Digest of the Philadelphia College of Osteopathic Medicine (Summer 1988)

Philadelphia College of Osteopathic Medicine

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"A true profession has three earmarks. First, it means a high degree of knowledge and skill; and second, it places service to others above personal gain. On those grounds, a profession is granted its third characteristic — autonomy, the honor and privilege of self-regulation. We must maintain osteopathic medical practice as a profession, not a trade guild or a regulated utility. That's the crucial equation: Skill plus caring yields professional autonomy."

J. Peter Tilley, DO President
A Question of Choices
Margery Gordon chose to practice in a rural community. The question was, would the community choose her?

By Patrick Cooke
Text reprinted with permission from Hippocrates Magazine.

Photos by Harry R. Gehlert
People barely remember a time when Frances Olsen didn’t work out of the white frame house in the village center, bandaging men who worked in the woods, coming out on snowy nights to deliver babies, warning the oldtimers to lay off the fried doughnuts. Folks from 20 miles around have knocked on her door at all hours, and now that she is giving up her practice in little Corinth, Vermont, she will miss them. But she says it’s time. Seventy years old and grandmother, Frances Olsen has been on call pretty much permanently since July 1958. Now it’s someone else’s turn.

Finding a doctor to take her place was the kind of thing that required thoughtful deliberation in Corinth, partly because it meant bringing in an outsider. It’s not that newcomers aren’t welcome, exactly, it’s just that the residents knew a remote town of 900 wasn’t a place for everybody.

What they never imagined was that finding a permanent replacement for Frances Olsen would take as long as it did. The search began in 1981, and it would be almost six years before they found the right doctor.

"Personality-wise, what we needed most was someone who was going to fit in," Herb Eilertsen is sitting in a local diner, warming his hands around a hot coffee on a cool New England morning. Herb was elected chairman of the Physician Search Committee.

“We had a meeting over at the school of all the townspeople,” says Herb. "We figured we wanted another woman because people had gotten used to a woman doctor. It had to be somebody young because we didn't want to have to do this all over again in a couple of years. She had to be willing to stay on in the town, which meant she had to like this type of country living.

The committee had no way of knowing, of course, that other little towns across America were looking for a doctor at the same time. So many towns in fact that the American Academy of Family Physicians believes there are three openings for every family physician entering the field today. About half the 2,500 that graduate each year go into rural areas. Hardly any of them are looking for a solo practice — especially one in a town of less than a thousand people. Corinth never knew it was the living profile of the town least likely to find a doctor.

About 90 doctors were interested enough to give Herb a call or mail a resume after seeing his ads. But only a handful visited. “A few came I wish hadn’t,” says Herb. “I felt badly but I just had to —”
“Herb cut them off right away,” says his wife.

People were beginning to get a little discouraged when one spring afternoon in 1985 a woman phoned asking about the position. She would be taking a few days off from her general practice in a small town in Montana, she said, so that she and her husband could look at openings in Vermont. She was 31 years old and expecting her first child. They loved skiing and the outdoors. Vermont was where they wanted to settle and raise a family, but they were looking for just the right small town.

Come on up, Herb said. Come right on up.

It takes half an hour for the mile-long coal train to pass through the town of Forsyth, Montana. Men in oily cowboy boots watch from under broadbrim hats as it rumbles in from a hundred miles of prairie: past the Hotel Howdy, past the boys leaning against the gas station pop machine, past the Blue Spruce Cafe where the waitress hums a country tune — “God Will Forgive You, But That’s the Difference Between God and Me.” Time is measured in the click of the track.

A few blocks away Margery Gordon is walking past the deserted Rosebud County fairground on her way to work. She is small and slight with a bright, open face that makes it hard for her to look angry even if she is. “Just so dam cute,” says one lady in town. Gordon is one doctor in a three-doctor practice, and one of two of them about to leave Forsyth.

Everyone knows Marge, even as far away as the Jersey Lilly, a frontier saloon in the northern part of the county. Up there the game wardens will interrupt their steak and potato lunches long enough to tell you that she is a fine doctor, and isn’t it too bad she’s going away.

It’s been a good three years in Forsyth. But Marge and her husband, Forrest, haven’t been back East with their families for Christmas in all that time, and
Montana is beginning to feel farther away from things now that their new son Frankie has arrived. This will be one of her last walks down the empty streets to the small 20-bed hospital where she has learned what it's like to be a doctor in the wide open spaces, where the next town worth calling one is 50 miles away, the nearest city more than a hundred.

Gordon arrived here almost by chance after finishing at the Philadelphia College of Osteopathic Medicine and completing a residency in Sandusky, Ohio. Seeing early on that educational costs were more than she could handle, she signed up with the National Health Service Corps. For every year of education paid for by the federal government, she owed a year of full-time clinical practice in an area of the country, either inner-city or rural, where doctors are in short supply.

Since the program began in the early '70s, the Corps has placed roughly 15,000 health care workers like Gordon. That helped reduce the number of medically starved areas — less than one doctor per 3,500 people — from 6,000 to 2,000. They gain confidence out in the field alone, the Corps believes, and according to one study, 35 percent have stayed on after meeting their obligations.

That is true in Margery Gordon's case. She is remaining in rural medicine though her obligation to the Corps is now finished. During her stay in Montana she broadened into a forceful, self-assured presence that people notice as she strides along the narrow corridors of the hospital. She projects a look that normally comes with many more years of experience, but one which she might argue is born out of the daily intensity of the job. "Out here you're in a position where you have to know as much as you can about every type of illness and recognize what the problem is quickly. Every day you go through it."

Arriving in Forsyth was in many ways a shock for a couple from New Jersey. Margery's husband fortunately thrived on the outdoor life, but for an ex-city cop there were few job opportunities in a mining, ranching, and...
railroad town of 3,000. And then there was Forsyth itself, languishing in the way so many Montana towns have since the price of oil made coal a dirty word again.

