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Digest of the Philadelphia College of Osteopathic Medicine (Fall 2014)

Philadelphia College of Osteopathic Medicine

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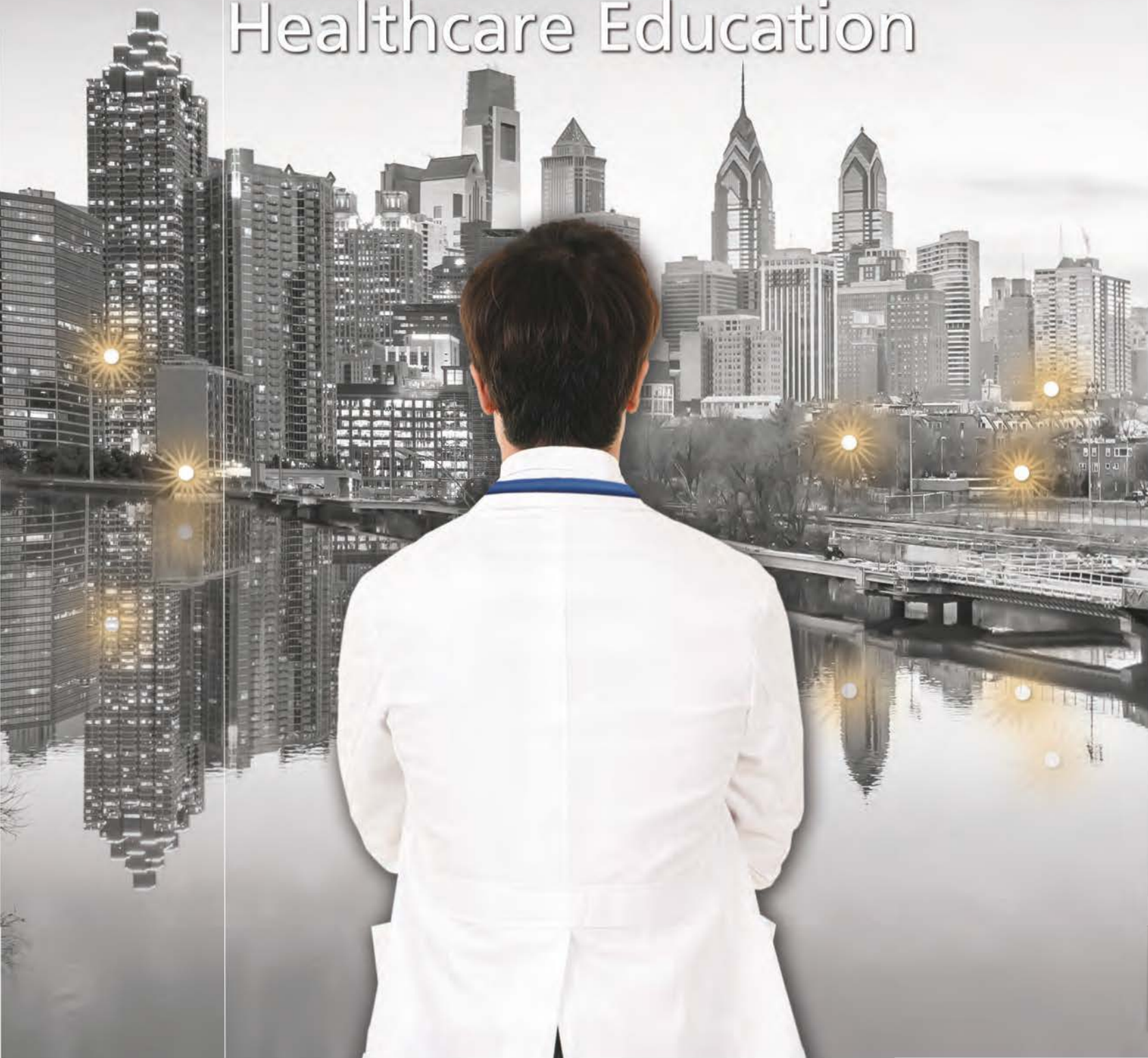
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FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

FALL 2014

Considerations For Healthcare Education



MESSAGE FROM THE PRESIDENT

Dear Alumni and Friends:

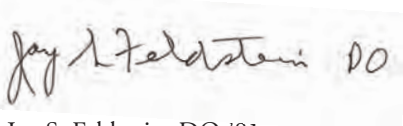
As I look back upon my own training as an osteopathic physician in the late 1970s and early 1980s, I appreciate the many changes that have occurred in the field of healthcare education. But what is most striking to me is the pace at which healthcare education continues to evolve. Almost daily there are new opportunities and challenges that must be considered in the training of osteopathic physicians, physician assistants, pharmacists, and behavioral and biomedical scientists.



Philadelphia College of Osteopathic Medicine is among many national medical schools, research centers and teaching hospitals that have been making a transition from teaching autonomy to teaching shared accountability, interdependence and teamwork. Part of this shift is the view that healthcare education should be taught as a continuum of collaborative competence. A diversity of learning experiences—enhanced by the most current technologies—must be integrated throughout curricula, culminating in best practices in clinical and research settings. There must be strategic approaches to outcomes assessment.

This issue of *Digest Magazine* touches upon several educational practices—relevant to today's complex healthcare systems—that PCOM has recently instituted. Such topics include considerations of diversity and healthcare disparities (particularly in primary care), of continuity of care (palliative care, hospice care and geriatrics), of competency-based assessment, of advances and innovations in health information technology, and of new graduate medical education resources. How we collectively seize upon opportunities and meet challenges will determine our success as an institution moving forward. By leveraging our academic strengths, we can continue to lead and innovate.

I thank you for your interest in *Digest Magazine* and for your continued participation in the advancement of PCOM.



Jay S. Feldstein, DO '81

President and Chief Executive Officer

DIGEST

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CONTENTS



DEPARTMENTS

- 2 Updates
- 22 Class Notes
- 29 My Turn Essay



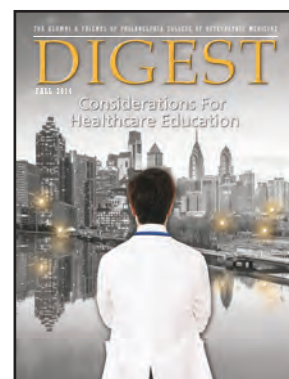
FEATURES

- 10 Considerations for Healthcare Education
 - 11 Diversity and Healthcare Disparities: Remembering the Children
 - 14 Instructional Strategies in Continuity Care Education
 - 16 Competency-based Assessment: Practicing Emergency Care from the Start
 - 19 Health Information Technology Advances Innovative Clinical Teaching Model
 - 20 Curbing Healthcare Provider Shortages in the South with New Residency Programs

ON THE COVER

Image: A student looks toward the Philadelphia and Atlanta skylines as he ponders the future role he will play in an ever-changing healthcare system.

This issue of Digest Magazine explicates some of the considerations for healthcare education that are associated with the art of preparing osteopathic physicians and other health science practitioners for clinical practice and research work in a complex world.



Celebrating the Class of 2014

The 2014 PCOM graduation season was bittersweet, as the College said goodbye to Matthew Schure, PhD, who presided over the GA-PCOM and PCOM DO ceremonies for the last time as president.

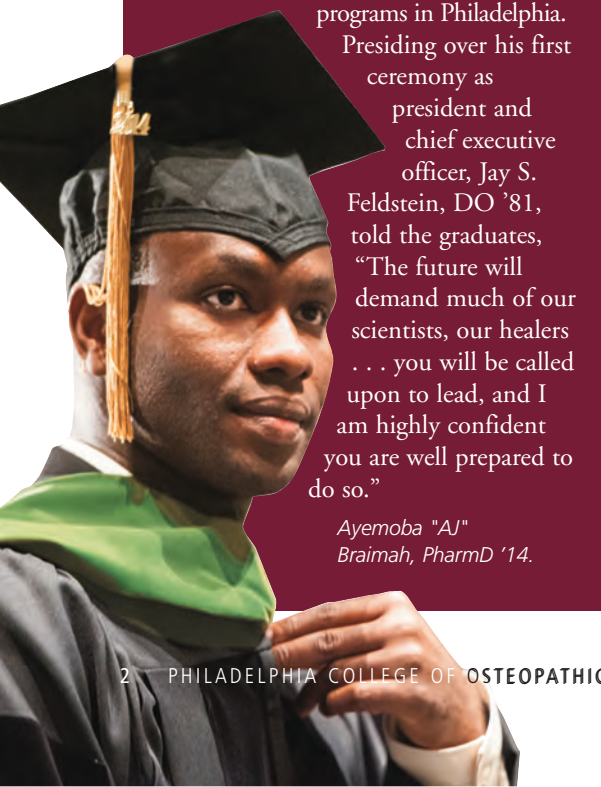
At the GA-PCOM Commencement in May, 191 students—including 72 in the inaugural Doctor of Pharmacy class—received their degrees. During that ceremony, Suwanee Mayor Jimmy Burnette, Jr., commended the students for their extensive community service. James H. Black, DO '62, Rear Admiral (Ret.), spoke at both DO ceremonies and told the GA-PCOM graduates, “Don’t be afraid to step outside your comfort zone and follow your passion. The environment you’re entering is going to be ever-changing, and you’re prepared for it.”

In his final address at the PCOM DO ceremony in June, Dr. Schure told the graduates, “We have confidence in your labors, the fulfillment of your sacrifices and obligations, and your commitment to osteopathic medicine. Know that we could not be prouder of you or happier for you.” At that ceremony, 273 newly minted doctors of osteopathic medicine received their degrees.

The season was capped on August 1 with the graduation of 236 students of PCOM’s nine graduate programs in Philadelphia.

Presiding over his first ceremony as president and chief executive officer, Jay S. Feldstein, DO '81, told the graduates, “The future will demand much of our scientists, our healers . . . you will be called upon to lead, and I am highly confident you are well prepared to do so.”

*Ayemoba “AJ”
Braitham, PharmD '14.*



Sarah Codrea, DO '14

Early one morning in 2005, Dr. Codrea found herself standing in a hospital basement watching an autopsy. “It was the most terrifying and beautiful thing I’d ever seen,” she says. “I came out of it so energized; I knew that medicine was something I wanted to pursue.”

At the time, Dr. Codrea was working at the Institute of Medicine in Washington, D.C., conducting policy research. She had considered going to medical school, but was unsure if it was something she definitely wanted to pursue, until she began volunteering after work in an emergency room at a D.C.-area hospital. There, she helped make waiting patients more comfortable by talking with them, and asking if they needed anything.

“I mentioned to the volunteer coordinator that I was thinking of going to medical school,” Dr. Codrea explains. “She asked if I’d be interested in seeing an autopsy, and the next time she had one, she called me in the middle of the night and told me to come down the next morning.”

That experience solidified her response to become a doctor. Later that year, she began taking basic science classes at the University of Maryland after work. In 2010, she moved from Washington, D.C. to Philadelphia to begin her classes at Philadelphia College of Osteopathic Medicine. Her husband stayed in Washington, and eventually relocated to Atlanta to build his already-growing real estate company.

Being alone in a new city can be hard enough, especially when undertaking a medical education. But Dr. Codrea had a support system in her friends in medical school and her husband’s family, who live in Allentown, Pennsylvania. That connection became even more important in April 2013 when Dr. Codrea gave birth to the couple’s first child, Molly.

After graduation, Dr. Codrea, her daughter and husband were reunited as the family relocated to Georgia and Dr. Codrea began her residency at Phoebe Putney Memorial Hospital in Albany.

“Throughout this years-long journey, people said it would be too hard, that I was crazy to try and do this,” Dr. Codrea says. “And now that I’ve graduated, I can say this was 100 percent the right decision.”



Dr. Codrea and family.

Eduardo Cortez-Garcia, DO '14 (GA-PCOM)

The first physician in his family, Dr. Cortez-Garcia has just begun a residency program in neurology at Wake Forest Baptist Medical Center in Winston-Salem, North Carolina. Hailing from what he calls a “hard-working family” with parents who worked as inspectors in the poultry industry, Dr. Cortez-Garcia is the second person in his family to graduate from college.

He became interested in medicine while working in an emergency care clinic as a translator. “I saw that there was a big need for Spanish-speaking physicians,” he says, so he applied to medical school seeking a career that combines his love of both science and people.

Dr. Cortez-Garcia, who has lived in Mexico, California and Kentucky, completed his undergraduate degree at the University of Alabama before attending medical school at GA-PCOM. He chose to study neurology partly because of the variety of cases he will be able to treat—from acute and chronic illnesses to movement disorders. With plans to practice in the Southeast, he says, “I want to be there for patients who are not able to speak English.”



Dr. Cortez-Garcia



Dr. Tidwell (middle) with Susan Apollon (left) and her daughter Rebecca (right), representing the Ginsburg family.

Austin Tidwell, DO '14

Dr. Tidwell always knew he wanted to go into medicine, but he wasn't exactly sure where that path would take him until a casual conversation with his family physician, Carol Henderson, DO '72.

"When I was about 17 or 18, I started talking to her about my interest in medicine," he explains. "I had no idea she was a DO, and she told me all about osteopathic medicine. She was very down to earth, very humanistic and compassionate—and I have always associated those characteristics with osteopathic medicine because of her."

Dr. Tidwell has tried to exemplify those qualities in all that he does. While at PCOM, he served on the College's Admissions Council; volunteered at the Salzman Medical Group, a practice that serves underprivileged communities in Philadelphia; and acted as a tutor for many of his classmates. "I tried to help out other students whenever I could," he says. In addition, Dr. Tidwell has served his country with the Pennsylvania National Guard for the past 10 years, a majority of that time spent training soldiers for deployment. In fact, he was in the middle of one such training at Fort Dix in New Jersey when he received word that he had won the Simmy Ginsburg Humanitarian Award.

