THE DAILY CLIPS

May 12, 2011

News, commentary, and opinion
compiled by the East Carolina University News Bureau from:

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Artists with East Carolina University degrees have created a campus art exhibit that relies on medicine for its inspiration and subject matter.

About 50 people attended Wednesday's opening reception of “Wearing Our Insides Out: Women's Health and Art,” at the gallery at ECU's Laupus Health Sciences Library.

Maria Modlin, 37, dressed mannequins in frocks made from fabric digitally printed with representations of diseased cells.

Catherine Billingsley, 66, the other artist in the show, used some of her own X-rays to create digital prints.

Modlin, an ECU employee in the School of Art and Design, said that she combined medicine and art for her graduate thesis when she earned her master's of art in 2008. “I started designing them as educational pieces,” she said of the garments. “I used to display a lot of articles behind them.”

She started researching medical topics in 1998 because of her sister's diabetes, then became interested in medical imagery as art. Modlin said her pieces focus on diseases that have affected people in her life, including her family.

“I wanted you to be able to wear the disease,” she said. “It's almost an empowerment to wear in some way what's damaging you.”
A short nightgown printed with cervical cancer cells illustrates that it's a sexually transmitted disease. There are drawings behind, or the cancer cells, alongside the prints used to represent it. Medical information is given as well.

A varicose veins dress is printed with vein imagery. Red fabric forms a trailing hemline. Crisscrossing bands of red wind around it. The red sash at the top represents a blood clot — the cause of Modlin's mother's death.

A dress for diabetes, her sister's disease, is a sheer print of silk with beading. Ornamentation comes from testing strips and needles.

Billingsley's first medically themed piece was created for a breast cancer awareness show of bras several years ago. She used her own mammogram as the basis, printing the pattern onto silk to create her bra.

That bra is one of two that she displays in the show, which runs through August 11.

Billingsley's digital piece titled “Hand and Eye Coordination” uses the images that eye doctors view during an exam, along with an image of her hand. She manipulated the images and added color in Photoshop.

“And I machine stitched along all the bones in my hand (image),” Billingsley said.

She jokingly referred to the 21 pieces she contributed to the show as “her body of work.” The artists became friends through their studies at ECU and spent about a year developing the show.

Michael Drought, director of the School of Art and Design, told attendees that bringing art to the medical library was a way to unite ECU's different sides.

“We need to make sure that our separate campuses do not stay separate,” he said. “The relationship between libraries and art programs is a natural one.”

For information on the exhibit, visit the website at www.ecu.edu/laupuslibrary/events/exhibit.cfm or call 744-2219.
Conference USA softball tourney gives ECU a boost

By Tony Castleberry
The Daily Reflector
Thursday, May 12, 2011

This week's Conference USA softball tournament will not only give East Carolina a chance to show off its new $4-million stadium, it'll give Greenville's economy a bump as well.

ECU is hosting the league tournament, which begins this morning at 11, for the first time in school history. Eight C-USA teams will play four first-round games today, two semifinal contests are scheduled for Friday beginning at 2 p.m. and the championship game will take place Saturday at 1 p.m. and be televised on CBS College Sports.

In addition to the increased exposure the Pirates' softball program will get from being the tourney host, Greenville also stands to gain financially since the city will be housing, feeding and entertaining the seven visiting teams, their fans and travel staff.

“Any tournament affects (the city's economy) in a positive way,” said Andrew Schmidt, sales and marketing manager for the Greenville Conventions and Visitors Bureau. “Your hotels, restaurants and shopping outlets all benefit. The athletic market is a good market and it's a travel-intensive market. The support travelers play a big role. It's not just the players, but their moms and dads and sisters and brothers who will spend money while they're here.”

Schmidt said he hasn't calculated just how big of an economic boon Greenville will receive from the C-USA tournament, but a formula for determining how much money each visitor spends can provide a ballpark figure.
Visitors who spend a day in Greenville spend an average of $68 per day, Schmidt said, and those who stay overnight shell out an average of $160 per day. There are approximately 15-20 players on a college softball team, usually with three coaches and a couple of trainers, meaning about $4,000 will come from each of the seven visiting squads each day they stay in town.

