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Mount Sinai Medical Center Tablet, 1976 Spring

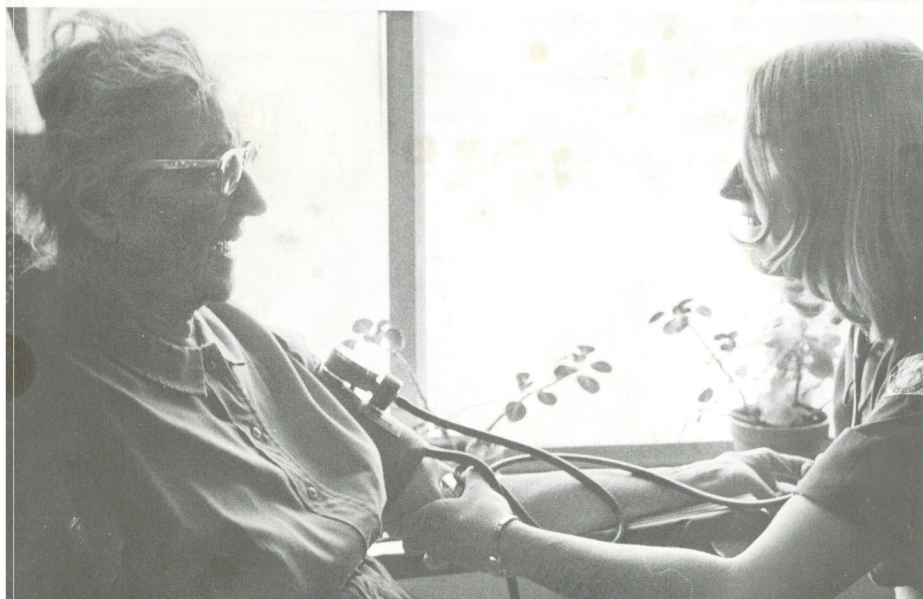
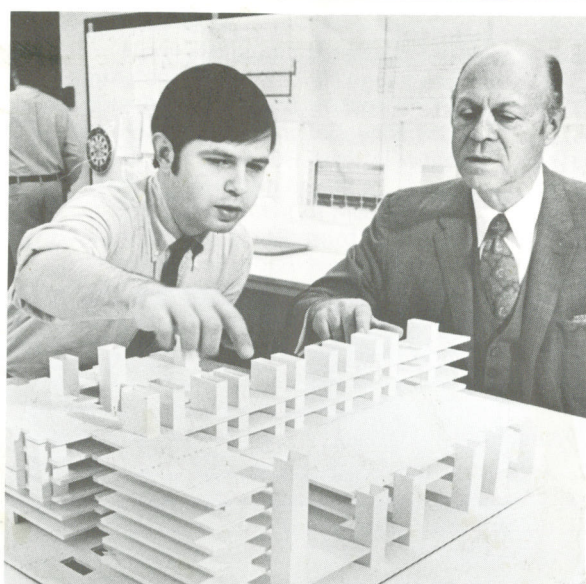
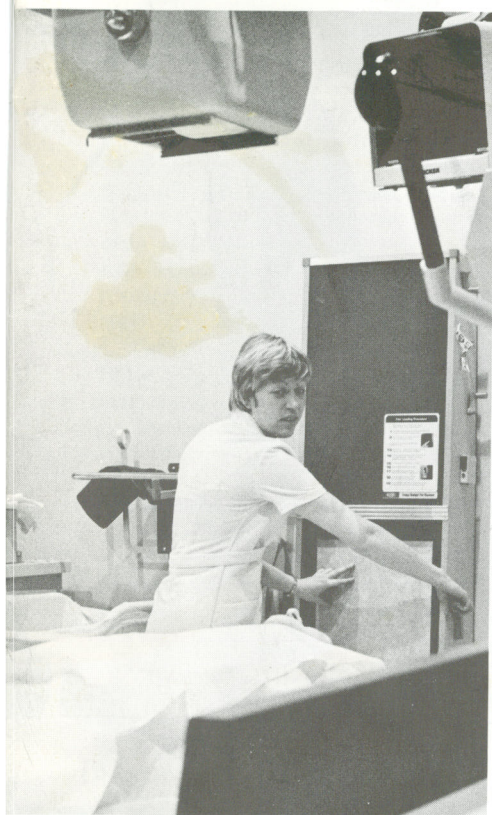
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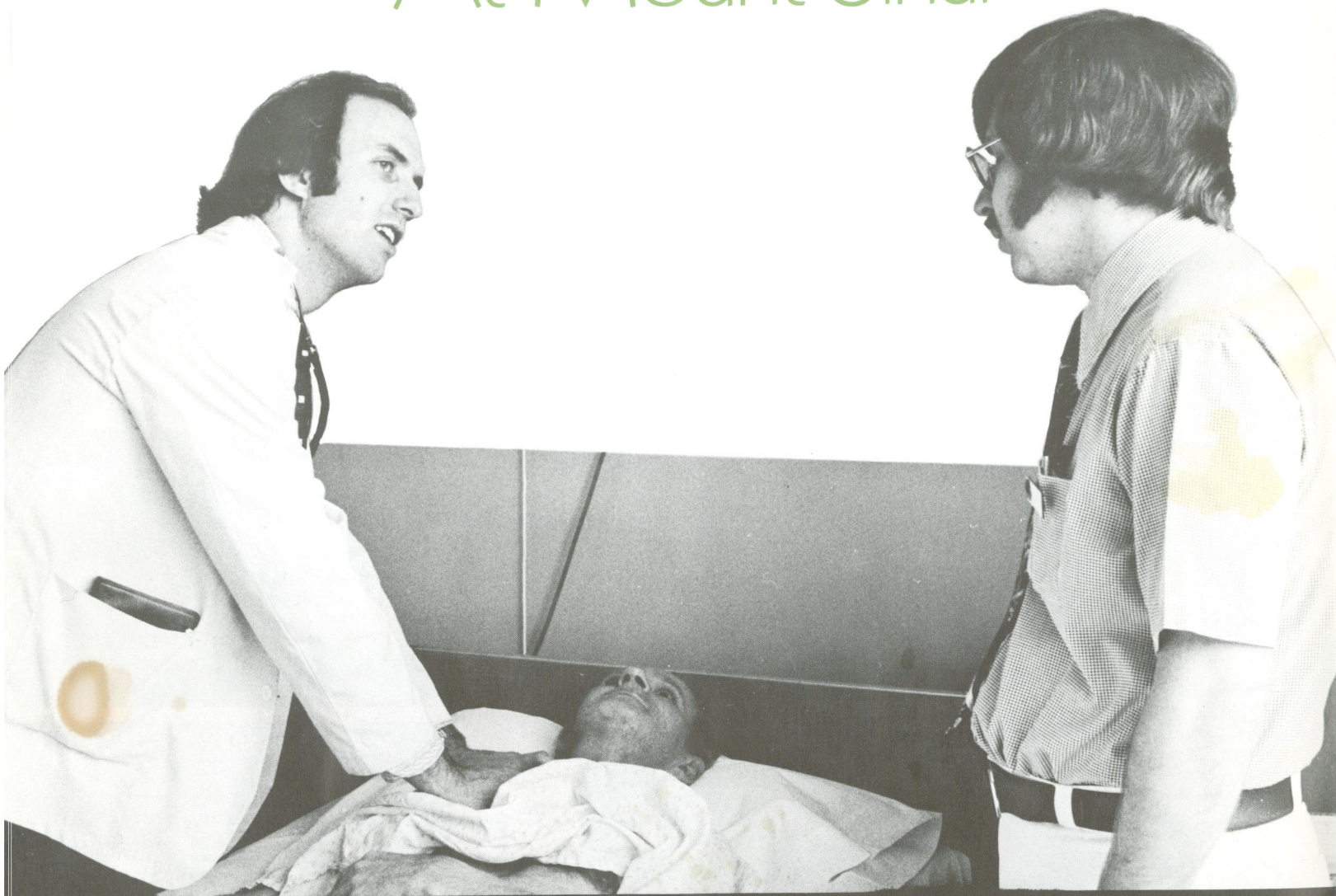
mount sinai medical center **Tablet**

