

Digest


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Fall 8-2001

# Digest of the Philadelphia College of Osteopathic Medicine (Fall 2001)

Philadelphia College of Osteopathic Medicine

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FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

# DIGEST

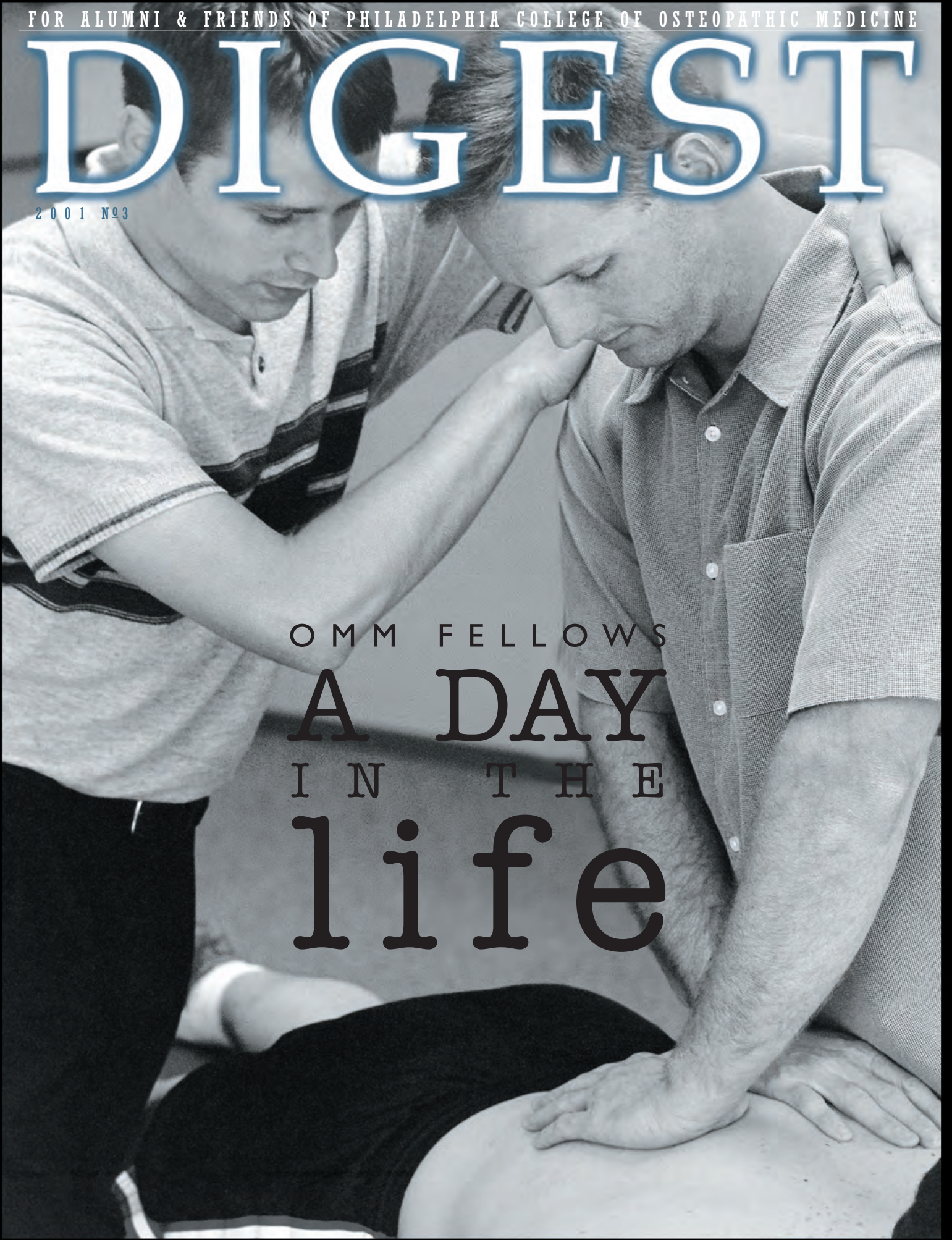
2001 No 3

COMM FELLOWS

A DAY

IN THE

life







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## OPENINGREMARKS

Dear Friends,



By the time you open this issue of *Digest*, the Philadelphia College of Osteopathic Medicine community will be putting the finishing touches on its next Strategic Plan. Derived from input from all PCOM constituencies, the Plan contains bold action steps intended to achieve 12 major goals. Among these goals are the enhancement of PCOM's image; the further improvement of its academic quality; expansion of its clinical and basic science faculties; expansion of its clinical training resources; and enhancement of its revenue streams to foster teaching, research and clinical excellence. Implementation of the Strategic Plan will broaden opportunities for good works like those described on these pages of *Digest*.

I extend heartfelt gratitude to all those in the PCOM family who have already given input to the Strategic Plan. As this will be a living document subject to continuous review and revision, I cordially invite you to contact me with your own ideas to achieve our strategic goals. Working together, there is no limit to what we can achieve for our already outstanding institution. It will be a joy to work with you.

With warmest regards,

Matthew Schure, PhD  
President and Chief Executive Officer

# DIGEST

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*OMM Fellow David Keller (DO '02), left, assists John Peacock (DO '04) in the osteopathic manipulative medicine lab.*

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# DIGEST

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I would like to commend you on the article you published in the recent issue of *Digest* on student-doctor Tara Heintz Lawlor. I was invigorated by her fervor

for learning and practicing OMM and for trying so hard to inspire her fellow classmates. While I was at PCOM I was interested in learning OMM, but couldn't get inspired to really learn and practice it. Unfortunately, I got the inspiration after I left PCOM and did my family practice residency in Lancaster, Pa. Now, I am spending lots of time and energy (and money) to re-learn what I should have learned at PCOM. Although I am getting better all the time, it is a slow process. I am now practicing family medicine in the Air Force and using OMM on many of my patients. I have found broad applications for OMM similar to what student-doctor Lawlor has discovered. As I grow as an osteopath I am convinced that this is a useful skill that can potentially help many patients. I am genuinely encouraged by students such as student-doctor Lawlor who will undoubtedly help to strengthen our profession.

*Charles J. Kovalchick, DO '96*



## DIGEST TAKES THE GOLD

*Digest* has won two Philly Gold 2001 Awards — one of Philadelphia's most prestigious competitions for the creative community. The magazine won for design of a feature article for "A Physician with a Mission," about Dr. David Coffey's medical mission to Sudan. *Digest* also won the gold for design for a full issue for the Dr. Coffey issue, 2000, No. 3.



## GOV. MINNER INSPIRES GRADUATES

Two hundred and thirty-six proud PCOM medical students became proud physicians in June at the College's 110th Commencement ceremony.

Addressing the graduating class was Ruth Ann Minner, Delaware's first woman governor. Gov. Minner's story of determination and success has been widely reported — she left school at age 16, was widowed at 32, raised three boys while earning her G.E.D. and attended college while working two jobs to support her family. Gov. Minner entered politics in 1974 to help make life better for women and went on to serve four terms as state representative, three terms as state senator and two terms as lieutenant governor.

Gov. Minner's accomplishments are diverse and numerous. Her commitment to health care is seen in initiatives such as a cancer task force and a patients' bill of rights proposal. The patients' bill of rights, she notes, will not only bolster the rights of patients, but will support the primary care physician



*Gathered together before Commencement are (from left), Florence D. Zeller, vice president for alumni relations and development; Kenneth J. Veit, DO '76, dean; Governor Ruth Ann Minner; Matthew Schure, PhD, president; Peter Doulis, vice president for finance; and Samuel H. Steinberg, PhD, executive vice president.*

by decreasing the likelihood that patients will be wrongfully denied the treatment they need and by increasing the types of procedures for which insurance companies will provide reimbursement. The legislation would also require health insurance companies to provide standing referrals in an effort to reduce paperwork. "We try to help support the doctors who care so much for the people of our state," Gov. Minner continued as she encouraged the new

doctors to set up practice in Delaware and take advantage of not only the state's beautiful rural areas and beaches but, hopefully, the newly enacted patients' bill of rights.

Gov. Minner was also one of the prime movers behind a resolution passed in the Delaware State legislature recognizing PCOM as the official osteopathic medical college for the state. DOs, she continued, treat entire families through several generations, just as she and her family have been treated by Vincent Lobo, DO '65, DACFP.



## STUDENT ASSOCIATION WINS CHAPTER OF THE YEAR

The College is pleased to note that the PCOM chapter of the Student National Medical Association was named Chapter of the Year for Region VIII. This prestigious award is presented to the chapter that not only made significant contributions to its surrounding community, but also provided stimulating workshops and guest speakers on campus. PCOM competed against local medical schools including the University of Pennsylvania, Temple University, MCP Hahnemann University, Jefferson Medical College and Penn State University as well as the University of Pittsburgh.

*Officers of PCOM's SNMA chapter are, from left, seated, Kimberly Baldwin, MS/Biomed '01, Latriece Manning (DO '04) and Thea Cooper-Barton (DO '03). Standing are Yavetta Wood (DO '03), left, and Perla del Pino-White (DO '03). Not pictured is Rashad Wilkerson (DO '03).*



## ALUMNI ASSOCIATION SETS OBJECTIVES

### Moving forward with the strategic plan

Working with vice president for alumni relations and development **Florence D. Zeller**, the PCOM Alumni Association's strategic planning committee has produced a plan for the Association, culminating in seven objectives:

- 1 Increase membership by 30%
- 2 Define leadership terms to ensure opportunities for new officers and term lengths to ensure viability of the organization
- 3 Improve relationships between osteopathic students and the organization
- 4 Simplify Alumni Association standing and ad hoc committee structure
- 5 Review current criteria for board composition
- 6 Improve communications between the Association and its membership, alumni, students and the College
- 7 Make appropriate changes to the bylaws for dissemination to the Board 30 days prior to its winter 2002 meeting and for voting at the winter 2002 meeting



### DR. ROBERT NIEWENHUIS RETIRES

Robert Niewenhuis, PhD, retired on April 14, taking with him many great memories of his 17 years at PCOM and leaving his mark as a well-loved professor and respected researcher.

"I've had many memorable moments at PCOM," Dr. Niewenhuis recalls, "but the

highlight has really been teaching and interacting with the students." Dr. Niewenhuis's love of teaching is evidenced in his having been named Teacher of the Year by first-year students six times and his having received a Mentor Award. "I came here from a research-oriented university," says Dr. Niewenhuis, "because I missed the student contact. And that's what I really love about PCOM, the students come first. The college is a very well-rounded institution. There have been a lot of curricular changes over the years, but the emphasis has remained on providing the students with a strong, basic education that will prepare them well for what they will be doing in the future. Faculty is doing more research than in the past, but the students always come first."

## KEEPING THE CURRICULUM CURRENT

PCOM has purchased the Association of American Medical Colleges Curriculum Management & Information Tool (CurrMIT), an online database that provides information about the curricula at allopathic and osteopathic medical colleges throughout the country. "This is a very valuable program," explains **Richard Kriebel**,

PhD, associate dean, curriculum and research. "It allows us to see what's going on in curriculum development much more quickly and thoroughly than before. We can see what other medical schools are doing with their curriculum. That's not as important when you're looking at the basics like anatomy or biochemistry, but it's especially useful

when you're looking at topics in 21st-century medicine and nontraditional issues. There is no medical school in the country that is not looking at curriculum development and trying to manage the overwhelming amount of information available."



## BRAINS IN THE CLASSROOM

Andrea Hlobik and Katie Heizer, (both DO '03), visited an inner-city fifth-grade classroom with two brains in tow. "The point was to show the kids what a healthy brain looks like and what a brain affected by a cocaine-induced hemorrhage might look like," explains Heizer. The two visited Pierce Middle School in South Philadelphia



*Andrea Hlobik, left, and Katie Heizer point out the differences in two brains. Part of the class, and an interview with Hlobik, was aired on the local Channel 10 (NBC) evening news.*

under the auspices of the Physicians for Social Responsibility's Adopt a School Program. Hlobik, director of the program at PCOM, explains that the program sends students from Philadelphia medical schools to conduct modules at many inner-city schools over the course of the school year. "The goal of the program is to help give kids a choice," says Heizer. "We

show them the consequences of certain behaviors. We've done modules on bullying, drugs, alcohol and one called cops and docs that shows there are real consequences to violence. We hope to get the kids at an age when they are at a crossroads and show them they do have options. We can only hope they make the right decisions."

