

Digest

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1-1-2007

# Digest of the Philadelphia College of Osteopathic Medicine (Winter 2007)

Philadelphia College of Osteopathic Medicine

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FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

# DIGEST

2007 No.1

**Building Partnerships**  
Assessing the Value of  
Physician-Patient Communication





## OPENING REMARKS

Dear Alumni and Friends,

The contents of this issue of *Digest* reflect the high level of excellence at which the mission of the College continues to be achieved. PCOM's collective efforts—and those of its alumni—inspire optimism and confidence as we move into 2007 and beyond.

Our cover story affirms patient-physician communication as an integral part of clinical practice. According to studies published in the *Journal of the American Osteopathic Association*, osteopathic physicians are often distinguishable in their verbal interactions with patients. They tend to use patients' first names; explain etiological factors; and discuss social, family and emotional impacts of illnesses. The article reminds us about our obligation to enhance our communication skills—so as to focus upon partnership in promotion of holistic health care.

In tribute to our institution's heritage, this issue marks PCOM's annual observance of Founders' Day. We honor those who have demonstrated outstanding leadership, loyalty and service to our beloved College, the community and the osteopathic profession. Please join us in congratulating O.J. Snyder Memorial Medal recipient John P. Simelaro, DO '71, professor and chair, internal medicine, and director, internal medicine residency program, as well as Mason W. Pressly Memorial Medal recipient Jessica Yahnert Masser (DO '07).

At PCOM, we pride ourselves on having an enthusiastic, accessible faculty for whom teaching comes first. The article about Harry J. Morris, DO '78, and some dedicated DO students affirms this. Theirs was a venture to create a fresh DVD companion for the Osteopathic Primary Care Skills Course—a tool that will strengthen the performance skills of students.

Finally, unique to this issue is an article that excerpts from the memoirs of Martha Jeane Shaw Cochrane Oldman, DO '49, a pious Christian physician who with great courage put into practice the tenets of our institutional mission during the two decades she served as a medical missionary. The piece illustrates some of the advances in health care Dr. Oldman made possible for the underserved people of East Africa.

In closing, I thank you for your continued interest in and support of the College. I hope that the New Year brings all of us health, wisdom, joy and peace.

With warmest regards,

Matthew Schure, PhD  
President and Chief Executive Officer





# DIGEST

## FEATURES

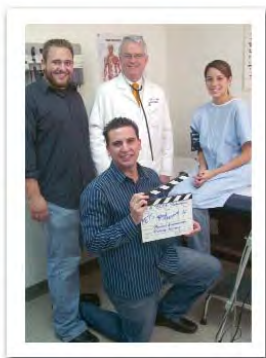
### 10 BUILDING PARTNERSHIPS: ASSESSING THE VALUE OF PHYSICIAN-PATIENT COMMUNICATIONS

Physician-patient communication is an integral part of clinical practice. Numerous studies have shown that the quality of care is enhanced by effective communication between doctors and their patients. It is essential for the physician—especially the osteopathic physician—to take time to listen to patient concerns; to discuss social, family and emotional impacts of illnesses; and to provide compassionate healing.

### 16 RECOGNIZING LEADERSHIP, LOYALTY, SERVICE: FOUNDERS' DAY 2007

An annual practice, the College bestows its highest accolades during Founders' Day. Celebrate this year's awardees: O.J. Snyder Memorial Medal recipient John P. Simelaro, DO '71, and Mason W. Pressly Memorial Medal recipient Jessica Yahnert Masser (DO '07).

20

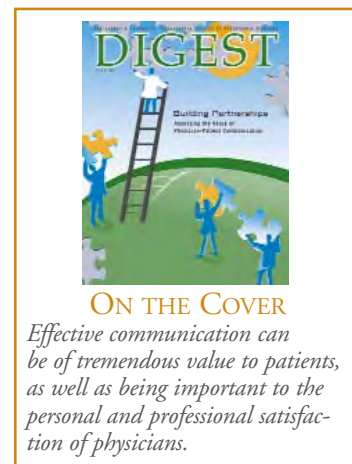


### PLACES. CAMERA. ACTION . . . LEARNING PRIMARY CARE SKILLS

Harry J. Morris, DO '78, with the assistance of second-year DO students, created a DVD companion for the Osteopathic Primary Care Skills course. The goal of the project is to supplement the teachings of clinical procedures—to continue lectures, demonstrations, discussions and patient encounters—strengthening conceptual and performance skills of PCOM students.

### 22 OUT OF AFRICA: TRUE TALES OF A MEDICAL MISSIONARY

Martha Jeane Shaw Cochrane Oldman, DO '49, shares memories of her long-term work as a Christian missionary physician. Living and practicing medicine among the villagers at Kola Ndoto, she healed the rampant diseases of the Tanganyika Territory, including Burkitt's tumors, leprosy, tuberculosis, malaria and epilepsy. Hers has been "a life quest to seek to know God's ways in practice."



### ON THE COVER

*Effective communication can be of tremendous value to patients, as well as being important to the personal and professional satisfaction of physicians.*

## DEPARTMENTS

### 2 PCOM UPDATES & KUDOS

David Wood, DO '96, appointed director/physician of Sullivan County Medical Center; community outreach project at Dr. Ethel Allen Elementary School; Shake Hands with Osteopathy workshop; President Matthew Schure, PhD, receives the Dale Dodson Award; Leonard Finkelstein, DO '59, named chancellor; Vincent Lobo, DO '65, elected to Board of Trustees; dedication of the Simmy Ginsburg Robotic Simulation Suite; PCOM launches new branding campaign; development activities; and more.

### 26 CLASS NOTES

Current professional endeavors and achievements of PCOM alumni with profiles of Shannon FitzPatrick, BSN, RN, MS/FM '04; Morton Herskowitz, DO '43; and Kelly Yanek, PsyD '06.

### 32 ESSAY

Jay D. Bhatt (DO '08), the American Medical Student Association's first osteopathic president, positions osteopathic medicine not as an "alternative medicine," but rather as mainstream medicine that cares for patients.



INMEMORIAM

# DIGEST

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## Remembering Harry Ginsburg, DO '42



*In 2005, Dr. Ginsburg received the College's President Leadership Award in recognition of his longstanding commitment to PCOM and for his years of leadership, loyalty and service.*

It is with deepest sorrow that the College acknowledges the passing of Harry Ginsburg, DO '42, on December 28, 2006. Dr. Ginsburg was a great friend and supporter of PCOM over the decades.

Dr. Ginsburg's generosity to the College is evident throughout the campus. PCOM was pleased to name its academic amphitheater in memory of Dr. Ginsburg's mother, Rose K. Ginsburg, as part of the campus' capital campaign, the PCOM Mission, in 1995. In addition, he endowed a student award fund, the Simmy Ginsburg Humanitarian Award, in memory of his wife. Dr. Ginsburg endowed a scholarship at the school in memory of his five brothers, two of whom were also PCOM graduates. Most recently, he endowed the Simmy Ginsburg Robotic Simulation Suite in memory of his wife.

Dr. Ginsburg's philanthropy extended beyond PCOM. He created the Rose K. Ginsburg Foundation and funded the Rose K. Ginsburg Technological Institute Campus in Israel; the Rose K. Ginsburg Chair for Research in Alzheimer's Disease

at Bar-Ilan University, Israel; the Rose K. Ginsburg Skilled Nursing Facility at Germantown Hospital and Medical Center, Philadelphia, Pennsylvania; and the Rose K. Ginsburg Senior Rabbinic Pulpit at Keneseth Israel Temple, Elkins Park, Pennsylvania.

In addition to his doctor of osteopathic medicine degree from PCOM, Dr. Ginsburg earned a doctor of medicine degree and a doctor of public health degree from Kansas City College of Physicians and Surgeons. He received an honorary doctor of philosophy degree from Bar-Ilan University in recognition of his educational and philanthropic efforts on behalf of the university. Dr. Ginsburg was named to the PCOM Board of Trustees in 1993 and served until the time of his death.

Dr. Ginsburg defined himself as an old-fashioned doctor, providing total medical care to his patients as a family physician in the same location at Broad and Olney Streets in Philadelphia for close to 50 years. Dr. Ginsburg will be truly missed, but his good works will live forever.





## PCOMUPDATES

### Sullivan County Medical Center Welcomes New Director/Physician

David Wood, DO '96, has joined Sullivan County Medical Center as its director and physician. For Dr. Wood, joining the Center is almost like coming home. "I did a rotation here in 1995," he says, "and it was a great experience." He also grew up northeastern Pennsylvania.



*Dr. Wood (right) is committed to training third- and fourth-year medical students.*

"I like small towns," continues Dr. Wood. "I love the outdoors, I like the peace and quiet, and I like how people know one another." When Dr. Wood entered medical school, his dream was to become a family physician. "Being a family physician gives me the opportunity to know the whole family and be an important part of their health care team."

Dr. Wood is also looking forward to working with the community and to building the Center's practice and presence in the community. "I want to solidify our commitment to the community," he points out. "The great thing is that there are a variety of things we can do. We can take students to nursing homes, to the Red Rock Adolescent Center, to schools to conduct physicals and smoking cessation classes." Dr. Wood is also committed to making the Center a valuable learning experience for third- and fourth-year students. "I want to expand the core lectures and focus on primary care issues. I think about my time here when Dr. Street [Henry H. Street, DO '71] was the medical director and

the tremendous influence he had on me. That's a lot to live up to. This place has served the community and PCOM medical students for a long time. This is an exciting and challenging opportunity. We will reassess our goals as we grow, and look at new things we can do."

### Apple of Their Eye

When Eugene Mochan, DO '77, PhD, associate dean, primary care and continuing education, and director, center for evidence-based practice and community outreach, sought students for a community outreach project at the Dr. Ethel Allen Elementary School in Northeast Philadelphia, the PCOM chapter of the Student National Medical Association (SNMA) quickly stepped up to the plate. It's no wonder. The school is named after a respected PCOM alumna known for her commitment to community medicine, for supporting minority admission to medical school and for becoming the highest-ranking African American female in Pennsylvania when she was named Secretary of the Commonwealth in 1979.

During the past two years, SNMA members have taught nutrition and healthy eating habits to the students of the school. This past fall, they took part in the third annual Great Pennsylvania Apple Crunch. The state-wide event, organized by Pennsylvania Advocates for Nutrition and Activity, involved a variety of games and activities with a focus on apples as a healthy food.

SNMA has a well-established history of serving medically underserved communities, and members of the PCOM chapter have made a



*Dr. Mochan and Romsa Scott, principal of the Dr. Ethel Allen Elementary School, enjoyed the Apple Crunch festivities with members of PCOM's chapter of SNMA and elementary school students and teachers.*

commitment to continue volunteering at the school, working with students on violence prevention, self-esteem and reproductive health. "The school really appreciates having our students there," says Laurie DiRosa, coordinator, center for evidence-based practice. "Our students have fostered relationships with the elementary students and the staff."

### APOMA Scholarships

The Advocates for the Pennsylvania Osteopathic Medical Association (APOMA) awarded scholarships to Samuel Plummer (DO '07) and Alissa Cohen (DO '08). Margaret Zawisza (DO '10) received the APOMA KIN Scholarship.

*Carol Fox (left), associate vice president for enrollment management, and Irene Tasca, APOMA board member and coordinator of facilities scheduling and web registrar, present Margaret Zawisza (DO '10) with the APOMA KIN Scholarship. Ms. Zawisza is the daughter of Michael Zawisza, DO '86.*





## Kudos

**Stephanie Felgoise, PhD**, associate professor and vice-chair, psychology, co-authored “The ALSSQOL: Balancing Physical and Nonphysical Factors in Assessing Quality of Life in ALS.” The article was published in the journal *Neurology*.

**Katherine Galluzzi, DO**, professor and chair, geriatrics, lectured on neuropathic and chronic pain and presented “Palliative Medicine/Symptom Management: A Case Based Approach” at PCOM’s CME in Hershey, PA. In addition, she lectured on end-of-life-care for Georgia’s Osteopathic Medical Association’s 104th Annual Convention and Scientific Exhibition and participated in the California Academy of Family Physicians’ influenza symposia.

**George McCloskey, PhD**, associate professor and co-director of research, psychology, has been invited by Pearson Assessments to deliver a lecture during a two-day seminar at Yale University. The seminar, Response-to-Intervention, Intelligent Testing and Specific Learning Disability Assessment, will be used as a professional development tool for school personnel and private practitioners as well as for instructional support for teachers in graduate training programs.

**David McWhorter, PhD**, associate professor, anatomy, GA-PCOM, was named Faculty of the Year by the DO class of 2009. He was an Outstanding Presentation Award finalist for his poster, “Dissector and Atlas Usage in Medical Gross Anatomy and Its Effect on Laboratory Practical Performance,” at the annual International Association of Medical Science Educators meeting in San Juan, Puerto Rico. In addition, Dr. McWhorter placed second in the Georgia–North American Grappling Association tournament.



*The Arthur Jackson Company, a new \$5,000 Gold Sponsor, has participated in the Golf Classic since 1994. This year’s foursome included (from left) Peter Brown, Tom Pote, Tony Hughes and Jeff Nissien.*

## It’s a Classic

The 14th Annual PCOM Golf Classic was held on September 11, 2006, and raised more than \$100,000. Proceeds from the event directly benefit PCOM’s five Healthcare Centers, which provide essential medical care to underserved communities in Philadelphia and Sullivan County, Pennsylvania. The 2007 Golf Classic will be held on September 24 at Aronimink Golf Club.



