

# UIC Reports

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## Research grants increased

UIC research grants increased 10 percent over the fiscal year ended June 30, 1964, according to the federal government today. The increase was announced by the U.S. Department of Education.

The National Science Foundation (NSF) announced today that it increased its research grants by 10 percent over the fiscal year ended June 30, 1964. The increase was announced by the U.S. Department of Education.

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## Professor suspended; termination process starts

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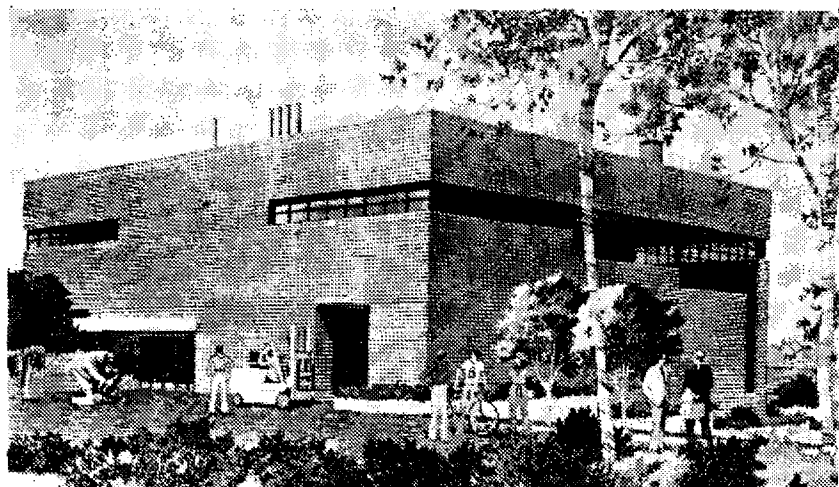
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Sod will be turned Sept. 18 at 3 p.m. for UBC's new Centre for Coal and Mineral Processing. The centre, to be located west of the Frank A. Forward Building, will provide laboratories for teaching and research. The emphasis will be on maintaining Canada's position as a supplier of mineral resources and on achieving optimum use of coal for metallurgical uses and as an energy alternative to petroleum. The centre will be built by Interland Construction for \$2,167,880. Prior to the sod-turning, a public lecture on "Engineering Requirements for Developing B.C. Coal" will be given at 1:30 p.m. in Room 124 of the Chemistry Building by E.R. Macgregor, assistant deputy minister of Energy, Mines and Petroleum Resources for B.C.

## U.S. playwright resident artist

Playwright Tennessee Williams, whose *A Streetcar Named Desire* and *Cat on a Hot Tin Roof* both earned Pulitzer Prizes, will be Distinguished Artist in Residence at UBC from Sept. 28 through Oct. 18.

The Williams play *Red Devil Battery Sign* is being produced by the Playhouse Theatre Company and will open in Vancouver Oct. 18.

The Departments of Creative Writing and Theatre are co-

sponsoring his stay on campus, and Williams will meet informally with small groups of writing and theatre students. These students also will attend some rehearsals for *The Red Battery Sign*.

Tennessee Williams will make only one general public appearance during his visit — on Saturday, Oct. 11, when he will be the Vancouver Institute speaker at 8:15 p.m. in the Woodward Instructional Resources Centre.

## RESEARCH

Continued from page 1

outlined by the Progressive-Conservatives.

This gave NSERC a 35-per-cent increase this year. The MRC budget has been increased by 17.4 per cent, and grants to the Social Sciences and Humanities Research Council have been upped by 16.2 per cent.

The record total of NSERC grants to UBC faculty members is for "free" research as opposed to targeted research because researchers themselves selected the topic to be investigated.

The grants will enable investigators to meet the costs of research pro-

grams, purchase and maintain research equipment, and travel to other laboratories in Canada and abroad.

In addition, 157 UBC graduate students and post-doctoral fellows will receive more than \$1.5 million in the coming year as part of NSERC's program for the training of researchers in science and engineering.

The awards to UBC students were made in three categories: 124 received post-graduate scholarships, each valued at \$8,500 as of Sept. 1 (up from \$7,000 last year); 15 received \$17,000 post-doctoral awards (up from \$14,000); and 17 were awarded 1967 Science Scholarships, each worth \$11,200 (up from \$8,700).

