

## nterecom ouke university medical center

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**DURHAM, NORTH CAROLINA** 

## Hospital To Get New IBM Computer System in August

In August of this year, the hospital will switch from its present Burroughs/Medi-Data system to a new computer network designed jointly by IBM and staff members at Duke, according to Robert G. Winfree, acting assistant vice president for health affairs (planning and analysis).

The new network promises to be faster, easier to use, quieter and more flexible than the present system, Winfree said.

"Selection of the network, which has been named the 'Duke Hospital Information System' (D.H.I.S.), was based on a careful review of all available hospital computer services," the project's coordinator said.

He explained that 15 different task forces, representing the major clinical and service departments, are currently working to help develop and design the new system to serve their individual needs.

"The system is being built by Duke people for Duke Hospital," Winfree said. "It's a collective effort on the part of the hospital and IBM."

The administrator pointed out that Phase One of the implementation of D.H.1.S. involves replacing the

services now offered by Medi-Data. After August, such areas as outpatient clinics, the operating room and anesthesiology, among others, will eventually be added to the computer network for the first time.

He said data terminal operators already familiar with Medi-Data will attend training sessions during the summer months and noted that skills needed to operate the new system will be essentially the same.

"The flexibility and relative simplicity of D.H.I.S. will also afford physicians, nurses and other authorized personnel the opportunity to use the computer after a brief introduction to it," Winfree said.

"The privacy of patient information will still be insured, however, because only people who have been issued a unique identification number can gain access to information."

When typed into the display terminal, this number identifies the user to the computer and allows him or her to obtain only that information to which he or she is entitled.

One of the more visible differences between the new system and the



BUT DON'T TRY IT ON YOUR TELEVISION—Edna Lundsford, a data terminal operator on Long Ward, demonstrates how she will be able to use a light "pen" to make an entry or summon information from a D.H.I.S. terminal when the system begins operation in August. Ms. Lundsford said the new devices will be "much faster" than the present ones and that DTO's who are familiar with Medi-Data will find the display terminals easier to use. (Photo by David Williamson)

present one, Winfree mentioned, is that D.H.I.S. terminals use a light pen and offer a "menu" selection.

Rather than having to type a special code number into the terminal each time one wishes to make an entry or to summon information, the user simply points a special "pen" at the desired item on the display.

A less visible difference is that the main computer and all of its accompanying hardware will be located in the hospital.

Winfree added that D.H.I.S. will have the capacity to be linked with other computers located in the medical center, such as the Computerized Obstetrics Medical Record.

## **The Eating Companion**

## Kit Helps Dieters Learn New Eating Habits

By Joe Sigler

Can you learn to diet and lose weight by tape recorder?

By chewing each bite of food at least 20 times, and clicking the chews off on a hand counter?

By using a plate that's divided into food-area limits?

By desensitizing yourself to the appetite-stimulating smells of pizza, strawberry shortcake, cheese and chocolate?

Dr. Susan Schiffman, a medical psychologist here, believes that people can lose weight with just such devices, which she has combined into a weight-loss kit she calls "The Eating Companion."

Dr. Schiffman's approach is different in another way. She doesn't think dieting should be a punishing experience.

"Most diets teach deprivation," she said. "But I think it's absolutely the worst way to go about it, because at some point people want to make up to themselves, to be good to themselves." Then they overeat to catch up, she said.

New Eating Habits

Instead of using deprivation and guilt and precise counting of calories, Dr. Schiffman emphasizes the learning of new eating habits.

It was, in fact, the calorie question that got her started on the track

toward "The Eating Companion."

"I had a group of people who were overweight try to calculate — just by grams and pounds and cups — how much they should eat during the day on the basis of calories," Dr.



SAYING 'NO' TO SHORTCAKE—Dr. Susan Schiffman displays a "scratch-and-sniff" strawberry, one of the devices she uses to help people desensitize themselves to the enticements of food smells. On the table are other parts of the medical psychologist's "Eating Companion" diet kit. (Photo by Thad Sparks)

Schiffman said. "No one below an IQ of 118 could do it, at all, period. One person with a 118 IQ managed to do it in one-half hour."

Since she believes it takes an above-average intelligence to calculate diets on the basis of calories, Dr. Schiffman uses alternatives to calorie counting.

Divided Plate

One device is the plate that's divided into space for meat, vegetable and salad.

"If you eat off this plate for three meals a day, using discretion in what you put in the spaces designated," Dr. Schiffman said, "you can't go over 1,800 calories. So you just cut down a little bit on your calories."

But the main thrust of her approach is getting people to feel more satisfied with less food that's eaten more slowly.

"Obese people," she said, "frequently have poor eating manners. They often put their heads down and dig into their food, barely chewing before swallowing. And often the more overweight people become, the worse their eating habits tend to be — no use of a napkin, no putting down knife and fork.

"I decided that what we had to do was teach eating habits by counting chews," she said.

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