Factor in the money spent by support travelers and it's easy to see why ECU and Greenville are thrilled to have the opportunity to host the event.

“It's an important part and it's a growing part (of the local economy),” Schmidt said of Greenville's reputation as a destination for tournaments involving numerous athletic endeavors. “It's a sports town and people here are passionate about sports. I've never been in a place where people are as passionate about sports as they are here.”

For East Carolina, the windfall won't be as great since the university will depend almost solely on ticket sales to make any money from the tournament, according to Assistant Athletic Director for Marketing and Ticket Operations Scott Weatherbee.

Weatherbee said earlier this week that his office hasn't sold a lot of tickets, but he's hopeful that walk-up sales will provide a boost and that ECU makes it all the way to the championship game.

“Sales have been, as expected, slow,” Weatherbee said. “Now that the teams and games have been announced, we expect the sales to pick up a little. The last couple of C-USA softball tournaments brought in between $4,000 and $6,000. We budgeted $5,000. Obviously, the more games ECU is in, the better our gate receipts will be.”

As the rest of the teams rolled in for practice sessions on Wednesday, Pirate coach Tracey Kee said that a couple of coaches told her they were envious of ECU's state-of-the-art ballpark, which opened on Feb. 17. The softball stadium is just part of an athletic facilities overhaul that already has produced an upgraded football stadium and will eventually feature a new soccer field, track and field complex and men's and women's basketball practice facilities.

Having played and coached on an inferior field during her previous 24 years with East Carolina, Kee, perhaps more than anyone else, appreciates her team's new digs.

“Our administration made a commitment to us and I think if we can perform on this stage and put on a wonderful tournament, I think it will bring (tournaments) back more often,” Kee said. “I think it opens up even more postseason opportunities when people know how good it is.”

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Jeff Lebo speaks to the Greater Greenville Sports Club on Wednesday. (Rhett Butler/The Daily Reflector)

Lebo looks back at first season
By Tony Castleberry
The Daily Reflector
Thursday, May 12, 2011

Jeff Lebo set the bar high in his first season in charge of East Carolina's men's basketball team, and he seems to know it.

During his speaking engagement Wednesday at the Greater Greenville Sports Club in the Hilton Greenville, Lebo discussed myriad topics, but early in his 35-minute speech and question and answer session, the coach referred to the sometimes fleeting support from sports fans.

“If we don't win 18 or 20 (games) next year, I bet when I come back here to speak, we'll have about 10 or 12 people here,” Lebo said in front of the packed conference room that needed an additional table to accommodate all the visitors.

East Carolina went 18-16 last season under Lebo's tutelage after he took over the Pirates following a six-year stay at Auburn. It was ECU's first winning record since the 1996-97 campaign and the 18 victories were the most since the 1994-95 team went 18-11. Only one East Carolina team — Dave Patton's 1974-75 squad — has won more games, finishing 19-9.

A slew of historic victories came along the way last season, including the program's first-ever win over Memphis and its first Conference USA tournament victories. The Pirates won two games at the league tourney and hosted a postseason home game — also a first — in the CollegeInsider.com Postseason Tournament.
Lebo said Wednesday all that immediate success came on the heels of him hearing mostly about how he couldn't win before he'd even coached his first ECU game.

“When I took over this job, I can't tell you how many people had negative things to say about East Carolina basketball,” Lebo said. “There was no pride in the program. I heard every reason that you can possibly think of of why you can't win.

“I can't tell you how motivating that was for me.”

After Lebo discussed his landmark first season, he talked about the players who'll be gone from that squad and the recruits and returning players who are coming back to help the Pirates equal or improve on last season. He also discussed the $15-million men's and women's hoops practice facilities that will be coming to the Minges Coliseum area and how that will help not only with the team in place but also with bringing new players to Greenville.

Lebo signed a six-year, $3.375-million deal with ECU, but he seems to already be thinking about life after coaching and it involves him staying in eastern N.C.

