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Digest of the Philadelphia College of Osteopathic Medicine (Winter 2013-2014)

Philadelphia College of Osteopathic Medicine

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MESSAGE FROM THE PRESIDENT

Dear Alumni and Friends,

Philadelphia College of Osteopathic Medicine is an academic community dedicated to the ideals of justice, fairness and equal opportunity. We hold a shared sense of purpose through which all community members demonstrate mutual respect and appreciation for one another. And we value a diversity that includes all persons regardless of age, race, color, gender, gender identity and expression, national origin, ancestry, sexual orientation, religion, creed, disability, marital status or any other factors in accordance with local, state and federal laws.

Diversity is a virtue in higher education, for its benefits truly enrich the educational experience. We learn from those whose experiences, beliefs and perspectives are different from our own. At the same time, diversity strengthens our practices—whether as osteopathic physicians, health practitioners, behavioral scientists, teachers or leaders—in an increasingly complex, pluralistic society.

This issue of Digest Magazine aims to recognize the importance of diversity and cultural competence in the growth of the osteopathic medical profession, in the delivery of health care that promotes sensitivity, humility and healing, and in the teaching and assessment of varied language learners. At the same time, the magazine issue challenges stereotypes and traditional perspectives about race relations.

Finally, this issue describes the role of the College’s new Office of Diversity and Compliance, headed by Lisa M. McBride, PhD, chief diversity officer, and its work in maintaining our commitment to foster a diverse and inclusive community culture that will continue to strengthen our institutional effectiveness and excellence.

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

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer
## CONTENTS

### DEPARTMENTS

2 Updates  
21 Class Notes  
28 My Turn Essay: On the Psychology of Race Relations

### FEATURES

7 Diversity: The Changing Face of Osteopathic Medical Education  
10 Reducing Disparities Through Cultural Competence  
15 Toward a Culture of Inclusion: The Diversity Office at Philadelphia College of Osteopathic Medicine  
16 Cultural Sensitivity Enhances Palliative Care  
18 Sherman Leis, DO ’67, FACOS: Aiding in Journeys of Transition  
20 Language, Diversity & Learning

### ON THE COVER

A Kaleidoscope of Diversity: The image of a kaleidoscope is a fitting representation of diversity. As the kaleidoscope turns, it offers complex patterns and colors—all of which are contained in a single framework.
Outstanding Physician Assistant

Amanda Stoll Murphy, MS/PA-C ’02, is the recipient of the 2013 Philadelphia College of Osteopathic Medicine Outstanding Physician Assistant Alumni Award, which is presented for outstanding achievement, innovative contributions, service and dedication to the physician assistant profession. In addition to working in a dermatology practice, Ms. Murphy has been an educator and role model for scores of PCOM PA students for the past decade.

X Marks the Spot

For Heather Montie, PhD, assistant professor, department of bio-medical sciences, the search for a cure for spinal bulbar muscular atrophy, also known as Kennedy’s disease (KD), is personal. Her father, Edward Montie, died of the genetic motor neuron disease at the age of 65. Classified as a “rare” disorder, the disease is allocated relatively few research dollars. Dr. Montie, however, was recently awarded a $50,000 grant by the board of directors of the Kennedy Disease Association for her grant proposal, “Investigating androgen receptor acetyltransferases as therapeutic targets for the treatment of spinal and bulbar muscular atrophy.” Dr. Montie hopes that, in addition to discovering therapeutic options for patients, her research in KD will provide enough preliminary data for a National Institutes of Health grant proposal.

KD affects approximately one in 40,000 males worldwide annually. With symptoms similar to other motor neuron diseases, the condition wasn’t diagnosed until 1968. It took another 23 years to identify the damaged gene on the X chromosome.

Dr. Montie is also studying androgen receptor acetylation and its role in castration-resistant prostate cancer, for which she was awarded a John A. Moran Prostate Cancer Foundation Young Investigator Award. The $225,000 grant is awarded over a three-year period.

Scholar to Scholar

Four Georgia Campus – PCOM second-year medical students volunteered last summer to serve as faculty advisors for the National Youth Leadership Forum (NYLF) on Medicine. Alana Stephens, Andrew Blankenship, Samuel Shapiro and Jonathan Blandford trained for the program at Johns Hopkins University in Baltimore and then traveled to Philadelphia, North Carolina, Atlanta and Miami to serve as advisors.

The NYLF on Medicine is a pre-medical education program for high school students that gives them the opportunity to learn what it takes to get into medical school and helps them pursue a career in the medical field. Students participate in an interactive curriculum that includes simulations of the resident Match Day, patient history, triage procedures, public health disaster scenarios, college financial planning, roundtable discussions on problem-based learning cases and ethical caucus debates. As faculty advisors, the GA–PCOM students each facilitated the curriculum for groups of 25-30 scholars.

“As an NYLF scholar myself in high school, I was so glad to share with the scholars what I gained from the program and how it influenced my decision to pursue a career in medicine,” says Ms. Stephens. “I wanted to provide the scholars with a true example of how I began on the same path as them, and that with enough hard work, determination and perseverance, it is possible to turn your goals of attending medical school into a reality.”
Physician Assistant Program Expands to Georgia

Continuing its mission to bring health care to Georgia and the Southeastern United States, the College is expanding its PA program to Georgia Campus – PCOM. “It’s an exceptional opportunity for PCOM to expand its reach and provision of services to the region,” Bryan Ginn, chief campus officer, says.

Although program development and accreditation will take several years, the College will begin seeking clinical training partners immediately. As the clinical training network develops, GA–PCOM PA students will be admitted to an expanded number of seats at the Philadelphia campus. These students will complete the first year of classroom and laboratory training in Philadelphia followed by a year of clinical preceptorship training in Georgia.

Plans call for the approval of distant campus accreditation status by September 2015, which will allow for the transition to a completely Georgia-based 26-month program in summer 2016. Accreditation will be sought from the Accreditation Review Commission on Education for the Physician Assistant. Ultimately, the program will enroll 30 to 50 students each year at the Gwinnett County campus.

Run for the Good of It

The Student Osteopathic Medical Association of Georgia Campus – PCOM sponsored the sixth annual Old Peachtree Road 5K, raising over $1,000 for Good Samaritan Health Center of Gwinnett. The center provides low-cost health care to people in the community who have either no health insurance or no job.

Live and Learn

The College celebrated the opening of its Living–Learning Center in Sewickley, Pennsylvania, with a reception at the facility this fall. Located on the second floor of the former Heritage Valley Sewickley School of Nursing building, the center includes 10 bedrooms, a kitchen, a laundry facility and a multi-purpose, multi-media classroom.

The center, located just outside Pittsburgh, strengthens PCOM’s presence in western Pennsylvania by providing third- and fourth-year students the opportunity to complete their clerkships while living in the area. “The hope is that by creating relationships with local hospitals, the students will have the opportunity to remain in the region for their residencies and, hopefully, stay to practice medicine,” says Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean.
New Modality in Center for Brief Therapy

PCOM’s Center for Brief Therapy (CBT) has added neuropsychological assessment services to its offerings. Spearheaded by Donald P. Masey, PsyD, clinical associate professor, clinical PsyD, the addition provides an opportunity for expanded services and additional training and research options for students. The expansion also increases opportunities for cross-discipline collaboration between medical services and basic sciences.

“I see people with a range of issues that often include central nervous disorders, poorly controlled medical conditions that impact on cognition and emotion, complex learning disabilities and comorbid mental health issues such as ADHD or bipolar disorder,” explains Dr. Masey. A neuropsychological evaluation is much more than a ‘cognitive blood test.’ It’s truly an osteopathic approach as we adopt a whole person perspective with this specialty diagnostic service.”

Michael Heptig (PsyD), is spending time in the CBT with Dr. Masey to learn the evaluation and report writing skills that will serve him in his profession. “I’m getting great experience not only with neuropsychology batteries and write-ups, but I’m learning about the business side of having a psychology practice as well.”

Currently, the CBT is receiving referrals for neuropsychology assessments from the Office of Vocational Rehabilitation (OVR). Members of the PCOM community may make referrals through the OVR. In addition, credentialing with Medicare and commercial insurance plans is being pursued.

Leading the Way

Gene Chaiken, LLD (Hon.), received the 2013 President’s Leadership Award for his support of PCOM at the President’s Recognition Reception on October 15. Mr. Chaiken served on the College’s Board of Trustees for 23 years, including 22 years as board vice chairman. In this capacity he was instrumental in helping PCOM reach new levels of excellence.

Mr. Chaiken is dedicated to serving the community and has volunteered his time and leadership to fulfill many philanthropic roles in the Philadelphia region. In addition to his work at PCOM, he was a member of the board of trustees at the Pennsylvania State University, and he currently serves on the university’s Leadership Gifts Committee. He has also held professional memberships and leadership positions on behalf of Bell Microproducts, Inc., the Greater Philadelphia Chamber of Commerce and the Big Brother Association, to name just a few.

Also recognized at the reception were Bernard Bernacki, DO ’81, and Mary Bernacki; James H. Black, DO ’62; Craig Danshaw, DO ’84; Suzanne Kelley, DO ’77; and Donald Tilton, DO ’69, who were inducted into the 1899 Society, which recognizes donors who have reached the cumulative giving level of $50,000 or more.
Guiding Patients to Health

Eight second-year Philadelphia College of Osteopathic Medicine DO students have been chosen to participate in the newly created Student Medical Advocate Program that launched this fall. The students work alongside other healthcare professionals at Lankenau Medical Center’s Clinical Care Center to help guide the care of patients who have been deemed to be at increased risk for poor health outcomes.

These patient-centered medical home teams, created to support Lankenau’s efforts in population health management, include an attending physician, nurse/case manager, social worker and nutritionist. Patients are assigned by the team to a pair of student advocates. The students’ initial contact is usually an introductory phone call during which they discover the non-medical problems the patients are facing. The advocates help provide such solutions as transportation to medical visits, food coupons to local pantries, prescription assistance and help on a job search. Medical and psychosocial difficulties are brought to the team during weekly meetings. The team tries to schedule follow-up appointments when everyone, including the patient, can attend. “Follow-up is key,” stresses student advocate Laura Hackenberger.

The program was proposed to Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean, by Barry Mann, MD, chief academic officer, Main Line Health, Lankenau Medical Center. Similar collaborative programs have gained significant momentum in recent years among health professionals, advocates and policy-makers as a model that could potentially improve the quality of care and reduce healthcare-related expenditures. Equally important is the fact that this exposure will help develop future leaders to advocate for health equity and a stronger health system for vulnerable populations.

“Lankenau chose PCOM for this partnership because of the long-standing relationship between our two institutions,” says Dr. Veit. “This extension of our partnership enables our students to see a side of medicine that they may not experience beyond the office or hospital.”

Student participation in the program will follow the school calendar. As the students enter their third year in September 2014, they will have the option of continuing their involvement as mentors for the new participants.

Father of Osteopathic Medicine Honored

Andrew Taylor Still, MD, DO, physician, surgeon and father of osteopathic medicine, has been selected for induction into the Missouri State Capitol’s Hall of Famous Missourians in Jefferson City.

The hall is a collection of bronze busts that generally has honored people chosen by the House Speaker, but this year House Speaker Tim Jones opened the process to the people of Missouri. Dr. Still, the founder of American Osteopathy, received the most support in a public nominating and voting process for this honor. He came in with nearly 38 percent of more than 34,000 votes.
Golf Classic

On September 16, 2013, Philadelphia College of Osteopathic Medicine held its 21st Annual Golf Classic, Title Sponsored by Independence Blue Cross, at Whitemarsh Valley Country Club in Lafayette Hill, Pennsylvania. Early rain turned to sunny skies as 23 foursomes played through the course. In the four-person scramble, first place went to Mark Saltzburg; Michael Saltzburg, DO ’77; David Butler; and John Murphy (pictured above).