**"The point was to show the kids what a healthy brain looks like and what a brain affected by a cocaine-induced hemorrhage might look like."**

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## PCOM INTRODUCES NEW DEGREE PROGRAMS

PCOM has established a new program within its department of psychology, the Master of Science in Organizational Development and Leadership. This 36-credit program trains human resource and other professionals in the theory, skills and techniques of organization building and leadership. With an emphasis on research and data-driven decision-making, the focus of the program is the development of program evaluation methods and performance-based outcome measures.

The College has also created a new cooperative degree program with Penn State Abington called the 3-2-1 Program. The program consists of three years of

study at a bachelor's level at a Penn State auxiliary campus and two years of graduate-level work, including a practicum, at PCOM. At the completion of the program, the student receives both a bachelor's degree from Penn State and a master of science degree in Clinical Health Psychology from PCOM.

In another joint venture, the College has developed a new track in its Doctor of Osteopathic Medicine program in cooperation with the University of the Sciences in Philadelphia (USP). Medical students can pursue a six-year program that results in both the DO degree and a PhD in health policy from USP. The PhD in health policy prepares students to participate in public policy making, management and leadership in the health field at local, state and federal levels. The first DO/PhD students will enroll in fall 2001.

## PHONATHON BRRRINGS IN NUMBERS FOR SCHOLARSHIP FUND



Ninety-three student callers contacted 1,964 PCOM alumni during the College's annual spring phonathon. Of the alumni contacted, 948 made immediate pledges and another 189 made unspecified pledges. To date, the total received for the College's DO Student Scholarship Fund is \$171,000, far more than last year's total.





## CLINICAL PRACTICES TO INTRODUCE SAFER NEEDLE DEVICES

In accordance with the Needlestick Safety and Prevention Act that was signed into law by President Clinton on November 6, 2000, all of PCOM's clinical practices have been testing safer needle devices since March.

"As an educational institution, the safety of our patients, students and doctors is our first concern," explains **Mary Marker-Krause**, director, ambulatory care network. "Since most needlestick injuries are the result of unsafe needle devices rather than carelessness by health care workers, we are evaluating a variety of devices containing needles with built-in safety features or other devices that eliminate the use of needles altogether. Using needleless IV connectors, self-resheathing needles or blunted surgical needles can help reduce the risk of injury.

"When the evaluation of the products is complete, we will buy a quantity of each type chosen and educate the staff on their use."

The Centers for Disease Control and Prevention estimated that selecting safer medical devices could prevent 62 percent to 88 percent of sharps injuries.

## STUDENTS TAKE TO THE HILL

Sixteen osteopathic medical students from PCOM joined over 400 DOs, other osteopathic medical students and supporters in Washington, D.C. to lobby for legislation important to the profession. The group met with U.S. Rep. Phil English (R-Pa.), the author of H.R. 436, a bill that would make it easier to repay medical school loans. The students then met with their state representatives or their staff members to discuss the bill and its importance. The students also addressed the issues involved in Titles VII and VIII of the Public Health

Service Act, which provide grants for health professions education. While the day was important for letting politicians hear the concerns of the medical profession, it was equally important for the students. "In my opinion, the most valuable aspect of the day was that it taught students how to work for legislative change," asserts **Scott Harrington** (DO '03), student government association president. "The more you teach DOs to get involved, the greater our power will be. I will definitely go back to have my voice heard."

## DR. SCHURE TESTIFIES BEFORE HOUSE SUBCOMMITTEE

**Matthew Schure**, PhD, president, testified before the U.S. House Subcommittee on Labor, Health and Human Services, Education and Related Agencies Appropriations. Speaking on behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), of which he is past chairman of the board of governors, Dr. Schure addressed the importance of increased funding for Titles VII and VIII of the Public Health Service Act. Titles VII and VIII provide grants for health professions education. Grants provided under Title VII, in particular, concentrate on preparing practitioners for family practice in traditionally underserved areas.

## KUDOS TO...

**Peter Adler-Michaelson**, DO '81, assistant professor, osteopathic manipulative medicine (OMM), represented osteopathic medicine at a three-day symposium on manual medicine in Vienna, Austria. The symposium was attended by physicians from Europe and the United States. In March, Dr. Adler-Michaelson was elected president of the German-American Academy of Osteopathy,

which functions in Germany as the American Association of Osteopathy (AAO) does in the United States. In May, Dr. Adler-Michaelson, in conjunction with the OMM department, hosted 32 European physicians for an eight-day program in osteopathic medicine. In November, Dr. Adler-Michaelson will address the medical faculty of the University of Romania in Bucharest at a conference on manual medicine. His address on the topic of osteopathic medicine, he notes, will be one of the first advances of osteopathic medicine into eastern Europe.

**Etheldra Templeton**, chair and executive director, library and educational information systems, gave a week-long course in Barcelona, Spain on "Biomedical information resources." Presented under the auspices of the Consortium of University Libraries of Catalonia, the course was attended by 23 library directors and reference librarians.

**Ruth D. Thornton**, PhD, interim chair and associate professor, biochemistry/molecular biology, has presented three posters in the past year on various aspects of families, communities and genetics. The most recent, "Utilizing standardized families/communities to enhance first-year medical students' awareness of population-based medicine," with R.C. Borghaei, F. Daghigh, K. Kaiser, T. Errichetti and E. Mochan, all from PCOM, was presented at the Undergraduate Medical Education meeting in Washington, D.C.

She presented a poster focusing on genetics at the Society for Teachers of Family Medicine titled "Development of a primary care driven predoctoral teaching module focusing on genetic factors in common diseases" with R.C. Borghaei, F. Daghigh, T. Errichetti and E. Mochan. She also presented a poster at the American Society for Biochemistry/Molecular Biology titled "Incorporating a 'doctors from day one' approach to teaching



biochemistry/molecular biology,” with the same coauthors.

Dr. Thornton continues to expand her Blackboard.com Web site on genetics in medicine. She is also bringing together genetics and family issues through her ongoing collaborations with Family Medicine’s Primary Care Skills course and the new integrated course, Integrated BioMedical Sciences.

**Marné Castillo**, standardized patient program coordinator, was named “Mentor of the Year” by PCOM’s chapter of the Student National Medical Association.

**Bruno Bromke**, PhD, professor, pathology and microbiology/immunology, presented “Purification and characterization of the 58kDa calcium-dependent alkaline protease from *Serratia marcescens*,” an abstract submitted for poster presentation at the Eastern American Society for Microbiology – Infection and Immunity Forum and at the Gordon Research Conference on Enzymes, Coenzymes and Metabolic Pathways. The abstract was coauthored by Joseph Ignacio, a graduate student in biomedical sciences at PCOM, and Elaine Venuti, MS, instructor, pathology and microbiology/immunology.

**Scott M. Harrington** (DO ’03) has been elected as the 2001–2002 PCOM student government association president.

**Sandra Ranieri**, MS/Biomed ’97 (DO ’02), received a National Italian American Foundation (NIAF)/Giagiari Fellowship. The NIAF awards are based on financial need, academic merit and community service. Ranieri is an osteopathic manipulative medicine fellow.

**Millicent King**, DO ’01, received the “Leonard H. Finkelstein, DO Award” for exhibiting excellence in compassionate concern for patients. The award was created by Bobbie and Gene Shaid in memory of Bobbie, a supporter and former employee of PCOM. See next *Digest* for article on King.

## NEWLY CREATED MEMORIAL SCHOLARSHIP GETS BOOST FROM OPEN MIKE NIGHT



*Students and faculty alike took to the stage for Open Mike Night.*

Working with PCOM’s development staff and **Joe Roglieri**, DO ’01, Mr. and Mrs. John P. Kearney have created the John D. Kearney Scholarship in memory of their son, who was a second-year medical student at PCOM when he died in a hiking accident in 1999. Open Mike Night was initiated that same year by Roglieri to raise money for a scholarship at Kearney’s alma mater, Wilkes University. This year’s event, at which students and faculty displayed their talents at a local club, raised \$3,020 (including t-shirt sales) for the new John D. Kearney Scholarship Fund at PCOM.

The John D. Kearney Scholarship will be awarded to a second-, third- or fourth-year student who has shown exceptional merit in his or her studies. Special preference will be given to students from Wilkes University; however, the scholarship is not limited to such students. To make a contribution to the John D. Kearney Memorial Scholarship, send your gift to the PCOM Alumni Relations and Development Office, 4180 City Avenue, Philadelphia, PA 19131.

## PCOM PURCHASES CITY AVENUE HOSPITAL BUILDING

PCOM has purchased the vacant City Avenue Hospital building adjacent to the College from a subsidiary of Tenet Healthcare Corporation. The property has been vacant since April 2000, when City Avenue Hospital’s operations were consolidated with Tenet’s Medical College of Pennsylvania Hospital.

To plan its growth, the College is in the process of developing a new long-term strategic plan, which should be

completed this fall. “Once we complete the strategic plan and have a clear sense of our direction, we will be in a better position to determine how to use the land,” says **Matthew Schure**, PhD, president. “During the strategic planning process, we will be exploring possibilities for academic programs, and this land will allow us to construct new facilities to meet our expansion needs.”



## PCOMUPDATES



Jonathan Auten  
(DO '04)

### MIXING POETRY AND MEDICINE

**Jonathan Auten** (DO '04) believes that “poetry and medicine are...symbiotic. To me, poetry is simply the search for those elements that define the human condition and it is medicine that allows the physician to be privy to see the human spirit in all its naked splendor.”

At the request of PCOM's class president, Auten wrote and read the eulogy given at the University of Pennsylvania in memory of the cadavers used in gross anatomy. “It was one of the greatest honors anyone has laid on me because gross anatomy was such a sacred and meaningful experience to me,” he recalls.

The eulogy, dedicated “To Helen (My Cadaver): The greatest teacher I have ever known,” reads, in part:

*I wish there was some way  
beyond these simple lines  
to repay the debt I owe  
to the most selfless person I will ever know.  
For you have given me a knowledge  
that will touch three lifetimes,  
and your eulogy will be repeated  
in every patient that I see.  
Each time I press my stethoscope  
against a chest and hear a breath's sound  
I will remember you.*

Auten also won first place in the 19th annual William Carlos Williams Poetry Competition sponsored by the Human Values in Medicine Program of the Northeastern Ohio Universities College of Medicine (NEOUCOM). The poem, “Where would we be?,” which will be published in the *Journal of the American Medical Association*, is reprinted here with permission from NEOUCOM.

#### *Where would we be?*

*Where  
would you be  
William Carlos Williams  
if you hadn't seen  
the intimate moments that exist  
between patient and physician?*

*Could you have  
known the inherent  
art in healing,  
if you never made  
house calls along the crooked  
dirt paths of the Catskill  
Mountains?*

*Would you have  
drawn your inspiration  
from Ezra Pound,  
if you never  
attended Penn  
School of Medicine?*

*Could you have written  
the birth of a Puerto Rican  
boy in slow, steady  
lines, like  
the well-planned  
breaths his mother took?*

*If you never wrote  
(like you alone  
could write),  
would the verse  
have ever opened  
up for us all  
like that newborn's  
wet, damp palm  
held up to the heavens?*

*Where  
would we be today  
William Carlos Williams,  
if you hadn't first  
captured the rain  
glazed on a red wheelbarrow;  
opening our eyes  
to see clearly  
that medicine,  
like poetry  
is simply the pursuit  
of that rare element  
that can be captured  
in a breath,  
a motion,  
or a simple glance.*



Ameet Parikh (DO '03), left, and Tim Heckman (DO '03) ham it up backstage at Follies.

### 'TIS NOT ALL FOLLY

Though light-hearted and silly on the outside, Follies has a heart of gold. Each year the proceeds from the event are donated to charity. This year's charity touched the heart in a special way; at the request of Follies' co-producer **Jeremy Aikey** (DO '03), it was chosen by **Matt Antrobus** (DO '03). Antrobus selected Crossing the Finish Line, a local organization that sends terminally ill patients on an all-expense-paid vacation with their primary caregiver. Antrobus knows first-hand how valuable this organization is: Earlier in the year it sent him and his wife to Carmel, California. Antrobus has malignant lymphoma. “This is a trip we would not have been able to take without Crossing the Finish Line,” says Antrobus. “It's a great organization. When Jeremy asked me for a recommendation, I knew I wanted Crossing to be the one.” Follies raised \$1,500 for Crossing the Finish Line.



