Digest of the Philadelphia College of Osteopathic Medicine (Spring 1994)

Philadelphia College of Osteopathic Medicine

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While the dust has far from settled in the debate over health care reform, there seems to be unilateral agreement on at least one area of policy: The need for more primary care physicians in the United States. The cover story in this issue looks at PCOM's piece in the health care reform puzzle.

Evidence increasingly supports a health care system driven by primary care as the most effective way to provide health care to the entire population. One of the problems facing reformers is that of providing appropriate training for medical students and residents to prepare them for primary care practice. At present, training programs for most medical students are hospital-based. The training of primary care physicians demands a more robust model, a model I believe is already in place at PCOM and the country's other osteopathic medical schools. Our system uses alternative environments for training, in which medical students are immersed in the culture of primary care, where they can learn to think and practice like generalists. And where, under the guidance of practicing primary care physicians, they can experience, first hand, the development of meaningful physician/patient relationships, the cornerstone of primary care.

While there seems to be general consensus among reformers regarding the desirability of finding alternative training sites to address these concerns, there are also genuine concerns from both inside and outside of the medical establishment regarding how to develop such a system, and how to pay for it. For many years, most of the country's osteopathic medical schools have used an integrated system of medical education that includes extensive, on-going training for medical students in outpatient settings, a system which could provide an excellent model for the expansion of national primary care education.

The track record for the osteopathic model is excellent. Schools of osteopathic medicine have always had as their central focus the education and training of primary care physicians, with nearly 60 percent of graduates from osteopathic schools becoming primary care physicians, compared to 20 percent of graduates from most allopathic schools.

Almost every osteopathic medical school in the country trains students in ambulatory care centers. Most either own or operate these centers or have agreements with organizations that operate them. At PCOM we deliberately decentralize certain aspects of education during the last two years of medical school. At present, our eight owned and operated ambulatory care centers serve indigent communities and provide our students with training in primary care. During the third and fourth years of medical school, while students in allopathic medical schools are traditionally trained in tertiary care units, our students, in addition to the training they receive in hospital-based rotations, spend a considerable amount of time working in community hospitals and ambulatory care centers in both rural and city locations. An ambulatory care curriculum is not an inexpensive way to educate primary care physicians, but I believe it is a highly successful one. With a lot of institutional commitment, prioritization and hard work, PCOM health care centers continue to break even. If health care reform requires more primary care physicians to guide the new system, we need to find an immediate and effective way to produce them. Rather than trying to change the existing model for allopathic schools to a primary care focus, it would be more productive for society to invest in the expansion of the osteopathic education model, a model with more than a century of success to recommend it.
THE UNITED STATES STANDS AT AN INTERESTING POINT IN ITS HISTORY. SYSTEMS SUCH AS LAW AND JUSTICE, WELFARE AND, OF COURSE, HEALTH CARE, ARE BEING SCRUTINIZED. FOR MANY AMERICANS, THE MOST CONTROVERSIAL QUANDARY IS HEALTH CARE REFORM. THE AVERAGE AMERICAN AS WELL AS HEALTH CARE PRACTITIONERS AND MEDICAL EDUCATORS — NOT TO MENTION POLITICIANS — ARE CONJURING UP IMAGES OF THE PERFECT SYSTEM. AS PRESIDENT CLINTON PUTS TOGETHER THE PIECES OF THIS PERPLEXING PUZZLE, PCOM IS MAKING PLANS FOR HOW IT FITS INTO THE BIG PICTURE.

"THE FACT IS THAT HEALTH CARE REFORM, DRIVEN BY THE MARKETPLACE, IS HAPPENING ON ITS OWN," SAYS PCOM PRESIDENT LEONARD H. FINKELSTEIN, DO, '59. "PRESIDENT CLINTON MAY HAVE ACCELERATED THE PROCESS, BUT MANY ASPECTS OF THE HEALTH CARE INDUSTRY HAVE CHANGED, ARE CHANGING AND WILL CONTINUE TO CHANGE REGARDLESS OF THE LEGISLATIVE PROCESS."

IT IS EXPECTED THAT THE FEDERAL GOVERNMENT WILL SET A MANDATE THAT BY THE YEAR 2000 — 50 PERCENT OF ALL MEDICAL SCHOOL GRADUATES OPT FOR A CAREER IN A PRIMARY CARE FIELD, I.E., GENERAL OR FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS/GYNECOLOGY OR PEDIATRICS. WITH APPROXIMATELY 60 PERCENT OF ITS GRADUATES CURRENTLY ENTERING PRIMARY CARE, PCOM IS ALREADY ABOVE THAT LEVEL.

HOWEVER, IN ORDER FOR PCOM TO MAINTAIN ITS PREEMINENCE IN THIS AREA, FINKELSTEIN HAS SET A GOAL HIGHER THAN THE EXPECTED FEDERAL MANDATE — THAT BY THE TURN OF THE CENTURY 70 PERCENT OF ITS GRADUATES WILL ENTER PRIMARY CARE FIELDS. GIVEN THE COLLEGE'S HISTORY (70 PERCENT PRIMARY CARE GRADUATES WERE COMMON SEVERAL YEARS AGO) AND EXPECTED INCREASES IN BOTH TRAINING FUNDS AND REIMBURSEMENT RATES FOR PRIMARY CARE PHYSICIANS, FINKELSTEIN BELIEVES THAT THE GOAL IS ACHIEVABLE.

