Digest of the Philadelphia College of Osteopathic Medicine (Fall 1991)

Philadelphia College of Osteopathic Medicine

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Curriculum changes as PCOM predicts health care needs

PCOM has introduced a progressive new curriculum to teach today's students how to handle tomorrow's medical issues. Read how new programs mix with existing ones to provide students with "real doctor" skills from day one in clinical as well as classroom environments. See how:

- Rural rotations provide potpourri of experience
- DO-MBA program: Students learn to mind their business
- Students groomed for growing geriatric needs
- Pennsylvania DOs discuss future roles
Renovations and new construction continue

Construction and renovations have continued throughout the spring and summer at HPCOM. Visitors at the City Avenue campus now have the advantage of a new boulevard entrance off Monument Road. At the hospital, construction on the 14,000-plus square foot addition continues at full pace. This addition will include an outpatient center with pre-admission testing area, chemotherapy center and expanded cardiology and radiology services. Also at City Avenue, a new eight-bed telemetry unit has been opened on the fourth floor. At Evans Hall a new roof is being put on with other improvements slated for the future. Parkview campus renovations have included a newly-decorated main lobby. Renovations are completed on 2 East and are continuing on other patient floors.
PCOM fundraising goes back to basics

In less than eight years, Philadelphia College of Osteopathic Medicine will celebrate its 100th anniversary.

In recognition of the upcoming centennial in 1999, PCOM this year is launching a thoroughly revamped fundraising approach that includes a revised annual fund, a special gifts category and a strategic and master facility plan capital campaign whose ambitious aim is to change the face of the PCOM campus by the centennial year.

"It's important to realize that organized fundraising is relatively new to our institution, as there were no formal programs during the first 60 years of its existence," says Hale T. Peffall Jr., executive director of a combined Alumni Relations and Development Department. "The first annual fund program was not begun until the 1970s during Thomas M. Rowland Jr.'s presidency. Also, the only capital program was the campaign to raise $4 million to purchase Rowland Hall."

Previous annual funds have been a potpourri of both general donations and contributions which alumni have earmarked for specific causes, such as the student scholarships, educational and memorial funds. Bequests and wills were also included under the alumni fund umbrella.

Annual Fund: back to basics

"We're getting back to the basics of annual fund giving," Peffall explained. "This year, donations will not be categorized. As the pledge envelope reads, 'Your gift to the annual fund will provide vital support to the educational and academic program of Philadelphia College of Osteopathic Medicine.'"

If donors previously designated contributions for a particular program, they will still be able to do so. Later this year alumni will receive a pledge envelope which lists all of the "special gift categories" maintained by the college. Your support — whether it be for the PCOM endowment fund, a scholarship fund or a memorial fund — will indeed be welcome.

As in the past, this year's annual fund maintains the key clubs established in recognition of various levels of giving. But in light of the impending centennial celebration, the fund this year has a new top level — the Founders Club — for contributions of $10,000 or more.

As part of the special gifts program, PCOM is also implementing an opportunity for deferred giving and estate planning. One of its features is legal assistance for alumni interested in arranging their estates.

Capital campaign: campus of the future

Finally, there is the master facilities plan capital campaign, which includes the funding for the new $3 million entrance and central-ized outpatient facilities at HPCOM. Already under construction, the 14,000 square-foot addition and boulevard-like entrance off Monument Avenue are scheduled to be completed early in 1992.

City Avenue campus plans also call for an 1,100-car parking garage; Evans Hall modifications and library expansion; an alumni library and archival museum at Moss House; and cardiac catheterization service and expanded laboratory and surgical space. For the Parkview campus, plans include a 100,000-square-foot medical office building linked to the hospital; a more visible main entrance; a patient drop-off area; and new parking.

As part of the capital campaign, major donors will be honored by having an appropriate portion of the facility named after them. But all contributions of any size are needed to maintain what President Leonard H. Finkelstein, DO, calls PCOM: "the flagship of osteopathic medical education and healthcare."

Obviously, given the scope of the plans, support from beyond the immediate PCOM community is needed. Major contributions from foundations and corporations are also being sought. "But the most important factor in procuring funds from outside sources," says Peffall, "is being able to show that our alumni endorse the college's plans through their financial support. This represents the 'bottom line' as an expression of their loyalty and support."

The key, then, he explains, is continual growth in gift-giving — the kind of growth PCOM's alumni continue to demonstrate. "We are now averaging more than $1 million a year from the annual fund," Peffall says, "and this past year was another success, with increased dollars and participation from both our alumni and other constituencies."

For more information on ways you can support PCOM, contact the Alumni Relations and Development office at (215) 871-2144.
CURRICULUM CHANGES

Sweeping curriculum changes stress clinical relevance

Responding to a host of changes in the health care environment, the curriculum and educational structure of PCOM is rapidly evolving on both the undergraduate and postgraduate levels.

