

Digest


---

1-2010

# Digest of the Philadelphia College of Osteopathic Medicine (Winter 2010)

Philadelphia College of Osteopathic Medicine

Follow this and additional works at: <http://digitalcommons.pcom.edu/digest>

 Part of the [Medical Education Commons](#), and the [Osteopathic Medicine and Osteopathy Commons](#)

---

## Recommended Citation

Philadelphia College of Osteopathic Medicine, "Digest of the Philadelphia College of Osteopathic Medicine (Winter 2010)" (2010).  
*Digest*. Book 203.  
<http://digitalcommons.pcom.edu/digest/203>

This Book is brought to you for free and open access by DigitalCommons@PCOM. It has been accepted for inclusion in Digest by an authorized administrator of DigitalCommons@PCOM. For more information, please contact [library@pcom.edu](mailto:library@pcom.edu).

FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

# DIGEST

2010 N<sup>o</sup>1

*Wounded  
Healers*



# DIGEST

2010 No. 1

## EDITOR

JENNIFER SCHAFFER LEONE

## CREATIVE DIRECTOR

WENDY W. ROMANO

## ASSOCIATE EDITOR

CAROL L. WEISL

## ALUMNI EDITORS

MADLINE LAW  
PAMELA RUOFF  
FLORENCE D. ZELLER

## GRAPHIC DESIGNER

PAMELA A. ALBRIGHT

## CONTRIBUTING DESIGNER

ABIGAIL C. HARMON

## CONTRIBUTING WRITERS

CLIFF AKIYAMA, MA, MPH, CGS, CGP  
JEFFREY BRAMNICK  
DAVID KOERNER, DO '96  
JENNIFER SCHAFFER LEONE  
NANCY WEST

## PHOTOGRAPHERS

CLIFF AKIYAMA, MA, MPH, CGS, CGP  
BRUCE FAIRFIELD  
JOHN SHETRON  
ED WHEELER

## Contact Us

### PHONE

215-871-6300

### FAX

215-871-6307

### E-MAIL

jenniferleo@pcom.edu

### MAIL

4180 City Avenue  
Philadelphia, PA 19131-1695

[www.pcom.edu](http://www.pcom.edu)

*Digest*, the magazine for alumni and friends of Philadelphia College of Osteopathic Medicine (Vol. 71, No. 1, USPS, 413-060), is published three times a year by the Departments of Marketing and Communications and Alumni Relations and Development. Periodical postage is paid at Bala Cynwyd, PA, and at additional mailing offices.

POSTMASTER: Send address changes to:

*Digest*

Alumni Relations and Development  
Philadelphia College of Osteopathic Medicine  
4180 City Avenue  
Philadelphia, PA 19131-1695

*Opinions expressed are not necessarily shared by the College or the editors.*

## CONTENTS

### Features

Wounded Healers . . . . .	8
Founders' Day 2010 . . . . .	14
Mining the Connection Between Mind & Body . . . . .	18
Keeping Healthcare Providers Safe from Youth Gang Violence . . . . .	22

### Departments

Updates and Kudos . . . . .	2
Class Notes . . . . .	26
My Turn Essay . . . . .	32



Dear Alumni and Friends,

Each day, physicians minister to ill patients. Yet perhaps it is in the experience of being both a doctor and a patient that the intricacies of challenges accompany human illness are most effectively understood. The cover article of this issue of *Digest Magazine* relates the complex experiences and emotions of alumni who have battled their own illnesses/conditions and, from their learned awareness, have been able to distill the essence and values of the osteopathic medical profession.

In tribute to our institution's heritage, this issue also marks Philadelphia College of Osteopathic Medicine's annual observance of Founders' Day. We honor those who have demonstrated outstanding leadership, loyalty and service to our College, the community and the osteopathic profession. Please join me in congratulating O.J. Snyder Memorial Medal recipient John Anthony Cifala, DO '45, and Mason W. Pressly Memorial Medal recipient David A. Rand (DO '10).

The article "Mining the Connection Between Mind & Body" discusses aspects of the roles and functions of the cognitive behavioral clinician in primary care and successes of collaboration between physicians and psychologists in preventive medicine. PCOM healthcare practitioners have implemented such a model at the College's four urban Healthcare Centers.

Finally, in the article "Keeping Healthcare Providers Safe from Youth Gang Violence," Cliff Akiyama, MA, MPH, CGS, CGP, assistant professor, forensic medicine, explicates how a multidisciplinary approach can be used to recognize the signs and symptoms of gang violence.

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

A handwritten signature in black ink that reads "Matthew Schure". The signature is written in a cursive, flowing style.

Matthew Schure, PhD  
President and Chief Executive Officer

## A Network of Compassion Saves Lives



*Mike Gollotto, DO '03, an anesthesiologist at Our Lady of Lourdes Medical Center in Camden, New Jersey; Katie Gollotto, DO '05, a physician at Reconstructive Orthopedics in Marlton, New Jersey; and David Kanze, DO '05, assistant professor of osteopathic principles and practice at Rocky Vista University in Parker, Colorado, wear headlamps to treat patients at night.*



Katie Gollotto, DO '05, watched in dread as images of earthquake-ravaged Haiti flashed across her television screen. As if by instinct, she picked up the phone and called Julia Helstrom-Coupet, DO '05, and said simply, “so, we’re going, right?”

Drs. Gollotto and Helstrom-Coupet have been in this position before. In 2004 they teamed up with Katie’s husband, Mike Gollotto, DO '03, and arranged a month-long relief mission to Sri Lanka after the tsunami there. So, when the Haiti earthquake hit, she and Dr. Helstrom-Coupet did as they had done six years before; they both started dialing—reaching out to friends, family, physicians and neighbors. Within the week Drs. Katie and Mike Gollotto, along with their friend Dave Kanze, DO '05, were on a plane to the Dominican Republic with hundreds of pounds of supplies. Dr. Helstrom-Coupet remained in the states to coordinate activities on the home front.

The earthquake was not their first introduction to the problems facing Haiti. “The needs of Haiti are immense,” explains Dr. Helstrom-Coupet who, along with the Gollottos, her Haitian-American physician assistant husband and physician brother-in-law, had been brainstorming the construction of a clinic in one of the most remote parts of southern Haiti before the earthquake hit. The nascent organization, Doctors United for Haiti, quickly changed their focus to saving the lives of earthquake victims.

After making their way by plane, bus and boat to Jacmel, Haiti, south of Port-au-Prince, they teamed up with the Haitian Timoun Foundation in the one hospital and clinic left standing in the region. The facility was inundated with patients, and the team worked virtually around the clock

seeing as many as 200 patients in the clinic, running an inpatient facility, and performing up to ten surgeries a day. Meanwhile, back in the states, Dr. Helstrom-Coupet was coordinating additional teams of doctors and supplies to go to the devastated country.

As the only anesthesiologist on the team, Dr. Mike Gollotto spent his days and nights in surgery. “There were a lot of fractures involving long bones,” he explains, and many of the patients were suffering from infections by the time they arrived at the hospital. Some limbs were saved with the use of intravenous antibiotics and external fixators, but many limbs were lost to amputation.

Drs. Gollotto and Kanze ran the clinic and the 30-bed inpatient unit. In addition to caring for trauma patients, they cared for patients suffering from tropical diseases, tuberculosis and post-traumatic stress disorder. And, since they were sleeping in tents on site, all three were on call virtually 24 hours a day.

