party programs, insurance companies, and private patients.

0223128 83057781

**The dietitian--a leftover role? [editorial]**

Smith AE

J Am Diet Assoc ,Dec 1982, 81 (6) p659-60, ISSN 0002-8223 Journal Code: H6F

Languages: ENGLISH

0222969 83055691

**CDC's guidelines on infection control; more guidelines.**

Crow S

Infect Control Urol Care ,1982, 7 (1) p27-42, Journal Code: GN4

Languages: ENGLISH

01074

0222255 83039019

**Why & how we constantly update our system for controlled substances.**

Shifrin DI  
Pharm Times ,Aug 1982, 48 (8) p88-90. ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0222171 83030435

**Evaluation of computer-assisted self-instructional module for pharmacy continuing education.**

Jim LK; Filibeck DJ; Gee JP; O'Bey KA; Fox JL  
Hosp Pharm ,Oct 1982, 17 (10) p551, 555-8. ISSN  
0018-5787 Journal Code: G98  
Languages: ENGLISH

A computer-assisted self-instructional module was developed as a method of providing continuing education to pharmacists. A prospective, nonrandomized study was conducted to investigate the effectiveness of computer-assisted instruction (CAI). Using an Apple II microcomputer and anticoagulant therapy as the content base, a series of ten case studies was written and programmed. Twenty-two staff pharmacists from a university hospital and a community hospital participated. Participants were first given a pretest, proceeded through the CAI, took the same test as a posttest, then two weeks later, took a different posttest to measure knowledge retention. The mean test scores before and immediately after the CAI were 55.8% and 80.4%. The mean test score for the two-week posttest was 74%. The mean difference was found to be highly significant for both the pretest and immediate posttest (P less than 0.0001) and the pretest and two-week posttest (P less than 0.001). The study suggested that the use of a CAI module was effective in improving, as well as maintaining, pharmacists' knowledge and that a significant portion of knowledge gained was retained after a period of two weeks. Pharmacists' evaluations of this method of continuing education were generally favorable.

0222170 83030434

**A comprehensive program to increase job satisfaction among pharmacy technicians.**

Mahoney CD; Gallina JN; Jeffrey LP  
Hosp Pharm ,Oct 1982, 17 (10) p547-50. ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

A multifaceted personnel management and continuing education program specifically designed to provide job satisfaction for the pharmacy technician is described. Turnover among technicians is often higher than for other personnel categories. One interpretation of a high turnover rate is that it is a direct indication of job dissatisfaction and disillusionment on the part of technicians towards their career potential. Several approaches were initiated at the Rhode Island Hospital to increase job satisfaction among

pharmacy technicians and to assist the pharmacy department in stabilizing this category to reflect a more satisfactory turnover rate. These were: (1) initiating a comprehensive continuing education program; (2) establishing a "career ladder" by developing an advanced level of pharmacy technicians; (3) incorporating technicians in a concept of participative management within the department; (4) increasing job responsibilities as new programs are developed; (5) rotating assignments and responsibilities to foster flexibility and interest. The programs enumerated have made a significant contribution toward increasing the stability and job satisfaction of the technician category. The success of the measures described is reflected in the average tenure of an individual in the technician category, which is 41.9 months.

0222116 83029250

**Automated pharmacy systems: avoiding the pitfalls.**

Morrill TS  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p79-85. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222087 83029197

**The quality control of medical gases.**

Anderson DJ  
Hosp Eng ,Oct 1982, 36 (8) p16, 18-9. ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0221978 83025410

**Is there life after work? How to survive and thrive with stress.**

Sippel MO  
Curr Concepts Hosp Pharm Manage ,Winter 1982, 4 (4)  
p18-21. ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0221977 83025409

**Harnessing stress in the hospital pharmacy.**

Schafer W  
Curr Concepts Hosp Pharm Manage ,Winter 1982, 4 (4)  
p10-1, 16-7. ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

01075

0221729 83045700

**Pharmacists as a liability-reducing factor.**

Fink JL 3d

Am J Hosp Pharm .Sep 1982. 39 (9) p1544-6. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The potential for clinical pharmacy services to reduce the liability of institutions and the personnel who practice in them is presented. Several studies are reviewed that identify the characteristics of patients who are at a high risk of developing complications. Based on these data and data gathered on drug-related malpractice claims, pharmacists can concentrate their efforts on those patients who have the greatest liability implications to the institution. Pharmacists' efforts to reduce the liability of their institutions can also provide a justification for their clinical services.

0221724 83045694

**Preprinted order sheet to enhance antibiotic prescribing and surveillance.**

Kowalsky SF; Echols RM; Peck F Jr

Am J Hosp Pharm .Sep 1982. 39 (9) p1528-9. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

0221723 83045693

**Salaries and benefits received by pharmacy residents.**

Jeffrey LP; Mahoney CD

Am J Hosp Pharm .Sep 1982. 39 (9) p1527-8. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

0221722 83045692

**Simplified method of calculating and recording the use of tax-free alcohol.**

Kaul AF; Vogenberg FR; Harsfield JC

Am J Hosp Pharm .Sep 1982. 39 (9) p1525-6. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

0221721 83045691

**Preparing to implement.**

Thielke TS

Am J Hosp Pharm .Sep 1982. 39 (9) p1521-4. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The steps involved in preparing to implement a pharmacy computer system are described. Although the order in which the various steps have to be completed varies according to the

hospital specifics, important elements of the preparation process include preparation of the site, organization of personnel, development of policies and procedures, developing and ordering forms, preparation of the implementation schedule, file development, and preparation of other departments. A well-designed plan and a realistic time schedule for the preparation process facilitates the actual implementation of a pharmacy computer system.

0221720 83045690

**Cost justifying a pharmacy residency program.**

Schneider PJ; Boman DM; Bourret JA; Ngu BQ; Ouellette SM; Smeek DM

Am J Hosp Pharm .Sep 1982. 39 (9) p1517-20. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Cost justification of a pharmacy residency training program was prepared. The contributions of the pharmacy residents were tabulated and compared with the cost of the program to the hospital. Contributions were determined by identifying the activities performed by residents that could be quantified in financial terms. The residents' activities that benefited the hospital included administrative support, completion of special projects, scheduling staff assignments, and coordinating education programs. Costs were derived from salaries, fringe benefits, and training expense. An output value analysis was performed by comparing the contributions of the residents to the institution with the cost of the training program. The contributions of the residents exceeded the costs of the training program by a ratio of 1.3 to 1.

01076

0221718 83045688

**Obstetric drug information service.**

Arulappu RG; Taylor DJ

Am J Hosp Pharm .Sep 1982. 39 (9) p1511-4. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

An obstetric drug information service in a 435-bed general hospital in Australia is described. The specialized service was established within a general drug information center after receiving a large percentage of calls on the use of drugs during pregnancy and lactation. The service decided to specialize in information on: (1) drugs excreted in breast milk, (2) drug effects on the fetus, (3) drug effects on the pregnant mother, and (4) drugs affecting sperm. An obstetrician is associated with the service to provide clinical judgments, assessments, and his expertise in the field. Monographs were prepared on 97 commonly prescribed drugs. The service provides oral replies and written replies that are checked by the director and deputy director of pharmaceutical services for their accuracy. Of the 1445 inquiries received during an 18-month period, 60% (863) were related to the use of drugs during pregnancy and lactation. The most frequent users of the service were physicians. Specific topics of the calls included inquiries on antibiotics (154 calls), psychotropic drugs (108), and analgesic and cold preparations (58). The center provided written replies for 51% of the calls. The specialized drug information center has received an increasing number of inquiries and positive feedback from its users.

0221717 83045686

**Applications of a minicomputer to clinical pharmacy services.**

Alberti JC; Walters JK Jr; Nightingale CH

Am J Hosp Pharm .Sep 1982. 39 (9) p1505-7. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The application of a minicomputer system to clinical services and administrative record keeping is described. All applications were designed and implemented by pharmacists. Programs were created to increase the efficiency of collecting workload statistics for clinical services and to perform pharmacokinetic analyses of patient-specific data. The time required to generate quarterly workload reports decreased from 15-18 hours to 20-30 minutes. The use of the minicomputer also permitted a substantial expansion in the scope of the information collected and reported. The pharmacokinetic programs required approximately two minutes to calculate patient-specific peak and trough concentrations. The minicomputer system has increased the pharmacy department's administrative efficiency and encouraged staff pharmacist involvement in clinical services.

0221716 83045685

**Changing an automated drug inventory control system to a data base design.**

Bradish RA

Am J Hosp Pharm .Sep 1982. 39 (9) p1502-5. ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

A pharmacy department's change from indexed sequential access files to a data base management system (DBMS) for purposes of automated inventory control is described. The DBMS has three main functional areas: (1) inventory ordering and accountability, (2) charging of interdepartmental and intradepartmental orders, and (3) data manipulation with report design for management control. There are seven files directly related to the inventory ordering and accountability area. Each record can be accessed directly or through another file. Information on the quantity of a drug on hand, drug(s) supplied by a specific vendor, status of a purchase order, or calculation of an estimated order quantity can be retrieved quickly. In the drug master file, two records contain a reorder point and safety-stock level that are determined by searching the entries in the order history file and vendor master file. The intradepartmental and interdepartmental orders section contains five files assigned to record and store information on drug distribution. All items removed from the stockroom and distributed are recorded, and reports can be generated for itemized bills, total cost by area, and as formatted files for the accounts payable department. The design, development, and implementation of the DBMS took approximately a year using a part-time pharmacist and minimal outside help, while the previous system required constant expensive help of a programmer/analyst. The DBMS has given the pharmacy department a flexible inventory management system with increased drug control, decreased operating expenses, increased use of department personnel, and the ability to develop and enhance other systems.

01077

0221714 83045681

**Hospital pharmacy practice in the People's Republic of China.**

Liu Gu

Am J Hosp Pharm ,Sep 1982, 39 (9) p1487-90, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The practice of hospital pharmacy in the People's Republic of China is described. Since 1949, health care in China has improved. The number of hospitals has increased. While medicines previously were scarce, China now produces approximately 95% of the drugs it needs. China has a long history of traditional medicine; although there are attempts to integrate the concepts of traditional and Western medicine, the practices are still segregated. All hospital pharmacies in China have the responsibilities to guarantee the safe and effective use of drugs within the hospital and to do research.

Even though Chinese factories manufacture many pharmaceutical products, the hospital pharmacy must manufacture many more. Hospitals have established Agreed Prescription programs, whereby drugs are manufactured in large batches, repackaged, and distributed to other hospital pharmacies in the area if needed. Quality is assessed chemically and by modern techniques when equipment is available. Most large hospitals now have automated facilities to manufacture sterile solutions. Each hospital has a medical supply committee that supervises the procurement of medical supplies and the reasonable use of drugs. A government resolution mandates that every hospital pharmacy do research. A primary focus of their research is the integration of traditional and Western medicine. Concepts of traditional and Western medicine are taught in separate pharmacy schools. Most pharmacy undergraduate programs are four years, but some schools recently changed to five years. Future challenges for hospital pharmacists in China are to develop the theoretical and technological knowledge of pharmacy, and to expand the scientific and technical information system that is necessary to do research.

0221663 83045402

**Hospital pharmacy in transition. An interview with ASHP's Joseph A. Oddis.**

Oddis JA

Am Pharm ,Sep 1982, 22 (9) p22-5, ISSN 0160-3450 Journal Code: 3BX

Languages: ENGLISH

0221344 83040673

**A pharmacist's audit of antirheumatic drugs.**

Takavarasha L; Scott DL; Constable TJ

Rheumatol Rehabil ,Nov 1982, 21 (4) p201-5, ISSN 0300-3396 Journal Code: TD9

Languages: ENGLISH

The results of an audit, by a hospital pharmacist, of

antirheumatic drug use at four rheumatology units are presented. Profiles can be developed for each drug which indicate their efficacy and the adverse reaction rate in clinical practice. These can be used to make rational therapeutic choices. A pharmacist can effectively collate such data to provide an unbiased information source.

0220926 83037706

**Nurses and pharmacists: a study of consultation patterns on patient units.**

Roth CP

Nurs Health Care ,Oct 1982, 3 (8) p438-42, ISSN 0276-5284 Journal Code: N77

Languages: ENGLISH

0219867 83024790

**Exposure of pharmacy personnel to mutagenic antineoplastic drugs.**

Nguyen TV; Theiss JC; Matney TS

Cancer Res ,Nov 1982, 42 (11) p4792-6, ISSN 0008-5472 Journal Code: CNF

Contract/Grant No.: S07RR05828

Languages: ENGLISH

The Salmonella reversion test was used to measure the mutagenic activities of urine concentrates from individuals preparing cancer chemotherapy agents for i.v. administration. Longitudinal studies were performed in which the total urine produced in 24-hr periods was collected, starting on a Sunday at 7 p.m. after a duty-free weekend and extending over an 8-day period. There was no detectable increase in mutagenic activity in the urine concentrates of three pharmacy administrators who had no contact with these drugs. All six individuals admixing drugs in open-faced, horizontal laminar flow hoods displayed a 2-fold increase in mutagenesis by the fourth day with peak values of 2.7- to 24-fold occurring on Days 5 and 6, reduced values by Day 7, and a return to the spontaneous level by Day 8. When four of the six positive individuals in the preceding experiment admixed comparable amounts of chemotherapeutic drugs in a closed-face, vertical laminar flow hood, no increase in mutagenic activity was detected in their urine concentrates over the 8-day period.

01078

0219607 83002984

**Legal aspects of clinical pharmacy practice.**

Clark JE; Nwangwu PU

Contemp Pharm Pract ,Summer 1982, 5 (3) p198-203, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

Recent trends in pharmacy have emphasized the concept of a more clinical professional role and a new level of skilled practice for pharmacists. These new roles and responsibilities create a number of legal questions concerning the clinical activities pharmacists can legally perform, and the liabilities pharmacists must bear in the performance or negligence of these duties. The law is not completely clear on all aspects of clinical pharmacy practice. This paper explores the legal basis of certain specific functions performed by pharmacists, and the inherent liabilities involved in the performance of these functions.

0219604 83002881

**A drug self-administration program: a behavioral approach to patient education.**

Beardsley RS; Johnson CA; Kabat HF

Contemp Pharm Pract ,Summer 1982, 5 (3) p156-60, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

This study is an evaluation of an in-hospital patient education and drug self-administration program. The main goal of this patient education strategy was to increase appropriate drug use by patients after they were discharged from the hospital. Patients first learned about their medications from hospital staff, including pharmacists, and then gradually assumed the responsibility for self-administration of their drugs. Patients practices taking their medication while hospital staff monitored their actions, correcting inappropriate use and reinforcing correct use. Results showed that the program significantly increased both levels of drug knowledge and patient compliance when compared to a control group. An analysis of covariance revealed that improved compliance was attributable to both participation in the program and to the increase in drug knowledge. Patients were more satisfied with pharmacy services and perceived the pharmacist as being more knowledgeable about prescription drugs after interacting with pharmacists in this program. Analysis of patient locus of control revealed that internally oriented patients complied better after participating in the program than did externally oriented patients. In the control group, externally oriented patients complied better after receiving typical hospital care than did internally oriented patients. Thus, results imply that this behavioral approach benefited internally oriented patients.

0219598 83002875

**Role effectiveness of a pharmacist in the maintenance of patients with hypertension and congestive heart failure.**

Schneider PJ; Larrimer JN; Visconti JA; Miller WA  
Contemp Pharm Pract ,Spring 1982, 5 (2) p74-9, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

This study was designed to measure the role effectiveness of pharmacists in the management of patients with hypertension and congestive heart failure. Based on therapy protocols established by physicians and pharmacists prior to the study, the pharmacist was measured against the standard for providing primary care--i.e., the physician. The study showed that the pharmacist competently elected drug therapy and identified adverse drug reactions. As a group, the 20 study patients, whose therapy was determined by the pharmacist, were better managed than the 20 control patients (p less than 0.05). It is suggested that the pharmacist is effective in the role of managing patients with hypertension and congestive heart failure.

0219592 83002869

**Community-oriented hospital pharmacy services.**

Perkins LD; McCormack AJ

Contemp Pharm Pract ,Winter 1982, 5 (1) p56-9, ISSN

0162-3761 Journal Code: DQ9

Languages: ENGLISH

01079

0219589 83002866

**Experiences with the compliance clinic: assessment of the effect.**

Cable GL; Schneider PJ

Contemp Pharm Pract ,Winter 1982, 5 (1) p38-44, ISSN 0162-3761 Journal Code: DQ9

Languages: ENGLISH

A retrospective study was conducted to determine the clinical and financial impact of a pharmacy-based compliance clinic. Charts of patients referred by physicians to the clinic were reviewed. Data were collected during compliance clinic consultation and compared to pre-clinic data to determine if the pharmacists' services were of merit. During the 33-month study period, 25 patients were referred to the pharmacy. Fourteen (56 percent) of these patients were seen regularly by the pharmacist. Eleven of the 14 patients (79 percent) achieved greater than 80 percent compliance with their medication regimen. Six of the 14 (43 percent) demonstrated significant reductions in emergency room visits comparing pre- and post-clinic records. Eight patients (57 percent) exhibited reduced hospitalization. Aggregate cost savings resulting from these reductions totalled \$43,314 for the study period. It is concluded that: physicians are willing to ask pharmacists to assist in managing compliance problems; compliance can be improved when treatment is tailored to patient need; improved compliance may not result in better therapeutic outcome; and cost savings resulting from those patients responding can exceed the costs of providing the service.

0219588 83002865

**Building a structured learning package.**

Ferencz N

Contemp Pharm Pract ,Winter 1982, 5 (1) p32-7, ISSN 0162-3761 Journal Code: DQ9

Languages: ENGLISH

Pharmacists must become educators of patients and of pharmacy technical personnel. The literature cited in this paper has found that problems of patient compliance, personnel management, the high cost of medical care, and patient medical self-help may very well be solved in part through the application of competently written learning packages. One specific approach to learning package creation is illustrated in this paper, using the training of a unit-dose technician as an example. The subjects of student motivation, step-wise learning using subobjectives, learning feedback, material relevance, and student evaluation are discussed. Higher-level cognitive skills and readability are briefly discussed and illustrated to focus the readers' attention on the more difficult aspects of building learning packages.

0219308 83019733

**Partners in progress.**

Godwin HN

Am J Hosp Pharm ,Aug 1982, 39 (8) p1343-6, ISSN 0002-9289 Journal Code: 310  
Languages: ENGLISH

0219306 83019730

**Reviewing the contract.**

Entin FJ

Am J Hosp Pharm ,Aug 1982, 39 (8) p1324-8, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The process of preparing and reviewing a contract for a pharmacy computer system is described. The purpose of the contract is to establish rules governing the relationship between the vendor and the buyer. It should identify clearly the performance expectations of both parties. The contract negotiating process also allows each party to gain insight to the other's motives by way of responses to proposals for specific contract inclusions. Generally, the buyer should be wary of: (1) a vendor who insists that his form contract be signed without modification; (2) signing more than one contract with the same vendor; (3) vague, nonquantifiable performance criteria; (4) "best-efforts" warranties; (5) an expectation that difficulties with the vendor can be solved if the remedy is not in the contract; and (6) acceptance upon delivery. The buyer should strive for: (1) a complete contract reflecting the nature of the business deal negotiated, (2) specific performance criteria, (3) warranties of performance with meaningful remedies, and (4) payments tied to performance. The most important provision of the contract is the one that makes payment to the vendor contingent upon the actual demonstration of results.

01030

0219304 83019727

**Self-study program on drug information for staff pharmacists.**

Poirier TI; Lech JG

Am J Hosp Pharm ,Aug 1982, 39 (8) p1313-5, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A self-study inservice educational program on drug information resources was designed to improve staff pharmacist competence in responding to drug information requests. Pharmacists attended two introductory sessions in the drug information center (DIC) that focused on available resources and the systematic search process. Each pharmacist also spent an eight-hour work period in the DIC. Twenty-four hours of regular staff time was allowed for each pharmacist to complete a self-study manual. The manual consisted of three sections: (1) discussion of selected references; (2) assignments based on common types of drug information questions; and (3) assignments that required the use of indexing and abstracting sources. Each pharmacist had to complete 50 questions during a 12-week period. The pharmacists were evaluated through pre- and post-tests and by the accuracy of answers to assignments in the manual. Six pharmacists initially participated in the program; five of them attained an average grade of more than 70 on the post-test and assignments. Three new staff pharmacists now have also completed the program. The success of the program depended on the support of pharmacy administration, as well as the motivation of the participating pharmacists. This staff development program using a self-study manual has been an effective means for improving pharmacists' use of drug information resources. The manual is flexible to accommodate differences in the rate of staff development and it is a useful training tool for new pharmacists.

0219302 83019725

**Establishing a fee for handling investigational drug studies.**

Ngu BQ; Schneider PJ; Kilarski DJ

Am J Hosp Pharm ,Aug 1982, 39 (8) p1308-10, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

The administrative aspects of a pharmacy coordinated investigational drug service and its related costs are described. The policies and procedures for administering investigational drug studies were reviewed and divided into tasks. The staff involved were interviewed to determine the time they spent performing each task. The space for storage of the investigational drugs was measured. The personnel and storage costs were calculated. An average of five hours is required to coordinate pharmacy participation in a drug study.

A drug information specialist spends about 1.5 hours/study developing a data sheet on the investigational drug. Record keeping time is approximately 11 hours/study. The total annual personnel cost is \$177/study. The space for storing the drugs costs \$15.50/year/study. The pharmacy department charges a fee of \$200/year for its involvement in investigational drug

studies. This does not include dispensing fees, which are charged to the patient. At this hospital, the revenue generated can support a pharmacist half-time or a technician full-time.

0219135 83017297

**Evaluation of aminophylline suppositories prepared in a hospital pharmacy.**

Fujii T; Kubota A; Togawa K; Mizushima N

Tokai J Exp Clin Med ,May 1982, 7 (3) p371-83, ISSN 0385-0005 Journal Code: VZM

Languages: ENGLISH

Physical and chemical stability of suppositories containing aminophylline and various bases prepared in our hospital pharmacy was investigated. Ethylenediamine in aminophylline decreased, the melting points of the suppositories rose, and the disintegration and liquefaction times were prolonged in suppositories with Witepsol base when stored at room temperature. Thin-layer chromatography produced evidence supporting the assumption that ethylenediamine may react with Witepsol constituents to form an acid amide linkage. However, the suppositories were stable at lower temperatures. Suppositories prepared with PEG base were found to be satisfactorily stable at room temperature.

0217517 82265215

**Audit of telephone usage in a centralized intravenous admixture area.**

Thompson DF; Sula JA

Hosp Pharm ,Aug 1982, 17 (8) p438-9, 443-4, ISSN 0018-5787 Journal Code: G98

Languages: ENGLISH

An audit of telephone usage in an intravenous admixture area was performed. Over a two-day period (18 hours total) 252 calls were made or received. The average length of a call was 81 seconds. Surgery and medicine nursing units accounted for the majority of the calls. Missing orders or doses were the most frequent topic of calls. Telephone communication may require a large time commitment from pharmacists and prevent them from performing activities which are more easily documentable, such as compounding intravenous admixtures.

01051



0217516 82265214

**Maintaining competency of sterile products personnel.**

Klein RA

Hosp Pharm ,Aug 1982, 17 (8) p434-7, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

The literature is replete with articles concerning the importance of properly training and monitoring individuals assigned the responsibility of preparing sterile products. At the William L. Keller U.S. Army Community Hospital, the monitoring of these individuals has taken the form of a monthly examination composed of mathematical and technical functions.

0217514 82265212

**A preview of 1981 hospital pharmacy operations.**

Deiner CH

Hosp Pharm ,Aug 1982, 17 (8) p419-20, ISSN 0018-5787

Journal Code: G98

Languages: ENGLISH

0217513 82265211

**Institutional support of continuing education as a fringe benefit for hospital pharmacists.**

Herbert WJ; Mergener MA; De Muth JE

Hosp Pharm ,Aug 1982, 17 (8) p412-3, 417-8, ISSN 0018-5787 Journal Code: G98

Languages: ENGLISH

The purpose of this study was to examine the extent to which hospital pharmacists in Wisconsin received compensation for continuing education (CE) from their institutions and to compare this with their participation in CE activities. The study was conducted by a mail questionnaire sent to all pharmacists practicing in a hospital setting in Wisconsin. The usable response rate was greater than 45%. Persons in administrative positions received greater support for CE activities than staff in the areas of registration fees (P less than 0.005), travel expenses (P less than 0.0005), dues for professional organizations (P less than 0.0005), and compensatory time (P less than 0.0005). Pharmacists in the sample participated in an average of 123.8 hours of CE yearly, including 77.2 hours of journal reading. Staff size influenced the method of obtaining CE, with smaller staffs relying more heavily on journals and larger staffs on in-house programs. The amount of compensation did not influence total CE participation, suggesting that other factors might influence CE participation.

0217512 82265057

**Areawide survey of antimicrobial restriction policies and the role of hospital pharmacists.**

Hatheway GJ

Hosp Formul ,Aug 1982, 17 (8) p1095-7, 1102-5, ISSN 0098-6909 Journal Code: G96  
Languages: ENGLISH

0217381 82263524

**Drugs: procurement, distribution system and management problems.**

Beahm MR

Hosp Mater Manage Q ,Aug 1982, 4 (1) p69-82, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

0217379 82263522

**Legal liability of a hospital for its pharmacy.**

Proctor PA

Hosp Mater Manage Q ,Aug 1982, 4 (1) p60-3, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

0217378 82263521

**Material management and pharmacy: collaboration, control or compromise?**

Gouveia WA

Hosp Mater Manage Q ,Aug 1982, 4 (1) p56-9, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

0217377 82263520

**Nursing expectations for pharmacy and material management services.**

Beahm VF

Hosp Mater Manage Q ,Aug 1982, 4 (1) p52-5, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

0217376 82263519

**U.S. Army guideline for pharmacy supply.**

Libby GN; Clyde WD Jr

Hosp Mater Manage Q ,Aug 1982, 4 (1) p46-51, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

01082

0217375 82263518  
**Material management and pharmacy in an investor-owned hospital system.**  
Guynn JB Jr  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p40-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217374 82263517  
**The importance of amalgamating pharmacy and materiel management.**  
Richardson JC  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p35-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217373 82263516  
**Material management--opportunities for pharmacists.**  
Blower JG  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p28-34, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217372 82263515  
**Consultant services for pharmacy and materiel management.**  
Beahm VF; Beahm MR  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p23-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217371 82263514  
**The pharmacist versus the materiel manager.**  
Puckett WH Jr  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p15-22, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217370 82263513  
**Pharmacy organized under materiel management--a pharmacist's view.**  
Herring PE  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p11-4, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217304 82263380

**User costs in pharmacies and laboratories: a case study.**  
Mooney G; Steele B  
Hosp Health Serv Rev ,Jul-Aug 1982, 78 (7) p201-5,  
Journal Code: GC5  
Languages: ENGLISH

0217287 82263348  
**Pricing for hospital pharmacies.**  
Burke T  
Hosp Purch Manage ,Sep 1982, 7 (9) p10-1, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0217240 82262133  
**New drug purchasing plan cuts costs, provides incentives.**  
Mullendore A  
Rev Fed Am Hosp ,Sep-Oct 1982, 15 (5) p48-9, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0217203 82259740  
**Maslow's hierarchy: insights into job dissatisfaction.**  
Holt GA  
Curr Concepts Hosp Pharm Manage ,Fall 1982, 4 (3) p9-11,  
16, ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0217202 82259739  
**New management involvement: pharmacy-based homograft (ear tissue) bank.**  
Mason RH; Gordon FS; Campbell EE; Levine HG; Hanan ZI  
Curr Concepts Hosp Pharm Manage ,Fall 1982, 4 (3) p6-8,  
ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

0217201 82259738  
**Profiles in pharmacy: Mary Jo Reilly, M.S.**  
McConnell WE  
Curr Concepts Hosp Pharm Manage ,Fall 1982, 4 (3) p22-3,  
ISSN 0164-7857 Journal Code: C8J  
Languages: ENGLISH

01083

0217200 82259737  
**Policy and procedure manual: capital expenditure budget guidelines.**  
Curr Concepts Hosp Pharm Manage ,Fall 1982, 4 (3) p21,  
ISSN 0164-7857 Journal Code: CBU  
Languages: ENGLISH

0217199 82259736  
**Dialogues with hospital pharmacists: Richard A. Hutchinson, Pharm, D. [interview]**  
Hutchinson RA  
Curr Concepts Hosp Pharm Manage ,Fall 1982, 4 (3) p17-20  
ISSN 0164-7857 Journal Code: CBU  
Languages: ENGLISH

0216949 82281432  
**ASHP accreditation standard for pharmacy technician training programs.**  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1212-3, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

0216948 82281431  
**ASHP Regulations on accreditation of hospital pharmacy technician training programs (with policies and procedures).**  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1210-2, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

0216947 82281430  
**ASHP Research and Education Foundation dedicates the Donald E. Francke Memorial Library.**  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1206-10, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

0216946 82281429  
**Computer-assisted practitioner-response system for studying the use of cimetidine.**  
Schwartz JI; Kennedy TJ  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1198-201, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

A computer-assisted practitioner-response system was used to review cimetidine use in one hospital. All patients receiving cimetidine from April 1, 1981, through May 15, 1981, were identified daily using a computerized medication-profile system. A practitioner-response form, which asked the

physician to indicate the reason for prescribing cimetidine, was placed in the chart of all patients receiving the drug. When these forms were collected, the reviewer scanned the chart for patient demographic information, duration of cimetidine therapy, and other drugs prescribed that potentially could interact with cimetidine. If the physician did not complete the form, the reviewer checked the chart for prescribing information. Cimetidine was prescribed for 10% (247) of all patients admitted during the study period. Seventy percent of the practitioner-response forms were completed; the indication for cimetidine use was obtained for an additional 20% through chart review. Seventy-five percent of the patients were exposed to a potential drug interaction. The most common reason for prescribing cimetidine was to prevent stress ulcers; only 15% of cimetidine orders were for FDA-approved uses. The computer-assisted practitioner-response system was an efficient method for reviewing cimetidine use. The computerized medication profile facilitated identification of patients receiving the drug, and the practitioner-response form provided the indication-for-use data more quickly than conventional chart review.

0216945 82281428  
**Use of a tabletop computer in controlled substances distribution.**  
Markin RE; Schwartz JI; Sell AE  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1195-7, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The use of a tabletop computer for controlled substances distribution is described. The self-contained system uses programs stored on discs to maintain records for floor stock, individual patient orders, and ambulatory patient prescriptions. Three reports are generated daily: (1) a listing of all floor supplies issued on the current date, (2) a listing of all individual patient supply transactions for the current date, and (3) an alphabetical listing of the inventory for controlled substances, including an alert system to identify any item that has fallen below a preselected minimum stock level. The tabletop computer allowed the pharmacy to take advantage of the accuracy and speed of electronic data processing at its own pace, independent of the hospital's main computer system. Because the tabletop computer and the main system both use a common programming language, any programs developed on the tabletop computer can be converted to the main system.

01084

0216944 82281427

**Alternative to the traditional discount method of wholesaler purchasing.**

Lee GF; Bair JN; Piz JW  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1192-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A program of purchasing drugs from wholesalers at the wholesaler's exact invoice cost plus a percentage is described and compared with the traditional method of average wholesale price (AWP) less a discount. The comparison was conducted by the pharmacy department of a 310-bed, teaching hospital that awarded a one-year contract to a wholesaler offering its items at the exact cost plus a pre-established percentage. Data collected from monthly wholesaler computer printouts gave the following information on each product: (1) list price per item, (2) actual cost to pharmacy per item, (3) percentage discount from AWP, and (4) quantity ordered. The net percentage discount from AWP for 12 months was calculated and compared to the former (traditional) discount rate. The net discount from AWP was 15.6% for purchases made by the hospital during the first 12 months of the program. When compared with the smaller discount the hospital traditionally received, the new program saved the hospital \$5758 on annual purchases of \$136,419. The actual dollar savings to an institution that changes from a traditional discount program to a cost-plus-percentage program depends on: (1) the negotiated percentage added to wholesaler cost, (2) the discount from AWP that the institution was previously receiving, and (3) the volume of wholesale purchases.

00518

0216943 82281426

**Quality circles as a management tool for hospital pharmacy.**

Parness MI  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1189-92, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A pharmacy department's experience with a quality circle program is described. The quality circle is a type of participative management where a group of employees within a department voluntarily meets on a regular basis to identify and research departmental problems and formulate alternative solutions for management. The pharmacy department formed one of the first five circles at the hospital. Each circle meets for one hour weekly on hospital time. The pharmacy quality circle includes three staff pharmacists, two support staff, and a pharmacy supervisor who serves as the leader. Through brainstorming sessions, the circle has identified problems within the department. The circle collects data to help define the problems, and specific solutions are presented to management. Among the solutions recommended have been: assigning a clerk as a receptionist at the pharmacy front window so that the pharmacist would not be interrupted; widening the front window to accommodate separate lines for inpatient and outpatient prescriptions; and instituting a double-ticket procedure to help retrieve employee

prescriptions. Management accepted and instituted all of the circle's proposals. The quality circle has been a successful management tool in this pharmacy department.

0216942 82281425

**Team approach in providing clinical pharmacokinetic services.**

Maddox RR; Lampasona V  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1186-9, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A team approach to clinical pharmacokinetic services at a university hospital is described. The clinical pharmacokinetics team (CPT) developed as an outgrowth of a clinical pharmacokinetic service (CPS) as the workload of the service expanded. The CPT serves to: (1) maximize the quality and continuity of clinical pharmacokinetic care; (2) provide a teaching medium for students at the baccalaureate and graduate level; and (3) stimulate the development of clinical pharmacokinetic research. The CPT is responsible for patients in those medical services that are not regularly served by a clinical pharmacist. The structure of the CPT includes an attending clinical pharmacist with a hierarchy of subordinate practitioners ranked by their individual didactic and clinical experience in pharmacokinetics. Students participate in (1) work rounds, where collective discussions of patient evaluations occur, and (2) one-to-one student-preceptor clinical assessments of patients' drug therapy. The attending clinical pharmacist conducts CPT rounds daily, and the students and residents must convey information to the team on: (1) the drug therapy prescribed and the appropriate monitoring methods, (2) the working diagnosis and plan of treatment, (3) results of laboratory and clinical assessments, and (4) details of patient interviews. The CPT is also responsible for ongoing clinical pharmacokinetic research. The team approach to clinical pharmacokinetic services has provided a framework for the education of clinical pharmacists while stimulating research and providing direct patient care.

01085

0216940 82281423

**Factors potentially influencing aminoglycoside use and expenditure.**

DiPiro JT; Kilsdonk GF; Amerson AB; Record KE  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1180-3, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Factors that may have influenced aminoglycoside use and expenditure in one hospital were examined. Factors that were evaluated as to their influence on aminoglycoside-use patterns were: (1) formulary status; (2) bacterial susceptibility patterns; (3) identified or perceived differences in toxicity; (4) changes in patient population; (5) price paid by the hospital for aminoglycosides; (6) distribution of newsletters or memoranda; (7) advertising and detailing; and (8) pharmacy policies. For FY 1976-77 to 1979-80, the largest proportion of aminoglycoside expense was for gentamicin. During FY 1980-81, the expenditure for gentamicin decreased and tobramycin accounted for the largest proportion of total expenditure. Monthly gentamicin use decreased 20% during FY 1980-81 from the previous year. Tobramycin use increased from January 1979 to November 1980 and decreased from December 1980 to June 1981. Kanamycin use and amikacin use were fairly constant during the study period. Based on temporal relationships, the following factors appeared to influence aminoglycoside use and expenditure: (1) a study conducted at the institution from June 1977 to June 1979 comparing gentamicin and tobramycin nephrotoxicity; (2) a comparative nephrotoxicity study published in a widely circulated medical journal in May 1980; and (3) an intramural newsletter and memorandum distributed in March 1981 encouraging selective aminoglycoside use. The identification of factors that potentially influenced aminoglycoside use can be used to anticipate the future impact of similar events and to devise strategies to influence antimicrobial use.

0216939 82281422

**Use of clinical pharmacists to reduce cefamandole, cefoxitin, and ticarcillin costs.**

Abramowitz PW; Nold EG; Hatfield SM  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1176-80, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The financial impact of using cefamandole and cefoxitin rather than cefazolin and of using ticarcillin rather than carbenicillin in one institution was assessed; the effectiveness of clinical pharmacists in reducing the costs associated with these drugs also was determined. During Phase 1 (July 1, 1980-March 31, 1981), the numbers of intravenous piggyback cefazolin, cephalothin, cefamandole, cefoxitin, carbenicillin, and ticarcillin doses prepared were recorded. Quarterly purchase data for each drug were determined from invoice records. During Phase 2 (April 1, 1981-September 30, 1981), eight clinical pharmacists reviewed all patient charts for cefamandole, cefoxitin, and ticarcillin orders. If the indication for these orders was missing or considered

inappropriate, the pharmacist contacted the prescriber and recommended substituting appropriate doses of cefazolin for cefamandole and cefoxitin and of carbenicillin for ticarcillin. The number of doses prepared and quarterly purchase data were collected as in Phase 1. The projected savings resulting from clinical pharmacist input relating to these drugs was calculated. Based on Phase 1 data, the total theoretical expense resulting from cefamandole and cefoxitin use instead of cefazolin and from ticarcillin use in place of carbenicillin was projected to be \$233,448 annually. Cefamandole and cefoxitin accounted for 59.8 and 39.7% of total cephalosporin use in Phases 1 and 2, respectively. Ticarcillin accounted for 77.1% of the total ticarcillin and carbenicillin doses in Phase 1, and 16.6% in Phase 2. A projected annual savings of \$156,756 was achieved because of clinical pharmacist input at a cost of \$16,000 for time devoted to the effort. Clinical pharmacists were effective in reducing the use of cefamandole, cefoxitin, and ticarcillin in situations where cefazolin or carbenicillin could be substituted.

0216937 82281420

**Recognizing, reversing, and preventing hospital pharmacist burnout.**

Radde PO  
Am J Hosp Pharm ,Jul 1982, 39 (7) p1161-9, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

The stress-related syndrome of "burnout" is reviewed, especially as it relates to work in hospital pharmacy. Included are suggestions for preventing and reversing burnout among hospital pharmacists. Burnout comprises a distinct series of symptoms that involve a regressive spiral in personal energy, vitality, and interest; it may be described as a disease in personal relationships. The five stages of burnout are: (1) physiological, (2) social, (3) intellectual, (4) psycho-emotional, and (5) spiritual. Regeneration from burnout can be pursued more systematically by striving for balance among these five aspects of life. Certain characteristics of hospital pharmacists increase their susceptibility toward burnout. Preventing imbalance/providing balance in one's life is a basic personal responsibility; no one can do it for another person. However, attentive management can provide conditions that help pharmacy staff members prevent burnout. Preventing burnout requires learning from past burnout-prone behavior and making the necessary changes in life style.

01086

0216056 82273465

**The case for prospective and concurrent drug utilization review.**

Stolar MH  
QRB ,Jun 1982, 8 (6) p6-10, ISSN 0097-5990 Journal  
Code: DKP  
Languages: ENGLISH

0215883 82273011

**The perceptions of army physicians and nurses on the relative importance of clinical pharmacy services.**

Rauch IM  
Milit Med ,May 1982, 147 (5) p391-5, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0214578 82250978

**Quantifying the cost of controlling restricted pharmaceuticals: Part II, The methodology.**

Grapes ZT; Brown TR; Sharpe TR; Smith CM; Liao WC  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p75-90, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214577 82250977

**Quantifying the cost of controlling restricted pharmaceuticals: Part I, A model.**

Grapes ZT; Brown TR; Sharpe TR; Smith MC; Liao WC  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p60-74, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214576 82250976

**Evaluating pharmacist workload activities: centralized versus mobile decentralized pharmacy service.**

Kvancz DA; Cummins BA; Bennett DL; Fontana LC  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p50-9, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214574 82250974

**Analysis and selection of pharmacy computer systems.**

Holz DS; Butler KH  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p25-31, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214573 82250973

**Multidimensional work sampling: a new tool for pharmacy management.**

Robertson JA  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p18-24, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214572 82250972

**Work measurement in hospital pharmacy.**

Roberts MJ; Kvalseth IO; Jermstad RL  
Top Hosp Pharm Manage ,Aug 1982, 2 (2) p1-17, ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0214419 82238860

**Mechanized bulk production of enteral diet: a comparison with manual methods of preparation.**

Fagerman KE; Flaska L; McCamish MA; Dean RE  
Hosp Pharm ,Jul 1982, 17 (7) p374, 377-9, ISSN  
0018-5787 Journal Code: G98  
Languages: ENGLISH

0214418 82238859

**A practical approach to preparing long-range departmental plans.**

Hoffmann RP  
Hosp Pharm ,Jul 1982, 17 (7) p364-7, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

0214368 82238077

**Pharmacy armed robberies: a problem of people, hardware.**

Health Care Secur Saf Manage ,Jul 1982, 3 (3) p5-10,  
Journal Code: GH6  
Languages: ENGLISH

01087

0214270 82235003

**The 1982 Hoechst Lecture: "Cost effectiveness--the emerging 'bottom line' for pharmacy?!"**

Marshman JA

Can J Hosp Pharm ,Mar-Apr 1982, 35 (2) p39-41, ISSN 0008-4123 Journal Code: D2K

Languages: ENGLISH

In the current climate of budgetary restraint in the health care system, cost effectiveness is a concept which surfaces with increasing frequency, especially in reference to health care services funded by government. Since significant elements of pharmacy services in Canada are thus funded (including in most provinces, hospital pharmacy services, and prescription drug plans for senior citizens), it is important that pharmacy "tune into" the concept, and recognize it as an essential criterion to be met in the maintenance of existing services and in the development of new services. Prerequisite to a consideration of cost effectiveness is, of course, consideration of effectiveness; and a statement about the effectiveness; and a statement about the effectiveness of a service implies a potential for measurement of effect or outcome. In the 1980s, as pharmacy focuses its efforts on patients rather than products, that effect must surely be defined in "people" terms. One of the important dimensions of today's patient-focussed pharmacy services is patient counselling, more broadly, patient education.

0214004 82253906

**Adaptation of a workload measurement system.**

Toohey JB; Herrick JD; Trautman RT

Am J Hosp Pharm ,Jun 1982, 39 (6) p999-1004, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

An adaptation of a previously reported patient-care unit (PCU) system of workload measurement is described. A PCU is any distributive or clinical pharmacy activity related to patient care, and the PCU system of workload measurement relates the activity frequency and the usual time required to complete each activity. The key to the system is the weighting factor (usual time) for each PCU. The PCU system was modified by breaking each PCU into its various elements and determining the time required to complete each element. Several time units were available from references; other units specific for hospital pharmacy were measured. The modified PCU definitions, counting mechanisms, and weighting factors used at the study hospital are included in an appendix. The number of service hours, which is the product of the frequency of each activity and its weighting factor, is an indicator of personnel time devoted to each pharmacy activity. The cost per service hour can be computed and used to set fees for each pharmacy activity. Other practical applications of the PCU system include evaluation of staffing patterns, trend analysis, and documentation of clinical services. The modified PCU system provides a more precise measurement of weighting factors than previously described methods, and it can be adapted by other institutions.

0214002 82253904

**Medication errors in nursing homes and small hospitals.**

Barker KN; Mikeal RL; Pearson RE; Illig NA; Morse ML

Am J Hosp Pharm ,Jun 1982, 39 (6) p987-91, ISSN

0002-9289 Journal Code: 310

Contract/Grant No.: HCFA-500-79-0028

Languages: ENGLISH

An observation method for measuring the rate of medication errors, which can be used as an outcome indicator of a medication system's quality, was evaluated in a national sample of long-term care facilities (LTCFs) and small hospitals. Trained nurse and pharmacist observers observed nurses administer medications during the three-hour period surrounding the peak medication workload on one day in national sample of 58 LTCFs and 10 hospitals. Opportunity-for-errors (OE), defined as the total number of doses ordered plus the unauthorized doses given, were counted, as well as all medication errors. The error rate was calculated as the proportion of errors in total OEs. The reliability of the method was evaluated on seven days by comparing the results of a researcher and observer, who were observing the same nurse. The mean-medication-error rate was 12.2 and 11.0% in the LTCFs and hospitals studied, respectively. Three LTCFs and four hospitals had error rates of zero. Only 31% of the LTCFs and 40% of the hospitals would pass a medication-error limit standard of 6%. The authors concluded that the observation method was promising. Recommendations for further study included: (1) implementation of a one-year project to evaluate observer efficiency after becoming proficient with the method, (2) improvement of the reliability measure, and (3) examination of the relationship of medication errors with structure and process variables.

0214001 82253903

**Opportunity for clinical pharmacy in concurrent and prospective drug-use review [editorial]**

Stolar MH

Am J Hosp Pharm ,Jun 1982, 39 (6) p985, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

01088

0213998 82253898

**Systematic self-assessment by a state society of hospital pharmacists.**

Cronk JD

Am J Hosp Pharm ,Jun 1982, 39 (6) p1045-6, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

0213997 82253897

**Criteria for awarding drug-wholesaler contracts.**

Murray WS; Gumpert NF

Am J Hosp Pharm ,Jun 1982, 39 (6) p1043-4, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

0213996 82253896

**Survey of marketed hospital pharmacy computer systems.**

Fitzpatrick RB; Broekemeier RL; Anderson MW

Am J Hosp Pharm ,Jun 1982, 39 (6) p1041-3, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

0213994 82253894

**Managing computer systems. Developing the proposal.**

Nold EG

Am J Hosp Pharm ,Jun 1982, 39 (6) p1032-9, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The major components of a thorough proposal to computerize pharmaceutical services are described. The components of the proposal are (1) the introduction; (2) description of current and proposed systems; (3) hardware, software, and supplies; (4) vendor selection; (5) implementation; (6) interface; (7) justification of need; (8) risk analysis; (9) contract; (10) summary; and (11) appendices. Special emphasis is given to justifying the pharmacy system on the basis of decreased cost for personnel, drugs, charging for services, and equipment. Additional justification is based on the benefits of increased production, decreased problems, and increased capacity to produce. A life-cycle cost analysis and engineering economy formula is described that can be used to calculate the number of full-time equivalents that must be reduced in order to offset costs of the system through personnel reduction alone. Because the decision to computerize pharmaceutical services constitutes a major and permanent change, it is important that the proposal be logical, factual, thorough, and organized.

0213993 82253893

**Therapeutic substitution practices in short-term hospitals.**

Doering PL; Klapp DL; McCormick WC; Russell WL

Am J Hosp Pharm ,Jun 1982, 39 (6) p1028-32, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Hospital policies concerning the automatic interchange of therapeutically equivalent drugs were examined. A questionnaire was sent to the chief pharmacists at 6326 short-term hospitals throughout the United States. The survey items solicited demographic data and formulary policies on generic and therapeutic substitution. A total of 2437 (39%) usable questionnaires were returned. Approximately 40% of the hospitals reported that their formulary system allows the stocking of a single product to represent a given therapeutic category. A total of 751 hospitals reported that their formulary system allows automatic dispensing of the therapeutically equivalent drug product without contacting the physician for permission. Therapeutic substitution was found particularly prevalent in federally owned hospitals. There were regional variations in the existence of therapeutic substitution. Factors that appeared to be associated with therapeutic substitution were: drug use review activity, medical school affiliation, existence of a formulary system, perceptions of favorable view by the state board of pharmacy, and favorable perception of the savings generated through bid purchasing. Reasons for not engaging in therapeutic substitution included the following: (1) would not be accepted by the physicians, (2) interferes with physicians' right to select the drug, (3) unnecessary risk of civil liability, (4) violation of laws, and (5) expected benefits do not justify the cost. Most respondents thought that physicians are usually aware of therapeutic substitutions that occur. Although they were a minority, a large percent of the respondents had a formulary system that allowed automatic interchange of generically inequivalent products within a therapeutic class of drugs. The influence of therapeutic substitution on drug therapy outcomes and cost savings need to be evaluated.

01089



0213992 82253892

**Patient satisfaction with outpatient pharmaceutical services.**

Somani SM; Daniels CE; Jermstad RL  
Am J Hosp Pharm ,Jun 1982, 39 (6) p1025-7, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

Patient characteristics and satisfaction with outpatient pharmaceutical services at a large university hospital were assessed. A mail questionnaire was sent to 700 outpatients selected at random. Most questions had fixed-format answers. Of the 388 (58%) returned surveys, 335 (50%) were usable. A large segment of the respondents (40%) were between the ages of 18 and 34. Fifty-nine percent of the respondents paid for their own prescriptions, and this group was less likely to fill their prescriptions at the university pharmacy. Of the patients who received prescriptions but did not have them filled at the university, 29% were unaware of the existence of the pharmacy, 36% found the pharmacy inconvenient for refills, and 21% thought that the waiting time to get their prescriptions filled was too long. Of the respondents who received prescriptions, 46% had them filled at the university pharmacy. Convenience (55%), availability of medications (19%), and low prices (12%) were the major reasons given for going to the university pharmacy. No association was found between the distance from the university and the internal retention rate for prescriptions. Of those who went to the university pharmacy, 94% were satisfied with the services they received.

0213720 82250028

**Reprofessionalization in pharmacy.**

Birenbaum A  
Soc Sci Med ,1982, 16 (8) p871-8, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

0213137 82244899

**A computer-based i.v. admixture system.**

Pope RA; Mattson CJ; Janousek JP; Slack WV  
Methods Inf Med ,Apr 1982, 21 (2) p65-9, ISSN 0026-1270  
Journal Code: MVI

Contract/Grant No.: HS 04050; LM 03393

Languages: ENGLISH

0212835 82239842

**Adverse drug reaction monitoring by ward pharmacists.**

Hardman C; Lloyd B  
J Clin Hosp Pharm ,Mar 1982, 7 (1) p71-3, ISSN  
0143-3180 Journal Code: HTT

Languages: ENGLISH

0212834 82239840

**The Hereford Hospital Prescribing Study. The function of a clinical pharmacist on the medical wards of a district general hospital.**

Alexander AM; Barnett JW; Veitch GB  
J Clin Hosp Pharm ,Mar 1982, 7 (1) p59-65, ISSN  
0143-3180 Journal Code: HTT

Languages: ENGLISH

The role of a clinical pharmacist is outlined as interviewing patients on admission, monitoring of 'at risk' patients and drugs, and counselling on discharge. These functions were assessed on a 118 bed medical unit to try to quantify the potential workload and staff requirements needed to achieve it. It is suggested that the establishment of pharmacists for ward pharmacy services may need to be increased two-fold to accomplish the outlined role, and that a 24-hour service would be needed to cover some duties. However, before such a level of staffing can be achieved, the positive benefits of clinical pharmacy must be demonstrated.

0212579 82235469

**An evaluation of clinical services: a case study.**

Fink A; Kosecoff J  
Drug Intell Clin Pharm ,Jun 1982, 16 (6) p464-8, ISSN  
0012-6578 Journal Code: EBU

Languages: ENGLISH

The success of evaluation research rests largely in its usefulness. If the sponsors of an evaluation find the data meaningful, then the limitations that the problems of evaluation invariably impose on a study's scientific origin should not be given undue emphasis. In the case of MHMC, the evaluation results were used for program planning in the hospital and for explicating the content of testimony to the California legislature about pharmacy practice in the state. Of course, it would be unthinkable to advocate weak studies and unreliable data. The evaluator must assume the responsibility of determining if and when the balance between what can be done well is tipped in favor of unsound methods. The evaluator is also responsible for judging just how important the data from the study are. How many people will be affected? Are other data available to illuminate or be used with the evaluation? As clinical pharmacy becomes more concerned with program evaluation, it will need to address ethical and political questions like these at the same time that it answers methodological ones.

01020

0212320 82221793  
**Hospital newsletters reaffirm pharmacists' role in drug therapy.**  
Iepilitsky B  
Pharm Times ,Apr 1982, 48 (4) p34-8, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0212318 82221791  
**How our pharmacists participate in cardiopulmonary resuscitation.**  
Bolton CB; Fritz WL; Paxinos J  
Pharm Times ,Jan 1982, 48 (1) p45-50, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0212222 82213417  
**Penicillin skin test kits prepared by pharmacy service.**  
Shank WA Jr  
Hosp Pharm ,Jun 1982, 17 (6) p341-3, 346, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

Penicillin skin tests are of value in detecting patients at risk of experiencing an immediate or accelerated hypersensitivity reaction. This paper briefly reviews the immunologic aspects of penicillin hypersensitivity, the indications and procedure for using penicillin skin tests, and the interpretation of skin test results. A pharmacy-prepared skin test kit is also described. The penicillin skin test kit can facilitate the proper use of penicillin test reagents.

0212218 82213385  
**Hospital pharmacists' attitudes towards medical services representatives: a comparison of directors, staff, and clinical pharmacists.**  
McGhan W; Seery S; Hill B; Koda R  
Hosp Formul ,Jul 1982, 17 (7) p957-61, ISSN 0098-6909  
Journal Code: G96  
Languages: ENGLISH

0212217 82213384  
**Registered nurses' acceptance of pharmacists' clinical activities.**  
Fine DJ; Gourley GK; Gourley DR; Wilson C  
Hosp Formul ,Jun 1982, 17 (6) p817-20, 822, 825-7, ISSN 0098-6909  
Journal Code: G96  
Languages: ENGLISH

0212215 82213382  
**The acceptance of clinical pharmaceutical services [editorial]**  
Lipman AG  
Hosp Formul ,Jun 1982, 17 (6) p783, ISSN 0098-6909  
Journal Code: G96  
Languages: ENGLISH

0212159 82212383  
**Standards of practice for pharmacy services.**  
Trudeau T  
Hosp Top ,Jul-Aug 1982, 60 (4) p36, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212043 82209587  
**Computerized pharmacy services merely continues century-old tradition at Roper Hospital.**  
Newton NS; Chisena JW  
Comput Hosp ,Jul-Aug 1982, 3 (4) p24-6, 28, ISSN 0274-631X  
Journal Code: DOL  
Languages: ENGLISH

0210215 82210215  
**A conceptual model for evaluating a pharmacist's clinical practice in the hospital setting.**  
Smith WE  
Drug Intell Clin Pharm ,May 1982, 16 (5) p400-3, ISSN 0012-6578  
Journal Code: EBU  
Languages: ENGLISH  
Evaluation and documentation of pharmacists' clinical services in the hospital setting are important for the continued development and implementation of these services. The conceptual model discussed here was designed for use by hospital personnel in evaluating a clinical pharmacy program or a specific clinical service in a hospital. Hospital management's decision to implement clinical services deserves the validation of the expected patient benefits of the services. This conceptual model has been used at Memorial Hospital Medical Center since 1977. The results of studies there are reviewed by the P&T Committee when existing or new clinical services are discussed. This study results have become an important part of the committee's and the hospital management's support for the continuation of clinical pharmacy services.

01091

Languages: ENGLISH

0209719 82197311

**How clinical pharmacy is practiced at 2 Mayo-affiliated hospitals.**

McCormick EM  
Pharm Times ,Jun 1982, 48 (6) p28-35, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0209586 82189552

**Developing a quality assurance program for clinical services.**

Burkle WS  
Hosp Pharm ,Mar 1982, 17 (3) p125-7, 131-2, 135-8 passim  
, ISSN 0018-5787 Journal Code: G98  
Languages: ENGLISH

0209585 82189551

**A first-phase quality assurance program for intravenous admixture aseptic technique.**

Gurwich EL; Hanold L; Schaeffer P  
Hosp Pharm ,Mar 1982, 17 (3) p119-21, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

Results of initial departmental quality assurance audits revealed noncompliance with the intravenous admixture service criteria concerning aseptic technique. In order to better assess this problem, a quality assurance program for aseptic technique was developed. The criteria consisted of 16 characteristics and/or functions that are indicative of aseptic technique. An audit of 13 technicians revealed a number of problems (noncompliance) related to aseptic technique. An educational program was developed and implemented on an individual basis. A reaudit two to four weeks later revealed compliance with the aseptic technique criteria. This study indicates that the audit method is effective in determining compliance to the aseptic technique criteria and standards.

0209381 82184017

**Regional drug information in the Ottawa valley.**

McLean WM; Sopchak A  
Can Pharm J ,May 1982, 115 (5) p187-9, 192, ISSN  
0008-4743 Journal Code: CLP  
Languages: ENGLISH

0209127 82203509

**Assessment of pharmaceutical services in the small hospital.**

Chase P  
Am J Hosp Pharm ,May 1982, 39 (5) p864-5, ISSN  
0002-9289 Journal Code: 310

0209126 82203508

**Hospital expansion of ambulatory-care services: implications for pharmacy.**

Kushner D  
Am J Hosp Pharm ,May 1982, 39 (5) p863-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Implications for hospital and community pharmacists of the hospital industry's increased involvement in ambulatory care are discussed. There will certainly be competition between hospital and community pharmacists for the right to provide pharmaceutical services to ambulatory patients. Various developments are encouraging hospitals to expand their ambulatory services, and these will increase the competition and add urgency to minimizing confrontation between the two groups. The need for a forum within pharmacy to discuss difficult issues such as this is emphasized.

0209125 82203507

**Continuing education support as a fringe benefit.**

Herbert WJ; Mergener MA; DeMuth JE  
Am J Hosp Pharm ,May 1982, 39 (5) p852-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0209124 82203506

**Pharmacist participation in a multidisciplinary, community health-education project.**

Powell MF; Solomon DK; Cavette SM; Smith GB; Paruszkiewicz JB; Sorrentino MK  
Am J Hosp Pharm ,May 1982, 39 (5) p851-2, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

01092

0209121 82203498

**Evaluating vendor responses.**

Williams FL; Tucker SR

Am J Hosp Pharm ,May 1982, 39 (5) p835-9, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The process of evaluating computer vendors' responses to a request for proposal (RFP) is described. The steps involved are (1) reviewing vendor proposals, (2) attending vendor presentations (3) reviewing references, (4) visiting vendor clients, (5) reviewing vendor stability, and (6) making the decision. The primary purpose of reviewing proposals is to reduce the number of vendors under consideration. Vendors' proposals should be attended by representatives of all affected departments, and each vendor's presentation should be discussed with the RFP or RFP extension as a guide. Interviewing users of a system helps determine how the system works in practice and how accurately the vendor has represented his product. Likewise, visiting selective vendor clients, without the vendor representative being present, helps establish whether the persons actually using the system like it and find it easy to use. A vendor's stability can be best determined by examining its financial stability and its commitment to the pharmacy product. Making the selection requires elimination of vendors that do not meet minimum requirements, rating the remaining vendors numerically, and deciding which features of each system are most desirable. The vendor selection process provides an opportunity to thoroughly study an operation and helps set priorities for the department.

0209118 82203492

**Evaluating the performance of technician trainees.**

Oleen MA

Am J Hosp Pharm ,May 1982, 39 (5) p814-7, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The development and use of a behavioral performance evaluation form for pharmacy technicians in a hospital-based training program is described. The behavior anchors for the evaluation form were derived from a task analysis of the technician position and a modified critical-incident technique. The appraisal factors were classified under six basic work areas: (1) procurement, (2) intravenous admixtures and sterile solutions, (3) automatic replenishment, (4) manufacturing and prepacking, (5) outpatient dispensing, and (6) inpatient dispensing or unit dose. Five rating categories ranging from exceptional to unsatisfactory were given point values. After an evaluation is completed, the supervising pharmacist reviews it with the trainees and sets objectives for the next appraisal period. The form can be used at regular intervals to assess the trainees' progress, and it can be used in the annual review of a technician's performance. The performance evaluation of technician trainees can determine the proficiency gained from a training program and identify areas where further instruction is needed.

0209117 82203491

**Evaluating performance in writing drug information consultations.**

Evens RP; Shahan DR; Littlefield JH

Am J Hosp Pharm ,May 1982, 39 (5) p810-4, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

A form for evaluating written drug information consultations was used to measure the performance of pharmacy students in a drug information service clerkship; the reliability of the evaluation process was also assessed. Drug consultations were written by 74 clerks during a four- or five-week rotation. A total of 147 consultations were written: Nine clerks wrote one consultation, 57 clerks wrote two, and eight clerks wrote three. The consultations were evaluated on 11 criteria by 18 different preceptors using an evaluation form. Performance on each criterion was rated on a four-level scale. Clerk improvement over time, reliability of the instrument, and inter-rater reliability for preceptors were analyzed statistically. The overall mean score for all consultations was 84.7%. Some improvement was observed between the first and second consultations completed by clerks, but the difference was not significant. Reliability of the evaluation process was good (coefficient of alpha = 0.666). There was no significant difference among preceptors. The authors concluded that the written drug information consultation evaluation form was a valid and reliable method for measuring individual and program competence.

01033

0209116 82203490

**Assessing whether a clinical pharmacy program is meeting its goals.**

Fink A; Kosecoff J; Oppenheimer PR; Smith WE; Brodie DC  
Am J Hosp Pharm ,May 1982, 39 (5) p806-10, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

An assessment of whether the clinical pharmacy program at Memorial Hospital Medical Center (MHMC), Long Beach CA, was meeting its goals is presented. MHMC is a 858-bed, nonprofit teaching hospital that initiated a clinical pharmacy program in 1967. The program's three foremost goals were to: (1) establish cohesive and standardized clinical services, (2) promote the acceptance of the roles and functions of clinical pharmacists by physicians and nurses, and (3) assure the provision of good quality care. The evaluation data were collected over a six-week period using questionnaire surveys of approximately 28 pharmacists, 146 physicians, and 389 nurses; pharmacist service reports from 5991 drug monitorings; 228 medical record audits for six drugs; 68 guideline compliance records for three drugs; interviews with 131 users of the drug information services; and logs of 3946 pharmacist encounters with other health-care providers. Generally, the clinical pharmacy program was found to be meeting its goals. Most of the monitorings (81.6%) were initiated by pharmacists, and 20% resulted in changes in drug therapy. The pharmacists adhered to the pharmacy department's monitoring and dosing guidelines. There was unanimous satisfaction among users of the drug information service with the response received from pharmacists, and 99% satisfaction with the promptness of response and accuracy of the information. Sixty-eight percent of the pharmacists reported discussing general issues with physicians, and 72% answered patient-specific questions from physicians. The physicians (96%) and nurses (97%) thought that there was an improvement in the quality of patient care as a result of pharmacist involvement. Pharmacists at MHMC are providing useful clinical services.

0209115 82203489

**Trends and initiatives in hospital ambulatory care.**

Burns LA  
Am J Hosp Pharm ,May 1982, 39 (5) p799-805, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Changes in the financing and delivery of hospital ambulatory care are discussed. Ambulatory care encompasses a wide spectrum of clinical services provided to patients who are not confined overnight to an institutional bed as inpatients. There are a large and growing number of ways hospitals and physicians cooperate to provide ambulatory-care services. Technological advancements, which have spurred changes in other sectors of medicine, have also changed patterns of medical practice in ambulatory care. Some of the reasons why hospitals develop and expand ambulatory-care programs relate to the changing demand for health services, the shifting preferences of third-party payers and regulators, competitive

influences, diversification of risk, and use of such programs as feeders for inpatient services and as teaching and research settings. Although outpatient revenues are a small portion of total hospital revenues, they are growing more rapidly than inpatient revenues. Changes in the health industry that offer opportunities to hospitals are described, such as the increasing physician supply and the formation of group practices, the climate of cost consciousness and price competition, and the trend toward new corporate structures for hospitals. These changes portend changes for hospital pharmacists and give them the opportunity to increase their clinical roles in providing ambulatory care.

0209113 82203485

**Job satisfaction and the future of pharmacy.**

Noel MW; Hammel RJ; Bootman JL  
Am J Hosp Pharm ,Apr 1982, 39 (4) p649-51, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Reasons for the low levels of job satisfaction reported by hospital pharmacy personnel, the potential impact of this dissatisfaction on the profession, and possible solutions to the problem are discussed. Low levels of satisfaction among hospital pharmacists may be largely because of the manner in which pharmacy is practiced. While leaders in pharmacy have developed innovative programs and colleges of pharmacy have produced highly skilled practitioners, the practice of hospital pharmacy has not kept pace. Young practitioners may be disenchanted with pharmacy practice in the "real world" compared with their expectations, and they may not find their jobs mentally challenging. This may result in boredom, low motivation and commitment, and obsolescence of skills and abilities. To reverse the trend of insufficient mental challenge, the role of the hospital staff pharmacist could be expanded to include some of the challenging functions presently performed by clinical pharmacists. This could be done by decentralizing pharmaceutical services so that pharmacists have more interaction with patients and other health practitioners. To alleviate dissatisfaction with advancement, a position hierarchy in the pharmacy could be established where pharmacists and support personnel would be promoted to a higher grade on the basis of merit, tenure, and demonstrated competence. Soliciting employee input at staff meetings may have a positive impact on satisfaction with hospital policies and practices. Finally, it is necessary for directors of pharmacy to develop the expertise to deal effectively with problems of human-resources management.

01084

0209111 82203481

**Consistency in job descriptions, the interview process, and employee evaluations.**

Lewis J  
Am J Hosp Pharm ,Apr 1982, 39 (4) p643-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0209110 82203480

**Reimbursement for clinical pharmaceutical services in university hospitals.**

Sylvester KL  
Am J Hosp Pharm ,Apr 1982, 39 (4) p642-3, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0209109 82203479

**Effect of removing clinical pharmacy input.**

Chrymko MM; Conrad WF  
Am J Hosp Pharm ,Apr 1982, 39 (4) p641, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

0209108 82203478

**Establishing priorities and distributing the request for proposal.**

Williams FL; Tucker SR  
Am J Hosp Pharm ,Apr 1982, 39 (4) p635-40, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The process of establishing priorities for a prospective hospital pharmacy computer system and distributing the Request for Proposal (RFP) to computer vendors is described. Priorities are established through the creation of three documents: (1) a priority list, (2) a categorized RFP, and (3) a categorized RFP extension. The priority list outlines important elements in the selection of a vendor; quality of software, reliability of software and hardware, vendor stability, costs, site requirements, expansion capability, vendor support, and system performance. The categorized RFP ranks each specific RFP item as mandatory, highly important, important, or "luxury." The categorized RFP extension ranks the nonimplementation items and is used to grade vendors on items not addressed by the RFP. Each potential vendor should be called and asked the same set of questions in order to quickly eliminate those with unacceptable products. The RFP is then distributed to vendors that qualify. This process helps determine if the system being considered has all the required functions, has reliable software and hardware, and whether the vendor is stable and capable of providing assistance during implementation and throughout the life of the product.

0209106 82203474

**Pharmaceutical services in a veterinary hospital and clinic.**

Jinks MJ; Paulsen LM  
Am J Hosp Pharm ,Apr 1982, 39 (4) p619-21, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The pharmaceutical services offered by hospital pharmacists to a veterinary hospital and clinic are described. At Washington State University, the Department of Veterinary Clinical Medicine and Surgery of the College of Veterinary Medicine approached the College of Pharmacy to evaluate the pharmaceutical services in terms of lost charges and to provide recommendations for needed changes. The records of 18 cases were surveyed, and an inventory was taken in two wards to determine outdated drug products, products without expiration dates, and product duplication. The survey and inventory revealed inefficiencies and waste in the billing and distribution systems. The findings indicated the feasibility and potential cost-effectiveness of employing hospital pharmacists to manage the drug distribution system. A combined floor stock and individual prescription order system was implemented under the direction of a pharmacist faculty member jointly appointed by the two colleges. The distribution system has been in successful operation for two years, and the relationship between the two colleges has prompted the development of shared academic positions and joint clinical research.

01095

**HOSPITAL, INVENTARIO**

01096

0233137 83135008

**What is the methodology for calculating holding or storage costs for supplies in inventory and why is it important?**

HPN Hosp Purch News ,Apr 1983, 7 (4) p16-7, ISSN

0279-4799 Journal Code: G3D

Languages: ENGLISH

0232330 83147306

**The impact of adenine and inventory utilization decisions on blood inventory management.**

Cohen MA; Pierskalla WP; Sasseti RJ

Transfusion ,Jan-Feb 1983, 23 (1) p54-8, ISSN 0041-1132

Journal Code: WDN

Contract/Grant No.: HS000786

Languages: ENGLISH

The use of citrate-phosphate-dextrose-adenine as an anticoagulant for whole blood increases the storage period permitted for whole blood and red cells from 21 to 35 days. A simulation model was used to analyze the possible consequences for outdates and shortages of the addition of adenine. The model accepts as input (1) the maximum age (21 or 35 days), (2) parameters describing the demand and supply distributions, and (3) parameters describing inventory control (crossmatch recycle period, transfusion fraction, deviation from optimal target inventory levels). These parameters were varied over wide ranges, and a full factorial design was carried out. The observed shortage and outdate rates were then related (via multiple regression) to the parameter values. The resulting shortage and outdate functions indicated the effect of parameter changes, including extending the lifetime from 21 to 35 days, and the joint effect of changing more than one parameter. Conclusions indicate that, while the contribution of an increased lifetime to reducing shortages and outdates can be substantial, this contribution can be easily dissipated by relaxing the tightness of other inventory management controls.

0229581 83124019

**System to maximize inventory performance in a small hospital.**

VanDerLinde LP

Am J Hosp Pharm ,Jan 1983, 40 (1) p70-3, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

A computerized system to maximize inventory performance in a small hospital is described. An inventory control system, which integrates economic order quantity (EOQ) and ABC inventory models was implemented in a 146-bed hospital. The perpetual inventory control data base, supported by the hospital's mainframe computer, generates monthly inventory statistics that are segregated into A, B, and C reports. Using a hand-held computer that interfaces with the perpetual inventory system, a series of inventory management reports

were developed. These reports, which are based on the EOQ model, provide the following information for each drug line item: EOQ, EOQ proposed carrying cost, actual inventory carrying costs, safety stock, order point, average inventory, and the "on hand/on order" point. Several supplemental inventory management reports were also developed. While implementing the computerized inventory system, the pharmacy also changed its purchasing strategy from predominantly direct accounts to a progressive prime-vendor wholesaler. From December 1980 to December 1981, the ABC/EOQ system with progressive prime-vendor involvement essentially doubled total aggregate inventory turnover. A 46.5% reduction in standing inventory levels occurred. The drug cost per line item dispersed remained relatively constant over the one-year period, despite price increases. The application of the computerized ABC/EOQ inventory model to an online perpetual inventory control data base effectively reduced the inventory operation costs.

0229580 83124018

**Improving a pharmaceutical purchasing and inventory control system.**

Rubin H; Keller DD

Am J Hosp Pharm ,Jan 1983, 40 (1) p67-70, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A method by which a pharmacy department improved its purchasing and inventory control system is described. System changes to the computerized inventory control system included implementation of a formulary, affiliation with a group purchasing association, and transfer of specified purchasing and inventory control functions to the technical staff of the purchasing department. Pharmacy maintained the decision-making authority over all vendors and dosage forms of drug products. Optimal results were achieved when the purchasing department's pharmacy buyer position was staffed with an employee who had previous experience as a clerical worker in the pharmacy. The authors state that this system has proved to be an effective, cost efficient method of purchasing and inventory control of pharmaceuticals in their hospital.

0227541 83081028

**An overview of inventory control.**

Hosp Purch Manage ,Jan 1983, 8 (1) p3-6, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

01097



0227539 83081026  
**Exchange cart vs. par stock: which is the best distribution system? Part II.**  
Gray SP  
Hosp Purch Manage ,Jan 1983, 8 (1) p15-7, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0227538 83081025  
**Purchasing/inventory control: new system successful for small hospital.**  
Steele RA  
Hosp Purch Manage ,Jan 1983, 8 (1) p14, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0226283 83085757  
**Use of a Type and Screen program in hospital blood bank inventory control.**  
Muschenheim F  
J Med Soc NJ ,Oct 1982, 79 (11) p823-6, ISSN 0025-7524  
Journal Code: J47  
Languages: ENGLISH

0225848 83081615  
**Preoperative blood ordering.**  
Stehling LC  
Int Anesthesiol Clin ,Winter 1982, 20 (4) p45-57, ISSN  
0020-5907 Journal Code: GP4  
Languages: ENGLISH

0224882 83055444  
**Taking stock of new ideas.**  
Howie H  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p22-4,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0222115 83029249  
**Operating room inventory management: a collaborative effort.**  
Schanilec J; Guyol DM  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p72-8, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222114 83029248

**Rx for inventories.**  
Navarre JB  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p7-14, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222113 83029247  
**The need for effective inventory control.**  
Lewis WR  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p67-71, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222112 83029246  
**Forecasting for inventory control.**  
Gleason DB  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p62-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222110 83029244  
**The vendor's role in inventory reduction.**  
Pitts W  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p44-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222109 83029243  
**Inventory reduction: back to the fundamentals.**  
Dowling GF  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p40-3, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222108 83029242  
**Applications of perpetual inventory systems.**  
Warren LK; Gurian C  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p32-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0108

0222107 83029241  
**Hospital inventory management and control: an overview.**  
Nagle CL; Nackel JG  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p21-31, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222106 83029240  
**Cost recovery from used equipment.**  
Wheeler JP Jr  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p15-20, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222105 83029239  
**Research project examines hospital inventory management.**  
Aardsma AH  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p1-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0221721 83045691  
**Preparing to implement.**  
Thielke TS  
Am J Hosp Pharm ,Sep 1982, 39 (9) p1521-4, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The steps involved in preparing to implement a pharmacy computer system are described. Although the order in which the various steps have to be completed varies according to the hospital specifics, important elements of the preparation process include preparation of the site, organization of personnel, development of policies and procedures, developing and ordering forms, preparation of the implementation schedule, file development, and preparation of other departments. A well-designed plan and a realistic time schedule for the preparation process facilitates the actual implementation of a pharmacy computer system.

0221720 83045690  
**Cost justifying a pharmacy residency program.**  
Schneider PJ; Boman DM; Bourret JA; Ngu BQ; Ouellette SM;  
Smeek DM  
Am J Hosp Pharm ,Sep 1982, 39 (9) p1517-20, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Cost justification of a pharmacy residency training program was prepared. The contributions of the pharmacy residents were tabulated and compared with the cost of the program to the hospital. Contributions were determined by identifying the

activities performed by residents that could be quantified in financial terms. The residents' activities that benefited the hospital included administrative support, completion of special projects, scheduling staff assignments, and coordinating education programs. Costs were derived from salaries, fringe benefits, and training expense. An output value analysis was performed by comparing the contributions of the residents to the institution with the cost of the training program. The contributions of the residents exceeded the costs of the training program by a ratio of 1.3 to 1.

0221716 83045685  
**Changing an automated drug inventory control system to a data base design.**  
Bradish RA  
Am J Hosp Pharm ,Sep 1982, 39 (9) p1502-5, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

A pharmacy department's change from indexed sequential access files to a data base management system (DBMS) for purposes of automated inventory control is described. The DBMS has three main functional areas: (1) inventory ordering and accountability, (2) charging of interdepartmental and intradepartmental orders, and (3) data manipulation with report design for management control. There are seven files directly related to the inventory ordering and accountability area. Each record can be accessed directly or through another file. Information on the quantity of a drug on hand, drug(s) supplied by a specific vendor, status of a purchase order, or calculation of an estimated order quantity can be retrieved quickly. In the drug master file, two records contain a reorder point and safety-stock level that are determined by searching the entries in the order history file and vendor master file. The intradepartmental and interdepartmental orders section contains five files assigned to record and store information on drug distribution. All items removed from the stockroom and distributed are recorded, and reports can be generated for itemized bills, total cost by area, and as formatted files for the accounts payable department. The design, development, and implementation of the DBMS took approximately a year using a part-time pharmacist and minimal outside help, while the previous system required constant expensive help of a programmer/analyst. The DBMS has given the pharmacy department a flexible inventory management system with increased drug control, decreased operating expenses, increased use of department personnel, and the ability to develop and enhance other systems.

0219636 83006498  
**Commodity coding, Part, III.**  
Kelly TW  
HPN Hosp Purch News .Oct 1982, 6 (10) p16. Journal  
Code: G3D  
Languages: ENGLISH

0217396 82263539  
**Excess beds: an inventory problem.**  
Fitschen F  
Hosp Top .Sep-Oct 1982, 60 (5) p7-8, 12. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217395 82263538  
**Material management: a fertile environment for hospital cost containment.**  
Housley CE  
Hosp Top .Sep-Oct 1982, 60 (5) p42-9. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217376 82263519  
**U.S. Army guideline for pharmacy supply.**  
Libby GN; Clyde WD Jr  
Hosp Mater Manage Q .Aug 1982, 4 (1) p46-51. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217360 82263503  
**ABC analysis and stockout reports reflecting considerations of criticality for patient care.**  
Calhoun GL; Wheeler FR  
Hosp Mater Manage Q .May 1982, 3 (4) p44-9. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217279 82263275  
**Pharmaceutical scam: use audit to detect 'pyramid cube scheme'.**  
Gardner JR  
Healthc Financ Manage .Sep 1982, 36 (9) p72, 74. ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217240 82262133

**New drug purchasing plan cuts costs, provides incentives.**  
Mullendore A  
Rev Fed Am Hosp .Sep-Oct 1982, 15 (5) p48-9. ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0216945 82281428  
**Use of a tabletop computer in controlled substances distribution.**  
Markin RE; Schwartz JI; Sell AE  
Am J Hosp Pharm .Jul 1982, 39 (7) p1195-7. ISSN  
0002-9289 Journal Code: J10  
Languages: ENGLISH

The use of a tabletop computer for controlled substances distribution is described. The self-contained system uses programs stored on discs to maintain records for floor stock, individual patient orders, and ambulatory patient prescriptions. Three reports are generated daily: (1) a listing of all floor supplies issued on the current date, (2) a listing of all individual patient supply transactions for the current date, and (3) an alphabetical listing of the inventory for controlled substances, including an alert system to identify any item that has fallen below a preselected minimum stock level. The tabletop computer allowed the pharmacy to take advantage of the accuracy and speed of electronic data processing at its own pace, independent of the hospital's main computer system. Because the tabletop computer and the main system both use a common programming language, any programs developed on the tabletop computer can be converted to the main system.

0215220 82264805  
**Ratio analysis: use with caution.**  
Finkler SA  
Health Care Manage Rev .Spring 1982, 7 (2) p65-72. ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

01101

0214503 82246508

**Perishable inventory theory: a review.**

Nahmias S

Oper Res ,Jul-Aug 1982, 30 (4) p680-708, Journal Code: OKC

Languages: ENGLISH

This paper reviews the relevant literature on the problem of determining suitable ordering policies for both fixed life perishable inventory, and inventory subject to continuous exponential decay. We consider both deterministic and stochastic demand for single and multiple products. Both optimal and suboptimal order policies are discussed. In addition, a brief review of the application of these models to blood bank management is included. The review concludes with a discussion of some of the interesting open research questions in the area. (77 Refs.)

0214305 82237782

**Computerized inventory control: material requirement planning in the surgical suite.**

Scameil RW; Hardaway DE; Moura PE

Healthc Financ Manage ,Jun 1982, 36 (6) p64, 66, 68, ISSN 0018-5639 Journal Code: GBC

Languages: ENGLISH

0214052 82254140

**A blood ordering strategy for hospital blood banks derived from a computer simulation.**

Friedman BA; Abbott RD; Williams GW

Am J Clin Pathol ,Aug 1982, 78 (2) p154-60, ISSN 0002-9173 Journal Code: 3FK

Languages: ENGLISH

The ultimate goal of a hospital blood bank inventory control programs is to reduce wastage of blood products and unnecessary use of laboratory services without jeopardizing patient safety. The development of a practical blood ordering policy at the hospital level is an integral part of any such program. In order to explore various blood ordering options in detail, a computer simulation of a hospital blood inventory was used to assess the impact on blood bank performance measures of reductions in group O and non-group-O levels from baseline levels, assuming both a 21-day and 35-day shelf life.

On the basis of data derived from this study showing that such inventory reductions accompanied by partial protection of the group O inventory will not result in significant shortages, a practical strategy was developed for establishing optimal target inventory levels for a hospital on an empirical basis. These target levels can serve as a guide for subsequent blood ordering. A step-by-step approach for analyzing a hospital blood inventory control program is then suggested, accompanied by an action plan for implementing change which incorporates the experimentally-derived blood ordering strategy. Adherence to this plan should result in a low outdate rate, a reduction in unnecessary cross-matching, and

greater availability of blood for those patients with a legitimate need for it.

0210446 82213229

**A computerized system for control and management of radionuclide inventory: application in nuclear medicine.**

Hoory S; Levy LM; Moskowitz G; Bandyopadhyay D; Vaugeois JC  
Health Phys ,May 1982, 42 (5) p601-9, ISSN 0017-9078

Journal Code: G2H

Languages: ENGLISH

An interactive computerized system for radioisotope management and instantaneous inventory is reported. The system is capable of handling operations such as filing, nuclear imaging and disposing of various radionuclides. All radiopharmaceutical transactions are achieved with the aid of a Prime 300 mini-computer of 192K words of high speed semi-conductor memory and over 120 mega bytes of disk storage.

The system automatically corrects for the appropriate decay, monitors and updates the storage file after every subsequent study. The performed study is recorded in a special file, together with the time and data retrieved from the computer's real time clock at the time of the entry. The system provides an organized and complete bookkeeping of all records concerning radionuclide transactions. It is found to be simple, efficient, highly versatile, and drastically reduces the time of operation and errors in handling the radioisotope inventory.

0210415 82213000

**The problem of the availability of drugs in hospital: the example of Makurdi, Nigeria.**

Leke JT

Int Nurs Rev ,Mar-Apr 1982, 29 (2) p46-7, ISSN 0020-8132 Journal Code: GTP

Languages: ENGLISH

01101

00519

0209755 82199673

**Applying management science in developing countries: ABC analysis to plan public drug procurement.**

Quick JD

Socioecon Plann Sci .1982, 16 (1) p39-50, ISSN

0038-0121 Journal Code: UUV

Languages: ENGLISH

Despite the vital role of pharmaceuticals in the prevention and treatment of major causes of death and disability in the developing world, high costs and frequent shortages remain chronic problems for drug supply programs. Yet, management techniques developed to optimize the use of scarce resources have had limited application in the settings of greatest need.

An important determinant of the cost and supply of drugs is the procurement pattern. This study reviews procurement patterns in selected public supply programs and, using management science techniques, compares alternative procurement patterns in terms of inventory costs and shortages. Using drug cost and quantity estimates from two countries, a simulated ABC analysis was performed. This analysis showed drug inventories to be typical of industrial inventories: Over 80% of the consumption in dollars was accounted for by less than 20% of the drugs. Procurement patterns with more frequent purchasing or delivery of high usage drugs could reduce average inventories 20-50% over the commonly observed annual purchasing pattern. Sensitivity analysis of the results confirmed that variability in the delivery time and consumption pattern has a significant impact on the efficiency and economy of a procurement system. Closer supplier monitoring and better forecasting should reduce this variability.

0206825 82166979

**24-hour unit dose dispensing of class III-V controlled substances.**

Larson RL; Miller BA

Hosp Pharm ,May 1982, 17 (5) p254-5, 258-9, ISSN

0018-5787 Journal Code: G98

Languages: ENGLISH

Methods of controlling controlled substance (CS) inventories in unit dose dispensing systems vary. The two extremes are total floor stock of all CS drugs by the use of declining inventory signout sheets on the nursing unit to controlling only Class II and a few selected class III-V items. The method described herein outlines a systematic approach to controlling items on an individual patient basis consistent with the benefits of unit dose dispensing. A CS card assigned to each patient for each of his required controlled substance medications serves as an audit trail for doses consumed by the patient and provides a declining inventory receipt when returned to the pharmacy.

0204724 82153719

**A system for control of scrub suits.**

Anderson G; Harris W  
Text Rent ,Apr 1982, 65 (8) p86-8, 90, 92 passim. ISSN  
0024-3825 Journal Code: VNP  
Languages: ENGLISH

0199107 82097701

**Using re-order points: ROP discussion helps EOQ article.**

Zenty TF 3d

Hosp Financ Manage ,Feb 1982, 36 (2) p61, ISSN

0018-5639 Journal Code: G9N

Languages: ENGLISH

0198988 82095650

**Computerized purchasing, inventory system developed by Humana Inc.**

Powell PB

Rev Fed Am Hosp ,Jan-Feb 1982, 15 (1) p50-2, 54,

Journal Code: EUJ

Languages: ENGLISH

01102

0198762 82110965

**Comprehensive pharmaceutical services for a state correctional facility.**

Kingston RL; Pfeifle CE; Cipolle RJ; Zaske DE; Eells CB; Johnson HL

Am J Hosp Pharm ,Jan 1982, 39 (1) p86-9, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

A contractual model for comprehensive pharmaceutical services involving a major medical center pharmacy, a university, and a state department of corrections is described. Project goals and methods for the provision of services are described. These include areas of formulary development, inventory management, drug distribution, on-site placement of pharmacy operations, and educational development.

Impact of the program was assessed over a 30-month period. Development of policies and procedures for drug use in a correctional setting enabled implementation of a strict patient population-specific drug formulary. Procedural changes resulted in an 83% decrease in on-site drug inventories and a 62% decrease in quarterly drug expenditures. A one-time saving of more than \$26,500 resulted from the decrease in on-site inventory, and an annual saving of \$44,000 is projected for decreased drug expenditures. All but five controlled substances were removed from the formulary, and only 13 nonprescription items remained in the formulary. An educational course on health care in correctional settings provided exposure for pharmacy students to this new area of institutional practice. The contractual model proved both cost-effective and functional for the department of corrections.

0195375 82074331

**Survey points to need for more efficient inventory management.**

Aardsma AH

Hospitals ,Jan 16 1982, 56 (2) p91-2, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

**HOSPITAL, LAVANDERIA**

01104

0233226 83140583  
**New hospital laundry in India very unusual by U.S. standards.**

Eldredge DC  
Laund News ,Mar 1983, 9 (3) p5, 29, Journal Code: L4R  
Languages: ENGLISH

0233225 83140582  
**St. Mary's Hospital, Reno to open new off-site laundry in March.**

Duffy K  
Laund News ,Mar 1983, 9 (3) p3, Journal Code: L4R  
Languages: ENGLISH

0233224 83140581  
**Every hospital laundry requires a good quality assurance program.**

Runnells GA  
Laund News ,Mar 1983, 9 (3) p26-7, Journal Code: L4R  
Languages: ENGLISH

0233222 83140579  
**Hard facts about losing your job that will help you to survive.**

Frederick EL  
Laund News ,Mar 1983, 9 (3) p11-3, 15-6, Journal Code: L4R  
Languages: ENGLISH

0233220 83140577  
**Ohio hospital layoffs not expected to affect linen-service operations.**

Reinfeld J  
Laund News ,Mar 1983, 9 (3) p1, Journal Code: L4R  
Languages: ENGLISH

00520  
0232694 83151508  
**Bacteriological quality of fabrics washed at lower-than-standard temperatures in a hospital laundry facility.**

Christian RR; Manchester JT; Mellor MT  
Appl Environ Microbiol ,Feb 1983, 45 (2) p591-7, ISSN 0099-2240 Journal Code: 6K6  
Languages: ENGLISH

We determined whether the bacteriological quality of fabrics cleaned in a hospital laundry could be maintained at wash temperatures lower than 75 degrees C by the use of

economically reasonable formulas and wash conditions. Three groups of bacteria were examined to determine bacteriological quality: aerobic, nonexacting chemoorganotrophs, staphylococci, and total coliforms. The distribution of bacteria on soiled fabric was patchy, with staphylococci and total coliforms ranging from less than 0.1 to greater than  $4 \times 10^3$  CFU/cm<sup>2</sup> and chemoorganotrophs ranging from less than 0.1 to greater than  $5 \times 10^5$  CFU/cm<sup>2</sup>. The washing process routinely produced fabric containing less than 1 CFU/cm<sup>2</sup>. Low-temperature (47.8 to 60.0 degrees C) wash procedures eliminated all bacterial groups at least as effectively as did high-temperature procedures. The effectiveness of bacterial density reduction at low temperature was augmented by increased concentrations of bleach. Successful low-temperature washing such as that shown here may save both energy and money for hospitals.

0227625 83087756  
**Looking to reduce linen usage? Check hidden problem areas.**  
Faig K  
Laund News ,Jan 1983, 9 (1) p24, Journal Code: L4R  
Languages: ENGLISH

0227624 83087755  
**Computer update: new capabilities can ease a laundry manager's job.**  
Garcia D  
Laund News ,Jan 1983, 9 (1) p16-7, Journal Code: L4R  
Languages: ENGLISH

0227623 83087754  
**Reagan administration drops plans to enact hospital reporting system.**  
Reinfeld J  
Laund News ,Jan 1983, 9 (1) p1, 26, Journal Code: L4R  
Languages: ENGLISH

0227622 83087753  
**Indiana VA Medical Center to start construction on new \$2 million laundry.**  
Laund News ,Nov 1982, 8 (11) p8, Journal Code: L4R  
Languages: ENGLISH

01105



0227621 83087752

**Linen handling and transport considered most critical areas in JCAH inspections.**

Duffy K

Laund News ,Nov 1982, 8 (11) p4, Journal Code: L4R

Languages: ENGLISH

0227620 83087751

**Scrub suit control program to cut costs at Florida hospital by 30%.**

Reinfeld J

Laund News ,Nov 1982, 8 (11) p3, Journal Code: L4R

Languages: ENGLISH

0227618 83087749

**New rules on minimum water temperature in hospital laundries may go into effect.**

Reinfeld J

Laund News ,Nov 1982, 8 (11) p21, Journal Code: L4R

Languages: ENGLISH

0227617 83087748

**Health-care, laundry organizations join forces to develop guidelines.**

Duffy K

Laund News ,Nov 1982, 8 (11) p1, 23, Journal Code: L4R

Languages: ENGLISH

0227555 83081066

**Laundry design and layout.**

Fuell WG

Hosp Eng ,Dec 1982, 36 (10) p12-20, ISSN 0309-7498

Journal Code: GDS

Languages: ENGLISH

0225011 83061629

**Laundry renovation boosts morale, reduces manpower requirements.**

Duffy K

Laund News ,Sep 1982, 8 (9) p7, 27, Journal Code: L4R

Languages: ENGLISH

0225010 83061628

**New laundry under construction at North Dakota medical center.**

Eldredge DC

Laund News ,Sep 1982, 8 (9) p4, Journal Code: L4R

Languages: ENGLISH

0225008 83061626

**New shared-service laundry built by Oklahoma Hospital Association.**

Eldredge DC

Laund News ,Sep 1982, 8 (9) p3, 27, Journal Code: L4R

Languages: ENGLISH

0225007 83061625

**Weighting reusables vs. disposables? Examine all the evidence carefully.**

Quill C

Laund News ,Sep 1982, 8 (9) p19-20, 24, Journal Code: L4R

Languages: ENGLISH

0225006 83061624

**Good record-keeping is the key to making management decisions.**

Duffy K

Laund News ,Sep 1982, 8 (9) p15, 25, Journal Code: L4R

Languages: ENGLISH

0225005 83061623

**Financial officer talks about role of a laundry manager in budgeting [interview]**

Wardein J

Laund News ,Sep 1982, 8 (9) p13, 17, 26, Journal Code: L4R

Languages: ENGLISH

0225004 83061622

**New Canadian regional laundry to replace individual facilities.**

Laund News ,Sep 1982, 8 (9) p1, 28, Journal Code: L4R

Languages: ENGLISH

01106

0225003 83061621  
**Cost-control idea reduces expenses, improves employee safety at hospital.**  
Duffy K  
Laund News ,Dec 1982, 8 (12) p7, Journal Code: L4R  
Languages: ENGLISH

0225002 83061620  
**Laundry renovation nearing completion at St. John's Hospital in Anderson, IN.**  
Eldredge DC  
Laund News ,Dec 1982, 8 (12) p6, Journal Code: L4R  
Languages: ENGLISH

0225001 83061619  
**Buffalo hospital to increase linen output after renovation.**  
Reinfeld J  
Laund News ,Dec 1982, 8 (12) p4, Journal Code: L4R  
Languages: ENGLISH

0225000 83061618  
**St. Luke's in Jacksonville, Florida constructing replacement hospital.**  
Laund News ,Dec 1982, 8 (12) p3, Journal Code: L4R  
Languages: ENGLISH

0224999 83061617  
**Blended uniforms need special care.**  
Faig K  
Laund News ,Dec 1982, 8 (12) p14, 17, Journal Code: L4R  
Languages: ENGLISH

0224998 83061616  
**Assigning dollar figure to linen costs is best way to reach administrators.**  
Laund News ,Dec 1982, 8 (12) p10, Journal Code: L4R  
Languages: ENGLISH

0224997 83061615  
**Quebec hospital renovates laundry to serve other local institutions.**  
Reinfeld J  
Laund News ,Dec 1982, 8 (12) p1, 22, Journal Code: L4R  
Languages: ENGLISH

0224996 83061614  
**Negotiations deadlocked in strike by employees at Ohio hospital.**  
Duffy K  
Laund News ,Dec 1982, 8 (12) p1, 22, Journal Code: L4R  
Languages: ENGLISH

0224813 83055192  
**Planning laundry services.**  
Spooner RR  
Hosp Eng ,Sep 1982, 36 (7) p7-10, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0224811 83055190  
**Maintenance of laundry processing plant.**  
Pidcock GF  
Hosp Eng ,Sep 1982, 36 (7) p16-9, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0224810 83055189  
**Laundry distribution.**  
Taylor HW  
Hosp Eng ,Sep 1982, 36 (7) p10-2, 15-6, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0222969 83055691  
**CDC's guidelines on infection control; more guidelines.**  
Crow S  
Infect Control Urol Care ,1982, 7 (1) p27-42, Journal Code: GN4  
Languages: ENGLISH

0222336 83046149  
**Computers: under estimated and under utilized.**  
Shusterman C  
Am Laund Dig ,Sep 15 1982, 47 (9) p6-8, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

01107

0222335 83046148

**Diary of a laundry.**

Kluth D

Am Laund Dig ,Oct 15 1982, 47 (10) p29-30, 32-3, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0222334 83046147

**Continuous flow system keeps Sinai's production high and labor costs down [interview]**

Sebree S

Am Laund Dig ,Oct 15 1982, 47 (10) p22-5, 28, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0222333 83046146

**Laundry and linen costs still holding the line.**

Am Laund Dig ,Oct 15 1982, 47 (10) p18-9, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0222332 83046145

**Committee starts to develop healthcare laundry practices.**

Am Laund Dig ,Oct 15 1982, 47 (10) p16, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0222190 83035757

**Brooklyn hospital to double size of on-premise laundry [interview]**

Neal JD Jr

Laund News ,Oct 1982, 8 (10) p5, Journal Code: L4R  
Languages: ENGLISH

0222189 83035756

**Veterans Administration Medical Center plans renovation of in-house laundry.**

Reinfeld J

Laund News ,Oct 1982, 8 (10) p3, Journal Code: L4R  
Languages: ENGLISH

0222067 83029128

**Cooperative laundries for nonprofit hospitals.**

Decker R

Hosp Purch Manage ,Nov 1982, 7 (11) p17-8, ISSN  
0163-1322 Journal Code: GB6

Languages: ENGLISH

0219633 83006495

**The case of the disappearing scrub suits.**

Willson CR

HPN Hosp Purch News ,Oct 1982, 6 (10) p11-3, Journal  
Code: G3D  
Languages: ENGLISH

0218404 83008352

**Is it necessary to treat foul linen from geriatric patients as infected?**

Taylor LJ

J Hosp Infect ,Jun 1982, 3 (2) p209-10, ISSN 0195-6701  
Journal Code: ID6  
Languages: ENGLISH

0217750 82281935

**Rx for cost containment: leasing.**

Shusterman C

Am Laund Dig ,Aug 15 1982, 47 (8) p6, 8-9, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0217749 82281934

**Recovering dollars from waste water.**

Storm T

Am Laund Dig ,Aug 15 1982, 47 (8) p37-40, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0217748 82281933

**A laundry that must meet high volume demands [interview]**

Paradis B

Am Laund Dig ,Aug 15 1982, 47 (8) p24-6, 30-1, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

01108

0217703 82277922

**Re: "Low temperature washing for hospital linen."**  
Text Rent ,Aug 1982, 65 (12) p20, ISSN 0024-3825  
Journal Code: VNP  
Languages: ENGLISH

0217702 82277921

**Hospital linen rental: a logical development.**  
Giezeman W  
Text Rent ,Aug 1982, 65 (12) p17-8, ISSN 0024-3825  
Journal Code: VNP  
Languages: ENGLISH

0214614 82254336

**Automation can work, even in a people-oriented laundry [Interview]**  
DeLancey AC  
Am Laund Dig ,Jul 15 1982, 47 (7) p25, 28-31, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0214462 82244390

**Majority says rising costs will not jeopardize the future of OPLs.**  
Laund News ,Aug 1982, 8 (8) p6, Journal Code: L4R  
Languages: ENGLISH

0214461 82244389

**Muhlenberg wins bidding battle for hospital laundry contract.**  
Carey DL  
Laund News ,Aug 1982, 8 (8) p2, Journal Code: L4R  
Languages: ENGLISH

0214460 82244388

**Budget cuts, JCAH help trigger DC hospital laundry renovation.**  
Duffy K  
Laund News ,Aug 1982, 8 (8) p1, 18, Journal Code: L4R  
Languages: ENGLISH

0214410 82238800

**Outside laundries must follow JCAH guidelines.**  
HPN Hosp Purch News ,Aug 1982, 6 (8) p6, Journal Code: G3D  
Languages: ENGLISH

0214345 82237918

**Laundry energy conservation.**  
Skegg VE  
Hosp Eng ,Aug 1982, 36 (6) p5-19, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0214344 82237917

**Hospital Linen Services Symposium paper: effective management.**  
Law RH  
Hosp Eng ,Aug 1982, 36 (6) p20-2, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0212654 82237161

**Washable pads or disposable diapers?**  
Grant R  
Geriatr Nurs (New York) ,Jul-Aug 1982, 3 (4) p248-51,  
Journal Code: FW7  
Languages: ENGLISH

0212388 82228326

**Are you an effective leader?**  
Irwin D  
Am Laund Dig ,Jun 15 1982, 47 (6) p34-5, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0212387 82228325

**Is your laundry cost effective?**  
Shusterman C  
Am Laund Dig ,Jun 15 1982, 47 (6) p18-9, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

01109

0212351 82224584  
**Update on hospital accreditation.**  
Johnson B  
Text Rent ,Jul 1982, 65 (11) p70, 72, 74, ISSN  
0024-3825 Journal Code: VNP  
Languages: ENGLISH

0212249 82218897  
**Revamping of landmark laundry leaves building exterior intact.**  
Carey DL  
Laund News ,Jul 1982, 8 (7) p8, 15, Journal Code: L4R  
Languages: ENGLISH

0212248 82218896  
**Renovation of hospital laundry will mean fewer operating days.**  
Laund News ,Jul 1982, 8 (7) p4, 14, Journal Code: L4R  
Languages: ENGLISH

0212247 82218895  
**Linen director projects big saving in energy after laundry opening.**  
Duffy K  
Laund News ,Jul 1982, 8 (7) p3, Journal Code: L4R  
Languages: ENGLISH

0212246 82218894  
**Baylor moves laundry operation to temporary location off site.**  
Laund News ,Jul 1982, 8 (7) p1, 6, Journal Code: L4R  
Languages: ENGLISH

0212055 82209734  
**Rationale behind major laundry renovation: spend more to save [interview]**  
Perkins C  
Cost Containment ,Jul 13 1982, 4 (13) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0209610 82194515  
**Incentive program is one key to central plant's success.**  
Laund News ,Jun 1982, 8 (6) p5, Journal Code: L4R  
Languages: ENGLISH

0209510 82188670  
**Electronic pilferage system slashes hospital's linen losses.**  
Health Care Secur Saf Manage ,Apr 1982, 2 (12) p1-2,  
Journal Code: GH6  
Languages: ENGLISH

0207046 82179915  
**A review by your peers.**  
Shusterman C  
Am Laund Dig ,May 15 1982, 47 (5) p6-8, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0207042 82179911  
**Canadian central claims greater efficiency than in-house plants [interview]**  
Pekar B  
Am Laund Dig ,Apr 15 1982, 47 (4) p26, 28-30, 32, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0207041 82179910  
**Another look at why Reaganomics are hard to digest.**  
Shusterman C  
Am Laund Dig ,Apr 15 1982, 47 (4) p23-5, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0206993 82176761  
**Low-temp washing for hospital linen.**  
Erkenbrecher CW Jr; Paradee DJ  
Text Rent ,May 1982, 65 (9) p64-5, 67-8, 70 passim,  
ISSN 0024-3825 Journal Code: VNP  
Languages: ENGLISH

0206992 82176760  
**How hospitals allocate laundry utility costs.**  
Barry J  
Text Rent ,May 1982, 65 (9) p100-2, 104, 106, ISSN  
0024-3825 Journal Code: VNP  
Languages: ENGLISH

01110

0206889 82172315

**New Jersey hospital returns to in-house laundry service.**  
Duffy K  
Laund News ,May 1982, 8 (5) p6, Journal Code: L4R  
Languages: ENGLISH

0206888 82172314

**Storage system helps to improve efficiency at Columbus hospital.**  
Duffy K  
Laund News ,May 1982, 8 (5) p3, Journal Code: L4R  
Languages: ENGLISH

0206887 82172313

**Work on VA central laundry in Augusta 'one-fifth complete' [interview]**  
Stirewalt C  
Laund News ,May 1982, 8 (5) p2, 16, Journal Code: L4R  
Languages: ENGLISH

0206886 82172312

**Effective linen management depends on good relations with nursing.**  
Watts GW  
Laund News ,May 1982, 8 (5) p15-6, Journal Code: L4R  
Languages: ENGLISH

0204805 82157919

**Building a maintenance program from the ground up.**  
Am Laund Dig ,Mar 15 1982, 47 (3) p30-2, 34-7, 41-3,  
ISSN 0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0204804 82157918

**Laundry maintenance: some of the problems and how they have been solved.**  
Am Laund Dig ,Mar 15 1982, 47 (3) p28-9, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0204586 82147569

**North Dakota hospital to expand and renovate in-house laundry [interview]**  
Gaardsmoe JP  
Laund News ,Apr 1982, 8 (4) p7, Journal Code: L4R  
Languages: ENGLISH

0204585 82147568

**Queens Medical Center, Honolulu, begins reconstruction of laundry [interview]**  
Medina A  
Laund News ,Apr 1982, 8 (4) p6, Journal Code: L4R  
Languages: ENGLISH

0204584 82147567

**VA to begin building central plant that will serve five NY hospitals.**  
Laund News ,Apr 1982, 8 (4) p4, Journal Code: L4R  
Languages: ENGLISH

0204582 82147565

**Humana could change its policy not to build central laundries.**  
Carey DL  
Laund News ,Apr 1982, 8 (4) p1, 16, Journal Code: L4R  
Languages: ENGLISH

0204493 82140621

**An alternative method of heating a laundry ironer.**  
Main PE  
Hosp Eng ,Apr 1982, 36 (3) p6-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0202072 82124085

**New laundry at Chicago hospital will improve operating efficiency.**  
Duffy K  
Laund News ,Mar 1982, 8 (3) p6, Journal Code: L4R  
Languages: ENGLISH

0202071 82124084

**Record keeping and employee relations: two key factors in controlling linen.**  
Fisher AW  
Laund News ,Mar 1982, 8 (3) p23, Journal Code: L4R  
Languages: ENGLISH

01111

0202070 82124083  
**New central laundry to yield reduced linen losses, costs [interview]**  
Carter JH  
Laund News ,Mar 1982, 8 (3) p1, 8, Journal Code: L4R  
Languages: ENGLISH

00521

● 0200616 82121117  
**Is a bed centre in a hospital a hygienic hazard?**  
Hambræus A; Malmberg AS  
J Hyg (Lond) ,Feb 1982, 88 (1) p143-7, ISSN 0022-1724  
Journal Code: IEF  
Languages: ENGLISH  
The contamination of linen and air in a bed centre, supply station and ward were compared, as well as the contamination of gowns used by the staff working in the 'clean' and the 'dirty' rooms of the bed-centre. The contamination of linen and air was low and there was no significant difference between the tested areas. The contamination on gowns used by the staff working in the 'dirty' room was significantly higher than that on gowns used by the staff working in the 'clean' room. This stresses the importance of dividing a bed centre into 'clean' and 'dirty' rooms. So organized, a bed centre does not seem to be a hygienic hazard.

0200356 82119309  
**CDC guidelines on infection control.**  
Infect Control ,Jan-Feb 1982, 3 (1) p52-72, ISSN 0195-9417  
Journal Code: GTM  
Languages: ENGLISH

0199303 82111392  
**Reaganomics are forcing better management techniques.**  
Shusterman C  
Am Laund Dig ,Jan 15 1982, 47 (1) p6-8, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0199302 82111391  
**Efficiency is the key reason for lower costs at this central.**  
Baetens M  
Am Laund Dig ,Jan 15 1982, 47 (1) p36-8, 42-5, ISSN 0002-9718  
Journal Code: 3Z5  
Languages: ENGLISH

0199147 82102899  
**Federal requirement for hospital washing might be revised to**

**allow 120 degrees F. water.**  
Duffy K  
Laund News ,Feb 1982, 8 (2) p1, 9, Journal Code: L4R  
Languages: ENGLISH

0197006 82079820  
**Implementing effective linen control: a five-part program for managers.**  
Fisher AW  
Laund News ,Jan 1982, 8 (1) p31, Journal Code: L4R  
Languages: ENGLISH

0197005 82079819  
**A laundry manager's input is crucial in the selection of hospital textiles.**  
Frankel N  
Laund News ,Jan 1982, 8 (1) p16, 26, Journal Code: L4R  
Languages: ENGLISH

0197003 82079817  
**New York Health Dept. and JCAH defend commercial-plant monitoring.**  
Carey DL  
Laund News ,Jan 1982, 8 (1) p1, 14, Journal Code: L4R  
Languages: ENGLISH

01112

**HOSPITAL, LEGISLACION**

01113



0233221 83140578

**Two hospital administrators say services have declined in state of Massachusetts.**

Duffy K

Laund News ,Mar 1983, 9 (3) p1, 34, Journal Code: L4R

Languages: ENGLISH

0228841 83115191

**What price cost control? Massachusetts' new hospital payment law.**

Caper P; Blumenthal D

N Engl J Med ,Mar 3 1983, 308 (9) p542-4, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0227760 83091177

**Advertising for legislative leverage.**

ProFiles Hosp Mark ,1st Quarter 1983, (9) p70-3, ISSN

0275-9632 Journal Code: PZO

Languages: ENGLISH

0227222 83097491

**Gastroenterology and the law.**

Cifarelli PS

Am J Gastroenterol ,Jan 1983, 78 (1) p49, ISSN

0002-9270 Journal Code: 3HE

Languages: ENGLISH

0226543 83088811

**United States Public Health Service hospitals (1798-1981)--the end of an era.**

Bienia RA; Stein E; Bienia BH

N Engl J Med ,Jan 20 1983, 308 (3) p166-8, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0225180 83068566

**Sterilization of the mentally retarded.**

Davis CD

Tex Hosp ,Sep 1982, 38 (4) p48-9, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0223602 83063601

**Court case: is the hospital responsible for employee safety?**

Nurs Life ,Nov-Dec 1982, 2 (6) p72, ISSN 0279-3091

Journal Code: OA6

Languages: ENGLISH

0223465 83061868

**Hospital liability for "concessionaires or franchisers".**

Kardon RD

Med Trial Tech Q ,Summer 1982, 29 (1) p108-13, ISSN

0025-7591 Journal Code: MGU

Languages: ENGLISH

0222932 83055173

**Synopsis '82: budget battles dominate Congress.**

Lesparre M

Hospitals ,Dec 16 1982, 56 (24) p67-78, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0222287 83040151

**Effects of regulation on the hospital industry.**

Misek GI; Reynolds RA

Q Rev Econ Bus ,Autumn 1982, 22 (3) p66-80, ISSN

0033-5797 Journal Code: Q90

Languages: ENGLISH

0222119 83029507

**The Supreme Court, antitrust and the health care field.**

Health Law Vigil ,Oct 29 1982, 5 (22) p1-14, ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0220198 83029666

**Putting hospitals on notice.**

Fost N

Inquiry ,Aug 1982, 12 (4) p5-8, ISSN 0020-1731

Journal Code: GOT

Languages: ENGLISH

01114

0219664 83012502  
**Industry to feel squeeze of tightened tax rules [news]**  
Esmond T; Schwab C  
Mod Health Care ,Oct 1982, 12 (10) p45, 50-1, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219070 83016722  
**[Role and authority of the physician-hygienist in France]**  
Fonctions et pouvoirs du medecin hygieniste en France.  
Maisonnet M  
Soins ,Jun 1982, (384) p13-6, ISSN 0038-0814 Journal  
Code: UUU  
Languages: FRENCH

0217579 82271495  
**Prudent waste management.**  
Cruzen SW  
Mich Hosp ,Sep 1982, 18 (9) p27-9, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0217388 82263531  
**How North Memorial Medical Center is making hospital employees aware of the forces at work, plus the impact on their health role in the future.**  
Baker K  
Hosp Top ,Sep-Oct 1982, 60 (5) p26-8, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217263 82263259  
**The antitrust swamp: how can healthcare professionals avoid it?**  
Weller CD  
Healthc Financ Manage ,Oct 1982, 36 (10) p26-8, 30-6,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0216540 82277353  
**A spatial analysis of voting on health care issues. United States House of Representatives, 86th Congress, First Session.**  
Mullner R; Andes S; Tatalovich R; Bardes B  
Soc Sci Med ,1982, 16 (11) p1147-56, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH  
This study examines the spatial patterns of congressional voting on health issues. Thirteen roll call votes on health

care issues occurring during the 1st Session of the 96th Congress are factor analyzed. This analysis shows that health care questions cluster around two major issues: health care regulation and health care spending. The factor scores for each Representative are mapped, and a regression model is developed relating health care voting to characteristics of the Representative, the Congressional district, and the hospitals in that district. The most important findings were: (1) support for both health care spending and regulation is strongest in the Northeast and upper Midwest. (2) Although Representatives from most of the Southern states are opposed to health care regulation, they generally favor health care spending. (3) Representatives from a few of the Southern states, however, do not fit this generalization. (4) Although Representatives from the Pacific Coast states are the strongest proponents of regulation, they are opposed to spending. (5) Opposition to health care spending is particularly strong among Representatives from suburban districts.

0215767 82271502  
**Hospital rate-setting: should Michigan adopt it?**  
Powsner R  
Mich Med ,Jun 1982, 81 (29) p314, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0215766 82271501  
**The Maryland experience: rate regulations hold costs down.**  
Mich Med ,Jun 1982, 81 (29) p310-2, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0215765 82271500  
**Pros and cons: does Michigan need a hospital rate regulation commission?**  
Conway K  
Mich Med ,Jun 1982, 81 (29) p308-9, ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

01115

0215728 82270808

**Statement issued from the office of the Minister for Health,  
Laurie Brereton, MP.**

Brereton L  
Lamp ,May-Jun 1982, 39 (3) p15-8, ISSN 0047-3936  
Journal Code: LOP  
Languages: ENGLISH

0214371 82238102

**HHS issues interim final swing-bed regulations.**

Supplitt JT  
Health Law Vigil ,Aug 6 1982, 5 (16) p5-7, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0214370 82238101

**AHA analysis determines the effects of state hospital rate  
regulation still not conclusive.**

Health Law Vigil ,Aug 6 1982, 5 (16) p3-5, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0214255 82234676

**Trusteeship today: the issues.**

Grant JK  
Hosp Trustee ,Jul-Aug 1982, 6 (4) p5-6, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0212682 82237890

**Legal issues need not hinder proper hospital advertising.**

O'Brien JP  
Hospitals ,Aug 1 1982, 56 (15) p57-8, 60-1, ISSN  
0018-81 Journal Code: GDL  
Languages: ENGLISH

0212294 82219570

**'Baby Doe' thrusts administrators into middle of life-death  
decision.**

Punch L; Simler SL  
Mod Health Care ,Jul 1982, 12 (7) p72-4, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0212141 82212347

**An analysis of the HHS notice on treating the handicapped.**

Connery JR Jr  
Hosp Prog ,Jul 1982, 63 (7) p18-20, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0209864 82203952

**Don't withhold infant care, hospitals told.**  
Am Med News ,May 28 1982, 25 (20) p3, 34, ISSN  
0001-1843 Journal Code: 3YS  
Languages: ENGLISH

0207524 82188373

**HHS warns hospitals on denying care to handicapped infants.**  
Hospitals ,Jun 16 1982, 56 (12) p25-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0207519 82188368

**Antitrust may pose new legal issues for hospitals.**  
Fried JM; Rabinowitz MJ  
Hospitals ,Jun 1 1982, 56 (11) p66-8, 71, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0206996 82177210

**Discontent over health costs colors congressional choices.**  
McMahon JA  
Trustee ,May 1982, 35 (5) p13-5, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

Drastic action on specific health issues this year may be less important than the growing discontent in Congress over health care costs. Even if economic trends moderate, hospitals will be confronted with the task of changing incentives in the system that fuel the rate of increase in costs.

0206747 82166115

**AHA's response to HHS letter on newborn handicapped infant  
medical denial.**

McCann RW  
Health Law Vigil ,May 28 1982, 5 (11) p1-2, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

01116

0206308 82178701  
**Legal briefs: professional liability insurance--a common requirement.**  
Manson JN  
AANA J ,Feb 1982, 50 (1) p87-8, ISSN 0094-6354  
Journal Code: Q2P  
Languages: ENGLISH

0205202 82165418  
**Who needs hospital lawyers? (you do).**  
Barnes G  
Dimens Health Serv ,Jan 1982, 59 (1) p28-9, ISSN 0317-7645  
Journal Code: E9N  
Languages: ENGLISH

0203414 82149192  
**Borrowed servant and captain-of-the ship doctrines.**  
Trandel-Korenchuk D; Trandel-Korenchuk K  
Nurse Pract ,Feb 1982, 7 (2) p33-4, ISSN 0361-1817  
Journal Code: OA1  
Languages: ENGLISH

0202651 82140579  
**Cost containment and pro-competition legislation overrun deregulation efforts.**  
McCarthy CM  
Hospitals ,Apr 1 1982, 56 (7) p76-9, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0202639 82140567  
**Budget cuts subject of hearings [news]**  
Hospitals ,Apr 1 1982, 56 (7) p31-3, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0201984 82118786  
**California Hospital Association files suit challenging state Medicaid Plan Amendment imposing 6% cap on increased reimbursement; wins very limited Medicaid preliminary injunction.**  
Kemezys KP  
Health Law Vigil ,Mar 19 1982, 5 (6) p8-9, ISSN 0270-3343  
Journal Code: GIF  
Languages: ENGLISH

0201864 82117593  
**Proposed budget cuts to keep pressure on hospital industry.**  
Farien MR  
Rev Fed Am Hosp ,Mar-Apr 1982, 15 (2) p103, Journal Code: EUJ  
Languages: ENGLISH

0199206 82103680  
**Hospitals face ominous '82 Congress [news]**  
Simler SL  
Mod Health Care ,Feb 1982, 12 (2) p122, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

00117

**HOSPITAL, MANTENIMIENTO**

01118

Languages: ENGLISH

0233379 83147256  
**JCAH: new concept for safety standards.**  
Keil O  
Tex Hosp ,Feb 1983, 38 (9) p31-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0232988 83133910  
**Investing the maintenance safety brings many happy returns.**  
Health Care News1 ,Mar-Apr 1983, p4, Journal Code: GB8  
Languages: ENGLISH

0233378 83147255  
**Forum: the state of the hospital engineering art.**  
Tex Hosp ,Feb 1983, 38 (9) p24-7, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0229968 83107130  
**Life-cycle maintenance for capital equipment.**  
Crans FW  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p46-50, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0233374 83147251  
**100 percent. Ideas for increasing productivity, efficiency  
in plant operations.**  
Scales H  
Tex Hosp ,Feb 1983, 38 (9) p14-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0229892 83106892  
**Energy accounting.**  
Wilson CL  
Heat Piping Air Cond ,Jan 1983, 55 (1) p77-80, Journal  
Code: F94  
Languages: ENGLISH

0233373 83147250  
**Engineering: not just a nuts and bolts operation.**  
McHenry GD  
Tex Hosp ,Feb 1983, 38 (9) p10-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0229640 83124618  
**The permit to work system.**  
Seed RF  
Anaesth Intensive Care ,Nov 1982, 10 (4) p353-8,  
Journal Code: 4M5  
Languages: ENGLISH  
Accidents due to medical gas systems being incorrectly  
installed or assembled have drawn attention to the need for  
rigid control over maintenance of contracts and standards,  
communication and responsibility allocation whenever work on  
such systems is undertaken. The format of a Permit to Work  
System introduced into a large general hospital is described,  
based on local needs, and its application has highlighted the  
value of such a system.

00522

0233186 83136063  
**Evolution of a hospital-based clinical engineering contract  
service.**  
Adamson HW  
J Clin Eng ,Oct-Dec 1982, 7 (4) p313-5, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH  
Large, centrally-located hospitals can develop Clinical  
Engineering Services designed to assist other hospitals. These  
services can be delivered in a cost-effective manner, without  
extensively disrupting internal services. These services can  
provide a means of enhancing hospital-to-hospital  
relationships, while delivering a viable, needed service.

0227899 83101618  
**Development of a clinical engineering department.**  
Herrig G; Butler J; Bilder D; Juett S; Moses R  
Biomed Sci Instrum ,1982, 18 p91-2, ISSN 0067-8856  
Journal Code: A5K  
Languages: ENGLISH

0233044 83134018  
**Fundamental electrical safety in health care facilities.**  
Byrne E  
Hosp Top ,Mar-Apr 1983, 61 (2) p28-9, ISSN 0018-5868  
Journal Code: GD6

01119

0227897 83101615

**Minicomputer data base management for a clinical engineering department.**

Juett S; Moses R; Butler J; Herrig G; Bilder D  
Biomed Sci Instrum ,1982, 18 p77-81, ISSN 0067-8856  
Journal Code: A5K  
Languages: ENGLISH

0227842 83095506

**Study tour in England. An engineer's view.**

Thye-Petersen A  
World Hosp ,Nov 1982, 18 (4) p27-9, Journal Code: XP6  
Languages: ENGLISH

00523

● 0226505 83088288

**The cost of biomedical equipment repair and maintenance: results of a survey.**

Cohen T  
Med Instrum ,Sep-Oct 1982, 16 (5) p269-71, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

The survey presented in this paper shows that for 19 large hospitals the average ratio of equipment repair costs to acquisition cost was 7.4%. In addition, this survey shows that costs such as rent for building space, utilities, and test equipment are not included in many clinical engineering department budgets. This is one reason for the divergent cost data reported by the various hospitals. These costs should be considered particularly for comparisons between in-house service costs and other sources of service. It seems that, of the indicators observed in this survey, equipment acquisition cost provides the best indicator for equipment maintenance costs. All hospital finance officers should have acquisition value information, because this information is used in calculating capital equipment depreciation. This information should also be available to clinical engineers. In addition, procedures need to be set up so that the total annual repair and maintenance costs can be easily obtained from hospital finance departments. Providing the clinical engineer with this type of data will allow further analysis of repair cost and will aid in long-term planning for the hospital. The ratio of equipment repair cost to acquisition value may be useful as a tool to predict future costs of a given hospital's medical equipment maintenance. This tool may also be useful as a measurement of the effectiveness of a change in a hospital's approach to biomedical equipment maintenance. Further work must be done to standardize equipment maintenance cost reporting so that more detailed comparisons can be made.

0225112 83068059

**Is low bidding the best method for...choosing a landscape maintenance company [interview]**

Brickman D

South Hosp ,Nov-Dec 1982, 50 (6) p16-7, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0224964 83057209

**Cost-effective methodology for work order records.**

Witkowski T  
J Clin Eng ,Apr-Jun 1982, 7 (2) p165-71, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH  
Confusion and inefficiency in the medical electronics laboratory can be reduced with the implementation of a good recordkeeping system. One such orderly process includes a work order form, a device record card, and a status indication form. With consistent use, this system has met with success. It is anticipated that, with further development, the system can grow into a solid data base.

0224962 83057207

**Medical equipment data retrieval program.**

Langston RG  
J Clin Eng ,Apr-Jun 1982, 7 (2) p131-4, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH  
This paper describes a short BASIC language medical equipment data retrieval program that runs on a low-cost microcomputer. Low-cost microprocessors bring data base management systems within the financial reach of every Clinical Engineering Department.

0224938 83056316

**Organization is key to rapport [interview]**

Terraforte R  
Hosp Superv Bull ,Dec 15 1982, (451) p1-4, ISSN  
0018-585X Journal Code: G95  
Languages: ENGLISH

0224862 83055263

**Cogeneration: a proven means to reduce hospital operating costs--how to take advantage of it!**

Zimmerman JJ  
Hosp Top ,Jan-Feb 1983, 61 (1) p29-31, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01120

0224812 83055191  
**Safety in medical instrumentation.**  
Kane IM  
Hosp Eng ,Sep 1982, 36 (7) p20-2, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0224811 83055190  
**Maintenance of laundry processing plant.**  
Pidcock GF  
Hosp Eng ,Sep 1982, 36 (7) p16-9, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0224742 83055003  
**Energy conservation economics for a hospital.**  
Choksi N; Hoffman JW  
Heat Piping Air Cond ,Sep 1982, 54 (9) p121-7, Journal  
Code: F94  
Languages: ENGLISH

0224690 83052736  
**New antimicrobial carpet treatments extend textile life & cut cleaning costs.**  
Forman K  
Contract ,Dec 1982, 24 (12) p89-91, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0222937 83055178  
**Natural gas cited as hospitals' main fuel.**  
Hospitals ,Jan 1 1983, 57 (1) p54, ISSN 0018-5973  
Journal Code: GDJ  
Languages: ENGLISH

0222180 83031053  
**A proposed computer-assisted preventive maintenance system.**  
Veluchamy S  
J Clin Eng ,Jul-Sep 1982, 7 (3) p245-9, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH

This paper describes a proposed Computerized Documentation System for effectively controlling all biomedical equipment preventive maintenance (PM) and repair functions to be effected by hospitals. There is a critical need for such a system to strengthen the management tools of hospital-based Biomedical/Clinical Engineering programs. The system's design objectives, implementation, and evaluation method are

explained and the benefits attributable to such a computerized control system are summarized.

0222179 83031052  
**Microprocessor-controlled automatic safety testers.**  
Wooten CK; Corsey R  
J Clin Eng ,Jul-Sep 1982, 7 (3) p241-4, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH

Two safety test units were developed using microprocessor technology to identify automatically the equipment under test, to test the safety parameters, and to record the test results. A program written on the IBM/360 computer is used to input, analyze and store these results. The purpose of this program is to provide accurate and reliable test data and better documentation, so that detection and even prediction of safety hazards within the hospital can be accomplished.

0222177 83031050  
**Evaluation of alarm systems for medical equipment.**  
Hyman WA  
J Clin Eng ,Jul-Sep 1982, 7 (3) p223-7, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH

The provision of automatic alarm systems on medical equipment is generally designed to supplement the user's ability to monitor a variety of device and patient variables simultaneously. The potential value of such systems in improving the safety and efficacy of medical care is accompanied by the potential for false reliance on or other misuse of the alarm systems. Therefore the alarm provisions become an important aspect of clinical engineering assessment of equipment with respect to selection, user training, hazard analysis, and the provision of effective and appropriate preventive maintenance programs.

0222175 83031048  
**The "grand rounds" method: a different approach to clinical equipment management.**  
Wiemer GP  
J Clin Eng ,Jul-Sep 1982, 7 (3) p211-4, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH

00524

01121



0222157 83030415  
**Keep favors to a minimum [interview]**  
Secrist A  
Hosp Superv Bull .Oct 30 1982. (448) p1-3. ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0219775 83023849  
**An appraisal of piped medical gas systems.**  
Robinson JS  
Br J Hosp Med .Aug 1982. 28 (2) p160-4. ISSN 0007-1064  
Journal Code: BZ5  
Languages: ENGLISH

0218131 83005468  
**Engineering department's role in hospital includes  
documentation/purchase review.**  
Mallison GF  
Hospitals .Oct 16 1982. 56 (20) p57-8. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0217439 82263932  
**Playing percentages--and winning.**  
Merckel L  
Health Care (Don Mills) .Sep 3 1982. 24 (6) p22-3. ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

0217436 82263929  
**Royal Inland cuts energy costs.**  
Wight KJ  
Health Care (Don Mills) .Mar 19 1982. 24 (2) p41-2.  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0217358 82263501  
**Qualifications for managing your assets.**  
Marryott OL  
Hosp Mater Manage Q .May 1982. 3 (4) p35-9. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0215025 82262478  
**Shared biomedical engineering: a cost-benefit analysis.**  
Cheng M; Prud'homme J

Dimens Health Serv .Jul 1982. 59 (7) p28-31. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215022 82262475  
**Clinical engineering and hospital accreditation.**  
McEwen JA; Aubry-Frize M; Dolan AM; Fenton TR; Finlay JB;  
Milner MM; Scott RN; Small CF  
Dimens Health Serv .Jul 1982. 59 (7) p22-3. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214566 82250177  
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Journal Code: GDL  
Languages: ENGLISH

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Languages: ENGLISH

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Hyman WA; Savage JR  
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Journal Code: GD6  
Languages: ENGLISH

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Languages: GERMAN Summary Languages: ENGLISH

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Eigenservice in der Medizintechnik als Instrument zur Kostengestaltung im Krankenhaus.  
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Biomed Tech (Berlin) ,Mar 1982, 27 (3) p34-40, ISSN 0013-5585  
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Irons J  
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Ben-Zvi S  
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Languages: GERMAN

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH  
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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**An energy conservation success story.**  
Finlay J; Au C  
Dimens Health Serv ,Feb 1982, 59 (2) p12-6, ISSN  
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Languages: ENGLISH

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Tyrer SW  
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Code: V09  
Languages: ENGLISH

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0160-7480 Journal Code: NFA  
Languages: ENGLISH

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Hindle JK  
Hosp Eng ,Apr 1982, 36 (3) p14-8, ISSN 0309-7498  
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Languages: ENGLISH

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Bierenbaum AB  
Hosp Eng ,Mar 1982, 36 (2) p21-3, ISSN 0309-7498  
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Languages: ENGLISH

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**avoid increased costs.**  
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Journal Code: GDL  
Languages: ENGLISH

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Journal Code: GDL  
Languages: ENGLISH

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Brendel LC; Moor WC  
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Languages: ENGLISH

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HPN Hosp Purch News ,Mar 1982, 6 (3) p22-3, 26,  
Journal Code: G3D  
Languages: ENGLISH

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Hosp Top ,Mar-Apr 1982, 60 (2) p28-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

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Harris RD  
Hosp Top ,Mar-Apr 1982, 60 (2) p10-3, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

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Newsom SW  
Hosp Eng ,Feb 1982, 36 (1) p8-12, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0201924 82118531  
**The Medicines Act 1968.**  
Sprake JM  
Hosp Eng ,Feb 1982, 36 (1) p4-6, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0201900 82118394  
**Estate management: oasis of tranquility.**  
Spooner D  
Health Soc Serv J ,Jan 21 1982, 92 (4780) p84-7, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

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**Hospital engineering: twenty-four hour service.**  
Millington A; MacMillan D  
Health Soc Serv J ,Jan 14 1982, 92 (4779) p56-8, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

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up over recovering unused heat.**  
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0198-9782 Journal Code: DSR  
Languages: ENGLISH

0200231 82118522  
**Participation in grants program saves \$228,132 in energy  
costs.**  
Cash R  
Hospitals ,Mar 16 1982, 56 (6) p65, 67, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0200215 82118506  
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hospital's energy bills.**

Hospitals ,Mar 1 1982, 56 (5) p58, 60, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0199105 82097699  
**Healthcare productivity: operations analysis is the first  
step in planning.**  
Ruppel RW; Grazman TE  
Hosp Financ Manage ,Feb 1982, 36 (2) p57-60, ISSN  
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Languages: ENGLISH

0199052 82096893  
**Hospital administration and engineering maintenance.**  
Harris RD  
Hosp Top ,Jan-Feb 1982, 60 (1) p27-8, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0197112 82085806  
**Energy management: new item on the board's agenda.**  
Dressler FR  
Trustee ,Jan 1982, 35 (1) p41-5, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

The board's role in energy management consists primarily in enunciating the hospital's commitment to energy management, asking leadership questions, and keeping energy on the board's agenda. Key energy-saving actions include capital-intensive energy conservation measures, such as the installation of computer-based controls, and improvements in operations and maintenance, such as modification of heating, ventilating, and air conditioning systems.