The two largest equipment grants made by NSERC to UBC scientists were for the purchase of different types of spectrometers. Prof. Richard L. Armstrong of geological sciences was awarded \$170,000 for a solid source mass spectrometer, while Prof. Leslie M. Lavkulich of soil science receives \$148,742 for a plasma-atomic emission spectrophotometer.

Prof. A.J. Barnard of the Department of Physics was the recipient of the largest NSERC operating grant of \$146,000 for research on laser fusion and plasma physics. Other faculty members who received operating grants of \$90,000 or more were: Prof. D.F. Measday, physics — \$95,000; Prof. D.G. Fleming, chemistry — \$93,200; and Prof. D.A. Axen, physics — \$90,000.

Health researchers who received grants of \$80,000 or more from MRC are: Prof. P.D. Bragg — \$81,177; Michael Smith — \$147,150 and Gordon Tener — \$91,750, all of the Department of Biochemistry; Prof. John Dirks of the Department of Medicine — \$121,000; Prof. J.C. Hogg of the pathology department — \$90,096; Prof. J.C. Brown — \$86,440; D.H. Copp — \$108,717 and Hugh McLennan — \$80,350, all of the physiology department; and Prof. Juhn Wada of the Department of Psychiatry — \$80,000.

## New UBC film to be screened in five places

Bring your own popcorn.

The film made last year by UBC, at UBC, for UBC, but not specifically about UBC, will be screened at 12:30 p.m. across campus later this month.

The 20-minute film has already been warmly received by the Board of Governors and Senate and other University groups.

Entitled "A University Is..." it aims at meeting a basic information requirement of the general public concerning universities: what a university does.

So if you're curious or interested or have nothing else to do, make a point of going to a screening nearest you.

Buchanan 106, Monday, Sept. 22.

IRC 2, Tuesday, Sept. 23.

Scarfe 100, Wednesday, Sept. 24.

MacMillan 166, Thursday, Sept. 25.

SUB Auditorium, Friday, Sept. 26.

## HOSPITAL

Continued from page 1

and Nursing." (The latter schools occupy new quarters on the fourth floor of the building).

"My job," Mr. Detwiller adds, "is to create an environment in which all health professionals from doctors through to dieticians can come together and create the patterns of treatment and care that will benefit the patient. And through a series of co-ordinating committees a teaching program has been developed that will pass on that knowledge to students who are in training as health care specialists."

Mr. Detwiller's philosophy about the Health Sciences Centre Hospital is echoed by Dr. George Price, medical director of the Koerner Acute Care Unit, who says that "our number one mandate is to look after patients and to show the community that we can do it well."

"Our second mandate is to teach and foster research with the aim of developing innovative programs that can be passed on to health professionals in training at UBC. I fully expect, too, that the Acute Care Unit will have considerable input into the health sciences continuing education program for practicing health professionals."

"In the widest possible sense," he adds, "we'll be serving the entire population of British Columbia."

Dr. Price says that one unique feature of the hospital will overcome one of the long-standing shortcomings of the UBC medical school.

Usually, Dr. Price explains, patients visit doctors in offices in medical and dental buildings and are rarely seen by health science students.

"The Acute Care Unit is the first B.C. hospital designed with the feature of incorporating doctor's offices into the building," he says. "People with medical problems will be referred to the specialists who will have their offices in the hospital."

And attached to these specialists for varying periods of time will be students or residents who will experience patient treatment and who will have the opportunity to discuss that treatment with the specialist.

"While the Psychiatric and Extended Care Units provided this opportunity in their specialty areas, the lack of a facility to foster this student-teacher relationship has been one of the shortcomings of health sciences training at UBC. Now we have a facility that provides the opportunity for teaching using both in-patients and out-patients."

In addition to those people who will visit the Acute Care Unit for a doctor's appointment, health sciences students will be drawn into teaching situations involving the 240 patients who will occupy the beds in the Acute Care Unit.

"All patients in the Acute Care Unit will be teaching patients, unless an exception is made at the request of the patient or doctor for some very special reason," says Dr. Price. "The patients and the doctors with admitting privileges must understand that."