The Golf Classic raised over $113,000 for the College’s Healthcare Centers. These funds will provide critical health services to underserved and at-risk populations in North and West Philadelphia, Roxborough, Wynnewood Heights and Laporte, Pennsylvania—and clinical experiences for PCOM students.

The Office of Alumni Relations & Development extends its gratitude to all Golf Classic volunteers, sponsors and in-kind donors. Special recognition is given to co-chairs James Bonner, DO ’86, a member of the Alumni Association Board of Directors, and Carol A. Fox, alumni liaison. Please refer to the 2013 Golf ad book (http://www.pcom.edu/Alumni_Relations__Development/golf_outing1.php) to see all the sponsors.

Reunion Approaches

Mark your calendar for Reunion Weekend 2014, to be held May 30 and 31. Reunions are a very special time for the College as alumni are welcomed back to campus. Class volunteers from 1944, 1949, 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989, 1994 and 1999 are presently being recruited; call 800-739-3939 to sign up.

The Reunion Giving Program is a special fundraising campaign to honor your class with a gift. This year, gifts can benefit the Fund for PCOM, the DO Student Scholarship Fund, the Clinical Learning and Assessment Center or the PCOM Living–Learning Center located in Sewickley, Pennsylvania. Your gift provides the resources to carry out a range of projects that play important roles in advancing the Mission of PCOM.

Second Blue Safety Net Grant

PCOM Healthcare Center—Lancaster Avenue Division recently received a $50,000 grant from the Independence Blue Cross Foundation. This is the Healthcare Center’s second Blue Safety Net Grant from the foundation to help implement the Patient-Centered Medical Home (PCMH), leading to recognition by the National Committee for Quality Assurance.

The Healthcare Center provides medical and consultative services to patients and families in an underserved, at-risk West Philadelphia community and is a primary teaching site for the College. It is serving as the prototype for incorporating the PCMH at all PCOM Healthcare Centers. The Blue Safety Net Grant will help provide funding to engage a consulting group to assist in the process of operational and institutional change to implement the PCMH by providing electronic health record system upgrades for monitoring and reporting outcomes and to develop curriculum for DO, PA and clinical psychology students using a PCMH model.

Kermode Fund

In memory of John C. Kermode, PhD, late professor of pharmaceutical sciences, PCOM School of Pharmacy – Georgia Campus, the Dr. John C. Kermode Fund has been established. Dr. Kermode lived his life educating future generations of researchers, physicians and pharmacists with exemplary joy, compassion and kindness. The fund was established with a lead gift of $10,000 from his family and has grown with donations from students, colleagues and friends.

Each year the fund will provide stipends for one or more students from the PCOM School of Pharmacy. These stipends can be used for travel, research or needs as determined by the committee. For details about the fund, contact Alisa Toney, alumni relations and development officer, at 678-225-7506 or alisato@pcom.edu.
If Norman Rockwell were still painting pictures of physicians, they probably would look different from the white men that mirrored the artist’s view of America in the 1920s and 1930s.

Today, more than one-third of DOs are women, and osteopathic physicians are more varied in race, not unlike the United States itself. Minority racial and ethnic groups now make up 37 percent of the U.S. population, and the U.S. Census Bureau projects that they will be in the majority by 2043.

Like other forward-thinking educational institutions, Philadelphia College of Osteopathic Medicine is not waiting for the country’s demographics to change before increasing the diversity of its student body, says Lisa McBride, PhD, the College’s inaugural chief diversity officer. “We’re planting the seeds for success now,” Dr. McBride says. “PCOM and other osteopathic medical schools are responsible for educating our students to serve an increasingly diverse society.”

Diversity defined

The Association of American Medical Colleges defines diversity as acceptance and respect of differences, including in race, ethnicity, sexual orientation, gender, age, abilities, religion, native language and culture.

Dr. McBride says that among PCOM students, “diversity includes single parents, international students, students having experienced other cultures, veterans, individuals from different geographical and socioeconomic backgrounds, and others with unique backgrounds and life experiences.”

PCOM’s admissions policy states: “We actively recruit under-represented minority students and non-traditional students who often offer exceptional potential for becoming outstanding physicians.”

Minorities remain under-represented in medicine, however. A 2006 study from the U.S. Department of Health and Human Services shows that minority physicians are more likely to work in areas that are medically underserved. Yet African Americans, Hispanics and Native Americans represented only about 6 percent of practicing physicians nationwide in 2004, despite constituting 25 percent of the U.S. population, according to the Sullivan Commission, a group charged with studying workforce diversity in the health profession.

In its 2004 report, the Sullivan Commission called for an increase in racial and ethnic diversity among health professionals. The commission cited “compelling evidence” that benefits of
racial-ethnic diversity include improved access to health care for minority patients, greater patient satisfaction and better educational experiences for students in the health professions.

Greater racial and ethnic diversity among osteopathic physicians is critical to eliminating the racial-ethnic disparities that exist in the quality and availability of health care for underserved populations, Dr. McBride and other experts say.

**A history of diversity**

Many medical schools are working to enhance an environment of diversity, but diversity is nothing new to osteopathic medical colleges. Osteopathic medicine—its own minority in the medical field—was an early supporter of bringing women and racial minorities into the profession.

Historically, PCOM has embraced diversity. One of the first two graduates of the College—then named the Philadelphia College and Infirmary of Osteopathy—was a woman, and a female physician was on the new College’s faculty in 1900.

Later, female graduates of PCOM pioneered in traditionally male-dominated areas of medicine. Among them was Vivian Barsky, DO ’67, one of only two women in a class of approximately 100 medical students. Now retired and living in Venice, Florida, Dr. Barsky says, “I never felt discriminated against in class because of being a woman. The education was excellent.”

Although it seemed to Dr. Barsky that most physicians at the time thought that women should become general practitioners or obstetrician/gynecologists, she received offers for residencies in multiple specialties. She chose the male-dominated field of surgery and became PCOM’s first female graduate to be board-certified in general surgery.

A woman in the class after Dr. Barsky, Elizabeth Bomheuer, DO, graduated in 1968 at the age of 52, showing the College’s openness to accepting older students.

The first African-American graduate of PCOM was a woman, Meta Christy, DO, in 1921. Although the College graduated only four African Americans in its first 50 years, by 1978 it was pro-actively recruiting students from under-represented minorities, including African Americans, Hispanics and Native Americans.

The College’s early efforts at recruiting minority students earned it a recommendation from the American Association of Colleges of Osteopathic Medicine as a model program. Initiatives included outreach programs to Philadelphia high school students from socioeconomically disadvantaged backgrounds as well as to colleges with high minority enrollment. PCOM also began awarding scholarships to minority students in the 1980s.

Even before the institution’s commitment to supporting programs that would aid in successful student outcomes, minority students were committed to helping each other succeed, says Marsha Williams, PCOM associate director of admissions. For example, third- and fourth-year minority students formed peer partnerships to emotionally encourage and academically assist students.

**Commitment to diversity**

Since the 1980s, the College has become more diverse (see figures 1-3 above). Of the current DO student body at both College campuses (Philadelphia and Georgia), one third are minorities or multiracial, and more than half of students are women.

PCOM’s minority student enrollment fluctuates from year to year. At osteopathic medical schools nationwide, the percentage of enrolled African American students dropped from 4.1 percent in 2006 to 3.0 percent in 2010, according to a January 4, 2012, article in *The DO*. 
That decrease, despite a 35 percent increase in overall enrollment at osteopathic medical colleges during the same period, may be a sign of the economic recession, the article reports.

The College uses various methods to matriculate minority students. For instance, recruitment trips to historically black colleges and regional educational meetings geared toward minority recruitment in other parts of the country, such as the Southern Regional Education Board Institute on Teaching and Mentoring, help develop relationships between under-represented minority students and PCOM. Strategies for recruiting minority students to PCOM are dynamic, as staff members constantly look for ways of improvement, according to Ms. Williams.

For the past two years, PCOM has given high school students from under-represented populations in Philadelphia firsthand experience of osteopathic medicine as a possible career by hosting them monthly throughout the academic year. Known as the Health Professions Recruitment and Exposure Program (HPREP), this educational “pipeline” program is co-sponsored by the Office of Admissions and the Student National Medical Association (SNMA), a minority medical student organization. HPREP gives participants an opportunity to visit various areas of campus once a month and learn about different fields in medicine. Students also learn to suture and are required to complete a final project on what they would need for a successful career in medicine. Last year’s final project was designing a practice in an underserved area. Ms. Williams says she expects to have data in five or six years on the numbers of HPREP participants who choose to study osteopathic medicine.

For the past few summers, minority “whiz kids” have been mentored (on campus) by PCOM scientists through the Physician Scientist Training Program (PSTP). PSTP is a national program that supports aspiring minority physicians from 7th grade through their senior year of college. The program focuses on training physician scientists who will be capable of translating basic research advances from the laboratory to the clinic.

And each spring, PCOM hosts an open house for minority college students. This event introduces them to current medical students who come from similar socioeconomic backgrounds and who are fulfilling their dreams of a medical career.

Another recent change, according to Ms. Williams, is to allow virtual appointments through a webcam with applicants and prospective students from other states who cannot afford to travel to Philadelphia. “Students want face-to-face interaction. In this way, I provide them with that opportunity at no expense to them,” she says.

**Multicultural sensitivity**

An important part of diversity is building understanding of other cultures, called cultural competence.

Many African Americans who attend predominately white undergraduate universities feel a lack of understanding about their culture from students of other races, and they fear losing their cultural identity, research published in 2013 in the journal *Communication Education* shows.

Helping students bridge the culture gap at PCOM campuses are national student organizations that focus on multicultural affairs. Such groups for medical students include the SNMA and the Asian Pacific American Medical Student Association.

PCOM goes further by including instruction about cultural and linguistic competence in its curriculum. The class on patient-centered skills for first- and second-year DO students this year introduced a lecture series about multicultural situations they likely will encounter in medical practice, including different religions, care of transgender patients, and care of children of lesbian and gay couples.

In Philadelphia, medical students work in a homeless shelter and at PCOM’s Healthcare Centers—four urban and one rural—that provide care to medically underserved communities. A major goal of the College is encouraging PCOM medical students at both campuses to provide care to underserved communities after graduation and to conduct research on healthcare disparities—conditions that disproportionately affect one race compared with another, Dr. McBride says.

The goal of cultural competence education is to foster the knowledge, skills and attitudes that allow future osteopathic medicine physicians to understand sociocultural differences and work effectively with patients, their families and other members of the medical team. “We encourage all potential physicians to have a culturally competent heart. It meshes with our mission of fostering civility and respect for each member of the PCOM family,” Dr. McBride says. “The world is changing, and we want to be a welcoming community.”

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**NOMA promotes diversity**

Among the organizations promoting diversity in osteopathic medicine is the National Osteopathic Medical Association (NOMA). “Diversity is important because it’s a true reflection of the world we live in and the community we serve,” says Jennifer Caudle, DO, vice president of NOMA and an assistant professor of family medicine at Rowan University School of Osteopathic Medicine in Stratford, New Jersey.

The mission of NOMA is to facilitate the recruitment, admission, retention and graduation of minority osteopathic medical students, heighten awareness of the osteopathic profession in the minority community and promote initiatives designed to improve minority health issues globally, Dr. Caudle says.