0197078 82084848  
**Solar heating meets expanded energy demands at hospital.**  
Platt DM  
Specif Eng ,Jan 1982, 47 (1) p67-9, Journal Code: UXT  
Languages: ENGLISH

01126

0196958 82075451

**Cutting usage and costs. How CFOs can conserve energy resources.**

Wright CR  
Hosp Financ Manage .Jan 1982, 36 (1) p64-7, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0195371 82074327

**Engineering department uses 'quick slip' to handle minor repairs in hospital [interview]**

Shelton RD  
Hospitals .Jan 16 1982, 56 (2) p67, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

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0232876 83131372  
**Contract management: is 50% of the hospital market within reach?**  
Mullennix G  
Exec Housekeep Today ,Feb 1983, 4 (2) p8-10, 20,  
Journal Code: EHV  
Languages: ENGLISH

0232875 83131371  
**After contract cleaning.**  
Johnson P  
Exec Housekeep Today ,Feb 1983, 4 (2) p18-9, Journal  
Code: EHV  
Languages: ENGLISH

0231851 83143089  
**Dust-free bedrooms in the treatment of asthmatic children with house dust or house dust mite allergy: a controlled trial.**  
Murray AB; Ferguson AC  
Pediatrics ,Mar 1983, 71 (3) p418-22, ISSN 0031-4005  
Journal Code: OXV  
Languages: ENGLISH

Twenty asthmatic children with prick tests positive for house dust or house dust mites were allocated to two groups that were matched for severity. One group was provided with zippered vinyl covers for pillows, mattresses, and box springs, and instructions for making the bedroom as easy to keep clean as a hospital ward; the other group was not. At the end of a 1-month study period, there was a marked and statistically significant difference in symptoms and signs of asthma between the two groups. Those with a dust-free bedroom had fewer days on which wheezing was observed, medication was given, or an abnormally low peak expiratory flow rate was recorded. Bronchial tolerance to aerosolized histamine significantly improved in the group whose bedrooms had been modified. A dust-free bedroom diminishes bronchial irritability and is a practical and effective method for decreasing asthma in children with house dust or house dust mite allergy.

0230158 83117861  
**The benefits of in-house cleaning.**  
Riley C  
Prof Sanit Manage ,Dec-Jan 1983, 14 (4) p51-2, ISSN  
0033-0191 Journal Code: PZQ  
Languages: ENGLISH

0229193 83118376

#### **Pests in hospitals.**

Baker LF  
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0035-9130 Journal Code: QM3  
Languages: ENGLISH

0227088 83095588  
**[The adapted public health disposition--written alibi or possibility of a public health strategy in the hospital]**  
Die adaptierte Hygieneordnung- schriftliches Alibi  
Möglichkeit einer Hygienischen Strategie im Krankenhaus.  
Stradtmann H  
Z Gesamte Hyg ,Oct 1982, 28 (10) p732-3, ISSN 0049-8610  
Journal Code: XUO  
Languages: GERMAN Summary Languages: ENGLISH

0224708 83053194  
**Is the use of phenolics essential in hospital cleaning?**  
Jones M  
Exec Housekeep Today ,Nov 1982, 3 (11) p20, Journal  
Code: EHV  
Languages: ENGLISH

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0224152 83068078

**Operating room practices for the control of infection in U. S. hospitals, October 1976 to July 1977.**

Garner JS; Emori TG; Haley RW  
Surg Gynecol Obstet ,Dec 1982, 155 (6) p873-80, ISSN  
0039-6087 Journal Code: VBD  
Languages: ENGLISH

We estimated the frequency of selected infection control practices in the operating room from a nationwide survey of hospitals. Our survey confirmed that, in many hospitals, practices which have not received scientific or budgetary scrutiny have become part of the perioperative routine. Almost half of the hospitals reported using nonrecommended tacky, or disinfectant, mats at the entrance to operating rooms, and more than three-fourths were performing nonrecommended environmental cultures in the operating room at a cost ranging from \$2,000 to \$20,000 per year. When routine nose and throat cultures were taken of operating room personnel, we found an obvious pecking order, rather than a scientific rationale for culturing. In almost all instances, we found wide variations in practice among hospitals. This nonuniformity may be due to such factors as lack of a convincing scientific basis for evaluating the relative efficacy of alternative practices, the strong influence of industry marketing, the individual preferences of surgeons and operating room supervisors and the lack of completeness and agreement of statements from various scientific and professional organizations.

0222969 83055691

**CDC's guidelines on infection control; more guidelines.**

Crow S  
Infect Control Urol Care ,1982, 7 (1) p27-42, Journal  
Code: GN4  
Languages: ENGLISH

0222002 83027254

**Chalktalk.**

Miller C  
Exec Housekeep Today ,Oct 1982, 3 (10) p8-9, Journal  
Code: EHV  
Languages: ENGLISH

0219084 83016738

**[Disposal of hospital wastes: safety and costs]**

L'élimination des déchets hospitaliers: securite et cout.  
Lecot-Avare J  
Soins ,Jun 1982, (384) p61-3, ISSN 0038-0814 Journal  
Code: UUU  
Languages: FRENCH

0219078 83016731

**[Cleaning in hospitals. Qualitative and financial aspects]**

Le nettoyage hospitalier aspects qualitatifs et financiers.  
Erculisse M  
Soins ,Jun 1982, (384) p35-8, ISSN 0038-0814 Journal  
Code: UUU  
Languages: FRENCH

0217664 82275156

**Improving public relations in the housekeeping department.**

Julien G  
Prof Sanit Manage ,Aug-Sep 1982, 14 (2) p33-5, ISSN  
0033-0191 Journal Code: PZQ  
Languages: ENGLISH

0217663 82275155

**Carpet selection, installation and maintenance in hospitals and health care facilities.**

Poletajev G  
Prof Sanit Manage ,Aug-Sep 1982, 14 (2) p26-9, ISSN  
0033-0191 Journal Code: PZQ  
Languages: ENGLISH

0217088 82282753

**OR sanitation. Local survey shows degree of compliance with standards.**

Fernsebner B  
ADRN J ,Aug 1982, 36 (2) p271-8, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0216142 82274283

**What's in store? 2. Good housekeeping at Wythenshawe.**

Slack P  
Nurs Times ,Jul 28-auAug 3 1982, 78 (30) p1269-72, ISSN  
0029-6589 Journal Code: D9U  
Languages: ENGLISH



0215218 82264803  
**Using patient information to identify areas for service improvement.**  
Carey RG; Posavac EJ  
Health Care Manage Rev ,Spring 1982, 7 (2) p43-8. ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215006 82262459  
**Considering carpets in hospital use.**  
Simmons D; Reizenstein J; Grant M  
Dimens Health Serv ,Jun 1982, 59 (6) p18-21. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214407 82238797  
**Cleaning product 'quality' stressed.**  
HPN Hosp Purch News ,Aug 1982, 6 (8) p15-7. Journal  
Code: G3D  
Languages: ENGLISH

0214406 82238796  
**Quality is first in maintenance chemicals.**  
HPN Hosp Purch News ,Aug 1982, 6 (8) p14, 17. Journal  
Code: G3D  
Languages: ENGLISH

0214276 82235698  
**Orientation and on-the-job training.**  
Stancell P  
Exec Housekeep Today ,Aug 1982, 3 (8) p8-9. Journal  
Code: EHV  
Languages: ENGLISH

0213362 82246342  
**[Hygienic aspects of the disposal of hospital waste]**  
Hygienische Gesichtspunkte bei der Beseitigung von  
Krankenhausabfallen.  
Schindel HJ  
Off Gesundheitswes ,May 1982, 44 (5) p316-8. ISSN  
0029-8573 Journal Code: OFE  
Languages: GERMAN

0212346 82223304  
**Avoiding the spread of infection: sterilization procedures  
in the respiratory therapy department.**

Raffle DL  
Respir Ther ,Jul-Aug 1982, 12 (4) p77-9. 83-4. ISSN  
0048-7392 Journal Code: R8L  
Languages: ENGLISH  
The equipment used in respiratory therapy can be the source  
of serious nosocomial infections unless close attention is  
given to appropriate sterilization, disinfection, and general  
measures that come under the heading of good housekeeping. And  
even the best of these measures will fail if therapists do not  
observe the cardinal rule of regular hand washing.

0212062 82210542  
**District governors discuss uniforms.**  
Gill K  
Exec Housekeep Today ,Jun 1982, 3 (6) p10. Journal  
Code: EHV  
Languages: ENGLISH

0211736 82227792  
**Non-nursing functions. The nurses state their case.**  
Rynes MA  
Am J Nurs ,Jul 1982, 82 (7) p1089-93. ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0208753 82199181  
**[The role of Hospital Service Agents in the health care  
team]**  
La place de l'Agent des Services Hospitaliers dans l'equipe  
de soins.  
Guillaume; Drevet  
Rev Infirm ,Apr 1982, 32 (7) p15-9. ISSN 0035-144X  
Journal Code: S7T  
Languages: FRENCH

0208055 82193477  
**[Housekeeping service in the hospital: your motivation for  
team work with other hospital services. Housekeeping employee  
in the hospital]**  
Hauswirtschaftsangestellte im Spital.  
Kammermann E  
Krankenpflege (Bern) ,Apr 1982, (4) p81-2. Journal  
Code: KX7  
Languages: GERMAN

01130

0207718 82190306

**Carpeting in hospitals: an epidemiological evaluation.**

Anderson RL; Mackel DC; Stoler BS; Mallison GF  
J Clin Microbiol ,Mar 1982, 15 (3) p408-15, ISSN

0095-1137 Journal Code: HSH

Languages: ENGLISH

Epidemiological and microbiological studies were conducted in a hospital room with carpet (CR) and in one with carpet (NCR). Microbiological profiles were determined with specimens obtained from patients admitted to these rooms. Patient records were reviewed to note infection status and other case identities. Eleven-millimeter cylindrical core samples of carpet were obtained, and swab template techniques were used on the bare floor for subsequent enumeration and identification of contaminating microorganisms. In each sampling period, higher microbial counts per square inch (1 in(2) = ca 6.452 cm(2)) were measured for the carpet than for the bare floor. Recovery rates of *Enterobacter* spp., *Klebsiella pneumoniae*, and *Escherichia coli* were higher from carpet samples than from bare floor samples. Typable organisms (such as *E. coli*, *Pseudomonas aeruginosa*, *K. pneumoniae*, and *Staphylococcus aureus*) obtained from patients were also more frequently recovered from the carpet than from the bare flooring. Patients who stayed in the CR were shown to be colonized with the same types of organisms as those initially recovered from the carpet. However, no statistically significant differences were found in patients in the CR versus NCR in colonization with all typable and nontypable organisms first found on the floor. Disease in patients was found not to be associated with organisms found as contaminants of the carpet or the bare floor. Air above carpeting contained more consistent concentrations of organisms than air above the bare flooring.

0207510 82188359

**Housekeeping: program improves employees morale and reduces turnover by 50 percent.**

Hospitals ,Jun 1 1982, 56 (11) p36, 38, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

020742B 82187624

**Eliminating chemical redundancy, cost, and hazard.**

Lee M  
Dimens Health Serv ,Apr 1982, 59 (4) p14-5, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0206807 82166950

**The 'invisible' staff [interview]**

Hennessey T  
Hosp Superv Bull ,May 15 1982, (437) p1-4, ISSN

0018-585X Journal Code: G9S

Languages: ENGLISH

0206690 82165853

**Home sweet hospital.**

Robinson J  
Health Soc Serv J ,Apr 15 1982, 92 (4792) p465-7, ISSN

0300-8347 Journal Code: GAR

Languages: ENGLISH

0206650 82164637

**What motivates housekeepers?**

Cockrell G  
Exec Housekeep Today ,Apr 1982, 3 (4) p8-10, Journal

Code: EHV

Languages: ENGLISH

0206647 82164634

**Health care horror stories: pest control needs & standards. Even the most modern facility can have insect & rodent pests.**

Caruba A  
Exec Housekeep Today ,Apr 1982, 3 (4) p12-3, Journal

Code: EHV

Languages: ENGLISH

0204530 82141591

**An integrated pest management concept for hospitals.**

Racheky S; White E  
HPN Hosp Purch News ,Apr 1982, 6 (4) p18, 21-3,

Journal Code: G3D

Languages: ENGLISH

0203847 82152310

**[Hospital hygiene in progress]**

L'hygiene hospitaliere en marche.  
Bregtzer J  
Rev Infirm ,Feb 1982, 32 (3) p27-32, ISSN 0035-144X

Journal Code: S7T

Languages: FRENCH

01131

0201860 82116975

**Incentive programs: do they really work?**

Wood W

Exec Housekeep Today ,Feb 1982, 3 (2) p8, Journal

Code: EHV

Languages: ENGLISH

0201858 82116973

**Product evaluation and purchasing.**

Flynt J

Exec Housekeep Today ,Feb 1982, 3 (2) p12, Journal

Code: EHV

Languages: ENGLISH

0200356 82119309

**CDC guidelines on infection control.**

Infect Control ,Jan-Feb 1982, 3 (1) p52-72, ISSN

0195-9417 Journal Code: GTM

Languages: ENGLISH

0199016 82096840

**Housekeeping team enjoys task selection, increases output.**

Barney SM; Hitchcock JE

Hosp Prog ,Jan 1982, 63 (1) p60, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

01132

**HOSPITAL , MATERIALES**

01133

0233137 83135008  
**What is the methodology for calculating holding or storage costs for supplies in inventory and why is it important?**  
HPN Hosp Purch News ,Apr 1983, 7 (4) p16-7, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233128 83134999  
**Change--crisis or challenge?**  
Vargo K  
HPN Hosp Purch News ,Jan 1983, 7 (1) p16-7, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0232985 83133898  
**OR/MM relationships: an analysis.**  
Roberts PB  
Hosp Purch Manage ,Mar 1983, 8 (3) p3-7, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0232983 83133896  
**Exchange cart vs. PAR stock: which is the best distribution system? Part III.**  
Gray SP  
Hosp Purch Manage ,Mar 1983, 8 (3) p10-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0232330 83147306  
**The impact of adenine and inventory utilization decisions on blood inventory management.**  
Cohen MA; Pierskalla WP; Sassetti RJ  
Transfusion ,Jan-Feb 1983, 23 (1) p54-8, ISSN 0041-1132  
Journal Code: WDN  
Contract/Grant No.: HS000786  
Languages: ENGLISH

The use of citrate-phosphate-dextrose-adenine as an anticoagulant for whole blood increases the storage period permitted for whole blood and red cells from 21 to 35 days. A simulation model was used to analyze the possible consequences for outdates and shortages of the addition of adenine. The model accepts as input (1) the maximum age (21 or 35 days), (2) parameters describing the demand and supply distributions, and (3) parameters describing inventory control (crossmatch recycle period, transfusion fraction, deviation from optimal target inventory levels). These parameters were varied over wide ranges, and a full factorial design was carried out. The observed shortage and outdate rates were then related (via

multiple regression) to the parameter values. The resulting shortage and outdate functions indicated the effect of parameter changes, including extending the lifetime from 21 to 35 days, and the joint effect of changing more than one parameter. Conclusions indicate that, while the contribution of an increased lifetime to reducing shortages and outdates can be substantial, this contribution can be easily dissipated by relaxing the tightness of other inventory management controls.

0231146 83136883  
**Planning high-carbohydrate, high-fiber diets with a microcomputer.**  
Suitor CW; Suitor RF; Adelman MO  
J Am Diet Assoc ,Mar 1983, 82 (3) p279-82, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Current research suggests that a diet high in carbohydrate and fiber (HCF) may be useful in the management of diabetes mellitus, hypercholesterolemia, and hypertriglyceridemia. To meet the needs of our clinic population, a microcomputer program has been developed that allows for individualization of HCF menu patterns that satisfy both the diet prescription and the patient's preferences. Educational materials were prepared to guide and augment the HCF diet instruction. It is hoped that this comprehensive approach to diet planning and teaching can be applied in similar settings to facilitate the delivery of quality patient care.

0230855 83133923  
**Training personnel in the prevention and management of violent behavior.**  
Lehmann LS; Padilla M; Clark S; Loucks S  
Hosp Community Psychiatry ,Jan 1983, 34 (1) p40-3, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The authors describe a training program on prevention and management of violent behavior for the staff of a Veterans Administration hospital. The one-day workshop focuses on preventive identification of potentially violent situations and on methods of verbal and physical management of violent behavior. A study of workshop participants showed that trainees had improved knowledge about and performance in handling violent behavior after completing the program. Future developments in training in prevention and management of violent behavior should include greater availability of educational resource materials and incorporation of the subject in undergraduate and graduate health care training.

0230224 83121269  
**Prudent use of supplies can lower costs.**  
Nekuza J  
Tex Hosp ,Jan 1983, 38 (8) p44-5, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0229973 83107135  
**There still are disadvantages to leasing.**  
Rappoport BA  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p68-72, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229972 83107134  
**Leasing: a viable financing alternative.**  
Chandler RD  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p62-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229971 83107133  
**Property assets management program.**  
Crumling CA  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p56-61, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229969 83107131  
**Perspectives on capital equipment. The material manager.**  
Cook J  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p5-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229965 83107127  
**Capital equipment considerations for users and material managers.**  
Beahm MR  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p32-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229962 83107124  
**Hospital capital equipment purchasing in an investor-owned environment.**

Garner EO  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p16-22, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229908 83107002  
**What functions or departments should be included under the management control of the materials manager?**  
Hosp Purch Manage ,Feb 1983, 8 (2) p16, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0229906 83107000  
**Supply cost management: a new frontier.**  
McFaul WJ; Lyons DM  
Hosp Purch Manage ,Feb 1983, 8 (2) p10-2, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

01135

00525

0229581 83124019

**System to maximize inventory performance in a small hospital.**

VanDerLinde LP

Am J Hosp Pharm ,Jan 1983, 40 (1) p70-3, ISSN 0002-9289

Journal Code: 310

Languages: ENGLISH

A computerized system to maximize inventory performance in a small hospital is described. An inventory control system, which integrates economic order quantity (EOQ) and ABC inventory models was implemented in a 146-bed hospital. The perpetual inventory control data base, supported by the hospital's mainframe computer, generates monthly inventory statistics that are segregated into A, B, and C reports. Using a hand-held computer that interfaces with the perpetual inventory system, a series of inventory management reports were developed. These reports, which are based on the EOQ model, provide the following information for each drug line item: EOQ, EOQ proposed carrying cost, actual inventory carrying costs, safety stock, order point, average inventory, and the "on hand/on order" point. Several supplemental inventory management reports were also developed. While implementing the computerized inventory system, the pharmacy also changed its purchasing strategy from predominantly direct accounts to a progressive prime-vendor wholesaler. From December 1980 to December 1981, the ABC/EOQ system with progressive prime-vendor involvement essentially doubled total aggregate inventory turnover. A 46.5% reduction in standing inventory levels occurred. The drug cost per line item dispersed remained relatively constant over the one-year period, despite price increases. The application of the computerized ABC/EOQ inventory model to an online perpetual inventory control data base effectively reduced the inventory operation costs.

0229580 83124018

**Improving a pharmaceutical purchasing and inventory control system.**

Rubin H; Keller DD

Am J Hosp Pharm ,Jan 1983, 40 (1) p67-70, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

A method by which a pharmacy department improved its purchasing and inventory control system is described. System changes to the computerized inventory control system included implementation of a formulary, affiliation with a group purchasing association, and transfer of specified purchasing and inventory control functions to the technical staff of the purchasing department. Pharmacy maintained the decision-making authority over all vendors and dosage forms of drug products. Optimal results were achieved when the purchasing department's pharmacy buyer position was staffed with an employee who had previous experience as a clerical worker in the pharmacy. The authors state that this system has proved to be an effective, cost efficient method of purchasing and inventory control of pharmaceuticals in their hospital.

0227541 83081028

**An overview of inventory control.**

Hosp Purch Manage ,Jan 1983, 8 (1) p3-6, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

0227539 83081026

**Exchange cart vs. par stock: which is the best distribution system? Part II.**

Gray SP

Hosp Purch Manage ,Jan 1983, 8 (1) p15-7, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0227538 83081025

**Purchasing/inventory control: new system successful for small hospital.**

Steele RA

Hosp Purch Manage ,Jan 1983, 8 (1) p14, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

0227530 83079759

**Challenge to hospitals: learning how to evaluate new technology.**

Valencia PR

Rev Fed Am Hosp ,Jan-Feb 1983, 16 (1) p57-8, ISSN

0148-9496 Journal Code: EUJ

Languages: ENGLISH

0226283 83085757

**Use of a Type and Screen program in hospital blood bank inventory control.**

Muschenheim F

J Med Soc NJ ,Oct 1982, 79 (11) p823-6, ISSN 0025-7524

Journal Code: J47

Languages: ENGLISH

01136

0224882 83055444

**Taking stock of new ideas.**

Howie H

Health Care (Don Mills) ,Nov 20 1982, 24 (8) p22-4,

ISSN 0226-5788 Journal Code: GKM

Languages: ENGLISH

0224783 83055126

**Asset recovery: an often neglected materials management function.**

Gummere PJ; Bieber MA

Hosp Purch Manage ,Dec 1982, 7 (12) p7-9, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0224782 83055125

**Materials budgeting techniques on the move.**

Kreitschmann AA; Stadnik JK

Hosp Purch Manage ,Dec 1982, 7 (12) p3-6, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0224780 83055123

**"Do you think the purchasing and inventory control of drugs should be the responsibility of the materials manager"?**

Hosp Purch Manage ,Dec 1982, 7 (12) p14-5, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0224779 83055122

**Property management: one hospital's approach.**

Taylor R; York RT

Hosp Purch Manage ,Dec 1982, 7 (12) p10-3, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0222446 83049958

**Replanning of an intensive therapy unit.**

Ryan DW; Copeland PF; Miller J; Freeman R

Br Med J [Clin Res] ,Dec 4 1982, 285 (6355) p1634-7,

Journal Code: B4X

Languages: ENGLISH

0222155 83030286

**Gordon Friesen: materials management pioneer.**

Soth DG

HPN Hosp Purch News ,Nov 1982, 6 (11) p8, 10-2, ISSN

0279-4799 Journal Code: G3D

Languages: ENGLISH

0222115 83029249

**Operating room inventory management: a collaborative effort.**

Schanilec J; Guyol DM

Hosp Mater Manage Q ,Nov 1982, 4 (2) p72-8, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0222114 83029248

**Rx for inventories.**

Navarre JB

Hosp Mater Manage Q ,Nov 1982, 4 (2) p7-14, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0222113 83029247

**The need for effective inventory control.**

Lewis WR

Hosp Mater Manage Q ,Nov 1982, 4 (2) p67-71, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0222112 83029246

**Forecasting for inventory control.**

Gleason DB

Hosp Mater Manage Q ,Nov 1982, 4 (2) p62-5, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0222111 83029245

**Computerized purchasing, material management and accounts payable system: planning, features and selection.**

Rosegay WH

Hosp Mater Manage Q ,Nov 1982, 4 (2) p48-61, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

01137



0222110 83029244  
**The vendor's role in inventory reduction.**  
Pitts W  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p44-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222109 83029243  
**Inventory reduction: back to the fundamentals.**  
Dowling GF  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p40-3, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222108 83029242  
**Applications of perpetual inventory systems.**  
Warren LK; Gurian C  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p32-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222107 83029241  
**Hospital inventory management and control: an overview.**  
Nagle CL; Nacker JG  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p21-31, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222106 83029240  
**Cost recovery from used equipment.**  
Wheeler JP Jr  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p15-20, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222105 83029239  
**Research project examines hospital inventory management.**  
Aardsma AH  
Hosp Mater Manage Q ,Nov 1982, 4 (2) p1-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222070 83029131  
**Integrating SPD proves effective.**  
Borndahl WM; Bellina BA  
Hosp Purch Manage ,Nov 1982, 7 (11) p9-10, ISSN

0163-1322 Journal Code: GB6  
Languages: ENGLISH

0222069 83029130  
**Implementing the change process.**  
Carroll P  
Hosp Purch Manage ,Nov 1982, 7 (11) p7-8, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0222068 83029129  
**An over the shoulder look at materials management.**  
Hosp Purch Manage ,Nov 1982, 7 (11) p3-6, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0222065 83029126  
**Exchange cart vs. par stock: which is the best distribution system?**  
Gray SP  
Hosp Purch Manage ,Nov 1982, 7 (11) p11-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

00526

0221716 83045685

**Changing an automated drug inventory control system to a data base design.**

Bradish RA

Am J Hosp Pharm ,Sep 1982, 39 (9) p1502-5, ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A pharmacy department's change from indexed sequential access files to a data base management system (DBMS) for purposes of automated inventory control is described. The DBMS has three main functional areas: (1) inventory ordering and accountability, (2) changing of interdepartmental and intradepartmental orders, and (3) data manipulation with report design for management control. There are seven files directly related to the inventory ordering and accountability area. Each record can be accessed directly or through another file. Information on the quantity of a drug on hand, drug(s) supplied by a specific vendor, status of a purchase order, or calculation of an estimated order quantity can be retrieved quickly. In the drug master file, two records contain a reorder point and safety-stock level that are determined by searching the entries in the order history file and vendor master file. The intradepartmental and interdepartmental orders section contains five files assigned to record and store information on drug distribution. All items removed from the stockroom and distributed are recorded, and reports can be generated for itemized bills, total cost by area, and as formatted files for the accounts payable department. The design, development, and implementation of the DBMS took approximately a year using a part-time pharmacist and minimal outside help, while the previous system required constant expensive help of a programmer/analyst. The DBMS has given the pharmacy department a flexible inventory management system with increased drug control, decreased operating expenses, increased use of department personnel, and the ability to develop and enhance other systems.

0221429 83041430

**[Emergency equipment and supplies of emergicenter (SAMU) 94]**

Lots et material catastrophe SAMU 94.

Abbeys JM; Dufeu N; Hrouda P; Huguenard P

Soins Chir ,Jul-Aug 1982, (17-18) p10-2, ISSN 0038-0814

Journal Code: UUP

Languages: FRENCH

0219636 83006498

**Commodity coding, Part III.**

Kelly TW

HPN Hosp Purch News ,Oct 1982, 6 (10) p16, Journal Code: G3D

Languages: ENGLISH

0217488 82264939

**Taking inventory.**

Soth DG

HPN Hosp Purch News ,Sep 1982, 6 (9) p8, 11, Journal Code: G3D

Languages: ENGLISH

0217481 82264932

**Off-site distribution offers challenges, opportunities.**

Hickox R

HPN Hosp Purch News ,Sep 1982, 6 (9) p14-5, 36, Journal Code: G3D

Languages: ENGLISH

0217395 82263538

**Material management: a fertile environment for hospital cost containment.**

Housley CE

Hosp Top ,Sep-Oct 1982, 60 (5) p42-9, ISSN 0018-5868 Journal Code: GD6

Languages: ENGLISH

0217378 82263521

**Material management and pharmacy: collaboration, control or compromise?**

Gouveia WA

Hosp Mater Manage Q ,Aug 1982, 4 (1) p56-9, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

0217376 82263519

**U.S. Army guideline for pharmacy supply.**

Libby GN; Clyde WD Jr

Hosp Mater Manage Q ,Aug 1982, 4 (1) p46-51, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

01139

0217375 82263518  
**Materiel management and pharmacy in an investor-owned hospital system.**  
Gynn JB Jr  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p40-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217374 82263517  
**The importance of amalgamating pharmacy and materiel management.**  
Richardson JC  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p35-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217373 82263516  
**Materiel management--opportunities for pharmacists.**  
Blower JG  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p28-34, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217372 82263515  
**Consultant services for pharmacy and materiel management.**  
Beahm VF; Beahm MR  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p23-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217371 82263514  
**The pharmacist versus the materiel manager.**  
Puckett WH Jr  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p15-22, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217370 82263513  
**Pharmacy organized under materiel management--a pharmacist's view.**  
Herring PE  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p11-4, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217368 82263511

**Designing the receiving process by function.**  
Hersch GY  
Hosp Mater Manage Q ,May 1982, 3 (4) p77-81, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217367 82263510  
**Using pilot studies.**  
Boissoneau R  
Hosp Mater Manage Q ,May 1982, 3 (4) p73-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217365 82263508  
**The dietary department: material management's orphan.**  
Martin RE  
Hosp Mater Manage Q ,May 1982, 3 (4) p64-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217364 82263507  
**Addressing the nurse shortage through material management.**  
Lyons DM; McFaul WJ  
Hosp Mater Manage Q ,May 1982, 3 (4) p61-3, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217363 82263506  
**Working with the architect.**  
Derby JC; Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p6-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217362 82263505  
**Logistics management increases productivity.**  
Henning WK  
Hosp Mater Manage Q ,May 1982, 3 (4) p54-60, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

01140

0217361 82263504  
**The MBO process applied to material management.**  
Vargo KE  
Hosp Mater Manage Q ,May 1982. 3 (4) p50-3. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217360 82263503  
**ABC analysis and stockout reports reflecting considerations of criticality for patient care.**  
Calhoun GL; Wheeler FR  
Hosp Mater Manage Q ,May 1982. 3 (4) p44-9. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217357 82263500  
**The management engineer's role in material management.**  
Tilley BL; York L  
Hosp Mater Manage Q ,May 1982. 3 (4) p25-34. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217356 82263499  
**Material management: a matter of space.**  
Soth DG  
Hosp Mater Manage Q ,May 1982. 3 (4) p17-24. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217355 82263498  
**Designing the total supply system.**  
Van Drimmelen J  
Hosp Mater Manage Q ,May 1982. 3 (4) p10-6. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217354 82263497  
**An architect's view of the material management concept.**  
Harader AD; Van Drimmelen J  
Hosp Mater Manage Q ,May 1982. 3 (4) p1-5. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217277 82263273  
**A case study: material management subsystem grows with Deaconess Hospital.**

Fenderber CJ  
Healthc Financ Manage ,Sep 1982. 36 (9) p64. 66-8, 70-1.  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

00527

0214503 82246508  
**Perishable inventory theory: a review.**  
Nahmias S  
Oper Res ,Jul-Aug 1982. 30 (4) p680-708. Journal Code:  
OKC  
Languages: ENGLISH  
This paper reviews the relevant literature on the problem of determining suitable ordering policies for both fixed life perishable inventory, and inventory subject to continuous exponential decay. We consider both deterministic and stochastic demand for single and multiple products. Both optimal and suboptimal order policies are discussed. In addition, a brief review of the application of these models to blood bank management is included. The review concludes with a discussion of some of the interesting open research questions in the area. (77 Refs.)

0214333 82237867  
**HCA gives its materiel managers education sessions on videotape.**  
Pritchett DD  
Hosp Purch Manage ,Aug 1982. 7 (8) p7-8. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0214332 82237866  
**Productivity measurements for M.M.**  
Young S  
Hosp Purch Manage ,Aug 1982. 7 (8) p6. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0214305 82237782  
**Computerized inventory control: material requirement planning in the surgical suite.**  
Scamell RW; Hardaway DE; Moura PE  
Healthc Financ Manage ,Jun 1982. 36 (6) p64. 66. 68.  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

01141

0214266 82234800

**Cost-effective materials management: putting the spotlight on the real savers [interview]**

Carroll P

Cost Containment ,Aug 10 1982, 4 (15) p6-7, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0214052 82254140

**A blood ordering strategy for hospital blood banks derived from a computer simulation.**

Friedman BA; Abbott RD; Williams GW

Am J Clin Pathol ,Aug 1982, 78 (2) p154-60, ISSN  
0002-9173 Journal Code: 3FK  
Languages: ENGLISH

The ultimate goal of a hospital blood bank inventory control programs is to reduce wastage of blood products and unnecessary use of laboratory services without jeopardizing patient safety. The development of a practical blood ordering policy at the hospital level is an integral part of any such program. In order to explore various blood ordering options in detail, a computer simulation of a hospital blood inventory was used to assess the impact on blood bank performance measures of reductions in group O and non-group-O levels from baseline levels, assuming both a 21-day and 35-day shelf life.

On the basis of data derived from this study showing that such inventory reductions accompanied by partial protection of the group O inventory will not result in significant shortages, a practical strategy was developed for establishing optimal target inventory levels for a hospital on an empirical basis. These target levels can serve as a guide for subsequent blood ordering. A step-by-step approach for analyzing a hospital blood inventory control program is then suggested, accompanied by an action plan for implementing change which incorporates the experimentally-derived blood ordering strategy. Adherence to this plan should result in a low outdate rate, a reduction in unnecessary cross-matching, and greater availability of blood for those patients with a legitimate need for it.

0212278 82219554

**Materials management contractors work themselves out of their jobs.**

Kuntz EF

Mod Health Care ,Jul 1982, 12 (7) p138, 140, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212123 82212270

**Designing forms to save money.**

Taylor RH

Hosp Purch Manage ,Jul 1982, 7 (7) p7-8, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

0212122 82212269

**Salaries in materials management continue to rise.**

Hosp Purch Manage ,Jul 1982, 7 (7) p3-6, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0212088 82211218

**Purchase price is still a key in hospital materials management.**

Ambrose RC

Rev Fed Am Hosp ,Jul-Aug 1982, 15 (4) p54-6, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0210446 82213229

**A computerized system for control and management of radionuclide inventory: application in nuclear medicine.**

Hoory S; Levy LM; Moskowitz G; Bandyopadhyay D; Vaugeois JC

Health Phys ,May 1982, 42 (5) p601-9, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

An interactive computerized system for radioisotope management and instantaneous inventory is reported. The system is capable of handling operations such as filing, nuclear imaging and disposing of various radionuclides. All radiopharmaceutical transactions are achieved with the aid of a Prime 300 mini-computer of 192K words of high speed semi-conductor memory and over 120 mega bytes of disk storage. The system automatically corrects for the appropriate decay, monitors and updates the storage file after every subsequent study. The performed study is recorded in a special file, together with the time and data retrieved from the computer's real time clock at the time of the entry. The system provides an organized and complete bookkeeping of all records concerning radionuclide transactions. It is found to be simple, efficient, highly versatile, and drastically reduces the time of operation and errors in handling the radioisotope inventory.

00142

0210415 82213000

**The problem of the availability of drugs in hospital: the example of Makurdi, Nigeria.**

Leke JT  
Int Nurs Rev ,Mar-Apr 1982, 29 (2) p46-7. ISSN  
0020-8132 Journal Code: GTP  
Languages: ENGLISH

0209776 82200133

**THPM interview: Dean Ammer, father of hospital materials management.**

Ammer DS  
Top Hosp Pharm Manage ,Aug 1981, 1 (2) p69-82. ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0209771 82200128

**Purchase and inventory control for hospital pharmacies.**

Bicket WJ; Gagnon JP  
Top Hosp Pharm Manage ,Aug 1981, 1 (2) p11-26. ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0209770 82200127

**Materials management.**

Top Hosp Pharm Manage ,Aug 1981, 1 (2) p1-82. ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

0209769 82200126

**The materials management concept.**

Kubica AJ; Popp KJ  
Top Hosp Pharm Manage ,Aug 1981, 1 (2) p1-10. ISSN  
0271-1206 Journal Code: VVJ  
Languages: ENGLISH

00528

● 0209755 82199673

**Applying management science in developing countries: ABC analysis to plan public drug procurement.**

Quick JD  
Socioecon Plann Sci ,1982, 16 (1) p39-50. ISSN  
0038-0121 Journal Code: UUV  
Languages: ENGLISH

Despite the vital role of pharmaceuticals in the prevention and treatment of major causes of death and disability in the developing world, high costs and frequent shortages remain chronic problems for drug supply programs. Yet, management techniques developed to optimize the use of scarce resources

have had limited application in the settings of greatest need. An important determinant of the cost and supply of drugs is the procurement pattern. This study reviews procurement patterns in selected public supply programs and, using management science techniques, compares alternative procurement patterns in terms of inventory costs and shortages. Using drug cost and quantity estimates from two countries, a simulated ABC analysis was performed. This analysis showed drug inventories to be typical of industrial inventories: Over 80% of the consumption in dollars was accounted for by less than 20% of the drugs. Procurement patterns with more frequent purchasing or delivery of high usage drugs could reduce average inventories 20-50% over the commonly observed annual purchasing pattern. Sensitivity analysis of the results confirmed that variability in the delivery time and consumption pattern has a significant impact on the efficiency and economy of a procurement system. Closer supplier monitoring and better forecasting should reduce this variability.

0209538 82189443

**Corporate clout, specialization seen molding group buying in the '80s [interview by Robert F. Hickox and Daniel Dildine].**

Pauley WF; Kelly TW; Friedman WR Jr  
HPN Hosp Purch News ,Jul 1982, 6 (7) p16-8, 21.  
Journal Code: G3D  
Languages: ENGLISH

0207566 82188822

**[Stock, its provisioning, the maintenance of order]**

Le stock, son approvisionnement, le maintien de l'ordre.  
Calvet M  
Inf Dent ,Feb 18 1982, 64 (7) p547-50. ISSN 0020-0018  
Journal Code: GN1  
Languages: FRENCH

0206921 82172841

**Ordering system dries up flow of paperwork [news]**

Bendix J  
Mod Health Care ,May 1982, 12 (5) p147. ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

01143

0206795 82166838  
**Materials management: an ethics role model.**  
Kandiko RS  
HPN Hosp Purch News ,Jun 1982, 6 (6) p35-6, Journal  
Code: G3D  
Languages: ENGLISH

0206791 82166834  
**Off-site warehouse ends space problem.**  
Dildine D  
HPN Hosp Purch News ,Jun 1982, 6 (6) p31, Journal  
Code: G3D  
Languages: ENGLISH

0206788 82166831  
**More authority seen for materials manager.**  
Dildine D  
HPN Hosp Purch News ,Jun 1982, 6 (6) p1, 6, Journal  
Code: G3D  
Languages: ENGLISH

0206786 82166829  
**Is your hospital ready for word processing.**  
Lewis WR  
HPN Hosp Purch News ,May 1982, 6 (5) p15, Journal  
Code: G3D  
Languages: ENGLISH

0206785 82166828  
**How to handle the first months at a new hospital.**  
Young S  
HPN Hosp Purch News ,May 1982, 6 (5) p14, Journal  
Code: G3D  
Languages: ENGLISH

0206697 82165940  
**Increase vendor efficiency by measuring it?**  
Partridge T  
Hosp Purch Manage ,May 1982, 7 (5) p11-3, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0206624 82163728  
**Financial management: a key element in the hospital information system.**  
Ellis JM; Rowlands EL

Comput Hosp ,May-Jun 1982, 3 (3) p34-5, 37, ISSN  
0274-631X Journal Code: DOL  
Languages: ENGLISH

0206495 82180846  
**Psychologist in a plastic surgery service.**  
Clifford E  
Ann Plast Surg ,Jan 1982, 8 (1) p79-82, ISSN 0148-7043  
Journal Code: 5VB  
Languages: ENGLISH

Some of the roles of a psychologist on a plastic surgery service, particularly with patients undergoing cleft palate, craniofacial, and breast reconstruction, are explored. Psychological counseling with parents of infants with birth defects is described. For patients with craniofacial anomalies team management, extensive presurgical evaluations, and a psychological support system during hospitalization are required. Patients undergoing breast reconstruction need to work through preexisting feelings and attitudes about mastectomy as well as their anticipation of results of corrective surgery. For all patients, printed materials are used to augment the counseling. Research is emphasized, in keeping with the role of such a plastic surgery service in a university setting.

0206426 82179745  
**Efficient storage of sterilized ophthalmic surgical instruments.**  
Austin GC; Austin HD  
Am J Ophthalmol ,Apr 1982, 93 (4) p518-9, ISSN  
0002-9394 Journal Code: 30Q  
Languages: ENGLISH

To solve the problem of efficient storage of sterilized ophthalmic surgical instruments, we devised a system that uses backloading hooks and cross-indexing of instruments by number together with the mounting of the instruments by number on a pegboard system.

01144

0204859 82160766  
**Development of a rational blood-ordering policy for obstetrics and gynaecology.**  
Penney GC; Moores HM; Boulton FE  
Br J Obstet Gynaecol ,Feb 1982, 89 (2) p100-5. ISSN  
0306-5456 Journal Code: AZC  
Languages: ENGLISH

The relation between quantities of blood ordered to cover obstetrical and gynaecological diagnoses and quantities actually used was studied over a period of 3 months in one Scottish hospital. It appeared that the amount of blood ordered as 'cover' for many operative procedures and for patients under observation was, in many instances, uneconomic. On the basis of this a 'maximum surgical blood-ordering schedule' has been proposed which would reduce the amount of blood cross-matched as 'cover' by 65%. Review of the circumstances of all transfusions given over the study period suggested that adoption of the proposed schedule would not be detrimental to patient study.

0204724 82153719  
**A system for control of scrub suits.**  
Anderson G; Harris W  
Text Rent ,Apr 1982, 65 (8) p86-8, 90, 92 passim. ISSN  
0024-3825 Journal Code: VNP  
Languages: ENGLISH

0204530 82141591  
**An integrated pest management concept for hospitals.**  
Racheky S; White E  
HPN Hosp Purch News ,Apr 1982, 6 (4) p18, 21-3.  
Journal Code: G3D  
Languages: ENGLISH

0204459 82140525  
**Cost containment is a hospital-wide affair.**  
Kudder G  
Hosp Purch Manage ,Apr 1982, 7 (4) p3-5. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0204437 82140458  
**Materials management in adversity: how planners coped with a nurses' strike.**  
Barnetti ML; Domaigne R  
Health Serv Manager ,Mar 1982, 15 (3) p1-3. ISSN  
0363-020X Journal Code: GAP  
Languages: ENGLISH

0202002 82119581  
**Assessing your burnout potential.**  
HPN Hosp Purch News ,Mar 1982, 6 (3) p38-9. Journal  
Code: G3D  
Languages: ENGLISH

0201999 82119578  
**Proquallitivy: your winning edge.**  
Cobbs D  
HPN Hosp Purch News ,Mar 1982, 6 (3) p18-9, 26,  
Journal Code: G3D  
Languages: ENGLISH

0201911 82118465  
**Materials management contracts: pro or con?**  
Young S  
Hosp Purch Manage ,Mar 1982, 7 (3) p11-2. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0201877 82117606  
**HCA devises innovative equipment planning and procurement system.**  
Garner ED; Burton GD  
Rev Fed Am Hosp ,Mar-Apr 1982, 15 (2) p91, 94, 97.  
Journal Code: EUJ  
Languages: ENGLISH

01145



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0200020 82115603

**Physician practice in the management of patients with uncomplicated myocardial infarction: changes in the past decade.**

Wenger NK; Hellerstein HK; Blackburn H; Castranova SJ  
Circulation ,Mar 1982, 65 (3) p421-7, Journal Code:

DAW

Languages: ENGLISH

To determine changes in the patterns of care between 1970 and 1980 for patients with uncomplicated acute myocardial infarction, questionnaires were sent to almost 6000 physicians in 1979 and responses were compared with those of a similar survey taken in 1970. Almost all physicians in 1979 reported the availability and use of an intensive care/coronary care unit facility with continuous electrocardiographic monitoring.

Progressive-care facilities are also becoming more widely available. The median length of hospitalization has decreased markedly. Early ambulation and an earlier return to work are more common. There is a high level of informal patient and patient-family counseling about myocardial infarction and its management, both during and after hospitalization, and wider use of educational materials. Most physicians continue to recommend progressive physical activity after hospitalization.

The routine prescription of anticoagulant therapy during hospitalization has declined, while prescription of prophylactic antiarrhythmic agents has increased. Nitrate drugs and tranquilizers are routinely prescribed by a large percentage of physicians for their patients with uncomplicated myocardial infarction. Use of standard exercise tests has increased among all physician specialties. The treadmill test is most often used, and testing is typically done 6 weeks after infarction. A significant increase in the availability of and familiarity with exercise testing is characteristic of all medical specialties. Symptoms of new chest pain and palpitations are now considered important enough to warrant the recommendation to report immediately to an emergency room.

Other current findings include the routine use of coronary angiography by a large percentage of physicians to evaluate the need for surgical intervention, and the routine posthospitalization prescription by only a small percentage of physicians of aspirin and of nitrate drugs for patients with uncomplicated myocardial infarction.

0199824 78217244

**Hospital information systems: a current perspective.**

Austin CJ; Greene BR  
Inquiry ,Jun 1978, 15 (2) p95-112, ISSN 0020-1731

Journal Code: GOT

Languages: ENGLISH  
(166 Refs.)

0199810 78216940

**What do you consider the major tasks and scope of responsibility of the modern material manager?**

Housley CE  
Hosp Top ,Jul-Aug 1978, 56 (4) p29-30, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199808 78216938

**The future of the purchasing agent: material management as a profession.**

Swindler JP  
Hosp Top ,Jul-Aug 1978, 56 (4) p22-6, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199806 78216936

**Centralizing O R inventory management to effect cost reductions.**

Gainor PB; Deaton R; Richie ND  
Hosp Top ,Jul-Aug 1978, 56 (4) p19-21, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199698 78215469

**The unit dose concept for supplies.**

Housley C  
Dimens Health Serv ,Aug 1978, 55 (8) p37, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0199107 82097701

**Using re-order points: ROP discussion helps EOQ article.**

Zenty TF 3d  
Hosp Financ Manage ,Feb 1982, 36 (2) p61, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0199058 82096899

**How to "C" your way through being a material manager.**

Kovacs GL  
Hosp Top ,Jan-Feb 1982, 60 (1) p39-40, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01146

0199039 82096880  
**Use of the management engineer: a group or individual hospital decision.**  
Shear LE  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p49-54, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0198988 82095650  
**Computerized purchasing, inventory system developed by Humana Inc.**  
Powell PB  
Rev Fed Am Hosp ,Jan-Feb 1982, 15 (1) p50-2, 54,  
Journal Code: EUJ  
Languages: ENGLISH

0197497 82096797  
**Cart requisition form provides cost control for surgical suite [interview]**  
Maytum JA  
Hospitals ,Feb 1 1982, 56 (3) p46-7, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197020 82080441  
**Whittaker General Medical's new team sets high goal.**  
MED Prod Sales ,Oct 1981, 12 (10) p1, 13-14, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0196926 82075353  
**Inventory: your hospital's financial investment.**  
Nevers M  
HPN Hosp Purch News ,Nov 1981, 5 (11) p12-3, Journal  
Code: G3D  
Languages: ENGLISH

0196922 82075349  
**Materials strike contingency plan relies on detailed planning.**  
HPN Hosp Purch News ,Oct 1981, 5 (10) p21-2, Journal  
Code: G3D  
Languages: ENGLISH

0196870 82074290  
**Check list for strike action.**

Lacagnina PM  
Hosp Purch Manage ,Jan 1982, 7 (1) p15-6, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0195375 82074331  
**Survey points to need for more efficient inventory management.**  
Aardsma AH  
Hospitals ,Jan 16 1982, 56 (2) p91-2, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0194822 82052551  
**Inventory management.**  
Hosp Superv Bull ,Nov 15 1981, (425) p5-7, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0194762 82051746  
**Material management: multitudinous hospital forms.**  
Housley CE  
Hosp Top ,Nov-Dec 1981, 59 (6) p41-2, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0194730 82051686  
**Budgeting techniques for materials managers.**  
Kreitschmann AA; Stadnik JK  
Hosp Purch Manage ,Dec 1981, 6 (12) p3-7, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0192719 82030328  
**Logistics in the hospital.**  
Hosp Superv Bull ,Oct 15 1981, (423) p1-5, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

01147

0192705 82030308  
**Contracting for materials management--is it right for everyone?**  
McFaul W  
Hosp Financ Manage ,Nov 1981, 35 (11) p66-7, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0192702 82030305  
**Inventory control: cost cutting through the EOQ.**  
Fancher DO; Beasley DB  
Hosp Financ Manage ,Nov 1981, 35 (11) p36-7, 39, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0192584 82029131  
**New moves in M.M.: who reports to whom?**  
Hosp Purch Manage ,Nov 1981, 6 (11) p9-11, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0192583 82029130  
**Hospital uses survey form to measure departments' satisfaction with M.M.**  
Carroll P  
Hosp Purch Manage ,Nov 1981, 6 (11) p7-8, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0190632 82005857  
**Computer system at U. of Minnesota makes possible total M.M.**  
Vietti LJ  
Hosp Purch Manage ,Oct 1981, 6 (10) p8-10, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0188163 81266533  
**A method of determining production load and size of inventories when demand is variable.**  
Wornall BM  
J Oper Res Soc ,Jul 1981, 32 (7) p563-75, ISSN  
0160-5682 Journal Code: JHN  
Languages: ENGLISH

0188112 81263627

**Insulating your hospital from asbestos risk.**  
Hosp Risk Manage ,Sep 1981, 3 (9) p122-6, ISSN  
0199-6312 Journal Code: G91  
Languages: ENGLISH

0188104 81263540  
**Forms management trims inventory and costs.**  
Kasten M  
Hosp Financ Manage ,Sep 1981, 35 (9) p94-5, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0187964 81262540  
**Controlling inventory with an automated ordering system.**  
Richardson P  
Hosp Purch Manage ,Aug 1981, 6 (8) p11-2, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0187847 81259463  
**A communication system for stockouts and backorders.**  
De Vera F  
Purch Adm ,Aug 1981, 5 (8) p10-1, Journal Code: DF3  
Languages: ENGLISH

0185657 81238234  
**Implementation of a materials system in a new hospital.**  
Schutta A; Fordell S; Maki J  
Hosp Top ,Jul-Aug 1981, 59 (4) p14-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0185655 81238232  
**A simplified patient supply charge system.**  
Winters RP  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p9-14, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

01148

0185652 81238229  
**Interdisciplinary collaboration on advanced materiel systems.**  
Harvey RO  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p53-8, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0185648 81238225  
**Key indicators for hospital materiel management.**  
Janson RL  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p23-30, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0185647 81238224  
**Value analysis: a systematic approach to innovation.**  
Burke TW  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p19-22, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0185646 81238223  
**Random warehousing: a simple answer to complicated storage problems.**  
Thompson D  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p15-8, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0185645 81238222  
**Performance measurement: first and last step in innovation.**  
Rourke RE  
Hosp Mater Manage Q ,Aug 1981, 3 (1) p1-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0184303 81240193  
**Costs of a clinical chemistry laboratory.**  
Stilwell JA  
J Clin Pathol ,Jun 1981, 34 (6) p589-94, ISSN 0021-9746  
Journal Code: HT3  
Languages: ENGLISH  
The costs of a clinical chemistry laboratory in a district general hospital were studied. The system used has certain advantages over the conventional Cooper Lybrand method. The time taken by technicians to perform tests was more variable than expected and the cost of sample collection was higher

than process-cost for many tests. Indirect costs (overheads) were greater than direct costs and there were potential economies of scale. The most time-consuming part of this study was collecting the cost of chemicals and other disposables.

0183638 81214011  
**First annual salary and fringe survey.**  
Hosp Purch Manage ,Jul 1981, 6 (7) p3-6, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0181673 81214055  
**Detailed planning key to ongoing hospital functioning during strike.**  
Barretti ML; Domaigne RA  
Hospitals ,Jul 1 1981, 55 (13) p73-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0181085 81201369  
**Hospital inventory: a qualitative analysis.**  
Armbruster TE  
Surg Bus ,May 1981, 44 (5) p30-1, Journal Code: VC7  
Languages: ENGLISH

0181084 81201368  
**Rewriting the myth.**  
Cassak D  
Surg Bus ,May 1981, 44 (5) p20-5, 92, Journal Code: VC7  
Languages: ENGLISH

0180755 81190281  
**Hospitals need an integrated approach to materials management.**  
Waller RM  
HMQ ,Spring 1981, p10-2, Journal Code: GCA  
Languages: ENGLISH

01149

0180754 81190280  
**The minicomputer as a tool for hospital materials management.**  
Wallgren LR  
Hosp Purch Manage ,Jun 1981, 6 (6) p8-12, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0180753 81190279  
**The growing use of computers in materials management.**  
Hosp Purch Manage ,Jun 1981, 6 (6) p3-7, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0180751 81190277  
**The computer: its time has come.**  
Brzezicki MJ  
Hosp Purch Manage ,Jun 1981, 6 (6) p13-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0180735 81190222  
**Supplies systems: taking the top off storage.**  
Grayson H  
Health Soc Serv J ,Dec 12 1980, 90 (4723) p1590-1, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0180652 81187069  
**Good employee management key to successful materials management [editorial]**  
McKnight WM  
Purch Adm ,Jun 1981, 5 (6) p4, 6, Journal Code: DF3  
Languages: ENGLISH

0179212 81190320  
**Hospital warehouse management can ensure better use and service.**  
Kowalski JC  
Hospitals ,Jun 16 1981, 55 (12) p109-12, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0178583 81166398  
**How to take a physical inventory.**  
Cobbs WD

Hosp Top ,May-Jun 1981, 59 (3) p38-45, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0178571 81166386  
**Expanding on product and equipment evaluation procedures.**  
Teselsky RP  
Hosp Mater Manage Q ,May 1981, 2 (4) p63-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0178569 81166384  
**How to conduct a physical inventory.**  
Cobbs WD  
Hosp Mater Manage Q ,May 1981, 2 (4) p49-55, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0178566 81166381  
**Determination of use cost: a statistical approach.**  
Kovacs GL  
Hosp Mater Manage Q ,May 1981, 2 (4) p25-32, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0178565 81166380  
**Supply, processing, and distribution: an overview.**  
Driscoll RS  
Hosp Mater Manage Q ,May 1981, 2 (4) p21-4, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0178537 81166325  
**Supplies information in the national health service.**  
Hosp Health Serv Rev ,Apr 1981, 77 (4) p128, Journal  
Code: GC5  
Languages: ENGLISH

0178165 81180945

**Radiation decontamination unit for the community hospital.**

Waldron RL 2d; Danielson RA; Shultz HE; Eckert DE; Hendricks  
KO

AJR ,May 1981, 136 (5) p977-81, Journal Code: 3AE

Languages: ENGLISH

"Freestanding" radiation decontamination units including surgical capability can be developed and made operational in small/medium sized community hospitals at relatively small cost and with minimal plant reconstruction. Because of the development of nuclear power plants in relatively remote areas and widespread transportation of radioactive materials it is important for hospitals and physicians to be prepared to handle radiation accident victims. The Radiological Assistance Program of the United States Department of Energy and the Radiation Emergency Assistance Center Training Site of Oak Ridge Associated Universities are ready to support individual hospitals and physicians in this endeavor. Adequate planning rather than luck, should be used in dealing with potential radiation accident victims. The radiation emergency team is headed by a physician on duty in the hospital. It is important that the team leader be knowledgeable in radiation accident management and have personnel trained in radiation accident management as members of this team. The senior administrative person on duty is responsible for intramural and extramural communications. Rapid mobilization of the radiation decontamination unit is important. Periodic drills are necessary for this mobilization and the smooth operation of the unit.

0176377 81140772

**Control materials and you control costs.**

MacFarlane SJ

Health Care (Don Mills) ,Mar 1981, 23 (3) p24-6, ISSN  
0226-5788 Journal Code: GKM

Languages: ENGLISH

0176349 81140467

**Materiel management: what does the administrator expect of the materiel manager?**

Housley CE

Hosp Top ,Mar-Apr 1981, 59 (2) p29, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0176348 81140466

**Tighter control of medical gas handling saves money, improves patient care.**

Clydesdale PA

Hosp Top ,Mar-Apr 1981, 59 (2) p27-8, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0176322 81140377

**Training in the management of hospital supplies for overseas students.**

Dimond BC

Hosp Health Serv Rev ,Nov-Dec 1980, 76 (11) p359-60,  
Journal Code: GC5

Languages: ENGLISH

0176318 81140349

**Establishing productivity goals.**

McKeough PK Jr

Hosp Purch Manage ,Apr 1981, 6 (4) p19, ISSN 0163-1322  
Journal Code: GB6

Languages: ENGLISH

0176222 81136632

**Inventory management: establishing control.**

Barretti ML

Purch Adm ,Apr 1981, 5 (4) p32, Journal Code: DF3

Languages: ENGLISH

0176221 81136631

**Defining PA's role in capital acquisition.**

Boergadine L

Purch Adm ,Apr 1981, 5 (4) p30-1, Journal Code: DF3

Languages: ENGLISH

0172899 81113196

**Controlling supply costs: 'best price' doesn't always lead to savings.**

Simmons RJ

Cost Containment ,Feb 24 1981, 3 (4) p3-5, ISSN  
0198-9782 Journal Code: DSR

Languages: ENGLISH

01151

00530

0170645 81093688

**Transfer of responsibility for drug inventories to materials management: the legal perspective.**

Fink JL 3d

Hosp Pharm ,Jan 1981, 16 (1) p8-12, ISSN 0018-5787  
Journal Code: G98

Languages: ENGLISH

In recent years hospitals have been creating materials management departments to effect cost controls and to increase efficiency. In some instances, it has been suggested that responsibility for maintenance of drug inventories should be shifted from the director of pharmacy to the director of materials management. Legal aspects of this shift in responsibility may preclude such changes. The Joint Commission on Accreditation of Hospitals' Standards clearly state that this responsibility is to rest with the pharmacy service. State law may also bear on the issue. Both state pharmacy acts and board of pharmacy regulations may contain provisions which are relevant to the issue. Pennsylvania law is used as an example of the points to be evaluated when considering the question. Clearly, this responsibility must continue to fall within the jurisdiction of the director of pharmacy.

0170562 81092421

**Material management Q's & A's: unit dosing supplies other than drugs.**

Housley CE

Hosp Top ,Jan-Feb 1981, 59 (1) p47-8, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0170550 81092409

**Approved products lists are imperative to effective purchasing.**

Hersch GY

Hosp Mater Manage Q ,Feb 1981, 2 (3) p71-8, ISSN  
0192-2262 Journal Code: GD3

Languages: ENGLISH

0170546 81092405

**A hospital's application of the debit memo.**

Berlage KA

Hosp Mater Manage Q ,Feb 1981, 2 (3) p39-45, ISSN  
0192-2262 Journal Code: GD3

Languages: ENGLISH

0170545 81092404

**Buying diagnostic imaging equipment: points to ponder, pitfalls to avoid.**

Robb WL

Hosp Mater Manage Q ,Feb 1981, 2 (3) p31-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0170501 81092300

**What is materials management? A MM's view.**

Ulrich I

Hosp Purch Manage ,Feb 1981, 6 (2) p8-10, ISSN  
0163-1322 Journal Code: GB6

Languages: ENGLISH

0170499 81092298

**Beginning a materials management program.**

Shorr AS

Hosp Purch Manage ,Feb 1981, 6 (2) p3-5, ISSN 0163-1322  
Journal Code: GB6

Languages: ENGLISH

0170498 81092297

**Bringing sales experience to materials management.**

England H

Hosp Purch Manage ,Feb 1981, 6 (2) p10-1, ISSN  
0163-1322 Journal Code: GB6

Languages: ENGLISH

0170416 81088981

**Long days, short weeks work for MM staff.**

Shanoff C

Purch Adm ,Feb 1981, 5 (2) p3, 25, Journal Code: DF3  
Languages: ENGLISH

0170412 81088977

**Virginia nursing home adopts hospital-style MM [interview]**

Dyer J

Purch Adm ,Feb 1981, 5 (2) p2, Journal Code: DF3  
Languages: ENGLISH

00152

Languages: ENGLISH

0170411 81088976

**Materials management procedures surveyed.**

Densford LE

Purch Adm ,Feb 1981, 5 (2) p1, 20. Journal Code: DF3

Languages: ENGLISH

0170410 81088975

**Value analysis concepts set for Pa. pilot test.**

Hickox RF

Purch Adm ,Feb 1981, 5 (2) p1-2, Journal Code: DF3

Languages: ENGLISH

0169735 81102973

**[Inventories]**

L'inventaire.

Liegeois M

Rev Infirm [Inf] ,Feb 1980, (2) p8-9, ISSN 0397-7897

Journal Code: T83

Languages: FRENCH

0168636 81091459

**A contemporary look at hospital purchasing.**

Schabracq A

Dimens Health Serv ,Oct 1980, 57 (10) p20, 22-3, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0168083 81068328

**Color-coded dot system reduces inventory headaches.**

Harding R

Hosp Purch Manage ,Jan 1981, 6 (1) p15, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

0168081 81068326

**Spreading the word on materials management.**

Dibble CE

Hosp Purch Manage ,Jan 1981, 6 (1) p11-2, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0168080 81068325

**ABC inventory control: an analysis.**

Stevens WT

Hosp Purch Manage ,Dec 1980, 5 (12) p8-10, ISSN

0163-1322 Journal Code: GB6

0168077 81068322

**Inventory transfer receipts.**

Hillebrand GJ

Hosp Purch Manage ,Dec 1980, 5 (12) p12-3, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0168067 81068264

**Plan, then expand.**

Ryan JL

Health Serv Manager ,Jan 1981, 14 (1) p12-4, ISSN

0363-020X Journal Code: GAP

Languages: ENGLISH

0165646 81051975

**Hospitals use industrial warehouse techniques to process supplies.**

Kuntz E

Mod Health Care ,Nov 1980, 10 (11) p68, 72, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0165428 81045600

**St. Joseph's Hospital, Milwaukee, WI. Four-day work week improves purchasing efficiency.**

Kandiko RS

Hosp Prog ,Dec 1980, 61 (12) p58, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0163054 81026014

**Cost containment through better materials management.**

Sandieback E

Hosp Financ Manage ,Sep 1980, 34 (9) p68-9, 75, ISSN

0018-5639 Journal Code: G9N

Languages: ENGLISH

01153



0163044 81026004

**Centralized purchasing and materials management--an aid to cost containment.**

Sandleback E  
Hosp Financ Manage ,Aug 1980, 34 (8) p50-3, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0162973 81025456

**Nursing station inventory analysis.**

Gjerdingen DL  
Hosp Top ,Sep-Oct 1980, 58 (5) p52, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0162971 81025454

**Material management Q's & A's: management audit.**

Housley CE  
Hosp Top ,Sep-Oct 1980, 58 (5) p36-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0162962 81025445

**Supply distribution options--a new perspective.**

Kowalski JC  
Hosp Mater Manage Q ,Nov 1980, 2 (2) p81-97, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162961 81025444

**A simple approach to controlling inventory dollars.**

Bedl KK  
Hosp Mater Manage Q ,Nov 1980, 2 (2) p75-80, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162959 81025442

**Effective control and establishment of patient charges.**

Sobieszczyk RU  
Hosp Mater Manage Q ,Nov 1980, 2 (2) p59-63, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162958 81025441

**Design considerations for work simplification.**

Banasik RC

Hosp Mater Manage Q ,Nov 1980, 2 (2) p53-8, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162957 81025440

**Automation and computerization: milestones or millstones for the vendor?**

Doerhoefer EJ  
Hosp Mater Manage Q ,Nov 1980, 2 (2) p47-52, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162956 81025439

**But my hospital is too old...**

Brzezicki MJ  
Hosp Mater Manage Q ,Nov 1980, 2 (2) p37-45, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0162883 81025285

**Materials management: alive and growing.**

Holmgren JD; Wentz WJ  
Hosp Purch Manage ,Oct 1980, 5 (10) p7-10, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0162881 81025283

**How to avoid unused stock: two views. Preventing obsolete inventory.**

Stewart RA  
Hosp Purch Manage ,Oct 1980, 5 (10) p13-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0162880 81025282

**How to avoid unused stock: two views. Hospital policy or committee rule?**

Strasser RW  
Hosp Purch Manage ,Oct 1980, 5 (10) p12, ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

01154

0162873 81025269

**Supplies and services: little fish and large pools.**

Grayson H

Health Soc Serv J .Sep 5 1980. 90 (4709) p1169-70. ISSN  
0300-8347 Journal Code: GAR

Languages: ENGLISH

Centralisation of stores and services does not always work smoothly in the NHS and, even when it does, can we be sure that the expected cost advantages will be reaped? Hazel Grayson, senior research officer at the Medical Architecture Research Unit, Polytechnic of North London, discusses some of the questions raised in research carried out by the unit.

0161861 81028083

**Biomedical equipment maintenance in Canadian hospitals.**

Hopps JA

J Med Eng Technol .Mar 1979. 3 (2) p63-5. ISSN  
0309-1902 Journal Code: J14

Languages: ENGLISH

01156

**HOSPITAL , MEDICAMENTOS**

01156

0216481 82276828  
**'How I made passing meds a full-time affair'.**  
Hoyt ES  
RN ,Oct 1982, 45 (12) p120N-120R, ISSN 0033-7021  
Journal Code: TWP  
Languages: ENGLISH

0207327 82186234  
**Neonatal emergency transport drug box.**  
Zenk KE; Amlie RN  
Drug Intell Clin Pharm ,Feb 1982, 16 (2) p122-5, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH

The neonatal drug transport box provides a readily available drug supply in appropriate dilutions for newborns. It also supplies a visible neonatal emergency drug dosage list. The use of this box has demonstrated a saving in nursing time, assured an appropriate supply of all necessary drugs, made drugs readily available for emergency use, and provided dosage check.

0190869 82016619  
**Letting them out one by one: using unit-dose systems to reduce drug administration errors.**  
Karasov CG  
Respir Ther ,Sep-Oct 1981, 11 (5) p63-6, ISSN 0048-7392  
Journal Code: R8L  
Languages: ENGLISH

0158607 80263059  
**Primary nursing and pharmacy systems: are they compatible?**  
Thielke TS; Ploetz PH  
Am J Hosp Pharm ,Aug 1980, 37 (8) p1091-2, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The effects of primary care nursing on the provision of pharmaceutical services are discussed. The major pharmacy-related problem caused by primary care nursing is the increased complexity of communications and drug distribution. Decentralized pharmaceutical services and pharmacy-coordinated drug administration programs can be used to overcome the problem. Primary care nursing's advantages are improved control over controlled substances, quicker access to accurate patient information, more complete patient-care plans and drug-charge records, and a more efficient discharge medication program. Understanding the intent of primary care nursing is fundamental to maximizing these benefits and avoiding problems with this type of nursing service.

0156665 80231626  
**The nurse's role in pharmaceutical therapy.**  
O'Connor AB  
Med Mark Media ,Jun 1980, 15 (6) p37-9, ISSN 0025-7354  
Journal Code: MGJ  
Languages: ENGLISH

0143707 80115069  
**Unit dose packaging for long-term mental health facilities.**  
Katz RM  
Hosp Pharm ,Feb 1980, 15 (2) p62-7, ISSN 0018-5787  
Journal Code: G98  
Languages: ENGLISH

A study was conducted by two mental health institutions to determine the usage and the cost of providing oral solid unit dosage medications to 1400 patients. The results in the two institutions were as follows: 1) 257,732 (12%) and 73,956 (17%) doses were not commercially available; 2) 656 and 134 technician hours per year could be saved by employing a vendor packaging service; 3) only 119,802 (5%) and 66,627 (15%) of the doses were available commercially at little or no additional cost compared to bulk purchase; and 4) 1,856,752 (83%) and 298,712 (63%) doses were available commercially at a premium price of \$34,138 and \$8,544 per year. The unusually high quantity of medications not commercially available in unit dose packages and the high cost of purchasing those that are available may be the result of the specialized care provided by a mental health facility. Therefore, methods of providing unit dose products in acute-care hospitals may not be adaptable to mental health facilities or to other specialized care providers.

0110651 79095797  
**Multispecialty pharmacy group practice: an idea whose time has come?**  
Kaufman J; Caron C  
Pharm Times ,Jan 1979, 45 (1) p68-72, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0034425 76102144  
**Alert patients are active patients.**  
Jenkins BL  
Nurs Homes ,Jan 1976, 25 (1) p8,13,19 Passim, ISSN  
0029-649X Journal Code: 096  
Languages: ENGLISH

0034205 76098105

**Is good nursing-home care feasible?**

Kane RL; Jorgensen LA; Teteberg B; Kuwahara J

JAMA ,2 Feb 1976, 235 (5) p516-9, ISSN 0002-9955

Journal Code: KFR

Languages: ENGLISH

A program using a team consisting of a nurse practitioner and a social worker to provide care for nursing-home patients was established. An important feature is the use of a specially designed problem-oriented record. The project disclosed a number of current deficiencies in nursing-home care and demonstrated ways to remedy many of these. The overall cost of the project was offset by the savings realized from reduced hospitalization and related medical costs.

0021318 76000572

**[Clinical therapeutic trials]**

Les essais therapeutiques cliniques

Mathe G

Bull Cancer (Paris) ,Apr-Jun 1974, 61 (2) p191-212.

ISSN 0007-4551 Journal Code: BDZ

Languages: FRENCH Summary Languages: ENGLISH

0008689 75091833

**Self-care program for inpatients in a mental hospital.**

Voineskos G; Butler JA; Bullock LJ; El-Gaaly AA

Can Med Assoc J ,25 Jan 1975, 112 (2) p177-80, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

Summary: A self-care program for selected inpatients in a mental hospital has been developed and has been in operation for more than a year. The 12-bed unit operates without any nursing or other professional staff during the night and weekend. Certain factors, including the mental hospital as an organization, tend to hamper the development of this type of program as well as the progress and growth of other programs in psychiatric hospitals. It is suggested that the much needed progress in the mental hospital would be facilitated by an open-systems approach to its organization. Mental hospitals should consider the introduction of self-care programs for selected patients, mainly in view of their therapeutic potential, but also because of the financial savings such programs offer.

01158

# HOSPITALES, PLANIFICACION

0233417 83152672  
**Queensland. State takes steps to bring costs into line.**  
Austin B  
Aust Hosp ,Dec 1982, (70) p4, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233412 83152667  
**Essendon: an on again, off again saga.**  
Williams A  
Aust Hosp ,Oct 1982, (68) p9, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0233356 83146581  
**The health planning process and federal antitrust statutes:  
is there a health planning exemption?**  
Prebil RL  
Spec Law Dig Health Care (Mon) ,Mar 1983, 5 (1) p7-34,  
Journal Code: UXP  
Languages: ENGLISH

0233246 83141327  
**NYC hospitals try to avert CON moratorium.**  
Wallace C  
Mod Health Care ,Feb 1983, 13 (2) p132, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0233210 83139090  
**Institutional planning: a survival strategy.**  
McBarnette LH  
J Health Hum Resour Adm ,Fall 1982, 5 (2) p224-41, ISSN  
0160-4198 Journal Code: KD1  
Languages: ENGLISH

0232990 83133912  
**TEFRA and the hospital-based program.**  
Windley RD  
Home Health J ,Feb 1983, 4 (2) p11, 16, Journal Code:  
GCB  
Languages: ENGLISH

0232089 83144873  
**[Organization of a psychiatric department in the**

**Hamburg-Eilbek general hospital--a description]**

Einrichtung einer Psychiatrischen Abteilung am  
Allgemein-Krankenhaus in Hamburg-Eilbek--Eine Beschreibung.  
Lorenzen H  
Psychiatr Prax ,Nov 1982, 9 (6) p193-6, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH  
In January 1980 a Psychiatric Department was established at  
the General Hospital for decentralised psychiatric treatment  
of inpatients. The article describes the preparatory planning  
which went into the concept of the Department. First of all,  
the Hospital is scheduled to look after a district with a  
population of 110,000. If patients are in need of psychiatric  
inpatient treatment, they are not selected according to  
diagnostic or other criteria. In connection with the Federal  
German Government's "Psychiatric Key Plan" the hospital set up  
an outpatient department and--financed at its own cost and  
from own resources--a psychosocial contacting department, a  
temporary and permanent home, decentralised sociopsychiatric  
services located in the community itself, and other projects.  
The article then describes the treatment concept which  
includes, besides psychosomatic and sociopsychiatric elements,  
psychotherapeutic aspects as well, the latter having a point  
of emphasis in group therapy. Finally, the article underlines  
fundamental concepts regarding the problem of co-operation  
with a large psychiatric hospital. It is pointed out that it  
will be necessary to develop a comprehensive treatment concept  
so that it becomes possible to find out for each patient which  
type of treatment and care will be most appropriate in his  
particular case both as regards outpatient and hospital  
treatment.

0230891 83133976  
**Value-driven management.**  
Wacker RC  
Hospitals ,Apr 1 1983, 57 (7) p81-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0230890 83133975  
**Adding resources, sparing conscience.**  
Cunningham RM Jr  
Hospitals ,Apr 1 1983, 57 (7) p75-6, 79-80, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0230131 83116188  
**Planning techniques supporting your decisions.**  
Ludmer AR  
OH ,Feb 1983, 27 (2) p14-7, ISSN 0161-0007 Journal  
Code: OGP  
Languages: ENGLISH

0230118 83114667  
**Analysis of OHMA proposal to limit capital expenditures.**  
Faverman GA  
Mich Hosp ,Feb 1983, 19 (2) p10-5, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0229987 83107291  
**Hospital construction moratoriums and preferred provider organizations are emerging issues in various states.**  
Kemezys KP  
Health Law Vigil ,Mar 4 1983, 6 (5) p4-6, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0229899 83106928  
**Include patient and nonpatient areas: exploring creative growth strategies.**  
Saucier GJ  
Healthc Financ Manage ,Feb 1983, 37 (2) p52, 54, 56,  
ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0228851 83115358  
**Acute care hospitals: their future and the physicians' role.**  
Camalier CW 3d  
NC Med J ,Dec 1982, 43 (12) p833-4, ISSN 0029-2559  
Journal Code: NTX  
Languages: ENGLISH

0228267 83107497  
**Hospital cost containment in Rochester: from Maxicap to the hospital experimental payments program.**  
Sorensen AA; Seward EW; Stewart DW  
Inquiry ,Winter 1982, 19 (4) p327-35, ISSN 0020-1731  
Journal Code: G0T  
Languages: ENGLISH

0228221 83107054

**The obtrusive neighbor. Hospitals wanting to flourish need to win ongoing community support.**  
Thomas J; Lee KE  
Hospitals ,Feb 16 1983, 57 (4) p69-70, 73-5, ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

0228219 83107052  
**Getting community input. Workshops help hospitals plan community participation for expansion.**  
Robrow ML; Morrish WR  
Hospitals ,Feb 16 1983, 57 (4) p119-20, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0227685 83088515  
**Diversification is hospital's first move in \$485 million game plan to survive.**  
Wallace C  
Mod Health Care ,Jan 1983, 13 (1) p64-8, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227665 83088495  
**Economic outlook. It's dangerous to ignore impact of medical technology advances.**  
Johnson JL  
Mod Health Care ,Jan 1983, 13 (1) p100, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

01161



0227143 83096614  
**[Intentions and realizations of hospital planning in psychiatry]**

Intentions et realisations de la programmation hospitaliere en psychiatrie.

Brunson W; Parent M

Acta Psychiatr Belg ,Mar-Apr 1982, 82 (2) p147-67, ISSN 0300-8967 Journal Code: IVM

Languages: FRENCH Summary Languages: ENGLISH

Hospital planning : why? how? from when? in which frame? These are the questions raised in this article. A historical review is made for the criteria used in hospital planning today. The most important steps are related to changes in hospital psychiatry policy: creation of open services in 1960, integration of psychiatric services in the law on hospitals and development of outpatient services in 1970. The authors emphasize the difficulties in planning because of services overlapping and economic difficulties. The outpatients services and the services for "handicapped" should also be part of a general planning. The problems of coordination between these sectors both for planning and functioning are also raised in this article.

0225904 83081994  
**A reasoned approach to hospital planning in an uncertain world.**

Bruton P

Health Care Manage Rev ,Fall 1982, 7 (4) p39-43, ISSN 0361-6274 Journal Code: G11

Languages: ENGLISH

The historical approach to planning community hospitals fails to recognize the substantial impact of finance on program decisions. A fundamentally different approach, an approach that involves the chief financial officer in the planning effort, is proposed here. By integrating financial planning within the overall planning effort, a hospital can develop a truly strategic plan based on the best information from everyone on the hospital management team.

0225903 83081993  
**Strategic and nonstrategic planning in hospitals.**  
Ready RK; Ranelli FE  
Health Care Manage Rev ,Fall 1982, 7 (4) p27-38, ISSN 0361-6274 Journal Code: G11  
Languages: ENGLISH

0225297 83074284  
**Health cuts spark storm of protest.**  
Maultsaid R  
Aust Hosp ,May 1982, (63) p1-2, ISSN 0147-0147  
Journal Code: 9GD  
Languages: ENGLISH

0225261 83072244  
**Hospitals' viewpoint: staff privileges--the substantive issues.**

Berriman WT

Am Med News ,Jul 30 1982, 25 (28) p8, ISSN 0001-1843  
Journal Code: 3YS

Languages: ENGLISH

0225162 83068548  
**Feasibility studies: instruments for charting the path ahead.**

Gay JD

Tex Hosp ,Jul 1982, 38 (2) p42-5, ISSN 0040-4357  
Journal Code: WAL

Languages: ENGLISH

0225032 83062419  
**Trustees merge their national, local perspectives to hospitals' benefit.**

Berger S

Mod Health Care ,Dec 1982, 12 (12) p98, ISSN 0160-7480  
Journal Code: NFA

Languages: ENGLISH

0224858 83055259  
**How to effectively plan and administer a major hospital expansion project.**

Brady J

Hosp Top ,Jan-Feb 1983, 61 (1) p2-5, ISSN 0018-5868  
Journal Code: GD6

Languages: ENGLISH

0222929 83055170  
**Overcoming strategic planning obstacles.**

Nauert R

Hospitals ,Dec 16 1982, 56 (24) p38, 42, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

01162

0222788 83054131

**The need for strategic planning by hospitals.**

Heyssel RM

Del Med J ,Aug 1982, 54 (8) p461-4. ISSN 0011-7781

Journal Code: EOB

Languages: ENGLISH

0222123 83029511

**Fourth Circuit requires limited rule of reason to be applied in hospital antitrust planning case.**

Kinney ED

Health Law Vigil ,Nov 12 1982, 5 (23) p6-7. ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0220205 83029673

**The politics of regulation: an assessment of winners and losers.**

Chesney JD

Inquiry ,Fall 1982, 19 (3) p235-45. ISSN 0020-1731

Journal Code: GOT

Languages: ENGLISH

0220154 83029195

**Planning: implementing new swing-bed programs.**

Shaughnessy PW; Schlenker RE

Hospitals ,Nov 16 1982, 56 (22) p86-90. ISSN 0018-5973

Journal Code: GDL

Contract/Grant No.: SSA-PMB-74-386; SSA-600-77-0051

Languages: ENGLISH

0220153 83029194

**Reimbursement: "carve-out" method benefits swing-bed hospitals.**

Pennell F

Hospitals ,Nov 16 1982, 56 (22) p79-80, 83-4. ISSN

0018-5973 Journal Code: GDL

Languages: ENGLISH

0220152 83029193

**Quality assurance: evaluating services of small, swing-bed hospitals.**

Jessee WF

Hospitals ,Nov 16 1982, 56 (22) p74-7. ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0220151 83029192

**Swing beds: new diversification opportunity for small and rural hospitals.**

Supplitt JT

Hospitals ,Nov 16 1982, 56 (22) p67-8, 70, 72. ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

0220135 83029159

**The future of Veterans Administration Hospital programs for psychiatric patients.**

Ewalt JR; Lipkin JO

Hosp Community Psychiatry ,Sep 1982, 33 (9) p732-4. ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH

In planning for the continued care of its large veteran population, the Veterans Administration is taking into account needs generated by trends such as a decreasing incidence of schizophrenia among veterans, an increasing use of outpatient services, and an increasing number of veterans suffering from alcoholism and substance abuse. The authors discuss the characteristics of the three types of VA medical centers that serve psychiatric patients: small general hospitals without a medical school affiliation; large general hospitals with a medical school affiliation; and large general hospitals with large psychiatric populations. One major goal of future planning is to institute psychiatric services at all of the 172 VA medical centers. Another goal is to ensure that each facility with a medical school affiliation will have a day hospital, a day treatment center, and a mental hygiene clinic.

01163

0220134 83029158

**The metamorphosis of the country psychiatric service.**

Katz SE; Cancro R  
Hosp Community Psychiatry ,Sep 1982, 33 (9) p728-31,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

From their beginnings, county or municipal psychiatric services have reflected the political and social attitudes of the times. Traditionally they were public facilities that delivered acute inpatient care and a variable range of outpatient services, and, within their mandate, they functioned well. During the past two decades institutional psychiatry has evolved in such a way that there is little difference in the range of services delivered by county, state, and voluntary facilities. The logical role of the county hospital continues to be the provision of acute care for the poor. But for county systems to survive and flourish, they must be prepared to regionalize some services, and to differentiate their role in relation to voluntary and state facilities, yet integrate services with them where needed. They must strengthen ties with academic institutions and effectively address problems of third-party payment and other financial issues.

0219646 83012484

**Emerging technologies spur equipment, design changes.**

Mod Health Care ,Oct 1982, 12 (10) p101, 104, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0217823 83000957

**Privately initiated assurance programs.**

Pomrinse SD  
Bull NY Acad Med ,Jan-Feb 1982, 58 (1) p63-6, ISSN  
0028-7091 Journal Code: BQO  
Languages: ENGLISH

0217725 82278554

**Is deregulation likely to affect hospital design and construction?**

Mannisto M  
Trustee ,Sep 1982, 35 (9) p12, 14-5, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

Is the deregulatory thrust of this administration having an effect on hospital design and construction? does it threaten to create an expansion and construction free-for-all in the industry? A number of architects and construction industry professionals comment on what effect, if any, they expect deregulation to have on health care construction, as well as the expected effect of financing and management in an increasingly competitive environment.

0217504 82265039

**An historical perspective: hospital planning and regulation from 1948 to 1978.**

Thomas RZ Jr  
Hosp Health Serv Adm ,Jul-Aug 1982, 27 (4) p66-77, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217502 82265037

**Hospital planning: strategies, goals and objectives.**

Breindel CL  
Hosp Health Serv Adm ,Jul-Aug 1982, 27 (4) p41-54, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

00531

0217501 82265036

**Integrating technology and strategic planning in hospitals: a seven-stage process.**

Whitted GS  
Hosp Health Serv Adm ,Jul-Aug 1982, 27 (4) p22-40, ISSN  
0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217396 82263539

**Excess beds: an inventory problem.**

Fitschen F  
Hosp Top ,Sep-Oct 1982, 60 (5) p7-8, 12, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0215312 82266289

**Regionalization and hospital reform in Italy.**

Koff SZ  
J Public Health Policy ,Jun 1982, 3 (2) p205-25, ISSN  
0197-5897 Journal Code: HS5  
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Languages: ENGLISH

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Steele R  
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Languages: ENGLISH

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Languages: ENGLISH

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McNamara JJ

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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**Legislating hospital bed reduction: the Michigan experience.**

Paul-Shaheen P; Carpenter ES

J Health Polit Policy Law , Winter 1982, 6 (4) p653-75,  
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Languages: ENGLISH

A variety of programs aimed at health care cost containment have been initiated at the state level. This article presents a case study of one state's effort to deal with health care cost issues, focusing on the formulation of adoption of legislation to reduce the number of hospital beds. The Michigan bed-reduction legislation was the creature of a coalition of powerful, organized "professional consumers" of health services who placed hospital cost containment on the political agenda and framed a solution. The provisions of the legislation were reshaped during the legislative process to grant concessions to a variety of interest groups, particularly the Michigan Hospital Association. Many additional criteria for determining excess bed capacity, some subjective, were added. Cost containment as a goal was, if not subordinated, at least made competitive with other goals--access to care, equity among types of providers, and quality of services. While the initial proposal was attractive as a seemingly simple extension of the certificate-of-need process within the existing regulatory framework, the legislation became increasingly complex in response to new issues raised by political actors who contributed to the shaping of the final version of the legislation. The formulation and adoption of Michigan's overbedding legislation appears to underscore what many other observers have noted: there are no purely technical solutions to health policy problems.

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Languages: ENGLISH

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Languages: ENGLISH

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Languages: ENGLISH

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Hospitals , Jan 1 1982, 56 (1) p33-4, ISSN 0018-5973

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Languages: ENGLISH

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0230224 83121269

**Prudent use of supplies can lower costs.**

Nekuza J

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Journal Code: WAL

Languages: ENGLISH

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Leegwater BJ

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Languages: ENGLISH

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Languages: ENGLISH

0229973 83107135

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Rappoport BA

Hosp Mater Manage Q ,Feb 1983, 4 (3) p68-72, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229972 83107134

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Hosp Mater Manage Q ,Feb 1983, 4 (3) p62-7, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229971 83107133

**Property assets management program.**

Crumling CA

Hosp Mater Manage Q ,Feb 1983, 4 (3) p56-61, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

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0229970 83107132

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Hosp Mater Manage Q ,Feb 1983, 4 (3) p51-5, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229968 83107130

**Life-cycle maintenance for capital equipment.**

Crans FW

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Languages: ENGLISH

0229967 83107129

**Product specifications.**

McMullen RB

Hosp Mater Manage Q ,Feb 1983, 4 (3) p42-5, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0229966 83107128

**Considerations in capital equipment purchasing.**

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Hosp Mater Manage Q ,Feb 1983, 4 (3) p37-41, ISSN

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Languages: ENGLISH

0229965 83107127

**Capital equipment considerations for users and material managers.**

Beahm MR

Hosp Mater Manage Q ,Feb 1983, 4 (3) p32-6, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

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0229964 83107126  
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Tillett JW Jr; Taylor RJ 4th  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p26-31, ISSN  
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0229963 83107125  
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Languages: ENGLISH

0229962 83107124  
**Hospital capital equipment purchasing in an investor-owned environment.**  
Garner ED  
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Languages: ENGLISH

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0229961 83107123  
**Perspectives on capital equipment. The large hospital.**  
Drummond J  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p10-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229960 83107122  
**Perspectives on capital equipment. The financial manager.**  
Logan TC  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p1-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0229754 83102380  
**Request of General Electric Company to exempt medical diagnostic equipment from the Commission's rules--Federal Communications Commission. Report & Order in Gen. Docket 81-461.**  
Fed Regist ,Jul 19 1982, 47 (138) p31266-70, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH  
This Order establishes an exemption for certain electronic medical equipment from FCC regulations designed to minimize radio interference caused by devices that employ digital

circuitry. The costs of testing for compliance with specific emissions limits would be severe and most medical equipment has characteristics which inherently reduce the likelihood of interference. The Commission in this action amends the rules to relieve the compliance burden.

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0228803 83114757  
**Effects of inflation and budget limitations on hospital equipment requirements.**  
Hargest TS  
Med Instrum ,Nov-Dec 1982, 16 (6) p299, ISSN 0004-5446  
Journal Code: M12  
Languages: ENGLISH

0227669 83088499  
**Equipment planning. It's hard to make a profit on ultrasound.**  
Nathanson M  
Mod Health Care ,Jan 1983, 13 (1) p118, 120, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0227666 83088496  
**Economic outlook. Supply price increases will dip, but they'll still top inflation rate.**  
Kuntz EF  
Mod Health Care ,Jan 1983, 13 (1) p104, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0226623 83089666  
**Medication errors.**  
Cohen MR  
Nursing (Horsham) ,Dec 1982, 12 (12) p25, ISSN  
0360-4039 Journal Code: OA3  
Languages: ENGLISH

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0226505 83088288

**The cost of biomedical equipment repair and maintenance: results of a survey.**

Cohen T

Med Instrum ,Sep-Oct 1982, 16 (5) p269-71, ISSN 0004-5446 Journal Code: M12

Languages: ENGLISH

The survey presented in this paper shows that for 19 large hospitals the average ratio of equipment repair costs to acquisition cost was 7.4%. In addition, this survey shows that costs such as rent for building space, utilities, and test equipment are not included in many clinical engineering department budgets. This is one reason for the divergent cost data reported by the various hospitals. These costs should be considered particularly for comparisons between in-house service costs and other sources of service. It seems that, of the indicators observed in this survey, equipment acquisition cost provides the best indicator for equipment maintenance costs. All hospital finance officers should have acquisition value information, because this information is used in calculating capital equipment depreciation. This information should also be available to clinical engineers. In addition, procedures need to be set up so that the total annual repair and maintenance costs can be easily obtained from hospital finance departments. Providing the clinical engineer with this type of data will allow further analysis of repair cost and will aid in long-term planning for the hospital. The ratio of equipment repair cost to acquisition value may be useful as a tool to predict future costs of a given hospital's medical equipment maintenance. This tool may also be useful as a measurement of the effectiveness of a change in a hospital's approach to biomedical equipment maintenance. Further work must be done to standardize equipment maintenance cost reporting so that more detailed comparisons can be made.

0225638 83079837

**Utilization of computers in the management of critically ill patients.**

Kiely MA

Focus AACN ,Dec 1983 Jan 1982, 9 (6) p4-5, Journal Code: EXE

Languages: ENGLISH

0225029 83062416

**Industry seeks standardized bar codes.**

Kuntz EF

Mod Health Care ,Dec 1982, 12 (12) p51, 54, 56, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

0225026 83062413

**Manufacturer, not hospital or M.D., responsible in product**

**Liability case.**

Horty JF

Mod Health Care ,Dec 1982, 12 (12) p115, 118, ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0224963 83057208

**Eliminating the effect of water vapor in respiratory gas analysis.**

Wong LG; Westenskow DR

J Clin Eng ,Apr-Jun 1982, 7 (2) p159-63, ISSN 0363-8855  
Journal Code: HQA

Languages: ENGLISH

An apparatus is described that removes water vapor from expired gas samples. By humidifying and cooling the sampled gas, the final water vapor partial pressure becomes independent of initial water content. The system has particular application to oxygen measurements.

0224812 83055191

**Safety in medical instrumentation.**

Kane IM

Hosp Eng ,Sep 1982, 36 (7) p20-2, ISSN 0309-7498  
Journal Code: GDS

Languages: ENGLISH

0224786 83055129

**Renting biomedical equipment to patients: what is the hospital's liability?**

Decker R

Hosp Purch Manage ,Jun 1982, 7 (6) p19, ISSN 0163-1322  
Journal Code: GB6

Languages: ENGLISH

0224785 83055128

**Hospital supplies prices continue to outpace general inflation rate.**

Hosp Purch Manage ,Jun 1982, 7 (6) p14-8, ISSN 0163-1322 Journal Code: GB6

Languages: ENGLISH

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● 0224781 83055124

**Hospital supplies prices top general inflation rate by 50%.**  
 Hosp Purch Manage ,Dec 1982, 7 (12) p16-9, ISSN  
 0163-1322 Journal Code: GB6  
 Languages: ENGLISH

0224528 83072760

**The emergency department stretcher.**  
 McNeill EL  
 Ann Emerg Med ,Dec 1982, 11 (12) p680-3, ISSN 0196-0644  
 Journal Code: 4Z7  
 Languages: ENGLISH

The stretcher is an important and expensive item of equipment in the emergency department. We draw attention to some of the many defects in design and engineering of stretchers, and make some suggestions about how these can be improved. We stress the importance of the role of the emergency department staff in the choice of a new stretcher.

0223868 83064697

**Intensive care: assembling the machinery of life.**  
 Salpekar PD  
 Nurs Mirror ,Nov 17 1982, 155 (20) p56-8, ISSN  
 0029-6511 Journal Code: 098  
 Languages: ENGLISH

0223168 83057955

**Automatic cleaning and disinfection of suction bottles.**  
 Robertshaw RG  
 J Hosp Infect ,Sep 1982, 3 (3) p299-302, ISSN 0195-6701  
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 Languages: ENGLISH

0222876 83054462

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 Schwiebert M  
 Dimens Health Serv ,Aug 1982, 59 (8) p22, ISSN  
 0317-7645 Journal Code: E9N  
 Languages: ENGLISH

0222247 83038959

**CAP to FDA: Class II unnecessary for most of 175 devices.**  
 Weller A  
 Pathologist ,Nov 1982, 36 (11) p597-9, ISSN 0031-3017  
 Journal Code: PAG  
 Languages: ENGLISH

0222227 83036697

**Bar code scanning.**  
 Swift T  
 Med Prod Sales ,Oct 1982, 13 (10) p9-11, ISSN 0279-4802  
 Journal Code: NMG  
 Languages: ENGLISH

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● 0222106 83029240

**Cost recovery from used equipment.**  
 Wheeler JP Jr  
 Hosp Mater Manage Q ,Nov 1982, 4 (2) p15-20, ISSN  
 0192-2262 Journal Code: GD3  
 Languages: ENGLISH

0222008 83027871

**Successful equipment planning tests project team's skills.**  
 Zider PR  
 Rev Fed Am Hosp ,Nov-Dec 1982, 15 (6) p46-8, ISSN  
 0148-9496 Journal Code: EUJ  
 Languages: ENGLISH

0221429 83041430

**[Emergency equipment and supplies of emergicenter (SAMU) 94]**  
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 Abbeys JM; Dufeu N; Hrouda P; Huguenard P  
 Soins Chir ,Jul-Aug 1982, (17-18) p10-2, ISSN 0038-0814  
 Journal Code: UUP  
 Languages: FRENCH

0219775 83023849

**An appraisal of piped medical gas systems.**  
 Robinson JS  
 Br J Hosp Med ,Aug 1982, 28 (2) p160-4, ISSN 0007-1064  
 Journal Code: BZ5  
 Languages: ENGLISH

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Languages: ENGLISH

0219747 83023464

**[Documentation of the useful life of medical technical equipment. Recommendations by the "Medical Technology in Hospitals" specialist group of the German Society for Biomedical Technology]**

Dokumentation von medizintechnischen Geratelebenslaufen. Empfehlungen der Fachgruppe "Medizintechnik im Krankenhaus" der Deutschen Gesellschaft für Biomedizinische Technik.

Kreysch W; May G

Biomed Tech (Berlin) ,Jul-Aug 1982, 27 (7-8) p176-82, ISSN 0013-5585 Journal Code: A5L

Languages: GERMAN Summary Languages: ENGLISH

0219657 83012495

**Hospitals milk HEFR for low interest rates [news]**

Kuntz EF

Mod Health Care ,Oct 1982, 12 (10) p156-8, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0219650 83012488

**'Generic' requests for proposals spur competition, lower prices.**

Thornell MJ

Mod Health Care ,Oct 1982, 12 (10) p126-8, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0219648 83012486

**Devices boost accuracy, cut costs.**

Nathanson M

Mod Health Care ,Oct 1982, 12 (10) p120-2, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0219647 83012485

**Management improvements outpace clinical innovations.**

Nathanson M

Mod Health Care ,Oct 1982, 12 (10) p109-10, 114, ISSN

0160-7480 Journal Code: NFA

Languages: ENGLISH

0219507 83021881

**Evaluation of dialyzer reuse at Toronto Western Hospital.**

Craske H; Dabrowiecki M; Kennedy I; Manuel MA; Knight S; Porrett E; Woods F; Uldall PR

Artif Organs ,May 1982, 6 (2) p208-13, Journal Code:

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**A formaldehyde disinfection unit.**

Babb JR; Bradley CR; Ayliffe GA

J Hosp Infect ,Jun 1982, 3 (2) p193-7, ISSN 0195-6701

Journal Code: ID6

Languages: ENGLISH

0217475 82264926

**Billions from bandaids.**

Strelnick H

Health PAC Bull ,May-Jun 1982, 13 (3) p7-10, 19-23, 26-7 contd, ISSN 0017-9051 Journal Code: G29

Languages: ENGLISH

0217358 82263501

**Qualifications for managing your assets.**

Marryott OL

Hosp Mater Manage Q ,May 1982, 3 (4) p35-9, ISSN 0192-2262 Journal Code: GD3

Languages: ENGLISH

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● 0217288 82263349

**Medical-surgical supplies prices outpace general inflation rate.**

Hosp Purch Manage ,Sep 1982, 7 (9) p12-5, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

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● 0216136 82274273

**What's in store? 1. A 'nurse for equipment.**

Causier P

Nurs Times ,Jul 21-27 1982, 78 (29) p1225-7, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

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0216135 82274272

**What's in store? 1. The other Salmon report - implications for the nursing service of the Supply Council.**

Moore Y

Nurs Times ,Jul 21-27 1982, 78 (29) p1224-5, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

0216134 82274271

**What's in store? Nursing input to the supplies service.**

Norton D

Nurs Times ,Jul 21-27 1982, 78 (29) p1221-4, ISSN 0029-6589 Journal Code: 09U

Languages: ENGLISH

00543

0214762 82258872

**Hospital equipment.**

Blair R

Can Nurse ,Jul-Aug 1982, 78 (7) p46-8, ISSN 0008-4581

Journal Code: CL9

Languages: ENGLISH

0214408 82238798

**Commodity coding. Part I.**

Kelly TW

HPN Hosp Purch News ,Aug 1982, 6 (8) p21, Journal Code: G3D

Languages: ENGLISH

0214404 82238794

**VA chief calls for disposables reuse.**

Dildine D

HPN Hosp Purch News ,Aug 1982, 6 (8) p1-3, Journal Code: G3D

Languages: ENGLISH

00544

0214345 82237918

**Laundry energy conservation.**

Skegg VE

Hosp Eng ,Aug 1982, 36 (6) p5-19, ISSN 0309-7498

Journal Code: GDS

Languages: ENGLISH

00545

0214343 82237916

**Appropriate technology: a challenge to engineers.**

Hogg C

Hosp Eng ,Jun 1982, 36 (5) p17-8, ISSN 0309-7498

Journal Code: GDS

Languages: ENGLISH

00546

0214342 82237915

**International standards for medical-electrical equipment.**

Gaikhorst G; Looy IM

Hosp Eng ,Jun 1982, 36 (5) p10-6, ISSN 0309-7498

Journal Code: GDS

Languages: ENGLISH

0214330 82237864

**Needle & syringe prices point upward.**

Hosp Purch Manage ,Aug 1982, 7 (8) p3-4, ISSN 0163-1322

Journal Code: GB6

Languages: ENGLISH

0214156 82255403

**Hot water systems as sources of Legionella pneumophila in hospital and nonhospital plumbing fixtures.**

Wadowsky RM; Yee RB; Mezmar L; Wing EJ; Dowling JN

Appl Environ Microbiol ,May 1982, 43 (5) p1104-10, ISSN 0099-2240 Journal Code: 6K6

Contract/Grant No.: AI 17047

Languages: ENGLISH

Samples obtained from plumbing systems of hospitals, nonhospital institutions and homes were cultured for Legionella spp. by plating the samples directly on a selective medium. Swab samples were taken from the inner surfaces of faucet assemblies (aerators, spouts, and valve seats), showerheads, and shower pipes. Water and sediment were collected from the bottom of hot-water tanks. Legionella pneumophila serogroups 1, 5, and 6 were recovered from plumbing fixtures of the hospitals and nonhospital institutions and one of five homes. The legionellae (7 to 13,850 colony-forming units per ml) were also present in water and sediment from hot-water tanks maintained at 30 to 54 degrees C, but not in those maintained at 71 and 77 degrees C.

Legionella micdadei was isolated from one tank. Thus legionellae are present in hot-water tanks which are maintained at warm temperatures or whose design results in warm temperatures at the bottom of the tanks. We hypothesize that hot-water tanks are a breeding site and a major source of L. pneumophila for the contamination of plumbing systems. The existence of these bacteria in the plumbing systems and tanks was not necessarily associated with disease. The extent of the hazard of this contamination needs to be delineated.

01175

0213796 82251505  
**A pilot survey of monitoring practice for ultrasonic medical equipment in U.K. hospitals.**  
Chivers RC  
Ultrasound Med Biol ,1982, 8 (3) p317-23, ISSN  
0301-5629 Journal Code: WNE  
Languages: ENGLISH

0213521 82247357  
**Lifting aids: handle with care.**  
Hayne C; McDermott M  
Nurs Mirror ,Jun 30 1982, 154 (26) p40-2, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0212654 82237161  
**Washable pads or disposable diapers?**  
Grant R  
Geriatr Nurs (New York) ,Jul-Aug 1982, 3 (4) p248-51,  
Journal Code: FW7  
Languages: ENGLISH

0212290 82219566  
**New high-technology products: a boom or bust for hospital revenues [news]**  
Wallace C  
Mod Health Care ,Jul 1982, 12 (7) p46, 48, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212288 82219564  
**Hospital supply price hikes slacken, while credit and inventories tighten [news]**  
Kuntz EF  
Mod Health Care ,Jul 1982, 12 (7) p40, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

00547

0212162 82212386  
**The scope of clinical engineering in the hospital.**  
Hyman WA; Savage JR  
Hosp Top ,Jul-Aug 1982, 60 (4) p41-2, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212102 82212216

**The hard-selling supplier to the sick.**  
Pillsbury AB  
Fortune ,Jul 26 1982, 106 (2) p56-61, Journal Code:  
F7B  
Languages: ENGLISH

0212053 82209732  
**X-ray department gets cost-effective equipment, already has the system to keep it in perfect shape [interview]**  
Bernardi R  
Cost Containment ,Jun 8 1982, 4 (11) p6, ISSN 0198-9782  
Journal Code: DSR  
Languages: ENGLISH

0212051 82209730  
**Deciding on an inhouse chem profile instrument: a process that gives a profile of effective lab management [interview]**  
Solanki B  
Cost Containment ,Jun 8 1982, 4 (11) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

01176

0212034 82208031

**An interdisciplinary methodology for the comparative evaluation of splinting materials (orthotics, thermoplastics, clinical research).**

Shimeld A; Campbell G; Ernest M  
Can J Occup Ther Jun 1982, 49 (3) p79-83, ISSN  
0008-4174 Journal Code: CJO  
Languages: ENGLISH

The methodology developed includes both the use of laboratory evaluation and clinical assessment in an area where there are no standard requirements, no specifications, nor any continuity of data available on the various thermoplastic splinting materials now on the market. A series of laboratory tests and clinical trials were devised such that these could be interpreted with regard to clinical considerations, cost analyses and serviceability factors relating to the materials. Laboratory testing covered possible effects on the chemical and mechanical properties of material likely to be caused by various environmental, sterilization and working factors. The complementary clinical evaluation to highlight the behaviour of materials during the fabrication and wearing of splints consisted of specific information generated with the assistance of experienced occupational therapists, occupational therapy students and patients. Biocompatibility studies were also carried out. The data to be published will provide needed information to physicians, occupational therapists, physical therapists, orthotists, prosthetists, and administrators with regard to their making informed decisions on the selection, purchase and use of thermoplastic materials.

0209739 82198707

**An evaluation of a gas collection valve for use in metabolic measurements in high flow CPAP systems.**

Henry WC; West GA; Wilson RS  
Respir Care Mar 1982, 27 (3) p282-6, ISSN 0730-8418  
Journal Code: QZ3  
Languages: ENGLISH

We have developed a valved gas collection assembly for high-flow CPAP systems that permits the isolation of expired gases for the analysis and computation of oxygen uptake and carbon dioxide production. Using volunteer subjects we compared the valved assembly with a high-flow valveless CPAP system for volume, pressure, and flow differences at end-expiratory pressure levels of 5, 7, 10, and 12 cm H<sub>2</sub>O and found that the valve produced no significant differences in the flow/pressure pattern.

0209542 82189447

**Quality seen as key to paper product purchasing.**  
HPN Hosp Purch News Jul 1982, 6 (7) p7, Journal Code:  
G3D  
Languages: ENGLISH

0209541 82189446

**Purchasers see paper products differently.**  
HPN Hosp Purch News Jul 1982, 6 (7) p6, Journal Code:  
G3D  
Languages: ENGLISH

0209428 82187417

**Hospital wish book appeals to heart and mind.**  
Dryja KH  
Fund Raising Manage Jun 1982, 13 (4) p39-41, 59, ISSN  
0016-268X Journal Code: EOE  
Languages: ENGLISH

0208191 82194982

**A new disposable, Bowie-Dick-type test pack for prevacuum high-temperature sterilizers.**  
Rhodes P; Zelner L; Laufman H  
Med Instrum Mar-Apr 1982, 16 (2) p117-20, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

00548

0208190 82194981

**An urgent plea for realistic preventive maintenance guidelines.**  
Ben-Zvi S  
Med Instrum Mar-Apr 1982, 16 (2) p115-6, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

01177



0208189 82194980

**ECG recorder distribution and hospital utilization.**

Haslam KR  
Med Instrum ,Mar-Apr 1982, 16 (2) p111-3, ISSN  
0004-5446 Journal Code: M12  
Languages: ENGLISH

Although the use of the portable ECG recorder is commonplace, information on actual daily use in an acute care hospital is scarce. To determine whether machines are efficiently used, we attached timers to ECG recorders in 17 wards and clinics to collect data on the time of actual use. Usage ranged from 31 min/day in the coronary care unit to 0.7 min/day in the postpartum ward, and averaged 8.0 +/- 8 min/day for all locations. Seventy-five percent of the recorders were used less than 10 min/day and 25 percent of the recorders were used less than 2 min/day. On a per-bed basis they were used 0.8 +/- 1.4 min/day. Almost no correlation was found between the number of portable ECG recorders and number of beds in 20 teaching and 23 non-teaching hospitals. The number of beds ranged from 11 to 70 per ECG recorder in teaching hospitals and from 14 to 122 in non-teaching hospitals. Nonteaching hospitals averaged 59 +/- 26 beds per recorder; teaching hospitals averaged 34 +/- 17 beds per machine. Some ECG recorders seem to be markedly underutilized and some hospitals seem to be oversupplied with these devices. To reverse this, establishing an equipment committee to see that equipment is efficiently used is recommended.

0207679 82189426

**Survey of critical care nursing practice. Part V. Type of equipment and responsibilities of personnel with regard to equipment.**

Holmes A  
Heart Lung ,May-Jun 1982, 11 (3) p242-7, Journal Code:  
G2V

Contract/Grant No.: 1D10NU290818-01

Languages: ENGLISH

0207557 82188590

**Equipment efficiency in a hospital dental service.**

Randell S; Morris G; Cohen L  
Ill Dent J ,Mar-Apr 1982, 51 (2) p68-71, ISSN 0019-1973  
Journal Code: GGS  
Languages: ENGLISH

0207437 82187633

**Update on digital radiology.**

Martin D  
Dimens Health Serv ,Apr 1982, 59 (4) p40, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207433 82187629

**Early warning fire safety.**

Morehart J  
Dimens Health Serv ,Apr 1982, 59 (4) p28, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207430 82187626

**The wandering patient--an inexpensive solution.**

MacDonald MK  
Dimens Health Serv ,Apr 1982, 59 (4) p18-9, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207429 82187625

**Hazard warning: automatic tissue processors.**

Hinberg I; Katz L; Weber F; Sullivan D  
Dimens Health Serv ,Apr 1982, 59 (4) p17, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207050 82179974

**Action on the NMR front.**

Karasov CG  
App1 Radiol ,May-Jun 1982, 11 (3) p65-6, 68, ISSN  
0160-9963 Journal Code: 38P  
Languages: ENGLISH

0206919 82172839

**General Medical to take on AHSC -- in 20 years [news]**

Kuntz EF  
Mod Health Care ,May 1982, 12 (5) p138, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

01178

0206796 82166933  
**Word processing in hospitals: improve information handling while holding down costs.**  
Pukay-Martin HE; Phillips DJ  
Hosp Financ Manage ,May 1982, 36 (5) p11-4, ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206786 82166829  
**Is your hospital ready for word processing.**  
Lewis WR  
HPN Hosp Purch News ,May 1982, 6 (5) p15, Journal Code: G3D  
Languages: ENGLISH

0206784 82166827  
**Vendors get tough in economic downturn: reader roundup.**  
Collins J  
HPN Hosp Purch News ,May 1982, 6 (5) p1, 20-2, 32, Journal Code: G3D  
Languages: ENGLISH

00549

● 0206722 82166012  
**Maintenance agreements and service contracts: legal loopholes for the seller and lost dollars for the buyer.**  
Harris RD  
Hosp Top ,May-Jun 1982, 60 (3) p30-2, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

00550

● 0206691 82165854  
**House of quality control.**  
Comer S  
Health Soc Serv J ,Apr 15 1982, 92 (4792) p468-9, ISSN 0300-8347 Journal Code: GAR  
Languages: ENGLISH

0205130 82164371  
**A semidisposable punchblock with the disposable superblade trephine: a good combination with which to obtain donor corneal disc.**  
Volker-Dieben HJ; Fakkel J; Worst J; Kok-van Alphen CC  
Doc Ophthalmol ,Jan 29 1982, 52 (3-4) p447-50, ISSN 0012-4486 Journal Code: EBF  
Languages: ENGLISH

0204769 82154194  
**Tax-exempt equipment financing: the pooled approach.**  
Kolva GY Jr; Woodward JM  
Tex Hosp ,Mar 1982, 37 (10) p34-6, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0204761 82154044  
**Choosing an ethylene oxide steriliser in 1982: a Scottish viewpoint.**  
Weymes C  
Sterile World ,Feb 1982, 4 (1) p16, 19, Journal Code: V09  
Languages: ENGLISH

0204702 82151886  
**What's your RRQ?**  
Roberts JW Jr  
Radiol Manage ,Mar 1982, 4 (2) p17-8, ISSN 0198-7097  
Journal Code: Q5J  
Languages: ENGLISH

0204553 82141696  
**Share hospital liability with products' manufacturers, sellers [interview]**  
Holzer JF  
Hosp Risk Manage ,Apr 1982, 4 (4) p41-4, ISSN 0199-6312  
Journal Code: G91  
Languages: ENGLISH

0204542 82141675  
**For timely decision making a capital equipment acquisition process.**  
Oszustowicz RJ  
Hosp Financ Manage ,Apr 1982, 36 (4) p12-5, 18-9, 24-33, ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

01179

00551

0204493 82140621  
**An alternative method of heating a laundry ironer.**  
 Main PE  
 Hosp Eng ,Apr 1982, 36 (3) p6-8, ISSN 0309-7498  
 Journal Code: GDS  
 Languages: ENGLISH

0204487 82140615  
**Managing the engineer function: a case for in-house service in small hospitals.**  
 Hartford DD  
 Hosp Eng ,Mar 1982, 36 (2) p17-21, ISSN 0309-7498  
 Journal Code: GDS  
 Languages: ENGLISH

0204461 82140527  
**"Justifying" capital equipment: are the cost savings fictitious?**  
 Stadnik JK  
 Hosp Purch Manage ,Apr 1982, 7 (4) p8-9, ISSN 0163-1322  
 Journal Code: GB6  
 Languages: ENGLISH

0204457 82140523  
**Hospitals and vendors working together . . . at St. Joseph's Hospital and Medical Center, Phoenix.**  
 Bruner AJ  
 Hosp Purch Manage ,Apr 1982, 7 (4) p11, ISSN 0163-1322  
 Journal Code: GB6  
 Languages: ENGLISH

0204456 82140522  
**Hospitals and vendors working together . . . at the Good Samaritan Hospital of Maryland, Baltimore.**  
 Gruber NL  
 Hosp Purch Manage ,Apr 1982, 7 (4) p10, ISSN 0163-1322  
 Journal Code: GB6  
 Languages: ENGLISH

0203607 82150338  
**Urinary incontinence: the female cone - a urine transfer device.**  
 Turtill AT  
 Nurs Times ,Jan 27-Feb 2 1982, 78 (4) p168-70, ISSN 0029-6589  
 Journal Code: 09U  
 Languages: ENGLISH

0202110 82124851  
**Equipment planning company offers skills in multimillion-dollar purchasing [news]**  
 Kuntz EF  
 Mod Health Care ,Mar 1982, 12 (3) p52, ISSN 0160-7480  
 Journal Code: NFA  
 Languages: ENGLISH

0202093 82124185  
**Polish plight grim as U.S. aid resumes.**  
 Med World News ,Mar 15 1982, 23 (6) p31, ISSN 0025-763X  
 Journal Code: MGW  
 Languages: ENGLISH

0202000 82119579  
**Roof inspection: today's technology.**  
 Lyons B  
 HPN Hosp Purch News ,Mar 1982, 6 (3) p22-3, 26,  
 Journal Code: G3D  
 Languages: ENGLISH

0201998 82119577  
**Tax exempt leases can lower interest charges.**  
 Dildine D  
 HPN Hosp Purch News ,Mar 1982, 6 (3) p1, 20, Journal  
 Code: G3D  
 Languages: ENGLISH

0201972 82118742  
**Florida Hospital Association puts out an alert after series of microscope thefts.**  
 Health Care Secur Saf Manage ,Feb 1982, 2 (10) p1,  
 Journal Code: GH6  
 Languages: ENGLISH

0201949 82118567  
**Packaging questions and answers: double peel packs.**  
 Ryan PJ  
 Hosp Top ,Mar-Apr 1982, 60 (2) p27, 37, ISSN 0018-5868  
 Journal Code: GD6  
 Languages: ENGLISH

01180

0201925 82118532  
**Safety cabinets: testing and maintenance.**  
Newsom SW  
Hosp Eng ,Feb 1982, 36 (1) p8-12. ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

00552

● 0201912 82118466  
**Can hospitals beat last year's 12% inflation rate?**  
Hosp Purch Manage ,Mar 1982, 7 (3) p13-6. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0201877 82117606  
**HCA devises innovative equipment planning and procurement system.**  
Garner EO; Burton GD  
Rev Fed Am Hosp ,Mar-Apr 1982, 15 (2) p91, 94, 97.  
Journal Code: EUJ  
Languages: ENGLISH

0201807 82114700  
**Medical devices; various proposed rules for device classification; withdrawal of proposed rules. Food and Drug Administration. Withdrawal of proposed rules.**  
Fed Regist ,Mar 19 1982, 47 (54) p11880-2, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH  
The Food and Drug Administration (FDA) is withdrawing various proposed rules related to classification of general hospital and personal use devices, anesthesiology devices, and immunology and microbiology devices to eliminate unnecessary regulations.

0201043 82126257  
**An operating table support mattress for ophthalmic surgery.**  
Torchia RT  
Ophthalmic Surg ,Jan 1982, 13 (1) p67. ISSN 0022-023X  
Journal Code: OIC  
Languages: ENGLISH

0200944 82125674  
**Interchange: unique medication cart developed for pediatric emergencies helps avoid error--saves lives.**  
Zigelman D; Thaler MM; Rigolioso F  
Nephrol Nurse ,Jan-Feb 1982, 4 (1) p35-6. Journal  
Code: NW9  
Languages: ENGLISH

0199194 82103668  
**Supply price increases will pull ahead of 1982 inflation rate.**  
Kuntz EF  
Mod Health Care ,Jan 1982, 12 (1) p60. ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0197063 82083293  
**An evaluation of water-vapor output from four brands of unheated, prefilled bubble humidifiers.**  
Darin J; Broadwell J; MacDonell R  
Respir Care ,Jan 1982, 27 (1) p41-50. ISSN 0098-9142  
Journal Code: QZ3  
Languages: ENGLISH

We evaluated the water-vapor output from four brands of unheated, prefilled bubble humidifiers-the Aerwey 300, the Aquapak 301, the McGaw 250, and the Travenol 500-at oxygen flowrates of 2, 4, 6, and 8 l/min. We recorded relative humidity (RH) and temperature in a test chamber at intervals over a minimum period of 24 h, and we calculated water-vapor content (WVC) and corresponding RH at 37 degrees C. Ambient RH was 53.4% +/- 5.25% (mean +/- 1 SD) at a test-chamber temperature of 26.2 degrees C +/- 0.79 degrees C. Mean 24-h WVC at 2 l/min (n = 20) ranged from 20.4 +/- 0.63 mg/l (McGaw) to 17.2 +/- 0.76 mg/l (Aerwey). This corresponded to a range of RH at 37 degrees C of 46.6% +/- 1.43% (McGaw) to 39.1 +/- 1.72% (Aerwey). A statically significant difference in mean WVC existed between brands of humidifiers (P less than 0.001). The McGaw and Travenol humidifiers consistently delivered hydrated gas with a greater WVC than did either the Aerwey or Aquapak humidifiers (P less than 0.001). A statistically significant decrease in mean WVC and RH at 37 degrees C occurred as the oxygen flowrate increased (P less than 0.001). None of the humidifiers was able to hydrate the source gas to a mean equivalent of 50% RH at 37 degrees C, at any flowrate. The design of the humidifier bubble diffuser and the source-gas flowrate appear to be the prime determinants of the humidification efficiency of unheated, prefilled bubble humidifiers.

00553

● 0196871 82074291  
**What are you spending for supplies & equipment?**  
Hosp Purch Manage ,Jan 1982, 7 (1) p3-4. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

01181

0195378 82074334

**What to buy and how to get it: the cash flow factor.**

Dickerson JF

Hospitals ,Jan 16 1982, 56 (2) p99-100, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

00554

0195377 82074333

**Hospitals must conduct ongoing review of their policies on  
"disposables versus reusables".**

Levi AH

Hospitals ,Jan 16 1982, 56 (2) p96-7, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

01182

0233130 83135001  
**The central processing department: a brief history.**  
Soth DG  
HPN Hosp Purch News ,Mar 1983, 7 (3) p10, 12-3, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233127 83134998  
**Monitoring equipment issue.**  
Rushton L; Boddie B  
HPN Hosp Purch News ,Jan 1983, 7 (1) p12, 25, 27, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233126 83134997  
**Milwaukee Center develops EtO spill, leak procedure.**  
Biga M  
HPN Hosp Purch News ,Jan 1983, 7 (1) p10-1, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233125 83134996  
**Centralizing sterilization records.**  
Berlant HD  
HPN Hosp Purch News ,Jan 1983, 7 (1) p10, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0233074 83134142  
**Federal Court of Appeals orders speed up of OSHA ethylene  
oxide regulations, but denies request for emergency standard.**  
Kemezys KP  
Health Law Vigil ,Apr 1 1983, 6 (7) p6-7, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0233050 83134024  
**Sterilization record form.**  
Draper L  
Hosp Top ,Mar-Apr 1983, 61 (2) p48-9, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0233048 83134022  
**Central service: inservice instruction material and tests.**

**Part 4.**

Underwood L  
Hosp Top ,Mar-Apr 1983, 61 (2) p38-44, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0233011 83133985  
**Basic principles for IC in central service cited [interview]**  
Crow S  
Hosp Infect Control ,Dec 1982, 9 (12) p173-5, ISSN  
0098-180X Journal Code: GDN  
Languages: ENGLISH

0227499 83078040  
**A rational review of rules, regulations and recommendations.**  
Infect Control Rounds ,Mar 1982, 7 (1) p1-8, Journal  
Code: DM4  
Languages: ENGLISH

0226729 83090488  
**Setting up a CSSD service.**  
Rait A; Sawyer M; Styles M  
Nurs Times ,Nov 10-16 1982, 78 (45) p1911-4, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0224928 83056258  
**JCAH central service standards to be delayed.**  
HPN Hosp Purch News ,Dec 1982, 6 (12) p26-7, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0224866 83055267  
**The mystery of the broken aeration cycles at Mad River  
Community Hospital.**  
Brown G  
Hosp Top ,Jan-Feb 1983, 61 (1) p44-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01183

0224853 83055254  
**Sterilization quality assurance procedures: positive cultures--action!**  
Kristoffersen E  
Hosp Top ,Nov-Dec 1982, 60 (6) p40-1, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224804 83055160  
**Industrial hygienist shares EtO monitoring strategies [interview]**  
Gockel DL  
Hosp Employee Health ,Dec 1982, 1 (12) p166-8, ISSN 0744-6470  
Journal Code: GC6  
Languages: ENGLISH

0224803 83055159  
**Ethylene oxide health risks tallied; prevention still called best medicine [interview]**  
Becker CE  
Hosp Employee Health ,Dec 1982, 1 (12) p164-6, ISSN 0744-6470  
Journal Code: GC6  
Languages: ENGLISH

0222225 83036695  
**Care and handling of surgical instruments--Part 1.**  
Kuhn R  
Med Prod Sales ,Oct 1982, 13 (10) p36-40, ISSN 0279-4802  
Journal Code: NMG  
Languages: ENGLISH

0222150 83030281  
**Building a new central service department? Get involved in basics.**  
Townsend P  
HPN Hosp Purch News ,Nov 1982, 6 (11) p32, ISSN 0279-4799  
Journal Code: G3D  
Languages: ENGLISH

0221508 83042370  
**Purchasing decisions--the hows & whys.**  
Carmichael WM  
Todays OR Nurse ,Oct 1982, 4 (8) p10-4, ISSN 0194-5181  
Journal Code: WAC  
Languages: ENGLISH

0219632 83006494  
**California recommends stiffer EtO standard.**  
HPN Hosp Purch News ,Oct 1982, 6 (10) p1, 8-9, Journal Code: G3D  
Languages: ENGLISH

00555

0219081 83016734  
**[Sterilization]**  
La sterilisation.  
Wolff L  
Soins ,Jun 1982, (384) p41-4, ISSN 0038-0814  
Journal Code: UUU  
Languages: FRENCH

0217577 82271493  
**An ethylene oxide action plan that works.**  
Harnes JF; Adams PF  
Mich Hosp ,Sep 1982, 18 (9) p19-21, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0217485 82264936  
**Five steps to a lost charge recovery program.**  
Bennett C  
HPN Hosp Purch News ,Sep 1982, 6 (9) p19-21, Journal Code: G3D  
Languages: ENGLISH

0217484 82264935  
**Care and handling of surgical instruments.**  
Kuhn R  
HPN Hosp Purch News ,Sep 1982, 6 (9) p18, 26-31, Journal Code: G3D  
Languages: ENGLISH

0217394 82263537  
**Four steps to quality assurance in central service.**  
Bennett CW  
Hosp Top ,Sep-Oct 1982, 60 (5) p40-1, 39, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01184

0217392 82263535  
**More effective training: central service, Part I.**  
Underwood L  
Hosp Top ,Sep-Oct 1982, 60 (5) p38-9 contd. ISSN  
0018-5868 Journal Code: GD6  
Languages: ENGLISH

00556

● 0217377 82263520  
**Nursing expectations for pharmacy and material management services.**  
Beahm VF  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p52-5. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217359 82263502  
**Work measurement in a central reprocessing department.**  
Quan EC; Lopez HR  
Hosp Mater Manage Q ,May 1982, 3 (4) p40-3. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

00557

● 0217355 82263498  
**Designing the total supply system.**  
Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p10-6. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217092 82282757  
**Microbiological safety index.**  
Smith RF  
ADRN J ,Aug 1982, 36 (2) p311-6. ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0212157 82212381  
**Central supply: a jury can make you a believer.**  
Underwood L  
Hosp Top ,Jul-Aug 1982, 60 (4) p34. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212154 82212378  
**A surgery case cart system, is it right for your hospital?**  
Bennett CW

Hosp Top ,Jul-Aug 1982, 60 (4) p27-9. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0211429 82223502  
**Infection consult: tactics to hold microbes at bay.**  
Kirkis EJ  
RN ,Jul 1982, 45 (7) p87. ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0207427 82187623  
**The ergonomics key to effectiveness.**  
Woodcock K; Webb RD  
Dimens Health Serv ,Apr 1982, 59 (4) p10-2. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0206789 82166832  
**Education: key to quality in new case cart system.**  
Hunstiger C  
HPN Hosp Purch News ,Jun 1982, 6 (6) p16, 18-9.  
Journal Code: G3D  
Languages: ENGLISH

0206787 82166830  
**Software, Part 1.**  
Kelly TW  
HPN Hosp Purch News ,May 1982, 6 (5) p16. Journal  
Code: G3D  
Languages: ENGLISH

0206728 82166018  
**Central service: outline of recommendations for a quality assurance program.**  
Ryan PJ  
Hosp Top ,May-Jun 1982, 60 (3) p44-5. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01185



0206727 82166017

**Setting objectives for central service.**

Underwood L

Hosp Top ,May-Jun 1982, 60 (3) p43, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0206505 82181085

**Proposed recommended practices for inhospital packaging materials. From the Recommended Practices Subcommittee ADRN.**

ADRN J ,Apr 1982, 35 (5) p926-31, ISSN 0001-2092

Journal Code: 6JR

Languages: ENGLISH

0204529 82141590

**Quality assurance: doing it my way.**

Nafziger J

HPN Hosp Purch News ,Apr 1982, 6 (4) p11, Journal

Code: G3D

Languages: ENGLISH

0204528 82141589

**Central service catalog aids communication with nursing.**

Shaughnessy JC

HPN Hosp Purch News ,Apr 1982, 6 (4) p10, Journal

Code: G3D

Languages: ENGLISH

0201956 82118574

**The central service supervisor as a department head.**

Kulesher RR

Hosp Top ,Mar-Apr 1982, 60 (2) p42-5, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0199096 82097660

**CS leaders tackle the tough issues facing the profession [interview by Dan Diidine and Glenn Runnels]**

Karki M; Dennis WB; Reilly E; Sengstock R

HPN Hosp Purch News ,Feb 1982, 6 (2) p10-5, Journal

Code: G3D

Languages: ENGLISH

0199095 82097659

**Communications improved by oriental management concept.**

Diidine D

HPN Hosp Purch News ,Feb 1982, 6 (2) p1, 8, Journal

Code: G3D

Languages: ENGLISH

0199064 82096905

**Central Services Q and A's: packaging.**

Ryan PJ

Hosp Top ,Jan-Feb 1982, 60 (1) p6-7, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0199062 82096903

**EtO quality assurance Q's and A's.**

Samuels TM

Hosp Top ,Jan-Feb 1982, 60 (1) p48, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

01186

0233042 83134016

**A centralized transport system for inpatient treatments.**

O'Leary JR

Hosp Top ,Mar-Apr 1983, 61 (2) p20-1, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0230204 83121034

**Management case study: development, evaluation, and impact of mobile decentralized pharmacy services.**

Noel MW; McCoy LK; Bootman JL; Berry CC

Top Hosp Pharm Manage ,Feb 1983, 2 (4) p62-77, ISSN

0271-1206 Journal Code: VVJ

Languages: ENGLISH

0230201 83121031

**Developing a workload measurement system for a decentralized hospital pharmacy service.**

Mackewicz DW

Top Hosp Pharm Manage ,Feb 1983, 2 (4) p22-41, ISSN

0271-1206 Journal Code: VVJ

Languages: ENGLISH

0226729 83090488

**Setting up a CSSD service.**

Rait A; Sawyer M; Styles M

Nurs Times ,Nov 10-16 1982, 78 (45) p1911-4, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

00558

0224780 83055123

**"Do you think the purchasing and inventory control of drugs should be the responsibility of the materials manager?"**

Hosp Purch Manage ,Dec 1982, 7 (12) p14-5, ISSN

0163-1322 Journal Code: GB6

Languages: ENGLISH

0224428 83071818

**Word-processing system in a centralized intravenous admixture program.**

Kirschenbaum BE

Am J Hosp Pharm ,Oct 1982, 39 (10) p1690-2, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The application of a word-processing system to a centralized i.v. admixture service is described. The pharmacy department of a 560-bed private hospital developed its admixture service

with a limited increase in staff and without compromising its clinical services by using a commercially available word-processing system. The system allows the user to type, edit, store, and print patient profiles and labels for total parenteral nutrition solutions, i.v. piggyback medications, and large-volume parenterals. The data for the admixture service are stored in three diskettes--one for piggybacks, one for IPNs, and one for other applications. Operational details regarding all applications are described. The word-processing system provides a relatively inexpensive method of coping with the large amount of data manipulation and label preparation inherent in a sophisticated i.v. admixture program.

0217368 82263511

**Designing the receiving process by function.**

Hersch GY

Hosp Mater Manage Q ,May 1982, 3 (4) p77-81, ISSN

0192-2262 Journal Code: GD3

Languages: ENGLISH

0217341 82263427

**Managers, educators collaborate for hospitalwide educational programs.**

Lawrence D; Peoples RJ

Hosp Prog ,Sep 1982, 63 (9) p36-9, 60, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0214576 82250976

**Evaluating pharmacist workload activities: centralized versus mobile decentralized pharmacy service.**

Kvancz DA; Cummins BA; Bennett DL; Fontana LC

Top Hosp Pharm Manage ,Aug 1982, 2 (2) p50-9, ISSN

0271-1206 Journal Code: VVJ

Languages: ENGLISH

0212088 82211218

**Purchase price is still a key in hospital materials management.**

Ambrose RC

Rev Fed Am Hosp ,Jul-Aug 1982, 15 (4) p54-6, ISSN

0148-9496 Journal Code: EUJ

Languages: ENGLISH

01187

0207042 82179911  
**Canadian central claims greater efficiency than in-house plants [interview]**  
Pekar B  
Am Laund Dig ,Apr 15 1982, 47 (4) p26, 28-30, 32. ISSN  
0002-9718 Journal Code: 325  
Languages: ENGLISH

**Hospitals [interview]**

Deignan P  
Hospitals ,Jan 16 1982, 56 (2) p58, 61, 64. ISSN  
0018-5973 Journal Code: GDL  
Languages: ENGLISH

00559

● 0206798 82166935  
**Word processing: a centralized approach to hospital typing needs.**  
Gaynor MA  
Hosp Financ Manage ,May 1982, 36 (5) p30-2, 34, 36-7.  
ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0206797 82166934  
**Word processing cuts transcription costs.**  
Kahl K; Vlazny J; Meinz A  
Hosp Financ Manage ,May 1982, 36 (5) p16-8, 24, 26-7.  
ISSN 0018-5639 Journal Code: G9N  
Languages: ENGLISH

0204419 82139586  
**How Paul Deignan built a super kitchen.**  
Madlin N  
Food Manage ,Mar 1982, 17 (3) p45-7, 84, 88 passim.  
ISSN 0091-018X Journal Code: EZW  
Languages: ENGLISH

0198997 82096769  
**An open letter to hospital vendors.**  
Anderson JD  
Hosp Purch Manage ,Feb 1982, 7 (2) p10-1. ISSN  
0163-1327 Journal Code: GB6  
Languages: ENGLISH

0196872 82074292  
**Centralized food buying means savings.**  
Keefe JL  
Hosp Purch Manage ,Jan 1982, 7 (1) p5-7. ISSN 0163-1322  
Journal Code: GB6  
Languages: ENGLISH

0195369 82074325  
**Gamble on food service technology pays off at United**

01188

**HOSPITAL, PSIQUIATRIA**

01189

0233397 83148300  
**Family therapy in consultation/liaison psychiatry.**  
Gardiner GC; Barr JP  
Urban Health ,Sep 1982, 11 (8) p9-11, 15, Journal  
Code: X6C  
Languages: ENGLISH  
Medicine, in its focus on physical illness, has made significant strides in recent decades. New and sophisticated knowledge of disease and techniques of treatment have contributed to sometimes spectacular progress. However, it has been realized that psychiatry, through its consultation and liaison activities, has a most significant contribution to make. The form and content of consultation/liaison activities have been gradually developing. It is from this developmental standpoint that we present the following information relevant to the fusion of Family Therapy and Psychosomatics.