## Hands-On Learning

PCOM’s chapter of the Undergraduate American Academy of Osteopathy (UAAO) sponsored Shake Hands with Osteopathy—a workshop modeled after Evening with the Stars, an event held annually at the AAO

Convocation. Locally practicing clinicians and faculty members led small group demonstrations and practice sessions. “It was a wonderful success and an amazing confidence booster for all those who attended,” says Heather Roehrs (DO ’09), UAAO president.



*Matthew Dubrow, DO ’98 (standing), teaches PCOM students (from left) Jennifer Lyons (DO ’10), Amanda Lee (DO ’09), Ali Kadkhoda (DO ’08) and Heather Roehrs (DO ’09) how to examine and treat the shoulder and the upper extremities.*





### Dr. Schure Honored by His Peers

Matthew Schure, PhD, president and CEO, was recognized for his contributions to osteopathic medicine when the American Association of Colleges of Osteopathic Medicine presented him with the Dale Dodson Award. Dr. Schure was nominated by James McGovern, PhD, president of A.T. Still University, for his many contributions to advancing osteopathic medical education through his dedicated leadership as president of PCOM, as past president of the New York Institute of Technology, home of the New York College of Osteopathic Medicine, and through his service as the chairman of AACOM's Board of Governors.



*Stephen C. Shannon, DO, MPH, AACOM president, presents Dr. Schure with the Dale Dodson Award.*

### Becoming Doctors

First-year DO students from the Philadelphia and Georgia campuses participated in the time-honored White Coat Ceremony this fall. Surrounded by family and friends, students were cloaked by faculty and, in turn, cloaked one another in a ceremony marking the beginning of their medical career. Established in 1994 by the nonprofit Arnold P. Gold Foundation, the ceremony is designed to establish a psychological contract for beginning medical students that stresses caring for patients as well as curing patients. The physician's white coat has been part of the profession since the 19th century.

*(Top): First-year DO students proudly don their new white coats donated by the Pennsylvania Osteopathic Medical Association.*

*(Bottom): Family and friends gather in celebration after the GA-PCOM white coat ceremony.*



## Kudos

**Eugene Mochan, PhD, DO '77**, associate dean, primary care, was named Health Leader of the Year by the West Philadelphia Coalition of Neighborhoods and Businesses.

**Fred Rotgers, PsyD**, associate professor, psychology, was named chairman of the Committee for Advancement of Professional Psychology Integration Workgroup (CAPP-IG).

**Arthur Sesso, DO '81**, professor and chair, department of surgery, and program director, general surgery residency, presented "The Use of Simulators in Residency Training" at the AOA Annual Convention and Scientific Seminar.

**Todd Vladyka, DO**, assistant professor and physician, family medicine, was inducted into the Fellowship of the College of Physicians.



*Dr. Vladyka (second from right) with (from left) Robert E. Campbell, MD, president, College of Physicians; Kenneth J. Veit, DO '76, PCOM senior vice president for academic affairs and dean; and Arthur K. Asbury, MD, past president, College of Physicians.*





## PCOM UPDATES

### Building on Sacrifice

The third annual Sacrifice 2 Save campaign raised over \$5,000 for the Philadelphia chapter of Habitat for Humanity. The mission of Habitat for Humanity is to provide affordable housing to every person and family in need. The organization has provided over one million homes worldwide and over 130 homes in Philadelphia. PCOM students, faculty and staff made personal sacrifices to donate to this worthy cause.



Scott Feitell (DO '09), president, Student Government Association, presents a check from PCOM's Sacrifice 2 Save to Habitat for Humanity's executive director Tim Block.

### Pedal Pushers

The PCOM cycling team raised \$7,798 for the Lance Armstrong Foundation during the LiveStrong Philadelphia Bike Race. The 100-mile race took riders from Montgomery



County, through Philadelphia and back again, with shorter ride options available. Of the 13 PCOM riders, two completed 40 miles, two rode 70 miles and nine intrepid souls completed 100 miles (including the infamous Manayunk Wall).

### New Simulator Suite Dedicated

In recognition of a generous \$100,000 gift to PCOM by the late Harry Ginsburg, DO '42, the College has named a new robotic simulation area in Evans Hall the Simmy Ginsburg Robotic Simulation Suite in honor of Dr. Ginsburg's late wife, Simmy.

The suite offers PCOM students and interns some of the most advanced surgical training opportunities currently available—Trauma Man, a central venous catheter (CVC) insertion training simulator and a laparoscopic simulator.

Trauma Man allows students to practice minor surgical procedures including tracheotomies and chest tube insertion. The CVC insertion training simulator lets students learn subclavian catheterization.

Most impressive, however, is the laparoscopic simulator, which Arthur Sesso, DO '81, professor and chair, department of surgery, and program director, general surgery residency, uses to train third- and fourth-year students and surgical interns to perform a variety of laparoscopic surgical procedures.

PCOM is the only medical school in the city, and one of only a few in the country, to own such a device. "It's set up to look and feel exactly as it would in an operating room," explains Dr. Sesso. The simulator consists of a video monitor that



Dawn Heefner, medical producer, 6ABC, interviews Dr. Sesso while he demonstrates the laparoscopic simulator.

provides a life-like view of the intraabdominal cavity, a pair of hand controls and two foot pedals just like those used by surgeons in laparoscopic surgery. Adding to the reality of the training is the fact that not only does the procedure look identical to the real thing, it feels identical as well.

Currently, the simulator is used to teach gallbladder surgery. Soon, additional software will be installed that will simulate hernia repair, gastric bypass and gynecological and urological surgeries.

Like the other simulators, the laparoscopic simulator is essential for training medical students to become proficient in certain procedures before they treat human patients. But the laparoscopic simulator may prove even more valuable. As Dr. Sesso explains, "This training may reduce malpractice insurance rates for surgeons and even reduce the length of surgical residency."

The importance of this new technology has not gone unnoticed. PCOM's simulation technology was recently highlighted in an article published in the *Philadelphia Business Journal* and 6ABC aired a segment about the simulation suite in January.

The PCOM cycling team raised close to \$8,000 for charity.



## PCOM UPDATES

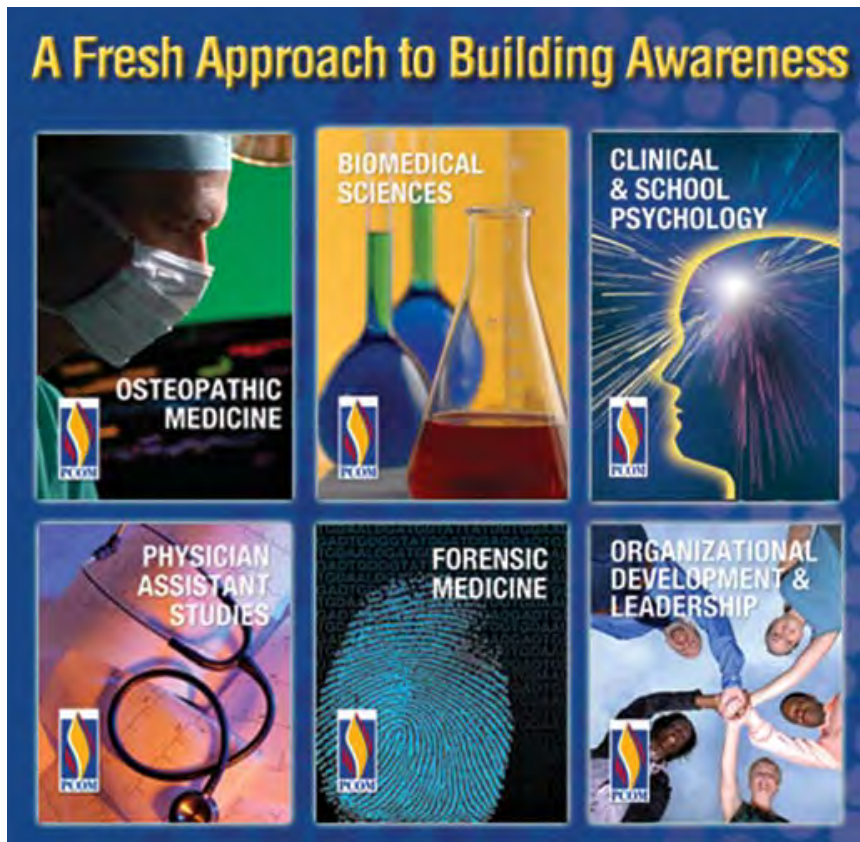
### College Launches New Branding Campaign

PCOM's top goal, as outlined in the Five-Point Strategic Plan, is to enhance the College's image as well as its marketing and recruitment efforts. To achieve this objective, PCOM has embarked on a new integrated branding campaign to build awareness of the College through a variety of media.

The first phase of the campaign gives the College and its campus a larger presence on City Avenue with the installation of banners with bold new graphics on the façade of Rowland and Evans Halls. The banners represent each of the College's academic programs and will rotate throughout the course of the year. Additional PCOM logo and school name banners have been hung along City and Monument Avenues. The

remaining phases of the campaign include newspaper, television and bus advertising and marketing materials.

"This is a very exciting endeavor," says Terri Blair, associate director, marketing and communications. "A great deal of time and effort went into the creation of the new look. We ran focus groups and explored what other institutions were doing. Since the images will be used in a variety of settings, we had to choose images that would lend themselves to different media. The large banners that are hung on the outside of Evans Hall, for instance, must be recognizable at a glance as cars pass by on City Avenue. Having an integrated look through all of our marketing efforts will reinforce the message that PCOM is a top-notch institution of higher education offering the doctor of osteopathic medicine degree and a variety of graduate degree programs."



Banners depicting each PCOM program will rotate on the façade of Evans Hall and will be incorporated into all marketing materials.

### Kudos

**Bruce S. Zahn, EdD**, associate professor and director of clinical training, presented "The Diversity Competency in Clinical Supervision" at the Fifth Annual PCOM Supervisor's Appreciation Day. He also presented "Successfully Navigating the APPIC Internship Application Process" at a workshop sponsored by the Philadelphia Society of Clinical Psychologists. Dr. Zahn co-wrote the chapter "Mature Adults: Working with the Depressed Aging Patient," which was published in *Cognitive Behavioral Approaches in Social Work Practice*.

**Jackie Gerhart**, lab manager, anatomy; **Justin Elder (DO '07)**; **Christine Neely**, research assistant, anatomy; **Jared Schure, MS '05**, student research assistant; **Tage Kvist, PhD**, chair, anatomy; **Karen Knudsen**, Lankenau Institute for Medical Research; and **Mindy George-Weinstein, PhD**, professor, anatomy, coauthored the paper "MyoD-Positive Epiblast Cells Regulate Skeletal Muscle Differentiation in the Embryo." The paper was a featured article in the *Journal of Cell Biology*.







### Leonard Finkelstein, DO '59, Named Chancellor

Leonard Finkelstein, DO '59, who served as PCOM's president from 1990 through 2001, has been

*Dr. Finkelstein*

awarded the honorary title of chancellor of PCOM. The title has been used very judiciously throughout PCOM's history for those few individuals who have made extraordinary contributions to the College.

### Focus on Psychology

For the third year running, the psychology department held a seminar for PCOM psychology students and for undergraduate and graduate students considering furthering their education in psychology. The well-attended event offered a variety of opportunities for students and professionals at every level. First- through third-year PCOM PsyD students learned about the internship and dissertation process; PsyD students finishing their studies heard how to publish, get licensed and start a practice; and MS students found out about applying to doctoral programs and about licensure.

The event also provided an opportunity for PCOM scholars to present their research posters and gave attendees the opportunity to network with students from schools throughout the area and talk with PCOM faculty and students.

The keynote speaker was Robert D. Friedberg, PhD, an expert in the field of cognitive behavior therapy. He presented "The Relevance of Empirical Research to Real World Clinical Practice of CBT with Children and Adolescents."



### Distinguished Lectureship

Bernard Fisher, DO '52 (above left), chats with Mary F. Barbe, PhD, and Pat Coughlin, PhD, professor, anatomy, at the 5th annual Naomi and Bernard Fisher, DO '52 Distinguished Lectureship. Dr. Barbe, who teaches in the departments of anatomy and cell biology at Temple University School of Medicine, presented "Overload and Inflammation in Work-Related Musculoskeletal Disorder." The Naomi and Bernard Fisher, DO '52 Distinguished Lectureship is made possible by a gift from Dr. Fisher, in memory of his wife, Naomi Fisher. The mission of the lecture series is to broaden the academic horizons of PCOM students by bringing nationally prominent speakers to the campus.

than to a certificate. The educational specialist degree (EdS) is a 45-credit program beyond the master's degree for those who want to increase their knowledge and acquire the skills to meet state and professional requirements in school psychology. The provision was granted by the Pennsylvania Department of Education in July 2006.

### New Board Member Named

Vincent Lobo, DO '65, has been elected to the PCOM Board of Trustees. Dr. Lobo previously served on the board as the alumni representative.