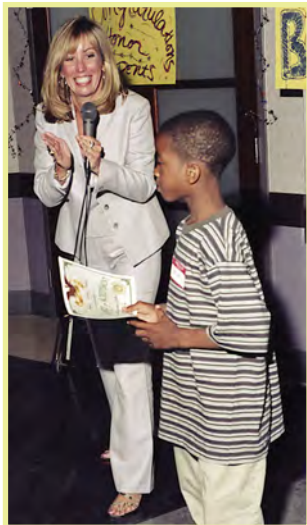


## GUESTS OF HONOR

It's not unusual to see the PCOM cafeteria filled with talkative students, trays filled with food, laughing and joking among themselves. What *is* unusual is when those students are children and teens. Once a year, students from first to twelfth grade, accompanied by family members, pack the cafeteria for an afternoon of celebration. But these are not just any students; they are honor roll students and patients of **Rosemary Vickers, DO '83**, associate professor and chairman, pediatrics. For the past 12 years, Dr. Vickers has hosted a party for her patients who have made honor roll on their last report card of the year.

"I'm a big proponent of education," explains Dr. Vickers. "School is imperative; it's the primary job of a child's life – it affects their esteem, sense of self-worth and future. And it's our job as pediatricians to do everything possible to encourage kids to do well in school."

*Dr. Vickers applauds an honor roll honoree.*



*Magician John Cassidy chooses an assistant from the audience.*

To that end, Dr. Vickers and **Carl Pullen, DO '90**, both of whom practice at City Line Pediatrics, let their patients know that they will be invited to the gala end-of-year party if they make the honor roll. Dr. Vickers's encouragement also helps the parents become more aware of the importance of school and play a bigger role in their children's academic life.

The party, complete with food, balloons, a clown and magician, was covered by the local ABC affiliate, Channel 6 Action News.

## COLLEGE RECEIVES COMMUNITY SERVICE AWARD

PCOM was honored by the Philadelphia Chamber of Commerce and the Philadelphia Area Council for Excellence at their Eighth Annual Business & Community Excellence Tribute. The College was recognized for its commitment to providing health care to underserved areas through its community healthcare centers.

PCOM operates four urban healthcare centers, one each in West Philadelphia, North Philadelphia, City Avenue and Roxborough. They are unique in that no one is turned away

for an inability to pay or for a lack of health insurance. In keeping with the osteopathic philosophy of treating the whole person, the healthcare centers specialize in family medicine with an emphasis on health awareness and prevention of illness and disease. The emphasis at each center is not only on quality care but also on community service in the form of free health screenings and educational programs in local schools and organizations.

# PRACTICE MAKES PERFECT

## PCOM STUDENTS LEARN TO TAKE A HISTORY AND PHYSICAL FROM DAY ONE

If you were a fan of the hit television show “Seinfeld,” you might recall this episode: Kramer and his friend, Mickey, decide to employ their considerable acting talents to make a few bucks portraying patients with specific ailments at a New York City medical school.

The comical pair delve deep into character to help the medical students learn how to deal with patients. And though some aspects of the episode were, of course, sheer lunacy, there was more than a shred of truth to what unfolded in that exam room, under the watchful eye of the faculty.

What was realistic in that episode was the use of standardized patients – actors and real patients trained at medical schools to portray a specific illness in order to expose medical students to taking a history and physical. It was an idea born at Southern Illinois University School of Medicine and one that has moved medical education forward.

At the helm of PCOM’s Standardized Patient Program is Tony Errichetti, PhD, professor, department of medical humanities and education, and director, Robert Berger, DO Clinical Learning and Assessment Center, where the program is run.



*Shawna Murphy (DO '04) sees a patient in the Standardized Patient Program.*

“I started the Standardized Patient Program at PCOM in the early '90s,” recalls Dr. Errichetti, an affable, thoughtful man who has presented material about standardized patients in Scandinavia, eastern Europe, the U.K. and the Philippines as well as in the United States.

“The PCOM philosophy is ‘doctors from day one,’ and the Standardized Patient Program helps to foster this idea,” he says.

This is accomplished by starting students in the program immediately, in their first year at PCOM. They enter an exam room and begin a one-hour history and physical with the actor-patient, while a video camera records everything they do and say. “We want them to already have some basic skills when they go on clerkships,” explains Dr. Errichetti.

And as PCOM grows, so does the program. In 1993, the first year of the program, there were 250 encounters among the osteopathic medical students. Last year, there were 4,100 encounters in the doctor of osteopathic medicine program, physician assistant program and masters and doctoral programs in psychology.



*Shawna Murphy (DO '04), left, discusses her patient encounter with Marné Castillo, coordinator, Standardized Patient Program, and Tony Errichetti, PhD, director, Robert Berger, DO Clinical Learning and Assessment Center.*

Here's the breakdown of what is required in each program:

- DO program (years one and two): one hour per term
- PA program: 25 hours per year
- Psychology programs: three hours per year with a standardized patient portraying a mental illness

"We're looking to expand the program more intensely," says Dr. Errichetti. "We're looking for funding to expand from five to 12 exam rooms, add office space, video equipment and more," he says. "This would cost about \$1 million."

## INFORMATION

For more information about PCOM's Standardized Patient Program, contact **Tony Errichetti**, PhD, at:

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## "I REMEMBER JUST KNOCKING ON THE DOOR, TERRIFIED..."

**M**ichelle Zetoony (DO '03) recalls her first experience with a standardized patient (SP), vividly. "I remember just knocking on the door, terrified, not knowing what to expect. Having an SP session in the first week of the first year was a true sink or swim situation — but you have to start somewhere," she says.

The fear and trepidation aside, Zetoony realizes the importance of that first encounter as a building block that works in conjunction with Primary Care Skills, a didactic course that introduces students to clinical skills in their first and second years.

"When I am in the room with the SP, I'm constantly thinking that this person has to repeat the same bogus story to dozens of students year after year and that they must be bored to death," says Zetoony. "In actuality, the responses that I get from them are very positive. They seem to enjoy the fact that they are 'educating' future physicians," she says.

"We're just happy not to have to practice on each other," she adds.

Zetoony says she found the experience very useful and that it has helped her gain more confidence in dealing with a "patient."

"Not that I'm completely relaxed at doing the history and physical now, but I'm definitely more prepared than I was 15 months ago," she emphasizes.

She advises new students to prepare by doing the assigned reading and to ask the faculty for help when they seem to stumble. "The program is there to make students feel awkward in front of a simulated patient rather than dealing with that first patient experience on those first days of clerkships," she explains.

"Take it seriously."

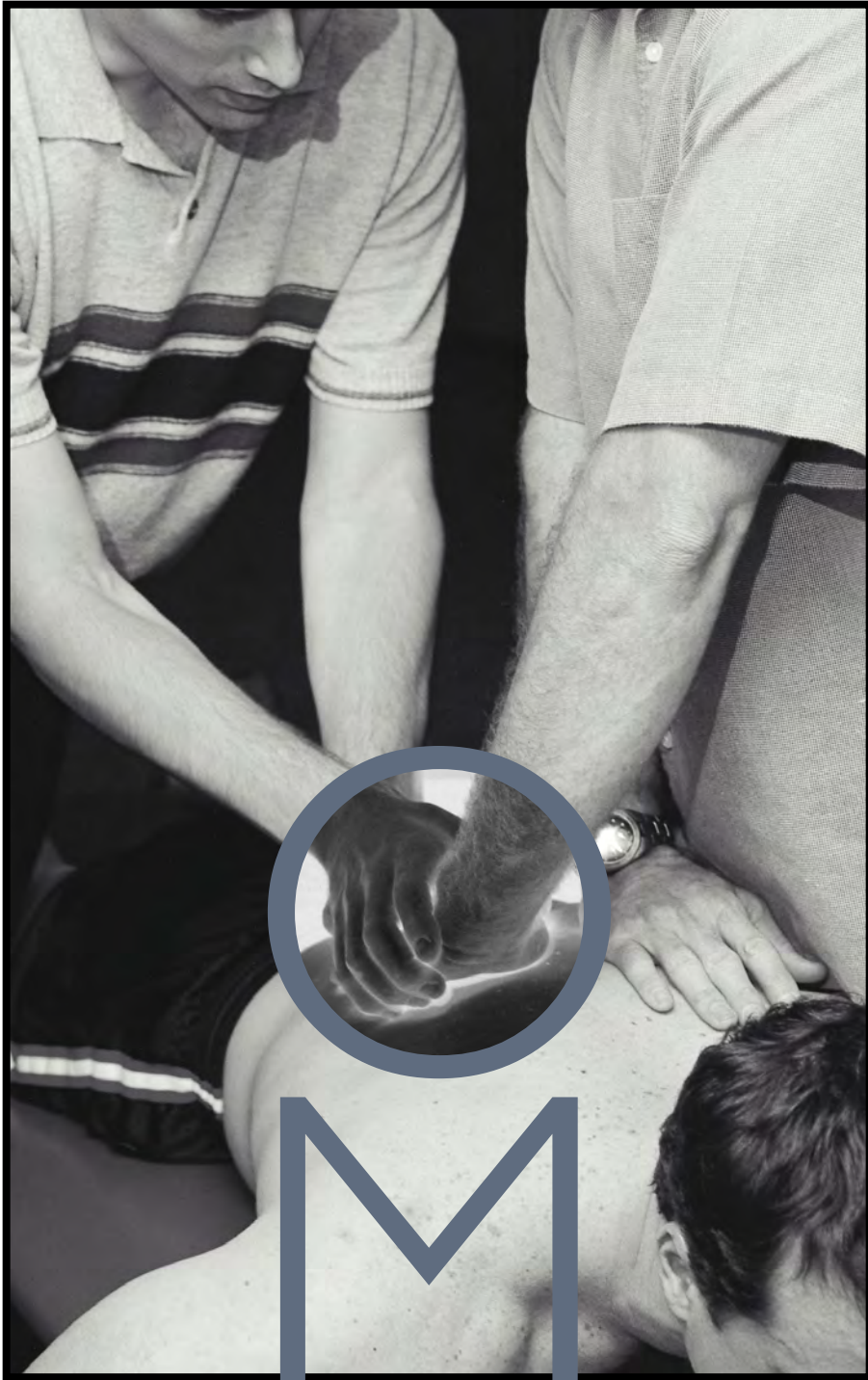


# OMM FELLOWS

## A DAY IN THE life

“I don’t feel like I’m getting it,” says a second-year student as he presses his palm into another student’s back during osteopathic manipulative medicine (OMM) lab. David Keller (DO ’02) comes to the table and explains the technique. He places his hands over the student’s hands and asks, “What do you feel?” The student answers correctly. Then Keller searches for the next student who looks confused.

Keller is an OMM fellow, a student who studies the theory and practice of OMM intensely for an extra year through the C. Paul Snyder, DO Osteopathic Manipulative Medicine Fellowship Program. Students serve four months a year for three years in PCOM’s OMM department, helping to teach students and see patients as well as participate in research and other activities. Currently, there are 14 fellows: six senior fellows including Keller, four junior fellows and four who have just been named.