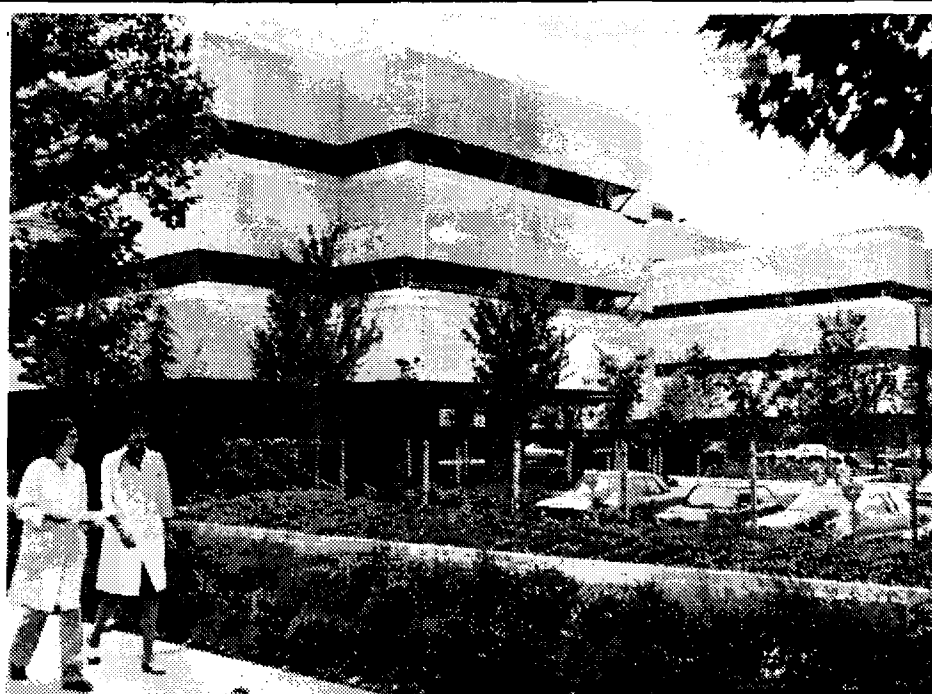
The emphasis will be on general medicine and surgery in the new unit, but Dr. Price says some special areas of treatment and research will develop. "We've been over this ground very carefully with the other treatment and teaching hospitals in the Vancouver area," he adds, "to ensure that we will not be duplicating any services offered elsewhere."

There will be no cardio-thoracic (including open-heart) surgery performed in the UBC hospital, for instance. "The Vancouver General, St. Paul's and Royal Jubilee Hospitals will remain the main centre for that kind of surgery for B.C.," says Dr. Price.

No eye, ear, nose or throat surgery or neurosurgery will be done in the Acute Care Unit, nor will it have a maternity unit. Dr. Price expects, however, that some work in the field of gynecology will be done in the unit.

Dr. Price expects the campus unit will become a major treatment and research centre for problems of the gastrointestinal tract and for the diagnosis and treatment of certain neurological diseases, notably multiple sclerosis.

Other specialties will involve treatment and investigation of some forms of metabolic



Unique health information service is planned in UBC's new acute care unit

## TV will ease the minds of patients in acute care unit

You have a bad heart. You're in hospital and you're worried. You don't know what is going to happen and everyone around you is busy. You have a lot of questions you wish you could ask someone.

Today, many hospitals are trying to answer such questions through education specialists who visit patients at their bedside.

The new Acute Care Unit at UBC will also offer education programs for a fee to the patient of \$2 per day. UBC patients will be charged the same amount. The money will be used to service and replace the sets, and to buy and produce new health information television programs and provide other services of benefit to patients.

Providing the health education will be two UBC organizations — the Department of Biomedical Communications and the Health Science Volunteer Services Organization.

Biomedical Communications head Victor Doray said he has more than 400 programs for patient education and is getting more from other centres.

"Patients won't be limited to watching programs dealing with their condition," Mr. Doray said. "If a heart patient wants to see a program on asthma or diabetes because someone in their family may have the condition, they will be able to do so."

"The beauty of the system is that it is self-financing. We'll be able to replace the sets and provide new programs in perpetuity."

The system is the idea of Ian Cameron, head of the audio visual and television division of Biomedical Communications.

the Vancouver Foundation for the purchase of 200 small black and white TV sets. Patients will receive all the usual TV channels but will also be able to see health information programs.

Many hospitals provide small bed-side sets through a commercial company for a fee to the patient of \$2 per day. UBC patients will be charged the same amount. The money will be used to service and replace the sets, and to buy and produce new health information television programs and provide other services of benefit to patients.

And attached to these specialists for varying periods of time will be students or residents who will experience patient treatment and who will have the opportunity to discuss that treatment with the specialist.

