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Quail Roost Conference Underscores 'Caring'

Hospital Seeks Ways to Improve Service

Are all of us doing everything we can to make this the kind of place where patients want to come, and where we want to work?

When patients go away from here, do they talk about the kindness, courtesy, consideration and warmth they experienced at Duke, or do they talk about the lack of it?

Do we who work here realize that everything we do, regardless of our job, reflects on each of us individually and on the stature of the Duke Medical Center?

Perhaps more importantly, do we care?

Do we take pride in our surroundings and the hospital atmosphere—to the point of speaking quietly; picking up a scrap of paper in a hallway; not burdening patients with our own troubles; asking

someone who is obviously lost if we can help; being considerate and thoughtful of everyone, including the people with whom we work?

In short, are we doing everything we can do to make Duke a true center for human care?

These questions may seem simple to answer. They may appear so obvious that they don't require more than a moment's thought.

But over the past several months, these questions and dozens of others like them have been the focus of literally hundreds of hours of close examination, study, analysis and discussion.

The results of these labors—and the hundreds of more hours that will go into them in the months ahead—are decisions that will affect each one of us in very definite ways and will influence the medical center's role in personnel relations and patient care far into the future.

The work that is under way centers in what is called the Committee on Patient Services and Personnel Relations, which grew out of a meeting in February at the Quail Roost Conference Center in northern Durham County.

Reflecting on developments that resulted in the Quail Roost Conference, Dr. William G. Anlyan, vice president for health affairs, made these observations:

"For the last several years we have been concerned that along with our growth in size and growth in technical and scientific complexity in health care, we were not keeping up in patient satisfaction.

"The system was geared to give the finest medical care available," Anlyan said, "but somehow we were losing track of the patient as a human being with feelings and sensitivities."

It was apparent, he said, that this was not the fault of any particular group, but instead reflected cross-sectional problems throughout the medical center and would require a total re-evaluation of the entire system.

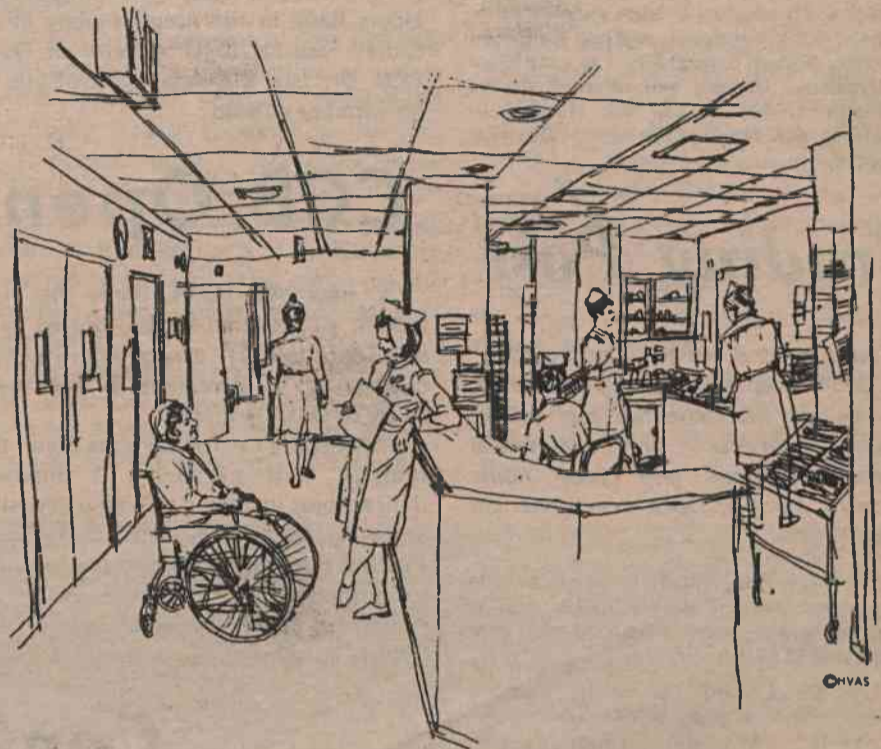
Anlyan discussed the subject with his staff, and Hospital Director Dr. Stuart Sessoms presented the idea to the Hospital Advisory Committee. A Quail Roost conference was decided on, and Dr. Delford L. Stickel, associate hospital director, was given organizational responsibility for the conference.

It was decided early that physicians, and particularly younger members of the medical faculty and staff, would play the central role in digging into problems and presenting their findings at the conference.