During the freshman and sophomore years, the changes range from earlier clinical-type experiences to an integrated approach that melds the didactic and clinical components and a three-term schedule. The senior year now features mandatory two-month urban and rural ambulatory clinics, while the intern and residency programs have been greatly expanded to attract and keep more graduates within the osteopathic fold.

But despite those expansions, the undergraduate program will continue to place added emphasis on both general practice/primary care and geriatrics, a field that will place increasing demands on general practices in the future.

"As the late Senator (John) Heinz told me in his office three years ago," says Daniel L. Wisely, DO, dean, "Why don't you go back to teaching family doctors? That's what got your profession where it is today.'

"In my opinion, that's where our profession's future is," says Wisely. "Although there's always been a need for family physicians, not until recently has this need been recognized nationally. "It is one of our goals to fill that need.'

As for geriatrics, Wisely notes that the average age of death has risen from 42 years of age in 1900 to nearly 80 years today. "We have to prepare our students for that," says Wisely. "I don't think the medical profession is ready for the implications of an expanding, increasingly aging older population."

And those implications will be felt most dramatically by the 65 percent of PCOM's graduates who continue to specialize in primary care. That's because it is they, as the so-called gatekeepers in the burgeoning managed health care systems, who will make the initial contact and supervise the care of this population.

These are the external forces, says Wisely, that are driving the curriculum changes. His orders to the Curriculum Committee: "Make it clinically significant" and "Forget about diseases students will probably never see in their careers; challenge them early with common clinical problems."

Kenneth J. Veit, DO, '76, assistant dean for postgraduate education and the chairman of the curriculum committee, agrees. "We want to move away from the straightjacket of two years spent in lecture classes and two years on clinical rotations. We would like to diversify the clinical and didactic experience throughout the four-year curriculum."

"It is important for students to recognize they are entering a profession and are student doctors from Day 1."

Three-term schedule
During the first two years, that philosophy has led to a significant restructuring of the curriculum to season the didactic learning with related hands-on experience. The three-term schedule — two 10-week sessions followed by a 12-week session — has allowed the school to separate some of the basic science courses, such as biochemistry and anatomy, which proved overwhelming to some students when offered simultaneously.

At the same time, these core courses will now be offered in conjunction with other related courses to provide a more coherent, integrated systems approach. For example, human anatomy now will be taught freshman year in conjunction with a physical diagnosis laboratory taught by family practice professors with an instructor-student ratio of four to 25. During the second term, students will learn hands-on physical diagnosis; the third term will expose students to simulated patient models/actors acting out symptoms for such disorders as heart disease.

In addition, clinical subjects previously relegated to the sophomore year will be presented to first-year students, including a neuroscience course coupled with formal course work in ENT and ophthalmology. Students thus will learn of the basic structure, function and clinical implications of the neurosensory system.

The systems approach, says Domenic DeBias, PhD, assistant dean for basic science, should eliminate some of the repetition students encounter as they are reoriented to basic subject matter in various

(continued on page 7)
As anyone in practice knows, the health care industry is changing at an accelerating rate. Physicians probably are more challenged today — both in terms of medical knowledge and practice management — than at any other time in modern history.

Sharing in the challenges presented by these fast-changing demands are the institutions responsible for training the physicians of tomorrow. At PCOM, we not only have to educate future doctors to deal with the dynamics of the field we know today, but we also have to predict the future, so that we can prepare our students now for what lies ahead.

This academic year PCOM unveiled its plan to provide our students with a more relevant, practical education that will help them practice in an increasingly regulated health care environment with changing patient demographics and complex ethical issues. In this issue of Digest you will read how our newly-designed curriculum is dealing with these issues.

However, an enriched, more cohesive curriculum isn’t the only change at PCOM. We are moving ahead on our master facility plan by upgrading our campus, giving students a more modern, better equipped environment both in the classroom and the hospital to learn and practice their skills.

The changes you will read about are just the beginning. We will continue to improve both our curriculum and facilities to provide our students with the best medical education — an education that will better prepare them for both the realities of today and tomorrow. However, this goal cannot be reached without your support.

To help us finance our plans, the Office of Alumni Relations and Development has revamped its giving programs. In this issue we describe how a new back-to-basics formal fundraising program has been put into place with a capital campaign to follow.

Soon you will be invited to join us as we draw closer to our goal. We will make PCOM and its hospital a vital, integral educational and clinical mecca for our students and for the patients we serve both today and tomorrow.
Geriatric care to be stressed early, often

It is predicted that by the year 2000, approximately 60 percent of every primary care physician's practice will involve geriatric patients. The 85-and-over group is the fastest growing population segment in the country.

"Anyone who practices primary care adult medicine must deal with geriatric issues," says Mary DeJoseph, '86, chairman of the division of geriatrics. She is spearheading an effort to give greater emphasis to geriatrics in the PCOM curriculum.

That effort began three years ago, a recent survey of alumni indicated a significant number felt increased geriatric training was needed. It began with elder visitations for first- and second-year students, who would visit an older person in a nursing home or independent apartment for an hour once a month.