*Dr. Lobo*

### School Psychology Notes Achievement

The educational specialist program in school psychology will now lead to an advanced degree and a certificate to practice school psychology rather





# DEVELOPMENT NEWS

## More Than 80 Donors Joined Million Dollar Club with \$5,000 Gifts

This year, PCOM established the Million Dollar Club to recognize those who contribute \$5,000 or more to the Unrestricted Annual Fund during the campaign period of July 1, 2003 through June 30, 2007. The College will recognize each member of the club with a special listing in the Annual Report. Members will also receive a gold lapel pin bearing the Million Dollar Campaign logo. Make your gift sufficient to reach \$5,000 before June 30 and you can become a member; call the Alumni Office for your total giving: 1-800-739-3939.



*William J. Meis, DO '82, is celebrating his 25th reunion and helping PCOM reach its Million Dollar Unrestricted Annual Fund goal by joining the Million Dollar Club. The club recognizes donors who contribute a cumulative \$5,000 or more during the campaign period.*



Dr. Meis

## Murray Zedeck, DO '62, Chairs Leadership Gifts Committee to Identify \$10,000+ Donors



Dr. Zedeck

PCOM established a new Leadership Gifts committee that will focus on gifts of \$10,000 or more to the Unrestricted Annual Fund. As of December 15, 2006, the Committee had raised \$156,000. PCOM thanks the energetic members of the committee including John Becher, DO '70; J. Steven Blake, DO '89; Lita Indzel Cohen, Esq.; Gerald Dworkin, DO '81; Carol Fox, MM; Roy Gorin, DO '72; Carol L.

Henwood, DO '83; John Kearney; Suzanne Kelley, DO '77; Bruce Kornberg, DO '78; Robert Maurer, DO '62; and Murray Zedeck, DO '62.

## Faculty/Staff Campaign Exceeds Last Year's Giving By \$15,000; Participation Jumps to 48 Percent

PCOM faculty and staff raised a total of \$76,452 for the Unrestricted Annual Fund by December 15, 2006. PCOM is proud to report that participation on the Georgia Campus was an astounding 72 percent and 43 percent on the Philadelphia Campus. PCOM faculty and staff continue to show their strong leadership and loyalty to the College. Thanks to this year's chairs Tage Kvist, PhD; Saul Jeck, DO; Markell Elder; and RoMaine Jones for their energetic leadership! Funds from the Unrestricted Annual Fund support expansion of clinical faculty, student services and research programs.



*Members of the Dean's Suite (pictured left to right) Donna Feeney-Figaniak, Ruth Wian, Tanya Ray and Gail Mattia enjoyed sundaes at the September kickoff of the faculty/staff campaign. The Office of the Dean, Clinical Education, Continuing Medical Education, and Primary Care all reached total staff participation by the event kick-off.*

# Building Partnerships

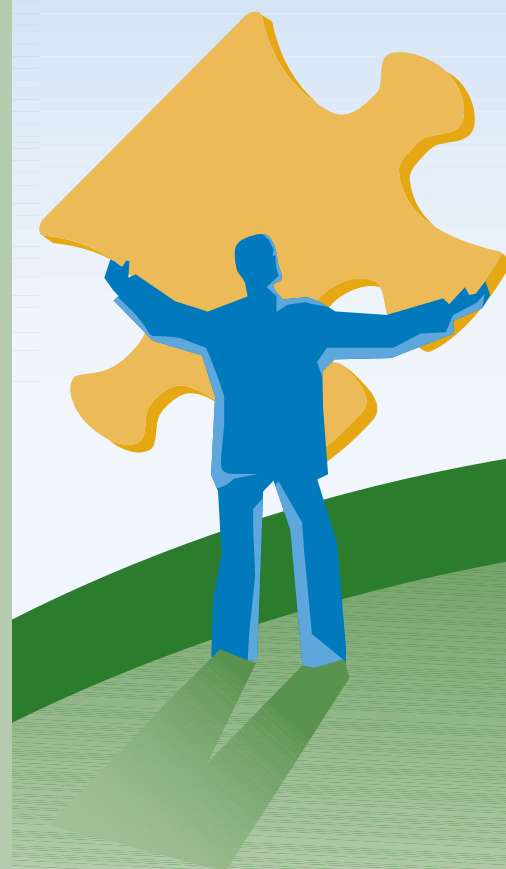
## Assessing the Value of Physician-Patient Communication

A mother sits with her two-year-old daughter in the family physician's office. "What brings you here today?" the doctor asks.

"My daughter has been running a fever since last night and now it's 103 degrees," the worried mother replies. "She's very lethargic, she hasn't eaten anything since yesterday at lunch time and she isn't drinking much either. She goes to day care and there has been a virus going around. She was playing with..."

"Oh yes, we've had a lot of kids in here with viruses this week," the doctor interrupts while looking down at the child's chart. "It's very common for kids to run high fevers and it's usually nothing to be concerned about," he says as he places a stethoscope on the child's chest.

The doctor in this scenario has unwittingly violated just about every standard of effective physician-patient communications: interrupting the patient's mother while she was providing information, lacking empathy and not validating the mother's concerns about the child's high fever, never addressing the child directly and making little eye contact with the mother. This type of encounter is not likely to help build the crucial bond of trust between physician and patient that is so essential to positive outcomes.







Numerous studies have shown that the quality and safety of care is enhanced by effective communication between doctors and their patients,



Dr. D'Alonzo, Jr.

according to Gilbert E. D'Alonzo, Jr., DO '77, professor of medicine, Temple University School of Medicine, director of the Airways Disease Center and deputy director of pulmonary and critical care medicine at Temple University Hospital, and co-author of an article on physician-patient communication published in the *Journal of the American Osteopathic Association*.

Good doctor-patient communications have been shown to reduce medical errors, malpractice claims and patient anxiety, the article reports. "Patients who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behavior accordingly, and follow their medication schedules," the article states. "In fact, research has shown that effective physician-patient communication can improve a patient's health as quantifiably as many drugs."

The resolution of symptoms in patients with chronic headache, for example, has been shown to be related to patients feeling that they were able to discuss their headaches and problems fully at the initial visit with the doctor than to the diagnosis, the investigation, the prescription or the referral, reports John R. Gimpel, DO '88, MEd, vice president for clinical skills testing, National Board of Osteopathic Medical Examiners and associate professor of family medicine, Georgetown University School of Medicine. "Similar studies in hypertension and diabetes showed that patients who were able to ask questions and share in decision-making

with the doctor achieved better blood pressure control in hypertension and improved blood sugar control in diabetes," says Dr. Gimpel.

Dr. D'Alonzo also emphasizes the importance of developing a "therapeutic relationship" between doctor and patient. "Although much of the communication in these interactions necessarily involves information-sharing about diagnosis and therapy options . . . it is essential for the physician to listen to patient concerns, provide comfort and healing, and foster the relationship in general," his article states.

"The physician and the patient and his or her family need to work together as a team to enhance the overall care process," adds Dr. D'Alonzo.

The growing recognition of the value and importance of physician-patient communications is reflected in medical school prerequisites as well as evolving state licensure, certification and recertification requirements. To obtain initial licensure, osteopathic physicians must now pass the COMLEX USA Level 2 PE exam, which includes doctor-patient communication skills. By 2008, every osteopathic medical student will be required to pass the same exam in order to graduate. "As a result, 100 percent of osteopathic medical schools are now formally teaching and assessing doctor-patient communication skills, up from 60 percent in 2002," notes Dr. Gimpel. "This will correlate to great improvement in patient care down the road."

## What Is Good Communication?

### Listen

Learning to listen is the key to effective communication between doctors and patients. Yet, the average time that doctors allow patients to speak before interrupting their opening statement is just 18 seconds, according

to a classic study by Beckman and Frankel in 1984.

"Many doctors believe that they will save time and be more efficient if they interrupt the patient early in the interview, direct them with closed-ended questions and focus on the chief complaint issue," says Dr. Gimpel. "But studies have shown that by spending a little more time and letting the patient tell their story, even for three minutes, you will get more of their real concerns on the table early in the encounter. A diagnosis is made based on the history alone 80 to 95 percent of the time.

"Unfortunately, our current health system does not always reward an approach that takes a lot of time for communication," he continues. "It's a lot quicker to order an MRI than to spend 10 minutes listening to a patient's story about their back pain. But technology cannot be a substitute for listening or examining the patient. It should be viewed as an adjunct."

### Slow Down

Physicians also need to take the time to explain issues to their patients. "Patients are not on the same wavelength as physicians," cautions Dr. D'Alonzo. "You have to slow down and give your patients enough time to absorb and process what you're telling them. That translates into good patient care."

It is known that the average patient hears only 10 percent of what the physician says. This may be especially true in the case of patients with cancer or other life-threatening conditions.

"My patients are often just trying to cope with the fact that they have cancer," says Julia Kennedy, DO '82, a medical oncologist with a private practice in Philadelphia who is a PCOM clinical affiliate teacher. "I know that they aren't really listening. So I repeat things in a number of different ways multiple times in one conversation, or arrange a follow-up conversation with

“Osteopathic medical schools are now formally teaching and assessing doctor-patient communication skills. This will correlate to great improvement in patient care down the road.”



them about treatment plans.”

Dr. Kennedy says that it’s also important to assess how much patients know and how much they want to know about their condition. “I try to start out gently to get a sense of where they are,” she explains. “Some patients don’t want to know any statistics and others want you to read the textbook to them. For those who don’t want much information, I suggest that they bring a family member to the next visit who can take notes about treatments and side effects.”

“Preparing ahead of time will enable you to optimize the time that you have face to face with the patient,” Dr. D’Alonzo advises. This may mean sending information to and/or requesting information from the patient before the visit and taking time to review the patient’s chart in advance.

### Show Compassion

“It’s important to see the tear that’s not been shed and to hear the sigh that’s not been uttered. This gets to the heart of truly listening to your patients and practicing compassion,” says Dr. Gimpel. “When we communicate with patients, we need to validate their feelings, whatever they may be. It’s not enough just to recognize an emotion. You have to communicate back to the patient that you’ve picked up on their feelings because that’s the start of the trust and the interpersonal relationship between doctor and patient that is at the very core of professionalism.”

“One of the most important things we can do is to make the patient feel like a human being and not just an illness to be treated,” says Dr. Kennedy. “Show interest in them as a person, in where they’ve been in their life, what they’ve done and where they are now. Take into account the psychosocial aspects of the disease and their reli-

gious beliefs. I think it’s okay to pray with patients, to express that, in my opinion, God has a lot to do with what happens to people. The human spirit and the will to live have a lot to do with how well people respond to treatment—not just the medicines we give them.”

Talking with patients about cancer takes a special kind of compassion. “I always try to give patients hope,” says Dr. Kennedy. “If the book says that 10 percent of people with this cancer will survive five years from now, I look at my patient as one of the 10 percent and that’s how I treat them. Patients with metastatic disease can live for many years on treatment, always looking for the next new, more effective treatment coming out. You can’t take hope away from patients. If you do, they have nothing.”

Dr. Gimpel cites several studies involving patients with breast cancer showing that patient mortality is reduced when patients are satisfied with the communication and relationship between their treating physicians and themselves throughout the course of their cancer therapy. “We know there’s a connection between the immune system and various portions of our brains that feel emotions such as the amygdala,” he explains. “When the treatment options have been clearly delineated and the patient has had some say about the way they’re going to be treated rather than being told by the doctor, they feel that their emotional aspects are being considered and they tend to do better. This is consistent with the osteopathic philosophy. Dr. Still said 130 years ago that body, mind and spirit are all connected and in fact, this is just further support of that biopsychosocial approach to patient care.”



Dr. Kennedy

When a patient is terminally ill, it’s important to redirect the hope to goals other than getting better, says Dr. D’Alonzo. “It may be hope for living whatever time is left on this earth with their family in a way that is meaningful for that patient. It may be hope to be pain free. Although the goals might shift, the hope to achieve those goals is always there.”

At the same time, it’s important to be honest with patients. At no time is this more vital than when a medical error occurs. “Studies have shown that patients are less likely to bring a malpractice claim against you if you are

open and honest with them about what happened,” says Dr. Kennedy. “People will often sue just because they didn’t like the way the doctor handled the situation.”

In fact, two-thirds of all cases of medical malpractice are directly related to doctor-patient communication and physician attitude, according to Dr. Gimpel. And 75 percent of the issues that come to state licensing boards for disciplinary action are related to professionalism, which includes doctor-patient communications.

### It’s Not Always What You Say

A physician’s body language and facial expressions can tell your patients a lot about what you’re feeling—or not feeling. The doctor who stands in the doorway of a patient’s room with chart in hand rather than coming into the room and shaking hands isn’t showing much interest in or compassion for the patient.

One of the biggest faux pas during an office visit is sitting behind the desk, says Dr. D’Alonzo. “Get out from behind the desk!” he emphasizes. “Ask the patient to get off the exami-







nation table, then sit in a chair next to him or her. Put the chart down, or at least look the patient in the face while you're talking. Lean toward the patient a little bit and don't cross your legs. Sometimes it helps to add a little bit of levity to the discussion and some personal communication as it relates to the patient as an individual with needs and interests. It really gets back to the art of medicine."

