MCG Nationally Recognized for Patient/Family-Centered Care

SALLY SIMKINS

The success story of the patient/family-centered care concept at the Medical College of Georgia Hospital and Clinics is being told around the country. Last year it was at Vice President Al Gore’s Family Re-Union in Nashville, Tenn. This year it is at a conference of the American College of Healthcare Executives in Miami and at a nationwide publication of the Association of American Medical Colleges.

“We are very proud of the recognition being brought to MCG by our embracing the patient/family-centered care concept,” said Pat Sodomka, executive director of MCG Hospital and Clinics. The principles of family-centered care were first applied to pediatrics during the planning and design of the new MCG Children’s Medical Center. Since 1997 this application has been expanded to include geriatrics and other adult care services.

Mrs. Sodomka will be the keynote speaker at a March conference of the ACHE in Miami focusing on patient/family centered care. As hospitals and medical centers throughout the nation move to the family-centered care concept, they are asking patients and their families for suggestions on how they can best be served.

“We need to have a change in the culture of the way patients are seen, the way people work and the way policies are set,” she said. “What do you do as a front-line person to help people connect with others for a mutual benefaction?”

MCG Allergist Links Computer, Organ for Unique Experience

DEBORAH STEELE

Dr. Bill Dolen is like a child in a candy store when it comes to pipe organs. He doesn’t profess to be an organist, but says he has loved the musical instrument since childhood when he began singing in church choirs. Dr. Dolen, a pediatric allergist and immunology professor at the Medical College of Georgia, also loves computers. His appreciation for both will come together in a computerized pipe organ concert at St. Paul’s Episcopal Church on Sunday, Feb. 7 at 3 p.m.

“It’s an excellent organ and I consider it among the best,” said Dr. Dolan, who explained that the 1964 Casavant pipe organ, only the third organ to be used in St. Paul’s since 1861, was completely rebuilt in 1996.

The organ and all of its 2,700 pipes were dismantled, crated and shipped to Casavant in Canada for refurbishment. The many crates were shipped back to Augusta six months later and the pipes reinstalled by the Canadian organ makers.

Providing patients with adequate information and treating their family members like family rather than visitors is a key concept of family-centered care. As hospitals and medical centers throughout the nation move to the family-centered care concept, they are asking patients and their families for suggestions on how they can best be served.

“We need to have a change in the culture of the way patients are seen, the way people work and the way policies are set,” she said. “What do you do as a front-line person to help people connect with others for a mutual benefaction?”

Among key factors in the success of establishing a family-centered care facility are respect, support and collaboration. According to Ms. Johnson, respect is the most essential in family-centering.
Teleconference to Focus on HIV/AIDS Information

A satellite teleconference titled "Accessing HIV/AIDS Information Resources" will be broadcast in room 130 of the MCG Auditorium Center on Feb. 11 from 1 - 3 p.m.

All faculty, staff, residents and staff are invited to attend. John Roy will serve as site coordinator, and RSVPs may be made by e-mail or phone, 1-9904.

Hosted by the Robert B. Greenblatt Library, the live, interactive satellite broadcast will provide an overview of HIV/AIDS-related resources that are available electronically. The design of this program will include嘉宾 evaluation and selection of HIV/AIDS-related resources, demonstrations of online searching, and web-based tutorials. The tutorials will supplement the satellite broadcast.

...Care
continued from page 1

centered care.

"Respect is at the core. We have to have respect for families, patients, colleagues. It's just essential and that hasn't always been the case," she said. "We are realizing that investing in relationships between care givers and patients is good business and it makes people feel good.

Making people feel good and letting them know that they have some control over their care is of utmost importance to patients, Ms. Johnson said. That's where collaboration comes in.

"We need collaboration with the patients and their families and we need collaboration with policies and programs," she said. "We need to communicate to the patients that they are distinct and valuable individuals with a family and place in the community. Family-centered care is working with patients and families, not doing this to and for them."

As the Medical College of Georgia works to move toward family-centered care, Ms. Johnson urged care givers and other employees to realize that change isn't always easy.

"There will be lots of changes," she said. "Some of these changes, while difficult, are going to be good in the long run."

While family-centered care is a concept of how care givers treat their patients and how employees work with one another, it is also a physical and tangible look at how the medical facility is designed and the overall environment of the center.

According to Ms. Johnson, the physical environment of a hospital can support or hinder the practice of family-centered care. Key questions to ask are: "Do parking facilities, the lobby and entrances to specific units and departments convey positive, welcoming first impressions? Are there supportive spaces in examination and treatment areas, in patient rooms and in critical care areas that encourage family participation in care?"

Ms. Johnson said if the answers to these questions are no, then serious modifications need to be made.

"We need to see patient-centered care holistically," she said. "When we help people, it's not just meeting their needs, it's respecting them."

...Family
continued from page 1

of the Group on Faculty Practice within the Association of American Medical Colleges.

"Although a collaborative team approach to facility and program planning is not revolutionary, redefining the team to include patients and families is, and in the case of MCG, this change clearly enhanced the quality of the planning process," the editor, Robert D'Antuono, stated.