NOMA was founded in 1992 to create a sense of community for minority osteopathic physicians and to address these issues. The association links osteopathic medical students and pre-med students with physician mentors, and it advocates on critical issues affecting minority physicians and their patients. NOMA also sponsors health fairs and other community service events that aim to improve minority health.
In our increasingly globalized society, cultural competence is crucial in the delivery of health care to patients from around the world. The way patients perceive illness, communicate their symptoms to professionals, and take to treatment modalities can depend, in part, on their cultural background. Culturally competent care requires a dedication by healthcare professionals to consider the attitudes, values and behaviors that are influenced by the worlds in which their patients live.

*Digest Magazine* caught up with eight alumni to learn about how cultural competence informs their work in diverse communities—from Philadelphia to a Navajo reservation in New Mexico to the back streets of Quito, Ecuador. These stories detail the issues that arise, and how the healthcare professionals—cognizant of cultural attitudes—respond in ways that promote healing while respecting their patients.

**John N. Boll, DO ’98**

When Dr. Boll grew up in Pennsylvania’s Lancaster County, his family physician, Joel Samitt, DO ’64, had a large practice among the region’s Amish families, many of whom depend on lay healers for primary care but seek out mainstream medicine for acute care.

Today, Dr. Samitt is Dr. Boll’s role model as he serves as assistant director of the Williamsport Family Medicine Residency Program, in central Pennsylvania, where he’s building on the Williamsport Regional Medical Center’s long-standing service to the Amish community.

He says the Amish, who can be leery of mainstream medicine, gravitate to practitioners who respect their culture. “Word gets around in the community,” says Dr. Boll, who did a three-year residency in Williamsport and returned to the area in 2012.

The Amish come for care in Williamsport, either with a major medical problem, or a nagging illness that has yet to heal after being diagnosed and treated by their community’s non-licensed healthcare provider.

Afterwards start the negotiations as the cost of medical services can be a major issue. Most Amish lack health insurance, so their medical care is covered by their community’s own aid program. The Amish are engaged healthcare consumers. So they take their time to consider whether to undergo certain diagnostic tests.

“They may want to think on it or seek out another opinion,” Dr. Boll says. “There are many levels of deciding. They may decide they don’t want the test. They are willing to live with the uncertainty.”

Most important, he says, is to establish a relationship of trust early on, and then work with the patient to come up with a
treatment plan. That means understanding patients’ financial constraints, their cost-conscious nature, and the non-traditional treatments they had received from the community’s lay healers.

At times, that can be difficult for a physician, especially when a patient opts to live with an ailment instead of pursuing the full panoply of diagnostic tests and aggressive treatment.

He recalls one Amish patient who arrived at his clinic complaining of fatigue and blurred vision. She’d been diagnosed with Lyme disease. Dr. Boll’s testing determined she didn’t have Lyme, and he referred her to a neurologist who wanted to conduct a battery of tests. She met with the neurologist, but decided against the testing regimen.

“As a provider, you want to answer all the questions, get them the diagnosis and get them improved,” says Dr. Boll. “We still don’t know why her vision is blurred. But she’s OK with that, whereas other patients might not be.”

**Charmaine San Yee Chan, DO ’05**

Dr. Chan, an instructor in family medicine, works two days a week at PCOM’s Family Medicine Clinic in Rowland Hall, where she sees patients from all walks of life.

Dr. Chan, who emigrated with her family from Hong Kong to the United States when she was age 12, says it’s important to understand the cultural and ethnic background of her patients as she begins an exam. Having worked in Indonesia for two years after graduating from Vassar College, she’s aware of gender sensitivities of those from the Muslim world. She has learned that men prefer male providers, and women want female practitioners to examine them.

“I’m trying to make our staff cognizant of it, so we don’t make a mistake,” says Dr. Chan, who returned to PCOM in 2012 after serving three years with the National Health Service on a Navajo Indian reservation in New Mexico, and a one-year stint as a physician for the U.S. Armed Forces in Virginia.

On the reservation, Dr. Chan provided care to a population that drives up to four hours through the high desert to visit the clinic and hospital. There, she worked to overcome language barriers and a mistrust of the health service among a community with a high rate of teen suicide, depression, diabetes and injuries from motor vehicle crashes.

She found the Navajo were quite receptive to osteopathic manipulative medicine, as the traditional Navajo healers also use hands-on therapies. “We started an OMM clinic and they loved it,” says Dr. Chan.

Dr. Chan says it’s important to consider a patient’s socioeconomic background when crafting a treatment plan—especially for patients without health insurance, or with plans that carry hefty co-pays for medication or office visits. “You need to be aware of the cost of medication you are prescribing,” she says. “And if your patient is coming to the clinic by bus, you want to be sure to send them to a specialist who is local.”

Dr. Chan also takes special care with the developmentally disabled adults who are treated at the PCOM clinic and the Roxborough Healthcare Center in Philadelphia’s Roxborough neighborhood. She has found that addressing the developmentally disabled patients—and not just their caregivers—pays off. She teaches PCOM medical students this approach in the clinic.

“Some of the students can be a little afraid because they’ve never been exposed to this invisible population,” Dr. Chan says. “Too often the developmentally disabled are ignored. But even if they can’t talk to you, the fact that you say ‘hi’ to them makes them react so differently. If you address them, they’ll often cooperate in the exam.”

**Robert Evans, DO ’98**

To overcome disparities in health care in New York City’s South Jamaica, Queens, neighborhood, in 2009 Dr. Evans founded a healthcare management company that today serves 7,000 patients in three primary care clinics. His company, Community Wellness Centers of America, has helped integrate care for thousands of residents in Queens, a New York City borough with about 2 million residents, which has seen the closure of several community hospitals in recent years. “We’ve built an infrastructure where people can come for multiple-specialty care,” says Dr. Evans. “It’s working.”

He’s also building what he calls a “diabetes center of excellence” for early detection and treatment of a disease that affects one in eight adult New York City residents, according to a city health department report. And many of those New Yorkers with diabetes don’t yet know they have the disease.

Risk factors for Type 2 diabetes include obesity, physical inactivity, high blood pressure and race, with African Americans and Latinos more likely than Caucasians to contract the disease. The center aims to provide the setting for a holistic approach to combating the disease that addresses the multi-faceted pathology through education, treatment and case management with electronic medical records.

The center will include lectures on diet and exercise—two key ways to fight diabetes. “The majority of African Americans with diabetes end up getting it because of their lifestyle,” says Dr. Evans, who keeps fit riding his bike. “We need education about obesity, the food people eat and its relationship to diabetes. When you go into some African American communities, you’ll see people eating food that is high in fat and cholesterol.”

For Dr. Evans, building the diabetes center is a way to improve health outcomes in the neighborhood where he was raised. He came to PCOM at age 36, after a three-year stint playing professional basketball in Germany, 10 years as a New York City police officer, and studies in biomedical research at Delaware State University.

Dr. Evans has found that combatting disparities in health care for underserved racial minorities takes more than top-class care in the clinic or hospital. It can also involve creating institutions within these communities to provide the care, and making linkages with elected officials to finance those dreams. The diabetes center will be built with the assistance of a $5 million state grant.

He’s also working with Stephen Benjamin, the mayor of the city of Columbia, South Carolina, on establishing
a diabetes center there. "South Carolina has one of the nation’s highest rates of diabetes," says Dr. Evans. "The mayor saw what we were doing in Queens, and thinks it would work in Columbia."

**Amanda Fischer, DO ’11 (GA–PCOM)**

Dr. Fischer’s medical education and Christian faith have brought her face-to-face with underserved populations all over the world.

Dr. Fischer, in 2008, went by boat up the Amazon River on a medical mission trip to provide health care to villagers in remote Brazilian communities. The next year, she traveled with the Christian Medical and Dental Association to a town on Honduras’ northern Caribbean coast to assist in surgeries for women in a rudimentary operating room.

In Georgia county clinics, she treated indigent patients during her residency rotations. “The patients in the county clinics appreciate what we strive to do for them,” she says. “Many of them have had to fight to get care.”

Once she completes her board exams, and begins working in a family medicine practice in Rome, Georgia, Dr. Fischer plans on volunteering at The Free Clinic of Rome, a faith-based nonprofit agency that provides health care to the uninsured of Floyd, Polk and Chattooga counties in northwest Georgia.

“I want to give back to my community,” says Dr. Fischer, in the third year of the Floyd Family Medicine Residency in Rome. “I want to do my part to provide care to those who can’t go to the other clinics.”

With a population of 36,000, Rome is the region’s largest municipality and the healthcare destination for residents from across the rural countryside. A burgeoning Latino community has grown up as immigrants arrive to work on local farms. Learning Spanish to better communicate with these patients without the need of a translator is among Dr. Fischer’s long-term goals.

“We have translators for many of those we treat in indigent care,” she says. “You worry if they are conveying all that you are trying to convey. You wonder how much is lost in translation.”

Dr. Fischer, who grew up in the southeast Georgia town of Claxton, was a music major at Georgia Southern, and then transferred to biology as she considered following her father into a career in physical therapy. But at a meeting of the university’s pre-medical professionals group, she learned about PCOM’s Georgia Campus in Suwanee, which opened in 2005. She liked what she heard—especially about osteopathic medicine’s holistic approach to healing. She arrived in 2007, as part of the campus’ third entering class.

“It really hit home for me,” she recalls. “It was related to PT as well, with the hands-on techniques. I liked the philosophy behind it.”

**Evelyn Partridge, DO ’79**

Dr. Partridge was among two African Americans in PCOM’s class of 1979, and the only black woman among those 211 fledgling physicians.

Thirty-four years later, Dr. Partridge, who has a solo family practice in Philadelphia’s Frankford neighborhood, serves patients from the broad spectrum of racial and ethnic groups: African American, Latino, Caucasian, Asian and Haitian.

“You have to understand where a patient is coming from, and break things down in ways that help them understand it better,” says Dr. Partridge, who grew up in north central Philadelphia.

Those sensitivities extend to gender. Studies show that minorities and women have been underrepresented in some clinical trials used by pharmaceutical companies to test the viability of new drugs. That means that the drugs may not necessarily work as well on those underrepresented groups.

To combat that bias, Dr. Partridge has worked with the Eastern Cooperative Oncology Group to include women from her practice in the clinical trials of a drug that researchers hope will prevent breast cancer. The group allowed Dr. Partridge to help conduct trial in her primary care setting.

“We know that women with chest complaints are treated differently [from men],” says Dr. Partridge, who serves on the vestry of the George W. South Church of the Advocate in Philadelphia. “It really helped that we could accrue that trial in a family medicine setting where they felt comfortable.”

Dr. Partridge’s solo practice takes her around the city most Fridays on house calls she does in part with a local visiting nurses association. The service allows her to assess the health of her bedridden patients, and see how their environment might be changed to help in their recovery. She’ll also consider the home environment to determine if changing the surroundings, or bringing in more staff assistance, could very well improve a patient’s health or prevent a life-threatening injury.

“You look at their support systems, and see if there are any safety issues,” says Dr. Partridge. “It’s good to judge them in their own environment.”

**Ramona Patillo, PsyD ’13**

Prior to the summer of 2013, school psychologist Dr. Patillo often felt frustrated when assessing Latino students because of her inability to communicate with their Spanish-speaking parents, who might provide insight into their offspring’s behavioral issues or learning problems.
Then she traveled to Ecuador in June 2013 to become immersed in the language—living with a host family, studying the language, and working with South American children through the Ecuador Professional Preparation Program.

In Quito, she'd stay up each night until the wee hours, memorizing vocabulary and learning how to conjugate Spanish verbs. Her investment paid off handsomely. By the end of the four-week program, she'd become conversant with both children and adults, and had gained a deeper understanding of Hispanic culture.

