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News & Views

Department of Patient Care Services

University of Maryland Medical System

March-April 2002

Outstanding Staff Recognized

Patient Care Service's **Divisions of Medicine, Psychiatry, Oncology, and the Emergency Department** held their **Thirteenth Annual Recognition Awards Ceremony and Reception** on March 11, 2002 in the UMMC Conference center. It was well attended by many within the division and others throughout the organization. Some staff actually have members of the families attend.

The idea for the awards ceremony evolved from retention strategies designed by the Division's Senior Partner Forum in 1989 led by **Angela Amig**, Manager of the Coronary Care Unit, Progressive Care Unit and 3D. **Ed Streyle**, Vice President for Patient Care Services, and his staff liked the idea and it has continued each year since.

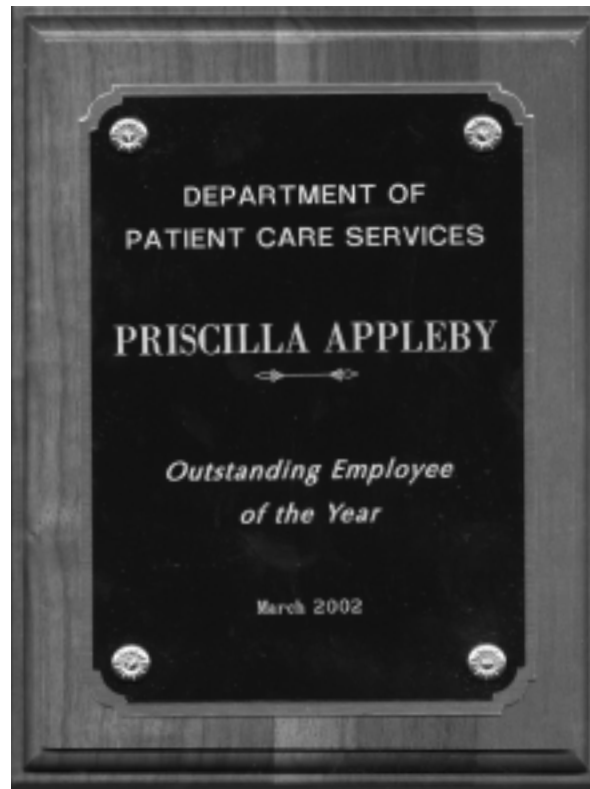
In 1998, the program changed from the traditional nursing oriented awards to include all of the patient care disciplines and services in the Division of Medicine, Psychiatry, Oncology, and the Emergency Department. In this format, each unit or service line selects and recognizes their individual "Outstanding Employee" and this person can be from any of the disciplines that work on that unit. All units are responsible for the design and selec-

tion process for their "Outstanding Employee". This large public recognition program is just one way staff are recognized as the Managers are expected to have a small celebration at the unit level.

All nominees and winners are formally recognized at the ceremony on March 11, 2002. Ed Streyle led the program joined by **Kathy McCullough**, Senior Vice President for Patient Care Services and the Medical Directors of the units

in the Division. The Managers read the nomination ballot for the employee receiving the award, and then Kathy and the Medical Director presented them with a plaque, a certificate, a corsage and a \$100.00 savings bond. The program has been organized annually by **Priscilla Appleby**, Senior Partner, and **Patricia Jefferson**, Administrative Assistant, with Angela Amig.

The Division really takes pride in this program. The delivery of patient care, regardless of the discipline, is challenging in this environment, and Ed Streyle believes that is one way to show our "appreciation for the hard work done by our front line staff". The staff nominated for the outstanding employee awards and the recipients are shown here.

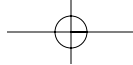


One of the plaques awarded to recipients at the 13th Annual Staff Recognition Program for the Division of Medicine, Psychiatry, Oncology and Adult Emergency Medicine.

Outstanding Staff Recognized

Patient Care Area	Award Nominees	Recipients
3D/Intermediate Care Unit	Angela Byrnes, Senior Partner Kerry Dee, Senior Partner Pat Watson, Nursing Extender	Pat Watson, Nursing Extender
Progressive Care Unit	Nydia Arjona, Full Partner Trena Johnson, Nursing Extender Joanna Wolski, Full Partner Carol Wolfe, Full Partner	Joanna Wolski, Full Partner
Coronary Care Unit	Priscilla Appleby, Senior Partner Cindy Bauer, Senior Partner Julie Caprio, Full Partner Denise Choiniere, Senior Partner Muna Harris, Full Partner Jane Malone, Full Partner Tracy Seneca, Full Partner Neshat Tebyanian, Full Partner	Priscilla Appleby, Senior Partner
Cardiology Services <i>(includes Cardiac Catheterization Lab, Echocardiography, ElectroPhysiology Service, and Cardiac Graphics Lab)</i>		Edna Ovessi, Full Partner
University Health Center		Tawana Straughter, Medical Assistant
Evelyn Jordan Center	Peggy Burns, Senior Partner Sephania Ferrence, Full Partner	Peggy Burns, Senior Partner
North 10 East		Mary Jenkins, Senior Partner
11 East/11D		Annie Alexander, Nursing Extender
Medical Intensive Care Unit		Rosalie Nunez, Unit Secretary
Bone Marrow Transplant		Patricia Skidmore, Full Partner
Ambulatory Oncology	Linda McCormick, Full Partner Marion Williams, Data Assist.	Marion Williams, Data Assist.