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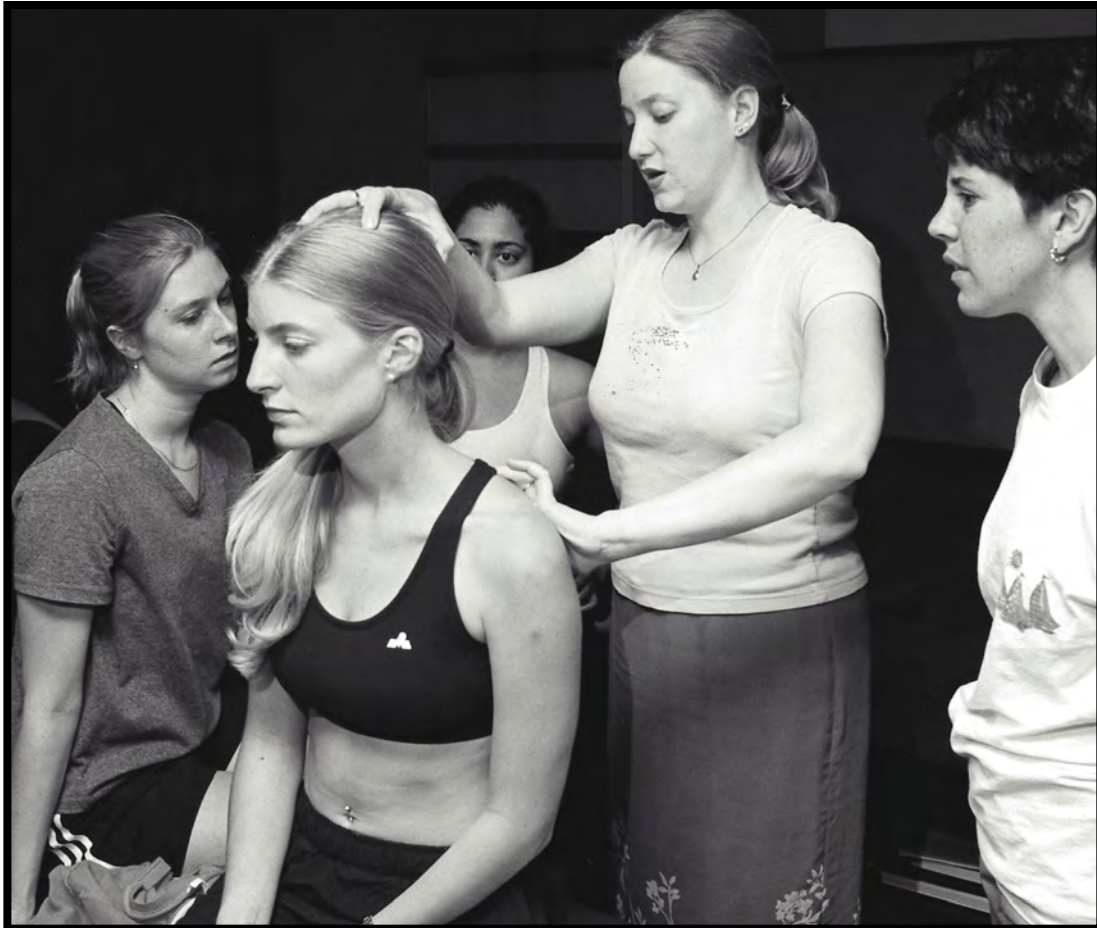
In addition to Keller, OMM fellows Mary Greiss, DO '01, and Lauren Johnson (DO '02) were floating around the lab, lending a hand and making sure students understood what the lecturer was saying. At the same time, another fellow, Christine Ann Mitchell (DO '03), was treating patients in the OMM practice, and yet another fellow, Ari Greis (DO '03), was in SPA-mode. SPA, or "special projects assignment," can include everything from writing test questions to conducting research to reading a journal article to share later with the other fellows.

The fellows' commitment to OMM is so strong that they perform all these duties in addition to their regular medical studies.

Alexander Nicholas, DO '75, chairman, OMM, started the fellowship program in 1994 with two fellows. "The program began as strictly a teaching fellowship, because we needed help teaching the large number of students in OMM lab," says Dr. Nicholas. "But because of the fellows' interest in clinical practice, the program has evolved to include much more. Fellows run an OMM clinic for students and employees and even practice in some of PCOM's healthcare centers.

"I treat them like junior faculty members. I hope that they all continue to teach here or become preceptors after they graduate."

Here, we offer a glimpse of the daily life of the fellows, in all their roles: teacher, caregiver, scholar and mentor. Also, in the sidebars, we explore current issues in osteopathic medical education and list the fellows' research projects.



*Fellow Mary Greiss reinforces a point the lecturer made in OMM lab.*





*Top: Demonstrating how to assess for spinal symmetry and scoliosis is Todd A. Bezilla, DO '97, clinical instructor, OMM. Dr. Bezilla was one of the first two OMM fellows in 1994 (the other was Gretta Gross, DO '97).*

*Middle: Fellows joke around during downtime in the OMM practice. Left to right are Ari Greis, Sandra Ranieri (DO '02), Mary Greiss and David Keller.*

*Bottom: Fellow Mary Greiss, left, tutors students who want extra help in OMM.*



“The most important thing the fellows do is carry on the osteopathic tradition – we try to get to the core of the osteopathic roots.”

— FELLOW DAVID KELLER

## Fellows' research projects

Studying the effects of osteopathic manipulative treatment (OMT) on alleviating the signs and symptoms of chronic asthma.

— Thomas Haley

A pocket manual of OMM techniques for the treatment of various medical presentations, geared to third- and fourth-year students.

—Tara Heintz Lawlor and Sandra Ranieri

The effects of OMT on patients with cystic fibrosis during a pulmonary exacerbation.

— Natalie Hayes

Radiographic evidence of cranial bone mobility. (Submitted for publication.)

The effect of osteopathic manipulation on post-operative pain – A prospective randomized pilot study. (Undergoing IRB review at Temple University Hospital.)

— Sheryl Oleski

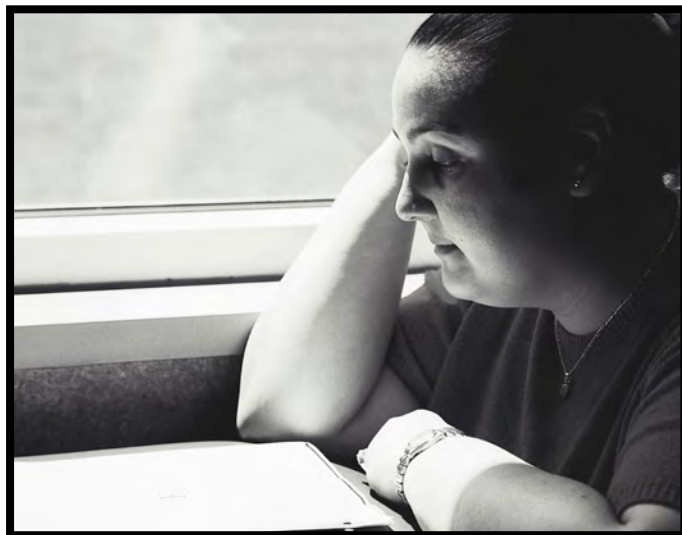
The use of rib raising on the reduction of pain in post-operative laparoscopic cholecystectomy patients. (Pending IRB approval.)

— Sheryl Oleski, Christine Ann Mitchell and Ari Greis

## OMM Fellows, 2001–2002

Ari Greis (DO '03)  
Thomas Haley (DO '03)  
Payce Handler (DO '03)  
Ellen Hauck (DO '04)  
Natalie Hayes (DO '02)  
Phillip Troy Henning (DO '04)  
Lauren Johnson (DO '02)  
David Keller (DO '02)  
David Lancaster (DO '04)  
Tara Heintz Lawlor (DO '02)  
Christine Ann Mitchell (DO '03)  
Sheryl Oleski (DO '02)  
Sandra Ranieri (DO '02)  
Jeremy Teppig (DO '04)

(Mary Greiss, DO graduated in '01)



*Top: Fellow Sandra Ranieri reads a journal article that will be discussed at the next Journal Club. The fellows meet regularly with faculty to discuss articles on OMM that have been published in professional journals. They also review non-OMM articles – to discuss how OMM could have been applied in the case.*

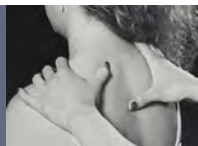
*Middle: Fellows take a much-needed break in the Evans Hall courtyard with OMM chairman Alexander Nicholas, DO '75. Left to right are David Keller, Mary Greiss, Lauren Johnson and Dr. Nicholas.*

*Bottom left: Performing a multi-hands treatment are, clockwise from left, fellows Ari Greis, Mary Greiss, Sandra Ranieri and David Keller.*

*Bottom right: Fellow Lauren Johnson helps take attendance in OMM lab.*

“You need to put your hands on a person. It's like: You might be able to read music, but that doesn't mean you can play an instrument.”

— FELLOW CHRISTINE ANN MITCHELL, TUTORING STUDENTS ON AN OMM TECHNIQUE





## Breaking the Osteopathic Manipulative Medicine (OMM) barrier

Waning emphasis on osteopathic principles and practices in pre- and postdoctoral clinical programs, unfamiliarity with OMM among allopathic attending physicians, time constraints in today's health care environment and a lack of scientific research demonstrating OMM's efficacy – these are among the barriers to the greater acceptance and practice of OMM in medical schools and clinical settings. The challenge is how to break through. Solutions may be found among committed individuals, osteopathic medical associations and colleges.

## Enhance osteopathic principles and practices at all levels

In 1998, a survey revealed that 89 percent of Americans do not know what a DO is. In response, the American Osteopathic Association (AOA) launched the Campaign for Osteopathic Unity, the goals of which are to accentuate the distinctiveness of DOs and osteopathic medicine; make DO a household word; and unify the osteopathic medical profession.

The AOA is working to achieve these goals through several means, including enhancing the teaching of osteopathic principles and practices in osteopathic medical schools and promoting those principles and practices in graduate and continuing medical education. "We must ensure that osteopathic principles and practices are taught both at predoctoral and postdoctoral levels," says Donald Krpan, DO, president, AOA. "I think it's an area where we are remiss in our postdoctoral programs and even the clinical training for our third- and fourth-year students. We get busy with some of the other arenas of medicine and forget to teach and apply those principles as role models for our students."

Dr. Krpan acknowledges the challenges to applying OMM in the hospital setting. "You don't have to practice OMM on every patient you have in the hospital, but if you are going to be true to your ideals and uphold the tenets of the profession, then you are obligated to show students how osteopathic principles apply to the clinical setting," he asserts. "Otherwise, is there a reason to continue to train this kind of physician?"

Dr. Krpan has made his tenure as AOA president "the year of the intern and resident" to seek solutions to clinical education issues. "Among my concerns is the fact that we are unable to provide residencies for 60 percent of our graduates, and we are short approximately 600 internships," he says. "We are losing numbers of our interns and residents who are training outside the profession. If they are training in the allopathic world, they are not going to get osteopathic principles and practices in their clinical training. I see that as a threat to the osteopathic profession."

*Above: In the OMM practice, fellow David Keller treats a patient with sinus pain. The fellows treat mostly students, but you never know who will show up. A few times, Dean Kenneth J. Veit, DO '76, has come knocking on the fellows' door for a treatment.*



## Build a cadre of committed OMM practitioners

What is the “state of the union” with respect to teaching and practicing OMM? Surveys by the American Association of Colleges of Osteopathic Medicine (AACOM) indicate that “Osteopathic principles and practices are well taught within the first two years of medical school, after which there is a very significant drop-off in the third and fourth years and in internships and residency programs,” says Douglas Wood, DO, president, AACOM. “This is not universally true, because some schools seem to be doing a better job than others.”

When OMM is not performed, lack of time is often the reason. “In their third- and fourth-year clinical rotations, students are working with practitioners, interns and residents,” Dr. Wood explains, “who say they simply do not have the time to do manipulation. This is not everybody, but I think the majority will state that it’s a matter of time.”

It’s a self-perpetuating problem. “If students do not see very much manipulation from interns, residents and practitioners, they lose a lot of what they learned the first couple of years,” Dr. Wood says.

The same applies to discussion of broader osteopathic principles. “There is not a great deal of discussion relative to the principles once students get to the third and fourth years,” he says.

The solution requires commitment from schools and individuals. “In some instances, it simply takes a strong department of osteopathic manipulative medicine, which is willing to follow through in the third and fourth years,” Dr. Wood says. “In another instance, a DME [director of medical education] who is very active in the area of manipulation and is doing some research in that area has stimulated students to be more involved.

“The key to the whole thing, I believe, is for us to begin to build a cadre of students and subsequent practitioners who have been exposed to manipulation throughout the whole of their training – who understand the value,” he says.

Dr. Wood says OMM fellowships such as PCOM’s – one of only 15 in the United States – help to build this cadre of practitioners. “So the value is tremendous,” he says. “If we keep them up and grow the numbers in the fellowships, eventually we will get to where we need to be.”

## Developing osteopathic research is key

PCOM’s OMM fellowship program is helping launch a new generation of dedicated practitioners through advanced training, scientific research and peer mentoring.

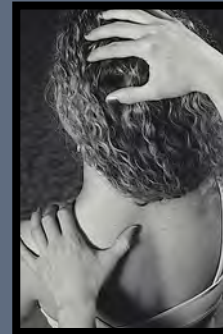
“The task is really to create a continuum of education, including osteopathic manipulative medical education, from the first year through residency,” says Matthew Schure, PhD, president, PCOM.

PCOM and the New England College of Osteopathic Medicine have a joint grant to develop OMM teaching modalities for interns. “If one really believes in continuum, one is obligated to optimize opportunities for OMM education throughout osteopathic medical education,” he notes.

Dr. Schure says students at every level are interested in OMM, and have made a number of suggestions for enhancing OMM education. Among their suggestions: more integration of OMM throughout the curriculum, more socialization with directors of medical education and hospital staff to facilitate integration of OMM in clerkships, and more discussion of research on the efficacy of OMM for a wide variety of conditions.