"While the Psychiatric and Extended Care Units provided this opportunity in their specialty areas, the lack of a facility to foster this student-teacher relationship has been one of the shortcomings of health sciences training at UBC. Now we have a facility that provides the opportunity for teaching using both in-patients and out-patients."

In addition to those people who will visit the Acute Care Unit for a doctor's appointment, health sciences students will be drawn into teaching situations involving the 240 patients who will occupy the beds in the Acute Care Unit.

"All patients in the Acute Care Unit will be teaching patients, unless an exception is made at the request of the patient or doctor for some very special reason," says Dr. Price. "The patients and the doctors with admitting privileges must understand that."

The television information system will be made possible through a \$40,000 grant from

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unit's assistant administrator for patient care services and nursing. She was seconded to the position some months ago from her duties as director of nursing in the nearby Psychiatric Unit.

"Our goal," she says, "is to provide first-class patient services and to be involved in the teaching and research program of the unit. All the department heads have been involved formally and informally with the various health sciences faculties and schools and we will all be involved in planning educational programs."

"We feel we're involved in an exciting and unique venture based on the health sciences centre philosophy of professionals working together in the provision of patient care and professional education."

Here's a series of snapshots of the various departments providing services in the Acute Care Unit.

**NURSING** — Forty nurses were on staff in the unit when it opened Sept. 2 and nursing director Shirley Mermet, formerly nursing director at Shaughnessy Hospital, foresaw a need for about 500 in the department when the unit is fully operational. In some areas, unit nurses will work a 12-hour shift. Ms. Mermet says recruiting for nursing staff is not a problem at present, but she anticipates that as the hospital expands the current shortage of registered nurses may be of concern.

**DIETETICS** — Carol Omsted, who's director of dietetics for all the units of the hospital, says it's expected some 70 per cent of the patients in the Acute Care Unit will be on some kind of diet modification because of illness. Each patient will get a selective menu daily and will be instructed in how to select the most nutritious food appropriate to diet modification and preference. Modern and labor-saving equipment will enable meals to reach patients between three and five minutes after leaving the kitchen. "We're looking to take a more active role in assessing a patient's nutritional problems, developing a plan and following it through. That will involve closer interaction with the medical, nursing, social work and rehabilitation staff," says Ms. Omsted. Will have some 58 employees when unit is in full operation.

**HOUSEKEEPING** — Quite apart from looking after such things as the 1,800 pairs of sheets the Acute Care Unit will have, housekeeping supervisor Peter Phillips and his assistant, Glenn Sterne, are concerned with establishing standards of cleanliness and sanitation. These standards have to be high throughout the unit and special procedures will be required in areas such as operating theatres and other specialized areas. Was one of the first departments in operation because of the need to train and orient staff. Will employ between 75 and 80 persons when unit is in full operation.

**LABORATORY MEDICINE** — Provides a multitude of services which are an essential part of the diagnostic and treatment procedure — chemistry, hematology, microbiology, surgical and anatomical pathology, blood bank and, in the Acute Care Unit, nuclear medicine. Department is highly automated and all test results will be computerized. Computer links between department and nursing stations will enable ward personnel to instantly request results or enquire about status of tests. Computer will even analyse lab activity so personnel can be shifted to handle test volume. The unit's lab manager, Sheila Armstrong, heads a staff of 24, which will expand to 60 when unit is fully functional.

**RADIOLOGY** — Provides services for all units of the Health Sciences Centre Hospital. Opened with two general x-ray and two fluoroscopic rooms, an ultrasonic room containing a diagnostic machine that utilizes high-frequency sound waves, and an angiographic suite with special equipment for x-raying blood vessels using radio-opaque dye. Radiology co-ordinator Beryl Rowse says the discipline has changed more in the past ten years than in the previous 50. In addition to taking x-rays and participating in the diagnostic process, radiology is also involved to a lesser degree in therapeutic care, e.g. removal of gall stones and dilation of restricted blood vessels. Will have some 40 employees when the unit is fully operational.

## UBC's oldest teacher comes back to campus

Prof. emeritus J.M. Turnbull, 103 years old and the only surviving member of the original faculty which was on hand when UBC opened its doors to students in 1915, came back to the campus on Sept. 2.

He was the second patient admitted to the Acute Care Unit of the campus Health Sciences Centre Hospital, where he is being treated for injuries he received in a recent fall.