TO ENSURE THAT THE COLLEGE REACHES THIS GOAL, SIGNIFICANT CURRICULUM AND FUNDING CHANGES AT THE UNDERGRADUATE AND GRADUATE LEVEL ARE BEING CONSIDERED. WHILE THE COLLEGE FOCUSES ITS ATTENTION ON PRIMARY CARE, IT WILL
remain committed to the specialty fields. “While we stress primary care, it is our strategy at PCOM to continue to offer a full menu of specialties so that our graduates have a complete opportunity to pursue any career they desire in osteopathic medicine,” Finkelstein says.

**Undergraduate training**

Since PCOM’s mission has always been to produce high quality primary care physicians, the college has a head start in the national shift toward primary care. PCOM administrators observe that many of the college’s applicants are already predisposed toward primary care due to mentor relationships with their own family doctors. Those who haven’t decided on primary care prior to enrolling are exposed to primary care models and specialists with a primary care focus throughout the four-year curriculum. As public policy and training reimbursements force more schools toward a primary care emphasis, and as rising reimbursement rates make primary care more attractive from both a financial and status viewpoint, the administration believes PCOM must do more to maintain its clear lead in primary care.

For example, Finkelstein says the college will more aggressively pursue funds for research in primary care. In addition, significant curriculum changes are being planned. Leading the way in curriculum changes is increasing the community health care center rotation from two months to three months and introducing it in the third year, instead of the fourth year. “We want to introduce the primary care experience earlier, and make it a more attractive option before many of the students make their career decision,” says Eugene Mochan, DO, ’77, assistant dean for primary care education. Following the introduction of a pilot program this May, the college expects to incorporate the three-month ambulatory care rotation during the 1996-97 academic year.

Fourth-year students will also be encouraged to opt for primary care elective rotations. Other curriculum changes include:

• adding case problem-solving to first-year basic science courses.
• allowing first-year students to observe physicians interacting with patients in health care centers.
• adding a standardized patient curriculum in PCOM’s new clinical learning lab for first- and second-year students (see story, p. 10).
• adding patient continuity experiences for second-year students with patients in urban and rural settings or homeless shelters.
• allowing second-year students to attend morning reports and grand rounds in the hospital to enhance the academic component of primary care.
• expanding behavioral sciences and clinical epidemiology offerings throughout the four-year curriculum.
injecting enhanced computer and informatics skills into the curriculum.

"In the future, the physician in the driver's seat is going to be the well-trained primary care doctor who has the skill level to provide more comprehensive care," says Kenneth J. Veit, DO, '76, PCOM dean. "Informatics skills — the ability to obtain, synthesize and digest medical information — will be critical for primary care physicians. These physicians will be required to offer more comprehensive care and to control resources by deciding which diagnostics and procedures are required for the desired outcomes."

Mochan says the goal of all these changes is to "develop community-responsive, primary care-oriented osteopathic physicians."

Ironically, Veit sees a potential funding drawback for PCOM because of its long-standing primary care expertise. "Funding sources trying to change the tertiary care medical schools might marshal their resources there," he says. "We hope to show funding sources that we need the support to continue to do what we historically have done so well, and to convince them their resources might be better used at PCOM, with its fine track record, rather than in trying to change other institutions."

**Graduate training**

Traditionally, the federal Medicare and, to a lesser extent, federal-state Medicaid programs have been the primary funding source for graduate medical education. With such reimbursements (made through hospitals) declining and growing managed care programs contributing nothing to postgraduate education, the federal government is considering making payments directly to medical schools for interns and residents.

Finkelstein and Richard A. Pascucci, DO, '75, associate dean for graduate medical education, favor such an arrangement. In addition, both believe insurers other than the federal government should contribute to the education of residents.

Regardless of that possibility, Pascucci says the federal government's current plans could have a significant impact on the number of residents who choose primary care rather than a specialty. "The government is proposing paying the full salaries of primary care residents, but only paying half the salary for specialty residents," he says.

**Faculty impact**

Finally, the dramatic shift to managed care plans from traditional indemnity health insurance coverage could have a significant impact on faculty funding. "Most medical schools have supported their clinical faculty through traditional patient reimbursement," says Finkelstein. "Health care reform is going to require schools to seek alternative methods for obtaining funds to maintain and upgrade quality academicians."

PCOM's strategy is to develop its ambulatory care sites as not only teaching sites but also as profit centers. "This will involve a large network of physicians being closely associated with PCOM not only as full-time faculty and staff, but also as members of a professional provider organization, or PPO."

For PCOM, health care reform is both an opportunity and a challenge it intends to meet. As the months go by and the health care reform puzzle unfolds, PCOM expects that it will be an integral piece in the big picture.
Alumnus appointed to landmark commission

How do you motivate the nation's medical schools to matriculate a graduating class of 50 percent primary care physicians by the year 2000? No, this is not a Jeopardy answer for "Doing the impossible," but is a question captivating the minds of hundreds of academicians across the country, including Oliver C. Bullock, DO, '78.

