Keeping the Balance True
The Rural Medicine Practice
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GO GREEN.
Does PCOM have your current e-mail information?
Send any e-mail updates to alumni@pcom.edu and the College will reduce the number of paper mailings sent to you. PCOM strives to produce environmentally-responsible publications and targeted mailings.
Dear Alumni and Friends,

The American health care system is not immune to recessionary trends. Rural communities are especially impacted; their economic downturns have resulted in a growing physician maldistribution as well as disparities in mental health, substance abuse and public health outcomes. The cover article of this issue of Digest offers the perspectives of five rural physicians—from Alabama, Colorado, Georgia, Iowa and Pennsylvania. Their osteopathic callings are unwavering; they treat the sick, train the next generation of healers and profoundly contribute to the very core of these significant communities.

In tribute to our institution’s heritage, this issue marks PCOM’s annual observance of Founders’ Day. We honor those who have demonstrated outstanding leadership, loyalty and service to our College, the community and the osteopathic profession. Please join me in congratulating O.J. Snyder Memorial Medal recipient John W. Becher, DO ’70, FACOEP, and Mason W. Pressly Memorial Medal recipient Helen Anne Chang (DO ’09).

Finally, the article, “Preparing Medical Students for End of Life Care,” emphasizes PCOM’s unique teaching approach to the management of medical and psychological issues surrounding humane care to persons nearing the end of life. The fourth-year DO program combines real clinical experiences with homebound patients and more monitored work with standardized patients, a robotic patient and faculty. Students encounter topics such as intimacy with patients, self-disclosure, the physician’s role when there are no further treatments, ethical/legal issues and the ways physicians can learn from patients.

I thank you for your continued interest in and support of the College.

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer
Updates and Kudos

AOA Top Brass Talk to Students

The second-year DO class was energized by a visit from officials from the American Osteopathic Association (AOA) including Carlo DiMarco, DO ’78, president, and John B. Crosby, JD, executive director, as well as Robert Goldberg, DO ’77, dean, Touro College of Osteopathic Medicine. Joining the three at the two-hour panel discussion was SGA President Courtney Scrubbs (DO ’11). The first hour of the discussion focused on the role the AOA plays in supporting the profession and in helping to shape health policy. The second hour featured a lively and far-ranging question and answer session.

As the newly elected president of the AOA, Dr. DiMarco said that the goal of his presidency is to advance osteopathic medical education, osteopathic graduate medical education (OGME), and research and advocacy. With 10 new colleges of osteopathic medicine, including branch campuses, recently established, competition for post-doctoral training slots will be intense. To increase the number of OGME programs, the AOA was instrumental in getting HR Bill 2583, a physician workforce and GME enhancement act, introduced into the Senate. The bill calls for no-interest loans for non-teaching hospitals, preferably in rural or urban areas that want to establish residency programs.

The question and answer session touched on issues ranging from insurance reimbursement, universal health care and electronic health records to the pros and cons of students taking both the COMLEX and USMLE exams. In the end, Mr. Crosby encouraged students to “be engaged in health policy because your voice is as important—or more important—than ours.” Speaking from a student perspective, Ms. Scrubbs, who participated in the AOA House of Delegates last summer, emphasized the importance of physicians influencing policy. “It is a very democratic process,” she explains. “Issues can come from the ground up to be heard by physicians and future physicians across the country.”

A Pipeline to the Future

When Lara Williams (DO ’09) entered PCOM, her interest in OMM was both scientific and personal. “I was a patient of a DO,” she explains. “I found OMM extremely helpful; I’m a walking example that it works.” So when Michael Kuchera, DO, professor, OMM; director, OMM research; and clinical director, Center for Chronic Disorders of Aging, offered Ms. Williams the opportunity to work in his Human Performance and Biomechanics Lab, which is part of the DO/MS neuromusculoskeletal concentration, after her first year, she jumped at the chance. “I hadn’t had the chance to conduct this type of research before, so this was a great opportunity.”

“This program acts as a pipeline for future teachers, researchers and mentors,” explains Dr. Kuchera. “Students gain a full year of additional training in clinical skills, research and teaching—all three legs of the academic stool.” All students graduate with an MS in biomedical sciences as well as a DO degree.

The program, which was launched in 2006, is available to OMM teaching fellows as well as to osteopathic students from any medical school. Students in the program have earned both recognition and funding.

The first graduate of the program, Jessica Masser-Yahnert, MS/Biomed ’07, DO ’07, a Mason W. Pressly Memorial Medal recipient, became the first of several students in this program to earn a prestigious AOA research fellowship. Assisted by undergraduate OMM teaching fellow R. Jason Hartman, DO ’07, she conducted research on the use of OMT in subjects with fibromyalgia syndrome that laid the groundwork for additional funding. Current students Nathan Jean (DO ’09) and Ms. Williams also earned AOA research fellowships. Dr. Hartman, now a neuromusculoskeletal/osteopathic manipulative medicine resident, continues to assist new DO/MS students in the pipeline.

“I feel much more prepared for the future,” says Ms. Williams, who hopes to work in academia after graduation.
Walk the Talk

When 20 grown men put on patent leather pumps and march down City Avenue in the rain, you hope there’s a reason behind it. On November 15, there was a very good reason why these PCOM students, accompanied by an equal number of women in assorted footwear, took to the streets.

The students were participating in “Walk a Mile in Her Shoes: The International Men’s March to Stop Rape, Sexual Assault and Gender Violence.” Based on the old saying, “You can’t really understand another person’s experience until you’ve walked a mile in their shoes,” the organization sponsors walks throughout the world to help improve gender relationships and decrease the potential for violence.

Having known women who had been victims of abuse, James Aston (DO ’11) decided to bring the walk to PCOM. He searched for a student organization to partner with, and pitched the idea to Julia Cheringal (DO ’11), president of the College’s student chapter of Physicians for Social Responsibility.

“We wanted to make this walk a reality,” says Ms. Cheringal. “As student doctors, it’s important to recognize the signs of abuse and not be afraid to talk about it. We had a lot of help from other student groups including the American Medical Association, Internal Medicine, Pathology and Physicians for Human Rights.”

The group of walkers certainly captured the attention of passing motorists. People in cars rolled down their windows to find out what was going on. Women were glad to see men willing to put themselves in their shoes, and men supported the walkers’ goal of keeping women safe.

“This walk was so worthwhile,” says Ms. Cheringal. “It got people talking about a very important topic.” Mr. Aston agreed, “Walking in heels is not easy or fun, but it was worth it to bring attention to a topic that is sometimes difficult to discuss. A little bit of discomfort on our part is a small price to pay to help women in pain.”

Proceeds from the walk were donated to Laurel House, a domestic-violence agency in Norristown, PA.

Kudos

Kristen Berry, DO ’00, physician, PCOM Healthcare Center – Lancaster Avenue Division, was a guest on the E. Steven Collins show on WRNB Radio, 107.9 FM. She discussed breast cancer awareness.

Farzaneh Daghieh, PhD, associate professor, biochemistry/molecular biology, received a $10,000 award from the Center for Chronic Disorders of Aging for “Determination of the physiological and pathophysiological relevance of arginase isoforms in NO production by human gingival fibroblasts.”

Marina D’Angelo, PhD, associate professor, anatomy, attended the American Society of Bone and Mineral Research annual meeting and presented “Novel MMP13-derived peptides demonstrate non-covalent interaction of MMP13 with the TGFß large latent complex,” which she co-authored with Anatomy Research Assistants Shukkwan Lau and Stephanie Routson.

Dr. D’Angelo also co-authored “Mechanism of glycosaminoglycan-mediated bone and joint disease: Implications for the mucopolysaccharidoses and other connective tissue diseases,” which was published in The American Journal of Pathology.

Terri Erbacher, PhD, clinical assistant professor, psychology, and three psychology students presented “Cultural competence and suicidal youth: Intervening sensitively with this preventable community health problem” at Columbia University’s 25th Annual Winter Roundtable on Cultural Psychology and Education.
PCOM Launches New Marketing Initiatives

PCOM unveiled a new ad campaign for the College’s fall and spring graduate programs open houses. The three new ads, which ran on NBC10, featured Rosemary Mennuti, EdD, professor and director, school psychology; Steven Mack, Clinical PsyD ’04; and Lizzie Roots (MS/PA ’09), each focusing on what makes PCOM special. In addition to the ads, the campaign included a PCOM microsite and Web banner ads on NBC10’s Web site [view at www.pcom.edu]. The open houses each hosted over 200 potential students, a record number of attendees.

PCOM also promoted the PCOM Healthcare Center – Lancaster Avenue Division with a trolley campaign. The trolley was completely covered with an ad featuring larger-than-life images of Kristen Berry, DO ’00, physician, PCOM Healthcare Center – Lancaster Avenue Division, and community members illustrating the center’s commitment to health care for the entire family. The trolley traveled through the center’s West Philadelphia neighborhood.

And, for the first time, PCOM has been advertising on Facebook. “PCOM-conducted surveys show that Facebook is the number one social media tool used by our students and prospective students,” explains Terri Blair, associate director of marketing.

GA–PCOM Student Elected to AOA Board

Johnny A. Dias (DO ’09) was elected as the student representative to the American Osteopathic Association (AOA) Board of Trustees where he will represent over 13,000 osteopathic students nationwide.

Mr. Dias served as director of professional development on the Board of Trustees for the Student Osteopathic Medical Association during his third year at GA–PCOM and as vice president of its local chapter.