Patient Care Area	Award Nominees	Recipients
North 9 West - Oncology	Josephino Armando, Full Partner Barbara Bigelow, Senior Partner	Josephino Armando, Full Partner
Radiation Oncology		Charlotte Anderson, Clerical
Adult Emergency Department	Tom Cruise, Senior Partner Deanna Lyston, Senior Partner Sara Martin, Unit Secretary Angela Reed, Nursing Extender Sylvia, Rose, Full Partner Bill Ways, Nursing Extender Lee Workman, Full Partner	Sara Martin, Unit Secretary
Adult Psychiatry	Henry Allen, Mental Health Assoc. Debbie 'Brown, Full Partner Hazel Foxworth-Page, Full Partner Sharon Lerner, Social Worker April Reilly, Mental Health Assoc. Pam Tyler, Full Partner	Hazel Foxworth-Page, Full Partner
Child Psychiatry	Vicki Beck, Nurse Psychotherapist Marsha Matthews, Unit Secretary Steve Gross, Full Partner	Vicki Beck, Nurse Psychotherapist
Geropsychiatry		Nancy Hedden, Senior Partner
Addictions	Janis Bradbi, Acupuncturist Lauren Broyles, Mental Health RN Art Cohen, Addictions Counselor Terri, Gotti, Social Worker Jackie Logan, Admin. Assist. Sunshay Owens, Social Worker Mike Papa, Social Worker Martha Rich, Program Specialist Ravi Sanhai, Addictions Counselor Christopher Welsh, Medical Director Rochelle Wright, Interpreter	Lauren Broyles, Mental Health RN
GI Medicine		Denise Billups, Full Partner



Outstanding Staff Presentation



Denise Billups (on the right), from the GI Lab with Kathy McCullough, Senior Vice President for Patient Care Services.



Sara Martin (on the right) accepts award from Kathy McCullough, Senior Vice President, Patient Care Services



Hazel Foxworth-Page, Full Partner Adult Psych.



Pat Watson, Nurse Extender 3d



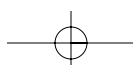
Nancy Heelchen, Senior Partner, Geropsychiatry



Peggy Burns, Senior Partner, in the Evelyn Jordan Center with Kathy McCullough, Senior Vice President for Patient Services.



Annie Alexander, Nurse Extender 11 East



JOSLIN DIABETES CENTER: TEAM MANAGEMENT OF DIABETES

Joslin Diabetes Center at University of Maryland Medicine

Date: May 31, 2002 8:00 a.m. to 4:00 p.m.

Location: University of Maryland School of Nursing

Conference Objectives: At the conclusion of the conference the participant will be able to:

- Discuss the team approach to total diabetes care
- Describe specialized treatment modalities for patients with diabetes
- Apply recent practice and educational advances to the care of patients with diabetes

***Keynote: Insulin Treatment in Type 2 Diabetes**

Robert Ratner, M.D., Vice President for Scientific Affairs MedStar Research Institute, Washington, DC

7:45-8:15 AM • Registration	10:45 AM • Break (Vendors)	2:30 PM • Break
8:15 AM • Welcome	11:15 AM • Session #2	2:45 PM • Panel discussion
8:30 AM • Keynote	12:30 PM • Lunch	4:00 PM • Evaluations
9:30 AM • Session #1	1:15 PM • Session #3	

9:30 AM Session I	
a. Role of Nutrition in Treating Diabetes Complications <i>Prevention and treatment of chronic complications through medical nutrition therapy</i>	b. Problem Solving Approaches for a Variety of Patients <i>Clinical and behavioral strategies for persons with diverse needs</i>
10:30 AM Break with vendors	
11:15 AM Session II	
c. Survival Skills <i>Turning tasks into teachable moments.</i>	d. Carbohydrate Counting <i>Benefits of carbohydrate counting, choosing appropriate patients, Steps for education.</i>
1:15 PM Session III	
e. Infection Prevention, Detection and Treatment <i>A multifaceted approach to keep our patients healthy and functional</i>	f. The Who, What and How of Insulin Therapy <i>Matching insulin therapy to the patient's clinical needs and lifestyles; choosing multiple injections vs pump therapy.</i>

2:45 PM • Interactive discussion: "Choosing Therapeutic Strategies"
*Elizabeth Streeten MD • Stuart Haines PharmD, CDE • Dianna Cotterell, RN, CDE
Andrea Wenger Hess RD, CDE*

3:45 PM • Distribution of CEU Certificates and Collection of Evaluations

Contact hours will be awarded for registered nurses and dietitians.