"It will require much rethinking and retooling in the way American medical education has been conducted in the past 20 or 30 years," says Bullock. While osteopathic schools already exceed that goal, allopathic medical schools lag far behind.

Bullock, PCOM's chairman of community medicine, director of its health care centers and medical director of the Cambria Health Care Center, has been appointed to the Pew Health Professions Commission, which is attempting to address this complex issue. He serves as the representative of the osteopathic profession on the 20-member commission, chaired by Dick Lamm, the former governor of Colorado.

Bullock's commission picks up where an earlier phase left off. Phase one of the Pew Commission, which met from 1990 to 1993, recommended general changes for medical education. Bullock and his colleagues, scheduled to complete their work in 1996, are charged with recommending specific ways in which the 50 percent primary care graduation rate can become a reality.

In its publication, Healthy Practitioners in the Year 2000, the commission's first phase offered some of the characteristics the general practitioner of the next century should have. Interestingly enough these characteristics: the desire for life-long learning; the ability to communicate with patients and the ability to look at a patient as a complete person — are also values traditionally held in the osteopathic profession.

Financial and academic changes needed

Bullock says the commission plans to address both financial incentives and strategies for making academic changes in order to convince medical schools to place increased emphasis on training primary care physicians.

The financial incentive recommendations will include both enhanced government reimbursement for primary care training and increased financial remuneration for primary care practitioners. Regarding academics, Bullock believes primary care curricula must be improved and primary care research must be increased in order to make the field more attractive for students.

"Medical schools must let students know there is a bright future in primary care," says Bullock. "Primary care physicians can have careers that are just as glamorous and financially rewarding as careers in neurosurgery and orthopedics."

Finally, Bullock cautions that in order to retain its leadership in primary care, osteopathic schools must look at initiatives both the federal government and the Pew Commission support. One such initiative is training programs for licensed physicians' assistants. "Osteopathic schools are ideally suited to train these individuals and the field represents an excellent area for expansion," he says.
OTHER VIEWS ON HEALTH CARE REFORM

C. Glen Kramer, DO, '66
Vice President, Alumni Association Board
Practices at Quakertown (Pa.) Osteopathic Clinic, P.C.

"Health care reform is going to mean a lot of control by the federal government, a lot more paperwork and expense in running a practice, and less income with which to run it.

“When you have a program being designed primarily by consumers and attorneys you cannot expect much to be done on tort reform. Unless something is done, it will make it very difficult for practitioners to survive.

“If the Clinton health care program is allowed to proceed unchecked, it may virtually destroy the best health care system in the world. And if the government forces insurance companies to compete even more, we may end up with exactly what the government says it doesn't want, and that's the rationing of health care.”

Bernard F. Master, DO '66
Chairman and Chief Executive Officer,
Health Power Inc.
Owns and operates three HMOs in Columbus, Dayton and Cincinnati, Ohio, with Medicaid and commercial patients

"Managed care has proven to be a cost-effective, quality program. It represents an excellent opportunity for the osteopathic profession in that it highlights primary care providers as the fundamental base in providing care to the American people. It will mean less paperwork because the doctors will be left to practice medicine while the managed care companies will be performing the paperwork.

“After Congress mulls over this complex question, I think the final result will be a system of health care that provides not only managed care but traditional indemnity insurance and preferred provider organization coverage, so that the American people will have a choice.”

Maureen Conroy, R.N., PCOM '96
former Air Force nurse from Pittsburgh, Pa.
Enrolled in the DO-MBA program

“At first I leaned toward specialties because I thought general practitioners were limited in their scope of practice. However, I believe health care reform will not limit them as much and will at some point elevate their status. For these reasons, I am more likely to consider primary care.

“Since health care reform is focusing on generalists and family doctors, I think I benefit from being in a DO school that emphasizes outpatient care on most rotations. Since most care of patients takes place in an office setting, my education puts me in a better position to market myself to managed care systems.”

Greg Nichols, PCOM '94
Raleigh, N.C.

“I'm thinking about going into obstetrics and gynecology, one of the primary health care fields, which is the reason I came to PCOM. I feel I am going to have a unique advantage when I graduate since the college's curriculum is already geared toward primary care, an orientation which is enhanced during the third- and fourth-year with several primary care rotations.

“Primary care is an excellent field to pursue. In the past, many people shied away from general practice because of the allure of the specialties and the potential for higher salaries and the accompanying ability to offset the high cost of getting a medical education. Now that the government is trying to encourage more people to enter primary care fields by offering financial aid and reimbursement incentives, this reasoning is no longer valid. I believe more students will now redirect their focus away from the specialties to primary care.”
To a young child, a visit to the doctor's office can be a frightening experience. In an effort to alleviate that fear and to teach children about what a doctor does, Oliver C. Bullock, DO, '78, has developed a half-hour elementary school video.

Bullock, chairman of community medicine, director of PCOM's health care centers and the medical director of the Cambria Health Care Center, came up with the idea after he was invited to visit a Philadelphia elementary school a couple years ago. The first-graders, he was told, were afraid of doctors, and the whole experience associated with going to the doctor's office.