0233320 83145447  
**Health promotion in the workplace: the Sheppard experience.**  
Scherr ML; Tainter PM  
Psychiatr Hosp ,Summer 1982, 13 (3) p92-4, Journal  
Code: Q9X  
Languages: ENGLISH

0233318 83145445  
**A program geared specifically to industry by the private psychiatric hospital.**  
Carone PA; Krinsky LW  
Psychiatr Hosp ,Summer 1982, 13 (3) p84-7, Journal  
Code: Q9X  
Languages: ENGLISH

0233314 83145441  
**Training to survive the transition: an issue of conflicting values.**  
Conway A; Mills GS  
Psychiatr Hosp ,Summer 1982, 13 (3) p115-8, Journal  
Code: Q9X  
Languages: ENGLISH

0233036 83134010  
**Hospital treatment methods weighed against accepted care standards.**  
Regan WA  
Hosp Prog ,Mar 1983, 64 (3) p76, 78, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0233015 83133989  
**Psychiatric units present special challenges to QA coordinators [Interview]**  
Sylvestri D  
Hosp Peer Rev ,Nov 1982, 7 (11) p139-41, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0232913 83131491  
**Do long-stay psychiatric patients want to leave hospital?**  
Abrahamson D; Brenner D  
Health Trends ,Nov 1982, 14 (4) p95-7, ISSN 0017-9132  
Journal Code: EJN  
Languages: ENGLISH

0232908 83131486  
**Detecting excessive drinking among admissions to a general hospital.**  
Barrison IG; Viola L; Mumford J; Murray RM; Gordon M; Murray-Lyon IM  
Health Trends ,Aug 1982, 14 (3) p80-3, ISSN 0017-9132  
Journal Code: EJN  
Languages: ENGLISH

A questionnaire combining items on alcohol consumption with the four CAGE questions was used by 27 housemen to detect abnormal drinking among 520 patients of all specialties admitted to a general hospital. 15.6--23.2% of patients were classified as abnormal drinkers with the largest proportions occurring among the emergency surgical, orthopaedic, psychiatric and medical patients. 95% of the abnormal drinkers were detected by the questions on consumption alone, while 22 of the 28 patients who were identified by both the consumption and CAGE questions had been admitted as a direct result of alcohol abuse. With the aid of simple questionnaire and some encouragement, junior medical staff can become quite adept at detecting abnormal drinkers in the course of their routine practice.

0232750 83152682  
**An innovation: the psychiatric intensive care unit.**  
Jeffery A; Goldney R  
Aust Nurses J ,Nov 1982, 12 (5) p42-3, 49, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0232662 83150854

**Public and professional myths about mental hospitalization.  
An empirical reassessment of policy-related beliefs.**

Kiesler CA  
Am Psychol ,Dec 1982, 37 (12) p1323-39, ISSN 0003-066X  
Journal Code: 41V  
Languages: ENGLISH

0232604 83150291

**Survey analysis of combat-related stress disorders in Viet Nam veterans.**

Keane TM; Fairbank JA  
Am J Psychiatry ,Mar 1983, 140 (3) p348-50, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

0232603 83150290

**Telephone prompting to increase attendance at a Psychiatric Outpatient Clinic.**

Burgoyne RW; Acosta FX; Yamamoto J  
Am J Psychiatry ,Mar 1983, 140 (3) p345-7, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Although it has been commonly taught and has been reported elsewhere that telephone prompting increases the rate at which patients keep their first outpatient clinic appointment, this study indicated that the increased rate at which patients kept their first appointment was more likely related to socioeconomic factors (such as having a telephone) than to telephone prompting. The authors conclude that measures to improve services to patients need to be carefully scrutinized before one can assume that results following initiation of a new procedure are in fact due to that procedure.

0232602 83150287

**Recovery from schizophrenic psychosis.**

Szymanski HV; Simon JC; Gutterman N  
Am J Psychiatry ,Mar 1983, 140 (3) p335-8, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Knowledge of changes in patients' symptoms during hospitalization is crucial in planning treatment for acute psychotic exacerbation of chronic schizophrenia. Biweekly assessment of symptoms in 44 schizophrenic patients during the first 4 weeks of hospitalization showed that rapid recovery from psychotic symptoms occurred early in hospitalization; recovery from depression and anxiety was less complete. The rapid recovery in the first few weeks of hospital treatment supports the use of brief hospitalization for psychotic relapse. It is important to focus follow-up treatment on patients' relative lack of recovery in the hospital from depression and anxiety.

0232601 83150286

**The mythical readmissions explosion.**

Weinstein AS  
Am J Psychiatry ,Mar 1983, 140 (3) p332-5, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

During the past decade and a half, readmissions increased substantially as a proportion of all admissions to state mental hospitals, and the absolute number of readmissions appeared to rise. These trends were interpreted widely, but incorrectly, as reflecting an accelerated rate of return to the hospitals by discharge patients. Most of the rise in the readmission percentage in New York State mental health facilities was due to a drop in first admissions, and the apparent increase in the number of readmissions was entirely accounted for by several statistical artifacts. There was no appreciable increase in the rate of patients' rehospitalization within given periods of time after their release.

0232599 83150284

**Are lawyers enemies of psychiatrists? A survey of civil commitment counsel and judges.**

Hiday VA  
Am J Psychiatry ,Mar 1983, 140 (3) p323-6, ISSN  
0002-953X Journal Code: 3VG  
Contract/Grant No.: MH-30548  
Languages: ENGLISH

The author surveyed 101 attorneys and judges involved in civil commitment procedures to answer the question of how they view psychiatrists, mental hospitals, and the mentally ill. She found that these lawyers and judges tended to view psychiatrists in favorable terms, that their attitudes toward mental hospitals reflected their perception of the weaknesses of these hospitals and their view of hospitalization as a last resort, and that they tended to reject negative statements about the mentally ill. She discusses the effect of these attitudes on the behavior of lawyers and judges toward psychiatrists and the mentally ill in civil commitment hearings.

01101

0232597 83150279

**Psychiatrists' responses to violence: pharmacologic management of psychiatric inpatients.**

Appelbaum PS; Jackson AH; Shader RI  
Am J Psychiatry ,Mar 1983, 140 (3) p301-4, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Court decisions setting limits on the use of medication in psychiatric hospitals often assume that psychiatrists use medications inappropriately in response to patients' violent acts. No empirical data have existed to support or refute this assumption. The authors examined the types and doses of antipsychotic medications received by 45 violent patients and 48 control subjects. They found no significant differences in type and dose of medication before the violent act and no significant changes afterward. Violent patients tended to be on somewhat higher doses at discharge than control patients. The judicial concern that psychotropic medications will automatically be abused or overused is not supported by these results.

00560

0232596 83150278

**The multiple functions of the state mental hospital.**

Goldman HH; Taube CA; Regier DA; Witkin M  
Am J Psychiatry ,Mar 1983, 140 (3) p296-300, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

This report identifies and quantifies the multiple manifest and latent functions of the state mental hospital, using data collected by the National Institute of Mental Health. The data reveal a complex institution providing over 500,000 episodes of care for acute and chronic, voluntarily and involuntarily admitted inpatients and 300,000 episodes of care for the most seriously disturbed and disadvantaged outpatients. In addition, state hospitals employ over 200,000 individuals and train over 3,300 professionals each year. The diversity and significance of these functions, as well as the failure of other institutions to supplant them, account for the endurance of the state mental hospital.

0232576 83149989

**Nursing in China: 3 perspectives. Psychiatric diagnoses range from depression and violence to social and sexual nonconformity.**

Wilson HS; Hutchinson SA  
Am J Nurs ,Mar 1983, 83 (3) p393-5, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0232467 83149184

**Review of the literature: follow-up of psychiatrically hospitalized adolescents.**

Machalow R  
Adolescence ,Winter 1982, 17 (68) p789-99, ISSN  
0001-8449 Journal Code: 2HB  
Languages: ENGLISH

0232460 83149120

**[What is a psychiatric emergency? Elements of a catamnestic and comprehensive approach]**

Qu'est-ce qu'une urgence psychiatrique? Elements d'une approche catamnesticque et comprehensive.  
Degive C; Lohie-Tart L  
Acta Psychiatr Belg ,May-Jun 1982, 82 (3) p328-40, ISSN  
0300-8967 Journal Code: 1VM  
Languages: FRENCH Summary Languages: ENGLISH

The authors introduce in this paper the first results of a catamnestic research performed in 1980 through interviews on 759 psychiatric emergencies in 1978 at the Saint-Luc clinics (Woluwe). A detailed analysis of psychiatric emergencies confronts the researcher to various problems (how and why is the psychiatrist called?) and more philosophically about mental health, therapeutic efficacy or the objectivity of the analysis. The authors also emphasize deontological problems in this type of research and the image of psychiatry and psychic disarray in the practice of emergency. Furthermore, this research brings up various working accommodations. Finally, the authors indicate some future areas of action, in the specific frame of the studied clinic, in order to ameliorate alternatives to hospitalisation in face of a psychiatric emergency.

0232457 83149042

**[Structure change in the Department of Child and Adolescent Psychiatry, Tubingen]**

Zum Strukturwandel der Abteilung fur Kinderund  
Jugendpsychiatrie Tubingen.  
du Bois R  
Acta Paedopsychiatr (Basel) ,Dec 1982, 48 (6) p285-95,  
ISSN 0001-6586 Journal Code: 1MS  
Languages: GERMAN Summary Languages: ENGLISH

00192

0232229 83146261

**[Patient characteristics, length of stay and readmission rates--indicators of the development of inpatient psychiatric treatment?]**

Patientenbestand, Aufenthaltsdauer und Wiederaufnahme-Raten--Indikatoren der Entwicklung in der stationären psychiatrischen Behandlung?

Jakubaschk J

Schweiz Arch Neurol Neurochir Psychiatr ,1982, 131 (2) p261-88, ISSN 0036-7273 Journal Code: UDS

Languages: GERMAN Summary Languages: ENGLISH

The paper submitted deals with the shrinking number of in-patients in psychiatric institutions and proves that this downward trend is not to be explained merely by the introduction of psychotropic drugs.--The method of calculation and the term "average duration of stay" are critically discussed, with reference to other possible parameters as indicators of psychiatric in-patient facilities.--It is shown, in the light of recent and controlled studies, that short hospitalization can be at least as effective and successful as a conventional hospital treatment program, and that a shorter stay in hospital does not inevitably imply an increased risk of readmittance.--A comparison between the Psychiatrische Universitätsklinik Bern (PUK) and all psychiatric hospitals in Switzerland shows in 1980 a 50% higher rate of admissions per hospital bed, a 20% shorter duration of stay, and the extremely high average rate of 98% of beds occupied, that is approximately 10% more than the average number of beds occupied in the other clinics referred to. In spite of the comparatively short duration of stay in the Psychiatrische Universitätsklinik Bern, that is 27 days (median), a further cut in length of stay seems feasible, without provoking an increase of the low rate of 21% of readmissions per annum.

0232090 83144874

**[6 years of psychiatry in a general hospital]**

Sechs Jahre Psychiatrie an einem Allgemeinkrankenhaus.

Michaelis R; Chrome B; Kulenkampff M; Schwartz RB

Psychiatr Prax ,Nov 1982, 9 (6) p197-202, ISSN 0303-4259 Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Six years of experience in the psychiatric and neurologic department of the General Hospital at Itzehoe (122 beds, including 78 psychiatric patients and 44 neurological patients; 5 assistant physicians, 1 psychologist, 2 senior physicians, 1 Medical Director [Head]; 38 nurses, 1 social worker, 2 occupational therapists) allow us to summarize initially the efficiency of such an institution: A department like this is basically able to take over full responsibility for the psychiatric care of a community district including the town and adjacent areas of other districts (totalling 120,000 inhabitants). The prerequisites--as is the case in the Steinburg district--are that a hospital is available for patients with chronic mental diseases; close cooperation with an established sociopsychiatric service; and, last but not least, a possibility of transferring patients for the purpose

of long-term rehabilitation and withdrawal treatment in relevant institutions. Hence, it is absolutely out of place to label such work performed by "small" departments as "gilded" or "miniature psychiatry". Such departments are increasingly becoming the representatives of a type of psychiatry which definitely has a future because it operates near the patients' domiciles. However, it will be necessary to revise the job schedules, since the number of personnel employed in this type of work is by no means sufficient for conducting a type of psychiatry which is in line with modern concepts and requirements.

0232089 83144873

**[Organization of a psychiatric department in the Hamburg-Eilbek general hospital--a description]**

Einrichtung einer Psychiatrischen Abteilung am Allgemein-Krankenhaus in Hamburg-Eilbek--Eine Beschreibung.

Lorenzen H

Psychiatr Prax ,Nov 1982, 9 (6) p193-6, ISSN 0303-4259 Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

In January 1980 a Psychiatric Department was established at the General Hospital for decentralised psychiatric treatment of inpatients. The article describes the preparatory planning which went into the concept of the Department. First of all, the Hospital is scheduled to look after a district with a population of 110,000. If patients are in need of psychiatric inpatient treatment, they are not selected according to diagnostic or other criteria. In connection with the Federal German Government's "Psychiatric Key Plan" the hospital set up an outpatient department and--financed at its own cost and from own resources--a psychosocial contacting department, a temporary and permanent home, decentralised sociopsychiatric services located in the community itself, and other projects. The article then describes the treatment concept which includes, besides psychosomatic and sociopsychiatric elements, psychotherapeutic aspects as well, the latter having a point of emphasis in group therapy. Finally, the article underlines fundamental concepts regarding the problem of co-operation with a large psychiatric hospital. It is pointed out that it will be necessary to develop a comprehensive treatment concept so that it becomes possible to find out for each patient which type of treatment and care will be most appropriate in his particular case both as regards outpatient and hospital treatment.

01123



0232088 83144872

**[Nurses in the psychiatric department of a community hospital]**

Krankenschwestern in der psychiatrischen Abteilung eines Gemeindekrankenhauses.

Mayer D; Driburg B

Psychiatr Prax ,Nov 1982, 9 (6) p190-2, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Anyone who tries to convert a Psychiatric Department into a hospitable home for the benefit on the inmates and their environment, has quite often not reckoned with, the "host", that is to say, with the doctors, nurses and the hospital staff in general. Hence, it seems that a fundamental change in the attitude and consciousness of those who are engaged in psychiatry, is just as important as a new treatment concept or a new building. The author quotes the Bad Driburg Community Hospital as an example: here, planning and construction were not the only important factors. The nurses have taken and accepted advice with regard to their supervisory functions, and in the course of a protracted process they have changed their attitude in favour of a psychiatric practice which follows a treatment pattern based on a "open-minded" approach to community members.

0232087 83144871

**[The psychiatric department of a community hospital--paving the way for a new hospital in the community]**

Psychiatrische Abteilung im Gemeindekrankenhaus--Wegbereiter eines neuen Hospitals in der Gemeinde.

Philipzen H; Driburg B

Psychiatr Prax ,Nov 1982, 9 (6) p184-9, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN

0232086 83144870

**[The complex interaction with proximity--report on a 6-year study of the Psychiatric Department of the Freudenstadt District Hospital]**

Der komplexe Umgang mit der Nahe--Erfahrungsbericht über die sechsjährige Arbeit der Psychiatrischen Abteilung am Kreiskrankenhaus Freudenstadt.

Gruner W

Psychiatr Prax ,Nov 1982, 9 (6) p178-83, ISSN 0303-4259

Journal Code: QCK

Languages: GERMAN

0232085 83144869

**[Psychiatry in Emden--the 1st year]**

Psychiatrie in Emden--das erste Jahr.

Henrich R; Kruger H; Ostermann R; Peil E

Psychiatr Prax ,Nov 1982, 9 (6) p163-77, ISSN 0303-4259

Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

The article reports on the first developmental stage of a psychiatric department in a location close to the place of residence of the majority of patients. This psychiatric clinic has at present 60 beds and facilities for 20 outpatients. The location of the clinic is in the area of a medium-sized town in a rural district classified as an area in which Public Health services are required to be active. First of all, the article gives a detailed description of the clinic itself and of the population and district it has to look after. Secondly, the article describes the present state and development of negotiations regarding the setting-up of an outpatient treatment ward. In this connection, it became unavoidable to point out the discrepancies between the need of the population to receive adequate psychiatric outpatient treatment on the one hand, and the policy followed by the relevant authorities on the other, the latter being unfortunately coloured by vested interests, both politically and by the class-consciousness of representatives of certain trade guilds and corporations. This is followed by a statistical evaluation of the patients treated on an inpatient, outpatient and consultant basis, together with an attempt to give a brief outline of the relevant epidemiology. Since the Social Psychiatric Service of Emden has close associations with the clinic--a fact which is rather untypical--the authors included a report on the starting-up phase and activity characteristics of that service.

0232084 83144868

**[Personnel requirements in a psychiatric hospital. Tasks and goals of a modern psychiatric treatment]**

Personalbedarf im Psychiatrischen Krankenhaus. Aufgaben und Ziele einer zeitgemässen psychiatrischen Behandlung.

Bergener M; Kitzig HP; Kruckenberg P; Rave-Schwank M; Ritzel G; Werner W

Psychiatr Prax ,Nov 1982, 9 (6) psuppl 1-16, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN

0231985 83143570

**Nursing process: where the lights are not dim.**

Hunt S

Nurs Mirror ,Feb 9 1983, 156 (6) p30, ISSN 0029-6511

Journal Code: 098

Languages: ENGLISH

01134

0231969 83143545  
**Mental health forum. 2. Approaches to care: a supportive role.**  
Corker E  
Nurs Mirror ,Feb 2 1983. 156 (5) pii-iii. ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0231968 83143544  
**Mental health forum. 2. Approaches to care.**  
Kemp P  
Nurs Mirror ,Feb 2 1983. 156 (5) pi-ii. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

00561

● 0231911 83143429  
**Primary nursing in psychiatry.**  
Green B  
Nurs Times ,Jan 19-25 1983. 79 (3) p24-8. ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

00562

● 0231908 83143423  
**Mental health nursing: the future of the mental hospital.**  
Chunnin B  
Nurs Times ,Jan 19-25 1983. 79 (3) pMHN 6-8. ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0231907 83143422  
**Mental health nursing: St Vincent meets St Nicholas.**  
McAnelly T  
Nurs Times ,Jan 19-25 1983. 79 (3) pMHN 3. ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0231905 83143420  
**Mental health nursing.**  
Nurs Times ,Jan 19-25 1983. 79 (3) pMHN 1-8. ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0231731 83142460  
**Legislation and practice in compulsory admission to a psychiatric hospital.**  
Fama PG

NZ Med J ,Feb 23 1983. 96 (726) p130-1. ISSN 0028-8446  
Journal Code: 08Q  
Languages: ENGLISH

0231673 83142329  
**Job sharing in the head nurse role--decreasing stress.**  
Hyndman C; Personius J  
Nurs Adm Q ,Winter 1983. 7 (2) p35-41. ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0231635 83141700  
**Day hospitalization and an Inn instead of inpatient care for psychiatric patients.**  
Gudeman JE; Shore MF; Dickey B  
N Engl J Med ,Mar 31 1983. 308 (13) p749-53. ISSN  
0028-4793 Journal Code: NDW  
Languages: ENGLISH

0231570 83140966  
**A comparison of U.S. and foreign medical graduates employed by state and county mental hospitals, 1975 and 1980.**  
Checker A; Witkin MJ  
Ment Health Stat Note ,Sep 1982. (161) p1-23. ISSN  
0361-9311 Journal Code: MSP  
Languages: ENGLISH

0231568 83140941  
**[Patient's right to see his psychiatric records]**  
Einsichtsrecht des Patienten in psychiatrische  
Krankenunterlagen.  
Barnikel W  
Med Welt ,Jan 21 1983. 34 (3) p85-8. ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

01195

0231467 83140151

**Measuring functional outcomes in chronic disease: a comparison of traditional scales and a self-administered health status questionnaire in patients with rheumatoid arthritis.**

Deyo RA; Inui TS; Leininger JD; Overman SS  
Med Care ,Feb 1983, 21 (2) p180-92. ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

A new "health-status" questionnaire, the Sickness Impact Profile (SIP), was examined to determine whether it offered measurement advantages over the traditional American Rheumatism Association (ARA) functional scale or patient self-ratings of function. Seventy-nine outpatients with rheumatoid arthritis (RA) administered the SIP to themselves and provided self-ratings on a 7-point functional scale. Clinicians independently rated patients on the ARA functional scale, and repeated measures were obtained over a 6-month period. Scores on the SIP or its subscales showed stronger correlations than the other scales with hematocrit, sedimentation rate, grip strength, morning stiffness, duration of RA, anatomic stage, work status, and psychiatric status. Validity of the SIP appeared to be maintained with repeated administrations, and the SIP was more reliable than either of the other scales. These findings, as well as the comprehensiveness and feasibility of the self-administered SIP, suggest that this (and perhaps similar health status instruments) may be a useful supplement to more traditional measures of chronic disease outcome.

0231428 83139849

**Short term inpatient treatment of children and adolescents.**

Moultrie MB; Carek DJ  
J SC Med Assoc ,Jan 1983, 79 (1) p30-2. ISSN 0038-3139  
Journal Code: KON

Languages: ENGLISH

0231421 83139799

**[The psychiatric department in the general hospital. Report of a meeting in the Institute for Hospital Architecture of the Berlin Technical University 1981]**

Die psychiatrische Abteilung im allgemeinen Krankenhaus. Zu einem Bericht über eine Tagung am Institut für Krankenhausbau der Technischen Universität Berlin 1981.

Krause G  
Krankenpfl J ,Oct 15 1982, 20 (10) p12, 14. ISSN  
0174-108X Journal Code: KYN

Languages: GERMAN

0231410 83139783

**[Accommodation and treatment of drug addicts]**

Unterbringung und Behandlung Drogenabhängiger.

Muller C  
Krankenpflege (Frankfurt) ,Nov 1982, 36 (11) p365-6.  
ISSN 0002-1008 Journal Code: KXL  
Languages: GERMAN

0231218 83137695

**Predicting psychiatric admission from an emergency room. Psychiatric, psychosocial, and methodological factors.**

Friedman S; Margolis R; David DJ; Kesselman M  
J Nerv Ment Dis ,Mar 1983, 171 (3) p155-8. ISSN  
0022-3018 Journal Code: JAF

Languages: ENGLISH

The determinants of psychiatric hospitalization, especially nonspecific issues, have been studied extensively. The methodological problem of correlational non-cross-validated findings are seen as contributing to our uncertainties about the critical issues involved in the decision to admit. A cross-validated multiple regression analysis of determinants of hospitalization in an inner-city municipal hospital revealed two determinants of hospitalization: severity of schizophrenic symptoms and active suicidal and/or homicidal ideation. They accounted for one third of the variance without shrinkage. Quasi-experimental designs may be the most efficient means of studying the remaining unexplained variance.

01196

0231123 83136733

**Physical illness in severe depressives and psychiatric alcoholics in Gothenburg, Sweden.**

Lindgard B  
J Affective Disord ,Dec 1982, 4 (4) p383-93, ISSN  
0165-0327 Journal Code: H3V  
Languages: ENGLISH

The entire middle-aged male urban population of a Swedish city, as defined by a census in November 1969, was assessed for any mental hospital hospitalization during a 3-year period (1978-1980), as well as for any general hospital hospitalization during a 10-year period (1970-1979) within the catchment area. Inpatients of the mental hospital population belonging to the cohort and put in the categories 'Psychiatric alcoholic spectrum' and 'Severe depression' were studied for diagnoses of physical illness during any general hospital hospitalization. The psychiatric alcoholic spectrum was associated positively with infections, injuries, alcohol intoxication, pancreatitis, liver cirrhosis, arthritis/rheumatic diseases and duodenal peptic ulcer; and negatively with malignant neoplasms, myocardial infarction, gallstone disease and urolithiasis. Severe depression was associated positively with infections, myocardial infarction, asthma and alcohol intoxication. A nosologic taxonomy, aimed at explaining the epidemiological associations recorded, is suggested.

0231114 83136694

**Exploratory study to evaluate staff attitudes towards geriatric psychiatry.**

Jones RG; Galliard PG  
J Adv Nurs ,Jan 1983, 8 (1) p47-57, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

This work is part of a larger study carried out at the Murray Royal and Murthly Hospitals within the Tayside Health District. The survey was concerned with staff attitudes towards geriatric psychiatry patients and shows that the nurses in these peripheral hospitals hold a positive attitude towards this area of nursing. These findings appear to contradict the popular opinion held throughout the nursing service, that the geriatric psychiatry nursing area is very unpopular with trained, untrained and learner nurses. In the study by Hooper [Nursing Times (1981) 77 37-40/43-44], anxiety levels among learners towards the geriatric nursing areas were found to be very high. This appears to correlate with Kogan [Journal of Abnormal and Social Psychology (1961) 62, 616-622], which summarized is as follows: 'Young subjects were imputed to have a more consistently negative view of old people.' By using a series of two precoded questionnaires that the subjects completed, an overview of staff attitudes towards the geriatric psychiatry areas was obtained. The hypothesis on which the study was based was as follows: that a negative view towards geriatric psychiatry would be found among the staff of the Murray Royal and Murthly Hospitals. However, the findings of this study did not support the hypothesis on any counts and gave a highly positive attitude scale.

0231077 83136556

**Gestalt therapy with hospitalized adolescents.**

Serok S  
J Adolesc ,Dec 1982, 5 (4) p307-17, ISSN 0140-1971  
Journal Code: HWT  
Languages: ENGLISH

0231052 83136313

**An improved MMPI short form: the MMPI-168-E.**

Moreland KL  
J Clin Psychol ,Jan 1983, 39 (1) p104-7, ISSN 0021-9762  
Journal Code: HTJ  
Contract/Grant No.: 31302  
Languages: ENGLISH

K-corrected MMPI-168 scales using short and long form K scales (N = 2439). The latter increased the correlation between abbreviated and standard scales in most instances. Because using the entire K scale involves the addition of only 18 items to the MMPI-168 while it generally improves the statistical validity of several scales in addition to K, this was proposed as a cost-effective means of improving the MMPI-168.

0231051 83136312

**The Psychological Screening Inventory as a predictor of predisposition to suicide among patients at the Oregon State Hospital.**

Larsen KS; Garcia D; Langenberg DR; Leroux JA  
J Clin Psychol ,Jan 1983, 39 (1) p100-3, ISSN 0021-9762  
Journal Code: HTJ  
Languages: ENGLISH

Examined all closed patient files for the inclusion of scores from the Psychological Screening Inventory (PSI) at the Oregon State Hospital between 1977-1979. Subsequently, the patient files (N = 123) were assessed for suicidal inclination employing five categories, which ranged from "no suicidal ideation" to "serious attempt." t-tests were completed between Ss placed in category 1 (no suicidal ideation) and remaining categories. Results yielded a significant value for "discomfort," with lower discomfort scores related to higher suicide risks. Subsequent extreme group analysis yielded significant but opposite results for males and females, which suggests the importance of evaluating the results of the PSI separately for sex.

01197

0230975 83134912

**Section 31 (the Emergency Recommendation)--its use in a Glasgow psychiatric hospital.**

Gallagher J; Masterton G; Timbury GC  
Health Bull (Edinb) ,Jan 1983, 41 (1) p4-13, ISSN  
0374-8014 Journal Code: G1Y  
Languages: ENGLISH

0230873 83133946

**A study of the use of restraint in a psychiatric emergency room.**

Telintelto S; Kuhlman TL; Winget C  
Hosp Community Psychiatry ,Feb 1983, 34 (2) p164-5, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0230870 83133943

**A comparison of work activities of mental health professionals among disciplines and environments.**

Siegel C; Haugland G; Fischer S  
Hosp Community Psychiatry ,Feb 1983, 34 (2) p154-7, ISSN  
0022-1597 Journal Code: GCJ  
Contract/Grant No.: 26943  
Languages: ENGLISH

Due to fiscal constraints on health care providers, the utilization of time of mental health professionals has come under close examination. The authors conducted a study of the work habits of 193 psychiatrists, psychologists, nurses, rehabilitation therapists, social workers, and mental health workers in 1976 and 1977. The clinicians worked at 18 facilities that offered inpatient, outpatient, partial hospital, or a mix of partial and outpatient services. Their work activities were observed over a two-week period. The data were analyzed for each clinical type and for each service modality across three funding sources--state, private, and mixed. The data, in part, show that a substantial amount of time was spent in all types of facilities in indirect patient care activities, particularly use of psychiatric records. Privately funded inpatient facilities devoted a much greater amount of time to direct patient care than did state inpatient facilities, which spent more time on administration and use of records. Staff of outpatient or partial-mixed facilities spent much more time on individual or other therapies, while inpatient staff spent more time on patient management and informal contacts with patients.

0230869 83133942

**Minimizing the adverse effects of mass relocation among chronic psychiatric inpatients.**

Kelly GR  
Hosp Community Psychiatry ,Feb 1983, 34 (2) p150-4, ISSN  
0022-1597 Journal Code: GCJ

Languages: ENGLISH

Recent studies have reported conflicting results on the impact of intrainstitutional relocation on chronic psychiatric patients. As part of a hospital renovation project, 82 patients were assessed over a period of eight months to determine the effects of mass transfer on physical, mental, and social functioning. Twenty-five staff members also assessed the social climate before and after the transfer. The author found that involuntary relocation of living quarters within the same institution did not significantly affect the functioning of the chronic psychiatric patients. He attributes the lack of disruption to continuity of care in a familiar environment and to a continuous schedule of supportive activities conducted outside of the ward.

00563

0230868 83133941

**The limits of general hospital care: a continuing role for state hospitals.**

Ames D  
Hosp Community Psychiatry ,Feb 1983, 34 (2) p145-9, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

An examination of the characteristics of patients transferred to a state hospital after their treatment in a rural community general hospital had failed provides some data for defining the state hospital's role in relation to such patients. Of 2,128 discharges from the general hospital in a three-year period, 33, or 1.6 percent, were referred to the state hospital. The patients could be divided into four subgroups: violent patients, unresponsive patients with severely disorganized mental states, dependent patients treated successfully but referred because of a lack of community residential facilities, and deteriorating alcoholic recidivists who had proved to be unresponsive to treatment. At follow-up, the most improvements had occurred among the unresponsive subgroup. The author believes that, among those subgroups, state hospitals are most useful for violent patients, for deteriorating recidivist alcoholics, and, depending on further research, possibly for unresponsive patients.

01198

0230867 83133940

**The impact of deinstitutionalization on California's state hospital population.**

DeRisi W; Vega WA

Hosp Community Psychiatry ,Feb 1983, 34 (2) p140-5, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Deinstitutionalization has dramatically reduced the state psychiatric hospital population in California from 37,000 in 1955 to only 2,500 at the present time. In 1980 and 1982 the California Department of Mental Health conducted two surveys to assess demographic characteristics, psychiatric diagnosis, health status, and behavioral traits of state hospital patients. The results indicate that most patients are young, male, and diagnosed as schizophrenic and frequently engage in dangerous behaviors. The various patient subpopulations exhibited few differences in diagnostic distribution, although Hispanics did have a significantly higher rate of substance use. The author posits that the current hospital population constitutes a "hard core" of patients who may be difficult to place in community treatment facilities.

0230866 83133939

**Deinstitutionalization and the private general hospital inpatient unit: implications for clinical care.**

Schoonover SC; Bassuk EL

Hosp Community Psychiatry ,Feb 1983, 34 (2) p135-9, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Deinstitutionalization has led to a rapid shift from reliance on state hospitals to use of community-based inpatient psychiatric services. While these inpatient units were initially envisioned as an integral part of the community mental health system, a number of sociopolitical and clinical pressures have caused general hospitals to respond to their new responsibilities in different ways. The authors review trends in deinstitutionalization, the diverging interests of public and private general hospitals, and problems in patient care that result. Based on a discussion of how Beth Israel Hospital, a nonprofit private general hospital in Boston, has dealt with such issues, they describe adaptive responses in four areas: admission criteria, patient management approaches, aftercare planning, and staff training.

0230859 83133927

**Dealing with suicide on a psychiatric inpatient unit.**

Cotton PG; Drake RE Jr; Whitaker A; Potter J

Hosp Community Psychiatry ,Jan 1983, 34 (1) p55-9, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Suicide on an inpatient unit can cause severe trauma among patients and staff. Consequently both groups may revert to less adaptive coping styles. In general, staff's recovery is gradual and natural and may yield an opportunity for emotional

growth; however, prolonged disability may also occur. The authors interviewed 23 staff members who had worked on an inpatient unit during a 16-month period when four patients committed suicide. On the basis of these interviews, the authors have developed a framework for understanding the three phases of staff reaction to suicide and guidelines for helping staff through the recovery process. They recommend that ward administrators monitor and facilitate the group process by providing protection and support during the initial phase of shock, appropriate channels and limits for the intense feelings that occur during the second phase, and constructive forums for more mature coping activities during the third phase, as staff regain their equilibrium.

0230857 83133925

**An overview of patient satisfaction with psychiatric treatment.**

Kalman TP

Hosp Community Psychiatry ,Jan 1983, 34 (1) p48-54, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Patient satisfaction with psychiatric treatment can strongly influence pursuit and use of mental health services as well as treatment compliance and treatment outcome. Although assessment of patient satisfaction is crucial to designing effective mental health programs, no standard methodology exists to measure satisfaction; thus it is difficult to compare findings from different satisfaction studies. The author examines the studies in four areas of satisfaction research: patient satisfaction with treatment, with participation in research, with participation as subjects in psychiatric teaching, and with involuntary commitment. He notes the variance between mental health professionals' expectations of patient satisfaction and the higher satisfaction that patients themselves report. He also discusses the need for more study of the subjective experience of patients who participate in research projects, teaching conferences, and observed psychotherapy and who undergo involuntary commitment.

01199

0230856 83133924

**The reactions of nursing staff to physical assault by a patient.**

Lanza ML

Hosp Community Psychiatry ,Jan 1983. 34 (1) p44-7. ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH

Forty nursing staff members in a Veterans Administration neuropsychiatric hospital were surveyed in a study aimed at determining victims' responses to the assault and helping to sensitize clinicians to the frequency and outcomes of assaults on nursing staff. The respondents, who had an average of six years of psychiatric nursing experience, reported being assaulted an average of seven times prior to the study period.

The author summarizes the emotional, social, biophysiological, and cognitive responses of the respondents and notes that a major finding was the large number of staff who indicated they had no reactions to the assault. She speculates that staff may be unable to admit their reactions even to themselves and discusses some possible reasons for that situation.

0230855 83133923

**Training personnel in the prevention and management of violent behavior.**

Lehmann LS; Padilla M; Clark S; Loucks S

Hosp Community Psychiatry ,Jan 1983. 34 (1) p40-3. ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH

The authors describe a training program on prevention and management of violent behavior for the staff of a Veterans Administration hospital. The one-day workshop focuses on preventive identification of potentially violent situations and on methods of verbal and physical management of violent behavior. A study of workshop participants showed that trainees had improved knowledge about and performance in handling violent behavior after completing the program. Future developments in training in prevention and management of violent behavior should include greater availability of educational resource materials and incorporation of the subject in undergraduate and graduate health care training.

0230842 83133632

**Employees' job satisfaction, residents' functioning, and treatment progress in psychiatric institutions.**

Buffum WE; Konick A

Health Soc Work ,Nov 1982. 7 (4) p320-7. ISSN 0360-7283 Journal Code: FZ6

Languages: ENGLISH

This article examines the job satisfaction of 297 direct care workers in relation to residents' levels of functioning and treatment progress in twenty-two wards of three long-term psychiatric institutions. Employees' satisfaction with work was significantly associated with residents' progress in

community adjustment potential, but not with residents' change in pathology or behavior on the ward.

0230619 83130659

**Emergency room psychiatry: role conflicts and future directions.**

Feinsilver DL; Hall RC; Gardner ER

Curr Psychiatr Ther ,1982. 21 p171-9. ISSN 0070-2080 Journal Code: DVU

Languages: ENGLISH

01200

0230532 83130209

**An approach to psychiatric referrals in pediatric patients.  
Psychosomatic complaints.**

Hodas GR; Honig PJ  
Clin Pediatr (Phila) ,Mar 1983, 22 (3) p167-72, ISSN  
0009-9228 Journal Code: DHE  
Languages: ENGLISH

Psychiatric referral is an important aspect of clinical pediatric practice. This paper discusses referral to a family-oriented psychiatrist of difficult families with children who have an acute or chronic psychosomatic complaint.

It is the responsibility of primary care physicians to develop facility in making psychiatric referrals. In this way the physician will be equipped to deal effectively with cases requiring attention beyond his time and expertise, as well as cases that he will manage alone. The paper considers five decision-points relevant for pediatricians making effective referrals of children with somatic complaints. (1) The pediatrician decides whether to conduct the evaluation on an outpatient or inpatient basis. In either case the work-up should be completed rapidly. A diagnostic hospitalization, whereby the parents agree to accept the results of a clearly defined evaluation as definitive, may be used with inpatient evaluations. The proposal of such a diagnostic hospitalization is considered. (2) After the medical evaluation is completed, the pediatrician decides whether to manage the case alone or to make a psychiatric referral. (3) A family conference can be used to initiate pediatric management or to make a psychiatric referral. A joint meeting, with both pediatrician and psychiatrist present, may be a crucial part of the management of difficult psychosomatic cases. The four stages of a typical joint meeting are described. (4) The utility of giving indirect rather than direct explanations of the meaning of a somatic symptom is described. By scapegoating the symptom rather than either the child or the parents, indirect explanations are often less threatening and more acceptable to the family. (5) Similarly, psychiatric involvement is often best proposed by recommending evaluation rather than treatment, since evaluation is less binding and takes into account the natural reluctance of many families to see the psychiatrist. After the referral has been made, ongoing contact between psychiatrist and pediatrician is important.

0230459 83128859

**The use of the MMPI for the differentiation of suicidal and non-suicidal depressions.**

Waters BG; Sendbuehler JM; Kincaid RL; Boodoosingh LA; Marchenko I  
Can J Psychiatry ,Dec 1982, 27 (8) p663-7, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

The MMPI profiles of forty suicidal and forty non-suicidal male and female depressed patients, matched for age, were compared. Significant differences between MMPI scale T scores which showed some sex specificity were found between the suicidal and non-suicidal depressives. These results replicate

previous findings. However neither individual scale T scores, derived discriminant functions, nor actuarial or cluster analysis-derived MMPI profiles could completely discriminate between suicidal and non-suicidal depressed inpatients of either sex. The relevance and implications of these findings to the ascertainment of suicidal risk are discussed.

0230458 83128858

**Scales for measuring mania.**

Ahmed AB; Lafferty D  
Can J Psychiatry ,Dec 1982, 27 (8) p659-62, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

0230388 83128380

**Locking up patients with psychiatric illness [editorial]**

Wilkinson G  
Br Med J [Clin Res] ,Feb 19 1983, 286 (6365) p581-2,  
Journal Code: B4X  
Languages: ENGLISH

0230342 83128086

**A comparison of in-patient costs of treatment and care in a Scottish psychiatric hospital.**

McKechnie AA; Rae D; May J  
Br J Psychiatry ,Dec 1982, 141 p602-7, ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

0230341- 83128085

**An expanding 'stage army' of long-stay psychiatric day-patients.**

Pryce IG  
Br J Psychiatry ,Dec 1982, 141 p595-601, ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

0230340 83128084

**The outcome for discharged Nottingham long-stay in-patients.**

Howat JG; Kontny EL  
Br J Psychiatry ,Dec 1982, 141 p590-4, ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

01201



0230328 83127962  
**Involuntary patients in general hospitals: a positive view.**  
LaWall JS  
Bull Am Acad Psychiatry Law ,1982, 10 (3) p183-8. ISSN  
0091-6781 Journal Code: BAR  
Languages: ENGLISH

0230327 83127961  
**A survey of five types of dangerous behavior among chronic psychiatric patients.**  
Tardiff K  
Bull Am Acad Psychiatry Law ,1982, 10 (3) p177-82. ISSN  
0091-6781 Journal Code: BAR  
Languages: ENGLISH

0230185 83118518  
**Moral treatment: the basis of private mental hospital care.**  
Jones RE  
Psychiatr Hosp ,Winter 1983, 14 (1) p5-9. Journal  
Code: Q9X  
Languages: ENGLISH

0230184 83118517  
**The NAPPH tradition.**  
Herman M  
Psychiatr Hosp ,Winter 1983, 14 (1) p39-45. Journal  
Code: Q9X  
Languages: ENGLISH

0230182 83118515  
**The nature of the psychiatric hospital: an exploration into the development of one such.**  
Grainick A  
Psychiatr Hosp ,Winter 1983, 14 (1) p29-3. Journal  
Code: Q9X  
Languages: ENGLISH

0230181 83118514  
**Some observations regarding psychoanalytic psychotherapy in a hospital setting.**  
Cooperman M  
Psychiatr Hosp ,Winter 1983, 14 (1) p21-8. Journal  
Code: Q9X  
Languages: ENGLISH

0230180 83118513

**Mental health delivery systems: then, now, and beyond.**  
Donnelly J  
Psychiatr Hosp ,Winter 1983, 14 (1) p17-20. Journal  
Code: Q9X  
Languages: ENGLISH

0230179 83118512  
**The private psychiatric hospital: the impact of current trends.**  
Robbins LL  
Psychiatr Hosp ,Winter 1983, 14 (1) p13-6. Journal  
Code: Q9X  
Languages: ENGLISH

0229946 83107080  
**Community program serves released psychiatric patients.**  
Hosp Prog ,Feb 1983, 64 (2) p28-9. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0229709 83125899  
**Consultation-Liaison outcome evaluation system. I. Consultant-consultee interaction.**  
Popkin MK; Mackenzie TB; Callies AL  
Arch Gen Psychiatry ,Feb 1983, 40 (2) p215-9. ISSN  
0003-990X Journal Code: 72C  
Contract/Grant No.: 5 T01 MH14833  
Languages: ENGLISH  
The Consultation-Liaison Outcome Evaluation System characterizes the effectiveness of consultative activities. The initial phase of the system identifies consultees' responses to psychiatric consultants' recommendations and diagnoses and the variables critical to concordance with the use of quantitative measures. The observed incidence and concordance rates of the consultant-consultee interaction were integrated (1) to establish a concordance hierarchy clarifying consultees' priorities in seeking psychiatric consultation, (2) to provide reference points to guide psychiatric consultants' clinical actions, (3) to establish tentative standards with which to evaluate the effectiveness of psychiatric consultation, and (4) to signal the need for further outcome studies and the development of data-based consultation practices.

0229671 83125444

**Research using Rogers' conceptual system: development of a testable theorem.**

Floyd JA  
ANS ,Jan 1983, 5 (2) p37-48, ISSN 0161-9268 Journal  
Code: 6E9  
Languages: ENGLISH

0229557 83123895

**Measuring program effectiveness: self-report versus objective indicators of recidivism.**

Spector PE; Bedell JR  
Am J Community Psychol ,Oct 1982, 10 (5) p613-6, ISSN  
0091-0562 Journal Code: 3FV  
Languages: ENGLISH

0229456 83122420

**The occupational therapist in Papua New Guinea.**

Rodgers-Wilson M  
Papua New Guinea Med J ,Jun 1982, 25 (2) p123-6, ISSN  
0031-1480 Journal Code: YEU  
Languages: ENGLISH

The Occupational Therapist (O.T.) is an indispensable member of all health teams in major general hospitals, rehabilitation centres, sheltered workshops, psychiatric clinics and special centres for children and elderly people, as well as contributing to many community health projects. The O.T. provides rehabilitation programmes for patients with spinal injuries, degenerative neurological disease, head injuries, blindness, amputations, and leprosy as well as many other disabling conditions. In addition occupational therapy is important in paediatric practice. Supervision of the sheltered workshop is a further responsibility of the O.T. It is recommended that the position for an O.T. in Port Moresby General Hospital be maintained, and that Papua New Guineans be trained overseas to meet future needs within the country.

0229449 83122206

**[Principles of the treatment of schizophrenic patients in "psychotherapy institutionelle"]**

Grundlinien der Behandlung Schizophrener in der  
"psychotherapie institutionelle".  
Hofmann W; Lang H  
Z Klin Psychol Psychother ,1982, 30 (4) p354-8, ISSN  
0300-869X Journal Code: XW0  
Languages: GERMAN

Brown P  
Soc Sci Med ,1982, 16 (23) p2025-39, ISSN 0277-9536  
Journal Code: UT9

Contract/Grant No.: 2-507-RR070805-16

Languages: ENGLISH

Recent changes in mental health policy and treatment have largely been attributed to a professional concern for patients' rights. This view is challenged by patients' rights organizations and their allies, such as legal advocacy groups. These parties argue that psychiatric planners and providers are trying to coopt a popular movement and to use patients' rights as a convenient explanation for the mental health system's limited self-reform and fiscal limitations. A key issue here is the gap between planned policy and implemented practice. Patients' rights activists maintain that rights are only very sparsely implemented, while the mental health system believes that it has progressed quite far. A study of patients' rights attitudes held by the various involved forces can illuminate the conflicts in patients' rights policy and provide understanding of the potential for resolving these conflicts. Such an analysis also touches on some general themes concerning the relationships between health providers and social movements in the health field. This paper examines attitudes towards mental patients' rights on the part of mental patients rights groups, state departments of mental health, state hospitals and statewide mental health associations. One hypothesis was borne out: that patients' rights groups do not believe as much as does the mental health establishment that concern for patients' rights has played a large role in mental health policy. Further, the activist groups are more favorable than are the other respondents to abolition or sharp curtailment of intrusive psychiatric treatments. And, mental health officials and their lay supporters are less prone to accept patients' rights groups' initiative in reform efforts. The second main hypothesis, that the mental health establishment would be more antagonistic to patients' rights in states where patients rights groups existed, was not supported. One possible explanation for this is that patients' rights groups have had a nationwide impact, and that mental health officials face common problems throughout the country. Alternatively, or in conjunction, an antecedent variable of political liberalism may operate in some states, creating both activist groups and more liberal psychiatric professionals. The significance of these findings is discussed and suggestions are offered for future research in this area.

00564

0229286 83120137

**Attitudes towards the rights of mental patients. A national survey in the United States.**

01203

0229269 83120003

**[Organization of the department of psychotherapy for children at the Salpêtrière Hospital in Paris (department of Professor D. J. (Duche)]**

Organisation du département de psychothérapie de l'enfant de l'Hôpital de la Salpêtrière, service du Professeur D.J. Duche.

Anzleu A; Daymas S

Sem Hop Paris ,Nov 18 1982, 58 (42) p2483-7, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

The staff of the department of psychotherapy at the Salpêtrière Hospital (Department of Prof. Duche) includes five psychoanalysts who are in charge of the consultations and treatment of hospitalized children, out-patients and parents. Individual psychoanalytical psychotherapy and psychodrama are the methods used. For adolescents and psychotic children, psychotherapy is carried out in a more flexible way. Special attention is given to the outset of therapy and to the support provided to parents. Two groups for the training of child therapists are ongoing.

0229268 83120002

**[Do psychiatric emergencies exist in children and adolescents?]**

L'urgence existe-t-elle en psychiatrie de l'enfant et de l'adolescent?

Giret G; Sibertin-Blanc D; Sender C; Mazet P

Sem Hop Paris ,Nov 18 1982, 58 (42) p2477-80, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

From our experience in the pedopsychiatric emergency unit at the Salpêtrière Hospital, we discuss the concept of psychiatric emergency in children and adolescents. In 90% of cases, patients are adolescents aged 14 to 18 years. The acting out and the ensuing emergency consultation seem to be a propitious time for establishing a relationship with the adolescent, meeting his difficulties from a psychological rather than affective standpoint and instituting an exchange with the family.

0229267 83120001

**[Role of specialized care units in the psychiatric approach of very young children]**

La place d'une unité de soins spécialisée dans l'abord psychiatrique de très jeunes enfants.

Buffet Y; Mazet P

Sem Hop Paris ,Nov 18 1982, 58 (42) p2473-6, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Among the various means of answering psychiatric problems in young children, specialized care units for the very young, such as the one set up at psychiatric department for children and adolescents at the Salpêtrière Hospital, appear to be helpful in some situations which are psychologically highly

dangerous as well as life-threatening. The modalities of the reception and therapy of the child and its family are described and discussed. It seems that this type of hospitalization may contribute to the resuming of dynamic developing processes in the child and of positive relationships between child and family, particularly the mother.

0229266 83120000

**[Psychiatric emergencies and family crisis. A possible systemic approach at a general hospital]**

Urgences psychiatriques et crise familiale. Une approche systémique possible à l'Hôpital Général.

Allilaire JF; des Lauriers A

Sem Hop Paris ,Nov 18 1982, 58 (42) p2467-70, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Psychiatric emergencies concern not only sectorized psychiatric organizations but general hospitals as well, especially in large cities. No set-ups for long-term management are available in general hospitals and means for short-term intermittent action should be evolved. Family crisis may be responsible for psychiatric emergencies as they may lead to decompensation due to the breaking-up of familial relationships. When confronted with such situations, practitioners must of course face the emergency by using various specific chemotherapeutic agents or by hospitalizing the patient. However, practitioners should also concern themselves with acting upon the whole family in order to help them to develop solutions to the crisis. The modalities of this global approach of psychiatric disorders are delineated in the family crisis therapeutic technique.

01204

0229265 83119999

**[Current concepts of hospitalization in pediatric psychiatry]**

Conceptions actuelles de l'hospitalisation en  
pedopsychiatrie.

Rouam F; Schmit G

Sem Hop Paris ,Nov 18 1982, 58 (42) p2459-65, ISSN  
0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Although it remains valuable for evaluating the patient and planning pharmacotherapy, hospitalization in a psychiatric department is no longer restricted to these purposes. Hospitalization enables separation of the child or adolescent from his usual environment during periods of acute conflict. It is aimed at modifying and overcoming the conflicts between family members which are underlying in the child's or parent's request for support. Hospitalization can become an essential part of the child's treatment if it is carefully planned and harmonized with the other curative and preventive methods.

0229238 83119573

**[Psychiatric emergencies]**

Urgences psychiatriques.

Peigne F; Ferrand I

Rev Prat ,Nov 21 1982, 32 (53-54) p3361-2, 3367-8, 3371,  
ISSN 0035-2640 Journal Code: T1D

Languages: FRENCH

0229200 83118444

**R.N. supervisors: enforcing hospital policy. Case in point:  
Cooper v. State (453 N.Y.S. 2d 483 - NY).**

Regan WA

Regan Rep Nurs Law ,Nov 1982, 23 (6) p4, ISSN 0034-3196  
Journal Code: OY6

Languages: ENGLISH

0229177 83118180

**Who receives the aftercare? Utilization of services by  
discharged in-patients.**

Keane P; Fahy TJ

Psychol Med ,Nov 1982, 12 (4) p891-902, ISSN 0033-2917  
Journal Code: QER

Languages: ENGLISH

A prospective one-year follow-up of 216 in-patients showed that utilization of aftercare was significantly associated with certain clinical and social factors in the year after discharge from hospital. Rural domicile, a diagnosis of schizophrenia, long dependence on services, and ease of access to care comprised an aftercare dependency syndrome with substantial predictive power. Alcoholic and personality disordered patients were light users of services. Staff-patient relationships and attitudes of staff and

patients to the need for aftercare were important. Depot neuroleptics were associated with high levels of aftercare for patients with chronic schizophrenia. The findings reveal the steady silting up of a new area service for the adult mentally ill by patients with a combination of social disadvantage and severe chronic psychosis. Family doctors played very little part in the delivery of aftercare. Some implications of the findings for the future development of community-based psychiatric services are discussed.

0229141 83117426

**[Schools for patients in child and adolescent psychiatric facilities]**

Schulen für Kranke in kinder- und jugendpsychiatrischen  
Einrichtungen.

Wienhues J

Prax Kinderpsychol Kinderpsychiatr ,Nov-Dec 1982, 31 (8)  
p313-8, ISSN 0032-7034 Journal Code: PJ6

Languages: GERMAN Summary Languages: ENGLISH

0229128 83117346

**The cost of living.**

Mandell HN; Mandell MS

Postgrad Med ,Feb 1983, 73 (2) p22-6, ISSN 0032-5481  
Journal Code: PFK

Languages: ENGLISH

0229053 83117085

**The need for family planning in psychiatric hospitals.**

Holloway G

Nurs Times ,Dec 8-14 1982, 78 (49) p2087-8, ISSN  
0029-6589 Journal Code: O9U

Languages: ENGLISH

0229042 83117068

**The hospital that opened its doors.**

Christie H

Nurs Times ,Dec 1-7 1982, 78 (48) p2039-42, ISSN  
0029-6589 Journal Code: O9U

Languages: ENGLISH

01205

0228836 83115124

**From asylum to community. The threatened disintegration of public psychiatry.**

Mollica RF  
N Engl J Med ,Feb 17 1983, 308 (7) p367-73, ISSN  
0028-4793 Journal Code: NOW  
Contract/Grant No.: MH35405-02  
Languages: ENGLISH

Before 1950, publicly supported psychiatric services (i.e., those of so-called public psychiatry) were provided primarily at state hospitals. Over the past 30 years public psychiatry has shifted its emphasis away from long-term custodial care to outpatient and community-based services. Paradoxically, this broadening of focus has become associated with both an expanded use of psychiatric services and a threatened decline in clinical standards and treatment goals. Five areas of policy confusion and contradiction threaten the stability of public mental-health services: the shift in emphasis from public to private services, the issue of rehabilitation and reintegration into society versus custodial care, the differential treatment of the lower-class patient, the demedicalization of public services, and conflict between professionals and blurring of roles within the psychiatric profession. These problems reflect public psychiatry's overemphasis on social reform and political rather than clinical definitions of treatment, its lack of specific treatment and of defined treatment goals, and its inability to change psychiatry's (and society's) historical assignment of low status to the public patient.

0228822 83114905

**Effects of deinstitutionalization on acute care psychiatric facilities.**

Tuason VB; Fair-Riedesel P; Hoffmann NG  
Minn Med ,Nov 1982, 65 (11) p697-9, ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

0228759 83114050

**The Soviet Union and the World Psychiatric Association.**

Wynn A  
Lancet ,Feb 19 1983, 1 (8321) p406-8, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0228749 83113957

**On the agenda [editorial]**

Lancet ,Feb 5 1983, 1 (8319) p281, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0228604 83111763

**Appearance programs with female chronic psychiatric hospital patients: a comparison of six-week and nine-week treatment interventions.**

Callis C  
J Rehabil ,Oct-Dec 1982, 48 (4) p34-9, ISSN 0022-4154  
Journal Code: JW7  
Languages: ENGLISH

00565

0228529 83110991

**Mental health in the Third World.**

Lin TY  
J Nerv Ment Dis ,Feb 1983, 171 (2) p71-8, ISSN  
0022-3018 Journal Code: JAF  
Languages: ENGLISH

In spite of great national and international efforts and relative success in achieving technological and economic progress, the underlying situation in the Third World offers little cause for optimism. Some notable exceptions notwithstanding, in most countries poverty is increasing at an alarming rate, with its accompanying misery, poor health, and social unrest. Unequal distribution of material wealth, political instability, and the crumbling of traditional and cultural values are also increasingly prevalent. Critical assessment of the philosophy, goals, and methodology of development is an urgent requirement in many nations. Mental health endeavors in the Third World need similar reformulation of both immediate and long range objectives and methods, if ever-increasing mental health demands fostered by such rapid and sweeping changes are to be met. Four major models--the hospital-based model, the medical school-based model, the community-based model, and the voluntary organization model--have so far been the basis for mental health development in Third World nations and, to a certain extent, have produced the needed personnel and services. A fifth model--the primary health care model--seems to hold more promise for the future. By virtue of its integration with general health and other administrative social networks, it can more easily reach out to the community, providing both curative and preventive mental health. Whichever model or combination of models any one nation or region adopts, future mental health endeavors in the Third World should be an integral part of overall social policy and health planning. Taking children, family, and school as major foci, such efforts are indispensable and should constitute a positive force in shaping the continuing process of social evolution.

01206

0228527 83110987

**Validity of the Minnesota Multiphasic Personality Inventory (MMPI) to psychopathology in patients with epilepsy.**

Dikmen S; Hermann BP; Wilensky AJ; Rainwater G  
J Nerv Ment Dis ,Feb 1983, 171 (2) p114-22. ISSN  
0022-3018 Journal Code: JAF

Contract/Grant No.: 1-NS-6-2341; HS-04146; OS-H-000150-11

Languages: ENGLISH

Information regarding the sensitivity of the Minnesota Multiphasic Personality Inventory (MMPI) to psychopathology and the meaning of MMPI elevations in neurological patients, particularly in those with epilepsy, is of both theoretical and clinical concern. Such information has a particular relevance to the temporal lobe epilepsy-psychopathology controversy. In order to investigate evidence for increased psychopathology as a function of complex partial seizures (temporal lobe epilepsy in the old nomenclature), three groups of epilepsy patients differing in seizure type were compared on the MMPI. No supportive evidence was present for such an association. Second, the sensitivity of the MMPI to psychopathology was examined by comparing three groups of epilepsy patients differing in history of psychiatric problems. The results clearly indicated that the MMPI is sensitive to psychopathology in patients with epilepsy. Finally, the Sc scale was examined in relation to items descriptive of "disease-related experiences" and the psychiatric implications of endorsing such items. About one third of the items were identified as descriptive of "real experiences." Nevertheless, patients with psychiatric histories endorsed more of such items. In conclusion, the MMPI appears to be sensitive to psychopathology in epilepsy. Therefore, insensitivity of this instrument cannot be advanced as an explanation for the results of many studies that have not supported the temporal lobe epilepsy-psychopathology controversy.

0228450 83109883

**Work environments of different types of nursing subunits.**

Leatt P; Schneck R  
J Adv Nurs ,Nov 1982, 7 (6) p581-94. ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

Based upon organizational theory, the purpose of this research was to identify and describe similarities and differences in the work environments of nine different types of nursing subunits (intensive care, medical, surgical, psychiatric, auxiliary, rehabilitation, rural, paediatric and obstetrical) in hospitals. Six measures of nursing subunit environment were developed: these included measures of nursing subunit autonomy, and the complexity and pervasiveness of other medical and hospital groups interacting with the nursing subunit. Data were collected by questionnaire from headnurses in 157 nursing subunits located in 24 hospitals in Alberta, Canada. The results indicated that the types of nursing subunits were similar in their degree of autonomy from both physicians and administration in the larger context in which

they were located but were significantly different in terms of number and heterogeneity of groups outside nurses with which they interacted and the extent to which such groups pervaded the subunits. For example, intensive care units appeared as the type of nursing subunit with the greatest need for interaction with physicians, paramedics, hotel services and so on, whereas, psychiatric subunits appeared to be the least dependent on groups outside nursing in the hospital. These findings have implications for the management practices and educational programme for nursing.

0228377 83108528

**The medical assessment of seriously delinquent boys: a comparison of pediatric, psychiatric, neurologic, and hospital record data.**

Lewis DO; Shanok SS; Pincus JH; Giammarino M  
J Adolesc Health Care ,Dec 1982, 3 (3) p160-4. ISSN  
0197-0070 Journal Code: HAM

Languages: ENGLISH

This study documents a high prevalence of medical disorders, especially head and face injury, seizures, and other neurological problems in violent incarcerated adolescent delinquents. It documents the failure of three different medical specialties--pediatrics, psychiatry, and neurology--to consistently elicit significant potentially treatable disorders during routine evaluations. It explores possible causes for overlooking significant medical factors in these youngsters and proposes ways to improve the health evaluations of delinquent adolescents.

01207

0228212 83107033

**Needs for psychiatry in the general hospital.**

Strain JJ

Hosp Community Psychiatry ,Dec 1982, 33 (12) p996-1001,  
ISSN 0022-1597 Journal Code: GCJ

Contract/Grant No.: MH-1643B

Languages: ENGLISH

Thirty to 60 per cent of the patients in general hospitals suffer from significant psychological dysfunction or psychological dysfunction secondary to their medical illness. In addition to helping medically ill patients adapt to their illness and hospitalization, psychiatrists who work in general hospitals should develop the biopsychosocial model of diagnosis and management and improve the staff's capacity to detect, diagnose, and manage their patients' psychological problems. The author discusses specific needs for consultation-liaison psychiatry in the general hospital such as development of prevention scheme, case detection, continuing education programs for staff, and education groups for patients and families. He also describes structural innovations to meet the increasing demands for psychiatric services in the general hospital setting. These innovations include the establishment of a biopsychosocial data-base system and the use of screening devices, medical-psychiatric inpatient units, and medical-psychiatric aftercare clinics in ambulatory facilities.

0228211 83107032

**Consultation-liaison psychiatry at the crossroads: in search of a definition for the 1980s.**

Pasnau RO

Hosp Community Psychiatry ,Dec 1982, 33 (12) p989-95,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Consultation-liaison psychiatry did not emerge as a prominent psychiatric subspecialty until the remedicalization of the psychiatric profession in the 1970s. The author traces the history of consultation-liaison and discusses the various definitions of the subspecialty. He outlines how consultation-liaison psychiatrists work in general hospitals and medical school departments of psychiatry. The future of consultation-liaison psychiatry, the author says, depends on developments in four areas: psychosomatic research, behavioral medicine, holistic health care, and general hospital psychiatry. To ensure a bright future for the subspecialty, consultation-liaison psychiatrists must meet fiscal, research, and political challenges, make peace with other behavioral scientists, develop close relations with the nursing profession, enjoy the support of medical school departments of psychiatry, and transform the consultation model into a comprehensive consultation-liaison model.

0228206 83107025

**A mutual-performance contract to close the gap between**

**hospital and community.**

McRae J

Hosp Community Psychiatry ,Dec 1982, 33 (12) p1020-1,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0228204 83107022

**Disruptive behavior by hospitalized patients following movie viewing.**

Johnston R; Lundy BW

Hosp Community Psychiatry ,Dec 1982, 33 (12) p1015-7,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0228201 83107019

**Attitudes of nonpsychiatric physicians toward psychiatric consultation.**

Cohen-Cole SA; Friedman CP

Hosp Community Psychiatry ,Dec 1982, 33 (12) p1002-5,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

The authors report on an opinion survey of 200 nonpsychiatric attending physicians at a university teaching hospital about the process and outcome of consultation psychiatry. Over-all, physicians felt that 37 per cent of their patients had problems with significant psychological components, but that consultation was indicated for only 11 per cent. Physicians reported a high level of global satisfaction with consultations; 68 per cent were satisfied frequently or almost always. Factor analysis reduced consultees' evaluations of 18 different consultation activities to five dimensions, with patient disposition considered the most important and services to medical and ward staff the least important. Analysis of differences by specialty revealed that family medicine physicians seemed the most oriented to psychological issues and surgeons the least.

0227919 83102043

**Suicide in psychiatric in-patients.**

Copas JB; Robin A

Br J Psychiatry ,Nov 1982, 141 p503-11, ISSN 0007-1250  
Journal Code: B1K

Languages: ENGLISH

01208

0227868 83098116  
**Breaking free from institution walls.**  
Ujka M  
Am Med News ,Jan 14 1983, 26 (2) p15-6, ISSN 0001-1843  
Journal Code: 3Y5  
Languages: ENGLISH

0227860 83097325  
**The history of art therapy in a large mental hospital.**  
Kramer ES  
Am J Art Ther ,Apr 1982, 21 (3) p75-84, ISSN 0007-4764  
Journal Code: 3C9  
Languages: ENGLISH

0227841 83095505  
**Study tour in England. A psychiatrist's view.**  
Morris M  
World Hosp ,Nov 1982, 18 (4) p25-6, Journal Code: XP6  
Languages: ENGLISH

0227681 83088511  
**NAPPH seeks to shield against cuts [news]**  
Wallace C  
Mod Health Care ,Jan 1983, 13 (1) p44, 46, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0227558 83081086  
**Patient crisis, nursing stresses respond to psychiatric liaison nurse.**  
Hosp Prog ,Jan 1983, 64 (1) p26, 28, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0227398 83099691  
**A comparison of borderline and nonborderline alcoholic patients.**  
Nace EP; Saxon JJ Jr; Shore N  
Arch Gen Psychiatry ,Jan 1983, 40 (1) p54-6, ISSN  
0003-990X Journal Code: 72C  
Languages: ENGLISH

Attempts to document systemically the presence of borderline personality disorder in alcoholic patients were made in 94 alcoholic patients consecutively admitted to an inpatient alcoholism program. Operational diagnoses of borderline or not borderline used Gunderson's semistructured Diagnostic Interview for Borderlines (DIB). With the use of conservative criteria, 12.8% of alcoholic patients could be designated as

having borderline disorders. Borderline alcoholics were significantly younger and were more likely to have a history of drug abuse, suicide attempts, and accidents. Diminished satisfaction with self and family life and a greater tendency to experience craving across a variety of situations was reported.

0227397 83099690  
**Diagnosing borderline conditions in an outpatient setting.**  
Koenigsberg HW; Kernberg DF; Schomer J  
Arch Gen Psychiatry ,Jan 1983, 40 (1) p49-53, ISSN  
0003-990X Journal Code: 72C  
Languages: ENGLISH

Application of the Gunderson-Kolb Diagnostic Interview for Borderline to a population of psychiatric outpatients suggested two complicating factors in diagnosing borderline conditions in an ambulatory setting: the reduced level of borderline symptoms and the confounding presence of recompensated psychotic patients. Overlap between the Gunderson and Kernberg borderline constructs, which is relatively high in the inpatient setting, is diminished in the outpatient setting. Contrary to expectation, distinguishing borderline patients from patients with other personality disorders was not a source of difficulty.

0227396 83099689  
**Psychiatric disorders in the families of borderline patients.**  
Soloff PH; Millward JW  
Arch Gen Psychiatry ,Jan 1983, 40 (1) p37-44, ISSN  
0003-990X Journal Code: 72C  
Languages: ENGLISH

The prevalence of psychiatric disorders was studied among the families of hospitalized borderline patients, defined by Gunderson and Singer's criteria, and compared with the families of schizophrenic and depressed control patients. Among borderline probands, 38.3% have a first-degree relative with depression, 25.5% had one with pathological mood swings, and 23.4% had one with "eccentric or peculiar behavior." There was no significant increase in the prevalence of schizophrenia among the relatives of borderline patients. Depression was more prevalent in the families of schizotypal borderlines compared with unstable or mixed-pattern patients. There were no schizophrenic diagnoses among the impaired relatives of schizotypal borderlines. A relationship is suggested between affective disorder and criteria-defined borderline disorders.

01209



0227291 83098045

**Seclusion and restraint and prediction of violence.**

Phillips P; Nasr SJ

Am J Psychiatry ,Feb 1983, 140 (2) p229-32, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors studied the use of seclusion and restraint on an inpatient unit in a state psychiatric hospital. Of 69 randomly selected inpatients, 51% experienced seclusion or restraint at least once. More psychotic than nonpsychotic patients required seclusion or restraint. However, neither psychosis/nonpsychosis nor voluntary/involuntary admission status predicted the likelihood of violent threats or actions. Patients experiencing seclusion and restraint showed a nonsignificant trend toward longer mean length of stay in the hospital. The frequency of patient behavior leading to seclusion or restraint appeared to be directly related to the stimulation caused by the presence of many staff members and other patients.

0227288 83098038

**Psychiatric aspects of clinical neurology.**

Schiffer RB

Am J Psychiatry ,Feb 1983, 140 (2) p205-7, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The author assessed 241 inpatients and outpatients on a neurology service for emotional disorders, using a systematic interviewing technique. DSM-III diagnoses were established in 101 of these patients (41.9%). The author presents a descriptive assessment of the patients' emotional disorders as well as data concerning the connections between neurologic and emotional illness.

0227284 83098031

**Cross-cultural comparison of British and American psychiatric emergencies.**

Bassuk EL; Winter R; Apsler R

Am J Psychiatry ,Feb 1983, 140 (2) p180-4, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors compare patient characteristics in a psychiatric emergency setting in the United States with a similar service in the United Kingdom. They found that despite many significant differences in nonclinical variables, the severity of clinical symptoms did not differentiate between the two groups. In both countries, it was not the degree of psychopathology but the lack of an available support network, an inability to engage the patient in the system, and a history of serious chronic maladjustment that led to the majority of "emergency" visits. The authors conclude that use of an emergency service sensitivity mirrors the gaps in health care delivery.

0227282 83098029

**The genetics of schizophrenia: a reassessment using modern criteria.**

Abrams R; Taylor MA

Am J Psychiatry ,Feb 1983, 140 (2) p171-5, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors present two reasons for reassessing familial transmission of schizophrenia: recent major changes in diagnostic criteria and methodological weaknesses of older studies. Their own study of this subject employed narrowly defined, operational research criteria; prospective proband selection; semistructured family interviews; and blind, independent diagnoses of probands and relatives. For 30 schizophrenic probands they found an age-corrected morbidity risk in first-degree relatives of 1.61%, a figure that would only support familial transmission if the true population prevalence of schizophrenia were .2% or less. The authors conclude that the case for familial transmission of narrowly defined schizophrenia is weak and suggest alternative hypotheses.

0227280 83098026

**Underrecognition of patients' psychosocial distress in a university hospital medical clinic.**

Thompson TL 2d; Stoudemire A; Mitchell WD; Grant RL

Am J Psychiatry ,Feb 1983, 140 (2) p158-61, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

Seventeen areas of psychosocial distress were evaluated in 87 university hospital internal medicine clinic patients by a self-administered questionnaire and a psychiatric interview. These patients' internists then predicted the patients' distress level in each area. Their predictions correlated significantly with their patients' self-reports of distress-level problems in only 3 of the 17 areas. Even when the internists felt that they had sufficient information to make an accurate prediction, their perceptions were often erroneous, including evaluations of such areas as suicidal ideation and drug use. These data suggest the need for active psychiatric education components in internal medicine training programs.

01210

0227279 83098024

**Homicidally aggressive young children: neuropsychiatric and experiential correlates.**

Lewis DO; Shanok SS; Grant M; Ritvo E  
Am J Psychiatry ,Feb 1983, 140 (2) p148-53, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

Of 55 children admitted to a children's psychiatric service, 21 were homicidally aggressive. Psychiatric symptoms and diagnoses did not distinguish these children from the nonhomicidal children, but the homicidally aggressive children were significantly more likely to 1) have a father who behaved violently, often homicidally, 2) have had a seizure, 3) have attempted suicide, and 4) have a mother who had been hospitalized for a psychiatric disorder. The authors explore explanations for the contribution of these factors to juvenile violence.

0227236 83097556

**Contractual pharmaceutical services in a pediatric psychiatric hospital.**

Swain GA; Jeffrey LP; Purtell TJ  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2124-5, ISSN  
0002-9289 Journal Code: 310

Languages: ENGLISH

0227150 83096722

**Effects of illicit drug use in an inpatient psychiatric population.**

Alterman AI; Erdlen DL; Laporte DJ; Erdlen FR  
Addict Behav ,1982, 7 (3) p231-42, ISSN 0306-4603  
Journal Code: 2GW

Languages: ENGLISH

All 533 patients in the acute and subacute psychiatric wards of a VA psychiatric facility were evaluated by nursing staff for substance abuse history and for illicit drug use. Eighteen percent had a history of either drug or combined drug and alcohol problems, 40% had a history of alcohol abuse, and only 42% had no substance abuse problems. Fifty-six of the patients with a history of drug problems (58%) were illicitly using drugs in the hospital. They were compared with a group of 64 randomly chosen patients with no substance abuse history. Drug users were much younger and tended to be black; they had more re-admissions, even though their original hospital admission was much more recent. Eighty-three percent of both groups had a primary diagnosis of schizophrenia, but drug users were more likely to be diagnosed paranoid schizophrenic. The groups did not differ significantly in treatment status and progress, except that drug users were more likely to exhibit marked mood changes. Half of the drug users were taking drugs three or more times weekly. Marijuana use was by far the most common substance observed. Ten consequences of drug use occurred in at least one-third of the users on a regular basis, the most common effects being negative attitudes toward treatment.

cliquishness, secretiveness, and a need for greater supervision. The treatment problems and effects of drug use were much more serious for about half of the drug users than for the others.

0227144 83096616

**[Interventions with a patient in a psychologic or social crisis in the hospital of the psychiatric district]**

Interventions chez le patient en etat de crise psychologique ou sociale a l'hopital et au secteur.

Corten P; Pelc I; Vermeylen J  
Acta Psychiatr Belg ,Mar-Apr 1982, 82 (2) p181-94, ISSN  
0300-8967 Journal Code: 1VM

Languages: FRENCH Summary Languages: ENGLISH

Three questions have been analysed in the study on patients in a state of psychosocial crisis: Who is coming? Who is intervening? Where are they sent? Three epidemiological studies have been taken into account: one study on 16 medical surgical centers in Brussels, the second study on two public emergency services linked to psychiatric services and the third one on a psychiatric district of a popular suburb in Brussels. The study stresses the importance of alcoholism and analyses the differences in population, intervention and response brought by the hospital or the district.

0227143 83096614

**[Intentions and realizations of hospital planning in psychiatry]**

Intentions et realisations de la programmation hospitaliere en psychiatrie.

Brunson W; Parent M  
Acta Psychiatr Belg ,Mar-Apr 1982, 82 (2) p147-67, ISSN  
0300-8967 Journal Code: 1VM

Languages: FRENCH Summary Languages: ENGLISH

Hospital planning: why? how? from when? in which frame? These are the questions raised in this article. A historical review is made for the criteria used in hospital planning today. The most important steps are related to changes in hospital psychiatry policy: creation of open services in 1960, integration of psychiatric services in the law on hospitals and development of outpatient services in 1970. The authors emphasize the difficulties in planning because of services overlapping and economic difficulties. The outpatients services and the services for "handicapped" should also be part of a general planning. The problems of coordination between these sectors both for planning and functioning are also raised in this article.

01211

0226937 83093417  
**A contrast of dental consultation utilization between two different hospitals.**  
Redding SW; Veazey DA  
Spec Care Dentist ,Nov-Dec 1982, 2 (6) p260-2, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0226735 83090497  
**Developing nurse managers: a practical approach.**  
Edmonstone JD  
Nurs Times ,Nov 17-23 1982, 78 (46) p1951-2, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0226682 83089938  
**Thanatology review in a psychiatric facility.**  
Rothman G; Saunders JM  
QRB ,Oct 1982, 8 (10) p5-10, ISSN 0097-5990 Journal  
Code: DKP  
Languages: ENGLISH

0226591 83089451  
**Depression in psychiatric admissions to a military medical center.**  
Levine ME  
Mil Med ,Sep 1982, 147 (9) p752-5, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0226463 83088065  
**The Supreme Court and institutions: a comment on Youngberg v. Romeo.**  
Ellis JW  
Ment Retard ,Oct 1982, 20 (5) p197-200, Journal Code:  
MTW  
Languages: ENGLISH

0226817 83091698  
**Incidence of wife-battering in male psychiatric hospital patients: are special treatment programs needed?**  
Watson CG; Rosenberg AM; Petrik N  
Psychol Rep ,Oct 1982, 51 (2) p563-6, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

0226807 83091668  
**A hostel-ward for 'new' long-stay patients: an evaluative study of 'a ward in a house'.**  
Wykes T  
Psychol Med ,1982, Suppl p57-97, ISSN 0033-2917  
Journal Code: QER  
Languages: ENGLISH

00566

0226872 83092901  
**What are the needs of chronic mental patients?**  
Peterson R  
Schizophr Bull ,1982, 8 (4) p610-6, ISSN 0586-7614  
Journal Code: UDH  
Languages: ENGLISH  
A former long-term resident of a state psychiatric hospital describes the obstacles to successful re-entry into the community. Among the problems facing chronic mental patients in the community are housing, loneliness, absence of choice, lack of meaningful activity, and unrealistic expectations of others. Fountain House, a clubhouse model program, run by its members and staff, provides the emotional and practical support necessary for patients to become a contributing part of the general community.

0226818 83091703  
**Ability, training performance, and demographic factors in voluntary turnover among psychiatric aides.**  
Distefano MK Jr; Pryer MW  
Psychol Rep ,Oct 1982, 51 (2) p619-22, ISSN 0033-2941  
Journal Code: QF6  
Languages: ENGLISH

01212

0226362 83087358

**Paths and gates: the sources of recidivism and length of stay on a psychiatric ward.**

Gruber JE  
Med Care ,Dec 1982, 20 (12) p1197-208, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

Four "pathway" (age, sex, social class, and number of dependents) and three "gatekeeper" (previous admission, previous ward terms, and severity of patient disorder) variables are used to predict recidivism rates and lengths of stay for patients admitted to a psychiatric ward in a general hospital during a 1-year period. There were three major findings. First, the gatekeeper variables were, by themselves, useful for predicting length of stay; additional information, in the form of the pathway variables, was needed to adequately explain differences in recidivism. Second, while most of the effects on recidivism were direct, most of the effects on length of stay were indirect or mediated through the variable of the severity of patient problems. Third, it was discovered that recidivism and length of stay are inversely related: patients with high recidivism rates, for example, tend to have relatively short average lengths of stay. Based on four patterns of recidivism and length of stay, a typology was developed to facilitate a better understanding of patient behavior.

0226306 83086098

**Comprehensive health care for the elderly.**

Fisk AA  
JAMA ,Jan 14 1983, 249 (2) p230-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Health care for the elderly in the United States remains fragmentary and noncomprehensive despite concern for the needs of an expanding elderly population and a new emphasis on geriatrics. Model health care programs for the elderly have been few and not generally applicable to central city populations. A model health care program has been designed to offer a continuum of comprehensive, multidisciplinary health care to Milwaukee elderly. An acute care unit for the elderly, rehabilitation-oriented nursing home, outpatient clinic, home care service, outreach clinics, rehabilitation day hospital, Alzheimer's Disease Day Care program, and acute geriatric psychiatric unit have been developed and integrated into one continuum of care. The program serves chiefly the frail elderly, who are demonstrated to be markedly impaired physically, mentally, and socially, requiring the services of multiple professionals to enable the patients to achieve maximum independence. Alternatives to institutionalization are emphasized, and geriatric education and research programs are part of the model program.

0226178 83085036

**Adhocracy as an organizational structure in a psychiatric institution.**

Bishop JK  
J Nurs Adm ,Jan 1983, 13 (1) p20-4, ISSN 0002-0443  
Journal Code: JEL  
Languages: ENGLISH

0226169 83084836

**Process analysis of two dimensions of the negotiated approach in relation to satisfaction in the initial interview.**

Eisenthal S; Koopman C; Lazare A  
J Nerv Ment Dis ,Jan 1983, 171 (1) p49-54, ISSN 0022-3018  
Journal Code: JAF  
Contract/Grant No.: MH-22922; MH-14246  
Languages: ENGLISH

This study examined relationships between patient and clinician satisfaction ratings and the use of a negotiated approach to the initial psychiatric interview. Two dimensions of the negotiated approach were distinguished--mutuality in making treatment decisions and mutuality in communicating explanatory information. Forty-four patients sampled from a larger pool of 158 patients in a walk-in clinic of a large, urban general hospital participated in the study. At the conclusion of clinical interviews, three kinds of satisfaction ratings were obtained--those of patients' satisfaction, clinicians' perceptions of patients' satisfaction, and clinicians' own satisfaction. Transcripts of patients' audiotaped interviews with these clinicians were independently rated on each of the 10 negotiated approach process measures, comprising five measures of each process dimension. Patient satisfaction was found to be associated with explanatory processes--being given clear and complete explanations concerning the recommended treatment plan, its rationale, and its link to the patient's complaints, and with decision-making processes--stating a request before the start of the disposition phase and having the clinician pursue consensus with the patient on the clinician's recommended treatment plan. None of the negotiation variables was significantly correlated with clinician satisfaction. Moreover, clinicians appeared to be inaccurate in their perception of the sources of patient satisfaction. The study's findings suggest that two sources of strain between the clinician and the patient that may adversely affect the outcomes of their initial interview are the divergence in their value systems concerning initial interview processes and the clinician's misreading of the patient's perspective.

01213

0226060 83083705

**Suicidal behavior in latency-age psychiatric inpatients: a replication and cross validation.**

Pfeffer CR; Solomon G; Plutchik R; Mizruchi MS; Weiner A  
J Am Acad Child Psychiatry ,Nov 1982, 21 (6) p564-9, ISSN 0002-7138 Journal Code: H54  
Languages: ENGLISH

0225992 83083236

**MMPI correlates of the BEM Sex Role Inventory and Extended Personal Attributes Questionnaire in a male psychiatric sample.**

Evans RG; Dinning WD  
J Clin Psychol ,Oct 1982, 38 (4) p811-5, ISSN 0021-9762  
Journal Code: HTJ  
Languages: ENGLISH

Obtained normative data and MMPI correlates of two measures of sex role orientation (Bem Sex Role Inventory and Extended Personal Attributes Questionnaire) in a sample of male psychiatric inpatients (N = 55). Means and subscale intercorrelations similar to those found in college samples were found for each sex role scale. With regard to self-reports of psychopathology, desirable masculine traits generally were related positively to adjustment, undesirable masculine and feminine traits were related negatively, and desirable feminine traits were unrelated to pathology. No consistent sex role correlates with MMPI MF were found, contrary to previous research with normal groups.

0225991 83083235

**Comparison among inpatients, outpatients, and normals on three self-report depression inventories.**

Byerly FC; Carlson WA  
J Clin Psychol ,Oct 1982, 38 (4) p797-804, ISSN 0021-9762 Journal Code: HTJ  
Languages: ENGLISH

Used the Beck Depression Inventory, Form E of the Depression Adjective Check Lists and also the Generalized Contentment Scale to measure depression in 219 Ss, who included inpatients, outpatients, and normals. Data were analyzed using t-test comparisons of means using Bonferroni procedures. Results indicated that depression was significantly greater (for all three depression measures, patient-normal differences were significant at p less than .000) in a general psychiatric patient sample than in a normal group. Inpatients were not found to be more depressed than outpatients, and females did not indicate greater depression than males. The expectation that patients diagnosed depressed would score higher on self-report depression scales than patients not diagnosed depressed received partial support. Kuder-Richardson reliabilities computed for the depression inventories were judged to be acceptably reliable. Concurrent validity was appraised by computing Pearson product-moment correlations for the scales on each of the samples. All correlations were

positive and significant at p less than .002.

0225962 83082676

**Depression in children: relationship between plasma imipramine levels and response.**

Preskorn SH; Weller EB; Weller RA  
J Clin Psychiatry ,Nov 1982, 43 (11) p450-3, ISSN 0160-6689 Journal Code: HIC  
Contract/Grant No.: MH-00272  
Languages: ENGLISH

The effects of imipramine treatment and plasma drug levels were studied in 20 prepubertal children (16 males, 4 females; age range 7-12 years) hospitalized for major depressive disorder (DSM-III criteria). No change in symptomatology was seen after 2 weeks of individual/group/family psychotherapy, but 12 children experienced a remission within 6 weeks of beginning imipramine. Response to the drug was concentration-dependent; of the children who achieved total tricyclic (imipramine plus desipramine) plasma levels of 125-225 ng/ml, 92% responded, compared with 25% of those outside this range. Antidepressant response was correlated both with total tricyclic plasma levels and with plasma desipramine levels (r = 0.72 and 0.56, respectively), but not with plasma levels of imipramine alone.

0225941 83082233

**A survey among hospitalized psychiatric patients. The perils of polypharmacy and copharmacy.**

Siomopoulos V; Godbole A  
IMJ ,Nov 1982, 162 (5) p430-3, ISSN 0019-2120 Journal Code: HAJ  
Languages: ENGLISH

0225899 83081987

**Therapeutic diets in a psychiatric hospital.**

Bray GD  
Health Bull (Edinb) ,Sep 1982, 40 (5) p228-33, ISSN 0374-8014 Journal Code: G1Y  
Languages: ENGLISH

01214

0225889 83081944

**Psychiatric mental health nursing consultation: a two-model system in a general hospital.**

Hart CA

Issues Ment Health Nurs .Apr-Jun 1982, 4 (2) p127-47.  
ISSN 0161-2840 Journal Code: GY7  
Languages: ENGLISH

0225877 83081825

**Anxiety and depression in general and psychiatric nurses: a comparison.**

de Leo D; Magni G; Vallerini A

Int J Nurs Stud ,1982, 19 (3) p173-5, ISSN 0020-7489  
Journal Code: GSB  
Languages: ENGLISH

0225876 83081824

**Treatment of schizophrenic patients in their homes through a visiting nurse- some issues in the nurse's training.**

Pai S; Nagarajaiah

Int J Nurs Stud ,1982, 19 (3) p167-72, ISSN 0020-7489  
Journal Code: GSB  
Languages: ENGLISH

0225825 83081213

**A review of solvent abusers and their management by a child psychiatric out-patient service.**

Skuse D; Burrell S

Hum Toxicol ,Jul 1982, 1 (3) p321-9, ISSN 0144-5952  
Journal Code: GFR  
Languages: ENGLISH

0225535 83078043

**Study of behavioral factors associated with psychiatric rehospitalization.**

Morell MA; Levine M; Perkins DV

Community Ment Health J ,Fall 1982, 18 (3) p190-9, ISSN 0010-3853 Journal Code: DNH  
Contract/Grant No.: MH 08060  
Languages: ENGLISH

Archival data from daily logs maintained at a private proprietary home were tracked from four to 29 weeks prior to psychiatric rehospitalization for ten deinstitutionalized adult females and ten nonhospitalized controls. Three raters coded behavioral incidents into ten categories. The rehospitalized women had significantly more incidents than did the controls, including more affective disturbances (depression, anxiety, anger, and interpersonal concerns) and more attempts to secure psychiatric rehospitalization. The rehospitalized groups also exhibited symptomatic behavior for

a greater number of weeks than did the control group, suggesting that the symptom pattern was probably detectable long before rehospitalization was necessary. Peaks in incidence frequency often occurred several weeks prior to rehospitalization.

0225468 83076833

**Course and outcome in affective disorders.**

Bland RC; Orm H

Can J Psychiatry ,Nov 1982, 27 (7) p573-8, ISSN 0706-7437 Journal Code: CLR  
Languages: ENGLISH

0225431 83076542

**[Can psychiatric hospitals be abolished?]**

Faut-il supprimer les hopitaux psychiatriques?

Baruk H

Bull Acad Natl Med (Paris) ,Jun 1982, 166 (6) p797-9, ISSN 0001-4079 Journal Code: B8G  
Languages: FRENCH

01215

0225360 83075529

**Quieting response training: treatment of psychophysiological disorders in psychiatric inpatients.**

Ford MR; Stroebel CF; Strong P; Szarek BL  
Biofeedback Self Regul ,Sep 1982, 7 (3) p331-9, ISSN  
0363-3586 Journal Code: A15

Languages: ENGLISH

Self-regulation methods incorporating biofeedback are known to be useful in the treatment of psychophysiological disorders in psychologically normal patients. In this study, the effectiveness of Quieting Response (QR) training for the treatment of secondary psychophysiological complaints in psychiatric inpatients was assessed. Ten male and 27 female inpatients with a variety of secondary psychophysiological diagnoses were accepted into the study. Severely disturbed, confused, or depressed patients were excluded. All patients received QR training, which integrated EMG (electromyogram) and thermal feedback with breathing, progressive relaxation, and autogenic exercises. Daily practice of a 15-minute sequence of exercises was encouraged, and a 6-second reinforcement exercise was presented for use whenever an annoyance was encountered. No other therapeutic modalities were employed. Patients were followed for up to 2 years, and outcome was assessed with a multifactor quartile system. Rate of success at final follow-up for the inpatients (51%) was found to be equivalent to that of outpatients coming to the clinic with primary psychophysiological diagnoses (55%) and was not related to psychiatric diagnosis or nature of presenting complaint. Stepwise discriminant analysis indicated that older, less depressed individuals were more successful. Inpatients differed from nonpsychiatric patients only in the number of additional sessions received. Only one minor incident of increased psychopathology was observed. It was concluded that QR training was as effective for treating secondary psychophysiological disorders in all but the most severely disturbed inpatients as it was for the outpatient clinic population.

0225339 83074960

**The chronically mentally disabled and "deinstitutionalization".**

Archer J; Gruenberg EM  
Annu Rev Public Health ,1982, 3 p445-68, ISSN 0163-7525  
Journal Code: ABA  
Languages: ENGLISH  
(86 Refs.)

0225100 83066317

**Suicide in a psychiatric population.**

Rabiner CJ; Wegner JT; Kane JM  
Psychiatr Hosp ,Spring 1982, 13 (2) p55-9, Journal  
Code: Q9X  
Languages: ENGLISH

0225096 83066313

**The post-hospital adjustment of psychiatric patients: a six-month follow-up survey.**

Targum SD; Capodanno AE; Unger S  
Psychiatr Hosp ,Spring 1982, 13 (2) p35-9, Journal  
Code: Q9X

Languages: ENGLISH

0224952 83056341

**Side effects and lack of complaint in psychiatric outpatients.**

Forrester RL; Norton JC  
Hosp Formul ,Sep 1982, 17 (9) p1228-30, 1235, ISSN  
0098-6909 Journal Code: G96  
Languages: ENGLISH

0224886 83055448

**Bilingualism of a different order.**

Loughlan M  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p50, ISSN  
0226-5788 Journal Code: GKM  
Languages: ENGLISH

0224820 83055201

**Specific criteria promote QA at psychiatric facility [interview]**

Greenspan J  
Hosp Peer Rev ,Jul 1982, 7 (7) p85, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

01216

0224603 83073852

**[Evaluation of community care of psychiatric patients. Results of 4 years' scientific association with the building phase of the Mannheim model]**

Evaluation gemeindenaher Versorgung psychisch Kranker. Ergebnisse von 4 Jahren wissenschaftlicher Begleitung der Aufbauphase des Mannheimer Modells.

Hafner H; an der Heiden W

Arch Psychiatr Nervenkr ,1982, 232 (1) p71-95, ISSN 0003-9373 Journal Code: 8DE

Languages: GERMAN Summary Languages: ENGLISH

The implementation of a community mental health service in Mannheim (FRG), a city with 315,000 inhabitants, is being evaluated by means of the data of the Cumulative Psychiatric Case Register at the Central Institute of Mental Health. Within a four-year period of extending services for crisis intervention and emergency care, aftercare (sheltered apartments, homes, workshops) and of providing psychiatric beds in the city, the total number of treatment episodes has increased by more than 100% from about 1.1 to about 2.2 per 1000 inhabitants aged over 14, mainly at the out-patient level of care. Admissions to hospital showed an increase of about 40% whereas bed occupancy remained stable at a rate of about 1.7/1000-respectively 1.3/1000 if beds provided by a psychogeriatric nursing home are deducted. This development can be attributed to various factors: (1) A true increase of morbidity may occur mainly in diagnostic groups I.C.D. No.300, 301, 305-308, especially an increase in attempted suicides and in alcohol- and drug-related diseases. (2) The increased provision of help, mainly on the sector of crisis intervention and emergency care and - in diagnostic categories - mainly in minor neurotic disorders, crises, and affective psychoses, has resulted in a large rise in utilization. (3) The continuous decrease of long-term hospital stays, above all in schizophrenic patients, has led to increased utilization of out- and in-patient services in the community when crises and relapses occurred. A comparison of two cohorts of "old" and "new" patients, the latter having accumulated under the conditions of a community mental health service, has shown that these patients are admitted for a long-term hospital stay considerably later and less frequently than formerly, mostly only after several attempts for rehabilitation. In the group of schizophrenic patients, only about 5% of all first admissions stayed in a psychiatric hospital for more than one year in 1979/80. About the year 1900, this group had still amounted to between 60% and 70%. A comparison with evaluations of comprehensive community care systems in other countries shows that there are largely identical trends, although the initial rate for psychiatric beds was comparably lower in Mannheim.

0224602 83073845

**Association between changes in psychiatric services and increases in suicide rates.**

Bjarnason O

Arch Psychiatr Nervenkr ,1982, 232 (1) p15-23, ISSN

0003-9373 Journal Code: 8DE

Languages: ENGLISH

The purpose of the study is to discover whether there is an association between changes in the psychiatric services offered by the largest psychiatric hospital in Iceland during the period 1955-1978 and changes in the rate of suicide. Marked changes occurred in the services after 1965. The rate of suicide in the patient population was significantly higher during 1965-1978 than during 1955-1964. It is concluded that the changes in the psychiatric services are associated with an increase in the rate of suicide and that this increase may to some extent be a side effect of therapeutic methods introduced after 1965. The conclusion is thought to imply the necessity for further evaluation of those therapeutic methods as applied in the hospital and increasing the application of measures for the prevention of suicide.

0224596 83073760

**Variability in rates of affective disorders in relatives of depressed and normal probands.**

Weissman MM; Kidd KK; Prusoff BA

Arch Gen Psychiatry ,Dec 1982, 39 (12) p1397-403, ISSN 0003-990X Journal Code: 72C

Contract/Grant No.: MH 28274

Languages: ENGLISH

Familial studies of depressed probands vary in the absolute rates of affective disorders in relatives. In a study of 215 mild and severely depressed nonbipolar major depressives and normal probands and 1,331 adult first-degree relatives, attempts were made to account for the sources of variance. The results demonstrated familial aggregation, although degree of aggregation of absolute rates of affective disorders varied among relatives according to the definition of depression used for the relatives, the source of data, and the composition of the relative sample. Despite this variability, the magnitude of the difference in rates between relatives of the normal persons and of the depressed probands remained constant. The rates of affective disorders were always higher in the relatives of the depressed than in the relatives of the normal probands. The magnitude of the difference in rates of depression between the relatives of the depressed subjects and the relatives of the normal probands ranged approximately between twofold and fivefold.

01217



0224577 83073395

**Prevalence of autism and related conditions in adults in a mental handicap hospital.**

Shah A; Holmes N; Wing L  
Appl Res Ment Retard ,1982, 3 (3) p303-17, ISSN  
0270-3092 Journal Code: 6KL

Languages: ENGLISH

The proportions of subjects with severe social impairment and those retaining the features of childhood autism were investigated in a population of mentally retarded adults in a long-stay hospital. The results confirmed the findings of an earlier study of mentally retarded children (Wing & Gould, 1979) that the administrative category of mental retardation includes a substantial minority of people with severe impairment of two-way social interaction. Such social impairment occurred in 38% of the adult population and was very significantly associated with abnormalities of communication and imaginative activities. Muteness, repetitive stereotyped behaviour, including repetitive speech, and a range of behaviour problems also occurred more frequently in the socially impaired group. Two methods of sub-classifying the socially impaired were compared. Classification based on the severity of social impairment gave more statistically significant associations with behavioural and psychological variables than did a method based on the presence or absence of typical autism. The implications of these findings and their relevance for management and planning of services for the mentally retarded were briefly discussed.

00567

0224486 83072198

**Depressive phenomenology in North and South American patients.**

Escobar JI; Gomez J; Tuason VB  
Am J Psychiatry ,Jan 1983, 140 (1) p47-51, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors assessed patients newly admitted to two North American health centers and one South American (Colombian) center according to a standardized protocol, with a structured interview, a symptom checklist, and a depression scale. The patients were suffering from major depressive disorders with endogenous features. There was an impressive similarity in symptoms of depression across cultures, supporting the idea of a universal core depressive syndrome. However, somatization indexes, psychomotor components of depression, and levels of psychopathology differed between U.S. and Colombian samples. The authors offer a general discussion of potential determinants of these cross-cultural differences.

0224485 83072195

**Predictors of assaultiveness in latency age children.**

Pfeffer CR; Plutchik R; Mizruchi MS  
Am J Psychiatry ,Jan 1983, 140 (1) p31-5, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

The authors evaluated the presence of assaultive behavior in 103 children, aged 6-12 years, seen in the psychiatric inpatient and outpatient services of a municipal hospital. No racial or ethnic differences were found. Boys were significantly more assaultive than girls and used fire setting and hitting with objects more often. Inpatients were significantly more assaultive than outpatients. Children with conduct disorders, specific developmental disorders, and mental retardation were more assaultive than those with neurotic disorders. Multiple regression analysis showed that the child's past aggressive behavior, absence of anxiety and depression, and parental assaultive behavior were the best predictors of assaultive behavior.

0224478 83072153

**Chronic phencyclidine abuse and physical assault.**

Khajawall AM; Erickson TB; Simpson GM  
Am J Psychiatry ,Dec 1982, 139 (12) p1604-6, ISSN  
0002-953X Journal Code: 3VG

Languages: ENGLISH

When the authors investigated aggressive behavior on a phencyclidine (PCP) detoxification and rehabilitation unit and compared similar types of behavior on a heroin unit, they found no differences between the two units. The urinary PCP levels of a subgroup of 75 patients admitted to the PCP unit who had PCP-positive urine were significantly higher than those of 75 patients admitted to an acute psychiatric ward because of violent behavior who also had PCP-positive urine. The authors discuss the implications of these findings and the need for more information on the relationship between PCP levels in blood and urine and behavior.

01218

0224418 83071801

**Vitek v. Jones: transfer of prisoners to mental institutions.**

Gottlieb NR  
Am J Law Med ,Summer 1982, 8 (2) p175-207. ISSN  
0098-8588 Journal Code: 3IP  
Languages: ENGLISH

In *Vitek v. Jones*, the United States Supreme Court interpreted the due process clause as requiring that certain procedures be followed before transferring prisoners to mental institutions. This Note analyzes the Court's reasons for concluding that the existing transfer procedures embodied in the state's commitment statutes infringed on the prisoner's liberty interests and, therefore, were constitutionally inadequate. It finds that not only was one of the grounds used by the Court to find a constitutionally protected liberty; inappropriate, but the calculus that the Court employed in mandating additional procedures was incorrect. This Note suggests alternative methods of holding the statutes unconstitutional, methods that would not lead to markedly different procedures for committing prisoners and civilians. Finally, the Note examines the procedures that the Court actually prescribed and discusses their implementation.

0224836 83070851

**Relationship between country of birth and psychiatric admissions in Western Australia.**

Burvill PW; Reymond J; Stampfer H; Carlson J  
Acta Psychiatr Scand ,Oct 1982, 66 (4) p322-35. ISSN  
0001-690X Journal Code: 1VY  
Languages: ENGLISH

The rates of admissions in 1976-78 to all hospitals in Western Australia, both psychiatric and non-psychiatric, of patients with a primary psychiatric diagnosis were analysed specifically for country of birth and whether they lived in Perth or in country areas. Eastern European migrants had the highest hospitalization rates, and Southern European migrants the lowest. Rates for schizophrenia were high in the Eastern Europeans, and for alcoholism low in Southern European and Asian females and high in Northern European males. The United Kingdom migrants were most like the Australian born in regards to admission rates, diagnostic composition, and in the distribution of hospitalization patterns between psychiatrists and non-psychiatrists. Women, especially Southern European, in the country areas are at special risk to be admitted for neurosis/personality disorder.

0224121 83067607

**[Relationship with patients in psychiatric hospitals]**

La relation au malade en hospital psychiatrique.  
Sevelle C  
Soins Psychiatr ,Sep 1982, (23) p43-7. ISSN 0241-6972  
Journal Code: UUU  
Languages: FRENCH

0224079 83067386

**Factors determining the use of the emergency recommendation for compulsory psychiatric care.**

Masterton G; Gallagher J; Timbury GC  
Scott Med J ,Oct 1982, 27 (4) p318-22. ISSN 0036-9330  
Journal Code: UJK  
Languages: ENGLISH

The factors determining the use of Section 31 admissions and reclassifications at a district psychiatric hospital were investigated prospectively over an eight month period. Thirty-six per cent of patients failed to meet the criteria laid down for full detention and, particularly with reclassification, Section 31 was invoked to secure treatment. While the Emergency Recommendation is not used as the legislators intended, a seven day detention order appears more relevant to modern psychiatric practice than the full detention procedure.

0224067 83067293

**[Consultation and liaison psychiatry--a contribution to the holistic thinking in medicine]**

Konsiliar- und Liaisonpsychiatrie--ein Beitrag zum ganzheitlichen Denken in der Medizin?  
Wildbolz A

Schweiz Arch Neurol Neurochir Psychiatr ,1982, 131 (1)  
p81-8. ISSN 0036-7273 Journal Code: UDS  
Languages: GERMAN Summary Languages: ENGLISH

After some introductory remarks about consultation and liaison psychiatry, the psychiatric consultation and liaison service in the general university hospital of Bern is presented. It has a statistically expressible exterior activity and an interior activity. It gives its contribution to holistic medical thinking in the fields of patient care, teaching, research, expertising and public relations. Problems of integration of consultation and liaison psychiatry and their possible overcoming are discussed on the base of two other studies of this author. The importance of creating psychiatric services in general hospitals is emphasized.

01219

0224066 83067288

**[Suicide in patients of an ambulatory psychiatric service (study of 34 suicides from 1973 to 1980 at the University Psychiatric Polyclinic in Lausanne)]**

Le suicide chez les patients d'un service psychiatrique ambulatoire (Etude de 34 suicides de 1973 a 1980 a la Polyclinique psychiatrique de Lausanne).

Schneider PB

Schweiz Arch Neurol Neurochir Psychiatr ,1982, 131 (1) p133-46, ISSN 0036-7273 Journal Code: UDS

Languages: FRENCH Summary Languages: ENGLISH

The study of 34 suicides who were in treatment in an ambulatory psychiatric service reveals a predominance of psychotics. Critical description of the treatment, the psychological factors leading up to the suicide (importance of professional conflicts) and the attitude of the physicians. Relationship between the depressive state and the presuicide syndrome. Remarks on foreseeing suicide and on the psychological repercussions on the psychiatrist.

0224040 83066904

**Time-limited action-oriented psychotherapy in a general hospital with focus on separation: follow-up of twelve patients.**

McCormick ES; Warren DS; Zucker JM

RI Med J ,Oct 1982, 65 (10) p411-7, ISSN 0363-7913 Journal Code: TDY

Languages: ENGLISH

0223949 83065927

**International comparison of the prevalence of psychosomatic disorders in schizophrenic patients.**

Ramsay RA; Krakowski AJ; Rydzynski Z; Jarosz M; Engelsmann F; Ananth J

Psychother Psychosom ,1982, 38 (1) p206-20, ISSN 0033-3190 Journal Code: QHA

Languages: ENGLISH

An epidemiological survey was carried out in Montreal (Canada), Plattsburgh (USA) and Lodz (Poland) to test the hypothesis that certain psychosomatic disorders show a low lifetime prevalence in schizophrenic patients (total n = 665).

The same method for collection and evaluation of demographic and clinical data was used in order to establish the lifetime prevalence of peptic ulcer (PU), bronchial asthma (BA), neurodermatitis (ND) and rheumatoid arthritis (RA) in the patients as well as in their nuclear families. Low values of lifetime prevalence were found in schizophrenic patients in chronic hospitals as compared with those in general-university hospitals. Similarities were found in age- and sex-related patterns of these psychosomatic disorders in both samples. However, PU showed higher prevalence, and BA, ND and RA showed lower prevalence in the Polish sample.

0223938 83065816

**[The inpatient group in a psychiatric clinic--structure, interaction regulations, patient judgments]**

Die Stationsgruppe in einer psychiatrischen Klinik--Struktur, Interaktionsregeln, Patientenurteile.

Schmidt LG

Psychiatr Prax ,Sep 1982, 9 (5) p138-44, ISSN 0303-4259 Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

Structure and functioning of a group therapy comprising all patients of a psychiatric ward is described in terms of psychoanalytic and group dynamics, behaviour therapy and cognitive psychology. 34 acutely-ill patients with heterogenic diagnoses reported their experiences with this group technique at day of discharge. Aims of therapy are discussed in respect of desired effects and risks for delusional patients. This psychotherapeutic procedure with inpatients is conceived as part of "psychiatric psychotherapy".

0223935 83065810

**The role of the arbitration process in changing mental illness and mental retardation systems.**

Ladimer I

Psychiatr Q ,Summer 1982, 54 (2) p123-37, ISSN 0033-2720 Journal Code: QBP

Languages: ENGLISH

0223928 83065778

**[Treatment of alcohol-dependent patients in Rostock]**

Behandlung alkoholabhängiger Patienten in Rostock.

Friemert K; Schmitz K; Herbst A; Heydenreich A

Psychiatr Neurol Med Psychol (Leipz) ,Sep 1982, 34 (9) p544-53, ISSN 0033-2739 Journal Code: QAZ

Languages: GERMAN Summary Languages: ENGLISH

In the first part of the paper is reported on differential-therapeutic experiences in the hospital treatment of 307 alcoholics with disulfiram R, Lithium R and Apomorphine R as monotherapy as well as in combined application. Our investigations show that neither lithium R nor apomorphine R have ascertained advantages to the monotherapy with Disulfiram R. An improvement of the still unsatisfactory number of success is to be achieved in the first place by an optimization of the after-care by means of a close sociotherapeutic and if necessary psychotherapeutic care, possibly in special outpatient departments. In the second part of the paper is reported on first experiences.

01220

0223894 83064736  
**Pacemakers: home sweet hospital.**  
Sadler C  
Nurs Mirror ,Dec 1 1982, 155 (22) p54-6, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223892 83064732  
**Alcoholism: on the rocks.**  
Bellamy N  
Nurs Mirror ,Dec 1 1982, 155 (22) p41-2, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223749 83063957  
**Analysis of alcoholism facilities' compliance with JCAH standards.**  
Downey JE; Weedman RD; Graveline K  
QRB ,Sep 1982, 8 (9) p27-8, ISSN 0097-5990 Journal  
Code: OKP  
Languages: ENGLISH

0223634 83063662  
**Supportive care in the community.**  
Gillespie J  
Nurs Focus ,Nov 1982, 4 (3) p9, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0223632 83063660  
**Cheadle Royal--a hospital of contrasts.**  
Comer S  
Nurs Focus ,Nov 1982, 4 (3) p6-7, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0223565 83063054  
**[Data on the structure of neurologic inpatient care centers in West Germany]**  
Daten zur Struktur neurologischer stationärer Versorgungseinrichtungen in der Bundesrepublik.  
Mertens HG; Kappos L; Heitmann R; Seibold-Heitmann S  
Nervenarzt ,Oct 1982, 53 (10) p589-97, ISSN 0028-2804  
Journal Code: NWS  
Languages: GERMAN

0223477 83062012  
**From institution to community residence: behavioral competencies for admission and discharge.**  
Bock WH; Joiner LM  
Ment Retard ,Aug 1982, 20 (4) p153-8, Journal Code:  
MTW  
Languages: ENGLISH

0223445 83061371  
**Psychiatric patients who stick [editorial]**  
Lancet ,Nov 20 1982, 2 (8308) p1135-6, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0223337 83059729  
**Standards of care for the critically injured pediatric patient.**  
Ramenofsky ML; Morse TS  
J Trauma ,Nov 1982, 22 (11) p921-33, ISSN 0022-5282  
Journal Code: KAF  
Languages: ENGLISH

0223286 83059382  
**Developing an outcome audit for a child psychiatric inpatient unit.**  
Scharer KM  
J Psychosoc Nurs Ment Health Serv ,Nov 1982, 20 (11)  
p27-34, ISSN 0279-3695 Journal Code: JUW  
Languages: ENGLISH

01221

0223138 83057794

**Medical care in a geriatric psychiatry unit: impact on psychiatric outcome.**

Weingarten CH; Rosoff LG; Eisen SV; Grob MC  
J Am Geriatr Soc ,Dec 1982, 30 (12) p738-43, ISSN  
0002-8614 Journal Code: H6V

Languages: ENGLISH

The medical care of 49 randomly selected patients admitted to a geriatric psychiatry evaluation unit was assessed to determine the impact on psychiatric care and outcome. Medical factors were identified as directly causing psychiatric symptoms in 12 of the 49 cases, whereas psychiatric decompensation was precipitated by medical illness in 25. Previously undiagnosed significant medical problems were found in ten patients. In 25 cases concomitant medical illness had a major effect on psychiatric treatment, and in 23 the course of the medical illness affected psychiatric outcome. Seventy-nine per cent of the patients had at least moderately improved at the time of discharge, and most were able to return to their homes. Improvement in medical condition was correlated significantly with psychiatric improvement. Implications for the care of geriatric psychiatry patients are discussed.

0223065 83056579

**Pyramidal training: a large-scale application with institutional staff.**

Page TJ; Iwata BA; Reid DH  
J Appl Behav Anal ,Fall 1982, 15 (3) p335-51, ISSN  
0021-8855 Journal Code: HDR

Languages: ENGLISH

This study evaluated an indirect method of training 45 institutional direct care staff to conduct behavioral programs. Three supervisors were trained to improve teaching behaviors (instructions, prompts, and consequence) used by the direct care staff while working with severely and profoundly handicapped residents. In addition to training, daily feedback was provided to supervisors regarding performance of their staff. Results of a multiple baseline analysis across teaching behaviors (instructions, prompts, and consequences) and content areas (communication and gross motor skills) showed that providing training and feedback to supervisors resulted in increases in correct teaching behavior by direct care staff. However, teaching behavior newly learned in one content area (communication) did not generalize to the other area (gross motor skills). Data collected on resident behavior showed small but noticeable improvement in terms of correct responses and attending behavior during programming. Results are discussed in terms of the benefits of a pyramidal approach to training institutional staff.

0223013 83056050

**Systemic consultation in a general hospital.**

Tarnow JD; Gutstein SE  
Int J Psychiatry Med ,1982, 12 (3) p161-86, ISSN

0091-2174 Journal Code: GSJ

Languages: ENGLISH

Consultation psychiatry has long offered the potential for psychiatrists to impact on the mental health of large numbers of individuals. However, workers in consultation psychiatry have often described it as a stressful, ungratifying experience. Over the last fifty years, since the initiation of consultation psychiatry, a series of models of consult work has been presented in the literature. These models have increasingly become more complex in the system of organization in which they operate. Moreover, there has been a constant movement toward viewing the function of the psychiatrist as intervening in behavior outside of the patient. After reviewing the history of consultation psychiatry, the authors conclude that a logical development would be a systemic model in which the entire hospital system is seen as the focus of consultation and in which the goal of the consultant's work is seen as creating a more open and flexible hospital system. The authors, therefore, describe a systemic model in which the potential crisis offered by any request for consultation work is seen as a tool for intervening with the hospital system. The difficulties of attaining the objectivity necessary for implementing a systemic intervention are discussed. A method of systemic diagnosis of the hospital is presented as well as a number of strategies of intervention with the hospital system. The authors conclude that using a systemic model (with the hospital as the focus of consultation) can lead to the development of a more comprehensive science of consultation which will lead to an increase of gratification for the psychiatrist and a more healthy functioning hospital system.

0222917 83055143

**Selection criteria for partial hospitalization.**

Klar H; Frances A; Clarkin J  
Hosp Community Psychiatry ,Nov 1982, 33 (11) p929-33,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

During the early 1960s partial hospitalization emerged as an important component of community-based psychiatric treatment. Initially partial hospitals offered all types of treatment to all types of patients. To help mental health professionals make informed decisions when matching specific treatments to specific patient characteristics, the authors define three kinds of partial hospitals--intensive care, chronic care, and rehabilitation partial hospitals--and propose selection criteria for referral to each model. Factors to be considered in making differential therapeutic decisions between a specific type of partial hospital program and alternative methods of treatment, such as inpatient treatment, are discussed.

01222

0222916 83055142

**Partial hospitalization: state of the art.**

Weiss KJ; Dubin WR  
Hosp Community Psychiatry ,Nov 1982, 33 (11) p923-8,  
ISSN 0022-1597 Journal Code: GCU  
Languages: ENGLISH

While partial hospitalization as a treatment modality has existed since the 1930s it has been only recently begun to gain widespread attention. The attempts at defining partial hospitalization are traced to the current standards and guidelines. The authors review studies of efficacy and cost-effectiveness and find that partial hospitalization almost invariably compares favorably with inpatient treatment.

There are a number of factors militating against increased use of the modality, including haziness in the definitions of goals and target populations, prejudice among clinicians and patients, institutions' resistance to relinquishing beds, and difficulty in establishing third-party reimbursement. The state of the art in partial hospitalization is an attempt to translate face-value validity into an acceptable and fundable alternative to inpatient treatment. The authors conclude that, despite the relatively small growth of programs nationwide and the reluctance of third-party payers to reimburse for the modality, partial hospitalization has an enduring role as a treatment modality.

0222915 83055141

**An inpatient program for Vietnam combat veterans in a Veterans Administration hospital.**

Berman S; Price S; Gusman F  
Hosp Community Psychiatry ,Nov 1982, 33 (11) p919-22,  
ISSN 0022-1597 Journal Code: GCU  
Languages: ENGLISH

The Veterans Administration's first inpatient program for Vietnam War veterans was opened in January 1978 at the VA Medical Center in Palo Alto, California. The unit treats a range of psychiatric disorders; however, the typical patient is a 34-year-old white male with a diagnosis of posttraumatic stress disorder and at least one previous hospitalization. The program is designed as a three-phase therapeutic community based on mutual support and group solidarity. Medication is minimized. The program also reflects the assumptions that a debriefing, however belated, from military experience is essential, and that the clinical regimen should enable veterans to resume the transition to adulthood that the war interrupted. The average stay is five months; preliminary evaluation indicates that 60 per cent of the veterans achieve relief from acute psychological distress, resolve a crisis with a spouse or significant other, and begin a job or schooling.

0222891 83054596

**Contributions in teaching consultation-liaison psychiatry. The use of the medical team model on a consultation-liaison**

**teaching service.**

Guggenheim FG  
Gen Hosp Psychiatry ,Sep 1982, 4 (3) p219-24, ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

This paper describes a consultation-liaison (C/L) teaching service that uses a medical team rounding model; four teams cover distinct geographic areas of the hospital, each team consisting of an attending psychiatrist, a resident, two medical students, and a psychology graduate student. Daily attending rounds on the medical/surgical wards provide prompt and direct patient care supervision for the team members, allowing for coordination of their activities and communication with the attending physician, who serves as a role model. Psychological testing can be readily integrated into the clinical setting; neurology and family practice residents can also get their psychiatric training in this setting. The medical team model of rounding is different from other models used on C/L services; its pros and cons are discussed.

0222890 83054595

**Evaluative research in consultation-liaison psychiatry. Review of the literature: 1970-1981.**

McKegney FP; Beckhardt RM  
Gen Hosp Psychiatry ,Sep 1982, 4 (3) p197-218, ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

In the last decade, the biopsychosocial concept of medicine had flourished clinically in the form of consultation-liaison (C-L) psychiatry. However, full acceptance by the medical profession will depend, in part, upon scientific demonstration that psychological and social factors influence biological medical illness, and that C-L psychiatric teaching and patient intervention can improve the medical treatment of patients. This review surveys the literature over the last 10 years that describes and evaluates C-L activities as they impact upon clinical medicine and medical education. A conceptual grid for organizing research in the field is presented that distinguishes decision-oriented, or descriptive studies, from conclusion-oriented, or outcome studies. Further, this grid specifies the focus of the C-L activity, either the patient or health care professional. It seems clear that the very recent shift from descriptive studies to more outcome-oriented research, particularly regarding patient outcomes, should be the direction of the future. A greater emphasis on defining the exact components of C-L work that are most useful is also indicated. Several other specific recommendations for evaluative research in C-L psychiatry conclude this review. (182 Refs.)

01223

0222889 83054593  
**Patient transfers from medical and surgical settings to psychiatric inpatient wards.**  
Weimer SR; Fenn HH  
Gen Hosp Psychiatry ,Sep 1982, 4 (3) p179-85, ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

0222862 83054448  
**Work program is key to successful therapy.**  
Sproxton L  
Dimens Health Serv ,Nov 1982, 59 (11) p12-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0222633 83052037  
**On projecting the number of long-stay mentally handicapped patients in West Berkshire hospitals.**  
Woodward M  
Community Med ,Aug 1982, 4 (3) p217-30, ISSN 0142-2456  
Journal Code: DNI  
Languages: ENGLISH

0222496 83050479  
**The mental hospital and its environment.**  
Mohelsky H  
Can J Psychiatry ,Oct 1982, 27 (6) p478-81, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

This paper examines the task and functioning of a contemporary mental institution. The author, drawing from his experience, explores the world within such an institution whose purpose often contradicts the officially stated one. This world with its own assumptions is a creation in response to needs and anxieties of its participants. In the face of rapid shifts and increasing complexity in institutional environments, the capability to change becomes critical. Real change is impossible unless the underlying assumptions of an institution are recognized, understood and dealt with.

0222494 83050477  
**Psychologist and physician diagnoses of hospitalized patients with similar MMPI symptomatology.**  
Page S  
Can J Psychiatry ,Oct 1982, 27 (6) p471-3, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH  
MMPI profiles, including L, K, and F validity scale data, were examined for 40 hospitalized psychiatric patients, for whom diagnoses from both psychologists and physicians were

available. Comparison of diagnostic patterns of the same patients, especially for diagnoses of Personality Disorders and Schizophrenics, showed relatively little agreement between disciplines. Discriminant function analyses showed also that each discipline weighted MMPI scales differently in determining diagnosis, even though the scale profiles for each patient in the sample were essentially identical. The MMPI seemingly played a nonsignificant role in determining a set of inconsistently applied diagnoses.

0229269 83120003

**[Organization of the department of psychotherapy for children at the Salpetriere Hospital in Paris (department of Professor D. J. (Duche))]**

Organisation du departement de psychotherapie de l'enfant de l'Hopital de la Salpetriere, service du Professeur D.J. Duche.

Anzieu A; Daymas S

Sem Hop Paris ,Nov 18 1982, 58 (42) p2483-7, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

The staff of the department of psychotherapy at the Salpetriere Hospital (Department of Prof. Duche) includes five psychoanalysts who are in charge of the consultations and treatment of hospitalized children, out-patients and parents. Individual psychoanalytical psychotherapy and psychodrama are the methods used. For adolescents and psychotic children, psychotherapy is carried out in a more flexible way. Special attention is given to the outset of therapy and to the support provided to parents. Two groups for the training of child therapists are ongoing.

0229267 83120001

**[Role of specialized care units in the psychiatric approach of very young children]**

La place d'une unite de soins specialisee dans l'abord psychiatrique de tres jeunes enfants.

Buffet Y; Mazet P

Sem Hop Paris ,Nov 18 1982, 58 (42) p2473-6, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Among the various means of answering psychiatric problems in young children, specialized care units for the very young, such as the one set up at psychiatric department for children and adolescents at the Salpetriere Hospital, appear to be helpful in some situations which are psychologically highly dangerous as well as life-threatening. The modalities of the reception and therapy of the child and its family are described and discussed. It seems that this type of hospitalization may contribute to the resuming of dynamic developing processes in the child and of positive relationships between child and family, particularly the mother.

0229266 83120000

**[Psychiatric emergencies and family crisis. A possible systemic approach at a general hospital]**

Urgences psychiatriques et crise familiale. Une approche systemique possible a l'Hopital General.

Allilaire JF; des Lauriers A

Sem Hop Paris ,Nov 18 1982, 58 (42) p2467-70, ISSN 0037-1777 Journal Code: ULD

Languages: FRENCH Summary Languages: ENGLISH

Psychiatric emergencies concern not only sectorized

psychiatric organizations but general hospitals as well, especially in large cities. No set-ups for long-term management are available in general hospitals and means for short-term intermittent action should be evolved. Family crisis may be responsible for psychiatric emergencies as they may lead to decompensation due to the breaking-up of familial relationships. When confronted with such situations, practitioners must of course face the emergency by using various specific chemotherapeutic agents or by hospitalizing the patient. However, practitioners should also concern themselves with acting upon the whole family in order to help them to develop solutions to the crisis. The modalities of this global approach of psychiatric disorders are delineated in the family crisis therapeutic technique.

0229138 83117418

**[The department of adolescent psychiatry in the general hospital from the viewpoint of the administration]**

Die Jugendpsychiatrische Abteilung am Allgemeinkrankenhaus aus der Sicht der Verwaltung.

Wolff C

Prax Kinderpsychol Kinderpsychiatr ,1981, (23) p77-83, ISSN 0032-7034 Journal Code: PJ6

Languages: GERMAN

0229137 83117417

**[The patients in the department for mentally disturbed youth in the general hospital]**

Die Patienten der Abteilung fur psychisch kranke Jugendliche am Allgemeinkrankenhaus.

Holthausen US

Prax Kinderpsychol Kinderpsychiatr ,1981, (23) p68-76, ISSN 0032-7034 Journal Code: PJ6

Languages: GERMAN

0228822 83114905

**Effects of deinstitutionalization on acute care psychiatric facilities.**

Tuason VB; Fair-Riedesel P; Hoffmann NG

Minn Med ,Nov 1982, 65 (11) p697-9, ISSN 0026-556X Journal Code: NBY

Languages: ENGLISH

01235



0227841 83095505

**Study tour in England. A psychiatrist's view.**

Morris M

World Hosp ,Nov 1982, 18 (4) p25-6, Journal Code: XP6

Languages: ENGLISH

0227558 83081086

**Patient crisis, nursing stresses respond to psychiatric liaison nurse.**

Hosp Prog ,Jan 1983, 64 (1) p26, 28, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0226362 83087358

**Paths and gates: the sources of recidivism and length of stay on a psychiatric ward.**

Gruber JE

Med Care ,Dec 1982, 20 (12) p1197-208, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

Four "pathway" (age, sex, social class, and number of dependents) and three "gatekeeper" (previous admission, previous ward terms, and severity of patient disorder) variables are used to predict recidivism rates and lengths of stay for patients admitted to a psychiatric ward in a general hospital during a 1-year period. There were three major findings. First, the gatekeeper variables were, by themselves, useful for predicting length of stay; additional information, in the form of the pathway variables, was needed to adequately explain differences in recidivism. Second, while most of the effects on recidivism were direct, most of the effects on length of stay were indirect or mediated through the variable of the severity of patient problems. Third, it was discovered that recidivism and length of stay are inversely related: patients with high recidivism rates, for example, tend to have relatively short average lengths of stay. Based on four patterns of recidivism and length of stay, a typology was developed to facilitate a better understanding of patient behavior.

0225941 83082233

**A survey among hospitalized psychiatric patients. The perils of polypharmacy and copharmacy.**

Siomopoulos V; Godbole A

IMJ ,Nov 1982, 162 (5) p430-3, ISSN 0019-2120 Journal

Code: HAJ

Languages: ENGLISH

0224886 83055448

**Bilingualism of a different order.**

Loughlan M

Health Care (Don Mills) ,Nov 20 1982, 24 (8) p50, ISSN

0226-5788 Journal Code: GKM

Languages: ENGLISH

0223445 83061371

**Psychiatric patients who stick [editorial]**

Lancet ,Nov 20 1982, 2 (8308) p1135-6, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0223013 83056050

**Systemic consultation in a general hospital.**

Tarnow JD; Gutstein SE

Int J Psychiatry Med ,1982, 12 (3) p161-86, ISSN

0091-2174 Journal Code: GSJ

Languages: ENGLISH

Consultation psychiatry has long offered the potential for psychiatrists to impact on the mental health of large numbers of individuals. However, workers in consultation psychiatry have often described it as a stressful, ungratifying experience. Over the last fifty years, since the initiation of consultation psychiatry, a series of models of consult work has been presented in the literature. These models have increasingly become more complex in the system of organization in which they operate. Moreover, there has been a constant movement toward viewing the function of the psychiatrist as intervening in behavior outside of the patient. After reviewing the history of consultation psychiatry, the authors conclude that a logical development would be a systemic model in which the entire hospital system is seen as the focus of consultation and in which the goal of the consultant's work is seen as creating a more open and flexible hospital system. The authors, therefore, describe a systemic model in which the potential crisis offered by any request for consultation work is seen as a tool for intervening with the hospital system. The difficulties of attaining the objectivity necessary for implementing a systemic intervention are discussed. A method of systemic diagnosis of the hospital is presented as well as a number of strategies of intervention with the hospital system. The authors conclude that using a systemic model (with the hospital as the focus of consultation) can lead to the development of a more comprehensive science of consultation which will lead to an increase of gratification for the psychiatrist and a more healthy functioning hospital system.

01226

0222889 83054593  
**Patient transfers from medical and surgical settings to psychiatric inpatient wards.**  
Weimer SR; Fenn HH  
Gen Hosp Psychiatry ,Sep 1982, 4 (3) p179-85, ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

0222342 83048013  
**Mental health services are a part of health service delivery.**  
Lipton GL  
Aust Health Rev ,Aug 1982, 5 (3) p3-6, ISSN 0159-5709  
Journal Code: 9GC  
Languages: ENGLISH

0221889 83047577  
**First-admission psychiatric ward milieu: treatment process and outcome.**  
Lehman AF; Strauss JS; Ritzler BA; Kokes RF; Harder DW; Gift TE  
Arch Gen Psychiatry ,Nov 1982, 39 (11) p1293-8, ISSN  
0003-990X Journal Code: 72C  
Contract/Grant No.: MH 25466-03; MH 00006-02  
Languages: ENGLISH

A two-year, prospective study of 123 first-admission patients examined the impact of different inpatient treatment decision-making styles on patient outcome on a therapeutic community ward and a medically oriented psychiatric ward. Ward philosophy, programmatic and administrative structure, and ward atmosphere defined the ward milieus. Data on length of stay and the use of various therapeutic modalities provided comparisons of treatment process. Standardized ratings of psychopathologic condition and levels of function, readmissions, and illness attitudes were used to assess two-year outcomes. The major finding was the absence of outcome differences despite longer lengths of stay on the therapeutic community ward. Hence, differences in ward decision-making style may not influence outcome, but may affect the process of care among diagnostically heterogeneous, first-admission patients treated in a university setting.

0221053 83038531  
**A small study on how the staff of an inpatient psychiatric unit spends its time.**  
Schanding D; Garber RL; Siomopoulos V  
Perspect Psychiatr Care ,Apr-Jun 1982, 20 (2) p91-3,  
ISSN 0031-5990 Journal Code: DZT  
Languages: ENGLISH

0220797 83035921  
**Waddiloves Hospital--an open forensic psychiatric unit.**  
Milne HR; Wood PJ  
Med Sci Law ,Jul 1982, 22 (3) p199-202, ISSN 0025-8024  
Journal Code: MEM  
Languages: ENGLISH

0220137 83029161  
**Psychiatry in the general hospital: visualizing the changes.**  
Visotsky HM; Plaut EA  
Hosp Community Psychiatry ,Sep 1982, 33 (9) p739-41,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The general hospital of the future faces the difficult task of maintaining quality of care in light of increasing demands for service and increasing efforts to control costs. Psychiatric units in general hospitals will share this challenge, reflected in such issues as the need to document the cost-effectiveness of services, delineate what circumstances justify the use of inpatient services, and resolve conflicts between (and obtain appropriate reimbursement for) all mental health disciplines. Psychiatry will find it easier to adapt to other changes in general hospital practice, such as the need for greater continuity of care and for varying levels of intensity of care, because of its previous experience in those areas. Through all the changes, psychiatry must continue to speak for the individuality of each patient, not only the psychiatric service but throughout the general hospital.

01227

0220135 83029159

**The future of Veterans Administration Hospital programs for psychiatric patients.**

Ewalt JR; Lipkin JO

Hosp Community Psychiatry ,Sep 1982, 33 (9) p732-4,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

In planning for the continued care of its large veteran population, the Veterans Administration is taking into account needs generated by trends such as a decreasing incidence of schizophrenia among veterans, an increasing use of outpatient services, and an increasing number of veterans suffering from alcoholism and substance abuse. The authors discuss the characteristics of the three types of VA medical centers that serve psychiatric patients: small general hospitals without a medical school affiliation; large general hospitals with a medical school affiliation; and large general hospitals with large psychiatric populations. One major goal of future planning is to institute psychiatric services at all of the 172 VA medical centers. Another goal is to ensure that each facility with a medical school affiliation will have a day hospital, a day treatment center, and a mental hygiene clinic.