“You can’t help people if you can’t communicate with them,” says Dr. Patillo, a school psychologist at the Redding Middle School in the Appoquinimink schools in Delaware’s New Castle County. “You need the language skills that go beyond the greeting. You need to understand what the parents are telling you, and they need to understand what you are saying to them.”

She caught a glimpse of different Ecuadorian populations during her stay. One week, her group worked with the impoverished preschool-age children of incarcerated fathers, who played aggressively but rarely cried with the rough-and-tumble interactions. At another setting, they dealt with the children of over-protective middle-class parents who appeared to coddle the children.

“We put together a program to communicate to the parents about typical development, for children from ages one to four,” she says. “We talked to parents about what they should expect from their typically developing children and provided them with strategies that they could use to help their children with academic and behavioral deficits.”

Dr. Patillo, the daughter of African American and Native American parents, grew up in North Philadelphia’s predominantly black Strawberry Mansion neighborhood. Her awareness of race and cultural differences was sharpened during her undergraduate years at Howard University, where she befriended Caucasian students, who were in the distinct minority at one of the nation’s leading historically black colleges.

“That’s where my perspective changed,” says Dr. Patillo, who previously worked as a school psychologist at schools in Wilmington and Camden, Delaware. “I got to thinking about how they felt to be minorities in an all-black university. I think I knew how they felt. I understood how it felt [to be a fly in a bucket of milk].”

Gwendolyn Scott-Jones, PsyD ’08

As a clinical psychologist who conducts emergency room evaluations, Dr. Scott-Jones says that understanding a patient’s cultural background can help inform her diagnosis when she assessing the mental health of someone in crisis.

Dr. Scott-Jones, who works on-call at Nanticoke Memorial Hospital in Seaford, Delaware, says her decision could detain a patient involuntarily at a psychiatric hospital. But she needs to consider cultural factors when conducting the psychological assessment.

“Understanding culture diversity and relativity are very important in establishing rapport with a patient during an assessment. There are various cultural factors that must be taken into consideration when assessing an individual with a different cultural background. One must also take into account the individual’s schema. Not everyone needs to be involuntarily detained. Healthcare professionals need to understand the patient’s culture, and determine if he or she would best benefit from in-patient or out-patient treatment.” says Dr. Scott-Jones, associate professor and chair of the Department of Psychology at Delaware State College.

Dr. Scott-Jones, who also has a master’s degree in social work, came to PCOM for her doctorate in psychology after many years of providing forensic mental health treatment in Delaware state prisons and crisis intervention services for the state’s Division of Substance Abuse and Mental Health.

At times, Dr. Scott-Jones will be called into the hospital emergency room to evaluate a patient who doesn’t speak English. Instead of relying on family
members, she’ll ask for a translator, who can serve as a non-biased interpreter. “The patient may become very guarded if a family member is serving as the translator,” says Dr. Scott-Jones. “The hospital’s translator can ensure that the clinician gets the most accurate information.”

On campus at Delaware State, she’s taking a proactive approach to overcoming the taboo of seeking mental health services by some in the African American community, who may face greater stressors in their lives as a result of racism and economic disparities. “We’re trying to alleviate the stigma of seeking out mental health treatment,” says Dr. Scott-Jones. “There are students who aren’t seeking help when they get stressed.”

Those patients may end up at their physician’s office, seeking help to heal a physical ailment. But it’s the nagging psychological problem that’s causing their inner pain.

“They’ll come in complaining about a physical problem, and that comes from the taboo of wanting to get help for their personal distress,” she says. “We want them to seek mental health services instead.”

Ulrick Vieux, DO ’99

As director of mental health services within satellite clinics (which includes three New York City public schools) at the child and family institute of the Mt. Sinai Health System (St. Luke’s division), Dr. Vieux says it’s important to be aware of the issues confronting minority youth when they venture out on city streets.

For several years, the New York Police Department’s widespread stop-and-frisk policy—found unconstitutional in federal court in 2013—has targeted African American and Latino youths. These confrontations can have an impact on teens who are struggling with mental-health issues.

“Many times, students I’ve had in therapy talk about how they are harassed,” says Dr. Vieux, medical director of children’s community mental health services at St. Luke’s–Roosevelt Hospital on Manhattan’s Upper West Side. “These are kids from other communities don’t have to suffer. And it can lead to feelings of helplessness.”

Dr. Vieux explores those issues in therapy sessions at the school-based clinics, where his mental-health team works with primary care providers who operate within the educational institutions. Dr. Vieux says these clinics embrace what’s called a “bio-psychosocial model” of medical care.

Understanding the culture in which a child has been raised can be crucial in determining the course of treatment. On occasions, changes in a child’s home environment can augment psychotherapeutic intervention.

Dr. Vieux’s outreach extends into some of his patients’ homes, where, once a week, he’ll visit to get a better understanding of the challenges they face within their communities. His team includes intensive case coordinators—social workers who conduct up to six home visits a month for teens in need of support.

Dr. Vieux also visits the homes of students, many who come from impoverished families who live in public housing complexes. He recently visited the apartment of a child who was diagnosed with attention deficit hyperactivity disorder. The child’s teacher had suggested increasing the dosage of the amphetamine Adderall, in hopes the student would do better in homework assignments. During his visit, Dr. Vieux discovered that the home had neither a table on which the child could do his homework nor adequate lighting for reading; there was no need to increase medication.

“Visiting the child in their home builds empathy and can help with the treatment plan,” says Dr. Vieux, a psychoanalytic degree candidate at New York University’s Institute for Psychoanalytic Education. “You actually see where the patient is coming from, and it makes it easier to relate to them. Making those simple investments in a table and better lighting can really help that child.”
The Diversity Office at Philadelphia College of Osteopathic Medicine was established in March 2013. The service-oriented office is dedicated to:

• Providing the PCOM community with the leadership necessary to advance the College’s commitment to fostering a learning environment in which the rights of all are respected;
• Encouraging the PCOM community to become personally involved with enriching the College’s campuses and building the College’s intellectual strength through the support of enhanced diversity and pluralism;
• Reaffirming the College’s commitment to equity and social justice through the promotion of understanding, tolerance and respect for others; and
• Ensuring that the practices and policies of the College are equitable and afford all members of the community an opportunity for full participation.

Since its inception, the Diversity Office has launched several initiatives to increase diversity awareness in the PCOM community, including:

• Obtaining Board of Trustee approval of the Policy Statements and Compliance Procedures on Equal Education and Employment Opportunity and Sexual Misconduct (Title IX) policies;
• Implementing the President’s Diversity Council at PCOM and hosting its inaugural meetings on both the Philadelphia and Georgia campuses;
• Attending the Southern Regional Education Board’s Compact for Faculty Diversity Conference in Arlington, Virginia, to recruit potential students and faculty members;
• Being featured in Diverse Issues in Higher Education magazine (October 2013);
• Creating a Campus Climate Survey Work Group that will assist with assessing the needs of the campus community; and
• Conducting training sessions on the Americans with Disabilities Act, unlawful harassment and discrimination awareness and prevention, sexual harassment awareness and prevention, Title IX and the Violence Against Women Reauthorization Act.

The creation of the Diversity Office is the first step in modernizing and enhancing PCOM’s diversity and equal opportunity programs. While the College will continue to build a strong and independent compliance system that ensures that employees and students are free from discrimination, the new approach will also promote efforts that build connections among people, enriching the educational experience and strengthening the workplace.

The Diversity Office is staffed by Lisa M. McBride, PhD, chief diversity officer, and Alisha L. Carter, MS, program coordinator.

Dr. McBride, a St. Louis native, was sought by PCOM for her extensive knowledge and experience in the areas of diversity, inclusion and equal opportunity. She previously served as special assistant to the president for equity and diversity and university ombudsperson at California University of Pennsylvania. Dr. McBride began her career as a police officer with the St. Louis Police Department in Missouri, and then transitioned to a federal criminal investigator, including work as an overseas undercover operative in several countries. She is experienced as an impartial dispute resolution practitioner. Dr. McBride earned her doctor of philosophy degree in conflict analysis and resolution from Nova Southeastern University and her master of science and bachelor of science degrees in criminology from Indiana State University. Her goals for PCOM are to work to enhance cultural competency skills for students, assess how the College provides care to diverse populations in culturally competent ways and seek means to increase the number of underrepresented students.

In July 2013, Dr. McBride was joined by Ms. Carter, who arrived from the Pennsylvania State System of Higher Education where she served in the Office of Diversity, Equity and Compliance in Southwestern Pennsylvania. Ms. Carter is experienced with institutional compliance, faculty and student recruitment efforts, employment training programs, multicultural programming and employment grievance investigations. She holds certifications as a Title IX investigator and grant writer fellow and in HIPAA compliance. Ms. Carter has a bachelor of science degree in justice studies and a master of science degree in legal studies from California University of Pennsylvania. Ms. Carter will be responsible for coordinating PCOM’s Title IX and the Campus SaVE Act program, working with student government organizations in planning diversity/cultural awareness events, and coordinating compliance efforts.
Cultural Sensitivity Enhances Palliative Care

This is a true story. A Korean patient was diagnosed with lung cancer. The patient’s adult children asked the doctor not to tell their father that he had lung cancer. Furthermore, they asked the doctor to instead tell their father that he had pneumonia. Finally, they asked the physician to treat their dad with chemotherapy, but to tell him that he was being treated with an antibiotic for pneumonia.

“The patient’s very loving and supportive family was not doing this to be deceitful,” relates Dr. Harvey, DO ’01, who served as director of inpatient hospice and inpatient palliative care units in a Florida community hospital. “In the Korean culture, as in many others, it is very typical for adult children to honor their parents by protecting them from hearing a cancer diagnosis for fear that the parent will lose hope. At the same time, they want to ensure that the parent receives treatment, and this was no exception.

“As a healthcare team, we were caught between a very reasonable request—adult children saying, ‘don’t tell my dad he has a terminal illness’—and an ethical and legal issue. How could we ethically administer chemotherapy to a patient essentially without his consent because he didn’t know he was receiving chemotherapy?”

Dr. Harvey and the palliative care team met with the hospital’s ethics committee. Together, they decided to ask a Korean physician on the hospital staff if he would be willing to meet with the family and speak with them in their native language. With his help, they successfully reached a compromise. The children agreed to tell their dad his diagnosis with the doctor present, so it was not the medical staff but his children telling him, according to what is acceptable in their culture.

“I don’t know that anyone who wasn’t of the same culture and speaking the same language could have accomplished this,” says Dr. Harvey. “We achieved a good cooperative decision where both sides won, because we were respectful to the family but we were also able to ethically give their dad chemotherapy. This illustrates the vital importance of cultural sensitivity in palliative care.”

In our increasingly diverse society, it is more important than ever for healthcare professionals to be aware of their patients’ cultural traditions and religious and spiritual beliefs, because they influence how patients feel about end-of-life care. Studies have shown distinct cultural differences when it comes to telling patients the truth about a terminal diagnosis, prolonging life with medical technology, and making decisions about care.

“It should be part of every hospital’s mission to care for people in their own cultural and spiritual context,” says Dr. Harvey. “This is a very natural extension of the osteopathic philosophy of caring for the whole person.”

Faced with the worldviews of five major religions and many other belief systems, as well as a host of cultural traditions, how can healthcare providers know what is culturally and spiritually appropriate in every case? Hospital chaplains and pastoral care programs are an excellent resource, according to Dr. Harvey.