That first encounter at the school, followed by a number of others, convinced Bullock that he needed to find a way to reach the children — to keep their attention while educating them. Soon after, puppets joined Bullock on his visits.

Several months ago, he decided to modernize the project. The result: "A Visit to the Doctor: The Fall," a video funded by the State Generalists Physician Initiative grant. The video, features Bullock as himself, lively, fun puppets and entertaining songs. The video tells the story of a little girl's visit to a doctor's office populated by "gos­sips," colorful puppets which talk and sing about the different instruments the doctor uses.

The verses of one song help children understand the function of the ot­oscope, the stethoscope and a ther­mometer.

An otoscope lights up the inner ear, It's an ear checker which helps you see so clear ... A stethoscope hears what we might not hear In a heartbeat, thump, it helps us hear so clear While the thermometer checks out your temperature Either in glass, or plastic strips, just remember These are just a few things you will see

To reinforce the video's message, Bullock hopes to have PCOM students present the video at schools as a community service and conduct a question/answer segment. A companion coloring book is also in the works.

"The video underscores PCOM's commitment to community medicine. We keyed into the needs of our patients and designed a way to fulfill that need," says Dean Kenneth J. Veit, DO, '76.

Muppets link

Bullock credits Jim Portlock, assistant to the dean and associate professor of medical humanities and education, with building the first puppet stage and introducing him to the late Richard Pepperman, an assistant director on the Muppets Show and Constance Rankin, a Harrisburg scriptwriter who had written plays for inner city children. Rankin wrote the script and lyrics for two original songs and was joined by Dave Lock who composed a musical score. Pepperman introduced Bullock to the final player — puppeteer Nick Swindin of Exton, Pa.

Swindin's puppet company created seven original puppets and a set for the three-day shooting in PCOM's education media studio. "I just fell in love with the project," says Swindin, who took over direction and production following Pepperman's death. "Dr. Bullock is an incredible guy and we wanted to make it extra special for him, so everything had to be just right." Bullock has identified 10 different places in the Philadelphia Public School District's kindergarten through fourth-grade curriculum to use the video. Copies of the video will also be available to any school district in Pennsylvania that requests it.

Based on Bullock's live shows, the potential impact of the video is considerable. "Some of the schools we visited are in our own neighborhood, and some of their kids are our patients," says Bullock. "It is interesting and very rewarding to see a first-grader come in and say, 'I know that's an otoscope' and not show any fear."

REFRAIN
"Now a visit to the doctor is a very common thing getting check ups periodically will KEEP your healthy chart clean."

FADE
Founders Day/Alumni Weekend is always a great opportunity to share memories with former classmates and to renew friendships. The weekend event, however, holds special meaning for the College's O.J. Snyder Memorial Medal recipient and the Alumni Association's Certificate of Honor winners. This Founders Day was no exception as Fairman L. Denlinger, DO, '53, Richard S. Koch, DO, '38, and Constance J. McKenzie took their rightful places in PCOM's history as this year's honorees.

Fairman L. Denlinger, DO, '53, left, received the O.J. Snyder Memorial Medal from Leonard H. Finkelstein, DO, '59, right, PCOM president and CEO.

Constance J. McKenzie, center, a bookkeeper-secretary in the Alumni Relations and Development office, received the Certificate of Honor for outstanding service to the Alumni Association and the Alumni Relations and Development office. Mrs. McKenzie was congratulated by Hale T. Peffall Jr., executive director of Alumni Relations and Development, left, and A. Kenneth Ciongoli, DO, '68.

Joan Weller, 42, has just found out that she has high blood pressure. This comes as a complete surprise to her as she has no symptoms and feels that she is in perfect health. She'll go along with any treatment prescribed by her doctor—that is if the doctor appears to empathize with her. If her doctor is insensitive or preachy, she'll resist.

The above description is stage direction for a patient actor for PCOM's dedicated clinical learning lab. Through convincing portrayals of common patient scenarios, students have the opportunity to enhance their clinical and communications skills.

Since the clinical learning lab opened in December each first- and second-year student has gone through the program twice. Students come in poised to handle a patient scenario—not knowing what to expect—while patient actors come in trained to react to what students say and do.

"The process of developing a differential diagnosis and recommending therapy is a challenge for an undergraduate," says Jeffrey S. Freeman, DO, PCOM professor and chairman of endocrinology and metabolism, who heads the program. "Both clinical and communications skills are needed and necessary for their medical education."

Construction of the $25,000 laboratory, funded by proceeds from the 1993 PCOM Golf Classic, was completed in the fall of last year. Located on the second floor of Rowland Hall, the learning laboratory consists of a reception area and five rooms set up as realistic physician's offices. Each room is equipped with all the accoutrements typically found in a doctor's office, such as an examination table, otoscope and other diagnostic equipment, as well as state-of-the-art audiovisual equipment, which is used to videotape each encounter.

Common primary care scenarios

Among the case scenarios being used are patients with a migraine headache, chest pain, back pain, ear ache, abdominal pain and high blood pressure. Phone consultations are also conducted.