0220126 83029149

**Problems of front-line workers on psychiatric inpatient units.**

Phillips R

Hosp Community Psychiatry ,Oct 1982, 33 (10) p852-3,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0219003 83015588

**On the therapy in clinical administration. Part I. Introduction and history; administration and its relation to psychotherapy.**

Gutheil T

Psychiatr Q ,Spring 1982, 54 (1) p3-25, ISSN 0033-2720  
Journal Code: QBP

Languages: ENGLISH

0218307 83007919

**The Bethlem Royal and Maudsley Hospitals clinical data register for children and adolescents.**

Thorley G

J Adolesc ,Jun 1982, 5 (2) p179-89, ISSN 0140-1971  
Journal Code: HWT

Languages: ENGLISH

0218113 83005447

**The value of exercise on a psychiatric hospital unit.**

Conroy RW; Smith K; Felthous AR  
Hosp Community Psychiatry ,Aug 1982, 33 (8) p641-5,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

A number of reports in the literature have shown the value of exercise programs in reducing depression among psychiatric patients. Most of these papers have dealt with outpatients; this paper recounts a study of hospitalized inpatients who elected to participate in a six-week exercise program. After six weeks, participants showed significant decreases in their levels of reported depression, and nonsignificant trends toward a decrease in anxiety and an increase in their sense of accomplishment. The program did not ameliorate many disturbing feelings such as anger and fear, nor did it elicit a wide range of positive affects such as cooperation and feelings of acceptance. However, the authors conclude that a well-designed exercise program has enough potential benefit to make it a regular part of a psychiatric inpatient program.

0216346 82275703

**Measuring ward milieu and the impact of staff turnover on a psychiatry unit.**

Kobos JC; Redmond F; Sterling J

Psychol Rep ,Jun 1982, 50 (3 Pt 1) p879-85, ISSN  
0033-2941 Journal Code: QF6

Languages: ENGLISH

0215482 82267903

**Consultation to line staff and its impact on the care of chronic patients.**

Feitel B; Hamilton M; Schmader L; Shah BK

J Nerv Ment Dis ,Sep 1982, 170 (9) p561-4, ISSN  
0022-3018 Journal Code: JAF

Languages: ENGLISH

This study was carried out to determine whether long term chronic deteriorated patients could be taught skills in activities of daily living by therapy aides to improve their quality of life in the hospital. It was designed as a controlled trial comparing active intervention in the experimental wards with routine nursing care in the control wards. The results showed that, even in such a short period as 3 months, active treatment produced results which were statistically significantly better than the controls. It is concluded that mental hygiene therapy aides, given adequate support and encouragement, can make measurable and observable improvements in the behavior of long term patients. The implications of the results are considered.

01228

0212678 82237881

**Effective use of community meetings on psychiatric treatment units.**

Arons BS  
Hosp Community Psychiatry ,Jun 1982, 33 (6) p480-3,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The community meeting is often established as a part of the program on a psychiatric treatment unit to enhance the therapeutic atmosphere and advance the unit's goals. Such meetings usually consist of at least 30 or more individuals, including patients, staff, and trainees, and therefore incorporate small-group dynamics as well as phenomena more typical of large groups. Leaders should try to ensure the effectiveness of their meetings by assessing tasks and boundaries, as well as the extent to which small-group dynamics and techniques used in large groups apply.

0212677 82237880

**Effects of the urban crisis on the community general hospital.**

Bluestone H; Melinek M  
Hosp Community Psychiatry ,Jun 1982, 33 (6) p477-80,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The contemporary urban crisis has necessitated a drastic transformation of the community general hospital. The Bronx-Lebanon Hospital Center, in New York, has struggled through this crisis by adapting to the changing needs of the patients it serves. The authors describe the hospital's new emphasis on conditions such as alcoholism, drug abuse, traumatic injuries, high infant-mortality rate, and teen-age pregnancy, and discuss the critical need for community-oriented psychiatric services. Over the past 15 years the patient population has changed, as has the type of service provided, marked by a major shift toward use of the emergency room. Psychiatric services have been expanded at the expense of a more traditional hospital program. One of the few remaining institutions in the decaying inner city, the hospital also becomes the sole provider of medical care as private-practice physicians leave. The problems of recruiting and retaining high-level professional staff are discussed, along with the need for the urban general hospital to take a leading part in meeting the enormous demands caused by the continuing urban crisis.

0212486 82233304

**A comparative trial of home and hospital psychiatric treatment: financial costs.**

Fenton FR; Tessier L; Contandriopoulos AP; Nguyen H; Struening EL  
Can J Psychiatry ,Apr 1982, 27 (3) p177-87, ISSN  
0706-7437 Journal Code: CLR  
Languages: ENGLISH

The financial costs of community-based treatment, stressing home treatment, were compared with the cost of hospital-based treatment during one year. Of 155 patients destined to receive inpatient treatment, 76 were randomly assigned to home treatment, 79 to hospital treatment; the two groups were similar as to important social, demographic, and clinical characteristics. The principal differences between the two treatments concerned the focus of treatment, the locale of treatment, the degree to which continuity of treatment was maintained, and the roles of the respective treatment staffs. Manpower and operating costs, measured in dollars, were estimated in two ways. Either way, hospital-based treatment was more expensive during the year: 64.1% more expensive (+3,250 vs. +1,980 per patient) in the first instance, 108.9% more expensive (+6,750 vs. +3,230 per patient) in the second. With two exceptions during the first month of treatment, the proportions of patients and families receiving either treatment who incurred other costs of treatment were low, and the differences between groups were not significantly different. A higher proportion of patients and families receiving home-based treatment defrayed the cost of the patient's psychotropic drugs; second, a higher proportion of families of patients receiving hospital-based treatment defrayed transportation costs. The proportions of patients and families incurring costs of the consequences of illness were low, and the differences between treatment groups were not significant. We compared this study with similar studies, discussed the generalizability of the results of this study and similar studies, and identified issues for future research.

0211120 82221147

**[Adolescent hospital psychiatry (1 year's experiences)]**

Stationäre Jugendpsychiatrie (Erfahrungsbericht über ein Jahr).

Schafer K; Majerowitsch B; Junemann A  
Padiatr Grenzgeb ,1981, 20 (6) p403-13, ISSN 0030-932X  
Journal Code: 000  
Languages: GERMAN

0210836 82217979

**[Progressive ideas in Oberwallis: psychiatric nursing integrated within the hospital]**

Fortschrittliche Ideen im Oberwallis: Psychiatrische Krankenpflege im Spital integriert.

Güntern G  
Krankenpflege (Bern) ,May 1982, (5) p48-50, Journal  
Code: KX7  
Languages: GERMAN

01229

0209568 82189473  
**New dimensions in general hospital psychiatry.**  
Pinkert MS  
Issues Health Care ,1982. 3 (1) p56-9. Journal Code:  
G3N  
Languages: ENGLISH

0209171 82203913  
**Treating Israeli Soldiers in a civilian psychiatric setting.**  
Mester R; Klein H; Lerner Y; Shefler G; Breyter C  
Am J Psychother ,Jan 1982. 36 (1) p117-24. ISSN  
0002-9564 Journal Code: 3XA  
Languages: ENGLISH  
The structure, functioning, and treatment concept of a psychodynamically oriented psychiatric unit for young soldiers within Israeli civilian hospital are discussed stressing: (1) the integration of the patient's military self; (2) the resolution of psychological conflicts necessary to avoid traumatic developmental arrest of the patient's personality and to foster personality growth; (3) the involvement of the patient's family in the therapeutic process. Problems in the patient-therapist relationship specifically pertaining to Israeli conditions are outlined.

0207503 82188317  
**Staffing patterns and the weekly cycle of community meetings on an adult inpatient unit.**  
Ritvo JI  
Hosp Community Psychiatry ,May 1982. 33 (5) p384-5,  
ISSN 0022-1597 Journal Code: GCJ  
Contract/Grant No.: MH-14503  
Languages: ENGLISH

0207448 82187644  
**Psychiatric units under analysis. Part 2.**  
Prosen H; Toews J  
Dimens Health Serv ,May 1982. 59 (5) p36-8. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207434 82187630  
**Psychiatric units under analysis. Part 1.**  
Prosen H; Toews J  
Dimens Health Serv ,Apr 1982. 59 (4) p30-3. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0207091 82183380

**Psychiatric units in district general hospitals and traditional mental hospitals: some recent evidence.**

Mahadevan S; Forster DP  
Br J Psychiatry ,Feb 1982. 140 p160-5. ISSN 0007-1250  
Journal Code: B1K  
Languages: ENGLISH

Using routine data from the Mental Health Enquiry, the work of two district general hospital (DGH) units and a mental hospital was examined. There was a marked difference in the way the two DGH units operated and between the way the mental hospital worked as support hospital or as independent complete in-patient service. The operational policy practised by psychiatrists is more important than the structure of the system. It is important to establish sensitive policies for a wide variety of organizational structures.

0206972 82175100  
**JCAH releases draft of single standards.**  
Herrington BS  
Psychiatr News ,Feb 5 1982. 17 (3) p1. 18. ISSN  
0033-2704 Journal Code: QC1  
Languages: ENGLISH

0206900 82172627  
**Physical surroundings serve as therapeutic catalyst for patients.**  
Remen S  
Mich Hosp ,Apr 1982. 18 (4) p20-3. 25. ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206899 82172626  
**Civil, environmental and treatment rights.**  
Coye JL; Schreiber AK  
Mich Hosp ,Apr 1982. 18 (4) p17-9. ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0206720 82166010  
**Renovation enhances patient care at Chicago's Michael Reese psychiatric clinic.**  
Hosp Top ,May-Jun 1982. 60 (3) p16-9. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

01230

0205677 82171825  
**Nondoctoral therapists in psychiatric outpatient clinics/part 2: assessment of therapists by clinic directors.**  
Zulver P; Hoehn-Saric R; Melisaratos N; Keyser M  
Md State Med J ,Nov 1981, 30 (11) p38-42, ISSN  
0025-4363 Journal Code: LMG  
Languages: ENGLISH

0203706 82150705  
**The psychiatric day hospital.**  
Hassanyeh F; Davison K  
Practitioner ,Dec 1981, 225 (1362) p1825-8, ISSN  
0032-6518 Journal Code: PHQ  
Languages: ENGLISH

0203178 82146850  
**[The psychiatric department in the general hospital]**  
Die psychiatrische Abteilung am Allgemeinen Krankenhaus.  
Scheffler B  
Krankenpfli J ,Dec 15 1981, 19 (12) p24, Journal Code:  
KYN  
Languages: GERMAN

0202741 82141343  
**Liaison in reverse: the role of a psychosomatically-oriented internist in a department of psychiatry.**  
Klein RF  
Int J Psychiatry Med ,82 1981, 11 (4) p373-8, ISSN  
0091-2174 Journal Code: GSJ  
Languages: ENGLISH

0200555 82120897  
**Patterns of termination in an outpatient clinic for children and adolescents: agreed termination and nonagreed termination.**  
Novick J; Benson R; Rembar J  
J Am Acad Child Psychiatry ,Autumn 1981, 20 (4) p834-44,  
ISSN 0002-7138 Journal Code: H54  
Languages: ENGLISH

0200209 82118495  
**Model bylaws for hospital department.**  
Keill SL  
Hosp Community Psychiatry ,Feb 1982, 33 (2) p91, ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0200207 82118492  
**Patient and staff attitudes toward locked and unlocked units.**  
Sacks MH; Nininger JF; La Torre V  
Hosp Community Psychiatry ,Feb 1982, 33 (2) p152-3,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0200201 82118486  
**Principles of mental health care for elderly inpatients.**  
Gaitz CM; Varner RV  
Hosp Community Psychiatry ,Feb 1982, 33 (2) p127-33,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH  
Although the elderly's need for psychiatric treatment has long been recognized, publicly funded community mental health centers generally have been unsuccessful in establishing geriatric programs. If properly used, state mental hospitals remain a potential resource, but the more appropriate community-based placement of mentally impaired elderly persons is in special psychiatric units of general hospitals or in geropsychiatric units of private psychiatric hospitals. Principles for establishing such units in either setting include organizing a treatment team that empathizes with older patients and that has been trained to deal with the complex problems of the elderly. Formulation of comprehensive diagnoses and prognoses may require consultation and facilities outside the hospital; treatment planning should involve the patient's family from the beginning. Follow-up and supervision of referral after the patient's discharge are essential to the program's success.

0197823 82100477  
**Diagnosis, treatment problems and course of patients transferred from a therapeutic community ward to a mental hospital.**  
Kleppe H  
J Oslo City Hosp ,Apr-Jun 1981, 31 (4-6) p67-9, ISSN  
0030-6207 Journal Code: JUR  
Languages: ENGLISH

01231

0197822 82100476

**Why do psychiatric patients return? A pilot study of patients re-admitted to a psychiatric ward in a general hospital.**

Lorentzen S  
J Oslo City Hosp ,Apr-Jun 1981. 31 (4-6) p63-6. ISSN  
0030-6207 Journal Code: JJB  
Languages: ENGLISH

0197486 82096783

**Irregular discharges from psychiatric wards in a VA medical center.**

Siegel RL; Chester TK; Price DB  
Hosp Community Psychiatry ,Jan 1982. 33 (1) p54-6. ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0197483 82096780

**A comparison of AMA and non-AMA patients on a short-term crisis unit.**

Harper DW; Elliott-Harper C; Weinerman R; Anderson NJ;  
Nelson TA  
Hosp Community Psychiatry ,Jan 1982. 33 (1) p46-8. ISSN  
0022-1597 Journal Code: GCJ  
Languages: ENGLISH

Nineteen patients who left a short-term psychiatric crisis unit against medical advice were compared with 109 patients who received a regular discharge during a six-month period. Demographic, historic, assessment, and diagnostic variables of both groups were examined. Results indicated that patients diagnosed as having personality or substance use disorders and patients judges abnormal on a mental status examination were more likely to be AMA patients. However, AMA patients indicated fewer social problems as rated on Linn's Social Dysfunction Scale. It was concluded that diagnostic variables best differentiated patients leaving the treatment unit against medical advice from those who completed treatment.

0197462 82096185

**General hospital psychiatry: structure or concept?**

Flamm GH  
Gen Hosp Psychiatry ,Dec 1981. 3 (4) p315-9. ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

0197461 82096184

**Clinical services within a general hospital department of psychiatry: conceptual issues and operational guidelines.**

Dressler DM  
Gen Hosp Psychiatry ,Dec 1981. 3 (4) p310-4. ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

This paper presents a checklist of conceptual issues and operational guidelines determining the organization of clinical services within a general hospital department of psychiatry. Issues emphasized include philosophy, target population, definition, structure, location, financing, and cost effectiveness of services, utilizing the experience of a specific department of psychiatry to illustrate their application. As the trend continues for mental health service delivery within a general hospital, recognition of these issues and their application is essential to effective service delivery.

0197459 82096182

**The treatment of involuntary patients in the general hospital psychiatric unit.**

Pinsker H; Raskin M; Winston A  
Gen Hosp Psychiatry ,Dec 1981. 3 (4) p301-5. ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

In response to pressure to assume more responsibility for chronic patients, many general hospitals have asserted that they should limit care to those suitable for voluntary treatment on an open ward. This assertion appears to be based primarily on political and symbolic arguments. The limitation of admission to voluntary patients would serve to exclude many acutely psychotic patients with excellent prognosis best treated in a general hospital. The locked ward appears to offer the maximum flexibility in dealing with illnesses which in varying degrees affect the individual's judgment and impulsivity. The limitation of psychiatric units to voluntary patients in open wards would preclude psychiatry from joining in the mission of the general hospital - the best possible care for the community it serves.

0197458 82096181

**The borderline patient in the general hospital.**

Adler G

Gen Hosp Psychiatry ,Dec 1981, 3 (4) p297-300, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

The usefulness of the general hospital inpatient service for the borderline patient is described. The short-term nature of most general hospital units requires a setting that facilitates the rapid establishment of a holding environment and the re-establishment of self-object transferences. Borderline patients have particular difficulty in accepting responsibility for their feelings and behavior and, instead, tend to blame themselves and others. An approach to inpatient care that defines expectations of both patient and family prior to and early in the admission of the patient is elaborated clinically and theoretically. Such an approach offers a way of working with the potential regression in borderline patients, especially around the important issues of responsibility and blaming. The staff's awareness of countertransference problems related to the patient and family as well as to the patient's therapist are described as important ingredients in successful work with these patients.

0197457 82096180

**Electroconvulsive therapy in general hospital psychiatry: a focus on new indications and technologies.**

Yudofsky SC

Gen Hosp Psychiatry ,Dec 1981, 3 (4) p292-6, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

This paper documents the recent dramatic shift towards the delivery of psychiatric services in the general hospital setting and outlines the increasing number of special indications for electroconvulsive therapy (ECT). These include: delusional depression; depressions which are not responsive to antidepressants; affective illness in geriatric populations, depression, mania or schizophrenia in patients who cannot tolerate medication side effects, and drug-refractory Parkinson's disease. Such technological advances as nondominant unilateral placement of electrodes, brief pulse electrical stimulation, and simultaneous ictal monitoring of EEG and EKG have increased the safety while reducing the side effects of the procedure. In that comparative studies show ECT to have safety and efficacy superior to antidepressant agents in the treatment of severe depressive illness, the author encourages physicians to consider this treatment which is becoming increasingly available through our general hospital services.

0197456 82096179

**Current issues in general hospital psychiatry. Introduction: The evolution of psychiatry in the general hospital.**

Keill SL

Gen Hosp Psychiatry ,Dec 1981, 3 (4) p289-91, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

0197454 82096177

**The allegedly suicidal patient in a general hospital.**

Pinsker H

Gen Hosp Psychiatry ,Dec 1981, 3 (4) p277-82, ISSN

0163-8343 Journal Code: FNK

Languages: ENGLISH

Of 50 emergency room admissions of patients believed to need protection against imminent suicide, the admission decision was, in 74% of the cases, solely on the patient's allegation (i.e., assertion without proof) that he was suicidal. Over half of the allegedly suicidal patients were chronic schizophrenic, and 20% were individuals with substance abuse problems. Only those allegeders with affective disorders manifested any behavior or thinking after admission that could cause staff concern about suicide. Assuming that the suicidal thoughts and impulses described were products of intense, although transient, feeling and were in no instance feigned, extended hospital care did not appear indicated. Concern about possibility of suicide, if not based upon consideration of risk factors, diagnosis, and clinical judgment, may distract from attention to the patient's needs for long-term outpatient rehabilitation or psychotherapy, and may encourage episodic rather than continuous care for the chronically ill.

01233



0196515 82087940

**Establishment of a local psychiatric service.**

Wang AG

Acta Psychiatr Scand ,Aug 1981, 64 (2) p150-7, ISSN  
0001-690X Journal Code: 1VY

Languages: ENGLISH

The Faroe Islands are a group of islands in the North Atlantic Ocean between Norway and Iceland inhabited by about 42,000 people. They are considered a nation with home rule within the Danish Kingdom. A Psychiatric Department was not established on the islands until 1969. Before this, psychiatric patients were referred to the local General Hospital and about half of the patients in each diagnostic group were sent on the Psychiatric Hospital in Nykobing on Zealand, Denmark. Since the establishment of the department, admissions have increased in all diagnostic groups, especially in the group of senile psychoses. The total increase amounts to 2.4 times the admission rates of psychiatric cases to the General Hospital and 4.4 times the admission rates to the Psychiatric Hospital in Nykobing in the last years prior to the start of the local service. The outpatient department has grown steadily, the patients attending are distributed in diagnostic groups similar to Danish outpatient departments.

0196514 82087938

**Assessment of a secure/intensive care/forensic ward.**

Basson JV; Woodside M

Acta Psychiatr Scand ,Aug 1981, 64 (2) p132-41, ISSN  
0001-690X Journal Code: 1VY

Languages: ENGLISH

Recent trends in psychiatric hospitals have re-established the need for semi-secure, well-staffed acute wards. Such a ward is described and 400 consecutive admissions over a 34-month period reviewed. Using 13 beds all the acute patients requiring security and intensive treatment are managed from a total catchment area of 600,000. A wide range of referral agencies and diagnostic categories are encountered. Staff in the general psychiatric hospital where the ward is situated are satisfied with the service. A small group of chronically-disturbed patients require separate facilities.

0196204 82083066

**[Group round versus traditional ward round: evaluation by patients (author's transl)]**

Gruppenvisite versus Zimmervisite--Patienten nehmen Stellung.

Begemann-Deppe M; Jacobi I

Psychiatr Prax ,Nov 1981, 8 (4) p142-6, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

In the course of the restructuring of an open psychiatric general ward doctors began to introduce group rounds in addition to established ward rounds. A description is given of the problems the therapeutic team had in adapting to this new

method. --After a "consolidation phase" of approximately a year, structured interviews referring to the above-mentioned new system were carried out with fifty patients over a six month period. These interviews showed that the patients tended to have reservations about the group rounds, and the majority of them showed a preference for the individual attention they were familiar with. The results are being discussed.

0196192 82083049

**The value of administrative experience for the clinician: opportunities of the chief residency in psychiatry.**

Peteet JR; Gutheil IG

Psychiatr Q ,Fall 1981, 53 (3) p155-61, ISSN 0033-2720  
Journal Code: QBP

Languages: ENGLISH

Administration has been traditionally contrasted with clinical work; experiences such as the chief residency in psychiatry are viewed as clinically-based training for unfamiliar administrative activity. In contrast to these viewpoints we propose that recognition of tasks common to clinical work and administration leads to a broader understanding of both activities, and that administrative experience can make specific contributions to the development of a clinician.

0195907 82080882

**[Hospitalization of adolescents for suicide attempts (author's transl)]**

L'hospitalisation de l'adolescent au decours d'une tentative de suicide.

Moron P; Claverie J; Jarrige A; Mouniq C

Neuropsychiatr Enfance Adolesc ,Sep 1981, 29 (8-9)  
p479-81, ISSN 0222-9617 Journal Code: NZI

Languages: FRENCH Summary Languages: ENGLISH

0194527 82066486

**[Psychiatrist for adults and children facing geronto-psychiatry: 3 years of experience in a general hospital]**

Etre psychiatre d'adulte et d'enfant face a la geronto-psychiatrie: a propos de 3 ann ees d'experience dans un hopital general.

Skurnik N

Ann Med Psychol (Paris) ,Apr 1981, 139 (4) p473-9, ISSN  
0003-4487 Journal Code: 5JC

Languages: FRENCH

0193800 82058255

[What forms of treatment do outpatients expect from a department of psychotherapy? (author's transl)]

Welche Erwartungen knupfen Patienten an die Behandlungsmassnahmen einer Psychotherapieabteilung?

Waniek W; Finke J  
Nervenarzt ,Sep 1981, 52 (9) p538-43, ISSN 0028-2804  
Journal Code: NWS  
Languages: GERMAN

0193082 82048290

**Psychogeriatric care in the general hospital.**

Sadavoy J

Can J Psychiatry ,Aug 1981, 26 (5) p334-6, ISSN 0706-7437 Journal Code: CLR

Languages: ENGLISH

This study examines treatment outcome in 52 psychogeriatric patients to help determine the role of the general hospital in psychiatric care of the elderly. The author reviewed the charts of all patients 65 years of age and over admitted to the psychiatric ward from 1974 to 1978. Approximately 80% of this group showed symptom remission. Treatment failures correlated closely with the presence of major organic brain syndrome. Despite an average age of 73.4 years and a high proportion of widowed patients only 10 patients needed new placements on discharge. The author discusses the reluctance of general hospitals to treat the psychogeriatric patient despite the high success rate, the merits of such an active treatment approach and the effect of short-term therapy programs on the treatment of this group.

0191758 82036169

[Description of the organisation of a sector of child psychiatry in the University Hospital of St. Etienne (author's transl)]

Presentation du fonctionnement de l'intersecteur de pedopsychiatrie du CHU de Saint-Etienne.

Berger M; Delmas MT; Hamon N; Lapalus G; Le Baut AM; Manic Y; Monasse J; Dury N; Rives E; Tamet JY; Tramacere M; Vasquez L  
Neuropsychiatr Enfance Adolesc ,Jul-Aug 1981, 29 (7) p331-6, Journal Code: NZI

Languages: FRENCH Summary Languages: ENGLISH

0191699 82034991

[Changes in an institution after the creation of an open department]

Evolution d'une institution apres creation d'un secteur ouvert.

Fontan M; Piquet JM; Delot D; Weiss D

Lille Med ,Apr-May 1981, 26 (4-5) p190-5, ISSN 0024-3507 Journal Code: L6W

Languages: FRENCH

0191392 82030063

**Three-year review of admissions to a child psychiatry unit.**

Fitzpatrick C

Ir Med J ,Jun 1981, 74 (6) p169-70, ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

0191303 82029155

**Psychiatric units in general hospitals: elitism revisited.**

Miller RD

Hosp Community Psychiatry ,Nov 1981, 32 (11) p804-5, ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

0191296 82029148

**The effects of deinstitutionalization on general hospital psychiatry.**

Bachrach LL

Hosp Community Psychiatry ,Nov 1981, 32 (11) p786-90, ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

As deinstitutionalization has proceeded, it has left in its wake a variety of basic changes in patterns of service delivery to chronic mental patients. Although all components of the psychiatric service system have been affected by the diminishing utilization of state mental hospitals, changes are perhaps most marked in the psychiatric services of general hospitals. The effects of deinstitutionalization on general hospital psychiatry are examined, and some future implications are discussed.

01235

0191295 82029147

**Adolescents on a general hospital psychiatric unit: problems and remedies.**

Molnar G; Bernardo A

Hosp Community Psychiatry ,Nov 1981, 32 (11) p782-5,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

The care and treatment of adolescents on an adult acute psychiatric unit in a general hospital can pose serious problems for unit staff. Adolescents with behavior or character problems who prove violent or manipulative can disrupt treatment of both the adolescent and adult patients on the unit. Yet the demand for immediate treatment for many adolescents and the accessibility of general hospital psychiatric units often mean that adolescents may be placed there inappropriately. This paper describes how an adult acute unit in a general hospital solved the problems caused by acting-out, manipulative adolescents on the unit. A committee found problems in inappropriate admissions, unworkable treatment plans, management of acting-out behaviors, case disposition, and staff attitudes. Remedies came in the form of more specific admission and discharge guidelines, strict enforcement of those guidelines, staff discussion of treatment plans, an inservice education program, and improved liaison with community facilities for adolescents.

0191289 82029140

**Changing staff attitudes encountered in establishing a psychogeriatric unit.**

Rabins PV; Motts LZ

Hosp Community Psychiatry ,Oct 1981, 32 (10) p729-30,  
ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0191262 82028648

**Should general hospitals accept involuntary psychiatric patients? A panel discussion.**

Leeman CP; Sederer LI; Rogoff J; Berger HS; Merrifield J

Gen Hosp Psychiatry ,Sep 1981, 3 (3) p245-53, ISSN  
0163-8343 Journal Code: FNK

Languages: ENGLISH

The issue of whether involuntary patients can be treated safely and effectively on inpatient psychiatry units of general hospitals is addressed from several points of view. Parallels are drawn between contemporary reform efforts and 19th century hospital psychiatry, and the danger of repeating errors of the past is pointed out. An account follows, illustrating the recent planning process for mental health care in Massachusetts and recommending the active participation of psychiatrists in that process. Also discussed are the differences in the process of establishing a treatment alliance with voluntary and involuntary patients. The practical considerations in the development of a locked unit in a general hospital area explored, with respect to its

effect on reimbursement, the private practice model, and the length and appropriateness of stay. In conclusion, the shared concern is stated that, in respect to making the transition from one system of care to another, safeguards be built in to protect and expand good treatment.

0189123 82007705

**Characteristics of general hospital patients referred for psychiatric consultation.**

Bustamente JP; Ford CV

J Clin Psychiatry ,Sep 1981, 42 (9) p338-41, ISSN  
0160-6689 Journal Code: HIC

Languages: ENGLISH

An analysis of 151 psychiatric consultations at a large publicly supported teaching hospital indicated that referral rates were greater from the medical services as compared with the surgical services. Minorities, elderly, and widowed persons were underrepresented. Depression and organic brain syndromes were the most common diagnoses and the presence of an organic brain syndrome had been frequently missed by the referring physician.

0187927 81261272

**Dwindling public funds for psychiatric care pose challenges to private sector.**

Morgenstern JA

Rev Fed Am Hosp ,Sep-Oct 1981, 14 (5) p41-3, Journal  
Code: EUJ

Languages: ENGLISH

0187785 81281604

**Observations on the behaviour of patients in a state mental hospital and a general hospital psychiatric unit: a comparative study.**

Poole AD; Sanson-Fisher RW; Thompson V

Behav Res Ther ,1981, 19 (2) p125-34, ISSN 0005-7967  
Journal Code: 9KP

Languages: ENGLISH

01236

0187350 81274883

**Two years' referrals to a regional adolescent unit: some implications for psychiatric services.**

Steinberg D; Galhenage DP; Robinson SC  
Soc Sci Med [E] .May 1981, 15E (2) p113-22, ISSN  
0271-5384 Journal Code: UUM  
Languages: ENGLISH

0185376 81253147

**General hospital psychiatry: overview from a sociological perspective.**

Bachrach LL  
Am J Psychiatry .Jul 1981, 138 (7) p879-87, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

The role of the general hospital within the psychiatric service delivery network has undergone profound changes in recent years. Current issues in general hospital psychiatry revolve around questions concerning boundaries, target populations, appropriate services, structural characteristics, and deinstitutionalization. Decisions in general hospital psychiatry derive from a series of influences that originate at varying distances from day-to-day hospital operations. Planning should ideally be filtered through the hospital's internal decision-making process in order to ensure a "bottom-up" rather than a "top-down" emphasis in service policy. (98 Refs.)

0184111 81238163

**The mixed medical-psychiatric unit: an alternative approach to inpatient psychiatric care.**

Markoff RA; Yano BS; Hsu J; Wright DH  
Hosp Community Psychiatry .Aug 1981, 32 (8) p561-4,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

In a 256-bed general hospital, psychiatric patients are cared for on a single unit with medical patients. The unit, developed in collaboration with a state university's medical school, has been employed successfully in the teaching of psychiatric residents and medical students and has provided benefits to both the psychiatric and medical patients. A normalizing effect on the disturbed behavior of psychiatric patients has been observed and has been attributed to the presence of nonpsychiatric patients, and the treatment of medical patients on the unit has been humanized through greater nurse-patient interaction and the provision of activity programs and recreational facilities. The experience indicates that a wide range of psychiatric patients can be cared for in a mixed setting and that such a setting fosters continuity of care. The limitations of the unit and the policies and conditions necessary for its operation are discussed.

0184093 81237736

**Admissions to a South African general hospital psychiatric unit.**

Levin A; Schlebusch L; Willgoose L; Naidoo NK  
Gen Hosp Psychiatry .Jun 1981, 3 (2) p165-70, ISSN  
0163-8343 Journal Code: FNK  
Languages: ENGLISH

In a study of admissions to the psychiatric unit of a general hospital from December 1, 1977, to November 30, 1978, data obtained from all 478 admitted patients were analyzed; the most prevalent condition was found to be neuroses, followed by organic brain syndromes. Most patients admitted fell into the 19--39 age groups, with a preponderance of male admissions between the ages of 6--39, but more admissions of females above 40. A significant difference in the occurrence of conditions between the sexes was noted: the most prevalent condition for males between the ages of 6--39 years was schizophrenia, while more females suffered from the neuroses. Males 40 years and older presented predominantly with organic brain syndromes; females in that age group presented predominantly with affective psychoses. The average length of stay for both sexes was eight days. Schizophrenia required the longest hospital stay, an average of 11 days. Seventy-eight patients (16.3%) were admitted more than once during the period of study. Conditions commonly associated with readmission were affective psychoses and schizophrenia. The role of the general hospital psychiatric unit and its advantages and shortcomings are discussed.

01237

0183568 81232206

**Decision making in an interdisciplinary team.**

Chase S; Wright JH; Ragade R

Behav Sci ,Jul 1981, 26 (3) p206-15, ISSN 0005-7940

Journal Code: 9KW

Languages: ENGLISH

Decision making in an interdisciplinary team occurs at the interface between groups with varied backgrounds, orientations, interests, and goals. Most interdisciplinary teams attempt to identify the complex set of variables influencing their decisions and then utilize this knowledge to maximize efficiency in health care delivery. Models of information and decision analysis developed by general systems theory are suggested as a method for advancing the understanding of where, when, and how decisions are made by the interdisciplinary team. A university-affiliated psychiatric service in a private general hospital is studied. Here the following forces meet, complement, compete, and collide: the community, university, hospital administration, private practitioners, insurance companies, consultation and liaison psychiatrists, university staff psychiatrists and residents, nurses, aides, social workers, activities personnel, patients and their families, the patient group, the ward milieu. Considering these factors, we describe: (1) the flow of information and feedback loops into, within, and out of the psychiatric service; (2) the location of decision nodes; (3) decision-making echelons. The general systems theory concepts utilized in this analysis are proposed as pragmatic tools for improving interdisciplinary team function.

0183567 81232205

**The inpatient psychiatric unit as a system.**

Chase S; Wright JH; Ragade R

Behav Sci ,Jul 1981, 26 (3) p197-205, ISSN 0005-7940

Journal Code: 9KW

Languages: ENGLISH

A university-affiliated psychiatric inpatient unit in a private general hospital is an organization which serves many purposes. However, the primary purpose is quite evident: to provide various psychiatric therapies to patients with diverse psychopathologies. This becomes extremely complicated if the unit attempts an eclectic approach. Thus, the unit must consider: (1) psychopathological frameworks such as genetic, sociocultural, psychoanalytic, behavioral, and biochemical etiologies; (2) therapeutic interventions such as individual, group, and family therapy; insight-oriented, supportive, and behavioral psychotherapy; milieu therapy; and psychopharmacological treatment; (3) the various philosophies, attitudes, and skills of the multidisciplinary team of psychiatrists, psychologists, nurses, aides, social workers, activities therapists, expressive therapists, and administrative support personnel. General systems theory and general living systems models may further the conceptualization and understanding of the inpatient unit. This, in turn, may improve patient treatment. For the inpatient psychiatric unit, we describe the 19 critical

subsystems of general living systems theory, with special emphasis on the decider subsystem.

0181983 81216495

**Use of health assessment for placing patients for geropsychiatry.**

Kennedy CC

J Gerontol Nurs ,May 1981, 7 (5) p273-9, ISSN 0098-9134

Journal Code: IAX

Languages: ENGLISH

0181660 81214042

**Staff smoking on the ward: iatrogenic addiction, iatrogenic cancer.**

Lewis TH

Hosp Community Psychiatry ,Jul 1981, 32 (7) p502-3,

ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

0181432 81211074

**Planning for crisis on a psychiatric research ward: a task analysis.**

Kosten TR; Astrachan BM

Compr Psychiatry ,May-Jun 1981, 22 (3) p306-11, ISSN

0010-440X Journal Code: D09

Languages: ENGLISH

01238

0180012 81198758

**The developmental phases of the nurse/resident relationship on an in-patient psychiatric unit.**

Feldman R; Cousins A; Grimaldi D  
Perspect Psychiatr Care .Jan-Feb 1981, 19 (1) p31-9,  
ISSN 0031-5990 Journal Code: OZT  
Languages: ENGLISH

We have identified four developmental phases of the nurse-resident relationship during a six month residency rotation. The first phase is the "Honeymoon Phase," characterized by the nurse and resident working together to maintain superficial harmony. The second, or "Testing Phase," raises issues of trust and control which must be resolved before the more collaborative team work characteristic of the "Cohesive Phase" may begin. The third, or "Cohesive Phase," is a period of sharing in which the nurse and the resident have developed trust in one another's abilities. Finally, during the "Separation Phase," the nurse must identify and resolve her own feelings about the resident's upcoming departure. When the nurse has successfully resolved these feelings, she is then in a position to reinvest her energies in the initial stages of another nurse-resident relationship. The nurse's awareness of developmental phases and their respective developmental tasks fosters her objectivity and ability to define specific professional goals.

0179886 81197747

**The Department of Psychiatry, University of Nebraska Medical Center.**

Eaton MT  
Nebr Med J .Mar 1981, 66 (3) p60-1, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

0177780 81175490

**[Psychiatry in a country hospital in Freudenstadt, close to the patients' domicile. A critical preliminary review after three years (author's transl)]**

Gemeindenaher Psychiatrie in Freudenstadt - kritische Zwischenbilanz nach 3 Jahren.  
Gruner W  
Psychiatr Prax .Feb 1981, 8 (1) p34-7, ISSN 0303-4259  
Journal Code: QCK  
Languages: GERMAN Summary Languages: ENGLISH

The article reports on the setting-up of a department of psychiatry at the general hospital in the Freudenstadt district. The department comprises 60 beds and represents the first hospital-integrated psychiatric department of its kind of the Baden-Wurtemberg Land government. It was inaugurated in the summer of 1976. The experience collected over a period of 3 years, presented here in detail, can be made use of within the overall framework of the discussions on the controversial issue of psychiatric departments in general hospitals, which has also been discussed on a political plane.

0177039 81166359

**The story of 'Dear John' and Washington's Sibley Hospital.**  
Lebensohn ZM  
Hospitals .May 1 1981, 55 (9) p86, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0177038 81166358

**Planning can ease provision of inpatient mental health services.**

Pinkert MS  
Hospitals .May 1 1981, 55 (9) p85-8, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

Administrators must recognize the differences between delivery of mental health care and other health services and compensate for these differences by careful planning and management.

0177031 81166351

**Hospital psychiatric services begin a changing of the guard.**

Friedman E  
Hospitals .May 1 1981, 55 (9) p52-5, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

Fewer psychiatric inpatients in public institutions, more patients in private inpatient and outpatient facilities, and increasing interest in comprehensive hospital-based services are all leading to changes in hospital psychiatry.

01239

0171547 81119657

**Interface of psychiatric clinical specialists in a community hospital setting.**

Samter J; Scherer MF; Shulman D  
J Psychiatr Nurs ,Jan 1981, 19 (1) p20-9, Journal  
Code: JTB

Languages: ENGLISH

In the beginning a question was posed, "Is clinical specialization an effective nursing role in the general hospital setting? In conclusion, we believe that the experience has shown it is, when certain factors are operating. These factors are a supportive nursing administration coupled with our collaborative efforts. The most significant of these changes has been strengthening nursing identity through peer support and the nurse-to-nurse consultation process.

0170541 81092400

**Psychiatric facility must meet safety standards.**

Regan WA  
Hosp Prog ,Feb 1981, 62 (2) p67, 74, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

0168716 81092333

**Recreation areas and skylights bring outdoors into psychiatric unit.**

McLaughlin HP; Boerger J  
Hospitals ,Feb 16 1981, 55 (4) p145-6, 148, 171, ISSN  
0018-5973 Journal Code: GDL

Languages: ENGLISH

Staff involvement in the design and planning phase of this mental health center resulted in a building of unusual shape that is open to the outdoors and that has soaring roofs and skylights.

**HOSPITAL,RADIOLOGIA**

01241



0250215 83170591

**Patient care and the development of the clinical assistant in interventional radiology.**

Adams PE

Russell H. Morgan Department of Radiology, Johns Hopkins Medical Institutions, Baltimore, MD.

Radiol Technol (UNITED STATES) ,Jan-Feb 1983, 54 (3) p223-5, ISSN 0033-8397 Journal Code: QRD

Languages: ENGLISH

At the Johns Hopkins Hospital, a cardiovascular radiology "clinical assistant" position was created to assist the radiologist in performing interventional radiology procedures.

It was soon apparent that the clinical assistant could contribute a great deal to patient management before and after the procedure. Additionally, patient and housestaff education was facilitated, and continuity of care was maintained. The clinical assistant has become an indispensable part of the health care team in interventional radiology.

0250214 83170590

**An effective fluoroscopic shield for angiographic equipment.**

Malott JC; Fodor J 3d

University of Cincinnati Hospital, Department of Radiology, OH.

Radiol Technol (UNITED STATES) ,Jan-Feb 1983, 54 (3) p216-9, ISSN 0033-8397 Journal Code: QRD

Languages: ENGLISH

The need to reduce the dose of radiation to radiologists and technologists involved in peripheral angiography at the University of Cincinnati Hospital resulted in the development of a radiation shield. This shield is lightweight, transparent, and adequately reduces the level of scatter radiation produced during fluoroscopy without interfering with the angiographer or the sterile field. The shield is effective, fairly inexpensive, and simple to construct.

0250213 83170589

**Effective inservice education in radiography.**

Edwards MJ

College of Health, University of Central Florida, Orlando.

Radiol Technol (UNITED STATES) ,Jan-Feb 1983, 54 (3) p206-14, ISSN 0033-8397 Journal Code: QRD

Languages: ENGLISH

Inservice education programs can be improved by using research on the principles of adult learning, coupled with addressing the particular stage or developmental level of the learner. These programs could then become a major vehicle for continuous self-renewal of radiographers and, ultimately, the radiology department.

**[Special standard: SSBT. Radiation therapy rooms and departments. Safety requirements]**

Otraslevoi standart "SSBT. Kabinety i otdeleniia luchevoi terapii. Trebovaniia bezopasnosti."

Kochetova GP

Med Radiol (Mosk) (USSR) ,Mar 1983, 28 (3) p86, ISSN 0025-8334 Journal Code: MBI

Languages: RUSSIAN

0244808 83164950

**[Training of new personnel in the radiology department--a study on the orientation program for the new personnel]**

Yokota M; Masuda M; Shimoda M

Kango Gijutsu (JAPAN) ,Dec 1982, 28 (16) p2189-96, ISSN 0449-752X Journal Code: KMT

Languages: JAPANESE

0239675 83159750

**The effect of clinical education programs on hospital production.**

Leiken AM; Stern E; Baines RE

School of Allied Health Professions, State University of New York at Stony Brook.

Inquiry (UNITED STATES) ,Spring 1983, 20 (1) p88-92, ISSN 0020-1731 Journal Code: GDT

Languages: ENGLISH

Because of rising hospital costs and the reluctance of third-party payers to reimburse for clinical training, major questions have been raised about the costs and benefits of these programs. The effect of student programs on production has, nonetheless, been largely neglected, in part because of the difficulty of measuring the effectiveness of these programs. To address this deficiency, multiple regression analysis was used to determine the impact of physical therapy, occupational therapy, and radiologic technology students on production in a large hospital in a metropolitan area. The impact of students on departmental output in all three areas was found to be positive.

0233082 83134206

**What are the JCAH's guidelines for reviewing the quality and appropriateness of care provided by support services, such as the radiology department?**

Affeldt JE

J Am Med Rec Assoc ,Feb 1983, 54 (2) p49, ISSN 0273-9976 Journal Code: GJV

Languages: ENGLISH

0246275 83166500

01242

0233073 83134141

**FTC advises Illinois hospital that exclusive radiology contract does not violate antitrust law.**

Tomaselli LA  
Health Law Vigil ,Apr 1 1983. 6 (7) p4-5. ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0232812 83128771

**A course on computed tomography for radiologic technologists: a conceptual framework.**

Seeram E  
Can J Radiogr Radiother Nucl Med ,1983. 14 (1) p11-3.  
ISSN 0319-4434 Journal Code: CKA  
Languages: ENGLISH

0231497 83140206

**A computer-assisted radiology reporting and retrieval system.**

Allegaert P; Kint E; Willems JL; Baert A  
Med Inf (Lond) ,Oct-Dec 1982. 7 (4) p267-73. Journal  
Code: LU9  
Languages: ENGLISH

0230978 83134941

**Accelerator room photoneutron and photon background measurements using thermoluminescent dosimeters.**

Anderson DW; Hwang CC  
Health Phys ,Feb 1983. 44 (2) p115-25. ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

Photoneutron dose equivalents and photon doses in the treatment room of a clinical linear accelerator were measured with sets of isotopically enriched LiF thermoluminescent dosimeters and a moderating sphere. Dosimeter neutron calibrations with <sup>252</sup>Cf sources were repeated many times during the extended series of measurements because the <sup>6</sup>LiF dosimeter sensitivity increased with successive neutron irradiations. Expressed as a fraction of the primary bremsstrahlung beam dose at maximum, the photoneutron background was 2.04 +/- 0.05 mrem/rad (10<sup>-3</sup> Sv/Gy) at 1 m lateral to beam center in the patient midplane at 25 MV. The fraction of this result due to thermal neutrons was found to be only about 2%. The photon background dose was 2.98 +/- 0.04 mrad/rad (10<sup>-3</sup> Gy/Gy). The photoneutron dose equivalent per unit primary dose was found to be nearly independent of the collimator size used but increased by 40% when the bremsstrahlung endpoint energy was increased from 20 to 35 MeV with no change in flattening filters.

0230976 83134928

**Radiographic workload and use factors for orthopedic facilities.**

Bushong SC; Glaze SA  
Health Phys ,Jan 1983. 44 (1) p53-9. ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

Observations of technique factors at 9 radiographic installations dedicated to orthopedic radiography have been made. Monthly area radiation measurements with thermoluminescent dosimeters were made at three of these facilities. The results of these observations and measurements suggest that current NCRP recommended assumptions utilized in protective barrier computations result in considerably more shielding than is necessary. We observed an average workload of 224 mA min/wk and a maximum weekly average of 670 mA min/wk. The use factor for the chest wall averaged 5%. That for all other vertical barriers was less than 1%. The average operating potential was 75 kVp. Room radiation measurements confirm the suggestion that at least two of the walls and the control booth barrier in an orthopedic radiographic facility may be considered secondary barriers.

0230543 83130292

**Why are radiologists in the UK not using computers in their departments?**

Sutherland GR  
Clin Radiol ,Mar 1983. 34 (2) p215-20. ISSN 0009-9260  
Journal Code: DIU  
Languages: ENGLISH

The value of administrative support computers in radiology departments has been evident, particularly in the United States, for more than a decade. It is difficult to understand why so little interest appears to have developed in this country; it is, perhaps, our inherent conservatism. The advent of the inexpensive microprocessor with a wide range of program packages has set the scene for an expansion of the use of computing in a wide range of clerical tasks. This article sets out to describe the various applications which we have demonstrated to be particularly suitable for incorporation into a computer system and suggests a number of additional applications which may be appropriate to particular radiology departments.

01243

0230270 83124567

**Computers in radiology management.**

Bauman RA

Appl Radiol ,Jan-Feb 1983, 12 (1) p55-8, 107, ISSN  
0160-9963 Journal Code: 38P  
Languages: ENGLISH

0229314 83120260

**Radiologic examination requisition procedures: a study of their effectiveness in a community hospital.**

Worrell J

South Med J ,Feb 1983, 76 (2) p216-7, ISSN 0038-4348  
Journal Code: UVH  
Languages: ENGLISH

I reviewed 100 consecutive radiologic examinations with particular attention to the clinical information included. The referring physician originated this clinical information in only 33% of cases. Other personnel, including nurses and aides, added information on the requisitions 57% of the time. When nonphysician personnel completed the requisitions, 46% of the cases were completed with either inappropriate or misleading clinical information. In 9% of the cases, there was no clinical information. Because all of the cases originated by physicians were appropriately completed, a strong plea is made for requiring physicians to originate radiologic requisitions.

0229199 83118428

**[Building plan for enlarging the high voltage therapy department to house the Soviet LUE-15 M 1 linear accelerator]**

Baukonzeption zur Erweiterung der Hochvolttherapie-Abteilung für den sowjetischen Linearbeschleuniger "LUE-15 M 1".

Salewski D; Eichhorn M; Glaser FH; Grimm D; Heider KM; Schuchardt V

Radiobiol Radiother (Berl) ,1982, 23 (5) p577-82, ISSN  
0033-8184 Journal Code: Q01  
Languages: GERMAN Summary Languages: ENGLISH

0228633 83111861

**Medical physics in the Northern Region: a general exposition of regional department in excelsis.**

Boddy K

J Med Eng Technol ,Nov-Dec 1982, 6 (6) p219-26, ISSN  
0309-1902 Journal Code: J14  
Languages: ENGLISH

0228332 83108150

**An interactive computer graphics program for determining the shielding for a megavoltage radiotherapy facility.**

Biggs PJ

Health Phys ,Oct 1982, 43 (4) p601-7, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

0228188 83106792

**[Performance analysis in radiodiagnostic departments]**

Leistungsanalyse röntgendiagnostischer Betriebe.

ROFO ,Jan 1983, 138 (1) p117-24, ISSN 0340-1618  
Journal Code: F5H  
Languages: GERMAN

0227806 83092055

**Designing an on-line system for radiology.**

Watkins G

Radiol Manage ,Sep 1982, 4 (4) p8-10, ISSN 0198-7097  
Journal Code: Q5J  
Languages: ENGLISH

0227805 83092054

**Legal forum: antitrust litigation.**

Kraus GP

Radiol Manage ,Sep 1982, 4 (4) p32-4, ISSN 0198-7097  
Journal Code: Q5J  
Languages: ENGLISH

01244

0227803 83092052

**Operational budgeting and budgetary control in diagnostic radiology.**

Evert H

Radiol Manage ,Sep 1982, 4 (4) p21-3, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

This article is concerned with establishing a revenue and expense budget for a diagnostic radiology department. It deals with setting up a breakout of examinations into specific categories and projecting the volume in each category. The volume should be expressed in RVUs rather than examinations. The volume predictions for the upcoming year would then be decided by factoring in such things as new procedures, new technology, patient day projections, ER projections, and any known outside influences. Once the volume is projected, expenses should be matched to these increases or decreases. These expenses would be prior to adding inflationary impacts. Finally, a follow-up should be performed on a monthly basis to ensure that the percentage change in volume is being matched by the same percentage change in expenses.

0227802 83092051

**Radiology information system--let's phase it.**

Hanwell L; Hartman P

Radiol Manage ,Sep 1982, 4 (4) p2-7, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

This article describes the phases of the Systems Development Life Cycle for Information Systems: evaluation and recommendation, scope, user specifications, engineering, programming and implementation, and post-implementation review. This methodology provides a means to approach the development process in an organized, logical fashion, providing checkpoints and cost/benefit data throughout.

00568

● 0227801 83092050

**The single most important event in a PERT chart.**

Johnson KC; Priday DM

Radiol Manage ,Sep 1982, 4 (4) p18-20, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

PERT is becoming a necessary approach for controlling the many events that contribute to the success or failure of initiating new diagnostic imaging services. This article first describes the development of a PERT program and offers advice on how to optimize the chance for successful results. It then describes the one single event that is the most critical one that impacts on the total results which are obtained.

0227800 83092049

**Smokestacks, widgets and radiology: perspectives on**

**productivity.**

Hage SJ

Radiol Manage ,Sep 1982, 4 (4) p14-7, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

Productivity in radiology is a complex and elusive issue. The fact that radiology is the practice of medicine makes management of it very different from management in traditional "smokestack" industry. Management itself is very young, and more familiar with smokestacks and widgets than with radiology or any other service industry. Before management can hope to affect productivity in radiology, it must first come to understand what it (radiology) is, and how it works.

0227799 83092048

**Personnel scheduling--making it work for everyone.**

Cardarella D

Radiol Manage ,Sep 1982, 4 (4) p11-3, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

0227507 83078736

**A system upgrade experience from store and forward (batch) to on-line objectives and results.**

Schroeder B

Comput Healthc ,Jan 1983, 4 (1) p20-1, 24, Journal

Code: D98

Languages: ENGLISH

0225298 83074285

**PANCH shows the way to modern radiology.**

Aust Hosp ,May 1982, (63) p12, ISSN 0147-0147 Journal

Code: 9GD

Languages: ENGLISH

0224875 83055422

**Sharing computerized data benefits cancer registry and radiation therapy division.**

Fayos J

J Am Med Rec Assoc ,Dec 1982, 53 (6) p43-9, ISSN

0273-9976 Journal Code: GJV

Languages: ENGLISH

01245

0224849 83055250  
**Subterranean building aids in the conservation of energy and related costs.**  
Oliver TG  
Hosp Top ,Nov-Dec 1982, 60 (6) p22-3, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0224817 83055198  
**Physicians must show reasons for x-rays on requisition forms.**  
Skillicorn SA  
Hosp Peer Rev ,Oct 1982, 7 (10) p127-8, ISSN 0149-2632  
Journal Code: GDO  
Languages: ENGLISH

0223995 83066067  
**The Nicholas Research Award 1981. Investigations into and a comparative study of techniques for basic radiography in children's hospitals.**  
Gyll C  
Radiography ,Sep 1982, 48 (573) p175-84, ISSN 0033-8281  
Journal Code: QDX  
Languages: ENGLISH

0223078 83057093  
**Radiology workload system for diagnostic radiology. Productivity enhancement studies.**  
MacEwan DW  
J Can Assoc Radiol ,Sep 1982, 33 (3) p183-96, ISSN 0008-2902  
Journal Code: HLZ  
Languages: ENGLISH

A unit measurement system for diagnostic radiology has been prepared. The basic data were collected in fifteen small, medium and large sized Canadian hospitals. Detailed measurements were made of the technologists' time for performing radiographic examinations. Analysis of work activity established the time contribution for each category of support staff. The basic data were tested in a field trial of forty-two Canadian hospitals and found to be reliable. Comparisons with other systems, particularly in Finland and Scotland, revealed a great similarity of results. A method of productivity analysis was developed. The study will be likely to form the basis for national reporting of work in Canadian radiology departments.

0222996 83055905  
**Air ionization in radiotherapy rooms.**  
Salasinski K  
Int J Biometeorol ,Jun 1982, 26 (2) p165-7, ISSN

0020-7128 Journal Code: GQS  
Languages: ENGLISH

0222216 83036517  
**M/NET aims to close gap between different vendors' digital devices.**  
Kuntz EF  
Mod Health Care ,Nov 1982, 12 (11) p98, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0221501 83042305  
**[Determination of the effective dose equivalent in gynecologic radium therapy]**  
Ermittlung der effektiven Aquivalentdosis bei der gynakologischen Radiumtherapie.  
Eckerl H; Thomasz E; Drexler G  
Strahlentherapie ,Jul 1982, 158 (7) p422-6, ISSN 0039-2073  
Journal Code: V1Z  
Languages: GERMAN Summary Languages: ENGLISH  
In this study, the authors describe how to determine the effective dose equivalent absorbed by occupationally exposed persons during a gynecologic radium therapy. The observed irradiation conditions of the physician and the medical staff are approximated by a standard geometry, for which conversion factors between the measured personal dose, the effective dose equivalent and different organ doses, respectively, are calculated. The results are job-specific conversion factors between dose to a personal dosimeter and the effective dose equivalent for the occupationally exposed persons involved. According to the individual tasks, these factors are between 0.59 and 1.13.

01246

0221309 83040076

**The computerized diagnostic radiology department: update 1982.**

Barnhard HU; Lane GB  
Radiology ,Nov 1982, 145 (2) p551-8, ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

The small digital computer is becoming ever more powerful, reliable, and inexpensive. Diagnostic radiology and the computer are becoming more intertwined. During the past decade, computed tomography (CT) has achieved outstanding success. CT and other digital image systems that are capable of computer manipulation, storage, and viewing are becoming more numerous. Of increasing importance are the new and maturing reporting and operations/management systems. The many facets of newer computer and diagnostic radiology developments are discussed, and a model is presented here that integrates all applications into a single system. Many benefits in improved patient care and general operations of the department would result from its implementation. Some elements of this model exist now and can be installed with relatively little effort. Development of the entire model is within the state of current technology. A number of trends suggest that diagnostic radiology is becoming more ready to use such a model.

0221301 83040028

**A computer system to monitor radiology department activity: a management tool to improve patient care.**

Jost RG; Rodewald SS; Hill RL; Evens RG  
Radiology ,Nov 1982, 145 (2) p347-50, ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

A microcomputer system has been developed and installed at the Mallinckrodt Institute of Radiology to monitor the moment-to-moment activity in a radiology department. Data about department performances are collected, summarized, and displayed in graphs and tables on terminals at stations throughout the department. The system is currently used to monitor a wide variety of functions including patient waiting time, report production time, film-library operations, equipment maintenance, and room use. Since the displays are updated in real-time, it is possible to identify and address problems as they occur, thereby providing a method of evaluation that leads to improved performance as related to patient care.

0219772 83023831

**One view: goodbye radiology.**

Mackintosh CE  
Br J Hosp Med ,Jul 1982, 28 (1) p38, ISSN 0007-1064  
Journal Code: BZ5  
Languages: ENGLISH

0219652 83012490

**Designers make room for digital units.**

Kuntz EF  
Mod Health Care ,Oct 1982, 12 (10) p131-2, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0219263 83019460

**A peripheralized digital image management system: prospectus.**

Templeton AW; Dwyer SJ 3d; Rosenthal SJ; Hensley KS; Martin NL; Anderson WH; Robinson RG; Levine E; Batnitzky S; Lee KR  
AJR ,Nov 1982, 139 (5) p979-84, ISSN 0361-803X  
Journal Code: 3AE  
Languages: ENGLISH

The number of diagnostic radiology examinations being performed on digitally formatted imaging equipment is continually increasing. However, most digital data are recorded as analogue images and the films stored in a central file. The dynamic range of raw digital data is lost. Currently, the space and cost requirements for storage of all digital data have discouraged most users from attempting it. This article presents the concepts and describes the requirements and initial fabrication of a system that will capture and retain all digital data using a network of peripheralized image acquisition, display, and storage devices. Any piece of digitally formatted equipment can be interfaced into the system. A real-time computer capability provides that any digital examination can be reviewed at any display station for up to 10 days.

0219036 83015848

**Risk prevention, quality assurance, and the missed diagnosis conference.**

Wheeler PS  
Radiology ,Oct 1982, 145 (1) p227-8, ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

01247

0218601 83010642

**The operation of a radiology consultation service in an acute care hospital.**

Baker SR

JAMA ,Nov 5 1982, 248 (17) p2152-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

The operation of a radiology consultation service in an acute care teaching hospital is described. The radiologist acts as an active advisor in the structuring of diagnostic evaluations in three disease categories; biliary tract disease, nonemergency gastrointestinal tract bleeding, and abdominal mass. There was a 64% reduction in the time needed to establish a diagnosis and a 32% decrease in the number of studies for each patient on the consultation ward compared with a control group, which consisted of patients with similar clinical presentations. A formal partnership between clinician and radiologist serves two important functions in teaching hospitals. It can simultaneously expedite diagnostic evaluations and teach the best utilization of imaging examinations.

0218021 83003261

**A basic X-ray service for a rural community in Southwestern Nigeria 1976-1980. A preliminary report.**

Lagundoye SB; Olowa P

Diagn Imaging ,1982, 51 (3-4) p193-7, ISSN 0378-9837

Journal Code: EAI

Languages: ENGLISH

The development of a basic X-ray service in a rural community in southwestern Nigeria is reviewed over a period of 5 years. Of the 3,278 examinations done during this period, chest X-rays constituted 56%. Most of the other examinations were requested on account of trauma of upper and lower extremities: 42 and 43%, respectively. Injuries to the elbow region constituted half of the X-rays for the upper extremities. There was an early upsurge of attendance for all X-rays reaching its peak at the first 2 years of the project, but a stable state was soon established within the subsequent 3 years. The non-chest examinations remained equally divided between the years under review. It is estimated that the introduction of the X-ray service has saved the community some 6,600 working days or 18 years in the 56-month period. This estimate excludes transportation for the accompanying relatives.

0218020 83003260

**Traumatology in rural Kenya. Role of simple X-ray services.**

Raja RS

Diagn Imaging ,1982, 51 (3-4) p187-92, ISSN 0378-9837

Journal Code: EAI

Languages: ENGLISH

Kenya with a population of 16 million has 143 X-ray units of which 119 provide services to the rural areas. Figures from

these units show that trauma cases form the major work load in most rural X-ray departments, followed by chest radiography; the incidence of trauma radiography diminishes significantly in the smaller peripheral health centers. The commonest form of trauma is to the limbs and skull; motor vehicle accidents constitute the major cause. The role of X-rays in diagnosis, treatment, and follow-up of trauma is extremely important at the district hospitals where there is a doctor. However, at subdistrict hospitals and health centers this importance decreases proportionately to the availability of (1) trained personnel with ability to interpret X-rays and (2) facilities to treat trauma.

0218019 83003259

**Mexican morbidity as a starting point for radiological planning.**

Cordera A

Diagn Imaging ,1982, 51 (3-4) p183-6, ISSN 0378-9837

Journal Code: EAI

Languages: ENGLISH

A meeting was held in Mexico City in 1980 to discuss the situation of diagnostic radiology in Latin America. X-ray departments are part of the medical care system of each country, utilized mainly in diagnosis. There are various approaches to health care, some of which are political, but technology should be used for its own value only. Social needs must be defined and the availability and costs studied. Priorities must also be defined. 80% of the morbidity is related to socioeconomic factors. Resources cannot satisfy demand, but should be concentrated on the most common problems. This should be the beginning of an ongoing analysis searching for the solutions for diagnostic radiology in Latin America.

0218012 83003252  
**Influence of industrialization on an African urban community.**

Prinsloo SF  
Diagn Imaging ,1982, 51 (3-4) p146-8, ISSN 0378-9837  
Journal Code: EAI  
Languages: ENGLISH

There is a steady trend towards urbanization in all countries, especially in developing countries. This leads to concentration of medical care, adding to road traffic congestion. In one hospital in South Africa the number of patients X-rayed increased significantly, from 80,402 in 1977 to 96,251 in 1980. 62% of all the patients were from casualty or outpatient clinics. Only 20% of the ambulatory patients were admitted. About 50% of all patients X-rayed were, therefore, not hospitalized. Most of them required relatively simple X-ray examinations, whereas inpatients needed more complex procedures. Building bigger hospitals and X-ray departments may not be the correct solution. Decentralized and cheaper facilities may be better and would also decrease the load on the larger and more complex X-ray departments.

0218010 83003250  
**Rural radiography in Zambia--limitations of the present.**  
Regisford F  
Diagn Imaging ,1982, 51 (3-4) p134-8, ISSN 0378-9837  
Journal Code: EAI  
Languages: ENGLISH

0217756 82283642  
**Cost implications of different fractionation schedules in palliative radiotherapy.**  
Ball DL  
Aust Health Rev ,May 1982, 5 (2) p24-5, ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0217680 82276091  
**Legal forum: Abstracts of recent malpractice cases in radiology.**  
Kraus GP  
Radiol Manage ,Jun 1982, 4 (3) p43-4, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217679 82276090  
**1981 AHRA clerical productivity survey.**  
Radiol Manage ,Jun 1982, 4 (3) p36-41, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217678 82276089  
**AHRA: the first ten years.**  
Wright ML  
Radiol Manage ,Jun 1982, 4 (3) p17-35, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217677 82276088  
**Radiology management: some thoughts for the future.**  
Conway JB  
Radiol Manage ,Jun 1982, 4 (3) p11-6, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217676 82276087  
**Thinking about the future.**  
Neuhauser D  
Radiol Manage ,Jun 1982, 4 (3) p10, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217675 82276086  
**A radiology department's response to consumer concerns regarding the hazards of low-dose radiation.**  
Godderidge C  
Radiol Manage ,Jun 1982, 4 (3) p1-5, ISSN 0198-7097  
Journal Code: QSJ  
Languages: ENGLISH

0217537 82266104  
**Free text processing in clinical documentation.**  
Gell G  
J Clin Comput ,1982, 10 (5-6) p170-9, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

01249



00569

0215460 82267783

**Radiation safety.**

Benson JM

J Fam Pract ,Sep 1982, 15 (3) p435-9, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

Radiation safety is rapidly becoming a major concern of every patient. Poor understanding of ionizing radiation and its effects frequently heightens anxiety. The average United States resident receives about 125 mrem of radiation per year from natural background radiation and another 120 mrem from man-made sources. The 240 million x-ray procedures performed annually contribute 90 percent of the man-made portion. It is assumed that the risks of medical radiation are outweighed by the benefits gained from the information obtained. If present in sufficiently high dosage, radiation can have harmful effects, such as induction of leukemia and thyroid malignancy.

No deleterious effects have been shown to have been caused by diagnostic radiation. It is reassuring that the risks of medical radiation appear to be quite small compared with other common hazards most people face daily. Careful attention to the use of radiographic safety and protective technique will ensure the lowest possible radiation dose. The physician's discretion in ordering only appropriate and indicated x-ray films will ensure the patients are exposed to the lowest possible amount of radiation.

0215025 82262478

**Shared biomedical engineering: a cost-benefit analysis.**

Cheng M; Prud'homme J

Dimens Health Serv ,Jul 1982, 59 (7) p28-31, ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0214415 82238856

**What does the JCAH look for in evaluating the quality of a hospital's radiology department?**

Affeldt JE

Hosp Med Staff ,Aug 1982, 11 (8) p18-20, ISSN 0090-0710

Journal Code: G93

Languages: ENGLISH

0213099 82243876

**Improved cost allocation in case-mix accounting.**

Williams SV; Finkler SA; Murphy CM; Eisenberg JM

Med Care ,May 1982, 20 (5) p450-9, ISSN 0025-7079

Journal Code: LSM

Contract/Grant No.: HS-02577

Languages: ENGLISH

Traditionally, many hospital costs have been allocated to patients using indirect measures that do not always reflect the value of the resources used to provide care. When, for

example, costs are allocated by multiplying the patient's charges by the hospital's ratio of costs to charges, the allocated cost does not reflect actual cost because the hospital does not uniformly charge for services in proportion to their cost. The choice of method for cost allocation will be as important for the newly developed case-mix cost-accounting systems as it has been for traditional cost-accounting systems. To illustrate how the use of an indirect cost-allocation method might affect the output of a case-mix cost-accounting system, operating room, radiology and clinical laboratory costs were assigned to 106 hospitalized inguinal hernia patients in two diagnosis-related groups (DRGs) using both the hospital's existing cost-allocation method and a method that measures costs directly. Total costs and the costs in each department were significantly lower in each DRG using the direct method. It was concluded that patients in these two DRGs were being assigned more than the actual cost of their care with the existing cost-allocation method and, therefore, that the existing method prevented the case-mix accounting system from providing accurate management information.

0212053 82209732

**X-ray department gets cost-effective equipment, already has the system to keep it in perfect shape [Interview]**

Bernardi R

Cost Containment ,Jun 8 1982, 4 (11) p6, ISSN 0198-9782

Journal Code: DSR

Languages: ENGLISH

0210445 82213220

**On the sources of radiation exposure of technologists in a radiotherapy center with high energy x-ray accelerators.**

Hoffman RJ; Nath R

Health Phys ,Apr 1982, 42 (4) p525-6, ISSN 0017-9078

Journal Code: G2H

Contract/Grant No.: CA-06519

Languages: ENGLISH

0209498 82188405

**Knowledge of federal labor laws essential to health facilities' defense in wage disputes.**

Regan WA

Hosp Prog ,Jun 1982, 63 (6) p58-9, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

01250

0209496 82188403  
**Radiology services' study improves productivity, care.**  
Ferron KR; Burke PA; O'Connor DJ Jr  
Hosp Prog ,Jun 1982, 63 (6) p50-1, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0209470 82188344  
**Radiation hazards: identify sources, be prepared for accidents [interview]**  
Coleman K  
Hosp Employee Health ,Mar 1982, 1 (3) p42-4, Journal Code: GC6  
Languages: ENGLISH

0208723 82198627  
**Daylight processing-its impact on a general department.**  
Black P  
Radiography ,Jan 1982, 48 (565) p2-4, ISSN 0033-8281  
Journal Code: QOX  
Languages: ENGLISH

0207052 82179976  
**Preparing the department budget: the trials and tribulations of the radiology administrator.**  
Robischon T  
Appl Radiol ,May-Jun 1982, 11 (3) p75-6, 79, 82, ISSN 0160-9963  
Journal Code: 38P  
Languages: ENGLISH

0207048 82179972  
**Spotlight on silver recovery.**  
Poundstone W  
Appl Radiol ,May-Jun 1982, 11 (3) p114-7, ISSN 0160-9963  
Journal Code: 38P  
Languages: ENGLISH

0206953 82173772  
**Focus on management effectiveness: new form enhances information system, cuts paperwork.**  
Lowry B; Miller M  
DH ,May 1982, 26 (5) p23, ISSN 0161-0007  
Journal Code: OGP  
Languages: ENGLISH

0206797 82166934

**Word processing cuts transcription costs.**  
Kahl K; Vlazny J; Meinz A  
Hosp Financ Manage ,May 1982, 36 (5) p16-8, 24, 26-7, ISSN 0018-5639  
Journal Code: G9N  
Languages: ENGLISH

0206716 82165993  
**Effective hospital corporation bylaws provide due process procedures.**  
Regan WA  
Hosp Prog ,May 1982, 63 (5) p64-5, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0206687 82165850  
**Computers in control.**  
Grech P  
Health Soc Serv J ,Apr 1 1982, 92 (4790) p409-10, ISSN 0300-8347  
Journal Code: GAR  
Languages: ENGLISH

0206663 82165186  
**Hospitals face challenge keeping pace with new advances in imaging [interview]**  
Atkins L  
Rev Fed Am Hosp ,May-Jun 1982, 15 (3) p43-4, 49, Journal Code: EUJ  
Languages: ENGLISH

0205967 82174861  
**Radiotherapy treatment workload statistics.**  
Mould RF  
Phys Med Biol ,Jan 1982, 27 (1) p157-62, ISSN 0031-9155  
Journal Code: P6J  
Languages: ENGLISH

0204789 82155323  
**Performance measurements in clinical care.**  
Poulsen H  
World Hosp ,Feb 1982, 18 (1) p28-31, Journal Code: XP6  
Languages: ENGLISH

01251

0204705 82151889

**Radiology nursing: a new dimension.**

Watkins GG; Schick A

Radiol Manage ,Mar 1982, 4 (2) p6-8, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

Radiology departments all over the country are inundated with new technology being introduced into the radiographic market. This more complex environment has created a new role in many radiology departments. The position of radiology patient advocate is somewhat new, but growing in potential for maintaining the quality of patient care being delivered. The nurse in radiology can assist in humanizing the patient's experience. The nurse can also act as a liaison with other professional departments. Finally, the nurse can assist in maintaining and improving the quality of care provided in a radiology department. The department of radiology now, more than ever, needs to consider complementing their staff with a nurse.

0204703 82151887

**Improving technologists' in-service education programs.**

Bergey TW

Radiol Manage ,Mar 1982, 4 (2) p2-5, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

An in-service program for Radiologic Technologists is, for some departments, more of a burden than a benefit. Resources and time are limited, as well as interest in many instances. Utilizing some basic steps of coordinating and assessment, in-service sessions can develop into worthwhile learning experiences instead of just a requirement being met.

0204702 82151886

**What's your RRQ?**

Roberts JW Jr

Radiol Manage ,Mar 1982, 4 (2) p17-8, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

0204701 82151885

**Quality assurance as a positive motivator.**

Chase TB

Radiol Manage ,Mar 1982, 4 (2) p16, ISSN 0198-7097

Journal Code: Q5J

Languages: ENGLISH

0204554 82141697

**Cut risks of radiation exposure with preventive strategies [interview]**

Coleman K

Hosp Risk Manage ,Apr 1982, 4 (4) p50-3, ISSN 0199-6312

Journal Code: G91

Languages: ENGLISH

0203838 82151868

**Interventional radiology in a community hospital.**

Husted JW; Stock JR; Green WH; Kim KW

Radiology ,Apr 1982, 143 (1) p273-4, ISSN 0033-8419

Journal Code: Q5H

Languages: ENGLISH

0202250 82133120

**Effective use of a computer in radiology.**

Miller J

Appl Radiol ,Mar-Apr 1982, 11 (2) p53-4, 56-7, ISSN

0160-9963 Journal Code: 38P

Languages: ENGLISH

0202249 82133119

**Trials and tribulations of radiology administration. Who is really in charge of the department?**

Robischon T

Appl Radiol ,Mar-Apr 1982, 11 (2) p45-8, ISSN 0160-9963

Journal Code: 38P

Languages: ENGLISH

0202247 82133117

**Radiologic microfilming: a technology in transition.**

Bradbury J

Appl Radiol ,Mar-Apr 1982, 11 (2) p139-40, 143-4, 146,

ISSN 0160-9963 Journal Code: 38P

Languages: ENGLISH

0200920 82125310

**What's wrong with radiology.**

Heilman RS

N Engl J Med ,Feb 25 1982, 306 (8) p477-9, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

01253

0199306 82111502

**Reader survey: radiology administrators--future shock in the radiology department.**

Poundstone W

Appl Radiol ,Jan-Feb 1982, 11 (1) p39-42. ISSN

0160-9963 Journal Code: 38P

Languages: ENGLISH

0197290 82093088

**Discriminant analysis of radiation therapy procedures: the Patterns of Care Process Survey for carcinoma of the larynx.**

MacLean CJ; Davis LW

Cancer ,Jan 15 1982, 49 (2) p229-33. ISSN 0008-543X

Journal Code: CLZ

Contract/Grant No.: CA15978

Languages: ENGLISH

Discriminant analysis was applied to larynx data from the Patterns of Care Study (PCS) in order to evaluate and classify radiation therapy procedures. Since PCS has recorded information on a large number of separate procedures, a method was needed to treat them coherently. Discriminant analysis provided such a method through a comprehensive score of performance. The particular discriminant score used was calculated from the contrast between facilities with and without radiation therapy resident training programs. Because residents drastically affect the practice of radiation therapy in a facility, this factor provided a foundation for analyzing the procedures themselves. Results of the discriminant analysis were used to derive a condensed list of generalized procedural criteria which contains almost all the discrimination information of the original procedures and which elucidates their relative importance and the relations among them.

0196808 82071380

**Microfilming puts a silver lining on radiology files storage problem.**

Cost Containment ,Jan 26 1982, 4 (2) p1-2. ISSN

0198-9782 Journal Code: DSR

Languages: ENGLISH

01203

**HOSPITAL , SERVICIOS DENTALES**

01254

0219369 83020153  
**Costs of providing dental services to adult mentally retarded: a preliminary report.**

Gotowka TD; Johnson ES; Gotowka CJ  
Am J Public Health ,Nov 1982, 72 (11) p1246-50, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

This study reports on the hourly costs of providing comprehensive dental services to mentally retarded adults in a hospital-based group dental practice. The analysis indicated average total hourly costs of \$56.11 for dentist-provided services and \$22.25 for dental hygienist-provided services. When compared to the revenues available for program maintenance, a net hourly deficit of \$18.82 per dentist hour and \$9.89 per dental hygienist hour resulted. The implications of this operating loss on the continued care of this patient population are discussed.

0206169 82176547  
**Outpatient dental services.**

Randell S  
Spec Care Dentist ,Jan-Feb 1982, 2 (1) p34-5, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0201442 82129588  
**Inpatient dental services.**

Small EW  
Spec Care Dentist ,Nov-Dec 1981, 1 (6) p277-9, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0183107 81226464  
**In hospital dental services.**

Mark HI  
Spec Care Dentist ,Mar-Apr 1981, 1 (2) p61-4, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

0180900 81193032  
**Report on the Council on Hospital and Institutional Dental Services.**

Kelly JM  
J Hosp Dent Pract ,2nd Qrt 1980, 14 (2) p85-8, ISSN  
0022-1600 Journal Code: IE5  
Languages: ENGLISH

0180896 81193028  
**Update on Robert Wood Johnson's Hospital sponsored ambulatory dental services program.**

Van Ostenberg PR  
J Hosp Dent Pract ,2nd Qrt 1980, 14 (2) p68-71, ISSN  
0022-1600 Journal Code: IE5  
Languages: ENGLISH

0211558 82224420  
**The financial stability of hospital-based ambulatory dental services.**

Johnson ES  
Spec Care Dentist ,Mar-Apr 1982, 2 (2) p82-3, ISSN  
0275-1879 Journal Code: U99  
Languages: ENGLISH

00570

0211781 82228218  
**Traditional and emerging forms of dental practice. Cost, accessibility, and quality factors.**

Rovin S; Nash J  
Am J Public Health ,Jul 1982, 72 (7) p656-62, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

The traditional and predominant manner of delivering dental care is through a fee-for-service, private practice system. A number of alternative dental care delivery systems have emerged and are being tested, and others are just emerging. These systems include department store practices, hospital dental services, health maintenance organizations, the independent practice of dental hygiene, and denturism. Although it is too soon to draw final conclusions about the efficacy and effectiveness of these systems, we examine them for their potential to compete with and change the way dental care is currently delivered. Using the parameters of cost, accessibility, and quality, we compare these systems to traditional dental practice. Some of these emerging forms clearly have the potential to compete favorably with traditional practice. Other seem less likely to alter the existing system substantially. The system which can best control costs, increase accessibility, and enhance quality will gain the competitive edge.

01255

0179570 81194764

**Results of study of Hospital Dental Services.**

Asselin JB

J Mich Dent Assoc .Mar 1981, 63 p215-6, ISSN 0026-2102  
Journal Code: J4X

Languages: ENGLISH

0164703 81055367

**Impact of community health centers and Medicaid on the use of health services.**

Okada LM; Wan TT

Public Health Rep .Nov-Dec 1980, 95 (6) p520-34, ISSN  
0033-3549 Journal Code: QJA

Languages: ENGLISH

The impact of improved access to health care through the Federal community health center (CHC) and Medicaid programs was examined in five urban low-income areas. Data on access to care and physician, hospital, and dental services utilization were collected by baseline and followup health surveys in the CHCs' services areas. There was a shift in use from hospital clinics to CHCs. Followup surveys indicated that 23 percent of the population reported CHCs as usual source of care. Travel time to source of care was reduced for users of CHCs. Medicaid coverage of the population in the survey areas increased from 16 to 37 percent between the baseline and followup surveys, an interval of 4 to 7 years. Increases occurred in the use of physicians and dental care between the baseline and followup surveys, but the rates scarcely kept pace with the national rates. Respondents who reported CHCs as their usual source of care, however, had a higher rate of physician visits and a lower rate of hospitalization compared with those using private physicians or hospital clinics as the usual source of care. Respondents with Medicaid coverage usually had higher physician and hospital use, irrespective of usual source of care. Both CHC and Medicaid programs contributed to increased use of dental care by providing financial and dental care resources. Although these two programs greatly facilitated the use of health services, disparity in physician and dental utilization remains between the five low-income areas and the averages for the nation.

0116330 79151656

**Part I. Hospital dental services in Colorado.**

Sanger RG; Petersen JT; Corral DS

J Colo Dent Assoc .Jan 1978, 56 (2) p21-3, ISSN  
0010-1559 Journal Code: HUL

Languages: ENGLISH

0097354 78249127

**Health problems in a city-county workhouse.**

Derro RA

Public Health Rep .Jul-Aug 1978, 93 (4) p379-85, ISSN

0033-3549 Journal Code: QJA

Languages: ENGLISH

This study was part of a continuing effort to define the health profile of a city-county workhouse inmate population. To supplement data previously obtained on the health status of inmates on admission, all subsequent encounters for medical problems were recorded and analyzed. Of 491 inmates examined on admission, 312 subsequently made 1,257 visits for medical care. The rate of clinic use was two to three times higher than rates reported in national surveys. Of 1,549 problem encounters, trauma, musculoskeletal complaints, skin disorders, and diseases of the eyes, ears, nose, and throat accounted for 52.3 percent. Dental disease, trauma, and other musculoskeletal disorders comprised 66.3 percent of problems that required referral of patients to the city-county hospital. A significant relationship was seen between depression as determined by a self-rating questionnaire and numbers of visits and problem encounters, as well as several frequently encountered problems. The results of this study have implications for health services in correctional institutions with similar inmate populations. The provision of limited but onsite dental services is advisable. Athletic activities and work details should be closely supervised. Physicians and nurses should be skilled in the evaluation and management of minor trauma and other musculoskeletal disorders. Algorithms are appropriate aids in the management of common but minor medical problems. These measures and proposals are designed also to deal with the problem of overuse of clinic services. However, the measures do not diminish and, in some instances, they increase access to care for medical and dental health needs.

0096723 78243594

**ADA approval of hospital dental services: its impact.**

Tande SE; Zambito RF

J Hosp Dent Pract .Jul-Sep 1974, 8 (3) p85-7, ISSN  
0022-1600 Journal Code: IE5

Languages: ENGLISH

0096687 78243552

**A commentary on certain problems facing hospital dental services today.**

Eisenbud L

J Hosp Dent Pract .Oct-Dec 1976, 10 (4) p97-100, ISSN  
0022-1600 Journal Code: IE5

Languages: ENGLISH

01256

0084203 78195291  
**ADA approval of hospital dental services: its impact.**  
Tande SE; Zambito RF  
J Hosp Dent Pract ,Jul-Sep 1974, 8 (3) p85-7, ISSN  
0022-1600 Journal Code: IE5  
Languages: ENGLISH

0084176 78195249  
**A commentary on certain problems facing hospital dental services today.**  
Eisenbud L  
J Hosp Dent Pract ,Oct-Dec 1976, 10 (4) p97-100, ISSN  
0022-1600 Journal Code: IE5  
Languages: ENGLISH

0084170 78195243  
**Hospital dental services problem clinic.**  
J Hosp Dent Pract ,Jul-Sep 1976, 10 (3) p83, ISSN  
0022-1600 Journal Code: IE5  
Languages: ENGLISH

0069663 78022790  
**Dental care for the handicapped-ambulatory and hospital considerations.**  
Braham RL  
Child Care Health Dev ,May-Jun 1977, 3 (3) p181-7, ISSN  
0305-1862 Journal Code: C9X  
Languages: ENGLISH

Estimates of the incidence of handicap are totally confused, and there is little coordination in provision of information as to types of disability. The author attempts to distinguish between the various handicaps from a standpoint of dental services delivery. Some of the psycho-social problems of the handicapped are discussed in relation to dental care, and distinction is made between those who can be treated on an ambulatory basis and those who have to be hospitalized. Guidelines are established for each of the aforementioned techniques in order to make the experience more bearable for patient, parent and dentist.

0045654 77013973  
**A survey of the need for emergency dental services.**  
Wilson NH  
Public Health ,Jul 1976, 90 (5) p231-3, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

0044811 77000087

**Emergency dental services in the Plymouth area. Report over a 10-month period.**  
Toms BV  
Br Dent J ,15 Jun 1976, 140 (12) p415-7, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0043111 76256367  
**A survey of the dental needs of hospital inpatients in Scotland.**  
Wilson NH  
Community Dent Oral Epidemiol ,Jul 1976, 4 (4) p129-32, ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

Eight hundred and ninety-four inpatients in four hospitals in Edinburgh were assta were used to estimate future inpatients' dental requirements and the hospital dental services which would be necessary to meet these needs. Seventeen percent of the sample was found to be suffering from pain or discomfort of dental origin and over 30% were considered to require some form of dental treatment before their expected date of inpatient discharge.

0038438 76183671  
**Oral health services: a Delphi technique estimation of their role in adult inpatient rehabilitation programs.**  
Katz RV; Frey BJ  
Arch Phys Med Rehabil ,Apr 1976, 57 (4) p183-8, ISSN  
0003-9993 Journal Code: 8BK  
Languages: ENGLISH

This report presents the results of an investigation into one possible administrative route that would increase the accessibility and availability of dental services for the handicapped. Specifically, this paper assesses the desirability of, perceived level of need for, and feasibility of incorporating a dental service into the total hospital rehabilitation program for adults. The Delphi technique, a method of gathering the opinions of experts through a sequentially designed set of questionnaires, was used to ascertain the views of ten chairpersons of physical medicine and rehabilitation units. The results of this discussion indicate that the perceived need is great, that access to care is difficult, and that a feasible solution would be to establish a hospital-based dental service, preferably convenient to the rehabilitation dormitory, which would provide a full range of dental services.

01257



0022948 76021393

**Dental status and treatment needs among institutionalized mentally subnormal persons in Norway.**

Svatun B; Heloe LA  
Community Dent Oral Epidemiol ,Sep 1975, 3 (5) p208-13,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

Dental status and treatment needs were studied in a random sample comprising 353 mentally subnormal persons. The sample was drawn to represent institutionalized mentally subnormal persons in Norway aged 5-45. The overall dental health was poor, primarily due to inadequate and fragmentary treatment facilities. Whereas the dental condition of children below 15 years of age was acceptable, as measured by the DMFT index, tooth loss increased rapidly with advancing age. Nearly every second dentulous person needed some conservation, and every tenth needed extraction of one or more teeth. One-third of the patients needed treatment requiring general anesthesia. It was concluded that a new system for the investigation of treatment requirements should be developed. This system must be based on diagnostic and social criteria, and should serve as a guideline for the planning and delivery of dental services to the various subgroups of mentally subnormal persons.

0019695 75208206

**Dental status of the institutionalized elderly population of Edinburgh.**

Manderson RD; Etinger RL  
Community Dent Oral Epidemiol ,May 1975, 3 (3) p100-7,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

A randomly selected population of 442 persons in Edinburgh was interviewed and examined. Although 71 % of the sample required treatment, only 52 % were physically and mentally able to benefit from treatment. Thirty percent of the sample were able to use public transport to attend a dentist, 66 % would require cars and ambulance transport and 4 % were bedridden and would require domiciliary dental services. Twenty-one percent of the sample had thought about seeking dental treatment, while only 25 % had heard how to claim exemption from or help towards dental charges. Edentulousness was present in 91 % of the sample, only 41 persons having remaining natural teeth. Seventy-three percent were wearing dentures which required adjustment or replacement, but only 39 % thought their dentures were unsatisfactory. In 58 % of the patients the oral tissues were so deformed or resorbed that the prosthodontic treatment needed would be complex and require special skills. Half of the sample had some form of denture-induced pathology which required either conservative or surgical treatment.

0007237 75076817

**Current experiments in the delivery of dental services.**

Allred H; Hobdell MH

01258

# **HOSPITALES, SERVICIOS INTEGRADOS**

0233237 83141074  
**Joint projects: legal and business issues.**  
Kinnaird CR  
Mich Hosp ,Mar 1983, 19 (3) p21-4, ISSN 0026-220X  
Journal Code: MXZ  
Languages: ENGLISH

0233186 83136063  
**Evolution of a hospital-based clinical engineering contract service.**  
Adamson HW  
J Clin Eng ,Oct-Dec 1982, 7 (4) p313-5, ISSN 0363-8855  
Journal Code: HQA  
Languages: ENGLISH  
Large, centrally-located hospitals can develop Clinical Engineering Services designed to assist other hospitals. These services can be delivered in a cost-effective manner, without extensively disrupting internal services. These services can provide a means of enhancing hospital-to-hospital relationships, while delivering a viable, needed service.

0233134 83135005  
**Purchasers divided on groups' job impact.**  
Albertson D  
HPN Hosp Purch News ,Apr 1983, 7 (4) p1, 13-5, ISSN 0279-4799  
Journal Code: G3D  
Languages: ENGLISH

00571

0232556 83149895  
**Economies of purchasing group size.**  
May BE; Daniels CE; Herrick JD  
Am J Hosp Pharm ,Feb 1983, 40 (2) p263-6, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH  
The relationship of drug price and purchasing group size was evaluated. Thirty drug line items were studied in 26 private hospital purchasing groups of various sizes. Prices were analyzed relative to purchasing group size, age, and location. Drug prices were negatively correlated to group size in a linear relationship. Prices were significantly lower in groups representing greater than 10,000 beds. No significant relationship was found between group age or location and drug prices. The theory that increasing purchasing group size will result in better contract prices was supported.

0230193 83120326  
**Circuit riding. A method for providing reference services.**  
Plunket L; Genetti RB; Greven ML; Estabrook B  
Spec Libr ,Jan 1983, 74 (1) p49-55, ISSN 0038-6723

Journal Code: UX8  
Contract/Grant No.: 1 GO8LM03348  
Languages: ENGLISH

0229963 83107125  
**Capital equipment purchasing: a group purchasing director's perspective.**  
Blankinship RT  
Hosp Mater Manage Q ,Feb 1983, 4 (3) p23-5, ISSN 0192-2262  
Journal Code: GD3  
Languages: ENGLISH

0227679 83088509  
**Sale of SHARE expands its power [news]**  
Brown M  
Mod Health Care ,Jan 1983, 13 (1) p36, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0227030 83094726  
**[Recent experiences with kidney explantation outside transplantation centers]**  
Neue Erfahrungen mit der Nierenexplantation ausserhalb von Transplantationszentren.  
Geister H; Simon S  
Urologe [Ausg A] ,Sep 1982, 21 (5) p254-5, ISSN 0042-1103  
Journal Code: WSJ  
Languages: GERMAN Summary Languages: ENGLISH  
The ever-increasing negative balance between the offer of an demand for organs with regard to transplantation surgery is very problematic. The transplantation centres are confronted with an insolvable problem and for this reason the co-operation of hospitals, other than the transplantation centres, is of vital importance where the explantation of kidneys, under specified conditions, is concerned. There are reports of new experiences in the removal of organs through in-situ-perfusion and en-bloc-removals as well as combined consignments of organs and typing material. The favourable results personally achieved during the past 6 years have given cause to believe that other clinics or hospitals, other than the transplantation centres, will participate in the explantation or organs for the purpose of transplantation.

01260

0225044 83062547  
**Hospital group purchasing is not always the answer.**  
Carlson L  
Med Prod Sales ,Nov 1982, 13 (11) p78-83, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0225008 83061626  
**New shared-service laundry built by Oklahoma Hospital Association.**  
Eldredge DC  
Laund News ,Sep 1982, 8 (9) p3, 27, Journal Code: L4R  
Languages: ENGLISH

0225004 83061622  
**New Canadian regional laundry to replace individual facilities.**  
Laund News ,Sep 1982, 8 (9) p1, 28, Journal Code: L4R  
Languages: ENGLISH

00572

0224997 83061615  
**Quebec hospital renovates laundry to serve other local institutions.**  
Reinfeld J  
Laund News ,Dec 1982, 8 (12) p1, 22, Journal Code: L4R  
Languages: ENGLISH

00573

0224796 83055152  
**Sharing security: something in it for everybody?**  
Hosp Secur Saf Manage ,Oct 1982, 3 (6) p5-10, Journal  
Code: GCP  
Languages: ENGLISH

0224442 83071841  
**Trends in radiopharmaceutical dispensing in a regional nuclear pharmacy.**  
Basmadjian GP; Johnston J; Barker K; Ice RD  
Am J Hosp Pharm ,Nov 1982, 39 (11) p1933-6, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Dispensing trends for radiopharmaceuticals at a regional nuclear pharmacy over a 51-month period were studied. dispensing records of a regional nuclear pharmacy were analyzed with a forecasting procedure that uses univariate time data to produce time trends and autoregressive models. The overall number of prescriptions increased from 3500 to 5500 per quarter. Radiopharmaceuticals used in nuclear cardiology studies increased from less than 0.1% to 17.5% of

total prescriptions dispensed, while radiopharmaceuticals used for brain imaging showed a steady decline from 29% to 11% of total prescriptions dispensed. The demand for other radiopharmaceuticals increased in areas such as renal studies, bone studies, lung studies, liver-function studies, and Ga-67 tumor-uptake studies, and declined slightly for static liver studies. Changes in dispensing trends for radiopharmaceuticals will continue as the practice of nuclear medicine concentrates more on functional studies and as newer imaging techniques become used for other purposes.

0222222 83036692  
**Largest U.S. buying group launched in Chicago.**  
Snyder JD  
Med Prod Sales ,Oct 1982, 13 (10) p1, 48-9, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0222148 83030279  
**Hospital group purchasing is not always the answer.**  
Carlson L  
HPN Hosp Purch News ,Nov 1982, 6 (11) p1, 15-9, 62,  
ISSN 0279-4799 Journal Code: G3D  
Languages: ENGLISH

0222067 83029128  
**Cooperative laundries for nonprofit hospitals.**  
Decker R  
Hosp Purch Manage ,Nov 1982, 7 (11) p17-8, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0222063 83029124  
**Group purchasing: a view from the inside.**  
Hosp Purch Manage ,Oct 1982, 7 (10) p6-8, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

01261

0222062 83029123  
**Strategic planning: key to survival for purchasing groups.**  
Krumenacker J; Gray SP  
Hosp Purch Manage ,Oct 1982, 7 (10) p3-5, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0220650 83034540  
**Cooperative workshops for emergency nurses.**  
Eben JD; Winger ME; Stewart M; Sapp MP; Batza DM; Misinski  
M  
JEN ,Sep-Oct 1982, 8 (5) p248-53, ISSN 0099-1767  
Journal Code: KRU  
Languages: ENGLISH

0220102 83028953  
**[Coordination of the division of labor in Bremen clinics. A contribution to cost control in public health]**  
Arbeitsteilige Koordinierung in den Bremer Kliniken. Ein Beitrag zur Kostendampfung im Gesundheitswesen.  
Ohndorf HL  
Fortschr Med ,Sep 2 1982, 100 (33) p1479-81, ISSN  
0015-8178 Journal Code: F62  
Languages: GERMAN

0217602 82271969  
**Group buying in the '80s [interview]**  
Pauley WF; Kelly TW; Friedman WR Jr  
Med Prod Sales ,Aug 1982, 13 (8) p78-81, 84-6, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0217589 82271747  
**Round 2: AHSC jabs at antitrust charges [news]**  
Kuntz EF  
Mod Health Care ,Sep 1982, 12 (9) p26, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0217480 82264931  
**Independence of VHA buyers an issue in antitrust suit.**  
Dildine D  
HPN Hosp Purch News ,Sep 1982, 6 (9) p1, 34-5, Journal  
Code: G3D  
Languages: ENGLISH

0217375 82263518  
**Material management and pharmacy in an investor-owned hospital system.**  
Gynn JB Jr  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p40-5, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217289 82263350  
**Handling group purchasing rebates: an HPM follow-up.**  
Decker R  
Hosp Purch Manage ,Sep 1982, 7 (9) p16-7, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0217279 82263275  
**Pharmaceutical scam: use audit to detect 'pyramid cube scheme'.**  
Gardner JR  
Healthc Financ Manage ,Sep 1982, 36 (9) p72, 74, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0215025 82262478  
**Shared biomedical engineering: a cost-benefit analysis.**  
Cheng M; Prud'homme J  
Dimens Health Serv ,Jul 1982, 59 (7) p28-31, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214405 82238795  
**The AHSC case: what does it mean for group buying?**  
Christensen JD  
HPN Hosp Purch News ,Aug 1982, 6 (8) p10, 12-3, 18  
passim, Journal Code: G3D  
Languages: ENGLISH

0212277 82219553  
**Shared services hold antitrust risk.**  
Wallace C  
Mod Health Care ,Jul 1982, 12 (7) p136, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

01262

0212276 82219552

**Shared services pacts up 22%.**

Punch L

Mod Health Care ,Jul 1982, 12 (7) p124-6, 128, 130-4,  
ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212273 82219549

**Contracts climb 22% in '81; more steady growth seen.**

Johnson DE; Punch L

Mod Health Care ,Jul 1982, 12 (7) p103-6, 108, 110-12,  
ISSN 0160-7480 Journal Code: NFA  
Languages: ENGLISH

0212121 82212268

**What does antitrust ruling really mean?**

Decker R

Hosp Purch Manage ,Jul 1982, 7 (7) p11-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0212088 82211218

**Purchase price is still a key in hospital materials management.**

Ambrose RC

Rev Fed Am Hosp ,Jul-Aug 1982, 15 (4) p54-6, ISSN  
0148-9496 Journal Code: EUJ  
Languages: ENGLISH

0210351 82212328

**Food service: prime vendor plus costs approach saves hospitals \$125,000 per year.**

Hospitals ,Jul 16 1982, 56 (14) p64, 66, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210344 82212321

**Sharing arrangement: department heads asked to join in [interview]**

Reilly G

Hospitals ,Jul 16 1982, 56 (14) p48, 50, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0209911 82206922

**[A report on a visit to hospitals with service centers in**

**North America (author's transl)]**

Bericht über den Besuch von Hospitalern mit Service-Zentren in Nordamerika.

Irrich W

Biomed Tech (Berlin) ,Mar 1982, 27 (3) p52-9, ISSN  
0013-5585 Journal Code: A5L  
Languages: GERMAN Summary Languages: ENGLISH

0209910 82206921

**["Technisches Krankenhausservice-Zentrum Berlin (TKB)": Experiences and first results concerning the step-by-step development of an multi-hospital organization (author's transl)]**

Modellverbund "Technisches Krankenhausservice-Zentrum Berlin (TKB)": Erfahrungen und erste Ergebnisse mit dem schrittweisen Aufbau einer krankenhaussübergreifenden Organisation.

Motzkus B; Haberland WW; Wolf M

Biomed Tech (Berlin) ,Mar 1982, 27 (3) p41-52, ISSN  
0013-5585 Journal Code: A5L  
Languages: GERMAN Summary Languages: ENGLISH

0209674 82195182

**Two hospitals share same building to help their individual operations [news]**

Kuntz EF

Mod Health Care ,Jun 1982, 12 (6) p64-6, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209663 82195171

**AHSC antitrust decision may curb group buying [news]**

Kuntz EF

Mod Health Care ,Jun 1982, 12 (6) p18, 20, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0209610 82194515

**Incentive program is one key to central plant's success.**

Laund News ,Jun 1982, 8 (6) p5, Journal Code: L4P

Languages: ENGLISH

01263

0209538 82189443

**Corporate clout, specialization seen molding group buying in the '80s [interview by Robert F. Hickox and Daniel Dildine].**

Pauley WF; Kelly TW; Friedman WR Jr  
HPN Hosp Purch News ,Jul 1982, 6 (7) p16-8, 21,  
Journal Code: G3D  
Languages: ENGLISH

0209537 82189442

**'Matrix' buying saves Sun money.**

Dildine D  
HPN Hosp Purch News ,Jul 1982, 6 (7) p1, 19, Journal  
Code: G3D  
Languages: ENGLISH

0207026 82177414

**Law simplifies sharing between military, VA.**

US Med ,May 1 1982, 18 (9) p3, 6, ISSN 0042-1227  
Journal Code: WZP  
Languages: ENGLISH

0206887 82172313

**Work on VA central laundry in Augusta 'one-fifth complete' [interview]**

Stirewalt C  
Laund News ,May 1982, 8 (5) p2, 16, Journal Code: L4R  
Languages: ENGLISH

0206744 82166112

**White & White v. ASHC decision identifies antitrust concerns but not an obstacle to structuring beneficial group purchasing arrangements.**

O'Brien JP  
Health Law Vigil ,May 14 1982, 5 (10) p1-2, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0206742 82166110

**Summary of White & White Inc., et al. v. American Hospital Supply Corporation.**

O'Brien JP  
Health Law Vigil ,May 14 1982, 5 (10) psuppl 1-2, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0206639 82163978

**Cooperative education program meets management needs citywide.**

Day DM  
Crossref Hum Resour Manage ,May-Jun 1982, 12 (3) p1-5,  
ISSN 0190-0447 Journal Code: DTK  
Languages: ENGLISH

0206631 82163956

**'Committed volume contracts'--convincing hospitals they're in their best interest.**

Cost Containment ,May 25 1982, 4 (10) p1, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0204656 82151108

**Consorting on a newsletter.**

Profiles Hosp Mark ,1st Quarter 1982, (5) p44-5,  
Journal Code: PZ0  
Languages: ENGLISH

0204600 82148154

**Hospital information systems: four hospitals consider sharing automated patient care system.**

Bendix J  
Mod Health Care ,Apr 1982, 12 (4) p112, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0204584 82147567

**VA to begin building central plant that will serve five NY hospitals.**

Laund News ,Apr 1982, 8 (4) p4, Journal Code: L4R  
Languages: ENGLISH

0202135 82126195

**Consider shared services.**

OH ,Mar 1982, 26 (3) p12-4, ISSN 0161-0007 Journal  
Code: OGP  
Languages: ENGLISH

01264

0200221 82118512

**Hospitals must consider antitrust implications of multi-institutional arrangements.**

Kopit WG; Gerson SM; Moses RJ  
Hospitals ,Mar 1 1982, 56 (5) p82-4, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0199302 82111391

**Efficiency is the key reason for lower costs at this central.**

Baetens M  
Am Laund Dig ,Jan 15 1982, 47 (1) p36-8, 42-5, ISSN  
0002-9718 Journal Code: 3Z5  
Languages: ENGLISH

0199045 82096886

**Overcoming barriers to group purchasing.**

Housley CE  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p73-86, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199044 82096885

**Total capital equipment programs: a new direction for group purchasing.**

Blankinship RT; Kirby L; Montague C  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p7-11, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199043 82096884

**The growing influence of hospital group purchasing.**

Leighton RW  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p69-71, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199042 82096883

**Group purchasing of meat.**

Hill E  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p63-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199038 82096879

**Group purchasing--the results of a long and arduous endeavor.**

Widman PE  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p41-8, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199037 82096878

**Is group purchasing only for small hospitals?**

Nixon RL  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p35-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199036 82096877

**How to win commitments for group purchasing.**

Hersch GY  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p29-34, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199035 82096876

**Selecting the right group purchasing program.**

Anderson J  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p21-7, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199034 82096875

**Minimizing the antitrust risks of group purchasing.**

Lovering RS  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p13-9, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0199033 82096874

**What makes a successful group purchasing program?**

Brzezicki MJ; Reed PA  
Hosp Mater Manage Q ,Feb 1982, 3 (3) p1-6, ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

019905



O196902 82074558  
**1981 tax wrap-up: new developments have mixed impact on hospitals.**

O'Brien JP  
Health Law Vigil ,Jan 8 1982, 5 (1) p1-9, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

O196869 82074289  
**Can group purchasing survive the 1980's? Part 2.**

McFaul W  
Hosp Purch Manage ,Jan 1982, 7 (1) p13-4, ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

O195374 82074330  
**From light bulbs to CT scanners, group purchasing is filling the bill at a lower price.**

Richards G  
Hospitals ,Jan 16 1982, 56 (2) p81-2, 85-6, 88 passim.  
ISSN 0018-5973 Journal Code: GDL  
Languages: ENGLISH

O195357 82074313  
**Shared pharmacy arrangement benefits hospital and nearby convalescent center.**

Anderson L; Genaro B; Kitt D  
Hospitals ,Jan 1 1982, 56 (1) p43, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

**HOSPITALES, SERVICIO DE NUTRICION**

01267

0233410 83152665  
**Meals without trauma [interview]**  
Jonson M; Pickering M  
Aust Hosp ,Sep 1982, (67) p11-2, ISSN 0147-0147  
Journal Code: 9GD  
Languages: ENGLISH

0232748 83152678  
**The food factor and the scientific nurse: hospital malnutrition.**  
Sundararaj R  
Aust Nurses J ,Nov 1982, 12 (5) p34-5, 37, ISSN 0045-0758  
Journal Code: 9GG  
Languages: ENGLISH

0231146 83136883  
**Planning high-carbohydrate, high-fiber diets with a microcomputer.**  
Sultor CW; Sultor RF; Adelman MO  
J Am Diet Assoc ,Mar 1983, 82 (3) p279-82, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

Current research suggests that a diet high in carbohydrate and fiber (HCF) may be useful in the management of diabetes mellitus, hypercholesterolemia, and hypertriglyceridemia. To meet the needs of our clinic population, a microcomputer program has been developed that allows for individualization of HCF menu patterns that satisfy both the diet prescription and the patient's preferences. Educational materials were prepared to guide and augment the HCF diet instruction. It is hoped that this comprehensive approach to diet planning and teaching can be applied in similar settings to facilitate the delivery of quality patient care.

0231141 83136876  
**Protein, fat, and amino acid content and protein quality of selected pre-prepared foods.**  
Koehler HH; Hard MM  
J Am Diet Assoc ,Mar 1983, 82 (3) p241-5, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

Total protein (Kjeldahl) and fat contents were determined in 24 pre-prepared foods as served in a hospital food service line. Amino acid content and protein quality were estimated for eight entree foods. Entree foods were 11 to 36% protein and provided 22 to 54% of an adult man's RDA for protein as served. Fat content of entree foods ranged from 1.5 to 18.6%. Other pre-prepared foods (vegetables, salads, fruit gelatins, and desserts) contained 0.4 to 3.3% protein and 0.1 and 3.9% fat. The Food and Nutrition Board's recommendations for sulfur amino acids were fulfilled by all entree foods as served

except "low-calorie, low-sodium" meatballs, cheese omelette, and Swedish meatballs. Only "low-sodium" and regular roast beef and "low-calorie" beef-with-noodles met amino-acid requirements for nitrogen balance for older men. Protein quality for all entree foods compared favorably with that of casein.

0230006 83108339  
**Versatility: key to productivity [interview]**  
Wallace S  
Hosp Superv Bull ,Feb 28 1983, (456) p1-4, ISSN 0018-585X  
Journal Code: G9S  
Languages: ENGLISH

0228468 83109957  
**Planning for a department of dietetics.**  
Downey EA  
J Am Diet Assoc ,Feb 1983, 82 (2) p174-7, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

Planning means projecting management; it is often irregular, non-linear, and erratic. It is important to identify aspects of high predictability. Planning is the process of knowing the needs of the areas to be served, deciding on objectives for the food service, and making changes in these objectives. Good planning occurs before design decisions are made. Most important, the dietitian should be prepared to play a key role in planning--from the visionary concept to the functioning operation--while bearing in mind the practical aspects of the "real world" of planning.

0226736 83090500  
**Of cabbages--and eggs?**  
Nurs Times ,Nov 17-23 1982, 78 (46) p1959, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0226726 83090482  
**A taste of things to come. 1. Aiming for the stars. 2. From the inside out.**  
Anderson G; Cole A  
Nurs Times ,Nov 10-16 1982, 78 (45) p1886-8, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

01269

0226069 83083720

**A computerized dietary order entry system.**

Dunphy MK; Bratton BD  
J Am Diet Assoc ,Jan 1983, 82 (1) p68-71, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

The Dietary Order Entry System is a computerized system which instantaneously communicates orders/messages from the patient care units to the floor diet offices. The system also produces up-to-date management reports such as diet lists and diet census at pre-determined times and on demand. Dietary and nursing personnel believe it is an extremely beneficial system in terms of both increased accuracy of data and time savings in transmission of information. We believe that improved patient care will result from this improved method of diet ordering.

0226068 83083719

**The evolution of computers in dietetics: a review.**

Youngwirth J  
J Am Diet Assoc ,Jan 1983, 82 (1) p62-7, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH  
(135 Refs.)

0225899 83081987

**Therapeutic diets in a psychiatric hospital.**

Bray GD  
Health Bull (Edinb) ,Sep 1982, 40 (5) p228-33, ISSN  
0374-8014 Journal Code: GIY  
Languages: ENGLISH

0225303 83074290

**RNSH cook-chill system a success.**

Aust Hosp ,Jul 1982, (65) p7, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0225296 83074283

**Improve hospital food operations.**

Wisbey F  
Aust Hosp ,Apr 1982, (62) p7, ISSN 0147-0147 Journal  
Code: 9GD  
Languages: ENGLISH

0225111 83068058

**In the battle between self-generated and canned packaged,  
it's all "self" generated.**

Reep L

South Hosp ,Nov-Dec 1982, 50 (6) p14-5, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0225110 83068057

**What do Louisville Methodist Hospital and truffles have in common...Wim Nulle: gourmet chef extraordinaire.**

South Hosp ,Nov-Dec 1982, 50 (6) p13, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0224889 83055445

**Set the table with style--it doesn't have to cost a lot.**

Remington D  
Health Care (Don Mills) ,Nov 20 1982, 24 (8) p28-9,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0224684 83052281

**Improving food services: tips from a master chef on keeping patients satisfied [interview]**

Bloch JW  
Cost Containment ,Dec 14 1982, 4 (23) p3-5, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0223824 83064622

**Geriatric wards: would you eat here?**

Sanford J  
Nurs Mirror ,Oct 27 1982, 155 (17) p18-20, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0223135 83057789

**Disaster planning.**

Emmert KD  
J Am Diet Assoc ,Dec 1982, 81 (6) p715-7, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

01269

0223134 83057788

**Determining labor production time for roast entrees in hospital food services.**

Zemel PC; Matthews ME

J Am Diet Assoc ,Dec 1982, 81 (6) p709-14, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

The Master Standard Data (MSD) Quantity Food Production Code was used to simulate entree production in a hospital food service for 100 through 400 portions of roast entree at intervals of 25 portions. Increases in labor time occurred at 125, 225, and 325 portions and were due to increased handling of containers and pans by employees. Production schedules, based on the MSD Quantity Food Production Code, may be developed and implemented in facilities where managers have identified standards for labor production time.

0223133 83057787

**Master standard data quantity food production code.**

Zemel PC; Matthews ME

J Am Diet Assoc ,Dec 1982, 81 (6) p702-8, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

The Master Standard Data (MSD) Quantity Food Production Code was applied to production of roast entrees in a hospital food service. Ten stopwatch time studies were used to measure actual production times for roast entrees in the operation. Comparison showed that median production times by stopwatch exceeded MSD-predicted time by 27 min. Analysis of 13 macro elements in the hospital food service operation showed wide variability in production times because of differences in performance of individual employees and/or fluctuations in product demand. Further study of these variables, in the facility where the research was conducted, may isolate contributing factors.

0223046 83056285

**How to avoid malnutrition during hospitalization?**

Isaksson B

Hum Nutr Appl Nutr ,Oct 1982, 36 (5) p367-73, Journal Code: G9G

Languages: ENGLISH

Doctors often consider malnutrition as a set of symptoms rather than being a state of nourishment. Consequently, the nutrition of patients without obvious signs of malnutrition is often neglected. Among all categories of patients, unrecognized malnutrition at admission or under-feeding during hospitalization are everyday occurrences. Dietary records of hospitalized patients often show energy intakes well below their calculated BMR and their need for an increased supply of essential nutrients, such as protein, is seldom met. The significance of food preparation, food distribution and ward staff attitudes for proper feeding of the patients is discussed and the responsibility of the doctors for the

nutritional care of every patient is stressed.

0222019 83027976

**Foodservice in the hospital corporation.**

Crimmins MB

Food Manage ,Nov 1982, 17 (11) p41-2, ISSN 0091-018X

Journal Code: EZW

Languages: ENGLISH

0222018 83027975

**How to increase patient meal acceptance [interview]**

Moilan B

Food Manage ,Nov 1982, 17 (11) p116, ISSN 0091-018X

Journal Code: EZW

Languages: ENGLISH

0222016 83027973

**A close call.**

Lockyer R

Food Manage ,Oct 1982, 17 (10) p52, 55-6, ISSN 0091-018X Journal Code: EZW

Languages: ENGLISH

0222015 83027972

**High tech in Indianapolis.**

McLaren A

Food Manage ,Oct 1982, 17 (10) p46-9, 76, 88 passim, ISSN 0091-018X Journal Code: EZW

Languages: ENGLISH

0222014 83027971

**Who's in control? We must learn the limits of our tools (computer technology).**

Scott J

Food Manage ,Oct 1982, 17 (10) p44, 70, 72 passim, ISSN 0091-018X Journal Code: EZW

Languages: ENGLISH

0222013 83027970

**Designs don't fail, managers do.**

Deignan PB

Food Manage ,Oct 1982, 17 (10) p23-4, ISSN 0091-018X

Journal Code: EZW

Languages: ENGLISH

0221085 83038690

**The Journal of Infection Control Nursing. Catering hygiene study day.**

Cheesbrough DJ

Nurs Times ,Sep 1-7 1982, 78 (35) psuppl 12-4, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0216742 82279538

**[Potassium and sodium content of hospital general diets--comparison of calculated and analytical values]**

Zur Frage des Kalium- und Natriumgehaltes von Klinik-Vollkost--Gegenuberstellung von Berechnungen und Analysen.

Herzberger U; von Klein-Wisenberg A; Kluthe R

Z Ernahrungswiss ,Jun 1982, 21 (2) p87-97, ISSN

0044-264X Journal Code: XTU

Languages: GERMAN Summary Languages: ENGLISH

Our knowledge on the composition of general hospital diets still relates virtually exclusively to calculated values derived from food tables. To find out how relevant these are for the estimation of potassium and sodium contents of the general diet data were chemically analysed and compared to table values. The chemical analysis of daily general diet portions resulted in a mean value of 1.86 g potassium/day in contrast to the calculated mean value of 2.72 g/day. As far as the sodium contents of the general diets are concerned, the picture was reversed (calculated: 3.16 g/day, analysed: 5.20 g/day). These results suggest that only chemical analysis of hospital diets guarantees an adequate supply of potassium and sodium.

00574

● 0220374 83031655

**Use of a branch and bound algorithm to schedule food production in a semi-conventional food service system.**

Stinson JP; Guley HM

J Am Diet Assoc ,Nov 1982, 81 (5) p562-7, ISSN

0002-8223 Journal Code: H6F

Languages: ENGLISH

A new computerized technique for solving the problem of production scheduling in a semi-conventional food service system was found to be a branch and bound algorithm. The primary objective was to minimize, on a daily basis, the overall time required for noon-time production from the start of hot food preparation to the completion of all menu items. The second objective was, through modification of the algorithm, to produce right-through modification of the algorithm, to produce right-shifted schedules so that all menu items would be completed as close to meal time as possible. Benefits of the computerized procedure include increased productivity through more efficient utilization of resources and enhancement of nutritional, organoleptic, and microbiological properties of foods.

0220148 83029189

**Systemic approach recommended in development of audit program.**

Allington JK; Groziak P; Kaud FA

Hospitals ,Nov 16 1982, 56 (22) p52, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0217365 82263508

**The dietary department: material management's orphan.**

Martin RE

Hosp Mater Manage Q ,May 1982, 3 (4) p64-7, ISSN

0192-2262 Journal Code: GD3

01271

0215651 82269488

**Bacterial safety of reconstituted continuous drip tube feeding.**

Hostetler C; Lipman TD; Geraghty M; Parker RH  
JPEN ,May-Jun 1982, 6 (3) p232-5, ISSN 0148-6071  
Journal Code: KGA

Languages: ENGLISH

Chemically defined diets require reconstitution and transfer to a delivery system. When reconstituted High Vivonex was noted in our Medical Center to be bacteriologically contaminated, we instituted a series of control procedures. We then reevaluated bacterial growth in reconstituted High Nitrogen Vivonex and diluted Isocal under ward conditions. The mixtures were prepared with sterile water versus tap water, using a hand washed blender versus a machine washed blender. We also investigated the bacteriological effect of blast freezing reconstituted High Nitrogen Vivonex. All preparations of the nonfrozen High Nitrogen Vivonex showed occasional low level contamination, although quantitative cultures did not show logarithmic growth over eight hours of observation. No growth occurred in the blast frozen High Nitrogen Vivonex or in the Isocal. We conclude that reconstituted High Nitrogen Vivonex and diluted Isocal may be prepared and hung safely for eight hours, and that blast freezing of High Nitrogen Vivonex is bacteriologically safe. As a result of our initial findings of bacteriologic contamination, we believe a program for bacterial monitoring of the tube feeding is desirable.

0215370 82266715

**Microbiological evaluation of food items. For patients undergoing gastrointestinal decontamination and protected isolation.**

Pizzo PA; Purvis DS; Waters C  
J Am Diet Assoc ,Sep 1982, 81 (3) p272-9, ISSN 0002-8223 Journal Code: H6F

Languages: ENGLISH

In an attempt to expand and improve the semi-sterile "cooked food diet" usually administered to patients undergoing gastrointestinal decontamination or protected isolation, the authors have evaluated the microbiologic content of 236 commercially available food items. The items tested were selected by patients for their ease of preparation, ready availability, and palatability. Approximately 66 percent of the food items met the criteria of microbiologic acceptability (less than 500 Bacillus species per gram or cubic centimeter) with only a minimal burden to the dietary staff, thus providing palatable alternatives for patients undergoing protected isolation.

0215366 82266707

**Practitioner competencies.**

Meredith SR; Lucas MJ; Dickey JA; Carey M  
J Am Diet Assoc ,Aug 1982, 81 (2) p168-76, ISSN 0002-8223 Journal Code: H6F

Contract/Grant No.: 5D 12 AH80054-04

Languages: ENGLISH

0215364 82266705

**Evaluation of two nutrition education modules for hospital staff members.**

Looker A; Walker S; Hamilton L; Shannon B  
J Am Diet Assoc ,Aug 1982, 81 (2) p158-63, ISSN 0002-8223 Journal Code: H6F

Languages: ENGLISH

Two nutrition education modules for inservice training of hospital food service personnel were evaluated in 16 hospitals. The modules, dealing with cardiovascular disease and diet, contained a leader's guide, a teaching package, audiovisual material, and suggested learning activities. Pretests and post-tests were used to assess knowledge gains resulting from learning sessions. Participants were divided so that one group took the post-tests before the sessions and one group after the sessions. When differences between groups were controlled, the sessions were shown to have a significant positive effect on post-test scores. Three-fourths of the participants rated the sessions as "very good" to "excellent."

0215361 82266701

**Quality assurance. II. Application of oncology standards against a levels of care model.**

Oberfell MS; Ometer JL  
J Am Diet Assoc ,Aug 1982, 81 (2) p129-35, ISSN 0002-8223 Journal Code: H6F

Languages: ENGLISH

Application of standards of practice for oncology patients against the model previously described allows the clinical dietitian to determine priorities and delineate the degree of care required and to ensure the delivery of high-quality nutritional care. During Step I, identification, questions designed to identify specific nutritional problems of the oncology patient are asked. A basic medical record review is completed. Step II, assessment phase, is completed and a level of care is assigned to each patient. Step III uses the standards to develop, implement, and evaluate a nutritional care plan.

01272

0215360 82266700  
**Quality assurance. I. A levels of care model.**  
Ometer JL; Oberfell MS  
J Am Diet Assoc .Aug 1982. 81 (2) p129-32. ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

A model used to identify patients requiring increased nutritional support and to determine priorities and delineate the degree of care required and role responsibilities is described. The model includes three levels of care; Level I is the most basic care and Level III the most intense. Assignment to a level of care is based on the presence, absence, or anticipated development of nutritional problems and/or the degree of dietary teaching required. Within each level of care, practitioner responsibilities have been defined by frequency and by position.

0215218 82264803  
**Using patient information to identify areas for service improvement.**  
Carey RG; Posavac EJ  
Health Care Manage Rev .Spring 1982. 7 (2) p43-8. ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215020 82262473  
**Homework for planning a chill-freeze system.**  
Clement HC  
Dimens Health Serv .Jul 1982. 59 (7) p18-20. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0215019 82262472  
**Quality assurance in nutritional care. Ontario Hospital Association/Ontario Dietetic Association Quality Assurance of Nutritional Care Committee.**  
Dimens Health Serv .Jul 1982. 59 (7) p16-7. ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214525 82249186  
**Jewish Hospital of Cincinnati goes fishing for a promotion, reels in a seafood spectacular.**  
Restaurants Inst .Aug 1 1982. 91 (3) p79-80. Journal  
Code: R8M  
Languages: ENGLISH

0214524 82249185

**Efficient warewashing scrubs problems.**  
Faulkner E  
Restaurants Inst .Aug 1 1982. 91 (3) p75-7. Journal  
Code: R8M  
Languages: ENGLISH

0214281 82236465  
**A plea for more dietitians.**  
Peddersen R  
Food Manage .Aug 1982. 17 (8) p25-6. ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0214280 82236464  
**Problem: how to improve foodservice during a nursing strike.**  
Madlin N  
Food Manage .Jul 1982. 17 (7) p58. ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0214279 82236463  
**They came by the thousands ... and have been fed.**  
Food Manage .Jul 1982. 17 (7) p44-7, 78, 82. ISSN  
0091-018X Journal Code: EZW  
Languages: ENGLISH

0214278 82236462  
**Who cleans up? The people-side of sanitation.**  
Schuster K  
Food Manage .Jul 1982. 17 (7) p38-41, 60, 62. ISSN  
0091-018X Journal Code: EZW  
Languages: ENGLISH

0214277 82236461  
**Cost containment with good will.**  
Rose JC  
Food Manage .Jul 1982. 17 (7) p23-4. ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

01273



0212274 82219550  
**Authors offer tips on successfully negotiating management contract.**  
Mod Health Care ,Jul 1982, 12 (7) p114. ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0211736 82227792  
**Non-nursing functions. The nurses state their case.**  
Byrnes MA  
Am J Nurs ,Jul 1982, 82 (7) p1089-93, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0210555 82214783  
**Mineral contents of selected pre-prepared food sampled in a hospital food service line.**  
Leung C; Koehler HH; Hard MM  
J Am Diet Assoc ,Jun 1982, 80 (6) p530-6, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

Twenty-four pre-prepared foods sampled as served at the VA hospital in Tacoma, Washington, were analyzed for contents of nine minerals (sodium, potassium, magnesium, calcium, iron, copper, zinc, manganese, and phosphorus). Samples were taken at three different times during the menu cycle. There were significant differences among the three monthly sampling times for nearly all minerals. Variation by month was partly attributed to varying proportions of food components in mixed food samples received in the food service line and to different manufacturers, food lots, and sources of raw materials. Two prepared foods labeled "low-sodium" contained 36 to 43 percent as much sodium as the comparable "regular" foods.

0210351 82212328  
**Food service: prime vendor plus costs approach saves hospitals \$125,000 per year.**  
Hospitals ,Jul 16 1982, 56 (14) p64, 66, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210324 82212301  
**Food services: managers use discounted cash flow methods to justify costs.**  
Hospitals ,Jul 1 1982, 56 (13) p43, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0209761 82199905  
**Higher quality, lower cost.**  
South Hosp ,May-Jun 1982, 50 (3) p12-5, ISSN 0038-4178  
Journal Code: VAB  
Languages: ENGLISH

0207056 82181884  
**A review of hospital menus and the effect on patient food intake.**  
Roberts N  
Aust Health Rev ,Feb 1982, 5 (1) p20-1, ISSN 0156-5788  
Journal Code: 9GC  
Languages: ENGLISH

0206666 82165244  
**Tracking Jacques Bloch: hospitals.**  
Schuster K  
Food Manage ,May 1982, 17 (5) p50-3, 70, 78 passim, ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0206665 82165243  
**A commitment to quality [interview]**  
Coan P  
Food Manage ,Apr 1982, 17 (4) p50-3, 84-6, ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0204651 82151103  
**Seniors meal discount tickets: good meals; good press; good PR.**  
Profiles Hosp Mark ,1st Quarter 1982, (5) p32-3,  
Journal Code: PZO  
Languages: ENGLISH

0204420 82139587  
**How U of M Hospitals coped with a nurses' strike.**  
Calhoun GL; Posner GF  
Food Manage ,Mar 1982, 17 (3) p48-9, 96, 98 passim, ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

01274

0204419 82139586

**How Paul Deignan built a super kitchen.**

Madlin N

Food Manage ,Mar 1982, 17 (3) p45-7, 84, 88 passim,  
ISSN 0091-018X Journal Code: EZW  
Languages: ENGLISH

0204418 82139585

**Options & obstacles in the world of business.**

Schuster K

Food Manage ,Mar 1982, 17 (3) p40-3, 70, 72 passim,  
ISSN 0091-018X Journal Code: EZW  
Languages: ENGLISH

0204400 82137915

**Hot meals for former patients, warm feelings all around when business and hospital cooperate.**

Cost Containment ,Apr 27 1982, 4 (8) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0202887 82143434

**Clinical dietetics: forces shaping its future.**

Calvert S; Parish HY; Oliver K

J Am Diet Assoc ,Apr 1982, 80 (4) p350-4, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

0202883 82143428

**Analysis of meal census patterns for forecasting menu item demand.**

Chandler SJ; Norton LC; Hoover LW; Moore AN

J Am Diet Assoc ,Apr 1982, 80 (4) p317-23, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

The purpose of this research was to identify functional relationships between the patient census and the official institutional census recorded at midnight for hospital inpatients and for mental health patients cared for in a satellite facility at the University of Missouri-Columbia Health Sciences Center. Investigation of these relationships was necessary to provide knowledge essential for the design of a statistical menu item forecasting system. Patient census for three meals (breakfast, lunch, and supper) was compared with the midnight census, using graphical analysis and analysis of variance. Reliable patterns were identified in the patient census data which required accommodation in a mathematical forecasting model. Three forecasting design options were identified and appraised. The simplest design option and the two more complex design options forecasted identical

quantities.

0202882 82143427

**Automated hospital information system functions for dietetics.**

Hoover LW; Leonard MS

J Am Diet Assoc ,Apr 1982, 80 (4) p312-6, ISSN  
0002-8223 Journal Code: H6F  
Languages: ENGLISH

Utilization of computer technology in health care is expanding, and managers need information regarding existing automated functions when making decisions relative to system design or acquisition. The Automated Hospital Information System (AHIS) Component Catalog, compiled by the Health Services Research Center/Health Care Technology Center (HSRC/HCTC) at the University of Missouri-Columbia, describes the features of software packages offered by vendors and utilized in hospitals. On the basis of an analysis of the contents of the Catalog relative to automated functions for dietetic departments, charge capturing and diet change notification were the functions used most frequently in hospitals. Although a stores inventory was not included as a component offered by any of the responding vendors, 23 of the hospital systems described in the catalog included a stores inventory component. Menu planning and meal scheduling were functions which were both available from vendors and utilized in hospitals. The nutrient analysis function was implemented in some of the larger hospitals. The information in the Catalog reflects the availability and adoption of automated hospital information system components for dietetic functions.

0202648 82140576

**Four New Jersey hospitals combine efforts to produce common manual on diet regimens.**

Donnelly E; Murphy RR; Pinsky M

Hospitals ,Apr 1 1982, 56 (7) p66, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

01275

0202039 82120318

**Energy usage for food service infrared heat processing of egg sandwich loaf.**

Unklesbay NF; Thompson BW; Unklesbay K  
J Can Diet Assoc ,Jan 1982, 43 (1) p42, 47-54, ISSN  
0008-3399 Journal Code: HM9

Languages: ENGLISH

Simulating volume demand within hospital food service departments, infrared heat processing conditions were used to heat two similar protein menu items to determine both energy consumption required for heat processing and energy/nutrient rations. A larger, conveyorized infrared oven (CTX-70) and a smaller, infrared unit (Krups 2002) were used to heat process varying sizes of oven loads which ranged from one to 36 slices. Although no significant differences were found for product yield after 12, 24 and 36 slices were heat processed in the CTX-70, the energy usage was significantly different: 637, 798 and 1005 watt hours/load were consumed, respectively.

In the Krups 2002, a load of one slice had greater heat processing losses than either two or four slices. Energy consumption was 39, 47 and 50 watt hours/load to heat process one, two and four slices in the Krups 2002, respectively. Significantly more energy was used to heat process turkey-ham than egg sandwich loaf in the Krups 2002. The potential use of energy/nutrient rations by dietitians was discussed.

0200559 82120907

**Development of on-line real-time menu management system.**

Hoover LW; Waller AL; Rastkar A; Johnson VA  
J Am Diet Assoc ,Jan 1982, 80 (1) p46-52, ISSN  
0002-8223 Journal Code: H6F

Languages: ENGLISH

An on-line, real-time menu management system was developed as a module of the integrated computer-assisted food management system implemented at the University of Missouri-Columbia Health Sciences Center Department of Nutrition and Dietetics. This system supplants a former automated form generating system and permits flexibility in menu design. The major data base in the system is the Master Menu File, which is updated using real-time processing. This file contains data about each occurrence of menu items and is interfaced with existing recipe files to produce numerous printed documents and to display the menu on a video display terminal. The major benefits of the system are flexibility and elimination of typing of worksheets. Entering a new menu or changes to the menu require only a brief amount of time; new revised documents relative to the menu can be generated on the same day. Some of the types of documents available from this system are: master menu, nutrient syllabi, menu audit, and food production forms. The menu is available on-line at all times for reference by dietitians and supervisors. The Master Menu File will be utilized more fully as new modules are designed to interface with the Menu Management System. Production forecasting, patient menu printing, and individualized diet planning are three potential enhancements to the system which will utilize data in the Master Menu File.

The file was designed to accommodate additional data as the system in further matured.

0199042 82096883

**Group purchasing of meat.**

Hill E

Hosp Mater Manage Q ,Feb 1982, 3 (3) p63-7, ISSN  
0192-2262 Journal Code: GD3

Languages: ENGLISH

0198990 82095762

**Managing clinical dietitians.**

Norton C

Food Manage ,Jan 1982, 17 (1) p15-6, ISSN 0091-018X  
Journal Code: EZW

Languages: ENGLISH

0197522 82096822

**Donated food staples available to hospitals under federal program [interview]**

Honaker TG 3d

Hospitals ,Feb 16 1982, 56 (4) p82, 84, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0197498 82096798

**Unreceived meals source of malnourishment.**

Kaud FA; Becker DS; Finkelstein G

Hospitals ,Feb 1 1982, 56 (3) p47-8, ISSN 0018-5973  
Journal Code: GDL

Languages: ENGLISH

0196872 82074292

**Centralized food buying means savings.**

Keeffe JL

Hosp Purch Manage ,Jan 1982, 7 (1) p5-7, ISSN 0163-1322  
Journal Code: GB6

Languages: ENGLISH

01276

0195369 82074325

Gamble on food service technology pays off at United  
Hospitals [interview]

Deignan P

Hospitals ,Jan 16 1982. 56 (2) p58, 61, 64. ISSN

0018-5973 Journal Code: GDL

Languages: ENGLISH

01277

**HOSPITALES  
SISTEMA DE COMUNICACION**

01278

Health Law Vigil ,Feb 4 1983, 6 (3) p8-10, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0233098 83134222  
**The key to better patient care.**

Bunn KL  
Health Care (Don Mills) ,Feb 8 1983, 25 (1) p33-4, 42,  
ISSN 0226-5788 Journal Code: GKM  
Languages: ENGLISH

0231311 83138600  
**Utilization of computers in clinical practice--role of  
physician networks: preliminary communication.**

Anderson JG; Jay SJ  
J R Soc Med ,Jan 1983, 76 (1) p45-52, ISSN 0141-0768  
Journal Code: JX1  
Languages: ENGLISH

This study examines the influence of physician networks on the utilization of computers in clinical practice. Data on patient referrals, consultations, professional discussions, and on-call coverage were collected from 24 physicians who comprise a private group practice. Their utilization of a computerized hospital medical information system (HIS) in caring for patients admitted to a 1160-bed private, university affiliated, teaching hospital was determined. A matrix representing the professional relations among these physicians was subjected to smallest space analysis, a form of multidimensional scaling. Also, a number of indices that describe structural and interactional properties of the network and individual physicians were computed. The three-dimensional representation of the network that resulted from the analysis suggests a two-step process of adoption and utilization of medical technology. Physicians who were engaged in outside professional activities and in the training of medical students and house staff were more likely to utilize the system in caring for patients. These physicians, who were more centrally located and dominant in the referral and consultation process, were more likely to influence the practice patterns of their colleagues. The use of network analysis to identify influential physicians whose involvement is essential to the success of efforts aimed at introducing computers into clinical practice is discussed.