To get a copy of the program brochure, call extension 8-6257, and we can send or fax you a copy.

National Organ and Tissue Donor Awareness Week

Currently, in Maryland, more than 2,400 people are awaiting a life-saving organ transplant. Nationally, that number exceeds 79,000 people. Every eighteen minutes, a new name is added to the national waiting list while up to sixteen people die a day waiting for an organ transplant.

One organ and tissue donor can save the lives of seven people and enhance the

lives of 50 or more. Make the commitment to help those in need of a transplant. Talk to your family about organ and tissue donation.

A. There is no change in the appearance of the body after donation that would interfere with an open casket funeral. Organ and tissue recoveries are conducted in the operating room under the direction of qualified surgical personnel. The TRC works closely with funeral professionals to meet the family's wishes.

For more information, please contact **Tyree Nutter**, RN, MA, UMMC In-House Coordinator, Ext. 8-8441 or the Transplant Resource Center of Maryland, Inc. at 800-641-HERO (4376).

Talk to your family about donating LIFE.

Frequently Asked Questions About Organ & Tissue Donation

Q Why is a family discussion about organ/tissue donations so important?

A. During the family discussion, you learn how each person feels about becoming a donor. With this knowledge, families can help assure that their relatives' wishes are carried out. Keep in mind that, even with a signed donor card, or registration with the motor vehicle administration on your driver's license, the donation is always discussed with your next of kin.

Q. What can be donated?

A. The heart, lungs, liver, pancreas, kidneys and intestines are organs that can be donated. Skin, bone, veins, soft tissues, heart valves, corneas and eyes are tissue that can be donated.

Q. Who can be an organ and tissue donor?

A. All individuals can express their intent to donate. The patient is evaluated by a medically-trained Transplant Resource Center (TRC) Coordinator and medical suitability is determined at the time of death.

Q. If I sign a donor card, will it affect the level of medical care I receive at the end of life.

A. NO. The goal of medical care is always directed at what is best for you to preserve your life. The doctor who declares death is never the one to recover organs and tissues. You can only be considered a candidate for donation if you are legally declared dead.

Q. Is the body's appearance changed by organ and tissue donation?

To Remember Me

By Robert N. Test

Give my sight to the man who has never seen a sunrise,
a baby's face or love in the eyes of a woman.

Give my heart to a person whose own heart has caused
nothing but endless days of pain.

Give my blood to the teenage who was pulled from
the wreckage of his car, so that he might live to see his
grandchildren play.

Give my kidneys to one who depends on a machine to
exist from week to week.

Take my bones, every muscle, every fiber and nerve in
my body, and find a way to make a crippled child walk.

Give my sins to the devil.

Give my soul to God.

If, by chance, you wish to remember me, do it with a
kind deed or word to someone who needs it. If you do
all I have asked, I will live forever.

Adapted from Test R. N. (1976). To remember me; pour
vous souvenir de moi. Cincinnati: Mosaic Press.
Preprinted with permission and courtesy of The Living
Bank 1-800-528-2971.

Davidge Elm Succumbs to Age and Disease

By Eric Brosch

For almost 200 years, the English Elm shading Davidge Hall was a pastoral presence on an ever-changing urban campus, a vestige of the University of Maryland's founding on a rural lot on the outskirts of the city. Believed to have been planted when the University's first building was under construction in 1812, the tree endured two centuries of campus expansions, urban renewal, and a plague of Dutch elm disease that felled millions of elms on the east coast.


In recent years, however, the historic elm began to decline. Despite exhaustive efforts to keep it healthy, the campus landmark was deemed unsafe and removed late in December. Arborists from Bartlett Tree Research Laboratories, which had been inspecting and maintaining the 80-foot-tall tree for more than 20 years, recommended its removal last fall. They warned that, because of the elm's age and condition, it was a danger to neighboring buildings, traffic, and pedestrians. "Unfortunately, the ravages of time, pollution, and disease have taken their toll on the tree," says Robert M. Rowan, MS, assistant vice president for facilities management.

Bartlett Lab's most recent report stated that most of the tree's crown and major branches had been hollowed out by disease and decay and were at risk of falling. If the tree lost a major limb, says Rowan, it would throw off the balance of the crown and put more limbs at risk. Previous recommendations from Bartlett Lab included restricting access under the canopy and closing adjacent sidewalks during high wind conditions.

Over the years, the University has taken a number of steps to protect the elm. A lightning protection system was installed, hollow areas in the trunk and branches were filled with concrete, leaves were thinned out to reduce the threat from wind, and a network of steel support cables was installed to support the tree's failing limbs. "Unfortunately, there was nothing more we could do to restore those branches," says Rowan.

"This decision hasn't come without a great deal of thought and analysis," says Larry Pitrof, executive director of the medical alumni association, whose offices are in Davidge Hall. "Everyone is terribly

saddened, but we have an obligation to protect the students and people who work and walk around the building."