“I am honored to serve on the Board because this role represents the AOA’s commitment to hearing the student voice even at the executive level,” says Mr. Dias. “My personal vision for this year is to expand and encourage student involvement on many levels of the AOA. I believe that student exposure to the role of the AOA will encourage and foster a stronger organization for the future.”

Mr. Dias will begin his residency at Walter Reed Army Medical Center in Washington, D.C. in July.

Community Health

PCOM Healthcare Centers – Cambria and Lancaster Avenue divisions each hosted a community health fair this fall. Physicians as well as student doctors were on hand to provide health screenings and information for both adults and children. In addition to serious health advice, the events offered plenty of fun for the whole family including a petting zoo, music, a clown and face painting. The fairs were a great opportunity for community members to learn about the Centers and the health services available there.
State Senator Visits Healthcare Center

Pennsylvania State Senator and Minority Chair of the Public Health and Welfare Committee, Vincent Hughes, dropped in at PCOM Healthcare Center – Lancaster Avenue Division in August. He thanked the staff for providing much-needed community health care and spoke with physicians and medical students about the need for preventative care and its funding.

PAs Celebrate

Students from PCOM and University of the Sciences in Philadelphia had the opportunity to discuss issues important to physician assistants with PA professionals.

The Physician Assistant Program celebrated PA Week, October 6-12, with a variety of activities including a panel discussion between PA professionals and students. In 2007, physician assistants recorded 245 million patient visits, with 303 million medications prescribed or renewed under the supervision of a physician nationally. This year marked the 41st year for this profession, created in response to a shortage of primary care physicians.

Kudos

Katherine Galluzzi, DO, professor and chair, geriatrics, presented “Pain management in the physician practice setting” at the Texas Osteopathic Medical Association and at the Texas ACOFP 1st Annual Convention. She also presented “Controlled substances and the law” at the Oklahoma Osteopathic Association 108th Annual Convention, “Dementia review—diagnosis and treatment” and “Palliative care: A case based approach” at the American College of Family Practitioners Intensive Update and Board Review in Osteopathic Family Medicine.

Elizabeth Gosch, PhD, associate professor and director, psychology, coauthored “Flexibility Within Fidelity,” published in the Journal of the Academy of Child and Adolescent Psychiatry.

Michael Kuchera, DO, director, OMM research and clinical director, Center for Chronic Disorders of Aging, received the Darryl A. Beehler, DO Research Mentor of the Year Award from the American Osteopathic Association.

George McCloskey, PhD, associate professor and director, school psychology research, received the Distinguished Contributions in School Psychology Award from the Pennsylvania Psychological Association.

James Hale, PhD, associate professor and associate director of clinical training, school psychology, coauthored the articles “Differential ability scales—second edition (neuro)psychological predictors of math performance for typical children and children with math disabilities,” published in Psychology in the Schools; “Alternative research-
Kudos

based methods for IDEA 2004 identification of children with specific learning disabilities,” published in *Communiqué,* and “Response to intervention: Guidelines for parents and practitioners,” published in *Special Education Advocate Newsletter.* He also coauthored the chapters “WISC-IV assessment and intervention strategies for children with specific learning disabilities” and “Neuropsychological applications of the WISC-IV and WISC-IV integrated,” published in *WISC-IV Clinical Assessment and Intervention* (2nd ed.)

Bradley Rosenfield, PsyD, clinical assistant professor, psychology, coauthored the article “Extreme makeover: The case of a young man with severe ADHD,” published in the journal *Clinical Case Studies.* He also presented “Integrative treatments for adult ADHD using a case based approach” at the Managing ADHD Across Settings Conference, Children’s Hospital of Philadelphia.

Bruce S. Zahn, EdD, associate professor and director of clinical training, clinical psychology, presented “Depression among elders in the village: Crying out in silence” at the conference *The valuing the village: Honoring diversity and ending health disparities.* The conference was co-sponsored by the Behavioral Health Training and Education Network and the City of Philadelphia Department of Behavioral Health and Mental Retardation Services and the Person-First Task Force.

GA–PCOM Golf Tournament

Robert Greer (DO ’11) at the tournament with Rina Patel (DO ’11) (right) and Lacey Hutchinson (DO ’11).

Early in the academic year, when most students were still buying books and adjusting to their new schedules, Robert Greer (DO ’11) was getting ready to hit the links, not just for fun, but for charity. “I felt that GA–PCOM would benefit from a fundraiser early in the year,” he explains. “SGA had not yet approved the yearly budget, and some of the most popular and active clubs needed funds. As head chair of international health for SOMA [Student Osteopathic Medical Association], I thought I could help.”

Mr. Greer put his background as an assistant golf professional to work. With help from the PGA Tour Superstore, Robert Greer, DO ’77, and Michael Sampson, DO, associate professor, family medicine, he organized the tournament to be held at the prestigious Chateau Elan Resort, which offered a discounted rate that allowed students to participate. “I really wanted something the students could play in because I know most of the focus in other tournaments is solely on fundraising.”

With additional assistance from the GA–PCOM social committee, the tournament was able to host eight teams of four players each. The event raised funds for the Sports Medicine Club and for the International Health Club. The winning foursome included Gary Watson, PhD, chair, basic science, and professor, biochemistry.

GA–PCOM Students Sponsor AIDS Benefit

GA–PCOM’s Student Government Association sponsored “An Evening of Awareness and Art” AIDS benefit at the Gwinnett Environmental and Heritage Center last fall. The evening featured student performances and a silent auction that included art created by students as well as items and services donated by local businesses. Georgia State Senator Renee Unterman addressed the attendees. She stressed the importance of AIDS awareness and encouraged medical professionals to stay politically active.

The event raised over $6,000 that was donated to AIDGwinnett, a service organization providing medical care for persons living with HIV, rapid HIV testing, prevention education programs for 13- to 25-year olds, and case management for patients in the area.

Georgia State Senator Renee Unterman and Larry Lehman, executive director, AIDGwinnett, joined Nilam Vaughan (DO ’11), center, at the AIDS benefit. Ms. Vaughan chaired the planning committee for the event, which was supported by many student organizations.
Faculty/Staff Campaign Surpasses $100,000 Goal

The College’s faculty and staff joined together to make $105,000 in commitments to Philadelphia College of Osteopathic Medicine. Despite challenging economic times, donations to The Fund for PCOM (formerly the Unrestricted Annual Fund) from faculty and staff of both the Pennsylvania and Georgia campuses has remained steadfast.

The campaign’s kick-off in Philadelphia was evidence of this spirit and unity. Student, faculty and staff cheerleading teams challenged the PCOM community to “Come on donate; it will make you feel fine. You know that we will really shine!” —a message playfully voiced to the tune of “YMCA.”

IRA Rollover Legislation

During the tense final days of the October financial bail-out package, Congress approved extension of the Pension Protection Act through December 31, 2009. If you are at least 70 ½ years old, you are eligible to transfer funds from your IRA directly to the College without the funds being taxed. To learn more, please contact Scott Righter, special gifts officer: scottr@pcom.edu or 800-739-3939 or 215-871-6305.

Class of 1984 and 1989 Reunion Giving Off to Good Starts

The Reunion Giving programs by the Class of 1984 and the Class of 1989 are off to rousing starts. Led by Class Agents Paul Suhey, DO ‘84; Judith Pryblick, DO ‘89; Trustee J. Steven Blake, DO ‘89; and a cadre of class volunteers, both classes are in a battle to top last year’s extraordinary effort by the Class of 1978 in raising over $90,000 in unrestricted gifts. Other Reunion classes have made significant progress in increasing donors and dollars as well.

Now is the time for alumni from the Reunion classes to participate in The Fund for PCOM campaign through their Class Reunion Giving programs. “Let’s commemorate our achievements by giving back to our alma mater,” Dr. Suhey urges. “Let’s do our part to build for the future.”

Mr. and Mrs. Harvey Brodsky Support Alzheimer’s Research

Through the family’s Abraham and Rose Levis Foundation, Mr. and Mrs. Brodsky once again contributed $10,000 to the Alzheimer’s Research program of the College’s Center for Chronic Disorders of Aging. The family has contributed $155,000 to this research program over the years. They supported it from its early days and have been pleased to see the national reputation it now enjoys. PCOM named the Alzheimer’s research laboratory in honor of the foundation.

Class of 1959 Reunion Challenge

The Class of 1959 has been challenged to follow in the footsteps of the Class of 1958 with the new 50-year Reunion tradition of establishing a scholarship fund in the class’ name. The Board of Trustees has generously agreed to match every dollar raised over $10,000 until June 30, 2009. With the loss of some key student aid programs, this class scholarship fund program has never been more needed. The Class of 1958 raised over $60,000 in 2008.

Show Off Your Blue Ribbon; PCOM’s Best Donors Give Again and Again

In 2008, PCOM recognized donors at all levels who had given to The Fund for PCOM for five consecutive years or more. These individuals—more than 350—are acknowledged in the Annual Report with a blue ribbon symbol. Consecutive contributions of any amount count toward this special Blue Ribbon Club.
If the vast landscape of America is true to its personification as a universal symbol of suffering and hardship overcome by indomitable spirit, a study of access to health care in rural America underscores this representation.

Keeping the Balance True
The Rural Medicine Practice
Rural America includes more than 2,300 counties, contains 80 percent of the nation’s land and is home to over 65 million people—more than 20 percent of the U.S. population.

