1-2011

Digest of the Philadelphia College of Osteopathic Medicine (Winter 2011)

Philadelphia College of Osteopathic Medicine

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STRATEGIC Initiative
FEATURES

Strategic Initiative ..........................................................8

Founders’ Day 2011 .............................................................14

A Cry for Help ...............................................................18

DEPARTMENTS

Updates ..............................................................................2

Class Notes .......................................................................22

My Turn Essay ...................................................................28

ON THE COVER:
Image by John Shetron.
It has been said that knowledge comes by light, starting with a flicker, growing to a flame.
Its very progress is strategic in nature. Pictured is the Flame of Knowledge, the College’s icon, as rendered in the rotunda area of Georgia Campus – PCOM. The artistic form takes advantage of natural light through the use of skylights and partitions and links the educational spaces, labs and offices.
Dear Alumni and Friends,

Ten years ago, the PCOM community began a strategic planning process which has allowed the College to envision its future and bring that future into reality. Since that time, active participation and transparency have fostered an exchange of ideas and have defined important goals which allow us to respond to the challenges we face and the opportunities that lie ahead.

I am grateful to all who have participated—and continue to participate—in the annual strategic planning process. I especially thank those who lead the process and those who work to align objectives and finances, including the PCOM Board of Trustees. Its confidence in and support of the process has been paramount to our successes. Together, our community’s collaborations and discoveries make future prospects bright.

The feature article of this issue of *Digest* outlines the College’s strategic initiatives throughout the past decade. I welcome your ideas and feedback as our community continues to move forward.

Other articles in this magazine issue directly tie into our teaching, research and service missions. Profiles of Founders’ Day honorees Robert S. Maurer, DO ’62, and John M. Clark (DO ’11) provide examples of those who demonstrate outstanding leadership, loyalty and service to PCOM and to the osteopathic profession. The article “A Cry for Help” provides an application of integrated school psychology and medical research pertaining to children’s perceptions of self and evaluation of worth. And the My Turn essay offers a compelling perspective of a young medical student’s soul searching and witness to her father’s physician practice as an inspirational model.

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

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer
CURRENT AND FUTURE PCOM PHYSICIANS MEET AND GREET

PCOM alumni, faculty and DO students had the opportunity to meet one another, ask and answer questions and share their enthusiasm for medicine and the College during this year’s Student and Alumni Networking Night. “I believe in PCOM and the education the College provides to students. I want to encourage them any way I can,” says emergency medicine physician Joanne Hullings, DO ’96, director, PCOM Alumni Association.

Dr. Hullings was just the doctor first-year student Justin Shelton (DO ’14) had hoped to meet. Mr. Shelton was searching for a shadowing opportunity in an ER. He also had the opportunity to meet Joseph Kuchinski, DO ’86, chairman of emergency medicine at Trinitas Hospital in Elizabeth, New Jersey, and director, PCOM Alumni Association. “It’s important to meet students,” says Dr. Kuchinski. “Their future is the future of our profession.”

Bradley Brocius (DO ’14) appreciated “the opportunity to meet doctors who are established in their field and get an idea what practicing medicine is really like.” “It’s nice to see

HEALTHCARE CENTER MAKES A MOVE

PCOM Healthcare Center – City Avenue Division is moving from Rowland Hall, Suite 315, to the first floor and will be known as Family Medicine at PCOM. The office will be located in the front of Rowland Hall facing City Avenue. “This move will rebrand the building,” says Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean.

Moving into a space that was previously occupied by a bank, the facility will be extended toward City Avenue with a glass façade. “People driving or walking by will see white coats. They’ll see activity. Along with our excellent patient care, PCOM will have a visibility we didn’t have before,” notes Dr. Veit.

The grant funds will be used to create a special program for medical students, the Primary Care Scholars Program (PCSP). The PCSP focuses on achieving three main goals: exposing students to patients during their first year of medical school; fostering collaboration between students in the DO, physician assistant and psychology programs; and introducing students to the patient-centered medical home model. “The goal of the program is to enhance the primary care experience to keep students excited about this vital field,” says Dr. Mochan.

“Primary care is extremely important to the well-being of our communities,” stresses Dr. Mochan. “This grant program will help us train the best primary care physicians possible.”
TECHNOLOGY IN THE CLASSROOM

The days are over of feverishly taking notes during lectures while looking at overhead images and then double checking with fellow classmates to confirm the pertinent information. Tegrity, a lecture capture system, has been live in classrooms throughout the College for over a year. The system automatically captures, stores and indexes virtually every class on campus and makes them available to students anywhere they have an internet connection. “Students love it,” reports John Clark (DO ’11), co-chair of the Student Government Association Technology Committee that worked with PCOM administration and Management Information Systems to implement the system. “There’s an indexing system so students can jump to any place in the lecture and search for specific words or disease states and find all the lectures that talk about that. Some students learn best by repetition, and they can revisit a lecture time and time again.”

Another technological advancement being used in lecture halls is an audience response system. Each student is given a “clicker,” a handheld device that registers responses to questions posed by instructors. The system is especially useful in helping instructors gear their lectures to meet student needs. “One way I use the clicker is as a pre- and post-test. I ask questions at the beginning of the lecture to assess the student knowledge base and then I can gear my lecture based on the students’ strengths and weaknesses,” explains Sean Guinane, MS, PA-C, assistant professor, physician assistant studies. “I also use the clicker throughout the class,” he continues. “The attention span of young people has decreased over the years, and adding an activity like the clicker restarts their attention and gets them back into the lecture.”

Also new is Wimba, a video conferencing system that allows for interactive lectures at remote sites. Students can log in to a live lecture and fully interact with the professor and other students. “Wimba will be a big advantage for medical students rotating outside a 60-mile radius of campus,” says Mr. Clark, who notes that the system should be available by June. This technology is also especially important to the forensic, psychology and ODL students who travel to campus for weekly or monthly classes that may be compromised by bad weather. It’s also an extremely important tool for the Office of Admissions, which uses it for virtual information sessions. “We can host live video chats with a room full of prospective students; at the same time, prospective students can participate from their dorm rooms,” says Jonathan Cox, admissions recruiter. “We can host faculty/student question and answer sessions, and we can visit more schools this way, which saves us all a lot of time and money.”

SCHWEITZER FELLOW SERVES COMMUNITY

Jillian Heck (DO ’13) has been selected as a 2010-2011 Greater Philadelphia Schweitzer Fellow. Named for the humanitarian, theologian and physician, the fellowship has the mission of developing “leaders in service.” Ms. Heck is just that. Prior to enrolling in PCOM, Ms. Heck was active in service projects both in the United States and abroad. Staying true to her passion of serving others, she and her longtime friend, Melissa Warriner, a physical therapy student at the Jefferson School of Health Professions, also a Schweitzer Fellow, developed a year-long project to educate teens about HIV. Working at the after-school program at North Light Community Center in the Manayunk section of Philadelphia, the two fellows help debunk myths, explain the science and show the human face of HIV. They have even created a manual so the program can be continued by the next team of fellows. After the year-long fellowship, the two will become Schweitzer Fellows for Life. The two were interviewed on NBC10; view the interview on PCOM’s YouTube channel: www.youtube.com/pcomeducation.
COMMON KNOWLEDGE

The Digital Commons at PCOM electronically preserves and provides internet access to a range of historical collections and scholarly and creative works of the PCOM community. Phase one of the commons has been completed and contains student dissertations, classic medical works, and College collections including catalogs, commencement programs, histories and yearbooks. Phase two of the project will include faculty publications. Visitors to the commons may search for documents by author keyword, discipline or both.

To visit the commons, go to the PCOM Web site, www.pcom.edu, and click on the Digital Commons button on the left-hand side of the page.

To help the Digital Commons at PCOM complete its collection of yearbooks, please contact Etheldra Templeton, professor and chair, library science; executive director, library and educational information systems (etheldrat@pcom.edu or 215-871-6486) if you have a copy of a 1943, 1945-1949, 1951-1953 or 1955 yearbook. The library will gratefully digitize copies of any missing years, and return the originals to their owners.

STUDENTS IMPRESS AT INTERNATIONAL CONVENTION

Precious Barnes (DO/MS ‘11) and Nicole Myers (DO/MS ’11) joined Michael Kuchera, DO, director of OMM research, in Potsdam, Germany, at the International Federation for Manual/Musculoskeletal Medicine (FIMM) to present their research and help train physicians in the use of OMM. They were accompanied by Frank Casella, MS/Biomed ’10, assistant research coordinator for the Human Performance and Biomechanics Lab.

“It was a privilege to work with physicians from all over the world,” says Ms. Barnes. “Many of them were MDs who had never practiced OMM. At first they were wary of being trained by students, but once they found out we were Dr. Kuchera’s students, they were very enthusiastic.”

The students made such an impression that they were invited to teach, table train and do research in Finland and Turkey, and were welcomed by the president of FIMM to do the same in Denmark.
GA–PCOM STUDENT CLUBS WIN HONORS

Two student groups at GA–PCOM have been recognized for outstanding work and service, both statewide and nationally.

The GA–PCOM chapter of the Student Osteopathic Surgical Association (SOSA) was named chapter of the year by SOSA, a national organization of surgery clubs. “My personal theme for the year was ‘more,’” proclaims C. J. Rolison (DO ’12), president of the club for the 2009-2010 academic year. “We had great leadership for the 2008-2009 academic year, and we used their accomplishments as building blocks. I wanted to hear and learn more about surgery, which translated into more meetings, clinics and events throughout the year.” The club averaged one to two lunch meetings with speakers a month and a clinic every other month. In addition, members of the group volunteered at the Making Strides Against Breast Cancer walk in downtown Atlanta and co-hosted a blood drive with the American Red Cross. SOSA is the student section of the American College of Osteopathic Surgeons.