The Simmy Ginsburg Humanitarian Award is presented by the family of the late Simmy Ginsburg, wife of the late Harry Ginsburg, DO '42, in recognition of a graduate's integrity, compassion, empathy and positive impact on the lives of fellow students, medical colleagues and patients.

Now an internal medicine resident at UHS Wilson Memorial Hospital in Binghamton, New York, Dr. Tidwell plans to continue serving in the military, but is also considering medical practice either in a rural area or for a nonprofit organization.

Madeline Meade, MS/Psy '14

Upon graduating from PCOM with her master's in clinical counseling and health psychology, Ms. Meade couldn't help but think that her medical career had almost ended before it even began. During her last week of finals as an undergraduate at Villanova, she had been hit by a truck. Luckily for Ms. Meade, who has cerebral palsy, her wheelchair took the brunt of the impact.

"I fell from my chair and had some bruising, and I have some nerve damage in my foot," Ms. Meade explains. "But the chair saved my life."

Once she had healed, Ms. Meade looked ahead to medical school. She says she always wanted to attend PCOM, to follow in the footsteps of her father, Donald Meade, DO '86. While her father focused on healing the body as an emergency department doctor, Ms. Meade decided to heal the mind, as a counselor. Specifically, she focused on teenagers with behavioral issues.

"My twin brother has autism," she explains. "It can be hard for teenagers to find a counselor to work with, because so many who focus on autism work with younger children."

While at PCOM, Ms. Meade had an internship at Fairmount Behavioral Health in Philadelphia, where she gained invaluable experience working with teenagers, conducting one-on-one interviews and observing group therapy sessions. That experience solidified her goal of working with adolescents.

After graduation, she immediately began her career as a counselor with Northwestern Human Services in Lansdale, Pennsylvania.



Ms. Meade

Andre Hudlin, PharmD '14 (GA-PCOM)



Dr. Hudlin and family.

Dr. Hudlin, a married father of two pre-med college students with many years of career experience, has completed his goal of becoming a pharmacist. Graduating from PCOM School of Pharmacy – Georgia Campus this past May, Dr. Hudlin started a position with CVS in Atlanta.

He brings a wealth of experience to his new job and to his patients, having worked as a regional director of child health and a director of HMO contracting in New York City. He was also the associate director of emergency services at a Brooklyn Hospital and a senior consultant for the New York City Health and Hospital Corporation.

A New Yorker for many years, Dr. Hudlin is originally from Trinidad. Because his wife had family in the Atlanta area and he held a securities license, the family moved south and began a life in Georgia. It wasn't long before the economy collapsed, and Dr. Hudlin's firm was a casualty. "Knowing the economy would take several years to recover, I made the decision to pursue a lifelong dream of becoming a pharmacist," he says.

Partners in Science



Drs. Claeson and Balin educate attendees at the Franklin Institute's Neuro Night.

In July, PCOM was invited to participate in Science After Hours at the Franklin Institute. The monthly themed programs bring together researchers from across Philadelphia to engage attendees in the science behind a wide range of topics.

July's topic was the brain, and Brian Balin, PhD, professor, pathology, microbiology, immunology and forensic medicine; Kerin Claeson, PhD, assistant professor, anatomy; and biomedical graduate student Mike Bova taught attendees about their gray matter using real human brains preserved through plastination, a process that removes water and fat from tissue and replaces them with plastic.

PCOM's participation marks the latest in a series of partnerships between the College and the Institute. Others include the donation of plastinated sections of brain to the Institute's Karabots Pavilion and participation in the Philadelphia Science Festival in April.

PCOM's Hat Trick

On June 26, the Middle States Commission on Higher Education (Middle States) acted to reaffirm the accreditation status for PCOM. That organization is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation. It examines each of its member institutions on a 10-year cycle in order to promote educational excellence and ensure compliance with its outlined standards of quality.

This reaccreditation will allow PCOM to continue to maintain eligibility for federal financial aid for its students, as well as fulfill the prerequisites for the College's numerous specialized accreditations. In addition, the reaccreditation was given with a commendation, meaning the College exceeded the Middle State's standards and had no deficiencies.

"This truly was a team effort," says Robert Cuzzolino, EdD, vice president, graduate programs and planning, who spearheaded the reaccreditation efforts. "It shows we can look at the College's strengths, as well as its challenges, with a critical eye. And meeting or exceeding all Middle States standards highlights the superior level at which we operate as an institution."

In July, the School of Pharmacy's Doctor of Pharmacy program was advanced from candidate status to accredited status by the Accreditation Council for Pharmacy Education (ACPE). The ACPE sets standards for the education of pharmacists, to prepare them for the delivery of pharmacist-provided patient care.

"Accreditation is the lifeblood of a college," says Bryan Ginn, chief campus officer at GA-PCOM. "Our success in multiple accreditation processes is a testament to the quality of the PCOM faculty and staff, and ultimately to the education our students receive across all academic programs." Mark Okamoto, PharmD, founding dean and professor, PCOM School of Pharmacy – Georgia Campus, adds, "We are fortunate to have achieved this accreditation milestone in such a short period of time."

Most recently, PCOM's Center for Brief Therapy received a full seven-year accreditation from the American Psychological Association (APA) for its pre-doctoral internship program. This accreditation will help open more doors professionally for graduates, as it is looked on favorably when applicants seek post-doctoral fellowships and licensure, says Barbara A. Golden, PsyD, director of the internship program.

"Not every PsyD program has an internship program attached to it—particularly one that has been APA-accredited," she says. "That puts us in a very exclusive group."



PCOM School of Pharmacy – Georgia Campus is now accredited by the ACPE.

Summer Vocation



Dr. Young (left) shares his lab with two high school students as part of the PSTP.

In June, the National Institutes of Health released a report which found that only 1 percent of American medical doctors were trained both as physicians and scientists, and the number of those with dual training younger than 60 is declining.

In an effort to address this trend, this summer PCOM hosted ninth and tenth graders from across the country as part of the Physician Scientist Training Program (PSTP), a nationwide program designed to produce candidates for degrees in medicine and dual degrees in medicine and the basic sciences. Students worked side-by-side with PCOM faculty members in their labs, assisting with research and learning basic lab techniques and the rationale behind the experiments.

“Many of the [PSTP] students are students of color, and there is a real lack of diversity in the STEM [science, technology, engineering and math] fields,” says Dawn Shell, PhD, associate professor, Bio-Medical Sciences, and coordinator of PSTP at PCOM. “The hope is that these students will be inspired to go on and conduct translational research of their own one day.”

Maria Johnson, a ninth grader at Springside Chestnut Hill Academy in Philadelphia, worked with Scott Little, PhD, associate professor, Bio-Medical Sciences, and his students to identify markers of infection and damage that may play a role in Alzheimer’s disease.

“I’ve always been interested in going into medicine,” she says. “This will give me different types of experiences in a laboratory, and will hopefully help me get into college.”

In addition, students may have the opportunity to lend their names to published research—a rarity even for undergraduates. Lyndon Young, PhD, professor, Bio-Medical Sciences, has included several past PSTP participants on published research.

“The work they did here laid the groundwork for those studies,” he explains. “I’m a firm believer in passing the torch, so we are providing these students with the materials they need to get to the next step, and the one after that, so that ultimately, they’re doing research of their own.”

Learning Health Care

On June 24, high school students in the National Youth Leadership Forum (NYLF) Careers in Medicine program convened at PCOM and GA-PCOM to learn about the admissions process and what it takes to be successful in medical and pharmacy school.

Several workshops throughout the day allowed students to explore the College’s facilities and learn about the fields of health care and medicine from faculty and students. In Philadelphia, participants received an overview of osteopathic medicine from DO student Matt Costa (DO ’17), and learned topics such as family medicine and gross anatomy, respectively.

In Georgia, a student panel answered questions about osteopathic medicine, while pharmacy students discussed pharmacy education and students across the GA-PCOM campus served as tour guides. JoVantreis Tolliver (MS/ODL ’15) coordinated the day’s activities. In addition, a number of interdisciplinary faculty and staff participated in making the day a success.

“PCOM has enjoyed a long history with NYLF,” says Deborah Benvenger, chief admissions officer at PCOM. “We are proud of the pharmacists and holistic, primary care-oriented osteopathic physicians we have educated, many of whom practice in medically underserved areas of our nation. During their time on campus, NYLF participants have the opportunity to gain invaluable insight into the fields of medicine and pharmacy, the osteopathic philosophy and the technology used in the educating and training of our students.”

Saluting the General



General Powell and Lieutenant Anderson.

Several students in the Philadelphia College of Osteopathic Medicine chapter of the Association of Military Osteopathic Physicians and Surgeons (AMOPS)—along with select staff and faculty—had a unique opportunity to meet with former Secretary of State General Colin Powell at the Philadelphia Diversity and Leadership Conference held in September.

“Meeting General Powell was an incredible experience,” said U.S. Air Force Second Lieutenant Douglas Anderson (DO ’15). “The chance to hear his personal stories, opinions, and insight on domestic and global affairs was an amazing opportunity.”

Distinction for GA-PCOM



Jay S. Feldstein, DO '81, president and CEO, with Chamber officials.

Georgia Campus-PCOM was selected as “Business of the Month” (August) by the Gwinnett Chamber of Commerce. The award, which is based upon community and Chamber involvement, was presented at the Chamber’s general membership luncheon and expo held at the Gwinnett Civic Center. Gwinnett’s Chamber, an independent, non-profit, member-funded business advocacy organization, represents more than 2,000 member companies employing more than 750,000 workers across metro Atlanta and Georgia.

Experiencing Betty Ford



Above: The Betty Ford Center. Right: Ms. Boghossian and Ms. Joseph.

Before their third year of medical school, very few students have the opportunity to interact with patients on a personal level. Fewer still have the opportunity to meet a patient’s family and get an in-depth sense of what their lives are like. But for second-year DO students Leigh Boghossian and Teresa Joseph, that’s exactly how they spent their summer vacation.

Both Ms. Boghossian and Ms. Joseph were accepted into the world-renowned Betty Ford Center’s 2014 Summer Institute for Medical Students (SIMS), a weeklong immersion program designed to integrate medical students into the experiences of the center’s patients and their families.

“The days were packed with lectures and activities,” says Ms. Joseph, who spent her week with family members of patients at the Center in Rancho Mirage, California.

Ms. Joseph recalls one powerful encounter: “For the first two days, I heard one family describe the abusive actions of their patient prior to treatment, and you could see how it affected them,” she says. “When they finally met with him in the small group therapy session, I could see that he had come to terms with his actions, that he owned his mistakes, and was ready to move forward. By the end of the week, even though not all of their issues had been resolved, family members left feeling more hopeful than when they had first arrived. Seeing their change in perspective was uplifting.”

Ms. Boghossian, who spent her week with patients, said the experience was eye-opening. “As a physician, you can diagnose someone with hypertension, and there is rarely resistance to treatment by the patient, his or her family or insurance providers,” she says. “Addiction is a chronic disease, but because it doesn’t fit as clearly into the medical disease model, there’s much misunderstanding surrounding it—and not just on the part of the patient.”

Each year, the Center receives more than 360 applicants for just 112 slots in SIMS, says Joseph Skrajewski, director of medical education at the Betty Ford Center. Since 2003, 23 PCOM students have been accepted into the highly competitive program. “We at the Betty Ford Center are always very impressed by the high-quality, top-notch students from PCOM that attend SIMS,” he says. “This year, PCOM had two students attend, which is a testament to the outstanding work being done at the College, and the bright minds that make up their student body.”

Frederick J. Goldstein, PhD, professor, Bio-Medical Sciences, has been assisting PCOM students with their applications to SIMS since 2003. “It’s always a pleasure to recommend outstanding students to this program, and I’m glad that I can facilitate participation in this clinical phase of their medical education,” he says.

Celebrating Silent Teachers

On May 17, the lives of 28 individuals who donated their bodies so that students could have an in-depth understanding of human anatomy were celebrated by the Georgia Campus – PCOM community for their selfless nature and their devotion to others. “The class was fortunate to have these special teachers in the lab,” says J. Norris (DO ’17). “Silently, the donors have taught by example the lessons not found in textbooks—the most desirable virtues of humankind that instill integrity, build character and continually challenge us to ponder our own mortality,” he says.

Donors included a man originally from India who went against tradition and culture and made the decision to share his body with students. Another donor was a mother who had touched many lives through Girl Scout and Boy Scout programs. She decided to donate her body so that she could continue to touch lives in an educational way. And there was a nurse who had cared for patients for 46 years. “She had dropped out of school at age 16, but later earned an LPN degree. She donated her body to the medical College to be used as a teaching aid for young medical students,” her family member says.

Student Government Association President Natasha Arora (DO ’17) summed up the service: “The ultimate gifts these men and women make affect us as clinicians. The learnings we gain from them will touch tens of thousands of patients whom we will treat over the course of our careers.”

PCOM Takes the ALS Ice Bucket Challenge

In August, the College community got in on the wildly popular Ice Bucket Challenge to raise awareness for amyotrophic lateral sclerosis, also known as Lou Gehrig’s disease. Georgia Campus – PCOM chief Campus Officer R. Bryan Ginn, Jr., and GA-PCOM DO Council President Bryant Giles (DO ’17) accepted a challenge from the Mercer University School of Medicine in Macon. Mr. Ginn and Mr. Giles then challenged the entire GA-PCOM campus.

GA-PCOM’s Student Government Association (SGA) held a raffle so that students, faculty and staff could buy a chance to dump ice water on willing community members’ heads. In all, some 70 people from across campus hoisted water over each other’s heads. GA-PCOM then challenged the Philadelphia campus.

In Philadelphia, members of the departments of Human Resources, Student Affairs and a handful of students, including SGA President Mark Cassano (PsyD ’19) and DO Council President Matt Costa (DO ’17), accepted on the campus’ behalf. They then challenged the rest of campus to participate.