Fearing that the historic elm was near the end of its lifespan several years ago, cuttings were taken and cultivated at a nursery in Virginia. According to Ted Warner, a project manager in Facilities Management for the University, some are between six and eight feet tall, and could be transplanted to campus. One may even be planted where the old elm stood. 



The aging English Elm tree on the northeast corner of Lombard and Greene Streets was cut down on December 30, 2001 to protect people, buildings and traffic from the tree's failing limbs. Planted when Davidge Hall, the oldest building on campus, was under construction in 1812, this old tree provided welcome shade to Davidge Hall (to the right in the photo) and the old Dental School (in the background). Photo courtesy of Steve Spartana. Reprinted with permission from the VOICE.

Patient Education Fair is a Success

April 16 marked the completion of our third Patient Education Fair. Over 100 people visited the fair and took part in the educational, informative, and fun sessions. Main themes this year included pain management/education and new online patient education resources including, **Micromedex** and the Patient Education Web site on the UMMC Intranet. Participants were able to learn detailed information about what the hospital's strategies are on both of these topics as well as several other improvement projects. **Healthtv** videos were available for viewing, and staff also got to try their hand at using the upcoming **Patient/Family Education Summary Form** which will

soon be coming online in *Patient Plus*. Staff also previewed the new plans for the Patient Resource Center to be completed in the new Weinberg Building under construction on Lombard Street.

Over 80 people completed an evaluation of the Fair, and while they are still being analyzed, Anne Williams reported that, anecdotally, people liked the fair and were excited about all the positive work which is taking place. Staff welcomed the enthusiastic presenters and valued the newly available online resources. Here's to another exciting year next year!



Pam Scott, Senior Partner in the Prep Center, explains a Patient Education StoryBoard



Beverly Dukes, Senior Partner on 11 East, shows how to access Micromedex online.



Gena Stanek, from the Shock Trauma Center, shows Jennifer Herrington and Bradley Kirkes, both Physical Therapist how to access patient education materials on the Intranet.



Eileen Kavanuagh, Senior Partner on 8 West Same Day Surgery, explaining a Patient Education StoryBoard.

Keeping Your Patient's Food Safe

TEMPERATURE LOGS

There are two new tools that can help you to ensure the safety of your patient's food. The first tool is a temperature log; one for refrigerators and one for freezers. Every day, a patient care services staff member must:

- 1) Read the refrigerator/or freezer thermometer & place an "X" or initials in the box corresponding to the temperature reading
 - Discard all food products
 - Call SOSOC to repair @8-5174
 - Document actions on log or is below the **BLUE line (Refrigerator Log only)**
 - Call SOSOC to repair @8-5174
 - Document action on the log
- 2) Take action if the temperature reading is in the **YELLOW** zone
- 3) Inform SOSOC that the refrigerator or freezer is used for the entire unit
- 4) Document action taken on the bottom section of the Log

FOOD LABELING

The second tool is a labeling system to track how long perishable patient food has been in the refrigerator. When perishable food is removed from a patient tray, the following steps must be taken:

- 1) Cover food
- 2) Use a color-coded label for 48 hours later
- 3) Mark label with patient name and room number
- 4) **Refrigerators must be checked daily.** Discard food on the day of the week noted on label. Any unlabeled food and food **NOT** for patient use must also be thrown away.

To obtain copies of the Logs/or labels, contact Food Nutrition at extension 8-0273. Copies are also available in the Clinical Staff Resources link on the UMMC Intranet.

Cleaning Procedure: Call Housekeeping to set a date and time for cleaning. PCS Staff are responsible for removing all contents prior to the refrigerator being cleaned.



Restraining Devices



Limb Holder

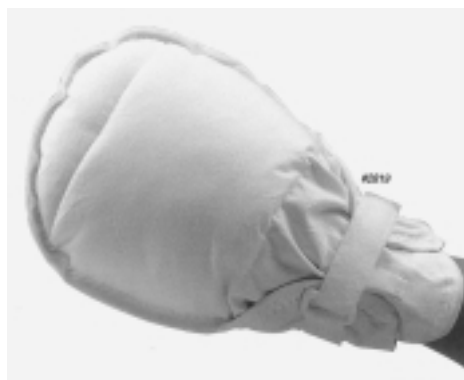
If restraint alternatives are unsuccessful, there are restraint devices that assist staff in providing care and protecting their patients when appropriate. Restraint use may assist with providing care and keeping patients safe. Commission and HCFA standards require process improvement, preventing and minimizing restraint use and using less restrictive devices whenever possible. These standards are in place to ensure respect for patients as well as to promote appropriate clinical, ethical and legal practices.

Approved restraint devices are available from Central Supply Management. The chart below shows all of our approved and available devices and when it is appropriate to use them if less restrictive interventions are unsuccessful.

For any questions regarding restraints or restraint-alternatives, please contact Middleton at 8-0909.



V-neck Vest, Sleeved Jacket



Mitts



Wrap Arouds

Devices Approved for Use

Devices available to patients appropriate. While patients safe, Joint efforts around restrictive alternatives for human rights practice.