The GA–PCOM Family Medicine Club received the Family Medicine Interest Group award for 2010 from the Georgia Academy of Family Physicians. This is the second time in five years the club has received this award. “The success and award are attributable to the team effort that I was fortunate enough to be a part of,” says Kevin Ward (DO ’12), president for the 2009-2010 academic year. “Even more, the previous president, Amanda Fischer (DO ’11), put the club in a place to succeed from the beginning. Our goal was to become more involved with the surrounding community and promote the field of osteopathic medicine, which I believe we did.” The club participated in many community activities including volunteering twice a week at a local health clinic; supporting MedShare, an organization that prepares medical supplies for shipment to developing countries; and providing medical assistance at the Special Olympics.

NEW DEAN AND CHIEF ACADEMIC OFFICER NAMED AT GA–PCOM

H. William Craver, III, DO ’87, has been appointed dean and chief academic officer, osteopathic medical program, Georgia Campus. Since August 2010, Dr. Craver has been serving as interim dean.

“As a graduate of PCOM, this is truly an honor,” states Dr. Craver, who also completed his residency, taught surgery and was the academic coordinator of the surgery residency program at the College. Dr. Craver notes that he’s coming into this position during a time of strength for the College. “In the short time we’ve been here, the students have made an impressive impact on this part of the country. They’ve been extremely successful in finding quality residencies in both the South East and throughout the country, which reflects positively on this campus. We’ve been approved by COCA to expand our class size. We’ve also been working with PCOM and hospitals in the region to expand our GME opportunities. This is a very exciting time for GA–PCOM and osteopathic medicine in the region.”
MAKING WISHES COME TRUE

PCOM students and faculty danced, sang, joked and played musical instruments to increase their value at the sixth annual PCOM date auction. Sponsored by the PCOM Pediatric Club, the auction raises money for the Make-A-Wish Foundation of Philadelphia & Susquehanna Valley. One of the largest charitable fundraising events PCOM sponsors, the date auction raised $5,000 to send a young woman with medulloblastoma to the Grammy Awards in Los Angeles. The national Make-A-Wish Foundation has granted more than 185,000 wishes since it was established in 1980.

ACCREDITATION REPORT

PCOM’s General Surgery Residency program and the PA program received the highest level of accreditation possible.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has awarded PCOM’s PA program full continued accreditation, without conditions, for seven years, the maximum for continuing accreditation. This national recognition is a distinction that attests to the outstanding quality of PCOM’s physician assistant program.

“The we are extremely pleased that the ARC-PA has recognized the long-term commitment of the PA Studies Department to maintain full compliance with both the letter and spirit of the national standards for PA education,” notes John M. Cavenagh, PhD, PA-C, professor and chair, physician assistant studies. “This distinction is the culmination of five years of high-level teamwork by all members of the PA Studies faculty and staff. This also represents recognition of the high levels of support our program receives from PCOM administration.”

PCOM’s General Surgery Residency program was also granted full continued accreditation during a recent review by the American Osteopathic Association (AOA). The approval is for five years, the maximum allowable authorization. “We are very proud of our residency program; it is among the best osteopathic surgical residency programs in the nation,” says Arthur Sesso, DO ’81, professor and chair, department of surgery. “We are committed to providing our residents with an outstanding educational experience.”

SCHOOL OF PHARMACY PARTNERS WITH AREA CLINIC

Philadelphia College of Osteopathic Medicine School of Pharmacy and The Longstreet Clinic, P.C., have entered into an affiliation agreement. Students enrolled in the Doctor of Pharmacy program will receive hands-on training and education in the Clinic’s ambulatory care setting.

Mandy Reece, PharmD, assistant professor of pharmacy practice, GA–PCOM School of Pharmacy, will lead the program. Dr. Reece, who earned her doctor of pharmacy degree from Mercer University’s College of Pharmacy and Health Sciences in Atlanta, will begin precepting students at The Longstreet Clinic in fall 2011.

“This collaboration provides a wonderful opportunity for PCOM pharmacy students to experience firsthand ambulatory care with a focus in diabetes,” Dr. Reece notes. “It is an honor for PCOM to collaborate with The Longstreet Clinic.”

Dr. Reece is the former pharmacy director and diabetes educator for District 2 Public Health at the Hall County Health Department in Gainesville, Georgia. She is a certified diabetes educator and is board certified in Diabetes Disease State Management.
ALUMNI ASSOCIATION GIVES $50,000 TO SCHOLARSHIP

At its January meeting, the Board of Directors of the Alumni Association approved a gift of $50,000 to the College’s Alumni Association Scholarship. Beginning this year, the competitive fund has been open to students from all programs who meet three criteria: top 15 percent of class; involvement in community activities; and financial need. The Board recognized that the fund must grow in order to meet the needs of an expanding College community here and in Georgia. In addition, the Board was impressed by the College Trustees’ continued commitment to the Trustee Supplemental Grant (TSG) program, which provides 5 percent of the gift every year in perpetuity to the scholarship recipients. For the Alumni Scholarship, the TSG will provide an additional $2,500 be awarded to recipients.

SUPPORT CONTINUES EVEN IN DIFFICULT TIMES

The College is fortunate to have strong supporters; the following gifts and pledges were made this year before March 1, 2011:

<table>
<thead>
<tr>
<th>Donor/Recipient</th>
<th>Amount</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Anonymous</td>
<td>$100,000</td>
<td>to endow a scholarship and a new primary care fund</td>
</tr>
<tr>
<td>Michael Hahalyak, DO ’81</td>
<td>$30,000</td>
<td>to The Fund for PCOM</td>
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<tr>
<td>Howard Hassman, DO ’83</td>
<td>$10,000</td>
<td>to the Hassman Family Scholarship</td>
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<tr>
<td>Morton S. Herskowitz, DO ’43</td>
<td>$10,000</td>
<td>to memorialize Frederick Long, DO ’24</td>
</tr>
<tr>
<td>John Kearney, Trustee</td>
<td>$39,500</td>
<td>to the John D. Kearney Memorial Scholarship</td>
</tr>
<tr>
<td>Mr. and Mrs. Harvey Brodsky</td>
<td>$10,000</td>
<td>to Alzheimer’s disease research</td>
</tr>
<tr>
<td>Karen and Herb Lotman</td>
<td>$10,000</td>
<td>to The Fund for PCOM</td>
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<tr>
<td>Michael Saltzburg, DO ’77</td>
<td>$10,000</td>
<td>to The Fund for PCOM</td>
</tr>
<tr>
<td>Faith Scholnick Schwaibold, DO ’84, and Fred Schwaibold, DO ’84</td>
<td>$10,000</td>
<td>to The Fund for PCOM</td>
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$100,000 PLEDGE

A friend of PCOM recently made a significant pledge of $100,000 in memory of her husband. This gift will establish two endowment funds of $50,000 each.

The first will establish an osteopathic medical student scholarship fund to assist students who are residents of or who attended college in New England. This scholarship fund will benefit from the Trustee Scholarship Challenge whereby scholarship recipients will receive a supplemental grant equal to 5 percent of the initial fund. In this case the scholarship recipient will receive $2,500 in addition to the available earned income of the fund.

The second endowment fund will provide discretionary funds for the departments of Emergency Medicine and Family Medicine. Each department chair will receive the fund’s earned income every other year. “The PCOM community values this extraordinary gift for scholarship support. Also, we greatly appreciate the donor’s suggestions for maintaining flexibility in administering the proceeds to support the teaching, research and public service missions of PCOM,” says Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean.

In making the gift, the anonymous donor said that her husband had received small scholarship grants while he was in medical school. This financial aid made a big difference in his ability to focus on his education and not worry about essential living expenses.
It has been a decade since Matthew Schure, PhD, president and chief executive officer, took the helm of the College. Early in his tenure, he initiated a community-based strategic planning process charged with identifying institutional goals that would reaffirm the College’s Mission and exploit its strengths.

While the College had employed strategic planning models in the past, first in 1988 and then again in 1995, the exercises were fulfilled at the goal-setting level. Dr. Schure’s approach required that strategic planning be integrated into operational planning, and that the process be an annual evaluation—an ongoing part of institutional life.

In 2001-2002, the PCOM community identified—for the first time—its perception of the College’s strengths, weaknesses, opportunities and threats. From these indicators, key priorities for the use of resources and energies were revealed and implemented. In 2002-2003, the priorities were reviewed and amended, and new goals and strategies were created in response to external changes and challenges. “Our Strategic Plan is an evolving document,” says Dr. Schure. “Each annual evaluation is a step in ensuring our continued vitality.

“Our Georgia Campus was born from a recommended strategy,” reports Dr. Schure. “Hallway discussions, Cabinet conversations, faculty dialogues all identified the need for new sources of revenue. An assessment of growing health disparities in the southern United States, particularly Georgia, substantiated an infrastructure for support of osteopathic and graduate education programs that would ensure long-term, Mission-centered success. Today, this success is manifested in a branch campus that has thriving osteopathic medical and biomedical science programs and a new School of Pharmacy.

“Similarly, our strategic planning revealed—nearly ten years ago—the threat of the Commonwealth of Pennsylvania reducing PCOM’s non-preferred state appropriations. As a community, we developed strategies to reduce risk well in advance of a financial crisis, and we were prepared in 2010, when this loss became a reality.

“In so many ways, our strategic planning has inspired creativity and innovation at all levels. It has signaled an investment of self, a personal and professional commitment from all members of the PCOM community. And our assessment has encouraged greater accountability and transparency. Our priorities as an institution have emerged out of empirical data, not mere intuition.

“If anything is certain, it is that change is certain. The educational environment we function in today will not exist in this same form tomorrow. Strategic planning prepares us to envision a future and to act on it now.”
PLANNING WITH A BUSINESS PURPOSE

“When strategic planning is directly tied to financial projections and budgets, it defines business objectives, actions and timetables,” reports Peter Doulis, CPA, vice president for finance and chief financial officer. “What has resulted during the past decade here at PCOM—stemming from Dr. Schure’s sense of strategic renewal—has been a clarity of business purpose, of values and of vision for the future. His accomplishment—our accomplishment as a College—has been built upon institutional input and confirmed consensus of priorities.”