“I hope my next move is to Morehead, retired,” he said. “You'll see me down there maybe with a little hat with some shorts and a Pirate shirt on kind of just walking around the beach. I hope that's after about 10 years of coaching. I hope it's not next year.”

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April brings a nice tax bump
BY JANE STANCILL AND LYNN BONNER - Staff Writers
In an otherwise bleak budget year for North Carolina, a glimmer of good news has emerged: The state's tax collections were up in April for the first time in three years, yielding $24.5 million more than expected.

As the state Senate begins to hammer out a budget plan that could cut deeper into education, some lawmakers say any extra money for next year should be directed to the classroom.

"We look at the increase of students, we know it's going to cost more," said Sen. Linda Garrou, a Democrat from Winston-Salem. "It's just amazing to think we can continue to educate children with less."

Barry Boardman, an economist with the legislature's nonpartisan Fiscal Research Division, said the so-called April surprise in tax collections is a sign that the state's economy is slowly on the mend.

"It is a bit more, it's moving in a positive versus a negative direction. But in the big scheme of things, it's a relatively mild change," he said. "It's not going to save the budget situation."

Lawmakers are struggling to close a budget shortfall. Republicans have said they are determined to allow a 1-cent temporary sales tax to expire on schedule. Democrats want to keep some or all of it in place to ease the effect of cuts.

Last week, the state House passed a $19.3 billion budget that reduces education spending by $1 billion.

Senate leaders have said their target is to spend $40 million less than the House on public schools, community colleges and universities. The UNC system would fare better by $87 million in the Senate plan, but the community colleges would get $21 million less and the public schools would get $106 million less.
Republicans were noncommittal on the idea of spending the extra tax collection money on education.

Senate leader Phil Berger said the focus should not be only on the amounts of each proposed budget, but what the money would do.

The House budget would cut thousands of teacher assistant jobs in lower grades.

If the goal is getting children to read by the time they leave third grade, then class sizes of 15, taught by good teachers, are more important than larger classes with teachers and assistants, Berger said.

"There is no discernible academic benefit for teacher assistants," said Berger, an Eden Republican.

The Senate is working on a plan to move to funding a 15-to-1 student-teacher ratio in K-3 classrooms, Berger said. But that will take time, perhaps a couple of years, he said.

The Senate also wants to give flexibility to local districts so their leaders can determine how many students should be in each class, he said.

But any thought of smaller classes seems a distant possibility to school administrators, who are preparing their staff for layoffs.

This week, Charlotte-Mecklenburg school officials are sending letters to 739 teachers, counselors and librarians, notifying them that they won't have jobs next year. An additional 338 are being reassigned as part of the district's anticipated $100 million in budget cuts.

State Superintendent June Atkinson issued a statement Wednesday saying that North Carolina schools will be set back in time.

"If the Senate targets are put in place, parents can count on the fact that their children will be in larger classes with fewer resources and in schools with fewer adults to teach, maintain discipline and ensure that students stay on track for graduation," she said. "I believe our state can do better than this."
Garrou said there are other ways besides keeping the penny sales tax to prevent such cuts. She said the state could tap into reserve funds or put off some payments.

"If a child needed something in my personal family, we would borrow the money or cut out something else," she said. "This is too important not to do."

Charlotte Observer reporter Ann Doss Helms contributed to this report. jane.stancill@newsobserver.com or 919-829-4559
San Jose State spokesman Pat Lopes Harris at a campus news conference. At right is University Police Chief Peter Decena. (Paul Sakuma / Associated Press / May 11, 2011)

San Jose State stunned after 3 are shot dead

A murder-suicide is suspected. Two males and one female were killed, but it's unclear how they were connected to the school. The lack of information unnerves students.

From the Associated Press

Reporting from San Jose -- San Jose State University students anxiously awaited details Wednesday about a shooting at a campus parking garage that left three people dead, including the suspected gunman. Police were investigating the incident as a murder-suicide.