“I think the biggest way we can contribute to change is by research that shows the scientific and objective benefits of manipulation,” says Dean Kenneth J. Veit, DO ’76. “The fellows are playing a part with their research.”

OMM research will get a boost from the National Institutes of Health (NIH), which requested a proposal to fund a national center devoted to research on the efficacy of osteopathic manipulative techniques. In response, AACOM members formed a panel of outstanding researchers to collect information for a grant proposal to the NIH. “We need to do rigorous research, and, when we have statistically significant differences in terms of the impact of OMM on patient outcomes, to publish aggressively,” Dr. Schure says.

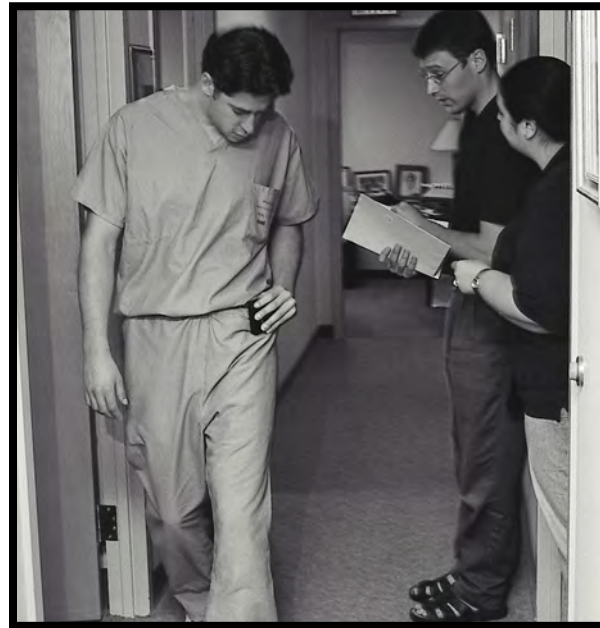




*In OMM lab, fellow Lauren Johnson, right, reviews techniques with a group of students.*



*Showing their lighter side are fellows, left to right, David Keller, Lauren Johnson and Mary Greiss.*



*Fellow Ari Greis gets beeped to see a patient in PCOM's headache research project being conducted by Patrick Coughlin, PhD, professor, anatomy. The study is designed to determine if OMM is effective in treating three kinds of headaches: migraine, tension and sinus. Many of the fellows also conduct their own research projects. (See page 16.)*

“OMM is such a paradigm shift – it’s totally different than memorizing some subject. It takes a lot of time and students have to work on each other. It’s tough.”

— FELLOW LAUREN JOHNSON



WILLIAM  
THOMAS

# Crow, DO

## TELLS HIS PATIENTS “I’VE BEEN THERE”

William Thomas Crow, DO, assistant professor, osteopathic manipulative medicine (OMM), admits he used to hate doctors. He had had only bad experiences with them. Like at age 12 when he was given an antibiotic right before he started summer camp that made him light-sensitive, and he blew up like a balloon. Or when he had a reaction to a tetanus shot and lost his memory for three days.

His experiences with doctors only got worse as an adult, when he hit his head playing racquetball and went from doctor to doctor in search of elusive relief for constant headaches and a racing heart rate.

So when he announced, at age 26, that he was changing careers and going to medical school, utter disbelief was the common reaction of family and friends. They knew he wasn't fond of doctors, and they also knew he hated the sight of blood. And what about his dream of writing for television or film? Dr. Crow, who had a radio, TV and film degree from Texas Tech, was always a writer, having published his first article in a national magazine during high school.

But Dr. Crow's story is about finally finding a doctor who could help – who not only could take away the pain but knew why he was having the pain. And Dr. Crow was so influenced by this doctor, an osteopathic physician at Texas College of Osteopathic Medicine (TCOM), that he decided to follow in his footsteps.

### FINDING THE CURE

When Dr. Crow was working in the audiovisual department at TCOM, his best friend was a medical student there. The student knew about his friend's headaches, his frequent blackouts and how he had been to a slew of doctors – family doctor, neurologist, neurosurgeon, cardiologist – with no relief.

“You should see Dr. Peckham,” the friend told Dr. Crow, referring to John Peckham, DO, who practiced at TCOM's Sports Medicine and Rehabilitation Clinic. Dr. Crow was skeptical, but he went.

“It was the most unusual office visit I ever had,” remembers Dr. Crow. “He played with my head, then placed a hand under my tailbone and left it there for a while.”

But his headaches got better and his heart rate went down, so he continued to see Dr. Peckham. And, for the first time, someone could tell him what the problem was. “The vagus nerve was trapped at the base of your skull,” Dr. Peckham explained one day.

His headaches disappeared, he stopped blacking out, and he was off all his medications. With a strong desire to help people the way Dr. Peckham did, Dr. Crow started taking prerequisites for medical school. He entered TCOM at age 28, with Dr. Peckham as his mentor all four years.

Dr. Crow wasn't the typical student: He was married, and during the first week of medical school, his daughter, Rachel, was born. “Her first picture book was Lesson and Lesson's ‘Histology,’” he notes.





## A NEW CAREER BEGINS

After graduating from TCOM and serving a family practice residency, Dr. Crow practiced in Texas for 10 years before being recruited for PCOM's OMM department in 1999.

He sees himself in his patients – people who have almost lost hope for relief for their head, neck and back pain, people who are as desperate as he was 20 years ago. Dr. Crow says he has been able to help many, and has had great success with cranial manipulation. But he's quick to add, "I'm merely the catalyst for the body's own healing."

There's the 27-year-old patient who had suffered from migraines his whole life – the first words out of his mouth as a baby were "head hurt" – who no longer needs the five pills a day he had been taking. And the PCOM student who

had some hearing loss restored. Then there's the former dancer who had been bedridden for 10 years and is now winning ballroom dancing competitions. One patient flies in from Texas.

"Every day, I hear three words from my patients: amazing, miracle and magic," notes Dr. Crow. "For people who don't understand the principles of science, it does seem like magic. But it's based on anatomy and physiology. It's more about how connective tissue works.

"I can train students to do what I do – I'm not that special," adds Dr. Crow.

His patients think otherwise. In fact, they've been begging him to tell their dramatic stories in a book so others won't have to suffer. Dr. Crow, not one to turn away from a writing project, likes the idea of a book for the layperson on osteopathic healing, "in plain English, so people can understand what

we're doing," he explains. He's working on it now and already has a title: "From heart to hand: A physician's journey into healing."

This isn't the only writing project for Dr. Crow, who writes every night for two to three hours. He's working on a book about cranial manipulation, which German doctors asked him to write after he spent two weeks in Germany instructing them. He's also writing a review book for the OMM boards.

And he hasn't left behind his first love. He still writes screenplays; his latest is "Company Secrets," about a CIA director trying to cover up his involvement in the assassination of a South American dictator 30 years ago.

Dr. Crow's been to major Hollywood studios twice to pitch two other screenplays: "The Second Revolution," a comedy/adventure about someone trying to overthrow the government, and "The Lovesick Computer," about a computer-generated image who comes to life and falls in love with her creator. "The studio people were intrigued because I was a physician," he says.

He recently ventured into Web-based entertainment for kids, creating an action series based in space. He has also written several children's books and a pilot for a television show.

None of his projects has been bought by a publisher or studio – yet. But he continues to plug away, leading his double life: writing at night, seeing patients and teaching students by day.

It's the students that give Dr. Crow the most satisfaction. "There are enough students here at PCOM who want to learn," he says. "Students who challenge you and ask 'why' – and who aren't just interested in passing a test or getting a certain grade."

He tries to ingrain in his students three things: listen to the patients and touch the patients, and understand that OMM has a scientific basis.

Dr. Crow adds, "The best thing for me is turning students on to osteopathic medicine for life."





## ROOM TO OPERATE

### PROFESSOR OFFERS STUDENTS GUIDANCE AND FREEDOM IN EXPERIMENTAL CARDIOVASCULAR SURGERY TEAM

FOURTH IN A SERIES OF ARTICLES ON RESEARCH AT PCOM

Charlotte H. Greene, PhD, professor, biomedical sciences and director of PCOM's Experimental Cardiovascular Surgery Team, is explaining a technical point about synthetic vascular graft function when a student pops his head in the door of her laboratory.

The student asks a quick question and then begins to fade from the doorway. "Don't go too far," Dr. Greene pleads, with a half-smile. "We're going to need you pretty soon."

When Dr. Greene says "need," she isn't kidding. She counts on her students quite a bit. This particular student, George Koenig, MS/Biomed '99 (DO '03), has been a member of Dr. Greene's Experimental Cardiovascular Surgery Team since he was in the master of science in biomedical sciences program at PCOM. Today, Koenig is student director of the 40-member team, which is guided by Dr. Greene but actually run by her students.

Dr. Greene's Experimental Cardiovascular Surgery Team provides an early clinical experience for students, while educating them about surgery, anesthesia, postoperative and follow-up care, histology, collecting data and preparing a research paper for presentation. The students order the supplies, keep the

inventory, make the surgical schedule and keep contact with one another about exactly what needs to be accomplished, and by when.

The team has been working with a porcine model to determine whether swine small intestinal submucosa allografts are a feasible alternative to synthetic grafts in the repair of aortic aneurysm. Synthetic grafts can result in infection, rejection and incomplete endothelialization. "We started out with just a patch graft in the artery and later moved on to a full-circumference graft," explains Dr. Greene. "The students monitor the progress of the graft," she adds.

"We're trying to develop a biological graft," notes Dr. Greene, "that may someday be implanted in humans and won't be rejected."

"What we're using is a layer of the jejunum, which is part of the GI tract. We're preparing it by scraping the muscle off of it, the mucous membrane off the other side, until we're left with just a thin, tough, fibrous material, which is essentially sausage casing." The material is very strong, adds Dr. Greene.

## SEEING THE BIG PICTURE

Students become involved for a variety of reasons. “I was looking to become involved in a research project and this one opened my eyes,” says team member Louis Costa, MS/Biomed ’98 (DO ’02). “It allows us to integrate what we learn in the basic sciences with the clinical end.”

Team members even act as teachers during weekend sessions in which undergraduate students from numerous colleges come to PCOM for “a medical experience.”

The sessions help these college students learn whether medical school might be for them, and also provide the opportunity for PCOM students to learn, by teaching others.

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**“I come in here and every day I get to work with the best and the brightest. These are students with ability and enthusiasm. I have the best job in the world.”**

— CHARLOTTE H. GREENE, PHD  
PROFESSOR, BIOMEDICAL  
SCIENCES AND DIRECTOR,  
EXPERIMENTAL CARDIOVASCULAR  
SURGERY TEAM

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“Team members are enthusiastic and bright,” emphasizes Dr. Greene. “Their work with the team is in addition to their studies.”

Most team members are first- or second-year osteopathic medical students, while others are third- or fourth-year students, and still others are in the master of science in biomedical sciences program. Many students, such as Koenig and Costa, stick with the team for several years. “It provides early,

Students realize that experience with a research project and writing and presenting their work can affect how well they do when applying for a residency. But beyond such goals is the bigger picture.

Research enables students to spend more time with individual faculty members, deepening the knowledge they gain in lectures, labs and reading. “It’s incredible to be able to have a one-on-one relationship with an adviser or mentor,” remarks Richard M. Kriebel, PhD, associate dean, curriculum and research. “That kind of time and experience is very rich.”

Participating in various research projects, such as Dr. Greene’s Experimental Cardiovascular Surgery Team, enhances students’ appreciation for everything they learn.

“When they’re involved in research projects, they don’t take the 10- or 15-minute procedure they’ve learned to do for granted,” says Dr. Kriebel. “They learn when they see how much time and effort goes into research that the 10- or 15-minute procedure took someone many hours of blood, sweat and tears to develop,” he adds. “It adds respect and appreciation that has a tendency to stick with them.”

Research projects also teach students that there’s not a whole lot of difference in the thinking that goes into being a good researcher and a good physician, says Dr. Kriebel. “You have a problem, you ask good questions, and hopefully come up with the right answers.”

hands-on experience,” remarks Jason Montone (DO ’03).

Begun by Dr. Greene seven years ago, the team meets whenever possible and does its heavy lifting on weekends. That’s when team members work most closely in eight, five-station groups consisting of surgery, anesthesia, histology and more.

“These students have chosen to become involved in this project, so they’re very interested,” explains Dr. Greene. “Everyone on the team has a job that’s important to the process and the outcome.”

In typical fashion, Dr. Greene gives her students the credit for the program; she does not claim much for herself. Her efforts, however, do not go unrecognized. “It is her attitude, her approach, the atmosphere she creates that allows these students to blossom,” explains Richard M. Kriebel, PhD, associate dean, curriculum and research.