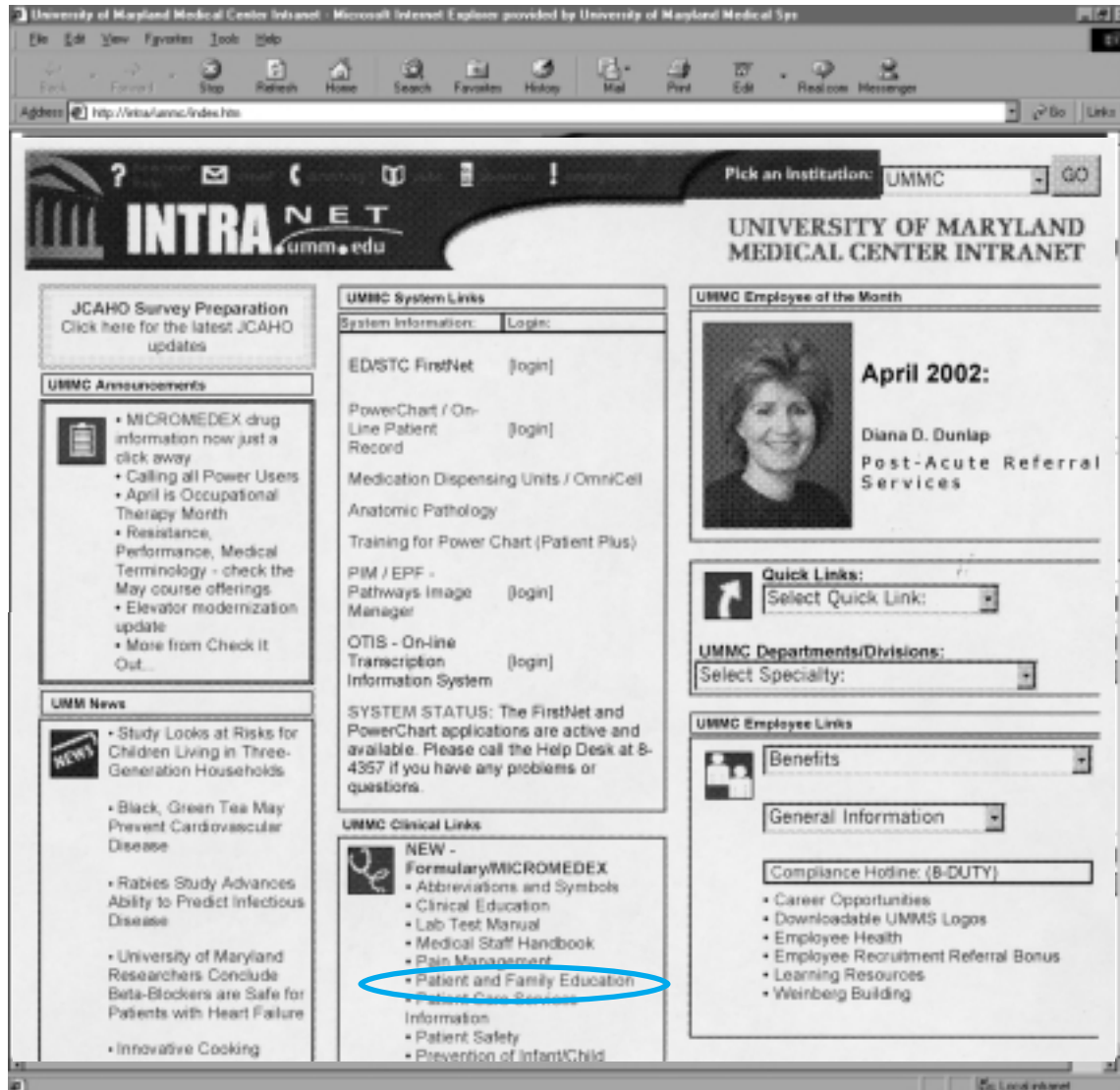
Supply/Materials available restraints are unsuccessful.

For more information, please call Carla



Name of Restraint	Indications for Use	Order # To Obtain Device from Central Supply/Materials Management
<p>Mitts Mitts are considered a restraint only when tied down.</p>	<p>Patients whose behavior puts them at risk for disrupting care and/or causing self-injury (i.e. Pulling out or threatening to pull out IVs, endotracheal tubes, and catheters, or scratching/digging at skin or wounds).</p>	<p>Newborn 13249 Child 8843 Adult 8844</p>
<p>Limb Holder This is an adjustable device that is available in neonatal, pediatric, and adult sizes.</p>	<p>Same indication as above. This restraint is more restrictive than the mitts, especially when two or more limbs are restrained</p>	<p>Infant 8859 Child 8860 Adult 8840</p>
<p>Roll Belt</p>	<p>Patients who are at risk of a life-threatening fall or require a restraint to assist in treatment, while allowing the patient to roll from side to side.</p>	<p>8836</p>
<p>Wrap-Around This should be used instead of linen sheets which are strictly prohibited for use as restraints by the FDA. This device is not considered a restraint if it is used for positioning purposes.</p>	<p>Patients who are sitting in a chair, who lean laterally or slide forward; this device minimizes forward sliding and unassisted ambulation. This is not considered a restraint if it has velcro straps that the patient has access to and can remove</p>	<p>8858</p>
<p>V-neck Vest/ Sleeved Jacket</p>	<p>Same indications as above, however, this device is more restrictive than the above roll-belt and it does not permit side to side movement. Used for patients at risk for a life-threatening fall.</p>	<p>Small 8855 Medium 8854 Large 8853 X-Large 8856</p>