0230234 83121378  
**The impact of telephone deregulation on next year's capital budget.**

Nicholson L Jr  
Trustee ,Feb 1983, 36 (2) p38, 40, 43, ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH

0229983 83107287  
**Reimbursement for the costs of patient telephones.**  
Epstein JD; Gaynor JM

0229943 83107074  
**Telecommunications in the Health Service.**  
McConkey GC  
Hosp Eng ,Feb 1983, 37 (1) p6-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229942 83107073  
**Urgent communication.**  
Green J  
Hosp Eng ,Feb 1983, 37 (1) p19-21, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229941 83107072  
**Micro-electronic technology in Health Service  
communications.**  
McConkey GC  
Hosp Eng ,Feb 1983, 37 (1) p18-9, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229940 83107071  
**CB interference.**  
Drybrough DA  
Hosp Eng ,Feb 1983, 37 (1) p15-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229939 83107070  
**Telephone systems in hospitals.**  
Clark JK  
Hosp Eng ,Feb 1983, 37 (1) p10-4, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

01279

0229839 83104112  
**CO, CU, divestiture and dimension: trying to uncross some telephone lines.**  
Cost Containment ,Jan 25 1983, 5 (2) p1-2, ISSN  
0198-9782 Journal Code: DSR  
Languages: ENGLISH

0222275 83039514  
**Patient TV: and a profile of the patients' communicator.**  
Profiles Hosp Mark ,4th Quarter 1982, (8) p80-1, ISSN  
0275-9632 Journal Code: PZD  
Languages: ENGLISH

0222153 83030284  
**How to choose a telephone vendor.**  
Holland J  
HPN Hosp Purch News ,Nov 1982, 6 (11) p6-7, ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0221135 83038769  
**Calling for assistance.**  
Gilmour R; Clayton S  
Nurs Times ,Oct 6-12 1982, 78 (40) p1680, ISSN  
0029-6589 Journal Code: O9U  
Languages: ENGLISH

0219639 83006501  
**The application of two-way interactive television to the health care field: an administrative perspective.**  
Bailey C; Blewett P; Carey LS; Mount JH; Woolsey R  
Health Manage Forum ,Autumn 1982, 3 (3) p13-24, ISSN  
0712-5046 Journal Code: G56  
Languages: ENGLISH

0217615 82273396  
**Communications deregulation: making it work for you.**  
Nicholson L Jr  
OH ,Sep 1982, 26 (8) p18-20, ISSN 0161-0007 Journal  
Code: OGP  
Languages: ENGLISH

0217390 82263533  
**How to save money and increase your telecommunications capabilities: a tale of two hospitals. Presbyterian-University of Pennsylvania Medical Center.**

Payne WT Jr  
Hosp Top ,Sep-Oct 1982, 60 (5) p31-3, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217389 82263532  
**How to save money and increase your telecommunications capabilities: a tale of two hospitals. Divine Redeemer Memorial Hospital.**  
Lannon JF  
Hosp Top ,Sep-Oct 1982, 60 (5) p30, 34, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217387 82263530  
**How Kettering Medical Center solved its TV tape storage problem.**  
Tucker J  
Hosp Top ,Sep-Oct 1982, 60 (5) p24-5, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217384 82263527  
**Bloomington Hospital's experience with Lifeline.**  
Fritz MS; Talley J  
Hosp Top ,Sep-Oct 1982, 60 (5) p14-7, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0217313 82263389  
**Telecommunications networking: local and regional initiatives help hospitals benefit from technology.**  
Prothro L  
Hosp Forum ,Sep-Oct 1982, 25 (5) p19-22, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

01230

0217312 82263388  
**There and back again -- four men; four satellite health networks.**

Flower J  
Hosp Forum ,Sep-Oct 1982, 25 (5) p12-8, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0214564 82250175  
**Microprocessors, multiplexing improve hospital communication systems.**

Beckman K  
Specif Eng ,Jul 1982, 48 (1) p56-9, Journal Code: UXT  
Languages: ENGLISH

0214289 82237726  
**When the walls really have ears.**

Comer S  
Health Soc Serv J ,Jun 17 1982, 92 (4801) p738-9, ISSN 0300-8347  
Journal Code: GAR  
Languages: ENGLISH

0214265 82234799  
**Reducing switchboard personnel: is direct inward dialing the cost-effective way?**

Shaw DV  
Cost Containment ,Aug 10 1982, 4 (15) p3-6, ISSN 0198-9782  
Journal Code: DSR  
Languages: ENGLISH

0214230 82232329  
**The satellite connection: hospitals link up for CME presentations.**

Caruba A  
Biomed Commun ,Jul-Aug 1982, 10 (4) p7, 16-7, 26, ISSN 0092-8607  
Journal Code: A4Y  
Languages: ENGLISH

0213995 82253895  
**Impact of a nonformulary drug notification form.**

Cascio MV; Williams JM  
Am J Hosp Pharm ,Jun 1982, 39 (6) p1039-41, ISSN 0002-9289  
Journal Code: 310  
Languages: ENGLISH

0210477 82213646

**Distribution of video signals on existing cablevision lines.**

Bawden E  
J Biol Photogr ,Jan 1982, 50 (1) p7-8, ISSN 0274-497X  
Journal Code: HFV  
Languages: ENGLISH

0209343 82183672  
**Allocation of spectrum in a certain MHz band and to establish other rules, policies, and procedures for one-way paging stations in the Domestic Public Land Mobile Radio Service--Federal Communications Commission. Final rule.**

Fed Regist ,Jun 7 1982, 47 (109) p24557-71, ISSN 0097-6326  
Journal Code: B58  
Languages: ENGLISH

This First Report and Order allocates 3 MHz of spectrum for paging services in the 929-932 MHz band. Private paging services will use frequency band 929-930 MHz, common carrier services will use frequency band 931-932 MHz, with a flexible boundary between the two bands effective after five years. The 930-931 MHz band will be reserved for advanced technology paging systems. This allocation was made in response to petitions filed by the Ad Hoc Private Paging Committee and Telocator Network of America. These new paging frequencies will allow for substantial growth of the paging industry, which has been restricted by a shortage of frequencies.

0209338 82183152  
**Following the patient home: a hospital improves its community service with cable TV programming.**

Novara JK  
Biomed Commun ,May-Jun 1982, 10 (3) p10-1, ISSN 0092-8607  
Journal Code: A4Y  
Languages: ENGLISH

0207520 82188369  
**Television: year of decision on national network.**

Richards G  
Hospitals ,Jun 1 1982, 56 (11) p73, 75-6, 79 passim, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

01281



0207418 82187614

**Saving time with slow-scan.**

Leach-Porter C; Cameron I

Dimens Health Serv ,Mar 1982, 59 (3) p18-9. ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0207416 82187612

**Interconnect telephone systems--a communications option.**

Henderson C; Stroud R

Dimens Health Serv ,Mar 1982, 59 (3) p14-5. ISSN

0317-7645 Journal Code: E9N

Languages: ENGLISH

0204527 82141588

**Hospital upgrades PBX with creative financing.**

HPN Hosp Purch News ,Apr 1982, 6 (4) p1, 5. Journal

Code: G3D

Languages: ENGLISH

0201979 82118781

**FCC's approval of the resale and sharing of WATS could afford hospitals an opportunity to offset communications expenditures.**

Alvarez CT; O'Brien JP

Health Law Vigil ,Mar 5 1982, 5 (5) p9-10. ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

01282

**HOSPITALES, SISTEMA DE DISTRIBUCION**

00577

0233127 83134998  
**Monitoring equipment issue.**  
Rushton L; Boddie B  
HPN Hosp Purch News ,Jan 1983, 7 (1) p12, 25, 27. ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

0232983 83133896  
**Exchange cart vs. PAR stock: which is the best distribution system? Part III.**  
Gray SP  
Hosp Purch Manage ,Mar 1983, 8 (3) p10-4. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0227542 83081029  
**Traveling requisitions: a means of nonstock supply control.**  
Hitchcock B  
Hosp Purch Manage ,Jan 1983, 8 (1) p7-10. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

00576

0227539 83081026  
**Exchange cart vs. par stock: which is the best distribution system? Part II.**  
Gray SP  
Hosp Purch Manage ,Jan 1983, 8 (1) p15-7. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0224810 83055189  
**Laundry distribution.**  
Taylor HW  
Hosp Eng ,Sep 1982, 36 (7) p10-2, 15-6. ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0222155 83030286  
**Gordon Friesen: materials management pioneer.**  
Soth DG  
HPN Hosp Purch News ,Nov 1982, 6 (11) p8, 10-2. ISSN  
0279-4799 Journal Code: G3D  
Languages: ENGLISH

● **Exchange cart vs. par stock: which is the best distribution system?**

Gray SP  
Hosp Purch Manage ,Nov 1982, 7 (11) p11-4. ISSN  
0163-1322 Journal Code: GB6  
Languages: ENGLISH

0217481 82264932  
**Off-site distribution offers challenges, opportunities.**  
Hickox R  
HPN Hosp Purch News ,Sep 1982, 6 (9) p14-5, 36.  
Journal Code: G3D  
Languages: ENGLISH

0217364 82263507  
**Addressing the nurse shortage through material management.**  
Lyons DM; McFaul WJ  
Hosp Mater Manage Q ,May 1982, 3 (4) p61-3. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217358 82263501  
**Qualifications for managing your assets.**  
Marryott OL  
Hosp Mater Manage Q ,May 1982, 3 (4) p35-9. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217355 82263498  
**Designing the total supply system.**  
Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p10-6. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0217354 82263497  
**An architect's view of the material management concept.**  
Harader AD; Van Drimmelen J  
Hosp Mater Manage Q ,May 1982, 3 (4) p1-5. ISSN  
0192-2262 Journal Code: GD3  
Languages: ENGLISH

0222068 83029126

01284

0212154 82212378

**A surgery case cart system, is it right for your hospital?**

Bennett CW  
Hosp Top ,Jul-Aug 1982, 60 (4) p27-9. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0212064 82210544

**Efficient linen distribution: a key in controlling laundry costs.**

Frankel N  
Exec Housekeep Today ,Jun 1982, 3 (6) p6-7. Journal  
Code: EHV  
Languages: ENGLISH

0210320 82212297

**Electric carts/patient simulator: robot slowly moving into hospitals.**

Hospitals ,Jul 1 1982, 56 (13) p36-7. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0209765 82200047

**Controlling hospital garments.**

Giezeman W  
Text Rent ,Jun 1982, 65 (10) p34-6, 38. ISSN 0024-3825  
Journal Code: VNP  
Languages: ENGLISH

0206789 82166832

**Education: key to quality in new case cart system.**

Hunstiger C  
HPN Hosp Purch News ,Jun 1982, 6 (6) p16, 18-9.  
Journal Code: G3D  
Languages: ENGLISH

0201953 82118571

**Is your case cart system working?**

Underwood L  
Hosp Top ,Mar-Apr 1982, 60 (2) p32-4. ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0199150 82102902

**A hospital's linen-control program is only as good as its linen committee.**

Fisher AW

Laund News ,Feb 1982, 8 (2) p21. Journal Code: L4R  
Languages: ENGLISH

0197006 82079820

**Implementing effective linen control: a five-part program for managers.**

Fisher AW  
Laund News ,Jan 1982, 8 (1) p31. Journal Code: L4R  
Languages: ENGLISH

0197004 82079818

**Confidence in linen system is vital, according to hospital administrator.**

Forman S  
Laund News ,Jan 1982, 8 (1) p12-3. Journal Code: L4R  
Languages: ENGLISH

01285

**HOSPITAL UNIVERSITARIO**

01286

0233294 83143632

**Stress: causes, consequences, and coping strategies.**

Sailer HR; Schlacter J; Edwards MR

Personnel ,Jul-Aug 1982, 59 (4) p35-48, ISSN 0031-5702

Journal Code: PAP

Languages: ENGLISH

Because of the negative effect stress has on employee health and productivity, ways to manage stress should be of particular concern to human resources managers. Recognizing this, authors Heather R. Sailer, territorial sales representative for American Medical Systems, a division of American Hospital Supply Corporation, John Schlacter, professor of marketing, and Mark Edwards, assistant professor of agriculture--the latter two at Arizona State University--created a model for applying stress-management strategies. Their model integrates seven categories of strategies--two of which are physical maintenance and outside assistance. The model shows at which stage of stress--before, during, or after the stressful event--each strategy can most effectively be used, and in which are of management--self-management, systems management, or organizational management--it is most appropriate.

0233181 83136058

**A versatile mobile clinical microcomputer system.**

Engler PE; Greisler HP; Stahlgren LH

J Clin Eng ,Oct-Dec 1982, 7 (4) p287-95, ISSN 0363-8855

Journal Code: HQA

Languages: ENGLISH

A microcomputer system is described that has been incorporated into a custom-designed cart for mobility throughout a clinical setting with consequent increased utilization and cost-effectiveness. A library of clinical profiles has been developed that processes and consolidates quantitative clinical data into a bar-graph format for more convenient interpretation and documentation. It is suggested that even a small hospital can acquire a mobile computer system and hire a senior or graduate student in the physical or computer sciences, on a part-time basis, from a neighboring university or technical college, to develop clinical computer software suitable for that particular institution.

0233123 83134994

**Computerized visitor access. The University of Chicago Medical Center.**

Archambeau B

Healthcare Prot Manage ,Jan-Mar 1983, 3 (2) p22-3.

Journal Code: G21

Languages: ENGLISH

0232932 83132422

**Humana leases Louisville university hospital: to provide care for needy.**

Rev Fed Am Hosp ,Mar-Apr 1983, 16 (2) p86, 88, ISSN

0148-9496 Journal Code: EUJ

Languages: ENGLISH

0232555 83149894

**Pharmacy department costs and patient charges associated with a home parenteral nutrition program.**

Brakebill JI; Robb RA; Ivey MF; Christensen DB; Young JH; Scribner BH

Am J Hosp Pharm ,Feb 1983, 40 (2) p260-3, ISSN

0002-9289 Journal Code: 310

Languages: ENGLISH

The pharmacy department costs of a home parenteral nutrition (HPN) program were identified, and the patient charges for HPN were compared with the charges for hospitalization for parenteral nutrition. Ten patients were randomly selected from 55 patients active in the HPN program at the University of Washington Hospital. Cost identification included quantification of supplies, personnel, equipment, freight, miscellaneous, and indirect costs. Patient charges were identified through billing documents. Charges included clinic visits and laboratory tests. Inpatient charges were identified in a similar manner and included a standard daily hospital charge. Average yearly costs to the pharmacy department were nearly +9000 per HPN patient. Patient charges for HPN were +48.19 per infusion day compared with +205.68 per infusion day for the hospitalized patient. The cost savings of HPN to the patient and the hospital were clearly demonstrated.

01287

0232436 83148549

**[Obstetrics and gynecology in Ethiopia.--Experiences in practice and teaching at the University of Addis Ababa]**

Geburtshilfe und Gynakologie in Athiopien. Erfahrungen in der Praxis und Lehre an der Addis-Abeba-Universitat.

Schlegel L; Ruckhaberle KE

Zentralbl Gynakol .1983. 105 (1) p56-60. ISSN 0044-4197

Journal Code: Y5S

Languages: GERMAN Summary Languages: ENGLISH

The authors give a brief survey about the situation of obstetrical and gynecological practices in Ethiopia and review their experiences and activities as lecturers and medical practitioners respectively in Gondar Medical College of the Addis Ababa University.--Effective improvements of the medical care and the development of health services in the country are hindered by the unimaginable lack of physicians caused by the feudal systems in the past for many centuries.--The first stage of education of doctors as well as the services in obstetrics and gynecology will be reported.

0232365 83148096

**[Paediatric gynaecological outpatient department--a report on 600 patients]**

Die kindergynakologische Spezialambulanz--Bericht uber 600 Patientinnen.

Grunberger W; Fischl F

Wien Klin Wochenschr .Nov 26 1982. 94 (22) p614-8. ISSN 0043-5325 Journal Code: XOP

Languages: GERMAN Summary Languages: ENGLISH

Problems arising during the examination and treatment of paediatric gynaecological patients are described. 387 out of 600 girls seen at the outpatient department for infants and juveniles of the 1st Department of Obstetrics and Gynaecology of the University of Vienna were premenarchal and 213 were post-menarchal (average age 7.45 years). The most frequent diagnosis was vulvovaginitis (43%), followed by pathological vaginal bleeding (12%), vulval disorders (6%) and pubertas praecox (5%); about twenty additional conditions were diagnosed. Absolute and extended indications for gynaecological and vaginoscopic examinations are demonstrated.

0232333 83147443

**[Cost comparison of the use of textile surgical covers and disposable surgical covers in Mainz University Clinics]**

Kostenvergleich zwischen der Anwendung textiler Op-Abdecktucher und Einweg-Op-Abdecktucher in den Universitatskliniken Mainz.

Rorig R

Unfallchirurgie .Dec 1982. 8 (6) p405-7. ISSN 0340-2649

Journal Code: WNU

Languages: GERMAN Summary Languages: ENGLISH

0232052 83144314

**Delivery of genetic services in Lyons (France) 1960-1980.**

Robert JM

Prog Clin Biol Res .1982. 103 Pt B p407-11. ISSN 0361-7742 Journal Code: PZ5

Languages: ENGLISH

In conclusion, the delivery of genetic services seems guaranteed now because it is based on a university school of medicine, important hospitals, and private resources. Other structures in different cities of the world are certainly as effective as or better than these. The European Club of genetic counseling was created in Lyons in 1972 to bring together the geneticists of 52 university towns of French-speaking Western Europe. The 120 members of this club meet each year for a congress. The themes of our seminars are genetic counseling and the exchange of information to allow us to improve the delivery of genetic services. Generally speaking, in the Rhone-Alpes region, the delivery of genetic services has indeed taken advantage of new discoveries. In an early stage, routine services have worked with conventional techniques borrowed from other centers. Today they enable us to reap the fruit of modern research.

0231653 83141997

**Perspectives in international neurosurgery: neurosurgery in Tianjin, China.**

Yang SY

Neurosurgery .Dec 1982. 11 (6) p816-7. ISSN 0148-396X Journal Code: NZL

Languages: ENGLISH

01288

00578

0231471 83140155

**Patients' priorities for medical care.**

Fletcher RH; O'Malley MS; Earp JA; Littleton TA; Fletcher SW  
; Greganti MA; Davidson RA; Taylor J

Med Care ,Feb 1983, 21 (2) p234-42, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Relatively little research has been done on the importance patients attach to various aspects of their medical care when their options are constrained. We studied priorities for care among 225 patients attending the medical clinics of a university teaching hospital. Eight attributes of medical care were considered: continuity, coordination, comprehensiveness, availability, convenience, cost, expertise, and compassion. Priorities were established by the method of paired comparisons. Continuity of care was the highest priority for these patients, while cost and convenience were lowest. Priorities varied in subgroups of patients defined by demographic, illness, and utilization characteristics. Patients with acute problems preferred coordination and expertise, while those with chronic problems ranked continuity higher. Patients younger than 30 years old valued coordination most; older patients preferred continuity and comprehensiveness. Since all aspects of medical care cannot be provided to all people, and choices are necessary, patients' priorities should be considered when planning health services.

0231424 83139806

**[The status of trauma surgery at the Hannover Medical University]**

Bilanz der Unfallchirurgie an der Medizinischen Hochschule Hannover.

Krankenpf1 J ,Nov 15 1982, 20 (11) p24, ISSN 0174-108X  
Journal Code: KYN

Languages: GERMAN

0231421 83139799

**[The psychiatric department in the general hospital. Report of a meeting in the Institute for Hospital Architecture of the Berlin Technical University 1981]**

Die psychiatrische Abteilung im allgemeinen Krankenhaus. Zu einem Bericht über eine Tagung am Institut für Krankenhausbau der Technischen Universität Berlin 1981.

Krause G  
Krankenpf1 J ,Oct 15 1982, 20 (10) p12, 14, ISSN  
0174-108X Journal Code: KYN

Languages: GERMAN

0231403 83139545

**Parental goals and the birthing experience.**

Pridham KF; Schutz ME

JOGN Nurs ,Jan-Feb 1983, 12 (1) p50-5, ISSN 0090-0311

Journal Code: K52

Languages: ENGLISH

In order to assess the extent to which the obstetric care they were providing was oriented to the family's goals, health-care professionals at a midwestern university hospital planned and conducted an evaluation study of patient services.

A mailed questionnaire survey of 91 families who used three family practice residency program model clinics for obstetric care focused on the goals, plans, and experiences that parents has regarding the labor, delivery, and postpartum periods. Parents reported wanting opportunities to be close to the infant immediately postpartum, more time with the infant in the recovery room, earlier rooming-in, more time spent with the infant at night for feeding, and sibling visitation as well as opportunities for siblings to hold the new infant.

0231311 83138600

**Utilization of computers in clinical practice--role of physician networks: preliminary communication.**

Anderson JG; Jay SJ

J R Soc Med ,Jan 1983, 76 (1) p45-52, ISSN 0141-0768  
Journal Code: JX1

Languages: ENGLISH

This study examines the influence of physician networks on the utilization of computers in clinical practice. Data on patient referrals, consultations, professional discussions, and on-call coverage were collected from 24 physicians who comprise a private group practice. Their utilization of a computerized hospital medical information system (HIS) in caring for patients admitted to a 1160-bed private, university affiliated, teaching hospital was determined. A matrix representing the professional relations among these physicians was subjected to smallest space analysis, a form of multidimensional scaling. Also, a number of indices that describe structural and interactional properties of the network and individual physicians were computed. The three-dimensional representation of the network that resulted from the analysis suggests a two-step process of adoption and utilization of medical technology. Physicians who were engaged in outside professional activities and in the training of medical students and house staff were more likely to utilize the system in caring for patients. These physicians, who were more centrally located and dominant in the referral and consultation process, were more likely to influence the practice patterns of their colleagues. The use of network analysis to identify influential physicians whose involvement is essential to the success of efforts aimed at introducing computers into clinical practice is discussed.

01289



0231241 83137998

**A computer assisted quality assurance model.**

Edmunds L

J Nurs Adm ,Mar 1983, 13 (3) p36-43, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

This article describes a modular quality assurance program that was designed for computer automation. The author explains how the quality assurance model not only meets this need but also satisfies other critical objectives, including integration with the hospital's multidisciplinary quality assurance program and minimal redundancy in developing standards and measurement criteria. Readers will benefit from ideas for refining or developing effective quality assurance programs that can also use computer technology to increase productivity.

0231236 83137993

**The cost of nursing care in hospitals.**

Walker DD

J Nurs Adm ,Mar 1983, 13 (3) p13-8, ISSN 0002-0443

Journal Code: JEL

Languages: ENGLISH

0231199 83137530

**Facilities.**

Shackleford JM

J Med Assoc State Ala ,Feb 1983, 52 (8) p39-42, ISSN 0025-7044 Journal Code: IZJ

Languages: ENGLISH

0231187 83137450

**Medical malpractice and ordinary care in Kentucky.**

McDonald MD; Utterback N; Wright RA

J Ky Med Assoc ,Jan 1983, 81 (1) p55-7, ISSN 0023-0294

Journal Code: IVB

Languages: ENGLISH

0231151 83136891

**Success with an inpatient geriatric unit: a controlled study of outcome and follow-up.**

Lefton E; Bonstelle S; Frengley JD

J Am Geriatr Soc ,Mar 1983, 31 (3) p149-55, ISSN 0002-8614 Journal Code: H6V

Languages: ENGLISH

To assess the worth of a newly established geriatric unit, outcomes for 50 subject patients cared for on this unit were compared with outcomes for 50 control patients. Both groups of patients were hospitalized in Highland View Hospital, the chronic illness and rehabilitation section of a major teaching

hospital in Cleveland, Ohio. Analysis of admission data showed the two groups to be closely comparable. All patients were managed by multidisciplinary teams, and the length of stay of both groups was comparable. The discharge data showed that the subject patients were more independent, with significantly greater numbers improving in ambulation and significantly more subject patients being discharged to a home setting. Although the patients in the control group were discharged at lower levels of function, they showed improvement at follow-up. Follow-up data also showed that both groups largely remained in their discharge environments. Explanations for these findings are discussed. The results of this study support the establishment of geriatric inpatient units.

0231060 83136343

**The defined daily dose per 100 bed-days as a unit of comparison and a parameter for studying antimicrobial drug use in a university hospital. A retrospective study of the effects of guidelines and audit on antimicrobial drug use.**

Hekster YA; Vree TB; Goris RJ; Boerema JB

J Clin Hosp Pharm ,Dec 1982, 7 (4) p251-60, ISSN 0143-3180 Journal Code: HTT

Languages: ENGLISH

Growing awareness of problems arising from over-use of antimicrobial agents has led to attempts to develop policies or guidelines for rational treatment. To follow the effects of guidelines, the percentage of patients receiving anti-microbial drug therapy, acquired from patient records, has been a frequently used parameter. In this paper the Defined Daily Dose (DDD) per 100 bed-days has been used instead. This parameter can be calculated by converting the number of units of antimicrobials, delivered to individual wards, to defined daily doses per bed-day. This parameter determines the probability of treating a patient with a particular drug, based on pooled data. The DDD per 100 bed-days has been used to follow changes in prescribing habits arising from the acceptance of and adherence to guidelines over a period of 5 years in a University Hospital.

01200

0230919 83134427

**[Analysis of the criteria of choice of hospital materials and technologies]**

Analyse des criteres de choix des materiels et technologies a l'hopital.

Morizet-Mahoudeaux P; Dubuisson B

Int J Biomed Comput ,Jan 1983, 14 (1) p53-63, ISSN 0020-7101 Journal Code: GQO

Languages: FRENCH Summary Languages: ENGLISH

Decision-making in hospital, when a biomedical instrumentation investment has to be decided, is not simple because of the large amount of criteria which should be considered. To show the most important criteria in decision-making, their respective weight and their interdependencies, we used multi-dimensional analysis methods.

A quasi-exhaustive list of criteria has been constructed and sent to all the heads of medical departments, the directors and the clinical engineers of the French university hospitals, in order to obtain their appreciation of the influence of these criteria in their own decision-making experience. The application of factorial analysis methods to the answers gives two main results. There is no characteristic behaviour of professional groups, such as engineers, directors, surgeons, radiologist, etc.... A list of 21 criteria, which are the most influential in decision-making, can be identified. This result will be emphasized in order to develop a tool which allows one to measure the adequacy of a biomedical instrument that shows a clinical need.

0230815 83133152

**[HBs-antigen determination during pregnancy with reference to prevention of a postnatal infection in the newborn infant]**

HBs-Antigennachweis in der Schwangerschaft unter dem Gesichtspunkt der Pravention einer postnatalen Infektion des Neugeborenen.

Zippel C; Eggers HJ; Zippel HH; Fuhrmann U; Bolte A

Geburtshilfe Frauenheilkd ,Dec 1982, 42 (12) p862-5, ISSN 0016-5751 Journal Code: FK5

Languages: GERMAN Summary Languages: ENGLISH

In 1980 and 1981 the blood samples of 2040 pregnant women from the Department of Obstetrics of the University Hospital of Cologne have been examined for HBs-antigen. In 37 samples (1.8%) HBs-antigen was detected. As there are considerable racial as well as geographic differences in the frequency of HBs-antigenemia, we differentiated between German and foreign women. In 10 out of 1519 (0.7%) German and in 27 out of 521 (5.2%) foreign women, respectively, HBs-antigen could be demonstrated. Only 1 woman was known to be HBs-antigen positive. Until now, 38 children have been born in the University Hospital to 33 HBs-antigen-positive mothers. After birth, 35 children received hepatitis B immune globulin (HBIG). So far, none of these immunised children exhibited signs of a hepatitis B infection--22 children have been followed up 5-19 months, and 13 children 1-4 months. Three newborns did not receive HBIG: One child was already infected at time of birth, the 2 other children were erroneously not

given HBIG. One of these 2 children fell ill at the age of 5 months with clinical and serological manifestations of hepatitis B, the other child appears healthy up to date (11 weeks).

0230789 83132739

**Clinical causes and classification of perinatal mortality in Lagos.**

Abudu O; Akinkugbe A

Int J Gynaecol Obstet ,Dec 1982, 20 (6) p443-7, ISSN 0020-7292 Journal Code: E4T

Languages: ENGLISH

Perinatal deaths in singleton births at the Lagos University Teaching Hospital during a 5-year period were reviewed. Causes of deaths were classified into eight groups using a modified form of the Aberdeen classification. Perinatal mortality was high (42.5/1000 total births). The stillbirth rate was 32.5/1000 total births. The major causes of perinatal mortality were trauma (30.5%), low birth weight (23.9%), hemorrhage (13.7%), toxemia of pregnancy (10.3%) and mature, cause unknown (10%). Congenital malformation (4.3%) was not a major cause of perinatal deaths in this study.

00579

0230463 83128920

**Design considerations for a medical school hospital cancer patient data system.**

Hokanson JA; Costanzi JJ; Smith MS; Richard P; Dugat PS

Cancer ,Apr 15 1983, 51 (8) p1556-61, ISSN 0008-543X Journal Code: CLZ

Contract/Grant No.: CA-17701

Languages: ENGLISH

Tumor registries abound, but there are few that successfully incorporate information age data management resources. This article describes the evolutionary process of designing, implementing, and maintaining a computer-based cancer patient information system for a medical school hospital. The primary requirement was that accurate information about the cancer experience at University of Texas Medical Branch (UTMB) be readily available. Since the tumor registry staff were not data processing professionals, this system had to use commonly available, well documented, readily maintained, and easily used data management resources. The UTMB registry, as documented by the marked increase in frequency and scope of use, demonstrates that a quality information resource can have a significant impact on hospital cancer programs and could serve as a prototype for other institutions having similar needs.

01201

0230171 83118447

**A respiratory intensive care unit computing system: clinical experience at Loma Linda University Medical Center.**

Sheldon RL; Cooley WS; Knox WL  
Respir Care ,Jul 1982, 27 (7) p821-9, ISSN 0730-8418  
Journal Code: QZ3

Languages: ENGLISH

At Loma Linda University Medical Center we have successfully developed a computerized monitoring system for our respiratory intensive care unit (RICU). Three important goals must be accomplished to achieve success in designing a useful computer system: (1) a workable hardware system must be designed, (2) the hardware and programs must be molded to fit the needs and abilities of the clinicians using the system, and (3) the necessary data must be made available to the system. Our typical applications of the RICU computer system include storage of pathology and clinical laboratory data, management and calculation of hemodynamic variables, census taking, retrieval of information on returning patients, nutritional assessment, monitoring and evaluation of respired gases, assessment of drug administration, interpretation of arterial blood gases and related measurements, and monitoring of EKGs. We believe it is essential to clearly define the needs of a clinical unit and goals of its computer system in order to design and select the proper computer hardware and software.

0230015 83108354

**How a university teaching hospital implemented CPR training for its medical staff.**

Simendinger EA; Lyon SL  
Hosp Med Staff ,Jan 1983, 12 (1) p13-7, ISSN 0090-0710  
Journal Code: G93

Languages: ENGLISH

0229582 83124020

**Pharmacy-based controlled substances distribution for a university campus.**

Hibbard FJ; Bair JN; Sylvester KL  
Am J Hosp Pharm ,Jan 1983, 40 (1) p74-7, ISSN 0002-9289  
Journal Code: 310

Languages: ENGLISH

A university-wide pharmacy-based controlled substances distribution system is described. The purchasing and control of controlled substances for the entire university campus is centralized in the hospital pharmacy department. The distribution system uses the concept of restricted versus nonrestricted drugs, where restricted drugs are all Schedule II controlled substances and other drugs needing restrictive control. The restricted or nonrestricted status of a drug is based upon suspected or observed abuse potential. After receipt by the pharmacy, all controlled substances and restricted drugs are stored in a vault. A 24-hour audit-disposition record system is used to control the inpatient distribution of restricted drugs, which are stored

in locked cabinets on each nursing unit. In the outpatient pharmacy, a small supply of restricted drugs is stored in a locked cabinet; the inventory is reconciled weekly. Nonrestricted controlled substances, such as phenobarbital and chloral hydrate, are distributed to the inpatient satellite pharmacies and the outpatient pharmacy in the same manner as other prescription drugs. Campus practitioners and researchers order all controlled substances from the pharmacy using the appropriate order forms; each individual is responsible for maintaining a record and control system. A quality assurance program was established to review and improve the quality of service. The centralized pharmacy-based system improved the control, monitoring, and efficiency of controlled substances distribution for the entire university campus.

0229558 83123900

**Health care services received by children with chronic illness.**

Stein RE; Jessop DJ; Riessman CK  
Am J Dis Child ,Mar 1983, 137 (3) p225-30, ISSN  
0002-922X Journal Code: 3GS

Languages: ENGLISH

The mothers of 209 children with chronic illness who were being treated at a university-affiliated municipal hospital were interviewed in their homes to assess the extent to which their children received health services. Most families received traditional biomedical types of care, but few families had received psychosocial services. Children with the most severe conditions tended to receive more services than others, and receipt of nonbiomedical services was associated with identification of a specific provider. Mothers indicated that, in addition to traditional services, they wanted advice on how to manage the child's condition at home. These results confirm previous findings and suggest that gaps in service provision may be generalizable to children with chronic illness regardless of the setting and diagnosis.

01292

0229505 83122664

**[Pathological] liver enzyme values--a suitable warning symptom of imminent intrauterine fetal death in EPH gestosis]**

Pathologische Leberenzymwerte--Ein geeignetes Warnsymptom des drohenden intrauterinen Fruchttodes bei EPH-Gestosen?

Fischl F; Grunberger W

Zentralbl Gynakol ,1982, 104 (20) p1282-7, ISSN 0044-4197 Journal Code: Y5S

Languages: GERMAN Summary Languages: ENGLISH

Liver functions (bilirubin, SGOT, SGPT, alkaline phosphatase) and electrolyte changes (sodium+, potassium+, calcium+) were tested in a prospective study in all patients admitted to the First Department of the Hospital of Gynaecology and Obstetrics, University of Vienna, throughout 24 months, for moderate, medium or severe EPH gestosis as well as in pregnant women admitted for intra-uterine foetal death. All 102 cases were subdivided by three groups by severity of gestational toxicosis. A somewhat expected insight was gained from comparison of the three groups, in that aggravated severity of EPH gestosis symptoms was accompanied by higher incidence of pathological liver findings. A comparison between these findings, obtained from existing but impaired pregnancies, and findings obtained from women with intra-uterine foetal death showed that certain limit values were pathological, as were some of the routine findings. --Action should be taken to speed up the course of labour and complete delivery, as soon as thresholds are exceeded in foetuses with mature lungs, in order to prevent intrauterine foetal death.

0229148 83117468

**[Relative shares in teaching, research, clinical service and administration of the personnel of institutes and clinics of the Medical School of the University of Berne]**

Relative Beschäftigungsanteile von Lehre, Forschung, Dienstleistung und Administration des Personals von Instituten und Kliniken der Medizinischen Fakultät der Universität Bern.

Aellen P

Praxis ,Dec 7 1982, 71 (49) p1935-7, ISSN 0032-7026 Journal Code: PK9

Languages: GERMAN

0228824 83114907

**Smoke-free hospitals for Minnesota.**

Kottke TE

Minn Med ,Nov 1982, 65 (11) p711, ISSN 0026-556X Journal Code: NBY

Languages: ENGLISH

0228795 83114727

**The use of computerized learning in intensive care: an evaluation of a new teaching program.**

Skinner JB; Knowles G; Armstrong RF; Ingram D  
Med Educ ,Jan 1983, 17 (1) p49-53, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

A computer-assisted learning program in respiratory intensive care was introduced into the undergraduate curriculum at University College Hospital. Educational effectiveness was assessed. This method of learning was found to be highly acceptable to students. The improvement in students knowledge of the subject was up to three times greater in those who used the computer program, than a control group of students who received only teaching by conventional means, (P = 0 X 016). The results of a questionnaire designed to elicit students' attitudes to this learning experience are discussed.

0228754 83114002

**Funding of teaching hospitals.**

Howie J

Lancet ,Feb 12 1983, 1 (8320) p345-6, ISSN 0023-7507 Journal Code: LOS

Languages: ENGLISH

0228650 83112005

**Racial patterns in liaison psychiatry.**

Craig TJ

J Natl Med Assoc ,Dec 1982, 74 (12) p1211-5, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

0228427 83109673

**Teaching behavioral pediatrics and to pediatric residents: the state of the art and description of a program.**

Felice ME; Friedman SB

JOBP ,Dec 1982, 3 (4) p225-31, ISSN 0196-206X Journal Code: HTF

Languages: ENGLISH

In 1978, the Task Force on Pediatric Education strongly recommended that all pediatric residency programs include at least one full-time rotation and biosocial pediatric, preferably in the 1st or 2nd year. Since 1977, the University of Maryland has had a structured, integrated, required program in Behavioral Pediatrics, including 2 months in both the PL-1 and PL-2 years for a total of 4 months addition of elective experience is available in the PL-3 year. The development and description of this program is presented as well as a review to the relevant literature.

01293

0228407 83109432

**Enrollment bias and variation in clinical manifestations: a review of consecutive cases of familial paroxysmal polyserositis.**

Armenian HK  
J Chronic Dis ,1983, 36 (2) p209-12, ISSN 0021-9681  
Journal Code: HQV

Languages: ENGLISH

The effect of systematic enrollment bias was studied in a series of 158 patients with familial paroxysmal polyserositis (F.P.P.) from a special clinic in a university hospital. The characteristics of 79 patients seen for the first time at this special clinic in its first 16 months of operation, were compared with the characteristics of 79 patients presented during the last 6 yr of its operation. As a group the patients studied first at the clinic had a more severe form of the disease. This group had a significantly larger number of patients with multiple clinical manifestations, with proteinuria and amyloidosis. In addition, there were more males and more patients with positive family history of the disease in this earlier group. It is probable that much of the temporal variation in these clinical characteristics between patients studied in the earlier and later periods can be explained by case selection originating from differentials in referral patterns. Thus, a larger proportion of the earlier patients were referred following an episode of hospitalization. Differences in referral pattern, in case selection and in the sources of data, can account for the significant variation in the frequency of the various clinical manifestations in the different published F.P.P. case series from several countries. The effect of enrollment bias on the results of clinical studies and the importance of a population base for such studies is emphasized.

0228292 83107834

**Medical admissions due to noncompliance with drug therapy.**

Levy M; Mermelstein L; Hemo D  
Int J Clin Pharmacol Ther Toxicol ,Dec 1982, 20 (12)  
p600-4, Journal Code: GQO

Languages: ENGLISH

In 34 (2.9%) of 1184 medical admissions monitored at the Hadassah University Hospital in Jerusalem, noncompliance with drug therapy appeared to be the principal factor leading to hospitalization. The main diseases presented on admission were cardiovascular conditions and exacerbation of chronic pulmonary and inflammatory diseases. The reasons given for noncompliance were the occurrence of adverse reaction (39% of the cases), lack of symptoms (19%), too many drugs (16%), and forgetfulness (10%). The main drugs involved were diuretics, digoxin, and antibiotics. Nonprofessional employment, low level of education, as well as old age in males were identified as factors associated with hospitalization due to noncompliance. Poor knowledge of possible adverse reactions and results from noncompliance were evident in the entire patient population. Educational measures are required to increase patient participation in the therapeutic process.

0228201 83107019

**Attitudes of nonpsychiatric physicians toward psychiatric consultation.**

Cohen-Cole SA; Friedman CP  
Hosp Community Psychiatry ,Dec 1982, 33 (12) p1002-5,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The authors report on an opinion survey of 200 nonpsychiatric attending physicians at a university teaching hospital about the process and outcome of consultation psychiatry. Over-all, physicians felt that 37 per cent of their patients had problems with significant psychological components, but that consultation was indicated for only 11 per cent. Physicians reported a high level of global satisfaction with consultations: 68 per cent were satisfied frequently or almost always. Factor analysis reduced consultees' evaluations of 18 different consultation activities to five dimensions, with patient disposition considered the most important and services to medical and ward staff the least important. Analysis of differences by specialty revealed that family medicine physicians seemed the most oriented to psychological issues and surgeons the least.

01294

0227374 83099245

**Selection for mercurial resistance in hospital settings.**

Porter FD; Silver S; Ong C; Nakahara H  
Antimicrob Agents Chemother ,Nov 1982, 22 (5) p852-8,  
ISSN 0066-4804 Journal Code: 6HK  
Contract/Grant No.: AI15672  
Languages: ENGLISH

The frequency of resistance to Hg<sup>2+</sup> in 1980 to 1981 collections from Barnes Hospital, St. Louis, Mo., was only 2% for Staphylococcus aureus and 9% for Escherichia coli. The frequency of Hg<sup>2+</sup> resistance in E. coli isolates from Jikei University Hospital, Tokyo, Japan, was 57% during 1972 to 1977 and decreased to 29% in 1979 to 1982; for S. aureus the frequency of Hg<sup>2+</sup> resistance dropped from 36% in 1972 to 1977 to 10% in 1979 to 1982. Frequencies of resistances to cadmium (S. aureus) and arsenic (S. aureus and E. coli) remained approximately constant during this time. The decrease in frequency of mercurial resistance is attributed to the termination of the use of organomercurials (largely phenylmercury and thimerosal) in hospital liquid detergents and disinfectants. It is proposed that selection for mercurial resistance occurred within the hospital setting when there was widespread use of mercurials. The resistance patterns and phage types for each of four new mercurial-resistant S. aureus isolates from St. Louis were distinct, indicating that no single type of "hospital staph" predominates. Furthermore, resistance to thimerosal, merbromin, and methylmercury and the ability to volatilize <sup>14</sup>C from [<sup>14</sup>C]methylmercury were found with the new isolates and never with previously known mercurial resistance plasmids in S. aureus.

0227331 83098517

**Infection control and employee health: epidemiology and priorities for program development.**

Valenti WM; Dorn MR; Andrews BP; Presley BA; Reifler CB  
Am J Infect Control ,Nov 1982, 10 (4) p149-53, ISSN  
0196-6553 Journal Code: 4T6  
Languages: ENGLISH

0227299 83098086

**Regionalization of surgical services.**

Peterson DL; Bloom BS  
Am J Public Health ,Feb 1983, 73 (2) p179-83, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

Using data from the Studies on Surgical Services for the United States (SOSSUS), the extent of existing surgical care regionalization was examined in a defined area. Specialist surgeons comprised 55 per cent of all physicians who did operations, but performed nearly three-fourths of all operative work. About one-third of the most complex operations (CRV greater than or equal to 30), more than one-fifth of medium complexity (CRV = 20-29), and 14 per cent of low complexity (CRV less than 20) were obtained out of county of

residence. Nearly one-half of all surgical patients at the university hospital were from other counties; but for those obtaining the most complex operations (CRV greater than or equal to 30), three-fourths of them were from other counties. Thus there was a substantial amount of regionalization of surgical care already existing in this area.

00530  
0227280 83098026

**Underrecognition of patients' psychosocial distress in a university hospital medical clinic.**

Thompson TL 2d; Stoudemire A; Mitchell WD; Grant RL  
Am J Psychiatry ,Feb 1983, 140 (2) p158-61, ISSN  
0002-953X Journal Code: 3VG  
Languages: ENGLISH

Seventeen areas of psychosocial distress were evaluated in 87 university hospital internal medicine clinic patients by a self-administered questionnaire and a psychiatric interview. These patients' internists then predicted the patients' distress level in each area. Their predictions correlated significantly with their patients' self-reports of distress-level problems in only 3 of the 17 areas. Even when the internists felt that they had sufficient information to make an accurate prediction, their perceptions were often erroneous, including evaluations of such areas as suicidal ideation and drug use. These data suggest the need for active psychiatric education components in internal medicine training programs.

01295

0227232 83097552

**Contractual relationships between colleges of pharmacy and university hospitals.**

Gourley DR; Fine DJ  
Am J Hosp Pharm ,Dec 1982, 39 (12) p2102-4. ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

The relationships that exist between colleges of pharmacy and university hospitals located in academic medical centers were investigated, and the types of pharmaceutical services that are being offered by these institutions were profiled. Questionnaires were mailed to 35 directors of pharmaceutical services located in academic medical centers. Of the 30 institutions represented by respondents, 27 had a college of pharmacy on the same campus, and 13 had a formal agreement between the hospital and the college. Ninety-seven percent of the hospitals surveyed had unit-dose or partial unit-dose programs, and all of the hospitals had i.v. admixture services. Nine of the 13 hospitals with formal agreements and 13 of the 17 hospitals without formal agreements had decentralized pharmaceutical services. The staffing patterns in these institutions showed that only 10.3% of the pharmacist FTE positions were funded by the college of pharmacy. There was no difference in trends as related to faculty appointment, title, or tenure between directors in hospitals with and without affiliation agreements. Seven of the directors of pharmacy were in tenure-track positions, and the director's reporting mechanism in the college was either to the dean or the chairman of pharmacy practice. No differences were found between the pharmaceutical services offered, staffing patterns, or status of the director of pharmacy in hospitals with or without formal agreements with colleges of pharmacy. These authors believe that a firm relationship between the college and hospital might prove advantageous to both parties.

0227146 83096656

**Changes of panorama in renal disease mortality in Finland after phenacetin restriction.**

Sillanpaa M; Kasanen A; Elonen A  
Acta Med Scand ,1982, 212 (5) p313-7. ISSN 0001-6101  
Journal Code: 14G  
Languages: ENGLISH

The purpose of the present study was to examine the effect of phenacetin consumption and its restriction on the mortality from nephropathy. Changes in this mortality in Finland during 1951-77 were investigated. The second part of the study was concerned with the frequency of papillary necrosis in cases autopsied in the Department of Medicine, Turku University Central Hospital, during 1952-79. These figures were studied in relation to increased phenacetin consumption after World War II, its restriction in 1962 and its complete banning in 1965. Both the epidemiologic survey of the mortality from nephropathy in Finland and the autopsies showed a clear and strong correlation both with increased phenacetin consumption and with its discontinuation. The banning of phenacetin led within 2-4 years to a decline in the mortality from

nephropathy to its pre-phenacetin level.

0227027 83094684

**[The humanization of medical care]**

A propos de l'humanisation des soins.  
Breton JJ  
Union Med Can ,Nov 1982, 111 (11) p987-8. ISSN  
0041-6959 Journal Code: WNM  
Languages: FRENCH Summary Languages: ENGLISH

0226976 83094168

**Report on blood access for hemodialysis in the Department of Transplantation, Tokai University School of Medicine and a satellite hospital.**

Hida M; Iida T; Shimbo T; Nakamura K; Saitoh H; Satoh T  
Tokai J Exp Clin Med ,Jul 1982, 7 (4) p497-504. ISSN  
0385-0005 Journal Code: VZM  
Languages: ENGLISH

There were 316 patients being treated by maintenance hemodialysis in the Department of Transplantation, Tokai University School of Medicine and its satellite hospital (Bohsei Clinic, Medical Treatment Cooperation, Showakai) as of December 31, 1981. Forty eight male (23.1%) and 39 female (35.7%) patients were operated on for external shunts. One case of external shunt was functioning well 48 months later. No patient was dialysed through external shunts on December 31, 1981 in our Department or the satellite. The majority of patients, who were maintained on hemodialysis with an arteriovenous (native vein) fistula available, experienced no difficulties. Nearly 50 percent of cases with the first fistula were functioning on December 31, 1981. There were some complications with fistulas such as pseudoaneurysms, infections, the sore thumb syndrome or the steal syndrome. We experienced 14 hemodialysis cases using expanded polytetrafluoroethylene (E-PFTE) grafts and one case using femoral artery repositioning as blood access.

01206

0226881 83092912

**Health care for rheumatic disorders in a Swedish county.**

Bjelle A; Magi M  
Scand J Rheumatol ,1982, 11 (4) p209-16, ISSN 0300-9742  
Journal Code: UD1  
Languages: ENGLISH

Utilization of rheumatological care by individual patients was studied in a Swedish county at all levels of the health care system. Calculated per population at risk, 0.6--0.8% per year were seen for rheumatoid arthritis. Of these, 35--81% were patients at the rheumatology department, varying according to distance of residence from the university hospital. The number of patients with other inflammatory diseases was, however, larger in primary care than in the specialist department. Only a minor part of the total care for rheumatic disorders (Chapt. XIII of ICD) in the county was provided by the rheumatology department. Back disorders constituted the largest diagnostic group of rheumatic disorders in primary care. During a period of one year a total of 12--14% of the population had contact with primary care, of the district hospital and/or the rheumatology department, because of rheumatic disorders. The results show the value of epidemiological studies to follow the development of and to define the future objectives of rheumatological care.

0226857 83092587

**[Report for 1981 on the activities of the emergency service of Saint-Pierre Hospital and its medically equipped ambulances]**

Bilan pour l'annee 1981 des activites du service des urgences de l'hopital Saint-Pierre et de son ambulance medicalisee.

Flamand JP  
Rev Med Brux ,Oct 1982, 3 (8) p563-5, ISSN 0035-3639  
Journal Code: SLK  
Languages: FRENCH Summary Languages: ENGLISH

0226269 83085701

**Effect of residents' use of laboratory tests on hospital costs.**

Boice JL; McGregor M  
J Med Educ ,Jan 1983, 58 (1) p61-4, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0226127 83084363

**State charity hospital users: a case study of the OB clinic at LSUMCS.**

Dolch NA; Thompson H  
J La State Med Soc ,Dec 1982, 134 (9) p20-2, ISSN 0024-6921  
Journal Code: IVK  
Languages: ENGLISH

0225996 83083253

**The influence of a hospital drug committee's recommendations on the use of analgesics as evaluated by drug-use data.**

Hartvig P; Isacson D; Bingefors K  
J Clin Hosp Pharm ,Sep 1982, 7 (3) p161-7, ISSN 0143-3180  
Journal Code: HTT

Languages: ENGLISH  
Drug-use data in a large university hospital have been used as a means for evaluating the influence of the recommendations given by a drug committee on the use of analgesics. The results generally show a reasonable adherence to the recommendations in the hospital. A selected clinic, the Department of Oncology, where special efforts were directed, showed particularly close adherence to the guidelines given.

0225915 83082047

**A method of selecting a sample of long-staying hospitalized patients, with nosocomial infections as the outcome event.**

Chavigny KH; Fischer J  
Heart Lung ,Jan 1983, 12 (1) p15-20, Journal Code: G2V  
Languages: ENGLISH

0225889 83081944

**Psychiatric mental health nursing consultation: a two-model system in a general hospital.**

Hart CA  
Issues Ment Health Nurs ,Apr-Jun 1982, 4 (2) p127-47, ISSN 0161-2840  
Journal Code: GY7  
Languages: ENGLISH

01207



0225850 83081664

**Medical and administrative information modelling of a hospital university centre pneumology department.**

Rolland C; Huet B; Battesti JP  
Int J Biomed Comput .Nov 1982. 13 (6) p457-69. ISSN  
0020-7101 Journal Code: GQQ

Languages: ENGLISH

Instead of a technology-oriented approach of a hospital information system (HIS), the authors present a structure oriented approach built on three elements: objects, events and operations which allow one to model a static and dynamic schema of an information system (IS). Objects of the static schema lead to a relational model. Events expose various states of Information System; operations allow one to build a dynamic schema. Such a schema is interesting for IS description in order to enhance the analytical capability of the designer, to define IS solutions and to limit the risks of errors. It allows the clinician better management of information relative to patients, especially thanks to the dynamical schema which enables one at any moment to know the patient's state. Finally, it has to free clinicians from managing information and allow them to give an always more important consideration to human relationships in medicine.

0225616 83078988

**A two-year study of caesarean section at the University College Hospital, Ibadan, Nigeria.**

Adeleye JA  
East Afr Med J .Jun 1982. 59 (6) p383-9. ISSN 0012-835X  
Journal Code: EDG

Languages: ENGLISH

0225606 83078896

**Clinical utilization of serum theophylline concentrations in a university-affiliated hospital.**

Gotz VP; Lopez LM; Reeves SE; Morrow ME  
Drug Intell Clin Pharm .Nov 1982. 16 (11) p872-4. ISSN  
0012-6578 Journal Code: EBU

Languages: ENGLISH

0225145 83068531

**Inservice education at George Washington University Medical Center.**

Bloomrosen M  
Top Health Rec Manage .Dec 1982. 3 (2) p60-71. ISSN  
0270-5230 Journal Code: WAD

Languages: ENGLISH

0224586 83073598

**Iatrogenic complications in surgery. Five years' experience**

**in general and vascular surgery in a University Hospital.**

Adar R; Bass A; Walden R  
Ann Surg .Dec 1982. 196 (6) p725-9. ISSN 0003-4932  
Journal Code: 675

Languages: ENGLISH

Advances in medicine that have led to more sophisticated methods of diagnosing, treating and monitoring patients take an ever increasing toll in iatrogenic complications. It may be argued that the net effect is an improvement in care, but it is self-evident that minimizing iatrogenic complications will increase the benefit to the patients of the ever increasing complex methods of treatment. Iatrogenic complications tend to be sporadic and varied in nature, and are difficult to study as a group. Psychological and medicolegal problems add to this difficulty. However, if the incidence of iatrogenic complications is to be decreased, a concerted effort has to be made to study them. Their report deals with an effort.

0224498 83072227

**Measuring severity of illness: comparisons across institutions.**

Horn SD  
Am J Public Health .Jan 1983. 73 (1) p25-31. ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

01208

0224337 83070869

**Carcinoma of the tongue in Norway and Wisconsin. I. Incidence and prognosis related to sex and age.**

Vernund H; Brennhovd IO; Harvei S; Kaalhus O; Poppe E; Wiley AL Jr

Acta Radiol [Oncol] ,1982. 21 (3) p155-68. ISSN

0349-652X Journal Code: IYL

Contract/Grant No.: CA-19278

Languages: ENGLISH

The records of 503 patients with carcinoma of the tongue diagnosed between 1958 and 1972 were reviewed. The preponderance of tongue carcinoma among men was confirmed both in The Norwegian Radium Hospital (NRH) and the University of Wisconsin Hospitals (UW), but it was relatively more frequent among women in NRH and in UW than in southern Europe. More women had on presentation less advanced tumors at NRH than at UW. The incidence of tongue carcinoma in Norway increased steadily with age for both sexes. The sex ratio did not change in Norway such as in England, Canada and the United States. Tumor of the posterior one-third of the tongue was relatively infrequent in women both in NRH and UW, in agreement with reports from other countries. The length of survival was analysed and no significant sex difference was demonstrated. The younger patients had less advanced tumors and a better prognosis.

0224067 83067293

**[Consultation and liaison psychiatry--a contribution to the holistic thinking in medicine]**

Konsiliar- und Liaisonpsychiatrie--ein Beitrag zum ganzheitlichen Denken in der Medizin?

Wildbolz A

Schweiz Arch Neurol Neurochir Psychiatr ,1982. 131 (1) p81-8. ISSN 0036-7273 Journal Code: UDS

Languages: GERMAN Summary Languages: ENGLISH

After some introductory remarks about consultation and liaison psychiatry, the psychiatric consultation and liaison service in the general university hospital of Bern is presented. It has a statistically expressible exterior activity and an interior activity. It gives its contribution to holistic medical thinking in the fields of patient care, teaching, research, expertising and public relations. Problems of integration of consultation and liaison psychiatry and their possible overcoming are discussed on the base of two other studies of this author. The importance of creating psychiatric services in general hospitals is emphasized.

0224066 83067288

**[Suicide in patients of an ambulatory psychiatric service (study of 34 suicides from 1973 to 1980 at the University Psychiatric Polyclinic in Lausanne)]**

Le suicide chez les patients d'un service psychiatrique ambulatoire (Etude de 34 suicides de 1973 a 1980 a la Polyclinique psychiatrique de Lausanne).

Schneider PB

Schweiz Arch Neurol Neurochir Psychiatr ,1982. 131 (1) p133-46. ISSN 0036-7273 Journal Code: UDS

Languages: FRENCH Summary Languages: ENGLISH

The study of 34 suicides who were in treatment in an ambulatory psychiatric service reveals a predominance of psychotics. Critical description of the treatment, the psychological factors leading up to the suicide (importance of professional conflicts) and the attitude of the physicians. Relationship between the depressive state and the presuicide syndrome. Remarks on foreseeing suicide and on the psychological repercussions on the psychiatrist.

0224054 83067208

**A ten-year follow-up of a hepatitis B epidemic in a dialysis unit.**

Lofgren B; Nordenfelt E; Lindholm T; Lindergard B

Scand J Infect Dis ,1982. 14 (3) p165-9. ISSN 0036-5548 Journal Code: UCX

Languages: ENGLISH

A hepatitis B epidemic at the hemodialysis unit of the University Hospital of Lund, Sweden, occurred in 1968-71. Since then all patients on regular hemodialysis have been tested with regard to hepatitis B. 196 patients were followed for more than 6 months (5 for more than 10 yr). 50 patients (26 males/24 females) became HBsAg-positive. The majority, 40 (25/15), never lost their HBsAg during the observation period. 35 of these chronic HBsAg carriers were also chronic HBeAg carriers. 10/50 HBsAg-positive patients lost their HbsAg; females in much higher frequency than men. Six HBsAg-negative patients developed anti-HBs and anti-HBc. The highly infectious carriers constituted a continuous source of infection. Nevertheless, it was possible to keep the spread of infection under control in the unit. The most effective precaution from spread to the staff is probably protective gloves during all handling of patients. As regards the patients the most important measure was the introduction of separate units for HBsAg-positive and HBsAg-negative patients.

01209

0224009 83066234

**Management of imperforate anus at the Lagos University Teaching Hospital, Nigeria: a review of ten years' experience.**

Adeyemi SD; de Rocha-Afodu JT  
Prog Pediatr Surg .1982. 15 p187-94. ISSN 0079-6654  
Journal Code: Q50  
Languages: ENGLISH

Sixty cases of imperforate anus treated at the Lagos University Teaching Hospital, Nigeria between 1969 and 1979 are reviewed. Late presentation at our hospital was a remarkable feature. Although there were only 18 attempts at Wangenstein-Rice (Wangensteen and Rice 1930) inversion radiograms using all the information available, it was possible to categorize 27 children as having high and 17 as having a low-type imperforate anus. Only 16 of the children with high lesions have had abdominoperineal pull-through procedures with an operative mortality of 31%. Eleven definite procedures for low lesions were carried out in newborn infants. The rest were decompressed either by a colostomy or a congenital fistula and are waiting for definite surgery. One child died before any surgical treatment. Some of the problems related to the outcome of treatment of this disease in our hospital are late presentation, inadequate facilities and shortage of specialized personnel, problems peculiar to a developing country. We suggest an urgent colostomy performed under local anaesthesia as a safe and expedient treatment for babies with obstruction and in whom the presence of a translevator anomaly cannot be immediately verified.

0223950 83065928

**Integration of the psychosomatic approach with internal medicine: development of concepts and preliminary results of evaluation of doctor-patient interaction.**

Kohle K; Gaus E; Simons C; Westphale C  
Psychother Psychosom .1982. 38 (1) p221-30. ISSN 0033-3190  
Journal Code: QHA  
Languages: ENGLISH

An account is presented of an attempt (made in the period between 1972 and 1979) to integrate a psychosomatic approach in routine patient care in a medical hospital. Following disappointment with a service run on a consultation-liaison basis, patient care on a small general medical ward was reorganized systematically according to psychosomatic principles. Within this relatively independent subsystem of the hospital, it was possible to integrate the medical and the psychosomatic aspects into a single approach. The organizational concept for the ward is described; first results are reported of an attempt to evaluate the factual changes in doctor-patient communication during the daily ward round. This communication was studied in the form of verbal contacts between doctor and patient. Finally a summary is presented of the advantages of the integrated approach over the traditional consultation-liaison service.

0223949 83065927

**International comparison of the prevalence of psychosomatic disorders in schizophrenic patients.**

Ramsay RA; Krakowski AJ; Rydzynski Z; Jarosz M; Engelsmann F; Ananth J  
Psychother Psychosom .1982. 38 (1) p206-20. ISSN 0033-3190  
Journal Code: QHA  
Languages: ENGLISH

An epidemiological survey was carried out in Montreal (Canada), Plattsburgh (USA) and Lodz (Poland) to test the hypothesis that certain psychosomatic disorders show a low lifetime prevalence in schizophrenic patients (total n = 665). The same method for collection and evaluation of demographic and clinical data was used in order to establish the lifetime prevalence of peptic ulcer (PU), bronchial asthma (BA), neurodermatitis (ND) and rheumatoid arthritis (RA) in the patients as well as in their nuclear families. Low values of lifetime prevalence were found in schizophrenic patients in chronic hospitals as compared with those in general-university hospitals. Similarities were found in age- and sex-related patterns of these psychosomatic disorders in both samples. However, PU showed higher prevalence, and BA, ND and RA showed lower prevalence in the Polish sample.

0223788 83064557

**A nursing research committee within an acute care setting: its inception and development.**

Johnston CC; Collinge J  
Nurs Pap .Summer 1982. 14 (2) p2-12. ISSN 0318-1006  
Journal Code: 09J  
Languages: ENGLISH

01000

0223763 83064183

**Moral reasoning and decisions in dilemmas of neonatal care.**

Candee D; Sheehan TJ; Cook CD; Husted SD; Bergen M  
Pediatr Res ,Oct 1982, 16 (10) p846-50, ISSN 0031-3998

Journal Code: OWL

Languages: ENGLISH

The relationship between levels of moral reasoning and decisions in dilemmas of neonatal care was investigated in a sample of 452 pediatricians. Subjects included residents, faculty members, and practitioners recruited from a variety of university-affiliated and community hospitals. It was hypothesized that physicians whose moral reasoning was more fully developed would less actively treat particular cases. Such cases might include those where a patient's family requested such a limit (designated "negative family attitude") or the quality of life likely to be led after therapy was so low as to preclude even a minimal degree of human activity or social interaction (designated "unsalvageable prognosis"). The hypothesis was tested through the use of two questionnaires. The first questionnaire, devised by Crane, assessed the physician's reported degree of activism in treating six cases of infants born with severe defects. The structure of moral reasoning was measured by a second questionnaire, Rest's Defining Issue Test. Subjects were scored by the degree to which they use universal, ethical principles in resolving a series of moral dilemmas. Results of the absolute level of activism (Table 1) showed that among both residents and postresidents, the degree to which cases are actively treated depends, for salvageable patients, on the type of damage and on the possibility for research. Results involving moral reasoning showed a different pattern among residents and postresidents. Among residents, a significant correlation exists between principled reasoning and the absence of active treatment ( $r = -0.41$ , Form A;  $r = -0.23$ , Form B). As predicted, such correlations were strongest for cases of negative family attitude or of unsalvageable prognosis. The pattern of correlations among postresidents showed either no relationship to moral reasoning or the reverse of the residency pattern ( $r = -0.08$ , Form A;  $r = 0.30$ , Form B). The influence of the type of institution a resident operates within was assessed by analysis of variance. Inasmuch as moral reasoning and institutional type both had significant main effects (Form A), their magnitude differed. Institutional type accounted for 43% of the variation in mean activism scores whereas moral reasoning accounted for only 4%; however, because one could, a priori, expect institutional norms and customs to be powerful determinants of behavior, any additional, identifiable influence deserves attention. The structure of individ

0223521 83062540

**Diagnostic, symptomatic, and descriptive characteristics of parents in the University of Rochester Child and Family Study.**

Kokes RF; Perkins P; Harder D; Strauss JS  
Monogr Soc Res Child Dev ,1982, 47 (5) p17-24, ISSN

0037-976X Journal Code: NIM

Languages: ENGLISH

0223310 83059555

**Michigan's Medical Service Plan: factors responsible for its success.**

Herrmann TJ; Bachrach DJ; Gronvall JA  
J Med Educ ,Dec 1982, 57 (12) p903-10, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

Eight years after the implementation of its medical service plan, the University of Michigan Medical School carried out a study to determine the extent to which the plan met its original objectives. An analysis of the plan's revenue and expenses, a review of the impact on medical school programs of education, research, and patient care, and an assessment of the environment influencing chairman and faculty recruitment and retention all support the conclusion that Michigan's medical service plan has been successful. In an effort to determine why the plan has succeeded, 35 individuals were surveyed to identify the factors thought to be responsible. A total of 32 potential factors were named; six were considered to be "key/critical," and another 11 were identified as "important/contributory." It is hoped that a sharing of Michigan's experience and understandings will be of help to the approximately 110 medical service plans that exist within the nation's 126 medical schools.

0222671 83052320

**Computer-based ICU data acquisition as an aid to clinical decision-making.**

Gardner RM; West BJ; Pryor TA; Larsen KG; Warner HR; Clemmer TP; Orme JF Jr

Crit Care Med ,Dec 1982, 10 (12) p823-30, ISSN

0090-3493 Journal Code: DTF

Contract/Grant No.: GM23095

Languages: ENGLISH

01301

0222174 83031047

**Performance of a computerized CCU arrhythmia monitor system.**

Amsler BE; Becker LC; Bulkley BH

J Clin Eng ,Jul-Sep 1982, 7 (3) p201-9, ISSN 0363-8855  
Journal Code: HQA

Languages: ENGLISH

Experience gained during clinical trials at Johns Hopkins University Hospital has led to refinements in a commercial arrhythmia monitoring system. The performance capabilities and limitations are described for normal Coronary Care Unit use. The system evaluation spanned a time period of over 16 months and included 3,176 monitored patient days. The majority of both false and true arrhythmia alarms was found to be produced by two small, statistically independent segments of the patient population.

0222171 83030435

**Evaluation of computer-assisted self-instructional module for pharmacy continuing education.**

Jim LK; Filibeck DJ; Gee JP; O'Bey KA; Fox JL

Hosp Pharm ,Oct 1982, 17 (10) p551, 555-8, ISSN  
0018-5787 Journal Code: G98

Languages: ENGLISH

A computer-assisted self-instructional module was developed as a method of providing continuing education to pharmacists. A prospective, nonrandomized study was conducted to investigate the effectiveness of computer-assisted instruction (CAI). Using an Apple II microcomputer and anticoagulant therapy as the content base, a series of ten case studies was written and programmed. Twenty-two staff pharmacists from a university hospital and a community hospital participated. Participants were first given a pretest, proceeded through the CAI, took the same test as a posttest, then two weeks later, took a different posttest to measure knowledge retention. The mean test scores before and immediately after the CAI were 55.8% and 80.4%. The mean test score for the two-week posttest was 74%. The mean difference was found to be highly significant for both the pretest and immediate posttest (P less than 0.0001) and the pretest and two-week posttest (P less than 0.001). The study suggested that the use of a CAI module was effective in improving, as well as maintaining, pharmacists' knowledge and that a significant portion of knowledge gained was retained after a period of two weeks. Pharmacists' evaluations of this method of continuing education were generally favorable.

0221895 83047617

**The characteristics of stat laboratory tests.**

Chu RC; Williams SV; Eisenberg JM

Arch Pathol Lab Med ,Dec 1982, 106 (13) p662-5, ISSN  
0363-0153 Journal Code: 79Z

Contract/Grant No.: HS 02577

Languages: ENGLISH

We studied the use of stat (ie, statim--as soon as possible)

laboratory tests at a university teaching hospital. For the 20 most frequently performed tests, 35.7% of the determinations were performed on a stat basis. The frequency with which a test was ordered on a stat basis ranged from 6.0% (for ESR) to 61.5% (amylase level). The proportion of laboratory test requests from a hospital service that were ordered stat ranged from 3.8% (orthopedic surgery) to 100% (emergency services). The daily number of regular laboratory test requests decreased significantly over the weekend, but the daily number of stat requests fell less sharply. The number of requests for routine tests decreased after 6 pm, but the number of requests for stat tests remained relatively constant until about midnight.

0221889 83047577

**First-admission psychiatric ward milieu: treatment process and outcome.**

Lehman AF; Strauss JS; Ritzler BA; Kokes RF; Harder DW; Gift TE

Arch Gen Psychiatry ,Nov 1982, 39 (11) p1293-8, ISSN  
0003-990X Journal Code: 72C

Contract/Grant No.: MH 25466-03; MH 00006-02

Languages: ENGLISH

A two-year, prospective study of 123 first-admission patients examined the impact of different inpatient treatment decision-making styles on patient outcome on a therapeutic community ward and a medically oriented psychiatric ward. Ward philosophy, programmatic and administrative structure, and ward atmosphere defined the ward milieus. Data on length of stay and the use of various therapeutic modalities provided comparisons of treatment process. Standardized ratings of psychopathologic condition and levels of function, readmissions, and illness attitudes were used to assess two-year outcomes. The major finding was the absence of outcome differences despite longer lengths of stay on the therapeutic community ward. Hence, differences in ward decision-making style may not influence outcome, but may affect the process of care among diagnostically heterogeneous, first-admission patients treated in a university setting.

01302

0221850 83046925

**Research and development in obstetrics & gynaecology in the Department of Obstetrics & Gynaecology at the National University of Singapore.**

Ratnam SS; Karim SM; Ng CS; TambyRaja RL; Tsakok FH; McCarthy IG; Ng SC; Goh HH

Ann Acad Med Singapore, Jul 1982, 11 (3) p313-21. ISSN 0304-4602 Journal Code: 53F

Languages: ENGLISH

This is a review of the research and achievements of the Department of Obstetrics and Gynaecology, National University of Singapore since 1949. The research activities reviewed are Fertility Control, Subfertility, Reproductive Endocrinology, In-Vitro Fertilization, Trophoblastic Disease, Prostaglandins and Perinatal Medicine. The University Department has kept abreast with the Singapore norm of two-child families by providing the most sophisticated technology and expertise. The perinatal mortality and stillbirth rates have been reduced to 11 and 6 per thousand births. Prostaglandin research in the Department includes an investigation of the involvement of these substances in various physiological processes, pharmacological studies with different prostaglandins and development of clinical applications. Between 1974 and 1981 we had studied 12 intrauterine contraceptive devices, both on a departmental basis and in conjunction with international agencies. The newer medicated devices have proved to offer significant advantages over the original inert plastic configuration. Metabolic changes in Singapore women on the oral pill and injection Depoprovera were studied. Impaired glucose tolerance and raised fasting total lipids were found in women on the pill. Marginal changes in carbohydrate metabolism only were found in women on injection Depoprovera. Hypercoagulation changes in the blood occurring in Singapore women varied with the dose of the synthetic or natural oestrogen medication. Initially, the fibrinolytic activity was enough to compensate for these changes; however after two years there were signs of decompensation. Progestogens affect coagulation via their influence on the liver functions. Hypercoagulation changes also occurred in pregnancy and was of a greater magnitude than oestrogen or progestogen medication. In many obstetric disorders, including hydatidiform mole, there was evidence of intravascular coagulation. The introduction of endocrine function tests has greatly improved patient care in our Department, in particular those related to endocrine disorders. Application of the immunoassays to basic research has shown that physiological levels of oestradiol exert a negative feedback effect on both FSH and LH secretions in men. The greater suppression of LH than of FSH secretion by pharmacological doses of estradiol is possibly due to different control mechanisms in the pituitary for the synthesis and release of both gonadotrophins. Physiological lev

Am J Hosp Pharm, Sep 1982, 39 (9) p1514-7. ISSN 0002-9289 Journal Code: 310

Languages: ENGLISH

A formulary for enteral nutrition products was developed at a university hospital. Advice was solicited from clinical dietetics and the medical staff. Reported important product variables were osmolality, caloric density, protein content and source, fat content and source, freedom from lactose, and, for oral supplements, available flavors. Data were also obtained from manufacturers regarding the composition of their products. Products were categorized as follows: liquid supplemental feedings, high calorie supplemental feedings, isotonic tube feedings, high caloric/high nitrogen tube feedings, high nitrogen tube feedings, and blenderized tube feedings. Bids were solicited in April 1981 (and annually thereafter) from manufacturers of the classified enteral nutrition products, and a contract was signed with the manufacturer in each category submitting the lowest bid. In contrast with previous experience, there was no loss from outdated products during the first year of the formulary. Categorizing enteral nutrition products into therapeutic categories appears to be a workable method to limit the number of products used in a hospital, thereby potentially decreasing inventory, waste, and hospital costs. The descriptive category titles also may encourage rational use of these products without promoting allegiance to a particular company or product.

0221719 83045689

**Developing a formulary for enteral nutrition products.**

Hopefl AW; Herrmann VM

01303

0221712 83045671

**Emergence of occupational medical services outside the workplace.**

Rosenstock L; Heyer NH  
Am J Industr Med ,1982, 3 (2) p217-23, ISSN 0271-3586  
Journal Code: 3IN

Languages: ENGLISH

A new type of occupational medicine clinic has recently emerged in the United States. These clinics are multispecialty in staffing, are located in hospital outpatient departments, and are affiliated with academic medical centers. Their primary goal is to provide personal health and medical services including diagnosis, treatment, and follow-through of occupationally related diseases. Approximately 15 such clinics have been established in the last several years. A review of the medical, economic, and social forces that have historically shaped the content and scope of occupational medical and health services for workers explains in large part the reasons why many of these clinics have now come into being. Characteristics of eight of these clinics are reviewed in detail. These clinics provide a setting for interdisciplinary and interspecialty education of personnel and offer the medical community a demonstration of a means for better recognition and treatment of occupationally related illnesses.

0221448 83041453

**[Management of drug addicts in a medico-psychologic center of a regional university hospital center]**

Soins aux toxicomanes dans le centre medico-psychologique d'un CHRU.

Chassaing JL; Planche R; Planche S  
Soins Psychiatr ,Jul-Aug 1982, (21-22) p23-6, ISSN  
0241-6972 Journal Code: UUU

Languages: FRENCH

0221161 83038826

**Pacemakers: mature unit for prematurity.**

Campbell C  
Nurs Mirror ,Sep 22 1982, 155 (12) p40-3, ISSN  
0029-6511 Journal Code: 098

Languages: ENGLISH

0221033 83038204

**Developing a system of comprehensive care for the spinal cord injured patient in Houston, Texas, U.S.A.**

Donovan WH; Clifton G; Carter RE  
Paraplegia ,Jun 1982, 20 (3) p174-9, ISSN 0031-1758  
Journal Code: 00T

Languages: ENGLISH

The authors agree with the principle, widely accepted, that spinal cord injured (SCI) individuals should receive all their

acute, rehabilitative and follow-up care in a spinal cord injury centre. The evolution of rehabilitation medicine and services in the United States, however, has favoured the separation of acute and rehabilitation care for spinal cord injured patients, as well as other disabilities. This has resulted partly from specialisation of medical and allied health personnel, physical separation of acute and rehabilitation facilities, and reluctance of some funders of health care to see rehabilitation as a natural extension of medical care in these patients. In Houston the proximity of a rehabilitation facility to three acute care university hospitals, representing three medical schools, provided an opportunity to improve communication among the medical personnel. These individuals have recognised the value of early rehabilitation even while the patient is acutely ill; they agreed to institute a system of care wherein the rehabilitation physician partakes in the early management in a designated area of the acute hospitals for spinal cord injured patients and works toward early transfer to the rehabilitation hospital in as ideal a condition as possible. Surgeons, who have initial primary responsibility, also visit the rehabilitation hospital, following their patient's progress at selected conferences and at the bedside. This paper describes how, a spinal cord injury service was established, how the major barriers to early transfer were confronted, and the results of the first 6 months of operation.

00581

0220752 83035519

**A description of a means of improving ambulatory care in a large municipal teaching hospital: a new role for nurse practitioners.**

Becker DM; Fournier AM; Gardner LB  
Med Care ,Oct 1982, 20 (10) p1046-50, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

We describe a nurse practitioner program that has improved ambulatory care in a large municipal teaching hospital. The significant feature of this program is an expanded role for nurse practitioners in the follow-up of patients with complicated illnesses. Benefits of this program include improved continuity of care and an easing of the house staff's service burden. Similar use of nurse practitioners at other municipal teaching hospitals would be a useful approach to problems in quality of care and continuity of care.

01304

0220666 83034974

**Adverse reactions to intravenous agents in anaesthesia in France.**

Laxenaire MC; Moneret-Vautrin DA; Boileau S; Moeller R  
Klin Wochenschr ,Sep 1 1982, 60 (17) p1006-9, ISSN  
0023-2173 Journal Code: KWH  
Languages: ENGLISH

One hundred severe perianesthetic accidents occurring in hospitals in the eastern part of France were tested between 1975 and 1980 at the Immunological Unit of the University Hospital in Nancy. Tests were carried out "a posteriori"; mean time: three weeks after the accident (extremes: one week to one year). A second battery of tests was carried out in 35%, and a third one in 8% of the patients. Anaphylaxis was differentiated from anaphylactoid reactions by means of the tests. Responsible drugs were determined by intradermal testing, by the human basophil degranulation test and P.K. tests. Predisposing factors were studied: atopy (IgE dosage), increase of histamine release (intradermal testing with 48/80), abnormal reactivity to histamine (intradermal histamine), spasmophilia (electromyography recordings). The results show that 42 accidents were due to true anaphylaxis (one of them due to IgG); 48% of the reported accidents were due to succinylcholine. Some of the predisposing factors, in the tested population, are found in a higher proportion than in the French population as a whole; atopy, hypersensitivity to histamine, previous drug allergy, spasmophilia.

0220495 83032708

**Evaluating a hospital nursing internship.**

Dear MR; Celentano DD; Weisman CS; Keen MF  
J Nurs Adm ,Nov 1982, 12 (11) p16-20, ISSN 0002-0443  
Journal Code: JEL  
Contract/Grant No.: 5 DIO NU 02192-01  
Languages: ENGLISH

0220467 83032324

**Allrid v. Emory University: applying Georgia's medical malpractice statute of limitations in a difficult case.**

Goodman M  
J Med Assoc Ga ,Aug 1982, 71 (8) p573-5, ISSN 0025-7028  
Journal Code: IZB  
Languages: ENGLISH

0220342 83031552

**Career paths of graduates of a degree-linked nursing course.**

Montague SE; Herbert RA  
J Adv Nurs ,Jul 1982, 7 (4) p359-70, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH  
The aim of this study was to follow the career development of all 103 former students of the BSc (Hons) degree in human

biology at the University of Surrey who also took the nursing option leading to qualification as SRN, at St George's School of Nursing, London. These individuals qualified between 1970 and 1980. A postal questionnaire was used and a 97% response was obtained. The employment of each respondent was recorded at various time intervals after qualification and categorized to facilitate analysis. Findings were generally in accordance with the preliminary findings of the Universities of Manchester and Edinburgh follow-up studies. The majority of respondents chose and followed careers in nursing. The most common categories of employment for the first 5 years after qualification were hospital and community nursing. Sixty-two percent had taken further training in various fields of nursing. A larger proportion of human biologist nurse graduates had selected careers in community nursing, nursing research and nursing education than had Edinburgh nurse graduates. There was support for the suggestion that nurse graduates choose to consolidate their experience before breaking their career on account of motherhood. Between 9 and 31% were in non-nursing employment during the first 5 years of employment. Most of these were studying or working in health related fields. This figure was higher than that found in Edinburgh and reflects the nature of the degree-linked human biology/nursing option course.

0220242 83030061

**Increasing occurrence of methicillin-resistant Staphylococcus aureus in the United States.**

Boyce JM; Causey WA  
Infect Control ,Sep-Oct 1982, 3 (5) p377-83, ISSN  
0195-9417 Journal Code: GTM  
Languages: ENGLISH

Although several outbreaks of methicillin-resistant Staphylococcus aureus (MRSA) infections have been reported in recent years, the geographic distribution and frequency of MRSA infections in American hospitals is unknown. We conducted a questionnaire survey to determine the magnitude of the problem. Data from 261 hospitals were included in the survey. MRSA were reported by 145 hospitals located in 36 states. Large hospitals reported these organisms significantly more often than small hospitals (p less than .001). University hospitals reported MRSA more often than community or community-teaching hospitals (p less than .001 and p less than .005, respectively). The number of hospitals reporting MRSA increased from 24 in 1975 to 112 in 1980 (p less than .001). Our data suggest that MRSA are widely distributed geographically and that the number of hospitals with these organisms has increased dramatically since 1975. (68 Refs.)

01305



0220069 83028127

**Monitoring perinatal mortality by birth weight specific mortality rates.**

Erkkola R; Kero P; Seppala A; Gronroos M; Rauramo L  
Int J Gynaecol Obstet ,Jun 1982, 20 (3) p231-5. ISSN  
0020-7292 Journal Code: E4T  
Languages: ENGLISH

The perinatal mortality at University Central Hospital of Turku, Finland decreased significantly from 15.7/1000 in years 1970-75 to 8.9/1000 in years 1976-78. The main decrease has occurred in weight groups of 1000 g and more. In years 1976-78 the perinatal mortality of non-malformed babies in the weight group 1500-1999 g was 93/1000, in the group 2000-2499 g 21/1000 and in the group of 2500 g and over 1.7/1000. The early neonatal mortality of non-malformed infants has decreased significantly only in the weight group of 1500-1999 g. The 1-week survival rate has been 48% in the weight group 500-999 g, but 77% in the weight group 1000-1499 g. The birth weight specific mortality rates are greatly required when the quality of obstetrical care is assessed. Birth weight specific neonatal mortality rates are essential when guidelines for elective termination of third trimester pregnancy are designed.

0219781 83023943

**Results of highly selective vagotomy in a non-university teaching hospital.**

Busman DC; Munting JD  
Br J Surg ,Oct 1982, 69 (10) p620-4. ISSN 0007-1323  
Journal Code: B34  
Languages: ENGLISH

Clinical and laboratory results are presented of 229 patients treated by highly selective vagotomy for duodenal ulcer in a non-university teaching hospital. Sixty-two per cent of the operations were performed by residents as part of their training. After 1-8 years follow-up (97 per cent complete) there were 22 recurrences (9.6 per cent). The residents had fewer recurrences than the consultants, but their patients follow-up was shorter. The usual Visick grading is presented (1, 2: 83.5 per cent; 3, 4: 16.5 per cent) as well as an additional way of grading described by Visick in 1948 which suggests that 4 per cent appear to be permanent failures. Mortality rate was 0.4 per cent, complications rate was low and side effects were in general of minor importance. Laboratory results are presented showing that the basal acid output (BAO) was reduced permanently by 65 per cent, and the PAO by 50 per cent. In patients with recurrences BAO was not reduced and the PAO was less reduced than in the non-recurrence group. Metabolic parameters did not deteriorate. Basal serum gastrin rose after operation while serum vitamin B12 remained constant with a minimal tendency to decrease.

0219755 83023532

**Outcome of 201 maternal transports compared with newborn transports and infants born in tertiary perinatal center.**

Cho S; Christman CM; Floyd PS; Nelson RA; Roberts DK  
Birth Defects ,1982, 18 (3 Pt A) p199-201. ISSN  
0547-6844 Journal Code: A6V  
Languages: ENGLISH

0219700 83016139

**Facility report: the University of Michigan respiratory therapy department.**

Reid C; Bandy K; Finch JS  
Respir Ther ,Mar-Apr 1982, 12 (2) p101-4. ISSN  
0048-7392 Journal Code: R8L  
Languages: ENGLISH

0219594 83002871

**The clinical pharmacist as a member of the burn team.**

Anderson PD; Wachtel TL; Frank HA; Trubo BG  
Contemp Pharm Pract ,Spring 1982, 5 (2) p120-3. ISSN  
0162-3761 Journal Code: D09  
Languages: ENGLISH

Pharmacists are becoming involved increasingly in a patient care. At the University of California, San Diego Medical Center, a pharmacist has become a member of the multidisciplinary burn team. Through participation in work rounds and team conferences, the pharmacist has had a considerable beneficial impact on drug therapy, drug dosing, monitoring adverse drug reactions, and total parenteral nutrition. Specific benefits to patient care that the pharmacist provides are discussed and also the benefits derived in using a burn unit as a clinical teaching rotation for pharmacy students. The pharmacist has found his association with the burn unit to be professionally rewarding and the attending surgeons and surgical house staff have found his input to be valuable. The authors encourage other burn units to enlist a pharmacist as part of their burn team.

01306

0219485 83021442

**Prospective evaluation of central venous pressure (CVP) catheters in a large city-county hospital.**

Eisenhauer ED; Derveley RJ; Hastings PR  
Ann Surg .Nov 1982. 196 (5) p560-4. ISSN 0003-4932  
Journal Code: 675

Languages: ENGLISH

Over a 12-month period, this survey was conducted prospectively to examine the complication rate associated with the insertion and use of central venous catheters on the Louisiana State University Service at Charity Hospital, New Orleans. No attempt was made to alter or influence the current techniques and methods for catheter insertion. Three-hundred and ninety-seven patients received 554 catheters. The overall complication rate was 13.7%. Major mechanical complications occurred with 4.0% of catheters, and infectious complications occurred with 5.2%. Of the 22 major mechanical complications, 13 were associated with morbidity. Twelve of the 13 complications with morbidity occurred with 286 subclavian catheterizations (4.2%), while only 1 of the 13 complications with morbidity occurred with 248 internal jugular catheterizations (0.4%). Based on these data, it is recommended that the internal jugular approach be used in the majority of patients, reserving the subclavian approach for patients on long-term parenteral nutrition or when the internal jugular approach is not feasible technically.

0219220 83018523

**[Psychic guidance and sexual rehabilitation of patients with genital malignoma]**

Psychische Führung und sexuelle Rehabilitation bei Genitalmalignomen.

Sommer H; Noschel H; Meinhold P; Streicher C  
Zentralbl Gynakol .1982. 104 (10) p610-4. ISSN  
0044-4197 Journal Code: Y55

Languages: GERMAN Summary Languages: ENGLISH

Reported are results obtained from systematic interviews with 250 tumour after-care patients at the Gynaecological Hospital of Jena University. Information was gathered on psychic and sexual problems, and conclusions were drawn for medical practice, with particular reference being made to enlightenment on the disease and to sexual rehabilitation. It is the established intention of all people involved in treatment and after-care to counteract by active therapy-accompanying spiritual influence psychic disbehaviour caused by the disease. Efforts to build up optimistic attitudes are intended to produce favourable effects upon all phases of the disease.

0219164 83018072

**[Cooperation between internists and psychiatrists in the treatment of nicotine withdrawal as shown in a common project of the Innsbruck Medical University Clinic and the Department of Medical Psychology]**

Die Zusammenarbeit von Internisten und Psychiatern bei der Nikotinentwöhnung, dargestellt an einem gemeinsamen Projekt der Medizinischen Universitätsklinik Innsbruck und der Abteilung für Medizinische Psychologie.

Prokop H; Rhomberg HP  
Wien Med Wochenschr .Jun 30 1982. 132 (12) p287-90.  
ISSN 0043-5341 Journal Code: X0U

Languages: GERMAN Summary Languages: ENGLISH

This paper shows a model of team-work between an internal specialist and a psychiatrist or psychotherapist, which aims at fighting against addiction to nicotine. Such team-work helps to increase the rate of success. The study described in this paper was carried out in a village in the Tyrol. An instructive campaign was organized, which lasted for several years. During this campaign an internal specialist informed the population about the sequelae of nicotine addiction. This informative work was complemented by intensive counselling and psychotherapy including hypnosis and autogenous training. After one year half of the patients were still non-smokers.

0219086 83016740

**[Role and power of the physician hygienist in hospitals: Geneva concept]**

Fonctions et pouvoirs du medecin hygieniste dans l'hopital: conception genevoise.

Ducel G  
Soins .Jun 1982. (384) p7-10. ISSN 0038-0814 Journal  
Code: UUU

Languages: FRENCH

01307

0218905 83014345

**Determinants of staff nurses' perceptions of autonomy within different clinical contexts.**

Alexander CS; Weisman CS; Chase GA  
Nurs Res .Jan-Feb 1982, 31 (1) p48-52, ISSN 0029-6562  
Journal Code: 09K

Contract/Grant No.: NU00568

Languages: ENGLISH

Studies of nurses and other health professionals indicate that autonomy is an important determinant of job satisfaction and turnover. This study analyzed selected characteristics of hospital nursing units to identify those features of the work setting that influence staff nurses' perceptions of autonomy: comparisons among nurses who work in different clinical areas were made. Data were collected by interviewing 789 nonsupervisory registered nurses who were employed full time at one large university-affiliated hospital. Personal and job-related information was obtained for each nurse. Structural features of units, such as workload, were gathered from head nurse reports and hospital records. Findings indicated that nurses' perceptions of autonomy are influenced by both personal characteristics of the nurse and structural features of the units. The nurse's sense of personal efficacy and the relationship she has with her head nurse are two important determinants of autonomy across all units. Workload, primary nursing, and staffing patterns are influential factors in predicting autonomy for nurses who work in critical care areas. Implications of these findings for nursing administrators are discussed.

0218876 83014081

**[Ceftriaxone (Rocephine) in major African infectious pathology. Results at the Niamey Hospital (Niger) ]**

Ceftriaxone en pathologie infectieuse majeure africaine. Resultats obtenus au CHU de Niamey (Niger).

Rey JL; Konarjevski R; Madras R; Ousseini A; Felix H  
Pathol Biol (Paris) .Jun 1982, 30 (6 Pt 2) p513-6, ISSN 0031-3009  
Journal Code: 05G

Languages: FRENCH Summary Languages: ENGLISH

Ceftriaxone is a wide-spectrum-third generation cephalosporin characterized by outstandingly high efficacy as well as pharmacokinetic properties making it suitable for administration in a single daily injection. Ceftriaxone has been found to be useful for treatment of the very severe infectious pathology in countries where hygiene and medical superstructures are still rudimentary. Eighteen of 20 patients with purulent meningitis (13 to *Neisseria meningitidis* A, 3 to *Streptoc. pneumoniae*, 1 to *Listeria* and 3 aseptic) recovered (there being 2 deaths at the 36th hour) after a mean 6 days of hospitalization. Despite the very delicate patient condition, recovery was seen in all 11 cases of very grave bronchopneumopathy, generally due to *Streptoc. pneumoniae*. A dose of 2 g/day in 1 or 2 IV injections is sufficient in the adult, 0.50 g in a single dose being injected to infants weighing less than 10 kg. Meningitis required 4 to 7 days treatment (9 days in a case of *Listeria*) while the treatment

period was longer for respiratory infections. Seven patients had been refractory to treatment with beta-lactamines and/or aminosides, and no adverse drug reactions were noted.

0218734 83012327

**A review of intraocular foreign bodies treated at the University Hospital Kuala Lumpur.**

Teoh GH; Yow CS  
Med J Malaysia .Mar 1982, 37 (1) p7-10, ISSN 0300-5283  
Journal Code: M2M  
Languages: ENGLISH

0218732 83012323

**The epidemiology of cancers in the University Hospital, Kuala Lumpur.**

Lim HH  
Med J Malaysia .Mar 1982, 37 (1) p52-9, ISSN 0300-5283  
Journal Code: M2M  
Languages: ENGLISH

01308

0218618 83011148

**[The physician's obligation to educate patients - legal aspects - patients' expectations]**

Zur arztlichen Aufklärungspflicht - juristische Aspekte - Erwartungen der Patienten.

Gramer E; Leydhecker W; Kriegelstein GK  
Klin Monatsbl Augenheilkd ,Jul 1982, 181 (1) p46-53,  
ISSN 0023-2165 Journal Code: KWA

Languages: GERMAN Summary Languages: ENGLISH

There is some uncertainty among doctors and lawyers about the form and content of presurgical medical enlightenment of the patient. Presurgical enlightenment is of increasing significance with respect to malpractice suits. Current jurisdiction has developed principles of enlightenment that are often difficult for the doctor to handle. For routine procedures in major hospitals a standardized, pragmatically designed consent form is therefore necessary. At Wurzburg University Eye Hospital the results of glaucoma and cataract surgery have been documented for years by using computer-readable forms. On the basis of these large-scale results from many thousands of procedures a written consent form was developed and tested for its suitability. Two hundred and twenty-two patients were questioned on their expectations as to proper enlightenment. The results of these broadly scattered interviews are summed up and presented. Especially with glaucoma patients, the best method of enlightenment, satisfying both medical and legal requirements, is an information booklet designed for lay people together with verbal information furnished by the doctor. Nearly all of the patients interviewed found the preoperative enlightenment complete and sufficiently clear. The majority of them could repeat the contents of the enlightenment form four to six days after the operation. This speaks well for the adequacy of the enlightenment. As a rule, the written consent form was supplemented by verbal enlightenment from the operating physician immediately before hospitalization of the patient. A psychological investigation of preoperative anxiety with enlightened and non-enlightened patients revealed that the enlightenment form did not increase preoperative anxiety. Surgical ophthalmology lends itself to a written consent form more readily than other surgical disciplines, because diseases with poor prognoses for life are fortunately rare.

0218612 83010913

**Postpartum home visits by maternity nursing students.**

Barrett JE  
JOGN Nurs ,Jul-Aug 1982, 11 (4) p238-40, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

Fewer babies are being born; hospital postpartum days are being shortened; and many families are choosing home births. These facts have prompted nursing educators to seek maternity experiences for students outside the hospital setting. At the university where the student-visit program was implemented, faculty appreciated the need for follow-up home care and focused on more than the experiences in prenatal clinics and

the acute-care setting. Rather than turning the family over to another community service or colleague when indicated, second and third home visits are being considered. These additional visits would assure a greater opportunity for primary prevention in the care of the total family. Hospital management and home-care maternity nurses have found that postpartum visits have decreased the need for parents to return to the emergency room or the hospital. Problems have been anticipated or assessed and nursing intervention provided on the home visit. This service gradually is becoming available to more families, with both physical and psychosocial needs being considered. It is hoped that it soon will be provided to all families. Postpartum families, nurses, and nursing students benefit from follow-up postpartum visits in the home. The families are assisted in their parenting roles and nurses gain satisfaction in providing continuity of care.

0218610 83010911

**Evaluating the effectiveness of a perinatal outreach education program.**

Hanau-Walsh J  
JOGN Nurs ,Jul-Aug 1982, 11 (4) p226-9, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0218607 83010908

**The effect of sibling visitation on bacterial colonization rate in neonates.**

Wranesh BL  
JOGN Nurs ,Jul-Aug 1982, 11 (4) p211-3, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

The effect of postpartum sibling visitation on the incidence of bacterial colonization in neonates was investigated in a 32-bed obstetrical unit of a midwestern university hospital. Siblings, following a temperature check, handwashing with a Hibiclens solution, and the donning of a patient covergown, were allowed unrestricted interaction with the infant. Statistical analysis of discharge cultures of nares and umbilici revealed that there was no significant difference between the control group and the experimental group. There was no difference between the two groups in the chart audit for postnatal infection at the first pediatric visit. Data analysis supported the hypothesis that sibling visitation does not increase bacterial colonization in neonates.

01309

0218440 83008777

**Computer-generated management tools for the clinical pathology laboratory. II. Computer-generated graphic work flow.**

Bloch DM  
J Med Syst ,Jun 1982, 6 (3) p305-10, ISSN 0148-5598  
Journal Code: IZM  
Languages: ENGLISH

0218259 83006887

**Assessment and training of clinical interviewing skills: analogue analysis and field replication.**

Iwata BA; Wong SE; Riordan MM; Dorsey MF; Lau MM  
J Appl Behav Anal ,Summer 1982, 15 (2) p191-203, ISSN 0021-8855  
Journal Code: HDR  
Languages: ENGLISH

Two studies were conducted to assess the train clinical interviewing skills. In Experiment 1, eight university practicum students ("therapists") and either role played or volunteer "clients" were audiotaped during simulated interviews. Following the collection of baseline data on both therapist and client responses, training was provided by way of written materials, classroom instruction and practice, and quizzes. Results of a multiple baseline design across subjects showed improvements in therapists' interviewing skills and subsequent increases in client responding. Experiment 2 replicated and extended the research to a hospital outpatient clinic, in which therapists interviewed the parents of children with behavior problems. In addition, four months following the completion of Experiment 2, follow-up data collected during a maintenance condition showed continued high levels of therapist and client behavior. Finally, a panel of expert peers indicated that each response category was judged highly relevant to the behavioral assessment process.

0218129 83005466

**Automated OR records facilitate university hospital management.**

Miller SP  
Hospitals ,Oct 16 1982, 56 (20) p49, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0218006 83003167

**Hospital information system, user external diagram of neurological clinic.**

Fandak A; Ciganek L  
Czech Med ,1982, 5 (2) p70-4, ISSN 0034-6497  
Journal Code: D91  
Languages: ENGLISH  
The hospital information system developed by Research Institute of Medical Bionics during 1976--1980 provides the

means to enter and update files continually during a patient's stay in hospital. Particular external diagram provide the access the relationship for each user. Only data relevant to the user level is revealed by the system. For illustration, a detailed description of an external diagram of the First Neurological Clinic of Komensky's University Medical School is shown to inform the reader about the practicability of the system for nurses and physicians during daily routine.

0217909 83001617

**Referral patterns of childhood brain tumors in the state of Connecticut.**

Duffner PK; Cohen ME; Flannery JT  
Cancer ,Oct 15 1982, 50 (8) p1636-40, ISSN 0008-543X  
Journal Code: CLZ  
Contract/Grant No.: N01CP61002  
Languages: ENGLISH

Data from the Connecticut Tumor Registry (1968-1979) were analyzed to determine whether referral patterns influenced survival rates in children with brain tumors. Two-hundred-seventy-eight children with brain tumors were identified. Less than one-third of the children received all their treatment at university cancer centers. An actuarial analysis of survival rates revealed that children with medulloblastomas treated solely at university cancer centers had projected five-year survival rates of 7.4%. Children with medulloblastomas treated solely at community hospitals had projected five-year survival rates of 29%. Children with brainstem gliomas treated at university cancer centers had projected five-year survival rates of 40% whereas of those children treated at community hospitals only one patient was alive at 13 months. No major differences in survival were identified among children with other tumor types. These data suggest that children with certain types of brain tumors may fare better when treated at university cancer centers.

01310

Languages: ENGLISH

0217793 83000204

**Sydney Eye Hospital.**

Price L

Br J Ophthalmol ,Oct 1982, 66 (10) p617-21, ISSN 0007-1161 Journal Code: AZK

Languages: ENGLISH

This year, 1982, marks the centenary of the Sydney Eye Hospital, originally the ophthalmic department of the old Sydney Infirmary, which was founded with the settlement of the Colony in 1788. Established in 1882, the hospital was transferred to its present site 60 years ago, and it still provides ward accommodation. After alternating periods of stagnation and progress the new hospital (stage 1) was completed in 1974, with modern clinic and research facilities.

It is now the largest eye hospital in the southern hemisphere and is a first-class referral centre with an annual attendance of 75,000. The Department of Ophthalmology, University of Sydney, is based at the hospital, providing undergraduate instruction and a comprehensive postgraduate training programme for Australian ophthalmologists and others in more distant continents.

0217506 82265051

**Philosophers take their art into classrooms, hospitals.**

Kahn L

Hosp Med Staff ,Sep 1982, 11 (9) p15-9, ISSN 0090-0710 Journal Code: G93

Languages: ENGLISH

0217405 82263738

**Case-mix differences between hospital outpatient departments and private practice.**

Lion J; Altman S

Health Care Financ Rev ,Sep 1982, 4 (1) p89-98, Journal Code: GHX

Languages: ENGLISH

The belief that patients seen in hospital outpatient departments are sicker than those patients seen by private practice physicians is examined in this article. A large scale data set developed by Robert Mendenhall at the University of Southern California and modeled on the National Ambulatory Medical Care Survey (NAMCS) is used for secondary analysis. Differences in case-mix complexity were found to be slight, using two separate techniques.

0217390 82263533

**How to save money and increase your telecommunications capabilities: a tale of two hospitals. Presbyterian-University of Pennsylvania Medical Center.**

Payne WT Jr

Hosp Top ,Sep-Oct 1982, 60 (5) p31-3, ISSN 0018-5868 Journal Code: GD6

00582

0217058 82282320

**Epidemiology of nosocomial infections caused by methicillin-resistant Staphylococcus aureus.**

Thompson RL; Cabezudo I; Wenzel RP

Ann Intern Med ,Sep 1982, 97 (3) p309-17, ISSN 0003-4819 Journal Code: 5A6

Contract/Grant No.: 5T32A107046

Languages: ENGLISH

Outbreaks of hospital-acquired infections caused by methicillin-resistant Staphylococcus aureus are being recognized with increasing frequency in the United States. Two thirds of outbreaks have been centered in critical care units.

Infected and colonized inpatients appear to be the major institutional reservoir, and transient carriage on the hands of hospital personnel appears to be the most important mechanism of serial patient-to-patient transmission. In over 85% of hospitals into which they have been introduced, methicillin-resistant strains of S. aureus have become established as endemic nosocomial pathogens. A program designed to control a widespread outbreak in a university hospital used three surveillance methods to identify the major institutional reservoir of colonized and infected inpatients. Daily clinical laboratory surveillance, monthly prospective microbiology surveys of high-risk inpatients, and the recognition of previously infected 38%, 31%, and 31% of new cases, respectively. After control measures were instituted, the prevalence (p less than 0.001) and the number of acquisitions (p less than 0.002) of methicillin-resistant S. aureus declined over a 12-month period.

01311

00583

0217057 82282319

**The emergence of methicillin-resistant Staphylococcus aureus infections in United States hospitals. Possible role of the house staff-patient transfer circuit.**

Haley RW; Hightower AW; Khabbaz RF; Thornsberry C; Martone WJ; Allen JR; Hughes JM  
Ann Intern Med .Sep 1982. 97 (3) p297-308. ISSN 0003-4819 Journal Code: 5A6

Languages: ENGLISH

Infections with methicillin-resistant strains of Staphylococcus aureus appear to be occurring with increasing frequency in some U.S. hospitals about a decade after a similar increase in Britain and other countries. In the United States, clustered methicillin-resistant S. aureus infections reported in scientific journals and in three hospital surveys have been almost entirely in large, tertiary referral hospitals affiliated with medical schools. Among 63 hospitals regularly reporting infections from 1974 to 1981 in the National Nosocomial Infections Study, the increase in methicillin-resistant S. aureus infections was entirely due to substantial increases in only four hospitals, all of which were large, tertiary referral centers affiliated with medical schools. The predominance of methicillin-resistant S. aureus infections in these large hospitals may be due to the large numbers of patients at high risk of infection and to the interhospital spread of the organism by the transfer of infected patients and house staff from similar hospitals or from nursing homes.

0216963 82281508

**The Northwestern University Drug Dependence Program: the impact of intensive prenatal care on labor and delivery outcomes.**

Rosner MA; Keith L; Chasnoff I  
Am J Obstet Gynecol .Sep 1 1982. 144 (1) p23-7. ISSN 0002-9378 Journal Code: 3NI

Languages: ENGLISH

In 1976, the Department of Obstetrics and Gynecology at the Prentice Women's Hospital was invited to provide obstetric services to patients of the Drug Dependence Program administered by the Department of Psychiatry at Northwestern University Medical School. Patients were referred in the early stages of pregnancy if they agreed to participate in the Drug Dependence Program at the same time. Between April, 1976, and October, 1980, 58 women received prenatal, intrapartum and postpartum care. Forty-two of these patients had been abusers of opiates; 16 were polydrug abusers. The obstetric performance of these women was characterized by an absence of major problems. The mean weight of all infants delivered was 2,935 gm. There were no perinatal deaths. The individual weights, lengths, and head circumferences of the newborn infants were distributed in a relatively normal manner. Ninety percent of the infants were delivered at 37 weeks or more of gestation.

0216942 82281425

**Team approach in providing clinical pharmacokinetic services.**

Maddox RR; Lampasona V  
Am J Hosp Pharm .Jul 1982. 39 (7) p1186-9. ISSN 0002-9289 Journal Code: 310  
Languages: ENGLISH

A team approach to clinical pharmacokinetic services at a university hospital is described. The clinical pharmacokinetics team (CPT) developed as an outgrowth of a clinical pharmacokinetic service (CPS) as the workload of the service expanded. The CPT serves to: (1) maximize the quality and continuity of clinical pharmacokinetic care; (2) provide a teaching medium for students at the baccalaureate and graduate level; and (3) stimulate the development of clinical pharmacokinetic research. The CPT is responsible for patients in those medical services that are not regularly served by a clinical pharmacist. The structure of the CPT includes an attending clinical pharmacist with a hierarchy of subordinate practitioners ranked by their individual didactic and clinical experience in pharmacokinetics. Students participate in (1) work rounds, where collective discussions of patient evaluations occur, and (2) one-to-one student-preceptor clinical assessments of patients' drug therapy. The attending clinical pharmacist conducts CPT rounds daily, and the students and residents must convey information to the team on: (1) the drug therapy prescribed and the appropriate monitoring methods, (2) the working diagnosis and plan of treatment, (3) results of laboratory and clinical assessments, and (4) details of patient interviews. The CPT is also responsible for ongoing clinical pharmacokinetic research. The team approach to clinical pharmacokinetic services has provided a framework for the education of clinical pharmacists while stimulating research and providing direct patient care.

01312

0216376 82275836

**A financial planning model for estimating hospital debt capacity.**

Hopkins DS; Heath D; Levin PJ  
Public Health Rep ,Jul-Aug 1982, 97 (4) p363-72, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

A computer-based financial planning model was formulated to measure the impact of a major capital improvement project on the fiscal health of Stanford University Hospital. The model had to be responsive to many variables and easy to use, so as to allow for the testing of numerous alternatives. Special efforts were made to identify the key variables that needed to be presented in the model and to include all known links between capital investment, debt, and hospital operating expenses. Growth in the number of patient days of care was singled out as a major source of uncertainty that would have profound effects on the hospital's finances. Therefore this variable was subjected to special scrutiny in terms of efforts to gauge expected demographic trends and market forces. In addition, alternative base runs of the model were made under three distinct patient-demand assumptions. Use of the model enabled planners at the Stanford University Hospital (a) to determine that a proposed modernization plan was financially feasible under a reasonable (that is, not unduly optimistic) set of assumptions and (b) to examine the major sources of risk. Other than patient demand, these sources were found to be gross revenues per patient, operating costs, and future limitations on government reimbursement programs. When the likely financial consequences of these risks were estimated, both separately and in combination, it was determined that even if two or more assumptions took a somewhat more negative turn than was expected, the hospital would be able to offset adverse consequences by a relatively minor reduction in operating costs.

0216317 82275465

**Follow-up of the graduates of one curriculum. 1956-1980.**

Morrison MA; Linder MT; Aubert EJ  
Phys Ther ,Sep 1982, 62 (9) p1307-12, ISSN 0031-9023  
Journal Code: P6W  
Languages: ENGLISH

A questionnaire was developed to obtain information from the graduates of the Marquette University Program in Physical Therapy from 1956, the year the program was established, to 1980. The response rate was 65 percent, with 433 graduates from 25 classes returning the questionnaire. The profile derived from the responses is of a graduate who remains employed in physical therapy full time or part-time, is satisfied with the undergraduate preparation received, and is a member of the American Physical Therapy Association. Compared with other studies, this survey reveals that lower percentages of physical therapy graduates are employed in hospital settings, higher percentages are earning graduate credits, and the dropout rate from the profession has decreased significantly. Other information obtained from the

questionnaire is presented relating to demographics, continuing education, and participation in professional organizations.

0216302 82275023

**Reminiscences of otorhinolaryngology from Loyola University and Hines Veterans Hospital.**

Borkenhagen R; Hipskind M; Lewy R  
Proc Inst Med Chic ,Apr-Jun 1982, 35 (2) p51-2, ISSN  
0091-746X Journal Code: PTA  
Languages: ENGLISH

0215898 82273134

**On the scene: University of California Irvine. Peer group support: a means to self-care.**

De11 AM; Todd K; Vandeventer M  
Nurs Adm Q ,Summer 1982, 6 (4) p39-42, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215895 82273131

**On the scene: University of California Irvine. Up the ladder: development of a clinical series job description.**

Casey NP; Casey P  
Nurs Adm Q ,Summer 1982, 6 (4) p28-32, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

0215892 82273128

**On the scene: University of California Irvine Medical Center. Self-influence as a means for professional influence within a health care system.**

Brown LL  
Nurs Adm Q ,Summer 1982, 6 (4) p16-20, ISSN 0363-9568  
Journal Code: OAE  
Languages: ENGLISH

01313



0215860 82272546

**The University of Nebraska Medical Center's fixed wing patient air transport system.**

Ornato JP; Bryson BL; Farquharson RR; Otto JA; Elwood PJ  
Nebr Med J ,Jun 1982, 67 (6) p155-8, ISSN 0091-6730  
Journal Code: NUO  
Languages: ENGLISH

0215830 82272167

**Taking university research into the marketplace.**

Omenn GS  
N Engl J Med ,Sep 9 1982, 307 (11) p694-700, ISSN  
0028-4793 Journal Code: NOW  
Languages: ENGLISH

0215696 82270662

**Comparison of health care delivery in Britain and the United States.**

Linhardt GE Jr; Moore R; Hill JL  
Md State Med J ,Jul 1982, 31 (7) p41-5, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0215616 82269069

**Femoral venous trauma in a university referral center.**

Blumoff RL; Powell T; Johnson G Jr  
J Trauma ,Aug 1982, 22 (8) p703-5, ISSN 0022-5282  
Journal Code: KAF  
Languages: ENGLISH

Therapeutic results from extremity vascular injuries have been improved by early definitive care by surgeons trained in peripheral vascular techniques. Serious venous injuries are uncommonly seen other than in large urban referral centers or military installations. Seventeen patients with major femoral venous injuries were evaluated over the past 25 years at the North Carolina Memorial Hospital. The records from these patients were analyzed regarding mechanisms of injury, time delay for definitive care, clinical presentation, significant associated injuries, operative management of the venous injury, early and long-term morbidity, and mortality. Major femoral venous injury was associated with simultaneous arterial injury in 59% of cases. Primary venous repair was performed in seven cases with a satisfactory functional result in all instances. Chronic venous insufficiency developed in five patients (29%), all of whom had arterial injuries and venous ligation. Postoperative complications were commonly related to associated injuries. No patient in this series developed thrombophlebitis or a pulmonary embolus. Isolated femoral vein injuries are usually associated with both early and late favorable results. Femoral vein ligation in the presence of arterial injuries usually leads to serious long-term venous disability. When technically feasible,

operative repair of major femoral vein injuries is advocated.

0215599 82268931

**Net patient revenue at university-owned teaching hospitals.**

Isaacs JC  
J Med Educ ,Sep 1982, 57 (9) p731-3, ISSN 0022-2577  
Journal Code: J13  
Languages: ENGLISH

0215515 82268275

**Relationships between professions: from the viewpoint of the physician and nurse-midwife in a tertiary center.**

Long WN; Sharp ES  
J Nurse Midwife ,Jul-Aug 1982, 27 (4) p14-24, ISSN  
0091-2182 Journal Code: JER  
Languages: ENGLISH

0215398 82266861

**[The incidence of congenital malformations. A five-year study carried out in a Paris maternity unit (author's transl)]**

Frequence des malformations a la naissance. Etude d'une maternite parisienne pendant cinq ans.  
Roux C; Migne G; Mulliez N; Youssef S  
J Gynecol Obstet Biol Reprod (Paris) ,1982, 11 (2)  
p215-26, Journal Code: IAZ

Languages: FRENCH Summary Languages: ENGLISH  
The congenital malformations arising out of 13,335 deliveries that occurred over the course of five years in the University Clinic of Gynecology and Obstetrics in the hospital of Saint-Antoine were recorded. Their overall frequency was 3.37%. Details are given of each malformation. Often malformations are linked to perinatal mortality (14.2% of stillbirths are malformed). There was no difference to be found between different ethnic groups. Pathological developments in previous pregnancies were not particularly frequent. Bleeding in the first trimester of pregnancy was significantly more frequent in congenital abnormalities.

01314

0215397 82266860

**[A review of six years use of a computerised case history in obstetrics (author's transl)]**

Bilan de six ans d'exploitation d'un dossier informatise en obstetrique.

de Mouzon J; Mandry J; Baron M; Grandjean H; Reme JM; Monrozies M; Pontonnier G

J Gynecol Obstet Biol Reprod (Paris) ,1982, 11 (2) p201-13. Journal Code: IAZ

Languages: FRENCH Summary Languages: ENGLISH

The University Centre for Gynaecology and Obstetrics in Toulouse have been using a computerised record system for obstetrics since 1974. This makes it possible for a review for a review to be undertaken each year of the work carried out in the Service and has made it possible to study over six years the evolution of the characteristics of the population who have been followed, as well as the changes in attitudes and techniques adopted during pregnancy and labour. A study has been carried out on the factors associated with perinatal mortality and prematurity. Computerisation of 13,500 records has made it possible to draw curves of birth weights, according to the duration of the pregnancy, and characterising the service given. Finally the adoption of a prospective record system used in common by several teams and checked by people specialised in this work has improved the quality and quantity of retrieval and has made it possible to foresee cooperative studies between different departments.

0215378 82266729

**Education in the nursing home: practical considerations.**

Pawlson LG

J Am Geriatr Soc ,Sep 1982, 30 (9) p600-2, ISSN 0002-8614 Journal Code: H6V

Languages: ENGLISH

0215077 82263369

**Family orientation: initiating patients and their families to psychiatric hospitalization.**

Scharfstein B; Libbey M

Hosp Community Psychiatry ,Jul 1982, 33 (7) p560-3, ISSN 0022-1597 Journal Code: GCU

Languages: ENGLISH

Multiple family groups have been used for some time as a treatment for hospitalized psychiatric patients. However, there is no indication that they have been used in orienting patients and their families during the traumatic initial period on the inpatient ward. The authors describe the use of family orientation group meetings on the psychiatric inpatient ward of a university hospital. The theoretical bases of the group format are explained and the kinds of information relayed to parents and patients are outlined. The authors believe that use of one-time orientation meetings can help turn the crucial initial period into a therapeutic gain for the patient.

0214841 82260284

**Development of a model practice for pediatric residents. Economic and administrative considerations.**

Mankad VN; Shell RT

Clin Pediatr (Phila) ,Sep 1982, 21 (9) p519-24, ISSN 0009-9228 Journal Code: DHE

Contract/Grant No.: 5528 PE 14236-04

Languages: ENGLISH

A model pediatric residents' group practice which functions independently of the hospital administration and, to a large extent, of the university administration was developed for the specific purpose of training pediatric residents. During the second year of operation (1981), the residents' group practice met 91 per cent of all expenses, including faculty and resident salaries. The residents' group practice shares many characteristics of private practice (e.g., continuity of physician-patient relationship, appointment keeping, efficient patient flow, and physician participation in practice management). Through their involvement in the management of the practice, residents learn about socioeconomic aspects of pediatric practice and learn how to provide affordable primary care of high quality. Suggestions for developing similar models elsewhere are described.

0214430 82240246

**Group practice at the Columbia-Presbyterian Medical Center.**

Roglieri JL

J Ambulatory Care Manage ,Aug 1982, 5 (3) p77-83, ISSN 0148-9917 Journal Code: H49

Languages: ENGLISH

0213992 82253892

**Patient satisfaction with outpatient pharmaceutical services.**

Somani SM; Daniels CE; Jermstad RL  
Am J Hosp Pharm ,Jun 1982, 39 (6) p1025-7, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

Patient characteristics and satisfaction with outpatient pharmaceutical services at a large university hospital were assessed. A mail questionnaire was sent to 700 outpatients selected at random. Most questions had fixed-format answers. Of the 388 (58%) returned surveys, 335 (50%) were usable. A large segment of the respondents (40%) were between the ages of 18 and 34. Fifty-nine percent of the respondents paid for their own prescriptions, and this group was less likely to fill their prescriptions at the university pharmacy. Of the patients who received prescriptions but did not have them filled at the university, 29% were unaware of the existence of the pharmacy, 36% found the pharmacy inconvenient for refills, and 21% thought that the waiting time to get their prescriptions filled was too long. Of the respondents who received prescriptions, 46% had them filled at the university pharmacy. Convenience (55%), availability of medications (19%), and low prices (12%) were the major reasons given for going to the university pharmacy. No association was found between the distance from the university and the internal retention rate for prescriptions. Of those who went to the university pharmacy, 94% were satisfied with the services they received.

0213768 82251030

**The role of the psychiatrist in the general hospital. I. Investigation and analysis pertaining the status of the psychiatrist in the general hospital.**

Hashimoto M; Kano R  
Tokai J Exp Clin Med ,Mar 1982, 7 (2) p181-6, ISSN  
0385-0005 Journal Code: VZM  
Languages: ENGLISH

Data for this study consisted of answers to a series of questions on the image of clinical psychiatry addressed to all the non-psychiatric clinicians in the Tokai University Hospital, and all the referral sheets for psychiatric consultation from non-psychiatric departments of the hospital for about 2 years since the beginning of the hospital's operation. The reaction was analysed as follows: (1) psychiatric services were requested for the reasons of "no organic abnormality" or for "differential diagnosis" in 59.4% of total referrals, (2) as many as 37.9% of non-psychiatric clinicians made no attempt to refer the patient to psychiatrists in spite of their recognition that these patients apparently needed psychiatric treatment, (3) trouble in doctor-patient relationship, if it was the real reason for asking for psychiatric services, was frequently not mentioned in the referral sheet, and (4) the reason for psychiatric consultation was rarely told clearly to the patient. On the basis of the above-mentioned findings, the role of the

psychiatrist in the general hospital setting was reexamined.

0213667 82249739

**[Use of drugs in a medical polyclinic]**

L'usage des médicaments dans une policlinique de médecine.  
Tigretti T; Berthoud S; Dayer P; Fabre J  
Schweiz Med Wochenschr ,May 15 1982, 112 (20) p706-13,  
ISSN 0036-7672 Journal Code: UEI  
Languages: FRENCH Summary Languages: ENGLISH

The medical prescriptions of 18 house officers working at the Polyclinique Universitaire de Médecine in Geneva were analyzed for a period of 17 working days and provide insight into drug therapy chosen for 2194 outpatients at 2694 consultations. These patients were prescribed an average of 1.39 drugs each or 1.13 per call. Of the 298 different drugs thus prescribed, the following were chosen most frequently (in decreasing order): Digoxin, Hygroton, Lexotanil, Metamucil, Voltaren, Aspirin, different insulins and Aldomet. Antimicrobial agents accounted for only 2.5% of all prescriptions, while vitamins and "fortifiers" represent an even lower percentage. It would be possible to limit the number of drugs, since half of the prescriptions cover 23 drugs and 90% of all prescriptions cover 119 drugs. Prescription patterns vary markedly from one subspecialty of internal medicine to another, but also between physicians working in the same field. House officers in charge of given sectors of the city (internists not working in a subspecialty) may thus prescribe between 1.83 and 2.9 drugs per patient, whereas the number of drugs chosen may vary between 81 and 134. Some quaint individual preferences for drugs were also noted and the trend is analyzed. The data is compared with results of the few existing similar studies and offers food for thought on prescription habits, directed ultimately towards a more rational approach to drug therapy for outpatients.

0213632 82249440

**[A patient dependency chart in studies in a geriatric ward of the Grenoble University Hospital Center (Dr. Dubos' service)]**

Un tableau de dépendance du malade en experimentation dans un pavillon de geriatrie au CHU de Grenoble (service du Dr Dubos).

Audry D  
Rev Infirm ,Jun 1982, 32 (12) p16-7, ISSN 0397-7900  
Journal Code: S7T  
Languages: FRENCH

01316

0213411 82246702

**[Effect of premature birth risk and prenatal care on the maturity and morbidity of the newborn infant]**

Einfluss von Frühgeburtsrisiko und Schwangerenbetreuung auf Reife und Morbidität der Neugeborenen.

Coradello H

Pediatr Pado1 .1982, 17 (2) p445-55, ISSN 0030-9338  
Journal Code: DDY

Languages: GERMAN Summary Languages: ENGLISH

Risk of premature birth was evaluated according to the prematurity risk score proposed by Thalhammer 1973 in 610 newborn infants hospitalized during 1974 to 1979 at the Division of Neonatology and Congenital Disorders of the Department of Pediatrics, University of Vienna. 324 infants had a birth weight of less than 2501 grams and 286 infants a birth weight of more than 2500 grams. Prematurity risk was compared with regard to prenatal care to birth weight and gestational age as well as to the duration of hospital stay, the incidence of respiratory distress syndrome, the need of ventilatory support and the mortality rate. Quality of prenatal care was judged from the frequency of medical attendances obtained during pregnancy. Less than 0,5 medical visits for 4 weeks were classified as bad prenatal care, more than 0,8 visits as good prenatal care. At any prematurity risk newborn infants from pregnancies with good prenatal care had a higher gestational age and a higher birth weight. They also had shorter hospital admissions, less frequent a respiratory distress syndrome or the need for ventilatory support and a lower mortality rate. The benefit of good prenatal care was supported further by the finding that important individual risk factors as well as the total prematurity risk score was the same in infants without respiratory distress syndrome but birth weights below 2501 grams as well as in infants with the respiratory distress syndrome in infants with ventilatory support and in infants who died. The mothers on the other hand of the healthy newborn infants weighing below 2501 grams shared significantly more medical attendances during pregnancy.

0213404 82246664

**[Trends in the neuropediatric case load in a university pediatric clinic]**

Entwicklungstendenzen des neuropädiatrischen Krankengutes an einer Universitäts-Kinderklinik.

Kulz J; Ulbrich H

Pediatr Grenzgeb .1982, 21 (1) p9-20, ISSN 0030-932X  
Journal Code: 000

Languages: GERMAN Summary Languages: ENGLISH

0213275 82246207

**Teaching nursing assistants: a comparison of teaching nursing assistants in a university and in a hospital.**

Richardson E

Nurs Manage .Jul 1982, 13 (7) p34-6, Journal Code: OBV

Languages: ENGLISH

0213190 82245211

**Treatment of diabetic ketoacidosis. Changing laboratory usage and length of stay patterns in a university hospital.**

Hamburger S; Soffer A

Mo Med .Apr 1982, 79 (4) p213-5, ISSN 0026-6620  
Journal Code: NEW

Languages: ENGLISH

0213176 82245083

**Epidemic of hospital-acquired infection due to methicillin-resistant Staphylococcus aureus in major Victorian hospitals.**

Pavillard R; Harvey K; Douglas D; Hewstone A; Andrew J; Collopy B; Asche V; Carson P; Davidson A; Gilbert G; Spicer J; Tosolini F

Med J Aust .May 29 1982, 1 (11) p451-4, ISSN 0025-729X  
Journal Code: M26

Languages: ENGLISH

During 1979, the Victorian Health Commission received reports of a rising proportion of methicillin-resistant Staphylococcus aureus (MRSA) isolates from an increasing number of institutions. At least 31 metropolitan hospitals were involved, and six of these reported MRSA totaling between 20% and 40% of all Staph. aureus isolates. Since that time, the problem has continued. In some university teaching hospitals, strains of MRSA now cause from 200 to 300 new cases of hospital-acquired infection each year. Sepsis occurs mainly in patients who underwent surgery, premature neonates and in the immunocompromised or debilitated patients. The organism involved is multiresistant. Recent isolates show increasing resistance, particularly against gentamicin, chloramphenicol and, more lately, fusidic acid and rifampicin. Only vancomycin can be relied upon for empirical treatment. There is concern that increasing use of vancomycin will select vancomycin-resistant strains of MRSA, so that, in the near future, there may no longer be any effective antibiotic therapy against hospital staphylococci.

01317

0212662 82237371

**Psychiatric consultations at medical and surgical wards: the role of psychiatric consultant.**

Mimoto K; Nishiura K; Tominaga K; Matsushima M; Kono R; Kato Y; Ogata R; Hikita K

Folia Psychiatr Neurol Jpn .1982, 36 (1) p17-22. ISSN 0015-5721 Journal Code: F3R

Languages: ENGLISH

A one-year survey was conducted on the psychiatric consultation work at Kyushu University Hospital. It was found that an organic brain syndrome was the most frequent psychiatric diagnosis of the referred patients. The most frequent purpose of request for psychiatric consultations was for the management of the patient. The main consultant functions were diagnoses and to advise on the management of the patient. The consultant functions agreed with the purposes of request in many cases, but discrepancies between the two were found about the patient disposition. The nature of the consultant role was compared with some American studies. It was deemed necessary that consultation-liaison psychiatry based on Japan's present conditions, medical and social, should be developed.

0212152 82212376

**Hospital Topics goes calling on William G. Anlyan, M.D., Vice President for Health Affairs, Duke University Medical Center [interview]**

Anlyan WG

Hosp Top .Jul-Aug 1982, 60 (4) p16-21. ISSN 0018-5868 Journal Code: GD5

Languages: ENGLISH

0211955 82230903

**Follow-up of 40,000 infants screened for hearing defect.**

Feinmesser M; Tell L; Levi H

Audiology .1982, 21 (3) p197-203. ISSN 0020-6091 Journal Code: 90V

Languages: ENGLISH

During a 7-year period beginning in 1967, approximately 40,000 infants born in Jerusalem were screened for hearing impairment. The hearing of all infants who visited the well-baby clinics at the age of 7-9 months (85% of the child population) was tested and a set of selective criteria was applied to them to detect the children at risk of hearing impairment. Those children suspected of having a hearing impairment were followed up at the Speech and Hearing Center of the Hadassah University Hospital. 69 children were identified as having substantial hearing impairment (moderate to profound); the distribution of risk factors among them is presented. Rehabilitation was carried out from infancy to preschool age, at which time the children were enrolled in suitable educational frameworks. The role of the parents was crucial. At the age of 6 years, many of the hearing-impaired children were integrated into the elementary school system;

others attended the School for the Deaf or special institutions. The distribution of the hearing-impaired children in the various school systems is discussed.

0211864 82229136.

**Personal characteristics of house staff candidates: a quantitative analysis of relative weights.**

Greganti MA; McGaghie WC; Finn WF

Ann Intern Med .Jul 1982, 97 (1) p108-11. ISSN 0003-4819 Journal Code: 5A6

Languages: ENGLISH

We surveyed the faculty, fellows, and residents of a department of medicine to determine the relative importance of each of eight personal characteristics evaluated during the interview of house staff candidates. A booklet containing all possible pairings of the eight characteristics was distributed to 219 participants who were asked which member of each pair should have greater weight for assigning an overall interview grade. Usable data were returned by 172 persons (79%) and analyzed by the psychometric scaling method of paired comparisons. The four characteristics with the greatest relative weights were professional attitude, maturity, enthusiasm and energy, and knowledge. The faculty, fellows, and residents were highly consistent in their judgments. However, three of the characteristics (motivation for clinical practice, knowledge, and verbal skill) significantly distinguished the three departmental groups. These results show that utility of the paired comparison method for identifying a department's weighting of variables for selection of house staff.

01318

0211808 82228320

**Early surgical excision versus conventional therapy in patients with 20 to 40 percent burns. A comparative study.**

Gray DT; Pine RW; Harnar TJ; Marvin JA; Engrav LH; Heimbach DM

Am J Surg, Jul 1982, 144 (1) p76-80, ISSN 0002-9610  
Journal Code: 3Z4

Languages: ENGLISH

Using the records of 72 patients treated at the University of Washington Burn Center, this study compared the results of early surgical excision (by 14 days postburn) and autografting to those of autografting after spontaneous separation and bedside debridement of burn eschar. Excised patients had shorter hospitalizations and lower rates of burn wound sepsis and serious burn wound contamination, and less use of potentially toxic antibiotics (p less than 0.05) than did the prognostically equivalent group treated before the introduction of early excision. Excised patients required more blood transfusions (p less than 0.05), but did not differ significantly from controls in rates of mortality or other inpatient complications, in the number of operations performed, or in the adjusted hospital costs. Evaluation of patients treated over the entire study period for more shallow burns indicated no concurrent change in other aspects of burn care which might account for the observed results. We conclude that early excision and grafting in young, otherwise healthy patients with 20 to 40 percent total body surface area burns that are likely to heal within 3 weeks is more effective than the more traditional management of slow wound separation and debridement.