VOLUME 43 . SPRING 1976

1976: THE YEAR OF THE NEW MOUNT SINAI MEDICAL CENTER



closeup: Medical Education At Mount Sinai



Generations of Milwaukeeans have benefited from the importance Mount Sinai has placed on excellence in education. Since its founding in 1902, Mount Sinai has played a significant role in educating medical professionals.

In 1917, the hospital's new school of nursing graduated its first class of thirteen. The 1920's saw Mount Sinai actively training postgraduate medical students, both interns and residents, and accepting preceptees from the

University of Wisconsin-Madison Medical School. The preceptorship program was phased out after World War II and then reactivated in the middle sixties.

Two important events in the early 1970's completely changed the complexion of medical education at MSMC.

First, following a national trend towards educating nurses in colleges and universities offering baccalaureate and associate nursing degrees, Mount Sinai's school

of nursing, which had trained and graduated 1,287 registered nurses since its founding in 1914, closed its doors in 1973.

The following year, Mount Sinai and the medical school of the University of Wisconsin-Madison established an affiliation which included Mount Sinai in the school's network of hospitals offering clinical experience to undergraduate medical students in the departments of medicine and obstetrics/gynecology.

Student Doctor

"Are you a real doctor?" is a question not unfamiliar to hundreds of third and fourth year University of Wisconsin Medical School students training in the midwest hospitals that comprise UW's clinical campus.

Patients who ask this question are verbalizing their inability to identify the young person's, the student's, role in the hospital's organizational echelon. What they generally mean is "should I call you doctor?" or "will you be my doctor while I'm here?". The answer to all three questions is no.

Medical students are, in fact, student doctors. They wear white coats and carry stethoscopes, they function as part of the health care team, but at Mount Sinai Medical Center, they work only under the direct supervision of a full-fledged, licensed physician, either a resident or a member of the attending staff.

Patient care responsibility is at all times under the direction of the admitting attending physician.

The benefits of bedside teaching are enormous. The patient is assured continuous supervision, expert diagnosis and high quality treatment. The student sees medicine at work, gains a first-hand clinical experience and the motivation and zeal for excellence in later practice. The teaching attending physician serves as a role model.

Combining lectures and practical work in wards and labs originated in Germany and Austria in the mid-1800's. In the United States, bedside teaching became an integral part of the medical student's curriculum only after medical schools began establishing hospitals solely for the purpose of training their students. This was the latter half of the 19th century when hospitals such as Johns Hopkins and the University of Michigan were opened. Present day teaching rounds, "oslerian rounds", are patterned after those pioneered by Dr. William Osler, one of Johns Hopkins' leading physician-educators.

Medical schools in the United States today require applicants to have completed a pre-medical course, usually four years in length, or hold a bachelor's degree with emphasis on the sciences.

The first two years of medical school are devoted almost exclusively to course work in the basic sciences, with lectures and lab research as the principal means of learning.

In the third and fourth years, medical students are introduced to clinical medicine at University Hospital in Madison and in outstate hospitals, clinics and private offices of preceptors away from the academic setting. At this point, they help to care for patients and function as members of the health delivery team.

Upon affiliation, the preceptorship program at Mount Sinai ended and the fourth year medical student elective program began. The following year, 1975, the third year medical student clerkship program began.

The Department of Medicine's 4-week program for third year students is divided into three blocks of progressive clinical experience beginning with one unit of physical diagnosis, one dealing with pathophysiology of disease, and the last with disease state management and treatment of the patient, according to Mischa J. Lustok, M.D.

Dr. Lustok is chairman of the department's undergraduate medical education committee. He is also a clinical professor of medicine in the Cardiovascular Disease Section. He stated, "The educational experience primarily revolves around a general ward assignment and focuses on bedside teaching. The third year student learns by working up selected patients, reading about their disease entities and discussing them with house staff and attending staff." Dr. Lustok explained that, as with all students, Med III's have no primary patient care responsibility. The third year student works directly under the supervision of the resident house staff. The student's work is assigned and reviewed by the senior resident and the attending physician on service.