On August 26, more than 50 students, staff and faculty joined together in front of Evans Hall for the campus-wide Ice Bucket Challenge; they then called on other local medical schools, including Drexel University College of Medicine, the Perelman School of Medicine at the University of Pennsylvania, Temple University School of Medicine, and the Sidney Kimmel Medical College at Thomas Jefferson University to participate, sparking a friendly cross-city rivalry for a good cause.



ALS Challenge at GA-PCOM (above) and PCOM (below).

New Student Enrollment Snapshot

The 2014-2015 academic year is well underway. What follows is a summary of new students enrolled in various academic programs—on the College’s two campuses.

Philadelphia

- 269 Doctor of Osteopathic Medicine students
- 80 Biomedical Sciences students
- 21 Forensic Medicine students
- 55 Physician Assistant Studies students
- 26 Clinical Psychology students (doctoral level)
- 19 School Psychology students (master’s level)
- 23 School Psychology students (educational specialist and doctoral levels)
- 31 Mental Health Counseling students
- 10 Organizational Development & Leadership students

Georgia

- 135 Doctor of Osteopathic Medicine students
- 105 School of Pharmacy students
- 77 Biomedical Sciences students

The College presently enrolls 2,800 students, and draws diverse learners from across the United States. Students who attend programs in Philadelphia primarily hail from Pennsylvania, Delaware, New Jersey and New York. Students at GA-PCOM tend to call Georgia, Alabama and Florida home.

Healthy Mind, Body and Spirit



Dr. Rosenfield (second from left) works with monks at a Philadelphia-based temple to teach them about nutrition and exercise.

“Together with the monks and temple members, we’re collaborating on goals for behavioral change.”

Buddhist monks from many parts of the world mainly depend on donations of food from temple members for their two daily meals, both occurring before noon. Though those donations come with the best of intentions, many of the foods are high in sugar, fat and salt. What’s more, the monks spend a large part of their day seated in meditation, meaning they get very little exercise.

“This creates the perfect storm for cardiovascular disease,” says Bradley Rosenfield, PsyD, assistant professor, psychology. To that end, Dr. Rosenfield—with the assistance of student Alexandria Muench (PsyD ’20) and Suitcha Kiatkosolkul, a psychiatric nurse, recently held a workshop on nutrition and exercise. at the Wat Lao Proutha Thammaram temple in Philadelphia. Ms. Kiatkosolkul, who attends that temple, reached out to Dr. Rosenfield after a monk suffered a heart attack.

He and Ms. Kiatkosolkul designed a lecture to educate both the monks and temple members in a culturally sensitive manner about the benefits of healthful eating and exercise.

“So many of the eating habits of this group are tied to its culture,” says Ms. Muench. “The word for ‘eat’ in Lao literally translates to ‘eat rice.’”

“Together with the monks and temple members, we’re collaborating on goals for behavioral change, such as replacing regular soy sauce with a low-sodium version, and replacing seated meditation with walking meditation,” says Dr. Rosenfield. Those recommendations also were translated into Lao and Thai.

Already, community members have been offering more vegetables. In addition, he and Ms. Kiatkosolkul are establishing HealthyMonks.com so that others may learn about nutrition and exercise. But more work is needed.

“We want to involve the community more, by establishing a local ‘coach’ in the temple who will encourage exercise and donations of healthy food,” Dr. Rosenfield says. “We also hope to expand across Philadelphia and beyond; we have already received an invitation to lecture at a Buddhist monastery in Thailand.”

We Reached Our Fundraising Goal!

The goal for the College's 2013–2014 annual appeal (for the period from July 1, 2013 to June 30, 2014) was to raise \$1.9 million. With amazing support from alumni and friends, the College met and surpassed that goal, raising a total of \$2,820,000.

Thank you for helping to make a difference. With your gift, PCOM was able to create unparalleled learning experiences for all of its talented students. Enhanced laboratories, expanded research initiatives, new faculty hires and facility improvements all benefited because of your interest and involvement. Scholarship support has never been stronger, as alumni and friends acknowledged the high cost of obtaining a medical school education; because of your support, the College is able to minimize tuition increases and provide an outstanding education in keeping with its mission. PCOM graduates are in great demand across the country, and you are one of the reasons they compete so successfully.

In addition to financial support, the College would be remiss if it did not acknowledge the encouragement, involvement and affirmation it has received from alumni and friends. Such support is manifested each time you speak with prospective and current students, teach or mentor students or young alumni, or host or attend a College event.

2014–2015 Fundraising Campaign

The College's 2014–2015 fundraising appeal began July 1, 2014, and will continue until June 30, 2015. This year's initiatives include the Annual Fund Campaign, establishing and funding new scholarships and lectureships, expanding the Clinical Learning and Assessment Centers, and improving facilities such as the Donor Garden and the Living–Learning Center in Pittsburgh. As always, you make all the difference!

Commencement Award Endowed

The Andrew D. DeMasi, DO '47, and Daniel H. Belsky, DO '57, Award for the most proficient student studying obstetrics and gynecology was established this past year. Endowed with a \$25,000 gift by Dr. Belsky, this commencement award will be presented for the first time at the Philadelphia DO Class of 2015 Dinner Dance. Dr. Belsky made this gift in memory of Dr. DeMasi to honor his long-standing relationship with his former teacher and Cherry Hill, New Jersey, practice partner.

New Giving Societies and Clubs Announced

The President's Leadership Circle has grown significantly since its creation. As the academic and economic climates have changed over the past years, there is great need to ensure that the President's Leadership Circle continues to have a measureable impact on PCOM with leadership gifts of \$2,500 or more.

Restricted giving includes scholarships, the clinical learning and assessment centers, the PCOM Living–Learning Center, the PCOM Healthcare Centers and other funding priorities.

Unrestricted giving to The Fund for PCOM provides critical unrestricted funding for the College's most urgent needs. These gifts supplement the operating budget, provide significant support to the core mission of the College and keep tuition increases to a minimum.

President's Leadership Circle

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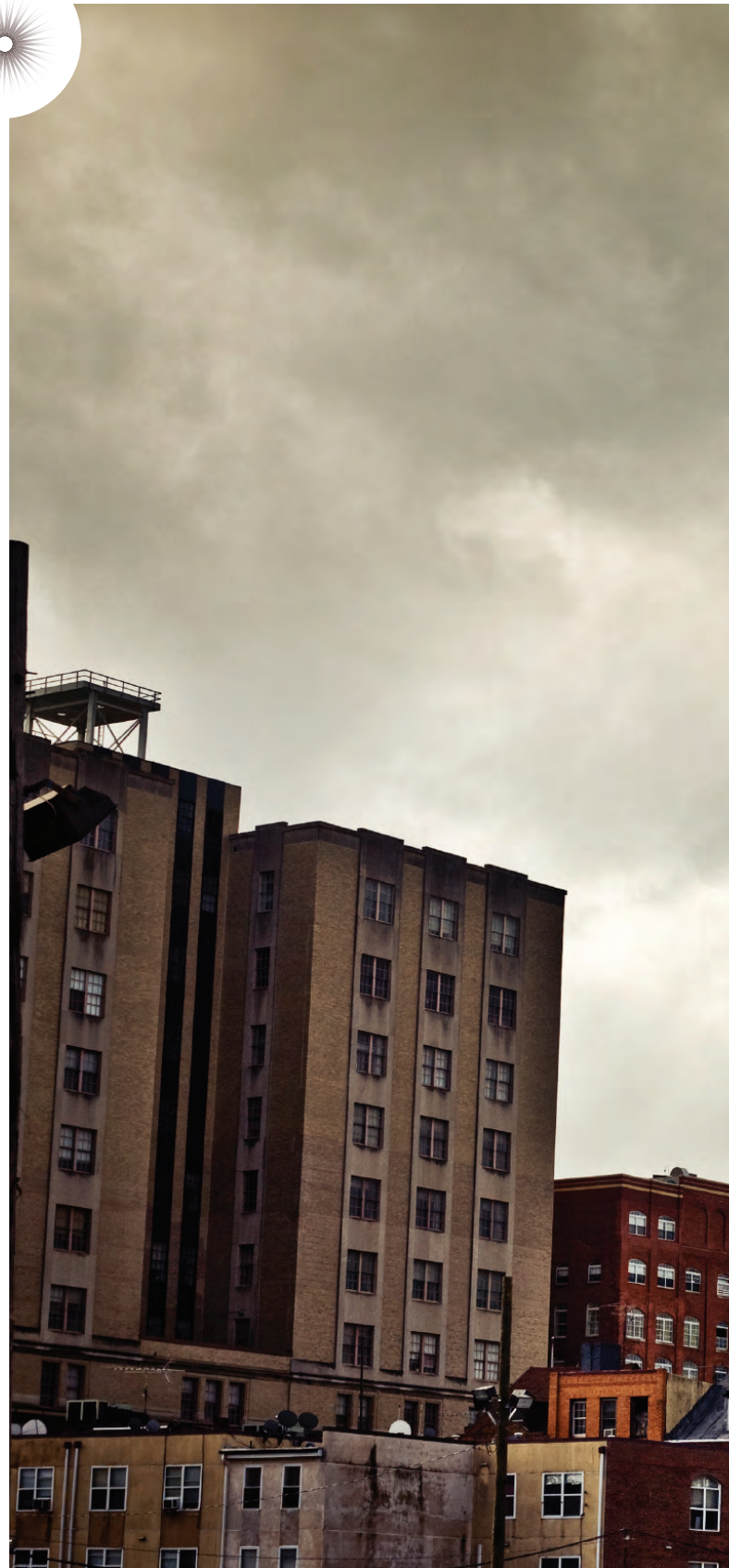
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CONSIDERATIONS FOR HEALTHCARE EDUCATION

Healthcare education has witnessed an accelerated trend of change. Day by day, there are a new multitude of opportunities and challenges associated with the art of preparing osteopathic physicians and other health science practitioners for clinical practice and research work in a complex world.

What follows are but a few considerations for healthcare education—several with a primary care focus—that Philadelphia College of Osteopathic Medicine has recently effected. These considerations include innovative and expanding curricular structures, promising pedagogies, and strategic approaches to assessment and outcomes-based instruction. Each prepares learners to be responsive to and proficient in the latest advances in their professions, in cross-cultural and policy sciences relevant to professional practice, in the organization and financing of health care, and in the changing demographics of patient populations.



Diversity and Healthcare Disparities: Remembering the Children

by Daniel R. Taylor, DO '97

"The ultimate test of a moral society is the kind of world that it leaves to its children."

—Theologian Dietrich Bonhoeffer

How are the children? This question torments me. It torments my colleagues at St. Christopher's Hospital for Children who dedicate themselves to the children and families in Pennsylvania's first congressional district, the third most impoverished for children in America. It torments child advocates throughout Philadelphia who work tirelessly to help families from diverse backgrounds stay safe, healthy and hopeful. But a giant elephant of child poverty occupies North Philadelphia, Southwest Philadelphia, Bucks County, Chester and too many parts of America. It complicates all we do in child advocacy and contributes to the healthcare disparities that are etched on many of the faces of the families we serve.



How are the children, the seedlings of the future of our society?

Right now, in America, 43 percent of children live in or near poverty. The health effects of growing up that way can be life-altering.

Consider a patient load on a recent day in our large pediatric practice: My first patient was a two-week-old, born to a young teen mother. The next child was a morbidly obese seven-year-old, with severe sleep apnea. With him came his brother, 10, with oppositional defiant disorder and learning issues. Next up was an 18-month-old with speech delay whose parents are struggling with food insecurity and paying their electric bill. It was 9:30 a.m., and I still had nine more patients to go.

The common denominator for these patients is poverty—poverty that simmers and burns just a few miles from the William Penn statue atop City Hall where decisions are made daily that affect the health and safety of the children we care for.

The effects of poverty on child health have been well documented: higher rates of infant death, more prematurity and low birthweight; upticks in the severity of asthma and readmissions; more childhood obesity and its many consequences, such as diabetes, hypertension and orthopedic complications. Poor children also have more accidental and non-accidental injuries such as those from car accidents, falls, fires, child abuse and homicides. They have more trajectory-altering events such as teen pregnancy, substance abuse and encounters with the juvenile justice system.

Some international comparisons shed light on the gross disparities with which many impoverished communities struggle.

In the United States, infant mortality rates (an accepted sign of the health of a nation) are the second highest of all industrialized countries in the world, and first-day death rates are the highest. Teen pregnancy rates are also the second highest of all developed nations—right behind Bulgaria, where early marriages are common.

How are the children?

The unremitting stress of poverty also affects a family's daily interactions with children at the earliest, most critical stages of their development.

A groundbreaking study by psychologists Betty Hart and Todd Risley showed that, compared with children from professional families, by age three children on welfare had heard 30 million fewer words at home—the so-called thirty million word gap (www.tmw.org). In the same study, the three-year-olds in professional households spoke on average 1,100 words; those in impoverished households, fewer than half that, placing many children behind in this critical time in a child's life.

Studies also show links between early childhood poverty and poor academic outcomes, as well as large increases in social and emotional problems, from ADHD to aggression. This trickles down to Philadelphia public schools, where over 70 percent of enrolled children live in poverty.

A recent study in *JAMA Pediatrics* looked at brain scans of young children and the effects of poverty on brain development, including the areas that control emotions, memory and affect. Children in poverty—especially those without the buffer of a caring adult—had smaller brain volumes in these areas, so fundamental for school success.

Poor children have many more adverse childhood experiences (ACEs), including abuse and family dysfunction, before age 18. From the seminal ACE Study in San Diego (www.cdc.gov/ace), to the ongoing Urban ACE study in Philadelphia, we know that the more bad events children experience, the more likely it is that they will be physically and emotionally unwell as adults. For adults who had four ACEs, half had current depression. Those who had five ACEs had double the risk of heart disease, and those with six or more ACEs died 20 years sooner on average, than those without ACEs.