Patient Education Gets Technology Boost



In March, getting printed materials for Patient and Family Education got a little easier for staff thanks to the expanded web site dedicated to this topic and the addition of **Micromedex**. Staff can access relevant educational topics and information for patients and families through the UMMC Intranet. Getting access is easy, just click on the UMMC Intranet icon (<http://intra/ummc/index.htm>), and then click on Patient/Family Education under Clinical Links. On this site, you will find over 30 UMMC patient education handouts, which can be printed and distributed, to patients at the care delivery site. Patient rights and responsibilities are also available. Staff can also access Micromedex with over 5,000 healthcare topics in English and Spanish.

In addition, staff can view and print the patient education television channel guides from **Healthtv** and the **Parent Channel**.

So far, "hits" or the number of times people link to or visit this Intranet site have tripled in the last month with an average of 19 visits per day. As staff become more familiar with this important and useful site, their use of it will probably increase. And, increased use will not be a problem since it is all automated you will not have to go to the 10th floor to get copies, wait in line or be delayed waiting for materials to come back from the printer. So check out the new resources available online. Accessing patient education printed resources has never been easier!

Alternatives to Restraints Now Available

The Medical Center now offers staff alternatives to our standard restraining devices. These restraint alternatives, shown on this page, are available to provide staff with less restrictive ways to manage patients whose behavior puts them at risk for disrupting care or causing self-injury. The JCAHO and HCFA standards require that efforts be taken to prevent or minimize restraint use and to use less restrictive restraint alternatives when possible and appropriate. These alternatives help staff minimize restraint use.

These restraint alternatives are now available from Central Supply/Materials Management. The order numbers to obtain them from Central Supply/Materials Management are as follows:

	Order #
Split Side Rail Protectors,	176355
Arm Skin Sleeves	
Light Tone 176357 and Dark Tone	176358
L-Bow Arm Brace	
Pediatric Small	176360
Pediatric Medium	176361
Pediatric Large	176362
Adult Medium	176363
Adult Large	176364

If you have questions about any of these devices, call Carla Middleton at 8090.

The **L-Bow Arm Restraint Alternatives**, available in adult, pediatric and infant sizes, keeps your patient's hands away from their face and IV tubing. It is made of soft comfortable Tricot® material that can be applied directly on the skin. Hook and loop fasteners are easy to use yet offer a secure firm hold.



Arm SkinSleeves are a latex-free barrier that helps protect fragile skin. Made of soft cotton and Lycra for a comfortable fit, the SkinSleeve helps prevent the disruption of treatment by camouflaging IV and wound sites. The neutral flesh tones (available in light and dark) discreetly blend with the patient's own skin. It covers the arm while leaving the thumb and fingers free, and it easily adjusts for the amount of necessary skin protection.

Split Side Rail Protectors provide soft padding and helps deter patient attempts to exit bed between half side rails. May also be used as a seizure pad. It quickly secures to most half side rails with hook and loop attachment straps. Bacteriostatic vinyl cover wipes clean with liquid disinfectant. Meets CA #117 flame retardancy standard.