Six mornings a week, from 7:30 to 9:30, Med III's make morning work rounds with senior and junior residents (junior residents were formerly called interns at Mount Sinai). Every weekday from 9:30 to 11:30 a.m., they participate in on-service attending rounds. In the afternoon from 4 to 5, they participate in chart rounds.

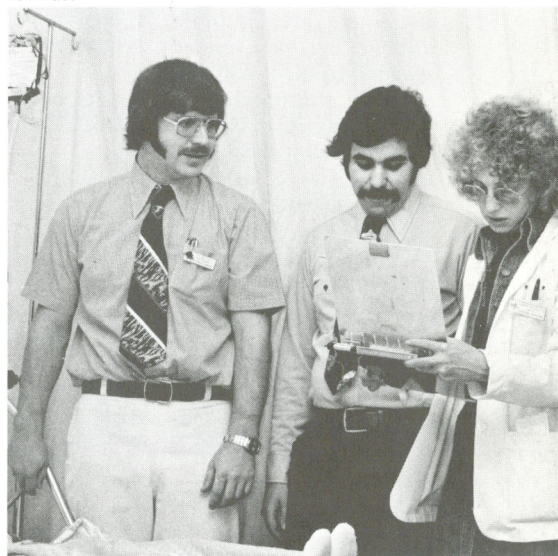
In addition to this, students are required to attend noon conferences five days a week. Noon conferences deal with discussions of disease processes, pathophysiology, and pharmacology. Once a month they attend a medical mortality conference.

Two afternoons a week there are conferences focusing on pathophysiology and patients with unusual historical or physical findings. Students may also attend hospital conferences of special interest, such as tumor board, cardiac catheterization conferences and resident conferences.

To round out their clinical exposure, they can participate in and/or observe activities in the Emergency Room in the evenings and on weekends. This is purely optional.

Samuel Perlson, M.D., attending physician on the voluntary staff of the Department of Obstetrics/Gynecology and head of the department's undergraduate education program, credits the cooperation and active participation of every one of the department's staff members for the development of a successful student education program. During the first year of the affiliation there were five students in each of the department's five ½-week rotations; next year the number will be increased to eight per rotation.

Dr. Francis Wolf reviews a patient's progress with Med III's and Med IV's during daily work rounds.





Making daily hospital rounds with attending physicians and residents, being present at births, and observing surgical procedures account for the majority of the students' in-hospital learning. The third year OB/Gyn student is also afforded the opportunity of evaluating patients in an outpatient setting. Although OB/Gyn III's have no primary care responsibility, functioning in Mount Sinai's Postpartum, Gynecology, and High Risk OB clinics, as

been exceeded only by that of our students, resulting in a rewarding experience for all concerned, especially the patient," said Dr. Perlson.

Fourth year students differ from third year in several aspects. First of all, the fourth year is an elective. Students begin their "sifting and winnowing" process to decide exactly where their interests lie. Students choose the institutions and the specialized services in which they wish to work. While on a particular service, fourth year students work under the service's chief physician and the attending physicians and house staff assigned to the service.

Francis Wolf, M.D., who as chief medical resident in the Department of Medicine supervises the department's Med IV's, said, "Fourth year students serve as an integral part of the health care delivery team, and depending upon their capabilities and apparent maturity may serve with careful supervision as 'sub-interns'." Dr. Wolf explained that this essentially means that the student performs all the functions of a normal medical intern, i.e., initial admission evaluation, supervised writing of progress notes, and such other references as students may wish to include. Throughout the rotation, Dr. Wolf emphasized, the student is carefully supervised by the junior and senior medical residents, with the ultimate responsibility for patient medical care remaining in the hands of the admitting attending physician, the patient's private doctor.

In this atmosphere of academic excellence, clinical judgments are honed and Mount Sinai delivers the highest quality health care to the sick and injured. The student learns, the patient benefits.

Dr. Lustok stated, "The student is not the only one who learns—in teaching students and in the preparation for the teaching encounter, the attending physician, the doctor, also learns and is obligated to keep updated on medical progress and thought. Such an intercourse between a student and practicing physician in a teacher-student relationship creates an atmosphere of intellectual curiosity and academic growth with a continuous growing medical educational process both for the student and the teacher. The patient must benefit as the recipient of expert medical care."

Student Nurse

Like the nickel Hershey bar, cross country travel, and Brenda Starr, nursing education has undergone enormous, almost irreversible change in the last twenty years.

The number of nursing students in the United States has more than doubled. There are 40% fewer hospital-run schools of nursing. The number of associate degree (2-year) nursing programs has grown by 1000% and the number of baccalaureate degree (4-year) nursing programs by 250%.

From this maze of facts and figures, a picture of nursing education's current status emerges. Nursing education is in a state of flux. Both its content and direction are changing.

Mount Sinai Medical Center's role in this picture has also changed. In response to national trends, Mount Sinai closed its school of nursing in 1973. At that time an administrator noted, "We are not going out of the business of educating nurses, we are only changing the direction."

Since then, Mount Sinai has in fact re-directed its resources to provide clinical training for the students represented in the numbers above. The Medical Center's Department of Nursing Care Services has established affiliations with three institutions of higher learning to offer clinical learning experiences to their nursing school students. The institutions are the University of Wisconsin-Milwaukee, Marquette University, and Milwaukee Area Technical College.

Baccalaureate and associate degree nursing students from these institutions take some portion of their clinical training in selected departments and patient care areas of Mount Sinai under the tutelage of instructors from their respective schools of nursing. These instructors, who themselves have completed Mount Sinai's inservice nursing orientation and charting course, supervise from seven to ten students at a time and are totally responsible for their performance.

Nursing education in this framework has ceased to be an apprenticeship. The instructor directs, teaches, and grades the student's clinical performance.

Students who are enrolled in the four-year baccalaureate program in the



A third year OB/Gyn student listens to fetal heartbeats in Mount Sinai's OB clinic under the watchful eye of Jeffrey Goldenberg, M.D., a third year resident, while an MATC nursing student takes notes.

well as at Planned Parenthood, the student gains disease management, assessment, and counseling skills. Two students plus two residents are always assigned to night call duties.

