

Extra Semester Paves Way From Student to Teacher

By Ina Fried

When Nancy Alexander entered the graduate program in the School of Nursing to learn more about critical care nursing she thought she might as well take advantage of the optional extra semester offered on how to teach nursing in an academic setting.

She didn't realize she would be putting that teaching ability to use so soon.

One of the first four students to complete the new postmaster's degree teaching option in December, Ms. Alexander is now an instructor in the nursing school.

"My primary interest was in clinical nursing but I knew that even with a bachelor's degree, I was

getting requests to do teaching," Ms. Alexander remembers. She received a Bachelor of Science in Nursing from Florida State University in 1973 and worked here at the hospital from January 1974 until she entered the graduate nursing program in September 1975.

Principles of Teaching

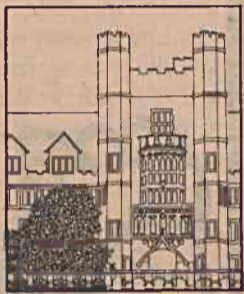
"The program was offered right then and there, and I thought the basic principles of teaching would be applicable in clinical situations as well," she said.

After completing the three-semester program for a Master of Science in Nursing, Ms. Alexander, Martha Greene, Ellen

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CLINICAL TEACHING—Nancy Alexander, left, helps senior nursing student Susan Beck present a discussion on Code 5 emergency procedures. Now an instructor in the School of Nursing, Ms. Alexander was one of the first four students to complete the post-master's degree teaching option in the school in December. (Photo by Ina Fried)



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DURHAM, NORTH CAROLINA

Hemodialysis Center Opens

A new \$280,000 hemodialysis center opened here Monday.

The center, located on Morreene Road about 200 yards west of the Erwin Road intersection, will bring together for the first time in many years all of the outpatient kidney dialysis services offered by the hospital, according to Dr. Roscoe R. Robinson, chief executive officer of the hospital and head of the Division of Nephrology.

Dialysis patients must have their blood cleansed of impurities by a machine two or three times a week because their kidneys have stopped functioning, the physician said.

The one-story, 3,787-square-foot steel and wood structure includes eight dialysis stations, dressing and waiting rooms, a reception area and offices, Robinson said. L. A. Downey and Son of Durham was awarded the construction contract last June.

Increased Patient Convenience

"Our major objectives are to consolidate on-going dialysis

activities, to increase economy and patient convenience and to improve the operating efficiency of our existing ambulatory outpatient services," he said.

"We wanted to provide service for stable ambulatory patients in pleasant surroundings separated from areas which serve patients who are more acutely ill," he added.

Robinson said that in recent years dialysis patients who did not require hospitalization had to go to one of three widely separated treatment centers located on Rankin ward, in a leased area of the Hilton Inn or at a home dialysis training center located at and shared with the Durham Veterans Administration Hospital.

The Rankin ward and Hilton Inn units will close when the new center becomes fully operational, the physician said, but the VA training center will remain open.

Emphasis on Home Training

"We are continuing to place considerable emphasis on home

training, especially for residents of this area," he explained.

Most of the patients who come to Duke for evaluation of kidney disorders reside in North and South Carolina, eastern Tennessee and southern Virginia, Robinson said. Some patients travel greater distances and one came from as far away as Istanbul, Turkey.

After evaluation and training, patients return home for self-dialysis, if possible, or treatment at local centers.

The physician said the Division of Nephrology will continue to maintain inpatient dialysis units in the main hospital at Duke and at the VA.

Last year, Duke medical technicians gave 4,689 outpatient dialyses and 1,056 inpatient dialyses, Robinson said. Approximately 40 patients are currently awaiting kidney transplants from organ donors, he added.

Siblings Can Be High Risk Group, Professor Says

By William Erwin

A researcher at the Comprehensive Cancer Center reported yesterday that brothers and sisters of certain patients with Hodgkin's disease, a form of cancer, have a high risk of developing the disease themselves.

Dr. Seymour Grufferman, director of epidemiology at the center, said the finding points to possible causes of the disease.