This year those visits will be compressed into four visits during one term, with the goal of teaming most of the students up with senior citizens who are still living independently.

"Only 5 percent of the 65-and-over population is in nursing homes, so we want to give students a true picture of the demographics in current society," says DeJoseph. "Most are living in the community with good support systems, such as their immediate family."

DeJoseph says these visits are a particularly good experience for students who, either through family or work, have never had direct interaction with the geriatric population. "You need to develop some communication skills to deal with the elderly," she says.

That need is buttressed the first year by a series of introductory lectures and small group workshops on communication, death and dying and geriatric ethics. The physical diagnosis course now being taught the first year also includes the geriatric history and physical.

Second-year students will spend a total of four hours visiting geriatric patients in one of six situations: nursing homes, acute hospital care, short-term care, rehabilitation facilities, homebound elderly or mobile independent elderly.

That practical experience is in addition to the formal didactic geriatric course taught to sophomores. One of its clinical geriatric features is small group conferences with family medicine residents on such topics as trauma, substance abuse, psychiatric disorders, pharmacological issues and preventive medicine for the elderly. Another conference will cover financial, legal and regulatory issues such as insurance, powers of attorney, living wills and government regulations. "These are issues students don't hear about but which we're swamped with every day," says DeJoseph.

All first- and second-year students will also make medical rounds with an attending physician in a long-term care facility or hospital. Finally, an option during the urban clinical rotation in the fourth year is to go on rounds in a long-term care facility.
(Continued from page 4) courses. "Now, because there's a flow from one system to the other, that reorientation isn't necessary."

Ultimately, says DeBias, the systems approach will break down departmental barriers and the conventions of the first through fourth years. "There will be no first and second year, there will be the cardiovascular system. Students will be divided into the systems they are studying rather than class years."

The three-term structure also permits more flexibility in course length. For example, sophomores will take internal medicine in a 22-week session spread over the second and third terms in connection with pathology, surgery and pediatrics.

Other features of the revised freshman-sophomore curriculum include:

* A replacement of 20 percent of the large class lecture time with group discussion sessions involving 10 to 25 students.

* Freshmen spending time in primary care offices as observers to gain immediate clinical experience and foster primary care careers. Likewise, students will be teamed up early with mostly ambulatory senior citizens in an introduction to geriatric medicine (See related story).

* A revised grading system. Instead of the A-B-C-F system in place for more than 15 years, students now will be marked on a numerical 0-100 point scale; 70 is passing. In addition, clinical rotations will switch to an honors pass-fail system. "The new grading system will use a range of ability or achievement only where we can truly make such a measurement," explains Robert G. Cuzzolino, EdD, assistant dean for academic administration. "Conversely, in clinical rotations, the system will encourage narrative evaluations by faculty."

Urban and rural clinic mandatory
Since the 1990-91 school year, seniors have been required to spend two months in a rural clinical rotation in addition to the two months they serve in one of PCOM's urban clinics. Prior to that, students chose either.

"Our philosophy of education is that the student deserves the broadest base of education," explains Robert Berger, '58, assistant dean for clinical education. "If students were limited to an inner city practice, PCOM hosts conference on osteopathic hospitals and medical education

In early October, Philadelphia College of Osteopathic Medicine hosted a statewide conference with representatives of all the osteopathic hospitals in Pennsylvania to discuss the future direction of osteopathic medical education as it pertains to both the hospitals and PCOM.

"The goal of the conference was to develop a strategy to strengthen osteopathic medical education and the institutions in which it is provided," said Leonard H. Finkelstein, DO, chairman and president, Osteopathic Medical Center of Philadelphia.

One of the primary focuses was the role of the hospital as the clinical laboratory of the college. Curriculum requirements were examined with an eye towards identifying steps PCOM can take to assist its hospital partners in developing educational experiences that are highly attractive to both undergraduate students and postgraduate interns and residents.

"We want to strengthen our relationships with the other osteopathic hospitals and increase the educational opportunities for our students at those hospitals," explained Robert Berger, '58, assistant dean for clinical education.

The conference was funded by Smith Kline Beecham. Attendees included national experts, hospital chief executive officers, directors of medical education and key department chairman, PCOM officials, osteopathic physicians and both undergraduate and postgraduate students.
they would be missing a significant aspect of primary care. This is especially important in Pennsylvania, which is one of the most rural states in the country with more towns with less than 10,000 people than any other state.

"The pace of life and doctor-patient relationship in small rural communities is different than in the big city," he adds, "and in some rural areas the family practitioner takes on much more responsibility for the treatment of all problems. The family doctor is very likely to set simple fractures, suture lacerations and deliver babies, whereas in the city many of these procedures are referred to specialists."

While rotations to such rural clinics as PCOM's Sullivan County Medical Center in Laporte, Pa., may not significantly increase the percentage of graduates who pursue rural medicine — some students find the cultural isolation difficult — Berger says a significant percentage of the Class of 1991 felt the rural rotation had made them more comfortable as physicians.