Paul W. McGloin, CPA, chairman, PCOM Board of Trustees, echoes the wisdom of aligning strategic objectives with business plans: “The PCOM Board of Trustees has had enormous confidence in and support for the connection of strategic and business plans, recognizing that the College could not achieve its vital initiatives without having a financially strong foundation. By aligning its strategic direction with its financial resources, and by anticipating the needs of students, faculty and staff, PCOM has progressed into a stronger and more efficient College. The generous support of alumni and friends has likewise been paramount in helping the College achieve Mission-centered results.”

PERPETUATING A CULTURE OF INCLUSIVENESS

Inclusive, bottom-up strategic planning achieves positive organizational outcomes. Process-focused goals encourage innovation among staff and clearer linkages between resources and results.

“PCOM’s strategic planning invites everyone to the table,” says Rita Forde, MBA, director, human resources. “Steering committees, task forces and open town meetings give the PCOM community multiple forums through which they may contribute their ideas about moving the institution forward. The process promotes a positive campus culture. Everyone contributes; everyone matters.”

Robert Cuzzolino, EdD, vice president for graduate programs and planning, who oversees strategic planning at PCOM, affirms the process’ success. “Employees at all levels are motivated to participate, achieve and learn more as the College grows. The annual collaboration means that, as an institution, we are never at a loss for substantive ideas. Some of the most dynamic ideas have come from the staff level. For example, a concept for technological system integration came from a group of administrative assistants. Their ideas may result in higher productivity at lower costs and greater efficiencies.”

In essence, the plan demystifies the College. Goals and strategies are made available for all to review—and to consult as a living document. “I do not know of any other institution that has such standards of accountability and transparency,” remarks Dr. Cuzzolino.

A BOLD VISION

In his Inaugural address, delivered on January 25, 2002, Dr. Schure shared his bold vision for new undertakings in fulfillment of the College’s teaching, research and service missions:

“During the last year, the PCOM community has come together to create the Strategic Plan for its future. Our community has articulated the following goals:

- Enhance PCOM’s image through marketing and recruitment.
- Enhance academic quality, faculty development and scholarly activity.
- Expand the depth of clinical and basic science faculty.
- Create multiple new revenue streams.
- Change the organizational structure to maximize effectiveness.
- Expand facilities and enhance infrastructure.
- Enhance student services.
- Increase community service and outreach.

Strategies have been defined to achieve each of these goals and, where needed, dollars, personnel, technology and space are being assigned to assure their implementation. PCOM now has the foundation of a process to catalyze continuous planning and improvement, and there is no limit to what we can achieve for ourselves and for those we serve. . . .

With the strong foundation forged by our history, and an unlimited future fueled by our energy and resolve, this institution will make an ever greater difference in the lives of those it touches.”

“The Strategic Plan was Dr. Schure’s earliest vision for PCOM, and it is a tribute to the dedication and collaborative work of the broader College community,” says Dr. Cuzzolino. “Dr. Schure has led its ongoing planning process with tenacity.”
ENDURING
Commitments

The following have been among major strategic priorities and initiatives for the past ten years:

FISCAL MANAGEMENT: SUPPRESSING STUDENT DEBT

Through its Strategic Plan, PCOM has taken bold action to suppress rates of tuition increase and to expand need-based scholarship, grant programs and lender aid in order to reduce student indebtedness. For the past eight years, osteopathic medical students have experienced a reduction in the percentage of tuition increases—from a high that approached 10 percent to a consistent level close to 3 percent. The Strategic Plan will likewise provide intergenerational equity to future PCOM students.

“Of the many challenges we face today, none is more important than tuition increase suppression and relief,” says Dr. Schure. “It is paramount that our students retain the freedom to fulfill their professional aspirations rather than make career choices based on their debt levels.”

To this end, many PCOM students remain encouraged in their pursuit of graduate training opportunities in primary care, disciplines that are of greatest need in health care. “Many of our students wish to pursue these vital specialties that rest at the heart of the osteopathic identity,” notes Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean. "By suppressing the rate of tuition increase while augmenting need-based financial aid, the College is able to enhance access to all areas of medical education for our students.”

COMPETENCY-BASED ASSESSMENT: ENSURING CLINICAL APTITUDE

In 1993, a clinical learning program began at PCOM as a small pilot initiative. Its growth has been propelled by the drive toward competency-based assessment in medical education as well as National Board of Osteopathic Medicine licensing provisions; it has been sustained by strategic planning.

PCOM was among the first osteopathic medical schools to acquire a full-body, programmable human patient simulator, METI HPS, in 2003. The simulator was purchased with a federal Health Resources and Services Administration (HRSA) grant of nearly $197,000; since 2003, $949,000 in HRSA grants has been earmarked for simulation technology additions and upgrades at both campuses.

The Robert Berger, DO Clinical Learning and Assessment Center opened and was dedicated in 2004. Its robotic simulation suite was named in memory of the late wife of the late PCOM Board of Trustees member Harry Ginsburg, DO ’42.

Today’s center, which has expanded to include an inclusive simulation suite, houses four additional high-fidelity human patient simulators: NOELLE, a birthing simulator; HAL, a robotic neonate; a METIman nursing simulator; and a METIman prehospital simulator. Other simulators include TRAUMAman, a torso simulator for the practice of suturing skills; a METI Pelvic ExamSIM, a model that is touch sensitive; an Accutouch endoscopic simulator, a virtual simulator for the practice of GI procedures; a laparoscopic simulator, a virtual simulator that increases hand-eye coordination; an Angio-Mentor, a virtual simulator for the practice of cardiac intervention with fluoroscopy; a Femoral Line Man, a model that provides central venous access training; Naso Gastric models, head and torso models for the practice of NG tube placement; and various trainers that teach IV placement, knot-tying, catheter placement, intubation, etc.

A 2010 gift from Michael C. Saltzburg, DO ’77, prompted the College’s acquisition of the Simbionix InsightArthro VR System Simulator, an arthroscopic surgical simulator to provide training on knees and shoulders. This simulator was the first of its kind in use in the mid-Atlantic region, and only the fifth system to be acquired in the United States.

“There is such relevance for competency-based assessment as a method to train our students: osteopathic medical, physician assistant and psychology students. Simulation—from high-fidelity manikins to standardized patients to replicated geriatric home health experiences—offers an outstanding tool for acquiring diagnostic skills and practicing medical procedures,” states Penny Patton, program administrator, Robert Berger, DO Clinical Learning and Assessment Center.
EXPANSION AND PARTNERSHIP: REAFFIRMING THE PCOM MISSION

Strategic planning has underscored—time and time again—the interdisciplinary nature of PCOM’s core faculty and affiliated clinical instructors. This association has afforded significant opportunities for development in central disciplines.

Master’s degree programs in organizational development and leadership and forensic medicine were added in 2001 and 2002, respectively. In 2002, the Psychology Department expanded to include school psychology programs (doctor of psychology in school psychology, educational specialist in school psychology, and master of science in school psychology). The College’s osteopathic tradition proffers a complementary framework for the study of these subjects, and medical school faculty and students collaborate with many of these behavioral scientists and leaders on research and in clinical settings.

Dual-track degree programs have been expanded with options for students from both the PCOM graduate programs and from partnering institutions. These programs include the DO/master of science in forensic medicine, the DO/master of science in biomedical sciences, the DO/master of science in organizational development and leadership, the DO/master of arts in healthcare ethics, and the DO/doctor of philosophy in health policy. A DO/doctor of philosophy path in cellular and molecular biology research will soon be launched in partnership with University of the Sciences in Philadelphia. And strategic partnerships broaden training opportunities and facilitate quality choices while avoiding redundant investments for educational delivery. Such opportunities include:

- a “home-base” training site at the Russell Byers Charter School, Philadelphia, for school psychology students;
- a clinical teaching fellowship partnership with Philadelphia University for doctoral clinical psychology students;
- undergraduate/graduate degree pathway collaboration agreements with Brenau University, Gainesville, Georgia, and Thomas University, Thomasville, Georgia, for physician assistant studies students; and
- exclusive hospital affiliations such as Geisinger Health System for medical students and a consortium of affiliated hospitals, PCOM MedNet, for medical interns and residents.

Georgia Campus – Philadelphia College of Osteopathic Medicine

Perhaps the greatest expansion, rooted in the College’s strategic goals, has been the establishment in 2005 of a branch campus in Suwanee, Georgia. Offering professional doctoral degree programs in osteopathic medicine and pharmacy, and master’s degree programs in biomedical sciences and organizational development and leadership, the campus has focused on addressing the shortage of professionals who provide healthcare and public health/leadership services in Georgia and the surrounding southern states.

To date, 153 DO students and 43 biomedical sciences students have graduated from GA–PCOM. Over 75 percent of students accepted into DO and other postgraduate training programs are from the state of Georgia.

The inaugural class of PCOM School of Pharmacy, composed of 79 students, began their studies in August 2010. In June 2010, the Accreditation Council for Pharmacy Education granted PCOM School of Pharmacy pre-candidate accreditation; the School will be eligible to seek full accreditation status in 2014.
FUNDRAISING: IMPACTING OUTCOMES

Strategic planning provides the vision, direction and goals for the College, but fundraising priorities ultimately impact outcomes.

As early as 2002, strategic planning assessments identified the need to grow The Fund for PCOM from a baseline of $300,000 to a reliable $1 million unrestricted annual fund program, its current effort. The fund supports direct operational costs for enhanced programming. Moneys are disbursed on a current-use basis to meet some of the College’s most vital initiatives, which include increased oversight and teaching for clinical and graduate medical education, continued research agendas during gaps in external funding, enhanced student affairs services and acquired educational technologies.

In 2007, the Center for Chronic Disorders of Aging (CCDA), an interdisciplinary research center that promotes a better understanding of the nature of chronic disease processes, received a $2 million endowment from the Osteopathic Heritage Foundations, and the College provided a 25 percent match of $500,000. Through this center, significant progress has been made on PCOM-based research including work on Alzheimer’s disease, inflammation in diseases such as periodontitis, and prevention of tissue damage caused by oxygen deprivation.

Board of Trustees Member Lita Indzel Cohen, Esq., was instrumental in the creation of a new endowment in 2008, the Food Allergy Research Initiative (FARI), based at PCOM. FARI research includes a wide range of food allergies and hypersensitivities, with a particular focus on peanut allergies.