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Medicine have partnered to address the issues of awareness of electronic information and Internet connections for public health workers. To promote access at the state and local levels, the Association of State and Territorial Health Officials and the National Association of City and County Health Officials have joined this partnership. For more information on HIV/AIDS Resources, visit http://www.six.nlm.nih.gov/aidswww.htm or email.
A Letter to Faculty, Staff, Residents and Students

(Editor's Note: The following is from a letter written by Dr. Darrell C. Kirch, senior vice president for clinical activities and dean of the Schools of Medicine and Graduate Studies, and Pat Sodomka, executive director of MCG Hospital and Clinics, to MCG faculty, staff, residents and students concerning reactions to plans by the MCG Hospital and Clinics to close the outpatient pharmacy.)

"Recent days have seen intense discussions in the press and elsewhere about the budget of MCG Hospital and Clinics. Unfortunately, as so often happens, much of this discussion is occurring without benefit of all the important facts. We are certain that many of you have concerns or have been approached by others with questions about the budgetary situation of the hospital and clinics. We feel strongly that it is important for all of us to understand some key information about our current situation.

"The most unfortunate aspect of the recent press coverage is that it has created the impression that we somehow are seeking to abandon our mission to provide clinical service to patients without insurance. The opposite is true. One of the reasons we all work here is because we remain committed to those who are less fortunate. Sadly, one of the most pressing challenges which our nation, state and local region face is the increasing number of uninsured. The situation we face is one of increasing demands to provide health services to those who do not have access elsewhere, combined with decreasing support for those services.

"Like all other major teaching hospitals, we are in jeopardy. While the leadership of the university, elected officials, state agencies and others struggle to resolve the growing problem of providing health care support for those without the means to pay for care, we more than ever need to keep the true facts of our situation squarely in mind. This is a great institution that can continue to grow in excellence in all three areas of our mission, to teach, to discover, and to heal, but it is absolutely vital that we have our teaching hospital on firm financial ground to achieve that goal. If we do not take action, our fundamental missions are threatened. We look forward to working with you and with the many different stakeholders in this process to achieve lasting solutions for our institution and for those we serve."

Key Budget Facts

- The total fiscal year 1999 budget of MCG Hospital and Clinics is $246.5 million.
- State and federal support to the hospital and clinics for charity/indigent care and resident teaching includes:
  1. $34.9 million which comes as a direct state appropriation. The percent of this budget from the state appropriation is 14.1 percent, having fallen from 23 percent in 1989.
  2. The amount of Indigent Care Trust Fund support received by the hospital and clinics from the state in FY99 will be $14.9 million. This has fallen from a high of $26.2 million in 1992.
  3. The MCG Hospital and Clinics Medicare and Medicaid reimbursement for graduate medical education will be approximately $16.2 million for FY99.

See "Budget Facts," page 5
Clinical Trial Opportunities Matched with Investigators

DEBORAH STEELE

Local investigators interested in being matched with potential industry-sponsored clinical trial opportunities need look no further than the Medical College of Georgia.

According to Marjorie S. Phillips, clinical research pharmacist at MCG, the University HealthSystem Consortium has developed a 32-member Clinical Research and Investigator Services (CRIS) program to do just that.

"I have been assisting in matching local investigators with potential clinical trial opportunities for over a year," said Ms. Phillips. "But this program is still not well known locally." According to Ms. Phillips, the program works to match individuals interested in doing research with clinical projects in their area(s) of expertise. CRIS also works to identify other interested and qualified investigators to participate in the multicenter clinical research.

CRIS also serves as a site management organization (coordinating the clinical trial) for some industry research protocols. Clinical investigator specialty networks are also being established to expand an institution's clinical research initiatives. According to Ms. Phillips, there are already four researcher networks established at MCG. They include psychiatry, gastroenterology, rheumatology and pulmonary/critical care.

"They are looking for academic health settings like MCG," Ms. Phillips said of the sponsors of the research projects. "We can offer investigators who are national thought leaders at the top of their profession and access to a wide range of patients." In addition, CRIS markets the institution's research capabilities to sponsors by distributing a directory of participating researchers to them a directory of participating projects and benchmarking to them a directory of participating investigators who are national thought leaders at the top of their profession and access to a wide range of patients."

In addition, CRIS markets the institution's research capabilities to sponsors by distributing to them a directory of participants, exhibiting at trade shows and meeting with sponsors.

"The directory lists the characteristics of each participating academic medical center, such as institutional affiliates and contact information," said Ms. Phillips. "It includes research resources, centers of excellence and central support services. Participants are also indexed by specialty or centers of excellence and geographic area."

CRIS and its member academic medical centers are committed to re-engineering clinical processes at their institutions to more effectively compete in the rapidly changing clinical research marketplace. CRIS support services include negotiating master contracts, standardization projects and benchmarking to decrease the time for IRB submission and grants/contracts, and a variety of clinical research white papers.

MCG investigators interested in learning more about CRIS can call Ms. Phillips at 1-0802 or email her at mphilp@mail.mcg.edu.
Dr. Zumbro Named Chief

TONI BAKER

Dr. G. Lionel Zumbro, acting chief of the Medical College of Georgia Section of Cardiac and Thoracic Surgery since July 1997, has been named chief of the section.