*Charlotte Greene, PhD, director of PCOM’s Experimental Cardiovascular Surgery Team, works closely with Arthur J. DiMarsico, DO ’95, the team’s attending surgeon. Previous attending surgeons are Clara Marie Higgins, DO ’93, and Gregory J. Lynch, DO ’83.*



Along with Dr. Greene, volunteer faculty surgeons and the team work toward procedures performed one or two times each month. Their goal: to determine whether porcine small intestinal tissue would provide a strong, durable vascular graft in a porcine model. Their work must pass muster before PCOM's Institutional Review Board to determine the project's scientific merits and bioethics.

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**"This project has meaning. It's great for expanding our understanding of basic medicine. And we owe thanks to Dr. Kriebel, whose support has meant a great deal to the project."**

— Dana Buchanan (DO '03)

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A pilot study has been done and the results were presented by students at several conferences and other venues, including the Annual Clinical Assembly of the American College of Osteopathic Specialists, the American Osteopathic Association Research Convention, the New Jersey College of Osteopathic Physicians and Surgeons and, by special request, to the students, residents and physicians at St. Barnabas Hospital in the Bronx, NY.

Past surgery team leader Bret Smith, MS/Biomed '98 (DO '02), placed second in a Pennsylvania Osteopathic Medical Association essay contest for a paper detailing the work of the team.

The pilot study has done well, and Dr. Greene's plans include applying for



*Students on the team make the graft (top), learn microsurgery techniques in order to sew the graft (middle), then place the graft in an artery.*

funding in the fall. "We're looking for a training grant: what's involved in research, how to keep records," she explains.

Acquiring these skills is pivotal to many of those on the team. "DOs are not exactly that visible, as a group, on the research front," notes Koenig. "Now that there's a push for research in osteopathic medicine, areas like this are opening up and presenting opportunity, now, and teaching us about research, for our future."

Some of the team members are interested in a career in surgery, some are interested in anesthesia, while others are looking forward to careers in primary care. The program offers an education in skills that any physician might find useful, and it teaches them to work closely with colleagues while helping them learn how to manage their time under difficult circumstances and with a tight schedule.

"Regardless of which field you go into, I think the surgical aspects we learn about are very relevant," remarks Koenig.

"While PCOM emphasizes family primary care, there continues to be a number of students especially interested in general surgery as a career goal," notes Dr. Kriebel. "The experimental model developed under Dr. Greene's supervision provides these students with an outlet for their interest. The model is broadly accepted in the surgical literature as a step in application of new approaches to the human condition. The students have an opportunity to develop mental and physical skills related to the OR; they participate in a bona fide research protocol which has led to student presentations at national meetings.

“Since Dr. Greene has designed most of the protocols to involve clinical faculty, the students benefit from the physicians’ comments on how their experience in the experimental OR is transposable to the hospital OR,” explains Dr. Kriebel.

Physician-faculty, practicing surgeons in the area such as Arthur J. DiMarsico, DO ’95, Clara Marie Higgins, DO ’93, and Gregory J. Lynch, DO ’83, do the actual implants, while the students handle all other duties, including preparing the graft.

“They learn microsurgical suturing techniques from Paul Misischia, DO, ophthalmologist and teacher,” says Dr. Greene. “He has the students practice on grape skins first, then on orange rinds. The students come in on their own, after class, and practice for hours and hours,” she says. “They’re quite committed to the program.”

“The work is definitely a challenge,” says surgery team leader Brent Hines (DO ’03), who is interested in a career in surgery. “It’s a lot more difficult than anything I’d ever expected, but it’s also very interesting and very rewarding.”



## CONTACT DR. GREENE

For more information about Dr. Greene’s research or to become involved in PCOM’s Experimental Cardiovascular Surgery Team, contact Dr. Greene at:

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Professor of Physiology  
Department of Biomedical Sciences  
Philadelphia College of  
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Philadelphia, PA 19131

## THE PROCEDURE:

*The following is from an abstract written by George Koenig, MS/Biomed ’99 (DO ’03), student director of PCOM’s Experimental Cardiovascular Surgery Team.*

Synthetic materials currently used for vascular grafts are strong, durable, inert, readily available and easily adaptable, but they can provoke serious complications such as infection, rejection and incomplete endothelialization.

Porcine small intestinal submucosa (SIS) allografts may provide an effective graft alternative while not sharing these disadvantages. The purpose of this study was to provide additional information concerning the performance of SIS when used as an allograft. In addition to post-operative evaluation, the SIS grafts were evaluated pre-operatively to ensure that they could withstand pressures exceeding those physiologically compatible with life.

A porcine model was chosen to enable hemodynamic comparisons to the adult human with respect to transmural wall pressure, total blood volume and vessel wall histology.

Porcine intestine was received from an abattoir and cleaned. The intestine was placed in a solution of 10% gentamicin / 0.9% NaCl solution and refrigerated.

A portion of jejunum was sectioned longitudinally and inverted. The serosal layer was separated using blunt dissection. Then, the material was reverted and the mucosal layer was removed using the blunt end of a scalpel handle. The remaining SIS was trimmed to a 4 sq. cm section and sutured along its longitudinal axis into a tubular graft. A transperitoneal laparotomy was performed using aseptic technique. The infra-renal aorta was exposed and dissected from the posterior abdominal wall. The aorta was transected and the graft was anastomosed to the transected ends.

At post-operative day 28, the graft was harvested and evaluated for patency and structural integrity. Post-operative necropsy specimens from the graft site showed substantial endothelialization and vascularization. Current efforts are focused on three and six month evaluations of graft integrity and on developing angiographic techniques to monitor patency and flow characteristics of the graft.

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*The project, funded by PCOM, is a collaborative effort between clinical and basic science faculty and students.*



*George Koenig, MS/Biomed '99 (DO '03), is the student director of the team.*

When he was 8 years old, Joseph A. LaCavera, Jr., DO '44, decided to become a doctor. He was motivated by the painful treatments he received, beginning at age 5, for an atrophied leg. Traveling with his parents from his home in Norwich, Conn., to see an orthopedic specialist in Hartford was a routine part of his young life. Since it was unclear why his leg wasn't growing,

"My husband had a great love for PCOM because the College accepted him on his merit as a medical student and didn't even consider his physical disability," says Gladys LaCavera, a 1945 graduate of the nursing school at what was then called Philadelphia College of Osteopathy (PCO). "PCOM enabled him to pursue his dream and become a doctor. For that reason, our family

woman who would become his wife, then a PCO nursing student.

"In those days, the third-year medical students came to the patient floors and gave OMM [osteopathic manipulative medicine] treatments," recalls Mrs. LaCavera. "Since we had a small nursing class, we got to know the medical students well, and Joe and I became friendly."

## DONOR PROFILE

# Joseph A. LaCavera, Jr., DO

## LaCavera Family Establishes Memorial Scholarship to Help Physically Disabled Students

the specialist prescribed a number of treatments, all of which proved unsuccessful. The young man endured a full body cast and having fluid extracted from his hip with an excruciatingly painful needle. The needles pushed him over the top.

"I'm going to become a doctor and I'm never going to hurt patients the way that doctor hurt me," he vowed.

Ironically, the physical impairment that motivated him to become a doctor nearly kept him out of medical school. During his senior year as an undergraduate at the University of Pennsylvania, he applied to two allopathic medical schools. Both rejected his applications because they believed his disability would make it difficult for him to withstand the rigors of a medical career.

Dr. LaCavera had never allowed his physical impairment to interfere with his life, and he didn't intend to let it curtail his lifelong dream of becoming a doctor. A college buddy told him about PCOM, which at the time was right down the street from Penn. He walked over to apply and was accepted on the spot, with no questions asked about his disability.

decided to establish a scholarship in his memory for the purpose of helping other physically disabled medical students to realize their dreams."

Established last year with the LaCaveras' donation of \$50,000, this permanently endowed scholarship is awarded annually to a medical student with an identified physical disability. Qualifying disabilities include mobility or orthopedic impairments as well as hearing and visual impairments. If a qualified student does not apply, the scholarship may be awarded to a student who has a child meeting the same physical disability criteria.

"We hope this scholarship encourages students with disabilities to keep reaching for their goals," says Joseph A. LaCavera III, DO '73. "My dad never let his impairment stand in his way and others shouldn't either."

### FAMILY LEGACY

When Dr. LaCavera entered PCOM, he began a family legacy in medicine that includes a strong bond with the College. During his third year, he met the

The LaCaveras married in 1945 and settled in Elmer, NJ, a farming community where Dr. LaCavera opened his family practice. Soon they had three children: Joseph A. III, DO '73, Richard A., DO '74, and Joan.

Their children remember Dr. LaCavera as a firm but loving father who was always involved in their activities. "Despite his bad leg, Dad would take us out and play baseball and run after us as best he could," says Dr. Joe LaCavera.

### FOLLOWING IN HIS FOOTSTEPS

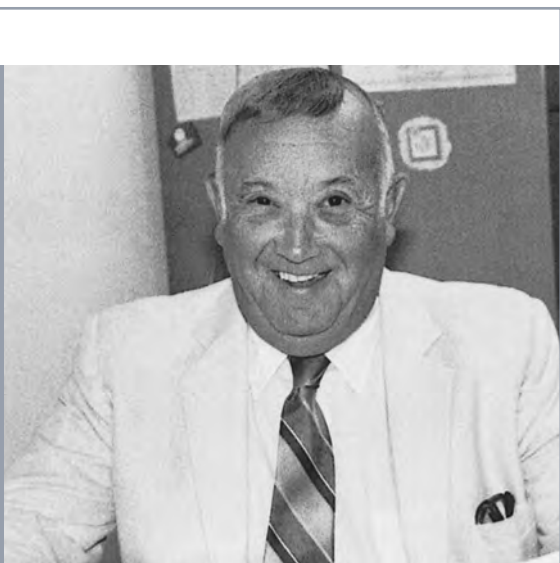
Although Dr. LaCavera never pressured them, his two sons decided to follow in his footsteps. Both remember going with their dad on house calls starting at an early age.

"When we were in grade school in the '60s, Dad used to make as many as 20 house calls in a day," recalls Dr. Joe LaCavera. "We made many house calls at farms, and the animals presented Dad with interesting challenges. Once he was chased across the barnyard by very large geese. Other times, he carried a baseball



bat to fend off overly protective dogs. When flu season hit, we often had to follow the snowplow to get out to see his patients.”

“I remember Dad trudging through knee-deep snow, carrying his large black leather medical bag with its characteristic medicinal malodor,” says Dr. Richard LaCavera. “I learned about osteopathic



*Joseph A. LaCavera, Jr., DO '44*

lesions and OMT [osteopathic manipulative treatment] and witnessed his bedside manner and his delivery of compassionate care.”

Dr. LaCavera took his teenage sons along to the hospital to observe post-mortems in the morgue and surgery in the OR. “In those days, family physicians often assisted surgeons in diagnosing problems through exploratory surgery, since CAT scans didn’t exist,” explains Dr. Joe LaCavera. “Dad was known as a great diagnostician and he loved the challenge of it.”

## BACK TO PCOM

When the time came for medical school, both LaCavera sons applied to only one – PCOM.

“The most important lesson we learned at PCOM is that, as physicians, we are no better than our patients,” says Dr. Joe LaCavera, also a Penn graduate. “We might know more medical information, but we’re not elite. That’s why

osteopathic physicians are so down to earth and, as a result, we get along better with our patients.”

Dr. Richard LaCavera, who received his undergraduate degree from Temple University, also remembers his dad’s role in his medical education. “Dad taught me the method of physical examination, diagnosis and medical management,” he says. “As my formal medical education progressed, Sunday dinner became a forum for a weekly case presentation conference with the ensuing discussion always challenging one’s temperament!”

## BEATING ADVERSITY

Dr. LaCavera also taught his children many lessons about life.

“He was a terrific role model,” says Mrs. LaCavera. “He was always jolly, always came in the door whistling because he loved his work so much.”

Dr. LaCavera also taught them about facing adversity with a positive attitude. Having overcome the challenge of his physical disability, he subsequently faced rejection as an osteopathic physician. Although he opened his family practice in 1946, he wasn’t permitted to serve on the medical staff of the local hospital until 15 years later.

“He never gave up,” relates Mrs. LaCavera. “During that time, he took his patients up to PCOM’s hospital on 48th Street when they needed hospitalization. Even though it was a long way to go, his patients stuck with him. He delivered many babies up there – a few in the car on the way to Philadelphia!”