One of the patients sent to their hospital was 29-year-old Wilner Pierre. For days he had been shuttled between hospitals, and when he finally arrived at Jacmel, he had a fever of 105.9, an unstable femur fracture, pressure ulcers, gangrene and an unstable spinal fracture. Dr. Katie Gollotto was the first person to realize he was paralyzed and would die without more advanced care and spinal stabilization surgery. But Team Ange (Creole for angel), as the team was named by local Haitian-Americans, did not have a spine surgeon. Dr. Katie Gollotto made a series of calls, but was unable to find another hospital in Haiti that could help Mr. Pierre. She even contacted the U.S. Navy hospital ship off



*Dr. Kanze prepares to aspirate a ganglion cyst on the wrist of a patient.*

*Dr. Helstrom-Coupet continues to acquire supplies and donations for the relief effort.*

*Patients come from far and wide to receive health care at the only medical facility still standing in the area.*



*Dr. Gollotto beams as she holds a healthy infant.*

the coast of Haiti, but they too were unable to help. She started him on antibiotics and, with Dr. Helstrom-Coupet's help, began working her connections in the states.

Dr. Katie Gollotto called her husband's former boss, Dr. Jack Cohen, an anesthesiologist at Hahnemann Hospital. He in turn worked his connections, and spine specialist Alex Vaccaro and Thomas Jefferson University Hospital agreed to take the case pro bono. That was the easy part.

Mr. Pierre would need permission to enter the United States, a medical jet and a pilot. Dr. Cohen made connections for a flight from Haiti to Florida and another flight from Florida to Philadelphia. Drs. Katie Gollotto and Helstrom-Coupet navigated the bureaucratic maze to acquire "humanitarian parole" for Mr. Pierre that would allow him to leave the country. Three days later he arrived in Philadelphia for surgery.

Dr. Mike Gollotto returned home two weeks after he left; Dr. Katie Gollotto stayed an extra week so she could ferry

four children and their families home with her. When she finally did return to the states, it was with a baby with a heart condition who was sent to DuPont Hospital in Delaware, and three children with leg injuries who were admitted to Shriners Hospital in Philadelphia. Two more children and one adult would soon follow.

"Words can't describe the devastation," says Dr. Katie Gollotto. "There is enormous need that will continue for years. We are focusing on the first three months of the crisis and will continue to send new teams to the disaster site weekly until the majority of the crisis is over." After that, Team Ange will establish a rehabilitation facility to provide long-term care to treat Haitians' emotional as well as physical needs.

To help Team Ange build a rehabilitation facility in Jacmel, Haiti, go to [hopeinhaiti.org](http://hopeinhaiti.org) and click on Donate Now and select Emergency Relief Donation. Type Team Ange into the Designate Funds box.

## Hoops for Haiti

Women from PCOM's first- and second-year DO program faced off in the first round of the College's Hoops for Haiti benefit basketball game. The first-year students prevailed and went head to head with a team composed of PCOM faculty and staff. The women proved triumphant in their double overtime win. The real winner of the evening, however, was the Samuel Dalembert Foundation.

The Foundation was created by Philadelphia 76er Samuel Dalembert to better the lives of the people of Haiti and children all over the world through projects that empower individuals to seek out and achieve sustainable improvements in their daily lives. PCOM's Hoops for Haiti raised over \$1,300 for this worthy cause.



*Perhaps the second-year students had an unfair advantage with coaching from Philadelphia 76ers Samuel Dalembert (right) and Marreese Speights.*

## PCOM Students Impress at AOA BIOMEA Competition



*Ms. Ridgeway discovers that a thorough history and physical are critically important when practicing third-world medicine.*



*Ms. Dilzer and Ms. Barnes assist physicians during their medical mission trip to Ecuador.*



*Ms. Templeton*

Three PCOM students took second place at the AOA Bureau on International Osteopathic Medical Education and Affairs' (BIOMEA) 11th Annual International Seminar: "Redefining Osteopathic Medicine Globally." Victoria Ridgeway (DO '11, GA-PCOM) placed second in the experience-based category and Emily Dilzer (DO '10) and Precious Barnes (DO '11) in the research category.

Ms. Ridgeway joined the Christian Dental and Medical Association on their mission to Tela, Honduras, during her 2009 spring break. "It was an opportunity to put theory into practice," she says. "Throughout the academic year we learn primary care skills and discuss their importance. During our medical mission trip to Honduras, we witnessed the role primary care plays in preventing disease."

The limited availability of lab and imaging tests proved the importance of performing a proper and thorough history and physical. And, in a third-world country, osteopathic medicine can be a life-saver. "Osteopathic techniques were applied in the diagnosis and treatment of several patients," explains Ms. Ridgeway. "With so few ancillary tests available, OMM provides invaluable insight into illnesses and can provide lasting care for individuals when taught techniques and exercises that they can perform on their own when medical care is not available."

In addition to hands-on medicine, "education and prevention were emphasized with the patients so they can avoid illness in the future," Ms. Ridgeway explains. "Sanitary practices can prevent microbial infections, and a good diet can prevent vitamin deficiencies. In a country with limited health care, this will be of

more benefit than a course of antibiotics or a month's supply of vitamins. Foreign medical mission trips could be a door to educating the world and students about the importance of preventative medicine, primary care and the osteopathic approach."

Ms. Dilzer and Ms. Barnes met in Osteopathic Principles and Practice as first-year students. They quickly became best friends and worked together as OMM partners throughout their first and second year. After their first year at PCOM, Ms. Dilzer went on a medical mission to Ecuador while Ms. Barnes traveled to Guatemala. "There wasn't a lot of medicine we could practice, but we did know enough OMT to treat people," explains Ms. Dilzer. "It was a real confidence booster and it opened doors." They both fell in love with OMM, so it was no surprise that when Ms. Dilzer needed a partner to join her in Duran, Ecuador, for an OMM research project, she asked Ms. Barnes. Their research focused on the role OMT has in improving pulmonary function in patients living in underserved, impoverished areas.

Focusing on the respiratory/circulatory model, they were able to improve lymphatic and diaphragm functioning on a number of patients. "We worked really well as team," recalls Ms. Barnes. "It adds to the treatment when two people can work on one patient simultaneously. The fact that we could do so much with just our hands was totally gratifying." As their final report noted, "it appears as though restrictive processes respond best to OMT as demonstrated by post-OMT pulmonary function tests."

### On Board

Etheldra Templeton, MLS, professor and chair, library and educational information systems, has been elected to serve as the new faculty representative to the PCOM Board of Trustees.

Ms. Templeton joined PCOM in 1998. She has taught courses on information management in medical, graduate and nursing schools and developed seminars emphasizing the use of electronic resources and clinical literature.

She is a member of the Association of Academic Health Sciences Libraries, the Medical Library Association, the American Library Association, and the Association of College and Research Libraries.

## Teaching and Learning

The Sheila Dennis House (SDH) in Philadelphia is one place where homeless women go to rebuild their lives. It's also a place where PCOM students go to share their time and knowledge to help these women move forward. Whether they're offering an information session on diabetes or a comprehensive health fair, "the women love them," says Margaret Griffin, a support counselor at the SDH. "They sit down and talk to them on so many topics. More women show up for their groups than they do for any other."

At a health fair organized by Anuja Mohla (DO '11), the students tested blood sugar levels, and heart and lung functioning and discussed reproduction and sexual health in addition to breast cancer awareness among other topics. First-year DO student Lisa O'Brien taught Zumba, a low-impact aerobics dance class. "It was amazing to see many of these ladies, who come from so many backgrounds and different situations, come together and participate in such an expressive class," she explains.

"The students' interactions with the women help build self-esteem and socialization skills," say Cheryl Y. Jones, director of SDH. "Their visits help the women lose their fear of doctors."