Dr. Zumbro, a cardiac and thoracic surgeon who has worked in the Augusta community for more than 20 years, will continue to practice in the community.

"Dr. Zumbro's tenure as acting chief has served this institution well and we are happy that he now has assumed more permanent responsibilities as an administrator, clinician and teacher at the Medical College of Georgia," said Dr. Thomas Gadacz, chairman of the MCG Department of Surgery. "His presence also will be invaluable as we pursue increased collaboration and cooperation with community physicians and hospitals."

"I enjoy working in an academic setting where you can impact future practitioners," said Dr. Zumbro who worked with physicians-in-training while he was assistant chief of the Cardiothoracic Surgery Service at Texas' Brooke Army Medical Center from 1973 to 1975. One of his goals for the section is to add additional full- and part-time faculty members. He already has recruited Dr. Michael A. Watts, a cardiac and thoracic surgeon in private practice who has been an assistant clinical professor at MCG since 1985, to devote a quarter of his time to a practice at MCG.

Dr. Zumbro was named assistant clinical professor of surgery at MCG in 1979. He is chief of Thoracic and Cardiac Surgery at University Hospital in Augusta.

Dr. Zumbro is a 1965 graduate of the University of Tennessee College of Medicine. He completed his internship at Walter Reed General Hospital in Washington, D.C., a general surgery residency at Tripler General Hospital in Honolulu and a thoracic surgery residency at Walter Reed.

He is a fellow of the American College of Surgeons, the American College of Cardiology, the American College of Chest Physicians and the International College of Surgeons.

Budget Facts

continued from page 3

• Our costs for resident teaching and charity/indigent care greatly exceed this state and federal support, as follows:

1. The actual total cost of charity/indigent care provided by MCG Hospital and Clinics in FY99 is expected to be $52.8 million, not including the Outpatient Pharmacy costs.

2. The MCG Hospital and Clinics will provide $11.5 million in house staff salaries and $11.7 million in annual salary support in FY99 to faculty members of the School of Medicine in support of their teaching efforts.

• The gap between this incoming state and federal support and our costs for charity-indigent care and graduate medical education teaching is $10 million. We have achieved savings in other areas, but still must decrease our budget this year by $7.3 million.

• In addition to the charity/indigent care given in the hospital and clinics, MCG academic faculty members provide all the physician services to these patients without reimbursement.

MCG Hospital and Clinics receives no support from any county. In contract, the other major public teaching hospital in the state, Grady, received $97 million in 1998 from local counties.

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Occupational Therapy

Patient's Bubbles Carry Career Plans

CHRISTINE HURLEY DERISO
Editors note: This is the first in a series highlighting the disciplines taught at the Medical College of Georgia.

Heather Hill recalls the moment that she realized how she wanted to spend her life. She was volunteering in a rehabilitation center and saw an occupational therapist gleefully blowing bubbles with a young patient. The child was having a ball; only the occupational therapist knew that the patient was also improving her manual dexterity and eye-hand coordination.

Heather was intrigued by the concept of helping someone improve the skills needed to live each day to the fullest—particularly if the patient is a little girl who thinks she's just having fun. "I thought, 'This is it. This is what I want to do,'" said Heather, a junior in the Medical College of Georgia Department of Occupational Therapy.

"Occupational therapy has been very good to me," said Dr. Kathy Bradley, chairman of the MCG Department of Occupational Therapy. "This is a very exciting, rewarding field. Being able to help someone to regain independence or adapt to a permanent disability with dignity—I don't think you can measure how satisfying that is."

Occupational therapists are part of a team, including physical therapists and speech therapists, that helps patients adapt to or overcome physical and emotional limitations caused by illness or injury. "The focus of occupational therapy is on the functional outcome," Dr. Bradley said. "We collaborate with the individual to determine what skills are needed to perform everyday activities. Is the patient a mother? A caregiver? A career person? Their individual lifestyles are our guide to returning them to their highest levels of independence."

"If an occupational therapist changes a practice setting, it can be almost like changing careers, because the challenges are so varied. Even though there is variety, there is a core of knowledge OTs possess which enables them to work in all of these settings."

The patient population is just as diverse. For instance, an occupational therapist might work with a child with cerebral palsy, a young adult overcoming a debilitating automobile accident or an elderly person recovering from a stroke.

MCG's bachelor's-degree program accepts 54 students a year, including 10 on its Columbus State University campus. The students complete their first two years of college at an accredited college or university, then transfer to MCG as a junior. The program takes two years to complete.

"The faculty is very student-centered," said Heather. "They're really concerned about us getting the best education, and the classes are small, so there's a lot of individual attention."

MCG's program looks for students who are caring, people-oriented and highly motivated. "Occupational therapists have a problem-solving approach to challenges," Dr. Bradley said.

Patience is also vital, Heather said, "because occupational therapists don't always see results immediately. You have to have the patience to hang in there and establish a rapport with the patient so he will be motivated to get better." Indeed, the close relationship formed with patients is one of the most satisfying aspects of the career, Dr. Bradley said.