Childhood poverty and adversity even affects basic cellular functions.

Several recent studies have demonstrated that children living in stress-filled environments have shortened telomeres—the vital ends of DNA that hold our genetic material together—causing early cellular damage that can even be passed on to future generations.

Go back 50 years, and a higher percentage of seniors were living in poverty than children. In 1959, 35 percent of those older than 65 lived in poverty, versus 27 percent of children. With the rise of Social Security and Medicare,



“The common denominator for these patients is poverty.”

“When I started medical school, I mistakenly thought that your genetic code determines much of your health outcomes. I now realize that your zip code is the major determinant of health.”

seniors’ poverty rates plummeted to 9 percent in 2010. But children’s rates have stayed stubbornly high. Children are now the poorest members of society, and the costs of that are staggering.

The economic effects of childhood poverty alone are estimated at 4 percent of gross domestic product, or \$627 billion a year.

We know that programs such as home visits by professionals and Early Head Start have lifelong positive effects. Raising the minimum wage and expanding tax credits, including child-care credits, would also help lower poverty rates for families. In Great Britain, with a bipartisan effort and commitment to invest 1 percent of gross domestic product in programs to decrease childhood poverty, childhood poverty has been halved in the last decade. It can be done.



Recent studies have shown that almost 80 percent of the poor health of our nation is attributable to the social factors in our environment. These *social determinants of health* (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

One of the happiest days of my life was when I received my acceptance letter to Philadelphia College of Osteopathic Medicine. My didactic years and clinical experiences prepared me to advance into a competitive pediatric residency and into clinical practice. From the first day, as a newly decorated pediatrician, I was prepared to tackle illness and prevent disease. Yet I was so naive, and I quickly had to refocus my efforts on collaborations, not with subspecialists and insurers, but with social workers and community-based organizations that educated me on the SDOH and how I can become a more effective, relevant child advocate for the families we serve.

When I started medical school, I mistakenly thought that your genetic code determines much of your health outcomes. I now realize that your zip code is the major determinant of health. I also now know that health education on SDOH and health inequities needs to be a priority in training practitioners who will better the health of our nation.

One lesson we can learn is from the Masai people of Kenya: The Masai greet one another by asking a question: “Kasserian Ingera?” Not “How do you do?” or “How’s it going?” but “How are the children?” Their messaging is most revealing about the values of their society. Their first concern is for the next generation.

If we want our next generation, and the generation after that, to be healthy, to be safe, to be happy, the decisions that we make as individuals—and furthermore, at the local, state and federal levels—must ensure that we prioritize children and families, so that in the future, we will be able to answer the question of “How are the children?” with the response, “All the children are well.”



Instructional Strategies in Continuity Care Education *by Janice Fisher*

How can medical students really get to know a patient? Even in clerkships, medical students may find themselves “standing in line behind three or four other white coats” when they have the opportunity to approach a hospital bed, observes Katherine E. Galluzzi, DO, professor and chair, Department of Geriatrics, and director of Comprehensive Care at PCOM. And with the average length of hospital stay only three days, some students will have little experience of patient follow-up.

Medical schools are also grappling with how to ease the potentially bumpy transition from student to doctor. In 2008, the Association of American Medical Colleges recommended that clinical skills curricula in undergraduate medical education “initiate the process of clinical performance development” and prepare students “to participate in and optimally learn from the direct care of patients during the clerkship experience.”

The skilled nursing facility (SNF) provides one solution to closing both the student-patient relationship gap and the student-doctor role gap. Five years ago, Dr. Galluzzi and her team developed and implemented a one-week palliative care “mini-rotation” for third-year students. The program incorporates lectures, small-group case-based discussions, and visits to nursing home residents, augmented by two days at a hospice inpatient palliative care unit and/or hospice home visits. Students also develop a palliative care plan and perform

osteopathic manipulative medicine for symptom management, as indicated.

Building on the program’s success, a new curriculum that utilizes SNFs for patient encounters is being inaugurated for PCOM’s current second-year DO class. Part of the Parallel Education Track of the new Transitional Course Block [see sidebar], the Continuity Care course brings students into four local nursing homes—Bala Nursing and Rehabilitation Center, Centennial Village, Holy Family Nursing Home and St. Ignatius Rehabilitation and Nursing Center. Students work in pairs as “practice partners,” each pair following one patient throughout the year.

Student preparation begins via online resources. For example, “Choosing Wisely: Five Things Physicians and Patients Should Question,” an initiative of the American Board of Internal Medicine, encourages critical thinking about the use of medications and other treatments (such as feeding tubes) in older individuals. The American Geriatrics Society provides the “Beers Criteria for Potentially Inappropriate Medications”; another document offers a concise overview of how to evaluate a nursing home patient, including physical, cognitive and social assessments. All students are required to complete online HIPPA training prior to their first patient visits, to ensure their understanding of patient confidentiality and privacy issues.

Faculty from Comprehensive Care at PCOM introduce the course, supervise an orientation and initial visit, and provide ongoing oversight. “We like to think of ourselves as an interdisciplinary team of providers,” says Dr. Galluzzi, who is board certified in family medicine, geriatrics, hospice and palliative care, and pain management. She and Nicol E. Joseph, DO, are certified medical directors; Dr. Joseph is board certified in hospice and palliative care as well as geriatric medicine, and has specialty training in wound care. Other faculty members on the course team are Larry Finkelstein, DO, and Christopher Pitsch, DO (both in family medicine and geriatrics); Brian L. Penza, DO, and Erik Polan, DO (both in internal medicine); palliative care fellow Brenda Budzylowski, DO; and geriatric fellow Rocco Rossi, DO. Assisting at specific facilities and with one-on-one teaching are physician assistant Patricia Salley and nurse practitioner Randi Smith-Johnson.

At each nursing home visit, students write a SOAP note about their patient and upload it to the course site. At least every 60 days—more frequently if a patient’s condition warrants—they visit their patient and repeat the process. The (deidentified) patient notes are reviewed not only by the faculty but by the other students in the practice team (approximately 34 students per attending preceptor). A classwide discussion board provides a place for more reflective thoughts, “things that people in training don’t normally have an opportunity to share,” says Dr. Galluzzi, such as what it means to have a serious illness. Students are encouraged to post interesting or unusual problems that they encounter, inviting other students to learn and participate in the care of their patient.

The demand for geriatric care is increasing as Americans live longer. According to the American Geriatrics Society, older adults account for about a quarter of all physician office visits and more than a third of all hospital stays and prescriptions. Moreover, as Dr. Galluzzi notes, nursing home care itself today “is primary care, not just care of the frail elderly. Nursing home residents include people who 20 or 30 years ago



would have been managed in hospital or inpatient rehab settings. They are adults of all ages. Really, most medical care today occurs not in a hospital, but at home or in a nursing home. Nursing homes provide an opportunity to introduce trainees to the concept of providing excellent medical care in situ.”

The new course is a triple “win”:

- Students will become comfortable walking into a healthcare facility alone. “The facilities are all within 10 to 20 minutes of campus,” Dr. Galluzzi points out, so students can stop by anytime and visit their patient.
- The administrators at the nursing home facilities were, “without exception, thrilled” to have their institutions participate in the new course, says Dr. Galluzzi.
- By giving students an overview of healthcare that they wouldn’t otherwise have, the program may influence some medical students to stay in primary care—something Dr. Galluzzi is passionate about. (But, she notes, students who plan to be specialists will benefit, too. A future orthopedist, for example can arrange to visit a nursing home resident who has just undergone a joint replacement or fracture repair.)

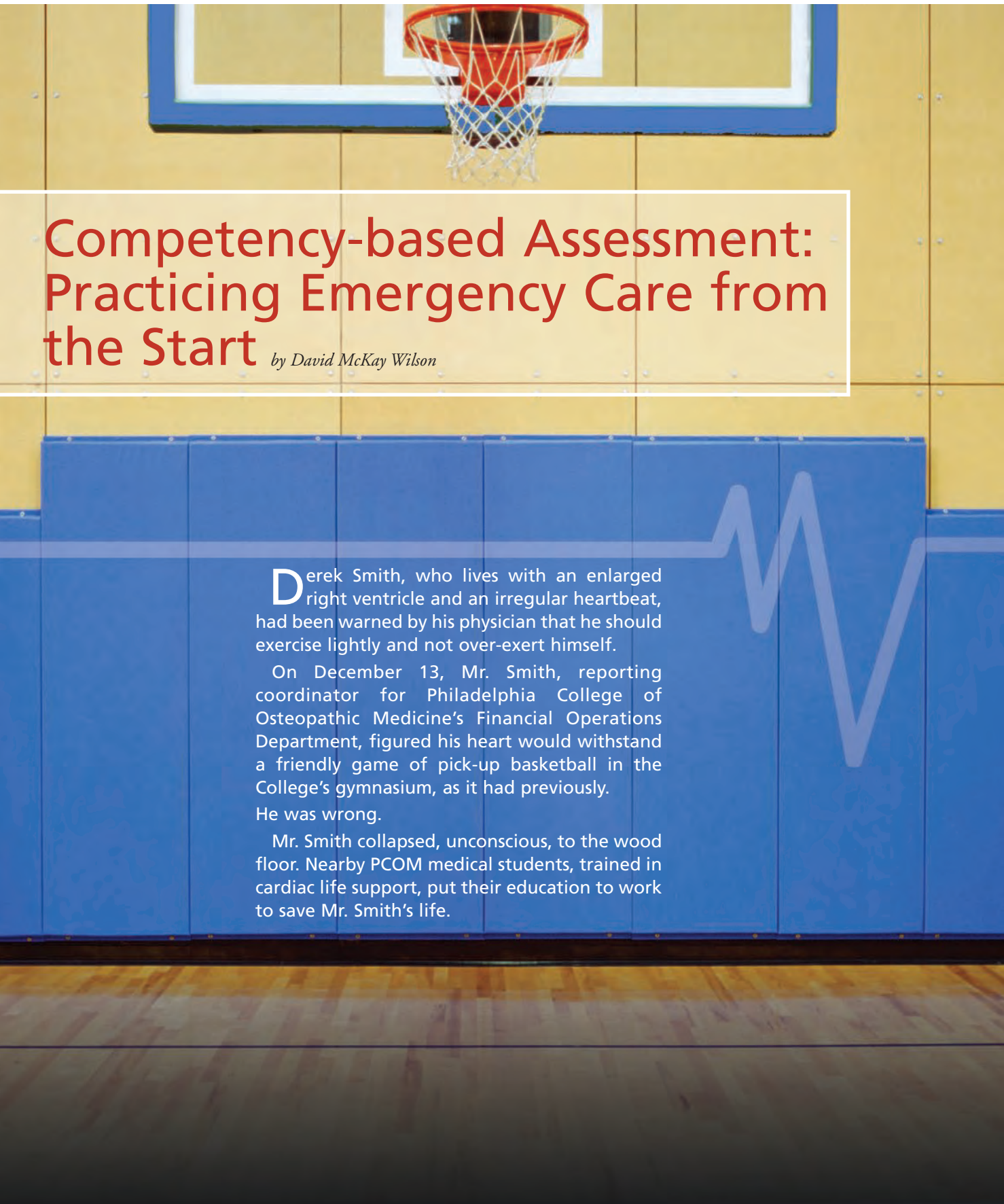
The class of 2017 will “sign out” their patients to the class of 2018, making tangible the continuity of care. And for the 2018 class, the goal is for each student to have his or her “own” patient—260 in total. The logistics are complex, but the faculty and staff are committed to making it work.

“I think medical students are hungry for patient encounters in their first two years,” says Dr. Galluzzi. “At PCOM, our mantra is ‘Doctors from Day One.’ This new program brings it home.”

Achieving “Clerkship Readiness”

To help students achieve “clerkship readiness,” the DO program’s new Transitional Course Block (TCB) offers students a series of educational experiences outside the classroom, under the guidance and assessment of a faculty mentor, during a four-week block in June as they begin their third-year clerkships. TCB addresses all osteopathic competencies through activities including exercises, simulations and videos, each facilitated, supervised and assessed by a faculty member. Topics range from gowning and gloving and minor hospital procedures to the pediatric admission and interview, communicating with the family and ancillary staff, discharge planning, using osteopathic manipulative medicine in the hospitalized patient, and reading and understanding the electrocardiograph and echocardiogram. A 12-hour overnight shift at a local hospital will also provide an immersion experience.

Course directors are Arthur Sesso, DO, professor and chair, department of surgery, and Kerin Fresa-Dillon, PhD, assistant dean of osteopathic curriculum, PCOM, and professor, Bio-Medical Sciences. Michael Becker, DO, vice chair, department of family medicine, who chaired the TCB subcommittee, says, “This is a tremendous opportunity for the Philadelphia DO students to be more prepared to meet the challenges of clinical clerkship performance.”



Competency-based Assessment: Practicing Emergency Care from the Start

by David McKay Wilson

Derek Smith, who lives with an enlarged right ventricle and an irregular heartbeat, had been warned by his physician that he should exercise lightly and not over-exert himself.

On December 13, Mr. Smith, reporting coordinator for Philadelphia College of Osteopathic Medicine's Financial Operations Department, figured his heart would withstand a friendly game of pick-up basketball in the College's gymnasium, as it had previously. He was wrong.

Mr. Smith collapsed, unconscious, to the wood floor. Nearby PCOM medical students, trained in cardiac life support, put their education to work to save Mr. Smith's life.



Quickly, four second-year students and one fourth-year student, who were playing on the adjacent court, responded. Rob Gitman (DO '16) felt that Mr. Smith had a light pulse, and observed light respirations. But after a few minutes, Mr. Smith's pulse had faded away. So Mr. Gitman and his classmates began cardiopulmonary resuscitation, to push blood to Mr. Smith's brain and heart.