### Overcoming Barriers to Communication

Some patient populations present extra challenges to doctor-patient communications. Elderly patients may have hearing or visual impairment or difficulties with information processing. An increasing number of patients speak a foreign language and/or have cultural differences that affect the way they and their families deal with illness and health care providers. In each of these cases, it's important for the physician to recognize the barriers to communication and bring in the right resources to help it go more smoothly, says Dr. D'Alonzo. "You might need to do some research on your own to understand a patient's cultural beliefs and attitudes toward medicine. Or you might need to have a medically trained interpreter present."

In many cases, it helps to ask the patient to bring his or her family along to doctor appointments. "Getting to know family members helps you to know more about the patient and understand cultural differences," says Dr. Kennedy, who cares for a very diverse patient population that includes Russians, African-Americans, Latinos, Asians and Native Americans. "Some cultures look at their elders differently when they're ill. Families have different ideas about who should know what information. I'm a strong advocate for family involvement because that can help to ease communication and a patient's

anxiety, but I also insist that the patient needs to know what's going on and make decisions, regardless of the culture."

Dr. Kennedy also notes that health literacy is a concern for about half of all adult Americans, according to a study by the Institute of Medicine of the National Academies (IOM). To improve her patients' understanding, she uses simple language instead of medical terms, shows or draws pictures of what she is describing, and discusses treatment plans and complex problems in a quiet consult room rather than a sterile exam room.

Psychiatric patients present special challenges to communication. "Some physicians say that you should never allow a schizophrenic or elderly patient with dementia to tell their story," says Dr. Gimpel. "I often see the doctor addressing all the conversation to the family member or spouse of the patient. However, I will shake hands with the patient, ask the patient questions and give them some element of time."

Dr. Gimpel says this is equally important with the pediatric population. "If a four-year-old comes in, I get down on my hands and knees first and talk to the four-year-old. Then I talk to the mom and dad. You have to give every patient a chance to tell his or her story and feel heard."

### Learning and Improving Communications Skills

Interpersonal skills can absolutely be learned, says Dr. Gimpel. "Some people may be born with better communication skills than others, but these skills can be learned by students, residents and practicing physicians."

"Learning effective doctor-patient communication is as important to the medical school curriculum as learning

the anatomical insertions of muscles or memorizing biochemical pathways," he asserts. He emphasizes the importance of hands-on learning using standardized patients, videotaped simulations, workshops and role play. "You have to let people practice, see themselves, reflect on it and afterward, find ways to improve," says Dr. Gimpel, who helped bring the standardized patient program into the PCOM curriculum as a requirement while he was a full-time faculty member from 1994 to 1996, and continues to teach medical interviewing and physical diagnosis at Georgetown.

Asking patients for direct feedback can also be a valuable learning experience. "Doctors need to learn how to ask their patients questions periodically such as 'Are you happy with the care you're receiving from me? Is there something that I should be doing that would make this caring process better?'" says Dr. D'Alonzo. "We have an obligation to ask the patient what we can do to make the process better for them."

Learning effective physician-patient communication skills can only be expected to grow in importance. The Federation of State Medical Boards has formed a National Competency Alliance that is studying the idea of designating the ability to communicate as a core clinical skill required for recertification and relicensure.

"Ultimately, improved doctor-patient communication skills not only enhances patient satisfaction, but physician satisfaction as well," observes Dr. Gimpel. "It helps doctors to focus on the patient and the altruistic reasons why they chose this profession in the first place, and that gives greater meaning to the work they do every day."



Dr. Gimpel





# JOHN P. SIMELARO, DO '71

## 2007 RECIPIENT OF THE O.J. Snyder Memorial Medal

### A Passion for Teaching

When John P. Simelaro, DO '71, FACOI, FCCP, walks into the classroom at PCOM, you never know what to expect. He is both a showman and a teacher who keeps his students entertained while teaching them valuable lessons about the art and science of medicine. This down-to-earth, humorous and compassionate physician is the 2007 O.J. Snyder Memorial Medal recipient. Over the years, his students have shown their appreciation for his extraordinary skill and dedication by honoring him ten times with the Teacher of the Year Award.

Surprisingly, Dr. Simelaro never intended to be a teacher. It was during his medical education at PCOM that he discovered a passion for teaching as

well as practicing medicine. And so a career in academic medicine was born that has spanned more than three decades and touched the lives of virtually every student who has attended PCOM during his tenure.

His interest in medicine began when he developed severe asthma as a young child. "I missed half my childhood because of asthma," recalls Dr. Simelaro, who is professor and chairman of internal medicine, program director for internal medicine residency and past chairman, division of pulmonary medicine. He was inspired to become an osteopathic physician by his own doctor, Salvatore Giamporcaro, DO '47. "I thought it would be really cool to be able to help people the way he helped me,"

says Dr. Simelaro. "He told me about the osteopathic philosophy, and I liked the idea of treating the whole person. It really made sense."

During his internship year at PCOM, his talent for teaching caught the attention of the late Thomas M. Rowland, Jr., PCOM's fourth president, who later recruited him for a full-time teaching position in the department of internal medicine. "Tom recognized John's flair for teaching," says Pat A. Lannutti, DO '71, professor and co-vice chair of internal medicine, and Dr. Simelaro's long-time friend and practice partner. "John is beloved by the students because he relates well to young people and he knows how to motivate them."





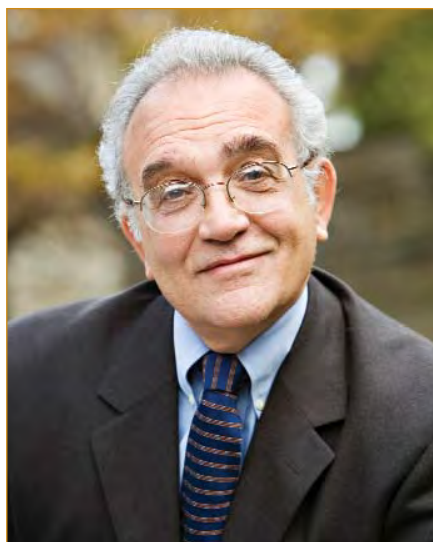
“I love taking kids and making doctors out of them. It thrills me,” says Dr. Simelaro, who has also received the Lindback Foundation Award for Distinguished Teaching. His students are captivated by his unbridled enthusiasm and entertaining style of lecturing. “When I teach, I put on a show,” he says. “Teaching and entertaining are really the same thing. You have to spice it up and bring medicine to life to make it memorable.”

Third-year student Brian Beluch (DO '08) says, “You never want to miss one of Dr. Simelaro’s pulmonary lectures because you never know what he’s going to do.” Sometimes, he brings patients with him to lectures. He has given first-year students the chance to listen to the patient’s lungs and to observe while he performs bronchoscopies.

Amanda Powell (DO '08) recalls a video about ventilators that Dr. Simelaro produced himself—a spoof on the TV show “Mister Rogers’ Neighborhood” that he called “Dr. Simelaro’s Office.” “That video was so great that I still remember it two years later,” says Ms. Powell. “He’s a hard-working doctor with a busy practice and he went out of his way to create something special that would help his students learn.”

In addition to teaching the science of medicine, Dr. Simelaro shows students the art of compassion through his interactions with them as well as his patients. “With Dr. Simelaro, you never have to be afraid to make a mistake or give the wrong answer to a question,” says Vito Cirigliano (DO '08). “He’ll just help you figure out what went wrong and how to do it differently next time.”

Among his many accomplishments, Dr. Simelaro takes pride in having established the College’s division of pulmonary medicine and in his clinical research in pulmonary pharmaceuticals, particularly drugs to treat asthma. Through his research, he has



discovered that asthma exists in two forms—extrinsic and intrinsic. “The intrinsic form leads to airways remodeling in which the airways take on the form of chronic bronchitis,” he explains. “Every asthma attack puts you deeper into that remodeling. This type of asthma is not reversible, so it’s important to stop the attacks at all costs.”

For the past few years, Dr. Simelaro has been involved in clinical research for a new asthma medication designed to do just that. “We’re one of 400 centers nationwide involved in following an FDA-approved medication, omalizumab, and we have one of the highest volumes of patients in the country,” he relates. “The benefits to our patients have been profound.”

Throughout his career, Dr. Simelaro has stayed on the cutting edge of medicine through his involvement in many professional organizations. A fellow of the American College of Osteopathic Internists, he served on that organization’s board of directors for 12 years. He is also a fellow of the College of Physicians of Philadelphia, the American College of Chest Physicians and the American College of Angiology, and a member of the Pennsylvania Osteopathic Medical Association.

He approaches his hobbies with the same enthusiasm he shows for his profession. He is an accomplished cabinetmaker and a ham radio operator whose most famous contacts include the late King Hussein of Jordan and the Mir space station. He is passionate about science and enjoys the study of cosmology.

Dr. Simelaro is intensely proud of his family. His wife, Felice, holds a master of liberal arts degree and is vice principal of institutional advancement at Gwynedd Mercy Academy High School. They had three daughters. Their first, Gina, died at age three-and-a-half from leukemia; a PCOM scholarship was later established in her name. Their other daughters are Annette, who is an attorney in Atlanta, and Christina, an actress who was an extra in the movie *Pirates of the Caribbean, Part II*. “When I saw her on the screen, I started crying,” he admits.

He also cares deeply about his students, whom he often refers to as “the kids.” “I love being down in the trenches with them,” he says. The most important lessons he wants them to learn are loyalty, teamwork and compassion. “Medicine is not an individual sport,” he advises. “You must work as a team with your fellow doctors and be totally committed to your patients 24/7. Have compassion for them and treat them all like family. Remember your roots as osteopathic physicians. We are people doctors, not disease doctors.

“The greatest gifts my former students could give me are these,” Dr. Simelaro concludes. “First, if you value the lessons I taught you, the greatest way to show your appreciation is by making a contribution to PCOM to help continue the proud tradition of teaching that produces such exceptional osteopathic physicians. Second, strive to be a better doctor than I am because then I will have reached my goal of leaving the medical profession better than I found it.”





## Jessica Yahnert Masser (DO '07) DEDICATED TO THE OSTEOPATHIC TRADITION

“I was born to be an osteopathic physician,” says Jessica Yahnert Masser (DO '07). This statement embodies the love and enthusiasm that this year’s Mason W. Pressly Memorial Medal recipient has for the osteopathic tradition. “Ever since I was five years old, I’ve wanted to be the kind of doctor who really cares about their patients and puts their whole heart into making them better,” says Mrs. Masser.

Now finishing her final year of an osteopathic manipulative medicine (OMM) fellowship, she has discovered that, in addition to becoming an osteopathic physician, she wants to help teach the next generation. Eventually, she may return to her roots in a rural underserved area of western Pennsylvania where she can work with residents, helping them to hone and maintain their OMM skills because, she observes, “you lose them quickly if you don’t use them.”

That will never be a concern for Mrs. Masser. She plans to complete a residency in family medicine plus one year that will enable her to be double board certified in family medicine and neuromuscular medicine (NMM), with the emphasis of her practice on OMM.

“I find it amazing to be able to use your hands to help people feel so much better,” says Mrs. Masser, who also received the Louisa B. Smith Memorial Scholarship, awarded each year to a female student who shows

outstanding capability and strong motivation in osteopathic philosophy. “With OMM, I can help people that no one else has been able to help. It’s such a blessing to be able to relieve people’s pain. You can make a real difference in their lives.”

Mrs. Masser also enjoys the close relationship with patients made possible by OMM. “You spend a block of undivided time with one person,” she observes. “You have the chance to talk and share in their life. It becomes more than just a treatment to relieve a physical complaint. You’re dealing with the mind, body and spirit all at once, and that’s so rewarding.”

During her fellowship, Mrs. Masser has been involved in a number of OMM research studies. Last year, she won a research fellowship from the American Osteopathic Association for a study she designed for fibromyalgia patients. She would like to continue that research and begin to look at what OMM can do to help people with other chronic diseases. “This research will help to provide an anatomic and physiologic basis for why OMM is beneficial,” explains Ms. Masser, who also serves as PCOM’s national representative to the National Undergraduate Fellowship Association.

Mrs. Masser’s enthusiastic nature carries over into the extracurricular arena as well. During her freshman year, she founded PCOM’s first sorority, Kappa Sigma Phi Women’s

Osteopathic Society, which now has over 300 members dedicated to community service as well as supporting PCOM and each other.

“Starting a sorority from scratch was a tremendous undertaking,” says Scott Feitell (DO '09), president of the PCOM Student Government Association and a member of the Mason W. Pressly award selection committee. “When Jess sees a need, she takes steps to fill it and thinks nothing of the amount of effort involved. The committee was really impressed with the huge amount of initiative she has taken in many endeavors.”

In addition to many community service projects with Kappa Sigma Phi, Mrs. Masser turned her personal hobby of raising rare gecko lizards into a charitable effort. “When her geckos produced offspring, Jess could have sold them for a huge profit,” notes Mr. Feitell. “Instead, she taught a group of teenagers how to care for them, then gave them most of the lizards,” explains Mr. Feitell. “Now these teens are learning about caring and responsibility by raising their pet geckos.”

Mrs. Masser is still awed at winning the Mason W. Pressly award. “So many deserving students do so much every day, and I was just honored to be considered in their league,” she says. “My hope is that I can make a difference as an osteopathic physician, and that my fellow students will always take pride in their osteopathic heritage.”