For more information about MCG's occupational therapy program, contact the department at ext. 1-3641 or the MCG Office of Academic Admissions at ext. 1-2725.
Discussion is Key in Conflict Resolution

CHRISTINE HURLEY DERISO

Remember browbeaten Bob Cratchit, shivering at his desk in Charles Dickens' A Christmas Carol? Remember Lou Grant's inability to deal with Ted Baxter's ineptitude on The Mary Tyler Moore Show? Remember country singer Johnny Paycheck's suggestion to his employer that he take his job and ... well... give it to somebody else?

Occasional conflict in the workplace is inevitable, but there are certainly better ways to deal with it than accepting the unacceptable or resigning in the heat of anger. Andrew Newton, associate legal advisor for the Medical College of Georgia, discussed effective means of resolving workplace conflict during a Jan. 13 campus lecture on the subject.

He urged employers to be attuned to conflict, spotting it early and handling it promptly.

That's often easier said than done, he said, noting that many employees don't verbalize their frustration directly. Workplace stress can take on various forms, Mr. Newton said, including depression, passive-aggressive behavior, excessive workplace gossip or even intimidation. And even employees who acknowledge their stress may not articulate it well.

"Conflict doesn't always show up in terms of a concrete demand," Mr. Newton said. "Employers should try to determine the underlying issue. People often frame a problem in an indirect or abstract way. Don't always accept their description of the problem at face value."

For instance, an employee may nitpick about a colleague's irritating but ultimately trivial habits when the real problem is the employee's resentment at carrying a disproportionate amount of the workload. Such information can often be gleaned, Mr. Newton said, in the most important step toward conflict resolution: discussion.

It sounds simple, "but you'd be surprised how many people don't discuss things," Mr. Newton said. Employers should provide a supportive, non-defensive forum for airing frustrations, he said, and they should document the meetings. He advises employers not to focus on issues of power or rights, but on the legitimate interests of each party.

"Sometimes, everybody can be satisfied," he said, citing the example of two people fighting over a lemon, only to discover that one only wants the zest and the other only wants the juice.

Of course, not all conflicts can be resolved in a way that will make everyone happy. Another means of redress is going up the chain of command. Mr. Newton stressed that employees shouldn't skip anyone in the chain, but if their immediate supervisor is unable or unwilling to help them resolve a workplace conflict, they are perfectly within their rights to then go to their supervisor's supervisor - and on up the chain, if necessary.

Employees can also discuss their grievances with an impartial mediator. Mr. Newton is the campus coordinator for MCG's mediation program, helping arrange for an impartial third party to listen to both sides of an argument. The mediator guides both parties toward a fair resolution, then puts it in writing if everyone agrees to it.

"Mediation never forces anyone into an outcome he doesn't want, so there's no downside to it," Mr. Newton said. "It's been successful in most cases in which we've tried it."

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Make reservations today for a romantic dinner on February 12, 13 or 14.
From 6 - 10 pm enjoy the live music of Weston & Preston
Clinical Research Forum Planned

The fundamentals of good clinical practices will be discussed in a forum sponsored by the Office of Clinical Trials Compliance. The program, designed for faculty and staff involved in clinical research activity, will be held Feb. 10 from 1 - 2 p.m. in the AH building on Laney-Walker Boulevard (former Health Center Credit Union location). Pre-registration is required.

The program is part of a series of education forums being resumed by the Office of Clinical Trials Compliance. Others will include classes and workshops regarding informed consent document preparation, adverse event reporting and preparation and submission of Human Assurance Committee applications. Classes will be held on a regular basis. Attendance and active participation in this training program is strongly recommended on an annual basis.

Laurie Landrum, who recently joined the Medical College of Georgia as clinical trials compliance coordinator, will be the program facilitator. Ms. Landrum previously was involved in staff education and training, policy development, competency evaluation and development of clinical practice standards at St. Joseph Hospital.

To register, contact Ms. Landrum at extension 1-1481.

Organist continued from page 1

playing notes, but also changing stops and adjusting volume. According to Dr. Dolen, this is the first public concert on the pipe organ using the MIDI since its installation.

For the concert he said he tried to select pieces that people would enjoy and recognize. "They will feel the organ as well as hear it," he said.

While Dr. Dolen won't physically play the organ during his upcoming concert, he programmed the pipe organ to play the desired selections. He said the programming includes the combination of computer software and the keyboard. The keyboard was used to enter notes, whereas the computer software was used to enhance the musical selections and produce the sound the audience will hear.

Among selections that Dr. Dolen has chosen for his Feb. 7 concert are major works by German composers Scheidt, Buxtehude, Bach, Reger, Wagner and Liszt.

"The concert is intended to be a celebration of the organ and its literature," he said.

"This is going to be a classical concert." A member of St. Paul's for six years, Dr. Dolen has been singing in church choirs since he was a child. He says he's been playing the organ for a couple of years and laments that he isn't an organist.

"I became interested in computers when I was in college," he said. The new pipe organ combines both his love of the computer and the organ for a unique experience.

Admission to the afternoon concert is free; however, donations will be accepted for the church's choir fund.