Research collaborations have ensued with sister osteopathic medical schools and other medical and research institutions including the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine, Virginia College of Osteopathic Medicine, Emory University, Georgia Health Sciences University, Penn State University – Hershey Medical Center, the Illinois Institute of Technology, Thomas Jefferson University, Veterans Administration Medical Center (sites in Philadelphia, Denver, St. Louis and Washington, D.C.), the University of Georgia and the University of Kuopio, Finland.

INSTITUTIONAL RESEARCH: STRENGTHENING THE COLLEGE’S POSITION

Early on, strategic planning indicated the need for augmentation of both basic science and clinical research efforts. The College has worked to increase faculty research and publication with incentives for scholarly activity; internal research seed grants have been instituted, and when necessary, internal funds from The Fund for PCOM have been applied.

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Philadelph ia College of Osteopathic Medicine
FACULTY DEVELOPMENT

Faculty recruitment practices have extended due in large part to strategic planning. The College has recruited and hired faculty members with expertise in areas of high national and professional priority including school psychology and pharmacy. Many are capable of independent research and external grant funding. In addition, a monthly faculty development/scholarly activity series has been implemented as has an annual interdisciplinary, cross-campus faculty retreat.

TECHNOLOGY UPGRADES

Strategic initiatives have resulted in technological upgrades to network and infrastructure capabilities, including the establishment of an Emergency Notification System, the creation of local and disaster recovery file storage systems and database encryption. Virtual server technology has been adopted, and wireless printing is available. More than 20 educational spaces have been transformed into smart classrooms; ten additionally have videoconferencing resources. Tegrity, a lecture capture platform, and Wimba, a learning software application, are in operation.

STUDENT SERVICES

Strategic planning identified the need for comprehensive student services for all matriculated students. A primary focus has been placed on student wellness, personal growth and professional development. Mentored learning communities, individual career advising, academic tutoring and service learning opportunities reinforce the College’s instructional Mission.

COMMUNITY SERVICE AND OUTREACH

Students from DO and graduate programs participate in mission trips and elective rotations in underserved regions. Others serve disadvantaged domestic communities, providing health- and educational-related services through the Bridging the Gaps community health internship program; through the College’s Healthcare Centers; and through public outreach centers and shelters, clinics, psychiatric facilities, schools and prisons. Many of their efforts are empowered by the Strategic Plan, which supports the provision of basic medical needs for marginalized patients.

MARKETING AND COMMUNICATIONS

Strategy is synonymous with integration. Marketing, advertising, publications and public/media relations initiatives have been consistently positioned to support and advance enrollment management practices, Mission-centered outcomes, strategic planning and brand imaging. As technologies have evolved, targetable and trackable digital and social media platforms—including Facebook, YouTube and various blogs—have been employed, providing increasing visibility to and investment in messaging.
More than 35 years ago, long before the current round of healthcare debates, Dr. Maurer was fighting for changes to the healthcare system. A staunch advocate for tort reform, he was a driving force in developing and passing medical malpractice and other liability reform legislation in New Jersey, serving on former Governor Tom Kean’s task force and other health advisory committees. He also twice ran for the state legislature.

At the same time, he was advocating for osteopathic medicine, taking every opportunity to advance the profession as president of the New Jersey Association of Osteopathic Physicians and Surgeons (NJAOPS). During his tenure, he played a major role in the establishment of the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine (UMDNJ–SOM) as well as in the formation of one of the first physician-run medical malpractice companies in the country.

Dr. Maurer was the first osteopathic physician asked to serve on the malpractice company’s board of directors, a post he held for 20 years. He also chaired the company’s legislative oversight committee, leading the drive for medical malpractice reform in the state of New Jersey.

In addition to health reform advocacy, Dr. Maurer has always taken great pride in teaching students, interns and residents the principles of osteopathic medicine. A founding member of UMDNJ–SOM, he has served on the faculty for 32 years. “I have always tried to emphasize that taking a personal approach with patients and using common sense as well as your five senses to diagnose problems are as important as, if not more important than, tests and technology,” he says.

It was this personal approach that first attracted Dr. Maurer to osteopathic medicine. After graduating from the University of Pennsylvania in 1953, and serving a five-year stint as an officer in the U.S. Navy during the Korean War, he decided to pursue his interest. He had learned about the osteopathic philosophy from a few friends who were DOs. “I was interested in becoming an old-fashioned family doc,” he recalls. “That was my motivation, that was my goal and that’s what I became. It seemed to me that the osteopathic philosophy was ideal for family medicine.”

Practicing out of his first home in Iselin, New Jersey, Dr. Maurer always had his door open. Dr. Bob, as his patients and friends call him, became an integral and beloved part of the local community.

He was also involved in the development of one of the largest hospitals in New Jersey—the JFK Medical Center in Edison, which, when it opened in 1967, did not plan to allow osteopathic physicians on the medical staff. In response, Dr. Maurer rallied the support of patients in a major drive to gain acceptance for the osteopathic profession.

Throughout his career, Dr. Maurer has taken on many leadership roles in professional organizations. In addition to serving as NJAOPS president, he was chairman of the organization’s strategic planning committee. He has served as executive director of the American Osteopathic College of Rheumatology since 1992, and as a member of the New Jersey Osteopathic Education Foundation board of directors for more than 30 years.

Dr. Maurer was honored by NJAOPS for his many contributions to the profession as Physician of the Year in 1990, and as a recipient of the Distinguished Service Award in 1998. The same year, he also received a special commendation from the New Jersey State Assembly for his tort reform and other legislative efforts.
Dr. Maurer also takes great pride in his continuing involvement with PCOM. When he joined the Alumni Association of PCOM Board of Directors in 1970, he was the youngest member ever elected. With more than 41 years of service, he is now the third longest serving member of the alumni board. Dr. Maurer is also completing his sixth year as alumni representative to the PCOM Board of Trustees.

As president of the Class of 1962 for 50 years, Dr. Maurer takes particular pride in the group’s ongoing support of PCOM. “I’m very proud that my small class has consistently had the highest percentage of annual fund donors and the highest total amount donated for any class in the history of PCOM, as well as the highest number of attendees at reunion-year meetings. We had over 75 percent of our class attend our 25th reunion in the middle of a snowstorm,” he relates. “We are all very proud of the fact that we went to PCOM. The College gave us the opportunity to do what we’ve done with our lives, and we need to stay involved.”

And he fondly credits the College with introducing him to his late wife, Beverly. “We met early in my sophomore year through her cousin and my classmate, Alan Miller, DO ’62. By the following summer, we were married. The first of our three children, Ellen, was born at 48th and Spruce Streets. Our two sons, David and Andy, were also delivered in osteopathic hospitals by osteopathic physicians,” he recalls.

Dr. Maurer remains active with his profession, PCOM and his family. He currently serves on the ethics board of his hometown as well as various state and national osteopathic organizations. In addition, he still finds time to ski, play tennis, visit with his six grandchildren and travel with his companion, Loretta Catino.

Reflecting on PCOM, he says, “It’s been a joy to watch the College develop from a small hospital with three classrooms and 80 students at 48th and Spruce to the beautiful campus on City Avenue with distinguished faculty, students and many accomplishments.

“We must never lose sight of the importance of our osteopathic principles,” he emphasizes. “We must continue to strive to teach our students compassion, caring and understanding, not only for the patients and their diseases, but also for the many external factors that affect them such as job and family. We must continue to emphasize the heart and soul of our profession—having concern for the patient as an individual, not just the diagnosis of a disease.”
Mr. Clark has always enjoyed the challenge of solving problems. That is what attracted this former information technology specialist to a career in medicine. “I enjoy the challenge of starting with an unclear clinical picture, and then carefully gathering and assembling the pieces of the patient’s puzzle in the form of history and physical, labs and studies, to determine the true diagnosis,” he says. “Although information technology also involved problem solving, I found my work unfulfilling. Caring for patients is my true passion.”

Mr. Clark made the transition to medicine as a clinical assistant and telemetry monitor technician at Brandywine Hospital in Coatesville, Pennsylvania, where he met Michael Kalata, DO ’98, who became his mentor and role model. “I admired the way he practiced medicine, taking the time to sit down and patiently explain things to patients, to nursing staff and to me,” Mr. Clark notes. Following in Dr. Kalata’s footsteps, Mr. Clark decided that osteopathic medicine was the path he wanted to take.

As a PCOM student, Mr. Clark has applied his problem-solving skills not only to his studies, but also to his involvement in the Student Government Association (SGA). As part of the SGA executive board during his second year, he participated in a major effort to reorganize student government and rewrite its constitution to give equal representation to students in all of PCOM’s academic programs.

Elected as a senator to the DO Council in August 2010, Mr. Clark oversees the Technology and Political Action committees and serves as a member of the Rotations Committee. As co-chair of the Technology Committee, he has leveraged his information technology experience to lead a collaborative effort with the College’s Management Information Systems (MIS) department to fulfill the top three student-selected technology priorities: conversion of student e-mail to Google Mail, implementation of the Tegrity lecture capture system, and the ability for students to print wirelessly throughout campus.

“Students appreciate these very significant technology upgrades,” says Mr. Clark. “Medical students often need to find information quickly, and the lecture capture system and upgrade to Google Mail strongly support that need.”

As SGA Parliamentarian, Mr. Clark chaired the Political Action Committee, which seeks to involve students in political advocacy and provide a foundation for their future lobbying efforts. During the 2008 national election, the committee presented several issue-based, non-partisan lectures to the student body that served as voter registration drives and encouraged participation in the political system. Through these highly successful events, almost 100 students registered to vote.

In spring 2009, he coordinated a trip for PCOM students to Washington, D.C., for the American Osteopathic Association’s annual DO Day on the Hill. “The most important issue facing the osteopathic profession is the challenge of continuing to deliver high-quality care to patients in a multifactorial, ever-changing healthcare field,” he states. “Students and physicians can meet this challenge by uniting with colleagues and like-minded groups to continually advocate for favorable legislation at all levels of government, maintaining a focus on core osteopathic principles and practices, and protecting the integrity of the profession.”