According to the Council on Graduate Medical Education, rural physicians comprise only 9 to 10 percent of the total number of working physicians in the country. In rural communities of fewer than 10,000 inhabitants, there are approximately 90 physicians per 100,000 persons. In comparison, major metropolitan areas experience a ratio of 300 physicians to every 100,000 persons. Family physicians are the largest source of physicians in rural areas, and proportionately, of those family practitioners, osteopathic physicians are more widespread than allopathic physicians.

Yet, despite a dire shortage in physicians, those who serve rural, and in some cases, frontier communities believe that their practice is a higher calling, an opportunity to carry out the kind of whole-person, holistic care that rarely occurs in urban medical settings. Most of these physicians have a broader scope of practice than their urban colleagues—which they find very appealing, as they are able to utilize and perform what they have been trained to do in an environment that is not permeated by managed care and litigious allegations.

This article proffers candid perspectives of five PCOM alumni who contribute to the health of small communities throughout the United States. Their experiences highlight some of the problems that are endemic to the practice of rural medicine. At the same time, these experiences offer a message of hope for the future of rural medicine.
Defining Metropolitan and Nonmetropolitan Areas

In 2003, the federal Office of Management and Budget released a classification system to define metropolitan and nonmetropolitan areas.

Metropolitan areas include core counties with one or more urbanized areas (cities) of at least 50,000 residents or with an urbanized area of 50,000 or more and total area population of at least 100,000. Outlying counties (suburbs) that are economically tied to the core counties are also included in metropolitan areas.

Nonmetropolitan or rural counties are outside the boundaries of metropolitan areas. They are noncore counties without cities of 50,000 residents or more.

Rachel Fasson Esposito, DO ’02, a family practitioner in Fayette and Westmoreland counties, Pennsylvania, sees first-hand health-related disparities in mental health, substance abuse and public health outcomes. In particular, her counties, which are some 50 miles from Pittsburgh, face significant obstacles in confronting their emergent diabetes epidemics.

“More than 10.5 percent of Fayette County has diabetes and we have the highest rate of amputations in the nation,” Dr. Esposito reports. “Poverty is rampant. Many of my practice’s low-income patients do not have healthy food resources. Some rely on food banks, whose fare worsens sugar levels, blood pressure and cholesterol, and promotes weight gain. In addition, many of my patients lack insurance coverage for prescription drugs and chronic disease management needs.”

To compound the situation, there is a lack of health care providers, pharmacists, dieticians, wellness and diabetes educators and psychiatrists. Fayette County’s population nears 150,000; yet, there are only 36 primary care physicians practicing in the county—a statistic that is not atypical of many parts of Western Pennsylvania.

“Rural pediatric endocrinologists and other specialists are almost nonexistent,” Dr. Esposito points out. “In Fayette County, children with type I diabetes can be forced to travel to Children’s Hospital in Pittsburgh for care.”

This lack of access intensifies the poverty cycle. Workers in the manufacturing sector are especially affected; these blue-collar workers do not have paid leave or flexible child care options since they often work non-traditional

Do you have an interest in furthering rural medical education? Endow a scholarship or contribute to provide assistance so “sponsored” students are reminded that others believe in their potential.

Contact Scott P. Righter, special gifts officer, PCOM, at 800-739-3939 or scottr@pcom.edu.
The state with the largest rural population is Pennsylvania, with over 2.8 million rural residents. According to data from the Pennsylvania Office of Rural Health, of the Commonwealth’s 41,500 physicians, 10 percent practice in rural counties, serving 21 percent of Pennsylvania’s total population. The remaining 90 percent of physicians serve the 79 percent of the population living in urban counties.

Philadelphia College of Osteopathic Medicine provides the Commonwealth with more physicians than any other medical school. Approximately 2,500 alumni practice in 64 counties throughout Pennsylvania—including many disadvantaged communities in rural areas.

Stemming the Tide of Physician Shortages in Rural Pennsylvania

Dr. Esposito also offers public assistance through Crown Cork & Seal’s wellness program. The program offers individual health risk assessments, health awareness campaigns such as weight loss challenges and 5K races and incentives for participants. It educates that chronic diseases are preventable or controllable with behavior modification.

Dr. Esposito sees her role as a physician to be synonymous with her roles as educator, advocate and wellness coach. “I manage comprehensive, holistic health care for all of my patients. I want them to be healthy across the continuum. Rural should not mean less.”
The Effects of Physician Supply

If rural health professionals face obstacles in delivering an appropriate standard of care to their patients, practitioners who live in more remote frontier regions appear to be especially affected by geographic and climatic barriers; shortages of clinicians, facilities and specialized services; and sociocultural issues.

A case in point is Meeker, Colorado. An isolated ranching and coal mining town, Meeker is located in the White River Valley, more than 100 miles from Grand Junction and 235 miles from Denver.

Victor Mihal, DO ’93, served as a partner with Meeker Family Health Center for 13 years. The practice, which currently employs two full-time and one part-time family physicians, provides general health, diagnostic, osteopathic manipulative treatment, emergency and geriatric services on a single campus facility. Trauma, surgical and obstetrical cases are referred and transported to St. Mary’s Hospital in Grand Junction.

Dr. Mihal’s background in emergency medicine puts him in a minority in regard to physician supply trends. “Physician recruitment for rural areas in Colorado is a hard sell for family physicians, whose practice bears flexibility. It is an even harder sell for highly specialized physicians who

Specialty-Specific Issues: Obstetrics and Gynecology

George E. Stefennelli, DO ’86, was not initially drawn to rural medical practice. Born and raised on Long Island, New York, he desired to practice in a metropolitan or suburban area in the Middle Atlantic upon completion of his obstetrics/gynecology residency.

Unfortunately, more than a decade of Pennsylvania’s skyrocketing malpractice insurance premiums weathered his original ideal. Many of Dr. Stefennelli’s colleagues ceased their practice of obstetrics and gynecologic surgery. Others joined the mass physician exodus out of Pennsylvania, New Jersey and New York. When a unique practice opportunity in a rural community in West Georgia, approximately 60 miles south of Atlanta,
require a large population base, advanced hospitals and laboratories and specialty health care teams,” he relates. “The impossible sell is usually to the spouse and children. Each time we thought we had found a potential candidate, his wife would express concern that ‘there is no Walmart within 40 miles.’”

Dr. Mihal admits that long-term frontier service has resulted in professional and personal burnout. At Meeker Family Health Center he was on call 24 hours during the week and 48 hours on weekends; there was no back-up.

In December 2008, he relocated to South Boston, Virginia, another rural community. There he will solely practice emergency medicine on shift work. “I grew up in Shamokin, Pennsylvania,” he says. “I’ve always loved serving small towns. I trust South Boston will be a good fit for me.

“Rural medicine has its challenges. You are fully responsible for patient care. Yet, this is a blessing in disguise. The personal rapport I am able to develop with my patients and their families enables me to know their complete histories and to follow their health profiles over time. I act as their primary care physician, and when needed, their hospitalist. I manage all facets of their care.”

presented itself, Dr. Stefenelli acquiesced: “I grew weary of rising malpractice premiums; the lack of access for my patients; and moreover, poor job satisfaction.

I wanted to practice OB/GYN, to provide women with the health services they deserve without fear of excessive litigious consequence.”

Dr. Stefenelli currently serves as owner and partner of the OB/GYN Specialists, PC, LaGrange, a solo practice that covers a patient base of approximately 4,000 patients and operates out of West Georgia Medical Center, a 100-active-bed hospital. His practice encompasses routine and high-risk obstetrics and gynecology, infertility and specialty surgery. When further care is necessary, referrals are made to Columbia, Atlanta or hospital systems in Alabama.

“There is an acute shortage of health care professionals here in west Georgia and in many areas throughout the South. The provision of high-quality obstetrical care is particularly critical in rural communities,” he stresses. “Loss of local services imposes significant burdens on poorer rural residents and may impact perinatal and other health outcomes.”

While Dr. Stefenelli recognizes that physician recruitment of specialists and subspecialists to rural areas is a challenge, he hopes young physicians will be drawn to the lifestyle and the warmth of the South and its people. A preceptor for Georgia Campus – PCOM medical students and Emory University School of Medicine physician assistants, Dr. Stefenelli notes that rural practices like his are a good place for learning: “Students have immediate access to the patients. There is no competition based on hierarchy; students serve directly under the attending and are valued participants in patient care plans. I encourage students to develop a relationship with the patients—and especially to follow pregnancies to term, delivery and post-delivery. They become skilled at practicing health care for the whole person.”

Rural Health Resources

The Office of Rural Health Policy (ORHP) promotes better health care service in rural America. Established and authorized by Congress in 1987, the office is located within the Health Resources and Services Administration. ORHP advises about matters affecting rural hospitals and health care, coordinating activities within the department that relate to rural health care and maintaining a national information clearinghouse.

www.ruralhealth.hrsa.gov

The Rural Policy Research Institute (RUPRI) generates information about rural America including its landscapes, people, communities, economics, health care and issues.

www.rupri.org
A veteran rural physician, Dana C. Shaffer, DO ’85, served as a solo family practitioner in Exira, Iowa (population: 800) for 22 years, practicing comprehensive family medicine including in-patient and out-patient services, obstetrics, emergency medicine and osteopathic manipulative medicine.

His experiences illustrate a self-educated humanism: “My practice was an avocation; my patients were my friends, not just patients.” For Dr. Shaffer, Exira was a place where community is larger than the individual. “My ascribed role as a physician and community leader allowed me to apply osteopathic medicine in a profound way—in the clinic and during the house call, in emergency situations and on the church council.”