Joseph Stella, '91, now an intern at Allentown Osteopathic Medical Center, agrees. "Because city clinic patients have access to major health centers, you can be significantly more aggressive with their care," says Stella, who served his rural clinic rotation in Laporte. "But when you are the only doctor for 30 or 40 miles and with most specialists more than an hour away, you do much more in the office."

Stella observed vasectomies, casted fractures, took x-rays and read his patients' urine samples and white blood counts under the microscope.

Brooklyn native John Raheb, '91, also found much in Laporte to his liking: "It was an all-encompassing experience," he says. "The ER operates 24 hours a day and when people injured themselves or got sick, we had to deal with the problem right there."

Senior T. Whitney Gibson, who has already been to Laporte, notes the rotation includes two weeks attending to patients in nursing homes, two weeks at a state-operated Job Corps Center for teenagers, and the remaining two weeks at Laporte. He handled the entire gamut from ear infections to nose bleeds and urinary tract infections as well as the actual basic lab technology, including urinalysis, blood and x-ray.

"If we had a question, we would call our (supervising) physicians," says Gibson. "It was an exceptionally valuable experience."

Concludes Stella: "The big advantage of both of the rotations is that you are given the first-hand experience of being the physician and are forced to make decisions earlier in your career. There aren't many medical schools where, in essence, you are the doctor."

Meanwhile, the urban rotation also exposes students to managed care health delivery systems. The PCOM clinic at 4148 Lancaster Ave., West Philadelphia, includes a large HMO patient base including more than 3,000 patients on HealthPass, a managed care plan for Medicaid beneficiaries. Part of the instruction involves the dynamics of the medical decision process. When to refer and/or hospitalize a patient are decisions made more critical by the managed care environment.

As a prelude to the senior year urban-rural rotations, the third-year program includes one month of preceptor work with a family physician and another month of a hospital-based clerkship in which students work with family practitioners in the hospital and doctor's office. As a result, six months, or 25 percent of the clinical rotations, now are devoted to primary care.
The programs have been so successful that PCOM has begun offering a similarly-structured joint DO-Master of Public Health degree program with Temple University that will focus on community health education.

While there are several MD-MBA programs nationwide, Robert G. Cuzzolino, EdD, PCOM's assistant dean for academic administration, says the PCOM-St. Joseph's program is unprecedented in that students never fully leave their medical studies. Following the freshman year, they attend St. Joseph's for the next two summers and attend both PCOM and St. Joseph's on a part-time basis during the next two academic years. Following the awarding of their MBA, the students launch into their third-year clinical rotations.

Only one additional year

"It only adds one year to their training and yet they never fully leave their medical studies," says Cuzzolino. The fast-track schedule is possible because St. Joseph's gives students credit for some similar PCOM courses — biostatistics fulfills the statistics requirement, for example. As the program has evolved, St. Joseph's has developed courses such as accounting for health care providers, managed care and advanced health care marketing.

"There's enough flexibility in the program that students can orient themselves towards organizational management if they are interested in such fields as insurance, government health care or hospital administration," says Cuzzolino, "and enough basic material in accounting, personnel, finance and taxation to appeal to the typical PCOM student who visualizes a private practice."

Eventually I want to open my own private practice and I felt very inadequate when it came to the business side of medicine," says Melissa Snyder, a third-year student who was among the quartet of PCOM students who earned their MBAs this year.

Business-oriented mindset

"It creates a business-oriented mindset," adds Philip G. Passes, one of Snyder's classmates. "Like a doctor considering a patient and going through a differential diagnosis, you immediately can assess situations from a business standpoint. And although people don't like to hear it, even if you are in private practice you have a service and you have to know how to market yourself."

Dr. Rosenberg agrees. "Now that I understand cash flows, I have become more involved in purchases that normally were handled by the vice president in charge of the Emergency Department.

"And I can recall speaking to the human resources person at a company in the area, explaining how I am a good doctor who can help employees with work-related illness and injury.

"But business is an entirely different language than medicine. After I began the program, I went back to that same company for further negotiations. This time I was able to speak their language. Now they are sending virtually all their employees to our ER."

Besides the new joint-degree programs, PCOM maintains a significant continuing medical education program. It includes approximately 20 on-campus weekend programs a year, most of which are geared towards primary care osteopathic physicians. One very successful series launched in the past year deals with laser and electrosurgical techniques. A program on AIDS drew more than 200 physicians last spring.

In conjunction with the Alumni Office, the Curriculum Committee also sponsors travel CMEs, including the week-long Post-Founders Day program in St. Thomas, Virgin Islands, and an annual AOA Convention side trip to Maui, Hawaii.

For information on the MBA and MPH programs and the CME schedule, call the Dean's office at (215) 871-2770.
PCOM students go far for rural clinical experience

On the shores of Lake Victoria, in a Kenyan village called Matoso where 25 percent to 35 percent of the Luo people are HIV-positive and more than half the children never reach the age of four, Michael Weiner was the only healthcare provider the villagers saw for two months earlier this year.

