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Shytle To Handle Directorship Temporarily

Dr. Sessoms Resigns, Will Join BCBSNC

Dr. Stuart M. Sessoms, director of Duke University hospitals since 1968, has resigned to accept a new position as senior vice president of Blue Cross and Blue Shield of North Carolina effective Jan. 1.

President Terry Sanford will recommend to the University Board of Trustees the appointment of John D. Shytle as director pro tem while a search is made for a permanent director.

Shytle, a former controller of the Veterans Administration in Washington, came to Duke just over a year ago as assistant vice president



DR. STUART M. SESSOMS

to Dr. William G. Anlyan, vice president for health affairs.

Shytle is responsible for medical center administration and will continue in that role while heading up the hospitals—Duke, Sea Level in Carteret County and Highland Hospital in Asheville.

A native of Shelby with B.S. and M.S. degrees in business administration and management from George Washington University, Shytle was the VA's chief financial officer from 1963 until 1972. For the two years prior to his appointment at Duke, he was director of the VA Hospital in Richmond.

As senior vice president at BCBSNC, Sessoms will have overall responsibility for four of the nonprofit health plan's 10 divisions — Blue Shield Activities, Provider Relations, Benefits Administration and Blue Cross and Blue Shield Claims.

These divisions handle relations with physicians, hospitals and other institutional providers of health services, claims administration and government programs, and claims payments, respectively. The four vice presidents who head these divisions — K.G. Beeston, J.W. Moffitt, C.B. Sessoms and L.E. Griffith — will report to Sessoms.

In addition, Sessoms will have broad responsibility throughout the entire organization in policy-making matters, said BCBSNC President Thomas A. Rose.

BCBSNC is North Carolina's oldest and largest voluntary health service plan. Through its underwritten and administered government programs, the plan serves more than 2.3 million North Carolina residents, approximately 42 percent of the state's total population.

Benefit payments average \$1.2 million per day. The plan's total claims payments are expected to exceed \$450 million this year.

BCBSNC employs more than 1,150 people statewide. About 850 of them work at the Blue Cross and Blue Shield Service Center on the Durham-Chapel Hill Boulevard and at the Government Programs Service Center on Duke Street in Durham.

"Dr. Sessoms' outstanding qualifications for this key position he is assuming with our plan are readily apparent to all the organizations and individuals he will be working with," Rose said. "He is well known and highly regarded by our employees, hospitals, physicians, other health organizations, government leaders, the business community and the general public through the State and



JOHN D. SHYTLE

by national health organizations and professionals."

"We have for some time needed a number two man who can take over in my absence. In Stu Sessoms we have a person who can more than meet that need."

One of Sessoms' first assignments will be to strengthen the management process and assure maximum coordination of effort in the four divisions he is primarily responsible for, Rose said.

The new senior vice president will also accelerate the Blue Cross and Blue Shield Plan's ongoing cost containment activities, Rose said. BCBSNC has developed and implemented a variety of cost

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Reception

A reception will be held in honor of Dr. Sessoms in the Medical Center Board Room from 3-5 p.m. next Friday, Dec. 12, so that medical center personnel will have an opportunity to say good-bye to him before his departure.

Unionization Vote Planned

The National Labor Relations Board will conduct a vote here at the hospital on Thursday, Dec. 11, to determine whether or not certain groups of employees want to be represented by a union.

Approximately 2,000 bi-weekly employees are eligible to vote, including secretaries, library and laboratory personnel, patient care assistants, records clerks, etc. Bulletin boards around the medical center contain complete lists of eligible employees.

The vote will be held in the Courtyard Cafeteria from 6-10 a.m. on Thursday and from 2-6 p.m. Employees are urged to make their opinions known by voting.

Heart Sounding System Created

By Bob Wilson

Using the same echo-ranging principle that enables submarines to locate unseen objects, biomedical engineers and medical men at Duke

are harnessing silent sound to give physicians their most advanced means yet of examining the heart without x-rays or surgery.