Mr. Gitman provided breaths while Joseph Yoha (DO '16) did compressions on Mr. Smith's chest to keep his blood flowing. When Mr. Yoha grew tired, Kyle Keinath (DO '16) took over pumping Mr. Smith's chest. Jason Kerzer, DO '14, a more-experienced student, coached his younger peers.

"You can practice a lot on the compression mannequins, but they collapse relatively easily," says Mr. Yoha. "But on a fit person, it takes a lot of strength to do the compressions properly. So you swap yourself out."

Shane Barre (DO '16) called for help and then located the gymnasium's automated external defibrillator (AED). He put the pads on Mr. Smith's chest and shocked him, twice. Mr. Smith's heart resumed beating.

"No matter how many times you read it in a book, nothing prepares you for the actual experience," says Mr. Keinath.

Lauren Noto-Bell, DO '06, assistant professor, OMM, reports that she and three other physicians arrived on the

scene, and watched as the students revived Mr. Smith, the married father of three.

"Happily, none of us was needed," she says. "The students were phenomenal."

The life-and-death drama in the College gymnasium shows the value of PCOM's cutting-edge instruction in emergency medicine.

"PCOM's Department of Emergency Medicine has long regarded the general nature of emergency medicine to be an integral part of the training of all osteopathic physicians, as the emphasis is on a holistic approach to the patient. The department has felt that it was important to start that training in the first year, and then expand upon it in each of the years to follow. Since emergency medicine incorporates the key features of all medical specialties, it adds to the framework of students' comprehensive education," says Stephen Pulley, DO '87, clinical professor of emergency medicine.

The emergency medicine curriculum begins during the first year for osteopathic medical students and those studying to become physician assistants, with a class in Basic Cardiac Life Support, in which students learn rapid patient assessment, cardiopulmonary resuscitation and use of the AED.

During their second year, students take Emergency Medicine Core Training, as they learn to assess and treat acute conditions they'll see in an emergency department, pediatric clinic or family medicine office. They learn how to decide upon immediate intervention, which lacks the benefit of time-consuming tests.

The third-year class, part of the Advanced Clinical Skills rotation, includes instruction in Advanced Cardiac Life Support, including the skill of intubation, advanced airway management, catheter and chest tube insertion, and EKG analysis.

"These emergency assessment and treatment procedures cover the initial treatment and stabilization of any clinically deteriorating patient, in any clinical setting," says Robert Sklar, NRP, administrative director of PCOM's Department of Emergency Medicine.

The classes cover the latest research findings in the field, including developments in cardiopulmonary resuscitation, which has put increased emphasis on chest compressions to revive a heart that has stopped beating. The old CPR acronym of ABC – Airway, Breathing, Circulation – has been changed to CAB – Circulation, Airway, Breathing.

"New evidence now supports performing up to 200 compressions, nonstop before ventilations or defibrillations. Higher survival rates are being seen in systems that have chosen to adopt this evidence based approach," Mr. Sklar says. "Oxygen has to be delivered to the brain and heart for the heart to be receptive to defibrillation. The science and the outcomes are supporting it; we may see this indication being adopted in the 2015 *Emergency Cardiovascular Care Consensus Guidelines*."

The focus on emergency medicine comes as that medical specialty holds a growing allure for physicians like Rick Pescatore, DO '14, now in the first year of his three-year residency in emergency medicine at Cooper University Health Care in Camden, New Jersey. Dr. Pescatore decided to become a DO after a decade in emergency services, in both civilian settings and in the U.S. Navy, where he served as a combat medicine subject matter expert.

From his first arrival at PCOM, Dr. Pescatore was involved in emergency medicine training. During his second year at PCOM, he took the Advanced Cardiac Life Support instructor's class, and has taught it since. He lectures on emergency medicine to PCOM's Emergency Medicine Club. And Dr. Pescatore used his skills while on a six-week medical mission in 2011 to Cambodia, a nation still coping with millions of land mines planted in the countryside decades ago during its civil war.

"Every day there would be another mine victim," recalls Dr. Pescatore, who worked in a hospital outside the city of Siem Reap. "There were lots of penetrating chest injuries and traumatic amputations."

The centerpiece of PCOM's emergency medicine training is the Dr. Michael and Wendy Saltzburg Clinical Learning & Assessment Center, which opened in January 2014 on the fourth floor of Rowland Hall. The 11,000-square-foot center includes an emergency room; an ICU/CCU suite; a fully equipped operating room; simulator training rooms focused on endoscopy, orthopedics, cardiology and laparoscopy; and patient exam rooms.

Students use the exam rooms to interview standardized patients—actors who present with certain symptoms, which students then try to understand through taking the patients' histories and making an assessment.

Into the simulator rooms are brought high-fidelity computerized mannequins that interact with the student and mimic a patient's response to treatment. The smart dummies can breathe, open their eyes, display lung sounds and regulate their blood pressure. Behind a one-way screen,



"PCOM's Department of Emergency Medicine has long regarded the general nature of emergency medicine to be an integral part of the training of all osteopathic physicians"

a technician sets the computer system to respond to the treatment modalities. "In every way it acts like a real person, but it can't talk on its own," says Mr. Sklar. "If certain drugs are prescribed it responds in one way. If the student gives the wrong drug, there will be a different outcome."

Anthony Moon (DO '16) says that he finds the Center especially useful when learning emergency surgical techniques, such as inserting a chest tube or performing a cricothyrotomy, in which an airway is created by inserting a tube into the trachea through the neck.

To insert the chest tube, Mr. Moon learned to find a couple of landmarks on the dummy's chest, cut a slit big enough for the tube, and then poke it between two ribs. "It's very helpful to practice without harming a patient," he says. "For third-year students, that's a big deal. You are afraid about making a wrong decision in a clinical setting."

Mr. Moon has emerged as a student leader in the field through the Emergency

Medicine Club, which has a membership of nearly 180 students. He has helped organize a series of labs that provide the opportunity for students to become acquainted with both new technologies and age-old medical protocols.

At one session, students learned about the latest in ultrasound technology, which has helped transform emergency medicines. They observed the practice of rapid non-invasive screenings such as FAST (Focused Assessment with Sonography in Trauma), which can determine if blunt torso trauma had led to internal bleeding.

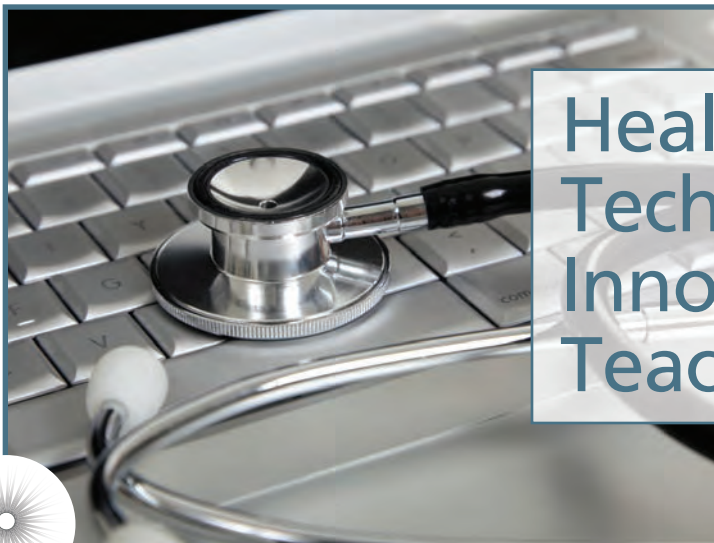
At another session, the 3M Company provided \$5,000 in casting supplies so students could practice putting on casts and splints. The club also did an airway lab, to practice intubation, placing IVs and taking arterial blood gases. A suture lab provided a chance to learn how to stitch up a wound.

"I'm on my surgical rotation now, and they allow us to suture," says Mr. Moon. "I feel comfortable doing it because I've been in the lab multiple times."

Similarly, at Georgia Campus – PCOM, ten-person teams of second-year students have four-week rotations at the campus simulation center, where each week they are presented with a different case and have to figure out what's wrong. They work first with standardized patient; then they move on to work with mannequins. One week, a high-fidelity simulated patient complains of chest pain; another week a patient has shortness of breath, a woman shows flu-like symptoms, and a teen is critically injured in a car crash.

Each team is split in two, half watching their classmates through a one-way mirror. A technician with a microphone answers questions as the students take the patient's history and decide upon a course of treatment. Wrong choices can spell doom for the mannequin.

"If they don't do the intervention we expect, the patient will die," says Barri Dean, LPN, advanced clinical skills education coordinator, GA-PCOM. "The students benefit from the controlled environment that simulation offers to manage high-stake clinical scenarios. Their work in the center reinforces core principles encountered in emergency medicine."



Health Information Technology Advances Innovative Clinical Teaching Model *by Nancy West*

Philadelphia College of Osteopathic Medicine is at the forefront of an innovative technology-based clinical teaching approach known as blended learning. Third-year medical students loved the unique combination of face-to-face clinical experience and online learning that was introduced as a pilot during their pediatric rotation at PCOM's Cambria Healthcare Center in January 2014.

Now expanded to PCOM Healthcare Centers at Lancaster Avenue and City Avenue, as well as Bryn Mawr Hospital and a rural mentorship program, the blended learning model offers students a number of advantages, according to Erik Langenau, DO, chief academic technology officer and associate professor, Department of Family Medicine.

"PCOM is one of very few medical schools that has started using the blended learning model for clinical education," he notes. "This model centralizes learning objectives and gives structure to the rotation. Students at all sites have the same required reading and simulated patient experiences online, so the curriculum is standardized no matter where they do their rotations. In addition, the learning objectives provide an anchor for clinical training. Students often receive orientation about when and where to go during a rotation; however they may not receive information about what they should learn. With this approach, learning objectives are articulated and addressed throughout the rotation."

The blended learning model also enables clinical instructors to focus more on teaching at the bedside. "Clinical teachers love using the patient experience as a canvas to teach medical students," notes Dr. Langenau. "So this model benefits them as well, because they can focus less on lecturing the required content, which is now being covered in the online piece. This model allows clinical preceptors to focus on what they do best—teaching at the bedside."

Students particularly like the Computer Assisted

Learning in Pediatrics Program (CLIPP) interactive online component. Virtual patient encounters with computer simulation are presented as students respond to questions and make clinical decisions throughout each hour-long case, which they can access at any time. Students note that the CLIPP cases prepared them particularly well for end-of-rotation exams. "The diversity of cases covered by the CLIPP online learning modules demonstrated a full range of pediatric issues that would not otherwise have been covered in the outpatient setting," says Anne Hutchinson (DO '15). "The information will prove its value when students are working with the pediatric population in the emergency room or inpatient setting."

Students in the blended learning model are also required to write a three- to five-page case designed to help them synthesize what they learned from a patient encounter and introduce them to medical writing, an especially valuable skill for students planning to work in academic medicine. "Presentation of these cases was a valuable experience for my peers and me," says Dominique Brundidge (DO '15).

Students also participate in an online discussion board, with the instructor acting as facilitator rather than lecturer. They also contribute to a community outreach blog, posting community resources available for children and family support. "This teaches them the concept of systems-based practice," says Dr. Langenau. "We want students to see how working with community resources will help them deliver better care to their patients."

"The aspect I liked most was the ability to learn material in various modalities," says Laura Blank (DO '15). "For me, learning is best when reinforced by multiple types of interaction that help to solidify the information in my mind better than the typical verbal instruction only."

In the next academic year, Dr. Langenau hopes to expand the blended learning model to other clinical rotations in Philadelphia and Georgia, such as the fourth-year students doing family medicine rotations at urban healthcare sites.



Curbing Healthcare Provider Shortages in the South with New Residency Programs

by Nancy West

If you live in the South, finding a family doctor may be a challenge: While the population has experienced significant growth in recent years, the number of primary care physicians (PCPs) has not. An influx of large companies moving to the South during the Great Recession fueled the population growth, exacerbating the existing shortage of PCPs, particularly in rural and underserved areas.

In 2011, the state of Georgia created a physician shortage task force to assess the situation. The greatest projected shortage in 10 to 15 years was in primary care, particularly in Gwinnett County, where there was a significant lack of residency opportunities.

Helping hospitals in the South to develop primary care residency opportunities is part of Georgia Campus – PCOM’s mission. “Statistically speaking, where residents train they are more likely to stay and work,” says Joanne Jones, MBA, executive director of PCOM’s OPTI/MEDNet.

“If residents go out of state for training, they spend three to five years in that area, and chances are that they won’t return to the state to practice unless they have family here,” says Paula Gregory, DO, MBA, assistant dean, clinical education, GA-PCOM.

Mark Darrow, MD, director of Gwinnett Medical Center’s Graduate Medical Education program, concurs. “In my experience, graduates from primary care training programs rarely practice outside a 75-mile radius of the

residency program where they trained,” he says. “The number one objective of our family medicine residency program is to train residents who show a long-term commitment to staying in this area.”

“We are trying to increase the ability of students to become embedded in the community early on by putting third- and fourth- year students into rotation sites in the community,” says Dr. Gregory. “Then when they go out for their residency, they may choose to come back to that community understanding that their physician mentor is there, and they are already familiar with the hospital dynamics. Our third- and fourth-year students are staying not only in rural or underserved areas but also in Houston Healthcare at Warner Robins and other area hospitals that already have family medicine and internal medicine programs not affiliated with PCOM. The point is to keep these students practicing in the South once they complete their training.”

GA-PCOM was instrumental in helping Gwinnett open the hospital’s new dually accredited family medicine residency this year with 12 positions, and an application is pending to start an internal medicine residency at Gwinnett with 15 positions in 2015. How is Gwinnett showing students that staying in the South to practice offers good and viable opportunities?