The outreach also gives the students the opportunity to participate in urban medicine. Laura Sahlender (MS/Biomed '11) explains that as a certified nursing assistant and aspiring physician, she was able to check the blood sugar of over 70 women and educate them on what the number means. "It gave me a look into urban medicine," she says. "One of the main reasons I want to pursue a career in medicine is to help educate the public on important preventive health issues and to make quality medical care available to everyone."



Among those who met with the women at the Sheila Dennis House during the health fair are, standing, from left: Laura Sahlender (MS/Biomed '11), Lauren Davis (DO '11), Anuja Mohla (DO '11) and Ben Schellhase (DO '12); bottom row, from left: Lisa O'Brien (DO '13) and Justine Brink (DO '11).

## School of Pharmacy Update

Key administrators from PCOM and the School of Pharmacy met with the Accreditation Council for Pharmacy Education (ACPE) Board in January. The ACPE visited the campus for pre-candidate accreditation in late April, which puts the School of Pharmacy on schedule for a precandidacy decision in June. Provided that precandidate status is awarded, the School will open with its first class in August 2010.

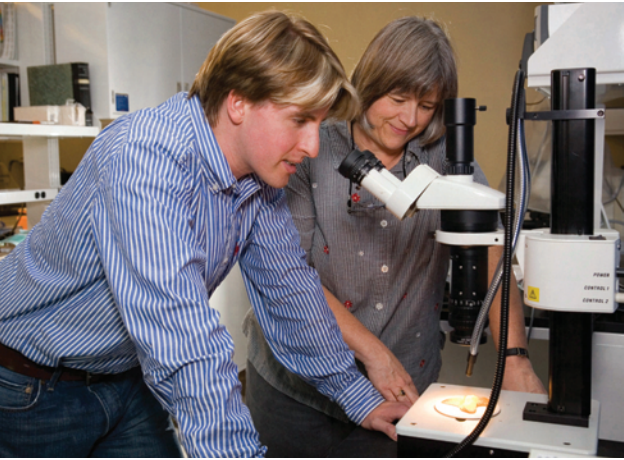
The College has made excellent progress in terms of faculty and administrative staff recruitment—and the School currently has all the staffing required to deliver the fall 2010 curriculum.

Applications for the inaugural class continue to be accepted and the first candidates have been on campus for admissions interviews. Interviews will continue through the spring, and a number of students have been offered seats in the charter class. The construction of classrooms, faculty offices, student spaces and labs remains on schedule.



Preparing for precandidate accreditation for the School of Pharmacy are (from left) Mark Okomoto, PharmD, dean and chief academic officer and professor of pharmacy; Trena Golgan, admissions coordinator/recruiter, GA-PCOM; Carol Fox, associate vice president for enrollment management; John Fleischmann, EdD, MBA, MPA, campus executive officer, GA-PCOM; and Wayne Sikes, board chairman of Gwinnett Health System and PCOM trustee.





## CCDA Research News

Thanks to an endowment from the Osteopathic Heritage Foundation, interdisciplinary research is ongoing under the umbrella of the Center for Chronic Disorders of Aging (CCDA). Some recent research initiatives include:

Susan Hingley, PhD, professor, pathology, microbiology, immunology and forensic medicine, is investigating how viruses may induce pathology associated with demyelinating diseases such as multiple sclerosis.

Harold Komiskey, Jr., professor, neuroscience, physiology and pharmacology, GA-PCOM, is examining the early signs of neurotoxicity caused by environmental and occupational manganese. He is also studying how resveratrol, estrogen and curcumin may help prevent glial cell damage.

Brian Balin, PhD, professor, pathology, microbiology, immunology and forensic medicine, and co-director, CCDA Basic Science, is studying how an anti-infectant molecule may help protect monocytes exposed to *Chlamydia pneumoniae* from infection.

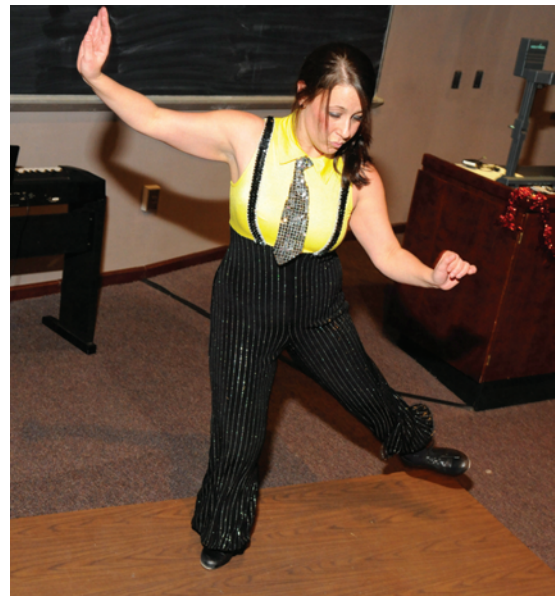
C. Scott Little, PhD, associate professor, pathology, microbiology, immunology and forensic medicine, under the auspices of the Food Allergy Research Initiative (FARI), is researching strategies to identify, treat, and prevent food allergies.

Kerin Fresa-Dillion, PhD, professor, pathology, microbiology, immunology and forensic medicine, is examining how immune system decline relates to the ability to fight infection from *Chlamydia pneumoniae*.

## Making Dreams Come True One Bid at a Time

PCOM's Pediatric Club sponsored the fifth annual date auction to benefit the Make-A-Wish Foundation of Philadelphia & Susquehanna Valley. Students and faculty danced, joked and entertained the audience to increase the bidding war for this worthy cause. The evening raised a record \$7,000—enough to send a five-year-old boy with bone cancer and his family to Disney World. The date auction is one of the largest charitable fundraising events PCOM students sponsor each year.

*Erica Del Gripto (DO '12)  
displays her tap dancing skills  
to entice bidders at the date auction.*



## Alice Sheflin Zal, DO '89 and H Michael Zal, DO '66 Scholarship Endowed

Drs. Alice and H Michael Zal have endowed a new scholarship at the College. The scholarship will help a Philadelphia DO female student age 35 or older upon completion of her second year. The student must be considering a career in primary care—family, geriatric or pediatric medicine. Dr. Alice Zal entered medical school at this age and recalls the difficulty she had in obtaining financial aid: “I had two children in college and it was not easy paying for medical school at the same time. We want to help someone in the same predicament.” A Philadelphia family physician, Dr. Alice Zal is the 2010 President of the Pennsylvania Osteopathic Medical Association. Dr. H Michael Zal is a Philadelphia psychiatrist and author of several books.



*Drs. H Michael and Alice Zal*



*Faculty and staff support of The Fund for PCOM portrays the deep commitment of the College's entire community in preserving PCOM's tradition of excellence. Pictured are the lucky raffle prize winners at the 2009 annual campaign end celebration.*

## Gift Made to Expand Simulation Suite

PCOM is the recipient of a generous contribution from Michael C. Saltzburg, DO '77, an orthopedic surgeon practicing in Altoona, Pennsylvania. Dr. Saltzburg's contribution of \$115,000 acquired an arthroscopic surgical simulator and renovated facilities for training on the state-of-the-art equipment. The orthopedic simulator will provide training on knees and shoulders and was the first of its kind in use in the mid-Atlantic region and only the fifth system to be acquired in the United States.