Hodgkin's disease begins in a lymph node, often in the neck. An early symptom is a swollen but painless lump in the neck, armpit or groin. Severe itching also can be a symptom.

Hampers Infection-Fighting Ability

The disease hampers the body's ability to fight infection and, if not stopped, can spread to vital organs such as the liver. It accounts for nine per cent of all cancer among those 15-34 years old.

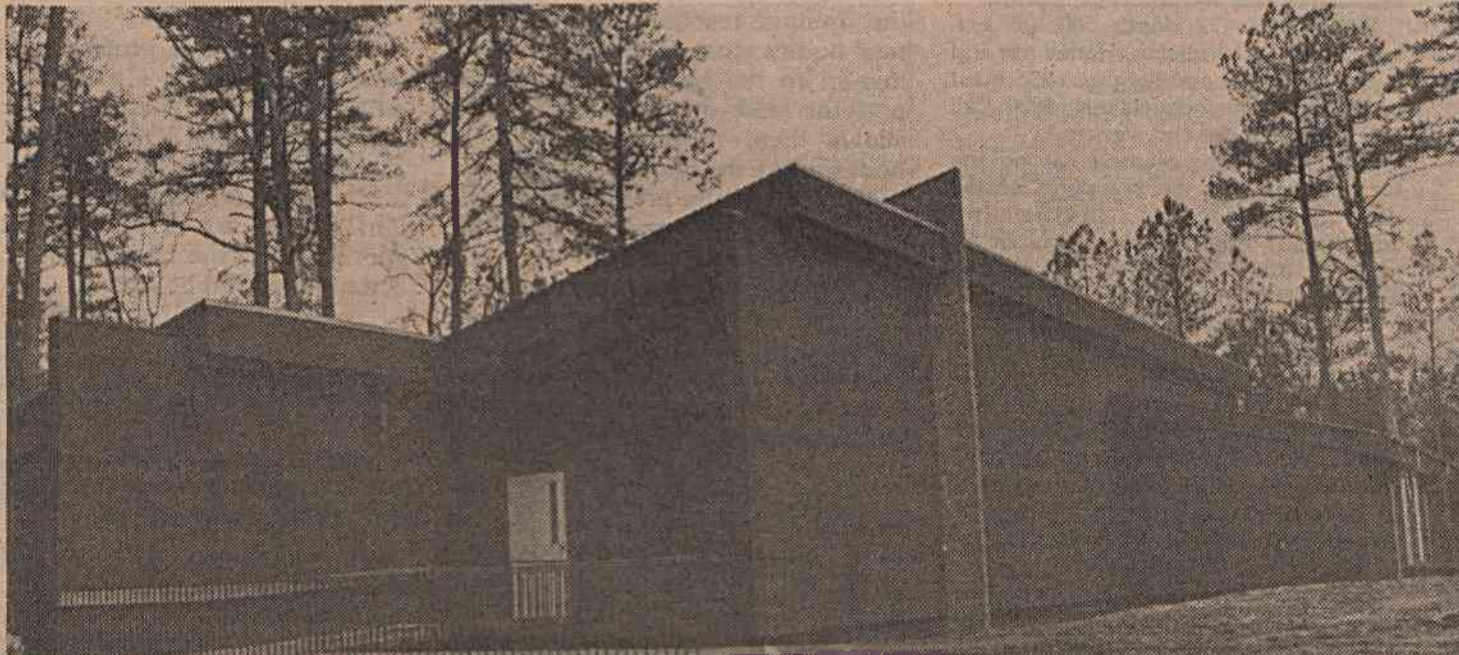
"Hodgkin's disease was once regarded as fatal," Grufferman said, "but now the prognosis is quite good."

Writing in the current issue of *The New England Journal of Medicine*, Grufferman and his colleagues say the risk of developing Hodgkin's disease goes up nine-fold for brothers of male patients with the disease and for sisters of female patients.

Risk Factors

Siblings of the opposite sex — sisters of male patients, for instance

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READY FOR PATIENTS—The new \$280,000 hemodialysis center on Morreene Road will bring together for the first time in many years all of the outpatient kidney dialysis services offered by the hospital. (Photo by Ina Fried)