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1998-04

# MedCenter News: April 1998

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# MedCenter News

BOSTON MEDICAL CENTER, BOSTON UNIVERSITY SCHOOLS OF MEDICINE, PUBLIC HEALTH AND DENTAL MEDICINE

## Meeting their matches

*Their heart rates peak at high noon, as the fourth-year BUSM students are given the go-ahead to race to their mailboxes and tear open the envelopes which reveal their futures. Screams of excitement echo throughout the basement of the school of medicine as the students realize that the previous years of hard work have been well worth their efforts.*

**M**atch Day, March 18, was a joyous occasion for most BUSM seniors as the results were announced of the national computerized process that matches students with residencies at teaching hospitals.

As this year's graduating BUSM students enter the next phase of their medical educations, more than one-third will stay close to the BUSM nest, with 46 of 134 students starting residencies at Bay State hospitals. Twenty-one percent of the class chose to specialize in internal medicine, 13 percent are going into pediatrics, and 10 percent are entering surgery residencies.

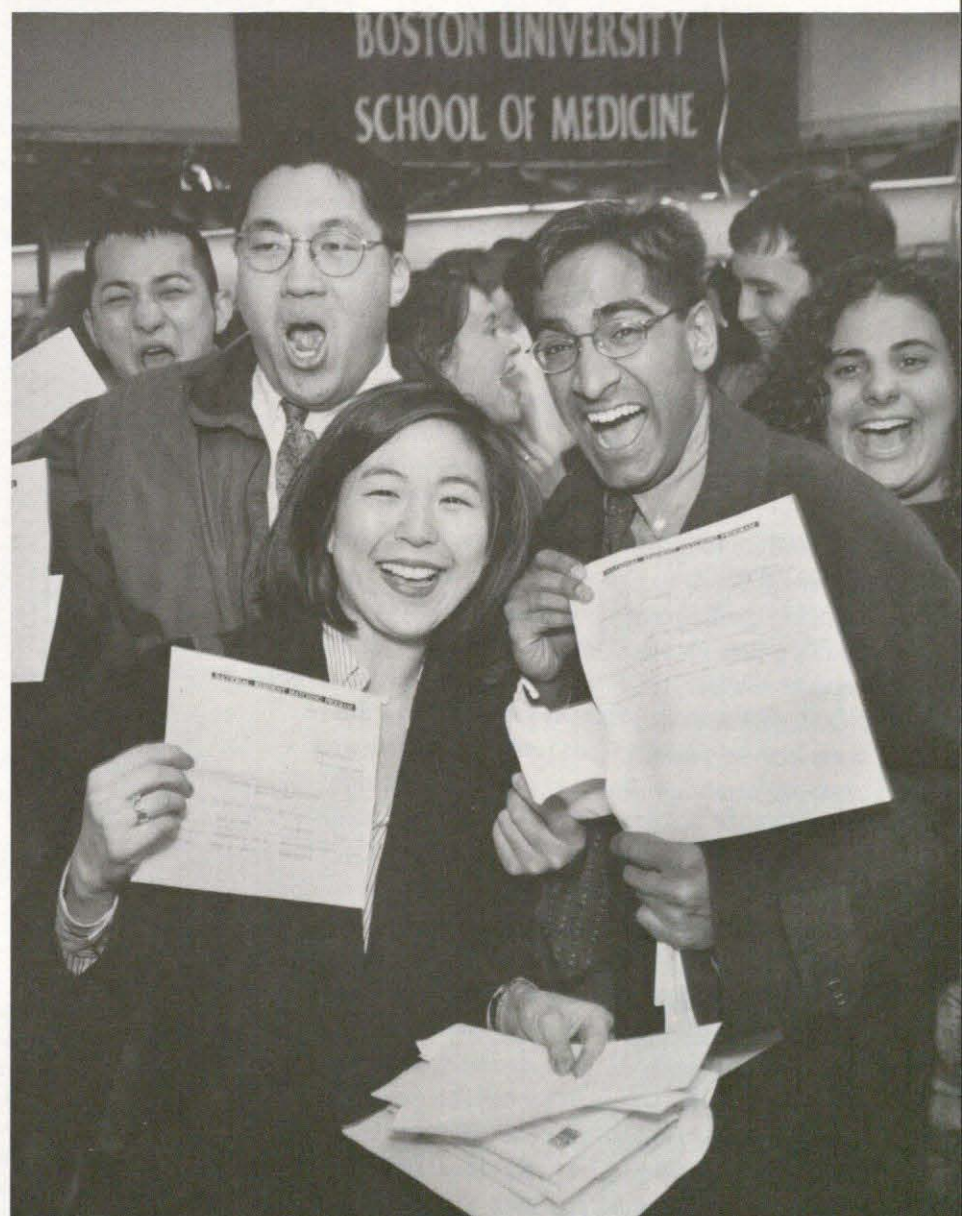
Match Day always includes stories of triumph, and this year was no exception. Mike Grafe saw his wishes come true when he was one of three people chosen to perform an orthopedic residency at Stanford University Medical Center. The 25-year-old San Francisco

Bay-area native, who was one of 500 applicants for the residency, says that learning of his acceptance made him "the happiest man on the East Coast."

Numita Gupta, who matched at one of the premier residency programs in the country — the BMC/Children's Hospital Combined Pediatric Residency Program — was exhilarated to learn her fate. "I am absolutely thrilled to stay here in the BU system in such an outstanding program," she says.