For first-year students, the experience is an extension of basic science courses, bridging basic science to clinical experience; the second-year experience places more emphasis on clinical disease aptitude. Currently both first- and second-year students experience a patient encounter each semester. The lab's use in clinical rotation instruction and other first- and second-year didactic courses is also being contemplated.

"These cases are common situations encountered by primary care providers," says Freeman. "They measure, and hopefully enhance, students' clinical ability as well as their communication skills with patients. Students are evaluated on how they establish a diagnosis and how they perform physical exam procedures.

"There are cases that focus on a patient's history, physical examination and specific communication skills, such as an abnormal pap smear which requires the student to inform the patient of abnormal results and discuss possible treatment options," Freeman adds.

Each 20-minute patient encounter is followed by a 10-minute interview in which the patient actor critiques the student's "performance" and offers feedback.

"The feedback was helpful," says Beverly Pennino, PCOM '97. "My patient told me that my empathy and the words that I chose were appropriate and that I put her at ease. That will make me more confident when I go out to a real clinic," she says. Pennino also thinks that videotaping the process is helpful. "In watching myself, I noticed that my body language could have been better. I was so nervous the first time that I looked tight with my arms and legs crossed. I should have been more open and have made better eye contact with the patient."

"Some students are initially a little intimidated about being videotaped,"
learning lab gets rave reviews

says Dean Kenneth J. Veit, DO,'76, “but it is done in a constructive, non-threatening manner. It’s our hope that each student’s tape will be continued and added onto over the four years so that he or she will be able to document professional development in the ability to care for and communicate with patients.”

“It’s a great experience,” agrees Amy Brandt, PCOM,'97. “My scenario was the patient who came in for an employee physical, but her chart indicated she had hypertension. In addition to determining that she was hypertensive, I had to determine the root of the problem. Was it hereditary, diet-related, or a combination? I had to remember everything I had learned in the classroom and integrate all of it into the patient scenario.”

The program’s history

Everyone involved in the new lab credits the late Robert Berger, DO, '58, associate dean for undergraduate medical education, with championing the standardized patient program and clinical learning lab. “This was his dream—to upgrade the program to the point where we utilized professional actors as a regular, required part of the curriculum in our own dedicated lab,” says Robert G. Cuzzolino, EdD, associate dean for academic administration. “Dr. Berger was happy to hear about the first group of students going through the lab last December.”

“Bob Berger passionately believed in humanizing the patient-doctor relationship,” says Anthony M. Errichetti, PhD, the psychologist who trains the patient actors, based on medically-accurate scenarios devised by Freeman. “He believed that students need to learn how to be better human beings first and doctors second, and strongly supported this program as a method of achieving that.”

Impressed with a similar program at the Medical College of Pennsylvania (MCP), Berger launched PCOM’s standardized patient program in the late 1980s with fourth-year students and residents serving as patient actors for second-year students. The pilot study for the program, based on MCP’s model, followed in November 1990. The program evolved into its present form under the direction of Berger, Freeman and Errichetti, who had been doing similar work with the National Board of Medical Examiners in Philadelphia.

With only a run of three months, the dedicated clinical learning lab is getting rave reviews from both the students and the patient actors. “The comment I hear most from the actors is that they are impressed with the skill level the students have demonstrated,” says Errichetti. “The actors say the students usually knock on the door before entering the exam room, they treat the patient with respect and do not talk down to them, and they do not use overly technical language.”

The students, in turn, have reacted positively to the program. “It’s definitely a good learning tool,” says Peter Curreri, PCOM '97. “I improved in my second experience because I had a better idea about what to ask and how to interact with the patient. In my first experience the patient suggested that I engage in more conversation about him and his family history in order to gain information about his work and stress he might have.

“I’ll definitely feel more comfortable and confident when I work with real patients,” Curreri adds.
In the mid '70s John D. Angeloni, DO, '75, opted for a one-year internal medicine residency at PCOM because there were so few family practice residencies available. Oh how things have changed. As Angeloni assumes the presidency of the American College of Family Physicians this spring, the outlook for family practice has never been brighter. "Family practice residency programs are much larger and more sophisticated now," says Angeloni, PCOM's professor and chairman of family medicine and director for the family practice residency program.

"The situation has changed dramatically since I was a resident. The college currently has 34 residents in our two-year program. For at least the next two decades, family practice is going to be THE physicians' field."

Trend or not, the native Philadelphian has always been interested in the broad range of health care delivery that family practice offers. Today he balances teaching and overseeing the residency program with his City Avenue practice. "I'm in a unique position," he says. "I get to teach and watch our students develop into residents who go on to become fine doctors and leaders in our profession, while I simultaneously pursue my other passion — being a family physician."

After 18 years in practice, it is not uncommon for Angeloni to treat entire families. Many patients have also recommended him to their co-workers. "It creates a very nice, family environment," he says — the kind of environment he encourages his students to develop.

"We try to make sure our students first have a solid medical data base and second that they understand the patient by being attuned to the patient's environment," he says. "To do that, you must listen to your patients. They will tell you a lot, not only about their illness, but also about their family life, their relationships with their children and spouse and their relationships at work."