St. Paul's Episcopal Church is located at 605 Reynolds St.

Dr. Dolen will review uses for MIDI technology by church musicians in a lecture-demonstration at the February meeting of the Augusta Chapter of the American Guild of Organists, at 8 p.m. on Monday, Feb. 15 at The Church of Our Savior, 4227 Columbia Road, Martinez. The public is invited to this free event.
cuss intractable workplace problems with MCG's Employee/Faculty Assistance staff (ext. 1-2599), Division of Human Resources (ext. 1-3777) and/or Legal Office (ext. 1-4018). Employers faced with unacceptable employee behavior should promptly address and, if necessary, officially document the problem. Their employee evaluations should be honest and accurate, presenting a clear picture of any problems. Disciplinary action includes a written report that becomes a part of the employee's personnel file, suspension and dismissal. Patterns of inappropriate behavior such as chronic tardiness often indicate following those three levels of disciplinary action in order, but more serious offenses can demand severe and immediate consequences. "If termination is appropriate, there is no requirement that the employee be warned or suspended first," Mr. Newton said. However, employees can file grievances to protest suspension, demotion, a cut in pay or discharge, and employers must be prepared to defend their action.

MCG's Legal Office provides supervisors with a guide to reasonable workplace rules and consequences. He advises employers to consult Human Resources or the Legal Office if they need guidance about disciplinary action.

**Doctors Who Cook Scheduled**

*Doctors Who Cook*, an annual fundraiser for the MCG Children's Heart Program, will be Saturday, May 1, at the Radisson Riverfront Hotel beginning at 6:30 p.m. Dinner will be prepared and served by the close to 100 "chefs" — doctors who cook their special dishes and serve to 700 guests.

Music will be provided by the Tony Howard band.

Tickets are $50 each. For ticket information, call Harriett Ehrlich at 733-8969. Doctors interested in sharing their culinary talents are asked to call Cindy Tuttle at 1-2455.

Chairman for the 1999 event is Karen Steinhart.

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Deaths

Sympathies go to the friends, families and co-workers of the following MCG employees who have died recently:

Mary S. Holley and Leola J. Jenkins, who both died Jan. 5. Ms. Holley had worked at a staff nurse at Georgia War Veterans Nursing Home from 1978 to 1994. Ms. Jenkins had retired in 1988 after 30 years of service in the Department of Food and Nutrition Services.

Lane Exhibit Added to Special Collection

DEBORAH STEELE

A humidifier hums softly in the Special Collections Room of MCG’s Greenblatt Library and there is no doubt that what is in this room could tell stories and share memories if only it could talk.

Donna Trainor, librarian for special collections and outreach services, has helped to preserve a lot of memories by gathering donated items such as diplomas, surgical instruments, 19th-century books, photos and school publications.

“I want them kept in good condition and well preserved,” Ms. Trainor said. “There’s a lot here; a lot of interest.”

The most recent addition to the room is the Dr. John Dunn Lane Jr. display. Dr. Lane, a graduate of the Medical College of Georgia’s Class of 1927, is memorialized through the donated items. According to Ms. Trainor, Dr. Lane, who attended MCG from 1924 until his graduation, never practiced at MCG. He obtained his pre-medical requirements from the University of Georgia in 1922.

“Dr. Lane passed away several years ago (1995) and his widow [Yvette] was actually the person who donated these items to us,” Ms. Trainor said. A framed photo and scrapbook, which includes a number of certificates and awards presented to Dr. Lane, are among items in the exhibit. Also included in the display is Dr. Lane’s diploma from MCG and his Georgia medical license.

“This scrapbook is as close as we come to a biography of him,” Ms. Trainor said as she gently turned the pages of the old album. “I’m planning on leaving his display up indefinitely.”

Dr. Lane’s life was one spent mostly in the U.S. Public Health Service, where he was a career officer, retiring in 1969 after 30 years. He served at USPHS hospitals in Detroit, Mich., Louisville, Ky., New Orleans, La., Baltimore, Md., Staten Island, N.Y. and Seattle, Wash.

The Lincolnton, Ga. native engaged in courses of mass casualties and health hazards during war and peace at Fort Sam Houston, Texas on several occasions and published nine scientific papers on special surgical techniques, back and disc injuries and conservative treatment on perforated peptic ulcer. He was awarded the Medal of Honor in Research in 1948 as a result of the work published on perforated peptic ulcer.

The Special Collections room holds a lot of memories as to the history of MCG and the history of medicine and is open by appointment only. Ms. Trainor said the library’s limited staff makes it impossible to keep the room open at all times, but inter-
Mouth Lesions and HIV
Internet Course Developed by Continuing Education

CHRISTINE HURLEY DERISO

The Medical College of Georgia and an Atlanta dental clinic have tapped into the internet to help health care providers become more knowledgeable about HIV-infected patients.

Dr. David Reznik directs a non-profit Atlanta dental clinic run by Grady Health Systems that treats patients infected with HIV, the virus that leads to AIDS. He has developed a website, www.HIVdent.org, to disseminate information about this patient population to dentists, dental hygienists, physicians and other health care professionals. MCG has piggy-backed onto his effort by developing an internet course for health care professionals on the website.