# Places. Camera. Action...



It's not the silver screen, but PCOM's own version of Cecil B. DeMille in the form of Harry J. Morris, DO '78, MPH, chair of family medicine, spent part of last summer on campus with two adventurous work-study students preparing, shooting and editing a video aimed at improving students' grasp of physical examination skills.



The student and the professor were thinking along similar lines, but neither one knew it at first.

The student, Bernard C. Ciongoli (DO '09), thought he might be able to reinforce the physical examination skills he was learning in Primary Care Skills. So he made an outline on his computer and added images from the course textbook, *The Bates Guide to Physical Examination and History*. He thought this might enhance his grasp of the material taught by Dr. Morris.

"After I did it, I thought it was of value, so I emailed my outline with the images to the whole class," recalls Mr. Ciongoli. "A copy went to Linda Monger, Dr. Morris' coordinator. She showed it to Dr. Morris and then I received a note that said Dr. Morris wanted to see me; I thought I might be in trouble."

Dr. Morris was intrigued by his student's use of text and images to get at the heart of examination skills such as taking blood pressure, using a stethoscope, palpating the abdomen and more.

"I noticed the same mistakes being made by students year after year, and I wondered if there was a better way to get the material across, to foster learning and to help them retain the skills that will carry them through school and their careers," explains Dr. Morris.

Mr. Ciongoli and Dr. Morris talked about using images to help students learn the skills they need, and an idea was born—they'd make a demonstration video aimed squarely at helping students master basic physical examination skills.

"I had an interest in audiovisual work as far back as high school, so I thought this was a great opportunity," says Mr. Ciongoli. "Dr. Morris asked me to find another student to work on the project with us, so I recruited Dave [David M. Ermak (DO '09)]; he's good with computers and other tech stuff."

The professor and the two students spent the better part of the summer of 2006 writing scripts, working with video cameras and lighting and, voila! The trio edited more than 25 hours of footage down to a 90-minute video that includes all of the physical examination skills covered in the first year at PCOM. They produced a DVD called

the "Physical Examination Training Series." They expect to finish a second video, one that covers skills taught to second-year students, by May 2007.

"The DVD is for our students to review what they learn in class," says Dr. Morris. "We did the whole DVD project on a shoestring budget. It's integrative in terms of teaching the course."

The first DVD opens with Mr. Ciongoli and Mr. Ermak standing side by side. They're dressed for a rock concert or a day in the park, purposely. They discuss proper dress for a medical student who will examine a patient and the two disappear off camera, only to reappear, quickly, in shirts and ties, and wearing the white jacket of an osteopathic medical student, complete with either a nametag or a name embroidered on the jacket.

After covering proper attire for male and female PCOM students, the DVD discusses documentation notes for the patient record and continues with primary care skills, such as taking vital signs. Here, as with the rest of the video, Dr. Morris, dressed in slacks, a shirt and tie and a long, white lab coat, handles the examination and explanation of the skills, while Mr. Ciongoli and Mr. Ermak work behind the scenes. The students recruited other classmates to act as standardized patients in the examinations.

"Always be calm; move slowly when examining the patient," Dr. Morris says on the DVD. He explains that the student's hands and stethoscope should be warm and that "a light dipping motion" should be employed when palpating the abdomen.

All of the skills are demonstrated and explained by Dr. Morris, who developed the script using several takes and an outline on a hidden cue card. "I discovered that when you do a video like this it's pivotal to make explanations very clear and concise."

Mr. Ciongoli operated the camera while Mr. Ermak worked the computer. "I've always wanted to teach, and this has kind of opened a door for me to teach in the future," notes Mr. Ermak, whose current interest is in a career in internal medicine or a subspecialty of internal medicine.

"I believe the integration of technology and communication is

the best way to learn," offers Mr. Ciongoli. "This project is educational, and that was our goal from day one," adds Mr. Ciongoli, who is interested in a career as an anesthesiologist.

The DVD is set up so that students can navigate to a specific section that covers a skill they'd like to review. It also includes some graphic inserts that help illustrate structures of the body. These were taken from the *Bates* book after the trio was granted permission to use material from the publisher.

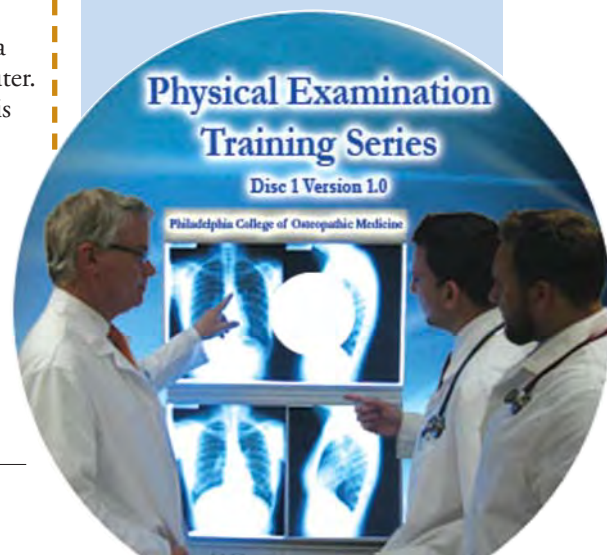


### Standardized Patients Set the Tone for Learning Examination Skills

The "Physical Examination Training Series" DVD helps students prepare to examine standardized patients, non-physicians who act as patients to enhance students' learning. "It's a valuable piece of the course; students are graded on their ability to examine standardized patients," emphasizes Dr. Morris.

"The standardized patients are very well trained by Chris Cline, standardized patient trainer," says Dr. Morris. In fact, the program is going so well that the standardized patients now work with students in small groups to actually teach students the skills. "There's one standardized patient for four students, and they are heavily trained to teach the skills," offers Dr. Morris. "I'm available to walk around and check on them and to answer any questions."

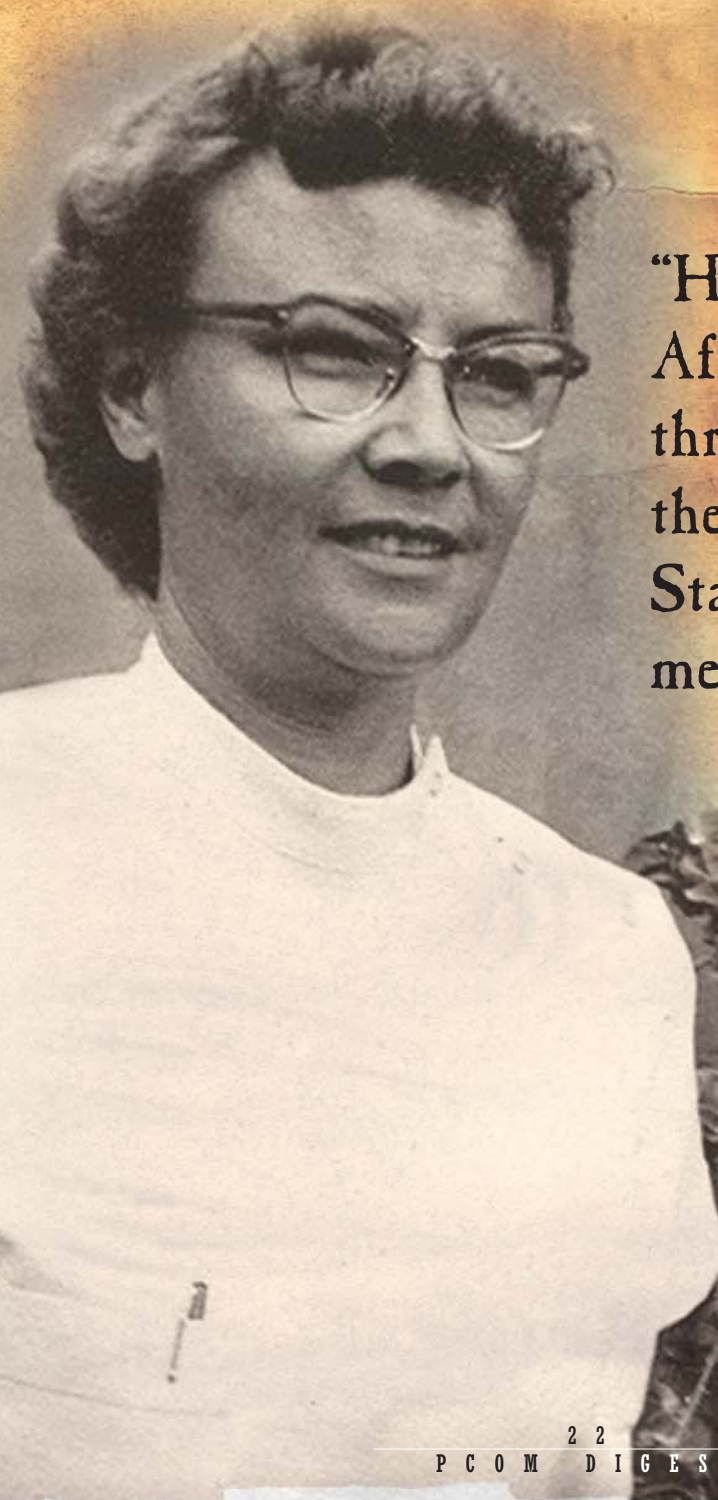
According to Dr. Morris, this new method of teaching basic examination skills is under evaluation. "So far, it's working very well."





# Out of Africa:

True Tales of a Medical Missionary



“How can I write about Africa, a continent three and a half times the size of the United States? It was home to me for twenty years.”



So begins the memoirs of Martha Jeane Shaw Cochrane Oldman, DO '49, who devoted 20 years of her life to serving the people of Tanzania as a medical missionary. Hers was a spiritual calling that began at age four. "Mother told me that if anyone asked what I wanted to be when I grew up, I would tell them 'a missionary doctor,'" writes Dr. Oldman. She was inspired by her parents, who were both osteopathic physicians deeply interested in missionary work, and by church missionaries whose stories of their experiences fascinated her. "I never doubted that it was a calling from God," she says.

Years later while she was a student at PCOM, Dr. Oldman's calling took shape when the Africa Inland Mission (AIM) asked her to consider joining their efforts in Tanganyika Territory after completing her medical education. In 1952, having completed a rotating internship at Mt. Clemens General Hospital, she bought stainless steel operating room equipment from a doctor who was retiring and packed her drums and crates for Africa.

Thus began an adventure that helped to improve the lives of many in this remote part of the world. Dr. Oldman's memoirs reflect her commitment to the people of Africa, her challenges in caring for them, and her unflinching spiritual faith.

She faced her first challenge immediately. Before she arrived at the AIM facility in the village of Kola Ndoto, she learned that she had been refused registration by government authorities as a qualified physician "because they didn't understand my osteopathic degree," she relates. "Our medical director, Dr. William Barnett, after some months, recalled that DOs and MDs took the same examination when he sat for the New York State Board examinations. Government authorities agreed that, if I took and passed the New York Boards, they would grant recognition [of my degree]." Dr. Oldman returned to the United States where she took and passed the exam.

Back in Kola Ndoto, Dr. Oldman went to work handling a full range of care that included tropical diseases, pediatrics, obstetrics and gynecology, outpatients, the dispensaries, lab, X-ray, tuberculosis and the Leprosarium.

Their facilities and staff were spare. They had no X-ray technician at first and so they took and developed X-rays themselves. "In the darkroom, there was no ventilation, no timer and no safe light," writes Dr. Oldman. "There was no manual (for the Picker X-ray machine). I did a lot of praying in there. Most African patients seemed to think the X-ray machine could see literally everything inside them and they all wanted to have a look!" she adds.

Dr. Oldman also assisted Dr. Barnett in surgery. In addition, they had a nurses' training school at the facility. "The horizon was vast. Have you ever stood where you could look all around the 360 degrees of the horizon and contemplate advances in all directions?" Dr. Oldman asks.

These excerpts from Dr. Oldman's memoirs illustrate some of the advances in health care that she made possible

for the people of Africa and what life was like while doing so.

## My Dispensaries

Travel was exceedingly difficult for patients. Many would like to be seen by a doctor, but were unable to get to a hospital. . . . We did not make "house calls," but did establish outpatient clinics or "dispensaries." A charge of two shillings (about 25 cents at that time) was made for consultation with the doctor. . . . The cost of medicines was kept at a minimum, too, for the people were very poor.



*A dispensary at Kola Ndoto*

One of the first dispensaries was a little shelter . . . with a banana leaf roof and a table where [a missionary] could set a tray of medicines, bandages, etc. How many times I got there by boat before there was a road, I don't remember. . . . The ferry would depart from a cotton ginnery run by Indians at 4 a.m. and get to Kahunda about 9. . . . I took my microscope along and did the lab work.

## Emergency Surgery on Ukara Island

Among the patients was a secondary school student home for a holiday. He was in much pain with a strangulated left inguinal hernia. That is a very common condition among patients at Kola Ndoto Hospital, and I had repaired many, but this was no hospital!

Attempts to reduce it failed. I administered morphine . . . and had him lie on a pile of cornstalks, in the Trendelenberg position, with his feet higher than his head. We . . . hoped it would reduce spontaneously. Not so.