"That's extremely important to know when you are taking care of a patient in a family practice setting."
As Angeloni begins his one-year term as ACFP's president, he sets his sights on a major undertaking—a proposal to launch a pilot family practice residency program. The program would accelerate the training process for family physicians by trimming one year from medical school while providing a more focused approach to training primary care physicians.

The residency program would be set up at several osteopathic colleges, including PCOM. Under the proposal, a seamless, completely integrated education, encompassing three years of medical school, a one-year rotating internship and a two-year residency program, would be available to medical students interested in family practice.

"The federal government, the American Cancer Society and a number of HMOs have all expressed interest in the idea and are working with us to develop the curriculum," he says. "Before this is instituted we want to make sure shortening the length of undergraduate training by a year does not in any way put students at a disadvantage when they graduate."

If successful, Angeloni says the format would develop well-trained, more intricately focused family physicians because the curriculum would concentrate exclusively on family practice, preventive medicine and managed care skills. He believes that the program could also increase student interest in family practice by reducing training time and could attract more federal scholarship money.

John Angeloni, D.O., FACFP
Program Director, General Practice Residency
Professor and Chairman, Family Medicine
Philadelphia College of Osteopathic Medicine

Specialty
Family Practice

Education/Training
B.A., Temple University, 1970
D.O., Philadelphia College of Osteopathic Medicine, 1975
Internship: PCOM, 1975-76
Residency: Internal Medicine, PCOM, 1976-77

Certifications/Memberships
Board certified, Family Practice
President, American College of Osteopathic Family Physicians
Fellow, American Osteopathic Board of Family Practice
Editor-in-Chief, Journal of Osteopathic Medicine

Awards/Honors
The Raymond Saloom Award for Dedication to the Field of Family Practice, 1987
Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching, PCOM, 1984

Research Interests
Pulmonary pharmaceuticals
RUGBY MADNESS

Martians invade Dublin, Ireland

No, this is not a cruel hoax perpetrated by Orson Welles fans. This past fall Martians (Middle Aged Rugby Side), including Hale T. Peffall Jr., William T. Merchant, DO, '81, James Renshaw and Ira Spitzer, DO, '76, joined 5,000 rugby players from 25 countries participating at the International Golden Oldies Rugby Festival in Dublin.

The week-long event included a welcoming parade rivaling the zaniness of the Mardi Gras parade, tours of Ireland's countryside and, of course, rugby matches.

In its eighth year, the festival was organized to renew friendships and to promote camaraderie in the international rugby community. With the next festival set for 1995 there's only one thing to say — look out New Zealand's South Island — Martians are coming!

Twenty Years Ago .... Recognize any of these faces? It was back in 1973 that this team started what has become a proud PCOM tradition — PCOM Rugby. This 1973-74 team — the inaugural team — featured Captain "Henry Krahe, player coach "Mad stork" Haberstroh, "Snakebite" D’Alonzo, "Roach" Herskowitz and "Tongue" Landis, just to name a few. In celebration of 20th anniversary of rugby at PCOM, the College hosted a celebration and match on April 30. Look for event coverage in an upcoming issue of Digest.
JUST Published


CLASS Acts

1942

Emanuel Fliegelman, DO, Wyncote, Pa., PCOM professor of OB-GYN and director of the Human Sexuality Program, was appointed co-chairman of the Planned Parenthood medical committee for Southeastern Pennsylvania.

1957


1959

Peter E. Johnston, DO, Columbus, Ohio, received the 1993 Distinguished Osteopathic Surgeon Award presented by the American College of Osteopathic Surgeons.

1962

Robert S. Maurer, DO, Edison, N.J., was featured in an editorial published in The New Tribune titled "Malpractice cases hike cost of treating cancer."

Officers elected ... "Friends of PCOM," a new group formed to support college fundraising efforts, recently held elections. From left, are: Larry Finkelstein, DO, '87; his wife, Lisa Hark-Finkelstein, newly-elected president of "Friends"; Leonard H. Finkelstein, DO, '59, PCOM president and CEO; Bunny Levyn, vice president of the group; and her husband. Jonathan Levyn, DO, '85.
60th Reunion ... Founders Day/Alumni Weekend 1994 was particularly special for Class of '34 attendees William Gallagher, DO, Darien, Conn., left, and Joseph A. Porias, DO, Los Angeles, Calif., right.

**1964**
Michael B. Grossman, DO, Cherry Hill, N.J., was elected chairman of the New Jersey State Health Care Administration Board.

**1965**
Vincent G. Lobo, DO, Harrington, Del., PCOM Alumni Board member, was elected to the Harrington City Council.

Robert M. Mandell, DO, Farmington Hills, Mich., was appointed president of the American Osteopathic Academy of Orthopedics.

**1966**
Marvin Abramson, DO, Monmouth Beach, N.J., was appointed chief of staff at Jersey Shore Medical Center.

Merrill J. Mirman, DO, Springfield, Pa., was appointed to the advisory council of the International Academy of Behavioral Medicine Counseling and Psychotherapy.

**1967**
Gary Zisk, DO, Brooklyn, N.Y., was elected vice president of the American Society of Bariatric Physicians.

**1969**
Carl Mogil, DO, Cherry Hill, N.J., presented a lecture titled "Hand Surgery - External Fixation of Radius Fractures" at the Annual Clinical Assembly of Osteopathic Specialists.