Currently pursuing an internal medicine residency, Mr. Clark sees his future goals as continuing to advocate for improved healthcare legislation, teaching medical students and residents on clinical rotations and, most importantly, providing direct patient care. “I will encourage those I teach to use osteopathic manipulative medicine, a modality unique to our profession that provides one of the most cost-efficient methods for the diagnosis and treatment of many disease states,” he says. “In the current healthcare environment, our osteopathic practices have never been more valuable.”

Marking the observance of Founders’ Day, the PCOM community—past and present—gathers to honor those who have demonstrated outstanding leadership, loyalty and service to the College and the osteopathic profession.
Three third-grade elementary school students are playing on the swings during recess. The first student, Amy, turns to the girl next to her, Erin, and says, “I got 100 on the spelling quiz. What did you get?”

“I got 100, too,” Erin answers proudly.

“Hey, Katie, what did you get on the spelling quiz?” Amy asks the third student.

Katie stops swinging and looks down at the ground. “I don’t remember,” she mumbles. “I got a few wrong.”

“Well, you always spell everything backwards,” says Amy.

“Yeah, you always spell everything backwards,” echoes Erin. “You’re weird.”

“Yeah, you’re weird,” says Amy. She and Erin start giggling as other girls gather around laughing and staring at Katie.

Katie, who has dyslexia, runs to seek refuge with a teacher’s aide.

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Children today are growing up in a society where academic performance and social acceptance are paramount. Even as early as pre-school and certainly in elementary school, children are expected to keep up with their peers in the classroom and on the playground. They regularly compare themselves in terms of strengths and weaknesses. They ask each other what grade they received on the last spelling or math quiz. They know who was invited to a classmate’s birthday party. They know which of their classmates are “gifted” and which go to Learning Support for extra help in reading, math and other subjects. And they can be ruthlessly critical of the children who need more help.

In fact, children with learning disabilities are most at risk for being bullied or victimized and for developing a poor sense of self-worth that pervades all aspects of their lives, according to a recent study by Renee Payton Cahill (PsyD ’11), “A Comprehensive Investigation of Variables Related to Children’s Self-Perceptions” (2010).

During the two-year longitudinal study completed for her doctoral thesis, Ms. Cahill explored the extent to which perceived peer victimization relates to children’s self-perceptions and academic placement. She assessed 461 elementary school students beginning when they were in third and fourth grades and continuing into their fourth and fifth grade year. The students spanned three academic groups: Gifted Support, Learning Support and Regular Education. Across all groups, Ms. Cahill assessed four variables considered important in a child’s development of self-worth: academic achievement, cognitive ability, academic placement and perceived victimization by peers.

Not surprisingly, the children in Learning Support considered themselves less competent than those in Regular Education in the academic domains. However, they also viewed themselves as less competent in non-academic domains such as social acceptance, physical appearance and behavioral conduct, and this negative self-perception was sustained over the two-year study period as the students moved on to the next grade. These children also perceived themselves to be more frequently victimized by their peers than students in either Regular Education or in Gifted Support.

“Students with learning disabilities need placement in Learning Support in order to succeed academically, but then they are labeled by their peers and often become victims of bullying,” observes Ms. Cahill. “They may internalize this negative feedback and, as a result, their negative self-perceptions increase. They may underestimate their academic potential and suffer from poor motivation, thereby impeding their academic success.
“Understanding how the variables addressed in this study relate to children’s perceptions of self and evaluation of worth provides school personnel with pertinent information to better identify children at increased risk for lower self-perceptions,” notes Ms. Cahill. “School personnel should consider children’s self-perceptions when developing academic programming and implementing interventions.”

**HOW SHOULD SCHOOLS RESPOND?**

Nearly three million children in public schools nationwide are classified as having specific learning disabilities and receive special education support, according to the 26th Annual Report to Congress, U.S. Department of Education, 2006. Schools need to do a better job of responding to their needs, says Ms. Cahill.

“To really improve our education approach to kids, we need to apply the osteopathic philosophy of looking at the whole person,” says Virginia Salzer, PhD, clinical associate professor, school psychology. “We need to consider the whole child, not just the academic issues, but how he is feeling about himself in general. Does he feel stupid? Does he feel like the ugly kid, the clumsy kid, the kid who has no friends? We can design the best academic interventions in the world, but if we roll them out to a child who feels very badly about himself, they will almost certainly be less effective. His ability to participate will be impaired by his negative self-perception. We must address all of the child’s issues.”

It’s important to talk with children very directly about their issues, using “person first” language, according to Dr. Salzer, who served as an advisor for Ms. Cahill’s study. “For example, say, ‘You’re a kid who has dyslexia’ rather than ‘You’re a dyslexic kid.’ Explain to the child, ‘You have difficulty with reading. It’s called dyslexia. It doesn’t make you stupid. It doesn’t make you funny looking. It doesn’t make you a bad friend. It doesn’t define who you are. It’s just one piece of your life and we’re going to help you with it.’

**EARLY INTERVENTION IS VITAL**

It is critical for schools to identify learning disabilities in a child as early as possible and begin intervention right away, according to Dr. Salzer. Children generally develop self-perception by age eight. If a child with learning disabilities has a negative self-perception, the longer it continues, the more it will become solidified and harder to change.

“Renee’s study showed that self-perceptions lingered in the second year, so these children have pretty set belief patterns at a young age,” Dr. Salzer says. “If we address their learning issues and at the same time, address the psychological hits they may take as a result, we may put them on a better trajectory in the education process. This lines up with the DO philosophy of focusing on prevention and early intervention.”

**PARTNERING WITH PARENTS AND PHYSICIANS**

In partnership with the school, parents and primary care physicians have key roles to play in addressing the issues faced by children with learning disabilities, particularly bullying and victimization. Children who are being bullied often present with symptoms such as anxiety, abdominal pain, bedwetting and/or depression.

“As osteopathic physicians, we take care of the whole child,” says Izola David, DO ’85, assistant professor, pediatrics, who practices and teaches at the PCOM Healthcare Center – Lancaster Avenue Division. “When children come to us, we don’t just take their vital signs and complete a physical exam. We ask them lots of questions that provide us with a sense of their general well-being, such as ‘What’s your favorite subject at school? Do you have lots of friends? Who do you play with at recess? What do you do at recess? What makes you happy? What are you afraid of?’ Their answers give us a pretty good idea of what’s going on, how they feel about themselves and whether bullying is a factor.”

Although pediatricians and family physicians are important, parents are the first line of defense against bullying, according to Dr. David. “Our job as pediatricians is to encourage parents to talk to their children on a daily basis,” she says. “I begin talking to parents about recognizing the signs of bullying when the child is two or three years old.

“Pediatricians must frame bullying as a health concern that requires attention and commitment rather than just a social concern that will work itself out. It will not work itself out,” she emphasizes. “It must be addressed by parents, school and healthcare professionals. As osteopathic physicians, we need to become involved.”

Dr. David begins by empowering parents whose children are being bullied to write letters to school administrators expressing concern and asking for resolution. If the problem persists despite the parents’ efforts, she writes a letter to the school detailing the child’s physical complaints and asking the school to take action to stop the victimization. “I usually get a response,” she says.
Learning to identify children who are potentially being bullied should begin in medical school, according to Dr. David. “Medical students on rotation at the PCOM Healthcare Centers are taught to look for signs of bullying,” she says. “It is considered a core piece of their training, every bit as important as learning how to identify children who have diabetes or other health problems,” she says.

WITHOUT INTERVENTION

Dr. David worries about the kids who suffer from bullying and don’t get help. Studies indicate that the resulting low self-esteem can continue into adulthood, and it is likely that they will suffer serious adverse reactions later in life.

When no intervention occurs for children with learning disabilities, statistics show that they are far more at risk for dropping out of high school and engaging in negative behavior such as crime, unemployment and unplanned pregnancy. “Why would you want to stay in school if you think you’re a bad student and no one intervenes to help you?” asks Dr. Salzer.

Dr. David points to the increasing number of suicides among adolescents who have been bullied. “One child who commits suicide or one child who is harmed by bullying is one child too many,” she states.

BULLY PREVENTION PROGRAMS

A growing number of schools nationwide are implementing bully prevention programs and other initiatives that educate and teach tolerance for differences among students, whether academic, physical or social. Students, teachers and parents learn to recognize bullying as well as strategies for prevention and intervention.

Some schools also offer character education programs where children are taught positive character traits such as kindness, compassion and respect for others. Others educate students about what it actually feels like to have a learning disability such as dyslexia.

Ms. Cahill emphasizes that school administrators can make a significant positive impact by ensuring an adequate number of guidance counselors at the elementary school level. Although the American School Counselors Association recommends a 250-to-1 ratio of students to school counselors, the national average is actually 457, according to the U.S. Department of Education, National Institute for Educational Statistics (2008-2009 school year).

FOCUSING ON STRENGTHS

“Counselors and learning support teachers need to work together to help students with learning disabilities focus on their strengths so the disabilities don’t define who they are,” says Dr. Salzer. “It is essential to teach these students strategies for overcoming the academic and social challenges they face in school.”

Children who are involved in extracurricular activities are less likely to be bullied, according to Dr. David. She encourages parents to get their children involved in activities such as scout troops, sports, faith-based youth groups or community youth organizations. She also urges parents to get involved at school by volunteering. “Children with learning disabilities can easily become isolated, which lowers self-esteem,” she says. “It’s essential for parents and educators to work together to keep them in the mainstream as much as possible.”

Ms. Cahill concludes, “By striving to improve children’s self-perceptions, schools will increase children’s academic performance and better enable them to achieve academic success.”

BULLYING STATISTICS

According to a number of national surveys*, an increasing number of school-age children and adolescents have reported being victims of the following types of bullying:

- Physical bullying – 20%
- Verbal bullying – 54%
- Social bullying – 51%
- Cyber bullying – 20%

In the case of elementary school-age children, in particular, 23 percent reported being bullied one to three times during the previous month.