"The class of 1998 should be proud of their accomplishments and placements," says Arthur Culbert, PhD, associate dean for Student Affairs. "We at BUSM are certainly proud to have contributed to their educations and to the start of their medical careers. They are a terrific group, and we are going to miss them all." ♦

*Smiles were easy to come by on Match Day as BUSM students (from left) Tri Do, John Kim, Amy Kim, Shirvinda Wijesekera and Tara Atta learned where they would perform their residencies. For more photos, see page 4.*



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## Mock JCAHO survey shows many improvements

**W**hile BMC has made significant improvements since last fall, more work still needs to be done before this spring's Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit.

That's the message the hospital received after a mock JCAHO survey was held over three days in mid-March as a follow-up to one held in October. The mock survey is a preview of what to expect when JCAHO surveyors visit BMC this spring to conduct a comprehensive, hospital-wide

review. "The good news is that we did well compared to October," says BMC Executive Vice President and COO Richard Moed. "But there are still issues and challenges to be addressed."

Denise Mehegan, director of Quality Improvement/Risk Management, says the surveyors found that BMC made great strides in improving the "environment of care" for patients, but stressed that improvements still need to be made in the areas of documentation, patient care planning and general safety issues.

The actual JCAHO survey is expected to occur this spring, but no formal date was set as of press time. According to Mehegan, the application for the survey has been submitted to the JCAHO and a date will be determined when the application process is complete. The length of the visit and the number of surveyors who will participate will also be determined during this application process.

Mehegan stresses that the review will involve staff at all levels. During their visit, JCAHO surveyors will walk

through the hospital, stopping employees to ask questions about the medical center. Preparations for the visit have been ongoing, including departmental improvements and the publishing of a JCAHO newsletter.

"We have entered crunch time. We need everyone to pull together as a team and put their best foot forward," says Moed. "All of us at BMC should be concerned not only that we are in compliance with JCAHO, but more importantly, that we are providing top-quality care." ♦



## Quit smoking for healthier teeth

In addition to having an increased risk of a host of diseases, smokers have had to cope with a higher risk of tooth loss than non-smokers. According to a recent SDM study published in the *Journal*

loss and 1.9 times more likely to have complete tooth loss than non-smokers.

How does smoking contribute to tooth loss? A look inside a smoker's mouth reveals a siege in progress, with toxic

**"The good news is that quitting smoking significantly slows the rate of tooth loss..."**

Elizabeth Krall, PhD

of *Dental Research*, smokers can reduce this risk and halt deterioration by quitting.

Lead investigator Elizabeth Krall, PhD, associate professor of health policy and health services research at SDM, says scientists have long known that cigarette smoking more than doubles an individual's risk of tooth loss and more than quadruples the risk of losing all teeth. However, it was not known if smoking's deleterious effects on teeth were permanent, or if by quitting, former smokers might reduce their risk of tooth loss to that of people who never smoked.

On the trail to discovering the answer, researchers studied more than 1,800 women and men in good health ranging in age from 21 to 75. They found that cigarette smokers tend to have more extensive calculus (buildup), tooth mobility, plaque and bleeding gums than non-smokers, and were 2.4 times as likely to have lost teeth and 4.5 times as likely to have lost all their teeth as nonsmokers. But upon quitting, the benefits were substantial — former smokers were only 1.5 times as likely to have tooth

chemicals from the smoke slowly eroding away the strength of the tissue and bone that supports teeth. Some chemicals in cigarettes and cigars also may encourage harmful bacteria to grow in the mouth, contributing to a direct attack on teeth and gums. In addition, smoking introduces toxins into the bloodstream that suppress the body's immune system and may lead to bone demineralization, both of which can contribute to poor dental health.

"The good news is that quitting smoking significantly slows the rate of tooth loss," says Krall. "This suggests that damage to periodontal tissues is slowed or halted when people quit smoking. These benefits appear to start soon after quitting.

"However, it may take decades for ex-smokers to have the risk of tooth loss equal to that of a nonsmoker. For example, the tooth loss rate among former smokers who permanently quit an average of 18 years prior to the beginning of the study was nearly identical to people who never smoked. The earlier you quit smoking, the more teeth you'll keep in the long run." ♦

## Boston HealthNet fills two key jobs

Richard Kalish, MD, MPH, has been named medical director of Boston HealthNet, and Glennon O'Grady, MD, has been appointed associate medical director. Both physicians will play key roles in the delivery of health care to HealthNet patients.

"We're delighted to have Richard and Glenn filling these important positions," says Frank Doyle, executive director of the Boston HealthNet. "We are confident that their combined medical leadership will help Boston HealthNet make significant progress in creating an integrated system of top-quality care for our patients."

Kalish is the medical director of the South Boston Community Health Center, where he will retain his duties, in addition to assuming the larger role of HealthNet medical director. As medical director, he will represent Boston HealthNet on many BMC committees, including the Medical Management Council, the Quality Council, and BMC HealthNet Plan Quality and Management Committee. Kalish replaces Jim Taylor, MD, as medical director of Boston HealthNet, who provided medical leadership and implemented a clinical vision for the past year.

Kalish received his bachelor's degree in economics from Brandeis University in 1980 and his medical degree from Ohio State

University in 1988. He completed his residency at Boston City Hospital, a predecessor to BMC, and earned his master's in public health from Harvard University in 1993. He has worked at Beth Israel Hospital, MetroWest Medical Center, Mount Auburn Hospital and South Boston Community Health Center. He currently serves as chairman of the Boston HealthNet Clinical Committee.