Daniel N. Larusso, DO, Massillon, Ohio, was nominated for a seat on the National Advisory Committee on Occupational Safety and Health.

John Shutack, DO, Bryn Mawr, Pa., was honored for his work with the telephone Hotline of the Malignant Hyperthermia Association of the United States.

**1972**
James W. Silliman, III, DO, Derry, Pa., was named chief of family medicine at Latrobe Area Hospital.

**1974**

**1976**
Ted S. Eisenberg, DO, Merion Station, Pa., was elected national vice president of Lambda Omicron Gamma Medical Society.

John C. Prestosh, DO, Nazareth, Pa., became a fellow of the American College of Osteopathic Emergency Physicians.

**1977**
L. Dawson Gladding, DO, James Taylor, DO, '77, and Robert Kasprzak, DO, '79, all of Fort Myers, Fla., were featured in an article published in Mature Lifestyles titled "Three local doctors and the tie that binds them."

J. Robert McGhee, DO, Wakefield, R.I., was elected president of the medical staff at South County Hospital.

**1978**
Austin J. Gerber, DO, Pleasantville, N.J., was elected president of the New Jersey Association of Osteopathic Physicians and Surgeons.

Philip E. Schumacher, DO, Butler, Pa., was elected president of the medical staff at Butler Memorial Hospital.

**1979**
Alfred R. D'Angelo, DO, Granger, Ind., was appointed director of the Family Practice Clinic at Michiana Community Hospital.

Dennis Guest, DO, Yardley, Pa., was elected to the Board of Directors at Northeastern Hospital Foundation.

Mark Holencik, DO, Harrisburg, Pa., presented a lecture titled "Cementless Total Hip and Knee Arthroplasty" at the Annual Clinical Assembly of Osteopathic Specialists.

Silvio Zappasodi, DO, Cherry Hill, N.J., was board certified in sleep disorder medicine.

**1980**
Kent E. Weiss, DO, Lane, Pa., was a featured host for a health care radio show aired on WCOJ-AM.

Richard B. Esack, DO, Fort Lauderdale, Fla., was board certified in Anesthesiology.

**1981**
Joseph J. Calabro, DO, Newark, N.J., was elected to the Board of Directors of the American College of Osteopathic Emergency Physicians.

Donald Taylor, DO, Accokeek, Md., became a fellow of the American College of Osteopathic Family Physicians.

Timothy J. Zelko, DO, Winchester, Tenn., joined the medical staff at Southern Tennessee Medical Center.
1983

Todd M. Kelman, DO, Elkins Park, Pa., PCOM assistant professor of surgery, presented a lecture titled “Hand Surgery - Carpal Instability” at the Annual Clinical Assembly of Osteopathic Specialists.

John E. Prior, DO, Oreland, Pa., joined Dr. Jeremiah W. Eagen in his Scranton internal medicine practice.

1984

Claude J. DiMarco, DO, Seaford, Del., and Joseph Olekszyk, DO, ‘85, also of Seaford, were board certified in otolaryngology and facial plastic surgery. In addition, Drs. DiMarco and Olekszyk were featured in an article published in The Leader titled “Doctors enjoy a joint practice.”

Thomas M. Fox, DO, Niceville, Fla., presented a lecture titled “The Throwing Arm - External Fixation of Radius Fractures” at the Annual Clinical Assembly of Osteopathic Specialists.

Gregory Frailey, DO, Williamsport, Pa., became a fellow of the American College of Osteopathic Emergency Physicians.

1985

Richard D. Kimmel, DO, Boca Raton, Fla., has become a fellow of the American College of Chest Physicians.

Paul V. Suhey, DO, Jacksonville, Fla., presented a lecture titled “The Throwing Arm - Biomechanics of Throwing” at the Annual Clinical Assembly of Osteopathic Specialists.

Mark Bernardi, DO, Laflin, Pa., opened an office in Pittston for the practice of diagnostic invasive and interventional cardiology.

David Klees, DO, Erie, Pa., opened a new family practice in Girard.

Walter C. Peppelman, Jr., DO, Harrisburg, Pa., presented a lecture titled “Treatment of Rheumatoid Cervical Spine” at the Annual Clinical Assembly of Osteopathic Specialists.

Robert J. Sinnott, DO, Doylestown, Pa., was board certified in colon and rectal surgery.

1986

H. Brent Bamberger, DO, Dayton, Ohio, presented a lecture titled “Hand Surgery - Metacarpal/Phalangeal Fractures” at the Annual Clinical Assembly of Osteopathic Specialists.
PCOM professor “Dr. Nick” dies at 76

Known as “Dr. Nick” for most of his 47 years at Philadelphia College of Osteopathic Medicine, Nicholas S. Nicholas, DO, died Jan. 26 at the age of 76. His name was synonymous with the practice and teaching of osteopathic manipulative medicine and dominated the field in a way few other physicians have.

An avid sports enthusiast, Dr. Nicholas was treating sports-related injuries before the term “sports medicine” became commonplace. He played baseball, football and basketball at Brockton High School outside Boston and graduated from Tufts University in 1935 and from Kirksville College of Osteopathic Medicine in 1939. He interned at Massachusetts Osteopathic Hospital in Boston.