Elected to spend his two-month rural clinical rotation last summer in a three-room clinic without electricity four hours away from the nearest x-ray machine and hospital, U.S. Navy Lt. Weiner, '91, had little to rely on other than a crude laboratory and his PCOM-trained instincts. "I was diagnosing patients based on what I could see, touch, feel and smell," he recalls. "If it looked like amoebic abscess and it smelled like one, that's the way I treated it."

Just miles from the epicenter of the AIDS epidemic, Weiner saw AIDS patients who were wasting away literally crawl into his clinic. Many malnourished children died in his arms.

"If anything, the experience decreased my dependency on the science of medicine and helped bring out the art," says Weiner, a U.S. Naval Academy graduate who is now doing a family practice internship in the Navy in Jacksonville, Fl. "I even got to use osteopathic manipulation. At first the natives thought it was witchcraft, but when they walked away from the table feeling 100 times better after suffering from different lumbar problems, they thought it was the greatest thing that I could actually heal with my hands."

Kenya. Israel. Belize. India Appalachia. Indian Health Services in Alaska and Washington. PCOM seniors have served their rural clinical rotations in such areas under a program Robert Berger, '58, assistant dean for clinical education, calls the "rural selective." Weiner was one of 26 students who opted for it during the last school year. Fifty-two from the class of 1992 have chosen a rural selective.

"To a person these students say it has been one of the best experiences, if not the best experience of their lives," says Berger, "and it cannot help but make them better doctors."

Berger began permitting the rural selectives as an alternative to service in a rural Pennsylvania clinic two years ago at the behest of Marsha Blakeslee, '89, who wanted to serve in Africa. This past year Mark Blakeslee, '91, followed her there. Members of the Christian Missionary Alliance Church in Du Bois, Pa., where their father, Colson Blakeslee '44, maintains a general practice, both Marsha and Mark worked in Tenwek Hospital in western Kenya.

While the hospital was staffed by four physicians and was better equipped than Weiner's clinic, Mark had some similar experiences. "From what my father tells me, it was similar to medicine here in the 1940s and '50s," Mark says. "You had what you needed if you were a good diagnostician, but without thousands of blood tests it made you think about the patient a lot more and put your hands on them to find out what you can from a physical exam."

Third world in U.S.

It also isn't necessary to go halfway around the world to experience Third World medicine. Christopher Still, '91, did his rural selective under a U.S. Public Health Service program at the Delmarva Rural Ministries Migrant Health Clinic in Nassawaddox, Va. Often working through Spanish and Creole translators, he treated incredibly hard-working Mexican, Guatemalan and Haitian migrant farm workers both in the clinic and on visits to the crude camps provided for them.

Twice a week the clinic operated from 8 a.m. until 1 or 2 a.m., and Still would be back at the clinic again 8 a.m. the next morning. He averaged 40 patients a day, 200 per week. An intern at Sisters of Charity Hospital in Buffalo, N.Y., who is mulling an offer to eventually return to Nassawaddox, Still says, "It was such a confidence builder, both there and in the urban clinic because for the first time you actually 'play doctor.' You see the patients, form a differential, and, with proper supervision, carry out a treatment regimen. It's your game plan."

Denise Wisely, '92, daughter of Dean Daniel L. Wisely, DO, agrees. She recently did her rural selective working with the Indian Health Service in a two-physician clinic on the Quinault Indian Reservation on the Olympic Peninsula in western Washington.

"If you go down the traditional pecking order in a hospital, a student is the last person to do a procedure. Here you're the first," she said by phone from the reservation. "Having a lot of hands-on has really helped me."
According to Veit, in order to further didactic education an effort is now being made to occasionally gather third- and fourth-year students in groups for lectures on topics taken from their clinical experiences.

This year the A-B-C-F grading system for the upper classes has also been replaced with a fail-pass-honors system.

"Because clinical rotations tend to be competency-based, most instructors find it difficult to distinguish between most A, B and C students," explained Cuzzolino. "However, the special honors-pass category, which requires a written recommendation from the rotation instructors, will allow excellent students to have narrative information in their files directly related to their clinical rotations to support their internship and residency applications."

**Postgraduate slots expand**

Within the past year, PCOM has significantly expanded its postgraduate internship and residency positions. By forging cooperative agreements with St. Agnes Medical Center, Germantown Hospital and Medical Center, Episcopal Hospital, Albert Einstein Medical Center and others, PCOM — with its two hospital campuses — has been able to increase the number of internships from 33 to 76.

"It's a very intense one-year internship whose goal is to train a well-rounded general physician who would be very competitive going into any specialty field he or she desires," says Veit. The network of five hospitals, he says, both opened more slots and enabled PCOM to expose its interns to more varied clinical, demographic and academic experiences.

"As a result," he says, "the depth of experience is greater."