Rosebud County, Montana, would fill a good deal more than half the state of Vermont. In 1983 its population was roughly 14,000. Now it is sinking toward 10,000. More people moved out of Montana last year than moved in, a common trend all across the economically slumping rural West. “Rosebud County may be just about at rock bottom right now,” says Forrest Gordon, who’s seen almost every inch of it from one of the dust-caked Ford pickups that locals call Montana Limousines. “A lot of people are just plain out of money. They’ve had to sell their ranches just to break even.”

That kind of story has been familiar to Montana doctors ever since men rode cattle herds out in places like the Froze-to-Death grazing district. When boom turns to bust in any small town, physicians are among the first to know. “We see a lot of stress-related illnesses,” says Margery Gordon in the same soft, even-toned voice she uses with patients. “Headache, fatigue, insomnia, chest pain.”

The pains are the same in many other rural portions of the United States. The ailment might be closed mines, oil wells, timberlands, or factories. Frequently, however, it is agriculture. Across the nation, roughly 2,000 people a week have given up farming over the past two years.

As the local industry declines, Main Street begins shutting down: Rural America lost 330,000 jobs between 1981 and 1983. People fallen on hard times often ditch health insurance policies, believing them to be luxuries.

It would be unfair to paint such a bleak portrait of Forsyth. “It’s a miracle the hospital has stayed open, but it has,” says Gordon. So has the clinic, the nursing home, and the free medical program for those unable to pay. Lack of a surgeon in town limits the hospital’s services, but a cardiologist and an orthopedic group come down from Billings once a month. Should the doctors of Forsyth lose what Gordon calls the day-to-day struggle to stay in operation, hundreds of patients would be forced to drive at least an hour to the nearest doctor.

“When I first got here I looked at these people’s faces and called it the Montana Stare,” says Bob Anderson, one of Margery Gordon’s partners (in Forsyth). Anderson peers glassily up through his eyebrows into the middle distance. “That’s the way they looked.”

And what were they looking at?

“Oh, the bushes, the shades of the sunset, maybe thinking about something somebody said to them. Then one day you find yourself looking off, and you think, God, I’m doing it too.”

“It simply comes down to the lifestyle you’re looking for,” says Gordon, who made about $35,000 last year. “Look around. There really is nothing to do here besides what the West has to offer, like the rodeo. That’s fine, but you might feel out of it if you didn’t grow up that way.”

“It’s a tradeoff,” adds Margery Gordon. “These people have a lot of respect for the doctor. I don’t care if somebody on Park Avenue is making $100,000 a year because I know they’re paying for it in the lifestyle they live. They deserve that money for what they put up with. That’s the choice they’ve made and it’s simply a different path than the one I’ve taken. I was just talking to a friend I went to med school with and jokingly asked him: So, what color is your BMW? He looked at me and said, ‘Slate-blue.’

“But he’s paying for that. This isn’t an assembly line out here. It isn’t an antagonistic relationship with lawsuit-happy patients. These people wait for office hours if it isn’t an emergency. And they call first! When I was pregnant we got enough quilts to last us through six kids. All because they appreciate you being here.”
A walk across the road and up a hill brings Dr. Gordon to 101-year-old Alice Hood, a long time Corinth resident she sees monthly. A buoyant bedside manner combined with considerable skills in family medicine enable Dr. Gordon to leave her patient with an optimistic prognosis and in good spirits.

Patience and time. The first you bring with you to a country practice, the doctors say. The second passes in and out with the coal train whether you stay or not. Hang out your shingle and toss in your fate with the community; draw from their strength, accept their frailty, and understand as they do that out here the best things in life are free, but then so are the worst.

"I don't feel guilty about taking Doctor Gordon away from Montana," says Herb Eilertsen, protesting a shade too strongly. "We aren't stealing her. We advertised for somebody who wanted to come here." Just the same, in Corinth they are not without sympathy for Forsyth, Montana. "I sure appreciate their problem because I know what we went through, but I don't feel guilty about it."

"At least they still have one doctor," adds Nancy Eilertsen cheerfully. Things have a way of evening out after all.

Or do they? One prevailing theory about rural medicine holds that as attractive city and suburban sites are taken up, surplus physicians — currently estimated at 50,000 to 70,000 nationwide — will simply "diffuse" into smaller and smaller communities, balancing the doctor-to-patient ratio. But ask Herb about that theory. It didn't unfold in Corinth. No doctors opened shop in town because they were squeezed out of practice in Long Island or suburban San Diego. The "free market" system sounds sensible all right, but in Corinth, Vermont, they waited instead for a miracle.

In U.S. metropolitan areas one doctor is now available for every 480 patients. In rural American counties of less than 10,000, however, that number is one for every 1,886 patients.

Part of the disparity exists because it is difficult to convince today's physicians to accept a salary equivalent to a doctor's average earnings in 1965. Particularly when a typical medical school debt is $30,000. In Gordon's case, the cost of malpractice insurance covering both her new patients and those she's leaving behind will cut her expected $30,000 salary in half.
What most accounts for the gap, however, is the need small towns have for a specific kind of doctor. An ophthalmologist would be about as useful in Corinth as a traffic cop. Family physicians are most in demand because they are trained to handle emergencies, as well as 85 to 90 percent of the routine problems that might crop up far from advanced medical centers.

One problem is that the family practitioner's training is ideal for so-called health maintenance organizations, and doctors have descended on the growing number of them like chickens on a June bug. Good hours, plenty of support, steady income, six weeks time off with pay — everything a solo practice in the sticks is not.