O'Grady, vice chairman for Clinical Services, BMC Department of Family Medicine, will assist Kalish as associate medical director, developing a specialty network of care for patients, as well as assisting in clinical managed care initiatives at all HealthNet sites. He will continue in his position at BMC, as well as his position of assistant professor of family medicine at BUSM.

A 1981 graduate of the College of the Holy Cross in Worcester, O'Grady received his medical degree from Tufts University Medical School. He served as a resident in the Brown University Family Medicine residency program and at the Memorial Hospital of Rhode Island. He came to BMC last October from the Greater Lawrence Family Health Center, where he served as medical director for 10 years.

Boston HealthNet is a partnership of BMC, BUSM and 12 community health centers located throughout Boston's neighborhoods. ♦

## BUSM named Center for Wound Healing Excellence

Extensive experience in wound care has led to BUSM being named as a Center for Wound Healing Excellence — one of only 18 institutions to be so designated throughout the nation.

The center, sponsored by the University of Pittsburgh School of Medicine and conducted through the Department of Dermatology at BUSM, provides continuing education on the principles of wound healing management and new wound care techniques.

An estimated 80 percent of health care providers who treat patients with wounds are unfamiliar with advanced care treatments. "This program will allow health care providers to expand their knowledge of current wound care techniques and new developments in this rapidly evolving field," says Tania Phillips, MD, associate professor of dermatology at BUSM and director of the Clinical Research Center in the Department of Dermatology at BMC.

As part of the program, BUSM and the other 17 institutions will host between one and four "preceptorship conferences" per year where 20 to 35 individuals will participate in lectures, workshops and interactive discussions over a one- or two-day period.

Phillips also was chosen to serve as an editorial board member for the program and has helped determine the curriculum for the preceptorship conferences. In addition, she will participate in the organization of the conferences at BUSM.

"We are delighted to be named a Center for Wound Healing Excellence," says Phillips. "As a center, BUSM will have added resources to help ensure that physicians are trained to deliver the highest-quality wound care available today." ♦



## Kickin' it at the Kick Back

Second-year BUSM student Andrew Kim entertains students and other members of the medical campus community at the Kick Back Kafe held last month in the Hiebert Lounge. The event provides students with a relaxing atmosphere — a contrast to the rigors of the classroom and clinical studies.

### A CALL TO ACTION

## Improving patient satisfaction

Departments across BMC are stepping up to ensure that patients' visits to the hospital are as pleasant as possible.

After recent patient satisfaction surveys showed an apparent need to continue to improve the experience patients and customers have at BMC, all managers and directors have been asked to work with their staffs to develop an activity or make a change that will improve patient satisfaction.

"In today's competitive health care market, BMC needs to excel not only at the medical aspect of

care, but also at the little things that let patients and their families show we care," says BMC President and CEO Elaine Ullian. "That means that everyone must focus on customer service — telephone operators, administration, nurses and physicians."

"Serving patients — our customers — is part of everything we do and a vital component of each of our jobs," says Richard Moed, COO and executive vice president of BMC. "It is up to each and every one of us to make sure our patients and their families feel that they are cared for in

the hallways, lobbies and cafeterias, as well as in the operating rooms and clinics. This is a first step toward improving our customer service."

Departments do not need to make complicated changes or initiate hard-to-implement activities, says Gloria Miller-Bogus, BMC vice president of Nursing and co-chair of the Patient Satisfaction Committee. "We are looking to begin taking steps in the right direction. This is a call to action. We need to accept that we have changes to make and then be committed to making them." ♦

## Employees send caring message

WE CARE — that's the message BMC wants to send to its

patients, customers and staff. More than 35 teams from various departments throughout the medical center entered the Patient Satisfaction Acronym Contest, for which employees invented an acronym that best describes customer service at BMC. The acronym — standing for With Exceptional Care And Respect for Everyone — was submitted by a team from the Department of Quality Improvement/Risk Management.

Sponsored by the Patient Satisfaction Committee, the contest is part of the ongoing effort to raise employee awareness of the importance of providing excellent patient and customer service.

"We are delighted, although not surprised, by the creative efforts of all the teams who submitted entries," says Gloria Miller-Bogus, BMC vice president of Nursing and co-chair of the Patient Satisfaction Committee. "The excellent response made it challenging to choose a winner. We thank everyone for their contributions."

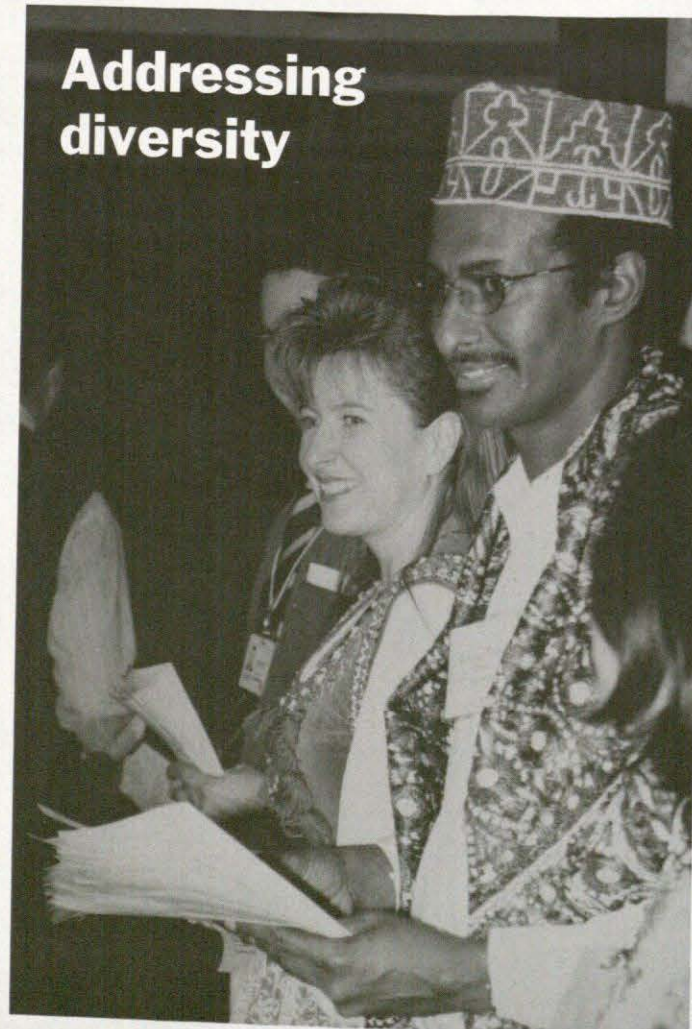
WE CARE will be used in various publications and on displays, certificates and other promotional materials. As winners of the contest, team members Patricia Acton; Thomas Dooley; Janet Fair; Irene Finan; Heidi Kinsella; Denise Mehegan; Andrew Noh; and Jonathan Woodson, MD, will receive a catered lunch. ♦