Dr. Shaffer admits that it was not always easy; yet, he was able to make an impact. He recalls as an example a trauma case that occurred in the midst of a Midwestern snowstorm: “I was called to the ER and encountered a 15-year-old who had been inner tubing on a rope behind a four-wheeler. The vehicle had lost control and a major head trauma was the result. The teen was comatose, seizing intermittently. His condition required emergent transport 80 miles to a trauma center in Des Moines, but the adverse weather conditions had grounded the helicopter service. After we stabilized, sedated and intubated the patient I crawled into the back of an ambulance for the 80-mile ground transport to the trauma center. Today, he is still alive. He is not 100 percent, but he is able to function and lead a normal life.”

Now retired from clinical practice, Dr. Shaffer continues to promote rural medicine through curriculum development in his academic post as senior associate dean for clinical affairs at Des Moines University College of Osteopathic Medicine (DMU). He is cautiously optimistic that there are more student physicians expressing interest in practicing primary care in small towns. However, he acknowledges that the challenge is vast since most educational and clinical training programs for health care professionals are based in urban areas and that exposure to rural medicine does not occur at the most formative time in student training. “Students must be exposed to rural medicine early on—before they are third- and fourth-year students,” he warns. “You can’t train them at a university medical school with advanced facilities and specialist professors, encourage them to pursue rotations,
“The FQHC practice model allows me to help to break down barriers for the uninsured and underinsured who might otherwise not have access to health care,” says Dr. Koch. “The role utilizes my osteopathic training—with its focus on preventive, comprehensive care and behavior modification that considers the needs of the whole person.”

Dr. Koch explicates some of the professional benefits of working at an FQHC: “Originally from Hazleton, Pennsylvania [and from a family of PCOM alumni: father Arthur L. Koch, DO ’67, deceased; and brother Drew A. Koch, DO ’86], small community living is a draw for me. There is a sense of quaintness here in Alabama; it is a place where I can practice medicine like it was 40 years ago. I no longer have to cope with the responsibilities associated with private practice—the concerns of billing, scheduling, etc. Most patients are grateful and respectful; even if they cannot fully afford their care, they are generous in other ways—gifting baked goods or fresh produce. I value the opportunity to be a part of full families’ lives. And personally, I am satisfied that I am able to provide for my own family; I know that I earn a salary that is equal to or more than many of my urban-practicing colleagues.”

“The DMU pathway program—like other scholarship programs and loan repayment incentives—elicits young physicians and supports retention,” says Dr. Shaffer. “While the myth is that rural physicians earn less than urban doctors, recent data shows that this is not true. In fact, considering the lower living expenses, rural doctors can actually have a higher standard of living than their urban peers. In addition, there are many non-monetary rewards for physicians who choose the rural lifestyle and more intimate community connections that are possible in a small town.”
When John W. Becher, DO ’70, FACOEP, graduated from PCOM, the world of emergency medicine was vastly different than it is today. Trauma centers were still known as ERs, and emergency medicine was not a recognized specialty. Hospital emergency departments were staffed largely by young physicians who were moonlighting while developing their practices in other specialties. Dr. Becher was one of them.

While a resident in obstetrics at a New Jersey hospital, Dr. Becher also worked as a house physician at PCOM’s hospitals on 48th Street and City Avenue, where his responsibilities included the emergency department. It was there that he first experienced the adrenaline rush of the ER with its unpredictability, organized chaos and rapid-fire decision making, and he was drawn to a career in emergency medicine. “I loved the diversity of challenges we faced every day,” he recalls. “At any given moment, you never knew what was going to happen next, but you had to be prepared to deal with it.”

Dr. Becher left his obstetrics residency to serve as a house physician at a Chester County hospital as well as the PCOM City Avenue Hospital. In 1975, noting a steady increase in the number of patients coming to the City Avenue ER, Dr. Becher proposed that a staff of dedicated full-time physicians would better serve the needs of the growing patient population. The late PCOM President Thomas Rowland agreed, and appointed Dr. Becher director of Emergency Room Services. His first responsibility was to develop the department by recruiting new physicians.

In 1977, emergency medicine was starting to receive recognition as a full specialty. The American College of Osteopathic Emergency Physicians was forming, and a few residency training programs were opening in the allopathic profession. Appointed that year as chairman of PCOM’s Department of Emergency Medicine, Dr. Becher was determined to keep the osteopathic profession on the leading edge of these trends, and he developed the first emergency medicine academic residency training program in the osteopathic profession. Approved in 1979 by the American Osteopathic Association (AOA), the two-year program began with one resident. By 1989, the program had expanded to three years and 15 residents.

As emergency medicine continued to evolve, Pennsylvania passed legislation in 1985 that mandated the accreditation of trauma centers and established the Pennsylvania Trauma Systems Foundation to oversee the process. Well respected for his expertise in the field, Dr. Becher was appointed a charter board member of the foundation. He held the post for 14 years, ultimately serving as chairman.

In 1989, PCOM relocated the emergency medicine residency program to Albert Einstein Medical Center in Philadelphia where residents would benefit from training in an accredited trauma center serving a much larger population of patients. As director of the Albert Einstein Medical Center – PCOM Affiliated Emergency Medicine Residency Program, Dr. Becher obtained dual accreditation from the Accreditation Council for Graduate Medical Education as well as the AOA. During his tenure, the four-year program became highly competitive, attracting up to 150 applicants from osteopathic and allopathic medical schools for 12 resident slots per year.

“We offered a diverse range of high-level training resources and affiliations,” notes Dr. Becher. “When our residents completed the program, they were qualified to work in any emergency department in the country, and that is still true of the program.”

In 2001, Dr. Becher’s efforts were recognized by the National Emergency Medicine Residents Association when he became the first physician to be named National Emergency Medicine Residency Director of the Year. “It was very gratifying to receive that honor,” he says. “It’s also rewarding to know that I had a role in training more than 140 emergency medicine specialists now practicing all over the country. It’s been a labor of love.”

Among the many lessons Dr. Becher taught was the importance of prepara-
tion. “You can’t flounder in the emergency department. You have to be prepared,” he emphasizes. “This is not a frivolous encounter. You have to make quick decisions and sometimes those decisions can make the difference between someone living or dying.

“You also have to learn that the first person you have to control in a true emergent situation is yourself,” he continues. “If you’re the leader of the care team, you have to be 100 percent under control because if the leader is not under control, the team is chaotic, and patient care will be compromised.”

Dr. Becher aims to prepare students and residents for the real world, according to John Mariano, administrative director, Department of Emergency Medicine, who has worked with Dr. Becher at PCOM since 1981. “He expects his students to solidly prepare for classroom participation because they will have to be very well prepared when they get out into the real world of emergency medicine,” he says. “I’ve talked to many of his former students who say that they appreciate his no-nonsense approach as a teacher. They realize that he made them better emergency medicine physicians by demanding the best from them.”

Dr. Becher also underscores the importance of osteopathic principles in emergency medicine. “Remembering that the patient is not a disease but a unique individual with a disease or medical problem is essential,” says Dr. Becher. “It’s easy to lose your regard for the personal touch when you’re under stress in the ER. You have to remember that the patient is feeling stress, too. Most of the patients I see in the emergency department every day didn’t wake up in the morning planning to come to the ED. Just the fact that they are there has already disrupted whatever plans they had for the day. Showing empathy is essential.”

In 2001, Dr. Becher accepted a new challenge as chairman of the Emergency Services Department at AtlantiCare Regional Medical Center in Atlantic City, New Jersey. When he arrived, AtlantiCare had more than 50 physicians rotating coverage for the emergency department. Most had no training in emergency medicine. His mandate was to build a department by recruiting physicians with significant emergency medicine experience to staff two emergency facilities, a Level II Trauma Center in Atlantic City and AtlantiCare’s Heart Center in Pomona, New Jersey.

Since 2001, he has developed a group of 22 dedicated emergency medicine physicians who treat more than 100,000 patients annually between the two centers. For the past two years, AtlantiCare has been named among the top three percent of emergency cardiac care hospitals in the country.

In addition to his position at AtlantiCare, Dr. Becher continues as chairman and professor of the Department of Emergency Medicine at PCOM, running the academic program for medical students as well as an annual continuing medical education program.

Currently, he also serves as an officer of the American Osteopathic Board of Emergency Medicine and as a member of the AOA Board of Trustees, the National Board of Osteopathic Medical Examiners, and the American College of Osteopathic Emergency Physicians. Dr. Becher has also served on the PCOM Board of Trustees and the Alumni Association of PCOM Board of Directors.

“PCOM gave me a lot in life,” he reflects. “In addition to an excellent education, I had the opportunity to develop a career in a new academic discipline.”

“PCOM gave me a lot in life. In addition to an excellent education, I had the opportunity to develop a career in a new academic discipline.”

After 38 years in emergency medicine, Dr. Becher is still enthusiastic about his work. “Every day when I go to the emergency department, I learn something new,” he says. “Just when you think you’ve seen and heard everything, a patient reminds you that you haven’t. I still have to be prepared for anything, just as I have always told my students.”
Ask anyone who knows Helen Anne Chang (DO ’09) to describe her and you are sure to hear words like “compassion” and “character.” Throughout her years at PCOM, she has lived the values she began learning long ago from her maternal grandmother.

“During my upbringing, my grandmother demonstrated the importance of living by the ‘3 C’s’—compassion, character and conviction,” says Ms. Chang, this year’s Mason W. Pressly Memorial Medal recipient. “This has been especially relevant in my journey through medical school, which tests our abilities to juggle multiple tasks, work with individuals who are difficult, and remain steadfast in our goal to become physicians. Guided by these values, I have tried to show compassion for my peers and patients, build character based on strong personal principles and respect for others, and maintain my conviction to pursue challenging professional goals while, at the same time, maintaining a balance in my private life.”