For now the best remaining hope would seem to be the National Health Service Corps with its even swap arrangement that tries to ensure from the outset that a physician knows what difficulties he or she will face as a country doctor. It doesn't ensure that personal and professional problems will always be met with a smile, or that a doctor will stick with a town, but the system at least exposes young doctors to the possibilities of rural medicine while they receive financial aid in return.

This year the Corps placed 400 new doctors, but that's down from 2,000 doctors in its best year. And its problems go beyond trouble in recruiting.

Ever since the early '80s the Federal government has watched rural America fade in the rearview mirror. What was once an $88.6 million plan to bring health care to the backwaters of America has steadily dwindled, and this year's Reagan budget calls for the Corps to be cut altogether. Chances are that Congress will salvage a portion of its funding, but if ever there was a candidate for presidential veto, it's the program that brought Margery Gordon to little Forsyth, Montana.

And eventually on to Corinth, Vermont, where she would meet the men and women who were soon to become patients. They will come from the neighborhoods of Goose Green and Cookville, from the surrounding communities of Newbury and Bradford and Topsham, and from the small New Hampshire towns that lie just across the river in the big velvet shadow of the White Mountains.

"There have been times I've asked myself what I'm doing in rural medicine," Gordon says, "but then I think: There really is a need, and there will be for a long time. People out here need care. You just have to start slow, work with your patients, and together build a practice that's best for everybody. I know we can be happy here."

That's what Herb hoped the autumn day Corinth prepared to meet Marge and her husband for the first time. "Some of the gals on the committee said, well, maybe we should do more than just go down and see what she looks like. So somebody cooked up some biscuits and another one brought down the coffee pot, and a whole bunch of folks showed up at the Center to meet her."

"Doctor Gordon shook hands with everybody who had come down to say hello to her," says Nancy Eilertsen, smiling at the memory. "We asked her a lot of questions and she wanted to know all about the Center. Then she went in and met privately with Doctor Olsen."

Everybody thought, gee, this is the perfect person," Herb says. "She had a nice attitude, real eager and open. Fact is, we were all excited about her."

They bustled Margery Gordon around the Valley Health Center. They showed her the x-ray machine and the door around the side of the house that is used as the emergency entrance. But mostly they showed her something they had built themselves: a small house for their town doctor that through the years had become for them a place to run for help, and a comfort in the night.

In a few minutes she knew all of their names.
"I came here so that I could create my own life style." Margery Gordon, DO, physician to the people of Corinth, VT, decided early that she wanted a job that would permit her to be a wife and mother as well as a doctor. She has found it in this tiny New England community. Seen above with her husband, Forrest, and son, Frankie, she easily crosses between her work at the town's Health Center (above right) and her home opposite. She rents the center and its equipment from the town, but the business is her own. By choosing carefully among her options, Dr. Gordon has been able to shape a practice in which she can know her patients and their families well, but which leaves her enough time to build a gratifying family life of her own, a Gordon imperative.
In operation, the lithotripter sounds like the methodical hammering of a mad but tireless carpenter. An electrode fires in an ellipsoidal brass cup that focuses the shock waves transmitted through an acoustic gel cushion to the body tissue.
Shockingly-Good Technology
OMCP Urologists Use the Delaware Valley's Only Second Generation Lithotripter
By Ralph Wehtge

"Keystone is freestanding and enables the primary urologist to do total care," says Len Finkelstein, DO. "It's the way to go."

"We went after four stones and pulverized them in little more than an hour," says Len Finkelstein, DO, his patient now back in the recovery room. "This lady chronically makes kidney stones, and her life has been a long nightmare of pain."

"Only four years ago, her care would have meant surgery, much higher costs, and six weeks of recovery. This non-invasive technology will have her functioning normally again in a couple of days." Finkelstein smiles, pleased with his work and glad to explain it in lay terms for a writer awed by the lithotripter.

PCOM's chairman of urologic surgery is justly proud of his skills and the "comparatively gentle" genius of the lithotripter. The only bath-free second generation unit among the four FDA approved lithotripters in the region, this $1.5 million Dornier HM4 employs high-intensity shock waves to break up stones without breaking into the patient. The technology commands high respect.

From 1500 to 2400 shocks usually do the job. The technology is a spin-off from shock wave theory in aeronautical engineering. In fact, the German company that invented and manufactures this machine at one time made fighter aircraft for the Third Reich.

The lithotripter has revolutionized care of kidney and urinary tract stones, and urology residents at OMCP benefit from access to state of the art technology. The certifying board requires urology residents to have a training program involving a minimum of 40 cases each before receiving lithotripter credentials. Our residents achieve that easily because OMCP is one of the original partners in the joint venture that created the Keystone Kidney Center.

The medical director, David Arsht, DO, says, "Keystone is a good example of regional planning and cooperative health care that's cost effective, enabling hospitals to provide high tech care while conserving resources. It's also one of the largest joint ventures in Pennsylvania between a group of doctors and 15 participating hospitals."

There are estimable professional benefits as well. "Physician-surgeon urologists from many different institutions work here since lithotripter credentials are the only restriction," notes Finkelstein. "The collegial communication is tremendous among urologists who otherwise would never meet in their lifetimes because they're on different hospital staffs."

OMCP is working on the technological edge and looking toward the future. The next step in the treatment of stone diseases, already in the experimental stage, will be use of the same technology to eliminate gall stones without surgery. With the advent of the lithotripter, rolling stones may still gather no moss, but those that just sit there and cause pain have a very bleak future indeed.

The lithotripter console has three types of monitors: one for the computer positioned table, two for x-ray monitors with crosshair sights, and a heart monitor. The trigger sequence fires on the heartbeat when the rate is lowered to the 90s.
"You must be aware that this is an emotional moment for me; receiving a Doctor of Laws degree from PCOM is one the high points of my life. It is with great humility that I thank you for this honor. I feel that so many others deserve it far more than I do, but no one could cherish it more than I will."