A member of the U.S. Navy Medical Corps during World War II, Dr. Nicholas became head of post-operative orthopedic and neurosurgical rehabilitation programs for the Philadelphia naval district. After his discharge in 1947, Dr. Nicholas began practice in Upper Darby and joined the faculty of PCOM. He was also named team physician for Villanova University athletic teams, a position he held until 1960.

Dr. Nicholas was named consulting physician to the National Football Baseball and Basketball Leagues, during which time he treated famous athletes including Olympian gold medalists Frank Budd, 100 meter world record-holder, and Don Bragg, world champion pole vaulter. Other celebrities who sought the manipulative treatments of Dr. Nicholas were Phillies pitcher, Steve Carlton, and famous composer Leonard Bernstein.

Dr. Nicholas’ main interest at PCOM was in teaching manipulative medicine. His published techniques were illustrated in many osteopathic journals, and in the early seventies he authored the renowned Atlas of Osteopathic Manipulative Techniques, a reference for physicians. He was also a consulting editor for Physician and Sports Medicine magazine, a McGraw Hill publication.

Dr. Nicholas received the Lindback Award for Distinguished Teaching from PCOM in 1971 and became professor and chairman of the Department of Osteopathic Manipulative Medicine in 1975. Elected as a fellow of the American Academy of Osteopathy, he served as its president in 1977-78. He was a founding member of the American College of Osteopathic Sports Medicine.

A resident of Drexel Hill, Upper Darby Township, Dr. Nicholas is survived by his wife Marika, three sons, Alexander, DO, ’75, Evan, DO, ’81, and George, and four grandchildren.

Robert Berger, DO, ’58, associate dean and professor, dies

Robert Berger, DO, 62, associate dean for undergraduate medical education at PCOM, died Feb. 14 after a brief illness.

A natural “father figure,” Dr. Berger’s lifetime pursuit was to prepare young people for greater things. As a pediatrician he healed many young patients, as an educator he trained numerous promising physicians, and as a father he raised three wonderful children.

A Philadelphia resident, Dr. Berger earned his bachelor’s degree from Temple University and graduated from PCOM with a doctor of osteopathy degree in 1958. He completed his internship at Detroit Osteopathic Hospital and served a pediatric residency under Arnold Melnick, DO, ’45, at Delaware Valley Hospital, Bristol, Pa., and Parkview Hospital, Philadelphia, Pa. He completed a fellowship in neurological pediatrics at St. Christopher’s Hospital for Children.

Certified by the American Osteopathic Board of Pediatrics, Dr. Berger was the attending pediatrician at Parkview (1966-1994) and Delaware Valley (1966-1976) Hospitals. He served as vice chairman of the department of pediatrics at the two hospitals from 1970-1976.

In 1976, Dr. Berger returned to his alma mater to join the faculty as an assistant professor of pediatrics. He was promoted to associate professor in 1978 and full professor in 1984.

While educating his students on the breadth and depth of young lives, he continued to serve as the attending pediatrician at Suburban General Hospital (1978-1981), and Hospital of PCOM (1976-1994). He also served as medical director of the Summit School, a center for children with learning disabilities, from 1969-1982.

In 1986, Dr. Berger was named assistant dean for clinical education at PCOM and in 1993 he was elevated to associate dean for undergraduate medical education. He chaired the department of pediatrics since 1990.

Dr. Berger was committed to educating skilled and caring primary care physicians. He worked to integrate PCOM students’ first and second years of medical school with the third and fourth years to provide a smoother, more cohesive curriculum. He strive to find excellent and well-planned clinical rotations for PCOM third- and fourth-year students, and he coordinated with PCOM’s affiliated hospitals.

Dr. Berger is survived by his wife, Hannah; three children, Eric D. Berger, Audrey M. Berger, and Daniel P. Berger; his parents, Joseph and Sylvia Berger; and two sisters, Elaine Shubin and Susan Goldstein.
SAILING IN ST. THOMAS...David Heilig, DO, '44, left, Hale T. Peffall, Jr., center, and Kenneth J. Veit, DO, '76, right, and "their crew" enjoy an afternoon on the high seas during PCOM's '94 Post Founders Day CME. If you haven't taken advantage of this PCOM annual event, join us this year and see what you've been missing! For information, contact PCOM Alumni Relations at 215-871-2144.

Support PCOM at Golf Classic

Don't miss your opportunity to join in the Second Annual PCOM Golf Classic at Manufacturers' Country Club in Oreland, Pa. Although all the foursomes have sold out in record time, you still can show your support by being an on-course or ad book sponsor.

The Sept. 12th event will help the College expand its Cambria Health Care Center, which serves as an important site for PCOM's clinical education program and provides primary care access to medically under-served children and adults in North Philadelphia.

On-course sponsorships range from $250 to $750, and include space in this year's new golf classic ad book. If you'd like to support the event through an ad, eight levels of participation are available, ranging from $25. to $1,500. For more details, call Harriet Stein, Event Coordinator at (215) 871-2106.

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