Every afternoon at four, an attending or staff physician conducts a teaching conference for OB/Gyn third year students. Every Tuesday morning students attend High Risk OB team conferences. Every Wednesday from 9 to 11 a.m. department faculty or voluntary staff physicians conduct academic teaching conferences, followed by specialized conferences from 11:30 to 1 p.m. The specialized conferences run the full gamut from perinatal problems to C-section reviews. On Saturday mornings, students attend resident conferences and journal club, a conference designed to keep students, residents, and physicians abreast of recently published papers.

"The enthusiasm of our attending staff and the hospital personnel has

University of Wisconsin-Milwaukee's school of nursing acquire all their basic nursing skills and take all their academic courses, such as anatomy, physics, and chemistry, needed as a foundation for their clinical years during their first two years at the university. Because it is no longer feasible to prepare nurses to care for all patients in all settings, students are encouraged to concentrate and specialize in defined areas of practice.



Health assessments are a primary concern of the public health nurse; a Marquette University nursing student learns in MSMC's Outpatient department.

Segmented training in specialized areas in their clinical years helps the student choose an area later.

In the third year of UW-M's program, students come to Mount Sinai for an eight-week service in the Department of Obstetrics/Gynecology. Here the student, under the direction of the instructor, actually cares for normal patients in Mount Sinai's labor and delivery rooms. The student works with the patient in timing contractions, provides emotional support, and assists the patient to utilize the breathing exercises she's learned. After the baby's birth, the student provides postpartum care for both mother and infant. In addition to the general patient care of the mother, the student teaches primipara—first time mothers—techniques of infant bathing, feeding, and dressing. The student helps multipara—mothers with other children—with methods to establish sibling relationships when the infant is introduced into the family setting.

Mount Sinai has instituted primary nursing on all patient care floors. Nursing students find emulating the role model, the registered nurse as she cares for the patient, an easy way to identify their future career goals and aspirations. Because nursing remains after all a profession of care and compassion, seeing and emulating a model is still considered to be the most expedient and fastest way of teaching the techniques.

Jane Bolder, R.N., M.A., director of the Department of Nursing, discussed the role Mount Sinai's department plays in providing student training experiences while maintaining Mount Sinai's standards of excellent patient care. "We believe that nursing service has the obligation to provide an environment in which student nurses can learn to give professional care," she stated. Miss Bolder went on to say that she believes that nursing education strengthens the professional nursing care in an institution where learning is taking place. "The patient receives an extra measure of attention—that of the registered nurse on duty and that of the student under the direction of the student's instructor."

Milwaukee Area Technical College (MATC) student nurses come to Mount Sinai for one half day a week in the first semester of their two-year associate degree program. Their first year, which the college terms their year of self-development and observation, is devoted to learning nursing skills. The student's clinical experience deals with learning to give baths, backrubs, take

temperatures and vital signs, move patients and pass oral medication. After every half day on a patient floor, the students, as a group, confer with their instructor to evaluate the experience.

The MATC student's second semester deals with advanced clinical observations and pathophysiology, generally on a medical-surgical floor with common G.I. problems. This period is called "learning the nursing process" and covers two half days per week—the students have both a planning and follow-up conference with their instructor. Through the learning process, students are under the direct tutelage of an instructor from their school of nursing.

While MATC students learn clinical skills and procedures, they carry a full course load of 16 to 17 credit hours at the college including chemistry, microbiology, general psychology, college English and related liberal arts courses. These classes, consisting of lecture sessions and quiz-discussion periods, are structured for audio-tutorial, or self-paced, learning.

Marquette University school of nursing students, who are in a 4-year baccalaureate degree program, come to Mount Sinai in their third year for clinical exposure to public health nursing. The students, in cooperation with their instructor, choose individual patients or families from those serviced by Mount Sinai's Outpatient department, OB Clinic, and Primary Care clinic.

The students visit these patients in their homes. If the patient should enter

(Continued on page 11)

A group of students review nursing skills and clinical experiences with their MATC nursing school instructor following their weekly hospital session.



Countdown to D days... June 5+6

Time is ticking away. 45-44-43-42 days till the dedication of Mount Sinai Medical Center's new building, June 5 and 6. These days will be the frosting, the finale, the time when the Center's new building will officially take its place as one of the midwest's most modern, innovative health care and research facilities.

The dignitaries, the speakers, and the ceremonies will gain national attention that first weekend in June, but those two days will tell only part of the story. The real drama has been taking place behind the scenes. The visionaries who conceived the idea and set the wheels in motion eleven years ago, the contractors and workmen who since the first shovel-ful of dirt was turned in 1973 met deadline after deadline, the medical and administrative staffs, the service and patient care departments who have faced daily challenges and coped with long hours of extra work are the heroes. They can sit back and give themselves a collective pat on the back for a job well done.

The building is a success.

It has, in fact, been partially occupied since September of last year when the Emergency-Trauma Center moved into the first floor, which is known as the Marion and Evan P. Helfaer Community Medicine Wing. The Emergency area, one of the largest in Wisconsin, has six holding beds, fourteen treatment beds, two complete operating surgeries, an emergency coronary unit, and an orthopaedic cast room.

Outpatient areas open first

Additional patient areas in the Helfaer Wing opened in quick succession. The Outpatient department, Employee Health department, Dental clinic, the satellite Pharmacy, and the satellite Radiology department began accepting patients in mid-fall. The Medical Center's Communication department has been headquartered on the lower level since November.

Since then construction activities on the upper floors have given way to details of finishing, the noise of saws and hammers, cement mixers and staple guns to the sounds of electricians and decorators, scrubbers and polishers. The final touches are being put in place. Within the next four weeks, the facility will be 100% occupied.

The Twelfth street lobby and the admitting area with private interviewing offices opened on April 4th. A major portion of the third floor also opened on that date, including ten surgery suites—two of which are coronary/cardio-thoracic units with the latest high filtration air flow units, gas distribution systems, and endoscopic, cystoscopic, and microscopic equipment.

The main cast room accepted its first patient on April 4. That same week the Cardiovascular Intensive Care unit (CVICU) and the Surgical Intensive Care unit (SICU), each with eight stations and part of The Auxiliary of Mount Sinai Critical Care Center, became operational as well as the Coronary Care unit (CCU) with eight stations and the Intermediate Cardiac Care unit (ICCU) with sixteen stations.