Joseph W. Stella, DO
President, American Osteopathic Association

"At PCOM, we have the audacity and the moral conviction to believe that within our hallowed walls exists a hidden treasure. We accept into our fold only the boldest and the brightest for training in the truest of all professions. And after four years of study with a faculty renowned for its excellence, we introduce the world to the 1988 PCOM class of osteopathic physicians — our treasure."

Judge J. Sydney Hoffman
Chairman, Board of Trustees
A true profession has three earmarks. First it means a high degree of knowledge and skill; and second, it places service to others above personal gain. On those grounds, a profession is granted its third characteristic - autonomy, the honor and privilege of self-regulation. We must maintain osteopathic medical practice as a profession, not a trade guild or a regulated utility. That's the crucial equation: Skill plus caring yields professional autonomy.

J. Peter Tilley, DO
President

"On a hot August afternoon four years ago, I lectured to you on osteopathic surgical philosophy. What do patients really desire post-op? They want your presence when they're ill. They want to hear your voice, and want you to listen to their voice. And most of all they want you to touch them. When you served on my rotation, if you didn't treat my patients osteopathically you failed your rotation. That's not just good ol' boy southern philosophy, it's from the heart and it has worked for many years. That I leave you with today."

"Down the road as you continue your training, you'll have long days of hard work and night duty. Do not allow yourself to become negative, and do not accept mediocrity because our profession and your patients deserve better. I have faith that PCOM has prepared you well, and we are proud of you."

Daniel Lee Wisely, DO
PCOM Professor and Chairman
Department of Surgery

Recipient of a Doctor of Laws degree
The Bucks Stop Here
A $22.9 Million Bond Issue Promises New Equipment, Renovations and Campus Access
By George Hatzfeld

On July 7, officials representing the Pennsylvania Higher Education Facilities Authority in Harrisburg, the Irving Trust Company in New York, Van Kampen Merritt, Inc., a bond underwriter in Philadelphia, and Osteopathic Medical Center of Philadelphia signed a revenue bond issue which consolidates existing Osteopathic debt and enables important new projects to begin across campus.

The $22.9 million in variable rate bonds will absorb nearly $8 million of existing institutional debt, improving our interest from current bank rates to an initial 5.5 percent rate tax-free to bond investors. This action will save some $210,000 per year. The remainder will be used to finance a number of capital projects, which include:

- A new management and hospital information system costing more than $3 million; a new multi-featured telephone system with doubled capacity will go on-line in September;
- Replacement of our 11-year-old CT scanner with a top-ranked General Electric CT9800; it is already installed and in operating condition in the Department of Radiological Services; in April, Magnetic Resonance Imaging was added successfully to Hospital capabilities;
- Improved Campus access program, which will create new access, parking, landscaping and driveway improvements; new signage has been installed which identifies the institution at three major entry points to the campus;
- Renovation of operating rooms in the Hospital, including installation of laminar flow and orthopedic surgical equipment; a new television system will aid teaching;
- Construction of the Center for Rehabilitation Sciences, taking over a section of Rowland Hall’s third floor; formerly known as Bone & Joint Center, this element of the Musculoskeletal Institute is due for occupancy by September;
- Development of the Physical Plant Consolidation Project, a plan to bring receiving, distribution, engineering and maintenance facilities together in one campus location.

President J. Peter Tilley, DO, expressed his thanks for a job well done to Executive Vice President Herbert B. Boulden, Osteopathic’s chief financial officer, and to a double-handful of administrative and financial executives meeting with their counterparts in the legal, banking and underwriting organizations that prepared the bond offering.

The bonds were bought promptly by four institutional investors, and that, combined with the confidence expressed by the Commonwealth and by Irving Trust Company, led campus managers to walk a little taller than usual. In a letter to employees announcing the bond sale, Dr. Tilley said, “The money is important, but perhaps just as important is the signal we have, that they have looked us over and found our management sound and our future positive.”
A $22.9 million check is presented by Donald W. Bagenstose, (right), Executive Director of the Pennsylvania Higher Education Facilities Authority, for bonds to finance new technology and renovations at Osteopathic. From left are President J. Peter Tilley, D.O.; Hon. J. Sydney Hoffman, Chairman of the Board; Herbert B. Boulden, Executive Vice President and CFO, and Mr. Bagenstose.
Implementation Begins on Strategic Plans
By Alan Zuckerman, Vice President, Corporate Planning and Marketing

Over the past year, OMCP has conducted the most comprehensive strategic planning effort in its history. Increased competition for students and for both inpatient and outpatient health care services required us to look at long-term institutional priorities from our overall mission to specific programs and activities.

The process was designed, from the beginning, to include significant participation from all of OMCP's constituencies, including PCOM faculty, the boards of trustees of the various corporations, the Hospital's professional staff (private and wholetime), top level administration, departmental managers and others. Armed with a board-approved mission statement reaffirming OMCP's primary purpose of educating osteopathic physicians, each subsidiary established a broad-based planning committee to develop its own plan.
Input to the process included:
- a Hospital professional staff survey questionnaire (50% response);
- departmental plans submitted by each department within the college, the hospital, and the group practice plan;
- dozens of interviews with physicians, faculty, and others;
- wide distribution of drafts of planning documents in preparation for public meetings to discuss the plans;
- subsidiary "town meetings," with members of the professional staff and the college faculty; and
- opportunities for written consent.