0211746 82227834

**Very low-birth weight infant. I. Influence of place of birth on survival.**

Cordero L; Backes CR; Zuspan FP

Am J Obstet Gynecol, Jul 1 1982, 143 (5) p533-7, ISSN 0002-9378  
Journal Code: 3NI

Languages: ENGLISH

In order to assess the influence of place of birth on the survival of the very low-birth weight (VLBW) infant, premature deliveries that occurred at hospitals located in an urban county were studied. All premature infants born alive during the years 1977 through 1979 whose birth weights ranged from 500 to 1,250 gm were included. The outcome for the VLBW infants born at the Ohio State University Regional Perinatal Center (OSU-RPC) was compared to that for VLBW infants delivered at the other five community hospitals with maternity services. Thirty-eight percent of the 270 VLBW neonates born at the community hospitals and 53% of the 186 VLBW premature infants delivered at the OSU-RPC survived. These differences are statistically significant at the p less than 0.01 level. Delivery at a perinatal center where comprehensive maternal-fetal-neonatal services are available improves survival for the VLBW infant.

0211710 82227536

**Diagnostic utility of carboxyl-terminal and intact parathyroid hormone immunoassays in hospitalized patients.**

Juan D; Wehrmeister J

Am J Clin Pathol, Jun 1982, 77 (6) p720-5, ISSN 0002-9173  
Journal Code: 3FK

Languages: ENGLISH

In a university-affiliated community hospital, medical records of 58 patients on whom the intact parathyroid hormone immunoassay (I-PTH) and 29 patients on whom both the carboxyl terminal PTH(C-PTH) and I-PTH ordered by physicians were reviewed to determine the reasons for requesting these tests. Reasons for ordering the PTH tests include (1) the evaluation of hypercalcemic patients (25/58 I-PTH); (2) the evaluation of hypocalcemic patients (2/58 I-PTH); (3) to rule out primary hyperparathyroidism in normocalcemic stone formers (4/58 I-PTH, 4/29 C-PTH) and in those with abnormal skeletal x-ray (3/48 I-PTH, 1/29 C-PTH); (4) to follow patients with chronic renal failure on dialysis (11/58 I-PTH, 9/29 C-PTH); (5) to rule out ectopic hyperparathyroidism in patients with cancer (2/58 I-PTH, 3/29 C-PTH); (6) to satisfy physicians' intellectual curiosity of patients with diabetes mellitus (3/58 I-PTH, 3/29 C-PTH) and obesity (5/58 I-PTH, 6/29 C-PTH); (7) to evaluate acute renal failure (1/29 C-PTH). In 3/58 patients on whom I-PTH tests were ordered, reason(s) could not be determined. The C-PTH was elevated in 9/9 patients with chronic renal failure, 4/6 obese patients, 2/3 patients with cancer, 1/3 diabetic patients, 1/4 stone formers, 2/2 patients with primary hyperparathyroidism. Patients with chronic renal failure had the highest C-PTH. Based on well established indications for ordering the PTH immunoassays, 25 out of 58 (43%) of I-PTH and 9 out of 29 (31%) of C-PTH ordered are inappropriate.

01319

0211709 82227523

**Cancer patient accessions into clinical trials: a pilot investigation into some patient and physician determinants of entry.**

McCusker J; Wax A; Bennett JM  
Am J Clin Oncol , Apr 1982, 5 (2) p227-36, ISSN  
0277-3732 Journal Code: 3E2  
Contract/Grant No.: CA-11083; CA-11198  
Languages: ENGLISH

This study investigated the external validity (or generalizability of results) of randomized clinical trials in cancer. Two ECOG lung cancer chemotherapy protocols active in the early 1970s were studied using a case-control design. All lung cancer patients of the four specified cell types resident in Monroe County during the ECOG study period were identified from the Rochester Regional Tumor Registry. All of the patients entered into either protocol ("ECOG cases") and a random sample of the nonprotocol cases were examined by medical records review. Thirty-seven percent of the nonprotocol cases were determined to have been eligible for either of the two ECOG protocols, but not entered ("eligible controls"). A comparison of the ECOG cases (n = 65) and the eligible controls (n = 109) revealed that (1) ECOG cases were more likely than eligible controls to have been diagnosed at a hospital which participated in the University of Rochester Cancer Center's medical oncology program; (2) ECOG cases were of higher occupational status than eligible controls; (3) duration from diagnosis to protocol entry for ECOG cases was longer than duration from diagnosis to earliest date of eligibility for eligible controls. The implications of these findings for the conduct of cancer clinical trials are discussed.

0211677 82226527

**Pain treatment in a palliative unit or team of a university hospital.**

Scott JF  
Acta Anaesthesiol Scand [Suppl] , 1982, 74 p119-23, ISSN  
0515-2720 Journal Code: 080  
Languages: ENGLISH

A Palliative Care Unit and Team provides a model for delivering care, in which narcotic analgesics can be optimally effective in the treatment of cancer pain. Our rapidly expanding knowledge of pain physiology and narcotic pharmacokinetics will not benefit patients unless we design more appropriate organizational structures to implement therapy and to teach symptom control. The Palliative Care Service model, as developed at several university hospitals in Canada, is designed to assist and complement oncology departments. Its primary role is to provide a consultation service to cancer patients wherever they may be in the health care system (home, O.P.D., hospital). A multi-specialty and interdisciplinary team offers assessment and therapy of pain and other symptoms. The McGill Pain Questionnaire is one useful tool in evaluating pain treatment. The Service also provides the university with a Palliative Care Unit designed

for patients with advanced cancer who have complex symptomatology. Hospital organization must reflect the fact that environmental and psychosocial factors alter pain perception and response. Oral morphine is more effective when administered in a Palliative Care Unit than when it is given to patients in other settings. The Unit provides personnel skilled in analgesic titration and a supportive environment in which psychological, social and spiritual components of the pain experience can be evaluated and treated.

0211671 82226279

**[Molestation of patients and personnel in noise-exposed gynaecological hospital (author's transl)]**

Zur Larmbelastigung von Patienten und Personal in einer larmexponierten Frauenklinik.  
Hergt R; Oll M; Woelk M; Franz RD; Schwarz R  
Zentralbl Gynakol , 1982, 104 (6) p368-74, ISSN  
0044-4197 Journal Code: Y5S

Languages: GERMAN Summary Languages: ENGLISH

Noise levels were measured in the Gynaecological Hospital of the University of Rostock. Patients, medical doctors, and nurses were interviewed on their own molestation. The equivalent permanent sound level, Leq, was 63.5 dB (AI) on average in patient rooms on daytime, while the average night value was 59.8 dB (AI). Maximum sound pressures, Lmax, varied between 55 and 80 dB (AI) in patient rooms. An Lmax of 85 dB (AI) was measured on a ward corridor, when instruments were cleaned in the wash-basin of a service room. Molestation by outdoor noise was reported by 88 per cent of 85 patients interviewed, while 29 per cent felt disturbed by indoor noise. The noise was perceived as disturbing also by the personnel. While the gravest role for the hospital investigated by played by outdoor noise, greatest attention should be given also to the control of indoor noise.

01320

0211399 82223004

**The cost of managing digital diagnostic images.**

Dwyer SJ 3d; Templeton AW; Martin NL; Lee KR; Levine E; Batnitzky S; Rosenthal SJ; Preston DF; Price HI; Faszold S; Anderson WH; Cook LT

Radiology ,Jul 1982, 144 (2) p313-8, ISSN 0033-8419  
Journal Code: QSH

Languages: ENGLISH

A study of the cost of recording and archiving digitally formatted diagnostic images is presented for an academic radiology department serving a 614-bed university hospital and a large outpatient population. The radiological examinations include computed tomography, nuclear medicine, ultrasound, and digital radiography. The archiving management strategies studied include the combined use of computer magnetic tapes, computer disc storage, and multiformat video film recordings. The estimated cost per patient for the archiving of digital diagnostic images is presented.

0211102 82220953

**The media tamer.**

Edwards KS

Ohio State Med J ,May 1982, 78 (5) p331-3, ISSN  
0030-1124 Journal Code: OGS

Languages: ENGLISH

0210823 82217897

**[A report on two year of ophthalmological work in Kenya (author's transl)]**

Über unsere ophthalmologische Tätigkeit in Kenia. Ein Zweijahresbericht.

Klauss V; Dechant W

Klin Monatsbl Augenheilkd ,Feb 1982, 180 (2) p180-3, ISSN 0023-2165 Journal Code: KWA

Languages: GERMAN Summary Languages: ENGLISH

After two years' work as lecturers in ophthalmology at the University of Nairobi we report on our experiences in both teaching as well as outpatient and inpatient-care at the Kenyatta National Hospital. Special emphasis is given to the socio-economical background of the public health service in Kenya, to point out the special aspects of day-to-day medical work as well as the different needs of a postgraduate program in ophthalmology in this country. The main purpose of our work, supported by the Federal German Ministry of Economic Cooperation, Munich University Eye Clinic and many other organizations, was to train ophthalmologists in their own country. Finally, medical research programs currently in progress and concerning special aspects of tropical ophthalmology are reported on. These studies are designed to help find a solution of the problem of blindness, which is briefly analysed, and which is much more urgent in Kenya than in Western Europe.

0210800 82217322

**Clinical use of radionuclide bone imaging in a university medical center.**

Fihn SD; Larson EB; Rudd TR; Nelp WB

JAMA ,Jul 23 1982, 248 (4) p439-42, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

To assess the diagnostic utility of radionuclide bone imaging, we reviewed all examinations performed during a two-year period in a university medical center. The indication(s) for each bone image and its interpretation were compared by reviewing requisition forms and medical records. Thirty-nine percent of 988 studies demonstrated relevant abnormalities. Yields of pertinent positive findings were greatest in patients with cancers of the breast (40%) and prostate (38%) and lowest in women with uterine cancer (15%), patients with previously normal bone images, and individuals with suspected but unconfirmed malignancy. Incidental findings, unrelated to the indication for imaging, occurred frequently (up to 41% of cases). We did not find a sizable number of negative studies that could readily be labeled as unnecessary, suggesting that bone imaging to generally a useful procedure as applied by physicians in this setting.

0210740 82216731

**The Med-COR study: preparing high school students for health careers.**

Davis JA; Davidson CP

J Med Educ ,Jul 1982, 57 (7) p527-34, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

Recognizing the need for adequate representation of minorities in the health field, many professional schools initiated special recruitment efforts to attract minority students and developed programs to provide academic enrichment. Between 1971 and 1977, 480 black and Hispanic high school students from four inner-city schools in Los Angeles participated in the Med-COR Program (Medical Counseling, Organizing, and Recruiting) at the University of Southern California School of Medicine. The program was designed to increase the number of minority health professionals by offering enriched courses in the sciences and field experience in hospitals and laboratories. The positive results of a follow-up of 480 Med-COR students support the rationale that the number of minority health professionals can be increased by high school recruitment programs.

01321



0210606 82215034  
**Pyocin types of Pseudomonas aeruginosa isolated from infections in Lagos University Teaching Hospital.**  
Coker AO; Anyiwo CE; Lawal SF; Ogunbi O; Lasi O; Daniel SO; Dawodu M  
J Hosp Infect ,Mar 1982, 3 (1) p87-9, ISSN 0195-6701  
Journal Code: ID6  
Languages: ENGLISH

0210577 82214819  
**Treating diabetic ketoacidosis: university center vs. community facility.**  
Hamburger S; Soffer A  
J Am Med Wom Assoc ,Feb 1982, 37 (2) p52-4, ISSN 0098-8421  
Journal Code: H7R  
Languages: ENGLISH

0210560 82214790  
**Hyperemesis gravidarum: an approach to the nutritional aspects of care.**  
Schulman PK  
J Am Diet Assoc ,Jun 1982, 80 (6) p577-8, ISSN 0002-8223  
Journal Code: H6F  
Languages: ENGLISH

There has been little documentation on how to care for the patient with hyperemesis gravidarum. This article presents one method for managing patients with severe hyperemesis gravidarum in the hospital. At MacDonald House of University Hospitals of Cleveland, this method has been used quite successfully for the last five years. The combination of team support, individualized care, supplements created by the dietitian on the basis of patient preferences, and an adapted documented approach for patients with eating aberrations are important aspects of effective management of hyperemesis gravidarum.

0210354 82212331  
**Multihospital arrangements hold potential for university hospitals.**  
Werft RC  
Hospitals ,Jul 16 1982, 56 (14) p87-8, 90, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210173 82209757  
**Telemedicine in critical care: problems in design, implementation, and assessment.**  
Grundy BL; Jones PK; Lovitt A  
Crit Care Med ,Jul 1982, 10 (7) p471-5, ISSN 0090-3493  
Journal Code: DTF

Languages: ENGLISH  
We introduced telemedicine, i.e., telecommunications for delivery of health services, to alleviate scarcity and maldistribution of critical care services. For 18 months, we used interactive television to provide consultation with university-based critical care physicians for patients in the ICU of a 100-bed hospital. Telemedicine "visits" (1548) were made to 395 patients. Television consultation had greater clinical and educational impact than consultation using the telephone. Equipment was expensive but proved to be reliable and easy to use. Interactive television extended the availability of specialist expertise, but full exploitation of this technology for delivery of critical care services was not achieved. Extensive background research, currently underway at the University of Pittsburgh, is necessary before the next telemedicine demonstration.

0209996 82208051  
**Treatment outcome and efficiency in surgery.**  
Haig TH  
Can J Surg ,May 1982, 25 (3) p293-6, ISSN 0008-428X  
Journal Code: CKJ  
Languages: ENGLISH

Health gains for patients treated on the surgical service of the University Hospital in Saskatoon have been measured using an illness index matrix and these gains have been related to financial costs. Although many patients benefited, 46.5% did not, either because they suffered self-limiting complaints or because their diseases were beyond the surgeon's ability to help. This 60-bed surgical service generated costs of \$8 million in 1979, of which about \$3 million were for services from which there was little or no gain for the patient. Since 72% of expenditures were for basic bed, board and nursing costs, more exacting use of hospital beds holds the greatest potential for increasing efficiency. There is evidence, too, that our use of medical manpower may be improvident.

01322

0209715 82197247

**Appointment-keeping behavior and patient satisfaction: implications for health professionals.**

Gunter-Hunt G; Ferguson KJ; Bole GG  
Patient Couns Health Educ .4th Quarter 1982. 3 (4)  
p156-60. ISSN 0190-2040 Journal Code: PAL  
Contract/Grant No.: AM20557  
Languages: ENGLISH

This study examines patient satisfaction with care received in a subspecialty clinic, appointment-keeping behavior in that clinic, and the interrelationships between satisfaction and appointment-keeping compliance. The implications for health education and patient counselling are also discussed. The setting is an outpatient clinic of a large university hospital that serves both an urban and rural population. A mailed questionnaire was returned by 150/270 (56%) patients. While satisfaction and compliance were not significantly related, satisfaction was significantly related to the patient's perception of benefit received as a result of care provided by the clinic.

0209645 82194697

**Beset UC-Davis hospital is due for state scrutiny--and maybe a reprieve.**

Med World News .Apr 26 1982. 23 (9) p7-8. 16. ISSN  
0025-763X Journal Code: MGW  
Languages: ENGLISH

0209143 82203626

**Maternal mortality in a major referral hospital, 1926 to 1980.**

Varner MW; Daly KD; Goplerud CP; Keettel WC  
Am J Obstet Gynecol .Jun 1 1982. 143 (3) p325-39. ISSN  
0002-9378 Journal Code: 3NI  
Languages: ENGLISH

This review describes the changes in the causes of maternal deaths in a major referral hospital over a span of 55 years. There has been a significant decline in direct maternal deaths from infection, hemorrhage, and toxemia. Continued vigilance is needed since 58% of direct obstetric deaths in our hospital during the last 30 years were considered to have been preventable. Heart disease and nonobstetric infection as indirect causes of maternal deaths have decreased also. Greater effort is necessary to identify those patients with conditions that predispose to indirect deaths and to provide appropriate contraception, sterilization, early pregnancy termination, or optimal multidisciplinary care in a referral hospital.

0209110 82203480

**Reimbursement for clinical pharmaceutical services in university hospitals.**

Sylvester KL  
Am J Hosp Pharm .Apr 1982. 39 (4) p642-3. ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

0209106 82203474

**Pharmaceutical services in a veterinary hospital and clinic.**

Jinks MJ; Paulsen LM  
Am J Hosp Pharm .Apr 1982. 39 (4) p619-21. ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The pharmaceutical services offered by hospital pharmacists to a veterinary hospital and clinic are described. At Washington State University, the Department of Veterinary Clinical Medicine and Surgery of the College of Veterinary Medicine approached the College of Pharmacy to evaluate the pharmaceutical services in terms of lost charges and to provide recommendations for needed changes. The records of 18 cases were surveyed, and an inventory was taken in two wards to determine outdated drug products, products without expiration dates, and product duplication. The survey and inventory revealed inefficiencies and waste in the billing and distribution systems. The findings indicated the feasibility and potential cost-effectiveness of employing hospital pharmacists to manage the drug distribution system. A combined floor stock and individual prescription order system was implemented under the direction of a pharmacist faculty member jointly appointed by the two colleges. The distribution system has been in successful operation for two years, and the relationship between the two colleges has prompted the development of shared academic positions and joint clinical research.

01323

0208845 82199969

**A multisite comparison of student activities in the surgery clerkship.**

Calhoun JG; Davis WK; Erlandson EE; Maxim BR  
Surgery Jun 1982, 91 (6) p622-7, ISSN 0039-6060  
Journal Code: VC3  
Languages: ENGLISH

The purpose of this study was to develop a method that would provide baseline data for the ongoing assessment of surgical clerkships at The University of Michigan Medical School. Of specific concern was the comparability of clerkship experiences among five different sites and the degree of variability in student experiences as the academic year progressed. Students (n = 168) in the required surgery clerkship at five affiliated sites completed a standardized daily log of the time spent on seven patient care activities and five formally structured educational activities for 1 week during each of five rotations. Analysis of variance and the Scheffe method for multiple comparisons were used to determine differences attributable to clerkship site and time of academic year. The results of the study revealed significant site-, rotation-, and activity-specific variations in the surgery clerkship experiences. However, the students at each of the five sites distributed their time almost equally between patient care and formal educational activities. The study has provided a model for assessing variability and change in the surgery clerkship program both within individual sites and across an entire affiliated hospital system. The instruments and methods are presented for adoption by other institutions with similar goals.

0208515 82197034

**The childbearing childrearing center. A nursing model.**

Rising SS; Lindell SG  
Nurs Clin North Am Mar 1982, 17 (1) p11-21, ISSN  
0029-6465 Journal Code: 092  
Languages: ENGLISH

0208436 82196756

**Technical note--test instructions for the technical testing of mono-functional myoelectrically-controlled prosthetic hands. A proposal.**

Ingvarsson B; Karlsson I; Ottosson LG; Thyberg M  
Prosthet Orthot Int Apr 1982, 6 (1) p41-2, ISSN  
0309-3646 Journal Code: 0ZZ  
Languages: ENGLISH

To get an acceptable standard of prostheses and orthoses in Sweden, the Swedish Institute for the Handicapped is testing this group of aids. One important part of the work is to draw up test instructions. In response to a request from the Swedish Institute for the Handicapped, the Laboratory of Rehabilitation Engineering at the University Hospital of Linköping in Sweden, has suggested instructions for the

technical testing of monofunctional myoelectrically controlled prosthetic inspection and control factors which are important for the function of the prosthetic hand.

0208425 82196644

**Favorable results of neonatal intensive care for very low-birth-weight infants.**

Cohen RS; Stevenson DK; Malachowski N; Ariagno RL; Kimble KJ  
; Hopper AO; Johnson JD; Ueland K; Sunshine P  
Pediatrics May 1982, 69 (5) p621-5, ISSN 0031-4005  
Journal Code: DXV  
Contract/Grant No.: RR-00081  
Languages: ENGLISH

From 1961 to 1976, 229 infants with birth weights ranging from 751 to 1,000 gm were admitted to the Stanford University Hospital Intensive Care Nursery. The overall neonatal mortality for these infants was 63% (144/229), and there were ten late deaths. Before 1967, no infant in this group who required mechanical ventilation survived; thereafter, 30% (34/114) of the ventilated patients survived. Of the 75 long-term survivors 60 participated in a high-risk infant follow-up program; these included 23 infants who had received mechanical ventilation. The mean birth weight of these infants was 928 +/- 67 (SD) gm. Seventeen children (28%) had significant morbidity: seven (12%) with severe handicaps and ten (17%) with moderate handicaps. During this same period, seven infants weighing less than 750 gm at birth were also observed. The three infants who had not required ventilatory support thrived; the other four infants had required respirators and were significantly handicapped. More recently, neonatal mortality for infants with birth weights from 751 to 1,000 gm has improved: for 1977 to 1980, it was 28% (33/118). Furthermore, neonatal mortality for ventilated infants in this weight group was 27% (26/95). These data indicate an improved prognosis for very low-birth-weight infants, even with ventilatory support.

0208404 82196502

**[Interview with Mr. Jozef Arnold, nurse administrator in the Zurich University Hospital (by Reinhilde Hufnagl)]**

Interview mit Herrn Josef Arnold, Pflegedienstleiter am universitätsspital Zurich.  
Arnold J  
Osterr Krankenpflegez 1982, 35 (4) p113-9, ISSN  
0303-4461 Journal Code: DMR  
Languages: GERMAN

01324

0208365 82196319

**Infection as a predominant cause of perinatal mortality.**

Christensen KK

Obstet Gynecol .Apr 1982. 59 (4) p499-508, ISSN  
0029-7844 Journal Code: DC2

Languages: ENGLISH

During a 15-month period, all 34 infants delivered at the department of obstetrics and gynecology at University Hospital in Lund, Sweden, who died perinatally or neonatally were included in a prospective study of causes of death. Autopsies--including extensive culturing of specimens for bacteria, chlamydia, fungi, mycoplasmas, and viruses--were performed for all infants. Maternal sera obtained during pregnancy and after delivery were examined regarding titers against a number of microorganisms. During the study period, the perinatal mortality rate was 0.60% and the neonatal mortality rate 0.56%. It was found that 37% of the deaths were caused by lethal malformations, 17% by idiopathic respiratory distress syndrome, and 9% by ablatio placentae. However, no less than 21% occurred as a direct consequence of infections, including 2 deaths caused by group B streptococci, 2 by Coxsackie B virus, and 3 deaths each by Hemophilus influenzae, Pseudomonas pyocyanea, and Candida albicans. A 6-month study of late abortions revealed another case of intrauterine group B streptococcal infection. The study has demonstrated that autopsy, including microbial examination, is recommended in all cases of perinatal and neonatal deaths.

0208280 82196021

**On the scene: quality control circles at Barnes Hospital.**

Moore RC; Klein WF

Nurs Adm Q .Spring 1982. 6 (3) p23-7, ISSN 0363-9568  
Journal Code: OAE

Languages: ENGLISH

0208245 82195471

**Report on the Duke University Medical Center Private Sector Conference.**

Iglehart JK

N Engl J Med .Jul 1 1982. 307 (1) p68-71, ISSN  
0028-4793 Journal Code: NOW

Languages: ENGLISH

0207983 82192625

**Syncope of unknown origin. The need for a more cost-effective approach to its diagnosis evaluation.**

Kapoor WN; Karpf M; Maher Y; Miller RA; Levey GS

JAMA .May 21 1982. 247 (19) p2687-91, ISSN 0098-7484  
Journal Code: KFR

Languages: ENGLISH

The records of 121 patients hospitalized in Presbyterian-University Hospital, Pittsburgh, during 1976 to

1980 for syncope of unknown origin were reviewed. There were 58 men and 63 women, whose mean age was 63.1 years. Cardiac monitoring in 67 patients showed abnormalities in seven patients, considered diagnostic of the cause of syncope. In 13 patients with electrophysiologic studies, four patients had abnormal results, suggesting a probable cause for the syncope.

Cardiac catheterization in 14 patients showed significant findings that demonstrated the cause of syncope in three patients. Glucose tolerance tests in 37 patients, head computed tomographic scans in 39 patients, radionuclide brain scans in 15 patients, lumbar punctures in 22 patients, and skull roentgenograms in 46 patients did not aid in the diagnosis of the cause of syncope in any patient. In 67 patients, EEGs produced abnormal results in 26, but the role of EEGs in the diagnostic workup of syncope could not be completely defined. The definitive cause for syncope was diagnosed in only 13 of 121 patients, with an average hospitalization of nine days and an average cost of \$2,463 per patient. These findings suggest that an extensive evaluation of syncope is cost-ineffective and that prospective goal-directed approaches need to be developed.

01325

00584

0207972 82192475

**An integrated university emergency medicine - trauma program.**

Gels WP; Altergott RA; Giacchino JL; Freeark RJ  
 J Trauma .Apr 1982, 22 (4) p295-302, ISSN 0022-5282  
 Journal Code: KAF

Languages: ENGLISH

Systems for prehospital care, emergency medical care, and trauma care clearly overlap educationally, medically, financially, and politically. Most systems have not accomplished separation of this interdisciplinary tangle. To solve this dilemma we have customized an Emergency Medicine and Trauma Service (EM & TS) at a regional trauma medical center. The program (annually): 1)treats 32,000 patients (11,330 are trauma); 2) educates 140 paramedics, residents, students. Physician personnel: Members are fully trained in Internal Medicine, Surgery, or Pediatrics; are members of other academic departments. Each is approved by three chairman: Emergency Department, The physician's specialty, and Surgery. Structure: Board-qualified trauma surgeon always present; other faculty supplement surgical manpower; physicians are salaried; each is responsible to Director of EM & TS; trainees are not included as patient-care manpower. Organization: Academically, EM & TS is a Section of the Department of Surgery; the Section Chief is Director of EM & TS, and is responsible for Emergency Department, prehospital care, and trauma admissions. The solution: A vertical responsibility structure to this multidisciplinary system has provided a successful solution and may be tailored to other systems.

0207628 82189213

**Nursery epidemic due to multiply-resistant Klebsiella pneumoniae: epidemiologic setting and impact on perinatal health care delivery.**

McKee KT Jr; Cotton RB; Stratton CW; Lavelly GB; Wright PF;  
 Shenai JP; Evans ME; Melly MA; Farmer JD; Karzon DT; Schaffner  
 W

Infect Control .Mar-Apr 1982, 3 (2) p150-6, ISSN  
 0195-9417 Journal Code: GTM

Languages: ENGLISH

Gram-negative bacilli frequently cause epidemics in high-risk newborn intensive care units. Recently, an epidemic caused by a multiply-resistant K. pneumoniae, serotype 21, occurred in the Vanderbilt University intensive care nursery. The background of this outbreak included an increasing endemic nosocomial sepsis rate, operation of the facility in excess of rated capacity, and increasingly inadequate nurse-to-patient staffing ratios. The epidemic lasted 11 weeks; 26 (12%) of the 232 infants at risk in the unit became colonized. Five infants developed systemic illness and one died. Cohorting, reinforcement of strict handwashing and isolation procedures, and closure of the unit to outborn admissions resulted in rapid termination of the outbreak. Followup studies performed on infants colonized with the epidemic bacterium demonstrated persistent fecal shedding up to 13 months following discharge

from the hospital. This epidemic had a detrimental influence on high-risk newborn and obstetric health care delivery in an area encompassing portions of three states. Under a system of progressively more sophisticated referral units, nosocomial infections occurring at a tertiary center can have an impact on other hospitals within the network.

0207549 82188496

**Professional review of laboratory utilization.**

McConnell TS; Berger PR; Dayton HH; Umland BE; Skipper BF  
 Hum Pathol .Apr 1982, 13 (4) p399-403, ISSN 0046-8177  
 Journal Code: GEC

Languages: ENGLISH

Overutilization of laboratory procedures is a significant problem, particularly in teaching institutions. The purpose of this study was to assess laboratory utilization patterns on the medical service of a university hospital, comparing data from implicit peer review by a pathologist with those from a group of practicing primary care physicians. Also, utilization of the most frequently ordered laboratory tests was compared with that of less common procedures. For charts reviewed both by the pathologist and by a panel of primary physicians, the pathologist found 26.5 per cent of tests unnecessary, while the primary physicians found 42.8 per cent unnecessary. The ten most frequently ordered tests had a significantly higher rate of overutilization than all other tests. Attempts to modify physicians' laboratory utilization should include concomitant peer review of the most commonly ordered procedures.

01326

00585

0207340 82186389

0207490 82188293

**Psychiatric manpower and public mental health: Maryland's experience.**

Harbin HT; Weintraub W; Nyman GW; Karahasan A; Book J; Krajewski T

Hosp Community Psychiatry .Apr 1982. 33 (4) p277-81. ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

From July of 1976 through December 1981, 67 psychiatrists who graduated primarily from American medical schools and who had completed university residency training programs were recruited into Maryland's state mental health system. As of 1981, 43 of these psychiatrists still worked in inpatient facilities; they represented 33 per cent of all state hospital psychiatrists in Maryland. The Maryland Mental Hygiene Administration and the University of Maryland have used two general strategies to develop psychiatric manpower and improve employment conditions. They established close linkages between academia and the public sector and demonstrated positive, effective leadership by psychiatrists within the state mental health system.

0207344 82186590

**Quality of care of epilepsy in Italy: multi-hospital survey of diagnosis and treatment of 1104 epileptic patients.**

Beghi E; Sasanelli F; Spagnoli A; Tognoni G

Epilepsia .Apr 1982. 23 (2) p133-48. ISSN 0013-9580 Journal Code: EIX

Languages: ENGLISH

We surveyed the treatment of 1104 patients admitted to 27 out of the 46 departments of neurology (64.5%), neurosurgery (23.0%), and child neurology (12.5%) of Lombardy, the largest Italian Region (population, 9,000,000). Our main aim was to assess the penetration of correct diagnostic and clinicopharmacological information into routine practice. A detailed analysis and discussion are given to data concerning reasons for hospital admission (therapeutic adjustment accounting for 27.3%; diagnostic ascertainment, 53.8%); characteristics of the disease, in terms of duration, clinical manifestations, and pattern of seizures; associated disorders; prevalence and criteria for the use of instrumental diagnostic procedures (EEG, brain scan, computed tomography, etc.); pattern of prescriptions of anticonvulsant drugs at admission and at discharge, with particular emphasis on specific drug choices by specialty; prevalence of single-drug therapy (41% at admission and 47.0% at discharge) versus polytherapy; degree of correspondence between recommended and observed dosage regimens (undertreatment being a more common problem than excessive dosing); and reporting of side effects. Although some of the findings of some recent studies are confirmed, this report documents the feasibility of a regular audit program of the performance of an entire health care system in the treatment of epilepsy.

**Public health training programs at the University of the West Indies.**Standard KL; Pinnock M; Kumar AK  
Educ Med Salud .1982. 16 (1) p62-8. ISSN 0013-1091  
Journal Code: EDR

Languages: ENGLISH

The Department of Preventive Medicine of the University of the West Indies was established in 1957 with the idea of improving undergraduate teaching facilities to enable medical students to study patients in their homes and social environment. The authors describe the two public health diploma programs available at the University and cite pertinent enrollment and geographic distribution statistics. Candidates for the Diploma in Public Health are registered medical practitioners who take a series of compulsory and elective subjects and have a period of supervised field training and research during the 12-month course. The Diploma in Community Health trains students in the health and diseases of man in his total environment. Students choose among three program options: the general program, specialization in health education, or specialization in health services administration/hospital administration. The general program is the most popular because it gives the student a rounded education suitable to the needs of small states. The 12-month diploma course features the interdisciplinary approach where students from various fields discuss important issues in community health. Comprehensive courses in these areas include health services administration, social sciences, environmental health, epidemiology and biostatistics, family health, communication science, and community mental health. The authors state that the candidate for the Diploma in Community Health is assessed on the basis of course and field work, a special project report, and a final written and oral examination.

0207324 82186157

**Pancreas transplantation at the University of Minnesota.**Sutherland DE; Goetz FC; Elick BA; Najarian JS  
Diabetes Educ .Spring 1982. 8 (1) p13-8. ISSN 0145-7217

Journal Code: EBG

Languages: ENGLISH

01327

0207262 82185549

**High risk of hospital-acquired infection in the ICU patient.**

Donowitz LG; Wenzel RP; Hoyt JW

Crit Care Med ,Jun 1982, 10 (6) p355-7, ISSN 0090-3493

Journal Code: DTF

Languages: ENGLISH

Patients admitted to the ICU have a higher risk of nosocomial infection than other hospitalized patients. Whereas general medical/surgical ward patients have a 6% overall risk of acquiring an infection during their hospital stay, critically ill patients in the ICU have an 18% risk (P greater than 0.001). During this 2-year study, 440 of 2441 patients admitted to an ICU developed nosocomial infections. Patients who had prolonged ICU stays and those on the obstetrics and gynecology, orthopedics, and general surgery services were more likely to become infected. The most common bloodstream pathogens were Staphylococcus epidemidis, Staphylococcus aureus, and Serratia and Pseudomonas species.

0207201 82184632

**Evidence that hospital care for acute myocardial infarction has not contributed to the decline in coronary mortality between 1973-1974 and 1978-1979.**

Goldman L; Cook F; Hashimoto B; Stone P; Muller J; Loscalzo

A

Circulation ,May 1982, 65 (5) p936-42, Journal Code:

DAW

Languages: ENGLISH

To investigate whether the reported 17% decline in the national rates of acute ischemic heart disease mortality between 1973 and 1978 was attributable to decreased in-hospital mortality for patients with acute myocardial infarction (MI), we surveyed all 63 acute care hospitals in the Boston, Massachusetts, area. Compared with 1973-1974, more 1978-1979 MI patients were admitted to hospitals in metropolitan Boston, and especially to the five university teaching hospitals. Between 1973-1974 and 1978-1979, hospital admission rates decreased for younger patients and increased for older patients, but overall admission rates were almost identical. In-hospital mortality rates from acute MI did not change significantly in any age group. Because overall MI mortality was declining while in-hospital MI mortality was unchanged, the proportion of acute MI deaths that occurred inside the hospital increased from about 30% to about 40%. Although current hospital care undoubtedly benefits many individual patients, this study suggests that improvements in the in-hospital care of acute MI patients are a major explanation for nationwide mortality trends between 1973 and 1978.

0207021 82177409

**Nimmo questions value of affiliations.**

Jemison T

US Med ,Mar 1 1982, 18 (5) p1, 4, ISSN 0042-1227

Journal Code: WZP

Languages: ENGLISH

0206820 82166967

**A curriculum for physicians in management.**

Detmer DE; Noren J; Buchanan-Davidson DJ

Hosp Med Staff ,May 1982, 11 (5) p28-34, ISSN 0090-0710

Journal Code: G93

Languages: ENGLISH

To help physicians operate at the interface between medicine and management, the University of Wisconsin began a program in administrative medicine in 1973 with support from the W.K. Kellogg Foundation. In this profile of that program, the following topics are emphasized: values in medical care, budgeting, epidemiology and data skills, decision analysis, planning, health economics, health law, and organizational and human behavior.

0206610 82162199

**A five point approach to staff development for quality assurance.**

Shimeld A

Can J Occup Ther ,Apr 1982, 49 (2) p53-6, ISSN

0008-4174 Journal Code: CJO

Languages: ENGLISH

The nature of Quality Assurance is outlined, as well as the range of activities encompassed in a Quality Assurance program. The need to provide occupational therapy personnel with an organizational framework within which to develop the skills to implement a Quality Assurance program is given as the rationale for utilizing a model that focuses on five key areas of professional practice. The model is described, and the way it has facilitated the Quality Assurance program in the Occupational Therapy Services Department of the University Hospital, London, Ontario is discussed. Reference material, useful when implementing a program, is included.

0206543 82181578

**No longer the only act in town.**

Hodgson PE

Arch Surg ,May 1982, 117 (5) p529-32, ISSN 0004-0010

Journal Code: BIA

Languages: ENGLISH

01328

0206527 82181374

**Infective endocarditis in a community hospital.**

Venezio FR; Westenfelder GO; Cook FV; Emmerman J; Phair JP  
Arch Intern Med ,Apr 1982, 142 (4) p789-92, ISSN  
0003-9926 Journal Code: 7FS

Languages: ENGLISH

Recent reviews from major university centers of infective endocarditis have stressed an increase in unusual infections owing to virulent pathogens. This article compares the 40 episodes of infective endocarditis at a community hospital complex with the recent literature. It was observed that the majority of infecting microorganisms were penicillin-susceptible streptococci similar to those seen in the early antibiotic era. An older patient population was encountered, but overall mortality was low. Streptococcus bovis was a frequent cause of both natural and prosthetic valve infections. Symptoms lasting longer than two months were associated with vegetations demonstrated by echocardiography and high morbidity. Clinical features in this series that significantly correlated with a poor prognosis were height of fever at admission, the failure of fever to resolve within one week of appropriate therapy, the degree of peripheral leukocytosis, gross hematuria, and CNS signs. Conservative parenteral treatment closely monitored by serum bactericidal levels was employed. No relapses occurred among patients surviving initial therapy.

0206495 82180846

**Psychologist in a plastic surgery service.**

Clifford E  
Ann Plast Surg ,Jan 1982, 8 (1) p79-82, ISSN 0148-7043  
Journal Code: 5VB

Languages: ENGLISH

Some of the roles of a psychologist on a plastic surgery service, particularly with patients undergoing cleft palate, craniofacial, and breast reconstruction, are explored. Psychological counseling with parents of infants with birth defects is described. For patients with craniofacial anomalies team management, extensive presurgical evaluations, and a psychological support system during hospitalization are required. Patients undergoing breast reconstruction need to work through preexisting feelings and attitudes about mastectomy as well as their anticipation of results of corrective surgery. For all patients, printed materials are used to augment the counseling. Research is emphasized, in keeping with the role of such a plastic surgery service in a university setting.

0206474 82180199

**Impact of attending level supervision of the emergency department experience.**

Kroboth FJ; Brown FH; Stewart R; Karpt R; Karpf M; Levey GS  
Ann Emerg Med ,Apr 1982, 11 (4) p192-6, ISSN 0196-0644  
Journal Code: 427

Languages: ENGLISH

Medical experiences encountered in the activities of an emergency department are important for the development of a well-trained internist. Therefore, a rotation in the emergency department must remain an integral part of any program in internal medicine. At the University of Pittsburgh, faculty members from both the internal medicine and emergency medicine departments worked together in order to develop the emergency department to its fullest capacity as part of a broad educational program. The faculty attendings provide supervision, immediately available consultation, and an on-going curriculum, including daily lectures and chart review. The results of their programmatic change have been the following: 1) enthusiasm and satisfaction on the part of the housestaff; 2) a 20+ increase in admissions to the hospital from the emergency department; 3) decreased utilization of the observation unit; and 4) fewer patients leaving without being examined.

01329



0206465 82179981

**[Acupuncture therapy in the outpatients-department of the University Clinic Heidelberg (author's transl)]**

Akupunkturtherapie in der Anaesthesieambulanz des Universitätsklinikums Heidelberg.

Fischer MV

Anaesthesist ,Jan 1982, 31 (1) p25-32, ISSN 0003-2417  
Journal Code: 4MY

Languages: GERMAN Summary Languages: ENGLISH

Encouraged by the good results obtained using acupuncture anaesthesia, we started therapeutic acupuncture in our institute of anaesthesiology four years ago. In the meantime acupuncture is as important a therapeutic method in our out-patients department as are therapeutic local anaesthesia, transcutaneous electrical nerve stimulation and biofeedback. The results in 520 patients who have been treated with acupuncture for different diseases are reported. The success of treatment, the number of sessions and the recurrence-rate within one and a half years are discussed for the different diseases. Acupuncture treatment was regarded successful when 1. the patient had no complaints at all without medication, and 2. when there was significant improvement (no long term medication, only mild complaints with unusual strain, which were responsive to minimal medication). Thus treatment in cephalgia was successful in 83% with no recurrences (NR) in 84%. In cervical pain syndromes the respective percentages were 80% (NR = 74%) in constipation 80% (NR = 72%), sinusitis 85% (NR = 100%), insomnia 100% (NR = 100%). Good results, albeit with high recurrence rate were achieved in cases of trigeminal neuralgia in 90% (NR = 23%), colitis ulcerosa in 100% (NR = 0%), in bronchial asthma 70% (NR = 50%) and in tumour pain 61% (NR = 0%). Treatment in patients suffering from parathyroid conditions were unsatisfactory and results in cases of tinnitus were negative.

0206016 82175214

**Child health services in Colombia: developing preventive health care strategies in university-level hospitals.**

Krueger T

Public Health ,Jan 1982, 96 (1) p31-42, ISSN 0033-3506  
Journal Code: Q17

Languages: ENGLISH

0205997 82175099

**[Sex differences in the institutional careers of schizophrenics. A contribution to the socio-epidemiology of mental diseases (author's transl)]**

Geschlechtsunterschiede in der Institutionskarriere Schizophrener - ein Beitrag zur Sozialepidemiologie psychischer Erkrankungen.

Angermeyer MC; Hofmann J; Robra BP

Psychiatr Prax ,Jan 1982, 9 (1) p27-33, ISSN 0303-4259  
Journal Code: QCK

Languages: GERMAN Summary Languages: ENGLISH

All Patients residing within the area looked after by the Psychiatric Clinic of the Medizinische Hochschule Hannover (Hannover Medical University) who had been initially hospitalized with schizophrenic psychosis (ICD 295) and discharged between 1.1.1973 to 31.12.1978, were followed up until 31.12.1979. Men were rehospitalized significantly earlier and more often than women. This difference between the sexes were independent of age, diagnostic sub-category, school education, professional activities at the time of first hospitalization, marital status and - with men - of the duration of the first period of inpatient treatment. The following points are discussed: careers of schizophrenics; sex-determined course of the disease; aspects of the behavioural attitude of the patients in relation to their disease, role obligations and reactions on the part of the social environment; and influences exercised by the medical care system.

0205799 82173001

**Participation of community hospitals in clinical trials: analysis of five years of experience in the Eastern Cooperative Oncology Group.**

Begg CB; Carbone PP; Elson PJ; Zelen M

N Engl J Med ,May 6 1982, 306 (18) p1076-80, ISSN 0028-4793  
Journal Code: NOW

Contract/Grant No.: N01-CN-75348; CA-23318; CA-21076

Languages: ENGLISH

The Eastern Cooperative Oncology Group (ECOG) initiated a program in 1976 to involve community hospitals in multi-institutional clinical trials. The community hospitals can be characterized as generally having no tradition of participating in clinical trials of cancer therapy, whereas the ECOG member institutions are university hospitals or major treatment centers. More than 100 community hospitals participated in 97 randomized trials involving 4506 patients from November 1976 through February 1981. Comparisons between the community hospitals and the ECOG member institutions indicate that the quality of participation was similar, as measured by rates of ineligibility, compliance with the protocol, and submission of data. Objective measures of outcome, such as survival, response, and toxicity, were also comparable. We conclude that under the mechanism adopted by the ECOG, it is possible to include community hospitals in clinical trials of cancer therapy without reducing the quality of the data or compromising the therapeutic outcomes.

01330

plain trimethoprim was registered for use in Britain.

0205534 82169317

**Impact of a family practice residency on a community hospital: a case study of costs and benefits.**

Patrick K; Castle CH; Danforth N  
J Fam Pract ,Apr 1982, 14 (4) p727-33, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

A modified framework of cost-benefit analysis, including explication of direct, indirect, and intangible costs and benefits, is used to assess the financial impact of a university-affiliated family practice residency program upon a community hospital. During resident year 1978-79 it was found that a community hospital affiliated with the University of Utah Family Practice Residency Program may have experienced a net financial benefit of as much as \$243,543 or a net financial cost of as much as \$12,537. At the same time, the hospital is likely to have experienced substantial intangible benefits and moderate intangible costs. This approach may have utility in similar settings where community hospitals support family practice resident education.

00586

0205300 82166316

**Governance of university-owned teaching hospitals.**

Allison RF; Dalston JW  
Inquiry ,Spring 1982, 19 (1) p3-17, ISSN 0020-1731  
Journal Code: GOT

Languages: ENGLISH

0204892 82161661

**Trimethoprim resistance in hospitals.**

Huovinen P; Mantylarvi R; Toivanen P  
Br Med J [Clin Res] ,Mar 13 1982, 284 (6318) p782-4,  
Journal Code: B4X

Languages: ENGLISH

During November 1980 to April 1981, 1561 urinary tract pathogens were collected from Turku City Hospital, Turku University Central Hospital, and Kuopio University Central Hospital. Resistance of the strains was tested by agar-plate dilution against trimethoprim, sulphamethoxazole-trimethoprim, sulphamethoxazole, ampicillin, and nitrofurantoin. Resistance to trimethoprim (greater than 8 mg/l) occurred in 8.6-12.2% of strains from the university hospitals (Pseudomonas excluded) and 38.3% of strains from Turku City Hospital. Resistance of Escherichia coli occurred in 4.1-6.2% of strains from the university hospitals and 21% of strains from Turku City Hospital. Proteus mirabilis was the most resistant of the clinically important bacterial species with resistance to trimethoprim in 29-78%. Attention is called for in defining the type of hospital used for a particular study: bacterial resistance in different hospitals cannot be compared direct and one hospital is not necessarily representative for a whole country. After seven years' use of plain trimethoprim the prevalence of resistance in the two university hospitals in Finland was similar to that in a London hospital just before

01331

**IMPERICIA MEDICA**

**01332**

Languages: ENGLISH

0233385 83147383

**Putting to rest unwarranted fears about trustee liability.**

Bernstein AH

Trustee ,Mar 1983, 36 (3) p17-8, 22-3, ISSN 0041-3674

Journal Code: WG9

Languages: ENGLISH

Common concerns about the legal liability of trustees include malpractice, contracts, medical staff discipline, and conflict of interest. Each of these topics is discussed here, as well as the use of directors and officers liability insurance to protect against anticipated risks.

0233382 83147259

**Hospital authority and responsibility for drugs administered to patients.**

Davis CD

Tex Hosp ,Feb 1983, 38 (9) p42-3, ISSN 0040-4357

Journal Code: WAL

Languages: ENGLISH

0233355 83146580

**Good Samaritan laws--who needs them?: The current state of Good Samaritan protection in the United States.**

Mapel FB 3d; Weigel CJ 2d

Spec Law Dig Health Care (Mon) ,Jan 1983, 4 (11) p5-32,

Journal Code: UXP

Languages: ENGLISH

0233329 83145537

**A 'wrongful life'.**

Reilly P

Resid Staff Physician ,Dec 1982, 28 (12) p71-2,

Journal Code: RB3

Languages: ENGLISH

0233306 83144709

**Quiz: what an attorney might tell a patient.**

Gold BA; Chapman S

Physicians Manage ,Dec 1982, 22 (12) p81-5, ISSN

0031-9066 Journal Code: P7B

Languages: ENGLISH

0233238 83141075

**Wrongful birth: how much is it worth not to be born?**

Goldman EB

Mich Hosp ,Mar 1983, 19 (3) p25, 27-8, ISSN 0026-220X

Journal Code: MXZ

0233161 83135168

**Lawsuit against FL fund continues as hospitals protest retro-billing [interview]**

Baggett C

Hosp Risk Manage ,Jan 1983, 5 (1) p9-10, ISSN 0199-6312

Journal Code: G91

Languages: ENGLISH

0232996 83133953

**Attorney warns RNs of potential liability in the EHS (employee health service) [interview]**

Gallagher P

Hosp Employee Health ,Feb 1983, 2 (2) p17-9, ISSN 0744-6470 Journal Code: GC6

Languages: ENGLISH

0232958 83133831

**Director and officer liability: covering an area often overlooked.**

Parry AE

Healthc Financ Manage ,Mar 1983, 37 (3) p30, 32-3, ISSN 0018-5639 Journal Code: GBC

Languages: ENGLISH

0232676 83151166

**A reduction mammoplasty with legal implications.**

Hoffman S; Schiavetti AL

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Languages: ENGLISH

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dangerousness and research data on the risk of homicide, assault, and suicide among released mental patients. They then discuss a risk-management approach to decision-making that consists of three components--risk assessment, risk evaluation, and risk reduction. The authors also provide a decision table that clinicians can use to identify factors that suggest a high risk of violence in a patient's current status, history, and treatment response.

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In the UK the marketing and quality control of all  
intrauterine devices (IUCDs) is controlled by the Medicines  
Act (1968). Training is supervised by the Joint Committee of  
Contraception (JCC), and Trainers have to ensure that the  
trainee has acquired safe standards before the JCC certificate  
is granted. Patients must be adequately counselled and consent  
obtained. There is no unequivocal evidence of its mode of  
action in humans, which might limit its acceptability to  
certain individuals. There are a number of problem areas. How  
long should a copper-containing IUCD be retained when there is  
clinical evidence of continued effectiveness for more than the  
statutory 2 years? Perforation of the uterus and the resulting  
abnormal situation of an IUCD can be potentially dangerous.  
Sound technique minimizes its occurrence but if perforation  
occurs there must be defined and documented action. Because  
the IUCDs' primary intrauterine action is to prevent  
implantation, should pregnancy occur, there is an increased  
likelihood of ectopic gestation. Awareness of this, and  
appropriate early action, should prevent a disastrous outcome.  
There is clear evidence that ascent of organisms relates to  
the cervical thread. Perhaps tailless devices should be made  
available for women who are at risk of developing pelvic  
inflammatory disease? Other potential problem areas, where  
there might be legal liability involving practitioners,  
include the management of abnormal bleeding and difficult  
removals.

01338

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**Wrongful life: a misconceived tort.**

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Languages: ENGLISH

Recent advances in prenatal genetic counseling have expanded the scope of malpractice liability. Parents and children have both brought tort actions for negligent prenatal genetic counseling. The child's "wrongful life" claim is a unique and difficult moral and legal issue. This comment examines wrongful life and the parents' "wrongful birth" action, and suggests a model of recovery for wrongful birth that avoids the insoluble problems inherent in a wrongful life claim while providing for the needs of the disabled child.

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0098-8588 Journal Code: 3IP  
Languages: ENGLISH

Within the physicians' services industry, doctors of osteopathy are the only "full line" competitors of medical doctors. Given the current interest in merger of the two schools of practice, this Article examines the benefits of having an independent osteopathic school. These benefits include: (1) reduction of the monopoly power of medical doctors in malpractice litigation, fee negotiations with third party payors and the formulation of health policy; (2) greater satisfaction of consumer desires; and (3) diversity and innovation in physicians' training and methods of practice. The Article concludes that society has an interest in discouraging merger of the two groups; osteopathy should be maintained as an independent school of practice. To this end, society should carefully consider the impact of legislation and regulatory policies that may have the unintended effect of eliminating osteopathy as an independent competitor.

0224287 83069795  
**[Legal aspects of the activity of clinical psychologists in  
public and social health]**  
Zu einigen rechtlichen Aspekten der Tätigkeit klinischer  
Psychologen im Gesundheits- und Sozialwesen.  
Gurtler R; Heusinger H; Regel H; Rosler HD  
Z Arztl Fortbild (Jena) ,Aug 15 1982, 76 (16) p756-60,  
ISSN 0044-2178 Journal Code: XS6  
Languages: GERMAN

0224222 83068520  
**Malpractice insurance.**  
Murphy E  
Todays OR Nurse ,Sep 1982, 4 (7) p52, 63, 70, ISSN  
0194-5181 Journal Code: WAC  
Languages: ENGLISH

0224155 83068127  
**The issue of informed consent.**  
Bettman JW  
Surv Ophthalmol ,Sep-Oct 1982, 27 (2) p133-5, ISSN  
0039-6257 Journal Code: VCT  
Languages: ENGLISH

0223882 83064714  
**No need to communicate.**  
Leonard C  
Nurs Mirror ,Nov 24 1982, 155 (21) p49, ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223679 83063730  
**Failure to adequately supervise PAs.**  
Creighton H  
Nurs Manage ,Dec 1982, 13 (12) p44-5, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

0223668 83063719  
**Law for the nurse manager: liability for infection control.**  
Creighton H  
Nurs Manage ,Nov 1982, 13 (11) p42-4, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

0223660 83063710  
**Informed consent rights, responsibilities and roles.**  
Curtin LL  
Nurs Manage ,Oct 1982, 13 (10) p7-8, ISSN 0744-6314  
Journal Code: DBV  
Languages: ENGLISH

0223597 83063594  
**What to do when the doctor's wrong.**  
Fine ER  
Nurs Life ,Nov-Dec 1982, 2 (6) p22-4, ISSN 0279-3091

Journal Code: DA6  
Languages: ENGLISH

0223513 83062288  
**Wrongful birth of a defective child: a new medical malpractice claim in Virginia.**  
Dunavant MK  
Med Leg Bull ,Jul-Aug 1982, 31 (4) p1-8, ISSN 0025-8164  
Journal Code: M4W  
Languages: ENGLISH

0223465 83061868  
**Hospital liability for "concessionaires or franchisers".**  
Kardon RD  
Med Trial Tech Q ,Summer 1982, 29 (1) p108-13, ISSN  
0025-7591 Journal Code: MGU  
Languages: ENGLISH

0223452 83061463  
**Medicine and the Law. Outcome of negligent administration of anaesthetic to 4-year-old child.**  
Brahams D  
Lancet ,Nov 27 1982, 2 (8309) p1229, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0223413 83061157  
**The Health Claims Arbitration Act: is it a rose?**  
King JF  
Md State Med J ,Sep 1982, 31 (9) p38-40, ISSN 0025-4363  
Journal Code: LMG  
Languages: ENGLISH

0223367 83060440  
**Malpractice insurance.**  
George JE  
JEN ,Nov-Dec 1982, 8 (6) p319, ISSN 0099-1767 Journal  
Code: KRU  
Languages: ENGLISH

0223326 83059632

**How to be sued less often and at less cost.**

Ladner HA Jr

J Miss State Med Assoc ,Oct 1982, 23 (10) p281-3, 287.

ISSN 0026-6396 Journal Code: J6F

Languages: ENGLISH

0223324 83059616

**Physician insurers leading the way.**

Davis JE

J Med Soc NJ ,Aug 1982, 79 (9) p633-6, ISSN 0025-7524

Journal Code: J47

Languages: ENGLISH

0223198 83058425

**Public attitudes toward health care in Alabama.**

Cotter PR

J Med Assoc State Ala ,Sep 1982, 52 (3) p6-20, ISSN

0025-7044 Journal Code: IZJ

Languages: ENGLISH

0223195 83058421

**Error, malpractice, and the problem of universals.**

Minogue BP

J Med Philos ,Aug 1982, 7 (3) p239-57, ISSN 0360-5310

Journal Code: IZD

Languages: ENGLISH

This article begins with a criticism of McIntyre and Gorovitz's account of medical error. Their theory implies that error, at least sometimes, is a necessary consequence of the inductive character of medical inquiry. The counter intuitive consequences of this account suggest that the issues surrounding induction may not be the most fertile area for developing a coherent interpretation of medical error. Given these shortcomings, I develop a new theory which assumes that the best philosophical soil for constructing a theory of medical error is the problem of universals. I then explain the problem and how the medical universal functions within arguments concerning diagnosis and treatment. A Wittgensteinian solution to the problem is presented which emphasizes the "borderline" character of some, if not many, medical judgments. Next, an argument is offered to establish that questions of medical error are not purely professional questions. This is because the theories used to make such professional judgments permit borderline cases even under the best circumstances. Finally, while there are a number of legitimate responses to this situation, I recommend one which involves legislative action.

0222989 83055856

**[Doesn't the care record focused on the disorders of the patient carry an element of risk?]**

Le dossier de soins axe sur le probleme du malade ne comporte-t-il pas un risque?

Sklar C

Infirm Can ,Oct 1982, 24 (9) p31-3, ISSN 0019-9605

Journal Code: G09

Languages: FRENCH

0222661 83052287

**Legal update! Professional negligence.**

Wiemerslage D

Crit Care Update ,Nov 1982, 9 (11) p21-2, ISSN

0162-7252 Journal Code: DTA

Languages: ENGLISH

0222527 83050639

**Cancer nursing and the law: wrongful life.**

Gargaro WJ

Cancer Nurs ,Oct 1982, 5 (5) p397-8, ISSN 0162-220X

Journal Code: CNC

Languages: ENGLISH

0222101 83029211

**Medical records important defense in suit filed many years after alleged negligence.**

Regan WA

Hosp Prog ,Nov 1982, 63 (11) p74, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0221948 83023699

**Operating surgeon's liability for the negligence of an assisting nurse.**

Reed ME

Bull Am Coll Surg ,Nov 1982, 67 (11) p19-20, ISSN

0002-8045 Journal Code: BDC

Languages: ENGLISH

01344

0221729 83045700

**Pharmacists as a liability-reducing factor.**

Fink JL 3d

Am J Hosp Pharm ,Sep 1982, 39 (9) p1544-6, ISSN  
0002-9289 Journal Code: 3IO  
Languages: ENGLISH

The potential for clinical pharmacy services to reduce the liability of institutions and the personnel who practice in them is presented. Several studies are reviewed that identify the characteristics of patients who are at a high risk of developing complications. Based on these data and data gathered on drug-related malpractice claims, pharmacists can concentrate their efforts on those patients who have the greatest liability implications to the institution. Pharmacists' efforts to reduce the liability of their institutions can also provide a justification for their clinical services.

0221489 83041748

**Office personnel and medicolegal claims.**

Bettman JW

Surv Ophthalmol ,Jul-Aug 1982, 27 (1) p64-6, ISSN  
0039-6257 Journal Code: VCT  
Languages: ENGLISH

In the current litigious milieu much can be done by office personnel to forestall the occurrence of a claim or to diminish the probability of the plaintiff succeeding if it should occur. Among the important factors are a friendly, courteous attitude, no matter how trying the circumstances, and proper training of the personnel in handling of emergencies, failures or cancellations of appointments, requests for refills of prescriptions, malfunctioning of equipment, and confrontation with attorneys.

0221355 83040776

**Legally speaking: the deadly toll of communication failure.**

Greenlaw J

RN ,Nov 1982, 45 (11) p81-4, ISSN 0033-7021 Journal  
Code: TWP  
Languages: ENGLISH

0221312 83040091

**Intensive care nursing: doctor problems. Case in point: Poor Sisters v. Catron (435 N.E. 2d 305 - IN).**

Regan WA

Regan Rep Nurs Law ,Sep 1982, 23 (4) p4, ISSN 0034-3196  
Journal Code: QY6  
Languages: ENGLISH

**Law for the nurse manager: the right of informed refusal.**

Creighton H

Nurs Manage ,Sep 1982, 13 (9) p48-9, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0220944 83037777

**Professional liability insurance and practice of medicine. For survival, physicians must become part of process.**

Blackman NS

NY State J Med ,Aug 1982, 82 (9) p1387-9, ISSN  
0028-7628 Journal Code: OBA  
Languages: ENGLISH

0220911 83037362

**Presidential address to the Neurosurgical Society of America, 1982.**

Lourie H

Neurosurgery ,Sep 1982, 11 (3) p451-3, ISSN 0148-396X  
Journal Code: NZL  
Languages: ENGLISH

0220808 83036005

**[The law and medicine--from the viewpoint of the medical expert]**

Recht und Medizin--Aus der Sicht des medizinischen Sachverständigen.

Carstensen G

Med Welt ,Sep 17 1982, 33 (37) p1278-80, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

0220807 83036004

**[The law and medicine. Physician liability from the viewpoint of the judge]**

Recht und Medizin. Die Arzthaftung aus der Sicht des Richters.

Franzki H

Med Welt ,Sep 17 1982, 33 (37) p1274-7, ISSN 0025-8512  
Journal Code: MIM  
Languages: GERMAN

01345

0220972 83037849



0220806 83036003

[The law and medicine--from the viewpoint of the district attorney's office]

Recht und Medizin--Aus der Sicht der Staatsanwaltschaft.

Plett H

Med Welt ,Sep 17 1982, 33 (37) p1270-3, ISSN 0025-8512

Journal Code: MIM

Languages: GERMAN

0220805 83036002

[Expert evaluation commissions for medical liability questions in the Medical Council of Westfalen-Lippe. Report on their activity up to the present]

Gutachterkommission für ärztliche Haftpflichtfragen bei der Ärztekammer Westfalen-Lippe. Bericht über die bisherige Tätigkeit.

Reiermann E

Med Welt ,Sep 17 1982, 33 (37) p1267-9, ISSN 0025-8512

Journal Code: MIM

Languages: GERMAN

0220804 83036001

[The physician's liability from the viewpoint of the insurance medicine representative. Intermediate report of a study]

Arzthaftpflicht aus der Sicht des Versicherungsmediziners. Zwischenbericht einer Studie.

Reichenbach M

Med Welt ,Sep 17 1982, 33 (37) p1262-66, ISSN 0025-8512

Journal Code: MIM

Languages: GERMAN

0220803 83035999

[The law and medicine--an attempt at an understanding]

Recht und Medizin--Ein Versuch der Annäherung.

Imdahl H

Med Welt ,Sep 17 1982, 33 (37) p1255, ISSN 0025-8512

Journal Code: MIM

Languages: GERMAN

0220792 83035910

The basis of the legal liability of the hospital.

Samuels A

Med Sci Law ,Apr 1982, 22 (2) p140-2, ISSN 0025-8024

Journal Code: MEM

Languages: ENGLISH

0220744 83035454

Documentation of patient care: an often underestimated responsibility.

Greenlaw J

Law Med Health Care ,Sep 1982, 10 (4) p172-4, ISSN

0277-8459 Journal Code: LAF

Languages: ENGLISH

0220741 83035451

A procrustean approach to informed consent: the Texas Medical Disclosure Panel.

Richards EP 3d; Rathbun KC

Law Med Health Care ,Sep 1982, 10 (4) p158-64, ISSN

0277-8459 Journal Code: LAF

Languages: ENGLISH

0220467 83032324

Allrid v. Emory University: applying Georgia's medical malpractice statute of limitations in a difficult case.

Goodman M

J Med Assoc Ga ,Aug 1982, 71 (8) p573-5, ISSN 0025-7028

Journal Code: IZB

Languages: ENGLISH

0220464 83032320

Why the malpractice crisis?

Lamb H; Hollis CD Jr

J Med Assoc Ga ,Aug 1982, 71 (8) p555-6, ISSN 0025-7028

Journal Code: IZB

Languages: ENGLISH

0220371 83031650

Psychiatric malpractice.

Schetky DH; Cavanaugh JL Jr

J Am Acad Child Psychiatry ,Sep 1982, 21 (5) p521-6, ISSN 0002-7138

Journal Code: H54

Languages: ENGLISH

01346

0219977 83026553

**[The legal assumptions of ambulatory surgery]**

Die rechtlichen Voraussetzungen der ambulanten Chirurgie.

Weissauer W

Chirurg ,Aug 1982, 53 (8) p528-31, ISSN 0009-4722

Journal Code: D5U

Languages: GERMAN

0219962 83026349

**Torts: doctrine of precedent.**

Wiemerslage D

Crit Care Update ,Oct 1982, 9 (10) p27, 37, ISSN

0162-7252 Journal Code: DTA

Languages: ENGLISH

0219903 83025531

**Responsibility and accountability in provider-patient relationships.**

Blumstein JF

Circulation ,Nov 1982, 66 (5 Pt 2) pIII91-9, Journal

Code: DAW

Languages: ENGLISH

Coronary artery bypass surgery (CABG) is no longer an experimental procedure. Nevertheless, much remains controversial about it. From the legal perspective, general principles of accountability and responsibility apply readily to the CABG context. Issues concerning the proper standard of care and the obligation to obtain informed consent, generic problems in the law of medical malpractice, have direct application to CABG. Similarly, there are reasonably standard questions of accountability for individual practitioners and institutional providers. Although the application of general principles of accountability to CABG will undoubtedly raise interesting nuances, the law of medical malpractice appears to be sufficiently developed to encompass the specific issues of CABG within its structure.

0219620 83005638

**California court imposes hospital liability for negligent acts of its independent staff physicians; reflects developing trend in malpractice cases.**

O'Brien JP

Health Law Vigil ,Oct 15 1982, 5 (21) p11-2, ISSN

0270-3343 Journal Code: GIF

Languages: ENGLISH

0219601 83002878

**Use of the countersuit by pharmacists who have been groundlessly sued for malpractice.**

Brushwood DB

Contemp Pharm Pract ,Spring 1982, 5 (2) p95-101, ISSN  
0162-3761 Journal Code: DQ9

Languages: ENGLISH

Attorneys for patients who have been injured by adverse reactions to drugs often name as defendants the prescribing physician, the drug manufacturer, and the pharmacist. In many jurisdictions neither the law of warranty nor the law of strict liability will support a cause of action against a pharmacist who has done nothing more than correctly dispense a drug which was correctly prescribed. If the lawsuit against the pharmacist can be shown to have been filed for no other reason than to coerce a nuisance settlement or just to be cautious, the pharmacist may have available a remedy in the form of a countersuit. Malicious prosecution is one cause of action which might be maintainable as a countersuit. The elements of the cause of action are: 1) the initiation of a lawsuit; 2) lack of probable cause; 3) malice; 4) termination in favor of the pharmacist; and 5) damages. Lack of probable cause and malice are interrelated and are the two most difficult elements to prove. Abuse of process is another possible cause of action. The elements are: 1) an illegal, improper, or perverted use of the process; 2) an ulterior motive or purpose; and 3) damages. Other causes of action which have been considered by attorneys for groundlessly sued health professionals are barratry, defamation, attorney negligence, prima facie tort, and violation of a disciplinary rule.

0219549 83000858

**When surgeons are liable for other physicians' acts.**

Reed ME

Bull Am Coll Surg ,Oct 1982, 67 (10) p16-7, ISSN

0002-8045 Journal Code: BDC

Languages: ENGLISH

01347

0219376 83020168

**Physicians' legal responsibilities in managing ski trauma.**

Ferguson CG

Am J Sports Med ,Jul-Aug 1982, 10 (4) p206-10, ISSN  
0363-5465 Journal Code: 3YR

Languages: ENGLISH

Orthopaedic specialists and family physicians practicing in skiing communities are faced with unavoidable, stringent, and expanding legal responsibilities to properly manage ski trauma. Their legal obligations apply to each component of clinical case management: (1) diagnosis; (2) treatment; and (3) rehabilitation. Neither medically nor legally is any one aspect less critical than another. Concomitant with accelerating rates of participation in sports, it is clear that the law is demanding more from specialists and also primary care physicians whose practice is increasingly involving musculoskeletal athletic injuries. The legal responsibilities and liabilities of both generalists and specialists are extensively reviewed in this report. The principles apply to the management of all athletic trauma by physicians.

0219345 83019875

**The legal side: failure to communicate.**

Cushing M

Am J Nurs ,Oct 1982, 82 (10) p1597, ISSN 0002-936X  
Journal Code: 3MW

Languages: ENGLISH

0219298 83019716

**Legal consequences of disposable dialyzer reuse.**

Hallquist SG

Am J Law Med ,Spring 1982, 8 (1) p1-25, ISSN 0098-8588  
Journal Code: 3IP

Languages: ENGLISH

This Article discusses potential legal liability for adverse effects resulting from reuse of disposable hemodialysis equipment. After explaining the dialysis process and the health risks involved with the reuse of dialyzers, the Article outlines possible theories of recovery for injured dialysis patients. The Article describes the possibility of recovery under a negligence theory against either the treating physician or the institutional provider, and includes a discussion of applicable statutory law. The remainder of the Article discusses possible recovery under the theory of strict liability.

0218827 83013649

**Risk management: a hospital-wide approach.**

Spaulding JA

Nurs Manage ,Apr 1982, 13 (4) p29-31, Journal Code:  
ORV

Languages: ENGLISH

0218814 83013615

**What do the courts expect from nurses?**

Kimberly RA; Krekeler K; Katz BM

Nurs Life ,Sep-Oct 1982, 2 (5) p34-7, ISSN 0279-3091  
Journal Code: 0A6

Languages: ENGLISH

0218753 83012762

**Law-medicine notes. Breaking off the physician-patient relationship: another legal hazard.**

Curran WJ

N Engl J Med ,Oct 21 1982, 307 (17) p1058-60, ISSN  
0028-4793 Journal Code: NDW

Languages: ENGLISH

0218718 83012098

**[Denial of obligation to disclose name of the surgeon]**

Kiene Aufklarungspflicht uber Name des Operateurs.

Otto F

Med Welt ,Jul 16 1982, 33 (28) p1048, ISSN 0025-8512  
Journal Code: MIM

Languages: GERMAN

0218709 83011953

**Kidney failure due to methoxyflurane.**

Mazzia VD

Leg Med ,1982, p59-71, ISSN 0197-9981 Journal Code:  
L3Q

Languages: ENGLISH

0218700 83011943

**The legal noose gets tighter.**

Hirsh HL

Leg Med ,1982, p187-211, ISSN 0197-9981 Journal Code:  
L3Q

Languages: ENGLISH

01348

0218699 83011942

**Medical malpractice prevention.**

Gregory DR

Leg Med ,1982, p177-86, ISSN 0197-9981 Journal Code:  
L30

Languages: ENGLISH

0218697 83011939

**Survey of the law of informed consent in physician-patient relationships.**

Ozzi WM

Leg Med ,1982, p117-36, ISSN 0197-9981 Journal Code:  
L30

Languages: ENGLISH

0218618 83011148

**[The physician's obligation to educate patients - legal aspects - patients' expectations]**

Zur ärztlichen Aufklärungspflicht - juristische Aspekte - Erwartungen der Patienten.

Gramer E; Leydhecker W; Kriegelstein GK

Klin Monatsbl Augenheilkd ,Jul 1982, 181 (1) p46-53,  
ISSN 0023-2165 Journal Code: KWA

Languages: GERMAN Summary Languages: ENGLISH

There is some uncertainty among doctors and lawyers about the form and content of presurgical medical enlightenment of the patient. Presurgical enlightenment is of increasing significance with respect to malpractice suits. Current jurisdiction has developed principles of enlightenment that are often difficult for the doctor to handle. For routine procedures in major hospitals a standardized, pragmatically designed consent form is therefore necessary. At Wurzburg University Eye Hospital the results of glaucoma and cataract surgery have been documented for years by using computer-readable forms. On the basis of these large-scale results from many thousands of procedures a written consent form was developed and tested for its suitability. Two hundred and twenty-two patients were questioned on their expectations as to proper enlightenment. The results of these broadly scattered interviews are summed up and presented. Especially with glaucoma patients, the best method of enlightenment, satisfying both medical and legal requirements, is an information booklet designed for lay people together with verbal information furnished by the doctor. Nearly all of the patients interviewed found the preoperative enlightenment complete and sufficiently clear. The majority of them could repeat the contents of the enlightenment form four to six days after the operation. This speaks well for the adequacy of the enlightenment. As a rule, the written consent form was supplemented by verbal enlightenment from the operating physician immediately before hospitalization of the patient. A psychological investigation of preoperative anxiety with enlightened and non-enlightened patients revealed that the enlightenment form did not increase preoperative anxiety.

Surgical ophthalmology lends itself to a written consent form more readily than other surgical disciplines, because diseases with poor prognoses for life are fortunately rare.

0218597 83010610

**Settlement of medical liability lawsuits without physician's consent.**

Cooper A

JAMA ,Oct 22 1982, 248 (16) p1980-1, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0218428 83008758

**A summary of legislative responses to the medical malpractice crisis.**

Berg RN

J Med Assoc Ga ,Jul 1982, 71 (7) p511-4, ISSN 0025-7028

Journal Code: IZB

Languages: ENGLISH

01349

0218315 83007944

**The legality of using hand-over-mouth exercise for management of child behavior.**

Bowers LT

ASDC J Dent Child ,Jul-Aug 1982, 49 (4) p257-65, ISSN 0022-0353 Journal Code: HXZ

Languages: ENGLISH

The objective of this article has been to delineate the possible legal grounds upon which a dentist may base his use of HOM and HOMAR for child behavior management. It has been pointed out that the use of HOM will not subject the dentist to liability to the patient when HOM is used properly and parental consent to treat the child is obtained. Such parental consent need not specifically identify the prospective use of HOM, because HOM is an inseparable component of the treatment of certain children. Parental consent to the treatment is informed consent to the necessary use of HOM. The use of HOMAR is more nearly objectionable legally and may result in liability of the dentist practicing in some jurisdictions, unless express parental consent to its use is obtained in advance of treatment. It must be emphasized that no reported decision of any court has indicated the legal standing of the use of HOM or HOMAR. It is hoped that this article may also be of some guidance to courts faced with the issue of the legality of a dentist's use of HOM or HOMAR. Until a court rules on the legitimacy of the use of HOM and HOMAR, there will be some uncertainty how a court will view its use. And of course, the dentist cannot avoid liability, if the dentist utilizes HOM or HOMAR in a manner inconsistent with the standard of the dental profession. Yet, despite such uncertainty, the dentist who uses HOM or HOMAR in accordance with the standard of the ordinarily prudent dentist in the locality and who obtains the requisite consent to treatment should not fear liability for battery or for malpractice. The dentist has done all his profession and his society can ask of him. (83 Refs.)

0218121 83005458

**Darling is alive and well in California.**

Bernstein AH

Hospitals ,Oct 1 1982, 56 (19) p114, 116-7, ISSN 0018-5973 Journal Code: GDL

Languages: ENGLISH

0218100 83005036

**[Cesarean section on the dead and dying patient from the legal viewpoint]**

Der Kaiserschnitt an der Toten und der Sterbenden aus rechtlicher Sicht.

Hanack EW

Gynakologe ,Jun 1982, 15 (2) p96-103, ISSN 0017-5994 Journal Code: FX3

Languages: GERMAN

0218099 83005035

**[Cesarean section on the dead and dying patient from the physician's viewpoint]**

Der Kaiserschnitt an der Toten und Sterbenden aus arztlicher Sicht.

Hiersche HD

Gynakologe ,Jun 1982, 15 (2) p89-95, ISSN 0017-5994 Journal Code: FX3

Languages: GERMAN

0218098 83005034

**[The liability of the gynecologist. General review and special problem areas]**

Die Haftung des Frauenarztes. Allgemeiner Überblick und besondere Problembereiche.

Weissauer W; Hirsch G

Gynakologe ,Jun 1982, 15 (2) p80-8, ISSN 0017-5994 Journal Code: FX3

Languages: GERMAN

0218097 83005033

**[Abortion from the legal viewpoint for the physician]**

Der Schwangerschaftsabbruch aus rechtlicher Sicht für den Arzt.

Hiersche HD

Gynakologe ,Jun 1982, 15 (2) p72-9, ISSN 0017-5994 Journal Code: FX3

Languages: GERMAN

0218096 83005032

**[Current legal problems of sterilization]**

Aktuelle Rechtsprobleme der Sterilisation.

Eser A; Koch HG

Gynakologe ,Jun 1982, 15 (2) p62-71, ISSN 0017-5994 Journal Code: FX3

Languages: GERMAN

01350

0218095 83005031  
**[Legal questions from the physician's practice]**  
Rechtsfragen aus der ärztlichen Praxis.  
Hiller C; Hiersche HD  
Gynakologe ,Jun 1982, 15 (2) p52-61, ISSN 0017-5994  
Journal Code: FX3  
Languages: GERMAN

0218094 83005030  
**[Euthanasia in the penal view]**  
Euthanasie in strafrechtlicher Sicht.  
Hanack EW  
Gynakologe ,Jun 1982, 15 (2) p104-20, ISSN 0017-5994  
Journal Code: FX3  
Languages: GERMAN

0217984 83002789  
**Connecticut's wrongful conception case.**  
Healey JM  
Conn Med ,Jul 1982, 46 (7) p417, ISSN 0010-6178  
Journal Code: DQF  
Languages: ENGLISH

0217695 82277522  
**An analysis of the physician's professional liability for radiation of the fetus.**  
Perdue JM  
Spec Law Dig Health Care (Mon) ,Sep 1982, 4 (7) p5-22, ISSN 0198-8778  
Journal Code: UXP  
Languages: ENGLISH

0217680 82276091  
**Legal forum: Abstracts of recent malpractice cases in radiology.**  
Kraus GP  
Radiol Manage ,Jun 1982, 4 (3) p43-4, ISSN 0198-7097  
Journal Code: Q5J  
Languages: ENGLISH

0217565 82271234  
**Medical malpractice arbitration.**  
Corbett RB; Leap TL  
Med Group Manage ,Jul-Aug 1982, 29 (4) p20, 22-4, 26, ISSN 0025-7257  
Journal Code: MA7  
Languages: ENGLISH  
The medical malpractice problem has been a major contributor to the inflationary trend in healthcare costs. Arbitration, as an alternative to litigation, can be effective in alleviating

many of the problems associated with malpractice suits. Authors Corbett and Leap present the results of their study of arbitration, including an examination of existing medical malpractice arbitration panels and their effectiveness. The results of the study are encouraging as arbitration is seen to bring advantages to both the plaintiff and the defendant, as well as reducing the amount of litigation and insurance-related problems.

0217508 82265053  
**What is a physician's legal responsibility for being able to track the whereabouts of patients who have been implanted with medical devices?**  
Kaunitz KK  
Hosp Med Staff ,Sep 1982, 11 (9) p20-2, ISSN 0090-0710  
Journal Code: G93  
Languages: ENGLISH

0217421 82263801  
**Tenth Circuit Court of Appeals affirms dismissal of direct challenge to Medicare malpractice reimbursement suit on jurisdictional grounds.**  
Kemezys KP  
Health Law Vigil ,Oct 1 1982, 5 (20) p9-11, ISSN 0270-3343  
Journal Code: GIF  
Languages: ENGLISH

0217379 82263522  
**Legal liability of a hospital for its pharmacy.**  
Proctor PA  
Hosp Mater Manage Q ,Aug 1982, 4 (1) p60-3, ISSN 0192-2262  
Journal Code: GD3  
Languages: ENGLISH

0217351 82263437  
**Documented physician-nurse communication provides defense in malpractice suit.**  
Regan WA  
Hosp Prog ,Sep 1982, 63 (9) p64-5, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217337 82263423  
**Adequate records may protect against negligence claims.**  
Regan WA  
Hosp Prog ,Oct 1982, 63 (10) p72, 74. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217335 82263421  
**Nurses' vulnerability to malpractice equals physicians' accountability.**  
Regan WA  
Hosp Prog ,Oct 1982, 63 (10) p70. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217070 82282408  
**[Forensic psychiatry study of suicide (author's transl)]**  
Etude psychiatrique legale du suicide.  
Soubrier JP  
Ann Med Psychol (Paris) ,1982, 140 (2) p177-92. ISSN  
0003-4487 Journal Code: 5JC  
Languages: FRENCH Summary Languages: ENGLISH

The forensic study of suicide should include prevention of suicide but also discuss on a large lethal dimension. Actual researches are centered into a genuine suicidology and are oriented toward the study of determination of exact causes of death, improvement of statistics and information. Psychodynamics of suicide behaviors, discuss the concept of intentionality of death and consciousness of the act. Medical responsibility requires precisions according with the evolution of psychiatric techniques. This study will also discuss problems of traffic accidents, suicide post homicide. Ethics, agreement of care, post-traumatic compensation are also studied.

0216835 82280397  
**Legal briefs: malpractice: a new standard of care?**  
Manson JN  
AANA J ,Jun 1982, 50 (3) p279-80. ISSN 0094-6354  
Journal Code: O2P  
Languages: ENGLISH

0216800 82279956  
**[Implantology from the viewpoint of professional liability laws]**  
Implantologie unter arzt haftungsrechtlichen Gesichtspunkten.  
Gunther H  
Zahnarztl Prax ,Jun 11 1982, 33 (6) p254-9. ISSN  
0044-1651 Journal Code: Y3K  
Languages: GERMAN

0216682 82278375  
**[Liability of dentists]**  
Die Haftpflicht des Zahnarztes.  
Weissberg FM  
Swiss Dent ,Mar 1982, 3 (3) p27-8. Journal Code: V8H  
Languages: GERMAN

0216423 82276083  
**Informed consent in research and practice.**  
Webber MM  
Radiology ,Sep 1982, 144 (4) p939-41. ISSN 0033-8419  
Journal Code: QSH  
Languages: ENGLISH

0216039 82273399  
**Medical malpractice. An Ohio survey.**  
Miller SF  
Ohio State Med J ,Jun 1982, 78 (6) p397, 401-5. ISSN  
0030-1124 Journal Code: OGS  
Languages: ENGLISH

0215768 82271503  
**Required MD coverage last resort to solving hospitals' liability problems.**  
Ylvisaker JR  
Mich Med ,Jun 1982, 81 (29) p328, 331. ISSN 0026-2293  
Journal Code: MX2  
Languages: ENGLISH

0215658 82269986  
**Emergency cricothyrotomy.**  
George JE  
JEN ,Jul-Aug 1982, 8 (4) p210. ISSN 0099-1767 Journal  
Code: KRU  
Languages: ENGLISH

01352

0215628 82269396

**Comparative negligence.**

Miller LJ

JAMA ,Sep 24 1982, 248 (12) p1443-4, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0215434 82266946

**Dentistry lawsuits: some fundamental considerations.**

Robbins KS

J Hawaii Dent Assoc ,Apr 1982, 13 (1) p12-5, ISSN

0017-8616 Journal Code: IB2

Languages: ENGLISH

0215400 82266872

**[The medico-legal risk in obstetrics. What has been learned from studying 340 files on accidents (author's transl)]**

Le risque medico-legal en obstetrique. Les enseignements de l'etude de 340 dossiers d'accidents.

Soutoul JH; Chazara C; Froge E

J Gynecol Obstet Biol Reprod (Paris) ,1982, 11 (2) p285-300, Journal Code: IAZ

Languages: FRENCH Summary Languages: ENGLISH

The authors, from perusal of 340 files where accidents in obstetrics were reported, have classified the medico-legal risks in pregnancy, whether the accidents gave rise or did not give rise to claims for responsibility. These accidents occurred between 1950 and 1978 and they happened during and after delivery. The classification shows up the most dangerous situations for the specialist and points out the factors that increase this risk so that systematically a preventive attitude can be taken to avoid claims, whether they are made under criminal or civil procedures. Particularly detailed have been statistical risks which are increasing continuously in association with instrumental deliveries and with the large incidence of Caesarean operation. After they have listed all the clinical forms of medico-legal risk picked out by counsel so that they can be avoided or their effects reduced, the authors have attempted to define the responsibility that the gynaecologist-obstetrician takes at present in the midst of his team that is always increasing in number. Among these are paediatricians, anaesthetists and resuscitators, midwives, nurses who give anaesthetics and all the para-medical team who have specialised responsibility which depends more or less on the needs of the gynaecologist-obstetrician. The medico-legal risks which are linked with a deficiency in premises, numbers of personnel and quality and quantity of equipment have been singled out with a relatively small balance of the characteristics of those who carried out the procedures recorded in a large series of files which are already old and which for the most part have been docketed so that they could be used without revealing any professional secrets nor legal secrets.

01353



**INSTALACIONES DE SALUD**

**01354**

learning of these skills produces desired patient health-related outcomes is presented. (54 Refs.)

0233400 83148303  
**'Clinical epidemiology of hepatitis: what's new?'**  
Urban Health ,Oct 1982, 11 (9) p38-45, Journal Code:  
X6C  
Languages: ENGLISH

0233377 83147254  
**Biomed, infection control team up.**  
King D  
Tex Hosp ,Feb 1983, 38 (9) p22-3, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233375 83147252  
**QA in continuity of care.**  
Honovich D  
Tex Hosp ,Feb 1983, 38 (9) p16, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0233302 83144198  
**Specificity and code enforcement.**  
Kubicki DJ  
Prof Saf ,Oct 1982, 27 (10) p30-2, ISSN 0099-0027  
Journal Code: PZW  
Languages: ENGLISH

0233287 83143614  
**Improving physician-patient interactions: a review.**  
Strecher VJ  
Patient Couns Health Educ ,1983, 4 (3) p129-36, ISSN  
0190-2040 Journal Code: PAL  
Languages: ENGLISH

The interaction between physician and patient comprises aspects of communication common to any two human beings and other aspects peculiar to the roles exclusively adopted by physicians and patients. In this review, nonverbal and verbal elements of general communication are discussed, detailing important aspects of vocal tone, body postures, appearance, and verbal cues that may influence attributions made of physicians by patients. Role-related elements of physician-patient interactions are discussed in light of findings from research on interactions between physicians and patients. Developmental elements of general communication are discussed, relating stages that evolve in interactions to physician-patient interactions. Finally, an examination is made of how interpersonal skills are taught to physicians and medical students. Discussion of what skills are specified for teaching, whether they are effectively taught, and whether the

0233276 83141458  
**Megabucks!**  
Med Prod Sales ,Mar 1983, 14 (3) p53-4, 56-7, ISSN  
0279-4802 Journal Code: NMG  
Languages: ENGLISH

0233232 83140842  
**Is your office a thieves' paradise?**  
Baum AZ  
Med Econ ,Mar 7 1983, 60 (5) p230-1, 238-9, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0233214 83140054  
**Brooklyn's SAGE program: providing library service to all the elderly.**  
Kleiman AM  
Libr J ,Mar 15 1983, 108 (6) p556-7, ISSN 0363-0277  
Journal Code: K98  
Languages: ENGLISH

0233198 83139078  
**Quality assurance, technology assessment, and health management: Proteus reborn.**  
Rosen H  
J Health Hum Resour Adm ,Summer 1982, 5 (1) p56-70,  
ISSN 0160-4198 Journal Code: KD1  
Languages: ENGLISH

0233183 83136060

**Linearizing the thermistor: a reminder that the thermistor can be tamed.**

Bloor BC; Lee AS  
J Clin Eng ,Oct-Dec 1982, 7 (4) p301-4, ISSN 0363-8855  
Journal Code: HQA

Languages: ENGLISH

The thermistor, a preferred temperature transducer, has a non-linear resistance vs. temperature characteristic. However, the non-linear characteristic of the Wheatstone bridge circuit in which thermistors are usually used can compensate for this, so that, over a selected range, quite accurate linear voltage outputs may be obtained. A selected set of bridge resistor and excitation voltage values are presented together with accuracy data. Comments concerning the application of these circuits include safety considerations.

0233141 83135034

**Closure or expansion? A marketing perspective on obstetrics.**

Backley WA; Cornell CM  
Health Manage Forum ,Spring 1983, 4 (1) p28-36, ISSN 0712-5046  
Journal Code: G56

Languages: ENGLISH

0233119 83134715

**Is it real--or is it TV?**

Hall J  
Internist ,Feb 1983, 24 (1) p15-6, ISSN 0020-9546  
Journal Code: GVZ

Languages: ENGLISH

0233034 83134008

**What moral ideals guide counseling for sexually handicapped men?**

Hosp Prog ,Mar 1983, 64 (3) p68, 74, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

0233027 83134001

**"Living room" represents oncology unit's focus on total patient care.**

Blackburn LH  
Hosp Prog ,Mar 1983, 64 (3) p50-1, 70, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

0232859 83130913

**Focus: the European community [interview]**

Roukens J

Comput Healthc ,Mar 1983, 4 (3) p50-2, Journal Code: D98

Languages: ENGLISH

0232849 83130903

**Upgrading data processing: St. Louis Park Medical Center.**

Sargent DM  
Comput Healthc ,Feb 1983, 4 (2) p24-5, 28, Journal Code: D98

Languages: ENGLISH

0232848 83130902

**The future of healthcare computer systems.**

Weinberger G; Tenenbaum A  
Comput Healthc ,Feb 1983, 4 (2) p20-2, Journal Code: D98

Languages: ENGLISH

0232758 83152756

**The Child Accident Prevention Centre, Melbourne.**

Clarke AM; Keogh EJ  
Aust Paediatr J ,Dec 1982, 18 (4) p257, ISSN 0004-993X  
Journal Code: 9ID

Languages: ENGLISH

01356

0232399 83148370

**[Technical equipment in the offices of practicing physicians in Vaud and Fribourg]**

Equipement technique des cabinets des medecins praticiens Vaudois et Fribourgeois.

Lehmann P; Martin J

Soz Praventivmed ,Dec 1982, 27 (6) p278-84. ISSN 0303-8408 Journal Code: YF1

Languages: FRENCH Summary Languages: ENGLISH

In the framework of health services research sponsored by the Swiss National Science Foundation, a survey by questionnaire was undertaken among the practicing physicians in two Swiss cantons, Vaud and Fribourg (total population 700,000), in order to gather information on their personal and professional characteristics (including type of medical activity, personnel employed, and equipment). Out of 1121 physicians concerned, 60% answered. (The respondent group is representative for the relevant parameters.) This article presents the findings regarding the medico-technical equipment doctors have in their offices and gives also indications on the relationship between the presence of equipment and the auxiliary personnel employed. General practitioners and internal medicine specialists are usually equipped for laboratory analyses, with a photometer (69% of them) or more simply (24%), for X-rays (47% for chest and skeleton radiography, 22% with radioscopy); they also generally have an ECG apparatus (81%) and one or several physiotherapy appliances (52% of them). 42% of the generalists and 22% of the internists have all those four types of equipment. Rates of availability are much lower among other medical specialties. Pediatricians in particular are clearly less equipped technically than the other groups of primary care physicians. Surgeons are often well equipped for physiotherapy. The differences according to physician age are examined; this shows that younger generations are not much more equipped than older ones. The devices which we regrouped as "other diagnostic equipment" however tend to replace radioscopy in the equipment of younger physicians. These results constitute a new contribution to the knowledge on the ambulatory medical care system in Switzerland and should be useful in the present discussions on the medical coverage of the country.

0231976 83143556

**Soviet study trip. 2. A tale of two cities.**

Allen M

Nurs Mirror ,Feb 2 1983, 156 (5) p31-4. ISSN 0029-6511 Journal Code: 098

Languages: ENGLISH

0231540 83140558

**Agency mergers: a cost-effective approach to improving patient care.**

Kuhns PL; Kellogg R

League Exch ,1982, (133) p1-vi, 1-50. ISSN 0077-5134 Journal Code: L34

Languages: ENGLISH

0231503 83140229

**The case against the closure of inner metropolitan public hospital beds.**

Cook R

Lamp ,Sep-Oct 1982, 39 p37-8. ISSN 0047-3936 Journal Code: LOP

Languages: ENGLISH

0231410 83139783

**[Accommodation and treatment of drug addicts]**

Unterbringung und Behandlung Drogenabhangiger.

Muller C

Krankenpflege (Frankfurt) ,Nov 1982, 36 (11) p365-6. ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

0231408 83139780

**[Therapy possibilities and forms for drug addicts]**

Moglichkeiten und Formen der Therapie fur Drogenabhangige.

Biniek E

Krankenpflege (Frankfurt) ,Nov 1982, 36 (11) p352-3. ISSN 0002-1008 Journal Code: KXL

Languages: GERMAN

0231199 83137530

**Facilities.**

Shackleford JM

J Med Assoc State Ala ,Feb 1983, 52 (8) p39-42. ISSN 0025-7044 Journal Code: IZU

Languages: ENGLISH

01357

0231193 83137489

**[Use of computerized data processing in angiology in 1981]**

Utilisation de l'informatique en angiologie en 1981.

Reggi M; Boccalon H

J Mal Vasc ,1982, 7 (4) p313-5, ISSN 0398-0499

Journal Code: IYN

Languages: FRENCH Summary Languages: ENGLISH

A national survey involving 131 centres was conducted in 1982 to assess the extent of use of data processing in angiology in both medical and surgical departments. Findings demonstrated the recent nature of its employ, this being for less than 2 years in 2 out of 3 teams. There was evidence for the need for data processing reporting forms in as compact a lay-out as possible. Each team should estimate its possibilities as a function of the personnel, time, and financial means available, and determine its objectives before discussing the data processing programme.

0231152 83136895

**A strategy for geriatric teaching.**

Cooney LM Jr

J Am Geriatr Soc ,Mar 1983, 31 (3) p171-3, ISSN

0002-8614 Journal Code: H6V

Languages: ENGLISH

0230869 83133942

**Minimizing the adverse effects of mass relocation among chronic psychiatric inpatients.**

Kelly GR

Hosp Community Psychiatry ,Feb 1983, 34 (2) p150-4, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

Recent studies have reported conflicting results on the impact of inpatient institutional relocation on chronic psychiatric patients. As part of a hospital renovation project, 82 patients were assessed over a period of eight months to determine the effects of mass transfer on physical, mental, and social functioning. Twenty-five staff members also assessed the social climate before and after the transfer. The author found that involuntary relocation of living quarters within the same institution did not significantly affect the functioning of the chronic psychiatric patients. He attributes the lack of disruption to continuity of care in a familiar environment and to a continuous schedule of supportive activities conducted outside of the ward.

0230210 83121123

**What the research says about CAI's potential.**

Selden PH; Schultz NL

Training ,Nov 1982, 19 (11) p61-2, 64, ISSN 0095-5892

Journal Code: VZ8

Languages: ENGLISH

0230209 83121122

**Using testing instruments in your training effort.**

Zemke R

Training ,Nov 1982, 19 (11) p30-1, 38-41, 44, ISSN 0095-5892 Journal Code: VZ8

Languages: ENGLISH

0230207 83121120

**Training budgets: where does the money go?**

Training ,Oct 1982, 19 (10) p36-7, 40-4, ISSN 0095-5892

Journal Code: VZ8

Languages: ENGLISH

0230206 83121119

**Trainer tally varies--depending upon who is counted.**

Training ,Oct 1982, 19 (10) p22-6, ISSN 0095-5892

Journal Code: VZ8

Languages: ENGLISH

0230142 83116811

**Corporate medicine. What's the bottom line for physicians and patients?**

Weiss K

New Physician ,1982, 31 (9) p19-25, ISSN 0028-6451

Journal Code: 00Y

Languages: ENGLISH

0230122 83114671

**Remember me? I'm the patient!**

Leegwater BJ

Mich Hosp ,Feb 1983, 19 (2) p31, ISSN 0026-220X

Journal Code: MXZ

Languages: ENGLISH

0230113 83114662

**I am your patient.**

Sanecki J

Mich Hosp ,Jan 1983, 19 (1) p20-1, ISSN 0026-220X

Journal Code: MXZ

Languages: ENGLISH

01358

0230035 83109975  
**The multifacility viewpoint.**  
van Tuyte R  
J Am Health Care Assoc ,Jan 1983, 9 (1) p13-4, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0230025 83109261  
**Computer use and undergraduate education for computer use in  
Canadian health care foodservices.**  
Upton EM  
J Can Diet Assoc ,Jan 1983, 44 (1) p64-7, ISSN  
0008-3399 Journal Code: HM9  
Languages: ENGLISH

Surveys were conducted to assess the computer use in 50 selected Canadian health care foodservice facilities and to determine the educational preparation for computer use in seven selected Canadian post-secondary education institutions which educate potential foodservice personnel. Both the foodservices and post-secondary educational institutions selected were represented at two workshops on computer-assisted foodservice management held in June 1980 and in May 1981. Only seven facilities used a computer for foodservice functions; nine foodservices planned to use a computer within the next two years. A list of applications in use, being planned and of future interest showed the priority areas for these foodservices. Only one post-secondary educational institution actually had an educational foodservice application for student use. The other six educational foodservice facilities covered the subject matter content by readings, lectures and discussions.

0230007 83108340  
**Who's second in command?**  
Hosp Superv Bull ,Feb 28 1983, (456) p5-6, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0230002 83108335  
**Appraisal feedback interviews.**  
Hosp Superv Bull ,Jan 30 1983, (454) p4-5, ISSN  
0018-585X Journal Code: G9S  
Languages: ENGLISH

0229955 83107089  
**Pope John XXII Medical-Moral Research and Education Center.  
May Catholic health facilities permit determination of death  
by brain criteria?**  
Hosp Prog ,Feb 1983, 64 (2) p68, 70, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

0229942 83107073  
**Urgent communication.**  
Green J  
Hosp Eng ,Feb 1983, 37 (1) p19-21, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229883 83105674  
**The ob/gyn office of tomorrow.**  
Archibald C  
Group Pract J ,Jan-Feb 1983, 32 (1) p12-5, ISSN  
0199-5103 Journal Code: ET9  
Languages: ENGLISH

0229878 83105628  
**Arenas for practicing health promotion.**  
Andreoli KG; Guillory MM  
Fam Community Health ,Feb 1983, 5 (4) p28-40, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0229847 83104704  
**Healthcare planning expertise boosts dealer's total sales.**  
Forman K  
Contract ,Jan 1983, 25 (1) p183-5, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0229834 83104055  
**Living the way honored guests live [Interview]**  
Smith SL  
Contemp Adm ,Sep 1982, 5 (9) p22-4, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

01359

Languages: ENGLISH

0229833 83104054

**Hiring right.**

Puckett RP

Contemp Adm ,Sep 1982, 5 (9) p16-8, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229828 83104049

**Preventing theft.**

Puckett RP

Contemp Adm ,Aug 1982, 5 (8) p12-3, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229825 83104046

**Preventing food poisoning.**

Puckett RP

Contemp Adm ,Jul 1982, 5 (7) p22-3, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229817 83104038

**Managing the food budget.**

Puckett RP

Contemp Adm ,Jun 1982, 5 (6) p18-20, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229816 83104037

**The ideal kitchen: parts and portions.**

Hurt S

Contemp Adm ,Jun 1982, 5 (6) p15-7, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229811 83104032

**Making or breaking the new employee.**

Puckett RP

Contemp Adm ,Oct 1982, 5 (10) p14-6, ISSN 0191-9873

Journal Code: DP3

Languages: ENGLISH

0229781 83102419

**Lack of rules hurts birth center movement.**

Bus Insur

,Oct 25 1982, 16 (43) p84, ISSN 0007-6864

Journal Code: B9A

0229771 83102397

**Medicare and Medicaid; miscellaneous amendments--Health Care Financing Administration. Interim final rules with comment period.**

Fed Regist ,Oct 26 1982, 47 (207) p47388-94, ISSN 0097-6326 Journal Code: B58

Languages: ENGLISH

These regulations modify the rules pertaining to compliance with a Life Safety Code, participation of home health agencies (HHA's) in Medicare, and establishment and review of plans of treatment for home health services and outpatient speech pathology services. The changes are necessary to implement several provisions of the Omnibus Reconciliation Act of 1980. The intent of the statutory amendments is (1) to eliminate outdated Life Safety Code requirements imposed on skilled nursing facilities (SNFs); (2) to make it easier for providers of outpatient speech pathology (OSP) services to meet the plan of treatment requirement; (3) to expand the sources of home health services and foster competition; (4) to make it easier for HHAs to meet certification and plan of treatment requirements, while guarding against conflict of interest in the performance of those functions. The amended regulations extend the fire safety code provisions to all hospitals and SNFs under Medicaid as well as Medicare, and to intermediate care facilities (ICFs) under Medicaid. Our purpose is to keep Medicaid rules consistent with the Medicare rules in this area.

01360

0229767 83102393

**Medicare program; access to books, documents and records of subcontractors--Health Care Financing Administration. Proposed rule.**

Fed Regist ,Oct 12 1982, 47 (197) p44750-6, ISSN 0097-6326 Journal Code: B58

Languages: ENGLISH

This proposal would implement section 952 of the Omnibus Reconciliation Act of 1980 (Pub. Law 96-499), which conditions Medicare reimbursement for the cost of services performed under certain contracts upon compliance with prescribed criteria. If a contract between a provider and a subcontractor covers services valued at or costing \$10,000 or more over a 12-month period, Medicare reimbursement cannot be made for the services unless the contract includes a clause allowing the Secretary of Health and Human Services and the Comptroller General and access to the contract and to the subcontractor's books, documents and records necessary to verify the costs of the contract. The clause in the contract must also permit similar access to any subcontract between the subcontractor and a related organization of the subcontractor when the subcontract is worth or costs \$10,000 or more over a 12-month period. This proposal specifies the criteria and procedures that the Department would use to obtain access to affected books, documents and records. The purpose of the legislation and these proposed regulations is to permit the Secretary and Comptroller General to make an accurate determination of the reasonable costs under these contracts.

0229603 83124166

**Changing trends in practice.**

Bair J

Am J Occup Ther ,Nov 1982, 36 (11) p704-7, ISSN 0272-9490 Journal Code: 3D5

Languages: ENGLISH

0229566 83123964

**Looking upon the water. Is it wrong to make a profit? [editorial]**

Gardner KD Jr

Am J Kidney Dis ,Jan 1982, 1 (4) p204-5, ISSN 0272-6386 Journal Code: 3H5

Languages: ENGLISH

0229342 83120575

**[Pregnancy and environment. Monitoring and outcome of pregnancy of women followed in non-hospital maternal-child welfare centers]**

Grossesse et environnement surveillance et issue de la grossesse de femmes suivies en centres de protection maternelle infantile (PMI) non hospitaliers.

Spira N

Soins Gynecol Obstet Pueric Peditr ,Sep 1982, (16) p43-4, ISSN 0151-6655 Journal Code: VAP  
Languages: FRENCH

0229226 83119392

**[Hospital rooms]**

Chambres d'Hopital.

Bregetzer J

Rev Infirm ,Dec 1982, 32 (19) p15-20, ISSN 0397-7900 Journal Code: S7T

Languages: FRENCH

0229214 83119372

**[Sterilization control: the new and the old]**

Controles de sterilisation: les anciens et le nouveau.

Bregetzer J

Rev Infirm ,Oct 1982, 32 (16) p11-5, ISSN 0397-7900 Journal Code: S7T

Languages: FRENCH

0229191 83118374

**Pest control in the food industry.**

Bateman PL

R Soc Health J ,Dec 1982, 102 (6) p242-8, ISSN 0035-9130 Journal Code: QM3

Languages: ENGLISH

0229161 83117618

**Dental visits after free and systematic dental care.**

Alanen P

Proc Finn Dent Soc ,1982, 78 (4) p189-93, ISSN 0039-551X Journal Code: PT5

Languages: ENGLISH

0229110 83117178

**Management: changes in the ward.**

Barrett V

Nurs Mirror ,Jan 12 1983, 156 (2) p36-8, ISSN 0029-6511 Journal Code: O98

Languages: ENGLISH

01361



0228603 83111762  
**Rehabilitation services offered in the private sector: a pilot investigation.**  
Matkin RE  
J Rehabil ,Oct-Dec 1982, 48 (4) p31-3, ISSN 0022-4154  
Journal Code: JW7  
Languages: ENGLISH

0228265 83107495  
**The financial status of the new medical-industrial complex.**  
Buchanan RJ  
Inquiry ,Winter 1982, 19 (4) p308-16, ISSN 0020-1731  
Journal Code: GOT  
Languages: ENGLISH

0227871 83098275  
**Study shows hospital closings in US cities are predictable.**  
Gillen T  
Am Coll Physicians Obs ,Nov 1982, 2 (10) p12-3,  
Journal Code: 35L  
Languages: ENGLISH

0227837 83095501  
**Study tour in England. An organiser's view.**  
Povey K  
World Hosp ,Nov 1982, 18 (4) p14-7, Journal Code: XP6  
Languages: ENGLISH

0227832 83094200  
**Who uses teleconferencing for training?**  
Training ,Jan 1983, 20 (1) p34, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227821 83093758  
**A strategic analysis of the textile rental industry.**  
Text Rent ,Jan 1983, 66 (5) p37-52, ISSN 0024-3825  
Journal Code: VNP  
Languages: ENGLISH

0227773 83091459  
**Why your hospital may go out of business.**  
Peck RL  
Physicians Manage ,Oct 1982, 22 (10) p64-6, 73, ISSN  
0031-9066 Journal Code: P7B  
Languages: ENGLISH

0227610 83087026  
**New trends in NLRB law.**  
Van de Water JR  
Labor Law J ,Oct 1982, 33 (10) p635-44, ISSN 0023-6486  
Journal Code: KYW  
Languages: ENGLISH

0227563 83081091  
**Maintaining Catholic identity in a pluralistic society: some reflections.**  
Harvey TJ  
Hosp Prog ,Jan 1983, 64 (1) p48-53, ISSN 0018-5817  
Journal Code: GDI  
Languages: ENGLISH

0227550 83081047  
**How to create an outstanding hospital culture.**  
Deal TE; Kennedy AA; Spiegel AH 3d  
Hosp Forum ,Jan-Feb 1983, 26 (1) p21-8, 33-4, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0227506 83078735  
**"Paper clips and prerequisites".**  
Pugliese DF  
Comput Healthc ,Nov-Dec 1982, 3 (6) p58, Journal Code:  
D98  
Languages: ENGLISH

0227346 83098625  
**Employment opportunities for geropsychologists.**  
Chafetz PK; Ochs CE; Tate LA; Niederehe G  
Am Psychol ,Nov 1982, 37 (11) p1221-7, ISSN 0003-066X  
Journal Code: 41V  
Languages: ENGLISH

01362

0226904 83093152

**Neighborhood characteristics and hospital closures. A comparison of the public private and voluntary hospital systems.**

McLafferty S  
Soc Sci Med ,1982, 16 (19) p1667-74, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

This paper analyzes the neighborhood distribution of hospital closures in New York City between 1970 and 1981. Discriminant analysis procedures are used to compare the social, economic and health status characteristics of neighborhoods in which hospitals have closed with those of neighborhoods in which facilities have remained open. The results show that overall hospital closures have had a substantial distributional impact, with facilities in low-income, high infant mortality neighborhoods having the highest rates of failure. Closures of voluntary hospitals occurred most frequently in disadvantaged neighborhoods; whereas municipal and proprietary hospital closures showed no differential neighborhood impact. Implications for the geographical accessibility to various groups to health care and for the efficiency and cost of hospital services are discussed.

0226686 83089942

**Thoughts on the conduct of behavioral research in the medical setting.**

Anderson DL; Tyre TE  
ORB ,Nov 1982, 8 (11) p7-9, ISSN 0097-5990 Journal Code: OKP

Languages: ENGLISH

0226119 83084175

**Maternal & child health program.**

J Iowa Med Soc ,Aug 1982, 72 (8) p334-5, ISSN 0021-0587  
Journal Code: IIF

Languages: ENGLISH

0226075 83083734

**Planning: the systemic perspective.**

Lusk EU  
J Am Med Wom Assoc ,Nov 1982, 37 (11) p283-7, ISSN 0098-8421  
Journal Code: H7R

Languages: ENGLISH

0225902 83081992

**An American version of Theory Z.**

Brown M  
Health Care Manage Rev ,Fall 1982, 7 (4) p23-5, ISSN

0361-6274 Journal Code: G11

Languages: ENGLISH

0225873 83081821

**Factors influencing the quality of wards as learning environments for student nurses.**

Lewin DC; Leach J  
Int J Nurs Stud ,1982, 19 (3) p125-37, ISSN 0020-7489  
Journal Code: GS8

Languages: ENGLISH

0225789 83080725

**Improving self-medication in an HRF.**

Meguerdichian D  
Geriatr Nurs (New York) ,Jan-Feb 1983, 4 (1) p30-4,  
Journal Code: FW7

Languages: ENGLISH

0225536 83078044

**The effects of recentralizing mental health services.**

Weirich TW; Sheinfeld SN  
Community Ment Health J ,Fall 1982, 18 (3) p200-9, ISSN 0010-3853  
Journal Code: DNH

Languages: ENGLISH

0225231 83069616

**Medicaid cuts slow program's growth.**

Wash Rep Med Health ,Nov 22 1982, p1-4, ISSN 0043-0730  
Journal Code: XMM

Languages: ENGLISH

0225146 83068532

**Government access to medical records: is a search warrant required?**

DeJong RE; Roach WH Jr  
Top Health Rec Manage ,Dec 1982, 3 (2) p72-8, ISSN 0270-5230  
Journal Code: WAD

Languages: ENGLISH

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0225137 83068523  
**The value of need assessment techniques for inservice education.**  
Blide L  
Top Health Rec Manage ,Dec 1982, 3 (2) p15-21, ISSN  
0270-5230 Journal Code: WAD  
Languages: ENGLISH

0225107 83067834  
**Water heaters: the several types of water heaters have individual characteristics and benefits. Here's how to design the best system.**  
Cassidy VM  
Specif Eng ,Sep 1982, 48 (3) p115-8, Journal Code: UXT  
Languages: ENGLISH

0225085 83065300  
**Health care facilities certification: "a review & interpretation".**  
Veler EJ  
Prof Sanit Manage ,Oct-Nov 1982, 14 (3) p27-31, ISSN  
0033-0191 Journal Code: PZQ  
Languages: ENGLISH

0225025 83062412  
**Analysis probes risk of antitrust suit.**  
Nickles P; Tucker G; Brown M  
Mod Health Care ,Dec 1982, 12 (12) p104, 108-9, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0224995 83061613  
**Federal Trade Commission brings suit against Hospital Corporation of America.**  
Eldredge DC  
Laund News ,Dec 1982, 8 (12) p1, 22, Journal Code: L4R  
Languages: ENGLISH

0224985 83057890  
**The demise of an HMO: a marketing perspective.**  
MacStravic RE  
J Health Care Mark ,Fall 1982, 2 (4) p9-16, Journal  
Code: IAO  
Languages: ENGLISH

0224934 83056264

**The introduction of automated office technology in health care.**  
Lynch T  
Health Manage Forum ,Winter 1982, 3 (4) p45-54, ISSN  
0712-5046 Journal Code: G56  
Languages: ENGLISH

0224841 83055222  
**Medical-moral committee: guarding values in an ambivalent society.**  
Bader D  
Hosp Prog ,Dec 1982, 63 (12) p80-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0224746 83055007  
**Teaching hospitals must help inner city hospitals survive, Rangel says.**  
Health Plann Manpow Rep ,Nov 17 1982, 11 (23) p7,  
Journal Code: GAC  
Languages: ENGLISH

0224727 83053926  
**Managing time: pointers to help your lab manager do it better.**  
Ford CW  
Group Pract J ,Sep-Oct 1982, 31 (5) p8-9, ISSN  
0199-5103 Journal Code: ET9  
Languages: ENGLISH

0224724 83053923  
**The medical building: here's a way to turn it into pure investment.**  
Isselhard TJ; Carroll CJ Jr; Picone CL  
Group Pract J ,Sep-Oct 1982, 31 (5) p10-2, ISSN  
0199-5103 Journal Code: ET9  
Languages: ENGLISH

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- 0224677 83051993  
**Trustee input: a potential dilemma.**  
Chown E  
Hosp Trustee ,Nov-Dec 1982, 6 (6) p4-5, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH
- 0224165 83068208  
**Abandoned service stations become dental offices.**  
Kramer OP  
Tic ,Oct 1982, 41 (10) p1-3, ISSN 0040-6716 Journal  
Code: VRR  
Languages: ENGLISH
- 0223975 83065981  
**Services for and needs of pregnant teenagers in large cities  
of the United States, 1979-80.**  
Wallace HW; Weeks J; Medina A  
Public Health Rep ,Nov-Dec 1982, 97 (6) p583-8, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH
- 0223854 83064669  
**Health care in China: East meets West.**  
Holmes M  
Nurs Mirror ,Nov 10 1982, 155 (19) p36-9, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH
- 0223599 83063597  
**Hospital closed: surviving hospital bankruptcy.**  
Short N  
Nurs Life ,Nov-Dec 1982, 2 (6) p37-41, ISSN 0279-3091  
Journal Code: OA6  
Languages: ENGLISH
- 0223571 83063090  
**[Current status of chronic extrarenal purification in France  
on 31 December 1980. Hemodialysis--peritoneal dialysis--equip-  
ment--number of patients treated]**  
Etat de l'epuration extra-renale chronique en France au 31  
decembre 1980. Hemodialyse--dialyse peritoneale--equipements--  
nombre de malades traites.  
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Nephrologie ,1982, 3 (3) p127-32, ISSN 0250-4960  
Journal Code: NX4  
Languages: FRENCH
- 0223175 83058212  
**Pointers on office leases. Business-financial advice for  
physicians.**  
Dickinson RR  
J Indiana State Med Assoc ,Oct 1982, 75 (10) p746-7,  
ISSN 0019-6770 Journal Code: IGN  
Languages: ENGLISH
- 0222420 83049871  
**Health and Safety at Work Act 1974: enforcement.**  
Cullinan A; Ellis N  
Br Med J [Clin Res] ,Nov 20 1982, 285 (6353) p1467-8.  
Journal Code: B4X  
Languages: ENGLISH
- 0222245 83038957  
**Consolidation in the clinical laboratory industry.**  
Caroland CR 3d  
Pathologist ,Nov 1982, 36 (11) p579-82, ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH
- 0222241 83038803  
**The importance of the physical environment.**  
Hiatt LG  
Nurs Homes ,Sep-Oct 1982, 31 (5) p2-10, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH
- 0222229 83037006  
**Electrical safety in health care facilities.**  
Natl Saf News ,Nov 1982, 126 (5) p49-53, ISSN 0028-0100  
Journal Code: NTC  
Languages: ENGLISH
- 0222228 83037005  
**Ergonomics--what is it?**  
Wu D  
Natl Saf News ,Nov 1982, 126 (5) p40-2, ISSN 0028-0100  
Journal Code: NTC  
Languages: ENGLISH

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- 0222201 83036502  
**Political savvy aids purchase plans.**  
 Berger S  
 Mod Health Care ,Nov 1982, 12 (11) p124, ISSN 0160-7480  
 Journal Code: NFA  
 Languages: ENGLISH
- 0222086 83029196  
**COMPASS--ductwork design and manufacturing system.**  
 Duffet OL  
 Hosp Eng ,Oct 1982, 36 (8) p10, 12-6, ISSN 0309-7498  
 Journal Code: GDS  
 Languages: ENGLISH
- 0222051 83029073  
**Effect on tax exemption: federal income tax consequences of medical office buildings.**  
 Bromberg RS  
 Healthc Financ Manage ,Nov 1982, 36 (11) p13-20, ISSN 0018-5639  
 Journal Code: GBC  
 Languages: ENGLISH
- 0222047 83029044  
**Informed consent.**  
 Cassel D  
 Health Med ,Spring 1982, 1 (2) p2, 4-5, Journal Code: GAH  
 Languages: ENGLISH
- 0222020 83027977  
**Contract foodservice 1982-83. Reaching out: a break from convention.**  
 Lockyer R  
 Food Manage ,Nov 1982, 17 (11) p48-51, 74, 76 passim, ISSN 0091-018X  
 Journal Code: EZW  
 Languages: ENGLISH
- 0222011 83027963  
**Evacuation and the life safety code.**  
 Behrens JF  
 Fire J ,Nov 1982, 76 (6) p7, 47, ISSN 0015-2617  
 Journal Code: EYS  
 Languages: ENGLISH
- 0221159 83038821  
**Psychiatry/mental handicap forum. 9. A secure environment.**
- Panny J  
 Nurs Mirror ,Sep 22 1982, 155 (12) p24-7, ISSN 0029-6511  
 Journal Code: 098  
 Languages: ENGLISH
- 0221135 83038769  
**Calling for assistance.**  
 Gilmour R; Clayton S  
 Nurs Times ,Oct 6-12 1982, 78 (40) p1680, ISSN 0029-6589  
 Journal Code: 09U  
 Languages: ENGLISH
- 0221120 83038745  
**Spotlight on children. Mother and baby rooms.**  
 Meredith JA  
 Nurs Times ,Sep 29-Oct 5 1982, 78 (39) psuppl 7, ISSN 0029-6589  
 Journal Code: 09U  
 Languages: ENGLISH
- 0220798 83035922  
**Violence in the semi-secure ward of a psychiatric hospital.**  
 Armond AD  
 Med Sci Law ,Jul 1982, 22 (3) p203-9, ISSN 0025-8024  
 Journal Code: MEM  
 Languages: ENGLISH
- 0220681 83035072  
**[Model nursing unit: working with the nursing process]**  
 Pflegemodellstation: arbeiten mit dem Krankenpflegeprozess.  
 Schomburg O  
 Krankenpflege (Frankfurt) ,Jul-Aug 1982, 36 (7-8) p228-37, ISSN 0002-1008  
 Journal Code: KXL  
 Languages: GERMAN
- 0219721 83022580  
**A comparative study of women choosing two different childbirth alternatives.**  
 Cohen RL  
 Birth ,Spring 1982, 9 (1) p13-9, ISSN 0730-7659  
 Journal Code: ABD  
 Languages: ENGLISH

01366

0219669 83012507  
**Risk managers take on role in hospital buy-outs [news]**  
Punch L  
Mod Health Care ,Oct 1982, 12 (10) p70, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0219659 83012497  
**National firms plan dozens of alternative care unit [news]**  
Johnson DE; Punch L  
Mod Health Care ,Oct 1982, 12 (10) p25-6, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219656 83012494  
**FTC wants to supervise hospital buys.**  
Nickles P; Tucker G; Brown M  
Mod Health Care ,Oct 1982, 12 (10) p150-3, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219654 83012492  
**Trustee's persuasiveness leads to merger of Minneapolis hospitals.**  
Berger S  
Mod Health Care ,Oct 1982, 12 (10) p140-2, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0219618 83003191  
**Focus: Japan [interview by Karen M. Richards]**  
Kaihara S  
Comput Healthc ,Sep-Oct 1982, 3 (5) p80, Journal Code:  
D98  
Languages: ENGLISH

0219571 83002775  
**The role of communication.**  
Compton AE  
Contemp Adm ,May 1982, 5 (5) p27, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0219563 83002767  
**Energy audits: a good place to start.**  
Vanderweil G

Contemp Adm ,Apr 1982, 5 (4) p28, ISSN 0191-9873  
Journal Code: DP3  
Languages: ENGLISH

0219329 83019836  
**Social disruption and residential relocation of mentally retarded children.**  
Heller T  
Am J Ment Defic ,Jul 1982, 87 (1) p48-55, ISSN  
0002-9351 Journal Code: 3MA  
Languages: ENGLISH

Effects of relocation on 50 severely and profoundly mentally retarded and physically disabled children transferred from two facilities into a third one were examined. Social disruption, which referred to changes in daytime staff and programming, was manipulated 3 weeks after the move; the health and personal adjustment were measured prior to and 1 to 3 weeks, 4 to 6 weeks, and 11 to 13 weeks after the move. Relocation resulted in short-term decrements in positive behavior and in deterioration in health for all the groups. High staff disruption produced a short-term increase in abnormal behavior.

0219208 83018391  
**A provincial health officer in Papua.**  
Hall AJ  
Papua New Guinea Med J ,Mar 1982, 25 (1) p50-2, ISSN  
0031-1480 Journal Code: YEU  
Languages: ENGLISH

0219119 83017064  
**[Concept of neonatology: opinion of professor Minkowski]**  
Une certaine idee de la neonatologie: L'opinion du  
professeur Minkowski.  
Minsowski A  
Soins Gynecol Obstet Pueric PEDIATR ,Jun 1982, (13)  
p41-3, ISSN 0151-6655 Journal Code: VAP  
Languages: FRENCH

01367

0218658 83011618

**Closure among U.S. community hospitals, 1976-1980: a description and a predictive model.**

Mullner RM; Byne CS; Levy PS; Kubal JD  
Med Care ,Jul 1982, 20 (7) p699-709, ISSN 0025-7079  
Journal Code: LSM

Languages: ENGLISH

Closure of U.S. community hospitals during the years 1976-1980 is analyzed by describing the distributional patterns of closings among hospitals classified by certain institutional characteristics: bed size, number of facilities and services, ownership, teaching status, location in a Standard Metropolitan Statistical Area (SMSA) or in a non-SMSA, and location in one of the nine United States Census Divisions. The method of Cox regression analysis is used to show that each of these institutional characteristics is independently, and significantly, associated with closure, and to estimate the strength of the association. On the basis of this analysis, a theoretic model is constructed for estimating the relative probability of closure for any community hospital with a given set of these institutional characteristics.

0218443 83008780

**A multipurpose microcomputer system in the physician's office.**

Raviv G; Raviv G; Weingarten CZ; Lapin GD  
J Med Syst ,Jun 1982, 6 (3) p329-34, ISSN 0148-5598  
Journal Code: IZM

Languages: ENGLISH

0218344 83008055

**Merger 1980: the organizational integration of college mental health services.**

Foster TV Jr  
J Am Coll Health Assoc ,Feb 1982, 30 (4) p171-4, ISSN 0002-7944  
Journal Code: H5D

Languages: ENGLISH

0218333 83008038

**Hospital ward layout and nurse staffing.**

Seelye A  
J Adv Nurs ,May 1982, 7 (3) p195-201, ISSN 0309-2402  
Journal Code: H3L

Languages: ENGLISH

This literature review discusses the evidence that modern wards divided into small bedrooms or bays, require higher nurse staffing levels. Aspects of ward design and operation such as patient privacy, nursing efficiency, patient dependency and ward organization are outlined and methods for establishing staffing levels which take ward design into account are described. The majority of ward evaluation studies concerned with nurse staffing concentrate on two areas, the

use of the nurses' time (particularly in travel) and user opinion of wards. The conclusions drawn suggest that the two main measures of ward layout which relate to effective and efficient nursing care are short travel distances and features which facilitate the maximum contact between nurses and patients. Further, how these two principles are incorporated effectively into a ward will depend upon a number of other factors which effect nursing work viz, the number and characteristics of the patients and ward staff and the policies and practices of the nurses themselves. (61 Refs.)

0218248 83006777

**The teen-tot clinic: an alternative to traditional care for infants of teenaged mothers.**

Nelson KG; Key D; Fletcher JK; Kirkpatrick E; Feinstein R  
J Adolesc Health Care ,Aug 1982, 3 (1) p19-23, ISSN 0197-0070  
Journal Code: HAM

Languages: ENGLISH

A comprehensive interdisciplinary clinic was established to provide health care for teenaged mothers less than 16 years old and their infants. Thirty-five mother-infant pairs using this clinic were matched with 70 mother-infant pairs who used "traditional" health care facilities. Significant differences in infant outcomes of immunization status at 6 months (91% versus 46% completed), and weight (97% versus 83% within "normal" range) and maternal outcomes of contraceptive use (91% versus 63%), enrollment in educational programs (86% versus 66%), and repeat pregnancy rate (16% versus 38%) were found between Teen-Tot Clinic participants and the control group. Coordination and consolidation of services for teenaged mothers and their infants appears to favorably influence their short-term outcomes.

0218162 83005947

**Cardiopulmonary resuscitation in general hospital wards: Time to reevaluate.**

Hershey CO  
Int J Cardiol ,1982, 1 (5-6) p454-8, ISSN 0167-5273  
Journal Code: GQW

Languages: ENGLISH

01368

0217825 83000959  
**Political conditions of regulatory effectiveness: the case of PSROs and HSAs.**  
Brown LD  
Bu11 NY Acad Med ,Jan-Feb 1982, 58 (1) p77-90. ISSN  
0028-7091 Journal Code: BQD  
Contract/Grant No.: HS 02932  
Languages: ENGLISH

0217736 82279453  
**The Aga Khan hospitals and health services.**  
Montague J  
World Hosp ,Aug 1982, 18 (3) p16-20. Journal Code: XP6  
Languages: ENGLISH

0217726 82278555  
**Design as a marketing tool: cater to your clients.**  
Falick J  
Trustee ,Sep 1982, 35 (9) p16-8, 21, 24. ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
competing successfully in the market and functioning efficiently often depend on a reassessment of the environment. Accordingly, upgraded convenience, comfort, and atmosphere have become major marketing mechanisms for hospitals. This article presents several examples of how hospitals have used design to provide marketing advantages.

0217720 82278549  
**Is the decision to merge really a question of access to capital?**  
Cain DM  
Trustee ,Jul 1982, 35 (7) p30-2, 34-5. ISSN 0041-3674  
Journal Code: WG9  
Languages: ENGLISH  
Institutional mergers are not a panacea for hospitals with financial or operating problems, and the apparent advantage of multihospital systems does not lie in their access to capital and human resources. The critical disadvantage of independent hospitals may be the result of attitudes held by governing boards. This article suggests that boards adopt new business tenets, especially regarding accountability, risk, pricing, competition, regulation, innovation, resource management, and purpose.

0217714 82278418  
**The process of planning an in-house computer system.**  
Phelps KM  
Top Health Rec Manage ,Sep 1982, 3 (1) p66-75. ISSN  
0270-5230 Journal Code: WAD

Languages: ENGLISH

0217692 82277340  
**Strategic piggybacking--a self-subsidization strategy for nonprofit institutions.**  
Nielsen RP  
Sloan Manage Rev ,Summer 1982, 23 (4) p65-9. ISSN  
0019-848X Journal Code: UTP  
Languages: ENGLISH  
Nonprofit institutions often find that their socially worthwhile primary missions generate deficits. The author proposes a strategy for funding these shortfalls that is a synthesis of the specialization and diversified portfolio strategies. Following the method of strategic piggybacking, an organization should acquire or develop a business that is new for the institution and that may be unrelated to the institution's primary mission. The purpose of this new activity is to subsidize, at least in part, the deficit-producing primary mission.

0217559 82268306  
**Modelling inspection policies for building maintenance.**  
Christer AH  
J Oper Res Soc ,Aug 1982, 33 (8) p723-32. ISSN  
0160-5682 Journal Code: JHN  
Languages: ENGLISH  
A method of assessing the potential of an inspection maintenance policy as opposed to an existing breakdown maintenance policy for a building complex is developed. The method is based upon information likely to be available and specific subjective assessments which could be made available. Estimates of the expected number of defects identified at an inspection and the consequential cost saving are presented as functions of the inspection frequency.

0217524 82265461  
**A healthy development: Chicago's Lakeshore Centre.**  
Inter Des ,Jan 1982, 53 (1) p244-5. ISSN 0020-5508  
Journal Code: HH2  
Languages: ENGLISH

01369



0217521 82265429

**Maintaining organizational effectiveness during organizational retrenchment.**

Greenhalgh L  
J Appl Behav Sci ,1982, 18 (2) p155-70. ISSN 0021-8863  
Journal Code: HD9  
Languages: ENGLISH

0217500 82265035

**Medical office buildings and their influence upon facility utilization.**

Hatch SW; Trent WC  
Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p96-118.  
ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217487 82264938

**Computer bits: commodity coding, Part II.**

Kelly IW  
HPN Hosp Purch News ,Sep 1982, 6 (9) p6-7. Journal  
Code: G3D  
Languages: ENGLISH

0217383 82263526

**Health care labor relations today, an interview with attorney Harold Hoffman.**

Hoffman H  
Hosp Top ,Sep-Oct 1982, 60 (5) p13, 22, 25 passim. ISSN  
0018-5868 Journal Code: GD6  
Languages: ENGLISH

0217348 82263434

**Merger agreement involves joint sponsorship arrangement.**

Gerhard FM; Seltz S  
Hosp Prog ,Sep 1982, 63 (9) p56-8, 60. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217326 82263412

**Medical office buildings: tax implications for exempt hospitals.**

Mancino DM  
Hosp Prog ,Oct 1982, 63 (10) p42-9. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217324 82263410

**Active medical morals committee: valuable resource for health care.**

Lisson EL  
Hosp Prog ,Oct 1982, 63 (10) p36-7, 68. ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0217294 82263355

**Evaluating the consolidation decision: resolving conflict, negotiating, building consensus are keys to planning process.**

Reynolds JX  
HMO ,Summer 1982, p14-9. Journal Code: GCA  
Languages: ENGLISH

0217262 82263258

**New forms of competition: responding to the organizational revolution.**

Thompson MJ  
Healthc Financ Manage ,Oct 1982, 36 (10) p13, 16-20,  
24-5. ISSN 0018-5639 Journal Code: GBC  
Languages: ENGLISH

0217250 82263236

**Estimate instantaneous and semi-instantaneous heater size.**

Heat Piping Air Cond ,Aug 1982, 54 (8) p129-31.  
Journal Code: F94  
Languages: ENGLISH

0217243 82262195

**A stochastic model for the number of deaths in a fire.**

Beard AN  
Fire Technol ,Aug 1982, 18 (3) p280-91. ISSN 0015-2684  
Journal Code: EY2  
Languages: ENGLISH

01370

0217109 82283197

**Mixing sexes on a rehabilitation unit.**

Gibson CJ; Caplan B

Arch Phys Med Rehabil ,Aug 1982, 63 (8) p386-7, ISSN  
0003-9993 Journal Code: 8BK

Languages: ENGLISH

Sixty-one former patients were interviewed regarding their reactions to sharing a hospital room with a patient of the opposite sex. Patients under 30 years of age had more favorable responses upon initial exposure than did intermediate age (30 to 49 years) or older (50 and above) patients, but a positive shift occurred in all groups. By the time of discharge, 90% of all patients reported an overall positive reaction to the experience. The use of mixed sex rooms, by fostering a noninstitutional atmosphere, may be a useful therapeutic tool.

0216969 82281577

**Agency practices in assigning fieldwork experiences to occupational therapy students.**

Chung YI; Spelbring LM

Am J Occup Ther ,Jul 1982, 36 (7) p450-5, ISSN  
0272-9490 Journal Code: 305

Languages: ENGLISH

Practices by agencies in assigning Level II fieldwork experiences to occupational therapy students were examined. Time-specific logs were collected from students and from agency personnel during a 3-month period. The data generated were used to answer questions about how effectively student time was used in meeting the stated purposes of the assignment. The focus was on "average" student fieldwork activities. The study suggests that more careful and systematic development and design of Level II fieldwork programs are needed to meet the established educational goals and to maximize educational opportunities during the allotted time.

0216744 82279550

**[Formaldehyde concentration in the room air of medical institutions using formaldehyde-containing disinfectants]**

Untersuchungen zur Formaldehydkonzentration in der Raumluft medizinischer Einrichtungen beim Einsatz formaldehydhaltiger Desinfektionsmittel.