“First, we select folks who want to stay here,” says Kevin Johnson, MD, director of Gwinnett’s family medicine

residency program. “We do our best to find people who are interested in primary care and family medicine in this area. My overarching goal is to develop family physicians who can go to any setting in the South—be it rural, remote, inner city—and really thrive and develop their practice to be whatever it needs to be.” Dr. Johnson adds, “We’re working very closely with the health department and Georgia’s Area Health Education Centers to develop rotations in rural and urban settings as well as underserved and geographically isolated areas.”

Dr. Johnson focuses on teaching residents procedural skills. “The trend has been to refer patients to specialists and do less, to maintain shorter visit times. But family medicine should provide a medical center home with one-stop shopping as much as possible for the patient,” he emphasizes.

Unlike in Pennsylvania, where most people can identify their family physician, many patients in Georgia don’t have one, according to Gretta Gross, DO ’97, director of Houston Healthcare Family Medicine Residency at Warner Robins, which opened in July 2012 with 18 positions, assisted by GA-PCOM. “Patients here may see their cardiologist, nephrologist or go to the urgent care physician,” she says. “If you ask them who they see for routine medical care, they can’t identify anyone. It’s more of a piecemeal approach to care.”

In addition to the residency programs at Gwinnett and Houston Warner

“Statistically speaking, where residents train they are more likely to stay and work.”

Robins, GA-PCOM helped to initiate a dermatology residency program with three positions at North Fulton Hospital and several residency programs in neighboring Alabama. These include a family medicine residency with 12 American Osteopathic Association residents in Cahaba Medical Center in Centreville, and a sports medicine residency program at Trinity Medical Center in Birmingham. Currently, GA-PCOM is helping Southwest Alabama Medical Center with applications to become a site for family medicine and internal medicine residencies.

It takes a strong partnership between the College, hospitals and the state to bring new residency programs to fruition. In Georgia, the state government has been very proactive in providing hospitals with financial support to cover start-up costs, which can be prohibitive, according to Ms. Jones.

Besides money, a lot of work is involved, mostly in the accreditation process. “The hospital must have a large enough number of patients and visits each year to support a viable learning program,” says Dr. Gregory.

“You need buy-in on the hospital administration side but also on the

faculty side—the hospital physicians who will be teaching the residents. Both must agree that this is the right thing to do for the community,” says Ms. Jones.

Dr. Gross notes the advantages of being part of PCOM MEDNet with access to the College’s resources for educating residents as well as faculty looking to further develop their skills in teaching.

PCOM School of Pharmacy – Georgia Campus is also starting its first residency program (PGY1) with Gwinnett Medical Center in July 2015, with two resident slots. “Many hospitals won’t hire pharmacists unless they have completed a PGY1 general residency because the market has become so competitive,” says Julie Wickman Bierster, PharmD, director, experiential education and assistant professor of pharmacy practice. “And it’s extremely competitive for a pharmacy student to get a residency offer. So we are delighted that nine of 72 students in our first graduating class from GA-PCOM this year received residency offers.”

Most pharmacy residency programs are geared toward a clinical hospital focus, according to Dr. Bierster. GA-PCOM is exploring opportunities for community pharmacy residencies as another way to encourage students to stay in the South once they complete their training.

“The South still has a shortage of pharmacists in the smaller towns,” Dr. Bierster notes. “We try to get the students to think outside the box. There are so many opportunities besides working behind the counter of the neighborhood pharmacy. In a small town, you can work with physicians in a clinic because in Georgia, we have a collaborative practice agreement. In these clinics, our pharmacists often work alongside the physician as primary care providers seeing patients.”





JOHN BECHER, DO '70 Named AOA President-Elect

Dr. Becher, chair and professor, emergency medicine, was named president-elect of the American Osteopathic Association (AOA) in July. The AOA is the professional membership organization for the nation's more than 104,000 DOs and osteopathic medical students.

"I am honored to have been elected by my fellow osteopathic physicians to lead the profession at this historic time," says Dr. Becher.

In addition to his appointments at PCOM, Dr. Becher serves as director of osteopathic medical education at AtlantiCare Regional Medical Center in Atlantic City, New Jersey, and is an adjunct professor of emergency medicine at Thomas Jefferson University. He also served as residency

director of emergency medicine at City Avenue Hospital and Albert Einstein Medical Center, training over 150 emergency physicians between 1980 and 2011.

CLASS OF 1959

Milton I. Setnar, DO, New Albany, OH, retired from his internal medicine practice on January 1, 2014.

CLASS OF 1961

Donald R. Stoltz, DO, Philadelphia, PA, and his wife, Phyllis, were the guest speakers at the 23rd Annual Museum Tea at the Newark Museum in New Jersey. They presented "The Life and Work of Norman Rockwell and The Saturday Evening Post."

CLASS OF 1962

Theodore P. Mauer, DO, Media, PA, professor and chairman of the otolaryngology/head and neck surgery/facial plastic surgery department at PCOM, enjoyed a momentous occasion on October 12, 2013. Nearly 20 of his former residents surprised Dr. Mauer with a reception and dinner held at the Rose Tree Inn. Several of his retired colleagues also attended. Many of the attendees flew to Philadelphia from around the country. Having successfully trained many residents, Dr. Mauer experienced great pride in how successful they have become—and what a credit they are to PCOM.

CLASS OF 1963

Harvey M. Spector, DO, Huntingdon Valley, PA, was named to the 2013 *Castle Connolly Guide to Top Doctors* for family medicine in the Middle Atlantic region.

CLASS OF 1965

P. Denis Kuehner, DO, Sanibel, FL, was featured on the cover of *Times of the Islands* (August 1, 2014). Dr. Kuehner was interviewed for the article "A Dose of Sincerity," which highlights Dr. Kuehner's doctor-to-patient interaction and good old-fashioned practices.

CLASS OF 1966

Ronald Cowen, DO, Saint Davids, PA, has retired from family practice after "47 wonderful years."

Bernard F. Master, DO, Worthington, OH, was honored by the Ohio Osteopathic Association with the M. Bridget Wagner, DO, Humanitarian Award. The award recognizes an osteopathic physician or individual associated with the profession for acts of philanthropy and service to mankind.

CLASS OF 1967

Ronald R. Blanck, DO, Fenwick Island, DE, was appointed chairman of VetFed Resources, Inc., an integrated solutions provider with broad expertise in federal health programs and services. Dr. Blanck is one of the original founders of VetFed and has served as a director since 2008.

Sherman N. Leis, DO, Bala Cynwyd, PA, was honored by the Golden Slipper Club and Charities with the 2014 Gold Medallion Award. Dr. Leis also received the American Osteopathic Association Presidential Citation.

Miles G. Newman, DO, Elizabethtown, PA, has retired after 48 years of practicing family medicine.

Sheldon P. Wagman, DO, Scottsdale, AZ, was elected by the American Psychiatric Association (APA) to the status of Distinguished Fellow of the APA. Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession. It is the highest membership honor the APA bestows. Dr. Wagman was the only DO selected and the only fellow from the state of Arizona.

CLASS OF 1972

Matthew F. Gutowicz, Jr., DO, La Quinta, CA, has retired from his post as chief of radiology and nuclear medicine at Fisher Titus Medical Center in Norwalk, Ohio, after 36 years. Dr. Gutowicz has moved to La Quinta, where he is a partner in two restaurants. He has also gone back to work as a consultant for Desert Medical Imaging, a private radiology group serving the Coachella Valley.

CLASS OF 1973

Eric Eugene Shore, DO, JD, MBA, Bala Cynwyd, PA, recently became a founding member of the Shore Legal Group, LLC, where he practices healthcare law full time. The law firm was the recipient of the 2013 AVVO Client Choice Award.

CLASS OF 1974

Richard G. Tucker, DO, Mount Laurel, NJ, was named site coordinator for the Drexel University obstetrics and gynecology residency program at Virtua Memorial Hospital in Mount Holly.



JOSEPH DIETERLE, DO '70 LECTURESHIP IN PEDIATRICS

Gifted by PCOM Trustee Dr. Dieterle, the Joseph Dieterle, DO '70 Lectureship in Pediatrics (annual) kicked off on April 10. Sarah Long, MD, professor of pediatrics, Drexel University, and chief of infectious diseases, St. Christopher's Hospital for Children, presented "Pertussis: Persistent and Perplexing Despite Immunization Issue." Following the lecture, students were invited to a reception in Evans Hall, where they mingled with Drs. Dieterle and Long.

Pictured left to right: Dr. Long; Dr. Dieterle; and Rosemary Vickers, DO '83, associate professor, chair and course director, pediatrics, PCOM.

CLASS OF 1977

Edward P. Balaban, DO, Wexford, PA, was appointed medical director of Cancer Care Partnership, a partnership of Penn State Hershey Cancer Institute and Mount Nittany Health, in State College.

Robert C. Greer, IV, DO, Lake Park, FL, was named chief of staff at West Palm Hospital. Dr. Greer has served on numerous committees at the hospital and has been on staff for over 30 years. He is a retired captain in the United States Naval Reserve and an associate clinical professor of family medicine at Nova Southeastern University.

CLASS OF 1979

Carol L. St. George, DO, York, PA, was re-elected a trustee-at-large during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

William A. Wewer, DO, Harrisburg, PA, was re-elected as secretary/treasurer during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

CLASS OF 1981

Stephen J. Eichert, DO, Dayton, OH, joined Cotton-O'Neil Clinic in Topeka, Kansas.

James N. Simon, DO, Villanova, PA, was elected medical staff president of Paoli Hospital—Main Line Health Systems.

George L. Weber, DO, Philadelphia, PA, was elected a trustee-at-large during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

CLASS OF 1982

B. Ellen Wesley, DO, Lake Forest, IL, completed her emergency medicine residency, and now is certified by the American Osteopathic Board of Emergency Medicine.

CLASS OF 1983

Gary A. Aaronson, DO, New Hope, PA, was named to *Philadelphia Magazine's* 2014 Top Doctors for pulmonary medicine.

Dyanne Westerberg, DO, Glen Mills, PA, had her articles "Acid Indigestion, or GERD, Untreated Can Lead to Other Health Problems" and "Tips to Prevent Poison Ivy for an Itch-Free Summer" published in the health section of *Gloucester City News* (May 29, 2014, and June 26, 2014).

CLASS OF 1984

Richard A. Ortoski, DO, Erie, PA, was installed as vice president of the Pennsylvania Osteopathic Family Physicians Society (POFPS) during the POFPS President's Installation Luncheon, on May 2, 2014.

MICHAEL SHANK, DO '80

Doctor honored for continuity of care

by Colleen Pelc

In April, the Associated Auxiliaries of Riddle Hospital in Media, Pennsylvania, hosted the Man O'War Gala, where Dr. Shank was honored for his more than 27 years of service. He was honored as the Physician Partner at the event.

"I felt the award was not just for me but a recognition by the hospital community of the important role of family medicine in caring for our patients," says Dr. Shank, who is associate professor, Bio-Medical Sciences, at PCOM. He also serves as campus chief of Family Medicine at Riddle Hospital and is a founding partner of Rose Tree Medical Associates, the largest physician-owned primary care practice in Delaware County, located at Riddle Hospital, which is a member of Main Line Health.

"I am fortunate to be able to do many different things as a family physician: hospital care, hospice, house calls, nursing home care, clinical teaching and office work, as well as teaching anatomy at PCOM. I enjoy all of the various practice situations, but the opportunity to care for my patients throughout the total continuity of care is a source of great satisfaction," he adds.

Another testament to his profession and his patients is that Dr. Shank has been awarded "Top Doc" honors six times by *Main Line Today* magazine, and he estimates that he has made more than 16,000 house calls throughout his career.



Dr. Shank (right)

Kurt Zimmer, DO, Van Buren, MO, joined Mercy Urgent Care—Smith Glynn Callaway in Springfield.

CLASS OF 1986

James S. McEvoy, DO, Powell, WY, has retired from radiology practice "after a very fulfilling career." Dr. McEvoy now enjoys spending more time with his family and the community.

Philip David Orons, DO, Wexford, PA, was promoted to professor of radiology at the University of Pittsburgh School of Medicine (UPMC) on July 1, 2014. Dr. Orons also received the UPMC Medical Recognition Award (November 2013) for outstanding service to UPMC graduate medical education.

Michael J. Zawisza, DO, Orwigsburg, PA, was installed as president-elect during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

CLASS OF 1987

Thomas P. Brown, DO, Gulf Breeze, FL, was selected associate chief of staff of ambulatory care in the Gulf Coast Veterans Health Care System. The region spans across three states from Biloxi, Mississippi, to Panama City Beach, Florida. The position oversees 60 physicians in five ambulatory clinics.

Anthony E. DiMarco, DO, Kennett Square, PA, was installed as vice president during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

Joan M. Grzybowski, DO, Conshohocken, PA, was re-elected a trustee-at-large during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

Robert S. Jones, DO, Mohnton, PA, was re-elected a trustee-at-large during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

Denay Marino, DO, Cape May, NJ, joined the multi-specialty group at Cape Regional Physicians Associates. Dr. Marino has been providing primary care services to the residents of Cape May County since 1988 and has been an active member of the medical staff at Cape Regional Medical Center since 1991.

CLASS OF 1988

Carman A. Ciervo, DO, Marlton, NJ, was recognized by the American Osteopathic Association as a "Guardian of the Profession" for demonstrating a strong sense of pride in the osteopathic medical profession and working actively to advance osteopathic medicine.

Marla DePolo Golden, DO, Jacksonville, FL, was hired as regional assistant dean and clinical assistant professor at GA-PCOM.

John F. Pagnotto, DO, State College, PA, was named regional medical director for the Geisinger Medical Groups in Centre, Huntingdon, Clinton, Juniata and Mifflin counties.