School officials did not release a possible motive or say if the two males and one female were students at the school. They hope to release more information Thursday.

The lack of information made some students nervous.

"You just don't expect anything like this happening because we're on a college campus and it's supposed to be safe," sophomore Alex Johnson, 19, said as he stood near the six-story parking garage where the slayings occurred Tuesday night.

University spokeswoman Pat Lopes Harris said Wednesday that the three
people have what she described as a "university affiliation." She said their names have not been released because officials have been unable to track down the next of kin of one of the victims.

"We're still looking into how they knew each other, what their relationships were," Harris said.

Harris said a male and female were inside a car and a third individual was outside the vehicle when shots were fired on the third floor of the garage around 8:30 p.m. Tuesday. The first officers on the scene recovered a handgun and quickly determined it wasn't random and highly unlikely anyone else was in danger, she said.

The slayings are believed to be the first shooting deaths in the 150-year history of the 30,000-student Northern California campus.

The garage was in full use on Wednesday. Passing students could be heard pointing up at the lot and murmuring about the shooting.

Hannah Myles, 22, a junior who lives across the street from the garage, said she heard about 10 shots Tuesday night but thought they were firecrackers because kids play a lot around campus.

Myles said she left and when she returned three hours later, a swarm of squad cars blocked off her street. Investigators didn't leave the area until around 4 a.m. Wednesday, she said.

About a block away, student Marc Gagnon said the killings were the talk across campus.

"It would be a relief to know what happened exactly," said Gagnon, 27, an exchange student from Montreal.

The garage isn't far from the International House where Gagnon lives. He said he saw as many as 20 squad cars outside the structure in the hours after the shootings.

Students and faculty who had signed up for an emergency notification system implemented after a troubled student at Virginia Tech massacred 32 people in 2007 received messages about the shooting within a half-hour of
officers' arrival, Harris said.

But some students said they didn't hear about the shootings in a timely manner. Harris said at no point did authorities feel that the campus was in danger.

"This is an unprecedented situation for San Jose State," Harris said. "The message we are trying to imply is this is a safe place and this is an isolated incident."

Sophomore Sergio Price, 20, said he was still in shock after hearing the unsettling news while preparing for next week's final exams.

"What timing, huh?" he said.

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An 18-year-old man with fever and chills is sent home from the emergency room with Tylenol and later dies of sepsis, a blood infection. A 42-year-old woman with chest pains is discharged, only to suffer a heart attack two hours later. A 9-year-old girl's appendix ruptures after doctors rule she's just got a bellyache.

Half of all malpractice claims against emergency rooms stem from a faulty diagnosis, like a heart attack that is mistaken for indigestion. Laura Landro explains how insurance companies are working with hospitals to make ERs safer.

Hospitals are drawing on lessons learned from these worst cases of missed or delayed diagnosis to overhaul emergency departments, where errors, oversights and a lack of teamwork between doctors and nurses can harm or kill patients. They are adopting new triage systems to ensure doctors and nurses jointly see at-risk patients soon after they arrive, requiring physicians and nurses to huddle to make sure no information is overlooked, and using time-outs at discharge to prevent patients with unresolved problems from leaving the ER.

Often chaotic and overcrowded, with scant data available about new patients, the emergency room is among the top hospital departments responsible for malpractice suits—and diagnostic errors account for 37% to 55% of cases in studies of closed claims. The average payments and legal expenses for ER cases have more than doubled over the past two decades, according to the Physician Insurers Association of America, a nonprofit trade association whose members cover about 60% of emergency physicians.
Insurance broker Aon Corp. estimates malpractice suits arising from emergency-room incidents in 2009 alone will cost hospitals $1 billion.

Rob Shepperson
A serious ailment can look a lot like something else in the hubbub of emergency rooms, where nearly 124 million people a year are treated.

While emergency-room errors often happen because a doctor misjudges symptoms, in almost all cases of missed or delayed diagnoses essential pieces of information weren't available at the time the doctor made a decision, according to Dana Siegal, program director of risk-management services for Crico/RMF Strategies, whose parent company insures hospitals affiliated with Harvard University.