Twenty-six rooms for coronary patients located on 3-South were also opened by the end of the first week in April. The opening of the Radiology department on April 25th completed occupancy of the third floor of the West building.

New areas opening in May

Patient areas on the fourth floor, which is devoted almost exclusively to obstetrics and gynecology, will be opened May 2. The floor has accommodations for forty newborns in seven nurseries and fifty-two patients in single-occupancy rooms. There are also three suites on the floor.

Seventy-two single-occupancy patient rooms on the fifth floor in the North and South wings will open May 16th.

To make an area "fully operational," a myriad of details must be attended to. The step-by-step opening operation, organized with military-like precision, has been detailed in an Occupancy

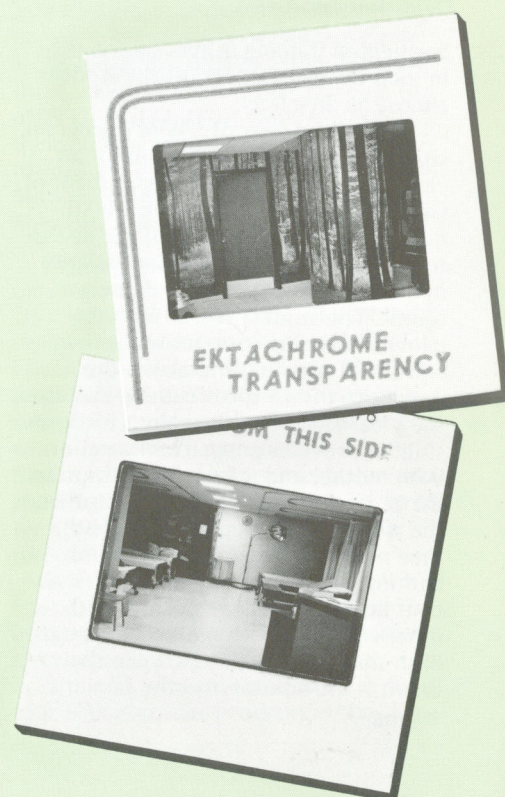
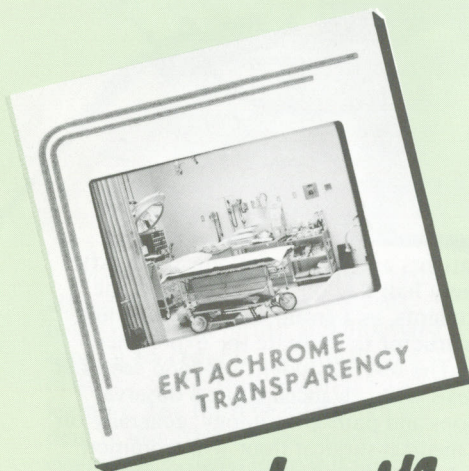
Program-Task Responsibility Manual. Dates, times, responsibilities for each activity in each area have been spelled out and synchronized.

For example, in a 20-day period prior to the opening of SICU, the Manual enumerated the following tasks: Install shower curtain rods, install necessary soap towel dispensers, install hol-lister signs, install draperies, install nurse station lights. In addition, light bulbs had to be replaced, toggle switches replaced with dimmer controls, cubical and shower curtains had to be installed, and preliminary stocking begun.

Every detail double-checked

The final six days of the period were the most critical: Blood pressure equipment had to be installed, patient furniture—both new and old—had to be set in place, cleaned, and re-cleaned; oxygen and suction equipment installed, and finally the Central Service exchange cart delivered. One of the last tasks to be completed was making beds and delivering full linen exchange carts.

An incredible number of precautions were, and are, being taken to protect the comfort and safety of our patients. Special procedures were required to prepare surgeries for aseptic standards. First the units were cleaned to remove any residual construction dirt, then they were scrubbed, cleaned and re-cleaned from ceiling to floor with germicidal solutions. Everything—every nail, every





piece of furniture—had to be disinfected; every vent, every light, every doorknob had to be removed and disinfected preparatory to culturing.

Occurring concurrently throughout the building were general make-ready tasks. All the windows had to be cleaned, telephones hooked up, coin phones installed. All floor surfaces had to be top cut, that is, the manufacturer's silicone coating removed before floors could be sealed and waxed.

Distribution system synchronized

Service and support systems between the facilities, insuring instant contact and smooth transfer, become operational as units open. A motorized transportation system has been designed to keep supplies and food flowing between the two buildings.

Areas that will open after May 16th include the Jeannette McKelvey Interdenominational Meditation area, the Auxiliary's Plain 'N Fancy gift shop, the coffee shop, and the commemorative recognition area in the lobby.

Through the years of planning, the construction, and the occupancy, the goal of providing the finest, most advanced patient care has remained uppermost. This dream is now almost a reality. The true tribute to the vision and courage of those who conceived it, to the dedication and devotion of those who accomplished it will be in the satisfaction of seeing Mount Sinai Medical Center of Milwaukee a leader in its time. ☆

RADIOLOGY REVOLVES AROUND NEW DAYLIGHT PROCESSING

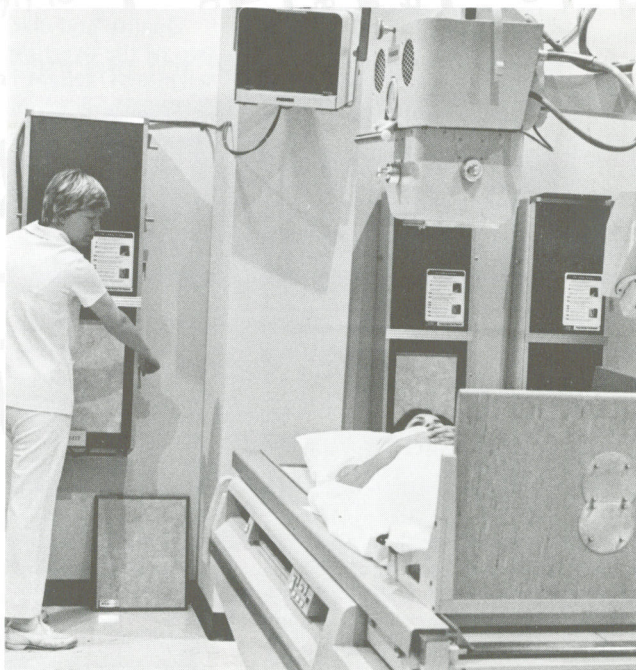
Almost every physician, surgeon, and dentist depends on x-rays for diagnosis. Over 300,000 x-ray films, representing 5.7% of a patient's health care costs, are processed at Mount Sinai Medical Center each year.