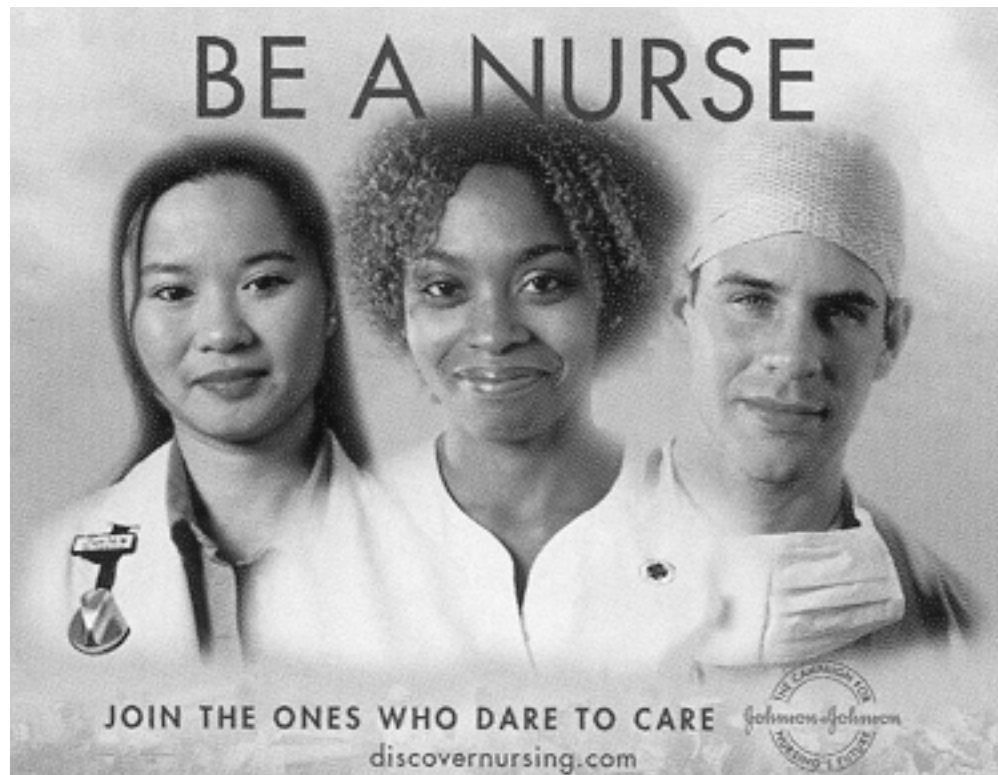
Nurses Week

May 8, 9, & 10, 2002

Wednesday: Nurses Week Breakfast - Served by the Vice Presidents and
May 8th Directors of Patient Care Services
Time: 6:00 a.m. - 9:00 a.m.
Place: Private Dining Room

Thursday: Night-shift Gift Distribution
May 9th
Time: 8:00 pm - 12:00 am
Place: Shock Trauma Auditorium Lobby

Friday: Day-shift Gift Distribution
May 10th
Time: 1:00 p.m. - 4:00 p.m.
Place: Shock Trauma Auditorium Lobby, then in the
Room S10B02 thereafter.



Poster reprinted courtesy of and copyrighted © by Johnson & Johnson Health Care Systems Inc., 2002, Piscataway, NJ.

Third Edition of TRAUMA NURSING Published

Two Shock Trauma staff and three former Shock Trauma nurses edited the third edition of **Trauma Nursing: From Resuscitation Through Rehabilitation** with the assistance to one other outside editor. The editors are:

- **Karen A. McQuillan**, RN, MS, CCRN, CNRN, Clinical Nurse Senior Partnerecialist, Shock Trauma Center;
- **Robbi Lynn Hartsock**, RN, MSN, CRNP, Trauma Nurse Coordinator, Shock Trauma Center;
- **Mary Beth Flynn**, RN, MS, CNS, CCRN, a former Shock Trauma staff nurse and now a Clinical Nurse Senior Partnerecialist/Educator and Senior Instructor at the University of Colorado Health Science Center School of Nursing in Denver, Colorado;
- **Kathryn Truter Von Rueden**, RN, MS, FCCM, a former Clinical Nurse Senior Partnerecialist in the Shock Trauma Center, but now Senior Clinical Consultant, APACHE Medical Systems, Inc. in McLean, Virginia; along with
- **Eileen Whalen**, RN, BSN, MHA, Director of Critical Care and Emergency Services at Saint Mary's Regional Medical Center in Reno, Nevada.

This 960 page third edition provides detailed instructions on how nurses should respond during all phases in the cycle of trauma care: resuscitation, operative, critical, intermediate, and rehabilitation. Within this cycle format, it describes the science, current issues, trends, and controversies involved in trauma care, while also offering readers an easy-to-follow

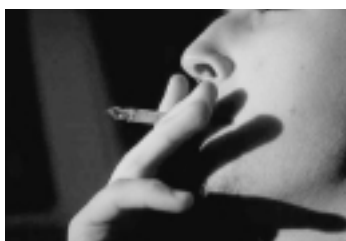
organization. Completely updated and revised, it reflects the latest research-based findings and serves as an excellent reference for both the novice and the experienced trauma nurse. In addition, it features contributions from 46 nationally recognized experts.

This outstanding book:

- Divides the text into four distinct sections—General Concepts in Trauma Nursing, Clinical Management Concepts, Single System Injuries, and Unique Patient Populations—for quick access to information;
- Considers the Senior Partnerecial care needs of special Partnerecial groups including elderly, pediatric, pregnant, substance abusive, and burn patients as well as organ donors; and
- Addresses specific issues that can effect all patients such as mechanism of injury, traumatic shock, patient/family psychosocial responses to trauma, pain, wound healing, and nutrition.

McQuillan • Von Rueden • Hartsock

The regular price is \$99.00, but UMMC staff can get copies from Brian Karafin, our local Saunders / Mosby sales representative, at a 10 percent discount for a total cost of **\$89.10** and shipping is free. You can place your order with Brian by phone at **410-581-2672** or e-mail him at b.karafin@elsevier.com.