The course, directed by Dr. Joseph Konzelman, associate professor of oral diagnosis and patient service in the MCG School of Dentistry, describes lesions in the mouth that can result from HIV infection. These lesions are sometimes an initial symptom of the disease; indeed, dentists are often the first to suspect the patient's infection.

The course, titled "Oral Manifestations of HIV Infection," includes photographs of HIV-associated mouth lesions, offering guidance about how to diagnose and treat them. The material also helps health care providers differentiate between the mouth problems of healthy patients and HIV-infected patients. "Oral manifestations in [patients with compromised immune systems] tend to be more aggressive than in healthy patients," Dr. Konzelman said. "Oral lesions can assume a different appearance than in a patient with a healthy immune system."

Health care professionals can study the website course, then take a test over the internet to ensure they have mastered the subject matter. By paying a $15 fee to the MCG Division of Continuing Education and passing the test, they earn continuing-education credit, which many health care professionals are required to accumulate throughout their careers.

"They need only a computer to complete the course," Dr. Konzelman said. "We think this method of continuing education will appeal to those required to have extra training in infectious diseases."

And continuing-education credit notwithstanding, the course material is of vital importance, Dr. Konzelman said. "Some oral conditions of HIV-infected patients have a significant adverse effect on quality of life," Dr. Konzelman said. "This course should increase awareness of these conditions, which can have disastrous consequences if left untreated."

For instance, some mouth lesions affect other parts of the body if left untreated, resulting in conditions such as blindness and even death.

The information is particularly helpful for health care providers who earned their degrees before HIV-related information was included in the curriculum, Dr. Konzelman said. "The website helps alleviate the fear factor," said Dr. Reznik, one of many dentists whose dental education predates the AIDS epidemic.

Feedback regarding the website course has been "very enthusiastic," Dr. Konzelman said, noting that participants will be provided relevant journal articles and information about other continuing-education courses in the field.

To access the course, visit the website (www.HIVdent.org) and click on Continuing Education Program for both Dental and Medical Professionals in the table of contents.
Plastic Surgeons Named Fellows

PEGGY O'LEARY SEIGLER

Two plastic surgeons from the Medical College of Georgia Section of Plastic and Reconstructive Surgery have been named fellows of the American College of Surgeons.

Dr. Jack Yu, a craniofacial surgeon at the MCG's Children's Medical Center, and Dr. Glenn Lyle, a plastic surgeon at MCG with a special interest in reconstructive surgery, were initiated in November.

The American College of Surgeons is a scientific and educational organization founded in 1913 to raise the standards of surgical practice and to improve patient care. To be named a fellow, a surgeon must demonstrate ethical fitness and professional proficiency.

Dr. Yu is a member of the American Society of Maxillofacial Surgeons, the American Society for Plastic and Reconstructive Surgeons, the American Society of Craniofacial Surgery, Inc. and the American Cleft Palate-Craniofacial Surgery, Inc. He is a 1985 graduate of the University of Pennsylvania School of Medicine in Philadelphia. Dr. Yu completed a general surgery internship and residency as well as a craniofacial fellowship at the University of Pennsylvania before joining MCG in 1994.

Dr. Lyle is a member of the American Society of Plastic and Reconstructive Surgeons, Plastic Surgery Research Council and the Medical Association of Georgia. He is a 1986 graduate of Wayne State University School of Medicine in Detroit. Dr. Lyle completed a surgery internship and residency at the University of Massachusetts and a plastic surgery residency at the University of Texas before joining MCG in 1994.

Dr. Nelson Receives Writing Award

Dr. Steven K. Nelson has received the Judson C. Hickey Scientific Writing Award from the Journal of Prosthetic Dentistry. The $2,500 cash award is in honor of Dr. Hickey, founding dean of the Medical College of Georgia School of Dentistry, who served as the editor-in-chief of the journal.

Dr. Nelson, who joined the MCG faculty in July 1995, is an assistant professor in the Department of Oral Rehabilitation at the MCG School of Dentistry. The three categories of the writing competition included scientific/research, clinical reports and dental technology. His winning manuscript in the scientific/research category is entitled “Accelerated Cytotoxicity Testing of Dental Casting Alloys.”

Additional authors of the manuscript include Dr. John C. Wataha and Petra E. Lockwood, also of the Department of Oral Rehabilitation.

Dr. Brownell Recognized with International Awards

Dr. George Brownell, professor of biochemistry and molecular biology, retired from the Medical College of Georgia on Dec. 31 after more than 30 years on the faculty.

Dr. Brownell, who began his career at MCG in 1967 as an assistant professor in the Department of Cell and Molecular Biology, is the author of numerous papers and books on biology. An invited lecturer on numerous occasions in Mexico City and Venezuela, he was coordinator of the First International Conference on the Biology of the Nocardiae in Merida, Venezuela in the early 1970s.

In December he received a medal awarded by the International Group for Research on Pathogenic Actinomycetes sponsored by the University Autonoma Metropolitana in Mexico City. The research award was for his contributions to genetic studies on actinomycetes.