Faculty and physician input was a key factor in developing the plans. For example, the first draft of the hospital's plan contemplated discontinuing the inpatient Pediatrics unit because of fiscal constraints and poor utilization. Widespread, enthusiastic support among the professional staff to keep and improve the unit led to a series of discussions between physicians and administrative personnel to look more closely at the issue. Ultimately, the plan was changed to include a renovated Pediatrics unit because of its importance for undergraduate and postgraduate medical students, the professional development of the faculty, convenience of the professional staff, and the strong commitment and dedication of the members of our Pediatrics Department chaired by Carl Giombetti, DO.

The importance of developing a more student-centered approach to teaching specifically and the educational and recreational environment generally was recognized. This includes developing more student-oriented services such as psychological counseling and improving the physical environment in the college. Classroom seating and decor have been improved for the incoming Fall term.

The need for major renovations in the hospital and the acquisition of state-of-the-art technologies was identified. Activities already completed include installation of a G.E. CT 9800 scanner, leasing of a G.E. mobile MRI system, major renovations in the Radiological Department and the OR suite.

Establishment of Industrial/Occupational Medicine and Geriatrics product lines were included as top priorities. Full implementation of the Musculoskeletal Institute also was identified as important to OMCP. The first phase of this implementation includes the expansion and relocation of the Center for Rehabilitation Sciences (formerly the Bone and Joint Center), which provides computer assisted evaluation and rehabilitation of physical disability.

The need to develop a true service orientation in the hospital and in Clinical Associates was strongly emphasized. A wide range of action steps have been designed to achieve this goal, including making it a top priority of upper level management, providing training for employees, improving the way in which we help patients move through the "system," developing a more welcoming environment for physicians who use our facilities, and determining how the physical environment on campus affects the community's perception of OMCP and our perception of ourselves.

While implementation of the strategic plan has just begun, we are excited about the realization of the various initiatives that are beginning to be implemented throughout the campus and beyond. Our plans are truly a group effort involving all of the OMCP community.

The plans, which were coordinated by the Holding Company to maintain consistency of strategic activities conducted throughout the organization, contain a number of common threads. Some of the most important are:

**OMCP's commitment to the osteopathic profession.**

Action steps in the plans deal with consistency and commitment to osteopathic principles in our clinical and didactic curricula, a revitalization of manipulative medicine in the Hospital, and greater efforts to recognize our osteopathic emphasis as a valuable tool for building our image in the community.

The need for more coordinated, better planned, and more resource-intensive student recruitment activities was recognized. Action steps related to this initiative included hiring more recruitment personnel, developing more effective ways to highlight our strengths, and involving alumni in the recruitment and selection process in more structured and comprehensive ways.
Planning Years Ahead
The most comprehensive strategic plan ever developed in the history of OMCP is already being implemented. Faculty and physician inputs were crucial, but all campus constituencies were involved in the year-long process. The plan calls for basic changes designed to make OMCP a stronger competitor in the health care and educational marketplaces.

For example, the plan objectives include these signal moves:
- OMCP's educational and clinical orientation will be more consciously osteopathic, sharpening our image.
- Student recruitment will be aggressive and the teaching student-centered.
- The hospital will receive major renovations and the latest technology available.
- Industrial/occupational medicine and geriatrics will be developed as top priorities.
- The service orientation in the Hospital and Clinical Associates will be consistently stressed. Go!

A Better Picture
The new technology began arriving when the General Electric MRI unit rolled into place late in May, providing the hospital with the latest in diagnostic instrumentation. Leased from the Medscan Corporation, the MRI technology was soon followed by an upgraded GE 9800 CT Scanner for further enhanced imaging capabilities at OMCP.

OMCP In Germantown
Another Osteopathic Health Care Center has opened to serve city residents, this time next door to the Germantown YMCA on Greene Street. The new center's medical director is Oliver Bullock, DO, who is also in charge of the North Philadelphia Division.

Transplants
OMCP was recognized as a major supporter by the Delaware Valley Transplant Program. Chief Surgeon Daniel Wisely, DO, accepted the award on behalf of the hospital and thanked the staff for making the program work.

Have We Missed You?
Over 5,500 alumni have been requested to update their listings in the new '89 Alumni Directory.

Return your form to the Harris Publishing Company if it is sleeping on the to-do-pile. Information verification calls will be made by the publisher this fall when alumni will have their one and only opportunity to order copies of the new directory. Tell classmates where you are at the end of the 80's, they're curious to know.

A strategic plan for research promotion will involve the Department of Physiology/Pharmacology in a series of meetings with clinical departments. Chairman Domenic DeBias, PhD, says that the first meeting with the Department of Internal Medicine was most fruitful. Michael Mahalik, PhD, and co-investigator Henry Hitner, PhD, obtained a summer science research grant from the March of Dimes Birth Defects Foundation. First year students David Williams and Anne Jain worked with them on cocaine-induced behavioral changes and birth defects.

Dean Joseph Dieterle, DO, recently concluded his term as president of the American College of Osteopathic Pediatricians. During his tenure, a working liaison was created between ACOP and the American Academy of Pediatrics to increase joint efforts in education and child advocacy.

Chairman Jeffrey Freeman, DO, Department of Endocrinology/Metabolism, was cited by the American Diabetes Association for services rendered to the board.

Chairman Robert Meals, DO, Department of Radiology, Nuclear Medicine, and Radiation Therapy, has been re-elected to the Board of Trustees of POMA.
Director **Stephen Smith**, DMD, OMCP Temporomandibular Center, lectured on TMJ disorders related to head/neck trauma at a Pennsylvania Bar Institute Symposium. The program was televised across the state and his lecture was published by the institute.

Director **Emmanuel Fliegelman**, DO, Human Sexuality, OB/GYN, lectured at Graduate Hospital on management of the stroke patient; at Jefferson University on clinical aspects of human sexuality; at SCOM in Florida on the medical humanities; and hosted a group of Russian doctors visiting under the auspices of Physicians for Social Responsibility.