WITH  
EXCEPTIONAL

CARE  
AND  
RESPECT FOR  
EVERYONE

## Addressing diversity

At the first cultural diversity forum, held last month in Keefe Auditorium, BMC interpreters Mohamed Abdillahi Warfa and Lila Stypulkowski distribute programs while dressed in traditional garb representing their cultures. The hour-long forum, Celebrating a Rainbow of Difference: Caring for the Communities We Serve, is the first in a series of programs designed to help employees better understand the many cultures BMC serves. Speakers at the forum included Joel Abrams, executive director, Dorchester House Multi-Service Center; Oscar Arocha, director, Interpreter Services Department, BMC; Elaine Ullian, president and CEO, BMC; Patricia Webb, vice president, Human Resources, BMC; and Jonathan Woodson, MD, president, Medical Dental Staff and associate chief of staff, BMC. Each of the upcoming forums will focus on a different culture, including African-American, Bosnian, Puerto Rican, Vietnamese, Haitian, Somali and Cape Verdean. The next forum will be held on Thursday, May 21, from noon to 1 p.m. Look for updates in upcoming editions of MedCenter News.







Michael Barber enjoys a moment of repose amid the excitement of the Match Day festivities with girlfriend Ann-Marie Blaber.

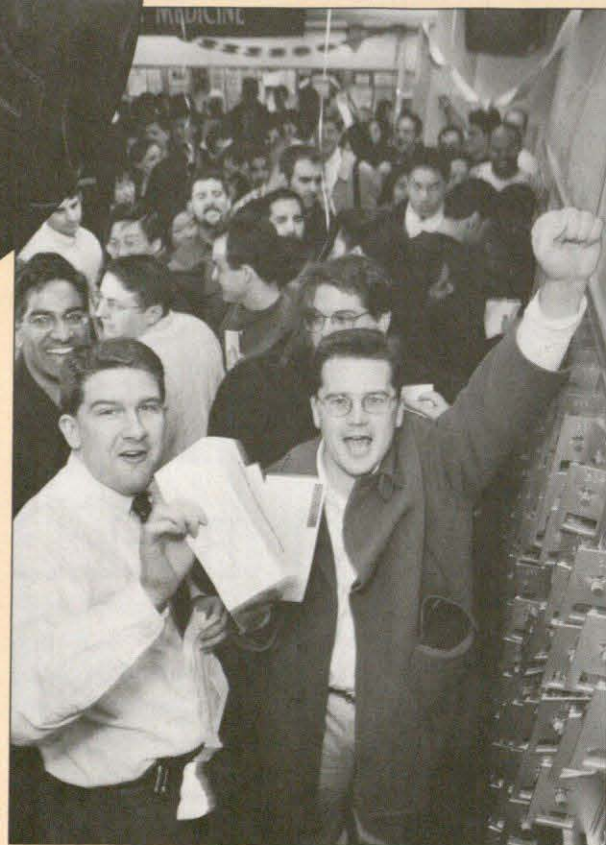


David Forcione receives a hug of congratulations.

Janet Hanousek (left) and Brigid O'Connor share in the excitement after tearing open the envelope.



## Meeting their matches



The postman delivered good news to Jason Worcester (left) and David Hester, who are happy to show off their letters.

## Researchers find mild hypertension may increase risk of stroke

Severe hypertension — or high blood pressure — has long been associated with a heightened risk of heart disease and stroke. But when BUSM neurology researchers studied more than 500 stroke cases, they arrived at an unexpected conclusion — mild hypertension and even high/normal blood pressure also could increase the risk of stroke. Their findings could change how doctors approach mildly elevated blood pressure.

The findings were presented in February at the 23rd International Joint Conference on Stroke and Cerebral Circulation in Orlando, Fla. According to researcher Lenore Joseph, MD, fellow in cerebrovascular diseases at BUSM, the results came as a surprise.

"Of the more than 500 stroke cases which occurred over a 40-year period, almost 50 percent occurred in patients with high/normal blood pressure or mild hypertension. Based on these numbers, it would be reasonable to characterize 'mild' hypertension as a misnomer — it's dangerous, in fact. By lowering elevated blood pressures, even those that are high/normal, we can prevent many strokes," she says.