By all those measures, Ms. Chang has met with great success. Her conviction to achieving her personal goals and advancing the osteopathic profession has been evident in her academic success as well as her service to the PCOM community. She was the first osteopathic medical student to rotate through several hospitals for core clerkships and electives, an achievement that she used as an opportunity not only to learn, but also to teach and enlighten others in medicine about the osteopathic profession.

One of these rotations was in Santiago, Chile, a four-week clerkship she pursued so that she could become more fluent in Spanish in the medical arena. “In many of my rotations, I’ve encountered a population of Spanish-speaking patients,” she observes. “It is important to be able to make a connection with your patients, and you can do that more effectively if you speak their language.”

Making a connection will be especially important in Ms. Chang’s chosen subspecialty, pediatric anesthesiology, where she will interact with very young and often frightened patients as well as their worried parents. “It is especially important to establish trust with children and their parents when the child is about to undergo surgery,” she emphasizes. “This is where the humanistic values of the osteopathic philosophy are so crucial. You must care for the child as a person, not just a patient. I adore working with children and making them laugh; humor helps to lessen their fears. I also enjoy the challenge of interacting with their parents, explaining the care I will provide and conveying confidence that all will be well.”

On campus, Ms. Chang has served the Student Government Association as a class representative and as parliamentarian on the SGA Executive Board. She enthusiastically organized the 2007 DO Day on the Hill, an event in which nearly 200 PCOM students traveled to the nation’s Capitol to lobby for physician and patient progress in policy, while raising awareness of the osteopathic profession. A member of the Sigma Sigma Phi Honor Society, she has also served the PCOM community as chapter president of the American Medical Student Association.

Ms. Chang’s peers and professors have been equally impressed by her commitment to PCOM in terms of leadership, community service and campus-based initiatives. “It is not so much what Helen does, but the way she does it,” reflects Tina Woodruff, EdD, assistant dean for student affairs. “She sets incredibly high standards for herself. Yet, she is not externally competitive. She is happy if everyone does really well, not just herself. She is passionate about everything she does and compassionate about the way she gets there. You can always count on her to be where she says she will be, no matter what other pressures she may have. She is a natural role model because of her strong character.”

“Helen is warm-hearted and compassionate,” says Heather Roehrs Galgon (DO ’09). “She will put everything down and overlook her own sleep deprivation to lend a hand to a fellow student. She is remarkable for her teamwork and altruism as well as her focus and dedication to a career in medicine. She really embodies the spirit of PCOM.”
Preparing Medical Students for End of Life Care
Saving lives.

It is the primary reason for becoming a physician and the focus of a medical student’s education. Yet when students complete their medical training and enter the real world of practice, there will be lives that they cannot save.
Will they know how to deliver bad news to grieving families? Do they understand the nuances of advance directives and “do not resuscitate” (DNR) orders?

Teaching students how to manage the medical and psychosocial issues surrounding end of life care is the goal of Katherine Galluzzi, DO, professor and chair, geriatric medicine, and director of the PCOM End of Life program, which began in 2008 as an expansion of the home health care program presented as part of the Urban Healthcare Center rotation.

In this innovative program, fourth-year students visit real patients who have real medical problems in their own homes with standardized patients present in the role of caregivers. Later the same day, the students experience a simulated encounter with a dying patient whom one of them visited earlier for home care. Standardized patient “caregivers” play the role of the bereaved.

“In the half-day End of Life session, the students are faced with the need for rapid decision making and action as well as empathy for the patient’s loved ones and the ability to cope with their own feelings about death,” says Dr. Galluzzi. “This hands-on experience makes the end of life situation real to the students in a way that didactic learning in the classroom cannot.”

The program’s teaching goals are to help students learn empathy, recognize the element of surprise inherent in medical care, acknowledge the inevitability of death and increase their level of comfort in dealing with death and dying by providing psychological insight into the acute experience of loss. They also learn about the correct implementation of advance directives, the decision to resuscitate, pronouncement of death, filing a death certificate and the attendant questions of organ donation and autopsy.

The idea for the End of Life program occurred to Dr. Galluzzi while she was visiting one of her home care
patients, Bernard Cohen, a retired undertaker who has been participating in the home care training portion of the Urban Healthcare Center rotation for about 10 years. “We talked about death and dying and how young people have an inability to understand it,” she recalls. “Later I thought, ‘Wouldn’t it be a good learning experience to practice interactions around the idea that one of the home care patients seen by the students had gone on to die?’” When she told Mr. Cohen about the idea, he agreed.

“These young people are going to come to a time in their lives when they’ll have to tell someone that their loved one died,” Mr. Cohen relates. “They should start learning how to do it now. It’s very important for students to learn that there are so many ways to say that a person has died other than, ‘He’s gone.’ I give them advice based on the way we handled it in the undertaking business. I tell them to be honest and straightforward with the family. Give as much information as you can about what happened to the patient. And talk to them from the heart. In the long run, the family will thank you for it, even though it’s difficult and it hurts at the time.”

Students who have participated in the End of Life program are enthusiastic about the lessons they learn. “I was glad to have the chance to practice breaking bad news to a family,” says Erin Riley (DO ’09). “This isn’t the sort of thing you like to think about, but I feel that I may do a better job of delivering bad news because of this experience. It gave me a chance to think about the things I’d like to say in a real-life situation.”

Louella Prichette (DO ’09) says the program helped her to become more compassionate and a better listener. “When I was breaking the bad news, the standardized patient caregiver was crying and asked me for a tissue. I was so busy thinking about what I was going to say that I never thought to offer a tissue. But simple gestures like that can be just as important as what you say.”

Some students are moved to tears by these end of life situations. “When that happens, we know we’ve succeeded at ‘making it real’ and making a lasting impact on the students,” says Dr. Galluzzi.

Students also gain a better understanding of advance directives and DNR orders. “I never really understood these concepts and the difference between them until I was involved in the program’s situation,” says Ms. Prichette.
“I mistakenly applied CPR and then realized that I should have checked the chart first to see whether the patient had a DNR order. It’s very difficult to have to tell the patient’s family that you did CPR when the patient didn’t want it. That experience made a lasting impression on me.”

Although the students learn this in third-year didactic sessions, it doesn’t have the same impact as the hands-on experience, according to Dr. Galluzzi. “Students often ask, ‘When I visited the patient this morning, he wasn’t terminally ill but he did have a potentially terminal diagnosis. Now that his condition seems to warrant calling a code, should he be considered terminally ill or not?’

“These are questions the students may have glossed over before in the classroom, but now they are forced to look at them in detail,” says Dr. Galluzzi. “The decision to code a patient has to be based on all the available data at that point in time. That’s a vital learning leap for the students—one that the End of Life program helps them make.”

Students also learn how to complete a death certificate, which most have never done previously, and they gain an understanding of the physician’s role in the process. “It’s more complicated than it seems!” notes Ms. Riley.

Most of the real patients who participate in the program are recruited by Dr. Galluzzi and Penny Patton, program administrator for the Robert Berger, DO Clinical Learning and Assessment Center. “The patients live nearby at Overmont House or Brith Sholom,” explains Ms. Patton. “They really enjoy participating and reap many benefits themselves.”

“Being involved with this program is one of the best things that ever happened to me,” affirms Mr. Cohen. “I love helping the students learn.”

“It is so satisfying to contribute to the education of physicians,” says May Lobelle, who has been a standardized patient caregiver with the home care program for about eight years. “It’s important to help them become more sensitive and responsive to patients who are nearing the end of life.”

Dr. Galluzzi credits Ruth Thornton, PhD, professor and chair of biochemistry/molecular biology, with providing crucial support and encouragement in obtaining a grant for the End of Life program from the PCOM Center for Chronic Disorders of Aging, supported by funding from the Osteopathic Heritage Foundation. In addition, Dr.
Sparking an Interest in Geriatric Care

The need for geriatricians to care for older Americans is great and growing daily, along with the number of aging Baby Boomers. Yet fewer medical school graduates than ever are pursuing this specialty. The number of U.S. medical school graduates entering geriatric medicine fellowship programs decreased from 167 in 2003 to 91 in 2007—a 45 percent drop, according to the American Geriatrics Society (AGS). Little more than half of the geriatric medicine first-year fellowship training slots were filled for the academic year 2006-07. Currently, there are 7,590 certified geriatricians in the U.S.—one geriatrician for every 2,500 Americans age 75 or older. With the number of older Americans projected to nearly double to 70 million by 2030, the AGS expects this ratio to drop to one geriatrician for every 4,254 older Americans.

Dr. Galluzzi is hopeful that the Home Care/End of Life program might help to spark interest in geriatric care among PCOM students. “In a society where youth and beauty is prized above wisdom and experience, few young physicians choose to specialize in geriatric medicine,” she observes. “The fact that geriatricians earn less than physicians in many other specialties also makes it less attractive. But the rewards of working with this patient population are great in so many other ways.

“During the Home Care/End of Life program, I try to convey to the students how much better it would be if everyone was able to age successfully, remain independent, and die in their own homes peacefully, safely and with dignity,” she says. “As physicians, we can provide an invaluable service by enabling that to happen for more people. Ultimately, every one of us can benefit.”
Class of 1962
Class Agents: James H. Black, DO, and Robert S. Maurer, DO
Dale M. Steventon, DO, Schnecksville, PA, is involved in creating Project Healing Waters Fly Fishing, a nonprofit organization that helps wounded veterans recover physically and emotionally through the art of angling. Dr. Steventon’s Hokendauqua Chapter of Trout Unlimited and other Eastern Pennsylvania chapters hope to hold their first Project Healing Waters Program in spring 2009.