Research by **John Lohr**, PhD, Department of Microbiology and Immunology, was presented to the American Society for Microbiology and published. His research deals with the antiviral activity of mung bean extracts against Herpes simplex virus type I.

**Physicians of the Year**

Medical Education announced the results of peer elections among the hard working graduate DOs at the Hospital of PCOM. Elected Interns of the Year were **Kennedy Sbat**, DO, who is now an internal medicine resident at Worcester Memorial Hospital, Worcester, MA, and **Douglas McGee**, DO, who is doing an emergency medicine residency at PCOM. Resident of the Year went to **Wayne Miller**, DO, who will become a fellow in infectious diseases at PCOM after finishing his residency. **Michael Venditto**, DO, was chosen Clinical Teacher of the Year.

Nurse Counselor **Phyllis Taylor**, RN, addressed the Arkansas State Hospice Association and published a feature article on spiritual comfort in *Nursing '88*.

The OMCP Auxiliary honored former president **Kate Kenworthy** for her work in establishing the Carriage House Thrift Shop. Auxiliary co-presidents **Nina Horsky** and **Marika Nicholas** announced that two NICU Cardiopulmonary Monitors will be donated to the Hospital in her name.

Second year PCOM student **Jennifer Baskin** has been elected national president of the Student Osteopathic Medical Association with chapters on campus at each of the 15 osteopathic schools. A student chapter of the American College of General Practitioners in Osteopathic Medicine and Surgery has been reactivated at PCOM. The new officers of the Alpha Chapter are **Alice Zal**, president, **Lynne Carr**, vice president, and **Anne Jain**, secretary/treasurer. The faculty advisor is **John Angeloni**, DO.

**Osteopathic 10K Bridge Run**

Smooth organization by PCOM students made the 4th annual bridge run a pleasure for those pounding the historic streets of Old City. The 225 men and women entering also received some free osteopathic sports medicine during the runners clinic in the Bourse the day before the race. The winners received their laurels; but another Victory belongs to our students who worked hard to help jog $7,000 over to the local chapter of the National Multiple Sclerosis Society.

**Student Debts Rise**

Osteopathic medical school seniors now owe $60,000 on average, up 8% from last year. Students predict that it will take about 14 years to repay their debts according to a recent AACOM study. Fully 92% of all osteopathic medical graduates assumed educational loans, three loans each on average.

**Digest Takes A Gold**

The 60th Anniversary issue of *Digest* received a Gold Award and also the coveted Best in Category from the Graphic Arts Association of the Delaware Valley. Three other Osteopathic publications took Gold Awards as well, making a total of four in a field of 8,300 publications competing in the show. Congratulations to Creative Services staff.
1942
A. Archie Feinstein, Springfield, PA, was re-elected to the POMA Board of Trustees.

1944
Morris A. Fishman, Wynnewood, PA, has been appointed to the State Board of Osteopathic Medicine by Governor Casey.

Stanley J. Turner, Savannah, GA, was inducted as a life member of the Georgia Osteopathic Medical Association.

1947
John L. Clonci, Dresher, PA, a member of the Philadelphia AIDS Task Force since 1985, was appointed to the Montgomery County Task Force.

1952
Lumen Kanoff, Philadelphia, PA, has been re-elected vice speaker of the POMA House of Delegates.

1954
Earl A. Gabriel, Claremont, CA, professor of family medicine and associate dean of clinical affairs at COMP, announced his retirement.

William G. McDowell, Farrell, PA, was re-elected speaker of the POMA House of Delegates.

1956
Jerome B. Cohen, Willingboro, NJ, was named Physician of the Year by the New Jersey Association of Osteopathic Physicians and Surgeons.

J. Brendan Wynne, Mantua, NJ, published an article on lawyer bashing in the March issue of The DO.

1957
Arthur F. DeMarco, Cherry Hill, NJ, was elected a member of the American Osteopathic Board of Anesthesiology after serving on the AOGA Board for four years.

1958
Stuart Zuckerman, Ventnor, NJ, was appointed to the board of the National Commission on Correctional Health Care.

1959
Peter E. Johnston, Dublin, OH, was appointed to the board of Doctors Hospital.

1960
Barry L. Getzoff, Melrose Park, PA, was appointed to the medical staff of St. Mary's Hospital.

1961
Anthony A. Minissale, Gladwyne, PA, has been re-elected to the POMA Board of Trustees.

1962
Arnold Sokol, Norristown, PA, was elected vice president of POMA and received the Frederick Solomon Award of Merit from POGS.

Zenon Matkiowski, Short Hills, NJ, was appointed to the board of Union Hospital where he has been chairman of surgery since 1972.

1963
Edward A. Gottfried, Springfield, PA, received JAOA notice for his work on primary malignant melanoma involving the anorectum.
Walter G. Reich, Jr., York, PA, was elected to a third term as president of the York County Osteopathic Medical Society.

1965
Frederick C. Hawkins, Jr., Villanova, PA, spent several weeks in the Peoples Republic of China as a Citizen Ambassador under the People to People Program of the U.S. Government. The Chinese Medical Society requested briefings from the American Geriatric Association which chose Dr. Hawkins as a member of its 48 physician team.

1966
Harvey A. Harris, Philadelphia, PA, was recently elected president of POMA.

C. Glen Kramer, Quakertown, PA, was elected to the board of POMA.

Merrill Jay Mirman, Springfield, PA, president of the AOAS, lectured on TMJ Syndrome at a spring seminar of the academy in Chicago.

1967
Richard F. Liszewski, Huntingdon Valley, PA, received JAOA notice for his work on superior mesenteric arteriovenous fistula.