Likewise, similar cooperative agreements have enabled PCOM to expand its residency program to 111 slots. Included are two new residency programs each in dermatology and plastic and reconstructive surgery as well as expanded urology and orthopedic opportunities.

"We our offering our students complete training," says Veit. "Not just four years of undergraduate education but postgraduate career options in our many excellent primary care and sub-specialty training programs, all under the guidance of our college."

**Where are our 111 residents?**

**Hospital of Philadelphia College of Osteopathic Medicine Residencies:**

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Grant awarded
Robert J. Niewenhuis, PhD, professor of anatomy, and Walter C. Prozialeck, PhD, former professor of physiology and pharmacology, have been awarded a $50,640, two-year grant by the National Institute of Environmental Health Sciences, a division of the National Institutes of Health, to support their research project, “Mechanisms of Cadmium Toxicity in LLC-PK1 Cells.”

Cadmium, a very toxic environmental pollutant, is quite abundant. Workers in smelting industries who melt down and cast different ores are exposed to it. It is also present in many paint pigments, placing persons at risk when paints are either made, applied or burned.

Such exposure can cause irreversible renal or kidney damage as a result of damage to the kidney’s proximal tubule.

The goal of the study is to identify the specific molecules with which cadmium reacts in order to produce the damage. If that is discovered, it might be possible to develop prevention or treatment measures.

POMA officers elected
Robert A. Meals, ’56 professor of radiology, was elected president of the Pennsylvania Osteopathic Medical Association at its 83rd annual clinical assembly.

Carlo J. DiMarco, ’78, chairman of the division of ophthalmology, was named president-elect. In addition, Clarence A. Scott, ’81, was elected vice president and William A. Wewer, ’79, was elected secretary/treasurer.

New DME named at Parkview
Michael Shank, DO
Michael F. Shank, ’80, associate professor of anatomy and general practice, has been appointed director of medical education at HPCOM - Parkview.

Shank will work with program directors and professional staff to coordinate Parkview’s educational program.

Before coming to HPCOM, Shank served as chairman of the department of family medicine and director of medical education of the North Philadelphia Health System. He also administered the osteopathic rotating internship program and served as a trainer for the general practice residency program.

New health care center opens
Family Medical Center, 61st and Chestnut streets, Philadelphia, has become HPCOM’s sixth neighborhood health care center.

The center, under the direction of Isaiah J. Abney, ’80, not only provides quality family care to the community it serves, but also gives PCOM students valuable hands-on experience.

On Campus
Isaiah J. Abney, DO
“These facilities play a vital role in our mission of education and community service,” says Kenneth J. Veit, ’76, director of the health care centers and assistant dean for postgraduate education. “Primary care is delivered right in area neighborhoods with hospital backup, and the centers provide a training ground in primary care medicine for PCOM students, interns and residents.”

The other centers are Cambria - North Division Health Care Center, Germantown Health Care Center, Roxborough Health Care Center, Lancaster Avenue - West Division Health Care Center and the rural, Sullivan County Health Care Center.

Briefs
Daniel L. Wisely, DO
Daniel L. Wisely, DO, dean, was elected chairman of the Council of Deans for the American Association of Colleges of Osteopathic Medicine.

Oliver C. Bullock, ’78, director of Cabrini and Germantown Health Care centers, discussed the historical perspectives and recent developments in the teaching of communication skills in medical schools as a presenter at the 82nd Annual Eastern Communication Association Conference in Pittsburgh, Pa.

Emmanuel Fiegelman, ’42, professor of obstetrics and gynecology, addressed the department of obstetrics and gynecology of the Hadassah Hospital in Jerusalem regarding the doctor-female patient relationship. He was also appointed to the board of directors of Planned Parenthood of Southeastern Pennsylvania.

Just Published
Bruno J. Bromke, PhD, and Merewyn Furiga, BS:


A "3-D" view of the future

When you first meet radiologist Les Folio, '87, the distance in his eyes catches your attention. He seems to be peering beyond the here and now.

Folio is the first to admit that he spends a lot of his time thinking about the future; a future where three-dimensional imaging techniques, now in their infancy, are standard practice.

In Folio's future, medical students will study and dissect complex areas of the brain and other organs using holographic images which display true form and color. Physicians, instead of reading flat x-rays and video display screens, will study full-color, "3-D" images offering a glimpse of the body so true to life that it would be obtainable now only through surgery.

"Right now in radiology, we are only using one eye," he says. "If we had a 3-D image, more information would be displayed, allowing us to use both eyes and the inherent potential of the brain."

For some, everyday use of holographic medical imaging may seem far off, but for Folio and other pioneers in this area of study, it is within reach.

Using a combination of magnetic resonance imaging, physics, film and light, Folio has already created a three-dimensional medical image of a child's cerebral vasculature soon to be displayed at the Franklin Institute, where he serves as technical medical advisor for holography. Copies of the same hologram are also on display in the New York Museum of Holography and the National Museum of Health and Medicine at the Armed Forces Institute of Pathology at Walter Reed Army Medical Center, Washington, D.C.