*Sources:
- 2009 National Youth Risk Behavior Survey Overview (Centers for Disease Control and Prevention)
- National Crime Prevention Council, Cyberbullying Research Center

To read more about the study conducted by Renee Payton Cahill (PsyD ’11), visit http://digitalcommons.pcom.edu/psychology_dissertations/20/
CLASS OF 1963

Harvey M. Spector, DO, Huntingdon Valley, PA, was named lead physician of Einstein Center One Family Medicine in Northeast Philadelphia.

CLASS OF 1966

Berel B. Arrow, DO, Lancaster, PA, completed his second novel, The 36, a mystery based on the legend of 36 Just Men. It was published in January 2011 by Xlibris. He reports that his first novel, God’s Water, sold more than 250 copies; he was pleased that his writing is of interest to readers.

CLASS OF 1968

Joseph Kessler, DO, New York, NY, former director of the Critical Care Complex at Botsford General Hospital in Farmington Hills, Michigan, is now an attending physician and director of the Senior Health House Calls program in the geriatric division of the Department of Medicine at Beth Israel Medical Center in New York.

Norman A. Leopold, DO, Wallingford, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Neurology” in Chester, Delaware and Montgomery counties.

CLASS OF 1972

John C. Carlson, DO, West Chester, PA, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Gynecology.”

CLASS OF 1973

Joseph A. LaCavera, III, DO, Bridgeton, NJ, was the recipient of the Community Service Award presented by the Salem County Branch of the NAACP.


CLASS OF 1974

Anthony V. Benedetto, DO, Drexel Hill, PA, participated in “Doctors on Call,” a patient-outreach television program broadcast by CBS-3 Philadelphia in September. Dr. Benedetto is a physician at Dermatologic SurgiCenter with offices in Philadelphia and Drexel Hill.

BERNARD MASTER, DO ’66

His Avocation Is for the Birds

Dr. Master has traveled the world looking for and at birds. But one of his favorite birding spots is his own backyard in Worthington, Ohio. With its two acres of undisturbed woods and creek located on a prime migration flyway, Dr. Master’s backyard is a five-acre wildlife sanctuary that has been the site of more rare bird sightings than any other location in Ohio.

Dr. Master began birding with his father when he was five years old. “I had a list of nine birds,” he recalls of his first venture into the sport. To date he has seen 7,200 species of birds and has almost reached his goal of seeing a representative from every family of bird in the world; he has seen 219 of the 221 that exist. He has even heard the call of the ivory-billed woodpecker—a bird thought by many to be extinct—while on a search team in Arkansas in 1995. “Hearing is 90 percent of birding,” explains Dr. Master.

While Dr. Master’s travels to more than 88 countries have yielded an amazing “life list” of birds, the fruits of his adventures have been more than ornithological. “I’ve met some wonderful people and I’ve had incredible adventures,” he says. As a member of the Rare Bird Club, which has 300 members worldwide, 20 of whom are Americans, he’s traveled the world under the aegis of governments. “I’ve attended state dinners, and Queen Noor of Jordan gave us use of her yacht,” he says as he recalls some highlights of his travels.

Of all the places where he’s traveled, Dr. Master points to Australia as his favorite. He’s been there four times. “It is vast and diverse,” he explains. “The people are very friendly and they speak English, which is a big help. In addition to the hundreds of birds that are unique to the country, there are lots of other things to see. I can peel off from the group and go to museums. I have many interests in addition to birds.”

As much as he enjoys his travels, Dr. Master does have his limits. “I tend to disconnect after three weeks. I miss my family and civilization.” That was the case after a recent five-week tour in Cameroon. “It was too hot; it was almost unbearable,” he confesses. “I almost quit ten times. But I did see a new family of birds, which was my goal.”

Of all the birds Dr. Master has added to his life list, perhaps the one he’s proudest of is the Vireo masteri, a bird named after him in thanks for his conservation efforts in Colombia, South America. Dr. Master, who was a governor of BirdLife International in Cambridge, England, made a six-figure donation to save the bird’s habitat, which was under threat from farming expansion.

While he no longer practices medicine, Dr. Master does use many of the skills he used as a physician. “A birding friend of mine pointed out that there are a lot of doctors who bird. There’s a proclivity for physicians to be close to nature; many medicines are derived from plants. There’s also a similarity in the way we see things. Doctors look at a constellation of seemingly unrelated symptoms to make a diagnosis. Birders look at the shape of a bill, a crest, a yellow belly or a red tail and make an identification. It’s about observation.”
CLASS OF 1975
Richard T. Honderick, DO, Springfield, MO, was the recipient of the President’s Award presented by the Evangel University Alumni Association. Dr. Honderick is a family practice physician at St. John’s Clinic and mentors Evangel pre-med students.

CLASS OF 1976
Edward H. Ridings, III, DO, Lewistown, PA, has been reappointed clinical associate professor, department of surgery, division of general surgery, Philadelphia College of Osteopathic Medicine.

CLASS OF 1977
Arthur S. Maslow, DO, Danville, PA, serves as vice chairman of the department of obstetrics and gynecology and as an associate physician in maternal fetal medicine at Geisinger Medical Center.

CLASS OF 1978
Michael G. Eyer, DO, Abbottstown, PA, opened his own clinic, Lincolnway HealthCare, dedicated to holistic medicine and homeopathy. Dr. Eyer continues to work at Family Medical Associates in Manchester, Maryland.

Steven D. Kamajian, DO, Montrose, CA, and his practice, Westminster Free Medical Clinic, were the recipients of the AstraZeneca Spirit of Humanity Award presented by the American Osteopathic Foundation.

Michael K. Polnerow, DO, Thornton, PA, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Nephrology.”

CLASS OF 1979
Liebert M. Colombo, DO, Milton, FL, was appointed medical director for Santa Rosa Occupational Health.

Walter C. Ehrenfeuchter, DO, Suwanee, GA, was invited to write five chapters—in collaboration with Mark Sandhouse, DO—for the prestigious textbook Foundations of Osteopathic Medicine (third edition). This textbook is used by many schools in the United States and abroad as a primary reference for item writing for COMLEX—Levels I, II and III.

CLASS OF 1980
Thomas M. Bozzuto, DO, Albany, GA, returned from Kuala Lumpur, Malaysia, where he was the only physician presenting the US-approved primary course in hyperbaric medicine to a group of physicians and technical staff. He also teaches this course annually in São Paulo, Brazil. Dr. Bozzuto is the medical director of the Phoebe Wound Care and Hyperbaric Center in Albany.

Michael F. Shank, DO, Thornton, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

CLASS OF 1981
John W. Fornace, DO, Royersford, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Cardiology” in Chester, Delaware and Montgomery counties.

Alexander Rosenau, DO, Allentown, PA, was elected president of the Pennsylvania Society of Anesthesiologists. Dr. Talarico is an assistant professor of anesthesiology at the University of Pittsburgh and the director of the osteopathic internship program at UPMC Mercy in Pittsburgh.

CLASS OF 1982
Barry L. Bakst, DO, Wilmington, DE, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Physical Medicine—Rehabilitation.”


CLASS OF 1983
Janet L. Brown, DO, Royersford, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Charles L. White, Jr., DO, Cleveland, GA, joined the medical staff at Mount Yonah Family Practice in Cleveland.

CLASS OF 1984
Debra K. Spatz, DO, Port Republic, MD, was inducted into Pottsgrove School District’s Hall of Fame.

CLASS OF 1985
Kirth W. Steele, DO, Pensacola, FL, was appointed medical director of the Hospitalist Program at West Florida Hospital.

CLASS OF 1986
Arnold B. Glassman, DO, Broomall, PA, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Physical Medicine—Rehabilitation.”

Deebeanne M. Tavani, DO, Garnet Valley, PA, was recognized by Main Line Today (December 2010) as one of the 21 “best of the best” doctors chosen out of 420 “Top Docs” from Chester, Delaware and Montgomery counties.

CLASS OF 1987
Anthony E. DiMarco, DO, Kennett Square, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Anthony B. Furey, DO, Wilmington, DE, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Cardiovascular Disease.”

John F. Perri, DO, Chula Vista, CA, retired from the United States Navy Medical Corps as a Captain after a 20-year career. Dr. Perri was the program director of the pulmonary/critical care fellowship program at Naval Medical Center in San Diego. In January 2010, he was the officer in charge of the casualty receiving team, Ship 8, embarked aboard the USS Bataan in support of relief operations in Haiti. His team cared for 90 earthquake casualties on board ship, had the first child born on the USS Bataan and immunized close to 7,000 Haitians.

Stanley J. Savinese, DO, Glen Mills, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Keneddy J. Shat, DO, Pottstown, PA, had his article, “Breathe Easy: It’s Never Too Late to Break the Smoking Habit,” published in the November 8, 2010, issue of Mercury.
CLASS OF 1988
Patrick L. Elliott, Jr., DO, Media, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in General Surgery” in Chester, Delaware and Montgomery counties.
Wayne T. Jones, DO, Westfield, NY, joined the medical staff in the emergency department at Westfield Memorial Hospital.
Ronald M. Lieberman, DO, Camden Wyoming, DE, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Physical Medicine–Rehabilitation.”
Sharon L. Zellis, DO, Chesterbrook, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Dermatology” in Chester, Delaware and Montgomery counties.

CLASS OF 1989
Margot L. Waitz, DO, Chadds Ford, PA, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Adolescent Medicine.”

CLASS OF 1990
Sang Won Dacri-Kim, DO, Beavercreek, OH, joined the medical staff at Meritas Surgical in Newark. Dr. Dacri-Kim is also affiliated with the Medical Center of Newark.
Kurt G. Datz, DO, Bismarck, ND, joined the medical staff at Alexius Medical Center in Bismarck as a hospitalist.

CLASS OF 1991
Norman M. Callahan, III, DO, Berwyn, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Gastroenterology” in Chester, Delaware and Montgomery counties.
Elaine Gonzalez, DO, Chadds Ford, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Pediatrics” in Chester, Delaware and Montgomery counties.
Michael F. Prime, DO, Media, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

CLASS OF 1992

CLASS OF 1993
Michael S. Lagnese, DO, Philadelphia, PA, was appointed to a new critical care specialist group at Grand View Hospital. As an intensivist, Dr. Lagnese is focused on helping critically ill and injured patients to recover faster and with fewer complications.
Daniel C. Lazowick, DO, Glen Mills, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Internal Medicine” in Chester, Delaware and Montgomery counties.