William Vilensky, Margate City, NJ, was appointed to the AOA Committee of Impaired Physicians.

1970
David H. Blom, Millville, NJ, opened an office in Wheaton Regional Cancer Treatment Center at Millville Hospital.

1971
Donald J. Sesso, Gwynedd Valley, PA, was appointed to the board of Suburban General Hospital where he has directed the pulmonary division since 1975.

1972
G. Bruce Miles, Easton, PA, was appointed to the board of Easton Hospital.

H. Allen Strunk, Jr., Huntingdon, PA, opened a cardiovascular clinic in the Fulton County Medical Center, McConnellsburg.

1973
Raymond A. Adelizzi, Cherry Hill, NJ, published an article in NJAOPS on the use of intra-articular/peri-articular steroids.

James R. Pritchard, Massillon, OH, was appointed to the board of the Ohio Coroners' Association.

William Weisberg, Henderson, NV, was appointed chief of surgery at St. Rose deLima Hospital.

1974
Harry J. Bruley, Hazleton, PA, received his certification in general practice.

Stephen P. Cowen, Philadelphia, PA, medical director of the Phoenix program at Rolling Hill Hospital, was certified by AMSAODD.

Charles A. Kastenberg, Cherry Hill, NJ, was elected secretary of the New Jersey Association of Osteopathic Physicians and Surgeons.

Harvey Starr, Allentown, PA, received certification in critical care medicine from the ABIM.

Franklin D. Strong, Philadelphia, PA, has been appointed to the medical advisory board of MS Initiative in Rosemont.

Nicholas D. Tretta, Jr., Harrisburg, PA, was awarded a fellowship in the Osteopathic College of Ophthalmology and Otorhinolaryngology.
1975

**John D. Angeloni**, Gladwyne, PA, received notice on JAOA for his work on colon cancer prevention through screening.

**Carl J. Forster**, Pottsville, PA, joined Family Practice Associates and is vice president of the Schuylkill County Medical Society.

**Barry J. Hennessey**, Allentown, PA, was elected chairman of the staff at Allentown Osteopathic Medical Center.

1976

**C. Ross Darlington, Jr.**, Downingtown, PA, was elected secretary-treasurer of the medical staff at Brandywine Hospital and Trauma Center.

**R. Michael Gallagher**, Moorestown, NJ, was elected vice chairman of the headache section of ASCPT and has a grant to study the efficacy of Midrin.

**Frank H. Quinn**, Philadelphia, PA, was elected to a second term as secretary-treasurer of POMA.

**Gregory McGinley**, Lafayette Hill, PA, joined the medical staff of Allentown Osteopathic Medical Center.

1977

**John L. Runyun**, Bloomsburg, PA, was elected vice president of medical staff at Bloomsburg Hospital.

**Stephen Garloff**, Orwigsburg, PA, has been named assistant medical director for Good Samaritan Hospital in Pottsville.

**Edward Schreiber**, Blue Bell, PA, was elected president of the Pennsylvania Osteopathic General Practitioners Society.

**Robert L. Stull**, Hellertown, PA, was recently certified in general practice.

1978

**David A. Baron**, Bethesda, MD, joined the staff of NIMH as deputy clinical director and will continue his research on AIDS and PMS.

1979

**Alfred R. D'Angelo**, Red Lion, PA, is now president-elect of POMA.

**Nelson P. Kopyt**, Allentown, PA, co-authored a medical text chapter on "Fluid, Electrolyte, and Acid-Base Disorders Complicating Diabetes Mellitus."

1980

**Wayne V. Arnold**, Bala Cynwyd, PA, opened his office in the Bala Medical Center, specializing in cardiology and peripheral vascular diseases.

**Brooks Betts II**, Easton, PA, has been board certified in general practice.

**Pat C. DiTommaso**, Brookfield, OH, a member of the PCOM Alumni Association board, was elected chief of staff at Warren General Hospital.

**Mitchel D. Storey**, Seattle, WA, received notice in JOSM for his work on rehabilitation after medial collateral ligament repair.

**Robert Skotnicki**, Harrisburg, PA, joined the medical staff of Community General Osteopathic Hospital.

**Kent E. Weiss**, Christiana, PA, has been re-elected to the board of POMA.
1981

Samuel L. Alfano, Moosic, PA, was appointed director of primary care satellites at the Geisinger Medical Group.

Kenneth Doroski, Wayne, PA, was appointed co-chairman of emergency medicine at Brandywine Hospital and Trauma Center.

Michael-Gerard Moncman, Hollidaysburg, PA, has joined the medical staff at Altoona Hospital.

1982

Vincent Fierro, Erie, PA, received notice in JAOA for his work on choriocarcinoma-induced thyrotoxicosis.

Mitchell K. Freedman, Philadelphia, PA, was appointed medical director of pain management and rehabilitative services at Magee.

Thomas H. Neill, Pottsville, PA, has opened his practice in family medicine.

Anthony J. Silvagni, Des Moines, IA, joined the University of Osteopathic Medicine and Health Sciences as associate professor of family practice.

1983

George Knod, Royersford, PA, joined the medical staff of Kennedy Memorial Hospital, Washington Township Division.

Arne Hasselquist, Mountain Home AFB, ID, flight surgeon for the 366th Tactical Fighter Wing, was involved in a dramatic humanitarian airlift moving a heart from a Boise donor to a St. Louis recipient. To beat the deadline for a viable transplant, Capt. Hasselquist rode shotgun in an F-117 traveling close to the speed of sound for 1,600 miles with the heart in a picnic cooler on his lap. The crew made it in time!

1984

Charles J. DeNunzio, Jr., Oakdale, PA, has been elected to the POMA board.

Colleen A. Flaherty, Lewisburg, PA, has joined the family medicine practice of Steven Kramm, DO, in Milton.