These facts coupled with the golden opportunity of designing a Radiology department from the inside out in the new facility paved the way for creating a viable, customized setting in which to operate.

"We explored many alternatives," Morris Moel, M.D., present head of Radiology, said. "Our ultimate goal was to improve work flow consistent with providing the finest patient care."

The answer was Daylight Processing.

It is DuPont's new method of handling x-ray sheet film—without actually handling it! The film is loaded and unloaded directly into cassettes. The exposed film is accumulated in transporters that attach directly to the processor. Never—from start to finish—is the film touched by human hands.





The patient's entire exam is processed at one time. There are no darkrooms or time gaps. Equally important, the technologist is freed to remain in constant contact with the patient and keep things running smoothly in the examining room.

"Mount Sinai is the only hospital in Wisconsin, and one of the few in the country, offering this capability in all areas of its Radiology department," Dr. Moel said. "To date, we've had excellent response from technologists and patients alike."

In addition to the newly opened parent department, Daylight Processing is in operation in the satellite Radiology area on the first floor of the new facility, servicing the Emergency Room, Primary Care, Outpatient and Employee Health departments. Having film-loading capability in the room where the x-ray is being taken means the technologist can remain within arm's reach of the patient throughout the procedure, an important factor in emergency situations where the patient is sometimes anxious, disoriented, or unconscious.

"In the new layout, less time will actually be required to accomplish more work" according to Keith Heyer, R.T., chief technologist. The department's work can be carried on in an undarkened setting. There should be no waiting,

a processed film emerges from the automatic processor 90 seconds after insertion. No longer will a darkroom technician be required. Both patient flow and work flow will be smoother. "The patient's identification card slides right into the film container and records directly on the film," Mr. Heyer said.

Since the first mysterious ray that could "see" through anything was observed by Wilhelm Konrad Roentgen in the late 19th century, x-rays have both fascinated and frightened man. The scoffers discounted x-rays as magic, the hucksters sold naïve women x-ray-proof clothing, but scientists and physicians instantly recognized x-rays' value in diagnosis.

An x-ray film of any part of the body is similar to a photograph except that it is fundamentally a shadowgraph, a picture produced by action of an x-ray beam on the film and viewed in reflected light. Because it is from the shadow images that the radiologist makes his diagnostic interpretations, it is important that the quality of the film be perfect.

Quality and clarity of the film were two of the overriding considerations in selecting Daylight Processing.

When the technologist is ready to use the film, she inserts a cassette into one of the three film dispensers located in each diagnostic room. The dispensers are wall mounted and can supply up to 100 sheets of x-ray film on demand.

The technologist does not touch the

Above, left: Sandra Zulka, R.T., carries film transporter the short distance from examining room to processor. Below: The transporter is loaded onto the Daylight Processor where film development is fast and automatic.



film. It loads into the cassette automatically.

After the film has been exposed, it is automatically fed into the transporter, which fits in a special wall compartment between the examination room and the central processing area.



Marilyn Kowatsch, R.T., waits for film to emerge from the processor. Next it goes to a light box for reading.

The transporter is removed from the central processing side of the compartment and placed on the processor. The film feeds in automatically. It still has not been touched!

The person who removes the film from the processor is the first one to touch it. The radiologist is presented with a smooth, clean, accurate film from which to make a diagnosis.

The layout of the third floor department "revolves" around the central processing area. Ten radiographic and three fluoroscopic examining rooms open off the rectangular-shaped central area which contains two Daylight Processors, one enclosed in an area that converts to a darkroom when necessary for developing mammograms, cerebral angiographs and abdominal angiograms.

Each diagnostic room has two doors, one providing patient access from the waiting rooms and corridors that form the perimeter of the department, and one providing technologists with direct entry to central processing. The floor plan coupled with the convenience of central Daylight Processing makes for a singularly efficient Radiology department which makes for exceptionally superior health care. ☆

Noteworthy and Newsy

Auxiliary President Announces 1976 Grand Ball Co-Chairmen

Two life members of The Auxiliary of Mount Sinai Medical Center have been named co-chairmen of the Auxiliary's 23rd Annual Grand Ball.

Mrs. Lawrence P. Wolf, Auxiliary president, announced that Mrs. Morris H. Sable and Mrs. Cyril H. Schulman will head up this year's Grand Ball, which will be held Saturday, November 20th, at the Red Carpet Expo.

Both Mrs. Sable and Mrs. Schulman indicated their commitment to continuing the grand tradition of the Ball and making it a memorable event. Proceeds are again earmarked towards fulfilling the Auxiliary's \$750,000 pledge for the Medical Center's new Cardiovascular Intensive Care unit.

Committee chairmen will be announced at the Grand Ball Kick-Off Luncheon at Brynwood Country Club on Thursday, June 17.

Mrs. Cyril H. Schulman (left) and Mrs. Morris H. Sable, co-chairmen of this year's Grand Ball, are shown in Cardiovascular Intensive Care, the unit the Auxiliary's three-quarter of a million dollar pledge equipped.



Volunteers Receive Awards at Auxiliary's Annual Meeting

Forty-nine volunteers serving Mount Sinai Medical Center were recognized at the Annual Meeting of The Auxiliary of Mount Sinai Medical Center on January 20th at Brynwood Country Club. Cocktails and brunch preceded the awards presentation.