“As doctors, we don’t have to know everything, but we sure do need to know what resources are available to us if we don’t know something,” he says. “Just as we would go to a lung specialist for a lung consult, we need to consult pastoral care if we come across a cultural, religious or spiritual situation that feels unfamiliar.

“It is important to understand a patient’s traditions and beliefs from the beginning,” emphasizes Dr. Harvey. “One of the most important questions we ask the patient and family in hospice and palliative medicine is this: ‘Is there anything you would like us to know about your religious and spiritual beliefs that would be important in taking care of you? This can help to avoid misunderstandings and even chaotic situations in the hospital.’

Dr. Harvey recalls such a situation when a Hindu man passed away on the hospital’s palliative care unit. The patient’s wife would not leave his bedside or stop touching him until their religious leader could come to the hospital, which wouldn’t be until six hours later. In the meantime, her sons tried unsuccessfully to convince her to leave. One son expressed concern that his mother would perform self-immolation, one of the religious rites a Hindu wife can choose as her husband passes to ensure that their spiritual beings leave this current life at the same time and potentially achieve Nirvana through that process.

“I had not heard of this before, and having grown up in America with Judeo-Christian traditions and beliefs, it seemed dramatically foreign to me,” relates Dr. Harvey. “Our pastoral care staff was able to help me understand the perspective these folks were coming from, and we were able to support the patient’s wife. However, it created a lot of chaos in the hospital. Very practical issues came up. The hospital was very full, and people in the ER were waiting for beds. I heard many suggestions from staff that I did not agree to, such as calling security and asking them to remove her from the hospital. When a Hindu man passed away on the hospital’s palliative care unit, the patient’s wife would not leave his bedside or stop touching him until their religious leader could come to the hospital, which wouldn’t be until six hours later. In the meantime, her sons tried unsuccessfully to convince her to leave. One son expressed concern that his mother would perform self-immolation, one of the religious rites a Hindu wife can choose as her husband passes to ensure that their spiritual beings leave this current life at the same time and potentially achieve Nirvana through that process.

“The hospital was very full, and people in the ER were waiting for beds. I heard many suggestions from staff that I did not agree to, such as calling security and asking them to remove her from the building. If we had known about her belief system ahead of time, we could have been better prepared to accommodate her spiritual needs.”

The list of end-of-life care issues that vary according to culture and religious beliefs is long, and no two situations are exactly alike. Some Hindus may want to endure pain and suffering because they
believe it will ease their karmic debt. Some Latino and Chinese Americans want to die at home because they believe that the patient's spirit will get lost if death occurs in the hospital.

Some cultures, such as the Amish, do not believe in aggressive end-of-life care or pain medication, according to John Pagnotto, DO ’88, a medical director with a large hospice and palliative care agency in central Pennsylvania.

“The Amish prefer more natural treatments and, in these situations, we offer osteopathic modalities such as OMT and massage to help relieve some of the pain and suffering,” he says.

“In the Amish culture, the patient’s family assumes the role of decision maker. When you’re talking to an Amish patient, you’re talking to the whole family,” notes Dr. Pagnotto.

When an Amish person dies, the entire local Amish community is summoned and helps prepare the deceased for funeral services, which are usually held in the home. Hospice nurses do not help in this preparation tradition, according to Dr. Pagnotto. Although the hospice agency offers bereavement services to the patient's family for one year, the Amish usually deal with bereavement in their own cultural way.

Physicians shouldn’t assume that a patient will have a certain set of beliefs just because they belong to a certain culture or religion, cautions Dr. Harvey. Individuals who belong to the exact same church, synagogue or mosque may have dramatically different ideas about end-of-life care. The key is to ask upfront what is important to them.

“Death with dignity means different things in different cultures,” observes Dr. Harvey. “For some, it means the patient refused any aggressive life-prolonging treatment. For others, it means all possible measures were taken to prolong the person’s life, and he or she fought to the very end.”

Prolonging life at all costs is often the choice among African Americans who, according to numerous studies, have a mistrust of the healthcare system related to a cultural history of healthcare disparities. “Many African Americans feel that they cannot say no to any treatment, even in the most end-stage of medical conditions like AIDS and cancer,” says Dr. Harvey. “I worked with a family who honestly believed that the best way to honor their young daughter who had end-stage AIDS was to try every treatment available to modern medicine, even though she had signed a DNR. It was very difficult for our palliative care team to see her receive CPR and be put back on a vent several times before she finally passed. This was the opposite of what we believed was best—to help their daughter pass comfortably. Yet, we had to respect their wishes.”

“When a patient can’t make decisions anymore and the family tries to overturn a DNR, it is valuable to have physician orders for life-sustaining treatment (POLST) in place,” says Dr. Pagnotto, noting that many of his patients use POLST. “This leaves no question about what care the patient wants and does not want.”

A strong partnership between hospice and palliative care teams and pastoral care departments is key to ensuring care that is culturally sensitive and shows respect for the individual’s religious and spiritual beliefs surrounding death, according to Dr. Harvey. The pastoral care team can help physicians understand belief systems that are very different from their own. In addition, many hospitals offer professional education to enhance the staff’s understanding of these issues.

Heightened sensitivity can help healthcare professionals form stronger relationships of trust with their patients and their families. This, in turn, can enhance their ability to reach compromises for care that will best serve patients while honoring their cultural and religious traditions.

“It should be part of every hospital’s mission to care for people in their own cultural and spiritual context. This is a very natural extension of the osteopathic philosophy of caring for the whole person.” –Dr. Harvey
Sherman Leis, DO ’67, FACOS: AIDING IN JOURNEYS OF TRANSITION

For gender reassignment patients, surgery can help match bodies and minds

by Janice Fisher

Sherman Leis, DO ’67, FACOS, professor and chair, division of plastic and reconstructive surgery, asks every patient he treats at the Philadelphia Center for Transgender Surgery, “How long have you felt you were different compared to others?” Most say instantly, “As long as I can remember, since I was a very young child.”

In a transsexual person, explains Dr. Leis, “the body and brain are opposite genders. Through a variety of treatments, we can simulate the gender that’s in their brain.” Heightened media exposure, especially in the past decade, has greatly increased awareness of what Dr. Leis considers a type of congenital anomaly. However, he notes, “Transsexualism has existed since time immemorial, in every culture. There are hundreds of thousands of transgender people in the United States and around the world.”

Dr. Leis founded the center in 2004 in Bala Cynwyd, Pennsylvania, to serve as a one-stop resource for transgender people, offering both surgical and nonsurgical services, that can “satisfy all their needs in transitioning, from beginning to end.” Dr. Leis says, “I only do what is necessary, and I believe that we should custom-make procedures to each individual patient. Some people can be happier just by taking hormones or dressing to match their gender. Others can’t be happy until we match their body to their mind.”

Dr. Leis draws on a large group of specialists: endocrinologists and others with experience in hormone treatment; OB/GYN specialists; internists and cardiologists, as necessary, to help with any medical problems; urologists; and social workers, psychologists and psychiatrists. Fashion coordinators, hair stylists and makeup artists consult with patients one or two weeks after their surgery. Lawyers may be called on to deal with the mundane matters of a name change or the complexities of workplace discrimination, sexual harassment, or attempts to get insurance coverage for treatment.

For men transitioning to women, surgical procedures may include facial feminization—Dr. Leis does one or two such procedures each week, which might include rhinoplasty, forehead-brow lift with contouring of forehead bones, upper lip shortening, recontouring of the mandible, chin augmentation or reduction and Adam’s apple (thyroid cartilage) reduction. He might spend two days doing multiple procedures on a patient, including facial, breast and genital surgery. Breast augmentation is often requested, but not as much breast surgery is done as in female-to-male patients, because most men can achieve at least an A-cup breast size by taking hormones.

For women transitioning to men, surgery frequently includes chest masculinization (subcutaneous mastectomy with nipple and areola reduction) and buttock reduction by means of liposuction. Very few of these patients request surgical facial masculinization, because hormone theory with testosterone produces growth of a beard, which masculinizes
the face and usually makes further surgery unnecessary. There is no technique currently available to create functional male genitalia, says Dr. Leis, so a penile implant is required, or external means of support.

Prerequisites for gender reassignment surgery are being a true transsexual with gender dysphoria; surgery being recommended by at least two mental health specialists trained in gender identity issues; hormone treatment for at least one year; living a “true life” test (that is, living full-time in the preferred gender role) for a minimum of one year; being emotionally stable; and being medically healthy, with any medical problems being treated and under control.

Before treatment, “patients with gender dysphoria have high rates of depression, suicidal thoughts and suicidal attempts,” says Dr. Leis. These numbers decline significantly after their procedures. “So I know we are improving quality of life for many people, and saving lives.”

Only six or seven surgeons in the United States, according to Dr. Leis, regularly perform full gender reassignment surgeries (others do so occasionally). Including Dr. Leis, three are in the Philadelphia area, and all are PCOM graduates. Dr. Leis trained both Christine N. McGinn, DO ‘95, who is herself a male-to-female transsexual and practices in New Hope, and Kathy L. Rumer, DO ’00, who practices in Ardmore.

Dr. Leis had a traditional plastic surgery practice before he began specializing in the treatment of transsexuals. His route to becoming a plastic surgeon, however, was itself ground-breaking.

When he began his studies at PCOM, Dr. Leis expected to become a family physician. While working at Malmö General Hospital in Sweden during the summer between his second and third years, he met Professor Karl-Eric Hogeman, the hospital’s chief of plastic surgery, and “saw him doing things that were so fascinating—terrible operations on burns and cleft palates and birthmarks—that I stayed with him through the summer.”

At the time there were no DO plastic surgeons; moreover, Sweden did not recognize the DO degree, so Dr. Leis would need some years of general surgery in an allopathic hospital in order to be accepted for advanced training in Sweden. Characteristically, Dr. Leis assessed the situation, determined his course and forged ahead. “When I want something, I go after it,” he says matter-of-factly.

Back home in Philadelphia he transferred from Metropolitan Hospital, an osteopathic institution, to Albert Einstein Medical Center. There he became the first osteopathic physician to become a chief surgical resident at a major American university hospital. After completing full residency training in general surgery, Dr. Leis was awarded a fellowship for training abroad by the American College of Osteopathic Surgeons and spent the next two and a half years working with some of Europe’s top plastic surgeons.

He worked at the Hospital St. Louis in Paris with the renowned plastic surgeon Dr. Claude Dufourmentel and then moved to Sweden for a year and a half with Professor Hogeman at the University of Lund Hospital in Malmö.

“Little by little,” says Dr. Leis, “I was permitted to perform small surgery cases, and scrubbed with senior surgeons and Professor Hogeman, seeing wonderful things—such as maxillofacial and craniofacial surgery, lots of reconstructive work and cancer work. I really learned the basic concepts of plastic surgery there.” He then returned to France, where for six months at the Hopital Foch/Clinique du Belvédère in Paris he worked with Dr. Paul Tessier, the father of craniofacial surgery, on “huge reconstructions for kids born with severe congenital anomalies of the face and skull.”

At the end of his European tour in 1974, Dr. Leis had become the first osteopathic physician fully trained in plastic and reconstructive surgery. He founded PCOM’s own residency training program in plastic and reconstructive surgery in 1991, stepping down as the program’s director in 2012. Today, he estimates, there are about half a dozen DO plastic surgery residencies in the United States, several started by some of the approximately 85 residents he has trained.

**Standards of Care for Gender Identity Disorder (Transsexualism)**

Dr. Leis is one of about 600 members of the World Professional Association for Transgender Health (www.wpath.org), an international organization of professionals working in disciplines such as medicine, psychology, law, social work, counseling, psychotherapy, family studies, sociology, anthropology, speech and voice therapy and sexology.