He also received the Fray Juan Ramos De Lora teaching award from the University of Los Andes in Merida. The award, established in honor of the founder of the university and the first bishop of Venezuela, is considered the university's highest award and is usually given only to citizens or faculty.
Computers Will be Key in Modern Dental Office

CHRISTINE HURLEY DERSIO

Ask dentists why they've chosen their field, and they're unlikely to wax poetic about their love of paperwork.

Yet any dentist knows that paperwork—and the other nuts-and-bolts aspects of running a business—constitute a large chunk of the workload. Compiling patient histories, filing insurance forms, writing patient notes, maintaining personnel files and countless other details are required to keep a dental office running smoothly.

"Dentists are known to say, 'I wish there was no business side to dentistry; I'd just like to be a dentist,'" said Dr. Arun Nayyar, associate professor in the Medical College of Georgia Department of Oral Rehabilitation. "Dentists should do what they're good at: treating patients."

With today's technology, that goal is largely achievable—and Dr. Nayyar wants to make sure the good news filters down to dentists so they can take full advantage of it.

"We are starting to see dental offices designed around computer technology," said Dr. Nayyar, who has lectured worldwide about the dental office of the future. "Dentists needn't be computer wonks to use the technology, most of which is already available, Dr. Nayyar said. They simply must be willing to alter their idea of what a dental office should look like. "Dentists have to have the vision to create a functional environment," said Dr. Nayyar.

The payoff, he said, will be considerable. A technologically modern dental office should enhance patient care, improve efficiency and reduce costs.

Ideally, the dental office of the future should be designed from the ground up, he said. For instance, treatment rooms should be larger than most existing ones to accommodate one or more computers. And reception areas, where often several staff people work, can be smaller as computers begin to assume much of that workload. Existing offices can be adapted as well.

"We foresee computers moving from the front desk to the [patient's] chair side," Dr. Nayyar said. "Dentists can put their notes directly on the computer and file insurance claims right there. Dental charts will become more visual; computers can add much more detail. The dental assistant can create a comprehensive database right there at the patient's side. A health history, personal history, clinical history, digitally noted schematic (computer-generated illustration of the teeth) and treatment plan are all right there. The computer can also set up appointments. The functions of the front desk are reduced, so costs are reduced."

Such comprehensive records inevitably enhance patient care, he noted. He also envisions patients filling out their health histories from home, then e-mailing the information to the dentist. "It creates a much more comprehensive health history because patients aren't rushed," he said.

And technology such as lasers and air abrasion drills will help ensure that a visit to the dentist is less of a pain than ever.

Flat computer monitors, wireless keyboards and wireless intraoral cameras are all available to ensure that high-tech equipment isn't excessively space-consuming or disruptive. "And costs have come down precipitously, so it's now feasible," Dr. Nayyar said. "Even a laptop will do the job."

As the technology grows, computers hold growing potential. For instance, "we foresee having individual caller identification," Dr. Nayyar said. "As the phone rings, a computer knows which patient is calling and automatically brings up that chart." He also envisions electronic patient charts that can be zapped to any dentist.
Adolescence is Awkward Time

CHRISTINE HURLEY DERISO

Few stages of a child’s life instill as much parental anxiety as adolescence. But parents whose relationship with their children is close and trusting needn’t fear the stage, according to a child and adolescent psychiatrist at the Medical College of Georgia.

If you’re close to your child throughout his childhood, it’s like putting money in the bank,” said Dr. Allan Josephson. You can draw on that during the adolescent years.”

Indeed, adolescence can be delightful for parents, he said. Adolescence can be a wonderful time,” he said. It’s like putting money in the bank,” said Dr. Allan Josephson. You can draw on that during the adolescent years.”

And today’s children generally hit the stage earlier than ever, due to factors such as early onset of puberty and societal pressures to grow up fast. Parents can help by maintaining loving communication and enforcing reasonable rules, Dr. Josephson said.

Parents should always express their views and values, and household rules should be clear and structured,” Dr. Josephson said. But be flexible; there’s a big difference between a 13-year-old, for example, and a 17-year-old. As kids demonstrate maturity and responsibility, be prepared to adapt the rules accordingly.”

And choose your battles carefully. All dangerous and illegal behavior, of course, must be off limits. But adolescents should feel in control of some things, particularly when their choices don’t intrude on others,” Dr. Josephson said. On the other hand, signs of immaturity and irresponsibility indicate a need for more structure. Likewise, parents should respect their child’s privacy and choice of friends unless evidence indicates trouble, such as substance abuse or sexual activity.

Dr. Josephson suggests delaying teen dating as long as possible. Our society pushes dating very fast and very early,” he said. The longer it can be delayed, the better. The natural attraction between the sexes should be monitored by parents, and children should be encouraged to do other things with their time as well.”

Parents also should take notice when children’s choices consistently collide with their family’s values. When that happens, parents really need to look within and determine why the child makes choices that don’t reflect their values,” Dr. Josephson said. For instance, children from broken families may not have bonded with a parent in early childhood, which can set the stage for adolescent problems. Habitual conflict indicates a need for professional counseling, he said.