Class of 1964
Class Agent: James P. Tierney, DO
Michael Podolsky, DO, Dallas, TX, retired from Radiology Associates of Tarrant County, Fort Worth. Dr. Podolsky was a radiologist for 40 years.

Class of 1966
Class Agent: H. Michael Zal, DO
Bernard F. Master, DO, Worthington, OH, was named to a two-year appointment to the Board of Trustees of the Peggy R. McConnell Worthington Center for the Arts.

Class of 1967
Class Agents: John F. Callahan, DO, and Allan N. Fields, DO
Ronald R. Blanck, DO, Fenwick Island, DE, was appointed to serve as a member of the Uniformed Services University of the Health Sciences Board of Regents by Secretary of Defense Robert M. Gates.

Sheldon P. Wagman, DO, Scottsdale, AZ, is currently a professor and clinical director of psychiatry at Arizona College of Osteopathic Medicine of Midwestern University in Glendale. Dr. Wagman is in active practice as well as teaching at the school. He was recently named one of “America’s Top Psychiatrists” by the Consumers Research Council of America.

Class of 1969
Class Agents: David A. Bevan, DO, and Harry E. Manser, Jr., DO
Sally L. Craig, DO, Lancaster, PA, was promoted to associate professor at the Pennsylvania State University Milton Hershey Medical School.

Class of 1972
Class Agent: Donald Wesley Minteer, Jr., DO
Joan M. Watkins, DO, Tampa, FL, retired as medical director of University Community Hospital’s Occupation Health Service. Dr. Watkins has continued teaching at the University of South Florida College of Public Health in the Environmental and Occupational Health Residency.

Class of 1976
Class Agent: R. Michael Gallagher, DO
Ted Eisenberg, DO, Philadelphia, PA, had his article titled “Breast Augmentation: Minimizing Postoperative Nausea and Vomiting (PONV), Maximizing Patient Satisfaction” published in the December 2008 issue of The American Journal of Cosmetic Surgery. When he’s not operating, Dr. Eisenberg pursues his hobby of tournament knife and tomahawk throwing. In October, he competed in the International Knife Throwers Hall of Fame Che Che White Cloud Knife and Hawk Championship.
where he won the title of World Champion in the Tomahawk Throw (1st place, novice division). He is an associate professor of plastic surgery at PCOM.

**Class of 1978**
Class Agent: Lorraine M. DiSipio, DO
David I. Kaufman, DO, Haslett, MI, was appointed medical director of the Hauenstein Neuroscience Programs at St. Mary's Health Care in Grand Rapids. Dr. Kaufman will continue as professor and chairperson of the department of neurology and ophthalmology at Michigan State University.

**Class of 1980**
Class Agent: Steven J. Fagan, DO
David A. Bitonte, DO, Louisville, OH, was appointed to the Ohio Department of Health's Public Health Council by Governor Ted Strickland. Dr. Bitonte’s term runs through June 2012.


**Class of 1981**
Class Agent: Gerald E. Dworkin, DO
James R. DeSalvio, DO, Dunlap, IL, was recognized by *Cambridge Who's Who* for showing dedication, leadership and excellence in all aspects of occupational medicine.

Carol S. Ramsey, DO, Denver, CO, is presently with HealthONE Occupational and Aviation Medicine Clinic at Green Valley Ranch in Denver. Dr. Ramsey is lead author on an article published in the August 2008 issue of *Aviation, Space and Environmental Medicine* titled "Acceleration Tolerance at Night with Acute Fatigue and Stimulants."

Frank M. Tursi, DO, Erie, PA, was appointed to the American Osteopathic Association's Council on Osteopathic Postdoctoral Training Institutions.

Dr. Tursi is a staff member at Millcreek Community Hospital and a clinical professor of family medicine, osteopathic manipulative medicine, and geriatrics at Lake Erie College of Osteopathic Medicine.

**Class of 1982**
Class Agent: Anthony J. Silvagni, DO
Michael J. Allshouse, DO, Fresno, CA, visited PCOM in December to speak to first- and second-year DO students about his career as the only DO pediatric trauma surgeon. Dr. Allshouse serves as the medical director of pediatric surgery and trauma at Children's Hospital of Central California and is one of the leading experts in the world in the service of infants and children with Down syndrome.

Vincent S. Fierro, Jr., DO, Erie, PA, was appointed to the American Osteopathic Association’s Bureau of Osteopathic Clinical Education and Research. Dr. Fierro is a clinical professor of internal medicine and gastroenterology at the Lake Erie College of Osteopathic Medicine.

Joseph M. Kaczmarczyk, DO, Gaithersburg, MD, was appointed obstetrics and gynecological medical officer in the Contraceptive and Reproductive Health Branch, Center for Population Research, National Institute for Child Health and Human Development, National Institutes of Health.

**Class of 1983**
Class Agent: Mary Ann DiBiagio, DO
Donald E. Conrad, DO, Clearfield, PA, was elected president of the medical staff at Clearfield Hospital.

**Class of 1984**
Class Agent: Paul V. Suhey, DO
Richard A. Ortoski, DO, Erie, PA, was appointed chairman of quality assurance for the clinical skills assessment committee and vice chairman of the clinical skills testing advisory committee of the National Board of Osteopathic Medical Examiners. Dr. Ortoski was also appointed to the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Blueprint Audit Committee.

Paul V. Suhey, DO, Boalesburg, PA, opened a new orthopedic practice with James Martin, MD, Martin & Suhey Orthopedics in State College.

**Class of 1987**
Class Agents: Elliott Bilofsky, DO; and Katherine C. Erlichman, DO
Joan M. Gryzbowski, DO, Conshohocken, PA, was the recipient of the Raymond J. Saloom, DO Memorial Award presented by the Pennsylvania Osteopathic Family Physicians Society. She maintains a private practice in East Norriton.

**Class of 1989**
Class Agent: Eric M. Lipnack, DO
Michael A. Chiusano, DO, Lincoln University, PA, had his article titled “The Hard Facts About Stones” published in the September 10, 2008, issue of the *Chester County Press."

Gregory McDonald, DO, Philadelphia, PA, was appointed vice chairman of the Department of Pathology, Microbiology, Immunology and Forensic Medicine at Philadelphia College of Osteopathic Medicine.

Kirsten Santianni, DO, Virginia Beach, VA, was appointed Public Health physician for the Portsmouth Health Department.

**Class of 1994**
Class Agent: Judith A. Gardner, DO
Randy J. Edwards, DO, Meadville, PA, was named medical director for Golden Living Center–Cambridge Springs. He will oversee clinical care at the facility; provide clinical leadership to the facility’s medical staff; and assist with education and communication between residents, families and staff.
Class of 1995
Class Agent: Francis N. Ogbolu, DO
Beth Ann Callihan Ricci, DO, Erie, PA, was promoted to clinical associate professor of family medicine/osteopathic manipulative medicine at the Lake Erie College of Osteopathic Medicine. Dr. Ricci serves on the Case Development Committee of the COMLEX Level 2–Performance Evaluation Examinations.

Robert C. Wade, DO, Farmville, VA, joined the medical staff at Centra Southside Farmville Medical Clinic.

Class of 1997
Class Agents: Armando C. Sciullo, DO, and Laurie Ann C. Spraga, DO
Michael M. Langer, DO ’97, Avon Lake, OH, serves as the director of CT and MRI Cardiovascular Imaging at North Ohio Medical Imaging, Westlake.

Mitchell J. Marder, DO, Huntingdon Valley, PA, appeared in an interview regarding electronic prescribing that was broadcast on August 7, 2008, by WPVI-TV in Philadelphia. Dr. Marder practices in Philadelphia.

Robin Motter-Mast, DO, Cockeysville, MD, was named chairwoman of the department of medicine at the Greater Baltimore Medical Center. Dr. Motter-Mast is certified in family medicine and works at the Hunt Valley practice of Dr. Mark Lamos and Associates.

Tracie L. Ryberg, DO, Hanover, PA, joined the medical staff at Family Care Center in Hanover.

Class of 1998
Class Agent: James V. Lieb, DO
Francesco T. Mangano, DO, Loveland, OH, has been appointed surgical director of the comprehensive pediatric epilepsy program at Cincinnati Children’s Hospital. Dr. Mangano co-authored two articles in The Journal of Neurosurgery: Pediatrics titled “Characterization of abnormal diffusion properties...”

Chad Gordon, DO ’02
Surgeon Spearheads First Face Transplant

Chad Gordon, DO ’02, was three weeks into his plastic surgery fellowship at the Cleveland Clinic when the opportunity of a lifetime presented itself—a candidate for the first facial transplant in the United States. After meeting with a woman who had received multiple surgeries for severe facial trauma, Dr. Gordon walked into the office of Maria Siemionow, MD, PhD, head of plastic surgery research and head of microsurgery training, and made his case.

He and Dr. Siemionow met with over 20 different specialists including surgeons and bioethicists to discuss the viability of the transplant patient. They unanimously declared the woman a facial transplant candidate, and an eight-person face transplant surgical team was assembled.