Gaps can include a missing medical history, no record of abnormal vital signs such as blood pressure or heart rate, a lack of timely access to radiology or lab reports, or information lost in a shift change. Crico's analyses show poor doctor-nurse communication at critical times often causes mistakes.

Crico/RMF is working with 16 hospitals on a project to improve communication between doctors and nurses. Mannequins will be used to simulate various emergencies, and participants discuss what could have been done differently.

Among the strategies being tried by participating hospitals is a new system for triaging patients, dividing the emergency department into separate areas, such as pediatrics, obstetrics and psychiatry.
At Abington Memorial Hospital near Philadelphia, Sue Cissone, clinical coordinator of the Emergency Trauma Center, says a pilot project is moving patients immediately to beds in the treatment area where they can be seen by a doctor and nurse together, helping ensure both hear vital information.

Hospitals working with Crico are also using nurse-doctor huddles to review patient data.

At Taylor Hospital in Ridley Park, Pa., where 30,000 emergency patients are treated annually, emergency chief Gregory Cuculino says maintaining electronic medical records has had an unexpected downside: Staffers type information into the system but don't verbally communicate with each other. "Huddles allow everyone to go over the case, so if someone says, 'Mrs. Smith in room four looks good,' the nurse has a chance to say, 'She just threw up again,' " says Dr. Cuculino.

Because heart attacks are among the most commonly missed diagnoses, insurers are urging emergency departments not to assume women and men under the age of 55 are less likely to suffer one than an over-60 male. CNA Financial Corp., which provides malpractice insurance, suggests in a guide developed for its hospital clients that all patients with chest pain be admitted to the hospital, even if a heart attack is only a possibility, because the death rate among patients whose heart attack is missed is almost double that of patients who are admitted.

Strokes are also often missed in younger patients, too, according to a study by a team at Wayne State University and Detroit Medical Center released in February. The study showed 15% of patients with a median age of 37.9 who reported to an emergency room with stroke symptoms were initially misdiagnosed. It recommended that younger patients with seemingly minor symptoms like vertigo and nausea be meticulously assessed and that an MRI be performed as soon as possible.

Emergency departments are also adopting time outs before a patient is released to allow nurses to stop the discharge process if they see anything that may have been overlooked, such as a vital sign that remains abnormal, or a patient's statement that didn't come out when a medical history was first taken.

For example, meningitis, a bacterial infection with symptoms including headache, fever and dizziness, is often missed, closed claims show.

If a patient treated for a severe headache develops a fever during his stay in the emergency room and mentions for the first time at discharge that he passed at out at home before coming to the ER, "that is going to make us think about whether we should consider meningitis, when we had not been going down that track," says Assaad Sayah, who runs the emergency departments for the three hospitals in the Cambridge Health Alliance and is participating in the Crico project.

Beth Israel Deaconess Medical Center in Boston has started using a so-called trigger system that looks for abnormalities in five vital signs, including elevated heart rate and blood pressure, to determine which patients should be seen and treated faster. "If they
meet one of the five triggers we intervene as quickly as we can," says Carrie Tibbles, associate director of graduate medical education.

Dr. Tibbles urges patients and families to provide as much information as possible up front about symptoms and medical history in the ER, along with contact information for their primary care doctor. Patients should also inquire about diagnostic tests and what they are for, and what the turnaround time is for results. "But recognize there are limitations in the system," she says. "Don't assume because you've shared your history once that the next person coming in the door knows about it."

The changes to emergency-room systems come as ERs face a growing work load. In a survey released last month, the American College of Emergency Physicians said 80% of its members are reporting increased visits to emergency rooms and more than 90% expect increases next year.

David Seaberg, president-elect of the group, says a growing shortage of primary-care physicians is driving many patients to the ER.

Dr. Seaberg says the intense environment of the ER can make precision difficult. His group studies closed claims to find how patients can be better diagnosed while keeping the flow of patients moving efficiently, and offers programs to foster teamwork.

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