Carl Spirazza, Boynton Beach, FL, has opened an office for family practice in Lake Worth.

1985

Jill Bortz, Macungie, PA, received her certification in family practice and is associated with the Macungie Medical Group.

David J. Bossert, Allentown, PA, received notice in JAOA for his work on recognizing the child with attention deficit disorder.

Gary Czulada, York, PA, has received certification in general practice.

Robert Detweiler, North Wales, PA, has been board certified in general practice.

Duane Paul Dilling, Loysburg, PA, received notice in JOM regarding his work on ectopic pregnancy.

Leilani Heller, Zionville, PA, was recently certified in general practice and is associated with Health Dimensions.

Eric D. Kane, Allentown, PA, received his certification in general practice.

Donna Miller, Lehighton, PA, has a two year fellowship at the Cleveland Clinic Foundation to teach, do geriatric research, and work in nursing homes.

Gary Raab, Ocean City, NJ, has been appointed to the medical staff at Shore Memorial Hospital.

1986

Gayle Bregman, nee Lightstone, Philadelphia, PA, has joined the medical practice of Robert A. Ball, ’65.
Kenneth Mulkin, '33, Shinglehouse, PA, died at home on March 17 at age 80 after a long illness. Born in East Sharon, PA, he graduated from Grove City College and PCO, then practiced in Shinglehouse until his retirement in 1982 at age 74. Dr. Mulkin was a member of Phi Sigma Gamma, a life member of POMA, and an honorary staff member of Charles Cole Memorial Hospital.

Robert H. Powell, '35, Sewell, NJ, died recently at the age of 75, having retired only last winter because of injuries from a fall. Dr. Powell practiced for 50 years, first in Pitman where he began in 1938 with his father, Dr. Henry Powell, and in Washington Township since 1963. He was a member of Phi Sigma Gamma.

John W. Atkins, Jr., '36, Lancaster, PA, died in Community Hospital on February 15 at age 75. After a PCO internship, he worked with surgeon Dr. George Gerlach and entered private practice in 1942. In 1968 he became staff physician for the Pennsylvania Department of Health in Harrisburg, retiring in 1978. He was a member of the College of Surgeons, the AOA and POMA. Dr. Atkins is survived by his wife, Jean Scezney Atkins, RN, '35, PCO School of Nursing.

Harold T. Burnard, '38, Old Field, Long Island, NY, died at home on April 25 at age 72. He grew up in Elmhurst, Queens, and practiced in Great Neck, Long Island, for over 40 years. Dr. Burnard was on the staff of the former LeRoy Hospital in New York City for many years, and had retired from practice in 1986.

Herman E. Blumenthal, '40, Elkins Park, PA, died April 9 in his home at age 74, preceded in death by his wife Adelle three weeks earlier. A true GP, Dr. Blumenthal practiced at 5th and Wyoming for 47 years and served as a PCOM preceptor for generations of fourth year students. He was a founder of Metropolitan Hospital, a life member of the AOA and ACGP, and was board certified in radiology and family practice.

William G. Morris, '40, Woodbury, NJ, age 73, died on February 16 at the OMCP Hospital. A native Philadelphian, he interned at PCOM and joined the faculty of the college in 1942. Dr. Morris taught Ob/Gyn and anesthesiology, and was elected vice chairman of the Department of Obstetrics and Gynecology in 1973. He also taught at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine. He maintained Ob/Gyn practices in Philadelphia and Woodbury, and was also affiliated with the Cherry Hill Division of Kennedy Memorial Hospitals University Medical Center. Dr. Morris retired in 1985.

Joseph B. Taubman, '44, Bronx, NY, recently died in the community where he began as a general practitioner. He specialized and for the last 30 years exclusively practiced anesthesiology at the Royal, LeRoy Osteopathic, Hillcrest General Osteopathic, and St. Joseph's hospitals. Dr. Taubman was a member of the AOA, ACGP, AOCA, New York State OMS, and the PCOM Alumni Association.
## Calendar

### Coming Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>August 22</td>
<td>PCOM Classes Begin</td>
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<tr>
<td>September 17</td>
<td>PCOM Parents/Students Reception</td>
<td>PCOM</td>
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<tr>
<td>Sept. 25 - Oct. 1</td>
<td>National Osteopathic Medicine Week</td>
<td>PCOM</td>
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<tr>
<td>October 16 - 19</td>
<td>AOHA Annual Convention</td>
<td>Lake Buena Vista, FL</td>
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<td></td>
<td>AADME Meeting</td>
<td>Walt Disney World Hotel</td>
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<tr>
<td>October 16 - 20</td>
<td>61st Annual Clinical Assembly of Osteopathic Specialists</td>
<td>New York Hilton</td>
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<tr>
<td>October 23 - 26</td>
<td>American Osteopathic College of Anesthesiology</td>
<td>Cambridge Hyatt Regency</td>
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<tr>
<td>October 23 - 27</td>
<td>American College of Osteopathic Internists</td>
<td>Miami Beach Doral</td>
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<tr>
<td>December 4 - 8</td>
<td>AOA Convention - American Osteopathic College of Radiology</td>
<td>Las Vegas</td>
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<tr>
<td>January 27</td>
<td>Founders Day Convocation</td>
<td>PCOM</td>
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<td>January 28</td>
<td>Alumni Association Board Meeting</td>
<td>PCOM</td>
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<td>Founders Day Dinner Dance</td>
<td>Adams Mark</td>
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<td>Jan 29 - Feb. 5</td>
<td>Post Founders Day CME</td>
<td>St. Thomas, USVI</td>
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<tr>
<td>March 8 - 12</td>
<td>American College of General Practice</td>
<td>San Antonio, River Center Marriott</td>
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