While many people are interested in holography, Folio is one of a few who apply it to medical imaging. This creates a high level of interest in his work. He has presented at international medical conferences and has had his work published in several medical and engineering journals.

"In spite of the successes, you do face a lot of rejection, especially when you deal with something that's difficult to understand," says Folio. He is not easily discouraged. "I don't hear people telling me I can't do things...I incorporate my dreams into everything I do."

A look at Folio's resume illustrates this point. An interest in photography led him to seek a career as a radiologic technologist and then to obtain a bachelor's degree in radiology. Next, he received his DO degree, completed an internship at Shenango Valley Medical Center in Farrell, Pa., and did his residency training in radiology at HPCOM. He received a master's degree in clinical radiology at PCOM this year.

"The bigger your matrix, the greater your ability to do all things," says Folio, who combines hobbies and other interests with his dream. His "matrix" includes skill as an instrument-rated pilot, which he says enhances his sense of depth and positioning, sailing (yacht racing) and celestial navigation, wind-surfing, cross country and downhill skiing, hiking, watch and clock collecting and repair, scuba diving and performing magic for children and other civic organizations.

Folio is a staff radiologist at Ramstein Air Force Base, Germany.
1951
Irwin Rothman, Philadelphia, Pa., lectured on "Methods of Pain Control" to physicians at PCOM and on "Acupuncture, Hypnosis, and Placebos" to the American Academy of Medical Acupuncture.

1953
Joseph C. Sabato, McClellandstown, Pa., has been appointed to the medical staff in the department of emergency medicine at Uniontown Hospital.

1956
Robinson Fry, Emmaus, Pa., has been elected chairman of the Discipline of General Surgery for the American College of Osteopathic Surgeons.

J. Brendan Wynne, Philadelphia, Pa., presented a lecture, "Painful Patella Problems," to the medical staff of Roxborough Memorial Hospital.

1957
Marvin L. Rosner, Bala Cynwyd, Pa., and Howard M. Rosner, '84, Philadelphia, Pa., have been named fellows of the American College of Cardiology. In addition, they have opened a new office in Philadelphia with William M. Antonelli, '85, Cherry Hill, N.J., and Edward G. Hamaty, DO, for the practice of cardiology, pulmonary medicine, critical care and internal medicine.

1958
David E. Wiley, Lancaster, Pa., has been installed as president of the Lancaster City and County Medical Society.

1959
Lenwood B. Wert, Lansdowne, Pa., a member of the HCPOM medical staff, has been elected to the board of trustees of the Pennsylvania Osteopathic Medical Association.

1961
George Faerber, Columbus, Ohio, has been appointed to the board of trustees of Doctors Hospital.

1962
William M. Bernard, Flushing, Mich., was named Citizen of the Year by the Michigan Association of Social Workers and Citizen of the Year by the Flint Area Social Workers.

1966
Merrill Jay Mirman, Springfield, Pa., was named a fellow of the College of Physicians of Philadelphia.

1967
Gene W. Miller, West Chester, Pa., a clinical instructor at PCOM, has been elected a fellow of the American College of Osteopathic Obstetricians and Gynecologists.

William Vilensky, Cherry Hill, N.J., has been unanimously elected president of the American Osteopathic Academy of Addictionology.

1968
Joseph Kessler, West Bloomfield, Mich., has been elected president of the professional staff of Botsford General Hospital, Farmington Hills.

David B. Ploene, Scottsdale, Ariz., is the first osteopathic physician to be designated a distinguished fellow in the American College of Nuclear Medicine.

1969
Paul E. Wallner, Moorestown, N.J., has been elected chairman of the New Jersey State Commission on Cancer Research and president of the American Cancer Society, New Jersey Division.

1970
Conrad E. Bell, Willingboro, N.J., was honored for making significant contributions to independent living for the elderly and for disabled and chronically ill children through the use of home health care. The award was conferred by the Center for Home Health Development.

1971
Gerald A. Hamstra, Colorado Springs, Colo., has been named the 1971 Colorado General Practitioner of the Year by the American College of General Practitioners.

1973
Thomas J. Dimberger, Tamaqua, Pa., has been recertified as a diplomate of the American Board of Family Practice.

1977
Bruce K. Brannin, Waverly, Pa., has been appointed vice president of medical services at Marworth Rehabilitation Center.

Norman E. Vinn, Huntington Beach, Calif., has been named Physician of the Year by the Osteopathic Physicians and Surgeons of California.

1978
Austin J. Gerber, Absecon, N.J., has been elected vice president of the New Jersey Association of Osteopathic Physicians and Surgeons.

1979
Mark P. Holencik, Harrisburg, Pa., has been reappointed chairman of the department of orthopedic surgery at Community General Osteopathic Hospital.