## An Overview of Giving Options

PCOM alumni are generous to many of the College's continuing needs. Here is a list of objectives for which funds are sought each year:

- The Fund for PCOM (PCOM's Annual Fund Campaign)**  
This critical fund provides a stream of flexible dollars that are used to enhance academic programs and student services while keeping the rate of tuition increases to a minimum. The Fund for PCOM runs on a fiscal calendar, from July 1 through June 30. Reunion Giving allows alumni celebrating five-year reunions to make significant gifts to acknowledge personal and professional gratitude.
- 50-Year Reunion Tradition**  
To mark this special anniversary, the 50-year reunion class creates a class scholarship that is matched dollar for dollar by the PCOM Board of Trustees once \$10,000 has been raised. The scholarship is held in perpetuity, named in honor of the class.
- DO Student Scholarship Fund**  
Every spring alumni are called by students for support of this fund. This fund is different from The Fund for PCOM as it directly benefits student scholarship aid. Mailed solicitations are sent to alumni not reached by telephone.
- Alumni Association of Philadelphia College of Osteopathic Medicine**  
The Alumni Association is a separate entity from the College and maintains its own fundraising program. The association operates on the calendar year and is a 501(c)(3) charitable organization. Alumni Association gifts benefit scholarships, fellowship grants, low-interest loans for students and special events for alumni.

# Wounded Healers

by Jennifer Schaffer Leone

“Only the wounded physician heals.”

— Carl Jung

The physician’s experience of being “wounded” necessitates a fundamental change in perspective. Emotion is forced back into medicine. There is a keen awareness of suffering, a profound consciousness of the intricacies of human illness. For the physician as patient, illness is a physical, emotional, financial, philosophical and ethical confrontation.

The stories that follow relate the experiences of alumni who have battled illness and therein have been able to distill the essence and values of the profession.

## Allan M. McLeod, DO '88, JD, MBA

*Assistant Professor and Director,  
Osteopathic Undergraduate Clinical  
Education, Philadelphia College of  
Osteopathic Medicine, Philadelphia,  
Pennsylvania*

It is the hubris of medicine: doctors are healthy and able-bodied; patients are not.

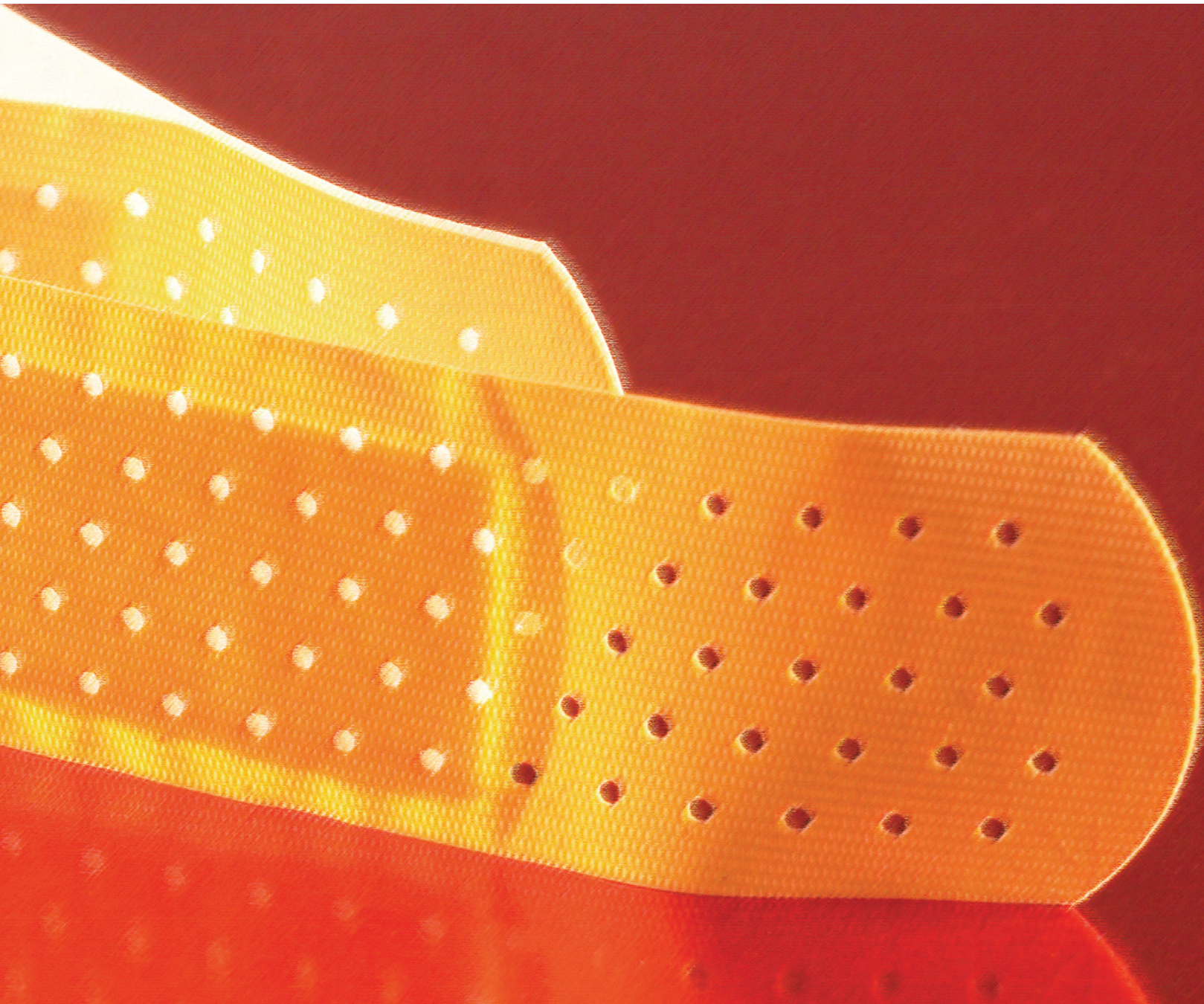
Prior to July 1986, as a fourth-year medical student, Dr. McLeod was invulnerable—a tenacious scholar considering various surgical residency programs.

Working to fulfill final clinical requirements, he was home from an eight-week rotation in rural Montana when a devastating swimming accident resulted in an acute cervical injury leading to quadriplegia.

Within seconds, Dr. McLeod transitioned from physician to patient. “I was no longer independent, secure, in control,” he says. “Medical school prepares you to present a diagnosis to the patient. It doesn’t teach you what it’s like to hear it for yourself.”

He spent two weeks at Hershey Medical Center followed by six months at a rehabilitation center. “I lived among the patients, their families and caregivers. I shared their suffering, their loneliness, their fears,” he relates.

“I also learned personally how patients are treated by physicians and medical staff—the difference between methodical treatment and true compassionate care. Getting the science right is important, but the humanistic part is just as important—perhaps more important. There



is so much more to a patient than his or her disease.”

And there is so much more to a person than his or her disability. “In our society there is still a huge stigma to being disabled,” Dr. McLeod admits. “And ironically, the greatest stigma often comes from the medical community itself. The fact that someone can practice medicine with a physical disability seems counter-intuitive to many physicians. And patients are concerned about your competence—not always disconnecting phys-

ical disability from mental limitation.

“Being disabled has taught me many things—among them, patience,” says Dr. McLeod. “A wheelchair literally slows you down. It makes you conscious of every decision, every habit. It increases mindfulness, focus and tolerance.”

Moreover, this patience has led to a profound sense of professional empathy. “I used to aspire to be a surgeon or maybe a radiologist. I didn’t want to be bothered with ordinary clinical matters—chronic conditions, sheer patient volume

and follow-up pressures. However, my accident reinforced the necessity of primary care physicians. It changed my philosophy on medical practice itself. Seizing opportunities for meaningful patient encounters makes the whole practice of medicine seem worthwhile.

“I do my best to employ empathy in clinical practice and with the students I oversee. I advocate professionalism and the ultimate responsibility that being a physician entails: a constant integration of science and humanism.”

### **Karen L. DeJoe, DO '93**

*Medical Consultant, Lecturer,  
and Public Speaker,  
Candia, New Hampshire*

“It was a patient who spoke to me rather eloquently about his journey with a terminal illness that really caused me to think differently about my own situation. One day, while I was at his bedside, he shared a Japanese haiku: ‘Barn’s burnt down—/now/I can see the moon.’ These words have been my personal catalyst for many years.”