Joseph and her colleagues, working with the famed Framingham Heart Study, specifically looked at the systolic blood pressure (SBP), or the blood pressure when the heart is contracting. "Over time, elevated blood pressure damages blood vessel walls, both the large arteries supplying the brain and the small vessels

in the brain. They lose their elasticity, and when coupled with cholesterol deposits, which restrict the blood flow, vessels can rupture or become clotted, producing stroke," she says. Normal SBP falls below 130, while an SBP between 130 and 140 is considered high/normal. SBP between 140 and 159 is categorized as mild hypertension, and moderate and severe

**"... patients need to be aware that mild hypertension is a serious condition."**

Lenore Joseph, MD

hypertensives have SBPs beginning at 160 and 180, respectively.

The study found that of 566 stroke cases, 19 percent of men and 16 percent of women had high/normal SBP, while a shocking 30 percent of both women and men had only mild hypertension in the year preceding the stroke. Mild hypertensives represented the largest block of stroke cases.

"Our work has two implications. First, patients need to be aware that mild hypertension is a serious condition. They can do many things to remedy high blood pressure — such as losing weight, using less salt in their diets, reducing stress and exercising more. Anti-hypertensive medications should be considered if lifestyle changes fail to bring blood pressure down," she says.

"Second, doctors need to be aware that mild hypertension increases the risk of stroke. Most individuals can readily tolerate having fully normal blood pressure. Therefore, if we emphasize more strict blood pressure control, patients will reap substantial benefits in terms of stroke prevention." ♦

*A testimony to the dedicated and professional staff of BMC*

## Beyond the call of duty

*The following is Mike Barnicle's column from The Boston Globe - March 17, 1998.*

EIGHT WEEKS IS NOT A LONG TIME. It's two months or 60 days or a couple of car payments, not even the length of a single season where winter can slowly melt into spring.

Yet that was the life span of Jeremy Lapine, who died on March 7 at Boston Medical Center and was buried last Wednesday after a beautiful ceremony at St. Peter's Church in Gloucester. The baby had been in the hospital on life support for three weeks when his parents, Ann and Myron, finally leaned on God and asked doctors to remove his ventilator.

Jeremy was a SIDS victim. He suffered a seizure on the afternoon of Feb. 13 as Ann Lapine took him for a walk along Gloucester's North Shore.

She noticed he was bleeding from the mouth and gasping for breath.

Running, child in her arms, to the nearest house, she called police.

Jeremy was quickly taken to Addison-Gilbert Hospital and then flown to Boston Medical Center where the Lapines discovered new meaning to words like "family," "love," "faith," and "friends."

"Everyone there at the BMC — Doctors, nurses, X-ray technicians, occupational therapists, grief counselors, the cafeteria workers — were incredible," Ann Lapine pointed out last

week. "My husband and I lived at the hospital for three weeks — on a couch outside the ICU — and every day, all day, people would say, 'How's your baby?' and 'Is there anything we can do for you?'"

Within days after Jeremy's arrival, his parents were informed their son had endured severe brain damage.

If he survived — as opposed to "lived" — he would require 24-hour care for the duration of his life.

The Lapines were dizzy with grief.

They have two other children, a son, Paul, and a daughter, Samantha, who is 10 and has cystic fibrosis. The parents are both 37, young and hard-working, and now they were confronted with the most frightening set of circumstances any mother or father could ever be saddled with. This is Ann Lapine's story about the last hour of her baby boy's time on this earth.

"We finally made the decision to take him off the ventilator. We decided to do it the next day, Saturday," she said. "That gave us the opportunity to have our families come to the hospital to be with Jeremy."

"Even though he was unconscious, you could see he was suffering. But I was distraught. Were we making the right decision? Am I a bad person for asking God to take him quickly?"

"On Saturday, Father Tom Fleming from St. Peter's came to the hospital to pray with us. At 12:30, they removed the tape from his little face. He was bundled up in a blanket, and Dr. Frank Moran from the ICU asked me if I wanted to hold him. And I told him I did, but not with the blanket. Just Jeremy, just my baby."

"There were only a few people in the room: the doctor, his two nurses, Myron and myself. I

asked that the blinds be opened to let the sun in.

"When the tape was off, Dr. Moran said, 'Are you ready? Do you want to continue?' And we agreed, so he took the tube out. I sat in a rocking chair and he handed Jeremy to me and I sang a lullaby. Myron and I took turns holding him and talking to him. And as I told him I loved him I felt a little tug, as if he was pulling away from me. I looked up and saw the blinds rattle and I said, 'He's gone.'"

"He died 21 minutes after he was taken off life support, and by going quickly he was telling us that it was OK, that he was all right, that he was happy."

On the morning Jeremy Lapine left this life, his sister Samantha wrote a note to God. It was raining on the January day he'd been born and Samantha decided it was because the angels cried over losing Jeremy to the world. Now, on the day he died a storm squall suddenly appeared over Gloucester, so the little girl just knew it signaled the angels' tears of joy over reclaiming a precious gift after eight weeks here.

"My little baby brother is very sick," Samantha Lapine wrote that Saturday morning. "He will be taken off the ventilators today to go up to heaven where he will suffer no longer. He will be in God's loving and caring hands for the rest of his life and forever. And even though his presence is not with us he is still a part of our family ... In my eyes that is what a family means to me. We will be together forever."

"We're going to be OK," Ann Lapine added. "We'll get through this and we will always love and remember Jeremy. But we might not have made it if it hadn't been for everyone at the hospital. They gave us strength. They brought comfort. They are truly doing the work of God."