Senf L; Ziegler P; Schimmel G

Z Gesamte Hyg ,May 1982, 28 (5) p313-7, ISSN 0049-8610  
Journal Code: XU0

Languages: GERMAN Summary Languages: ENGLISH

0216195 82274408

**Ward design: central to care.**

Billing A

Nurs Mirror ,Aug 11 1982, 155 (6) p40-1, ISSN 0029-6511

Journal Code: 098

Languages: ENGLISH

0215987 82273314

**Selecting the right computer system.**

Cook M

Nurs Manage ,Aug 1982, 13 (8) p26-8, Journal Code: OBV  
Languages: ENGLISH

0215948 82273226

**The management of clinical specialties - r. The nurse's role in the management of a haemophilia centre.**

Fearnis M

Nurs Focus ,Jul 1982, 3 (11) p8-9, ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0215205 82264790

**Market research: when, why and how.**

Clarke RN; Shyavitz LJ

Health Care Manage Rev ,Winter 1982, 7 (1) p29-34, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215203 82264788

**Productivity versus cost control: considerations for health care managers.**

Soulier MZ; DeCoster DT

Health Care Manage Rev ,Winter 1982, 7 (1) p15-20, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215007 82262460

**Minimizing the problems of hospital relocation.**

Mark K; Rowe C

Dimens Health Serv ,Jun 1982, 59 (6) p22-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

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0215004 82262457  
**Chronic care: improving the quality of design.**  
Schwartz S  
Dimens Health Serv ,Jun 1982, 59 (6) p10-3, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

0214916 82260994  
**The management of smoking in the physician's "workshop".**  
Chest ,Sep 1982, 82 (3) p359-61, ISSN 0012-3692  
Journal Code: DIC  
Languages: ENGLISH

0214582 82251358  
**Antitrust waters murky for mergers.**  
Raber PE  
Todays Nurs Home ,Aug 1982, 3 (8) p1, 6-7, 19, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

0214570 82250181  
**Energy audits--what they are, and what they can and cannot do.**  
Specif Eng ,Aug 1982, 48 (2) p76-9, Journal Code: UXT  
Languages: ENGLISH

0214569 82250180  
**Direct digital control: next generation for building automation. An explanation of what direct digital control (DDC) means and how it can help control a building's consumption.**  
Doucet P  
Specif Eng ,Aug 1982, 48 (2) p66-70, Journal Code: UXT  
Languages: ENGLISH

0214508 82247340  
**Forms, not exciting, but necessary.**  
Haacker RW  
Nurs Homes ,Jul-Aug 1982, 31 (4) p26-30, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0214436 82240333  
**Food service -- tips for increasing food quality and decreasing costs.**  
Zaccarelli H

J Am Health Care Assoc ,Jul 1982, 8 (4) p28-9, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0214374 82238105  
**DOJ's new merger and acquisition antitrust guidelines outline what activities might be subject to challenge.**  
Stromberg RE; Goldman JS  
Health Law Vigil ,Aug 20 1982, 5 (17) p3-5, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0214348 82237939  
**The Catholic health facility: would you know one if you saw one?**  
Pilarczyk DE  
Hosp Prog ,Aug 1982, 63 (8) p30-3, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0214253 82234674  
**Training legal counsel for health institutions.**  
Ranta L  
Hosp Trustee ,Jul-Aug 1982, 6 (4) p10-2, ISSN 0704-0407  
Journal Code: DM1  
Languages: ENGLISH

0214250 82233302  
**The pharmacist's role in symptomatic treatment.**  
Stock B  
Can Pharm J ,Jun 1982, 115 (6) p208-10, ISSN 0008-4743  
Journal Code: CLP  
Languages: ENGLISH

0213495 82247303  
**Sexual attitudes and behaviour in patients attending a Special Clinic.**  
Woodley DE; Hutchins V  
Nurs Times ,Jun 30-Jul 6 1982, 78 (26) p1102-5, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

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0213487 82247292

**Changing the environment: institution or home.**

O'Donovan M  
Nurs Times ,Jun 23-29 1982, 78 (25) p1071-4, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0213486 82247291

**Changing the environment: take a new look at your ward.**

Thomas M; Burton M; Cullen C  
Nurs Times ,Jun 23-29 1982, 78 (25) p1068-70, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0212928 82240930

**Validity and reliability of the family APGAR as a test of family function.**

Smilkstein G; Ashworth C; Montano D  
J Fam Pract ,Aug 1982, 15 (2) p303-11, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

This paper offers evidence to support the use of the Family APGAR as a reliable, validated, utilitarian instrument to measure a subject's satisfaction with five components of family function. Mean total Family APGAR scores for several population groups are reported along with associated validity and reliability studies. A study from Taiwan supports the use of the Family APGAR in student populations 10 years of age and older. Studies are now under way to examine the use of the Family APGAR to correlate family function satisfaction with utilization of medical facilities, somatization, compliance, and the outcome of health problems.

0212894 82240440

**The role of geriatric assessment units in caring for the elderly: an analytic review.**

Rubenstein LZ; Rhee L; Kane RL  
J Gerontol ,Sep 1982, 37 (5) p513-21, ISSN 0022-1422  
Journal Code: IAV  
Languages: ENGLISH

Specialized geriatric assessment units (GAUs) have been established across North America in response to the growing recognition of the many unmet needs of the frail elderly and the conviction that GAUs can have major beneficial impacts. Although their structures and objectives vary considerably, GAUs are generally designed to comprehensively assess elderly patients' medical and psychosocial problems, to determine optimal placement, and often to provide therapy and rehabilitation. We offer a framework for examining structural and outcome studies indicates that GAUs can provide important positive impacts on health care for the elderly, including more thorough diagnoses, improved levels of physical and

psychological functioning, and better placement decisions.

0212733 82238340

**The patient as cardiology changes.**

Dekker E  
Int J Cardiol ,1982, 1 (3-4) p317-20, ISSN 0167-5273  
Journal Code: GQW  
Languages: ENGLISH

0212712 82238147

**Toward development and application of a qualitative theory of hospital utilization.**

McClure W  
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Journal Code: GOT  
Languages: ENGLISH

0212700 82237908

**A public hospital reverses the trend by acquiring a private hospital.**

Brown BL Jr  
Hospitals ,Sep 1 1982, 56 (17) p68-72, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0212374 82225859

**Humanisation of the hospital.**

Lindell MH  
World Hosp ,May 1982, 18 (2) p31-3, Journal Code: XP6  
Languages: ENGLISH

0212356 82225037

**Bacon Hill America: serving Canada, expanding in the United States [interview by Patricia E. Raber]**

Gala WT  
Todays Nurs Home ,Jul 1982, 3 (7) p12, 18, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

01373

0212332 82222327  
**Prevention of slip and fall injuries: part II.**  
Szymusiak SM; Ryan JP  
Prof Saf ,Jul 1982, 27 (7) p30-5, ISSN 0099-0027  
Journal Code: PZW  
Languages: ENGLISH

0212319 82221792  
**Glossary of computer terminology for pharmacists.**  
Pharm Times ,Jan 1982, 48 (1) p60-4, ISSN 0003-0627  
Journal Code: PBP  
Languages: ENGLISH

0212200 82213281  
**Section D. Employment, hours, and earnings in the private health sector.**  
Health Care Financ Trends ,Jun 1982, 3 (1) p14-8,  
Journal Code: G28  
Languages: ENGLISH

0212177 82212528  
**HCFA issues NPRM on Medicare/Medicaid certification process.**  
Pryga EA; Bertz EJ; Tomaselli LA  
Health Law Vigil ,Jun 25 1982, 5 (13) psuppl 1-2, ISSN  
0270-3343 Journal Code: GIF  
Languages: ENGLISH

0212065 82210829  
**Pharmacists as drug prescribers: validation of certification exams and evaluation instruments.**  
McGhan WF; Stimmel GL; Gilman TM; Segal JL  
Eval Health Prof ,Jun 1982, 5 (2) p115-29, ISSN  
0163-2787 Journal Code: ENK  
Languages: ENGLISH

The purpose of this article is to discuss the validity and reliability of certification tests and evaluation instruments for pharmacists as drug prescribers. Under California Law AB 717, the University of Southern California is operating one of two pilot programs to train and evaluate prescribing pharmacists. Various instruments have been created and administered, and validity results are presented. The presentation is organized into two areas dealing with the development of the examination instrument and then the assessment of the prescriptions written by pharmacists. The reliability of the three sections of the certification examination as measured by internal consistency was as follows: clinical therapeutics (KR 20=.84), physical assessment (KR 20=.88), and law (KR 20=.84). The exam was given to a group of physicians (N=14) to establish a cutting score. Thirty pharmacists who took the exam did slightly

better than the physicians on clinical therapeutics, but the physicians performed better than pharmacists on physical assessment (p less than .01). A prescription evaluation form was constructed to evaluate the performance of the pharmacists as prescribers. The reliability of the form as measured by coefficient alpha was .84. Concurrent validity was explored by assessing the relationship between performance on the certification exam and judges' appropriateness scored on prescriptions for ambulatory hypertensive patients. These results indicate that the pharmacists, who passed the exam, can prescribe as appropriately as physicians.

0212002 82207807  
**Medicare and Medicaid; survey and certification of health care facilities--Health Care Financing Administration. Proposed rules.**  
Fed Regist ,May 27 1982, 47 (103) p23404-14, ISSN  
0097-6326 Journal Code: B58  
Languages: ENGLISH

These regulations would simplify and streamline the procedures by which a health care facility is approved for participation in Medicare and Medicaid. The changes are necessary because many of the current procedures have proved cumbersome and expensive for the Federal and State agencies to administer, and, in many aspects, either unnecessary or ineffective in ensuring the quality of health care services. The elimination or modification of those requirements that have been identified as unnecessary or ineffective would also eliminate any unnecessary burdens on providers. The procedures that have proved effective in the past in protecting the health and safety of patients would be retained. This would permit available resources to be targeted on facilities with compliance problems. These regulations also would implement a recent statutory amendment that removes the 12-month limit on provider agreement with skilled nursing facilities.

0211320 82222365  
**An early detection cancer registry.**  
Sergi M; Baldwin M; Miller D  
Prog Clin Biol Res ,1982, 83 p285-93, ISSN 0361-7742  
Journal Code: PZ5  
Languages: ENGLISH

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0211268 82221816  
**Chronic pain: an algorithm for management.**  
Brena SF; Chapman SL  
Postgrad Med ,Jul 1982, 72 (1) p111-3, 116-7, ISSN  
0032-5481 Journal Code: PFK  
Languages: ENGLISH

0210818 82217698  
**Early postpartum discharge.**  
Carr KC; Walton VE  
JOGN Nurs ,Jan-Feb 1982, 11 (1) p29-30, ISSN 0090-0311  
Journal Code: KS2  
Languages: ENGLISH

0210605 82215033  
**When to wash walls in ward rooms?**  
Ransjo U; Hambræus A  
J Hosp Infect ,Mar 1982, 3 (1) p81-6, ISSN 0195-6701  
Journal Code: ID6  
Languages: ENGLISH

0209965 82207577  
**Organising a practice. Converting to practice premises.**  
Farmer MJ  
Br Med J [Clin Res] ,Jun 19 1982, 284 (6332) p1839-40,  
Journal Code: B4X  
Languages: ENGLISH

0209863 82203951  
**Infant mortality may be affected: community clinics face  
loss in funding.**  
Beyers CK  
Am Med News ,May 21 1982, 25 (19) p8, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0209811 82200578  
**The urge to merge.**  
Todays Nurs Home ,Jun 1982, 3 (6) p1, 3, 5, ISSN  
0274-5089 Journal Code: WLG  
Languages: ENGLISH

0209747 82199553  
**The physical environment and social welfare.**  
Resnick H; Jaffee B  
Soc Casework ,Jun 1982, 63 (6) p354-62, Journal Code:

UT2

Languages: ENGLISH  
Besides providing shelter and space for organized work and  
play, the physical environment symbolically communicates  
important information about the attributes and tasks of social  
systems and about the dynamics of individuals operating within  
those systems. The environment also influences the behavior of  
system participants.

0209676 82195184  
**Nursing home survey: for-profit nursing home systems  
consolidate; beds grow by 18%.**  
Punch L  
Mod Health Care ,Jun 1982, 12 (6) p74, 76, 78, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0209675 82195183  
**Multihospital affiliation in hand, Beverly aims to double  
its size.**  
Keppel B  
Mod Health Care ,Jun 1982, 12 (6) p70-2, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209671 82195179  
**For-profits hook hospitals as church groups bail out [news]**  
Punch L  
Mod Health Care ,Jun 1982, 12 (6) p52, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209670 82195178  
**Firms compete with M.D.s, hospitals [news]**  
Wallace C  
Mod Health Care ,Jun 1982, 12 (6) p40, 42, 44, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

01375

0209660 82195168

**Don't restrict tax-exempt bonds that serve the public good:  
Florida court.**

Horty JF  
Mod Health Care ,Jun 1982, 12 (6) p120, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209657 82195165

**Congress may dilute bond limits.**

Simler SL  
Mod Health Care ,Jun 1982, 12 (6) p108, ISSN 0160-7480  
Journal Code: NFA  
Languages: ENGLISH

0209630 82194616

**Why five soloists are suing a big group.**

HoLoweiko M  
Med Econ ,Jun 21 1982, 59 (13) p74-8, 79, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0209604 82194005

**From strikes to natural disasters, N.Y.C. crisis managers  
are ready.**

Littlejohn RF  
Manage Rev ,May 1982, 71 (5) p32-3, ISSN 0025-1895  
Journal Code: LGK  
Languages: ENGLISH

0209603 82194004

**Business coalitions putting a crimp on health care costs.**

Aquilina D  
Manage Rev ,May 1982, 71 (5) p29-30, 34-5, ISSN  
0025-1895 Journal Code: LGK  
Languages: ENGLISH

0209511 82188671

**Dealing with on-premises rape and sexual abuse.**

Health Care Secur Saf Manage ,Apr 1982, 2 (12) p9-20,  
Journal Code: GH6  
Languages: ENGLISH

0209497 82188404

**Pastoral care in Catholic hospitals and long term care  
facilities, 1981.**

Patterson RA; Walker WR  
Hosp Prog ,Jun 1982, 63 (6) p52-6, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0209457 82188331

**Project co-ordination within the NHS.**

Marshall JE  
Hosp Health Serv Rev ,Apr 1982, 78 (4) p115-7, Journal  
Code: GC5  
Languages: ENGLISH

0209449 82188323

**Change in the in-patient's day: can it be done?**

Eardley A; Haran D; Spencer B; Parkin D; Southern R  
Hosp Health Serv Rev ,Mar 1982, 78 (3) p75-7, Journal  
Code: GC5  
Languages: ENGLISH

0209417 82187121

**The epidemiology of abortion services.**

O'Reilly KR; Dorfman SF; Gates W Jr  
Fam Community Health ,May 1982, 5 (1) p29-39, ISSN  
0160-6379 Journal Code: ESE  
Languages: ENGLISH

0208647 82198200

**Hospital unit stressors that nurses: primary task vs social  
factors.**

Mohl PC; Denny NR; Mote TA; Coldwater C  
Psychosomatics ,Apr 1982, 23 (4) p366-74, ISSN  
0033-3182 Journal Code: QH4  
Languages: ENGLISH

0208515 82197034

**The childbearing childrearing center. A nursing model.**

Rising SS; Lindell SG  
Nurs Clin North Am ,Mar 1982, 17 (1) p11-21, ISSN  
0029-6465 Journal Code: D92  
Languages: ENGLISH

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0207718 82190306

**Carpeting in hospitals: an epidemiological evaluation.**

Anderson RL; Mackel DC; Stoler BS; Mallison GF

J Clin Microbiol ,Mar 1982, 15 (3) p408-15, ISSN

0095-1137 Journal Code: HSH

Languages: ENGLISH

Epidemiological and microbiological studies were conducted in a hospital room with carpet (CR) and in one with carpet (NCR). Microbiological profiles were determined with specimens obtained from patients admitted to these rooms. Patient records were reviewed to note infection status and other case identities. Eleven-millimeter cylindrical core samples of carpet were obtained, and swab template techniques were used on the bare floor for subsequent enumeration and identification of contaminating microorganisms. In each sampling period, higher microbial counts per square inch (1 in(2) = ca 6.452 cm(2)) were measured for the carpet than for the bare floor. Recovery rates of Enterobacter spp., Klebsiella pneumoniae, and Escherichia coli were higher from carpet samples than from bare floor samples. Typable organisms (such as E. coli, Pseudomonas aeruginosa, K. pneumoniae, and Staphylococcus aureus) obtained from patients were also more frequently recovered from the carpet than from the bare flooring. Patients who stayed in the CR were shown to be colonized with the same types of organisms as those initially recovered from the carpet. However, no statistically significant differences were found in patients in the CR versus NCR in colonization with all typable and nontypable organisms first found on the floor. Disease in patients was found not to be associated with organisms found as contaminants of the carpet or the bare floor. Air above carpeting contained more consistent concentrations of organisms than air above the bare flooring.

0207179 82184174

**Cancer in Liberia: a review of cases registered from the Liberia Cancer Registry 1973-1977.**

Sobo AO

Cancer ,May 1 1982, 49 (9) p1945-51, ISSN 0008-543X

Journal Code: CLZ

Languages: ENGLISH

0207157 82183969

**How to move your office effortlessly.**

Powers G

Can Med Assoc J ,Apr 1 1982, 126 (7) p858-9, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

0206900 82172627

**Physical surroundings serve as therapeutic catalyst for patients.**

Remen S

Mich Hosp ,Apr 1982, 18 (4) p20-3, 25, ISSN 0026-220X

Journal Code: MXZ

Languages: ENGLISH

0206864 82168593

**Cost effective contract food service.**

Zaccarelli HE; Ninemeier JD

J Am Health Care Assoc ,May 1982, 8 (3) p48-54, ISSN

0360-4969 Journal Code: H6X

Languages: ENGLISH

0206827 82166981

**The shaping of pharmacy practice: a look to the future.**

Bartilucci AJ

Hosp Pharm ,May 1982, 17 (5) p273-5, 279, ISSN

0018-5787 Journal Code: G98

Languages: ENGLISH

0206721 82166011

**A moving orientation.**

Bunning RL

Hosp Top ,May-Jun 1982, 60 (3) p26-9, ISSN 0018-5868

Journal Code: GD6

Languages: ENGLISH

0206713 82165990

**Health care facility: platform for social justice.**

Kelly MJ

Hosp Prog ,May 1982, 63 (5) p50-3, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0206670 82165814

**How to make hospitals hospitable: one way would be to create a new kind of "medical hotel".**

Van den Haag E

Fortune ,May 17 1982, 105 (10) p123-6, 129, Journal

Code: F7B

Languages: ENGLISH

01377



0206659 82165182

**Increase in hospital merger activity expected to intensify antitrust scrutiny.**

Halper HR  
Rev Fed Am Hosp ,May-Jun 1982, 15 (3) p29-31, Journal  
Code: EUJ  
Languages: ENGLISH

0206649 82164636

**Training methodology.**

Hibbert W  
Exec Housekeep Today ,Apr 1982, 3 (4) p4-5, Journal  
Code: EHV  
Languages: ENGLISH

0206648 82164635

**Self inspection in housekeeping.**

DeI Giudice FR  
Exec Housekeep Today ,Apr 1982, 3 (4) p16-7, Journal  
Code: EHV  
Languages: ENGLISH

0205920 82174294

**[Sterile rooms in highly specialized hematology]**

Les chambres steriles en hematologie hautement specialisee.  
Isasa J  
Nouv Rev Fr Hematol ,1982, 24 (1) p41-2, Journal Code:  
065  
Languages: FRENCH

0205834 82173478

**Neurosurgery in a different society: the People's Republic of China.**

Weinstein PR; Newfield P; Alker G; Glasauer F; Kaufman H  
Neurosurgery ,Mar 1982, 10 (3) p401-8, ISSN 0148-396X  
Journal Code: NZL

Languages: ENGLISH  
An interdisciplinary clinical neurosciences delegation representing the International Committee of the Congress of Neurological Surgeons visited the neurosurgical departments of major teaching hospitals in five cities of the People's Republic of China. This report describes the clinical and research activities observed, with reference to the unique social, political, economic, and cultural environment in China. Although facilities and equipment are limited, diagnostic accuracy and surgical technique are excellent. Results for certain disorders seemed comparable to those obtained in western neurosurgical centers. Given the clinical expertise of our Chinese colleagues and the large numbers of cases treated in Chinese medical centers, a significant

contribution to neurosurgical knowledge can be expected from the exchange of information and future collaboration that have now become possible.

0205550 82169568

**The choice of in-hospital or alternative birth environment as related to the concept of control.**

Fullerton JD  
J Nurse Midwife ,Mar-Apr 1982, 27 (2) p17-22, ISSN  
0091-2182 Journal Code: JER  
Languages: ENGLISH

0205354 82166804

**Cost saving methods in university/health center radioactive waste disposal.**

Zelac R; Martens CW Jr; Byland R; Lau J  
Health Phys ,Mar 1982, 42 (3) p376-8, ISSN 0017-9078  
Journal Code: G2H  
Languages: ENGLISH

0205232 82165584

**Impact of institutional care policies on family integration.**

Montgomery RJ  
Gerontologist ,Feb 1982, 22 (1) p54-8, ISSN 0016-9013  
Journal Code: FP5  
Languages: ENGLISH

0204896 82161669

**Designing premises in a "shelf".**

Jenkins S  
Br Med J [Clin Res] ,Mar 13 1982, 284 (6318) p794-6,  
Journal Code: B4X  
Languages: ENGLISH

0204770 82154195

**Health Facilities Development Act.**

Davis CD  
Tex Hosp ,Mar 1982, 37 (10) p38, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

01378

0204642 82150614  
**A baseline for energy design.**  
Prog Archit ,Apr 1982, 63 (4) p110-5, ISSN 0033-0752  
Journal Code: PB5  
Languages: ENGLISH

0204637 82150500  
**Regulation of quality in the clinical laboratory.**  
Ross JW  
Pathologist ,Apr 1982, 36 (4) p185-91, ISSN 0031-3017  
Journal Code: PAG  
Languages: ENGLISH  
Effective regulation of quality is the responsibility of the individual laboratory. In this article, the author explains why coordination and centralization in a quality control program is necessary, that it is a management process, and that regulation begins with a definition of performance standards.

0204630 82150406  
**Natural beauty -- interior and exterior.**  
Grogan-Anderson P  
Nurs Homes ,Mar-Apr 1982, 31 (2) p18-9, ISSN 0029-649X  
Journal Code: Q96  
Languages: ENGLISH

0204626 82149774  
**Removing barriers, Part One: fine tune your communication skills.**  
Taylor RB Jr  
Patient Acc ,Apr 10 1982, 5 (4) p2-3, ISSN 0195-7775  
Journal Code: DTE  
Languages: ENGLISH

0204574 82144161  
**Creating culturally supportive environments in long-term care institutions.**  
Snyder P  
J Long Term Care Adm ,Spring 1982, 10 (1) p19-28, ISSN 0093-4445  
Journal Code: IWZ  
Languages: ENGLISH

0204573 82144160  
**The environment as a participant in health care.**  
Hiatt LG  
J Long Term Care Adm ,Spring 1982, 10 (1) p1-17, ISSN 0093-4445  
Journal Code: IWZ  
Languages: ENGLISH

0204505 82140640  
**The Catholic health facility: a sign of hope.**  
Burke RJ  
Hosp Prog ,Apr 1982, 63 (4) p53-5, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0204489 82140617  
**Energy conservation--crisis or conspiracy?**  
O'Sullivan P; Romig FA  
Hosp Eng ,Mar 1982, 36 (2) p9-17, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0204422 82139589  
**How waist watchers can indulge without guilt.**  
Stephenson S  
Food Manage ,Mar 1982, 17 (3) p56-60, 66-9, 71, ISSN 0091-018X  
Journal Code: EZW  
Languages: ENGLISH

0203362 82148485  
**Sounding Boards. Competition, profit, and the HMO.**  
Saward E; Sorensen A  
N Engl J Med ,Apr 15 1982, 306 (15) p929-31, ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0203276 82147672  
**Dialysis cuts: a threat to kidney patients' lives?**  
Med World News ,Jan 18 1982, 23 (2) p38-40, ISSN 0025-763X  
Journal Code: MGW  
Languages: ENGLISH

01379

0203120 82145860

**The promise of satellite clinics.**

Nelson JM; Kleinsteiber LG; Johnson CE  
JAMA ,Apr 2 1982, 247 (13) p1854-8, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

A community hospital has developed a successful model for establishing affiliated primary care centers in semirural areas without the use of federal or foundation money. Unique features of the program include funding through community stock sales and ultimate control by a community board of directors. Additional features include the establishment of a for-profit, wholly owned subsidiary of the hospital; development of a complete range of planning, management, and recruitment services; retention of freedom of choice for referrals and hospitalizations by both patients with physicians; and a but-out provision for the physicians.

0202327 82136171

**Organising a practice. Practising from purpose-built premises.**

Barley NH  
Br Med J [Clin Res] ,Feb 20 1982, 284 (6315) p567-8,  
Journal Code: B4X  
Languages: ENGLISH

0202145 82126896

**Humanizing the nursing home environment.**

Widom CA  
Nurs Homes ,Jan-Feb 1982, 31 (1) p32-4, ISSN 0029-649X  
Journal Code: 096  
Languages: ENGLISH

0202123 82124864

**Hospital acquisitions demand caution.**

Gersh DL  
Mod Health Care ,Mar 1982, 12 (3) p94, 96, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0202113 82124854

**Budget proposal pulls life-support systems from tax-exempt bonds [news]**

Kuntz EF  
Mod Health Care ,Mar 1982, 12 (3) p64, 66, ISSN  
0160-7480 Journal Code: NFA  
Languages: ENGLISH

0202076 82124167

**Then we put the cast room in frozen foods...**

Burke JG  
Med Econ ,Mar 1 1982, 59 (5) p100-1, 105, 108, ISSN  
0025-7206 Journal Code: MBN  
Languages: ENGLISH

0202038 82120317

**Computer use and educational needs in selected Canadian health care food services.**

Upton EM  
J Can Diet Assoc ,Jan 1982, 43 (1) p36-40, ISSN  
0008-3399 Journal Code: HM9  
Languages: ENGLISH

A survey was conducted to assess the computer use in 27 selected Canadian health care food service facilities and the educational needs in computerization of the corresponding foodservice administrators. The foodservices selected were represented by foodservice administrators at a workshop on computer-assisted foodservice managements held in June 1980. Only three facilities used a computer for foodservice functions: seven foodservices planned to use a computer within the next two years. A list of applications in use, being planned and of future interest showed the priority areas for these foodservices. The foodservice administrators identified their educational needs in computerization and demonstrated that a one to two day workshop was their preferred educational program format.

0202036 82119941

**Classic adornments.**

Planck R  
Inter Des ,Feb 1982, 53 (2) p172-7, ISSN 0020-5508  
Journal Code: HH2  
Languages: ENGLISH

0202004 82119614

**Organizational cultures: sensitive managers can improve the working environment.**

Kaiser LR  
Hosp Financ Manage ,Mar 1982, 36 (3) p13-7, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

01380

0201940 82118558  
**The National Labor Relations Act: some ethical considerations.**  
Joy WF  
Hosp Prog ,Mar 1982, 63 (3) p52-5, 63-4, ISSN 0018-5817  
Journal Code: G01  
Languages: ENGLISH

0201900 82118394  
**Estate management: oasis of tranquillity.**  
Spooner D  
Health Soc Serv J ,Jan 21 1982, 92 (4780) p84-7, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0201898 82118392  
**Nightingale's swan song?**  
Billing A  
Health Soc Serv J ,Jan 7 1982, 92 (4778) p15-7, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0201896 82118390  
**Ward design: under observation.**  
Walsworth-Bell J  
Health Soc Serv J ,Jan 7 1982, 92 (4778) p10-1, ISSN  
0300-8347 Journal Code: GAR  
Languages: ENGLISH

0201868 82117597  
**Sports Medicine Center: a new health enterprise.**  
Rev Fed Am Hosp ,Mar-Apr 1982, 15 (2) p45-6, Journal  
Code: EUJ  
Languages: ENGLISH

0201863 82117015  
**Leon Davis: his passion for justice built a union.**  
1199 News ,Mar 1982, 17 (3) p3-13, Journal Code: EK6  
Languages: ENGLISH

0201845 82116573  
**Vivid graphics, muted tones are natural choice for Alabama child care center.**  
Contract ,Feb 1982, 24 (2) p80-3, ISSN 0010-7832  
Journal Code: EAQ  
Languages: ENGLISH

0201782 82114140  
**Guidelines for evaluating pastoral services. College of Chaplains, American Protestant Hospital Association.**  
Bull Am Protestant Hosp Assoc ,Winter 1982, 45 (1) p14-5  
ISSN 0003-0635 Journal Code: BA9  
Languages: ENGLISH

0201778 82113893  
**Risk management--a second chance.**  
Carneseccchi R  
Biomed Commun ,Jan-Feb 1982, 10 (1) p16-7, 20, ISSN  
0092-8607 Journal Code: A4Y  
Languages: ENGLISH

0200855 82124006  
**The free-standing birth centre.**  
Bennetts AB; Lubic RW  
Lancet ,Feb 13 1982, 1 (8268) p378-80, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0200603 82121052  
**Managerial innovation and health policy: theoretical perspectives and research implications.**  
Kimberly JR  
J Health Polit Policy Law ,Winter 1982, 6 (4) p637-52,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

Stimulated by a variety of external pressures, managerial innovation is likely to become more common in health care organizations. Relatively little is known, however, about the phenomenon. This paper develops a framework for the analysis of managerial innovation in health care organizations, based on the premise that control is at the heart of effective managerial practice. Physician control over the production process in health care is likely to be increasingly challenged, partially as a consequence of the ascendancy of managerial ideology. Opportunities for managerial innovation will be created, but are likely to be successful only to the extent that physician expertise is incorporated into rather than excluded from the resulting changes.

01381

0200514 82120760

**Dental radiology: focus for the 1980s.**

Santangelo MV

J Dent Educ ,Feb 1982, 46 (2) p97-104, ISSN 0022-0337  
Journal Code: HY7

Languages: ENGLISH

0200194 82118107

**Office-based management of diarrhea.**

Bond JH

Geriatrics ,Feb 1982, 37 (2) p52-5, 61-4, ISSN  
0016-867X Journal Code: F01

Languages: ENGLISH

Diarrhea of unknown cause is a particularly challenging diagnostic problem as it may be trivial and self-limiting or the presenting symptom of a life-threatening disorder. Antibiotic-associated diarrhea is a frequent complication of antimicrobial therapy, especially in the elderly. The more severe form, pseudomembranous colitis, is now known to be caused by a toxin produced in the colon by Clostridium difficile.

0199204 82103678

**Hospitals' on-campus M.D. office buildings increase hospital use.**

Bendix J

Mod Health Care ,Feb 1982, 12 (2) p112, 114, ISSN  
0160-7480 Journal Code: NFA

Languages: ENGLISH

0199190 82103664

**New systems taking over as field's keystone.**

Johnson RL

Mod Health Care ,Jan 1982, 12 (1) p47-50, ISSN  
0160-7480 Journal Code: NFA

Languages: ENGLISH

0199022 82096846

**The Catholic health care facility: its role as Church.**

Himes MJ

Hosp Prog ,Feb 1982, 63 (2) p31-5, 52, ISSN 0018-5817  
Journal Code: GD1

Languages: ENGLISH

0199011 82096835

**Sickness, healing, and redemption.**

Bernardin JL

Hosp Prog ,Jan 1982, 63 (1) p34-7, ISSN 0018-5817

Journal Code: GD1

Languages: ENGLISH

0198004 82102692

**Why outcome of cardiopulmonary resuscitation in general wards is poor.**

Hershey CO; Fisher L

Lancet ,Jan 2 1982, 1 (8262) p31-4, ISSN 0023-7507  
Journal Code: L05

Languages: ENGLISH

0197770 82099988

**Institutionally-based diabetes educational services for patients and their families in Florida.**

Lieberman LS; Rosenbloom AL; O'Malley B; Malone JI; Skyler JS

J Fla Med Assoc ,Jan 1982, 69 (1) p23-31, ISSN  
0015-4148 Journal Code: I53

Languages: ENGLISH

0197767 82099980

**The family physician's office: proposed design criteria for family centered medical care.**

Coble RJ; Sinnott SK; Walz TH

J Fam Pract ,Jan 1982, 14 (1) p77-81, ISSN 0094-3509  
Journal Code: I4L

Languages: ENGLISH

Four design criteria, home extension, personal extension, family centered environment, and patient education, are explored as guidelines for creating a therapeutic atmosphere in the family physician's office. They can be applied to the entryway, waiting and reception areas, hallways, examination rooms, nurses' station, laboratories, and the physician's private office. They are intended not to replace the traditional design criteria of efficiency, economy, safety, and convention, but to enhance their effectiveness. This occurs when the total environment, physical, administrative, and social, is consciously managed for the purpose of patient therapy and staff well-being. Attention to family centered design criteria facilitates this management and helps to ensure that many components of the health-care system benefit the patient.

01382

0197764 82099975

**Office laboratory identification of Neisseria gonorrhoeae.**

Waldman CR; Gaydos JM; Synder FF

J Fam Pract ,Jan 1982, 14 (1) p35-7, ISSN 0094-3509

Journal Code: I4L

Languages: ENGLISH

Current literature is contradictory regarding what tests are necessary to establish an adequate presumptive diagnosis for office identification of Neisseria gonorrhoeae. This is especially true in light of recent reports of N meningitidis causing acute genital infection. This study was designed to look at the various criteria recommended and to establish guidelines for the office identification of N gonorrhoeae. Four hundred thirty-six isolates grown on Thayer-Martin selective agar were studied. Of these, 156 were found to be oxidase-positive. Gram stain of the isolates showed that 31.4 percent of the oxidase-positive isolates were gram-negative diplococci, 59 percent were yeastlike mole, and 9.7 percent were gram-negative bacilli. All of the gram-negative diplococci were confirmed to be N gonorrhoeae by sugar fermentation studies. No isolates of N meningitidis or saprophytic Neisseria were found. On the basis of this finding, it is recommended that office identification of N gonorrhoeae from genital or anal cultures should include (1) growth on Thayer-Martin (or comparable) medium, (2) positive reaction to oxidase reagent, and (3) identification of gram-negative diplococci on Gram stain of the Thayer-Martin isolate.

Hospitals ,Jan 16 1982, 56 (2) p75-6, ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0197505 82096805

**Suburban hospital imbued with 'medical center' charisma.**

Hospitals ,Feb 16 1982, 56 (4) p109-10, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0197503 82096803

**What makes a medical office building competitive?**

Hospitals ,Feb 16 1982, 56 (4) p101-2, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0196899 82074555

**How to establish a computer security program.**

Isaacson G

Health Care Secur Saf Manage ,Jan 1982, 2 (9) p5-9,

Journal Code: GH6

Languages: ENGLISH

0195373 82074329

**Vinyl graphics bring appeal, color to patient care areas.**

01383

**INSTRUCCION PROGRAMADA**

**01384**

0253474 83173971

**[Recommendations for the evaluation and assessment of the electrocardiogram in adolescents and adults. Concise programmed course. 9. Partial program III. Right atrioventricular hypertrophy, left atrioventricular hypertrophy and biatrioventricular hypertrophy. 2. Electrocardiographic criteria for hypertrophy in adults]**

Empfehlungen zur Auswertung und Beurteilung der Elektrokardiogramme von Jugendlichen und Erwachsenen. Kurzgefasster programmierter Kurs. 9. Mitteilung: Teilprogramm III: Rechtsatrioventrikuläre Hypertrophie, linksatrioventrikuläre Hypertrophie und biatrioventrikuläre Hypertrophie/ 2. Teil: Elektrokardiographische Hypertrophiekriterien beim Erwachsenen.

Werner G; Mucke D; Pries W; Assmann I; Fiehring H; Bartel J  
Medizinischen Klinik, Militärmedizinischen Akademie, Berlin.  
Z Arztl Fortbild (Jena) (GERMANY, EAST) ,Oct 15 1982, 76  
(20) p905-7. ISSN 0044-2178 Journal Code: XS6  
Languages: GERMAN

0241801 83161917

**A criterion-referenced self-instructional format for teaching child management skills in the clinic.**

Johnsen DC; Schubot DB; Nash DA  
Department of Pediatric Dentistry, Case Western Reserve University School of Dentistry, Cleveland, Ohio.  
J Dent Educ (UNITED STATES) ,Feb 1983, 47 (2) p113-4.  
ISSN 0022-0337 Journal Code: HY7  
Languages: ENGLISH

0232578 83149994

**Assertiveness in nursing: part I.**  
Am J Nurs ,Mar 1983, 83 (3) p417-34, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0231214 83137629

**Teaching child development and behavior to family practice residents.**

Fischler RS  
J Fam Pract ,Mar 1983, 16 (3) p571-6, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

0228680 83112395

**Continuing medical education. The next step.**  
Manning PR  
JAMA ,Feb 25 1983, 249 (8) p1042-5, ISSN 0098-7484  
Journal Code: KFR

Contract/Grant No.: LMO2857

Languages: ENGLISH

Traditional continuing medical education (CME) keeps physicians aware of the state of the art. It has limitations, however, as a quality-assurance tool: it is memory based, involves a group endeavor with diffuse goals, often unrelated to practice, is an inappropriate remedy for many problems in patient care, is hampered by poor-quality evaluation, and is governed more by market factors than educational outcomes. The self-study of practice and practice-linked CME offer rich potential for development. The physician's monitoring of his work, with appropriate improvements in performance, is valuable CME. Computers provide facts and guidance at the time and place the physician is developing diagnostic plans, diminishing reliance on memory. The next step in CME is for hospitals, societies, and medical schools to perfect methods of self-study of practice and practice-linked CME.

0223798 83064571

**Reasons nurses participate in self-study continuing education programs.**

O'Connor AB  
Nurs Res ,Nov-Dec 1982, 31 (6) p371-4, ISSN 0029-6562  
Journal Code: 09K  
Languages: ENGLISH

0221751 83045863

**Arthritis: preferred learning methods among Arizona therapists.**

Wickersham EA; Fike ML; Rousseau E; Boyer JT; Meredith KE; Clay CA  
Am J Occup Ther ,Aug 1982, 36 (8) p509-14, ISSN 0272-9490  
Journal Code: 305  
Contract/Grant No.: 1P60 AM20597  
Languages: ENGLISH

Arizona occupational and physical therapists were surveyed about their needs for education in arthritis. Responses to statements regarding attitudes, knowledge, willingness to learn, and preferred methods of learning were subjected to chi-square analysis. The results showed that a significant number of both occupational and physical therapists are deficient in knowledge about the disease and maintain negative attitudes about patients with rheumatoid arthritis. Both groups indicated a high interest in continuing education about arthritis. The preferred method of learning was self-study guides.

01385



0219967 83026451

**The use of learning resource centers in the teaching of pulmonary medicine.**

Make BJ  
Chest ,Nov 1982, 82 (5) p639-42, ISSN 0012-3692  
Journal Code: DIC  
Contract/Grant No.: 1K07 HL00246  
Languages: ENGLISH

Learning resource centers (LRC) are areas designed for individual study which contain a variety of self-instructional materials. To evaluate the use of LRC in teaching pulmonary medicine, a survey was conducted of medical school pulmonary sections; responses were obtained from 30 sections with an NHLBI pulmonary Academic Award (PAA groups), and 21 sections without PAA (non-PAA group). LRC were established in 77 percent of the PAA group but only 14 percent of the non-PAA group. A higher percentage of pulmonary fellows than students used the resource center and student use was higher when the LRC was formally integrated into the curriculum. Textbooks and journals were more heavily used than materials utilizing audiovisual educational techniques. The results of this study suggest that pulmonary LRC use is modest, LRC cost is high, and LRC educational value may not be superior to general medical libraries.

0219588 83002865

**Building a structured learning package.**

Ferencz N  
Contemp Pharm Pract ,Winter 1982, 5 (1) p32-7, ISSN 0162-3761 Journal Code: DQ9  
Languages: ENGLISH

Pharmacists must become educators of patients and of pharmacy technical personnel. The literature cited in this paper has found that problems of patient compliance, personnel management, the high cost of medical care, and patient medical self-help may very well be solved in part through the application of competently written learning packages. One specific approach to learning package creation is illustrated in this paper, using the training of a unit-dose technician as an example. The subjects of student motivation, step-wise learning using subobjectives, learning feedback, material relevance, and student evaluation are discussed. Higher-level cognitive skills and readability are briefly discussed and illustrated to focus the readers' attention on the more difficult aspects of building learning packages.

0219146 83017448

**The design and use of self-instructional materials.**

Knippers AA; Urick J  
Top Clin Nurs ,Oct 1982, 4 (3) p8-19, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219140 83017441

**Creation of self-learning centers.**

Lange CM  
Top Clin Nurs ,Oct 1982, 4 (3) p20-8, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219139 83017440

**Identifying areas of need for self-directed learning experiences.**

Ortenzio SH  
Top Clin Nurs ,Oct 1982, 4 (3) p1-7, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0218362 83008117

**A self-instruction nutrition program for pregnant women.**

Daelhousen BB; Guthrie HA  
J Am Diet Assoc ,Oct 1982, 81 (4) p407-12, ISSN 0002-8223 Journal Code: H6F  
Languages: ENGLISH

The Prenatal Nutrition Program (PNP), a self-instruction program, consists of a videocassette and three pamphlets concerning nutrition during pregnancy. An evaluation study made PNP available to 52 white, middle-class, well-educated pregnant women in their physician's waiting room. PNP improved their knowledge but had no significant effect on their attitudes (initially very positive) or dietary behavior. On the basis of combined pre- and post-PNP program testing, significant correlations were found between the pregnant women's knowledge and attitudes and between their knowledge and dietary behavior. All subjects rated PNP very favorably. It is concluded that self-instruction programs offer a viable and less costly alternative to individual nutrition counseling.

0215890 82273028

**Simplified production of 35mm text slides.**

Richardson ML  
Militt Med ,Jun 1982, 147 (6) p490-1, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

01386

0214956 82261396

**Cognitive learning in the health sciences: a case for self-instruction.**

Gould B  
Educ Med Salud .1982. 16 (2) p174-82, ISSN 0013-1091  
Journal Code: EDR  
Languages: ENGLISH

The health professions are faced today as never before with the need to find more effective ways of acquiring a growing volume of biomedical knowledge and of addressing the urgent concerns about learning processes--namely, the continued dependence on outmoded techniques of cognitive transfer. The author believes that greater incentives should be given for faculty and students to experiment with innovative approaches to cognitive learning while recognizing the need for increased emphasis on problem-solving skills in medical care. Proven self-learning techniques demand greater attention in curriculum and course design efforts. Finally, the author states that the process of educational planning must be viewed as continuous, dynamic, and never-ending if it is to best serve the needs of individual students, educational institutions, and the society to which both are ultimately accountable and committed to serve.

0209716 82197248

**Evaluation of a self-teaching program.**

Roberts CR; Hosokawa MC; Walts B; Mueller R  
Patient Couns Health Educ ,4th Quarter 1982, 3 (4)  
p161-5, ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

A self-teaching booklet on hypertension was evaluated in two populations: clients attending public health screening clinics and inpatients at a Veterans Administration hospital. Participants were randomized into an education or a control group. Evaluation consisted of measuring knowledge gained from the booklet immediately after reading it and retention of key concepts two weeks later. Men did better than women, and VA education participants did better than VA controls. No differences were detected between the public health education and control groups or the combined VA and public health education and control groups. The self-teaching booklet alone did not appear to yield a measurable amount of new knowledge. Health professionals, when educating patients and evaluating programs, should consider combinations of educational methods when using self-teaching programs.

0206397 82179595

**Implementation of a self-directed pharmacy technician training program.**

Hanold LS; Leeds NH; Vogel DP  
Am J Hosp Pharm ,Mar 1982, 39 (3) p446-9, ISSN  
0002-9289 Journal Code: 310  
Languages: ENGLISH

0199505 78200172

**An autotutorial system for consumer oral health care instruction.**

Brusch WA; Carter HG; Ayer WA  
Militt Med ,May 1978, 143 (5) p333-6, ISSN 0026-4075  
Journal Code: N1A  
Languages: ENGLISH

0193108 82048471

**Programmed instruction: cancer care: leukemia.**

Houlihan NG; Flaherty AM  
Cancer Nurs ,Oct 1981, 4 (5) p397-405, ISSN 0162-220X  
Journal Code: CNC  
Languages: ENGLISH

0190731 82007237

**HFMEF revises its budgeting process packaged program.**

Peterson RG  
Hosp Financ Manage ,Dec 1980, 34 (12) p40, 42, ISSN  
0018-5639 Journal Code: G9N  
Languages: ENGLISH

0190366 82021254

**Programmed instruction: sensory changes in the elderly**

Cohen S  
Am J Nurs ,Oct 1981, 81 (10) p1851-80, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

01387

0189128 82007759

**The marketing of instructional materials to health practitioners.**

Emling RC; Cohen DW  
J Biocommun ,Jul 1981, 8 (2) p25-31, ISSN 0094-2499  
Journal Code: HIG  
Languages: ENGLISH

With the increasing costs of education, for both practitioners and academic health centers, the time for a different format for continuing education has arrived. An educational resource department is the logical center to the development and management of a project as described in this paper. The educational resource department, the academic health center, and the practitioners can all benefit from turning attention outside academic walls.

0188277 81272553

**Teaching the patient with ischemic heart disease: a systemic approach to instructional design.**

Gregor FM  
Patient Couns Health Educ ,2d Quarter 1981, 3 (2) p57-62  
, ISSN 0190-2040 Journal Code: PAL  
Languages: ENGLISH

Does a systematic approach to the design of instruction for patients with ischemic heart disease (IHD) produce an effective educational product? One hundred patients, 67 men and 33 women with an average age of 57 years, who were hospitalized with IHD (myocardial infarction or unstable angina), were randomly assigned to an experimental or control condition and pretested to determine their knowledge of the disease and its treatment. Experimental subjects received a linear self-instructional program on the nature and treatment of IHD. Control subjects did not receive the program. Two days later a posttest was administered to experimental and control subjects; an average of 14 days after discharge a retention test was given to both groups. Individual test scores revealed that (allowing for a subject effect) patients who completed the program achieved significantly (P less than 0.001) higher posttest and retention test scores than those who did not. Also, patients who completed the program retained the information during the two weeks between the posttest and the retention test. Results of this study indicate that the instructional framework that was effective in the design of a health-education program for pregnant women can be applied to the design of instruction for patients with IHD.

0175917 81157432

**Programmed instruction. Patient assessment: examining joints of the upper and lower extremities.**

Cohen S; Viellion G  
Am J Nurs ,Apr 1981, 81 (4) p763-86, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0174232 81142199

**Faculty attitudes toward the use of audiovisuals in continuing education.**

Schindler MK; Port J  
J Biocommun ,Nov 1980, 7 (3) p32-5, ISSN 0094-2499  
Journal Code: HIG  
Contract/Grant No.: LM 02780  
Languages: ENGLISH

A study was undertaken in planning for a project involving library support for formal continuing education programs. A questionnaire survey assessed faculty attitudes toward continuing education activities, self-instructional AV programs for continuing education, and self-instructional AV programs for undergraduate medical education. Actual use of AV programs in both undergraduate and postgraduate classroom teaching was also investigated. The results indicated generally positive attitudes regarding a high level of classroom use of AV programs, but little assignment of audiovisuals for self-instruction.

0171354 81116505

**Innovative educational changes: a paradigm.**

Meleis AI; Burton PS  
Int J Nurs Stud ,1981, 18 (1) p33-9, ISSN 0020-7489  
Journal Code: GS8  
Languages: ENGLISH

01388

0168896 81093440

**Critical care nursing orientation: a comparison of teaching methods.**

Hansell HN; Foster SB  
Heart Lung ,Nov-Dec 1980, 9 (6) p1066-72, Journal  
Code: G2V

Languages: ENGLISH

In summary we have shown in this small group of 32 nurses that the PIM approach is as effective a method for critical care orientation as traditional classroom teaching. The savings in instructors' and orientees' time via PIMs result in dollar savings; but more importantly, the PIM was found by our orientees to be more satisfying. PIMs encouraged flexibility and individualized attention, and by self-pacing allowed several nurses to begin practice in the critical care setting earlier than usual. In light of the high cost of orientation, one finding that warrants further exploration is the orientee's uncertainty of remaining in critical care nursing. It is possible that as the orientee becomes socialized into the critical care setting, her values, attitudes, and commitment to remain may change over time. Future follow-up will help us to examine changing attitudes as these nurses become acclimated to the critical care setting. Head nurses and staff development instructors play a major role in preventing frustration and turnover and in creating a positive climate for growth.

0168579 81090151

**The personalized system of instruction: a dental hygiene education approach.**

Harrington MS; Tishk MN; Mayberry WE  
Educ Dir Dent Aux ,May 1980, 5 (2) p3-8, ISSN 0363-3888  
Journal Code: ED9  
Languages: ENGLISH

0161687 81026174

**Planning visual media for self-instruction.**

Gray DE  
J Biol Photogr ,Jul 1980, 48 (3) p117-37, ISSN  
0274-497X Journal Code: HFV  
Languages: ENGLISH

0160511 81013437

**The nurse educator and the adult dialysis patient.**

Watchous SM; Thurston HI; Carter MC  
Nurs Forum ,1980, 19 (1) p68-84, ISSN 0029-6473  
Journal Code: D95  
Languages: ENGLISH

0157703 80253030

**Multi-media orientation and education programs for MEDLARS used the the Medical Information Center (MIC), Stockholm.**

Lundberg VA; Fjallbrant N; Svartz-Malmberg G  
Med Inf (Lond) ,Jan-Mar 1980, 5 (1) p41-3, Journal  
Code: LU9

Languages: ENGLISH

The Mediatron is a modified stereo-tape recorder which is designed to carry out simultaneous recording of audio-commentaries, trigger pulses for photographic slides, and digital signals from a computerized information-retrieval system. Two MEDLARS programs were produced: an orientation program and a self-instructional package. Technical procedures and experiences are briefly discussed.

0157702 80253029

**The use of intelligent terminals in MEDLINE training courses.**

Livesey JB  
Med Inf (Lond) ,Jan-Mar 1980, 5 (1) p35-9, Journal  
Code: LU9

Languages: ENGLISH

A number of self-instructional packages for students at the School of Librarianship, Leeds Polytechnic are described. The teaching packages have been written for use with a Hewlett-Packard HP2645A 'intelligent' terminal and cover the use of the terminal, access to the host (BLAISE) and information retrieval from MEDLINE. In addition a questionnaire is available on the terminal to test the students' understanding of the BLAISE system and the MEDLINE data-base, the students' responses are monitored automatically by the terminal. A preliminary evaluation of the teaching packages is included, the general reaction of the users to the packages being favourable.

0156789 80237168

**Trustee development program: the hospital auxiliary.**

Trustee ,Jul 1980, 33 (7) p9-10, 12, 14-6, ISSN  
0041-3674 Journal Code: WG9  
Languages: ENGLISH

0156076 80239193

**A self-instruction lab for developing communication skills of deaf post-secondary students at NTID.**

McQuay KC; Coscarelli LS  
Am Ann Deaf ,May 1980, 125 (3) p406-12, ISSN 0002-726X  
Journal Code: 3BA  
Languages: ENGLISH

01389

- 0154855 80224487  
**Reactions of dental hygiene educators to the Project ACORDE restoration course.**  
 Kress GC Jr; Silversin JB; Colenback PR  
 Educ Dir Dent Aux ,Sep 1979, 4 (3) p21-6, ISSN  
 0363-3888 Journal Code: ED9  
 Languages: ENGLISH
- 0154854 80224486  
**Self-directed learning: implications for dental hygiene.**  
 Kirkhorn JB; Nieman JA; Shuntich ME; Gambrel LM  
 Educ Dir Dent Aux ,Sep 1979, 4 (3) p17-20, ISSN  
 0363-3888 Journal Code: ED9  
 Languages: ENGLISH
- 0149925 80178531  
**Selecting learning strategies: a self-instructional manual.**  
 Woodall IR  
 Educ Dir Dent Aux ,May 1979, 4 (2) p24-32, ISSN  
 0363-3888 Journal Code: ED9  
 Languages: ENGLISH
- 0149566 80170166  
**Trustee development program: physician recruitment in small and rural hospitals.**  
 Trustee ,May 1980, 33 (5) p17-20, ISSN 0041-3674  
 Journal Code: WG9  
 Languages: ENGLISH
- 0149552 80170152  
**Trustee development program: the board's role in health promotion.**  
 Trustee ,Mar 1980, 33 (3) p19-25, ISSN 0041-3674  
 Journal Code: WG9  
 Languages: ENGLISH
- 0145990 80147699  
**Writing and technology.**  
 Horberg R  
 South Med J ,Mar 1980, 73 (3) p365-8, ISSN 0038-4348  
 Journal Code: UVH  
 Languages: ENGLISH
- 0144201 80132249  
**Programmed instruction: cancer care. Radiation therapy: internal radiation.**
- Gillick KM  
 Cancer Nurs ,Oct 1979, 2 (5) p393-402, ISSN 0162-220X  
 Journal Code: CNC  
 Languages: ENGLISH
- 0143581 80113874  
**AGPA's patient/health education program.**  
 Group Pract ,Mar 1980, 29 (3) p17-8, ISSN 0017-4726  
 Journal Code: FIT  
 Languages: ENGLISH
- 0143416 80102087  
**[Programmed instruction and its application in the dental laboratory]**  
 Die programmierte Unterweisung und ihre Anwendung im zahntechnischen Labor (II).  
 Meinecke H  
 Quintessenz Zahntech ,Feb 1976, 5 (2) p9-15, ISSN  
 0340-4641 Journal Code: QLY  
 Languages: GERMAN
- 0138144 80077606  
**Mediated instructional modules in practical/vocational health education.**  
 Hathaway D; Haymes V; Doyle MK  
 Mo Nurse ,Dec-1980 Jan 1979, 48 (7) p12-5, ISSN  
 0026-6655 Journal Code: NEZ  
 Languages: ENGLISH
- 0137714 80073041  
**The dietetic student's introduction to the medical record.**  
 Vickery CE; Thiele VF  
 J Am Diet Assoc ,Dec 1979, 75 (6) p681-4, ISSN  
 0002-8223 Journal Code: H6F  
 Languages: ENGLISH  
 With the goal of introducing the dietetic student to the medical record and her role as a professional in the use of this document, a series of self-instruction modules was developed, evaluated, and revised. Field testing indicated that students attained a significant gain in knowledge after exposure to the modules. Further, students' comments indicated that the self-instructional approach was well received and quite helpful.

01390

0133622 80033930  
**Improved perinatal knowledge and care in the community  
hospital through a program of self-instruction.**  
Kattwinkel J; Cook LJ; Nowacek GA; Ivey HH; Short JG  
Pediatrics ,Oct 1979, 64 (4) p451-8, ISSN 0031-4005  
Journal Code: QXV  
Languages: ENGLISH

0129749 79234782  
**Understanding the total process.**  
Miller J  
Change ,Mar 1976, 8 (2) p46-9, ISSN 0009-1383 Journal  
Code: CZI  
Languages: ENGLISH

0128928 79247525  
**Enhancing a university's health science curriculum with  
homestudy programs of the Center for Disease Control.**  
Toohey JV; Olsen LK  
Public Health Rep ,Jul-Aug 1979, 94 (4) p366-8, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0127702 79238661  
**A programmed text of FDA rules for outpatient methadone  
clinics.**  
Stokes JP  
Int J Addict ,Jan 1979, 14 (1) p73-5, ISSN 0020-773X  
Journal Code: GQ8  
Languages: ENGLISH

0127505 79237332  
**Meeting the challenge of critical care nursing.**  
Murray S; Raftery P; Mills B; Darragh B  
Dimens Health Serv ,Aug 1979, 56 (8) p13-4, ISSN  
0317-7645 Journal Code: E9N  
Languages: ENGLISH

**INVESTIGACION DE SERVICIOS  
DE SALUD**

**01392**

0233231 83140841  
**Containing health costs: facts that the government ignores.**  
Pollack J  
Med Econ ,Mar 7 1983, 60 (5) p195-6, 201, 204 passim,  
ISSN 0025-7206 Journal Code: MBN  
Languages: ENGLISH

0233209 83139089  
**Nursing turnover one more time.**  
Friss L  
J Health Hum Resour Adm ,Fall 1982, 5 (2) p209-23, ISSN  
0160-4198 Journal Code: KD1  
Languages: ENGLISH

0233201 83139081  
**Utilizing citation analysis to examine primary dissemination  
potential of research findings.**  
Freedman ES  
J Health Hum Resour Adm ,Summer 1982, 5 (1) p80-9, ISSN  
0160-4198 Journal Code: KD1  
Languages: ENGLISH

0233199 83139079  
**Utilization of rehabilitation research: implications for  
applying medical technology.**  
Gitler D  
J Health Hum Resour Adm ,Summer 1982, 5 (1) p71-9, ISSN  
0160-4198 Journal Code: KD1  
Languages: ENGLISH

0232935 83133480  
**Prevention research, social work, and mental illness.**  
Feldman RA; Stiffman AR; Evans DA; Orme JG  
Soc Work Res Abstr ,Fall 1982, 18 (3) p4-13, ISSN  
0148-0847 Journal Code: FYX  
Contract/Grant No.: MH 35033  
Languages: ENGLISH  
(47 Refs.)

0232866 83131346  
**Determining need for clinical technology.**  
Willemain TR  
Emerg Health Serv Q ,Summer 1982, 1 (4) p7-12, ISSN  
0163-9358 Journal Code: EF4  
Languages: ENGLISH

0232800 83152978  
**[Nutritional education in France]**  
L'education nutritionnelle en France.  
Francois A  
Bibl Nutr Dieta ,1983, (32) p40-6, ISSN 0067-8198  
Journal Code: 9U0  
Languages: FRENCH

0232274 83146534  
**Health system research on diarrhoeal diseases in primary  
health care.**  
Suwanwela C; Dharmkrong-At A  
Southeast Asian J Trop Med Public Health ,Sep 1982, 13  
(3) p483-7, ISSN 0038-3619 Journal Code: UVN  
Languages: ENGLISH

0232273 83146533  
**Health services research towards HFA 2000: a case study at  
hill tribe villages in Northern Thailand.**  
Suwanwela C; Poshyachinda V; Tasanapradit P; Dharmkrong-At A  
; Larbsomtob A  
Southeast Asian J Trop Med Public Health ,Sep 1982, 13  
(3) p472-82, ISSN 0038-3619 Journal Code: UVN  
Languages: ENGLISH

0232116 83144991  
**"Positive discrimination" in child health: an interim report  
from Nottingham.**  
Madeley RJ  
Public Health ,Nov 1982, 96 (6) p358-64, ISSN 0033-3506  
Journal Code: Q17  
Languages: ENGLISH

0231839 83142926  
**The position of the Pennsylvania Medical Society on the  
health care needs of the Commonwealth's citizens in this  
election year.**  
Penn Med ,Sep 1982, 85 (9) p36-40, ISSN 0031-4595  
Journal Code: OOG  
Languages: ENGLISH



0231737 83142474

**Ethnicity and health in Porirua: a comment on the relative-sufficiency of social medical research.**

Hill PD; Parsonson BS; Pool I; Ramsay PD  
NZ Med J ,Mar 9 1983, 96 (727) p174-6, ISSN 0028-8446  
Journal Code: OBO  
Languages: ENGLISH

00587

0231732 83142461

**Future development of primary medical care in New Zealand: a view from general practice.**

Seddon TD  
NZ Med J ,Feb 23 1983, 96 (726) p132-5, ISSN 0028-8446  
Journal Code: OBO  
Languages: ENGLISH

The primary health care committee's activities should be the starting point for a real change in direction of government-supported health care. It must endeavour to start a real and continuing dialogue between providers, planners and consumers. This should be at both central and local levels--its theme should be flexibility. Effort must be put into progressively reorientating medical education by using the material and energy available in primary medical care at both undergraduate and postgraduate levels. An active exploration of alternative methods of funding and delivery of care should take place, all being continuously evaluated. Increasing emphasis on primary medical care is so much more cost effective than our present system that health funds must be urgently redirected to facilitate this move. Any decrease in funding will be short-sighted and put off real economies and future improvements in medical care. Funds for primary medical care must be increased; in the present situation this may mean by diversion from those at present allocated to hospital boards. This should be used to: (a) increase GMS as a holding exercise; (b) fund educational suggestions; (c) fund research suggestions; (d) fund formation of local primary health care committees and their planning activities; (e) supply costs of supportive practices; (f) support more extensive dialogue centrally between NZMA, Health Department etc and locally with health services development as seen in the recent SACHO exercises.

0231264 83138159

**Assessment of health needs and willingness to utilize health care resources of adolescents in a suburban population.**

Marks A; Malizio J; Hoch J; Brody R; Fisher M  
J Pediatr ,Mar 1983, 102 (3) p456-60, ISSN 0022-3476  
Journal Code: JLZ  
Contract/Grant No.: 1-S08RR09128-03  
Languages: ENGLISH

We investigated whether adolescents living in a middle-class suburb believed that their health needs were being met, and the extent to which they were willing to utilize local health care resources for a range of problems. Self-administered,

anonymous questionnaires were completed by 649 students in grades 9 through 12. The mean age of respondents was 15.4 years; 52% were female, and 95% white. They had ready access to medical care: 90% used a specific private physician. From a list of 15 health problems, 60% indicated that they had seen a health provider for at least one of them, most often for stomach pains (22%), headaches (18%), and coughing (16%). From an identical list, 48% indicated that there was at least one problem for which they had never seen a health provider but would like to, most often for a weight problem (14%), birth control (10%), and emotional upset (9%). Although 20% regularly used illegal drugs, 24% were sexually active, and 38% thought they had a weight problem, only 1%, 4%, and 10%, respectively, had sought care for these matters. A majority of students would not choose to go to a private physician for care related to sexuality, substance abuse, or emotional upset, and would not be willing to seek care for these problems with their parents' knowledge. Ready access to private primary care did not assure attention to important health needs among these suburban adolescents.

0231092 83136596

**Dental care needs and services for children: England, Wales, and United States compared.**

Waldman HB  
ASDC J Dent Child ,Jan-Feb 1983, 50 (1) p48-54, ISSN 0022-0353  
Journal Code: HXZ  
Languages: ENGLISH

01394

00588

0229624 83124392

**Uses of the 1980 census for Hispanic health services research.**

Giachello AL; Bell R; Aday LA; Andersen RM  
Am J Public Health ,Mar 1983, 73 (3) p266-74, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

The 1980 Census data provide a valuable resource for health services research on Hispanics. Hispanics are the fastest growing minority group in the United States and yet there is a paucity of large-scale empirical research on their health care and access needs. This paper describes how the census can assist in: 1) estimating the overall health care needs of this group, 2) identifying target groups within the Hispanic population who may have special health care problems (e.g., children, elderly, pregnant women, etc.); and 3) using other data sources to improve the quality of studies carried out on Hispanics. It also discusses problems in using the census for Hispanic health services research and some strategies for dealing with these problems.

0230564 83130394

**Periodontal treatment need of the Finnish population aged 30 years and over.**

Markkanen H; Rajala M; Paunio K  
Community Dent Oral Epidemiol ,Feb 1983, 11 (1) p25-32,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

A representative sample (n = 8000) was drawn from the population aged 30 years and over, registered as living in Finland. Periodontal disease status was recorded according to the modified Periodontal Treatment Need System (PTNS). Plaque retentions were examined separately. Of the subjects with four or more teeth 3.4% had a healthy periodontal status, while 10.2% of the jaw quadrants were healthy. Plaque retentions were found in 96.6% of the subjects and 90.9% of the jaw segments. Periodontal treatment need was calculated in three ways and was 195 +/- 111 (S.D.) min when the calculation was based on WHO recommendations (1978). Number of teeth, age, sex, caries and filling scores, and education explained about 30% of the treatment need when tested by multiple linear regression analysis.

0230028 83109890

**Profit maximization and hospital-based outpatient services.**

Sullivan DJ  
J Ambulatory Care Manage ,Feb 1983, 6 (1) p16-25, ISSN  
0148-9917 Journal Code: H49  
Languages: ENGLISH

0229432 83122152

**[The need for social measures of rehabilitation]**

Zum Bedarf an sozialen Rehabilitationsmassnahmen.  
Tscherner U; Seidel C; Fechner ML  
Z Gesamte Hyg ,Sep 1982, 28 (9) p642-4, ISSN 0049-8610  
Journal Code: XU0  
Languages: GERMAN Summary Languages: ENGLISH

0229915 83107009

**Public wants best health care, despite high cost.**

HMQ ,Fall 1982, p22, Journal Code: GCA  
Languages: ENGLISH

0229395 83122025

**Mental health needs of the commonwealth Caribbean, with special relevance to the small territories.**

Wray SR; Barnaby L; Loudon DM  
West Indian Med J ,Dec 1982, 31 (4) p165-7, ISSN  
0043-3144 Journal Code: XN4  
Languages: ENGLISH

0229900 83106929

**Food, clothing, shelter ... health care?**

Hausler PH  
Healthc Financ Manage ,Feb 1983, 37 (2) p6, ISSN  
0018-5639 Journal Code: GBC  
Languages: ENGLISH

0229867 83104932

**EMS research.**

Nage1 EL  
Emerg Med Serv ,Sep-Oct 1982, 11 (5) p90-2, ISSN  
0094-6575 Journal Code: EF8  
Languages: ENGLISH

01395

0229286 83120137

**Attitudes towards the rights of mental patients. A national survey in the United States.**

Brown P  
Soc Sci Med ,1982, 16 (23) p2025-39, ISSN 0277-9536  
Journal Code: UT9

Contract/Grant No.: 2-507-RR070805-16

Languages: ENGLISH

Recent changes in mental health policy and treatment have largely been attributed to a professional concern for patients' rights. This view is challenged by patients' rights organizations and their allies, such as legal advocacy groups.

These parties argue that psychiatric planners and providers are trying to coopt a popular movement and to use patients' rights as a convenient explanation for the mental health system's limited self-reform and fiscal limitations. A key issue here is the gap between planned policy and implemented practice. Patients' rights activists maintain that rights are only very sparsely implemented, while the mental health system believes that it has progressed quite far. A study of patients' rights attitudes held by the various involved forces can illuminate the conflicts in patients' rights policy and provide understanding of the potential for resolving these conflicts. Such an analysis also touches on some general themes concerning the relationships between health providers and social movements in the health field. This paper examines attitudes towards mental patients' rights on the part of mental patients rights groups, state departments of mental health, state hospitals and statewide mental health associations. One hypothesis was borne out: that patients' rights groups do not believe as much as does the mental health establishment that concern for patients' rights has played a large role in mental health policy. Further, the activist groups are more favorable than are the other respondents to abolition or sharp curtailment of intrusive psychiatric treatments. And, mental health officials and their lay supporters are less prone to accept patients' rights groups' initiative in reform efforts. The second main hypothesis, that the mental health establishment would be more antagonistic to patients' rights in states where patients rights groups existed, was not supported. One possible explanation for this is that patients' rights groups have had a nationwide impact, and that mental health officials face common problems throughout the country. Alternatively, or in conjunction, an antecedent variable of political liberalism may operate in some states, creating both activist groups and more liberal psychiatric professionals. The significance of these findings is discussed and suggestions are offered for future research in this area.

0229212 83119206

**[Adolescents, does their health need looking after? Review of adolescent health needs for the sake of health professionals]**

Les adolescents ont-ils besoin que l'on s'occupe de leur sante? Revue des besoins de sante des adolescents a

l'intention des professionnels de la sante.

Michaud PA

Rev Med Suisse Romande ,Nov 1982, 102 (11) p1099-115,  
ISSN 0035-3655 Journal Code: SR5  
Languages: FRENCH  
(173 Refs.)

0228621 83111848

**An innovation in physician training: the Clinical Scholars Program.**

Shuster AL; Cluff LE; Haynes MA; Hook EW; Rogers DE

J Med Educ ,Feb 1983, 58 (2) p101-11, ISSN 0022-2577  
Journal Code: J13

Languages: ENGLISH

The Robert Wood Johnson Foundation Clinical Scholars Program was developed to allow selected physician clinicians to acquire certain skills which are not part of the usual physician's repertoire. Begun in 1969 with support from the Carnegie Corporation and the Commonwealth Fund, funding has been provided since 1973 by the Robert Wood Johnson Foundation. By June 1981, 309 physicians had completed their training as clinical scholars, and a majority were pursuing careers in academic medicine. This paper recounts the factors and forces which led to the initiation and development of the program, its successes and failures, the problems faced, the achievements of clinical scholar alumni, and the program's current status.

00589

0228336 83108192

**Present and future research on multihospital systems.**

Kaluzny AD

Health Serv Res ,Winter 1982, 17 (4) p331-6, ISSN  
0017-9124 Journal Code: G2L

Languages: ENGLISH

0228164 83106389

**Increasing demand for dental care: AGD advertising pays off.**

Millenson LJ

Gen Dent ,May-Jun 1982, 30 (3) p206-18, 220, 223, ISSN  
0363-6771 Journal Code: FLO

Languages: ENGLISH

01396

0228100 83104777

**International collaboration in drug utilization research.**  
Kennedy DL  
Drug Intell Clin Pharm ,Dec 1982, 16 (12) p954-5, ISSN  
0012-6578 Journal Code: EBU  
Languages: ENGLISH

0227609 83086643

**Function of the Japan Hospital Association.**  
Takahashi M  
Jpn Hosp ,Jul 1982, 1 p65-73, Journal Code: KTA  
Languages: ENGLISH

0227516 83079432

**Problems in measuring the cost of illness.**  
Cohodes DR  
Eval Health Prof ,Dec 1982, 5 (4) p381-92, ISSN  
0163-2787 Journal Code: ENK  
Languages: ENGLISH

Cost of illness (COI) studies have grown in importance in the last decade. They are frequently used in funding decisions for selected health care programs. Cost of illness study proponents present their results as objective, unbiased analysis. Yet, there are severe conceptual and methodological difficulties with the technique. Given its methodological weaknesses, the singular use of COI analysis to reach policy decisions may be no better than the political decision process it was intended to replace.

0227015 83094487

**A measure of community health needs and actions in a rural area of Iraq. The Abu-al-Khasib experience.**

Joseph G; Sugathan TN; Ramankutty P; Alkafajei AM; Antony R; George A; Habib OS; Yacoub AA; Mahmood DA; Ajeel NA  
Trop Geogr Med ,1982, 34 (3) p279-86, ISSN 0041-3232  
Journal Code: WGJ  
Languages: ENGLISH

A longitudinal enquiry was carried out among randomly selected households in four villages in Abu-al-Khasib district of Iraq, to study health needs as perceived by the community and actions people take when the need arises. Almost three-quarters of the spells of sickness as perceived by the community were among mothers and children. Most of the morbidity was found to be within the scope of preventive services at the local health centre level. Health centre services were underutilised. Only half of the spells of sickness were reported to the local health centres for medical care; a reason for this phenomenon is the emerging preference for care at the hands of clinical specialists. The action the community takes when a health need arises depends on their perception and this is determined by rapid social and educational development. The need to increase demand for

normal care, especially that of mother and child, is stressed; this care may be strengthened through introduction of a domiciliary component.

00530

0226915 83093167

**Tales of the expected: a case-study in health service management.**

Black N  
Soc Sci Med ,1982, 16 (20) p1801-6, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Scientific approaches, such as operational research and health economics, have failed to resolve many of the problems confronting managers of health services. This is partly because of assumptions about the value-free nature of information and partly through paying little regard to power conflicts in care systems. The case-study method offers a means of understanding some aspects of these conflicts and could therefore improve the effectiveness of scientific methods in influencing decisions. An example of a case-study involving perinatal care in an English health district is described in an attempt to demonstrate the practical benefits that could accrue to managers hoping to see their macro-study findings effecting change.

0226367 83087363

**Start-up utilization by disenrollees: a reply.**  
Baloff N; Griffith MJ  
Med Care ,Dec 1982, 20 (12) p1243-5, ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

0226301 83086073

**Family Medicine: the need for research [editorial]**  
Rakel RE  
JAMA ,Jan 7 1983, 249 (1) p75-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

01397

0226300 83086069  
**Family medicine research. Status at the end of the first decade.**

Culpepper L; Franks P  
JAMA ,Jan 7 1983, 249 (1) p63-8, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

In a national survey of family medicine university units and residencies, 549 MD and 135 PhD faculty pursuing family medicine research were identified. Resources available for research were assessed, as were practice data system characteristics. The practice base nationally of programs pursuing research included 2.6 million patients from 1 million families, making 5.1 million visits per year. Common major impediments to research reported by programs included lack of faculty time (78%), lack of funding for faculty (61%) or staff, equipment and supplies (48%), and lack of research skill (45%) and role models (43%). The annual amount of all research grants received for calendar year 1979 was \$3.4 million, of which \$2.6 million was from federal government sources. This represented 0.06% of the federal health research effort. Continued development of family medicine research will require increased funding support both for research and research training.

0225930 83082194  
**Parents' perceptions of needs for themselves and their children in a cerebral palsy clinic.**

Coffman SP  
Issues Compr Pediatr Nurs ,Jan-Feb 1983, 6 (1) p67-77,  
ISSN 0146-0862 Journal Code: G94  
Languages: ENGLISH

0225786 83080581  
**Social work training to meet the needs of the aged in Israel.**

Chaiklin H; Loewenstein A  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p243-8, ISSN  
0270-1960 Journal Code: FPC  
Languages: ENGLISH

0225777 83080572  
**Developing an empirically grounded applied gerontology program.**

Ernst M; Ernst NS; Wilson LB  
Gerontol Geriatr Educ ,Spring 1982, 2 (3) p183-9, ISSN  
0270-1960 Journal Code: FPC  
Languages: ENGLISH

0225629 83079561

**Need and demand for orthodontic treatment in a group of women in Sweden.**

Mohlin B  
Eur J Orthod ,Nov 1982, 4 (4) p231-42, ISSN 0141-5387  
Journal Code: EOS  
Languages: ENGLISH

0225558 83078206  
**Therapeutic Intervention Scoring System: update 1983.**

Keene AR; Cullen DJ  
Crit Care Med ,Jan 1983, 11 (1) p1-3, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

The Therapeutic Intervention Scoring System (TISS) introduced in 1974 has become a widely accepted method of classifying critically ill patients. In response to requests to update the system because of recent innovations in critical care, some items have been deleted, some have been added, and certain point scores have been adjusted. Explanations of items within the system and guidelines for the user are included. A comparison of the new 1983 system to the old 1974 system in 100 consecutive patients reveals no difference in total point scores. We hope this updated explanation will ease the task of assessing use of intensive care services.

0225041 83062428  
**Needs assessment: an overview for health educators.**

Smith IK; Smith JO; Ross GR  
Mobius ,Apr 1982, 2 (2) p52-9, ISSN 0272-3425 Journal  
Code: NFF  
Languages: ENGLISH

01398

0224081 83067388

**Health care accommodation in Scotland.**

Maclachlan J

Scott Med J ,Oct 1982, 27 (4) p325-30. ISSN 0036-9330

Journal Code: UJK

Languages: ENGLISH

The Medical and Nursing Advisers of the Scottish Health Service, Common Services Agency, Building Division, advise upon the planning of health care accommodation. The overall spread of beds by function is given in a review of existing health care buildings in the year 1981. The numbers of hospital beds and of various groups of staff in the hospital and community services are calculated per 100,000 population so that any unusual disparity can be ascertained. One of the parameters for health building planning is fiscal control and so the cost per hospital in-patient week is tabulated for eight groups of specialities. The appropriate responsibilities of the Regional Councils in Scotland in 1979 are considered along with the responsibilities of Health Boards because part of each Social Work Department's work is the provision of accommodation and social care for those in need as opposed to the National Health Service responsibility for the health care of those in hospital and in the community. An overall view of residential accommodation for those requiring medical treatment or social care is presented in tabular form. The views expressed are not necessarily those of the Common Services Agency.

0223538 83062755

**New Jersey's experiment with DRG-based hospital reimbursement.**

Iglehart JK

N Engl J Med ,Dec 23 1982, 307 (26) p1655-60, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0223524 83062565

**[Research planning without regimentation. Concept of "open research planning" with the example of the Federal Government Program "Research and development in the service of health"]**

Forschungsplanung ohne Dirigismus. Konzept "offener Forschungsplanung" am Beispiel des Programms der Bundesregierung "Forschung und Entwicklung im Dienste der Gesundheit".

Heeg S

MMW ,Oct 1 1982, 124 (39) p845-8, ISSN 0341-3098

Journal Code: NMM

Languages: GERMAN Summary Languages: ENGLISH

0223196 83058422

**Needs and medicine.**

Willard LD

J Med Philos ,Aug 1982, 7 (3) p259-74, ISSN 0360-5310

Journal Code: IZD

Languages: ENGLISH

It is argued that human needs are not facts (properties, states, processes, relations) about people, but are values. The reasons presented for this position are (1) that needs are goal oriented and goals are things people value, (2) that 'need' functions as a basic motivational term, and (3) that disagreements about what people need are disagreements in attitude toward, and emotional attachment to, things variously considered to be valuable. If human needs are not facts, then, of course, health or medical needs are not. Viewing health or medical needs as discoverable facts, rather than values, engenders certain difficulties in the following areas of concern: (a) Deciding when surgery is necessary and when unnecessary; (b) Defining the concepts of health and disease; (c) Evaluating some consequences of the development of medical science and technology; and (d) Understanding the alleged conflict between patients' health needs and their human rights.

0222994 83055864

**Converting the need for care into demand for services.**

Davis P

Int Dent J ,Sep 1982, 32 (3) p271-80. ISSN 0020-6539

Journal Code: GPT

Languages: ENGLISH

Two strategies for converting need into demand are identified. One, a longer term programme, involves raising the level of 'want', or perceived need, through attitude change. The other has a more immediate impact and involves increasing the rate at which perceived needs are converted into demands by reducing organizational barriers. It is argued that, potentially, a quarter of the adult population is susceptible to demand expansion under the second strategy. Although racial and social class differentials in perceived need would be unaffected by such a programme, inequality in demand would be reduced. A number of quite specific initiatives are suggested. First, the retentiveness of the dental system can be increased, especially among marginal groups, through the establishment of a more egalitarian clinical relationship, by the exercise of human relationship skills, through behavioural strategies for increasing compliance and through improved access. Secondly, improved geographical access can be achieved through tapping the 'captive' populations present in two major institutional areas, the school and the work site. This requires mobility in deployment of resources and flexibility in negotiating the organization and financing of care. Finally, more rational visit schedules, organizational arrangements and payment systems need to be developed in the average dental practice.

01399

0222993 83055863

**The concept of need in dental care.**

Sheiham A; Maizels JE; Cushing AM

Int Dent J ,Sep 1982, 32 (3) p265-70, ISSN 0020-6539

Journal Code: GPT

Languages: ENGLISH

The most commonly used methods of assessing need for treatment are based solely on clinical criteria. Recently, it has been recognized that a wider interpretation than that provided by clinically assessed need is required. Measures of need should include the impact of ill health upon individuals, the degrees of dysfunction and the perceptions and attitudes of patients. Although there is no generally agreed definition of need, the taxonomy suggested by Bradshaw (1972) is recommended. He divides need into normative, felt, expressed and comparative types. One of the major shortcomings of all methods of assessing need is that they do not assess the need and propensity for preventive care and health education. A more realistic assessment of treatment needs should include the functional and social dimensions of dental disease and an assessment of the social and motivational factors which predispose people towards dental ill health and influence the effectiveness of treatment and health education. Some dental needs are not very well assessed. In particular, the assessment of the need for treatment of malocclusion, whilst claiming to be objective, does not incorporate measures of lay perception or impact of the condition. Instead of relying only upon purely clinical methods of assessing needs, the development of sociodental indicators is required. This will encourage a shift in emphasis away from the mechanical to the behavioural aspects of treatment and the development of a health-orientated model of care in preference to the sickness model that dominates current dental services.

0222633 83052037

**On projecting the number of long-stay mentally handicapped patients in West Berkshire hospitals.**

Woodward M

Community Med ,Aug 1982, 4 (3) p217-30, ISSN 0142-2456

Journal Code: DNI

Languages: ENGLISH

0222632 83052036

**District revenue targets.**

Knox EG

Community Med ,Aug 1982, 4 (3) p209-16, ISSN 0142-2456

Journal Code: DNI

Languages: ENGLISH

0222468 83050395

**Family physician manpower: poor planning with inaccurate data.**

Moore CA

Can Med Assoc J ,Dec 15 1982, 127 (12) p1180-2, ISSN

0008-4409 Journal Code: CKW

Languages: ENGLISH

0221573 83043454

**[Problems in the planning and implementation of a study of the determination of psychotherapy needs]**

Einige Probleme der Planung und Durchführung einer Untersuchung zur Ermittlung der Psychotherapiebedürftigkeit.

Starke H; Winiecki P; Bernt H

Z Gesamte Hyg ,Aug 1982, 28 (8) p561-4, ISSN 0049-8610

Journal Code: XUD

Languages: GERMAN Summary Languages: ENGLISH

0221424 83041412

**Issues in studying ancillary services.**

Roos LL Jr

Soc Sci Med ,1982, 16 (17) p1583-90, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

This paper examines several approaches to studying ancillary services usage. The likely generalizability of results provides one criterion for picking site, study population and conditions studied. Breaking up such an aggregate figure as mean annual ancillary services charges per patient into its component parts helps identify the different contributors to high cost practice patterns. Potential differences in case mix are noted as providing the most severe threat to interpreting variation in ancillary services use across practitioners and practice settings. Strategies for dealing with case mix problems include: focusing on specific diseases and specific specialities, stratifying within diagnostic categories, using multiple comparisons and multivariate analysis, pairing of visits and episodes and applying small area techniques.

0221408 83041390

**A resource inventory approach to needs assessment. Examples from a statewide hypertension control program.**

Bosanac EM; Petersen VJ; Forren GL; Baranowski T

Soc Sci Med ,1982, 16 (13) p1301-7, ISSN 0277-9536

Journal Code: UT9

Languages: ENGLISH

01400

00591

0221406 83041388

**The demand for dental health.**

Hay JW; Bailit H; Chiriboga DA

Soc Sci Med ,1982, 16 (13) p1285-9. ISSN 0277-9536

Journal Code: UT9

Contract/Grant No.: R18-HS01545

Languages: ENGLISH

This study evaluates the determinants of demand for dental health in the context of an econometric model where dental health and dental care are jointly endogenous. The theoretical analysis is based on the application of economic theory to production activities occurring at the individual or household level. A number of hypotheses concerning the change in demand for home and market dental care with respect to price and income changes are posited and empirically tested. Additional hypotheses concerning the relation between dental care and dental health are also examined statistically while controlling for a variety of sociodemographic and economic factors. One of the key empirical findings is that the net price elasticity for dental services is quite low (-0.2) for this sample of individuals with high dental insurance coverage.

0221370 83041109

**[The effect of socio-cultural factors on the demand for psychiatric services]**

L'influence des facteurs socio-culturels sur la demande en soins psychiatriques.

Samitca DC

Schweiz Arch Neurol Neurochir Psychiatr ,1982, 130 (2) p159-77, ISSN 0036-7273 Journal Code: UDS

Languages: FRENCH Summary Languages: ENGLISH

Western psychiatrists observed during the last twenty years progressive changes of the morbidity. The classic neurosis became rare, the character pathology steadily increased, the non-psychotic depressions showed a marked increase and new categories of patients (both individual or collective) appeared. The only conceptual model which enables us to understand this phenomena is the "New Triangle". By this name the author designates a multisystemic application of Engel's bio psycho-social model to psychiatry. The interacting elements of the "New Triangle" are: the individual with his/her psychic structure and his/her history, the extra and/or intra-psychic stressors and the stress protective factors (social support systems). A modification of their equilibrium will result in a nonspecific (crisis situation) or specific, decompensation. The ways the particular sociocultural aspects of the post industrial society may modify an aspect or/and another of the "New Triangle" are described. It seems desirable to be no longer content with a nosological diagnosis, but to endeavour to establish a systemic situational one in which the interaction type and functional level of all elements of the "New Triangle" be evaluated.

0221210 83038940

**Needs assessment for advanced cancer patients and their families.**

Grobe ME; Ahmann DL; Ilstrup DM

Oncol Nurs Forum ,Fall 1982, 9 (4) p26-30. ISSN

0190-535X Journal Code: PAD

Contract/Grant No.: CA-15083

Languages: ENGLISH

0221182 83038866

**Living in a camp: a place of refuge.**

While A

Nurs Mirror ,Oct 6 1982, 155 (14) p34-5. ISSN 0029-6511

Journal Code: 098

Languages: ENGLISH

0220950 83037785

**Dental health and treatment requirements in students of Dunedin Teachers College.**

Brown RH; Wright FA; Beck DJ; King RM

NZ Dent J ,Jul 1982, 78 (353) p85-8. ISSN 0028-8047

Journal Code: OBN

Languages: ENGLISH

0220857 83036482

**Physician need in Minnesota.**

Bland CJ; Prestwood JS

Minn Med ,Aug 1982, 65 (8) p503-9. ISSN 0026-556X

Journal Code: NBY

Languages: ENGLISH

0220350 83031575

**Interests and needs of college students in health education.**

Baldi S; Cyb C

J Am Coll Health ,Apr 1982, 30 (5) p234-6. ISSN

0744-8481 Journal Code: H5E

Languages: ENGLISH

01401



0220346 83031569  
**Sexual concerns and counseling needs of "normal" women attending a student health service women's clinic.**  
Wiesmeier E; Forsythe AB  
J Am Coll Health ,Apr 1982, 30 (5) p212-5, ISSN 0744-8481 Journal Code: H5E  
Languages: ENGLISH

0220119 83029142  
**Meeting the mental health needs of the aged: the role of psychiatric emergency services.**  
Simson S; Wilson LB  
Hosp Community Psychiatry ,Oct 1982, 33 (10) p833-6, ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

The mental health emergency service is a critical triage point for making decisions about the delivery of a variety of services needed by an increasingly large elderly population. This study explores the roles of two mental health emergency services in providing services and linking elderly clients with elements of the health, mental health, and long-term care systems. A data base was established by a retrospective review of 350 records of elderly clients treated at two urban mental health emergency facilities over a one-year period. Key findings are presented about the demographic characteristics of users age 60 and over, diagnoses, referral and disposition patterns, repeater usage, and emergency versus nonemergency usage. Recommendations are made on the future role of mental health emergency services in meeting the complex health and mental health needs of the elderly in the community.

0219946 83026149  
**Mental health needs assessment: beware of false promises.**  
Royse D; Drude K  
Community Ment Health J ,Summer 1982, 18 (2) p97-106, ISSN 0010-3853 Journal Code: DNH  
Languages: ENGLISH

Needs assessment is considered by experts to be an essential part of mental health planning. Unfortunately, almost anything can pass for a needs assessment. This article briefly examines the methodological limitations of the diverse and unstandardized approaches as well as the conceptual problems associated with needs assessment. The authors suggest that needs assessments could become much more useful if policy-setting and funding bodies would more explicitly state their expectations, if there were greater use of standardized instruments, and if efforts could be directed towards the cataloging of known needs assessment instruments. Further, the state of the art would be advanced if an expert committee could be formed to develop national standards for needs assessments.

0219942 83026143  
**Resources rural consumers indicate they would use for mental health problems.**  
Flaskerud JH; Kviz FJ  
Community Ment Health J ,Summer 1982, 18 (2) p107-19, ISSN 0010-3853 Journal Code: DNH  
Contract/Grant No.: RO 1 HS 02778  
Languages: ENGLISH

This study identified the health resources that rural consumers in DHHS Region V indicated they would use for mental health problems. Data were collected by survey research methods from a probability sample of 3057 rural residents. The study found that rural residents prefer to use primary care givers for mental health problems except in the case of serious mental illness.

0219326 83019833  
**Special needs of low-income mothers of developmentally delayed children.**  
Eheart BK; Ciccone J  
Am J Ment Defic ,Jul 1982, 87 (1) p26-33, ISSN 0002-9351 Journal Code: 3MA  
Languages: ENGLISH

The needs that were created or intensified for 36 low-income mothers in the first years after learning that they were the parents of a developmentally delayed child were investigated, and intervention strategies to help these mothers get their special needs met were identified. Results suggest that the overwhelming need of these mothers was to learn how to cope with the many unknowns about their child's future and that an effective intervention strategy might be the establishment of groups run by and for parents in conjunction with early intervention programs for the children.

0219113 83017027  
**Perception of dental needs by the well elderly.**  
Marinelli RD; Sreebny LM; Kamen S  
Spec Care Dentist ,Jul-Aug 1982, 2 (4) p161-4, ISSN 0275-1879 Journal Code: U99  
Languages: ENGLISH

Journal Code: HY7

Languages: ENGLISH

0218669 83011629

**Regression analysis in health services research: the use of dummy variables.**

Polissar L; Diehr P

Med Care ,Sep 1982, 20 (9) p959-66, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

Dummy variables frequently are used in regression analysis but often in an incorrect fashion. A brief review of examples in the medical care literature showed that the interpretation of dummy variable regression coefficients and their significance was often incorrect or unclear. This article shows how dummy variables can be used and assessed properly. The importance of testing for the joint effect of a group of dummy variables is stressed. It also gives a standard and useful extension of the dummy variable technique to testing for the effect of collections of variables.

00592

0218212 83006469

**Quality assurance as a managerial innovation: a research perspective.**

Kaluzny AD

Health Serv Res ,Fall 1982, 17 (3) p253-68, ISSN 0017-9124 Journal Code: G2L

Languages: ENGLISH

Quality assurance is defined and concepts from innovation theory are applied to the study of quality assurance programs. Two distinct although not mutually exclusive perspectives on innovation are considered--the diffusion perspective, focusing on the innovation itself and its implementation, and the adoption perspective, highlighting factors characteristic of the adoption unit (i.e., the organization or individuals within it) that facilitate or impede the adoption process. Directions for future research are suggested.

0218324 83007981

**Has organized dentistry failed to meet the dental needs of the american people? The American Dental Association's perspective.**

Kerr IL

J Dent Educ ,Oct 1982, 46 (10) p609-11, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

0218019 83003259

**Mexican morbidity as a starting point for radiological planning.**

Cordera A

Diagn Imaging ,1982, 51 (3-4) p183-6, ISSN 0378-9837

Journal Code: EAI

Languages: ENGLISH

A meeting was held in Mexico City in 1980 to discuss the situation of diagnostic radiology in Latin America. X-ray departments are part of the medical care system of each country, utilized mainly in diagnosis. There are various approaches to health care, some of which are political, but technology should be used for its own value only. Social needs must be defined and the availability and costs studied. Priorities must also be defined. 80% of the morbidity is related to socioeconomic factors. Resources cannot satisfy demand, but should be concentrated on the most common problems. This should be the beginning of an ongoing analysis searching for the solutions for diagnostic radiology in Latin America.

0218323 83007980

**Has organized dentistry failed to meet the dental needs of the american people? The Department of Health and Human Services' perspective.**

Robertson JD

J Dent Educ ,Oct 1982, 46 (10) p605-8, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

0218322 83007979

**Has organized dentistry failed to meet the dental needs of the american people? The Federal Trade Commission's perspective.**

Hailey GD

J Dent Educ ,Oct 1982, 46 (10) p602-4, ISSN 0022-0337

Journal Code: HY7

Languages: ENGLISH

0218321 83007978

**Has organized dentistry failed to meet the dental needs of the American people? An educator's perspective.**

Goldhaber P

J Dent Educ ,Oct 1982, 46 (10) p597-601, ISSN 0022-0337

01403

0218011 83003251

**Trauma in the rural areas of Western Nigeria and the need for basic radiological services.**

Makanjuola D

Diagn Imaging .1982, 51 (3-4) p139-45, ISSN 0378-9837  
Journal Code: EAI

Languages: ENGLISH

Trauma requiring radiological investigation in rural areas of Nigeria is mainly the result of road accidents and occupational or domestic injuries. The latter account for 21% of all trauma, and males are far more commonly affected. Treatment is often delayed because of the long distances which patients must travel to district hospitals where radiological facilities are available. These injuries often become heavily infected. Some go to traditional healers who do not require radiological investigation before treatment. The consequence is high mortality and morbidity. The delay in treatment also affects other medical problems which require radiological investigations at the primary care level. A basic radiological service in the primary care centres will indisputably improve the present situation and attract more doctors to work in these areas.

0217673 82275621

**Research policy statement of the AUPHA Board of Directors.**

Program Notes Assoc Univ Programs Health Adm ,Spring 1982, (99) p50-3, ISSN 0098-1559 Journal Code: QAH

Languages: ENGLISH

0217519 82265427

**Processes and payoffs of programmatic action research.**

Stebbins MW; Snow CC

J Appl Behav Sci .1982, 18 (1) p69-86, ISSN 0021-8863  
Journal Code: HD9

Languages: ENGLISH

(22 Refs.)

0217518 82265426

**Using social policy research for reducing social problems: an empirical analysis of structure and functions.**

van de Vall M; Bolas C

J Appl Behav Sci .1982, 18 (1) p49-67, ISSN 0021-8863  
Journal Code: HD9

Languages: ENGLISH

(38 Refs.)

0217499 82265034

**Longitudinal analysis of the problems of hospital administrators.**

Carper WB

Hosp Health Serv Adm ,May-Jun 1982, 27 (3) p82-95, ISSN 0364-4553 Journal Code: G9T  
Languages: ENGLISH

0217478 82264929

**The utilization of research in the national health policy debate: a case example.**

Salter V; Enterline PE

Health Policy Q Eval Util ,Spring 1982, 2 (1) p53-64, ISSN 0163-5107 Journal Code: G3A

Languages: ENGLISH

0217217 82261420

**Behaviorally caused loss of health and the use of medical care.**

Sindelar JL

Econ Inq ,Jul 1982, 20 (3) p458-71, ISSN 0095-2583  
Journal Code: EEF

Languages: ENGLISH

This paper extends the analysis of the demand for medical care to an aspect which has previously been ignored: variations in expected, as opposed to experienced, cause of losses of health and the current use of medical care. Losses of health which cannot be prevented by the prior use of medical care are hypothesized to decrease the use of medical care by reducing the rate of return to investments in health, ceteris paribus. The reduction in the rate of return occurs both because these losses curtail the length of the stream of benefits to the use of medical care and because prior use of medical care is not effective in reducing the occurrence of these types of loss. Empirical findings support this hypothesis. Results suggest that differences in expected losses may account for some of the differences in utilization of medical care by sex.

0216972 82281591

**Testimony for the neglected: the mentally ill in the post-deinstitutionalized age.**

Pepper B; Ryglewicz H

Am J Orthopsychiatry ,Jul 1982, 52 (3) p388-92, ISSN 0002-9432 Journal Code: 3R6

Languages: ENGLISH

01404

Languages: ENGLISH

0216912 82281312

**The Kentucky elderly need assessment: concurrent validity of different measures of unmet need.**

Murrell SA; Brockway JM; Schulte P

Am J Community Psychol ,Apr 1982, 10 (2) p117-32, ISSN 0091-0562 Journal Code: 3FV

Languages: ENGLISH

The purpose was to examine the concurrent criterion-based validity of different measures used in a statewide in-home need assessment survey of a representative sample of 570 older persons. Need was measured and defined in four different ways in six problem areas. The criterion measure was a life satisfaction scale. The set of four need measures yielded a significant multiple R, indicating that the set would generally be related to life satisfaction in older persons. Individually, three of the four need measures made significant contributions. The set of six problem areas also yielded a significant multiple R, with four (Mental Health, Health, Income, Nutrition) making significant individual contributions. Implications for need assessment measurement included: that problem-focused measures are strongly and generally related to need satisfaction, whereas service-focused measures have problems; that both evaluative and descriptive measures appear to be related to need satisfaction; and the clear value of a multilineed conception for measurement and for application to program planning and resource allocation. Suggestions for improvement in measures were made and cross-validation called for.

0216531 82277344

**Survey approach to estimating demand for physician assistants.**

Scheffler RM; Gillings DB

Soc Sci Med ,1982, 16 (10) p1039-47, ISSN 0277-9536 Journal Code: UT9

Languages: ENGLISH

A national probability sample of physicians was surveyed by mail to provide an estimate of the number of job openings for physician assistants (PAs). The responses were used to undertake an empirical analysis of the factors which influence a physician's decision to hire a PA. Estimates were adjusted to account for survey non-response. This approach may be useful for estimating the employment demand for other types of health workers employed by physicians. It was found that in 1976 there was an unconditional demand for 20,338 PAs and a further conditional demand for 3417 PAs. This contrasts sharply with the fact that as a March 1977 only 4845 PAs had graduated from training programs. Approximately 53% of this employment demand was from physicians in the primary care specialties (general/family practice, Obstetrics/gynecology, internal medicine, and pediatrics). Of note was the finding that physicians expected to pay PAs a lower salary than was being received in the market place. Further, 27% of physicians not willing to hire PAs indicated lack of knowledge about them as the main reason for not hiring.

0216848 82280706

**Methodology of data collection. Utilization of routine statistics from mental and other health services.**

Brooke EM

Acta Psychiatr Scand [Suppl] ,1982, 296 p24-32, ISSN 0065-1591 Journal Code: 1W3

Languages: ENGLISH

0216748 82279558

**[Analysis of the needs of the population of the Poznan region in the area of rehabilitation]**

Analyse der Bedürfnisse der Bevölkerung in der Wojewodschaft Poznan auf dem Gebiet der Rehabilitation.

Milanowska K

Z Gesamte Hyg ,May 1982, 28 (5) p343-4, ISSN 0049-8610 Journal Code: XUD

Languages: GERMAN

0216722 82279348

**Sixty-ninth session of the WHO Executive Board; highlights of the executive board.**

WHO Chron ,1982, 36 (2) p55-64, ISSN 0042-9694 Journal Code: XNQ

01405

0216316 82275464

**Physical therapy manpower planning. Projection models and scenarios of 1985.**

Breegle GG; King E  
Phys Ther ,Sep 1982. 62 (9) p1297-306. ISSN 0031-9023  
Journal Code: P6W  
Languages: ENGLISH

Faced with the difficult task of coordinating statewide health education, the Kentucky Council on Higher Education is using several manpower projection statistics as one component of their decision-making process. These manpower data are essential when considering the establishment, expansion, continuation, or termination of health-related academic programs. Three models were used to project manpower requirements for licensed physical therapists in Kentucky. The models were 1) manpower:population ratio, 2) trend analysis based on time series, and 3) the American Physical Therapy Association's health-needs method. Four variants of the manpower:population ratio model are discussed and presented: population ratio based on 1) national ratio, 2) Kentucky ratio, 3) weighted national ratio, and 4) weighted Kentucky ratio. The trend analysis model is presented and discussed. The health-needs approach, based on expert opinion and health-related variables, identifies the quantity and quality of services required to provide the Kentucky population with the best possible care. The paper concludes with three brief scenarios describing the possible effects of the three models and physical therapy in Kentucky. The scenarios unfold from differing assumption about the effects of manpower production on health care. Scenario A is a "current arrangement" scenario. Scenario B considers the effects of predicting future manpower requirements and resources based on the past. Scenario C projects the effects of a comprehensive plan on the goal of producing the best possible care for all Kentuckians.

0216220 82274458

**Projecting demand for cardiac pacemakers.**

Ronen B; Pliskin JS; Feldman S  
PACE ,Jul 1982. 5 (4) p501-5. ISSN 0147-8389 Journal Code: PAB  
Languages: ENGLISH

A cardiac pacemaker implantation program involves substantial resources of money, facilities, and manpower. This paper presents a model for forecasting future numbers of implants, thus enabling the more efficient use of such resources. The model embraces both new implants and replacements, both short-term and long-term planning, and can be used with relevant data from any source.

0215848 82272289

**Cardiac-catheterization and cardiac-surgical facilities: use, trends, and future requirements.**

Kennedy RH; Kennedy MA; Frye RL; Giuliant ER; McGoon DC; Pluth JR; Smith HC; Ritter DG; Nobrega FT; Kurland LT

N Engl J Med ,Oct 14 1982. 307 (16) p986-93. ISSN 0028-4793 Journal Code: NOW

Contract/Grant No.: GM-14231; AM-30582; HRA 231-77-0116

Languages: ENGLISH

Cardiac catheterizations and cardiac operations were evaluated in the population of Olmsted County, Minnesota, from 1973 through 1980, and trends in this region were compared with nationwide trends based on data from several sources. The rates of coronary arteriography and coronary-artery bypass operations in Olmsted county have increased over time, but overall, the rates of catheterization and operation appeared to be leveling off. For the country as a whole, the data appear to show similar trends, but there are wide differences among regions in the rates of operation and catheterization. In 1980 40 per cent of hospitals with cardiac-catheterization laboratories and 55 per cent of those with facilities for open-heart surgery were doing fewer than the suggested minimum numbers of these procedures necessary to achieve optimum results. The data support the view that further growth in the number of cardiac centers should be avoided. We believe there is a need for continued evaluation of the use of cardiac services if quality is to be protected and costs controlled.

0215710 82270727

**Validation of a patient satisfaction scale: theory, methods and practice.**

Hulka BS; Zyzanski SJ  
Med Care ,Jun 1982. 20 (6) p649-53. ISSN 0025-7079  
Journal Code: LSM  
Languages: ENGLISH

This communication discusses more than a decade of developments in the measurements of attitudes toward physicians and medical care. Particular emphasis is given to a scale first reported in 1970 and to a 1981 publication attempting to validate this scale. The analytic strategies proposed as validation techniques are reviewed with respect to their technical properties, underlying assumptions and interpretability. Constraints on each of these features are noted. The most restrictive feature of these analyses is the presumption that validity can be achieved only through a unidimensional framework. Attitudes toward medical care are based on a diversity of substantive issues, and they are influenced by individual experiences and psychological characteristics as well as the circumstances surrounding scale administration. We propose that validation of patient attitude scales be based on a more generous conceptualization of their content and some consideration of their purpose and uses.

01406

0215229 82264814

**Improving the knowledge base for health systems management: the strategy at Case Western Reserve University.**

Neuhauser D; Cohen D; Dowling A; Silvers JB  
Health Care Manage Rev ,Summer 1982, 7 (3) p43-7, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215227 82264812

**A framework for putting hospital planning into practice.**

Thompson RE  
Health Care Manage Rev ,Summer 1982, 7 (3) p29-33, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215219 82264804

**A model for optimizing the number of operating rooms in a hospital surgical suite.**

Hopkins DS; Gerson A; Levin PJ; Merchant RS  
Health Care Manage Rev ,Spring 1982, 7 (2) p49-64, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215217 82264802

**Managing variability in demand: a strategy for productivity improvement in health care services.**

Sahney VK  
Health Care Manage Rev ,Spring 1982, 7 (2) p37-41, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215207 82264792

**Program planning in a small community health care setting.**

Clemenhagen C; Champagne F  
Health Care Manage Rev ,Winter 1982, 7 (1) p47-55, ISSN  
0361-6274 Journal Code: G11  
Languages: ENGLISH

0215050 82263028

**Sources of support for the elderly during illness.**

Stoller EP  
Health Soc Work ,May 1982, 7 (2) p111-22, ISSN  
0360-7283 Journal Code: F26  
Languages: ENGLISH

0214897 82260831

**Critical care tomorrow: economics and challenges.**

Thompson WL  
Crit Care Med ,Sep 1982, 10 (9) p561-8, ISSN 0090-3493  
Journal Code: DTF  
Languages: ENGLISH

0214868 82260578

**Prevalence of dental caries and demands for services among Israeli kibbutz youth.**

Anaise JZ; Mann J  
Community Dent Oral Epidemiol ,Jun 1982, 10 (3) p161-2,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

The purpose of the present study was to assemble information regarding caries prevalence among adolescent residents of kibbutzim in Israel. A total of 465 teenagers in 10 kibbutzim were examined for dental caries experienced. The DMFT figures derived in the study were almost double the values recorded for a comparable kibbutz age groups in the later 60's. Mean DMFT values were found to increase with age. The mean number of decayed teeth (D) showed a similar distribution. The proportion of teenagers free of caries was 1.5% and only 2.3% did not require any treatment. Despite the overwhelming need for dental care noted among kibbutz youth, only 21.6% were receiving care of their dental needs. Since physical blocks to access to dental care are almost non-existent in the kibbutz, it was suggested that the reason for the high rates of unmet needs, could, at least partially, be attributed to fear of pain and anxiety about the treatment.

0214446 82240479

**Identifying market segments within a health care delivery system: a two stage methodology.**

Reese RM; Stanton WW; Daley JM  
J Health Care Mark ,Summer 1982, 2 (3) p10-23, Journal  
Code: IAO  
Languages: ENGLISH

0214091 82254236

**Health services in Shanghai County: the future of US-PRC governmental collaboration in health services research.**

Yang MD; Koplan JP; Bryant JH  
Am J Public Health ,Sep 1982, 72 (9 Suppl) p92-3, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

01407

0214090 82254235

**Background of US-PRC government cooperation in health: descriptive study and workshop on health services research in Shanghai County.**

Yang MD; Bryant JH; Henry P  
Am J Public Health , Sep 1982, 72 (9 Suppl) p9-11, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0213821 82252149

**Medical research practice and policy in the Caribbean.**

Jackson A  
West Indian Med J , Mar 1982, 31 (1) p3-9, ISSN  
0043-3144 Journal Code: XN4  
Languages: ENGLISH

0213780 82251101

**The demographic impact of the family planning--health services project in Matlab, Bangladesh.**

Phillips JF; Stinson WS; Bhatia S; Rahman M; Chakraborty J  
Stud Fam Plann , May 1982, 13 (5) p131-40, ISSN  
0039-3665 Journal Code: V52  
Languages: ENGLISH

This paper evaluates the demographic impact of the Family Planning-Health Services Project in Matlab Thana of rural Bangladesh. The project was begun by the International Centre for Diarrhoeal Disease Research, Bangladesh in October 1977. Contraceptive services--including pills, condoms, IUDs, sterilization, and injectables--are supplemented by oral rehydration, tetanus toxoid, and other services. About 33 percent of eligible couples are using contraception. Impact is evaluated by direct measurement of birth rates in the treatment and comparison areas. An overall fertility decline of about 25 percent is observed, concentrated among older women. The impact is two-to-three times that of an earlier project that included fewer methods and used lesser trained workers. The study shows that intensive family planning efforts can affect fertility in the absence of socioeconomic changes.

services. The evidence reviewed here supports the hypothesis that variations occur to a large extent because of differences among physicians in their evaluation of patients (diagnosis) or in their belief in the value of the procedures for meeting patient needs (therapy). This hypothesis, which we call the professional uncertainty hypothesis, is germane to current controversies concerning the nature and extent of supplier influence on the demand for medical services. It is also important because of its implications for health regulatory policy. Our plan is to (1) review the relevance of the hypotheses for the supplier-induced demand controversy; (2) review the epidemiologic evidence on the nature and causes of variation; (3) examine patterns of use of common surgical procedures to illustrate the importance of supplier influence on utilization; and (4) consider some of the implications of the professional uncertainty hypotheses for public policy.

00593

0213709 82250013

**Social psychological determinants of patient satisfaction: a test of five hypothesis.**

Linder-Pelz S  
Soc Sci Med , 1982, 16 (5) p583-9, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Five hypothesis regarding the social psychological determinants of patient satisfaction were tested among patients attending the primary care clinics of a university medical center in Manhattan. The social psychological variables operationalized here were expectations, values, entitlement and perceived occurrences; the three dimensions of satisfaction studied were doctor conduct, convenience and general satisfaction. The social psychological variables together were found to explain only a small proportion of the variance in satisfaction, although their contribution varied with the dimension of satisfaction. Expectations consistently explained most of the variance in satisfaction ratings; particularly noteworthy was the direct effect of prior expectations of the doctor's conduct on subsequent satisfaction with that dimension of the care received. Values had little independent effect on satisfaction, and the combination of values and expectations (their interaction) was unrelated to satisfaction. Feelings of entitlement were also unrelated to satisfaction ratings. There was some support for the discrepancy model, which holds that the greater the discrepancy between perceived occurrences and prior expectations the less the satisfaction. The importance of carrying out further methodological studies aimed at developing reliable measures of these constructs is stressed.

00594

0213715 82250022

**Professional uncertainty and the problem of supplier-induced demand.**

Wennberg JE; Barnes BA; Zubkoff M  
Soc Sci Med , 1982, 16 (7) p811-24, ISSN 0277-9536  
Journal Code: UT9  
Contract/Grant No.: No-18-P-97192  
Languages: ENGLISH

This paper discusses the puzzling problem of large differences in per capita use of certain common surgical procedures among neighboring populations, which by all available measures are quite similar in need for and access to

01408

0213696 82249997

**A model of the demand for medical and health services in Peninsular Malaysia.**

Heller PS

Soc Sci Med ,1982, 16 (3) p267-84, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

This paper provides an empirical analysis of the determinants of the demand for medical services in Peninsular Malaysia. After elaborating a theoretical model of household demand for medical care in Section II an econometric model is specified and estimated in Sections III, IV, and V. The results indicate that total medical demand, as measured by the absolute volume of outpatient and inpatient consumption, is highly inelastic to the cash price and to the cost in time of utilization. Total medical demand is also inelastic with respect to income. Yet consumers are clearly responsive to the relative prices of alternative sources of medical care. Consumers are also sensitive to the way in which the time of utilization is spent, with high travel and treatment time causing reduced demand for services.

0213654 82249543

**[Health services and the determination of health needs]**

Services de sante et determination des besoins de sante.

Deschamps JP; Merckx V; Senault R

Rev Prat ,Jun 11 1982, 32 (33) p2245-50, ISSN 0035-2640

Journal Code: T1D

Languages: FRENCH Summary Languages: ENGLISH

0213638 82249463

**South Providence health needs assessment: data delineate problems justifying a major community effort.**

Thacker F; Fulton J; Yapchaian F; Flynn W; Beaudreau B;

Sylvester B; Young B

RI Med J ,May 1982, 65 (5) p199-202, ISSN 0363-7913

Journal Code: TDY

Languages: ENGLISH

0213041 82242450

**Health care needs of a homosexual population. Council on Scientific Affairs.**

JAMA ,Aug 13 1982, 248 (6) p736-9, ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

0212880 82240345

**Kenya: young nation with health problems.**

Boylard MJ

J Am Med Wom Assoc ,May 1982, 37 (5) p126-8, ISSN

0098-8421 Journal Code: H7R

Languages: ENGLISH

0212825 82239665

**Maximum attainable discrimination and the utilization of radiologic examinations.**

Hanley JA; McNeil BJ

J Chronic Dis ,1982, 35 (8) p601-11, ISSN 0021-9681

Journal Code: HQV

Contract/Grant No.: 5 R18 HS03645

Languages: ENGLISH

Discriminant Analysis and other related statistical techniques are frequently used to sort patients into those most likely and those least likely to benefit from a certain intervention. Considerable data analysis and computation are often required to arrive at the best-fitting mathematical model which translates discriminating variables or indicants into probability predictions regarding the presence or absence of disease or the likelihood of a favourable outcome. Attempts to judge how well discriminant analysis performs or to determine why it does not perform better are hampered by not knowing what is the greatest degree of discrimination theoretically possible in a data set. In this paper we describe a method of calculating the maximum discrimination attainable in a data set and show how it can be used (1) to decide whether further model building is worthwhile, and (2) if so, to judge the discriminatory performance of any such models. We apply this tool to two previously published studies of radiologic utilization; the results provide reassurance that, at least on the basis of the presenting indicants, the patients were being adequately selected for the studies in question.

0212791 82238771

**Quality assurance through reimbursement.**

Shaughnessy PW; Kurowski B

Health Serv Res ,Summer 1982, 17 (2) p157-83, ISSN

0017-9124 Journal Code: G2L

Contract/Grant No.: 18-P-97145/8-01; 18-P-97712/8-01

Languages: ENGLISH

01409



00595

0212790 82238770

**Quality measurement and control in physician decision making: state of the art.**

Anderson DW; Shields MC

Health Serv Res ,Summer 1982, 17 (2) p125-55, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

The status of the concept of controlling the quality of physicians is reviewed as are studies that have been done on methods to measure and improve quality. The conclusions are dismal given the rhetoric and actions on attempts to measure and control quality of physician decision making. Massive attempts are being made, for example, mandating PSROs to monitor quality before there is a methodology. Cost and quality reviews have, at most, a marginal impact and do not deserve the expenditures to conduct them. Studies on utilization review show minimal impact on reducing utilization. Administrative reviews reduce utilization for certain specific, narrowly defined procedures such as injections. There is no operational definition of "unnecessary" utilization. The tendency is to regard the lowest levels as optimal, presumably because they result in lower expenditures. Bureaucratic reviews do not provide incentives to decision makers the way various types of HMO delivery types do from current evidence. Hence, HMOs, deductibles and coinsurance, and competition have greater promise for limiting expenditures than do utilization reviews.

Quality audits are also marginally effective because of limited promise of changing provider behavior given current methods of doing so. They miss the organizational aspects in which incentives are generated. Research is needed, therefore, on alternative forms of quality and cost control such as HMOs, physician risk sharing, competitive models, and deductibles and coinsurance. Until the much needed research has been done, the amount of resources spent on review should be minimized. In the meantime, the review processes should concentrate on extreme variations of very narrowly defined criteria of proven validity while improving the review methodology by systematic research on quality monitoring. (93 Refs.)

0212649 82237071

**The inadequacy of needs assessments of the elderly.**

Lareau LS; Heumann LF

Gerontologist ,Jun 1982, 22 (3) p324-30, ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0212640 82237057

**Comment: a time to return to cases.**

Campbell J

Gerontologist ,Jun 1982, 22 (3) p244-8, ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0212639 82237055

**The mental health of the aging [editorial]**

Finkel SI; Cohen G

Gerontologist ,Jun 1982, 22 (3) p227-8, ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0212361 82225042

**Demonstration projects: how they are faring.**

Todays Nurs Home

,Jul 1982, 3 (7) p8-9, ISSN 0274-5089

Journal Code: WLJ

Languages: ENGLISH

0212241 82217172

**Health planning and competition: public goods and the impact of demand elasticity.**

Webster TC

J Health Hum Resour Adm ,Spring 1982, 4 (4) p465-86,

ISSN 0160-4198 Journal Code: KD1

Languages: ENGLISH

0211896 82229591

**Traumatic amputations and the need for a replantation service in Finland.**

Viikki SK; Goransson H

Ann Chir Gynaecol ,1982, 71 (1) p2-7, ISSN 0355-9521

Journal Code: 51N

Languages: ENGLISH

The authors review a series of 290 upper extremity amputee patients injured between 1974-79 from a 400,000 population area of one central hospital. Among these amputation injuries were 55 cases which were considered "serious", i.e. effecting seriously the function of the hand. Calculations were extrapolated to obtain reliable numbers for the need of a replantation service in Finland within a population of 5 million. According to the available data 90-160 patients annually would need a replantation service for their amputation injuries in the country. Some conclusions were also drawn about the results obtained with or without replantation surgery among the "seriously injured" group. The results obtained with the replantation service were clearly superior to the results achieved without replantation.

01410

00596

0211882 82229309  
**Health services research and change in the health services system.**  
Jahiel RI  
Ann NY Acad Sci ,1982, 387 p57-67, ISSN 0077-8923  
Journal Code: 5NM  
Languages: ENGLISH

0211878 82229305  
**A summary of the Rand Health Insurance Study.**  
Newhouse JP  
Ann NY Acad Sci ,1982, 387 p111-4, ISSN 0077-8923  
Journal Code: 5NM  
Languages: ENGLISH

00597

0211787 82228224  
**Increasing efficiency in evaluation research: the use of sequential analysis.**  
Howe HL  
Am J Public Health ,Jul 1982, 72 (7) p690-7, ISSN 0090-0036 Journal Code: 3XW  
Languages: ENGLISH  
This paper describes Wald's sequential analysis and briefly reviews the history of its applied use. Two public health applications are presented as examples of how the method helped overcome two common problems associated with evaluation research. In one case, the sequential technique reduced dramatically the workload in an evaluation project where hospital records were being reviewed. In the second case, prompt feedback of data to a breast screening program was facilitated by the sequential method allowing program administrators to refocus their efforts on problem areas before the end of the funding period. On the average, Wald's sequential method results in a savings of 50 per cent in observations as compared to classical sampling procedures. The sample sizes will always terminate with a finite number and will rarely exceed three times the average sample size for any single sample.

0211389 82222853  
**Ethnic health project 1979/1980.**  
Webb PA  
R Soc Health J ,Feb 1982, 102 (1) p29-34, ISSN 0035-9130 Journal Code: QM3  
Languages: ENGLISH

0211372 82222704  
**Israel's National Center for Public Health--a novel conceptual approach.**  
Ellencweig AY

Public Health Rep ,May-Jun 1982, 97 (3) p251-7, ISSN 0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211265 82221810  
**Demand and need for dental care in Nigeria.**  
Okoisor FE; Kumar V  
Odontostomatol Trop ,Mar 1982, 5 (1) p17-22, ISSN 0251-172X Journal Code: PCK  
Languages: ENGLISH

0211171 82221457  
**Community health assessment: a systematic approach.**  
Stewart MJ  
Nurs Pap ,Spring 1982, 14 (1) p30-47, ISSN 0318-1006  
Journal Code: 09J  
Languages: ENGLISH

0211095 82220938  
**Nursing directives for nursing.**  
Napholz L  
Occup Health Nurs ,Jul 1982, 30 (7) p29-30, ISSN 0029-7933 Journal Code: ODC  
Languages: ENGLISH

0211033 82220748  
**Is there a need for the holistic physician? [editorial]**  
Candela LJ  
NY State J Med ,Mar 1982, 82 (3) p301-2, ISSN 0028-7628  
Journal Code: OBA  
Languages: ENGLISH

01411

0211004 82220440

**The continuing undersupply of neurologists in the 1980s: impressions based on data from three studies.**

Dyken ML  
Neurology (NY) Jun 1982, 32 (6) p651-6. ISSN 0028-3878  
Journal Code: NZO  
Languages: ENGLISH

Current unmet needs for neurologists were estimated on the basis of a survey of the directors of all academic neurology programs in the United States and Puerto Rico, by a study of the state of Indiana, and a review of potential needs by the Veterans Administration Hospitals. The number of neurologists in 1990 were predicted from residency positions filled, the membership of the American Academy of Neurology, and the AMA Master File. From these analyses, the author concludes that a shortage of from 1,214 to 5,418 neurologists may exist in 1990.

0210975 82219889

**Long-term care for the elderly and disabled: a new health priority.**

Somers AR  
N Engl J Med Jul 22 1982, 307 (4) p221-6. ISSN 0028-4793  
Journal Code: NOW  
Languages: ENGLISH

0210430 82213113

**Service requirements of adult mentally-handicapped persons living in the community.**

Walsh J; Mulcahy M  
Ir Med J Jan 1982, 75 (1) p13-5. ISSN 0021-129X  
Journal Code: GXD  
Languages: ENGLISH

0210329 82212306

**Long-term care becomes major new role for hospitals.**

Evashwick C  
Hospitals Jul 1 1982, 56 (13) p50-5. ISSN 0018-5973  
Journal Code: GDL  
Languages: ENGLISH

0210248 82211283

**Potential demand for voluntary female sterilization in the 1980s: the compelling need for a nonsurgical method.**

Kessel E; Mumford SD  
Fertil Steril Jun 1982, 37 (6) p725-33. ISSN 0015-0282  
Journal Code: EVF  
Languages: ENGLISH

0210135 82209608

**Periodontal disease prevalence and dental needs among schoolchildren in Saudi Arabia.**

El-Angbawi MF; Younes SA  
Community Dent Oral Epidemiol Apr 1982, 10 (2) p98-9.  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

The study population consisted of 1174 intermediate Saudi schoolchildren; 601 girls and 573 boys, aged 13, 14 and 15 years. periodontal disease was assessed by the method recommended by WHD and data were computerized by using IBM 3033. SAS package. Boys had significantly higher debris, calculus deposits and intense gingivitis counts than girls by sex and age. But for advanced periodontal involvement, the result shows no significant differences by sex and age. There was a position correlation between debris, calculus and periodontal diseases. There was a highly significant difference between girls and boys. The results of this study suggest the need for an oral health program for the entire community.

0209954 82207528

**Health services administration and health services research.**

Snaith AH  
Br Med J [Clin Res] Jun 5 1982, 284 (6330) p1722-4.  
Journal Code: B4X  
Languages: ENGLISH

0209952 82207504

**Measurement of omission.**

Hart JT  
Br Med J [Clin Res] Jun 5 1982, 284 (6330) p1686-9.  
Journal Code: B4X  
Languages: ENGLISH

0209933 82207416

**Changing gear: problems of selecting appropriate staffing ratios.**

Vaughan DH  
Br Med J [Clin Res] May 15 1982, 284 (6327) p1498-9.  
Journal Code: B4X  
Languages: ENGLISH

01412

0209714 82197246

**Educational needs of hysterectomy patients.**

Neefus MS; Taylor ME

Patient Couns Health Educ ,4th Quarter 1982, 3 (4)  
p150-5, ISSN 0190-2040 Journal Code: PAL

Languages: ENGLISH

This exploratory study determined specific educational needs of hysterectomy patients. The study population consisted of patients who had successfully undergone hysterectomies performed by four gynecologists within the two years prior to the study. A questionnaire was developed, tested, revised, and subsequently returned by 146 women. Most questions were designed to elicit information on (1) what patients wanted to know, (2) when they wanted the information, and (3) whether this information was obtained. Data regarding the first two questions were examined in relation to the demographic variables of age, education, occupation, pregnancy outcomes, and employment. Results showed that hysterectomy patients wanted more explanation of all topics. The topic most often (92%) rated very important was physical effects of the surgery. Women between 31 and 40 years of age valued as most important was the sexuality topics. Ninety-four percent indicated they most wanted the information before hospitalization. Twenty percent reported receiving no information about possible psychological or sexual problems. Conclusions drawn from this study are that there is an urgent need for structured patient education about hysterectomy; that patients have a need for information on the physical, psychological, and sexual aspects of hysterectomy; and that this information is needed before entering the hospital, pre- and postsurgery, and after returning home.

0209562 82189467

**Balancing social policy and market demand.**

Roberts MJ

Issues Health Care ,1982, 3 (1) p27-33, Journal Code:  
G3N

Languages: ENGLISH

0209332 82182802

**Government and health outcomes.**

Grossman M

Am Econ Rev ,May 1982, 72 (2) p191-5, ISSN 0002-8282  
Journal Code: AZT

Contract/Grant No.: NCHSR 5 P01 HS00451; 1 R01 HS02917

Languages: ENGLISH

0208445 82196923

**Health problems encountered by nurse practitioners and physicians.**

Chen SP; Barkauskas VH; Ohlson VM; Chen EH

Nurs Res ,May-Jun 1982, 31 (3) p163-9, ISSN 0029-6562

Journal Code: 09K

Contract/Grant No.: 5R02 NU 00588

Languages: ENGLISH

The effects of specialty, setting, and provider group on the distributions of health problems managed by nurse practitioners and physicians in obstetric-gynecology, adult medicine, pediatrics, and family practice specialties are studied. Proportional samples by clinic were drawn from a total of 39,243 patient visits made to 16 ambulatory care clinics during an 18-week period. A Patient Encounter Form was used as the instrument and the ICD-9-CM was used as the coding system. Distributions of health problems differed between nurse practitioners and physicians in each clinic. Specialty affected the distributions of health problems managed by both provider groups. Setting affected the distributions of health problems for all specialties except the distributions of health problems not related to diseases or injuries (V codes) in family practice. Provider group effects were inconclusive. Community-based settings seem especially appropriate for nurse practitioner practice.

0208097 82194061

**Measurement of task delegations among nurses by nominal group process analysis.**

Trivedi VM

Med Care ,Feb 1982, 20 (2) p154-64, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: HS 03410

Languages: ENGLISH

Task delegations among different nursing skill levels (RNs, LPNs, NAs) are empirically measured in this study by performing a nursing activity analysis. Instead of relying on conventional techniques of time study and work sampling, this study incorporates Nominal Group Process and specially designed questionnaires for analyzing nursing activities. Approximately 100 nurses from a 193-bed short-term general hospital participated in the study. The resulting task delegation rates are compared with hospital policy, and a comparison is also made between different nursing units.

0208049 82193469

**[Study of the long-term needs of the aged of the Echallens district]**

Etude sur les besoins a long terme chez les personnes ages du district d'Echallens.

Courtine S

Krankenpflege (Bern) ,Apr 1982, (4) p32-41, Journal  
Code: KX7

Languages: FRENCH

01413

0207845 82191113

**Estimating the effects of nosocomial infections on the length of hospitalization.**

Green MS; Rubinstein E; Amit P

J Infect Dis ,May 1982, 145 (5) p667-72, ISSN 0022-1899

Journal Code: IH3

Languages: ENGLISH

Increased length of hospitalization due to nosocomial infections has generally been calculated from the arithmetic mean of the differences in hospital stay of persons with nosocomial infections and their matched control patients. This method may yield estimates inflated by a few extreme values. Data from a prospective study of nosocomial infections in patients hospitalized in surgical and orthopedic services in a large hospital in Israel are used to illustrate a modified statistical approach to this problem. The geometric mean of the ratio of length of hospitalization of 57 patients with nosocomial infections to matched control patients was determined. The increased mean hospital stay was estimated at 4.5 days for urinary tract infection, 11.9 days for surgical wound infection, and 25 days for "double infection." These figures were lower than those derived from calculation of the arithmetic mean of excess hospital stay and suggest that this modification should be incorporated in future studies of this nature.

0207825 82190894

**Context in organizational groups: the case of hospital clusters.**

Fennell ML

J Health Soc Behav ,Mar 1982, 23 (1) p65-84, ISSN

0022-1465 Journal Code: IBK

Languages: ENGLISH

0207661 82189400

**Health education needs assessment in an HMO: a case study.**

Howard DM

Health Educ Q ,Spring 1982, 9 (1) p23-41, ISSN

0195-8402 Journal Code: G20

Languages: ENGLISH

Potential health education services for HMO subscribers are numerous and varied, ranging across the entire wellness to sickness spectrum. Because of cost consciousness and limited educational resources, careful needs assessment and selection of priorities are vital to the success of HMO health education efforts. The results of utilizing six needs assessment methodologies are presented in this case study. Consumer and provider involvement in the needs assessment process revealed five top priority health problems or opportunities for health education: membership education needs; overweight/obesity; self-care needs; hypertension; and smoking. These recommendations did not include perinatal and pediatric health education services as top priority needs, an outcome at variance with the results of the other needs assessment

methodologies. This variance emphasizes the importance of employing multiple techniques in the needs assessment process. Problems in implementing various needs assessment methodologies are discussed as well as implications for health education practice.

00598

0207658 82189397

**Methodological issues in per capita measurement in health care.**

Shaughnessy PW

Health Serv Res ,Spring 1982, 17 (1) p61-81, ISSN

0017-9124 Journal Code: G2L

Contract/Grant No.: 18-P-97145/8-01

Languages: ENGLISH

General agreement exists on the utility of and need for more widespread applications of health system performance indicators measured on a per capita basis. This article contains a discussion of certain methodological issues in per capita measurement and provides recommendations to facilitate applications and future advances. The two basic approaches to per capita measurement are summarized and the need for methodological research is emphasized. Illustrative per capita measures that would be of assistance in applied settings are presented in the context of a tabular display of health and demographic data for a hypothetical state.