Diagnosed with multiple sclerosis less than one year after medical school graduation, Dr. DeJoe quickly found herself contending with a number of highly unpredictable exacerbations as she began her internal medicine internship and residency training. “The exacerbations were not enough to hamper my ability to continue with my training. For the most part, I returned after each one to the baseline that existed before the last exacerbation began. But MS was difficult to live with,” she says.

Encouraged by an assistant program director who herself had MS, Dr. DeJoe completed her training without any discrimination. A stellar resident, and eventual chief resident, she did not have any difficulty finding a private practice to

join, although she admittedly did not disclose her chronic illness to her partners. “I wanted to prove my worth without any concern about my condition. I didn’t want either pity or prejudice to interfere with my employment. I guess I somehow rationalized that if I worked harder and longer and treated more patients, no one would know or at least they wouldn’t hold it against me.”

For a while, Dr. DeJoe’s plan worked. Her disease was stable and she didn’t think that she’d get any sicker. Unfortunately, stress finally worsened the exacerbations and their frequency. After four years of clinical practice and several months of a hospital administrative appointment, Dr. DeJoe was forced to abandon her posts because of the advancement of her disease. She had become temporarily physically dependent upon a wheelchair, and neuropsychological tests revealed that she had begun to succumb to some of the cognitive changes/delays that affect more than half of all patients with MS. “Personal ethics required that I stop working,” Dr. DeJoe admits. “I had a flawless record thus far in my career and I did not want the possibility to exist that the care of my patients could be compromised in any way. To me that trumped my own circumstance.

“My greatest gift is that I still remain

in contact with several of my former patients either through calls, cards or visits. I no longer see them in a clinical setting; rather, I meet them for coffee or a bite to eat. I do not diagnose their illnesses. I listen to their concerns, their fears. I take the time to answer their medical questions—outside the realm of a time-crunched office visit. I help them find meaning in their hardships and remind them that a bend in the road is not the end of the road unless you fail to make the turn. I do not hide my disease or my qualms with it. I genuinely understand what it is like to live on the other side of the stethoscope. Few physicians have that luxury.”

It is this outlook that has made Dr. DeJoe a favorite among clinical instructors and public speakers, two volunteer efforts that she has engaged in since her retirement. “An illness can serve as a powerful lesson,” she says. “It reveals who and what we are. It can remove the cumbersome structure of the barn and expose a clear view of the moon.

“MS may have shortened my time in clinical practice. Yet, I believe I was able to leave as a complete and whole physician. I do not imagine that 20 or 30 years in practice could have guaranteed that outcome or granted me the same lessons my disease has. It’s been a blessing.”

### **N. Charles Diakon, DO '76**

*Physician, Dermatology, Napa, California,  
and Assistant Professor, University of California,  
San Francisco, California*

“As a junior in high school, I fractured my fibula playing football. In healing that fracture, I developed a rare condition, myositis ossificans, that required surgery to remove muscle that was being calcified adjacent to the fracture. The myositis ossificans reoccurred in college and the abnormal fibula needed to be removed, ending my athletic career.

“This experience taught me how much ‘fear’ is the predominant feeling of a disease. I questioned whether I would face amputation, disability, dependency. ‘Would I be able to resume my basketball career (my primary concern)?’ ‘Would I live (my parents’ concern)?’”

This realization of fear establishes a common ground for Dr. Diakon and his patients. There is no pretense to Dr.

Diakon’s white coat; he knows firsthand what it is like to suffer, to be in pain, to be anxious—to be a typical patient.

“Patients are scared. Our communication with them must be direct and thoughtful. We must take time to meet them, even when we are rushed and under tremendous constraints—and do so with sensitivity. Otherwise, we have the potential to complicate their ability to cope with diagnosis and treatment decisions.” He continues, “Patients didn’t go to medical school. They haven’t spent hundreds of hours studying pathology or analyzing the latest research outcomes.”

Communication is not only power. It is hope. “By providing comprehensive, digestible information to patients, we can alleviate some of the fear associated with the unknown,” says Dr. Diakon.

“If you think highly of your patients, they think highly of you. This partnership creates humility and empathy—and promotes physical and emotional healing.”

**David Wood, DO '96**

*Assistant Professor and Medical Director, PCOM –  
Sullivan County Medical Center, Laporte, Pennsylvania*

“The sights and sounds from that fateful day are still ever-present in my mind,” relates Dr. Wood, who suffered a closed head injury when his car flipped during a tractor-trailer collision in May 2009. “It’s a miracle that my children and I are still alive.”

The pain associated with his accident—both physical and emotional—still exists. The traumatic experience has forced Dr. Wood to modify his approach not only to daily activities, but to reinvent—at least temporarily—his identification as a physician. “For the first time, I am a physician-patient. I have had to surrender the authority I have as a healthcare provider—to obtain care rather than give it. This role has presented me with a new perspective and a unique advocacy opportunity.

“The healthcare system I have encountered has been a kind of medical non-system. At the time of my hospitalization, the trauma I experienced made it difficult for me to connect my own status with what I should have known as a physician. Like a ‘standard patient consumer,’ I found physicians and ancillary staff to be overwhelmed and rushed. They referred to me not as a person, but by my injury, ‘Motor vehicle accident in room \_\_\_\_.’ It was hard for me to get information and answers to my questions, and governmental regulations restricted my wife’s access to the

details of my health status. When I received my hospital discharge instructions, they were confusing, and not fully applicable to my condition.”

Finding primary and specialty follow-up care was particularly challenging for Dr. Wood, who resides in a rural community. “I was to see a family doctor within three days of my hospital discharge. My personal physician was unavailable, so I had to find another,” he recalls. “Obtaining an appointment with a neurologist was even more difficult. MRI and EEG tests were to be done in advance of a consultation, which required referrals and scheduling. Electronic medical records and the automated transfer of test results were useful at times, but at other times complicated the process if independent and university hospital physicians were not interconnected.”

A window of two weeks for a follow-up specialty visit turned into more than five.

Dr Wood admits that, “It has been odd to be a physician, having spent my life taking care of patients, maneuvering through such a morass. In my view, physicians have an obligation to advocate for change when they see injustices and inadequacies, and these abound in our medical non-system.”

The strength of “old-fashioned medicine” has been reinforced for Dr. Wood. “Advocating begins with physician-patient communication, with developed partnerships in which health and well-being are the focus.”

## “My vulnerability has helped me to better relate to my patients.”

**Katherine Mayo, DO '98**

*Physician, Obstetrics and Gynecology,  
Huntington Beach, California*

“At first I dismissed my crying spells, changes in sleep habits and poor appetite as a normal response to the pressures associated with the start of medical school,” admits Dr. Mayo. “My classmates and I were all—in some way—overwhelmed and fatigued. Long hours in the lab and library kept us from family and friends.”

Dr. Mayo didn’t recognize her symptoms as depression. The school physician didn’t either. She relates, “For six months, my depression was unidentified and unmanaged. I was unable to attend class

regularly; my studies were disrupted, my grades were deficient. I felt overwhelmed and powerless.”

Now an established obstetrician/gynecologist, Dr. Mayo is a special advocate of women who battle mental illness. She believes that physicians need to become more educated about depression from medical and experiential perspectives—and consider their patients’ health from a holistic point of view. “Many people, including physicians, see mental illness as a weakness and not an actual disease. Depression is a serious, sometimes life-threatening illness that we cannot ignore,” she cautions.