*Reprinted courtesy of The Boston Globe*

## Students honored for research

Recognizing the research achievements of graduate students, BUSM honored 16 individuals from the Division of Graduate Medical Sciences during the fourth annual Henry I. Russek Student Achievement Day, held Friday, March 20. The awards were made possible by a \$260,000 endowment from the Russek Foundation, a nonprofit organization established by the late cardiologist Henry Russek, MD, to support education and research in the medical sciences.

The award winners are, back row (left to right), Edward Lee, Alexei Degterev, Jacob Sloane, David Jackson, Jeffrey Zimmer, Sarah Olken, Vladimir Kefalov, Susan McLaughlin-Beltz, Adrian Zai, Yang Chao, Thomas Schneider and Chrysanthie Gaitatzes. In the front row, Elayne Russek, third from left, and daughter Shelley Russek, PhD, fourth from left, are surrounded by award winners (left to right) Amr El Jack, Didem Vardar, Baozhen Lin and Alexander Urbano.





## Healthy body, healthy mind

Meditating for inner peace and using acupuncture to relieve a headache doesn't sound like a typical part of a harried medical student's day, but they were for the many students who attended the BUSM Health and Nutrition Fair last month. The fair was held in an effort to promote healthy minds and bodies. Throughout the event, students were treated to free massages, acupuncture treatments and blood pressure screenings. They were also invited to participate in yoga, tai chi and karate demonstrations.

## New ID cards to add security and convenience

New identification cards will soon make life more convenient and secure for BU students, faculty and staff, while providing a consistent and unified image throughout the campuses.

By September, all BU employees and students will own a new "Terrier" ID card, which will be more attractive, durable and easier to create using a digital imaging system. The cards will eventually give BU students the opportunity to participate in BU's

Convenience Points program, which allows students to buy food from dining halls and necessities from Campus Convenience.

For much of the BU community, the most important and noticeable change on the new card will be the disappearance of Social Security numbers, which grace the front of many student and employee ID cards.

Look for more details about the new identification cards in future issues of *MedCenter News*. ♦

## Research favors training residents to perform physical exams

In an age when medicine relies on increasingly complex tests to diagnose disease, teaching residents to recognize the power and importance of the tried-and-true physical examination is by no means easy. But in a recent study, researchers at BMC found that a little intervention on the part of physicians can substantially alter residents' habits — a change that may result in earlier detection of breast cancer and save lives.

The study showed that residents who participate in a brief training program are much more likely to perform clinical breast examinations once in practice than those not given the training.

According to lead investigator Karen Freund, MD, MPH, chief of the Section of Women's Health at BMC, medical residents are underutilizing the valuable diagnostic tool of the clinical breast examination in favor of other high-tech approaches such as mammography.

"Given breast cancer's prevalence, we should be training all our primary care and surgical residents to become proficient at clinical breast exams," Karen Freund, MD, MPH. "There is a belief that these examinations are unnecessary, but they are crucial to a thorough breast cancer screening. Residents may be using mammography alone, unaware of its limitations,

rather than using physical examination in conjunction with mammography."

*"Given breast cancer's prevalence, we should be training all our primary care and surgical residents to become proficient at clinical breast exams."*

Karen Freund, MD, MPH

The research, published in the January/March issue of the *Journal of Cancer Education*, illustrates the impact of residency training on breast cancer detection. While mammography is universally regarded as one of the most effective means of detecting breast cancer, when

coupled with clinical breast examinations, 10 percent more cases of breast cancer are detected than with mammography alone.

The researchers compared the clinical breast examination and mammography rates of second-year BMC residents before and after a training program with the performance rates of residents who did not receive training. Residents with training increased their rate of clinical breast examinations of patients from 38 percent before to 54 percent after the training program. Residents who did not take the program, by contrast, were much less likely to rely on clinical breast examina-

tions, performing them on 43 percent of patients at the beginning of the study and only 30 percent by the end. Mammography rates were similar in both groups, hovering around 70 percent.

Freund believes that by incorporating clinical breast exam training into primary care and surgical residency programs, especially at institutions which are developing multidisciplinary breast centers, more lives can potentially be saved. "If training programs emphasize the skills and benefits of these exams in conjunction with the essential tool of mammography, then future physicians will be even better prepared to detect breast cancer." ♦

## Rooftop playground seeks additional funds

For a small donation, you or a loved one can literally build the foundation that will help make life a little easier for sick children.

Through the "buy-a-brick" fund-raising drive launched by The Kids Fund of BMC, a person can buy a commemorative brick and help complete the construction of the rooftop pediatric playground. Bricks may be purchased for \$25 each in honor of a family member, co-worker, friend or loved one who has passed away. An acknowledgment will be sent to the person honored or their family, and all donors will have their names displayed on a wall at the playground.

Nearly \$100,000 has been raised for the project, which is being built adjacent to the Pediatric Inpatient Unit on the Harrison Avenue Campus. An estimated \$50,000, however, is still needed if the project is to be completed by its June target date.

With initial funding from The Kids Fund, in

collaboration with Celtics Wives Save Lives, construction on the playground began late last fall. The Celtics Wives, a fund-raising organization formed in 1991 by wives and significant others of Boston Celtics players, has raised more than \$75,000 toward the playground and another \$20,000 has been contributed by Smith Barney for playground equipment.