Win a Reserved Campus Parking Space

Want a chance to win a reserved parking space on campus for a month? You can get that chance by donating blood at the MCG Blood Donor Room. Drawings are held monthly from among the names of donors.

William T. Jennings, a freshman medical student and November donor, is the winner of a reserved space this month. Cheryl Nichols of the Department of Pathology, a December donor, won a parking space for February.

Appointments to donate can be made by calling the Donor Room at 1-3694 or by stopping by Monday through Friday between 8:30 a.m. - 5 p.m. The Donor Room is located on the first floor of the hospital’s Sydenstricker Building near the Harper Street entrance.

Computers

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in the country, and computer-generated X-rays that appear immediately on computer screens without the need for film. Such X-rays also will reduce radiation exposure.

Dr. Nayyar stressed that the technology should only be a tool for dentists—not a whole new field to master. “Computer use should be a delegated activity,” he said. “Dentists aren’t effective until they’re treating patients.”

He also is excited about technology’s potential in the academic setting. “I see an explosion of information for the academic world,” he said. “Dentists can teach or consult at a distance. A computer library for dental students will create a database the likes of which we’ve never seen before. And it’s already happening. Seven years ago, [the MCG School of Dentistry] didn’t have a single computer in the building. Now, we have 242.”

Dr. Nayyar stressed that his expertise lies not in the technology, but in its application in a dental office—expertise he hopes many of his colleagues will cultivate. “These things will make it a little easier to be a dentist, I hope,” he said.
**Classifieds**

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**AUGUSTA'S BIGGEST ATTIC SALE! Saturday, Feb. 6, 8am - 12 Noon**

851 Broad Street in downtown Augusta (next to Health Department).

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Sale benefits St. Paul's Church Choir tour.

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**This offer expires February 28, 1999**

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**LOOK**

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**THE Celebrated HIDDEN NAME Contest**

...wherein we hide (with fiendish cleverness) the names of randomly chosen students and employees—one per issue—then slather them with rewards if they manage to find their name. If your name is hidden in one of the advertisements in this issue, you’ll score fifty dollars (American), two REGAL CINEMAS movie passes, and a $5 JAVA HUT gift certificate!

**THE RULES:** 1. Find the name of a randomly chosen MCG student or employee hidden within one of the ads in this issue. 2. If THE NAME YOU FIND IS YOURS, call the Beeper business office (860-5455) before noon on Friday, the day after publication date, to claim your winnings. 3. If THE NAME YOU FIND IS NOT YOURS, do not call us. Memorize the name or write it down in case our roving Prize Patrol asks you for the name. It could happen anywhere, at any time! 4. All hidden name winners must be enrolled at or employed by MCG at the time of winning. 5. The publisher is not responsible for printing errors which may make the name illegible. In the event more than one person has the same hidden name, the first person to claim the prize is the sole winner. 6. Prizes awarded to winners may vary from issue to issue. 7. A photo ID may be required to claim some prizes.

**Sponsored by:**

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**CONGRATULATIONS!**

...our most recent winner is ANITA HARRICK, who found her name in the Sub Station II ad on p. 12 of our last issue. **MILL YOUR NAME BE HIDDEN IN THIS ISSUE? CHECK OUR ADS TO FIND OUT!**

**Remember: Call before the Friday noon deadline!**
Retirements

Congratulations to Medical College of Georgia employees who have recently retired. January retirees include:
• Mary Nell Beard, licensed practical nurse II
• Carolyn W. Heaton, Central Sterile Reprocessing Center manager
• Dorothy H. Williams, nursing assistant
• Sidney A. Wright, patient accounts manager
• Jackie M. Cox, patient care assistant.

Retiring in December were:
• Annie C. Washington, environmental services shift supervisor
• Alma W. Bussey, administrative specialist II
• Carolyn S. Irvin, nurse manager
• Glenda E. Hall, insurance clerk
• Marie F. Hiller, administrative specialist IV
• Curtis B. Baber, communications/service officer
• Ruby L. Flowers, senior surgical technologist
• Dr. George H. Brownell, professor
• Flora W. Gillam, patient care aide
• Freida W. Hall, medical transcriptionist
• Mary Nell Harris, senior accounting assistant.

It’s time for the annual Valentine Dance sponsored by the MCG Sertoma Club, the Central Savannah River Area Shag Club and WKSX radio on Saturday, Feb. 13 from 8 p.m. - 12:30 a.m. at the Julian Smith Casino. Music will be provided by D.J. Murl Augustine.

Tickets, $10 per person and $5 for college students with I.D., will be sold at the door. There will be a $1 discount off regular admission with an MCG ID. Set-ups will be provided.

Proceeds will benefit MCG Speech and Hearing, Camp Rainbow and Project Wish.

There’s no mistaking where the Medical College of Georgia campus is when motorists exit the John C. Calhoun Expressway at 15th Street. This sign - the top of which can be seen from the expressway itself - marks one corner. Another is at Walton Way and still others on other corners of the 100+ acre campus. Each has arrows directing the way to visitors’ destinations. They are part of an overall wayfinding program designed to make it easier for students, visitors and patients to be where they need to be.

FOR YOUR INFORMATION

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