The following volunteers received awards: For 4500 hours: Mrs. Jay S. Goodman. 3500 hours: Mrs. Lowell Grossman, Mrs. Henry F. Kerns. 2500 hours: Mrs. Kenneth H. Cooper, Mrs. Jeffry A. Posner, Mrs. Jack R. Winter. 1500 hours: Mrs. Sam Gross, Mrs. George Hammerschlag, Mrs. David L. Rice, Mrs. Morris H. Sable. 1000 hours: Mrs. Lawrence Brown, Mrs. Richard L. Franklin, Mrs. Tommy G. Grossman, Mrs. Ronald D. Meyers, Mrs. Suzanne Steinman, Mr. Morris Yanow. 750 hours: Mrs. Irvin M. Becker, Mrs. Frank L. Heilbronner, Mrs. Gerald J. Levy, Mrs. Robert A. Miller, Mrs. Kenneth M. Parelskin. 500 hours: Mrs. Mark E. Brickman, Mrs. Warren J. Conen, Mrs. Irving Gerber, Mrs. Allen E. Kagen, Mrs. Sheldon Kohen, Mrs. Paul Kunikoff, Miss S. Bernice Wolpert. 250 hours: Mrs. Howard A. Davis, Mrs. Stuart W. Fine, Mrs. Jerry E. Friedman, Mr.



Auxiliary of Mount Sinai Medical Center Vice-President, Volunteers Mrs. Kiesel K. Kaufman (right) presents Mrs. Sam Gross with "The Hand That Serves," an amethyst-adorned pin recognizing 1500 volunteer hours.

Bernard Herman, Mrs. Mitchell Jacobsen, Mrs. Bernard J. Sampson, Mrs. Harold Sampson, Mrs. Ben Taxen, Mrs. Wilbert Wiviott. 100 hours: Mrs. Ellen Abrams, Mrs. Morton Blutstein, Miss Elsie Bornfleth, Mrs. Alan I. Ettinger, Mrs. Marvin Evans, Mrs. Lee Katz, Mrs. Bernard Kaufman, Miss Ida Kulakow, Mrs. Courteen Landis, Mrs. Jerry Selig, Mrs. Robert Watchmaker, Mrs. Thomas E. Weil.

Long-Term Financing for New Facility



A closing at the First Wisconsin National Bank of Milwaukee on the 27th of February finalized financing arrangements for Mount Sinai Medical Center's new facility. Long term funds, amounting to \$13,700,000, were secured from insurance companies. Kidder Peabody & Company arranged for the private placement.

At the closing were (back, L to R) Dennis T. Rakowski, chief financial officer; David Fleck, partner, Foley and Lardner, counsel to MSMC; S. G. D. Naparstek, chief officer /Medical Center Relations; Eric Hagerup, First Wisconsin Trust Co.; Marv Hersh, construction coordinator; (front) Robert S. Weber, vice-president, Board of Trustees; Ernest F. Rice, Jr., treasurer, Board of Trustees; Frank Klapperich, senior vice-president, Kidder Peabody; Harry J. Plous, chairman, Board of Trustees.

Noteworthy and Newsy

Two's Company, Three's a Crowd, That's Our New Visitor Control Policy

A Visitor Control Policy, limiting a patient's hospital guests to two at any one time, was implemented at Mount Sinai Medical Center recently.

The policy is patterned after similar ones in effect in many hospitals nationally and locally. Each visitor is issued a pass at the Information Desk. The pass corresponds to the hospital bed number of the patient he is visiting.

Each hospital bed has been assigned two passes. If both passes for a patient occupying that bed are in use when a third visitor arrives, he will be asked to wait and the patient will be advised of his presence. The third visitor will be allowed access to the patient's floor as soon as one of the previous visitors has returned his pass to the Information Desk.

Visitor control policies and regulation of visiting hours are enforced to maintain proper hospital decorum and protect the rights of individual patients.

In accordance with Medical Center policy, Mrs. Robert Watchmaker, a Center volunteer stationed at the Information Desk, issues two passes to patient visitors.



100th Cardiovascular Procedure Celebration



"Happy 100" was the theme of a recent party in the open heart unit. The 100th cardiovascular procedure performed at Mount Sinai Medical Center since the program began in August of 1975 was cause for celebration by unit surgeons, cardiologists, nurses, respiratory therapists, pump technicians, patient consultants, and support personnel. It was performed March 31.

Medical Center Honors Dr. I. Franklin

The Board of Trustees, Medical-Dental Staff and Administrative Staff of Mount Sinai Medical Center recently presented I. Franklin, M.D., with an acknowledgment noting the Center's "pride and admiration" in Dr. Franklin's generous, unstinting service to the Center and the community.

The Acknowledgment read in part: "I. Franklin, M.D., through your research in hydra-hormones, you have added much to the storehouse of man's knowledge, and because you have constantly been involved in the conquest of human ills and served all of mankind through your basic scientific research, and because you have consistently shown a high degree of loyalty, devotion to duty and dedication to the Medical Center . . . the Board of Trustees, the Medical-Dental Staff and the Administrative Staff of Mount Sinai Medical Center wish to express their pride and admiration."

Shortly after his "retirement" in 1968 as an ophthalmologist, Dr. Franklin, who is now 87 years old, began a cancer research career directed towards defining the role of sex hormones in cancer.

New Dental Residency

The Department of Surgery announces the establishment of a post-

graduate dental residency at Mount Sinai Medical Center effective July 1, 1976.

The residency, which is one year in length, is designed to offer a recent dental graduate comprehensive clinical learning experiences in a medical center setting. In addition to primary oral health care of ambulatory patients, the resident will be involved in the diagnosis and management of oral diseases in patients with medical problems. The resident will also handle all Emergency Room cases requiring dental care.

Aside from the practical aspects of dentistry, opportunities exist for the resident to participate in appropriate conferences, lectures, seminars, and floor rounds in related departments at MSMC.

Jewish Home Phonothon

Sunday, January 11 was a busy day for telephones in Mount Sinai's business office. Fifteen volunteers from the Milwaukee Jewish Home for the Aged conducted the Home's yearly Phonothon to secure memberships. The effort resulted in 163 memberships. Mrs. Charlotte Sherkow coordinated the canvassing effort. Mount Sinai Medical Center, in addition to providing the telephone facilities, supplied the canvassers with snacks and coffee and was delighted to share in this important communal effort.