CLASS NOTES

Debra S. Weiss, DO, Boca Raton, FL, was appointed assistant professor of clinical biomedical science at Charles E. Schmidt College of Medicine—Florida Atlantic University. Dr. Weiss works with first- and second-year medical students.

Edward J. Zaloga, DO, Moosic, PA, was 2013 president of the Lackawanna County Medical Society. Dr. Zaloga was honored by his peers with a reception at Scranton's Masonic Temple on March 22, 2014. Many of his family, friends and colleagues were in attendance.

CLASS OF 1989

Kris M. Belland, DO, Pensacola, FL, was elected president-elect of the Aerospace Medical Association (AsMA) at the Annual Business Meeting during the 85th Annual Scientific Meeting of the Association. Dr. Belland will be the first DO to serve as AsMA president.

Robert H. Debbs, DO, Voorhees, NJ, was promoted to clinical professor of obstetrics and gynecology and director of the Maternal Fetal Medicine Network at the Perelman School of Medicine of the University of Pennsylvania.

CLASS OF 1990

Frank A. Filipetto, DO, Fort Worth, TX, was appointed associate dean of Academic Affairs at the Texas College of Osteopathic Medicine—University of North Texas Health Science Center.

Andrew P. Pecora, DO, Marlton, NJ, was appointed medical director by Moorestown Visiting Nurse Association.

Brian A. Selius, DO, Fort Myers, FL, joined the professional staff of Lee Physician Group. Dr. Selius also provides training for resident physicians and medical students at the Florida State University College of Medicine family medicine residency program at Lee Memorial Health System.

CLASS OF 1991

Lisa F. Parviskhan, DO, Exton, PA, became certified by the American Board of Integrative Holistic Medicine.

CLASS OF 1992

Gene M. Battistella, DO, Moon Township, PA, was elected vice speaker of the Pennsylvania Osteopathic Medical Association House of Delegates during POMA's 106th Annual Clinical Assembly.

Charles F. Gorey, DO, Pottstown, PA, had his article "Play It Smart: Sports Physicals Can Save Lives" published in the *Mercury* (April 9, 2014).

CLASS OF 1993

Scott W. Sterling, DO, Nesquehoning, PA, joined Berwick Hospital Center as a family medicine physician.

CLASS OF 1994

Kelly L. Abbrescia, DO, Wyoming, DE, was appointed medical director and chair of the emergency department at Kent General Hospital, a hospital within the Bayhealth Medical System of Delaware. Dr. Abbrescia also serves as the associate director of emergency medical services for Kent County.

Larry W. Spector, DO, North Wales, PA, was appointed medical director of Einstein Medical Center Elkins Park.

CLASS OF 1995

Dean J. DePerro, DO, Kent, OH, was elected coroner of Portage County, Ohio.

Jeffery J. Dunkelberger, DO, Lewisberry, PA, was elected speaker of the Pennsylvania Osteopathic Medical Association House of Delegates during POMA's 106th Annual Clinical Assembly.

Carolyn E. Miehle Ianieri, DO, Ambler, PA, was recognized as an Unsung Hero by the American Osteopathic Association, a designation given to "an osteopathic physician who has enhanced the image of osteopathic medicine by living each day as an example of what an osteopathic physician should be."

Jill C. Snyder, DO, Sugarloaf, PA, celebrated the 11th anniversary of her private practice, A Woman's Place, on June 23, 2014.



Richard Pascucci, DO '75, vice dean for clinical education and professor of medicine, PCOM, (left) with POMA President Dr. Dolansky, DO '94.

POMA ANNUAL CLINICAL ASSEMBLY

The Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly was held April 30–May 3, at the Valley Forge Hotel and Convention Complex in King of Prussia. On May 1, PCOM's Office of Alumni Relations and Development hosted an alumni reception during which Anthony Clay, DO '89, and Kathleen Sweeney, DO '84, were honored as Affiliated Teachers of the Year. On May 2, Robert Dolansky, DO '94, was installed as the association's president.

Certificates of Merit

John W. Becher, DO '70, Newtown Square, PA, was named president-elect of the American Osteopathic Association during its Annual Meeting of the House of Delegates.

Robert S. Dolansky, Jr., MBA, DO '94, Breinigsville, PA, was installed as president of the Pennsylvania Osteopathic Medical Association during POMA's 106th Annual Clinical Assembly.

Kenneth Heiles, DO '84, Harrogate, TN, was hired as dean of the Arkansas Colleges of Health Education and the proposed medical college.

Arthur J. Mollen, DO '70, Scottsdale, AZ, was awarded the 2014 Physician of the Year Award by the Arizona Osteopathic Association.

Harry J. Morris, III, DO '78, West Chester, PA, was installed as president of the Pennsylvania Osteopathic Family Physicians Society.

Pamela Tronetti, DO '83, Mims, FL, was the recipient of the 2014 Clinician of the Year Award presented by the American Geriatrics Society.

CLASS OF 1996

Douglas D. Stern, DO, New Enterprise, PA, joined the Penn Highlands Healthcare medical staff. Dr. Stern specializes in emergency medicine and practices in all of the system's emergency departments.

David A. Wood, DO, Laporte, PA, joined the staff at Wayne Memorial Community Health Centers – Hamlin Family Health Center.

Tracy Vo, DO, Cape Coral, FL, joined Physicians' Primary Care of Southwest Florida.

CLASS OF 1998

John N. Boll, Jr., DO, Williamsport, PA, served as a member of a medical service team representing the Williamsport family medicine residency program through the MAMA Project, Inc., in rural Honduras. The MAMA Project focuses on the educational, health and nutritional needs of Honduran children. During the two-week trip, the medical team served more than 1,000 patients.

CLASS OF 1999

Tabatha L. Jeffers, DO, DuBois, PA, was named assistant medical director of Brookville Hospital's emergency department.

CLASS OF 2000

Keith A. Boell, DO, Danville, PA, was promoted to northcentral regional medical director at Geisinger Health Plan.

Christopher A. Davis, DO, Springfield, PA, was re-elected a trustee-at-large during the Pennsylvania Osteopathic Medical Association's 106th Annual Clinical Assembly.

Edward R. O'Dell, DO, Exton, PA, joined the hospitalist group at Mercy Suburban Hospital in Norristown.

CLASS OF 2001

Michael G. Benninghoff, DO, Newark, DE, was awarded the Specialist of the Year Teaching Award by family medicine residency at Christiana Care Health System.

Millicent A. Channell, DO, Philadelphia, PA, became the third DO to complete the Executive Leadership in Academic Medicine fellowship at Drexel University College of Medicine.

Arthur Jones, Jr., DO, Lincoln, DE, joined the medical staff at Nanticoke Health Services in Seaford.

Timothy McCullough, MBA, DO, Stonington, CT, was named to *Connecticut Magazine's* 2014 Top Doctors for urology.



Above: The Class of 1964. Right: Mr. Kearney and Darlene A. Dunay, DO '83, president, alumni association.

REUNION WEEKEND

On May 30, the Office of Alumni Relations and Development held a special luncheon to honor the Class of 1964, celebrating its 50-year class reunion. At the luncheon, also attended by the Classes of 1954 and 1959, the Alumni Association awarded Certificates of Honor—in recognition of distinguished services rendered and loyal devotion to the College—to John Kearney, vice chairman of the PCOM Board of Trustees, and H. Sprague Taveau, IV, DO '77, MBA, FACOFP. In addition, a portrait of the late Leonard Johnson, DO '64, was unveiled in honor of his contributions to PCOM.

On May 31, the President's Leadership Circle donors attended an Impact Breakfast, during which they were addressed by President and Chief Executive Officer Jay Feldstein, DO '81. Later, Michael Becker, DO '87, vice chair of family medicine, and Bob Sklar, NRP, administrative director of emergency medicine, provided a behind-the-scenes look at the Dr. Michael and Wendy Saltzburg Clinical Learning & Assessment Center. The day continued with an alumni and family luncheon and open house held on the PCOM campus. That evening, the Classes of 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989, and 1999 gathered at the Hilton City Avenue for dinner and dancing.



Dominic J. Valentino, III, DO, Grenloch, NJ, was highlighted in the article "Check Up: Unbroken ICU Sleep Lessens Delirium," published in the health section of the *Philadelphia Inquirer* (April 6, 2014).

CLASS OF 2002

Keri Jo A. McHugh, DO, Spotsylvania, VA, completed the United States Marine Corps Historic Half Marathon in Fredericksburg with a time of 1:51:46 on May 18, 2014.

CLASS OF 2003

Kevin D. Price, DO, Wilmington, NC, joined Novant Health Oceanside Family Medicine and Convenient Care in Shallotte.

CLASS OF 2005

Gina Benaquista DeSipio, DO, Narberth, PA was recognized as "Teacher of the Year" by the Temple University/MossRehab resident training program in physical medicine and rehabilitation.

Cory J. Keller, DO, Birdsboro, PA, was appointed assistant professor of orthopaedic surgery and sports medicine at Temple University School of Medicine and a sports medicine physician at Temple University Hospital.

John P. Mongan, DO, York, ME, joined the medical staff at Saratoga Hospital and Saratoga Hematology/Oncology.

CLASS OF 2006

Andrew T. Darlington, DO, Middletown, CT, graduated from the advanced heart failure and cardiac transplant fellowship at Yale University and started working for Piedmont Heart in Atlanta.

Darrin R. Mangiacarne, DO, MPH, Roanoke, VA, graduated with a master's degree in health policy and administration from the University of Southern Mississippi. Dr. Mangiacarne now serves as medical director at the Virginia Premier Medical Home in Roanoke.

On a Personal Note



Alterman Baby



Dillon Baby



Kuchta Baby



Lucero Baby (see Malsbury)



Peters Baby



Mehalick Wedding



Shore Wedding

Michael Alterman, DO '10, and his wife, **Lynn Marie Wilson, DO '10**, Springfield, NJ, are the proud parents of Ari Joseph, born on April 27, 2014.

Dawn Marie Dillon, DO '10, Sicklerville, NJ, and her husband, John, are the proud parents of John Cameron, born on May 27, 2014. John joins big sister Evelyn, age two.

Jason David Kuchta, MS/PA-C '04, Butler, PA, and his wife, Nicole, are the proud parents of Brynn Harper, born on January 19, 2013.

Jennifer M. Malsbury, MS/Biomed '00, DO '05, New Orleans, LA, and her husband, Eric Lucero, are the proud parents of Brendan Oliver, born on May 5, 2014.

Mark A. Matta, DO '03, New Castle, PA, and his wife, Sara, are the proud parents of Ananielle Sara, born on May 8, 2014. Ananielle joins big brother Christian, age two.

Andrew J. Mehalick, DO '13, Springfield, PA, married Alyssa Mowitz on May 3, 2014, in Des Moines, Iowa.

Jamie A. Peters, DO '05, Scranton, PA, and her husband, Thomas Hopkins, DO, are the proud parents of Brady Lucas, born on November 18, 2013.

Eric Eugene Shore, DO '73, JD, MBA, Bala Cynwyd, PA, married Carole A. Felton on May 18, 2014, in Narberth.

Alfred I. Green, DO '50, Wynnewood, PA, and his wife, Marcia, celebrated their 70th wedding anniversary on June 18, 2014.

Neil J. Halin, DO '86, Newton, MA, and his racing team, the Near Orbital Space Monkeys, took first in class and first place overall at the 24 Hours of LeMons Race at New Jersey Motorsport Park.



Pictured left to right: Nana Adjoa Assabill, MS/ODL '14, Muruj Abdulkarim, MS/ODL '14, and Kamina Richardson, MS/ODL '14, gather at the Great American Pub.

GRADUATE PROGRAM RECEPTIONS

On May 24, the Office of Alumni Relations and Development hosted a reception for alumni, students and faculty at the American Academy of Physician Assistants' Conference in Boston.

Alumni from the Organizational Development and Leadership program gathered at the Great American Pub in Conshohocken, Pennsylvania, for an annual reception held on June 20.

CLASS OF 2007

Bryan D. Bolinger, DO, Pittsburgh, PA, joined Geisinger – Lewistown Hospital as a neurosurgeon. Dr. Bolinger is the first neurosurgeon available at the facility.

Tara H. Budinetz, DO, West Hartford, CT, accepted a reproductive endocrinology and infertility specialist position with Abington Reproductive Medicine.

CLASS OF 2008

Ashley B. Berkley, DO, Canonsburg, PA, joined the staff of Conemaugh Physicians Group in Meyersdale.

Walid Mangal, DO, Towson, MD, finished his vitreoretinal surgery fellowship at the National Retina Institute and has joined Eye Centers of Florida as a vitreoretinal surgeon.

James M. Perry, DO, Denver, CO, joined the medical staff at Vail-Summit Orthopaedics in Colorado.

CLASS OF 2009

Jeffrey M. Gillette, DO, Harrisburg, PA, joined Professional Orthopedic Associates in Scranton.

Joe Tzong-Jyh, DO, (GA-PCOM), Decatur, GA, completed his residency in

Columbus and now works as the WellStreet Urgent Care site director in Johns Creek.

Michael E. Kaminsky, DO, Sneads Ferry, NC, completed five active duty years in the Navy as a diving medical officer and has started his anesthesia residency at the University of Florida.

Sergio A. Martinez, DO, Miami, FL, joined the active staff at Lake Wales Medical Center as an orthopedic surgeon.

CLASS OF 2010

Chadd K. Kraus, DO, Saint Marys, PA, was selected as chief medical officer for Penn Highlands Elk.

Michelle Noreski-Cassidy, DO, Philadelphia, PA, completed her sports medicine fellowship at Thomas Jefferson University. Dr. Noreski-Cassidy has joined Temple University as a sports medicine physician and assistant professor in the department of clinical orthopaedics and sports medicine. She is also a team physician for Temple's football, basketball and soccer programs.

Mary Anna Sanders, DO, Chattanooga, TN, joined the medical staff of Parkridge East Hospital.