The 2,000-square-foot playground is located on the fourth floor of the Inpatient Building and is visible from pediatric patient rooms. Meryl Langbort, director of The Kids Fund says, once completed, the playground will give children "a chance to forget their illnesses." The Kids Fund is also planning several other events, including a casino night at Le Meridien hotel in Boston in June and the Third Annual Bud's Scramble for The Kids Fund Golf Tournament in September. For more information, call Langbort at 534-3651. ♦

## CALENDAR

### April

**21 Arts Day** - Artistic BUSM faculty, staff and students display their work at this two-day event on Tuesday, April 21, and Wednesday, April 22. The event will be held in the Hiebert Lounge and on display will be paintings, photographs, poetry, needlework and sculptures. To contribute to the exhibit, or for more information, call Franchot Slot at 638-4315.

**29 Culturefest** - This event, sponsored by the American Medical Students Association, celebrates the diverse cultures of BUSM students. International cuisine will be offered, and students will wear outfits representing their native countries. The event starts at 5 p.m. in the Hiebert Lounge.



**29 Baby item collection** - For the third year, BMC's Obstetrics/Gynecology Department will be collecting infant, toddler and baby items for teen-mother programs in the area. The collection will be held Wednesday, April 29 and Thursday, April 30. A collection box will also be at the West Howell Street parking lot the week of April 26. For more information, call 534-7905.

### May

**2 5K Road Race** - One of many events being held this year to celebrate the school's 150th birthday. The BUSM 5K Road Race will be held at 9 a.m. at Magazine Beach in Cambridge. The race honors Rebecca Lee, MD, class of 1864, the first female African-American physician in the United States. For more information, call 508/477-6311.

## Elder homeless program observes more than 10 years

For BMC's renowned Elders Living at Home Program (ELAHP), spring signals a time for recognition and fund raising, as well as the return of the sun and warmth. To commemorate the past decade of service, supporters of ELAHP are hosting a reception and silent auction on Wednesday, April 29, at the Women's Educational & Industrial Union on Boylston Street from 6 to 9 p.m.

The reception will feature guest speakers BUSM Dean Aram Chobanian, MD, provost of BU Medical Campus; Howard Koh, MD, Massachusetts commissioner of public health; and Jean Wei,

MD, director of Gerontology, Harvard Medical School. The night will also include a silent auction highlighted by souvenirs of the Nagano Olympics; music by The Proper Ladies, a "Victorian voices" singing group; and refreshments.

While Director Eileen O'Brien laments the need for the organization, which has been providing homes for the elderly since 1988, she is proud that ELAHP has been able to help. "We are grateful to all those who have believed in us since the beginning, donating funds, volunteering and staffing this important project. Through their efforts we have doubled the apartments we

have available for temporary housing — from eight on Washington Street to 40 today.

"Since our inception, we have helped more than 350 elders move into safe, permanent housing," says O'Brien. "This evening is going to aid us in achieving our goal of eventually wiping out homelessness among the elderly in Boston."

Requested donations are \$75 per person and may be sent to ELAHP, One Boston Medical Center Place, Administration Mezzanine, Boston, Mass. 02118 by April 20. For more information, call 451-6400, ext. 268. ♦



## Put on a happy face

**Patient Jamie LeMoore, 9, has a face painter adorn her cheeks with rainbows and hearts during Children and Health Care Week, celebrated March 15-21. Sponsored by the Child Life Program at BMC and the Association for the Care of Children's Health, the week's events also included puppet shows, cookie baking and other special activities.**

## Religious Services

**4 Catholic Mass** - A Catholic Mass celebrating Palm Sunday will be held in the Interfaith Chapel, on the second floor of the Atrium Building, East Newton Street Campus, at 3:30 p.m.\*

**5 Palm Sunday** - A Catholic Mass celebrating Palm Sunday will be held in the Interfaith Chapel, on the second floor of the Atrium Building, East Newton Street Campus, at 8 a.m.\*

- An Ecumenical Service will also be celebrated in the Interfaith Chapel at noon. Note: Palms will be available in the chapel from Saturday afternoon through Sunday evening.\*

**6 Meditation and Prayer Services** - An interfaith Meditation and Prayer Service will be held in the Chapel of the Inpatient Building lobby on the Harrison Avenue Campus from noon to 12:20 p.m. Services will also be held at the same time on Tuesday, April 7, and Wednesday, April 8.

**10 Good Friday Service** - An interfaith Good Friday service will be held in the Chapel of the Inpatient Building lobby on the Harrison Avenue Campus from noon to 1 p.m. Seven different Ministers from the Boston area will perform "the seven last words," and the Silver Leaf Gospel Singers will also be on hand.

- An Ecumenical Service will be held in the Interfaith Chapel on the second floor of the Atrium Building on the East Newton Street Campus at noon. Rev. William Alberts and Father Raymond Benoit will lead the service.\*

**10 Passover** - Passover begins Friday evening, April 10, and ends Saturday evening, April 18. Jewish patients may participate in the Passover Seder by watching TV Channel 6 at 5 p.m. on Friday, April 10, and Saturday, April 11. Haggadah booklets will be given to patients for the Seder, and Passover foods will be available. The Passover Seder is led by Rabbi Bernard Spielman, Jewish chaplain.\*

**12 Easter Sunday Service** - An interfaith service for Easter will be held in the Chapel in the Inpatient Building lobby on the Harrison Avenue Campus from 1 to 2 p.m.