There was no way for him to get to any hospital. It was necessary for us to operate before dark—as there was no light except our hurricane lantern—and before an intestinal resection would be necessary as none was possible. The conditions were too primitive and the equipment too deficient.



Our furniture consisted of two small tables of unequal height. They became the operating table. Our supplies consisted of one tube of catgut, one curved needle, a spool of white sewing cotton which would do for skin. I had a scalpel with a blade, a needle holder, scissors, small tweezers, two mosquito hemostats—all the essentials, even an assistant!

We boiled the instruments in our cooking pot and soaked our pillowcases in dettol to use for drapes. . . . We had a little local anesthesia for the skin incision. . . . The young man was reported to have healed well. We praised our dear Lord! He is the Great Physician. We treat—He heals.

### Bless the Children

“Fanta,” sweet soda, not often cold because of lack of refrigeration, was sometimes given to babies by desperate mothers. If their breast milk supply dried up due to fever or other illness, milk or proper baby food was difficult and expensive to come by, and mothers often resorted to the easy supply of soda. This is leading to many cases of diabetes.



*Premature babies were tended to in large cartons; medicine bottles filled with water served as incubators.*

### Vaccination Campaign

For several months, one dry season, I used my day off to give Bacillus Calmette-Guerin (BCG) vaccinations in as many geographic locations as we were able to get to. This vaccine affords some protection against both leprosy and tuberculosis. Both diseases were common and dreaded.

Crowds of mothers, each with a baby tied on her back, and toddlers nearby, awaited us. Mothers feared we would run out of vaccine and began to almost throw their babies in the window to be sure they would not be refused!

### Burkitt's Tumour

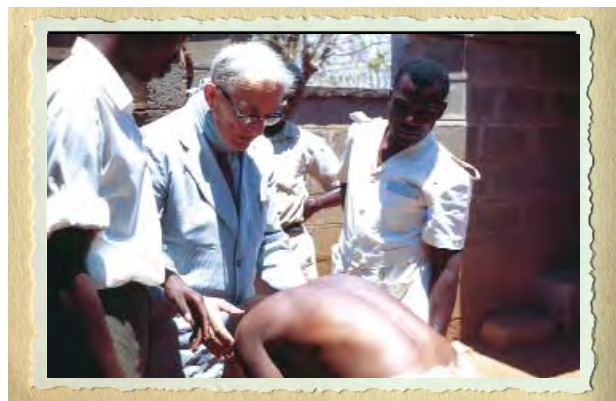
Numerous children with Burkitt's tumour came to Kola Ndoto. This was a very malignant lymphoma affecting the eye and face. We were able to send them to Nairobi for chemotherapy. None ever returned alive. I do not know whether successful chemotherapy was ever developed. It hurts to think of them.

### Leprosy: Now a Well Understood Disease

*Leprosy afflicted many of Dr. Oldman's patients. Her late husband, British physician Dr. Robert G. Cochrane, was world-renowned for his expertise in this disease, which is now understood today, due to his teaching worldwide. Together, they set out to treat people and teach them the truth about leprosy.*

“Modern leprosy or Hansen's Disease is NOT the same as the ‘leprosy’ described in the Bible,” she writes. “Much of the difficulty encountered by leprosy patients anywhere arises from stigma connected with Biblical ‘leprosy,’ which is ceremonial defilement.”

*In addition to running the Kola Ndoto Leprosarium Hospital, Dr. Oldman and Dr. Cochrane conducted leprosy seminars and visited government dispensaries throughout Shinyanga Region to try to improve the care of leprosy outpatients. They tried to teach the people of Africa that the defilements described in the Bible were not leprosy, but a variety of diseases affecting the skin, such as fungus infections, impetigo and scabies, and that leprosy sufferers are not “unclean” people.*



*Dr. Robert Cochrane worked to improve the care of leprosy patients at government dispensaries.*

“Many [patients] were eventually discharged,” writes Dr. Oldman, “but it was a big upheaval for them for some had stayed for generations in the protected community of peers. . . . Those with deformities of hands and/or feet felt they still had leprosy! Although the disfigurements were permanent, what they needed was to learn how to care for insensitive hands and/or feet so that they would not suffer injury from burns, blisters or ulcers. They needed encouragement, too, to leave their sheltered existence and try to make it among relatives still uneducated and prejudiced.”





*Dr. Oldman often taught Sunday School to groups of herd boys and girls; hers was a desire to heal the whole person—mind, body, spirit.*

### Treating the Whole Person

“We come here because you pray for us.” More than one patient told us this. They wanted more than we could do! They wanted more than good medicines could do! They wanted more than an operation could accomplish for them. And we on staff who were Christians . . . wanted more, too. We wanted them to be healed, physically and spiritually. And we hoped they would thank the God Who healed them.

### OMT

A carpenter constructed a [OMT] table to my specifications and it was placed in the X-ray room which was often the quietest place in the whole hospital. . . . The general population was accustomed to the witch doctors and medicine men doing very painful things such as cuttings on the chest and elsewhere. Some of these were for tribal decorations; others were intended to let out the evil spirits! Of course, no local anesthesia was used. The patient was expected to show fortitude. Patients did not expect to relax when they came to a doctor!

After some years, I learned how to say “relax.” It was hardly in their thinking or vocabulary. “*Jilegeze*” means “loosen yourself.”

### Everyday Life

I lived, quite happily, in the same old mud brick house the whole 20 years I was in Africa. It consisted of three rooms set end to end, with a verandah circling the whole, and a thatched roof. We used the large center room for a dining room as we regularly had calls from the hospital at every meal—might as well make it convenient.

As soon as the sun rose at 6 a.m., a *hodi* (greeting) might sound at the door, perhaps a person selling an egg—which was usually safe, but was still to be tested by immersing in water. If it floated, it was past eating.

*Dr. Oldman has generously donated her memoirs to the College. Those who wish to read them are welcome to call the Alumni Office (800-739-3939) to schedule a time to visit. The memoirs are typed and include many photos.*

“Rain was so sparse that it led to drought conditions two years out of three,” Dr. Oldman recalls. “The crops failed so many times that there was famine very frequently. . . . During famine, we could use canned food . . . oatmeal in the morning and an egg at night.”

### Language Matters: Worst Language Blunder

While preparing to administer smallpox vaccinations one day:

I declared we should begin the vaccinating, “as I want to vaccinate you all.” That is what I intended to say (in Kisukama, the native language of that region). Mistakenly, I changed one letter, from *ku-chanja* (to vaccinate) to *ku-chinja* (to kill for food), and said, “as I want to kill you all for food!” Fortunately, all recognized the language error and took it all on good humour.



*Taking one or two African nurses with her, Dr. Oldman traveled on her days off to various facilities to dispense BCG vaccinations.*

### Beware of Elephants

One [pulmonary tuberculosis patient] came from more than one hundred miles and, on one occasion, was quite late returning for his monthly supply of medicine. . . . He related how he had started out to get to us on time with a companion. They were attacked by wild elephants; his friend was killed. He escaped, but went home to mourn and recover before attempting his difficult foot journey again.

### Farewell to Africa

In 1972, the time had come to leave Africa. “*Kwaheri ya kuonana*.” It is a lovely African-Christian way of saying farewell in Swahili. It means “the goodbye of seeing one another again.” Christians never meet for the last time. Still, it was not easy to leave those we cared about so much.





## CLASSNOTES

### Class of 1966

Class Agent: H. Michael Zal, DO  
610-664-7223, dochmz@msn.com



**Lt. Col. Harvey J. Yorker, DO**, Cherry Hill, NJ, has retired as a lieutenant colonel from the New Jersey Air National Guard after more than 20 years of service.

### Class of 1967

Class Agents: John F. Callahan, DO  
570-654-4651

Allan N. Fields, DO  
954-579-5924, anfields38@aol.com

**Ronald R. Blanck, DO**, Fenwick Island, DE, retired as president of the University of North Texas Health Science Center at Fort Worth – Texas College of Osteopathic Medicine. Dr. Blanck joined Edward Martin (former Assistant Secretary of Defense for Health Affairs) in a new health care consulting business, Martin, Blanck and Associates in Washington, D.C.

**William Vilensky, DO**, Margate City, NJ, was promoted to clinical professor of family medicine at the University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine.

### Class of 1975

Class Agent: Jon J. O'Brien, SJ, DO  
202-965-6912, jo25@georgetown.edu

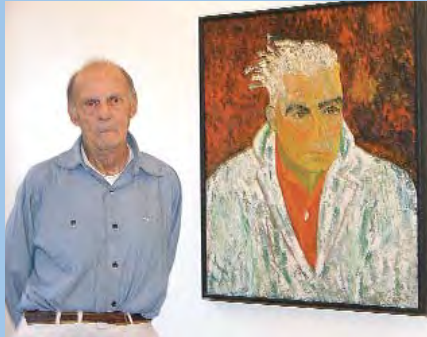
**Stanley E. Essl, DO**, Philadelphia, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### Class of 1977

Class Agent: H. Sprague Taveau, IV, DO  
806-212-5750, glorysix1@cox.net

**Ritamary Hanly, DO**, Norristown, PA, retired from Norristown State Hospital as medical director. She now works as a medical safety reviewer for a contract research organization. Dr. Hanly volunteers at Ryerss Farm in Pottstown and cares for retired and

## Morton Herskowitz, DO '43



### Fair Weather Painter

Morton Herskowitz, DO '43, professor, psychiatry, has painted throughout the world—from Alaska and Newfoundland to China and Tibet and many places in between. Now the proceeds from the sale of some of his paintings will be traveling too, via the charity Doctors Without Borders.

"I've been places I never imagined," says Dr. Herskowitz, who paints primarily in watercolors and who describes his work as "primitive." He never received any formal training and remembers his artistic attempts in junior high school as less than stellar. "The guy next to me made beautiful art. Everything I did looked like mud. When I was in my 20s, I began going to museums and I appreciated what I saw. I thought, 'I can do that.' So, on my first vacation to Provincetown, Massachusetts, I found some boards and made some paintings. They weren't very good, but I knew I could work on it."

And work on it he has. Every summer for the past 47 years, Dr. Herskowitz has planned his vacations around where he wanted to paint. "My patients can always see where I went on vacation from the new paintings in the waiting room," he quips.

"I've been asked to show them over the years" he admits, but "I really don't want to part with the paintings. I do give them to relatives as gifts and to my patients when they get married, but the rest will be my daughter's when I go. But when I told this to a friend of mine who owns a gallery, he said, 'why don't you sell some now and give the money to charity?' And I thought, 'why not?'"

So, at the age of 88, Dr. Herskowitz exhibited his work for the first time at the Photo West Gallery in Philadelphia in December. A variety of watercolors were for sale. Not for sale, however, was a colorful portrait of a white-haired man with intense brown eyes.

It's a larger-than-life image of Wilhelm Reich, the famous Austrian psychoanalyst and father of orgonomy, the controversial field of psychiatry that focuses on orgone energy, or life force.

Dr. Herskowitz studied with Reich, a student of Sigmund Freud, for a decade, beginning in the late 1940s. When he began therapy with Reich, Reich lived relatively close by in Forest Hills, New York. About halfway through his training, Reich moved to central Maine. Dr. Herskowitz continued his training with Reich, driving 14 hours each way twice a month for several years. Clearly, Dr. Herskowitz believed, as he wrote in an article about the analyst, "Reich was truly one of the real geniuses in this world."

"There is a correlation between seeing well and painting well," he explains, "as there is a correlation between osteopathic medicine and orgonomy. Orgonomy is the ultimate mind-body therapy. The satisfaction of affecting patients' lives in a significant way is balanced for me by an esthetic satisfaction of producing a decent painting."





## CLASSNOTES

formerly abused horses. She has a house and pond with many rescued cats, dogs, doves, parrots and fish.

**Suzanne K. Kelley, DO**, Harrisburg, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### *Class of 1978*

**Class Agent: Lorraine M. Disipio, DO** 610-623-7230, [ldisipio@comcast.net](mailto:ldisipio@comcast.net)  
**Ernest R. Gelb, DO**, Wyoming, PA, was named secretary/treasurer of the Pennsylvania Osteopathic Family Physicians Society.

**Harry J. Morris, DO**, West Chester, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### *Class of 1979*

**Class Agent: Earl H. Brinser, DO** 717-272-7321, [ebhershey@hotmail.com](mailto:ebhershey@hotmail.com)  
**Glenn G. Miller, DO**, Blue Bell, PA, was named advisor to the Pennsylvania Osteopathic Family Physicians Society.  
**Joseph V. Pongonis, DO**, Langhorne, PA, was elected to the board of trustees of the Pennsylvania Osteopathic Medical Association.

**William B. Swallow, DO**, Milton, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### *Class of 1982*

**Class Agent: Anthony J. Silvagni, DO** 954-262-1407, [ajsilvagni@aol.com](mailto:ajsilvagni@aol.com)  
**John R. Bucholtz, DO**, Columbus, GA, was elected to the board of directors of the American Board of Family Medicine.