The researchers have succeeded in

producing cross-sectional images of functioning hearts with the images displayed on a television monitor in pulsating, black-and-white pictures. The pictures resemble weather radar patterns to the untrained eye.

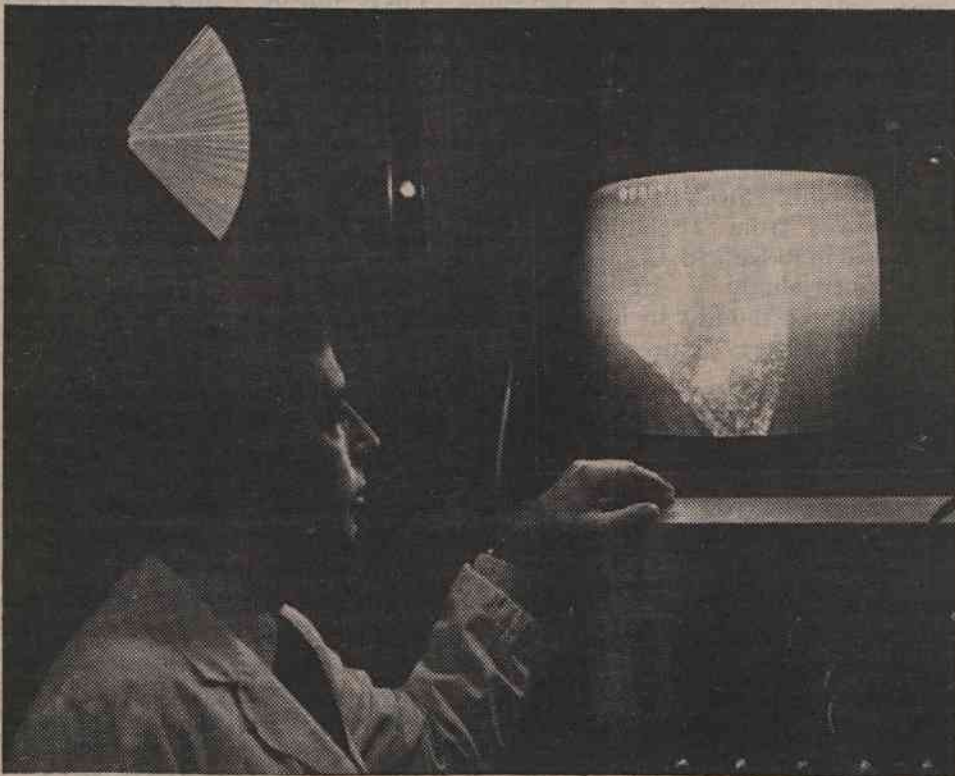
The research team has received a \$350,000 grant from National Heart and Lung Institute to continue development work on the scanner, which is believed to be the most advanced of its type yet built.

Ultra-high-frequency sound waves are beamed directly into a cardiac patient's chest from a plastic transducer about the size of a cigarette pack. Tiny, extremely sensitive microphones in the transducer pick up echoes bouncing back from various structures of the heart.

About one-millionth of the sound beam's original strength, the echoes are converted into electrical signals by the microphones and piped into a multi-console unit, where they are processed for display on the television monitor. The images are recorded on videotape for later study.

Called a cardiac scanner, the device "is giving us a new kind of image that we didn't have before," says Dr. Joseph Kisslo, a cardiologist working with the research team. The scanner is being used in clinical applications in the cardiovascular laboratory at

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NEW DIAGNOSTIC TOOL—His face illuminated by the soft glow of a television monitor, Dr. Joseph Kisslo watches a pulsating, ultrasonic image of a human heart. Kisslo, a medical center cardiologist, uses ultrasonic scanning in clinical applications. Fast and efficient, it requires neither the expense of x-rays nor risk of surgery to show physicians how the various components of a heart are functioning. The fan-like display above Kisslo's head is an oscilloscope image being produced by a unit of the Duke cardiac scanner. *(Photo by Thad Sparks)*