- A Catholic Mass will be celebrated in the Interfaith Chapel on the second floor of the Atrium Building on the East Newton Street Campus at 8 a.m.\*

- An Ecumenical Service will be celebrated in the Interfaith Chapel on the second floor of the Atrium Building on the East Newton Street Campus at noon.\*

\* Services may be seen on the Pastoral and Spiritual Care Channel (Channel 6)



# People

**Betsy McAlister Groves, MSW, LICSW**, director of the Child Witness to Violence Project (CWVP) at BMC and assistant clinical professor of pediatrics at BUSM, is among seven Massachusetts residents to receive the 1998 National Association of Social Work Award. The award, for greatest contributions to social work practice,



Pat Anderson

honors Groves for her tireless efforts on behalf of the CWVP, a counseling, advocacy and outreach program that identifies and helps young children who have been exposed to violence.

BMC was well represented at the national Combined Section Meeting of the American Physical Therapy Association in February. BMC speakers at the meeting included **Hazel Dreyer, PT, CCS**, rehabilitation

therapy supervisor at BMC; **Carmel Fitzgerald, RN, MS, ANP**, clinical nurse specialist/nurse practitioner and cardiothoracic case manager at BMC; **Ann Knocke, PT, MS**, physical therapist at BMC; and **Oz Shapira, MD**, cardiothoracic surgeon at BMC and assistant professor of cardiothoracic surgery at BUSM.

**Barry Zuckerman, MD**, chief of the Division of Pediatrics at BMC and associate

dean for clinical services at BUSM, received the Health Leadership Award from Boston Mobilization for Survival. Zuckerman was honored for his tireless work promoting universal health care for low-income children and their families.

## New Appointments

**Pat Anderson**, a four-year BMC employee, has been named director of Physician Network Development at BMC. In the position, she will work with senior management and physician leadership to set and implement the strategy to promote, maintain and expand the BMC physician network. Anderson formerly served as administrator to the Independent Physician Association.

**James Canavan, JD**, has been named director of operations in the Department of Human Resources at BMC. He will be responsible for the day-to-day operations of the department, including the coordination of efforts between employment, organizational development training, compensation and benefits, records and labor. Before coming to BMC, Canavan served as labor counsel for the City of Boston from 1993 to 1997 and served as the representative for the city during the merger of the former Boston City Hospital and the former Boston University Medical Center Hospital. He then served as a labor counsel at BMC, where he was responsible for negotiating non-nursing contracts, which included the new classification and compensation system for unionized employees. Canavan is a graduate of Boston College and



James Canavan, JD



received his juris doctor degree from Suffolk University Law School in 1992.

**Daniel Carroll** has been named director of Technical Services in the Department of Information Technology at BMC. He will oversee data center operations, network services, client services and the computer help desk. Carroll comes to BMC from the Spence Center for Women's Health in Cambridge, MA where he was director of Information Technology. There, he was responsible for planning, implementation and design of corporate information systems.

**Barbara Jean Magnani, MD, PhD**, has been appointed director of Clinical Chemistry in the Department of Laboratory Medicine at BMC, which falls under the hospital's Division of Pathology and Laboratory Medicine. Magnani comes to BMC from Brigham and Women's Hospital (BWH) and the Massachusetts General Hospital (MGH). While at BWH, Magnani was associate director of Clinical Research before assuming the role of director of the Coagulation Research Laboratory for the Department of Anesthesia. As interim assistant director of Clinical Chemistry at MGH, she was responsible for the Toxicology Consult Service for the Department of Laboratory Medicine. Magnani is board certified in clinical pathology with a subspecialty in laboratory toxicology. She also serves as the forensic toxicologist for the Commonwealth's Office of the Chief Medical Examiner.



Barbara Jean Magnani, MD, PhD

## Grants

The **Department of Pediatrics** at BMC was recently awarded a grant of \$2.5 million from Starting Early, Starting Smart — a collaboration of the Substance Abuse & Mental Health Services Administration, Office of Early Childhood and the Casey Family Program. The funds will be used to launch Project RISE (Raising Infants in Secure Environments), a new program that integrates substance abuse and mental health prevention and treatment into pediatric primary care.

## Institutional abbreviations

**BMC** — Boston Medical Center  
**BU** — Boston University  
**BU Medical Campus** — BU Schools of Medicine, Public Health and Dental Medicine  
**BUMC** — Boston University Medical Center (includes BU Medical Campus and Boston Medical Center)  
**BUSM** — BU School of Medicine  
**SDM** — Goldman School of Dental Medicine  
**SPH** — BU School of Public Health

# LOCAL HERO

**B**elkis Garcia-Suncar's warm smile is always a welcome sight to patients who visit the Latino Clinic at BMC. Since many of the clinic's patients speak little or no English and may have never seen an American doctor before, her fluency in Spanish and her gentle demeanor are most comforting during what can be a time of anxiety.

"It's very satisfying to be able to gain a patient's trust and then help them communicate their needs," says Garcia-Suncar, a medical assistant in the clinic. "I feel proud to be able to give something back to the Latino community and to the BMC community in general."

A native of the Dominican Republic, she not only helps bridge the obvious language and cultural gaps, but also goes above and beyond her primary responsibilities — taking vital signs, weighing patients and assisting



physicians during exams.

Extending a helping hand may mean acting as a guide through the maze of institutional paperwork or simply listening to a homesick patient. Mary Campbell, RN, nurse manager of Ambulatory Care, recalls an instance when, without hesitation, Garcia-Suncar jumped up to escort a disabled patient across campus to another appointment.

"Belkis personifies all of BMC's institutional values," says Campbell. "She is respectful, committed and strikingly compassionate toward patients and her fellow employees."

Drawn to the clinic because of its mission to provide medical care to Boston's Latino population, Garcia-Suncar has been with the clinic for a little more than a year and is more than content with her job. "I can't picture myself working anywhere else but here," she says.