0207654 82189393

**The American Hospital Association's special surveys: a user's perspective.**

Hadley J

Health Serv Res ,Spring 1982, 17 (1) p101-4, ISSN

0017-9124 Journal Code: G2L

Languages: ENGLISH

0207648 82189370

**Needs and planning for manpower within a health region: concepts, problems, and progress.**

Lee PR; Leroy L; Estes CL

Isr J Med Sci ,Mar 1982, 18 (3) p385-91, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

01414

0207642 82189364

**Regionalization of health services-a pressing need?**

Fein R

Isr J Med Sci ,Mar 1982, 18 (3) p329-35, ISSN 0021-2180

Journal Code: GYO

Languages: ENGLISH

0207501 82188313

**Estimating the local prevalence of persons needing community support programs.**

Szymanski HV; Schulberg HC; Salter V; Gutterman N

Hosp Community Psychiatry ,May 1982, 33 (5) p370-3, ISSN 0022-1597 Journal Code: GCJ

Languages: ENGLISH

As Community Support Programs for the chronically mentally ill expand, it becomes increasingly important to determine the number of individuals qualifying for these services. Although national prevalence data are currently available, they have only limited usefulness for program planning at state and local levels. Given the distinctive circumstances affecting each community's chronically ill population, their number, and their need for services, the authors propose identifying a patient cohort that approximates the local prevalence of persons needing Community Support Programs by using one of three methods. The first method identifies persons who have been hospitalized previously and who currently require outpatient psychiatric care. The second identifies persons previously hospitalized who require another hospitalization during a specified period of time. And, the third method identifies persons who are currently in outpatient treatment with a diagnosis of schizophrenia. choice of method depends on definition of chronic mental illness, type of data available, local treatment philosophies, and health care system structure:

0206866 82168699

**Planning models for outpatient care: a marketing approach.**

Gregory D; Kingstrom P; Reardon T

J Health Care Mark ,Winter 1982, 2 (1) p21-30, Journal Code: IAO

Languages: ENGLISH

0206858 82168587

**Life-care communities: private sector involvement in housing alternatives for the elderly.**

Steinhauer MB; Ecker JS

J Am Health Care Assoc ,May 1982, 8 (3) p23-8, ISSN 0360-4969 Journal Code: H6X

Languages: ENGLISH

00601

0206813 82166956

**Hospital planning: board member, administrator and physician.**

Deegan AX 2d

Hosp Health Serv Adm ,Mar-Apr 1982, 27 (2) p6-21, ISSN 0364-4553 Journal Code: G9T

Languages: ENGLISH

00599

0207288 82185655

**The distribution of the hospital service in the city of Copenhagen.**

Christensen G; Dalgaard OZ

Dan Med Bull ,Mar 1982, 29 (3) p135-7, ISSN 0011-6092

Journal Code: DYN

Languages: ENGLISH

00600

0207172 82184010

**Health program review in Canada: measurement of health status.**

Chambers LW

Can J Public Health ,Jan-Feb 1982, 73 (1) p26-34, ISSN 0008-4263 Journal Code: CK6

Languages: ENGLISH

01415

00602

0206390 82179544

**A needs assessment strategy for an era of limited resources.**

Goodman AB; Craig TJ

Am J Epidemiol .Apr 1982. 115 (4) p624-32. ISSN

0002-9262 Journal Code: 3H3

Contract/Grant No.: 1 R01 AA03772

Languages: ENGLISH

Among the several methods of assessing need for health services, the social indicator and the rates under treatment approaches utilize routinely available data. A well designed community survey, considered by many as the criterion of need within an area, is costly, difficult to mount, and requires considerable expertise. Therefore, it would seem reasonable to attempt to limit the need to utilize this approach. Presented here is a schema which utilizes the social indicator and rates under treatment approaches for an entire catchment area, reserving the survey approach only for those areas in which the two readily available need assessments are at variance, suggesting questionable validity for one or both approaches. Within a suburban middle-class county containing pockets of small town poverty, a social area analysis was undertaken to characterize need for mental health services. Inpatient rates under treatment were developed to measure demand. Key informant and survey approaches were undertaken to study selectively those census tracts which were discordant as to need and demand. This resulted in reducing the size of the population to be surveyed to 25 per cent of the total county, thus more efficiently using the limited resources available for needs assessment purposes.

0205450 82168557

**Unsolved issues in medicine: geriatrics as a case in point.**

Stead EA Jr

J Am Geriatr Soc .Apr 1982. 30 (4) p231-4. ISSN

0002-8614 Journal Code: H6V

Languages: ENGLISH

0205430 82168469

**Categories of self-care needs of ambulatory patients with diabetes.**

Miller JF

J Adv Nurs .Jan 1982. 7 (1) p25-31. ISSN 0309-2402

Journal Code: H3L

Languages: ENGLISH

0205278 82165976

**Payoffs of provider-based research can flourish in multi-institutional settings.**

Strum DW; Lovett JE

Hospitals .May 16 1982. 56 (10) p76-9. ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0205237 82165589

**Alternatives to the face-to-face interview for collecting gerontological needs assessment data.**

Leinbach RM

Gerontologist .Feb 1982. 22 (1) p78-82. ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0205235 82165587

**Perceiving needs by staff and elderly clients: a critique and a suggestion.**

Churchman D

Gerontologist .Feb 1982. 22 (1) p7-8. ISSN 0016-9013

Journal Code: FP5

Languages: ENGLISH

0205163 82164936

**Choice of appliance in relation to demand for orthodontic treatment.**

Rose JS

Eur J Orthod .Feb 1982. 4 (1) p55-64. ISSN 0141-5387

Journal Code: EOS

Languages: ENGLISH

0204800 82155493

**Why comprehensive epilepsy programs?**

Gereghino JJ

Urban Health .Jan-Feb 1982. 11 (1) p32-3. 45. Journal

Code: X6C

Languages: ENGLISH

Epilepsy is a common disorder, affecting more than two million people in the United States. For the majority of these people, medications control seizures and permit them to lead nearly normal lives. But the Commission for the Control of Epilepsy and its Consequences estimates that at least 200,000 Americans suffer seizures more than once a month. The National Institute of Neurological and Communicative Disorders and Stroke has established comprehensive Epilepsy Programs to stimulate clinical research on all aspects of epilepsy, including prevention, diagnosis, and more effective management.

01416

0204789 82155323  
**Performance measurements in clinical care.**  
Poulsen H  
World Hosp ,Feb 1982, 18 (1) p28-31, Journal Code: XP6  
Languages: ENGLISH

0204473 82140552  
**An R&D system that works! Lutheran Hospital Society shares its step-by-step process in building its high-results program.**  
Strum D; Solomon M  
Hosp Forum ,Mar-Apr 1982, 25 (2) p21, 23-6, ISSN  
0018-5663 Journal Code: GDE  
Languages: ENGLISH

0204472 82140551  
**Research in a hospital setting: eleven questions for management to consider in establishing an R&D function.**  
Ross A  
Hosp Forum ,Mar-Apr 1982, 25 (2) p12-9, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0204444 82140465  
**Health economics: how economics can help the health service.**  
Mooney G  
Health Soc Serv J ,Feb 4 1982, 92 (4782) p148-50 contd,  
ISSN 0300-8347 Journal Code: GAR  
Languages: ENGLISH

0203420 82149200  
**Elevated blood pressure among Harlem residents.**  
Brown AL; Brown J Jr; Stephens MR  
Nurse Pract ,Mar 1982, 7 (3) p26-9, 33-5, 58, ISSN  
0361-1817 Journal Code: DA1  
Languages: ENGLISH

0203385 82148967  
**Use of health services by the elderly in low-income communities.**  
Wan TT  
Milbank Mem Fund Q ,Winter 1982, 60 (1) p82-107, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
Although it is generally assumed that there has been a narrowing of the gap in health care between poor and nonpoor families, the relative contributions of improved fiscal and geographic access are not well documented. Almost 2,000 elderly poor persons were studied to examine factors affecting

their use of health services. A number of personal and structural problems are identified when cultural and ethnic backgrounds are considered.

0203384 82148966  
**Equity of access to health care: some conceptual and ethical issues.**  
Daniels N  
Milbank Mem Fund Q ,Winter 1982, 60 (1) p51-81, ISSN  
0026-3745 Journal Code: NOW  
Contract/Grant No.: HS03097  
Languages: ENGLISH  
Problems of defining equity and equality of access are not trivial; there are fundamental disagreements about the nature of health care as a social good and about other principles of distributive justice. Presuppositions about equity underlying several current proposals for reform of health care "markets" are considered. Issues of equity--and theories of justice--arise also in contexts other than disputes about access. (42 Refs.)

0202776 82141538  
**Research and the NHS.**  
Illsley R  
Health Bull (Edinb) ,Jan 1982, 40 (1) p54-7, ISSN  
0374-8014 Journal Code: G1Y  
Languages: ENGLISH

0202696 82140969  
**[School health 1982: control, education, prevention and health research]**  
A propos de sante scolaire 1982 : controle, education, prevention et recherche sanitaire.  
Infirm Fr ,Jan 1982, (231) p25-6, ISSN 0019-9613  
Journal Code: GOD  
Languages: FRENCH

01417



0202630 82140532

**Young adult chronic patients: an analytical review of the literature.**

Bachrach LL  
Hosp Community Psychiatry ,Mar 1982, 33 (3) p189-97,  
ISSN 0022-1597 Journal Code: GCJ  
Languages: ENGLISH

This article analyzes the periodical and "fugitive" literature concerned with an emerging psychiatric service entity, young adult chronic patients. The increasing prominence of a young adult patient population results from the confluence of two primary forces: deinstitutionalization policies and demographic factors. The author discusses the clinical diversity and program requirements of these patients. Young adult chronic patients are best served when their uniqueness as a patient population is acknowledged and heeded and when special services for them are integrated into the total system of care, the author concludes.

0202047 82120947

**Shifting the burden: the potential role of the private sector in long term care insurance for the elderly.**

Meiners MR  
J Am Health Care Assoc ,Mar 1982, 8 (2) p20-2, ISSN  
0360-4969 Journal Code: H6X  
Languages: ENGLISH

0200649 82121619

**In search of a solution to the primary care denominator problem.**

Cherkin DC; Berg AO; Phillips WR  
J Fam Pract ,Feb 1982, 14 (2) p301-9, ISSN 0094-3509  
Journal Code: I4L  
Languages: ENGLISH

Before morbidity or utilization rates can be legitimately compared across practices or within a practice over time, it is necessary to know the number and age-sex distribution of individuals who are served by the practice in question. Estimating this "population at risk" has been referred to as the "denominator problem." Although a variety of methods for estimating practice denominators were proposed more than six years ago, none has been shown to be satisfactory, and no new ones have materialized. One method, however, has never been evaluated, and evidence is presented which suggests that this method may be capable of providing satisfactory estimates of practice denominators. Data from the US Health Interview Survey, the British National Morbidity Study, and other sources suggest that it may be possible to derive age- and sex-specific correction factors which, when applied to the age-sex distribution of visiting patients, would provide reasonable estimates on the practice denominator. This "correction factor method" would require only that practices maintain age-sex registers of their visiting patients. Further investigation is required before this method can be considered

a satisfactory means of estimating practice denominators.

00603

0200606 82121055

**Improving health care policy research.**

Shortell SM; Solomon MA  
J Health Polit Policy Law ,Winter 1982, 6 (4) p684-702,  
ISSN 0361-6878 Journal Code: IBC  
Languages: ENGLISH

Interest in health care policy research has grown significantly over the past decade. This paper makes a number of suggestions for improving the quality of health care policy research and its influence on policymaking. These include suggestions for: 1) improving the way in which problems are identified and defined; 2) merging qualitative and quantitative approaches to study design, data collection, and analysis; 3) developing more integrative strategies for disseminating research results; 4) changing the reward structure to encourage health policy research; and 5) developing a stronger standby research capability. Specific examples of each of the above are presented. Throughout, the need for greater interaction among researchers, analysts, policymakers and practitioners is emphasized, along with specific suggestions for ways of bringing this about.

0200371 82119412

**Iowa dental needs survey--an interview: Dr James Beck and Dr. Dalton W. Richey.**

Beck J; Richey DW  
Iowa Dent J ,Jan 1982, 68 (1) p23-6, ISSN 0021-0498  
Journal Code: GWP  
Languages: ENGLISH

0199297 82109682

**Multi-institutional arrangements in health care: review, analysis, and a proposal for future research.**

Fottler MD; Schermerhorn JR Jr; Wong J; Money WH  
Acad Manage Rev ,Jan 1982, 7 (1) p67-79, ISSN 0001-4273  
Journal Code: OBR  
Languages: ENGLISH  
(59 Refs.)

01418

0199283 82108626  
**Utilization of hospital services by the older adult.**  
Arnold A; Eve SB  
Tex Hosp ,Jan 1982, 37 (8) p38-40, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0199272 82108615  
**Caring for the aging: assessing your role.**  
Edwards B  
Tex Hosp ,Jan 1982, 37 (8) p10-2, ISSN 0040-4357  
Journal Code: WAL  
Languages: ENGLISH

0199089 82097653  
**Forecasting health services demand: timeframes and data requirements.**  
MacStravic RE  
Health Care Plann Mark ,Jan 1982, 1 (4) p39-45, ISSN 0271-1222  
Journal Code: G2Y  
Languages: ENGLISH

0199015 82096839  
**Population- and diagnosis-based model projects bed needs.**  
PeKarna DD; McWilliams DR; McLaughlin DB; Appel GL  
Hosp Prog ,Jan 1982, 63 (1) p52-5, ISSN 0018-5817  
Journal Code: GD1  
Languages: ENGLISH

0198901 82112705  
**Future requirements for and supply of ophthalmologists. What do the forecasts show?**  
Trobe JD; Kilpatrick KE  
Arch Ophthalmol ,Jan 1982, 100 (1) p61-6, ISSN 0003-9950  
Journal Code: 830  
Languages: ENGLISH

Forecasts of the requirements for and supply of ophthalmologists in 1990 have produced conflicting results because of varying assumptions about the future utilization of eye care services, incidence and prevalence of ophthalmic disease, physician productivity, and availability of residency training positions. A typical "utilization-based" models, founded on present consumer behavior, predicts a substantial 1990 surplus of ophthalmologists at current rates of residency training. Two "need-based" models, founded on ideal rather than actual use, reach different conclusions because of varying use of a fragile data base and the need to rely heavily on the subjective judgment of experts with regard to norms of care. The 1980 Graduate Medical Educational National Advisory Committee forecasted a surplus, while the 1978

American Academy of Ophthalmology predicted a deficit. Utilization-based models may slightly underestimate future ophthalmologist requirements. However, analysis of the factors that will influence future use suggests that need-based models are likely to overestimate the requirements. It is risky to accept the need-based model projections because of the high cost of a surplus, which include not only the expenses of training unneeded ophthalmologists but also the cost of their decreased exposure to disease and of declining physician morale, acumen, and thresholds for surgical procedures. Because free market mechanisms are ineffective in governing the supply of health providers, it will be necessary for the profession itself to review the current and projected supply and to set limits on the number of persons in training.

0197976 82102288  
**The need for dental health screening and referral programs.**  
Rebich T Jr; Kumar J; Brustman BA; Green EL  
J Sch Health ,Jan 1982, 52 (1) p50-3, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

School-based dental health screening and referral programs can have a tremendous impact on a community. They provide examinations to children, some of whom have never seen a dentist, and refer those in need of treatment. When coordinated with other dental health activities, these programs can also raise the overall consciousness about oral health and need for health care in children and parents alike. By their concern for dental health and encouragement to the children to participate in the screening programs and follow through on referrals, school officials can serve as role models to the children and further reinforce the importance of dental health. By conducting the screenings on a local level, the problem is seen as a community one, and is more likely to be meaningfully addressed. School officials, health personnel and teachers are instrumental in initiating and conducting these programs and are thus responsible for the benefits the children derive from the screenings.

00604

0197891 82101226

**Ethical issues in informed consent. Research on medical cost containment.**

Mahler DM; Veatch RM; Sidel VW

JAMA .Jan 22-29 1982. 247 (4) p481-5. ISSN 0098-7484

Journal Code: KFR

Languages: ENGLISH

The decision to contain medical costs, which is a political and social decision, entails restriction of medical services. To guide public policy, research on the impact of such restriction must be carried out, but this type of research differs significantly from most other medical research. Difficult issues concerning informed consent arise, with potential conflicts among principles of maximization of good and minimization of harm to the patient, the patient's right to self-determination, and the utilitarian goal of maximization of collective welfare. We have discussed these principles in the context of relationships between patient and physician and between subject and investigator. Approaches considered include emphasis on retrospective studies, use of statistical techniques to formulate clinical decision-making rules on the basis of available data, three-celled randomization designs, and the role of the primary-care physician in maximizing patient autonomy and minimizing the potentially threatening aspects of informed consent for such studies.

0197119 82086382

**Project Hope launches a think tank [interview]**

Walsh W

Wash Rep Med Health .Jan 25 1982. p1-4. ISSN 0043-0730

Journal Code: XMM

Languages: ENGLISH

01420

**"MARKETING" DE SERVICIOS DE SALUD**

00605

0160152 81009464

**Developing marketing strategies for university teaching hospitals.**

Fink DJ

J Med Educ ,Jul 1980, 55 (7) p574-9, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

University teaching hospitals face increasing competition from community hospitals, expanding regulation of health care, a rising tide of consumerism, and in many cases a declining urban population base. These problems, which may threaten the teaching hospital's ability to continue tertiary care, teaching, and research functions, may be solved with the aid of new marketing strategies. In developing its marketing strategy, a hospital must assess its strengths and weaknesses, specify its goals in measurable terms, implement tactics to achieve these goals, and evaluate its marketing program. The strategies should be directed toward achieving better relationships with institutions, practitioners, and surrounding communities and increasing patient, visitor, and employee satisfaction. A wide variety of programs can be used to reach these goals and to help teaching hospitals meet the competitive challenges of this decade.

0154986 80226366

**Health field faces stiff competition for federal dollars, economist says [news]**

Reid J

Hospitals ,Jul 1 1980, 54 (13) p22-3, ISSN 0018-5973

Journal Code: GDL

Languages: ENGLISH

0142176 80117796

**The allocation of medical resources by physicians.**

Relman AS

J Med Educ ,Feb 1980, 55 (2) p99-104, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

0125318 79222922

**Governor sets policy in PMS address.**

Thornburgh

Pa Med ,Jun 1979, 82 (6) p34-5, ISSN 0031-4595

Journal Code: D0G

Languages: ENGLISH

0125316 79222920

**Cost containment: choices for medical care.**

McClure W

Pa Med ,Jun 1979, 82 (6) p14-23, ISSN 0031-4595

Journal Code: D0G

Languages: ENGLISH

0105985 79066238

**Competition in the health care industry.**

Greenberg W

Forum ,1978, 2 (3) p31, ISSN 0160-7154 Journal Code:

F74

Languages: ENGLISH

0104823 79045009

**State action as a shield and a sword in a medical services antitrust context: Parker v. Brown in constitutional perspective.**

Blumstein JF; Calvani T

Duke Law J ,May 1978, 1978 (2) p389-441, ISSN 0012-7086

Journal Code: EDB

Languages: ENGLISH

0091929 78112760

**Medical fee and service advertising: a response from physicians.**

Bussom RS; Darling JR

Med Care ,Feb 1978, 16 (2) p110-21, ISSN 0025-7079

Journal Code: LSM

Languages: ENGLISH

Restrictions on advertising about services performed by professional groups have recently been questioned by the government and consumerists. The purpose of this study was to determine physicians' attitudes about the use of advertising in their profession and also to compare these results with responses from dentists, attorneys, and accountants. While a survey of these groups in three metropolitan areas indicate mild support for advertising in general, there was a definite negative reaction to advertising in the respective professions. Participants also reported their attitudes about the effects of advertising on prices and fees, quality of services, and public expectation and governmental regulations. The concepts of social marketing and informative advertising are suggested as approaches that may meet the requirements of both the government and the professions.

01422

0085443 78086708

**Point of view: marketing--an emerging management challenge.**

Lachner BJ

Health Care Manage Rev ,Fall 1977. 2 (4) p25-30.

Journal Code: G11

Languages: ENGLISH

0085442 78086707

**Marketing health care services: the challenge of primary care.**

MacStravic RE

Health Care Manage Rev ,Summer 1977. 2 (3) p9-15.

Journal Code: G11

Languages: ENGLISH

0030041 76103412

**Who chooses prepaid medical care: Survey results from two marketings of three new prepayment plans.**

Roghmann KJ; Gavett JW; Sorensen AA; Wells S; Wersinger R

Public Health Rep ,Nov-Dec 1975. 90 (6) p516-27. ISSN

DQJA-0000 Journal Code: QJA

Languages: ENGLISH

Employees joining or not joining three newly marketed prepayment plans were surveyed during the first marketing period and during another open enrollment period 18 months later. In the 1973 survey the respondents were 149 subscribers (family contracts covering 568 persons) to the new plans and 224 nonjoiners (a total of 802 persons in their families)--all employees of Rochester's largest industry. In the 1975 survey the respondents were employees of several companies. They included 326 joiner families (1,101 persons) and 145 nonjoiner families (483 persons). There were no significant differences in previous out-of-pocket health expenditures between joiners and nonjoiners. Their self-reported health ratings did not differ; disability over the last 2 weeks was about the same. Physician utilization rates and inpatient rates were similar, except for the spouses of subscribers to one plan. However, the joiners were younger, had lived in Rochester for a shorter period, and had made less use of physicians in private practice. The three prepayment plans appealed to different population groups. The Network joiners were young, low-income families, mostly from the city. The Group Health joiners were young families with few children who especially valued availability, accessibility, and comprehensiveness. Health Watch joiners were older couples who preferred to use the traditional avenues to health care.

01423

**MATERIAL DE ENSEÑANZA**

**01424**

0248697 83169038  
**The model railway.**  
Angel S  
Nurs Times (ENGLAND) ,Mar 2-8 1983, 79 (9) p62-3, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0248675 83169016  
**Breaking down the barriers.**  
Slack P  
Nurs Times (ENGLAND) ,Feb 23-Mar 1 1983, 79 (8) p11,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0245538 83165715  
**[Organization of teaching materials by preparation of bibliographic lists. 4]**  
Tanaka C; Miyazaki K; Soma A; Yamada Y  
Kango Tenbo (JAPAN) ,Jan 1983, 8 (1) p76-87, ISSN  
0385-549X Journal Code: LAB  
Languages: JAPANESE

0245527 83165704  
**[Organization of teaching materials by preparation of reference lists. (3)]**  
Soma A; Miyazaki K; Tanaka C; Yamada Y  
Kango Tenbo (JAPAN) ,Dec 1982, 7 (12) p1125-36, ISSN  
0385-549X Journal Code: LAB  
Languages: JAPANESE

0245509 83165686  
**[Organization of teaching materials by preparation of reference lists. (2)]**  
Miyazaki K; Soma A; Tanaka C; Yamada Y  
Kango Tenbo (JAPAN) ,Nov 1982, 7 (11) p1033-41, ISSN  
0385-549X Journal Code: LAB  
Languages: JAPANESE

0241799 83161915  
**Barriers to effective interpersonal communication: causes and effects of health alienation.**  
Boaz DE  
Department of Oral Diagnosis, University of North Carolina School of Dentistry, Chapel Hill.  
J Dent Educ (UNITED STATES) ,Feb 1983, 47 (2) p110-1,  
ISSN 0022-0337 Journal Code: HY7  
Languages: ENGLISH

0238377 83158337  
**Selecting and preparing illustrations for publication and presentation.**  
Tribe HE  
Photographic Services, University of California at Los Angeles.  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p95-107, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH

00606

0238376 83158336  
**Preparing graphics for visual presentation.**  
Tilly DA; Hagen AR  
Medical Media Production Service, V.A. Medical Center, Seattle, Washington.  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p75-94, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH

In the beginning, the preparations and doing the graphics will take time, and the process will appear to be slow and tedious. Good graphics take time. However, the time will be lessened considerably when you have more hands-on experience. Graphics must be direct, simple, clear, and accurate. Preview and proof your graphics before production. For quick legibility preview, view your graphic at a distance of eight times the width of the graphic image. If you cannot read it, the audience will not be able to either. Be sure all lines are solidly inked and in proportion to the intended visual. Master one technique before expanding to others. Learn to visualize the end result of a rough draft. This will save you many redos and fewer changes later on. Finally, condition yourself to accept constructive critiques on your work, especially from graphics professionals and co-professionals. It may be an excellent way to improve the quality of your future presentations.

0238373 83158333  
**Photography: its uses in dental practice, lectures, and the home.**  
Nelson LC  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p171-96, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH

01425



0238371 83158331  
**Producing a dental atlas with your color slides.**  
Davis J  
University of Washington School of Dentistry, Seattle.  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p139-49, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH

0238370 83158330  
**A clinical lecturer's application of dental photography.**  
Jordan RE; Suzuki M; Teteruck RE  
Department of Restorative Dentistry, University of Western  
Ontario, London, Canada.  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p121-38, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH

0238369 83158329  
**Dental photography in the graduate teaching program:  
educational and clinical applications.**  
Faucher RR  
Department of Restorative Dentistry, University of  
Washington School of Dentistry, Seattle.  
Dent Clin North Am (UNITED STATES) ,Jan 1983, 27 (1)  
p109-20, ISSN 0011-8532 Journal Code: E10  
Languages: ENGLISH  
Photography is a major educational and documentary tool in  
dental specialty training. The requirements of a dental  
clinician's photographic equipment and supplies have been  
outlined. Photographic documentation of the oral structures in  
health, disease, and the various stages of therapy offer  
unequaled opportunities for keeping accurate records and  
conveying information to students, faculty, colleagues, and  
patients.

0233048 83134022  
**Central service: inservice instruction material and tests.  
Part 4.**  
Underwood L  
Hosp Top ,Mar-Apr 1983, 61 (2) p38-44, ISSN 0018-5868  
Journal Code: GD6  
Languages: ENGLISH

0232803 83127967  
**Using medical journals as educational tools.**  
McClelland RN  
Bull Am Coll Surg ,Mar 1983, 68 (3) p14-5, ISSN  
0002-8045 Journal Code: BDC  
Languages: ENGLISH

0232764 83152797  
**Verbal and pictorial meaningfulness in instructional  
materials.**  
McMeen GR  
Australas Nurses J ,Nov 1982, 11 (10) p6-7, ISSN  
0301-018X Journal Code: 9IS  
Languages: ENGLISH

0232125 83145003  
**Nutrition services in State and local public health  
agencies. Special supplement: revision of the 1955 guide by  
the Nutrition Services Project Committee.**  
Public Health Rep ,Jan-Feb 1983, 98 (1) p7-20, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH  
The contribution of nutrition in preventing disease,  
prolonging life, and promoting health through organized  
community effort is well recognized. While many gains have  
been made in public health nutrition, it is clear that the  
American population continues to exhibit nutrition problems.  
Rene Dubos has said that no community will find it possible to  
deal simultaneously with all of the health problems inherited  
from the past and with those brought about by modernization  
and change. The challenge lies in determining priorities and  
making difficult choices in the face of shifting  
responsibilities among levels of government, reduced  
resources, and increased competition. The purpose of this  
guide is to help public health officials appreciate the  
important role nutrition services play in meeting the health  
needs of their communities. The recommendations for nutrition  
programs are sensitive to the social, economic, and political  
forces that are shaping the future of public health. How well  
public health officials meet the challenge of providing  
nutrition services in their communities will be a significant  
factor influencing the health status of the American  
population in the 1980s and beyond.

0232005 83143627  
**An efficient patient-teaching tool.**  
Pavlik MM  
Orthop Nurs ,Jan-Feb 1983, 2 (1) p23-5, ISSN 0744-6020  
Journal Code: PAD  
Languages: ENGLISH

01426

00607

0231464 83140148

**Clinical algorithms for prehospital cardiac care.**

Cayten CG; Oler J; Staroscik R; Morganroth J; Walker K; Cole L; Evans W; Murphy J

Med Care ,Feb 1983, 21 (2) p147-56, ISSN 0025-7079  
Journal Code: LSM

Contract/Grant No.: 5-R18-HS-02418-03

Languages: ENGLISH

Algorithms for the prehospital management of cardiac arrhythmias were developed and their use by and value to paramedics evaluated. The algorithms, in booklet form, were distributed to half of the Philadelphia paramedic platoons; paramedics in the other platoons followed a narrative protocol that reflected identical contents. An arrhythmia recognition test given 18 months after the algorithm booklets were introduced showed that paramedics who received the booklets scored significantly higher in identifying life-threatening arrhythmias ( $p = 0.029$ ) than did their counterparts without the booklets. Survival data for 459 patients in ventricular fibrillation treated by paramedics were collected 1 year before and 7 months after the introduction of the algorithm booklets. The paramedics using the algorithms improved their survival rate from 11.25 to 15.1 per cent, while the survival rate for patients treated by paramedics using the narrative protocols decreased from 12.4 to 7.7 per cent. The likelihood of obtaining a ratio of survival odds of this magnitude when there is no true difference is 0.092. Time-to-death was significantly different ( $p = 0.04$ ) for the two groups of patients. Thus, the use of algorithm booklets as an inexpensive educational aid for paramedics is recommended.

00608

0231430 83139851

**Linking health screening to health education learning modules for elementary school students: a feasibility study.**

Feuerstein P; Galli N

J Sch Health ,Jan 1983, 53 (1) p10-3, ISSN 0022-4391  
Journal Code: K13

Languages: ENGLISH

The purpose of this study was to develop and assess an elementary health education curriculum based upon health screening procedures. A modular format was used which enables students to progress at a self-determined pace. Mastery of subject matter is insured, since progression to other modules is based upon satisfactory completion of preceding packets. A total of 60 fourth grade students from two classes were selected by a block randomization process to participate in the study. An experimental and control group were designated and pre-tested. The experimental group was subjected to the prototype curriculum, while the control group was exposed to the traditional health screening program routinely implemented in the district. Upon completion of their respective units, both groups were post-tested to assess gains in achievement. No significant ( $p$  less than .01) pre-test differences existed between each group of students. While both groups made gains in health knowledge on post-test scores, the experimental group scored significantly ( $p$  less than .01) higher than the

control group. It appears the prototype curriculum is a more effective approach in teaching health than the traditional approach at this grade level. The authors suggest that this study be replicated on a larger scale and include the entire complement of modules.

0230669 83130992

**A game format for use in patient education.**

Rice L

Diabetes Educ ,Winter 1983, 8 (4) p37, ISSN 0145-7217  
Journal Code: EBG

Languages: ENGLISH

0228935 83116123

**Resources in diabetes for the occupational health nurse.**

Nowacek G

Occup Health Nurs ,Dec 1982, 30 (12) p44-8, ISSN 0029-7933  
Journal Code: ODC

Languages: ENGLISH

0228907 83115970

**An emergency room teacher's guide.**

Boyd MD

Nurs Manage ,Feb 1983, 14 (2) p65-7, ISSN 0744-6314  
Journal Code: OBV

Languages: ENGLISH

0228605 83111764

**Local and national availability and accessibility and training materials in rehabilitation education.**

Emener WG; Rasch JD

J Rehabil ,Oct-Dec 1982, 48 (4) p40-4, ISSN 0022-4154  
Journal Code: JW7

Languages: ENGLISH

0228349 83108205

**Health promotion, health education and prevention at metropolitan insurance companies.**

Brennan AJ

Health Educ Q ,Fall 1982, 9 Spec Suppl p49-54, ISSN 0195-8402  
Journal Code: G20

Languages: ENGLISH

01427

0228002 83102926

**Skin cancer comic book: evaluation of a public educational vehicle.**

Putnam GL; Yanagisako KL  
Cancer Detect Prev ,1982, 5 (3) p349-56, ISSN 0361-090X  
Journal Code: CNZ  
Contract/Grant No.: N01-CN-75399  
Languages: ENGLISH

A 16-page 4-color comic book was developed as part of a multimedia public education campaign designed to improve skin cancer knowledge and prevention/detection behavior. A concentrated comic book distribution to each of 8,000 households in a predominantly Caucasian area was preceded and followed by personal interviews with 300 residents randomly selected from this area. In households reading the comic book (N-122), respondents reported the following changes as a direct result of readership--avoidance of sun exposure between 10 am and 2 pm (44.3%), use of sunscreens with SPF 8 and over (38.5%), skin self-examination (34.4%), and use of protective clothing (29.5%). To a lesser extent nonreaders also showed positive increases, suggesting exposure to other educational efforts of the skin cancer campaign. Over 90% of the readers felt that the comic book was easy to read, easy to understand, and interesting. The comic book appealed less to males and to those above the age of 50 years.

0227825 83094193

**How to write--and recognize--quality instructor manuals.**

Zemke R  
Training ,Mar 1982, 19 (3) p32-3, 36-7, ISSN 0095-5892  
Journal Code: VZ8  
Languages: ENGLISH

0227440 83100196

**Evaluation of instructional medical materials containing minority group-related information.**

McKeen GR  
Australas Nurses J ,Jul 1982, 11 (6) p7, ISSN 0301-018X  
Journal Code: 9IS  
Languages: ENGLISH

0226634 83089691

**Dealing with the illiterate patient...You can't read him like a book.**

Loughrey L  
Nursing (Horsham) ,Jan 1983, 13 (1) p65-7, ISSN 0360-4039  
Journal Code: OA3  
Languages: ENGLISH

0226608 83089633

**Some points to consider when selecting audiovisual aids.**

Caldwell LM  
Nurs Health Care ,Jan 1983, 4 (1) p35-7, ISSN 0276-5284  
Journal Code: N77  
Languages: ENGLISH

0224390 83071612

**A simple teaching device for examination of the arterial and venous pulse.**

Kreitenberg A; Karliner JS; Engler RL; Marchand ER  
Am J Cardiol ,Dec 1982, 50 (6) p1391-3, ISSN 0002-9149  
Journal Code: 3DQ  
Languages: ENGLISH

A simple teaching device is described for examination of the cervical arterial and venous pulses. It is a mechanical device that simultaneously generates a visible jugular venous pulsation and a palpable carotid arterial pulsation to train medical students, physicians, and paramedical personnel. Changing of cams allows the observer to appreciate these pulsations in the normal or in a variety of abnormal states. Graphic tracings of wave forms demonstrate the accuracy of reproduction of physiologic tracings. In a test of the device, cardiologists performed significantly better than medical students in the identification of unknown pulsations. The instrument is readily accepted, simple to operate, and fully portable.

0223677 83063728

**Teaching modules.**

Craig J  
Nurs Manage ,Dec 1982, 13 (12) p38-40, ISSN 0744-6314  
Journal Code: OBV  
Languages: ENGLISH

0223073 83056784

**The typical 1981 biomedical communications unit.**

Bidwell CM; Christen FL  
J Biocommun ,Nov 1982, 9 (3) p33-4, ISSN 0094-2499  
Journal Code: HIG  
Languages: ENGLISH

01428

0223072 83056783

**Communicating morphological concepts in health sciences.**

Pallie W; Miller D

J Biocommun ,Nov 1982, 9 (3) p26-32, ISSN 0094-2499

Journal Code: HIG

Languages: ENGLISH

A program in Health Sciences Education at McMaster University, centered on the undergraduate M.D. program in particular, has changed the educational methodology used in teaching and learning to a different approach than the traditional method. The emphasis on individualized instruction in the morphological disciplines has resulted in the need to develop new facilities. One-hundred modules or units have been produced for self-study in the Department of Anatomy. Audiovisual personnel, illustrators, and laboratory technicians have worked in collaboration with subject experts on the development of these devices; they have shown the value of utilizing different learning modalities to achieve efficient learning outcomes.

0221507 83042352

**Sex roles in instructional materials: testing the stereotypes.**

Zimmerman ML; Casanova ME; Stern DP; Auman SS

Stud Fam Plann ,Aug-Sep 1982, 13 (8-9) p262-70, ISSN

0039-3665 Journal Code: V52

Languages: ENGLISH

This special report discusses the significance and potential benefit of portraying men in nontraditional sex roles within pictorial instructional print materials on health and child care. It is based on the cognitive and behavioral findings of a comparative research study conducted in selected rural and periurban areas of Mexico on the use of two versions of an ORS pictorial pamphlet. Major findings of the study were: (1) portraying nontraditional sex roles for men in the ORS pamphlet did not reduce the credibility of technical information contained in the pamphlet; (2) a significantly greater number of subjects preferred the version that portrayed the father figure as co-caretaker of a sick child. These unexpected results have important implications for instructional and motivational communication and health education projects throughout the developing world.

0220823 83036266

**Microfiches as an aid to teaching histology.**

Williams L

Med Educ ,Sep 1982, 16 (5) p269-72, ISSN 0308-0110

Journal Code: MZ3

Languages: ENGLISH

A set of six colour microfiches and an atlas of black-and-white prints of the photomicrographs used in the microfiches have been prepared by the author and have been used for teaching an Histology course to medical students for 4 years. Students reaction to them and their use has been

gauged by voluntary questionnaires. Of students who responded, 78% found the microfiches made the course easier for them; 76% like the microfiches because they can use them for home study; 77% find them useful for class discussion; 62% like them because of their colour reproduction. A small group of fifteen students, who failed the Histology course the year prior to the introduction of microfiches and subsequently repeated the course, felt they could revise better with the help of the microfiches. Also they felt the course was clearer. Comparison of the examination results of the students for the 4 years preceding the introduction of microfiches with those of the 4 years since, shows an improvement in mean percentage achieved together with a decrease in the standard deviation (s.d.).

0220723 83035194

**Sexism in the school: a hindrance to health.**

Allensworth DD; Byrne TJ

J Sch Health ,Sep 1982, 52 (7) p417-21, ISSN 0022-4391

Journal Code: K13

Languages: ENGLISH

0219967 83026451

**The use of learning resource centers in the teaching of pulmonary medicine.**

Make BJ

Chest ,Nov 1982, 82 (5) p639-42, ISSN 0012-3692

Journal Code: D1C

Contract/Grant No.: 1K07 HL00246

Languages: ENGLISH

Learning resource centers (LRC) are areas designed for individual study which contain a variety of self-instructional materials. To evaluate the use of LRC in teaching pulmonary medicine, a survey was conducted of medical school pulmonary sections; responses were obtained from 30 sections with an NHLBI pulmonary Academic Award (PAA groups), and 21 sections without PAA (non-PAA group). LRC were established in 77 percent of the PAA group but only 14 percent of the non-PAA group. A higher percentage of pulmonary fellows than students used the resource center and student use was higher when the LRC was formally integrated into the curriculum. Textbooks and journals were more heavily used than materials utilizing audiovisual educational techniques. The results of this study suggest that pulmonary LRC use is modest, LRC cost is high, and LRC educational value may not be superior to general medical libraries.

01429

0219146 83017448  
**The design and use of self-instructional materials.**  
Knippers AA; Urick J  
Top Clin Nurs ,Oct 1982, 4 (3) p8-19, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219145 83017447  
**Use of self-learning tools for orientation.**  
Palank CL  
Top Clin Nurs ,Oct 1982, 4 (3) p75-84, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219141 83017443  
**Computer-assisted instruction in the continuing education process.**  
Pogue LM  
Top Clin Nurs ,Oct 1982, 4 (3) p41-50, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0219140 83017441  
**Creation of self-learning centers.**  
Lange CM  
Top Clin Nurs ,Oct 1982, 4 (3) p20-8, ISSN 0164-0534  
Journal Code: WAT  
Languages: ENGLISH

0218716 83012005  
**Herkimer helps us teach.**  
Knight RW  
MCN ,Sep-Oct 1982, 7 (5) p332-4, ISSN 0361-929X  
Journal Code: MA3  
Languages: ENGLISH

0218320 83007977  
**A comparison of the effect of two- and three-dimensional visual aids.**  
Weiner S; Ganz SD  
J Dent Educ ,Oct 1982, 46 (10) p592-4, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0218018 83003258  
**Lessons learned from a radiologic paramedic training effort**

#### **in Nicaragua.**

Rosenbaum HD  
Diagn Imaging ,1982, 51 (3-4) p180-2, ISSN 0378-9837  
Journal Code: EAI  
Languages: ENGLISH

0217684 82276103  
**An introduction to the NBRT entry level examination for respiratory therapy practitioners.**  
Respir Care ,Sep 1982, 27 (9) p1072-1103, ISSN 0730-8418  
Journal Code: QZ3  
Languages: ENGLISH

0216227 82274493  
**Bone marrow transplant teaching and documentation tool.**  
Mueller SK  
Oncol Nurs Forum ,Spring 1982, 9 (2) p57-64, ISSN 0190-535X  
Journal Code: PAD  
Languages: ENGLISH

0216104 82274019  
**Simulation games as a teaching technique in psychiatric nursing.**  
Davidhizar RE  
Perspect Psychiatr Care ,Jan-Mar 1982, 20 (1) p8-12, ISSN 0031-5990  
Journal Code: OZT  
Languages: ENGLISH

0216082 82273715  
**A self-instructional approach to oral cavity screening.**  
Woodbury PA; Shaw D  
Pediatr Nurs ,Sep-Oct 1982, 8 (5) p333-6, ISSN 0097-9805  
Journal Code: OUN  
Languages: ENGLISH

0215286 82265303  
**Future trends in post-basic nursing education.**  
Conway-Rutkowski B  
JNE ,Jun 1982, 21 (6) p5-10, ISSN 0148-4834  
Journal Code: HAP  
Languages: ENGLISH

01430

0215280 82265297

**Innovation in orientation: a community health learning package.**

Seigel H

JNE ,May 1982, 21 (5) p8-15, ISSN 0148-4834 Journal Code: HAP

Languages: ENGLISH

0214968 82262220

**["Learndent Laboratory": critically reviewed learning aids for schools and laboratories]**

"Learndent-labor": kritisch betrachtet Lernhilfen für Schule und Labor.

Schulze HK

Dent Labor (Munch) ,Jan 1982, 30 (1) p49-54, ISSN 0011-8656 Journal Code: E1A

Languages: GERMAN

0213243 82246124

**When you're the teacher--turn on the television.**

Banks-Gould M; Stephenson MM; Hufschmidt AP

Nurs Life ,Jul-Aug 1982, 2 (4) p54-5, Journal Code: OA6

Languages: ENGLISH

0213172 82245051

**An evaluation of a workshop on educational methods for health science teachers in Lagos, Nigeria.**

Bamisaiye A; Akpata ES

Med Educ ,May 1982, 16 (3) p161-5, ISSN 0308-0110 Journal Code: MZ3

Languages: ENGLISH

A workshop on educational methods held at the College of Medicine, University of Lagos in 1980 was evaluated by means of questionnaires. The workshop was favourably received and enhanced the teaching practices of participants. As a result of the workshop, most participants wrote instructional objectives, used more audiovisual aids and adopted new methods of teaching and assessment of clinical skills. Although the session on the production of self-instructional packages (SIPs) was rated highly at the workshop, relatively few participants had completed a programmed text at time of follow-up. Similarly, most participants had set MCQs but few had calculated either the facility or discrimination index. The participants themselves suggested that future workshops should be tailored to the particular educational needs of different disciplines. The authors suggest that intensive short-term workshops may be useful for content areas which require more time than an extensive workshop permits.

0212859 82240147

**An instructional resource center in a senior dental clinic.**

Berrong JM; Hendricson WD; Evans JJ

J Dent Educ ,Aug 1982, 46 (8) p479-84, ISSN 0022-0337 Journal Code: HY7

Languages: ENGLISH

This paper describes the development of an instructional materials resource center designed specifically for senior dental students. The resource center is located on the clinic floor near the students' operatories. Development of the resource center began with a needs assessment involving 60 dental students and faculty from the General Practice Department. A pilot series of six slide-tape programs, developed to determine the best format for subsequent materials, was field-tested with senior dental students. The students exceeded the field test minimum competency level of 80 percent on each of the pilot programs. Students using a self-instructional format outperformed students who received a version without standard self-instructional elements on five of six tests; the differences were statistically significant on three tests. Cost-effective production techniques have reduced the development cost of subsequent programs to below a hundred dollars per program. Twenty programs were completed in the 1981-82 academic year.

0211920 82229808

**A teaching plan for surgical skin preparation.**

Merrill S

ADRN J ,Jun 1982, 35 (7) p1372-8, ISSN 0001-2092 Journal Code: 6JR

Languages: ENGLISH

01431

0211652 82226168

**Dental health: testing the readability of educational materials.**

Blinkhorn AS

Int J Health Educ ,1982, 24 (3) p200-3, ISSN 0020-7306

Journal Code: YEE

Languages: ENGLISH

Dental practitioners have an important role in the dissemination of information to their patients and their advice is often reinforced with written health education literature. Unfortunately, this material is often of limited value because of its level of readability. This study covered two aspects of the problem: first, a group of 140 secondary school children were asked to explain the meaning of a selection of words commonly used in dental education and second, the readability of some health education literature was assessed and compared with that of texts in magazines and newspapers. Many of the words were not understood by the children: for instance, over 80% were unsure of the meaning of fluoride tablets, gum disease, gingivitis and oral hygiene. As for readability, the test showed that the material reflects the reading capacity of the designers rather than the ability of the potential target group. These findings pinpoint the need to ensure that dental health education literature is not unduly complex and, for dentists, to take more time explaining the dental vocabulary in lay terminology. The methods used in the study can easily be extrapolated to other areas of health.

0211522 82224343

**Primary health care nurse training in Kwazulu. An evaluation of diagnostic flow charts versus a conventional training method.**

Solarsh G; Irwig LM; Reinach SG; Muller EJ

S Afr Med J ,Jul 17 1982, 62 (3) p100-4, ISSN 0038-2469

Journal Code: U4R

Languages: ENGLISH

Diagnostic flow charts have been adapted for the training of primary health care (PHC) nurses in a rural area of South Africa. We designed a randomized controlled trial to assess whether nurses' clinical competence differed if they were trained using flow charts or using conventional patient-centered teaching. Although clinical competence improved during the training programme, this improvement did not differ significantly according to which of the two training methods was used. The nurses in this trial had considerable earlier experience and some training in primary care. Before the trial they had a high level of clinical competence and may already have developed their own diagnostic strategies. We therefore cannot make inferences from our study about whether or not flow charts will be a valuable addition in PHC. Flow charts need to be adapted to take into account where, by whom, and for what purpose they will be used. They must then be tested to ensure that they only rarely result in incorrect diagnosis and treatment. A decision on the use of flow charts in the training of PHC nurses should be based on further educational trials and long-term follow-up of trained

health workers. Nurses should participate in educational trials at the start of their careers in PHC. The additional value of flow charts in the auditing of competence and assessment of educational needs should also be explored.

0211308 8222350

**The Canadian Cancer Society professional and public education programs.**

Macbeth RA

Prog Clin Biol Res ,1982, 83 p123-33, ISSN 0361-7742

Journal Code: PZ5

Languages: ENGLISH

0208634 82198111

**Population education in the schools.**

Sherris JD; Quillin WF

Popul Rep [M] ,Mar-Apr 1982, (6) pM201-43, Journal

Code: QCP

Languages: ENGLISH

Formal population education is designed to teach children in school about basic population issues and, in many cases, to encourage them eventually to have smaller families. Some programs include specific units on human reproduction and family planning, while others do not. National population education programs began during the 1970s in about a dozen countries, mainly in Asia. These include Bangladesh, India, Indonesia, South Korea, Malaysia, the Philippines, Sierra Leone, Sri Lanka, Singapore, Thailand, Egypt, Tunisia, and El Salvador. A strong case can be made for including an important contemporary issue like population in the school curriculum. Nevertheless, educational innovation is a difficult and long-term process. As a rule, it takes 5 to 10 years before new material can be fully incorporated in a school curriculum.

Curriculum changes must be carefully planned, thousands of teachers trained, and appropriate materials prepared for classroom use. Moreover, differences of opinion over the need, acceptability, goals, content, methods, and other aspects of population education have held back programs in some countries. Where population education programs have been implemented, student knowledge of population issues increases, but it is not yet clear whether in-school education has a measurable impact on fertility-related attitudes or behavior.

01432

0208145 82194354  
**Education graffiti: better use of the lavatory wall.**  
Grogono AW; Jastremski MS; Johnson MM; Russell RF  
Lancet ,May 22 1982, 1 (8282) p1175-6, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0207757 82190674  
**The swing lab and liaison committee in a preclinical restorative dentistry course.**  
May KN; Shugars DA; Vann WF  
J Dent Educ ,May 1982, 46 (5) p297-8, ISSN 0022-0337  
Journal Code: HY7  
Languages: ENGLISH

0207401 82187475  
**Photography and dentistry are as natural as bacon and eggs.**  
Gehrman RE  
Dent Econ ,Mar 1982, 72 (3) p73-4, 76, 78, ISSN  
0011-8583 Journal Code: E2M  
Languages: ENGLISH

0205369 82167052  
**Nursing continuing education: California to Texas via teleconference.**  
Graham LE; Masters JE  
JNE ,Feb 1982, 21 (2) p45-7, ISSN 0148-4834 Journal  
Code: HAP  
Languages: ENGLISH

0204661 82151113  
**Health series leads PR effort.**  
Profiles Hosp Mark ,1st Quarter 1982, (5) p60-5,  
Journal Code: PZD  
Languages: ENGLISH

0204484 82140563  
**Health care manager's notebook: behavior modeling.**  
Zenger JH  
Hosp Forum ,May-Jun 1982, 25 (3) p63-6, ISSN 0018-5663  
Journal Code: GDE  
Languages: ENGLISH

0204249 82158949  
**Resistance behaviors and teaching media for children in day surgery.**

Abrams L  
AORN J ,Feb 1982, 35 (2) p244-58, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0203465 82149329  
**Games & simulations.**  
Walts NS  
Nurs Manage ,Feb 1982, 13 (2) p28-9, Journal Code: OBV  
Languages: ENGLISH

0200948 82125679  
**Teaching the young child nephrology care.**  
Dory JM  
Nephrol Nurse ,Jan-Feb 1982, 4 (1) p50-2, Journal  
Code: NW9  
Languages: ENGLISH

0198881 82112160  
**OR instructor's notebook: a teaching plan for positioning.**  
Merrill S  
AORN J ,Jan 1982, 35 (1) p63-6, ISSN 0001-2092  
Journal Code: 6JR  
Languages: ENGLISH

0198780 82111014  
**Setting the stage for learning.**  
Furlong B  
Am J Nurs ,Feb 1982, 82 (2) p300-1, ISSN 0002-936X  
Journal Code: 3MW  
Languages: ENGLISH

0197978 82102290  
**Industry-sponsored dental health teaching aids: selection criteria and program examples.**  
Travis DL  
J Sch Health ,Jan 1982, 52 (1) p57-8, ISSN 0022-4391  
Journal Code: K13  
Languages: ENGLISH

01433



0197977 82102289

**Sources of dental health teaching aids.**

Crawford JH

J Sch Health ,Jan 1982, 52 (1) p54-6, ISSN 0022-4391

Journal Code: K13

Languages: ENGLISH

01434

**MEDICINA ESTATAL**

**01435**

O254757 83175262  
**Mobile CT, equity, and all those doxies.**  
Sherwood T  
AJR (UNITED STATES) ,May 1983, 140 (5) p1035-6, ISSN  
0361-803X Journal Code: 3AE  
Languages: ENGLISH

O253653 83174152  
**[English health care taken over by private enterprise]**  
Den engelska sjukv.ANG.arden tas over av privata foretag.  
Möback J  
Vardfacket (SWEDEN) ,Jan 27 1983, 7 (2) p42-3, Journal  
Code: X75  
Languages: SWEDISH

O250421 83170800  
**College bid to ease NHS rejig trauma.**  
OIdfield S  
RCN Nurs Stand (ENGLAND) ,Mar 17 1983, (287) p1, 8,  
Journal Code: RTH  
Languages: ENGLISH

O248756 83169097  
**Mismanaged no more.**  
Lim D  
Nurs Mirror (ENGLAND) ,Mar 16 1983, 156 (11) p21, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

O248676 83169017  
**How regions roll on and districts lose out.**  
Blenkinsop D; Bosanquet N  
Nurs Times (ENGLAND) ,Feb 23-Mar 1 1983, 79 (8) p12-5,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

O248673 83169014  
**A question of balance [interview by Laurence Dopson]**  
Poole A  
Nurs Times (ENGLAND) ,Feb 16-22 1983, 79 (7) p9-11,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

O248634 83168975  
**Second to none [interview by Caroline Howie]**

Williams D  
Nurs Times (ENGLAND) ,Mar 9-15 1983, 79 (10) p10-1,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

O245935 83166150  
**Drug clinics today [letter]**  
Hewitt L  
Lancet (ENGLAND) ,Apr 30 1983, 1 (8331) p990, ISSN  
0023-7507 Journal Code: LOS  
Languages: ENGLISH

O245867 83166082  
**Failure to examine the patient.**  
Lancet (ENGLAND) ,Apr 23 1983, 1 (8330) p921, ISSN  
0023-7507 Journal Code: LOS  
Languages: ENGLISH

O241894 83162010  
**Dental services in England, Wales, and the United States: a comparison of national survey data.**  
Waldman HB  
School of Dental Medicine, State University of New York,  
Stony Brook.  
J Am Dent Assoc (UNITED STATES) ,Feb 1983, 106 (2)  
p167-70, ISSN 0002-8177 Journal Code: H5U  
Languages: ENGLISH

As stated at the outset, the review of the two systems was not intended to determine which approach to provide dental services is better. Rather it has provided an opportunity for both systems to learn from the activities of the other. Thus, the continuing decrease in dental caries rates in the United States, no doubt associated with the extensive fluoridation programs, provides direction for efforts in England and Wales. Similarly, the pronounced changing attitudes to extractions and "wedding present dentures" in England and Wales offer our country some understanding of the needs to change general population attitudes if we are to expand dental services in this country to increasing segments of the nation.

01436

0240241 83160321  
**The policy implications of a positive approach to health.**  
Townsend P  
Health Visit (ENGLAND) ,Mar 1983, 56 (3) p97-101, ISSN  
0017-9140 Journal Code: G2P  
Languages: ENGLISH

0240239 83160319  
**Managing the Health Service. 1. Who holds the purse strings?**  
Vinten G  
Health Visit (ENGLAND) ,Mar 1983, 56 (3) p94-6, ISSN  
0017-9140 Journal Code: G2P  
Languages: ENGLISH

0240232 83160312  
**Are you healthy--or lucky?**  
Wynn-Williams C  
Health Visit (ENGLAND) ,Mar 1983, 56 (3) p108-9, ISSN  
0017-9140 Journal Code: G2P  
Languages: ENGLISH

0239662 83159735  
**[Prevention of dental disease in Great Britain]**  
La prevention des affections dentaires en Grande-Bretagne.  
Holloway PJ  
Inf Dent (FRANCE) ,Nov 11 1982, 64 (39) p3813-21, ISSN  
0020-0018 Journal Code: GN1  
Languages: FRENCH

0239147 83159111  
**[English health care from the viewpoint of general medicine]**  
Das englische Gesundheitswesen aus der Sicht der  
Allgemeinmedizin.  
Kiess W  
Fortschr Med (GERMANY, EAST) ,Feb 10 1983, 101 (6)  
p197-8, 230, ISSN 0015-8178 Journal Code: F62  
Languages: GERMAN

0234733 83154609  
**Pay noose for National Health Service?**  
Dyson R  
Department of Adult Education, University of Keele, Staffs.  
Br Med J [Clin Res] (ENGLAND) ,Mar 19 1983, 286 (6369)  
p995-6, Journal Code: B4X  
Languages: ENGLISH

0234514 83154390  
**Aids in the home.**  
Cochrane GM  
Nuffield Orthopaedic Centre, Oxford.  
Br J Hosp Med (ENGLAND) ,Feb 1983, 29 (2) p121-6, ISSN  
0007-1064 Journal Code: BZ5  
Languages: ENGLISH

0233189 83136159  
**A health care system in Sweden.**  
Peterson H  
J Clin Comput ,1982, 11 (4) p136-63, ISSN 0090-1091  
Journal Code: HQW  
Languages: ENGLISH

0232980 83133867  
**NHS reorganisation and industrial relations.**  
Marsh AI; Brandis J  
Health Serv Manpow Rev ,Nov 1982, 8 (4) p16-9, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0232979 83133866  
**NHS manpower in perspective (2).**  
Health Serv Manpow Rev ,Nov 1982, 8 (4) p14-5, ISSN  
0306-0233 Journal Code: GBY  
Languages: ENGLISH

0232920 83131498  
**The Department and the National Health Service--a personal  
retrospect.**  
Benner P  
Health Trends ,Feb 1983, 15 (1) p7-9, ISSN 0017-9132  
Journal Code: EUN  
Languages: ENGLISH

0232902 83131480  
**Clinical pharmacology in the Health Service: a progress  
report.**  
Mucklow JC; Bennett PN  
Health Trends ,Aug 1982, 14 (3) p60-3, ISSN 0017-9132  
Journal Code: EUN  
Languages: ENGLISH

01437

00609

0232901 83131479

**Practical thoughts on cost-benefit analysis and health services.**Burchell A; Weeden R  
Health Trends ,Aug 1982, 14 (3) p56-60, ISSN 0017-9132  
Journal Code: EJN

Languages: ENGLISH

Cost-benefit analysis is fast becoming--if it is not already--an essential tool in decision making. It is, however, a complex subject, and one in which few doctors have been trained. This paper offers practical thoughts on the art of cost-benefit analysis, and is written for clinicians and other medical specialists who, though inexperienced in the techniques of accountancy, nevertheless wish to carry out their own simple analyses in a manner that will enable them, and others, to take effective decisions.

0232895 83131473

**Medical Manpower Division, DHSS. Medical and Dental staffing and prospects in the NHS in England and Wales, 1981.**Health Trends ,May 1982, 14 (2) p28-33, ISSN 0017-9132  
Journal Code: EJN

Languages: ENGLISH

0232179 83145641

**Fowler denies demise of NHS.**Oldfield S  
RCN Nurs Stand ,Feb 3 1983, (281) p8, Journal Code:  
RTH

Languages: ENGLISH

0232178 83145640

**A question of survival.**RCN Nurs Stand ,Feb 3 1983, (281) p8, Journal Code:  
RTH

Languages: ENGLISH

0231989 83143576

**Management: the search for greater efficiency.**Allen D  
Nurs Mirror ,Feb 9 1983, 156 (6) p44-6, ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0231978 83143559

**Monitoring. 3. The money problem.**Causier P  
Nurs Mirror ,Feb 2 1983, 156 (5) p42-3, ISSN 0029-6511

Journal Code: 098

Languages: ENGLISH

0231965 83143538

**Monitoring. 2. A question of efficiency.**Hancock C  
Nurs Mirror ,Jan 26 1983, 156 (4) p47-8, ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0231961 83143533

**No grounds for rejoicing.**Altschul A  
Nurs Mirror ,Jan 26 1983, 156 (4) p30, ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0231954 83143520

**Monitoring. 1. A measure of success.**Moores Y  
Nurs Mirror ,Jan 19 1983, 156 (3) p50-2, ISSN 0029-6511  
Journal Code: 098

Languages: ENGLISH

0231943 83143501

**Survival kit for managers. 12. Know your health authority.**Hancock C  
Nurs Mirror ,Dec 22-29 1982, 155 (24 Spec No) p45-6,  
ISSN 0029-6511 Journal Code: 098

Languages: ENGLISH

0231778 83142548

**OH services in the NHS.**Healey B  
Occup Health (Lond) ,Oct 1982, 34 (10) p474-6, ISSN  
0029-7917 Journal Code: 0DB

Languages: ENGLISH

01438

0231711 83142419  
**Future funding of the NHS.**  
Carr A  
Nurs Focus ,Dec 1982, 4 (4) p3. ISSN 0144-4069  
Journal Code: OBK  
Languages: ENGLISH

0231579 83141100  
**The family planning service.**  
Arger K  
Midwife Health Visit Community Nurse ,Jan 1983, 19 (1)  
p14-5, ISSN 0306-9699 Journal Code: MYA  
Languages: ENGLISH

0231300 83138483  
**Cost and clinical decisions.**  
Young DW  
J R Coll Physicians Lond ,Jan 1983, 17 (1) p86-7. ISSN  
0035-8819 Journal Code: JVB  
Languages: ENGLISH

0231092 83136596  
**Dental care needs and services for children: England, Wales,  
and United States compared.**  
Waldman HB  
ASDC J Dent Child ,Jan-Feb 1983, 50 (1) p48-54. ISSN  
0022-0353 Journal Code: HXZ  
Languages: ENGLISH

0230991 83134968  
**The role dilemma of health visiting.**  
Robinson J  
Health Visit ,Jan 1983, 56 (1) p22-4. ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0230984 83134958  
**Will the Barclay Report change the face of social work?**  
Holroyd D  
Health Visit ,Dec 1982, 55 (12) p655. ISSN 0017-9140  
Journal Code: G2P  
Languages: ENGLISH

0230562 83130392  
**Peer appraisal in Leicestershire Community Dental Service.**  
Baxter JA

Community Dent Oral Epidemiol ,Feb 1983, 11 (1) p12-7,  
ISSN 0301-5661 Journal Code: DNF  
Languages: ENGLISH

During the period 1976 to 1980 inclusively a form of staff appraisal amongst dental officers was introduced into the Community Dental Service in Leicestershire. The aim was to observe and review the output performance and potential of individual dental officers. In practical terms it was noticed that during this period there was a distinct change in work output and treatment patterns. Routine fillings and extractions showed a marked downward trend; the number of crowns per operator, the number of orthodontic appliances fitted, the number of root treatments performed, the patients radiographed and, above all, the total visits per full time equivalent dental officer all showed a noticeable and at times a highly pronounced increase. Although the downward trend in fillings and extractions reflects what now appears to be the overall tendency in developed countries, it is felt that the increase in other items was, to a large extent, due to peer appraisal.

0230439 83128815  
**Medicine and snake oil.**  
Coxe D  
Can Med Assoc J ,Mar 1 1983, 128 (5) p577-9, 582-3,  
ISSN 0008-4409 Journal Code: CKW  
Languages: ENGLISH

0230416 83128496  
**National trends in domiciliary consultations.**  
Dowie R  
Br Med J [Clin Res] ,Mar 5 1983, 286 (6367) p819-22,  
Journal Code: B4X  
Languages: ENGLISH

0230401 83128424  
**A coordinated occupational health service in the NHS  
[editorial]**  
Baker CC  
Br Med J [Clin Res] ,Feb 26 1983, 286 (6366) p665-6,  
Journal Code: B4X  
Languages: ENGLISH

01439

0230389 83128384  
**Crisis in rheumatology manpower [editorial]**  
Kirwan JR  
Br Med J [Clin Res] ,Feb 19 1983, 286 (6365) p586,  
Journal Code: B4X  
Languages: ENGLISH

0230388 83128380  
**Locking up patients with psychiatric illness [editorial]**  
Wilkinson G  
Br Med J [Clin Res] ,Feb 19 1983, 286 (6365) p581-2,  
Journal Code: B4X  
Languages: ENGLISH

0230387 83128378  
**Doctors and the drug industry [editorial]**  
Br Med J [Clin Res] ,Feb 19 1983, 286 (6365) p579-80,  
Journal Code: B4X  
Languages: ENGLISH

0230367 83128295  
**Community physician's tasks.**  
Rhodes P  
Br Med J [Clin Res] ,Jan 22 1983, 286 (6361) p293-4,  
Journal Code: B4X  
Languages: ENGLISH

0230357 83128268  
**NHS reorganisation. Getting down to units.**  
Bussey A  
Br Med J [Clin Res] ,Aug 28 1982, 285 (6342) p663-4,  
Journal Code: B4X  
Languages: ENGLISH

0230354 83128248  
**Making a visit: an American GP practising in the NHS.**  
Frey JJ  
Br Med J [Clin Res] ,Aug 28 1982, 285 (6342) p614-6,  
Journal Code: B4X  
Languages: ENGLISH

0230350 83128208  
**Surgical manpower, beds and output in the NHS: 1967-1977.**  
Fowkes FG; Page SM; Phillips-Miles D  
Br J Surg ,Feb 1983, 70 (2) p114-6, ISSN 0007-1226  
Journal Code: B34

Languages: ENGLISH

The availability and use of surgical manpower and beds and certain measures of surgical workload were examined in the NHS in England and Wales from 1967 to 1977 using routine health statistics. Amongst the surgical specialties, there was no consistent relationship between changes in levels of manpower and beds and operating output. For example, ENT surgery and cardiothoracic surgery had more staff and fewer beds in 1977 than in 1967, but operating output in ENT surgery decreased by 18 per cent and in cardiothoracic surgery increased by 28 per cent. Although the efficiency of bed use may have improved (average length of stay was 10.5 days in 1967 and 8.8 days in 1977), the overall use of available beds in most specialties may have decreased. The number of operations performed in each specialty per consultant surgeon was less in 1977 than 1967 except for traumatic and orthopaedic surgery. Although interpretations of routine health statistics are rarely conclusive, the results of this study suggest the possibility of a less than optimum use in 1977 compared to 1967 of surgical beds and surgeons' operating potential which might be due to lack of other resources such as usable theatre time.

0230268 83124417  
**On smaller scale British care system faces U.S. problems.**  
Am Med News ,Feb 11 1983, 26 (6) p30, ISSN 0001-1843  
Journal Code: 3YS  
Languages: ENGLISH

0229943 83107074  
**Telecommunications in the Health Service.**  
McConkey GC  
Hosp Eng ,Feb 1983, 37 (1) p6-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

0229656 83125214  
**Medical manpower and the career structure [editorial]**  
Ann R Coll Surg Engl ,Jan 1983, 65 (1) psuppl 3-4, ISSN 0035-8843  
Journal Code: 5VV  
Languages: ENGLISH

01440

0229444 83122165

**[Social gynecology as a common task]**

Soziale Gynakologie als Gemeinschaftsaufgabe.

Kraatz H; Rothe J

Z Gesamte Hyg ,Sep 1982, 28 (9) p675-6, ISSN 0049-8610

Journal Code: XU0

Languages: GERMAN Summary Languages: ENGLISH

0229440 83122160

**[Responsibility of social hygiene for the high quality of medical care using as an example the field of oncology]**

Die Verantwortung der Sozialhygiene für eine hohe Qualität der medizinischen Betreuung am Beispiel der Onkologie.

Panzer D

Z Gesamte Hyg ,Sep 1982, 28 (9) p663-4, ISSN 0049-8610

Journal Code: XU0

Languages: GERMAN

0229413 83122132

**[Current problems of health care of workers in socialist agriculture. III. Occupational medicine care]**

Zu einigen aktuellen Fragen des Gesundheitsschutzes der Werktätigen in der sozialistischen Landwirtschaft. Teil III: Betriebsärztliche Betreuung.

Meubrink H; Laubinger B; Trzeczak A

Z Arztl Fortbild (Jena) ,Oct 1 1982, 76 (19) p881-4, ISSN 0044-2178

Journal Code: XS6

Languages: GERMAN

0229088 83117145

**A family affair. Travel scholarship.**

Glen S

Nurs Mirror ,Dec 15 1982, 155 (24) p24-7, ISSN

0029-6511 Journal Code: 098

Languages: ENGLISH

0229081 83117130

**Law. 2. Framework for learning.**

Finch J

Nurs Mirror ,Dec 8 1982, 155 (23) p39, ISSN 0029-6511

Journal Code: 098

Languages: ENGLISH

0229040 83117066

**Stuck in a job ... and getting unstuck.**

Fineman S

Nurs Times ,Dec 1-7 1982, 78 (48) p2032-3, ISSN

0029-6589 Journal Code: 09U

Languages: ENGLISH

0229030 83117048

**Facilitators--a personal view.**

Harrington HJ

Nurs Times ,Nov 24-30 1982, 78 (47) psupp1 34:133-4, ISSN 0029-6589

Journal Code: 09U

Languages: ENGLISH

0228840 83115190

**The British medical scene since 1980.**

Lister J

N Engl J Med ,Mar 3 1983, 308 (9) p532-5, ISSN

0028-4793 Journal Code: NOW

Languages: ENGLISH

0228754 83114002

**Funding of teaching hospitals.**

Howie J

Lancet ,Feb 12 1983, 1 (8320) p345-6, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0228748 83113955

**Expensive medical techniques [editorial]**

Lancet ,Feb 5 1983, 1 (8319) p279-80, ISSN 0023-7507

Journal Code: LOS

Languages: ENGLISH

0227978 83102649

**[Socialized medicine in Sweden: a tragedy?]**

La medecine socialisee en Suede: une tragedie?

Racette D

Can Med Assoc J ,Feb 15 1983, 128 (4) p465-6, ISSN

0008-4409 Journal Code: CKW

Languages: FRENCH

01441



0227952 83102251  
**Expensive innovations [editorial]**  
Br Med J [Clin Res] ,Feb 5 1983, 286 (6363) p417-8,  
Journal Code: B4X  
Languages: ENGLISH

0227950 83102247  
**Relations between private practice and the NHS: a personal view.**  
Bolt DE  
Br Med J [Clin Res] ,Jan 15 1983, 286 (6360) p239-40,  
Journal Code: B4X  
Languages: ENGLISH

0227930 83102153  
**Essentials of health economics. Part VI (concluded)--challenges for the future.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Jan 1 1983, 286 (6358) p40-1,  
Journal Code: B4X  
Languages: ENGLISH

0227847 83095511  
**Study tour in England. General report.**  
Paine L  
World Hosp ,Nov 1982, 18 (4) p7-11, Journal Code: XP6  
Languages: ENGLISH

0227840 83095504  
**Study tour in England. An administrator's view.**  
Andrews WF  
World Hosp ,Nov 1982, 18 (4) p22-4, Journal Code: XP6  
Languages: ENGLISH

0227839 83095503  
**Study tour in England. A nurse's view.**  
Kronborg A  
World Hosp ,Nov 1982, 18 (4) p20-2, Journal Code: XP6  
Languages: ENGLISH

0227838 83095502  
**Study tour in England. A medical view.**  
Rivard G; Lescop J  
World Hosp ,Nov 1982, 18 (4) p18-20, Journal Code: XP6  
Languages: ENGLISH

0227836 83095500  
**Study tour in England. Setting the scene.**  
Collier AJ  
World Hosp ,Nov 1982, 18 (4) p12-4, Journal Code: XP6  
Languages: ENGLISH

00610

0226915 83093167  
**Tales of the expected: a case-study in health service management.**  
Black N  
Soc Sci Med ,1982, 16 (20) p1801-6, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH  
Scientific approaches, such as operational research and health economics, have failed to resolve many of the problems confronting managers of health services. This is partly because of assumptions about the value-free nature of information and partly through paying little regard to power conflicts in care systems. The case-study method offers a means of understanding some aspects of these conflicts and could therefore improve the effectiveness of scientific methods in influencing decisions. An example of a case-study involving perinatal care in an English health district is described in an attempt to demonstrate the practical benefits that could accrue to managers hoping to see their macro-study findings effecting change.

0226800 83091559  
**Acupuncture: results of nine months' use in the National Health Service.**  
Duffin DH  
Physiotherapy ,Sep 1982, 68 (9) p298-300, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

0226731 83090492  
**Words apart in the NHS.**  
Slack P  
Nurs Times ,Nov 17-23 1982, 78 (46) p1926-7, ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

01442

0226565 83089383  
**The economics of bureaucracy and the British National Health Service.**  
Spicer MW  
Milbank Mem Fund Q ,Fall 1982, 60 (4) p657-72, ISSN  
0026-3745 Journal Code: NOW  
Languages: ENGLISH  
(26 Refs.)

0226376 83087464  
**Funding of teaching hospitals. Relationships between the universities and the National Health Service.**  
McNicol GP  
Lancet ,Jan 1 1983, 1 (8314-5) p48-9, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0226375 83087463  
**Seeking quality.**  
Maxwell R; Day M; Hardie R; Lawrence H; Rendall M; Walton N  
Lancet ,Jan 1 1983, 1 (8314-5) p45-8, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0226306 83086098  
**Comprehensive health care for the elderly.**  
Fisk AA  
JAMA ,Jan 14 1983, 249 (2) p230-6, ISSN 0098-7484  
Journal Code: KFR  
Languages: ENGLISH

Health care for the elderly in the United States remains fragmentary and noncomprehensive despite concern for the needs of an expanding elderly population and a new emphasis on geriatrics. Model health care programs for the elderly have been few and not generally applicable to central city populations. A model health care program has been designed to offer a continuum of comprehensive, multidisciplinary health care to Milwaukee elderly. An acute care unit for the elderly, rehabilitation-oriented nursing home, outpatient clinic, home care service, outreach clinics, rehabilitation day hospital, Alzheimer's Disease Day Care program, and acute geriatric psychiatric unit have been developed and integrated into one continuum of care. The program serves chiefly the frail elderly, who are demonstrated to be markedly impaired physically, mentally, and socially, requiring the services of multiple professionals to enable the patients to achieve maximum independence. Alternatives to institutionalization are emphasized, and geriatric education and research programs are part of the model program.

0225901 83081991  
**Medical staffing in the National Health Service in Scotland.**  
Howitt LF  
Health Bull (Edinb) ,Sep 1982, 40 (5) p255-64, ISSN  
0374-8014 Journal Code: G1Y  
Languages: ENGLISH

0225694 83080086  
**Increased patients' charges [editorial]**  
Dent Update ,May 1982, 9 (4) p193-4, ISSN 0305-5000  
Journal Code: E3F  
Languages: ENGLISH

0225454 83076805  
**Universality of social programs: an impossible ideal? [editorial]**  
Woods D  
Can Med Assoc J ,Jan 15 1983, 128 (2) p95, ISSN  
0008-4409 Journal Code: CKW  
Languages: ENGLISH

0225421 83076253  
**Essentials of health economics: Part IV--Challenges for the future.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Dec 11 1982, 285 (6356) p1727-8,  
Journal Code: B4X  
Languages: ENGLISH

0224131 83067892  
**The socialization of medicine in Europe.**  
Rickham PP  
S Afr J Surg ,Jun 1982, 20 (2) p81-6, ISSN 0038-2361  
Journal Code: U4K  
Languages: ENGLISH

01443

00611

0224092 83067546

**Resource consumption and future organisation of medical work in the National Health Service.**

Kinston W  
Soc Sci Med ,1982. 16 (18) p1619-26. ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Medical expenditure within the National Health Service (NHS) is based upon an arrangement whereby doctors share in common resources provided by the Health Authority. This arrangement is unsatisfactory when resources are contracting and leads to social regulation of medical activity. If doctors within the district work-group do not response to the challenge of cost-containment by internal organisation, more and more externally imposed regulations will result to the detriment of patients and doctors. The continual redevelopment of organisation to permit the optimal mix of internal and external regulation should be a subject of long-term enquiry and action for doctors in each district.

0223871 83064700

**Whitley Council v review board?**

Devlin R; McCormack M  
Nurs Mirror ,Nov 24 1982. 155 (21) p15. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223858 83064678

**Reorganisation: the way forward.**

Wells J  
Nurs Mirror ,Nov 10 1982. 155 (19) p58-61. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223823 83064620

**Is this the death of the NHS? [news]**

Devlin R  
Nurs Mirror ,Oct 27 1982. 155 (17) p15. ISSN 0029-6511  
Journal Code: 098  
Languages: ENGLISH

0223816 83064599

**Under new management.**

Dyson R  
Nurs Times ,Oct 27-Nov 2 1982. 78 (43) p1804-6. ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0223801 83064574

**A drink problem.**

Sandbach D  
Nurs Times ,Oct 13-19 1982. 78 (41) p1701. ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0223800 83064573

**A different accent on care.**

Anderson C  
Nurs Times ,Oct 13-19 1982. 78 (41) p1699-700. ISSN 0029-6589  
Journal Code: 09U  
Languages: ENGLISH

0223625 83063653

**What is a nurse really worth?**

Moore B  
Nurs Focus ,Nov 1982. 4 (3) p1-2, 13. ISSN 0144-4069  
Journal Code: 0BK  
Languages: ENGLISH

0223622 83063650

**More consultants - at what costs?**

Carr A  
Nurs Focus ,Oct 1982. 4 (2) p3. ISSN 0144-4069  
Journal Code: 0BK  
Languages: ENGLISH

0223306 83059441

**Community medicine-myth or change agent.**

Holland WW  
J R Soc Med ,Nov 1982. 75 (11) p842-50. Journal Code: JX1  
Languages: ENGLISH

01444

0223212 83058501

**Measuring the benefits of screening for open neural tube defects.**

Henderson JB

J Epidemiol Community Health .Sep 1982. 36 (3) p214-9.

ISSN 0143-005X Journal Code: IIP

Languages: ENGLISH

Evaluation of the costs and benefits of public sector programmes is necessary to plan the optimum uses for society's resources. Here the benefits of screening for open neural tube defects are examined, and the most appropriate methodological approach to their valuation is discussed in the context of the possible provision by the National Health Service of a routine prenatal screening programme. It is argued that, in measuring the benefits of screening, previous evaluations have adopted an approach that is rather unsatisfactory from the standpoint of economic methodology. An attempt is therefore made here to show the effect that adopting a more appropriate approach would have on the estimated value of the benefit of routine screening. The effect is found to be a substantial increase in its estimated value.

0223037 83056245

**Towards public health.**

Scott-Samuel A

Health Visit .Nov 1982. 55 (11) p572-4. ISSN 0017-9140

Journal Code: G2P

Languages: ENGLISH

0223030 83056190

**Industrial action in the health services--a trade union perspective.**

Flynn P

Ir Med J .Sep 1982. 75 (9) p324-5. ISSN 0021-129X

Journal Code: GXD

Languages: ENGLISH

0223029 83056189

**The BMA as a trade union.**

Ellis N

Ir Med J .Sep 1982. 75 (9) p322-3. ISSN 0021-129X

Journal Code: GXD

Languages: ENGLISH

0223028 83056188

**Industrial action in the health services--the management perspective.**

Condon D

Ir Med J .Sep 1982. 75 (9) p318-20. ISSN 0021-129X

Journal Code: GXD

Languages: ENGLISH

0223027 83056187

**Industrial action in the health services--the medical perspective.**

Counihan HE

Ir Med J .Sep 1982. 75 (9) p315-7. ISSN 0021-129X

Journal Code: GXD

Languages: ENGLISH

0222785 83053846

**Is there a role for central government agencies in clinical trials?**

Wrighton RJ

Experientia [Suppl] .1982. 41 p561-7. ISSN 0071-335X

Journal Code: EQ1

Languages: ENGLISH

0222632 83052036

**District revenue targets.**

Knox EG

Community Med .Aug 1982. 4 (3) p209-16. ISSN 0142-2456

Journal Code: DNI

Languages: ENGLISH

0222626 83052030

**Medical advice and management in the National Health Service.**

Duncan GD

Community Med .Aug 1982. 4 (3) p171-2. ISSN 0142-2456

Journal Code: DNI

Languages: ENGLISH

0222429 83049890

**GPs' contributions to district management teams.**

Jenkins S

Br Med J [Clin Res] .Nov 20 1982. 285 (6353) p1516.

Journal Code: B4X

Languages: ENGLISH

01445

0222427 83049879  
**Essentials of health economics. Part IV (continued)--organising health care resources.**  
Mooney GH; Drummond MF  
Br Med J [Clin Res] ,Nov 20 1982, 285 (6353) p1485-6,  
Journal Code: B4X  
Languages: ENGLISH

0222398 83049688  
**Planning for retirement.**  
Hepburn PF  
Br J Hosp Med ,Oct 1982, 28 (4) p410-2, ISSN 0007-1064  
Journal Code: BZ5  
Languages: ENGLISH

0222361 83048687  
**Work output patterns of general dental service dentists.**  
Robertson BK; McKendrick AJ  
Br Dent J ,Sep 21 1982, 153 (6) p227-32, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

0222230 83037831  
**District councils and hospital board representation.**  
Herman G  
NZ Hosp ,Jun 1982, 34 (5) p12-3, ISSN 0028-8217  
Journal Code: OBR  
Languages: ENGLISH

00612

0222145 83030248  
**Postgraduate and continuing medical education in Finland.**  
Jaaskelainen M  
Health Policy Educ ,Oct 1982, 3 (3) p249-68, ISSN  
0165-2281 Journal Code: G2I  
Languages: ENGLISH

In this paper, postgraduate and continuing medical education in Finland is described and analyzed. Especially, the contacts with health care policy of Finland are analyzed and presented. First, the roots of CME in basic medical education and its goals are shown. Secondly, the advanced professional medical education (specialization) is presented. Thirdly, the scientific postgraduate system of studies is analyzed. Finally, the system of continuing, complementary medical education and its organization is presented. It is stressed that the CME has close connections with the health care policy in a country. Some problems in this respect are presented.

0222088 83029198

**The buck stops where? Accountability and control in the National Health Service.**

Elcock H; Haywood S  
Hosp Eng ,Oct 1982, 36 (8) p3-4, 6-8, ISSN 0309-7498  
Journal Code: GDS  
Languages: ENGLISH

00613

0221475 83041648  
**The main guide-lines for the improvement of the health care system in Ukrainian SSR.**

Romanenko AE  
Sante Publique (Bucur) ,1982, 25 (2) p59-65, ISSN  
0048-9107 Journal Code: U9T  
Languages: ENGLISH

00614

0221474 83041647  
**Brief analysis on occupational health in Cuba.**  
Ibarra AG  
Sante Publique (Bucur) ,1982, 25 (2) p153-9, ISSN  
0048-9107 Journal Code: U9T  
Languages: ENGLISH

0221405 83041387  
**Breast cancer screening. A study in cost-effectiveness analysis.**

Mooney G  
Soc Sci Med ,1982, 16 (13) p1277-83, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

This paper identifies the long run average British National Health Service screening costs in one particular screening clinic for various different regimes: mammography, thermography and clinical examination; thermography and clinical examination; and mammography and clinical examination; each of these having one or two clinical examinations and the option of single or double reporting of mammograms and thermograms. It then compares the cost-effectiveness of these different regimes where 'costs' are defined widely to include not only screening costs but also biopsy costs, anxiety costs for women biopsied, costs of false negatives, etc. By defining costs in this way, it was possible (if somewhat tentatively because of the small numbers involved) to identify mammography with single reporting together with a single clinical examination as 'the best buy'.

01446

0221248 83039718  
**Management of rehabilitation services.**  
Graveling BM  
Physiotherapy ,Jun 1982, 68 (6) p194-5, ISSN 0031-9406  
Journal Code: P8C  
Languages: ENGLISH

0221203 83038908  
**Survival kit for managers. 3. The nursing budget.**  
Hancock C  
Nurs Mirror ,Oct 20 1982, 155 (16) p47-8, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0221168 83038843  
**Management forum 4: Theory and practice. Why this dilemma?**  
Bowman M  
Nurs Mirror ,Sep 29 1982, 155 (13) p32-3, ISSN  
0029-6511 Journal Code: 098  
Languages: ENGLISH

0221134 83038767  
**Looking back--2.**  
Friend P  
Nurs Times ,Oct 6-12 1982, 78 (40) p1667-8, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221125 83038751  
**Looking back -1.**  
Friend P  
Nurs Times ,Sep 29-Oct 5 1982, 78 (39) p1628-31, ISSN  
0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221099 83038708  
**Child health supplement. Come together.**  
Nurs Times ,Sep 8-14 1982, 78 (36) psuppl 3-4, 11-4,  
ISSN 0029-6589 Journal Code: 09U  
Languages: ENGLISH

0221091 83038696  
**Survival of the fittest?**  
Slack P  
Nurs Times ,Sep 1-7 1982, 78 (35) p1459-60, ISSN  
0029-6589 Journal Code: 09U

Languages: ENGLISH

0220577 83033503  
**Medical ethics needs a third dimension.**  
McCarthy L  
J Med Ethics ,Sep 1982, 8 (3) p147-9, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0220576 83033502  
**What price excellence?**  
English TA  
J Med Ethics ,Sep 1982, 8 (3) p144-6, ISSN 0306-6800  
Journal Code: J1D  
Languages: ENGLISH

0220337 83031547  
**Developing effective management for the general nursing service.**  
Blake J; Towell D  
J Adv Nurs ,Jul 1982, 7 (4) p309-17, ISSN 0309-2402  
Journal Code: H3L  
Languages: ENGLISH

Directors of nursing services and their colleagues in the new units created by NHS restructuring face major challenges in developing effective management for the general nursing service. Emerging ideas within the profession on the organization of nursing work, severe pressures arising from financial constraints at a time of growing health care needs, and restructuring itself each demand a carefully planned response. Beginning from the basic management cycle involved in implementing the nursing process, this paper offers a redefinition of the main functions of nursing management as a whole in meeting these challenges and provides a check-list for reviewing existing management practice. The use of this check-list is then illustrated by a case study in one health district. In this example, managers sought external assistance in planning a programme of action to strengthen nursing leadership. Similar efforts elsewhere are likely to rely mainly on a range of self-help methods. This paper is intended to provide a tool for designing and implementing these local strategies of management development.

01447

0219827 83024128  
**Essentials of health economics: part III--developing health care policies.**  
Mooney GH; Drummond MF  
Br Med J [Clin Res] ,Oct 30 1982, 285 (6350) p1263-4.  
Journal Code: B4X  
Languages: ENGLISH

0219823 83024112  
**Data for management: the Korner Report.**  
Black D  
Br Med J [Clin Res] ,Oct 30 1982, 285 (6350) p1227-8.  
Journal Code: B4X  
Languages: ENGLISH

0219820 83024096  
**Finding a preregistration post.**  
Rhodes P  
Br Med J [Clin Res] ,Oct 23 1982, 285 (6349) p1189-90.  
Journal Code: B4X  
Languages: ENGLISH

0219810 83024058  
**Essentials of health economics: part II--Financing health care.**  
Drummond MF; Mooney GH  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1101-2.  
Journal Code: B4X  
Languages: ENGLISH

0219809 83024057  
**Facing the future: medical education in a cold climate.**  
Fleming PR  
Br Med J [Clin Res] ,Oct 16 1982, 285 (6348) p1099-100.  
Journal Code: B4X  
Languages: ENGLISH

0219801 83024015  
**Essentials of health economics: part I (continued)-what is economics?**  
Mooney GH; Drummond MF  
Br Med J [Clin Res] ,Oct 9 1982, 285 (6347) p1024-5.  
Journal Code: B4X  
Languages: ENGLISH

0219795 83023999

**What's in a waiting list?**  
Sanderson HF  
Br Med J ,Nov 6 1982, 285 (6351) p1368-9, ISSN  
0007-1447 Journal Code: B4W  
Languages: ENGLISH

0219792 83023983  
**Part III (continued)--developing health care policies.**  
Mooney GH; Drummond MF  
Br Med J ,Nov 6 1982, 285 (6351) p1329-31, ISSN  
0007-1447 Journal Code: B4W  
Languages: ENGLISH

0219783 83023961  
**Surgical manpower and training.**  
Forrest AP  
Br J Surg ,Nov 1982, 69 (11) p690-2, ISSN 0007-1323  
Journal Code: B34  
Languages: ENGLISH

0219772 83023831  
**One view: goodbye radiology.**  
Mackintosh CE  
Br J Hosp Med ,Jul 1982, 28 (1) p38, ISSN 0007-1064  
Journal Code: BZ5  
Languages: ENGLISH

01448

0219482 83021364

**Paediatric manpower.**

Liberian MM; Bellman MH

Arch Dis Child ,Sep 1982, 57 (9) p702-7, ISSN 0003-9888

Journal Code: 6XG

Languages: ENGLISH

Two investigations of paediatric manpower in England, Wales, and Northern Ireland were carried out, each using a different method. The first survey located registrars and senior registrars and checked on their occupational status 3 years later in order to see which ones had been promoted. Loss factors--such as emigration, retirement for personal reasons, part-time training, or transfer to general practice, community paediatrics, or other medical specialties--were examined closely. The second survey was a cross-sectional analysis of the entire paediatric establishment. It examined in particular the distribution of consultants and registrars. Using figures from survey 2 and loss factors from survey 1, a model of the paediatric career structure could be constructed. This showed that the present career pyramid would be unable to absorb the current number of registrars in training. There is an urgent need for a comprehensive registration scheme for registrars, especially those with honorary contracts, who are not currently included in official records. Paediatrics is unique in having a high proportion of women for whom there is little opportunity of reconciling career aspirations with family commitments.

0219103 83016841

**[Primary health care: new creation or new approach?]**

Les soins de sante primaires: creation nouvelle ou nouvelle approche?

Fournier G

Soins Pathol Trop ,Jun 1982, (35) p3-7, ISSN 0222-9307

Journal Code: UVM

Languages: FRENCH

0219021 83015722

**The interface between occupational health services and the National Health Service.**

McEwen J; Pearson JC; Langham A

Public Health ,May 1982, 96 (3) p155-63, ISSN 0033-3506

Journal Code: Q17

Languages: ENGLISH

0218772 83013122

**Over 50 and uremic equals death. The failure of the British National Health Service to provide adequate dialysis facilities.**

Berlyne GM

Nephron ,1982, 31 (3) p189-90, ISSN 0028-2766 Journal

Code: NW8

Languages: ENGLISH

0218639 83011362

**Safety of medical electrical equipment and BS5724.**

Whelpton D; Roberts JR

J Biomed Eng ,Jul 1982, 4 (3) p185-96, ISSN 0141-5425

Journal Code: K6K

Languages: ENGLISH

0218209 83006465

**New developments in health care.**

Bell AE

Health Bull (Edinb) ,Jul 1982, 40 (4) p195-6, ISSN

0374-8014 Journal Code: G1Y

Languages: ENGLISH

0218171 83005972

**Health care in Poland: from crisis to crisis.**

Millard LF

Int J Health Serv ,1982, 12 (3) p497-515, ISSN

0020-7314 Journal Code: GRJ

Languages: ENGLISH

During its first twenty years the Polish health service represented a neglected sector of government activity, as the development of heavy industry remained the predominant economic goal, with social policy regarded as a "nonproductive" sphere. When Edward Gierak came to power in 1970, the promise of reform extended throughout society to include health. However, despite a fundamental organizational reform, the health service has remained in a state of crisis, currently worsening as a result of mounting economic dislocation and political tension. Inadequate access to treatment, lack of continuity of care, poor quality of care, profound shortages of drugs and supplies, and the absence of preventive medicine are some of the manifestations of this crisis. Its main causes lie in the political weakness of the Ministry of Health, with consequent underfunding and the nonfulfillment of its plans. This situation is exacerbated by continuing organizational fragmentation, the neglect of primary care, the existence of conflicting aims in health policy, and the dominance of an ideology of clinical specialism.

01449



0217887 83001247  
**Essentials of health economics: Part I--What is economics?**  
Mooney GH; Drummond MF  
Br Med J [Clin Res] ,Oct 2 1982, 285 (6346) p949-50,  
Journal Code: B4X  
Languages: ENGLISH

0217740 82279457  
**The relationship between primary health care in villages and hospitals.**  
Manyi G; Pauliny I  
World Hosp ,Aug 1982, 18 (3) p27-9, Journal Code: XP6  
Languages: ENGLISH

0217882 83001226  
**Monetarism and health [editorial]**  
Br Med J [Clin Res] ,Oct 2 1982, 285 (6346) p914-5,  
Journal Code: B4X  
Languages: ENGLISH

00616

0217739 82279456  
**Health care in Hungary.**  
Aczel G  
World Hosp ,Aug 1982, 18 (3) p25-7, Journal Code: XP6  
Languages: ENGLISH

0217871 83001180  
**In search of an optimal health care system.**  
Goldstein SG  
Br Med J [Clin Res] ,Sep 18 1982, 285 (6344) p824-5, 828  
Journal Code: B4X  
Languages: ENGLISH

0217305 82263381  
**Management structures--from blueprint to reality.**  
Sturt JR  
Hosp Health Serv Rev ,Jul-Aug 1982, 78 (7) p205-8,  
Journal Code: GC5  
Languages: ENGLISH

0217869 83001157  
**Malaria in new guinea.**  
Kurer M  
Br Med J [Clin Res] ,Sep 18 1982, 285 (6344) p793-6,  
Journal Code: B4X  
Languages: ENGLISH

0217866 83001152  
**The case in favour.**  
Cameron AG  
Br Med J [Clin Res] ,Sep 18 1982, 285 (6344) p781-2,  
Journal Code: B4X  
Languages: ENGLISH

0217778 83000101  
**The orthodontist in the GDS.**  
Usiskin LA  
Br Dent J ,Jul 20 1982, 153 (2) p50-1, ISSN 0007-0610  
Journal Code: ASW  
Languages: ENGLISH

00615

0217741 82279458  
**Integrated health services in Hungary.**  
Hardie M  
World Hosp ,Aug 1982, 18 (3) p29-33, Journal Code: XP6  
Languages: ENGLISH

01450

**MEDICINA PREVENTIVA**

01451

- 0257315 83177946  
**Some ideas about preventive medicine and health promotion in aviation medicine.**  
 Wehrly DJ  
 Aviat Space Environ Med (UNITED STATES) ,Feb 1983, 54  
 (2) p168-70, ISSN 0095-6562 Journal Code: 9JA  
 Languages: ENGLISH
- 0253580 83174077  
**[What does preventive medicine accomplish?]**  
 Was leistet die Praventivmedizin?  
 Schwartz FW  
 ZFA (Stuttgart) (GERMANY, WEST) ,Jan 31 1983, 59 (3)  
 p101-6, ISSN 0341-9835 Journal Code: XZ5  
 Languages: GERMAN
- 0251850 83172249  
**[Development of the prophylactic trend in rheumatology]**  
 Razvitie profilakticheskogo napravleniia v revmatologii.  
 Nasonova VA; Bolotina AIU; Maksakova EN  
 Ter Arkh (USSR) ,1983, 55 (1) p9-14, ISSN 0040-3660  
 Journal Code: VLU  
 Languages: RUSSIAN
- 0251840 83172239  
**[Problems in preventive medicine from the viewpoint of specialization and integration]**  
 Problemy profilaktiki s pozitsii spetsializatsii i integratsii.  
 Chazov EI  
 Ter Arkh (USSR) ,1983, 55 (1) p5-9, ISSN 0040-3660  
 Journal Code: VLU  
 Languages: RUSSIAN
- 0247955 83168291  
**[Smoking and preventive medicine]**  
 Rauchen und Praventivmedizin.  
 Schievelbein H  
 Off Gesundheitswes (GERMANY, WEST) ,Nov 1982, 44 (11)  
 p712-7, ISSN 0029-8573 Journal Code: OFE  
 Languages: GERMAN
- 0234718 83154594  
**ABC of healthy travel. Preventing illness while abroad.**  
 Walker E; Williams G  
 University Department of Infectious Diseases, Ruchill  
 Hospital, Glasgow.
- Br Med J [Clin Res] (ENGLAND) ,Mar 19 1983, 286 (6369)  
 p960-3, Journal Code: B4X  
 Languages: ENGLISH
- 0232706 83151661  
**Vision and reality [editorial]**  
 Court D  
 Arch Dis Child ,Feb 1983, 58 (2) p83-4, ISSN 0003-9888  
 Journal Code: 6XG  
 Languages: ENGLISH
- 0232035 83143953  
**Health care costs and preventive medicine [editorial]**  
 Kristein MM  
 Prev Med ,Nov 1982, 11 (6) p729-32, ISSN 0091-7435  
 Journal Code: PM4  
 Languages: ENGLISH
- 0232033 83143951  
**Physicians' ratings of information sources about their preventive medicine decisions.**  
 Weinberger M; Mazzuca SA; Cohen SJ; McDonald CJ  
 Prev Med ,Nov 1982, 11 (6) p717-23, ISSN 0091-7435  
 Journal Code: PM4  
 Contract/Grant No.: P60 AM20542; 502485-HEW  
 Languages: ENGLISH
- 0231483 83140191  
**The nature of Automated Multiphasic Health Testing and Services [editorial]**  
 Yasaka T  
 Med Inf (Lond) ,Jul-Sep 1982, 7 (3) p163-4, Journal  
 Code: LU9  
 Languages: ENGLISH
- 0231364 83139129  
**The future of family medicine in response to demographic changes and increasing specialization.**  
 Reichel W  
 JAMA ,Mar 18 1983, 249 (11) p1445-7, ISSN 0098-7484  
 Journal Code: KFR  
 Languages: ENGLISH

0230353 83128247

**Adults.**

Donovan CF  
Br Med J [Clin Res] ,Aug 28 1982, 285 (6342) p612-4,  
Journal Code: B4X  
Languages: ENGLISH

0229619 83124387

**Genetic screening: implications for preventive medicine  
[editorial]**

Scriber CH  
Am J Public Health ,Mar 1983, 73 (3) p243-5, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0229567 83123971

**Controversy: the role of renal biopsy in modern medicine.**

Striker GE  
Am J Kidney Dis ,Jan 1982, 1 (4) p241-3, ISSN 0272-6386  
Journal Code: 3H5  
Languages: ENGLISH

0229471 83122454

**[The Department of Statistics at the University Institute of  
Social Medicine and Prevention, Lausanne]**

Le Departement de Statistique de l'Institut Universitaire de  
Medecine Sociale et Preventive, Lausanne.  
Marazzi A  
Soz Praventivmed ,Oct 1982, 27 (5) p228-9, ISSN  
0303-8408 Journal Code: YF1  
Languages: FRENCH

0229441 83122161

**[Automated information storage and processing as an aid for  
medical decisions on screening and clinical monitoring]**

Automatisierte Informationsspeicherung und -verarbeitung als  
Hilfsmittel der arztlichen Entscheidung fur Screening und  
Klinik.  
Adam J  
Z Gesamte Hyg ,Sep 1982, 28 (9) p665-7, ISSN 0049-8610  
Journal Code: XU0  
Languages: GERMAN Summary Languages: ENGLISH

0229428 83122148

**[Use of screening methods in child and adolescent health  
protection]**

Anwendung eines Screeningverfahrens in Kinder- und  
Jugendgesundheitschutz.

Nitzschmann L; Reinhardt H  
Z Gesamte Hyg ,Sep 1982, 28 (9) p633-5, ISSN 0049-8610  
Journal Code: XU0  
Languages: GERMAN Summary Languages: ENGLISH

00617

0229253 83119819

**Causal and preventive interdependence. Elementary  
principles.**

Miettinen OS  
Scand J Work Environ Health ,Sep 1982, 8 (3) p159-68,  
Journal Code: UEB  
Contract/Grant No.: 5P01CA06373  
Languages: ENGLISH

"Synergism" of two factors in the causation or prevention of  
an all-or-none event means the existence of instances in which  
both factors are needed for the effect, while "antagonism"  
means that at least one can block the solo effect of the  
other. The manifestation of such interdependences--or of their  
complement, independence--in terms of event rates is  
complicated by the correlation of the susceptibilities to the  
two factors. Thus, given the risk difference (RD) values  
representing the solo effects, the RD corresponding to the  
joint exposure has a range consistent with independence so  
that independence cannot be inferred even from very ample data  
without knowledge of the degree of correlatedness of the  
susceptibilities. The definition of this range is closely  
analogous for causal and preventive factors, respectively.  
However, when knowledge about interdependence is used in  
inference about the factors' interrelation in the mechanisms  
for the effect, sharp distinctions may have to be made between  
causal and preventive factors. In each case, the  
interdependence is a result of the interrelation of the  
actions of the two factors and/or interaction between them.  
Operational decisions, having to do with the wisdom of the  
joint exposure, can be guided by knowledge about the  
interdependence of the factors; however, knowledge of the  
risks corresponding to the various exposures is a sufficient  
guide, without any need for inferences about causal or  
preventive interdependence.

0229125 83117343

**Podiatry's role in health care. It's time to examine the  
shibboleths.**

Rothenberg R  
Postgrad Med ,Feb 1983, 73 (2) p201-4, 207, ISSN  
0032-5481 Journal Code: PFK  
Languages: ENGLISH

01453

0227181 83096945

**Pediatric screening procedures.**

Diaz C; Fosarelli P; Groner J; Grossman L; Hall D; Joffe A;  
Lobovits A; Holtzman NA

Adv Pediatr ,1982, 29 p409-69, ISSN 0065-3101 Journal  
Code: 200

Languages: ENGLISH

0227050 83095379

**Regional trends in the work of WHO, 1980-81\*3. Western  
Pacific Region.**

WHO Chron ,1982, 36 (5) p197-201, ISSN 0042-9694  
Journal Code: XNQ

Languages: ENGLISH

0226938 83093431

**The challenge of cost containment.**

Barnes BA  
Surg Annu ,1982, 14 p381-99, ISSN 0081-9638 Journal  
Code: VAL

Languages: ENGLISH

0226862 83092672

**Realism in health maintenance--part I.**

Burgess AM Jr; Meroney WH  
RI Med J ,Nov 1982, 65 (11) p467-72, ISSN 0363-7913  
Journal Code: TDY

Languages: ENGLISH

0226576 83089403

**Federal Medical Chiefs on progress and plans. US Public  
Health Service.**

Koop CE  
Milit Med ,Nov 1982, 147 (11) p939, 942, ISSN 0026-4075  
Journal Code: N1A

Languages: ENGLISH

0225885 83081895

**Whither community medicine?**

O'Herlihy BP  
Tr Med J ,Oct 1982, 75 (10) p356-8, ISSN 0021-129X  
Journal Code: GXD

Languages: ENGLISH

0224624 83074302

**The quality of life.**

Gillingham FJ

Aust NZ J Surg ,Oct 1982, 52 (5) p453-60, ISSN  
0004-8682 Journal Code: 9IC  
Languages: ENGLISH

00618

● 0224497 83072226

**Data requirements to measure progress on the objectives for  
the nation in health promotion and disease prevention.**

Green LW; Wilson RW; Bauer KG  
Am J Public Health ,Jan 1983, 73 (1) p18-24, ISSN  
0090-0036 Journal Code: 3XW

Languages: ENGLISH

The Reagan Administration has adopted the policy guidelines developed over the previous few years in the disease prevention and health promotion initiative of the Carter Administration. Broad national consensus had been sought in the formulation of 226 measurable objectives for the decade. We classify the prevention objectives according to their position in an implied causal chain: 1) improved programs, 2) increased public and professional awareness, 3) reduced risk factors, and 4) improved health status. Prior to 1980, the data systems and periodic surveys sponsored by federal agencies and national organizations covered only four of the 42 objectives in the public and professional awareness category, whereas at least half of the objectives in each of the other three categories were covered by available national data sources, mostly federal. Sample surveys are needed to measure the majority of the currently unmeasured objectives in all four categories. Private and state health interview surveys are needed to supplement the federal capacity, especially in the face of federal cutbacks in survey capacity.

0224495 83072223

**Can Reagan be indicted for betraying public health?  
[editorial]**

Robbins A  
Am J Public Health ,Jan 1983, 73 (1) p12-3, ISSN  
0090-0036 Journal Code: 3XW  
Languages: ENGLISH

0222434 83049909

**Prevention: who needs it?**

Black N; Strong PM  
Br Med J [Clin Res] ,Nov 27 1982, 285 (6354) p1543-4,  
Journal Code: B4X  
Languages: ENGLISH

01454

0221578 83043459  
**[Theoretical prerequisites and the currency of research on premorbid states]**  
Über die theoretischen Voraussetzungen und die Aktualität der Erforschung prämorbidler Zustände.  
Silla RV; Umanski SS  
Z Gesamte Hyg ,Aug 1982, 28 (8) p577-80, ISSN 0049-8610  
Journal Code: XUD  
Languages: GERMAN

0221565 83043393  
**[Significance and tasks of hygiene in the scientific technical revolution]**  
Die Bedeutung und die Aufgaben der Hygiene in der wissenschaftlich-technischen Revolution.  
Biro G  
Z Arztl Fortbild (Jena) ,May 15 1982, 76 (10) p467-70, ISSN 0044-2178 Journal Code: XS6  
Languages: GERMAN

0221342 83040670  
**Aging, longevity, prevention and cure: our professional futures.**  
Leaf A  
RI Med J ,Sep 1982, 65 (9) p365-9, ISSN 0363-7913  
Journal Code: TDY  
Languages: ENGLISH

0221337 83040613  
**[School medicine and school health services in the city of Lausanne]**  
Medecine scolaire et Service medical des ecoles de la ville de Lausanne.  
Grandguillaume P; Schori M  
Rev Med Suisse Romande ,Jun 1982, 102 (6) p553-7, ISSN 0035-3655 Journal Code: SR5  
Languages: FRENCH

0221280 83039870  
**Aspects of preventive medicine.**  
Thomson W  
Public Health ,Jul 1982, 96 (4) p221-4, ISSN 0033-3506  
Journal Code: QI7  
Languages: ENGLISH

0221232 83039251  
**[Can preventive medicine prepare for a healthy old age?]**  
Kann die Präventivmedizin auf ein gesundes Alter

vorbereiten?  
van der Linde F  
Praxis ,Aug 24 1982, 71 (34) p1320-4, ISSN 0032-7026  
Journal Code: PK9  
Languages: GERMAN Summary Languages: ENGLISH

0220825 83036269  
**Medical education in action: community-based experience and service in Nigeria.**  
Bollag U; Schmidt H; Fryers T; Lawani J  
Med Educ ,Sep 1982, 16 (5) p282-9, ISSN 0308-0110  
Journal Code: MZ3  
Languages: ENGLISH  
Problem-based, student-centred learning at the Faculty of Health Sciences, Unilorin, Nigeria were incorporated in the overall objectives of producing students with a sense of service and a strong inclination toward broad community care and preventive medicine. The educational programme reflecting this concept was called COBES (community-based experience and service). Twice a year groups of between seven and fourteen students, each accompanied by two to three staff members, settled in a village or other community for 1 month. According to the Faculty's objectives, each group assessed the size of its community (population, areal map) at first. Malnutrition and infectious diseases were selected as the two health problems which were to be studied in depth during the first two COBES placements. Data were collected and analysed by the students from which deductions were made, and at the end of the placement a written report was required by the Faculty. Three learning situations and the experience gained from them by one group of students are reported: (1) What was our community? (2) The nutritional status of children, and (3) Guinea-worm infection. The educational benefits of the programme are discussed and the view of the students is brought out. A correct assessment of students' performances proved difficult. Other problems were related to the experimental situation of COBES, such as insufficient support of the programme by some staff members, the lack of programme structure and logistical shortcomings. The COBES programme, however, set a pattern of medical education which specifically suits Nigerian needs and probably those of other African countries.

01455

00619

0220751 83035518

**Improving physician compliance with preventive medicine guidelines.**

Cohen DI; Littenberg B; Wetzel C; Neuhauser D  
 Med Care ,Oct 1982, 20 (10) p1040-5, ISSN 0025-7079  
 Journal Code: LSM  
 Languages: ENGLISH

Similar general medical outpatient clinics with randomly assigned patients were used to evaluate the effectiveness of a program that was to increase house staff compliance with preventive medicine guidelines. Two clinics were designated experimental and two served as controls. In the experimental clinics, age-specific checklists of all recommended preventive procedures (drawn from the Canadian Task Force report on The Periodic Health Examination and American Cancer Society guidelines) were appended to each patient's chart. In addition, house officers were presented with a series of weekly seminars dealing with issues in screening, as well as the specific recommendations included in the checklist. House officers in all four clinics were tested for their knowledge and attitudes toward the preventive program before and after the intervention. Counts of immunizations and mammograms performed and the total populations eligible for these procedures were determined for all four clinics. As predicted, test scores as well as mammography and immunization rates increased significantly (from 2-40 per cent) in the intervention clinics as compared with controls. We conclude that this intervention was clearly effective in the short run. However, follow-up studies will be necessary to determine whether the desired long-term effect has been achieved.

0220624 83033742

**Maternity and child health services (MCH) and the prevention of disability [editorial]**

Ebrahim GJ  
 J Trop Pediatr ,Aug 1982, 28 (4) pii-iv, ISSN 0142-6333  
 Journal Code: KAW  
 Languages: ENGLISH

0220235 83029941

**The effects of early treatment, lead time and length bias on the mortality experienced by cases detected by screening.**

Morrison AS  
 Int J Epidemiol ,Sep 1982, 11 (3) p261-7, ISSN 0300-5771  
 Journal Code: GR6  
 Contract/Grant No.: 1-PD1-CA06516  
 Languages: ENGLISH

This paper describes a means of analysing the effects that the benefit of early treatment, lead time and length-biased sampling (and other forms of prognostic selection bias) have on the mortality rate of cases detected in screening programmes. Both benefit and lead time reduce the mortality rate of screen-detected cases. A beneficial effect of early treatment will lead to a decrease in the number of deaths, the

numerator of the rate. The amount of person-time among screen-detected cases, the denominator, is increased by early diagnosis as a result of screening (lead-time) as well as by prolongation of life due to early treatment. The numbers of cases experiencing benefit and lead time can be estimated by comparisons of the numbers of deaths and numbers of diagnosed cases between the entire screened population, from which the series of screen-detected cases is drawn, and an otherwise comparable unscreened population. Benefit and lead time, as reflected in these numbers, can be removed from the mortality rate of cases detected by screening. The effects of benefit or lead time on prognosis then can be assessed by comparing the observed mortality rate of screen-detected cases to the rates with benefit or lead time removed. Prognostic selection bias (a tendency of screen-detected cases to be relatively benign or relatively malignant) can be evaluated by comparing the case-mortality rate, with both benefit and lead time removed, to the mortality rate of cases in an unscreened population. The relationships described are illustrated with data from a breast cancer screening programme.

0219799 83024012

**Children aged 5 to 15.**

Donovan CF  
 Br Med J [Clin Res] ,Oct 9 1982, 285 (6347) p1018-2,  
 Journal Code: B4X  
 Languages: ENGLISH

0219493 83021587

**[A misunderstood type of engineering]**

Un genie incompris.  
 Royer P  
 Arch Fr Pediatr ,Apr 1982, 39 (4) p199-202, ISSN 0003-9764  
 Journal Code: 71Q  
 Languages: FRENCH

01456

0219349 83019889

**Manpower for obstetrics-gynecology. III. Contributions to total female medical care.**

Pearse WH; Mendenhall RC; Radecki SE; Shipp DA; Fielden JG  
Am J Obstet Gynecol ,Oct 1 1982, 144 (3) p332-6, ISSN  
0002-9378 Journal Code: 3NI  
Contract/Grant No.: 231-75-0616; 231-77-01156; FPR-23-01; +  
Languages: ENGLISH

This final report from the cooperative manpower study of the University of Southern California and The American College of Obstetricians and Gynecologists describes the development of a female data file that outlines the care of women patients by all specialties. Obstetrician-gynecologists are compared to other specialists; they see 300,000 women per day in the United States and provide a wide range of care. Preventive care plays a larger role than in other major specialties, patient counseling and education are emphasized, and obstetric care is a major commitment. Nonetheless, acute and serious surgical and medical diagnoses are an important component of the practices of obstetrician-gynecologists.

0218988 83014804

**The role of universities in personal health improvement.**

Torrens PR; Breslow L; Fielding JE  
Prev Med ,Jul 1982, 11 (4) p477-84, ISSN 0091-7435  
Journal Code: PM4  
Languages: ENGLISH

0218690 83011859

**W.H.O. and the elderly [editorial]**

Lancet ,Oct 23 1982, 2 (8304) p909-10, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0218681 83011774

**What price life? [editorial]**

Lancet ,Oct 9 1982, 2 (8302) p807, ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0217874 83001200

**Practising prevention: adolescents.**

Gunn AD  
Br Med J [Clin Res] ,Sep 25 1982, 285 (6345) p855-6,  
Journal Code: B4X  
Languages: ENGLISH

0217007 82281936

**[Gerontology: topical chances of primary-preventive geriatrics (author's transl)]**

Gerohygiene: Aktuelle Chancen der primar-praeventiven Geriatrie.

Stormer A  
Aktuel Gerontol ,Jul 1982, 12 (4) p117-21, ISSN  
0300-5704 Journal Code: 32C  
Languages: GERMAN Summary Languages: ENGLISH

The present endeavour of geriatrics emphasizes systematic preventive actions before the appearance of a diseased state. Epidemiological studies demand the regard of risk-factors into the therapeutical conception. Public health work on the one side and health-education and health-training otherwise are fundamental conditions for all practical possibilities of the modern preventive geriatrics.

0216698 82278518

**The doctor and the primary health worker.**

Waterston A  
Trop Doct ,Jul 1982, 12 (3) p101-3, ISSN 0049-4755  
Journal Code: WGC  
Languages: ENGLISH

00620

● 0216533 82277346

**Selective primary health care: is efficient sufficient?**

Berman PA  
Soc Sci Med ,1982, 16 (10) p1054-9, ISSN 0277-9536  
Journal Code: UT9  
Languages: ENGLISH

Developing countries are increasingly using economic evaluation methods to assess and plan their health services. Inappropriate application of these methods may lead to serious errors in developing primary health care strategies. In 'Selective Primary Health Care', Julia Walsh and Kenneth Warren present a logical approach to health planning based on cost-effectiveness techniques. Their paper is a timely example of the risks of using simple technical criteria to plan solution to complex public health problems. Cost-effectiveness is not a sufficient criterion for planning primary health care. Related issues are discussed in these comments. As an alternative, a multiple-objective approach is suggested.

01457



0216510 82277028  
**Comment on Sune Nystrom. Relation of prevention of social problems to virtues and morality.**  
Sundby P  
Scand J Soc Med .1982. 10 (1) p1-2. ISSN 0300-8037  
Journal Code: UD5  
Languages: ENGLISH

0216303 82275024  
**World population, a challenge to medicine.**  
Callihan HK  
Proc Inst Med Chic .Apr-Jun 1982. 35 (2) p53-6. ISSN 0091-746X  
Journal Code: PTA  
Languages: ENGLISH

0215806 82271722  
**Good health is not for sale--what then are doctors for?**  
Smith JE  
Minn Med .Jun 1982. 65 (6) p374-7. ISSN 0026-556X  
Journal Code: NBY  
Languages: ENGLISH

0215470 82267813  
**The well-elderly check-up.**  
Deller JJ  
J Fla Med Assoc .Apr 1982. 69 (4) p286-91. ISSN 0015-4148  
Journal Code: I53  
Languages: ENGLISH

0214691 82258183  
**Practising prevention: in old age.**  
Gray JA  
Br Med J [Clin Res] .Aug 21 1982. 285 (6341) p545-7.  
Journal Code: B4X  
Languages: ENGLISH

0214675 82258117  
**Problems, priorities, and possibilities.**  
Morrell DC  
Br Med J [Clin Res] .Aug 7 1982. 285 (6339) p413-4.  
Journal Code: B4X  
Languages: ENGLISH

0214208 82256391  
**Rubella immunization.**  
Pearn J

Aust NZ J Obstet Gynaecol .Feb 1982. 22 (1) p15-7. ISSN 0004-8666  
Journal Code: 910  
Languages: ENGLISH  
(29 Refs.)

0213877 82252544  
**Preventive medicine [editorial]**  
Alpern FP; Gorman JD  
Va Med .May 1982. 109 (5) p345-6. ISSN 0146-3616  
Journal Code: X6S  
Languages: ENGLISH

0213867 82252401  
**[Strategies in the prevention and rehabilitation of disabilities and handicaps]**  
Strategien der Verhütung und Rehabilitation von Schädigungen und Behinderungen.  
Renker K  
Z Gesamte Hyg .Apr 1982. 28 (4) p272-9. ISSN 0049-8610  
Journal Code: XU0  
Languages: GERMAN

01458

0213684 82249971

**Concepts of illness causation and responsibility: some preliminary data from a sample of working class mothers.**

Pill R; Stott NC

Soc Sci Med ,1982, 16 (1) p43-52, ISSN 0277-9536  
Journal Code: UT9

Languages: ENGLISH

In recent years official policy in the U.K. has been marked by a shift in emphasis from curative to preventive medicine, with increasing stress being laid on the role of the individual in maintaining his/her health. However, we lack empirical data on the extent to which the concept of individual responsibility for health is accepted by various groups in our society and such data is essential before effective strategies for health education can be implemented. It is argued that readiness to accept responsibility for one's health depends partly on the views held about the aetiology of illness, and this proposition is explored using material on causation and the circumstances where blame is attributed, derived from semi-structured interviews with a sample of 41 working class mothers (Socioeconomic Group 9). Roughly half the sample held fatalistic views on the aetiology of illness and thought they were only morally accountable in very restricted circumstances. These women tended to be less well-educated than the rest of the group and they were less likely to be buying their own homes. The results are discussed in relation to current health education policies, consultation behaviours in primary medical care and consumer attitudes to the services provided by their doctors.

0213653 82249542

**[Data processing and the information sciences in public health. The importance of specialty records]**

L'informatique et les sciences de l'information en sante publique. L'importance des dossiers de specialites.

Goupy F; Yvon PJ; Chevallier J; Gremy F

Rev Prat ,Jun 11 1982, 32 (33) p2235-41, ISSN 0035-2640

Journal Code: T1D

Languages: FRENCH Summary Languages: ENGLISH

0213348 82246316

**[Practice and value of the preventive examination of the hip joint in infants, toddlers and pre-school children]**

Praxis und Bedeutung der Vorsorgeuntersuchung der Huftgelenke im Sauglings-, Kleinkinder- und Vorschulalter.

Henssge EJ

Off Gesundheitswes ,Mar 1982, 44 (3) p161-4, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0213347 82246314

**[Genetic counseling as a task for preventive medicine]**

Genetische Beratung als Aufgabe der Praventivmedizin.

Grote W

Off Gesundheitswes ,Mar 1982, 44 (3) p155-6, ISSN 0029-8573 Journal Code: OFE

Languages: GERMAN

0213006 82241986

**Preventive health behavior of physicians.**

Glanz K; Fiel SB; Walker LR; Levy MR

J Med Educ ,Aug 1982, 57 (8) p637-9, ISSN 0022-2577  
Journal Code: J13

Contract/Grant No.: 5 K01 HL00446

Languages: ENGLISH

0212997 82241948

**Current trends in veterinary education.**

Owen NC

J S Afr Vet Assoc ,Mar 1982, 53 (1) p7-9, ISSN 0301-0732 Journal Code: JZH

Languages: ENGLISH

0212706 82237971

**Trees and forests.**

Morowitz HJ

Hosp Pract ,Aug 1982, 17 (8) p24-5, ISSN 0018-5809  
Journal Code: GD2

Languages: ENGLISH

0212327 8222322

**Houston hospital merges health promotion, haute cuisine in unique restaurant venture.**

Promot Health ,Jul-Aug 1982, 3 (4) p12, ISSN 0272-9709

Journal Code: PZU

Languages: ENGLISH

0211370 8222702

**Don't teach preventive medicine: a contrary view.**

Neuhauser D

Public Health Rep ,May-Jun 1982, 97 (3) p220-2, ISSN 0033-3549 Journal Code: QJA

Languages: ENGLISH

01459

0211369 82222701  
**Encouraging the practice of preventive medicine and health promotion.**  
Reiman AS  
Public Health Rep ,May-Jun 1982, 97 (3) p216-9, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211368 82222700  
**Teaching medical students about disease prevention and health promotion.**  
Lewis CE  
Public Health Rep ,May-Jun 1982, 97 (3) p210-5, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211367 82222699  
**Prevention: current status in undergraduate medical education.**  
Berg RL  
Public Health Rep ,May-Jun 1982, 97 (3) p205-9, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211366 82222698  
**A perspective on educating physicians for prevention.**  
Jonas S  
Public Health Rep ,May-Jun 1982, 97 (3) p199-204, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211365 82222697  
**Strategies for disease prevention and health promotion in the Department of Health and Human Services.**  
Schweiker RS  
Public Health Rep ,May-Jun 1982, 97 (3) p196-8, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211364 82222696  
**Prevention and medical practice: the role of undergraduate medical education. Report on a national symposium, October 5-6, 1981 Bethesda, Md.**  
Public Health Rep ,May-Jun 1982, 97 (3) p195-243, ISSN  
0033-3549 Journal Code: QJA  
Languages: ENGLISH

0211060 82220816  
**General practice: a consumer viewpoint.**  
Richards JG; McPherson MJ  
NZ Med J ,Apr 14 1982, 95 (705) p225-9, ISSN 0028-8446  
Journal Code: OBO  
Languages: ENGLISH

0211018 82220510  
**Civilian health fair at Fitzsimons Army Medical Center: a worthwhile preventive medicine experience.**  
Giddens WW; Foley MD  
Mililit Med ,Feb 1982, 147 (2) p146-50, ISSN 0026-4075  
Journal Code: NIA  
Languages: ENGLISH

0210573 82214813  
**Ethical aspects of primary preventive measures among the institutionalized elderly.**  
Craig TJ  
J Am Geriatr Soc ,Jul 1982, 30 (7) p475-6, ISSN  
0002-8614 Journal Code: H6V  
Languages: ENGLISH  
For the interested physician, the primary prevention of medical illness is often considered a luxury or an optional exercise. This report illustrates the position that physicians caring for the institutionalized elderly have a strong ethical and perhaps legal obligation to institute primary preventive strategies, in view of their responsibilities for total care of the patient. As an example related to cardiovascular mortality and morbidity, primary preventive strategies directed at cigarette smoking and immobilization appear to be clearly indicated. The absence of preventive strategies could be construed as acceptance of intervention designed to increase morbidity and mortality.

0210429 82213108  
**Molecular biology in medicine.**  
Duffy MJ  
Ir J Med Sci ,Apr 1982, 151 (4) p114-22, ISSN 0021-1265  
Journal Code: GXB  
Languages: ENGLISH

0210406 82212898  
**Political ideology and public health in the nineteenth century.**  
Tesh S  
Int J Health Serv ,1982. 12 (2) p321-42. ISSN 0020-7314  
Journal Code: GRJ  
Languages: ENGLISH

0209952 82207504  
**Measurement of omission.**  
Hart JT  
Br Med J [Clin Res] ,Jun 5 1982, 284 (6330) p1686-9.  
Journal Code: B4X  
Languages: ENGLISH

0209221 82204426  
**Behavioral health's challenge to academic, scientific, and professional psychology.**  
Matarazzo JD  
Am Psychol ,Jan 1982, 37 (1) p1-14. ISSN 0003-066X  
Journal Code: 41V  
Contract/Grant No.: 5T32-HL07332; AA00033  
Languages: ENGLISH

0208131 82194183  
**The aims of a health service.**  
Black D  
Lancet ,Apr 24 1982, 1 (8278) p952-4. ISSN 0023-7507  
Journal Code: LOS  
Languages: ENGLISH

0207970 82192382  
**A birth to death preventive medicine--periodic health screening protocol.**  
Milhorn HT Jr  
J Miss State Med Assoc ,Feb 1982, 23 (2) p31-9. ISSN 0026-6396  
Journal Code: J6F  
Languages: ENGLISH

0207735 82190509  
**Continuing medical education: does it address prevention?**  
Weinberg A; Andrus PL  
J Community Health ,Spring 1982, 7 (3) p211-4. ISSN 0094-5145  
Journal Code: HUT  
Languages: ENGLISH

0207666 82189405  
**Promoting health and preventing disease some thoughts for HMOs.**  
Carlaw RW; DiAngelis NM  
Health Educ Q ,Spring 1982, 9 (1) p81-95. ISSN 0195-8402  
Journal Code: G20  
Languages: ENGLISH  
Many of the predisposing factors to current morbidity and mortality relate to societally approved behaviors. Attempts to intervene or change behavioral patterns after a chronic condition is clinically established are limited in effectiveness. Because health maintenance as a conceptual activity occurs outside the medical care delivery system, organizations committed to health maintenance must be active in the school, workplace, and the community if they are to be effective. The concept of prepaid health insurance has been extended in the HMO Act to include responsibility for the maintenance of health and the prevention of disease. This paper provides a three stage model for preventive and promotive activities in HMOs. The case is made that HMOs have a responsibility to provide health promotion and disease prevention services beyond the clinical setting.

01461

00621

0207340 82186389

**Public health training programs at the University of the West Indies.**

Standard KL; Pinnock M; Kumar AK  
 Educ Med Salud ,1982, 16 (1) p62-8, ISSN 0013-1091  
 Journal Code: EDR

Languages: ENGLISH

The Department of Preventive Medicine of the University of the West Indies was established in 1957 with the idea of improving undergraduate teaching facilities to enable medical students to study patients in their homes and social environment. The authors describe the two public health diploma programs available at the University and cite pertinent enrollment and geographic distribution statistics. Candidates for the Diploma in Public Health are registered medical practitioners who take a series of compulsory and elective subjects and have a period of supervised field training and research during the 12-month course. The Diploma in Community Health trains students in the health and diseases of man in his total environment. Students choose among three program options: the general program, specialization in health education, or specialization in health services administration/hospital administration. The general program is the most popular because it gives the student a rounded education suitable to the needs of small states. The 12-month diploma course features the interdisciplinary approach where students from various fields discuss important issues in community health. Comprehensive courses in these areas include health services administration, social sciences, environmental health, epidemiology and biostatistics, family health, communication science, and community mental health. The authors state that the candidate for the Diploma in Community Health is assessed on the basis of course and field work, a special project report, and a final written and oral examination.

0207099 82183459

**Organising a practice. Ten years in a health centre: concept and reality.**

Robinson ET; Boddy FA  
 Br Med J [Clin Res] ,Apr 17 1982, 284 (6323) p1168-9,  
 Journal Code: B4X

Languages: ENGLISH

0206261 82178207

**["Prevention is better than healing." Preventive medicine in discussion]**

"Vorbeugen ist besser als Heilen".  
 Piechowiak H  
 ZFA (Stuttgart) ,Jan 31 1982, 58 (3) p130-6, ISSN  
 0341-9835 Journal Code: XZ5

Languages: GERMAN

0204949 82161879

**Opportunities for prevention: the consultation.**

Smail SA  
 Br Med J [Clin Res] ,Apr 10 1982, 284 (6322) p1092-3,  
 Journal Code: B4X  
 Languages: ENGLISH

0204937 82161846

**What is preventable?**

Fowler G  
 Br Med J [Clin Res] ,Apr 3 1982, 284 (6321) p1017-8,  
 Journal Code: B4X  
 Languages: ENGLISH

0204930 82161815

**What does it mean?**

Fowler G  
 Br Med J [Clin Res] ,Mar 27 1982, 284 (6320) p945-6,  
 Journal Code: B4X  
 Languages: ENGLISH

0204928 82161800

**Preventive medicine in general practice [editorial]**

Taylor KB  
 Br Med J [Clin Res] ,Mar 27 1982, 284 (6320) p921-2,  
 Journal Code: B4X  
 Languages: ENGLISH

0204909 82161742

**Organising preventive medicine.**

Gray DJ  
 Br Med J [Clin Res] ,Mar 6 1982, 284 (6317) p709-11,  
 Journal Code: B4X  
 Languages: ENGLISH

01462

0204173 82157796

**Aspirin and myocardial infarction in young women.**

Rosenberg L; Slone D; Shapiro S; Kaufman DW; Miettinen OS; Stolley PD

Am J Public Health ,Apr 1982, 72 (4) p389-91, ISSN 0090-0036 Journal Code: 3XW

Contract/Grant No.: N01-HD-6-2849; 223-76-3016

Languages: ENGLISH

To assess whether aspirin reduces the risk of a first myocardial infarction (MI) in young women, we evaluated data from a case-control study among women less than 50 years of age without a prior MI: 48 of 551 cases of MI and 67 of 896 hospital controls had taken aspirin regularly for at least 12 weeks immediately before admission. The relative risk estimate was 0.8 upon allowance for confounding factors but it was not statistically significant (95 per cent confidence interval, 0.5-1.4). These data alone do not provide evidence of protection by aspirin against a first infarction in young women.

00622

● 0203380 82148962

**Epidemiology and prevention.**

Morris JN

Milbank Mem Fund Q ,Winter 1982, 60 (1) p1-16, ISSN

0026-3745 Journal Code: NOW

Languages: ENGLISH

Any national strategy of preventing disease and promoting health cannot ignore the implications of social deprivation. As social policy moves away from principles of universal provision and towards greater selectivity, there will be an onus on epidemiology to help identify those who are vulnerable--economically, chemically, and environmentally, as well as biologically. The uncertainty of current knowledge about lifestyles calls for new experiments, not merely observation and disputation.

0201562 82132473

**Pressure ulcerations.**

Elliott TM

Am Fam Physician ,Feb 1982, 25 (2) p171-80, ISSN 0002-838X Journal Code: 3BT

Languages: ENGLISH

Pressure sores are caused by multiple mechanisms. Preventive management requires relief of pressure, skin care, control of spasms, release of contractures and treatment of infection. Conservative treatment succeeds only when pressure on the ulcer site is relieved. Surgical treatment involves primary, secondary and tertiary procedures. Benefits of surgical closure include avoidance of protein loss, prevention of osteomyelitis and other infections, improved appearance and prevention of carcinoma and amyloidosis. A coordinated team approach, incorporating patient education, is effective.

0201561 82132471

**Medical advice for international travelers.**

Birrer RB; Plotz CM

Am Fam Physician ,Feb 1982, 25 (2) p155-9, ISSN 0002-838X Journal Code: 3BT

Languages: ENGLISH

Americans are traveling abroad in increasing numbers. The family physician should review the traveling patient's immunization records and inform him of the risks and hazards of world travel, with particular emphasis on malaria chemoprophylaxis, water decontamination, personal hygiene and accident prevention. A post-trip evaluation is important to assure that any diseases acquired on tour have been adequately treated.

0200797 82122857

**Meaning of the downward trend in cardiovascular mortality.**

Kannel WB

JAMA ,Feb 12 1982, 247 (6) p877-80, ISSN 0098-7484 Journal Code: KFR

Contract/Grant No.: NIH-N01-HV-92922; NIH-N01-HV-52971

Languages: ENGLISH

0200505 82120722

**A contemporary approach toward healthful diets.**

Olson RE

ASDC J Dent Child ,Jan-Feb 1982, 49 (1) p63-5, ISSN 0022-0353 Journal Code: HXZ

Languages: ENGLISH

0200431 82119570

**The future: where do we go from here? A commentary.**

Chameides L

Health Educ (Wash) ,Jan-Feb 1982, 13 (1) p34-5, ISSN 0097-0050 Journal Code: G26

Languages: ENGLISH

0199203 82103677

**Multinits emphasize ancillary services in new building designs.**

Punch L

Mod Health Care ,Feb 1982, 12 (2) p108, 110-1, ISSN 0160-7480 Journal Code: NFA

Languages: ENGLISH

01463

0198326 82105768

**"Rustproofing" people: wellness in perspective.**

Treffert DA

Postgrad Med ,Jan 1982, 71 (1) p179-82, 184, ISSN

0032-5481 Journal Code: PFK

Languages: ENGLISH

0197858 82100911

**Disease prevention and health promotion.**

Schweiker RS

J Med Educ ,Jan 1982, 57 (1) p15-9, ISSN 0022-2577

Journal Code: J13

Languages: ENGLISH

01464