“I know the humility that comes from the stigma of depression. I know what it

is like to ‘go undiagnosed,’ to be ignored, to feel hopeless. In the beginning, even my husband—a fellow physician—could not fully understand my battle with depression and need for medication.”

For Dr. Mayo, it’s especially difficult being a physician who is simultaneously a patient. Physicians are “supposed to be strong.” But, she says, “My vulnerability has helped me to better relate to my patients. Depression often co-occurs with other medical illnesses such as cancer, cardiovascular disease and diabetes. My experiences are a constant reminder not to mistakenly conclude that depression is a normal consequence of these problems. Truly, this ‘weakness’ has made me so much stronger.”

## **Lynne Carr Columbus, DO '90**

*President, Gulf Coast Pain Management,  
Palm Harbor, Florida*

Board certified in anesthesia and pain management, Dr. Columbus admits that “Before my illness, I knew pain theoretically. I believed pain management to be a core value of medical ethics and I was deliberate in the multidisciplinary approaches to pain treatment. Yet, for me, the experience of pain was so much beyond words—as was becoming a physician-patient.”

Initial symptoms of Dr. Columbus’ illness began in March 2008, when she first experienced right hip and back pain. Dyspepsia and mid-scapular and shoulder pain followed. A cholecystectomy resolved the dyspepsia. However, she continued to have severe mid-scapular pain.

When a CT scan revealed multiple pulmonary nodules and a subsequent PET scan showed lesions on her spine and hip, Dr. Columbus was overcome by fear. “I immediately assumed a diagnosis of metastatic disease, most likely breast, since my grandmother had died from metastatic breast cancer,” she relates. “My concerns turned from my physical health to that of the well-being of my children. Grief filled me, then anger. It didn’t seem fair that my children were going to lose their mother.”

Using resources in the medical community, Dr. Columbus did not waste time assembling a health team. She saw an oncologist and neurosurgeon, both fellow colleagues. “I used every contact I knew to get procedures scheduled in a timely fashion. I was anxious to find out what was inside of me and to move forward battling this insidious disease,” she says.

Two weeks after a biopsy was performed, Dr. Columbus received a phone call from her neurosurgeon. She recalls the news word for word: “Frank began, ‘Lynne, I always knew that you were a kid at heart. Your biopsy is positive for eosinophilic granuloma. Are you familiar with that disease?’” Dr. Columbus continues, “I thought hard and recalled from medical school that eosinophilic granuloma was a form of histiocytosis, a rare, cancer-like immune disorder that primarily affects children. Frank was reassuring: ‘I have spoken to many people here at Moffitt [H. Lee Moffitt Cancer Center & Research Institute] and it seems to be a disease that responds to chemo with a good prognosis. Unfortunately, it is so rare that we don’t have experience here at Moffitt treating it.’”

With a diagnosis, Dr. Columbus went into overdrive researching eosinophilic granuloma. “All the prime studies led to Kenneth McClain, MD, a pediatric oncologist at Texas Children’s Cancer Center in Houston, Texas,” Dr. Columbus reports. “I blindly called him, and spoke with a

delightful man whose enthusiasm for finding another patient to treat and help cure was obvious. When I walked into the waiting room of Texas Children’s Cancer Center a few days later, I was in awe of what lay before me. The facility was immaculate. But what really caught my attention were the hairless children with cushingoid syndrome running around the waiting area playing as if they didn’t have a care in the world. Their resilience became an immediate source of inspiration that continues today.”

In Houston, Dr. Columbus commenced a weekly chemotherapy regimen. Her hip and T3, T4 tumors improved. When a skull lesion broke through, oral chemotherapy agents were added. New chemotherapy regimens were also given when a new lesion developed at T8.

Today, she receives chemotherapy in the Tampa area, and travels to Houston every three months. She will receive oral maintenance chemotherapy for another year.

“I feel that I am in the home stretch with my treatment,” she reports. “I am confident that I will be able to force this disease into remission and go back to what I love most, seeing patients and treating them for their painful conditions with positive, effective results.”

Dr. Columbus, who continues to keep up the administrative management of her 3,000-patient practice and ambulatory therapy center, says that she has learned to “live day by day.” “Becoming a patient and experiencing the extensiveness of pain has increased my sensitivity in a way that I didn’t know was possible. I can identify with my patients on a level that other physicians cannot. For I know what it is like to spend long durations of time in waiting rooms and imaging centers, to be stuck for lab draws, to battle nausea and drug side effects, to suffer severe fatigue—and to pray that treatments are working so that I will have more time with my children.

“I also know the hardships illness can wreak on a professional life,” she says. Fortunately, Dr. Columbus had comprehensive health insurance and disability coverage to replace her income and overhead coverage. However, she didn’t count on the interruption before her disability policy began, the burden of insurance documentation and the human resource needs to keep her practice running while she was absent from it. She cautions, “If I can offer any advice to fellow colleagues, it is this: have a crisis action plan, have disability insurance and understand the specification of the policy, investigate income replacement and business expenses insurance coverage, and have legal documents in place that allow successors to take control of the practice.”

**Barry J. Burton, DO '88**

*Assistant Professor and Administrative Director, Emergency Medicine, Philadelphia College of Osteopathic Medicine, Philadelphia, Pennsylvania*

“When I selected osteopathic medicine, I did so consciously. The philosophy resonated with my personal sense of ethics and my practice philosophy.”

Yet, for Dr. Burton this valued approach to medicine contributed to disillusionment as a first-time patient. “The hospital and rehabilitation experiences I encountered following my emergency cardiac surgery in 2002 showed a health-care system that has seemingly forgotten humanism. Quality care has become synonymous with outcome assessment. Technical care has relegated dignity, compassion and trust to the side.”

When heart graft failures necessitated returns to the ER, Dr. Burton experienced a breakdown in physician-patient communication. “At two different hospitals, I was ignored and only ‘processed’ after I became obnoxious enough to go around the system. The physical examinations were superficial, the instructions confusing,” he relates.

“My history of chronic illness and my professional life have truly been a very interesting juxtaposition. My experiences as a patient—in the very place I spent 25 years practicing as a physician/in direct affiliated positions—the ER—have prompted some soul searching.

“I have concluded that survivorship is a decision, and that my pain is reinforcing.

“Moreover, I have learned the essential facet of medicine: to impart a greater

sense of humanity to the physician-patient relationship. Most of us could do better, and some could do an awful lot better.

“Although I am no longer able to practice in the clinic, I am able to teach students that communication is absolutely essential to our being able to try to help our patients. We must have a human encounter with our patients—greet them with a handshake, touch their wrist. We must talk about our patients as people, not pathologies. Our discussions with our patients, and when appropriate, their caregivers, must be understandable and sensitive. And we need to continue to keep our patients informed throughout the duration of treatment and follow-up. Ours must be a steadfast commitment—to the patient as a whole person.”







## JOHN ANTHONY CIFALA, DO '45

2010 RECIPIENT OF THE O.J. SNYDER MEMORIAL MEDAL



# TRAILBLAZER FOR OSTEOPATHIC MEDICINE

by Nancy West

When Dr. Cifala entered the osteopathic medical profession in the 1940s, only about half the states in the U.S. officially recognized the practice of osteopathy. A passionate proponent of osteopathic principles and practice, Dr. Cifala made it his personal goal to gain acceptance for the profession and to ensure that osteopathic physicians received full recognition and licensure in every state in the nation.

Over the years, Dr. Cifala pursued this goal relentlessly, advocating for the profession at every opportunity. During his early years as a member of the American Osteopathic Association House of Delegates, he organized the Federation of Small States to ensure a greater voice for states with few osteopathic physicians. Later in the 1980s, as a member of the AOA Board of Trustees, he helped to establish the Bureau of Emerging States' Concerns.