Mount Sinai Hosts Exercise Testing and Rehabilitation Therapy Seminar for Health Care Professionals



Dr. Schmidt monitors one of the phases in the stress testing demonstration.

In cooperation with the Wisconsin Heart Association Task Force on Exercise and Rehabilitation and the Central Branch of the YMCA of Metropolitan Milwaukee, Mount Sinai Medical Center sponsored a day-long seminar on March 5th to acquaint physicians, nurses, and technicians with the theory and practice of exercise testing and rehabilitation.

James E. Lies, M.D., chief of the Noninvasive Laboratory of MSMC's Cardiovascular Disease section and assistant professor of medicine, UW, served as chairman of the seminar planning committee. Dr. Lies' speech, "Cardiovascular Rehabilitation," covered prevention of coronary disease, rehabilitation of the acute and convalescing coronary patient, and exercise prescription writing.

One hundred and seventy-five health care professionals attended the morning and afternoon sessions in Doctor's Auditorium. The late afternoon session was divided into two interest areas. One group observed the Stress Testing Experience and the other group a Rehabilitation and Fitness Program at the Central Y.

The stress testing demonstrations were conducted under the direction of Dr. Lies, Donald H. Schmidt, M.D.,

head of Mount Sinai's Cardiovascular Disease section, Robert P. Saichek, M. D., clinical associate professor of medicine, University of Wisconsin-Madison and attending physician in Mount Sinai's Cardiovascular section, and Louis W. Sennett, M. D., a physician on the voluntary medical staff of Mount Sinai. The Seminar emphasized the practical approach.

Tots, Teens, and Many Others Tour New Units Every Week

Twenty-one youngsters from Mrs. Julie Miner's class at the Keefe Avenue School were members of a mini-tour group to learn about health and hospitals at Mount Sinai Medical Center.

The short tour was arranged for the class at the request of their teacher. After a brief introduction by Mount Sinai's patient relations representative, Toby Granof, R.N., the class was divided into groups of seven and taken to see an actual hospital room in an unoccupied portion of the building.

Also touring was a Sunday school class of sophomore high school students from Congregation Shalom on Santa Monica Boulevard. Their tour was precipitated by the class's interest in seeing a modern health care facility at work and more specifically by the interest of several of the students in future careers in the medical field.

Mrs. Granof served as tour director.

Tots got a look at what makes Mount Sinai tick during a recent tour. Mrs. Toby Granof let each child listen to his heartbeat.



Nine Appointed to MSMC Medical Staff

At the January 26th meeting of the Mount Sinai Board of Trustees the following were appointed to the voluntary medical staff: Lewis Chamoy, M.D., Department of Surgery, section of general surgery; Norman Cohen, M.D., Department of Surgery, section of ophthalmology; Lowell L. Davis, M.D., Department of Surgery, section of cardiothoracic surgery; Mark Schrager, M.D., Department of Medicine, section of rheumatology; I. L. Slotnik, M.D., Department of Medicine, section of psychiatry.

The following four pump technicians received appointments as specified professional personnel on the medical staff of Mount Sinai: Michael G. Brandt, Michael G. Harloff, John C. Horvath, L. D. Neuman. All are attached to the Department of Surgery, section of cardiothoracic surgery.

Continued from page 5

the hospital during the student's training period, the student follows the patient's progress in the hospital, too. The student is functioning in the role of a municipal public health nurse. Geriatric patients, many of whom are homebound, and high-risk OB patients comprise the majority of the public health nurse's clientele. In working with the elderly, the student observes and assesses many of the common chronic physical problems, such as diabetes and hypertension, that can be approached on a preventive level. The student in this situation becomes the teacher.

Mary Guyett, R.N., director of the department's inservice education, who coordinates student activities, pointed out a corollary benefit of Mount Sinai's role as nurse educator. "In June of 1975, the Medical Center hired sixty nurses. Of that number, more than half had taken some portion of their training at Mount Sinai." It is good for recruitment and, more importantly, Miss Guyett feels "the teaching situation improves the quality of patient care."

"The role model, the registered nurse on Mount Sinai's staff," Miss Guyett said, "performs with increasing pride when she's being emulated." ☆

A publication by and for medical staff, auxiliary, personnel and friends of Mount Sinai Medical Center, a 454-bed general teaching and research hospital serving the greater Milwaukee area. It is an affiliate of the Milwaukee Jewish Federation. Mount Sinai Medical Center is affiliated with the University of Wisconsin Medical School.

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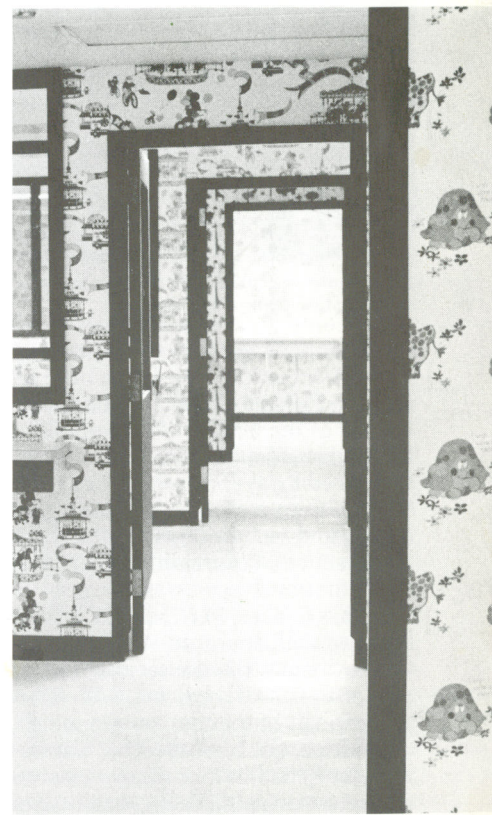
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CLOCKWISE: Top left, Medical education; Tour group participant; New fourth floor nurseries; Radiology's new Daylight Processing; Harry J. Plous directs new facility planning session; Noon conference, Doctor's Auditorium; Ben D. Marcus looks on as Raymond Alexander puts sledgehammer to old building; Student nurse in the community; New coronary unit, Emergency Room; Final financing consummated.