CLASS OF 1994
Stacey J. Carlitz, DO, Delmont, PA, joined the medical staff at Excela Health and will practice at Gyno Associates in Latrobe.
Gayllyn M. Faust-Rakos, DO, Laurys Station, PA, joined the medical staff at St. Luke’s Physician Group in Allentown.

CLASS OF 1995
Sean P. Conroy, DO, Glen Mills, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Certificates of Merit

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Merit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph T. Conroy, DO ’94</td>
<td></td>
<td>Media, PA, was awarded Diplomate status from the American Board of Clinical Lipidology.</td>
</tr>
<tr>
<td>Craig N. Czyz, DO ’03</td>
<td></td>
<td>Columbus, OH, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
</tr>
<tr>
<td>Arthur J. DeMarsico, DO ’95</td>
<td></td>
<td>Altoona, PA, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
</tr>
<tr>
<td>Joseph Heck, DO ’88</td>
<td></td>
<td>Henderson, NV, was elected United States Representative to Congress for Nevada’s Third District.</td>
</tr>
<tr>
<td>Steven P. Kerner, DO ’98</td>
<td></td>
<td>Chapin, SC, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
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<tr>
<td>John J. McPhilemy, DO ’78</td>
<td></td>
<td>Lafayette Hill, PA, was selected as Team Physician of the Year by the National Basketball Association.</td>
</tr>
<tr>
<td>William J. Meis, DO ’82</td>
<td></td>
<td>Glenside, PA, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
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<tr>
<td>Janie L. Orrington-Myers, DO ’99</td>
<td></td>
<td>Mechanicsville, VA, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
</tr>
<tr>
<td>Armando C. Sciullo, DO ’97</td>
<td></td>
<td>Grove City, PA, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
</tr>
<tr>
<td>Carlos A. Valladares, DO ’96</td>
<td></td>
<td>Eighty Four, PA, was inducted as a Fellow of the American College of Osteopathic Surgeons.</td>
</tr>
<tr>
<td>John M. Kaufman, Jr., DO ’86</td>
<td></td>
<td>Blacksburg, VA, was named Founding Dean of Campbell University’s proposed College of Osteopathic Medicine.</td>
</tr>
<tr>
<td>Robert S. Maurer, DO ’62</td>
<td></td>
<td>Edison, NJ, was the recipient of PCOM’s O.J. Snyder Memorial Medal. In addition, Dr. Maurer was honored for his 41 years of service as a board member of the PCOM Alumni Association and as alumni representative to the PCOM Board of Trustees.</td>
</tr>
<tr>
<td>William G. McDowell, DO ’54</td>
<td></td>
<td>Hermitage, PA, was commended for his many years of service as a board member of the PCOM Alumni Association. Dr. McDowell was applauded for being an excellent representative for the western part of Pennsylvania.</td>
</tr>
</tbody>
</table>

American Board of Clinical Lipidology.
American Board of Internal Medicine.
John J. Orris, DO, Chester Springs, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Obstetrics & Gynecology” in Chester, Delaware and Montgomery counties.

CLASS OF 1996

Christopher C. Clark, DO, and his wife, Caitlin S. Clark, DO ’98, Erie, PA, were featured in the article “Erie Doctors Juggle Jobs, Family,” published in the Erie Times-News (November 15, 2010). Dr. Clark is chief quality officer at Saint Vincent Health System and president of the Erie County Medical Society.

Robert W. Hindman, DO, Downingtown, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Internal Medicine” in Chester, Delaware and Montgomery counties.

CLASS OF 1997

David A. Broyles, DO, Glen Mills, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Rupal S. Kothari, DO, Boothwyn, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Gastroenterology” in Chester, Delaware and Montgomery counties.

Jeffery T. Lumley, DO, Royersford, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Internal Medicine” in Chester, Delaware and Montgomery counties.

Dennis S. Probst, DO, Lock Haven, PA, opened a new practice, Haven Family Practice, in Lock Haven.

CLASS OF 1998

Karen E. Agersborg, DO, Philadelphia, PA, was inducted into Cambridge’s Who’s Who for her demonstrated dedication to patient care, leadership, medical education and overall excellence in health care. Dr. Agersborg serves as chief of endocrinology at Chestnut Hill Hospital.

Caitlin S. Clark, DO, and her husband, Christopher C. Clark, DO ’96, Erie, PA, were featured in the article “Erie Doctors Juggle Jobs, Family,” published in the Erie Times-News (November 15, 2010). Dr. Clark is medical director of Saint Vincent Family Medicine Center, associate director of its Family Residency Program, and chairwoman of the Saint Vincent Medical Group.

Jan E. Gavis, DO, West Chester, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Internal Medicine” in Chester, Delaware and Montgomery counties.

Robert H. Evans, DO, Jamaica, NY, spearheaded Rochdale Village Health Heart Project in conjunction with Senator Shirley Huntley of the Tenth Senatorial District, New York. This wellness initiative was aimed at empowering African American women to combat heart disease through the usage of a new testing device for heart disease called Multifunction Cardiogram or MCG, a risk-free test for diagnosing ischemic heart disease. The goal was to screen 120 members of the community.

Brian D. Rosenthal, DO, Blue Bell, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Urology” in Chester, Delaware and Montgomery counties.

CLASS OF 1999

Edmund M. Sculillo, III, DO, Camden Wyoming, DE, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Emergency Medicine.”

Becky A. Souder, DO, Malvern, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Jennifer K. Stuck, DO, Exton, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Obstetrics & Gynecology” in Chester, Delaware and Montgomery counties.

CLASS OF 2000

Howard B. Goldstein, DO, Garnet Valley, PA, was recognized by Delaware Today (October 2010) as one of the “Top Doctors in Urogynecology.”

Scott J. Loey, DO, Dresher, PA, and his practice, the Spine and Pain Center in Quakertown, were recently presented with the Purdue Partners Against Pain Award presented by the American Osteopathic Foundation. This award recognizes a physician, center or program that has made great strides in the field of pain research, management or improving the quality of life for people living with acute and/or chronic pain.

CLASS OF 2001

Keith W. Harris, II, DO, Wading River, NY, was named 2010 Man of the Year in Medicine by the Port Times Record. Dr. Harris is the founding director of the intensivist program at Mather Hospital in Port Jefferson.

Eugenio L. Menendez, DO, Fort Lauderdale, FL, opened a new practice, Pompano Beach Internal Medicine.

David C. Raab, DO, Paoli, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Orthopedics” in Chester, Delaware and Montgomery counties.

John N. Riccardo, Jr., DO, Downingtown, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

In Memoriam


Charles J. Del Marco, DO ’60, Bozeman, MT, December 31, 2010.

O. John Donati, DO ’50, West Chester, PA, January 11, 2011.


Robert E. Mancini, DO ’77, Manchester Center, VT, November 17, 2010.


E-MAIL YOUR NEWS AND PHOTOS TO MADELINE LAW: MADELINE@PCOM.EDU
JESSICA LANDHAM, MS/FM ’08
Serving the Community, One Career at a Time

Sometimes a book can change a life. That was the case for Ms. Landham when she read Body Farm by Patricia Cornwell. Filled with behind-the-scenes forensic activities of the protagonist, chief medical examiner Kay Scarpetta, the book got Ms. Landham hooked. “I fell in love with forensic anthropology,” she admits.

So Ms. Landham built her undergraduate degree around biology and anthropology. She supplemented her coursework with an internship at the New Jersey State Police Lab working with Donna Fontana, the only forensic anthropologist in the state. She also spent a summer at Louisiana State University studying craniofacial reconstruction. “Forensic anthropology is amazing,” she says. “You can determine a person’s sex, age and race from a single bone.”

Knowing that jobs in forensic anthropology are few and far between, Ms. Landham took a year off while she planned how to pursue a career in forensics. Looking at various programs, she discovered PCOM’s forensic medicine program. “I liked the fact that the program was multidisciplinary,” she says.

An intense job search after graduating from PCOM’s forensic medicine program landed her a dream job—deputy coroner in Lexington, Kentucky. “As deputy coroners, we are concerned with the body, not the crime scene,” she explains. She either goes to the scene of the death, which may be a residence or a nursing home, or, as is often the case, she sees victims at University of Kentucky Healthcare, the only level one trauma center in the state.

“With trauma cases, which are often car accidents, I talk to the doctors and first responders and do an in-depth investigation. My report has to be very specific and very thorough,” she explains. “I may get called to the witness stand, and I need to be able to stand by all my facts.

“The biggest challenge of the job,” she continues, “is trying to help the family that’s left behind. It’s usually the deputy coroner who has to tell the family about the death and it’s a struggle, especially in the case of a child. I need to step back and be professional, but I don’t want to be a stoic robot. I become an advocate for the family.”

As much as she loves her job, the realities of tough economic times, which have downsized her full-time position in the coroner’s office to part-time, have led Ms. Landham to begin the next stage of her career—she has enrolled in nursing school. Ms. Landham plans to be an emergency room nurse specializing as a Sexual Assault Nurse Examiner.

“My experience and training in forensics will give me a leg up,” she points out. “I can recognize things that others may not, such as child abuse. It’s not always cut and dried—there’s not always a smoking gun. Forensics will always be an interest of mine, and nursing is something I can always fall back on. I want to keep my doors and opportunities open. I want a career where I can serve my community the best way I can.”

Erik S. Storm, DO, Virginia Beach, VA, joined the medical staff at Medical Center Radiologists in Norfolk.

Oliver J. Wisco, DO, Arlington, MA, joined the medical staff at Mystic Valley Dermatology Associates, PC, in Stoneham.

CLASS OF 2003
Charlisse C. Davenport, DO, Joppa, MD, was named assistant medical director at Patient First – White Marsh.