Pictured left to right: Katina Tsagaris, DO '09; Dr. Duvall; and Joseph Huong, DO '09.

GA-PCOM CLASS OF 2009 REUNION

Georgia Campus – PCOM alumni from the Class of 2009 celebrated their fifth year reunion at a dinner reception held at Maggiano's Little Italy, Atlanta, in June. The graduates were joined by the campus' founding dean, Paul Evans, DO '79, and the current dean, H. William Craver, III, DO '87. Alumna Karen Duvall, DO '09, remarked, "It was great to catch up with my fellow classmates. I was especially impressed that Dr. Evans made the trip from Indiana."

Jeanne Lorraine Zukas, DO, Schuylkill Haven, PA, was the recipient of the 2014 Humaneness in Medicine award presented by the Lehigh Medical Society. This award is presented to the resident who has best displayed the society's ideals of outstanding compassion in the delivery of care, respect for patients, their families, and healthcare colleagues, as well as demonstrated clinical excellence.

CLASS OF 2011

Jessica R. Bentley, DO (GA-PCOM), Aragon, GA, joined Floyd Primary Care and Center for Diabetes in Taylorsville.

Sheila M. Bigelow, DO, Cleveland, OH, joined Children's Community Pediatrics–Bellevue Pediatric Associates, an affiliate of Children's Hospital of Pittsburgh of the University of Pittsburgh Medical Center.

Himani R. Divatia, DO, Claymont, DE, an internal medicine–pediatrics co-chief resident at Christiana Care Health System, has been named the Dr. Gary Onady Award winner by the National Med-Peds Residents' Association for making extraordinary, lasting contributions to the success of the association and to the specialty of internal medicine–pediatrics on the regional and national levels. Dr. Divatia has championed the specialty among medical students at the regional and national levels. She inspired a successful med-peds student interest group at PCOM, whose number of match

EDDIE WILLIAMS, PharmD '14 (GA-PCOM)

Prescribing positivity in a unique way

by Colleen Pelc

One Sunday afternoon Mr. Williams came up with an idea that would combine pharmacy and give back to the community in an effective and meaningful way. He created Scriptz4Life, a company that designs T-shirts featuring a prescription for everyday life, with 10 percent of all sales going to a non-profit organization that will help people pay for their prescription medicine.

"The meaning behind each Script T-shirt, written in SIG format just like a doctor would write a prescription for medication, is to inspire and convey a power word or a power statement of livelier and healthier living, despite the challenges presented in everyday life situations," says Mr. Williams, who also works as a licensed pharmacist at CVS in the Atlanta metropolitan area.

"Above all, Scriptz4Life's donation of 10 percent of sales to a non-profit helps those in need to pay for prescription medications that they may not otherwise be able to afford."

But Mr. Williams doesn't see Scriptz4Life stopping at just T-shirts.

"Selling T-shirts is just the beginning for Scriptz4Life. We have plans to print the scripts on different items as well, such as cups, hats and key chains. We believe that there is so much more going forward that will bless, enrich and prosper so many others in mind, body, soul and spirit," he adds.



TYLER HUYNH, MS/BIOMED '13 (GA-PCOM)

Engaging minds in traditional and non-traditional ways

by Colleen Pelc

While it is only a little more than a year since Ms. Huynh graduated from Georgia Campus – PCOM, she has been busy building her new career as a teacher in two very different ways.

Part-time, Ms. Huynh serves as an adjunct instructor at Gwinnett Technical College in Lawrenceville, Georgia, where she teaches Introduction to Biology Lecture and Lab, as well as Microbiology Lab. The rest of her time is spent working for Great Parents Academy, a web-based math curriculum for kids in grades K through 5, as a contract learning specialist. Her position there includes generating and reviewing lesson plans.

"The best part of my job is the positive interaction with my students at Gwinnett Tech. To be able to make education fun and stimulating for them is rewarding," Ms. Huynh says. "I enjoy challenging them to think critically about the concepts and influencing their way of thinking. Plus my students teach me how to become a better teacher every day."

"At Great Parents Academy, I love being a part of a start-up company that helps to educate young minds. To be able to see the company grow and flourish is also quite rewarding," she adds.



applicants in the specialty this year was among the top five of all medical schools in the United States. In addition, she has taken a leadership role in the Internal Medicine–Pediatrics section of the American Academy of Pediatrics.

Rachael F. Engle, DO, Philadelphia, PA, joined the active medical staff at Pottstown

Memorial Medical Center, Department of Emergency Medicine.

Edward M. Henderson, DO, Lexington, VA, completed his pediatric residency at Virginia Commonwealth University. In August, Dr. Henderson and his wife, Rachel, traveled to Papua, New Guinea to spend a year as medical missionaries.

In Memoriam

Nancy Ratcliffe Allen, RN '48, Topsham, ME, February 20, 2014.

Rodney S. Altman, DO '79, Ambridge, PA, May 5, 2014.

Homer B. Angstadt, DO '59, Clearwater, FL, April 17, 2013.

Theodore Asnis, DO '50, Penn Valley, PA, July 24, 2014.

Charles R. Bender, DO '58, Boca Raton, FL, July 25, 2014.

Gary G. Berger, DO '83, Leawood, KS, June 25, 2014.

Marjean Brauch, DO '86, Isle of Palms, SC, February 22, 2014.

Evelyn Prince Carpenter, RN '44, Horsham, PA, July 20, 2013.

Edward M. Cohen, DO '67, Broomfield, CO, June 18, 2014.

Wilfred M. Danley, III, DO '59, Loganville, GA, April 13, 2014.

Donald G. Erickson, DO '61, South Casco, ME, March 29, 2014.

Eugene E. Godfrey, DO '66, Carlisle, PA, April 7, 2014.

Larry H. Kaliner, DO '67, Haverford, PA, June 30, 2014.

Betty Lehman Knouse, RN '48, Sellersville, PA, June 26, 2014.

Richard S. Koch, DO '38, Olympia, WA, June 16, 2014.

John J. McLaughlin, DO '45, York, PA, July 8, 2014.

E. Janet Reid, DO '86, Cortaro, AZ, October 3, 2013.

Noelle A. Rotondo, DO '94, York, PA, May 5, 2014.

Barry G. Sandman, DO '63, Riverside, NJ, August 13, 2013.

Hartley R. Steinsnyder, DO '47, MSc, North Palm Beach, FL, February 18, 2014.

Bernard A. Susavage, DO '79, Yuma, AZ, November 4, 2013.

Wendell M. Waties, DO '59, Cherry Hill, NJ, April 9, 2014.

Marvin E. Werlinsky, DO '65, West Palm Beach, FL, December 28, 2013.

Margaret M. Wilusz, DO '75, Colonial Heights, VA, December 15, 2012.

C. David Wingfield, DO '63, Largo, FL, July 29, 2014.

Alexander Zacour, DO '47, Wooster, OH, March 31, 2014.

Anthony J. Morelli, DO, New York, NY, joined Medical Health Center of Barnabas Health Medical Group as an internist.

James J. Teet, DO, Richmond Hill, NY, joined the medical staff at Internal Medicine Associates in Cape Coral, Florida.

CLASS OF 2012

Jacquelyn M. Cheatham-Terry, DO, Dallas, GA, was named chief resident by Floyd

Medical Center's family medicine residency program for the 2014 academic year.

CLASS OF 2013

Jeffrey D. Trawick, DO (GA-PCOM), Pendergrass, GA, transferred from his internal medicine residency in Norton, Virginia, to a family medicine residency program in Danville, Virginia.

GA-PCOM RECEPTIONS

In May, Alisa Toney, alumni relations and development officer, and Elizabeth Levine, MA, assistant program director, organizational leadership and development, welcomed alumni from GA-PCOM's biomedical sciences and ODL programs at a reception held at Bahama Breeze, Duluth. That same month, over 50 GA-PCOM students from all academic programs attended a student/alumni networking night at Dave & Buster's in Lawrenceville.

Vincent T. Cipolla, DO '46



Glen Mills, Pennsylvania, May 26, 2014

Dr. Cipolla served as department chairman and professor of anatomy and neuroanatomy at PCOM in the 1970s and 1980s. His long teaching career brought with it many accolades. In 1975, Dr. Cipolla was the recipient of the Christian R. and Mary F. Lindback Award for Distinguished Teaching, and in 1986 and 1987, he was named Teacher of the Year.

From 1980 to 1986, Dr. Cipolla served as general surgeon and chief of surgical service of the 108th Combat Support Hospital, Philadelphia. Upon completion of his service, he was honorably discharged with the rank of colonel and awarded the Army Commendation Medal. Dr. Cipolla retired in 1988 after maintaining a private medical practice in Upper Darby for many years.

In addition to his practice and teaching of medicine, Dr. Cipolla was passionate about motorsport racing. He enthusiastically followed Formula 1 Racing and worked as a professional motorsport physician at Langhorne Speedway in the early Indy Car era of the 1950s. He was known to drivers and fans alike as the "Race Doctor."

Carlo J. DiMarco, DO '78



Media, Pennsylvania, August 16, 2014

A distinguished leader of the osteopathic profession, Dr. DiMarco served as president of the Pennsylvania Osteopathic Medical Association from 1992-1993, president of the American Osteopathic Colleges of Ophthalmology and Otolaryngology (AOCOO) from 2004-2005, and president of the American Osteopathic Association from 2008-2009.

A 1978 graduate of PCOM and a fellow of the AOCOO, Dr. DiMarco completed his internship and ophthalmology residency at the Hospital of PCOM. He also served the College as professor of ophthalmology and director of the PCOM ophthalmology residency program which he established, strengthened and expanded for more than a decade.

In 2006, Dr. DiMarco joined Lake Erie College of Osteopathic Medicine as regional dean of clinical medicine, professor of ophthalmology, and director of the ophthalmology residency program at Millcreek Community Hospital.

Dr. DiMarco also served as team ophthalmologist for the Philadelphia 76ers and the Erie BayHawks.

A Rural Perspective on Healthcare Education

by Ernest R. Gelb, DO '78, assistant professor, family medicine, and medical director, Sullivan County Medical Center

Here I sit in Laporte, the Sullivan County seat, the center of all things good in the universe. A rural Healthcare Center has been here under the flag of Philadelphia College of Osteopathic Medicine for two generations—providing primary care medicine to the local community while training senior medical students.

Even as an eager, wide-eyed child, I knew that I wanted to be a family doc in a rural setting. My dad was a podiatrist, and I was raised in the country, in a home that adjoined a dairy farm owned by Tom G. and his family. Mr. G. taught me to milk cows and put up hay; he was also my school bus driver. He was country personified.

When it came time for me to apply to medical school, I applied to a host of allopathic schools in addition to PCOM. As I researched osteopathic medicine, it became of greater interest to me. The holistic philosophy, the primary care focus, a more complete profession—they all made sense. In the end, I had a choice of either medical world, but I chose wisely, and the rest is history. I become an osteopathic family physician (with the help of my family and many friends).

During my osteopathic medical training, I had the good fortune to rotate through Sullivan County Medical Center during my fourth year. It reinforced my love of country and rural health care. And it prepared me for my first practice following graduation—in partial fulfillment of the Public Health Service scholarship I had while at PCOM—in a small-town health center in Wyoming County, Pennsylvania. That stint completed, I opened a private practice nearby in a small town in Luzerne County that was declared a medically underserved area. My little country practice thrived and grew into a sizeable practice. With some good business decisions, it expanded to a large multispecialty practice.

Fast forward to 2011, and along came a flood, and there went the practice that helped raise and educate my family. I had been talking to Dean Veit [Kenneth J. Veit, DO '76, MBA, provost, senior vice president for academic affairs and dean] through the years about teaching at Sullivan County Medical Center. The phone rang, a full-time offer was made, and I was speechless. After much soul searching, I made the leap of faith to full-time academics. I should not be allowed to have this much fun.

Now, I'm officially an educator (even though "doctor" means educator). Having had medical students in my private practice, teaching seems second nature to me. But my new post is, at the same time, different. I have the opportunity and responsibility to help mold and educate physicians for the future of health care. It is a daunting task, overwhelming in depth and breadth.

Living country and teaching country come easy to a stump-jumper, but not so to a flat-lander. While these are terms of endearment to the rural mindset, they are different to city dwellers. They must be prepared to make an hour's drive for anything except gasoline (and that's about 20 minutes). Laporte is a town of 320 folks, in a county of 6,000. There may very well be more bears than people. The nearest hospital is also an hour's drive; so, too, are diagnostics. Rural education centers must employ all facets of medical training—including hands-on manipulation—to make a diagnosis and formulate a plan of treatment without the aid of commonplace imaging and stat labs found in the more urban centers.

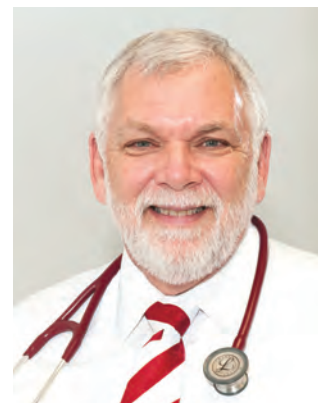
I have heard students say that we are "alone in the wilderness" up here. Most times that's a good thing. While there is no Starbucks, there is the solitude of country mornings. There is always a fascinating mix of education and life and landscape.

The patients love our students. They value them as members of the community. Baked goods stream into the office almost daily—small tokens of appreciation.

We are able to smile a lot here. Education should be pleasant. Learning should be fun. The best part is when the kids figure out that they can navigate the murky waters of medicine in the mountains, and survive. For all of us, there is a sense of fulfillment.

And for me, there is an opportunity to help students cope with the mix of professional and personal. My job is osteopathic medical education at its best.

"I have the opportunity and responsibility to help mold and educate physicians for the future of health care. It is a daunting task, overwhelming in depth and breadth."





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