**Kevin A. Zacour, DO**, Clarion, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### *Class of 1983*

**Class Agent: Mary Ann DiBiagio, DO** 724-758-7559, [mdibiagio@hvhs.org](mailto:mdibiagio@hvhs.org)  
**Mary Ann DiBiagio, DO**, Ellwood City, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

## *On a Personal Note*



**Thea M. Cooper Barton, DO '03**, West Chester, PA, and her husband, Edward, are the proud parents of Kennedy Elle, born on July 11, 2006. Little Kennedy joins sister Mackenzie, age two.

**Luke V. Chetlen, DO '03**, and **Alison Lyn Lawhead, DO '03**, Hummelstown, PA, were married on August 12, 2006, in Hanover, Pennsylvania.

**Douglas M. Hargrave, DO '95**, Vineland, NJ, and his wife, Megan, are the proud parents of Katherine Grace, born on December 20, 2005.

**Carrie Lynn Roglieri, DO '00**, and **Joseph M. Roglieri, DO '01**, Waterford, NY, are the proud parents of their first child, Sophia Grace, born on October 3, 2006.

**Christopher Selgrath, DO '98**, Ambler, PA, and his wife, Elizabeth, are the proud parents of Emerson Grace, born on June 15, 2006.

**Jill Stavalone, DO '95**, Pennsauken, NJ, and her husband, Michael, are the proud parents of Daniel Thomas, born on June 2, 2006.

**Paige E. B. Tomcho, DO '98**, and **John J. Tomcho, DO '98**, Waxhaw, NC, are the proud parents of Briar, born on August 3, 2005.

**Paul J. Ufberg, DO '02**, Pittsburgh, PA, and his wife, Jordanna, are the proud parents of Jack Levi, born on June 16, 2006.

**Darlene A. Dunay, DO**, Old Forge, PA, was the recipient of a certificate of appreciation presented by the University of Scranton for dedicated service to the educational development of advanced practice master's-level nursing students. Dr. Dunay was recently elected president of the United Sports Academy's Parents Association for Gymnastics.

### *Class of 1985*

**Class Agent: Michael P. Meyer, DO** 717-721-5700, [mmeyer8700@aol.com](mailto:mmeyer8700@aol.com)  
**Anthony J. Magdalinski, III, DO**, Blue Bell, PA, joined the medical staff at Bux-Mont Oncology in Chalfont, Pennsylvania.  
**Gregory J. Smolin, DO**, York, PA, was featured in an article, "Without Warning," published in the *York Daily Record*.



## CLASSNOTES

### Class of 1986

Class Agent: John C. Sefter, DO  
410-337-7900

**Deanne S. Endy, DO**, Hummelstown, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

**Judith B. Price, DO**, Basking Ridge, NJ, was named staff physiatrist at the King James Care Center of Chatham.

### Class of 1987

Class Agents: Elliott J. Bilofsky, DO  
814-623-6400, [ebilofsky@aol.com](mailto:ebilofsky@aol.com)  
Katherine C. Erlichman, DO  
814-623-1969, [eyeoffice@earthlink.net](mailto:eyeoffice@earthlink.net)

**Anthony E. DiMarco, DO**, Kennett Square, PA, was re-elected to the board of trustees of the Pennsylvania Osteopathic Medical Association.

**Lisa B. Lichtman, DO**, Medford, NJ, joined Lourdes Medical Associates.

### Class of 1989

Class Agents: Judith Richmond  
Pryblich, DO  
610-366-8445, [gmpjrp@aol.com](mailto:gmpjrp@aol.com)  
Coleen M. Smith, DO  
423-722-9355, [colsmithdo@pol.net](mailto:colsmithdo@pol.net)

**Christopher R. Altamuro, DO**, Pottsgrove, NJ, joined the department of medicine at AtlantiCare Regional Medical Center and AtlantiCare Urgent Care.

**John V. Tumas, DO**, Philadelphia, PA, was named to the board of directors of the Pennsylvania Osteopathic Family Physicians Society.

### Class of 1990

Class Agent: Jennifer Waxler, DO  
[jwaxler@sbhcs.com](mailto:jwaxler@sbhcs.com)

**Claudia J. Bahorik, DO**, Robesonia, PA, joined the Army Reserves at the age of 51. Dr. Bahorik is a Major in the Medical Corps, assigned to Landstuhl, Germany.

### Class of 1991

Class Agents: Luke Nelligan, DO  
317-758-2080, [luke\\_nelligan@ahni.com](mailto:luke_nelligan@ahni.com)  
Melissa Schwartz, DO  
215-969-5650, [sethmelissa@comcast.net](mailto:sethmelissa@comcast.net)

**Douglas P. Dietzel, DO**, East Lansing, MI, is the clinical director of sports medicine and head team orthopedic surgeon at Michigan State University.

**Lisa M. DiRenzo, DO**, Collegeville, PA, joined the medical staff at Grand View Anesthesia Associates at Grand View Hospital.

**Steven T. Puccio, DO**, New Windsor, NY, joined the Orthopaedic Surgical Group.

### Class of 1993

Class Agents: Larissa Dominy, DO  
610-409-8147, [larissa@dominy.net](mailto:larissa@dominy.net)  
Clara M. Higgins, DO  
302-644-9644, [cmhdo5@aol.com](mailto:cmhdo5@aol.com)  
**Joseph A. Ronsivalle, DO**, Elmira, NY, joined the department of medical imaging at St. Joseph's Hospital.

### Class of 1995

Class Agent: Francis N. Ogbolu, DO  
606-833-9870  
**Beth Ann Callihan, DO**, Erie, PA, joined Southeast Medical Center.  
**Albert J. Cecchinni, DO**, Morganton, NC, joined Mountain Orthopedics in Morganton.  
**Mario P. Sacchetti, DO**, Morganton, NC, joined Mountain Orthopedics in Morganton.

**Jill C. Snyder, DO**, Hazleton, PA, was crowned "Mrs. Pennsylvania 2006." She represented her home state in the Mrs. America pageant held in Tucson, Arizona. The Mrs. America pageant is a national competition that emphasizes that America's 65 million married women are extraordinarily beautiful, poised, articulate and versatile.

### Class of 1996

Class Agent: Joanne E. Hullings, DO  
215-781-0575, [joannehullings@hotmail.com](mailto:joannehullings@hotmail.com)  
**David A. Wood, DO**, Dallas, PA, was named medical director of PCOM's Sullivan County Medical Center in LaPorte, Pennsylvania.

### Class of 1998

Class Agent: James V. Lieb, DO  
814-946-2708, [jl Lieb@medscope.com](mailto:jl Lieb@medscope.com)  
**Jack E. Kazanjian, DO**, Broomall, PA, had his article, "Shoulder Surgery and Treatment," featured in *Phoenix*.  
**Christopher Selgrath, DO '98**, Ambler, PA, joined the Center for Advanced Orthopaedics with **Dennis McHugh, DO '96**, and Richard Mandel, MD. They have offices in Flourtown and East Norriton, Pennsylvania.

**Stephanie C. Waecker, DO**, Portland, ME, was the recipient of the Young Physician of the Year Award presented by the Maine Osteopathic Association. The award is presented to a DO who has been in practice for fewer than five years, who has demonstrated involvement as a practitioner and member of the professional community and who demonstrates the potential to become a major force in osteopathic medicine in the future. Dr. Waecker is assistant professor of osteopathic manipulative medicine at the University of New England College of Osteopathic Medicine.

### Class of 1999

Class Agent: Tabatha Jeffers, DO  
814-375-0460, [froggytlj@hotmail.com](mailto:froggytlj@hotmail.com)  
**Jennifer A. Hagerty, DO**, Wilmette, IL, was one of the recipients of the 2006 Robert C. Erwin Literary Award for her outstanding scientific manuscript. She received the award at the 2006 American College of Osteopathic Surgeons Convention.

**Angelo Markatos, DO**, Beachwood, NJ, became a full partner in Ocean Renal Associates, a private nephrology group in Toms River, New Jersey.



## Shannon FitzPatrick, BSN, RN, MS/FM '04



### Putting the Pieces Together

Shannon FitzPatrick, BSN, RN, MS/FM '04, was a trauma and critical care nurse when she entered PCOM's inaugural forensic medicine program in 2002. She loved her work but, she says, had always had an interest in forensics. When she searched for a forensic medicine program, she discovered PCOM's newly created program. "It was just what I was looking for," says Ms. FitzPatrick. Most important was that the fact that the program is a forensic medicine program as opposed to the more prevalent forensic sciences programs.

Ms. FitzPatrick explains the difference: "Forensic medicine applies medical knowledge to deal with civil and criminal law. It looks at the cause and mode of death, the collection and preservation of evidence. Forensic medicine also focuses on the live person involved in any law situation. Forensic science, on the other hand, primarily stresses the bench work involved in analyzing the DNA or samples obtained from the body or scene."

Now an interventional radiology nurse, Ms. FitzPatrick works from a forensic perspective. "When we see patients who come in with a gunshot wound or after a car accident, we don't just view and treat the injury, we follow the mechanism of the injury—how it happened and why it happened."

In addition, Ms. FitzPatrick is one of only two nurses at the Hospital of the University of Pennsylvania (HUP) who collects evidence for suspected unstable sexual assault patients. "As a Sexual Assault Nurse Examiner (SANE), we collect and preserve evidence that can be used in a court of law," she explains. The other nurse at HUP is Jennifer Barger MS/FM '06, BSN, RN, who holds the title of forensic nurse specialist in the Emergency Department, and is also a graduate of PCOM.

Working in the trauma and critical care field, Ms. FitzPatrick has cared for her fair share of suspects in violent crimes. "It's hard sometimes," she admits, "to put my personal feelings aside and remember that everyone is innocent until proven guilty, but it's important to collect and preserve evidence that's going to be important in a trial."

"It was a phenomenal experience to be part of PCOM's inaugural class," says Ms. FitzPatrick, and now she has what she says is "a wonderful opportunity to teach at PCOM," where she lectures on the proper collection and preservation of evidence. Ms. FitzPatrick has also lectured to medical students on Occupational Safety and Health Administration (OSHA) requirements and made presentations to OB/GYN and PA classes on sexual assault.

Clearly, she is passionate about what she does. To keep her skills sharp, she attends autopsies on her own time. "It's a great field," Ms. FitzPatrick stresses. "There is so much you can do with a master's degree in forensic medicine. You just have to find your niche."

### Edward K. Pavillard, DO,

Collegeville, PA, joined the medical staff at Pottstown Memorial Hospital. **Jennifer R. Wolfgang, DO**, Winston-Salem, NC, an endocrinology fellow at Wake Forest University Baptist Medical Center, was one of five fellows nationwide selected to receive the AstraZeneca Diabetes and Metabolism Research Fellow Award. Her project examined the relationship between obesity and insulin resistance in different ethnic groups. Dr. Wolfgang presented her work at the annual meeting of the Endocrine Society in Boston.

### Class of 2000

**Class Agent: Edward Casey, DO**  
[casey.edward@mayo.edu](mailto:casey.edward@mayo.edu)

**Kelly C. Baldwin, DO**, Bellevue, OH, joined the medical staff at Executive Urology and Bellevue Hospital.

**Jeannie Price Hilton, DO**, Virginia Beach, VA, joined Virginia Beach OB-GYN in September 2005; she is also on the medical staff at Virginia Beach General Hospital.

### Class of 2001

**Class Agents: Connie Andrejko, DO,**  
**and Kenneth Andrejko, DO**  
215-873-8384

**James J. Flaig, DO**, Effingham, IL, joined the medical staff at St. Anthony's Memorial Hospital in July 2006. He is a physician with Effingham Surgical Associates, S.C.

**Carl R. Hoegerl, DO**, Farmingville, NY, is currently a vascular neurology fellow at the State University of New York at Stony Brook in Long Island. Dr. Hoegerl has created a new Web site, [StudentBrain.com](http://StudentBrain.com), to help physicians, medical students, residents, nurses, physician assistants and nurse practitioners learn the basics of neurological localization concepts.





## CLASSNOTES

### Class of 2002

Class Agents: Edward J. Armbruster, DO  
856-751-5103, [ejarmbruster@yahoo.com](mailto:ejarmbruster@yahoo.com)  
Steven Blasi, DO

610-252-2147, [isxcrunningdoc@msn.com](mailto:isxcrunningdoc@msn.com)

**Joshua S. Coren, DO**, Hatboro, PA, had his article titled “How to Plan an Open House for Your Practice” published in the *Family Practice Management Journal*.

**Patrick J. McHugh, DO**, and **Keri Jo McHugh, DO**, Landstuhl, Germany, are in their second year living and working in Germany. Their son, Liam Patrick, turned one in October, and they are expecting their second child in April 2007. Their military obligation ends in July 2008, at which point they are looking forward to moving back to Pennsylvania or Maryland.

**Lauren O’Sullivan, DO**, Bend, OR, has completed her obstetrics and gynecology residency program and has opened a new private practice in Bend.

**Pauline Redguard-Watson, DO**, Blue Bell, PA, was selected as 2006-2007 chief cardiology fellow at Drexel University College of Medicine at Hahnemann Hospital.

**Kathleen A. Walsh, DO**, Philadelphia, PA, was named the Louis Tretin Most Outstanding Third-Year Internal Medicine Resident for 2005-2006. She completed her internal medicine residency at Temple University Hospital and has begun a geriatrics fellowship at the University of Pennsylvania.