Dr. LaCavera’s persistence paid off. In 1961, he became one of the first three osteopathic physicians in New Jersey to be admitted to the staff of a medical hospital, and he was the first DO on the staff of Elmer Community Hospital, now South Jersey Hospital – Elmer Division. Later he became the hospital’s medical director and a board member. “Quite an accomplishment for someone who wasn’t even allowed on the staff!” notes Dr. Joe LaCavera.

A lifetime member of the American Osteopathic Association, Dr. LaCavera was licensed and board certified in Pennsylvania, New Jersey and Florida. He was one of the original medical staff members at Cherry Hill Hospital and served as medical director of Salem County Nursing Home.

## PATIENTS COME FIRST

“Dad loved being a doctor because he was always helping someone,” says Dr. Joe LaCavera. “His patients always came first. Once our whole family was packed, in the car and ready to leave on vacation. He heard the phone ring and went back inside to answer it. When he came back out, he told us he had to make a house call before we could leave. His dedication to his patients never waned.”

At Dr. LaCavera’s funeral, his daughter, Joan, noted wryly, “Dad died on his day off.”

“Dad taught us the importance of listening to your patients,” notes Dr. Joe LaCavera. “He used to say, ‘If you listen long enough, the patient will tell you what’s wrong.’ That’s the kind of thinking that keeps you in touch with your patients. Dad’s patients often said, ‘I feel so much better just having talked to him.’ He would often find baskets of string beans, tomatoes and peaches fresh from local farms, left by patients who appreciated his care.”

“Almost every day, people tell me that my dad either saved their life or the life of someone they know or that he brought a child or grandchild they know into the world,” adds Dr. Joe LaCavera, who practices family medicine in Salem, NJ. “He’s remembered in a lot of people’s lives.”

“I was privileged to become Dad’s partner in family practice in 1975,” says Dr. Richard LaCavera, who now practices in South Carolina. “Our years together passed too quickly. Dad was the most brilliant man I ever knew. His willingness to share his knowledge and foresight with community and professional organizations was limitless.”

Dr. LaCavera’s approach toward his profession and his life is summed up in an Emily Dickinson poem he carried in his wallet until the day he died in 1999. Now some of the words from that poem grace his tombstone: “If I can ease one life the aching, or cool one pain . . . I shall not live in vain.”

Through the Joseph A. LaCavera, Jr., DO '44 Memorial Scholarship, the LaCavera family continues his legacy by helping to stop many lives from aching and curing many pains.





## CLASSNOTES

### 30s

**Solomon Gerber, DO '33**, Brooklyn, NY, is recuperating after suffering a severe stroke in December 1999. He would appreciate hearing from friends and colleagues at 97 Salem Road, Roslyn Heights, NY 11577.

**Joseph Fairlie, DO '39**, Hatboro, Pa., received the "Lifetime Community Service Award" from the Hatboro Chamber of Commerce.

### 50s

**Victor M. Bove, DO '51**, Lancaster, Pa., was appointed medical director of Berks Counseling Center in Reading, Pa.

**Harold Teplitz, DO '54**, North Woodmere, NY, is the chairman of the department of family practice and program director at St. John's Episcopal Hospital in Brooklyn, NY. He also runs a full-time private practice. He has been married for 47 years and has four grandchildren.

**Richman G. Weaver, DO '54**, York, Pa., has retired.

**Donald E. Stanton, DO '57**, Manitou Beach, Mich., is secretary/treasurer of the American Osteopathic College of Rehabilitation Medicine.

### 60s

**Marvin Kanefield, DO '61**, Blue Bell, Pa., is a fellow in the American Psychiatric Association. He is also the representative for the American Psychiatric Association for Pa., NJ, Del., Md. and Washington, D.C.

**James H. Black, DO '62**, Norfolk, Va., was inducted as a fellow of the College of Physicians. He also received a Certificate of Honor at Alumni Weekend.

**Sherman N. Leis, DO '67**, Narberth, Pa., wrote an article titled "Breast reduction surgery," which appeared in the *Main Line Midweek*.

**Leonard V. Limongelli, DO '68**, Yardley, Pa., received a Certificate of Honor, posthumously, at Alumni Weekend.

**Ronald E. Ayres, DO '68**, Cherry Hill, NJ, joined the board of trustees of Kennedy Memorial Hospital – University Medical Center.

**James L. Harris, DO '68**, Meyersdale, Pa., was featured in an article titled "Surgeon sets high goals in Meyersdale," which was published in the *American*.

**Steven L. Edell, DO '69**, Yardley, Pa., is medical director of Women's Imaging Center of Delaware. He is a fellow of the American Institute of Ultrasound in Medicine (AIUM), an organization that consists of over 9,500 physicians specializing in ultrasound. Only two percent of its membership achieve the status of fellow, and Dr. Edell is the only AIUM fellow in Delaware. He is board certified in radiology and nuclear medicine and is also a fellow of the American College of Radiology. Dr. Edell is a member of the Accreditation Council of AIUM, and he is the former editor of its newsletter. He has published over 50 articles and has lectured extensively, both locally and nationally, in the field of ultrasound and women's imaging.

### 70s

**Stephen L. Burnstein, DO '72**, Cherry Hill, NJ, co-authored an article titled "Rheumatoid arthritis – A review of newer treatment options," which was published in *NJAOPS Journal*.

**Harry R. Burger, DO '73**, Bullhead City, Ariz., joined Endless Mountains Health Systems.

**Herbert Rogove, DO '73**, Newport Beach, Calif., was appointed director of critical care at Hoag Memorial Hospital.

### RONALD R. BLANCK, DO '67



### Inaugurated as university president

Ronald R. Blanck, DO '67, recipient of PCOM's 2001 "O.J. Snyder Memorial Medal," former Army Surgeon General and three-star general, has been inaugurated as the fourth president of the University of North Texas Health Science Center in Fort Worth.

The University of North Texas Health Science Center trains osteopathic physicians, public health professionals, scientists, physician assistants and other health professionals through its Texas College of Osteopathic Medicine, Graduate School of Biomedical Sciences and School of Public Health.

**Larry W. Cohen, DO '74**, Cherry Hill, NJ, was elected chief of staff of Kennedy Memorial Hospital – University Medical Center. Dr. Cohen is a board-certified general surgeon, a fellow of the American College of Osteopathic Surgeons, a member of the American College of Physician Executives and a clinical professor at the University of Medicine & Dentistry of New Jersey – School of Osteopathic Medicine.

**Daniel D. Janiak, DO '74**, Pittsburgh, Pa., wrote an article titled "Review of sacral somatic dysfunction," which was published in *The AAO Journal*.

**Cheryl A. Opalack, DO '74**, Baltimore, Md., was elected to the board of the American Osteopathic College of Occupational and Preventive Medicine.

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## CLASSNOTES

**Gerald Reynolds**, DO '74, Eustis, Fla., was featured in an article titled "Clinic is a dream for doctor – and the sick," which was published in the *Orlando Sentinel*.

**David V. Condoluci**, DO '76, Moorestown, NJ, co-authored a case report titled "Non-Hodgkin's lymphoma in a patient," which appeared in the *Journal of the American Osteopathic Association*. He was also elected secretary/treasurer of Kennedy Memorial Hospitals – University Medical Center. Dr. Condoluci is a board-certified infectious disease specialist.

**Murray Klein**, DO '77, Oaklyn, NJ, was elected to the board of the American Osteopathic College of Rehabilitation Medicine.

**Richard Hale**, DO '79, Centre Hall, Pa., was appointed medical director of the Pulmonary Rehabilitation Program at Tyrone Hospital.

**Maria A. Limberakis**, DO '79, Rydal, Pa., was featured in an article titled "Dr. Maria Limberakis: A complete approach to medicine" in the *News Gleaner*.

**Bernadette V. Meade**, DO '79, West Brookfield, Mass., joined the medical staff in the geriatrics division at Fallon Medical Center.

## 80s

**Brooks Betts**, DO '80, Easton, Pa., was elected to the Easton Area School Board. He has two daughters in college, one at Loyola Marymount, Los Angeles, Calif. and one at the University of New Haven, Conn.

**Thomas M. Bozzuto**, DO '80, Jacksonville, Fla., completed the first certification examination given by the American Board of Holistic Medicine. He is considered a founding diplomate of this board. Dr. Bozzuto also writes a monthly scientific article for *Jacksonville Medicine* on topics relating to complementary and alternative medicine.

**Victor J. Scali**, DO '80, Springfield, Pa., is president-elect of the American College of Osteopathic Emergency Physicians.

**Michael G. Moncman**, DO '81, Hollidaysburg, Pa., was elected secretary/treasurer of the Altoona Hospital medical staff. Dr. Moncman, who has a practice in Altoona, is a fellow of the American College of Osteopathic Surgeons.

**Frank J. Paolantonio**, DO '81, York, Pa., completed a fellowship in breast imaging/breast biopsy at Thomas Jefferson University Hospital.

**George L. Weber**, DO '81, Philadelphia, Pa., was named chief medical officer at Nazareth Hospital.

**Carol L. Henwood**, DO '83, Pottstown, Pa., was voted district 10 trustee for the Pennsylvania Osteopathic Medical Association.

**David Coffey**, DO '84, Montgomery, Ala., was featured in an article titled "Philadelphia-born doctor helps Sudanese war victims," which was published in *The Catholic Standard and Times*.

**Brian S. Campbell**, DO '85, Valrico, Fla., was promoted to Colonel and was selected to command the U.S. Army Aeromedical Research Laboratory at Fort Rucker, Ala.

**Thomas M. Laton**, DO '85, Hermitage, Pa., was appointed interim vice president for medical affairs at UPMC Horizon. Dr. Laton is certified in psychiatry and sleep medicine.

**Donna L. Miller**, DO '85, Bethlehem, Pa., was featured in an article which appeared in the *Morning Call*.

**Carol K. Robison**, DO '85, Carlisle, Pa., was elected chairperson of the family practice department at Carlisle Hospital.

**David J. Ball**, DO '86, Bloomsburg, Pa., was featured in an article titled "Dr. Ball

and staff bring experience to orthopedic practice," which was published in the *Press-Enterprise*.

**Douglas B. Grisier**, DO '86, Erie, Pa., coauthored a case report entitled, "Penile Mondor's disease in a 22-year old man," which was published in the *Journal of the American Osteopathic Association*.

**Neil J. Halin**, DO '86, Newton, Mass., completed his term as president and was inducted as a fellow of the New England Society for Cardiovascular and Interventional Radiology.

**Ronald F. Sing**, DO '86, Charlotte, NC, coauthored a case report titled "Guidewire incidents with inferior vena cava filters," which was published in the *Journal of the American Osteopathic Association*.

**Michael A. Becker**, DO '87, Blue Bell, Pa., was appointed medical director at Mercy Family Practice Center.

**Thomas P. Brown**, DO '87, Jacksonville Beach, Fla., was appointed senior medical officer on the U.S.S. John F. Kennedy in Mayport, Fla. He is a commander in the U.S. Navy.

**Joseph A. Giaimo**, DO '87, Palm Beach Gardens, Fla., was appointed director at large of the Florida Osteopathic Medical Association.

**David Lezinsky**, DO '87, Allentown, Pa., joined the medical staff at Courtland Memorial Hospital.

**Thomas E. Marchiondo**, DO '87, Fairless Hills, Pa., participated in the DOCARE International Mission to Guatemala. While he was in Guatemala, El Salvador had a devastating earthquake, and Dr. Marchiondo administered emergency care for victims.

**Scott Naftulin**, DO '87, Orefield, Pa., received certification in pain management from the American Osteopathic Board of Physical Medicine and Rehabilitation.



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## CLASSNOTES

**John F. Perri**, DO '87, Chesapeake, Va., received his second Navy Achievement Medal and was promoted to the rank of commander in the U.S. Navy Medical Corps. Dr. Perri is a staff pulmonologist/intensivist, director of the pulmonary function lab and assistant director of the Boice Sleep Lab at the Naval Medical Center in Portsmouth, Va.

**Carman A. Ciervo**, DO '88, Marlton, NJ, wrote an article titled "Benefits and risks of estrogen replacement therapy," which was published in the *Journal of the American College of Osteopathic Family Physicians*.