"I encouraged my colleagues to join forces and work together to become a 50-state profession," recalls Dr. Cifala, who represented Virginia, Maryland and Washington, D.C. "At that time, not many states had osteopathic physicians, and quite a few of the small states hadn't even legalized the profession."

After decades of hard work, Dr. Cifala

realized his goal in 1973 when Mississippi became the last of the 50 states to certify osteopathic physicians. His pioneering efforts were recognized by the AOA in 2007 when he received the organization's highest honor—the Distinguished Service Award. In 2008, the AOA Bureau of Osteopathic History and Identity honored him as a Great Pioneer in Osteopathic Medicine. In addition, the American Academy of Osteopathy bestowed him with Honorary Life Membership.

Dr. Cifala's passion for osteopathy began when he was about seven years old in the unlikelyst of places—his mother's beauty shop in Washington, D.C. As a young boy, he used to frequent the shop while his mother was working. He befriended the ladies waiting to have their hair done, and they would allow him to shampoo their hair.

"I could feel the differing tightness in their scalps and the way it would relax when I massaged their hair," recalls Dr. Cifala. "When I was finished, they always said they felt much better and, after that, they asked for me to shampoo their hair rather than anyone else. At some level, I began to understand the healing power of human touch."

Several years later, Dr. Cifala sustained

a serious knee injury in a football accident. One of his mother's beauty shop clients, Della Mattson, DO, helped him rehabilitate. "She manipulated my knee for more than six months, and I got better," he relates. "After that, I started to do massage treatment on my friends or my brothers when they got injured. I became convinced from these experiences that I should go to a school where I could learn osteopathy. This was my idea of what a doctor was all about."

At age 13, Dr. Cifala became the youngest person ever to apply to the Philadelphia College of Osteopathy. "My Dad gave me a check for \$10 to apply," he remembers. "The College said I was too young, but if I fulfilled the entrance requirements when I was a little older, they would take me. To hold my place, I sent a \$10 check to PCO annually until I finished my requirements at Catholic University and PCO officially accepted me."

Dr. Cifala's profound respect for osteopathic principles and practice grew under the tutelage of two PCOM professors, Angus Cathie, DO '31, who became his mentor, and Guy Demming, PhD. "Dr. Cathie's manual of applied anatomy and Dr. Demming's book on the philosophy and principles of manipulation con-



tributed more to my later practice of osteopathic medicine than any other information I learned,” he says.

Dr. Cifala also credits PCOM with 65 happy years of marriage to his wife, Laura. Her brother, Joseph Amalfitano, DO '45, introduced them while she was visiting on campus. “I was working in the dissecting lab and we shook hands over a cadaver,” recalls Dr. Cifala, laughing at the memory. They married the following year on Thanksgiving Day, 1945.

After he completed an internship in Portland, Maine, Dr. Cifala and his wife returned to the Washington DC area. In 1947, he started a private family practice in Arlington, Virginia, assisted by Mrs. Cifala, an obstetrical nurse. “My wife and I performed many house deliveries in nearby farm communities,” he relates. “That fulfilled some of my earlier dreams of becoming an obstetrician which had been thwarted by the fact that we

didn't have an osteopathic hospital in northern Virginia.”

In 1948, Dr. Cifala broke new ground when he became the first osteopathic physician to be accepted into the National Veterans Administration in Washington, D.C. Recognizing the value of his knowledge of the musculoskeletal component of disease, the VA appointed him head of the newly created department of physiatry or physical medicine. “At that time, physical medicine was a quasi field of medicine,” he explains. “In the military service back then, backaches and headaches were often considered to be psychiatric problems. When the psychiatric and orthopedic departments didn't know what to do, they sent the patients to me in physical therapy. I was so successful in returning those patients to good health that soon I had the doctors coming to me. That is how I attained the qualifications to become

certified in physical medicine as an osteopathic physician.”

As one of the first osteopathic physiatrists on the East Coast, Dr. Cifala helped to establish the American Osteopathic College of Rehabilitation Medicine and served as president.

After nearly six years with the Veterans Administration, Dr. Cifala returned to his private practice in Arlington where he remained active for 45 years. Throughout his career, he served in leadership roles in many osteopathic organizations. In addition to his many contributions to the AOA, he was a member of the American Academy of Osteopathy Board of Governors and served as president of the District of Columbia, Maryland and Virginia Osteopathic Medical Associations. He is also a charter member of the Alumni Association of PCOM, and the only member to serve two terms as president of the Alumni Association of PCOM's Board of Directors.

“PCOM put me on the road to success,” says Dr. Cifala. “Not only did I succeed in my professional life, but PCOM introduced me to my wonderful wife, Laura. We have six wonderful children, 19 grandchildren and nine great-grandchildren. Some of our grandchildren, nieces and nephews have become DOs, and many of them graduated from PCOM. At last count, 18 members of our family are DOs.

“In many ways, the osteopathic profession is a family affair, not an individual affair,” he emphasizes. “As osteopathic physicians, we've always worked together as a family and that's the way the profession should continue to grow. I am very proud of PCOM and its dedication to training outstanding osteopathic physicians who adhere to the traditional principles and practice of osteopathy. We must continue to support each other in our efforts to keep our profession strong.”





## DAVID A. RAND (DO '10)

2010 RECIPIENT OF THE MASON W. PRESSLY MEMORIAL MEDAL

### ANSWERING A PERSONAL CALL OF DUTY

David A. Rand (DO '10) grew up listening to his grandfather's stories about being a physician in a coal mining community during the 1930s. "The coal miners were very poor, often abused and they would die without proper care," says Mr. Rand. "My grandfather stood up for them and provided the care they needed, even though they couldn't afford to pay him. The fact that he was willing and able to help these people inspired me, and I learned to love the field of medicine."

With his grandfather as a role model, Mr. Rand developed a personal credo that each person has a duty to make the world a better place. "My goal has always been to fix problems when I see them," he relates. "I have always believed in being proactive. I don't believe in standing by while things happen around you, especially injustices."

Throughout his years at PCOM, Mr. Rand has demonstrated his personal credo time and again through leadership and service. As a leader in the PCOM Student Government Association, he successfully initiated and implemented a multiyear project to increase the College's environmental stewardship. "I recognize the fragility of the environment and the urgency with which we need to protect it," he emphasizes. As a result of his dedication and perseverance, PCOM significantly expanded its recycling efforts to include plastic and aluminum as well as paper, and improved efficiency campus-wide by reducing paper waste through double-sided printing and other initiatives.

Mr. Rand also focused his efforts on the issue of patient safety. "At least 100,000 people die each year because of medical errors, yet medical students receive little or no training related to patient safety," he notes. "This is an issue that affects everyone from provider to patient to the entire healthcare system. Providers who make errors carry tremendous guilt, patients suffer, and it is expensive to fix mistakes. If you fix the problem proactively, you help everyone."

As an education coordinator for the American Medical Student Association, Mr. Rand developed and coordinated the organization's Patient Safety and Professionalism Institute, the first of its kind nationwide targeted specifically for medical students. Held in January 2009, the first annual symposium drew students from all over the country.

Mr. Rand's awareness of needs in the world at large led him to organize the Book Drive for Africa at PCOM. "We're fortunate to have a phenomenal library at PCOM," he notes. "When books become too old, the College offers them to students free of charge. I've taken many for my own library. Then I realized that many people in the world don't have any books of this caliber to use for study. I saw this as a great opportunity to provide books to those who really need them." As a result of his efforts, more than 700 medical textbooks were sent to a hospital in Ghana for use by medical students.

Closer to home, Mr. Rand organized a campus-wide fundraising effort to help a PCOM staff member who lost her house in a fire.