Workshop Topics

1. Epidemiological facts of tobacco use in Baltimore.
2. Risk associations for tobacco use in Baltimore.
3. Present AHRQ "5 As": Ask, Advise, Assess, Assist and Arrange.
4. Wrap up, post-test, and program evaluation.

Stop Smoking Training Offered for Staff

The focus of this training is on state-of-the art techniques for assessing and intervening with patients using tobacco products. This **one-hour** training is designed for social workers, pharmacists, dentists, nurses, dental hygienists, and physicians practicing in all settings, and it is approved for continuing education credit.

Staff can choose from ten different sessions scheduled on **June 3** and **July 9, 2002**, and pre-registration is required. This program is free of charge. Call **8-6257** to **pre-register** for one of the sessions below.

Smoking Cessation Training Schedule			
Day	Date	Time	Trainer
Monday	June 3	8:00 a.m. to 9:00 a.m.	Bob Mecklenberg, DDS, MPH
Monday	June 3	11:00 a.m. to 12:noon	Bob Mecklenberg, DDS, MPH
Monday	June 3	12:30 p.m. to 1:30 p.m.	Bob Mecklenberg, DDS, MPH
Monday	June 3	2:00 p.m. to 3:00 p.m.	Joe Adams, MD
Monday	June 3	3:30 p.m. to 4:30 p.m.	Joe Adams, MD
Monday	June 3	5:30 p.m. to 6:30 p.m.	Joe Adams, MD
Tuesday	July 9	8:00 a.m. to 9:00 a.m.	Tony Tommasello, Ph.D.
Tuesday	July 9	12:30 pm to 1:30 p.m.	Tony Tommasello, Ph.D.
Tuesday	July 9	2:00 pm to 3:00 pm	Jackie Fried, R.D.H., MS
Tuesday	July 9	5:30 p.m. to 6:30 p.m.	Jackie Fried, R.D.H., MS

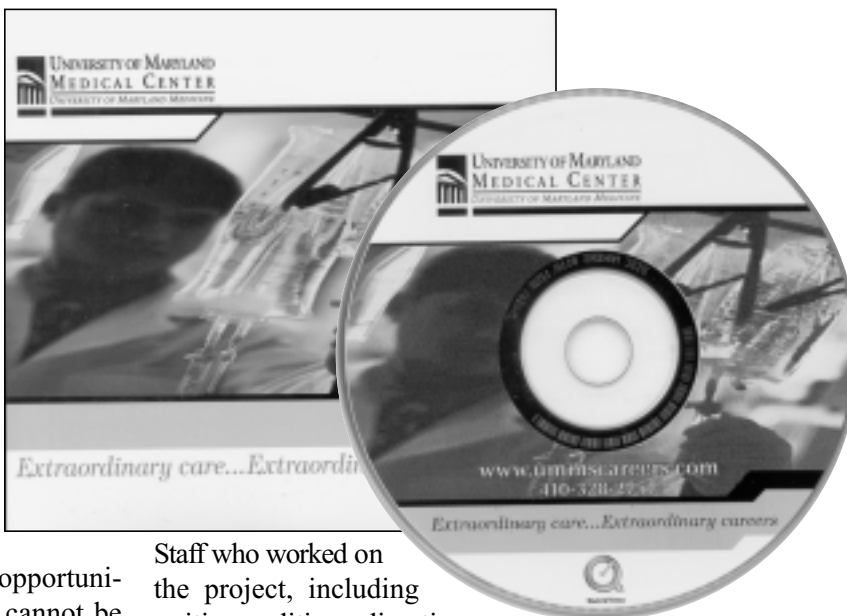


Medical Center Wins Award for Recruitment CD-ROM

The Medical Center won first place in the 2001 Alfred Knight Awards, sponsored by the Maryland Society for Healthcare Strategy and Market Development for its Patient Care Services Recruitment CD-ROM.

Using a combination of video, in-house and stock photography, motion graphics and voiceover narration, a team of staff developed a "new media" approach to assist in recruiting employees to the Medical Center. The Medical Center's recruitment information is now available on an interactive full-size "auto-start" CD-ROM that can be given to potential employees at recruitment events as well as mailed to candidates. The CD-ROM uses state-of-the-art digital technology to bring the Medical Center's career opportunities and employee benefits to life in a way that cannot be matched by print or classified advertising. It focuses on specific, hard to recruit areas including nursing, pharmacy, radiology, respiratory therapy and pathology/laboratory services and provides a direct link to the University of Maryland Medical Center's employment opportunities web site, www.ummscareers.com.

A total of 3,000 CDs were produced at a total cost of less than \$4.50 per CD-ROM.



Staff who worked on the project, including writing, editing, direction, photography and voiceover included David Brond, Marketing & Planning, Stacey Cook, Human Resources, Ann Regier, Patient Care Services, Noel Holton, Public Affairs, Don Artes, Respiratory Therapy, and Ellen Beth Levitt, Public Affairs. The CD-ROM development, design, production, replication, packaging was completed by Media Dimensions located in Timonium, Maryland.



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