**Perry S. Bechtle, Jr.**, DO '89, Ponte Vedra Beach, Fla., was appointed chair, section of neuroanesthesia at the Mayo Clinic in Jacksonville, Fla. Dr. Bechtle joined the Mayo Clinic staff in 1998 following his naval service as a flight surgeon for the U.S. Navy Blue Angels and fellowship in neurosurgical anesthesiology at the Mayo Clinic, Rochester, Minn. His areas of interest include anesthesia for procedures in invasive neuroradiology, medical informatics and quality improvement in medicine.

**J. Steven Blake**, DO '89, alumni association board member, Glenside, Pa., received the 2001 Meta L. Christy Award from the Student National Medical Association. He was also named a fellow in the 2000-2001 Osteopathic Heritage Health Policy Fellowship. Dr. Blake has a private practice, GI Associates, and is president of the National Osteopathic Medical Association as well as a committee member of the American Osteopathic Association's Minority Health Initiative.



**Thomas A. Brabson**, DO '89, Media, Pa., was elected to the board of the American College of Osteopathic Emergency Physicians.

**Alice J. Zal**, DO '89, Norristown, Pa., received the Raymond J. Saloom, D.O. Memorial Award from the Pennsylvania Osteopathic Family Physicians Society.

## 90s

**Richard Berg**, DO '90, Landisville, Pa., was featured in an article titled "Career change best medicine," which was published in the *Daily News*.

**Robert Bulgarelli**, DO '90, Glen Mills, Pa., was featured in an article titled "Doctor prescribes a daily regimen for wellness," which was published in the *Inquirer*.

**Frank A. Filipetto**, DO '90, Cherry Hill, NJ, received an "Award for Excellent Teaching" from the University of Medicine & Dentistry of New Jersey Foundation.

**James T. Little**, DO '90, Salisbury, Md., was granted active staff membership with clinical privileges in the department of emergency services at Peninsula Regional Medical Center. He has also joined Emergency Services Associates, P.A. in Salisbury and provides emergency care at the Robert T. Adkins, M.D. Emergency/Trauma Center.

**Elisa B. Shipon-Blum**, DO '90, Meadowbrook, Pa., was featured in an article titled "Dr. Shipon-Blum works to break the silence," which was published in *The D.O.*

**Mark A. Blakelee**, DO '91, Lewisburg, Pa., joined the Evangelical Community Hospital staff.

**Michael R. Diaz**, DO '91, Oneonata, NY, is an attending orthopedic surgeon at Bassett Healthcare.

**William S. Hirsh**, DO '91, Yardley, Pa., became a fellow of the American College of Cardiology. He is in practice at Mercer Bucks Cardiology in Yardley and Trenton.

**David A. Hoffmann**, DO '91, Chambersburg, Pa., was named chief medical officer of the Keystone Health Center in Chambersburg, Pa.

**Brian M. Palmer**, DO '91, Philadelphia, Pa., was elected vice president of the American Osteopathic College of Occupational and Preventive Medicine.

**Joseph J. Ruane**, DO '91, Gahanna, Ohio, is director of musculoskeletal health at the McConnell Heart Health Center in Columbus, Ohio. He is also team physician for the Columbus Blue Jackets of the National Hockey League.

**Scott L. Cohen**, DO '92, Newtown, Pa., was featured in an article titled "Of sound mind and body" in the *Levittown Times*.

**Adam Gilliss**, DO '92, Merchantville, NJ, received an "Award for Excellent Teaching" from the University of Medicine & Dentistry of New Jersey Foundation.

**June Caruso**, DO '93, Gaithersburg, Va., is an attending pediatric neurologist at Children's National Medical Center. Her subspecialty training is in pediatric neuro-oncology.

**Eric I. Sbar**, DO '94, Elkins Park, Pa., completed a three-year fellowship in hematology-oncology at Cooper Hospital/University Medical Center in Camden, NJ. He has joined the Frank and Dorothea Henry Cancer Center at Geisinger-Wyoming Valley Medical Center, Wilkes-Barre, Pa.

**Joanne Calabrese**, DO '95, Norristown, Pa., joined the medical staff at Chestnut Hill Hospital. She is board certified in internal medicine.

**Helen M. Carreras**, DO '95, Sterling, Ill., joined Sterling Rock Falls Clinic in Sterling, Ill.



## CLASSNOTES

**Lisa R. Keiner, DO '95**, Northfield, NJ, was appointed clinical director of family medicine and internal medicine at Reliance Health Systems, LLC.

**Baxter Wellmon, DO '96**, Shippensburg, Pa., joined the medical staff at Cumberland County's Claremont Nursing and Rehabilitation Center. He is a member of the Carlisle Hospital medical staff and a family practice specialist in Shippensburg and at the Gilmore B. Seavers Medical Center.

**Todd A. Bezilla, DO '97**, Philadelphia, Pa., passed the cranial competency examination given by the Cranial Academy. He has also become board certified in neuromusculoskeletal medicine and osteopathic manipulative medicine (OMM). Dr. Bezilla completed his residency in neuromusculoskeletal medicine and OMM at PCOM.

**Mark P. Schmeltz, DO '98**, Granger, Ill., joined the staff of Somerset Family Practice and provides full-time coverage at the Turkeyfoot Area Medical Center.

**Charlie Scott, DO '99**, Steilacoom, Wash., specializes in pathology at Madigan Army Medical Center in Ft. Lewis, Wash. He and his wife, Chandra, have two sons, Caleb, 4 and Christian, 9.

### Certificates of Merit awarded

PCOM's Alumni Association board of directors awarded the following alumni certificates of merit for outstanding achievement in osteopathic medicine:

**Arnold Melnick, DO '45**, Adventura, Fla., who received the "Lifetime Achievement Award" from the Florida Osteopathic Medical Association.

**Richard B. Tancer, DO '84**, Montville, NJ, who was elected president of the New Jersey Association of Osteopathic Physicians and Surgeons.

### In Memoriam

**John E.P. Burns, DO '52**, Palm Beach Gardens, Fla., April 28, 2001.

**Robert R. Fionte, DO '75**, Tamarac, Fla., April 6, 2001.

**Robert M. Frazier Jr., DO '54**, Philadelphia, Pa., June 22, 2000.

**Ferdinand Gettler, DO '36**, Stony Brook, NY, April 3, 2001.

**John J. Kelch, DO '42**, Drexel Hill, Pa., March 9, 2001.

**Estelle S. Loeb, DO '53**, Yardley, Pa., May 29, 2001.

**Reuben B. Loeb, DO '52**, Yardley, Pa., November 14, 2000.

**Milton Metzman, DO '56**, Cherry Hill, NJ, February 2, 2001.

**Roland J. Mignone, DO '52**, Levittown, Pa., February 18, 2001.

**James K. Miller, DO '42**, Wormleysburg, Pa., April 11, 2001.

**John E. Olson, DO '40**, Cornwall, Pa., Jan. 1, 2001.

**Donald E. Ranney, DO '41**, Phoenix, Ariz., March 20, 2001.

**Robert H. Renfro, Jr., DO '81**, Plainview, Texas, March 2001.

**Leopold B. Salkind, DO '44**, Philadelphia, Pa., May 5, 2001.

**Corinne R. Santerian, DO '87**, Buckingham, Pa., April 23, 2001.

**Edward J. Sarama, DO '74**, Absecon, NJ, March 30, 2001.

**Katherine Soden, DO '37**, Vincentown, NJ, April 10, 2001.

**Edward A. Spoll, DO '70**, Easton, Pa., March 25, 2001.

**Delene W. Yocum-Congello, DO '46**, Lancaster, Pa., February 19, 2001.

**MICHAEL SEMELKA, DO '00**  
**MELANIE UHRIN, DO '01**



"Tribune-Review" photo by Joe Wojcik

### A Picture Perfect Proposal

It didn't seem unusual to Melanie Uhrin, DO '01, that her boyfriend, Michael Semelka, DO '00, insisted they go to the Carnegie Museum of Art in Pittsburgh that Saturday morning in January even though she had a cold. "He said a patient of his was showing some work, and he had promised he would come." But Uhrin was left speechless when they stopped in front of a painting with a label that read, "On January 20, 2001, in front of this painting, Michael Semelka dropped to his knees and asked the love of his life, Melanie Uhrin, to marry him." And then, indeed, he did.

The idea to propose to Uhrin in this unusual manner first occurred to Dr. Semelka when the two were students at PCOM and they were visiting the Philadelphia Museum of Art. "I noticed that Melanie, unlike me, reads all the labels and information next to every painting," recalled Dr. Semelka. When he was ready to propose this year, he contacted the Director of Exhibits at the Carnegie Museum to work out the particulars. "People want a good story about why I chose the painting I did. But the truth is, I just wanted one that was near the entrance," he admits.

The proposal worked, and the two were married in July.



The emphasis on a patient's right to privacy is a cornerstone of the medical profession.

# My Turn

By Patrick J. McHugh (DO '02)

The guarantee that whatever is discussed will remain confidential helps to establish a relationship of trust between physician and patient. The information shared as a result of this trust is often vital to both the diagnosis and treatment of a patient's condition. Unfortunately, this trust is jeopardized on a daily basis by pharmacies and pharmaceutical manufacturers in the exchange of marketing information for money.

Databases containing physician names, license numbers, DEA numbers and prescription data are regularly sold to pharmaceutical manufacturers to be used in the sale and marketing of their products. The controversy over this exchange is so well known to the pharmaceutical manufacturers that their sales representatives are specifically instructed to deny that they possess this information if ever questioned by a physician.

The possession of this data allows pharmaceutical sales representatives to know how many prescriptions a physician has written in a given period of time as well as the specific drugs and dosages that have been prescribed. This violation of a physician's right to privacy is currently legal in the Commonwealth of Pennsylvania. What is not legal, however, is the indirect violation of a patient's right to privacy that results from this exchange.

If a family physician in a small, rural area were to prescribe medication for the treatment of an HIV-infected patient, then the pharmaceutical sales representative would be aware that this physician is caring for an HIV-infected patient. While it may seem logical that most family physicians will have one or two HIV-positive individuals in their patient population, the mere verbal confirmation of this information by the physician would be viewed as a violation of his or her patient's privacy. The sale of a pharmacy database to a pharmaceutical manufacturer is an indirect violation of this privileged information because it identifies the prescribing physician by name.

Once the question of whether or not the physician in question is caring for an HIV-positive individual is confirmed by the sale and possession of this data, a violation of the patient's right to privacy has occurred. And while the database will not list the name of the patient, it may very well indicate the name and location of the pharmacy where the patient purchases his or her medication. I cannot believe that many patients, regardless of the nature of care they are receiving, would be comfortable knowing that pharmaceutical sales representatives, mostly untrained in medical care and completely uninvolved in the direct care of

the patient, are in possession of this type of information.

I understand that to some, the indirect violation of a patient's right to privacy described above may appear inconsequential. After all, patients' names are not released by pharmacies in the sales of their databases. But any

violation, no matter how indirect, should be viewed as a threat to the foundation of trust shared between a physician and his or her patients. As a result, I am communicating with the Pennsylvania State Board of Pharmacy and the Pennsylvania State Board of Drugs, Devices and Cosmetics in an attempt to obtain their position on how the sale of pharmacy databases to pharmaceutical manufacturers impacts on a patient's right to privacy. After two years of sporadic effort, I have yet to speak with an official willing to put any such opinion in writing. As I enter my fourth and final year of medical school, I hope to help establish legislation that will prohibit the inclusion of physician names, license numbers and DEA numbers in any databases sold by pharmacies to pharmaceutical manufacturers.

If you're interested in this issue, feel free to contact me for more information at [patrickjmchugh@earthlink.net](mailto:patrickjmchugh@earthlink.net).



*Patrick J. McHugh is a fourth-year DO student who served as the 2000-2001 student government association president.*

*Readers: We welcome your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Chris Dorian, Digest Editor, fax: (215) 871-6307; e-mail: [chrismo@pcom.edu](mailto:chrismo@pcom.edu); PCOM Marketing & Communications, 4180 City Ave., Phila., PA 19131.*





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*Vincent J. Lobo, DO '65  
President, Alumni Association*



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## PCOMEVENTS

**September 22**

Parent/Family Open House

**September 24**

PCOM Golf Classic, Radnor Valley  
Country Club, Radnor, Pa.

**November 14**

PCOM Annual Corporation Meeting  
PCOM Board of Trustees Meeting

**January 25**

Founders' Day



**Save the date!**  
**January 25, 2002**



## Inauguration

of Matthew Schure, PhD  
as the seventh President of PCOM

## PCOM Rugby

*Ken Andrejko, DO '01, three-time MVP and recipient of the  
"Dr. Thomas M. Rowland, Jr. Scholar-Athlete Award," goes in for a try.*



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