Founded in 1979, WPATH provides regularly updated Standards of Care. These standards stress that “being transsexual, transgender, or gender-nonconforming is a matter of diversity, not pathology. . . the expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative.”

The standards also distinguish gender nonconformity—“the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex”—from gender dysphoria—“discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). . . . Only some gender-nonconforming people experience gender dysphoria at some point in their lives.”

Alleviating gender dysphoria requires different treatment in different individuals: “This process may or may not involve a change in gender expression or body modifications. . . . Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity.”
One alumna’s role in supporting culturally and linguistically diverse students

Jessica Rausch-Esquível, EdS ’07, likes to refer to her “bag of tools” when describing the battery of tests she uses to assess non-English-speaking students for learning disabilities.

Ms. Rausch-Esquível, a bilingual school psychologist at the Community Academy of Philadelphia Charter School, has several options when analyzing a child’s verbal abilities, visual processing and memory—both short- and long-term.

These assessments are a crucial component of a comprehensive psychoeducational evaluation for English language learners struggling in school. Studies show that English language learners and other diverse students are disproportionately identified as having learning disabilities. So while the assessments can bring the diagnosis that provides the gateway to services to address the disability, they can also identify those who do not need special education services. Typically, developing English language learners should make appropriate progress with interventions and their English as a Second Language classes. When they do not, and have been given appropriate interventions, cognitive assessment can help clarify whether a deficit in one or more basic psychological process is present.

“No nationally, too many newcomers are labeled as having learning disabilities,” says Ms. Rausch-Esquível, who also works on a contract basis for Pennsylvania schools in Kennett Square and Phoenixville, and the Avon Grove Charter School in West Grove. “The schools I work for are greatly concerned about this trend and employ my services to help ensure that non-discriminatory assessment practices are in place. It is very important to determine what is a cultural difference is and what constitutes a disability,” she says.

Among the first of the assessments Ms. Rausch-Esquível employs are measures of language dominance or bilingual verbal ability that largely determine which language (or languages) is most appropriate to use during the subsequent cognitive and achievement testing. The results decide the language in which she will administer critical assessments in reading and math. For students who speak languages such as Russian or Vietnamese, she uses nonverbal measures, which provide a window into a child’s problem-solving abilities.

“My job is to do all the rule-outs,” she says. “A student should not be classified with a learning disability if language, culture or social factors are the primary reason for their learning difficulties. Some students have not received adequate educational instruction prior to their arrival in the United States.”

Being fluent in both English and Spanish is important when conducting an evaluation, says Ms. Rausch-Esquível, as guardian interviews are part of the process. “Some of the parents or grandparents only speak Spanish,” she says. “So I’ll conduct the interview in Spanish to get the background information that I need for differential diagnosis or lack thereof. This also helps me show the student’s caregiver that I recognize that the language the student brings to school is intimately connected with loved ones and personal and cultural identity; it has great value. A key component to engagement is creating a welcoming school environment."

Ms. Rausch-Esquível’s outreach to Spanish-speaking parents can also help if they see their child falling behind. In the Latino culture, parents may defer to the teacher and not raise a fuss, as English-speaking parents are more apt to do. “If they see a need, I urge them to speak up,” she says. “Commitment and involvement—from all—are necessary; schools that embrace the languages and cultures of the students and their families will foster trust, and parent involvement will increase.”

At the Community Academy of Philadelphia Charter School, about 85 percent of the students are Latino. Some students at the charter school live with grandparents or parents who were born and raised in Puerto Rico or are recent arrivals themselves. While students of Puerto Rican descent comprise the majority of the student body, students from the Dominican Republic, Central America and South America are also represented. Many new arrivals from Mexico attend the schools where Ms. Rausch-Esquível provides contract services. These families are often migrant workers in the local mushroom-growing industry.

Ms. Rausch-Esquível, who grew up in Telford, Pennsylvania, struggled with foreign language in high school. At Kutztown University, however, she realized that knowing Spanish would help as she pursued an undergraduate degree in social work.

First, she spent a summer in Costa Rica, living with a host family and speaking Spanish day and night. The following year, as her confidence in the language grew, she returned to do her social work internship in a health clinic, facilitating groups and providing support to the parents of children treated there for mental health and physical issues.

Upon her graduation, she used her bilingual skills for a wide range of assignments. In her first job as a caseworker for Berks County (Pennsylvania) Children and Youth Services, she did in-home social services and general neglect investigations with Spanish-speaking families. In Philadelphia, she worked as an immunology social worker at St. Christopher’s Hospital for Children, counseling Spanish-speaking families who were adjusting to the fact that one of their family members was HIV positive.

At the time, those patients living with HIV were getting neuropsychological evaluations that analyzed the effect of HIV on brain function. She had to explain these evaluations to school personnel, which deepened her interest in the field of neuropsychology. That brought her to PCOM—to be part of the College’s Educational Specialist in School Psychology program’s inaugural class.

Classes meet in the evening, so she could keep her job during her first two years of study. For her third-year internship, she worked as a bilingual school psychologist intern in the Allentown schools, where she was granted emergency certification because of the shortages in the field.
THOMAS M. BOZZUTO, DO ’80

Humbling Experiences Lead to Successful Career for Medical Director

by Colleen Pelt

When Dr. Bozzuto was chosen to become the 62nd president of the Georgia Osteopathic Medical Association (GOMA) at its annual meeting this past October, the medical director of Phoebe Wound Care and Hyperbaric Center in Albany, Georgia, knew immediately whom he wanted to perform his swearing-in ceremony.

“The very first person I thought of was Carol Fox [alumni relations liaison and retired associate vice president for enrollment management], because she was the first person who interviewed me when I was applying to PCOM,” Dr. Bozzuto says. “It is both an honor and a humbling experience to represent the osteopathic physicians in the state of Georgia.”

Dr. Bozzuto is the first osteopathic physician in the specialty of wound care and hyperbaric medicine to become president of a state medical society, and only the second physician in that specialty in the nation to head a state medical society. He will serve in this capacity for one year. “One of my goals is to increase the membership in GOMA and responsibly represent GOMA to state and national governmental agencies,” he says.

Serving as the president of GOMA isn’t Dr. Bozzuto’s only “first,” though. While attending PCOM on the United States Armed Forces Health Professions Scholarship Program, he served at Andrews Air Force Base and Wright-Patterson Air Force Base. During his time at Andrews, he was the youngest medical officer to fly on Air Force One. He has also served as president of the American College of Hyperbaric Medicine and on the board of directors of the Undersea and Hyperbaric Medical Society.

Despite his continuously successful career, Dr. Bozzuto has remained grounded in knowing what matters most at the end of the day and at the end of a career. “Whatever your accomplishments are in your career, at the end of your life, your children would rather say how much they enjoyed spending time with their parents who were physicians than say how much they enjoyed going through all of your plaques and certifications,” Dr. Bozzuto says.
For Dr. Hassman, this year presented the opportunity to grow not only in his family medical practice but also as part of a team. Dr. Hassman, his brother Michael Hassman, DO ‘94, and his father Joseph Hassman, DO ‘65, recently opened their fourth family practice, Advocate Berlin Medical Associates in Pennauken, New Jersey. “My biggest career accomplishment has been helping grow what my father started more than 40 years ago when he opened his first practice. From this small practice, we have since expanded to four multi-specialty offices with over 15 physicians and more than 75 employees,” Dr. Hassman says. “My best advice for success is to diversify your medical knowledge and don’t get stuck in just one area. If you become knowledgeable in multiple areas and integrate them into your practice, then those opportunities will help provide additional rewards.”

This year also marked a special recognition for Dr. Hassman when he tried out for and was chosen to compete in the 2013 World Maccabiah Games on the Masters Men’s Basketball Team this past July in Israel. “It was an honor to be one of 12 participants across the United States chosen to be on the team. The Maccabiah Games are the world’s third largest sporting event, and it was an amazing experience to be able to compete in an event of such importance.”

Despite practicing only twice throughout the year with his teammates, Dr. Hassman says that he knew the opportunity for his team to medal was present. “I knew we had a good team and our practices went well. But you just never know how to gauge the competition. I was just so happy to compete that when we earned the bronze medal it was completely gratifying all over again,” he says. Dr. Hassman also volunteered on the physicians’ staff while at the Maccabiah Games and helped treat other U.S. athletes. “If I am healthy enough to try out again in the 2016 games, I will,” he says. “It is something I will look forward to, and it will motivate me to strive to reach my goal.”
Carman A. Ciervo, DO, Marlton, NJ, was named 2012–2013 Physician Leadership Institute Mentor of the American College of Osteopathic Family Physicians. Dr. Ciervo is senior vice president for clinical and population health services at the Kennedy Health System.

Ronald M. Lieberman, DO, Dover, DE, was recognized by *Delaware Today* (October 2013) as one of the Top Doctors in Physical Medicine and Rehabilitation.

**CLASS OF 1989**

Kris M. Belland, DO, Coronado, CA, was named executive director of the Navy Medicine Operational Training Center (NMOTC). NMOTC, the recognized global leader in operational medical and aviation survival training, manages medical operational training for medical and medical support personnel deploying worldwide, and training that prepares aviators and flight crews to survive in land and water mishaps.

**CLASS OF 1990**

Lawrence D. Hochman, DO, New Port Richey, FL, had his article “Putting the Focus on Focused Practice” published in the 2012–2013 Annual Report of the American Board of Radiology. Dr. Hochman has been named practice president of Florida Cancer Affiliates, a multidisciplinary oncology practice in the Tampa Bay area part of the US Oncology Network.

Mary T. Martucci, DO, Haddonfield, NJ, joined CentraState Healthcare Systems, Freehold Township, as the medical director of the comprehensive breast care program.

Dean A. Ruble, DO, Rockford, MI, was highlighted in the article “Dean A. Ruble Helps Sufferers of Drug and Alcohol Addiction,” published in the *USA Herald* (July 9, 2013). Dr. Ruble is on the medical staff at Midwest Medical Point of Care in Grand Rapids.

**CLASS OF 1991**

John G. Raheb, DO, Pensacola, FL, has retired after serving 21 years in the United States Navy. Dr. Raheb has joined the medical staff at Surgical Healing Arts Center in Fort Myers.

Charles W. Raudat, DO, Johnson City, TN, joined Mountain States Medical Group and will be practicing with Cardiovascular/Thoracic Surgeons.

**CLASS OF 1993**

Mary Beth A. O’Hara, DO, Lewisburg, PA, joined the Evangelical Medical Service Organization and will be practicing at Family Medical Care.

**CLASS OF 1999**

Thomas M. Bozzone, DO ’80, Albany, GA, was inducted as the 62nd president of the Georgia Osteopathic Medical Association at its annual meeting on October 26, 2013.

Charles K. Heller, III, DO ’01, South Dartmouth, MA, was inducted as a Fellow of the American College of Surgeons.

Yewah Jung, DO ’10, Pittsburgh, PA, was the recipient of the Outstanding Resident of the Year Award presented by the American Osteopathic Foundation and Merck.

Richard D. Kimmel, DO ’84, Boca Raton, FL, was installed as president of the American College of Osteopathic Surgeons at their annual meeting on November 15, 2013.

Ronald A. Kirschner, DO ’66 (posthumously), Penn Valley, PA, for “playing an instrumental role in PCOM’s academic program for many years.”

Alexander M. Rosenau, DO ’81, Allentown, PA, was installed as the 43rd president of the American College of Emergency Physicians at its annual meeting on October 13, 2013.

Norman E. Vinn, DO ’77, San Clemente, CA, was installed as the 117th president of the American Osteopathic Association.