**Raj Yande, DO**, Ridgway, PA, joined the medical staff at Kane Community Hospital and has opened his family medical practice in Ridgway and Johnsonburg, Pennsylvania.

### Class of 2003

**Luke V. Chetlen, DO**, Hummelstown, PA, is completing his final year in an emergency medicine residency at Frankford Hospital System in Philadelphia.

**Craig N. Czyz, DO**, Columbus, OH, was named ophthalmology resident for the Ohio Health System.

## □ Kelly Yanek, PsyD '06



### Every Day Is an Adventure

If you want to find school psychologist Kelly Yanek, PsyD '06, while she’s conducting a counseling session with at-risk students, don’t bother going to her office. Look instead for an outside ropes course, an indoor climbing wall or a group of backpackers in a local state park. Ms. Yanek practices adventure-based counseling—a field of counseling that uses carefully sequenced experiential activities to facilitate problem solving, team building and critical thinking skills. She was trained through Project Adventure, Inc.

“Adventure-based counseling is new to the field of school psychology,” explains Ms. Yanek, “and it’s a very effective tool for use with students who are typically resistant to more traditional talk therapy. They tend to buy in to the adventure activities, and that opens the door to discussions that would not otherwise take place.”

While the adventures that students participate in may range from classroom activities to overnight backpacking trips, the goal is the same—to take the students out of their comfort zone and have them focus on collaboration, not competition. “One of the activities works along a fear continuum,” explains Ms. Yanek. “It gives the students an opportunity to see that others have the same fears and concerns they have and knowledge that they’re not alone. The activities also help students work on issues of frustration, anger, trust and appropriate risk taking. It’s important that these fears and anxieties are brought to the surface in a controlled environment where there’s someone on hand who’s trained to deal with complex emotions.”

To help ensure that there are enough trained professionals to work in adventure-based counseling, Ms. Yanek teaches professional development courses for middle and high school teachers in her district at the Bridgewater-Raritan Middle School in Bridgewater, New Jersey. Since teachers can’t necessarily take students rock climbing or backpacking, they are taught how to tailor activities for the classroom. One such activity is having students line up by their birth dates, which doesn’t sound difficult until you realize they have to do this without talking and without knowing beforehand everyone’s birthday. “The students have to do this with hand signals and body language,” Ms. Yanek explains. “It’s a great team building activity that shows us how the kids handle frustration and who takes leadership roles, among other things.”

In addition to teaching professional development courses, Ms. Yanek wants to teach at the college level, and has begun by co-teaching a tests and measurement course in PCOM’s school psychology master’s program. “I’m happy to be teaching at PCOM,” says Ms. Yanek. “My experience at PCOM was amazing; it was during my graduate studies that I had my first experience with cognitive behavior therapy, which really ties into the techniques we use for adventure-based therapy. I would love to continue to share my experiences with using adventure-based counseling in a school setting. Currently, it is more typically used in specialized settings such as in-patient programs and substance abuse treatment centers.”



## CLASSNOTES

**Patrick C. Kilduff, DO**, Dallas, PA, joined Inter-Mountain Medical Twin Stacks Center in Dallas.

**Alison Lyn Lawhead, DO**, Hummelstown, PA, is completing her second-year radiology residency at Penn State Milton Hershey Medical Center.

**Justin Nudell, DO**, Novi, MI, had his article "A Case of GI Hemorrhage with Turner's Syndrome: Diagnosis by Capsule" published in *Gastrointestinal Endoscopy*.

### *Certificates of Merit*

**John W. Becher, Jr., DO '70**, Newtown Square, PA, was re-elected for a three-year term to the Board of Trustees of the American Osteopathic Association (AOA) in July 2006. Dr. Becher serves as chairman of the Emergency Services Department of the AtlantiCare Regional Medical Center in Atlantic City, New Jersey, and as chairman of the Department of Emergency Medicine at Philadelphia College of Osteopathic Medicine where he is also a professor. In addition, Dr. Becher is an adjunct professor at Thomas Jefferson University. He is the past president of the PCOM Alumni Association.

**Richard P. Frey, DO '83**, Willow Street, PA, was inducted as a fellow of the American College of Osteopathic Family Physicians.



**William R. Henwood, DO '76**, Sharon, PA, was the recipient of the Distinguished Osteopathic Surgeon Award presented by the American

Osteopathic College of Surgeons. The Distinguished Osteopathic Surgeon Award is given annually to a surgeon in recognition of his or her outstanding accomplishments and leadership in the field of surgery.



**Patrick J. Kerrigan, DO '84**, Hanover Township, PA, was awarded the Key to the City of Wilkes-Barre, Pennsylvania for 20 years of distinguished commu-

nity service. The Key was awarded during the city's Bicentennial celebration. Dr. Kerrigan received a proclamation from Mayor Thomas Leighton as well as a congratulatory resolution from City Council; he is the first osteopathic physician in the history of Northeastern Pennsylvania to receive such an honor.

**Vincent Lobo, DO '65**, Harrington, DE, was the recipient of the State of Delaware Tribute presented by Governor Ruth Ann Minner.

**John F. Perri, DO '87**, Chula Vista, CA, was inducted as a fellow of the American College of Physicians.

**Ruth E. Purdy, DO '50**, Columbus, OH, was named an Honorary Alumna by Ohio University College of Osteopathic Medicine (OU-COM) in October 2006. Dr. Purdy was honored because she is a "dynamic role model who teaches by example" and a compassionate physician, who is committed to "aiding and supporting female osteopathic medical students." In addition, she established the Ruth Purdy, DO Scholarship at OU-COM to help offset the cost of education for medical students.

**Morton H. Rothstein, DO '52**, Massapequa Park, NY, was inducted as a fellow of the American College of Gastroenterology.

**Anthony J. Silvagni, DO '82**, Fort Lauderdale, FL, was the recipient of the Physician of the Year Award presented by the Florida Society of the American College of Osteopathic Family Physicians.

**Debra K. Spatz, DO '84**, Port Republic, MD, was elected president of the American Osteopathic Academy of Orthopedics.



### *In Memoriam*

**R. William Bradway, DO '56**, Columbus, OH, August 17, 2006.

**Paul Bramnick, DO '42**, Coronado, CA, October 5, 2006.

**Richard Broskey, DO '57**, Audubon, PA, August 13, 2006.

**Marvin Browndorf, DO '51**, Egg Harbor Township, NJ, July 19, 2006.

**Lewis E. English, DO '38**, Rock Hall, MD, June 26, 2006.

**Jack W. Fiedler, DO '67**, Vineland, NJ, September 23, 2006.

**Ralph W. Flint, Jr., DO '50**, Wayne, PA, June 3, 2006.

**John E. Gdowik, DO '67**, Hollywood, FL, December 11, 2005.

**Reverend D. Douglas Gilbert, DO '76**, Lakeview, NY, July 18, 2006.

**Harry Ginsburg, DO '42**, Wyncote, PA, December 28, 2006.

**Jerrold B. Goldstein, DO '67**, Watchung, NJ, February 10, 2006.

**Philip Katz, DO '51**, Philadelphia, PA, May 6, 2006.

**Frederick L. Kavanaugh, DO '58**, Colorado Springs, CO, July 7, 2006.

**Anthony G. Leone, DO '57**, Mount Laurel, NJ, January 15, 2007.

**Louise DeMuro McErlain, RN '51**, Galloway, NJ, June 3, 2006.

**William D. Mitchell, DO '55**, Powell, OH, June 30, 2006.

**Henry Nemerof, DO '46**, Philadelphia, PA, September 4, 2006.

**J. Norman Parker, Jr., DO '50**, Campe Verde, AZ, June 2, 2006.

**Robert E. Lee Purvis, DO '41**, Milford, DE, August 31, 2006.

**Herman Reyes, DO '74**, Austin, TX, June 17, 2006.

**Joseph J. Scaffidi, DO '58**, Hammonton, NJ, May 21, 2006.

**David J. Silverstein, DO '64**, Lancaster, PA, September 18, 2006.

**Bertha C. Smith, DO '30**, Rochester, NY, March 23, 2006.

**Warren H. Swenson, DO '41**, Silver Spring, MD, August 9, 2006.



ESSAY

# My Turn

By Jay D. Bhatt (DO '08)

*In this special “My Turn,” Jay D. Bhatt (DO '08) explicates his perspective as the American Medical Student Association’s president. Taking a temporary leave from his fourth-year studies at PCOM, Mr. Bhatt is realizing his dream of mobilizing AMSA’s cadre of medical students who are committed to improving health care throughout the world. In fall 2007, he will return to complete his studies at PCOM and then will pursue a primary care internal medicine residency program in which he can continue AMSA’s mission of developing physician leaders in social justice and advocacy.*

The American Medical Student Association (AMSA), the largest independent organization of physicians-in-training, has long embraced the osteopathic philosophy and supported its osteopathic constituency. As the first osteopathic national president in the association’s 56-year history, I intend to continue to bring awareness to the osteopathic profession. Osteopathic medicine is a viewpoint, a system of assessment and treatment of a problem through the mechanical component. Osteopathic physicians work with their hands using a variety of treatment techniques, such as soft-tissue stretching and rhythmic passive joint mobilization.

Most osteopathic physicians enter primary care practice. The medical school curricula and state licensing requirements of both DOs and MDs are quite similar. However, DOs—enrolled in 23 medical schools and

200 teaching hospitals approved by the American Osteopathic Association (AOA)—undergo an additional course of training. They receive instruction in “hands-on” osteopathic diagnosis and osteopathic manual medicine.

An important issue that has been consistently facing the osteopathic profession is the issue of acceptance by orthodox medicine, government and patients. Over 100 years ago, as osteopathic medical treatment became popular it threatened medical doctors who were competing for the same clientele. Traditional medicine devised a campaign to prevent osteopathic medicine from expanding and developing a permanent and legitimate profession within health care delivery.

Osteopathic physicians began to combat such legal fights, and in 1896, the Governor of Vermont signed a bill that recognized osteopathic medicine if the osteopathic physician’s diploma was registered with the county. This ultimately raised the standards of osteopathic training and created a competitive and respected profession.

By the 1950s, the attitude towards osteopathy had begun to change. And by 1963, a major victory had occurred when the Health Professions Educational Assistance Act provided for matching construction grants for osteopathic colleges and loans for osteopathic students. In 1965, Medicare and Medicaid legislation passed that recognized DOs as full medical practitioners; they were reimbursed the same as MDs. Finally,

passage of the Osteopathic Act in 1993 allowed osteopathic medicine to become the first complementary health care profession to be accorded statutory self-regulation.

The number of osteopathic physicians is growing at an extraordinary rate. The historic stigma associated with osteopathic medicine has significantly lessened, and AMSA with other organizations such as the American Osteopathic Association (AOA) and the Student Osteopathic Medical Association (SOMA) are fighting to eliminate it. We have now entered a stage where osteopathic and allopathic physicians work side by side with mutual respect and acceptance. In fact, times have changed to the point where some allopathic physicians are attending seminars on osteopathic manipulative treatment. The day is fast approaching when osteopathic medicine will not be referred to as an “alternative medicine,” but as mainstream medicine that cares for patients. AMSA is excited to work with others to lead the path to osteopathic medicine’s future.



Jay D. Bhatt (DO '08)

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Readers: The staff of Digest welcomes your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Jennifer Schaffer Leone. E-mail [jenniferleo@pcom.edu](mailto:jenniferleo@pcom.edu); fax 215-871-6307; or mail Marketing and Communications, 4180 City Avenue, Philadelphia, PA 19131-1695.



MARK YOUR CALENDAR AND SAVE THE DATES!

# PCOM ALUMNI *Weekend*

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## *Schedule of Events*

**FRIDAY, JUNE 1, 2007**

Continuing Medical Education Seminars  
at the PCOM Campus

Welcome Party  
at the Philadelphia Zoo

**SATURDAY, JUNE 2, 2007**

Continuing Medical Education Seminars  
at the PCOM Campus

Family Barbecue and Campus Open House  
at the PCOM Campus

Reunion Receptions and Dinner Dance  
at the Hilton Philadelphia City Avenue

# SEE YOU *Soon!*



*Some 300 PCOM alumni—and Elvis—attended the annual AOA Alumni Reception in Las Vegas.*

*“Health is a large word. It embraces not the body only, but the mind and spirit as well . . . and not today’s pain or pleasure alone, but the whole being and outlook of a man.”*

*- James H. West*



## EVENTS

### March 15

American College of Osteopathic Family Physicians (ACOF) Alumni Reception  
*Gaylord Palms Resort & Convention Center, Kissimmee, FL*

### March 23

American Academy of Osteopathy (AAO) Alumni/Student Mixer  
*The Broadmoor Hotel, Colorado Springs, CO*

### April 27

Atlantic Regional Osteopathic Convention (AROC) Alumni Lunch  
*Tropicana Casino and Resort, Atlantic City, NJ*

### May 3

Pennsylvania Osteopathic Medical Association (POMA) Alumni Reception  
*King of Prussia, PA*

### May 26

PCOM Reunions for Physician Assistant Classes of 2001 and 2002  
*Philadelphia, PA*

### May 28

American Academy of Physician Assistants (AAPA) Alumni/Student Reception  
*Philadelphia, PA*

### June 1-2

2007 Alumni Weekend  
*PCOM Campus, Philadelphia, PA*



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