“We worked together on weekends and completed three mock cadaver face transplants tailored specifically for this patient,” says Dr. Gordon. “We were confident that we were ready for the surgery. The patient was excited by the prospect.” All that was left was the indeterminate wait for a suitable donor. The wait that could have taken years miraculously lasted only a few months; the surgery was performed in early December.

The team spent 12 hours setting up two side-by-side operating rooms—one for the donor and one for the recipient. After 22 hours in surgery, Dr. Gordon spent the next eight hours with the patient managing her critical care. Twenty-four hours later the patient began to wake up; Dr. Gordon was at her side.

Dr. Gordon credits PCOM for giving him the opportunity to play a role in the largest and most complex face transplant in the world. “As a fourth-year student, I received a PCOM alumni research grant,” he recalls. Dr. Gordon used the grant to spend five months at the Plastic Surgery Lab within Harvard Medical School/Massachusetts General Hospital under the direction of W. P. Andrew Lee, MD, and it was here that he was first introduced to composite tissue allotransplantation. After graduation, Dr. Gordon completed a six-year residency in general surgery and served as chief resident at Cooper University Hospital/Robert Wood Johnson Medical School. “I was the first DO in the Harvard lab, the first DO accepted to surgery at Cooper straight out of medical school, and the first DO fellow to be accepted to the plastic surgery program at the Cleveland Clinic; they really took a chance on me.” During his mandatory research year, Dr. Gordon served as co-editor for Transplantation of Composite Tissue Allografts (Springer, 2008).

“Dr. Leis [Sherman Leis, DO ’67] and Herbert Lotman [former PCOM Board of Trustee chair] were great mentors. As a student, I spent multiple months rotating with Dr. Leis, and he encouraged me to apply for my residency at Cooper.”

Dr. Gordon graduated from George Washington University with a fine arts major and a minor in chemistry. He spent a year after college doing medical illustrations prior to enrolling at PCOM. “Plastic surgery is a happy marriage of art and medicine,” he concludes.
of supratentorial brain tumors: A preliminary DTI study” and “Management of severe cervical kyphosis in a patient with Larsen’s Syndrome: Case report and literature review.”

**Class of 1999**
Class Agent: Tabatha Jefferis, DO
Charles J. Fasano, DO, Doylestown, PA, joined the department of emergency medicine in association with Doylestown Emergency Associates. Dr. Fasano completed his internship and residency programs in emergency medicine at Albert Einstein Medical Center in Philadelphia.

Jason Tronetti, DO, Port Allegheny, PA, was appointed to the Charles Coker Memorial Hospital Board of Directors.

**Class of 2000**
Class Agents: Edward T. Casey, Jr., DO; Kristen M. Lehmann, MS/PA-C; and Christiane M. Petrelli, MS/PA-C
Karen Banks, DO, Norwich, NY, and her husband, Richard, are the parents of Tyler Marie, age five, and William Frederick, age three. Dr. Bank’s internal medicine private practice is doing well in Norwich.

Kristen A. Berry, DO, Ardmore, PA, a physician at Philadelphia College of Osteopathic Medicine’s Lancaster Avenue Healthcare Center and was a guest on the E. Stevens Collins radio show, 107.9 FM on Sunday, October 12. Dr. Berry discussed breast cancer awareness.

Brian R. Shunk, DO, Danville, PA, has joined the family medicine department at Geisinger-Scenery Park in State College.

**Class of 2001**
Class Agents: Kenneth M. Andrejko, DO; Constance E. Gasda Andrejko, DO; Melissa H. Guarino, MS/PA-C; and Nicole Miller, MS/PA-C
Michael A. Campbell, DO, Fall River, MA, has opened a new primary care practice, Millview Medical Associates, with two other physicians, Drs. Christopher Joncas and Marconi Abreau.

Millicent King Channell, DO, Philadelphia, PA, co-authored with David C. Mason, DO, *The 5-Minute Osteopathic Manipulative Medicine Consult* (Lippincott Williams & Wilkins, 2008). The pocket-sized book is the first osteopathic clinical manual to be organized by diagnoses in a two-page, quick-reference format. Dr. Channell serves as an assistant professor in the Department of Osteopathic Manipulative Medicine at the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine.

**Class of 2002**
Class Agents: Edward John Armbruster, DO; Heather C. Beraducci, MS/PA-C; Steven Robert Blasi, DO; and Erin G. Wolf, MS/PA-C
Jason L. Gerboc, DO, Lakeland AFB, TX, successfully completed a six-year urological surgery residency at the Albert Einstein Medical Center in Philadelphia, Pennsylvania. Dr. Gerboc was awarded the “Resident Achievement Award” presented by the American College of Osteopathic Surgeons at their annual meeting in Boca Raton, Florida.

Chad Gordon, DO, Beachwood, OH, was awarded the “Resident Achievement Award” presented by the American College of Osteopathic Surgeons at their annual meeting in Boca Raton, Florida.

**Class of 2003**
Class Agents: Joshua M. Baron, DO; Marc B. Abraham, JD, DO; Daniel J. Morrissy, III, DO; Jacob Mathew, MS/PA-C; and Joseph D. Norris, MS/PA-C
Sean A. Castellucci, DO, Reading, PA, was one of the recipients of the Robert C. Erwin Literary Award for his paper titled “Robot assisted laparoscopic prostatectomy: A single institution learning curve” presented at the Annual Clinical Assembly of Osteopathic Specialists.

Terry L. Foust, DO, Coudersport, PA, joined the medical staff at Charles Cole Memorial Hospital. Dr. Foust is a member of the Champion Orthopedics & Sports Medicine team, joining Dr. Bradley Giannotti and Dr. Seth Shifrin at their Coudersport and Olean, New York, offices.

**Class of 2004**
Class Agents: Michael Anthony Caromano, MS/PA-C; Jennifer Colpo, DO; Patrick Henry D’Arco, MS/PA-C; and Stacey Franz, DO
Nicole M. Agostino, DO, Perkasie, PA, was named outstanding resident of the internal medicine residency program by the faculty at Lehigh Valley Hospital. Dr. Agostino is completing a hematology/oncology fellowship at the Pennsylvania State University Milton S. Hershey Medical Center.

Michael C. King, DO, Norfolk, VA, is currently serving in the United States Navy as a radiology resident. Dr. King was promoted to the rank of Lieutenant Commander.

**Class of 2005**
Class Notes

E-MAIL YOUR NEWS AND PHOTOS TO MADELINE LAW: MADELINE@PCOM.EDU
Jack H. Truschel, II, PsyD, Mountain Top, PA, was appointed to the board of trustees of Lackawanna College. Dr. Truschel is an associate professor and director of the Academic Advising Center for Undeclared Students at East Stroudsburg University.

Class of 2005


Steven J. Breslow, DO, Aston, PA, has joined the medical practice at the Center for Family Health–Middletown in Media.

Jason M. Chew, DO, Ocean City, NJ, joined the department of medicine at AtlantiCare Regional Medical Center. Dr. Chew practices with AtlantiCare Family Medicine in Ocean City.

Monique A. Gary, MS/Biomed, Philadelphia, PA, co-authored an article titled “5-Aminosalicylic Acid Inhibits Colitis-Associated Colorectal Dysplasias in the Mouse Model of Azoxymethane/Dextran Sulfate Sodium-Induced Colitis” published in Inflammable Bowel Journal.

Michael A. Martella, DO, Marinette, WI, joined the medical staff at Aurora Health Care’s Marinette Menominee Clinic as a family medicine physician.

Trina L. Michael, DO, Reading, PA, will be joining the medical practice of Genesis Primary Care Family Practice in Sinking Spring. Dr. Michael will also be a preceptor with St. Joseph Medical Center's Residency Program.

Margaret Moore, DO, Perkasie, PA, joined the medical staff in the Western Bucks office of TriValley Primary Care in Quakertown.

Stephen P. Ogden, DO, Wilmington, DE, joined the medical staff at Family Medicine Center at Christiana Care’s Smyrna Health and Wellness Center in Smyrna. As a Christiana Care Family Medicine resident, he was the resident champion for the Care of the Vulnerable Elderly (COVE) practice improvement project.

Class of 2008

Lauren Cordes, DO, Lower Merion, PA, is an intern at St. Peter’s University Hospital in New Brunswick, New Jersey.

Caitlin Halbert, MS/Biomed, Norristown, PA, was one of the first prize recipients of the Student Research Poster Competition presented by the AOA Council on Research.

Jeremy Lane, BSN, MS/FM ’06

Saving Lives and Evidence

As an emergency room nurse at Johns Hopkins Hospital, Jeremy Lane, BSN, MS/FM ’06, saw his fair share of gunshot wounds and stab victims. He did what he was trained to do; he saved lives. But he wanted to do more. “I knew with additional education that I would be in a better position to help treat patients and assist law enforcement in their investigations.”

So, when Mr. Lane moved from Baltimore to Philadelphia, he enrolled in PCOM’s master's in forensic medicine program. “This was the ideal program for me and my personal goals. Having a background in science and medicine made my overall experience with the program more enjoyable, especially the internship. I worked with Greg [Greg McDonald, DO ’89, vice chair and associate professor, forensic medicine] at the medical examiners office. We did autopsies on bodies straight from the ER. I could see how forensic inexperience in the ER could damage both the patient and any potential criminal investigation.”

Armed with a master's degree in forensic medicine and, most importantly, hands-on experience, Mr. Lane became the go-to forensic nurse at Lankenau Hospital.