**CLASS OF 1994**

Joseph M. Micchia, Jr., DO, Wake Forest, NC, was inducted into the 2013 College Football Hall of Fame. Dr. Micchia was a tow-time All-American quarterback at NAIA Division II Westminster College in New Wilmington, PA. He lead the Titans to back-to-back undefeated seasons and consecutive national championships in 1988 and 1989. As a starter, he finished with a perfect 31-0 record. He credits the team physicians for directing him toward a career in medicine.

Alton A. Trotter, DO, Warwick, Bermuda, opened a new practice, Contemporary Obstetrics and Gynecology, with Yusef Morant Wade, MD, in Paget.

**CLASS OF 1995**

W. Allen Fink, DO, Gig Harbor, WA, received his master’s degree in health administration from the University of Washington.

**CLASS OF 1997**

Gretta A. Gross, DO, Warner Robins, GA, was named director of the medical education and family medicine residency program for Houston Healthcare System.

**CLASS OF 1998**

Christopher J. Haines, DO, Southampton, PA, was named chief medical officer of Children’s Specialized Hospital, an affiliate member of the Robert Wood Johnson Health System.

John E. Paredes, DO, Longview, TX, joined the medical staff at Good Shepherd Medical Associates.

**CLASS OF 1999**

David R. Sheba, DO, Uniontown, PA, was inducted into the Laurel Highlands Life Achievement Hall of Fame on August 31, 2013. Dr. Sheba has an orthopedic practice in Uniontown and is on staff at Uniontown Hospital.

William J. Strimel, DO, Chesterbrook, PA, joined the medical staff of Mercy Cardiology at Mercy Suburban Hospital in East Norriton.

**CLASS OF 2000**

Joseph J. McComb, III, DO, Broomall, PA, is the chief of pediatric anesthesia for Main Line Health.

**CLASS OF 2001**

Carl R. Hoegerl, DO, Forest, VA, was appointed chair of medicine at the Liberty University College of Osteopathic Medicine in Lynchburg.

**CLASS OF 2003**

Adam Colombo, DO, Coopersburg, PA, was appointed assistant program director of the Osteopathic Emergency Medicine Residency Program at St. Luke’s University Hospital in Bethlehem.

Andrew J. McMarlin, DO, Charleston, SC, participated in the International Dragon Boat Federations’ World Championship in Hungary this past summer, where he rowed for Team USA. Dr. McMarlin returned home with one gold medal, two silver medals and two bronze medals. He has become a volunteer physician for the U.S. Olympic team.

E-MAIL YOUR NEWS AND PHOTOS TO MADELINE LAW: MADELINE@PCOM.EDU
On a Personal Note

Karen A. Berk, MS/PA-C ’11, Havertown, PA, married Jeffrey Kushner (DO ’14) on August 31, 2013, in Blue Bell.

John R. Burger, MS/BioMed ’08, DO ’12, Egg Harbor Township, NJ, and his wife, Chelsea, are the proud parents of Collins Rose, born on October 4, 2013.

Thomas R. Drames, DO ’09, Philadelphia, PA, and his wife, Laura, welcomed their daughter Amelia Paige, born on September 24, 2013.

Rachael F. Engle, DO ’11, Philadelphia, PA, married David Labensky on July 6, 2013, at Falkirk Estate in Central Valley, New York. PCOM classmates in attendance: Lauren Bower Donnelly, DO ’11; Anna Irwin Hill, DO ’11; Jean Bakey, DO ’11; and Kathleen DeStefano Glenn, DO ’11.

Jennifer Gallas-Balmer, MS/PA-C ’07, Brigantine, NJ, and her husband, Thomas, welcomed their son Thomas Robert, born on May 1, 2013.

Timothy J. Harrison, DO ’05, Chester Springs, PA, and his wife, Eddee, are the proud parents of Joshua Ryan, born on September 9, 2013. Joshua Ryan joins big brother Zack, age 2.

Michael M. Langer, DO ’97, Avon Lake, OH, and his wife, Lori, welcomed their daughter Christina Michelle, born on September 9, 2013.

Michael S. Lempel, DO ’03, Lorton, VA, and his wife, Masha, are the proud parents of Zackary Sean, born on March 30, 2013. Zackary Sean joins big sister Bianca, age 2.

Shanda D. Lucas, MS/ODL ’09, Essington, PA, married Thomas O’Dennis on August 17, 2013. Pictured left to right: Jeffrey Branch, EdD, Shekely Rena Hannah, MS/ODL ’09; Thomas O’Dennis, Shanda D. Lucas-O’Dennis, MS/ODL ’09; Tanya M. Ray, MS/ODL ’09; Malik Gray, MS/ODL ’08; and William Clinton, MA.

Amanda R. Marchica, MBA, DO ’13, Easton, PA, married Mark Chalmers on April 27, 2013, at Holly Hedge Estate in New Hope. Pictured back row, left to right: Akshar N. Patel, DO ’13; Kajal D. Patel, DO ’13; Kristi L. Kosarin, DO ’13; Glenn M. Klucka, DO ’13; Ashleigh Clair (DO ’14); Marty Kane, DO ’12; and Bridget McGovern, DO ’12. Front row, left to right: Elizabeth Potts Klucka, DO ’12; Katie Muenker Lindner, DO ’12; Mark Chalmers, Amanda R. Marchica, MBA, DO ’13; Sara Muth Kane, DO ’12; and Kristie Smith, DO ’12.

Joseph J. McComb, III, DO ’00, Broomall, PA, and his wife, Marcie, are the proud parents of Reagan Elise, born on November 3, 2012. Reagan Elise joins big sisters Morgan, age 5, and Riley, age 3.


CLASS OF 2004

Karen Gisotti Crowe, DO, Delmar, NY, joined Capital Region Orthopaedics and will be practicing at Albany Capital Region Orthopaedics.

Michael E. McGarrigle, MS/ODL, Springfield, PA, was appointed vice president of service operations at TMG Health.

Karyne B. Wilner, PsyD ’04, Portsmouth, RI, is training professional therapists in Core Energetics, a holistic therapy. Dr. Wilner is the director at the Integrated Psychological Services Center.

CLASS OF 2005

Shana L. Perman, MS/PA-C, Rockville, MD, joined the medical staff at Shady Grove Fertility in Washington, DC.


Christopher M. Malozzi, DO, Ocean Springs, MS, joined Singing River Health System and will be practicing at Southern Mississippi Heart Center.

Ashlee L. Smith, DO, Lewisburg, PA, joined the medical staff at Geisinger Health System as a gynecologic oncologist.

Melanie K. Turock, DO, Walthamport, PA, was appointed trauma program medical director for Pennsylvania's first level IV trauma center at St. Luke's Miners Memorial Hospital, part of the St. Luke's University Health Network.

CLASS OF 2006

Christopher B. Cianci, DO, Dallas, TX, joined the medical staff at Denton Heart Group.
Shana L. Perman, MS/PA-C ’05. Rockville, MD, and her husband, Chad, are the proud parents of Mack Dane, born on August 6, 2013. Mack Dane joins big sister Ryann, age 2.


Keith P. Radbill, DO ’93, Marlton, NJ, and his wife, Denise, are the proud parents of Savannah Lola, born on December 5, 2012.

Jason A. Smith, DO ’08, Williamsburg, VA, and his wife, Brianna, welcomed their daughter Bryn Caroline, born on September 27, 2013.

Alyse N. Stern, MS/PA-C ’04, Verona, NJ, married Alex Polk on May 26, 2013.

Cassandra Zagorski Tunis, DO ’12, Old Forge, PA, and her husband, Justin, are the proud parents of Vivienne Gerarda, born on August 9, 2013.

Lynn M. Wilson, DO ’10, Troy, MI, married Michael A. Alterman, DO ’10, on March 9, 2013.

Lindsay A. Yarbrough, DO ’10, Burke, VA, and her husband, Chad, are the proud parents of Haley, born on July 1, 2013.

Christopher D. Wenger, DO, Lititz, PA, joined the medical staff at Lancaster General Health as a cardiologist, with a special interest in prevention. Dr. Wenger received the 2013 Humanism and Excellence in Teaching Award from the American College of Osteopathic Internists at their convention.

Victoria N. Zysek, DO, Broadview Heights, OH, joined the medical staff at Adena Cardiology.

ACOI HOSPITALITY SUITE
The Office of Alumni Relations & Development hosted an alumni hospitality suite at the annual meeting of the American College of Osteopathic Internists held in Indian Wells, California. On October 18, 2013, alumni and their families enjoyed hors d’oeuvres and beverages as they reconnected and discussed their days at PCOM. Richard Pascucci, DO ’75, vice dean for clinical education, and Alisa Toney, alumni relations and development officer, GA–PCOM, greeted the crowd and gave updates about the Philadelphia and Georgia campuses.

Pictured left to right: Michael Kalata, DO ’98, and Michael Amafitano, DO ’85.
JACOB WATTERS, DO ’09
(GA–PCOM)
Connecting the Dots in Osteopathic Medicine to Help Others
by Colleen Pelc

Over the past year, Dr. Watters has experienced rapid growth in his osteopathic skills and is continuously looking for ways to give back to his profession. To start, as attending faculty at Houston Healthcare’s Osteopathic Family Medicine Residency Program in Warner Robins, Georgia, Dr. Watters has been instrumental in developing and teaching the OMT portion of the residents’ curriculum.

“I’m quite proud to have been part of the development of a new osteopathic family medicine residency program,” Dr. Watters says. “In a little over a year our program has matured from a rocky start-up to a solid educational program.”

Dr. Watters truly believes that osteopathic medicine blends well with his own personal beliefs and personality. “I like to think that each patient encounter is a miniature play or stage where my role is to make the patient feel a part of a positive experience and an interactive part of his or her health care. OMT helps create a unified healthcare experience connecting patient complaints and symptoms to underlying causes of disease and dysfunction. With better knowledge and skills, I have been privileged to see patients with chronic diseases or chronic pain make a turn towards health where before many had abandoned all hope of getting better,” he says.

In the hopes that others can benefit from his experiences and insights, Dr. Watters is also working on authoring an osteopathic journal. “The journal will explain concepts, treatment techniques and case studies to help augment other physicians’ studies of osteopathy. Reading similar works by Drs. Robert Fulford, Rollin Becker and Arthur Hildreth contributed hugely to the advancement of my own skills,” Dr. Watters says. “Their writings and work have been invaluable to me. I feel I should also give something back to the profession. But I don’t anticipate it being completed for another year or more, as I’m learning more about osteopathy daily.”

CLASS OF 2009

Diana A. Aria, MS/Psy ’06, EdS/Psy, South Amboy, NJ, was appointed assistant professor of psychiatry at County College of Morris.

Peter S. Armanas, DO, Woodstock, MD, completed his psychiatric residency at Walter Reed National Military Medical Center. Dr. Armanas joined the U.S. Army Medical Department at Fort Drum as a staff psychiatrist.

Matthew F. Geromi, DO, San Diego, CA, opened a new private practice, PsyCare.

Suyin Lee, DO, Rockledge, FL, completed his physical medicine and rehabilitation fellowship at Michigan State University. Dr. Lee started an interventional spine fellowship at Deuk Spine Institute in Melbourne.

8TH TAILGATE AT PSU

Philadelphia College of Osteopathic Medicine’s 8th Annual Penn State Tailgate was held on September 21, 2013. The Pennsylvania State University Nittany Lions played the Kent State Golden Flashes at Beaver Stadium. PCOM alumni, staff, family, students and prospective students gathered to catch up on activities at PCOM. The PSU Nittany Lions defeated the Kent State Golden Flashes, 34-0.