"I thought," the vice president said, "that the leadership for change should come from the physicians because it's the doctor's order that in large measure triggers the patient-care process."

For many weeks in advance of the February conference at Quail Roost, four committees worked up detailed reports on particular problem areas. Those committees were:

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Artificial Limb with Feeling Stimulates Amputee Hope

Artificial limbs have come a long way from the days of the wooden peg and the iron hook, but even the most sophisticated prostheses available today lack one very important attribute—feeling.

But now an orthopaedic surgeon at Duke has developed a prosthesis for the arm which will allow the amputee actually to feel pressure in the hook end of the limb.

Dr. Frank W. Clippinger coupled a strain gauge in the hook end of the limb with a surgically implanted electrical stimulator attached to the amputee's median nerve. This provides the patient with direct sensory information about the degree of pressure he is exerting at the

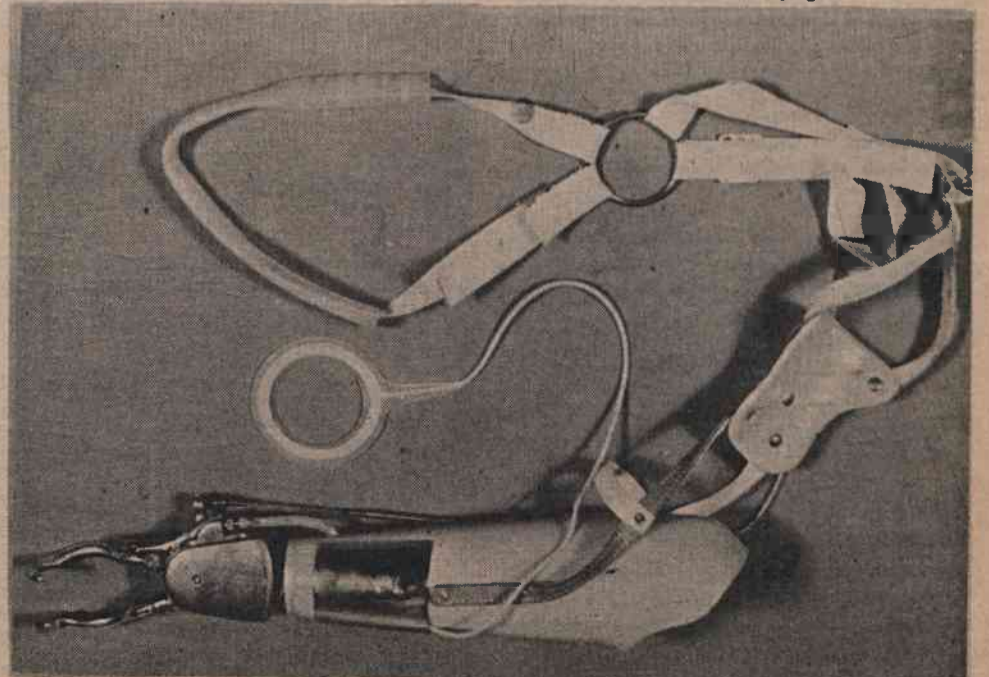
hook.

As the patient exerts pressure with the hook, such as in grasping a glass, the median nerve in his arm is electrically stimulated, producing a sensation that varies from light to strong in direct proportion to the force exerted at the hook.

The electrical implants have been placed in the arms of four patients so far, and three have been fitted with prostheses. The first of the four patients has been using his neuroprosthesis for two years.

"The only problems we've had so far have been maintenance ones with the prosthesis," Clippinger said. "The

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LIMB WITH FEELING—This artificial arm has been fitted by Dr. Frank W. Clippinger with an electrical stimulator which, when surgically implanted in the amputee's stump, will allow him to feel how much pressure he is exerting with his hook.



J. ALEXANDER McMAHON

Trustee Receives N.C.H.A. Award

John Alexander McMahon, president of the American Hospital Association, will receive the N.C. Hospital Association's highest award in a ceremony at the medical center this afternoon.

McMahon will receive the award in the new Medical Center Board Room at 2:30. He will be at Duke for a meeting of the University Board of Trustees, of which he is chairman, and will come to the medical center from the Allen Building for the presentation.

Last November McMahon became the American Hospital Association's first full-time president. Prior to that he was president of N.C. Blue Cross and Blue Shield, Inc.

The president of the state association, Cleveland County Hospital Administrator Paul S. Ellison of Shelby, said McMahon was selected for the award—the first to be made since 1970—"in recognition of his outstanding contributions to the health care field in North Carolina."