A graduate of McGill University in 1897, Prof. Turnbull came to B.C. after graduation to work at the Lanark Mine near Revelstoke. He was a member of the first Senate of the University representing the Interior city of Trail and was among the first appointments made to the UBC faculty by UBC's first president Dr. Frank Wesbrook.

Prof. Turnbull headed the Department of Mining and Metallurgy in the Faculty of Applied Science for 30 years, retiring in 1945. He's the oldest living member of the Canadian Institute of Mining and Metallurgy, which he joined in 1904. The institute honored him in 1978 with a citation "in recognition of...exceptional service to the mining industry."

He's also a charter member of the Association of Professional Engineers of B.C. and holds registration number five.

Prof. Turnbull's last visit to the UBC campus was in March, 1979, when he delivered a 45-minute, stand-

up lecture to students in Mining and Mineral Process Engineering on the way it was in the mining world in B.C. at the turn of the century.



Acute Care Unit admitting director Lois Blanchard puts a plastic identification bracelet on Prof. emeritus J.M. Turnbull, UBC's oldest living faculty member and the second patient admitted to the new campus hospital. Picture by Jim Banham

## REHABILITATION MEDICINE

Rehabilitation services director Kathy Scalzo says the goal of her unit is to help patients attain for themselves maximum function in normal living activities. There will be ten physiotherapists, four occupational therapists and a speech therapist in the department. Eventually, its facilities will be available to out-patients.

**PHARMACY** — David Hill, who's director of pharmacy services for all units of the Health Sciences Centre Hospital, will head a staff of 17, including 10 licensed pharmacists, when the unit is fully operational. In addition to preparing and dispensing the medications required by hospital patients, his staff will monitor patient drug use to make sure they're getting rational and appropriate drug therapy. A drug information centre will be developed for the use of the hospital's medical and professional staff and the department expects to play an active role in educational programs for pharmaceutical sciences students.

**MEDICAL RECORDS** — A key hospital department that keeps complete and detailed records of all procedures carried out on patients by the health team. Generates the statistics used as the basis for the payment of hospital costs by the provincial government and by teams of visiting experts who recommend hospital accreditation. Health records director Marcia Taggart, who's been at UBC since the Psychiatric Unit opened in 1968, says the degree of computerization applied to the hospital's records is as advanced as any in Canada. Expects to have 13 people in her department when the Acute Care Unit is fully operational.

**ADMITTING** — As the department which has first contact with incoming hospital patients, admitting director Lois Blanchard says her employees are trained to provide "sympathetic and efficient service." Ms. Blanchard will be a good person to have around if the hospital ever has to be evacuated in a hurry. She was on the admitting staff of Mississauga General Hospital last November when a railway train jumped the tracks and exploded about two miles away. She was a member of the hospital team that transferred nearly 500 patients to other Toronto-area hospitals within two hours.

## Medical advances lecture subject

Two days of lectures on recent advances in medicine will be held at UBC Sept. 25 and 26. The lectures are to mark the opening of the 240-bed Acute Care Unit which has accepted its first patients.

Speakers will be experts from the Universities of Chicago, McGill, Toronto and UBC, as well as from France and Alberta.

Among the speakers will be Dr. Donald Paty, who has recently joined UBC and VGH as head of the Division of Neurology in the Department of Medicine.

Dr. Paty will direct a multiple sclerosis clinic in the Acute Care Unit on campus. He is a world authority on the disease and this will be the first time he will lecture on this subject in Vancouver.

Other topics will include epilepsy, arthritis, urology, immunology and aging. The lectures will be given in the lecture theatre of the Psychiatric Unit.

Copies of the program can be obtained from Dr. D.E. Vance, associate dean for research in the Faculty of Medicine at 228-4305. Admission is free.

**Volunteers needed**

Volunteers are needed to support the team approach to health care in the three hospital units on campus.

Health care in the Health Sciences Centre is based on interdisciplinary team work, and volunteers from the University and surrounding community are an integral part of the therapy program, says Mrs. Sherry Kendall, director of volunteers.

"This is an excellent opportunity for faculty, students and staff or for those living near the hospital who wish to help," Mrs. Kendall said. "We have an exciting approach to health care, and I'm sure many people would like to be a part of it."

Workshops and training sessions will be available to volunteers. Among volunteer programs are exercise, gardening, gift shop, library, craft and one-on-one sessions with patients.

Anyone interested should phone Mrs. Kendall at 228-7384.