Although he sees fewer gunshot wounds and stabbings than he did at his previous hospital, there are plenty of cases that benefit from Mr. Lane’s enhanced knowledge. He knows how to handle the chain of evidence in a sexual assault case. He knows to collect clothes that might be needed in a criminal investigation in paper, not plastic bags, and he knows not to let patients with suspicious gunshot wounds wash their hands before they’re checked for gunpowder residue.

“It’s about knowing what to do to help out law enforcement,” he explains. And it’s also about helping the victim. If an unconscious patient is brought into the ER, Mr. Lane knows how to read wounds for clues that will tell him how to treat the patient.

A self-proclaimed life-long learner, Mr. Lane is now studying to be an emergency room nurse practitioner.

Class of 2006

Class Agents: Caroline E. Ahlquist, MS/PA-C, and Mary C. Wilhelm, MS/PA-C

Valerie A. Cohen, MS/Biomed, Wilmington, DE, was one of the first prize recipients of the Student Research Poster Competition presented by the AOA Council on Research.

Melissa G. Morgan, DO, Drexel Hill, PA, started a gastroenterology fellowship at Lankenau Hospital in July 2008.
Herbert N. Schiffer, DO, Windber, PA, began a four-year residency program with an emphasis on disaster response and bioterrorism at Memorial Hospital in Johnstown.

In Memoriam

Horace R. Bacon, DO ’69, Port Royal, PA, September 15, 2008.


Donald L. Iizzie, DO ’69, Yardley, PA, October 8, 2008.

Alphonso A. Mascioli, DO ’47, West Chester, PA, September 8, 2008.


Geraldine D. Squatrito, DO ’82, Royal Palm Beach, FL, August 31, 2008.


Vince Blasi, Laporte, PA, December 23, 2008

Mr. Blasi, the owner of a local restaurant/bar on Main Street in Laporte, Pennsylvania, extended compassion and hospitality to PCOM physicians and students at Sullivan County Medical Center for more than 30 years. In 2008, Kenneth J. Veit, DO ’76, senior vice president for academic affairs and dean, named Mr. Blasi an “Honorary Instructor of the Osteopathic Institute of Rest and Relaxation.”

Certificates of Merit

The Bureau of Osteopathic History and Identity recognized the following PCOM alumni as “Great Pioneers in Osteopathic Medicine”: Ronald R. Blanck, DO ’67, Fenwick Island, DE; John A. Cifala, DO ’45, Arlington, VA; John M. Ferretti, II, DO ’73, Erie, PA; Mario E. J. Lanni, LLD, Middletown, PA; Arnold Melnick, DO ’45, Aventura, FL; Ruth E. Purdy, DO ’50, Dublin, OH; Stanley Schiowitz, DO ’44, Great Neck, NY; and Martha E. Shields, DO ’39, Harrisburg, PA.

The following PCOM alumni were inducted as fellows of the American College of Osteopathic Surgeons: Walter J. Boris, DO ’85, Medford Lakes, NJ; Mark J. Brennan, DO ’94, Johnson City, NY; Anthony J. Cerone, Jr., DO ’79, Sewall, NJ; David J. Dargis, DO ’91, Allegan, MI; Christopher J. Evans, DO ’95, Wrightsville, PA; Anthony J. Falvo, DO ’98, Grand Blanc, MI; Robert J. Lloyd, DO ’91, Oneida, TN; Robert D. McGann, DO ’94, New Castle, PA; Michael D. Rebock, DO ’91, Birmingham, MI; Brian D. Rosenthal, DO ’98, Blue Bell, PA; Adam C. Steinberg, DO ’98, West Hartford, CT; and J. Garry Wrobleski, Jr., DO ’95, Lake Ariel, PA.

David Bronstein, DO ’56, Hummelstown, PA, was inducted into the Gillum Society of Master Fellows by the American College of Osteopathic Internists.

Mark T. DiMarcangelo, DO ’82, Cherry Hill, NJ, was installed as a fellow of the American Osteopathic College of Radiology in October 2008.

George O. Faerber, DO ’61, Punta Gorda, FL, was awarded the Dr. Floyd J. Treney Memorial Medal by the American Osteopathic College of Radiology (AOCR). This is the highest honor bestowed to a member of the AOCR.

Robert Goldberg, DO ’77, Short Hills, NJ, was appointed Dean of Touro College of Osteopathic Medicine in Harlem, New York.

H. Jane Huffnagle, DO ’87, Havertown, PA, and Suzanne L. Huffnagle, DO ’87, Drexel Hill, PA, were inducted as fellows of the American Osteopathic College of Anesthesiologists.

Joanne E. Hullings, DO ’96, Bristol, PA, was inducted as a fellow of the American College of Osteopathic Emergency Physicians.

Scott Naftulin, DO ’87, Orefield, PA, was installed as President of the American Osteopathic College of Physical Medicine and Rehabilitation.


The recipient of the 2006 O.J. Snyder Memorial Medal, Dr. England had a long and distinguished career with the College and as a physician.

Dr. England served as professor and chairman of the departments of OPP and General Family Practice as well as professor of anatomy. He also served as program director of the College’s first general family practice residency program. In 1972, he was appointed dean of the College, a post he held for 11 years.

In 1975, he became the first osteopathic physician to be elected to the College of Physicians of Philadelphia, and served on its membership and continuing medical education committees. He also served as chairman of the Council of Deans for the American Association of Colleges of Osteopathic Medicine.
I was a true convert. When I applied to medical school, I only applied to osteopathic institutions. Upon arriving at medical school, however, I was met by people who were not as enthusiastic about the tenets of osteopathy as I was. For many, becoming an osteopathic physician was a means to an end: becoming a doctor. Some of my classmates had a DO as their personal family physician and were influenced by him or her; others simply went to the best medical school where they were accepted. Osteopathic manipulative treatment and osteopathic philosophy seemed to take a back seat to the rest of medicine. I was disappointed to say the least.

Eventually I found my cadre (God bless the American Academy of Osteopathy). I continued on to complete a family medicine residency at the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine and a plus-one residency in OMM at Philadelphia College of Osteopathic Medicine, since I still aspired to be a “traditional” DO.

As a family medicine resident and later as an OMM resident, my department chairs often heard me complain that someone needed to write a book about incorporating OMM into primary care, something smaller than Foundations of Osteopathic Medicine. I wanted to learn how to get the most bang for my time. Because, after all, who has 20 minutes to do OMM in a family medicine office?

Long story short, I ended up being one of the “someones” and co-authored the guide that I was looking for: The 5-Minute Osteopathic Manipulative Medicine Consult (Lippincott Williams & Wilkins). So now when students ask me, “What would you do for a pregnant patient?” or “What is a two-minute treatment for sinusitis?” I can respond, “Turn to page 112 or 126 and call me if you still have questions.”

Just to be clear, The 5-Minute Osteopathic Manipulative Medicine Consult is hardly a definitive book on OMM. However, I do believe it fills a need for those who want to do OMM and need a little direction on how to formulate focused OMM treatment plans.

So, now there’s no excuse for me. I have to use OMM in my family practice now, right? Right. And you know what? It’s hard, really hard! It’s hard to slow down long enough to explain to patients what OMM is so you can get consent to do it. It’s hard when you are trying to catch up after running 40 minutes behind on a rainy day. It’s hard with two to four students in tow who are presenting to you about the patient’s unloving childhood and when the patient’s next office visit is scheduled to address nail fungus.

But, I promise, it gets easier. It gets easier each time I give a 30-second explanation on OMM. It gets easier because I ordered and distribute the American Osteopathic Association’s pamphlet that describes OMT. It gets easier as patients return to my office and educate their families and friends about osteopathic medicine. But it only gets easier if you keep doing it (and please note I said easier, not easy. If your job as a physician is ever easy, something is probably wrong or about to be wrong).

In closing, to my cardiologist friends out there, I don’t expect you to do rib-raising. Consider instead an OMM consult for that atypical non-cardiac chest pain. To my primary care brethren, I remind you that OMM is like any other specialty; know the fundamentals and consult when needed.

We all can integrate OMM into our practices. It may be hard in the beginning… but I must tell you, it’s everything I hoped it would be.”
SAVE THE DATE!

reunion weekend
2009
May 29–31, 2009

FRIDAY, MAY 29
Welcome Back Party

SATURDAY, MAY 30
Campus Barbecue and Open House
Reunion Receptions and Dinner Dance
Continuing Medical Education Seminars

SUNDAY, MAY 31
Philadelphia Phillies game at Citizens Bank Park
“HAPPINESS DOESN’T RESULT FROM WHAT WE GET, BUT FROM WHAT WE GIVE.”
— BENJAMIN CARSON, MD

MAY 1
New Jersey Alumni Reception
Caffe Aldo Lamberti, Cherry Hill, NJ

MAY 17
Georgia Campus – Philadelphia College of Osteopathic Medicine Commencement
Tommy P. Hughes Grand Ballroom, Gwinnett Center, Duluth, GA

MAY 29
Reunion Weekend 2009 – Welcome Back Party
Belmont Mansion, Philadelphia, PA

MAY 30
Reunion Weekend 2009 – PCOM Caribbean Island Adventure and Campus Open House
PCOM Campus, Philadelphia, PA
Reunion Receptions and Dinner Dance
Hilton Philadelphia City Avenue, Philadelphia, PA

MAY 31
Philadelphia College of Osteopathic Medicine DO Commencement
Academy of Music, Philadelphia, PA
PCOM at the Phillies vs. Washington Nationals Baseball Game
Citizens Bank Park, Philadelphia, PA

JULY 31
Philadelphia College of Osteopathic Medicine Graduate Programs Commencement
Academy of Music, Philadelphia, PA