1980
Robert R. Ball, Cheltenham, Pa., presented "A Multidisciplinary Approach to Chronic Pain" at the European Congress on Behavior Therapy at the Faculte de Medicine, Paris.

Laura Souder Dalton, Westmont, N.J., has been named South Jersey's Best Physician in the Courier Post's Reader's Choice Awards for the second time in three years.

1981
John W. Fornace, Norristown, Pa., has become a fellow of the American College of Cardiology. In addition, he was featured in an article in the Philadelphia Inquirer concerning the drug Persantine.

Lawrence F. Rahall, Ellwood City, Pa., has joined the general practice of Dr. Anthony B. Colangelo following nine years as a physician in the U.S. Air Force.

Robert N. Yanoshak, Plains, Pa., has been recertified by the American Board of Family Practice.
1982
Mark Williams, Scottsdale, Pa., has joined the family practice medical staff at Highlands Hospital and Health Center.

Elizabeth C. Bell, Moylan, Pa., was featured in an article on men's health in the Delaware County Daily Times.

Darlene Ann Dunay, Old Forge, Pa., has been named the 1991 Penn State Worthington Scranton Campus Forge, Pa., has been named the Year.

Victor Sobolewski, Woodbury Heights, N.J., last year visited China as part of a delegation of U.S. sports medicine physicians, working with top sports medicine personnel at the China National Olympic Training Center.

Patrick P. Stumpo, Town Bank, N.J., has opened a second practice for psychiatry and medical psychotherapy in Stone Harbor.

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1984
Mark Boland, Harrisburg, Pa., has opened a plastic/reconstructive surgery practice near Community General Osteopathic Hospital in Lower Paxton Township.

Thomas E. Paparella, Blue Bell, Pa., has joined the staff of North Penn Hospital, Lansdale.

1985
Charles J. Garlant Jr., Lansdowne, Pa., has joined the medical staff at Misericordia Hospital, Philadelphia.

Deborah Popowich Korus, Pittsford, N.Y., has opened a private practice in Rochester.

Dana Shaffer, Exira, Iowa, has been elected vice president of the Iowa Osteopathic Medical Association.

1986
Anthony D. Aquilina, Quakertown, Pa., has been named medical director of the Family Health Care Center-Springtown.

Thelma-Jean Citta-Pietrolongo, University Heights, Ohio, is the director of physical medicine and rehabilitation at Health Hill Hospital for Children, Cleveland.

Gary D. Nothstein, Wescosville, Pa., has joined the medical staff at Wilkes-Barre General Hospital.


Mark Sickora, Pittsburgh, Pa., has been appointed to the medical staff in the department of emergency medicine at Uniontown Hospital.

1987
Glenn T. Elliott, Sellersville, Pa., has been named medical director of the Family Health Care Center-Pennsburg.

Frank Meeteer, Haddon Heights, N.J., was featured in a story in the Courier Post about the use of steroids by high school athletes.

1988
John E. Connelly, Beaver Meadows, Pa., has been appointed chief resident at Allentown Osteopathic Medical Center.

1989
Andrew P. Corcoran dies at 68

Andrew P. Corcoran, '55, York, Pa., clinical instructor in allergy and dermatology at PCOM from 1968 to 1972, died Aug. 9 at the age of 68.

From 1955 to 1972, Corcoran operated a general practice in York. From 1972 until his retirement in 1988, he specialized in dermatology and allergy.

Corcoran served as director of medical education from 1971 to 1976 and medical director from 1972 to 1976 at Memorial Hospital, York.

He was director of the Pennsylvania Osteopathic Medical Association, president of the American Osteopathic Directors of Medical Education and past president of the York County Osteopathic Association.

Corcoran is survived by his wife, Beatrice, nine children, 22 grandchildren and four sisters.

John E. Leech, '40, PATH, Fort Myers, Fla., died recently.

William J. Musick, '50, GP, Hellertown, Pa., died May 17 at the age of 70.


Morris Osattin, '47, PATH, Largo, Fla., died July 17 at the age of 66.

David Rothman, '33, GP, Oxford, Pa., died June 25 at the age of 84.

Harry I. Stein, '37, ENT, Philadelphia, Pa., former clinical assistant professor, died July 23.

Mildred J. Van Riper, '23, GP, Crystal Beach, Fla., died recently.

Leonard Wallner, '49, GP, Philadelphia, Pa., died June 5 at the age of 65.

Stanley Weinstock, '54, GP, Brooklyn, N.Y., died recently.

Joseph A. Williamson Sr., Villanova, Pa., former PCOM board member and Delaware Valley restaurateur, died June 4.

Solomon E. Yoder, '25, GP, Lancaster, Pa., died March 25 at the age of 98. He treated Lancaster patients for more than half a century and was a life member of the American Osteopathic Association.

David G. Young Jr., '37, S, Las Vegas, Nev., brother of PCOM chancellor Galen S. Young Sr., died Aug. 2 at the age of 75.
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<td>AOA Convention</td>
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<td>Post AOA Convention CME</td>
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