Kelly L. Ecker, DO, Chester, PA, joined the Crozer-Keystone Health Network. Dr. Ecker will care for infants at Crozer-Keystone’s two intensive care nurseries, the Crozer-Chester Medical Center in Upland and Delaware County Memorial Hospital in Drexel Hill.

Keith L. Leaphart, DO, Philadelphia, PA, joined the board of directors of the Kimmel Center. Dr. Leaphart is the founder and owner of the Leaphart Group LLC, a physical medicine and rehabilitation practice located in Philadelphia and Ardmore.

Christine Mitchell, DO, Auburn, ME, joined the board of directors of Feeding the People. Dr. Mitchell practices medicine at the Portland Osteopathic Children’s Clinic in Portland.

Arlen M. Sevag, DO, Media, PA, was recognized by Main Line Today (December 2010) as one of the “Top Doctors in Family Practice” in Chester, Delaware and Montgomery counties.

Delvena R. Thomas, DO, Miami, FL, was deployed to Afghanistan with the United States Army Reserves. Dr. Thomas is a psychiatrist.

CLASS OF 2004
Rebecca A. Nice, DO, Telford, PA, was the recipient of the Young Alumni Award presented by Christopher Dock Mennonite High School.

Heather Vitelli Olex, DO, Media, PA, opened her new practice, Osteopathic Medical Associates, PLLC, in Newtown Square.

Jason W. Velez, DO, Roswell, GA, joined the medical staff at Resurgens Orthopaedics in their Johns Creek and Roswell offices.

CLASS OF 2005
Brian A. Acunto, DO, Brigantine, NJ, joined the medical staff at AtlanticCare Regional Medical Center in Galloway.

CLASS OF 2006
Anita Ketty Pascucci, DO, Berlin, MD, joined the medical staff at Atlantic General Hospital/Health System in Berlin.
CLASS OF 2007

Lauren E. Baker, DO, Philadelphia, PA, joined the medical staff at TriValley Primary Care in Indian Valley.

Susan M. Baroody, DO, Hanover Township, PA, joined the medical staff at Wright Center for Primary Care in Clarks Summit.

Michael P. Greenage, DO, Roanoke, VA, is a psychiatric resident at Carilion Clinic in Roanoke.

Bradley A. Kleinert, DO, Bala Cynwyd, PA, participated in “Doctors on Call,” a patient-outreach television program broadcast by CBS-3 Philadelphia in September. Dr. Kleinert is an anesthesiology resident at Temple University Hospital in Philadelphia.

Nicole L. Longo, DO, Philadelphia, PA, was awarded third place at the American College of Internists Annual Convention for her poster titled “Urinalysis: An Underutilized Resource; Indications and Interpretations.”

Scott E. Zalut, DO, Philadelphia, PA, participated in “Doctors on Call,” a patient-outreach television program broadcast by CBS-3 Philadelphia in September. Dr. Zalut is an anesthesiology resident at Temple University Hospital in Philadelphia.

REUNION-YEAR CLASS AGENTS

1946 – Murry E. Levyn, DO
Martin S. Neifeld, DO

1951 – Lawrence H. Zinner, DO

1956 – Jay H. Joseph, DO

1961 – Yale R. Bobrin, DO

1966 – H Michael Zal, DO

1971 – Carol A. Fox, MM
Pat A. Lannutti, DO
John P. Simelaro, DO
Robert R. Speer, DO

1976 – Robert H. Biggs, DO

1981 – Bernard J. Bernacki, DO
Gerald E. Dworcin, DO
Michael P. Hahalyak, DO

1986 – Jane Siehl Moore, DO
John C. Seiter, DO

Melissa Neumann Schwartz, DO

1996 – Joanne Hullings, DO

On a Personal Note


Lisa D. Held, DO ’04, Belmont Hills, PA, married Michael McIlhinney on October 21, 2010.

Kara Fisher Miller, DO ’05, Elizabeth City, NC, and her husband, Jeremy, are the proud parents of Chloe Ann, born on August 6, 2010.

Lisa C. Sklar, PhD, DO ’05, and Scott D. Goodroad, DO ’06, Harker Heights, TX, are the proud parents of Gabriel Benjamin, born on December 6, 2010, weighing 8 lb., 4 oz.

Daniel J. Wilkin, DO ’02, Hillsdale, NJ, and his wife, Jennifer, are the proud parents of Shane Valent, born on March 15, 2010. Baby Shane joins his big brothers Harrison and Sawyer.

Brian K. Yorkgitis, DO ’09, Philadelphia, PA, and his wife, Erin, are the proud parents of Amelia Grace, born on July 9, 2010.

Margaret Zawisza, DO ’10, Williamsport, PA, married David Young, MD, on June 12, 2010, at St. Ambrose Roman Catholic Church in Schuylkill Haven. The couple took a wedding trip to Ogunquit, Maine.

2011 DO ALUMNI SURVEY

As part of the College’s responsibilities for accreditation and state/federal authorizations, information must be gathered from graduates: about your career path(s), about your practice and education and about your life post-graduation. The first of the surveys is for osteopathic medical graduates. The College requests that all PCOM DO graduates complete this short online survey by going to the following site:


You can also go to www.pcom.edu and click on the Alumni tab at the top of the page, which will direct you to a page with a button for you to click to begin the survey.

We thank you in advance for participating in the 2011 survey. Results will help the College to make assessments that will allow it to continue to pursue excellence at all levels.

DIGEST MAGAZINE IS NOW ON FACEBOOK!

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E-MAIL YOUR NEWS AND PHOTOS TO MADELINE LAW: MADELINE@PCOM.EDU
Falling to Grace by Anupriya Grover (DO ’13)

There was a moment when I was speaking at the White Coat Ceremony for the Class of 2013 when I thought I might collapse. My drenching perspiration became so cold that my limbs quietly shivered; I clutched the lectern, afraid of falling under the weight of the responsibility I was carrying. This class was still freshly entrenched in the chaos that is the beginning of medical school. Who was I to be giving them advice? Despite having a year of medical school behind me, I felt nearly as overwhelmed as they must have felt on that occasion.

At the time, I was going through some of my darkest days as a medical student. I had lost my faith in medicine. I had lost my passion for what opportunities lay ahead and instead had convinced myself that I was in the wrong place. I felt that any talents I had had been stripped of me; my soul felt naked, exposed for all its flaws. I was ready to give up. I wanted everything to stop—even for a few minutes—so that I could collect myself and decide how to take the next step. Circumstances forced me to leave school, unsure of when, or if, I would return.

I spent nine months rejuvenating myself, exploring medicine with a renewed sense of perspective. None of my experiences was as fulfilling as the time I spent working with my father, a family physician. I wanted to do something that would reignite—in my soul—that sense of excitement and fervor that my dad possesses. Each day, I did basic H&Ps, scribed notes on the electronic health record system and looked up articles. Despite the fact that I was his daughter, my father showed little mercy; I was expected to read up on the cases I saw each day and be ready to present a patient at any time.

In working with him, I witnessed how my father practiced medicine; he gave patients time, respect and good advice. He encouraged patients to take control of their health and provided them with the support and tools they needed. Over time, I too began to build a rapport with patients; some of them even began to count on my presence, even if I had little ability to treat them. I taught older patients how to take their medicine and encouraged them to follow directives to help treat their medical problems. In return, patients took me under their wings and made me feel loved in an incredibly humbling way.

Early on, I met Mary Kate*, who had narrowly escaped the throes of death from COPD through intensive pulmonary rehabilitation. Mary Kate was a feisty woman who clearly had been through a lot of personal hardship. One day, she grabbed my arm and pulled herself so close to me that I could feel her breath on my face. “Now you listen to me,” she said. “I hear your dad talk about you all the time. Now that I have met you, I know why he dotes on you so much. You’ve got every-thing going for you. Don’t ever sell yourself short—not to any man and not to any ordinary career. Go and do something good for yourself because you are worth it.”

Other patients inspired me with their stories of resilience and courage. One who touched me profoundly was Angelina*, a young, vibrant woman whose body had been rocked physically from breast cancer, emotionally from a divorce, and then again from amyotrophic lateral sclerosis. She refused to let her disease bring her down. Her father and daughter religiously brought her into the office for checkups and carried with them a three-inch binder that meticulously documented her progress. When her most intimate partner had left her in the dark, her family had brought her into the light and taken care of her with profound compassion and love.

But what touched me most was the pride that I saw in my father’s face every time he introduced me to a patient or when I struggled to come up with a diagnosis. He had built this practice with nothing but the knowledge and business savvy that had come with growing up in a third world country, and the passion and dedication that he had discovered as a young medical student. To be able to join my father as both a confidant and healer for his patients was both an honor and a personal triumph.

Over time, I felt my soul begin to make its repair; my heart felt a little more full from being able to give back some of the love, strength and knowledge my father had given me for so long. I re-emerged, recharged and stronger, and ready to continue my passage into medicine.

Since returning to school, I’ve still had an occasional bad day. Sometimes, I forget the bigger picture; I get caught up in the details of a pharmacology lecture or get frustrated when I am in the library at 11:00 p.m. on a Friday. But I have a sense of balance now; I prioritize my family and friends when I can, and I remember my ultimate goal. I fondly recall the image of my father’s face when we used to dispute over diagnoses and the excitement and thrill he got out of sparring with me. And I think about all those remarkable patients who let me into their lives and gave me the opportunity to learn from and be inspired by them. As little as I could give them, they gave me so much more.

*Patients’ names have been changed to protect their privacy.

Readers: The staff of Digest welcomes your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Jennifer Schaffer Leone, editor. E-mail jenniferleo@pcom.edu or mail Marketing & Communications, 4180 City Avenue, Philadelphia, PA 19131-1695.
Your gift to The Fund for PCOM allows the College to respond to new challenges and opportunities that will advance its Mission and Strategic Plan. Moneys are disbursed on a current-use basis to meet the direct operational costs for some of the College’s most vital initiatives.

IT IS NOT TOO LATE TO SUPPORT THE FUND FOR PCOM. FISCAL YEAR 2011 RUNS THROUGH JUNE 30.

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