The PCOM Office of Alumni Relations & Development thanks Steve Kanouse and Jeffrey Prichard, DO, for the RV and food; Darlene Ann Dunay, DO ’83, for food; Deb Mistal, DO ’83, and her husband Ed for the RV space; and Domenick Ronco, DO ’78, and his wife Judy for the drinks.

Contact the Office of Alumni Relations & Development to be notified of the 2014 gathering, tentatively scheduled for September 20.

Pictured left to right: Robert Aichele, DO ’83, with Carol Fox, alumni relations liaison and retired associate vice president for enrollment management.
Sophia A. Monsour, DO, Saratoga Springs, NY, joined Community Health Center and will be practicing at Albany Medical Center Psychiatry.

Matthew H. Montgomery, DO, MBA, Philadelphia, PA, is the chief resident of internal medicine at Aria Hospital in Philadelphia.

CLASS OF 2010

Stephen M. Cox, DO (GA–PCOM), Atlanta, GA, joined the medical staff at Northside/Dawson Urgent Care in Dawsonville.

Anthony C. Dinardo, DO, Casselberry, FL, joined the medical staff at Family Health Center of Greater Orlando and will be working with Jeffrey A. Downing, DO ’97.

Charlotte A. Ebner, DO (GA–PCOM), Winder, GA, has taken over the medical practice of Joseph C. Souther, MD, who recently retired.

Lindsay E. Fowler, DO (GA–PCOM), Old Fort, NC, joined the medical staff at Mission Community Medicine, an affiliate of McDowell Hospital.

Nathan A. Greczek, DO, South Abington Township, PA, joined the medical staff at Physicians Health Alliance.

Alexandra Isakova, DO, Sunnyside, NY, joined the medical staff at the Floating Hospital Clinic in Long Island City.

Ashley M. Lakin, DO, Providence, RI, joined the medical staff at Memorial Hospital of Rhode Island.

Joseph A. Laureti, III, DO, Shenandoah, PA, completed his residency program at Pinnacle Health Systems. Dr. Laureti joined the medical staff at Pocono Medical Center Physician Associates in East Stroudsburg.

Shayna M. Lemke, DO, Bridgton, ME, joined the medical staff at Bridgton Hospital and will be practicing at Bridgton Internal Medicine.

LAUREN SYSOL PRINTZ, MS/FM ’11

Following Her Own Path to Teach Others About the Human Body

by Colleen Pelc

In the two short years since Ms. Printz graduated from Philadelphia College of Osteopathic Medicine and was the recipient of the Forensic Medicine Provost Award, she has been busy putting to use the skills and experiences that helped her receive that award.

“I was very excited and honored to receive the award for academic excellence upon the completion of my graduate studies. It was very meaningful to know that I was chosen for the award by my professors, Cliff Akiyama, MA, MPH, assistant professor, and Gregory McDonald, DO, vice chair, professor and director, both of the department of bio-medical sciences. They were terrific mentors during my years at PCOM, and I was thankful for their guidance and support as I completed my forensic studies,” Ms. Printz says.

While pursuing her master’s degree, Ms. Printz also worked as a gross anatomy lab assistant at PCOM, which has become very helpful in her current position at Cooper Medical School of Rowan University in Camden, New Jersey, where she serves as a gross anatomy technician.

“The position involves overseeing the daily operations of the anatomy lab, including inventory control, preservation of human cadavers utilized for gross anatomy instruction, and assisting with cadaver dissection in preparation for practical exams as well as supporting research activities in the department of biomedical services,” she says. “I also interact with students, physicians and professors on a daily basis and provide support during the gross anatomy component of study.”

Ms. Printz has experience with the Philadelphia Medical Examiner’s Office as a forensic technician, a position that taught her the essentials of organization, flexibility and how to work in a very fast-paced environment.

“When I decided to pursue a master’s degree in forensic medicine many of my friends and family members were curious about why I chose this particular program and wondered what I would do with my degree after graduation,” Ms. Printz says. “But I knew this was the path I wanted to follow, and I always believed that I would put the degree to good use. I am now able to use my education and skills to assist and teach others about the human body.”

Alison R. McMaster, DO, Dover, PA, joined the family medicine practice of Kurt K. Thomas, DO ’88, in Hanover.

Mary E. Merlini, DO, Wynnewood, PA, joined the physical medicine and rehabilitation staff at Thomas Jefferson University Hospital, as a rehabilitation psychologist for the Comprehensive Acute Rehabilitation Unit.

Paul F. Sahd, DO, Jefferson, PA, joined the medical staff at Hadley Family Practice.

E-MAIL YOUR NEWS AND PHOTOS TO MADELINE LAW: MADELINE@PCOM.EDU
In Memoriam

Julian Blitz, DO ’45, Aventura, FL, December 6, 2013.


Michael Centrella, DO ’75, Golden Valley, MN, December 11, 2013


William T. McKenna, DO ’62, Langhorne, PA, October 5, 2013.


Louis Rottenberg, DO ’66, Boynton Beach, FL, November 16, 2013.


John J. Wasniewski, Jr., DO ’70, West Chester, PA, October 22, 2013.


Daniel J. Yost, DO ’95, Johnstown, PA, August 18, 2013.

Michael J. Zappitelli, Sr., DO ’55, Lancaster, PA, September 15, 2013.

OMED 2013

The Office of Alumni Relations & Development hosted an exhibit booth at the Osteopathic Medical Conference & Exposition (OMED) in Las Vegas, September 30–October 2. Staff from the Philadelphia and Georgia campuses greeted alumni, students and friends who stopped by the booth to catch up. Over 200 alumni and friends attended the reception held on October 2 at Madame Tussauds Wax Museum. Guests enjoyed taking photos with celebrity statues of Brad Pitt, Elvis, Beyoncé and Frank Sinatra, to name a few. A photo booth and karaoke were also on site to entertain the crowd.

Christina L. Sikes, DO (GA–PCOM), Summerville, GA, joined Floyd Primary Care Network and sees patients at Floyd Urgent Care in Summerville.

Sarah M. Sitoski, DO, South Abington Township, PA, joined the medical staff at Physicians Health Alliance.

Christine M. Stroka, DO, Scranton, PA, joined the medical staff at Geisinger–Lake Scranton.

Lynn M. Wilson, DO, Troy, MI, was the recipient of the 2013 Family Practice Resident of the Year Award presented by the Michigan Association of Osteopathic Family Physicians. Dr. Wilson accepted a geriatrics fellowship at Mount Sinai Hospital in New York.

CLASS OF 2012

Robert C. Greer, V, DO (GA–PCOM), Palm Beach Gardens, FL, a third-generation osteopathic physician, joined his father, Robert C. Greer, IV, DO ’77, in private practice in Lake Park. Dr. Greer keeps alive a long line of osteopathic values and traditions, at the same location his grandfather, Robert C. Greer, III, DO ’57, established over 50 years ago.

Help Keep Tuition Affordable

Gifts to the Fund for PCOM help keep tuition affordable. Paul W. McGloin, CPA, LL (Hon.), chairman, PCOM Board of Trustees, explains why this is a priority at PCOM:

“Early in his tenure at PCOM, Dr. Schure recognized the ever-changing educational needs of our students and acknowledged that unless we were a financially strong institution, we would not be able to provide what our students were seeking. Balancing those things with the threat that we would lose our funding from the state, which we ultimately did, and keeping our tuition costs at a modest level was a real challenge. Instilling the discipline of strict financial controls and exploring new opportunities for revenue has allowed us to continue to attract high quality students and to keep tuition affordable. At PCOM, we have managed to keep tuition increases modest in comparison with our peer medical colleges. This tuition suppression has provided more dollars for scholarship support.”

To make your gift to the Fund for PCOM, visit pcom.edu and click on “Donate.”
On the Psychology of Race Relations
by Yuma Tomoe, PhD, ABA, associate professor and director, doctor of psychology in school psychology

The conversation of race infiltrates every aspect of our lives. While race and racism are sociological terms, they have psychological consequences that significantly impact American culture. The accumulation of experiences coupled with varied associations over time forms specific attitudes. Attitudes are inherently functional, helping us to orient ourselves to others in ways that are perceived as beneficial to us. However, when attitudes serve abnormal psychological functions, leading one to become resistant to change, they immobilize racial harmony, provoking unconscious beliefs and conscious actions of discrimination. Creating more equitable environments does not have to mean a loss for some and a gain for others, but rather encourages American culture to truly progress toward a post-racial society.

In its most basic form, a post-racial society is one in which race has no significance or importance. While many feel this goal has been achieved, especially with the election of a bi-ethnic president who identifies as being African American, many ethnic/cultural groups ardently believe that a racist, culturally insensitive, gender-biased, anti-working-class society continues to thrive and advance with a conservative ideology.

Racial classification has existed within the United States for centuries, but it was not fully embraced until the U.S. government emphasized race through creating a capitalist system, more specifically slavery. The mindset behind slavery positioned the notion of white supremacy ahead of cultural humanity, espousing inherent racial differences that promoted psychological inferiority.

Different people with varied experiences often see the world with quite divergent viewpoints. These perspectives yield worldviews that are reflective of the filtered understanding of a person's experience. Moreover, the distinctions between the perspectives are etic or emic, depending on the cross-cultural lens one is looking through on a daily basis. The etic view attempts to build racial conversation by examining commonalities across different ethnic groups, whereas the emic view looks internally and evaluates behaviors, beliefs and norms within an ethnic group. However, when an ethnic group imposes its values onto other ethnic groups, it leads to imposing etics that may promote racial disharmony.

One of the prevalent etic vs. emic perspectives tends to be demonstrated in conversations between African Americans and European Americans on the subject of racial diversity. For instance, a conversation between African Americans about race relations may highlight: “Why can't African Americans and European Americans understand and live with their differences?” At the same time, European Americans may ask: “Why can't African Americans and European Americans set aside and ignore their differences?”

Many African Americans acknowledge that differences exist as a result of the historical influences and vestiges of slavery and other racial atrocities. And many European Americans view everyone as equal; they see programs such as affirmative action as divisive instead of unifying. Through these perspectives, race can be encoded and decoded, simultaneously.

The human cognitive architecture contains many functionally specialized systems that create schemas. Culture is a schema of related information. Messages are often encoded and decoded throughout different environments of society ranging from institutions of learning to religious facilities. It is important to recognize that whiteness and blackness are not opposite sides of the same coin, but represent equal value. Within the American consciousness, whiteness has been normalized and is the accepted standard. However, as the United States continues to become more pluralistic in race, ethnicity, culture, religion and sexual orientation, normalcy is constantly in flux.

Over the past few years, Philadelphia College of Osteopathic Medicine has found new ways to acknowledge and celebrate diversity. The College has created a Diversity Committee, employed a chief diversity officer, and in conjunction with student groups such as the Student National Medical Association, has sponsored cultural competence workshops. And the Psychology Department of PCOM has hosted an annual diversity conference that focuses on challenging stereotypes and traditional perspectives—asking what is “normal” and embracing what is different. This year's conference (to be held April 4-5) will be themed “From Exclusion to Inclusion.” The conference is a small answer to the cries of those who desire to see greater intercultural/interethnic understanding, thereby creating harmony among groups of different people.

Perhaps Dr. Martin Luther King, Jr., said it best: "Cowardice asks the question, is it safe? Expediency asks the question, is it politic? Vanity asks the question, is it popular? But conscience asks the question, is it right? And there comes a time when one must take a position that is neither safe, nor politic, nor popular; but one must take it because it is right.”

The psychology of race is a conscious-raising and culturally awakening understanding of racial expansion, indicating that racial groups are more alike than different.