"David is admired by PCOM staff, faculty and colleagues alike as an optimistic, supportive and incomparably kind-hearted person," says fellow student Chelsea DiDonato (DO '10). "He constantly strives to make changes that will benefit others without concern for the amount of time or effort it will take him to accomplish those ends."

Mr. Rand looks forward to a career that combines clinical medicine, teaching and involvement in public health issues. He is particularly interested in helping to find solutions to the current healthcare crisis in the U.S. "No matter how good a physician I become, there will always be obstacles to providing good care to every patient unless we fix our healthcare system," he says. "I want to help to find the solution."



# Mining the Connection Between Mind & Body

Professors and students in PCOM's PsyD program work with primary care physicians to treat a host of behavioral problems that too often cause or complicate physical illness.

*by Jeffrey Bramnick*

**Primary care physicians know it. Behavioral health experts know it. There's a link between our physical and behavioral health.**

The realization of the connection between mind and body was a big step. How to manage that link to the best benefits of patients while keeping costs under control is a step that is still being taken.

The primary barriers to improved links between practitioners of primary care and practitioners of behavioral health are “time, tools and money,” notes Harry J. Morris, DO '78, MPH, professor and chair, department of family medicine.

Harried primary care physicians more often than not don't have the time or specific expertise to provide behavioral therapy for patients. In all but too few instances there isn't a system established that would provide the tools necessary to efficiently and effectively help patients receive behavioral therapy.

And coverage for behavioral health is available, but it is controlled to the point of being quite restrictive. “Most

people don't have coverage, or decent coverage, for behavioral health,” says Barbara A. Golden, PsyD, associate professor, psychology; director, clinical services; and director, Center for Brief Therapy. “Patients pay out of pocket when they can. We need to work better within the framework of what is available now—and will be available within healthcare reform proposals—while we work toward a better system.”

Both primary care physicians and psychologists need to see each other's perspective, appreciate each other's role. “We need to be thinking about the relationships we can forge among primary care physicians, psychologists, nutritionists and a host of other professionals whose expertise would benefit patients,” says Robert A. DiTomasso, PhD, professor, psychology, and chairman, department of psychology.

By developing relationships with psychologists, primary care physicians would possess another resource to turn to in handling particular patient problems. “When a professional relationship is developed between a primary care physician

*continued on page 20*



*Drs. Morris and Chiumento team up to counsel a patient, providing an interventional plan for smoking cessation.*

## **Working in Wellness**

A major part of taking the holistic path to patient care for osteopathic physicians is the work that is done in preventive medicine. Patient education and behavioral interventions play a large part in whether patients thrive. Motivating patients to begin to change behaviors that may be harmful is an area that often falls through the cracks.

PCOM is in the second year of a

three-year grant from the Pew Charitable Trusts Foundation that provides funds for a free wellness program in each of PCOM's four urban Healthcare Centers. The program, "A Healthier You," provides CBT for chronically ill, vulnerable adult patients in underserved communities. "There are three main 12-week evidence-based protocols for patients who have one or more chronic diseases,"

explains Dr. Chiumento. "We are seeing changes on a number of different mental health and physical parameters," she adds, though data are still being collected.

The more established the program becomes, the greater the number of referrals from physicians, says Dr. Chiumento. "Professionals gain confidence in each other; we learn each other's ways."

and psychologist there are expectations built into that relationship, so something as seemingly simple as communication about the patient, for instance, a letter back to the physician, is there when the PCP needs it,” notes Dr. DiTomasso. “Things operate more seamlessly.”

One model for integrating cognitive behavioral therapy (CBT) into primary care has been established by PCOM. A program that combines physical and behavioral medicine is operating at PCOM’s four urban Healthcare Centers.

In the program, PsyD students with clinical experience, and under the supervision of PsyD professors, provide CBT for patients upon referral by staff physicians at the centers.

“Doctors have, on average, eight to ten minutes of exam room time per patient,” notes Deborah A. Chiumento, PsyD ’08, post-doctoral fellow, psychology, and clinical coordinator, “A Healthier You” program.

“Typically, we don’t have the time to delve into adherence issues and too many other behavioral issues—and we need to know, in the time that we do have just when we are in over our heads,” says Oliver Bullock, DO ’78, professor, family medicine, chairman, division of community medicine, and former medical director at PCOM Healthcare Center – Cambria Division.

“When the PsyD people came I thought it would never work; I thought the patients would never go for it,” explains Dr. Bullock. “But it is working here—in a neighborhood where there are a lot of problems: depression, stress, anxiety,” he adds. “There were 28 deaths from gun violence just in the neighborhood around our center alone

last year. The patients can use the help; about 60 percent of what we see in this center has a behavioral component.”

It’s important, say Drs. Bullock and Morris, for medical students to be well grounded in the basics of behavioral health. “Medical students pay closer attention when it is material that they are responsible for learning, that they are tested on,” emphasizes Dr. Bullock.

“I think it’s getting better; physicians are better able to recognize behavioral health issues, but access to services—out there—could be better and we’d like to see things a little less stigmatized,” offers Marta Motel, DO ’88, assistant professor, family medicine, and medical director, PCOM Healthcare Center – Lancaster Avenue Division.

It’s also important to impress upon students the value of building a list of professionals whom they can call upon. “Many doctors don’t have enough resources at their disposal. They don’t have the time to develop the resources,” adds Dr. Bullock. “But an army of resources can save you time later.”

Dr. Motel agrees with Dr. Bullock about the need for resources. “It’s very helpful to know the programs in your area; there may be free programs for weight management, smoking cessation, etc.,” she says.

“And it’s important to keep a list of a dozen different therapists who are good at specific things,” says Dr. Motel. “I see the amount of effort our PsyD clinicians put in here to find patients, follow through with patients, work with patients. Their work makes a great difference,” she adds.



### By the Book

Drs. DiTomasso, Golden and Morris are the editors of a new textbook that addresses the synergy between primary care and CBT: *Handbook of Cognitive-Behavioral Approaches in Primary Care* (Springer Publishing Company, New York, 2010).

*Textbook editors Drs. Golden, Morris and DiTomasso*

## A Case Study

Alice, (not her real name), a 50-year-old woman with a history of abuse/personal trauma, has been a patient at PCOM Healthcare Center – Lancaster Avenue Division for over a decade. The medical staff—whom she trusts—manages her type 2 diabetes and high cholesterol. She is obese, and from her condition suffers at times from insomnia and pain.

Six months ago when Alice became nonadherent to her diabetes self-care, her physician referred her for CBT. Hesitant at first about any kind of mental health treatment, Alice discovered the collaborative therapy—offered in her doctor’s office—to be effective.

Over the course of progressive meetings, she shared with her PsyD clinician the views of herself that she was embarrassed to relate to her physician. Empathy has led to problem solving. Among such findings were the following:

- Alice’s diabetes medication needed to be taken with food. The sole caregiver of three small grandchildren, Alice has found money to be especially tight. She lives on a fixed income.

Meals are infrequent. When the children are hungry, they take priority over her taking her medication. Through physician/PsyD collaboration, a new medication was prescribed—one that does not require food for ingestion.

- Alice feels stifled by her chronic illnesses, socioeconomic situation and role as caretaker. Her PsyD clinician was able to work with Alice to implement daily activities that build self-efficacy. For example, targeted walks—increased by five minutes each week—have resulted in some weight loss and better sleep practices. In addition, the walks require her to leave the confines of her home and exercise with the children, teaching them health by example. She is now able to walk the distance to a library and local park.

Alice reports that she is filled with great hope. Her collaborative health care has “been about me—all about me. My [primary care] doctor cares, my psychologist cares. I feel like a human being, not an illness.”

## Joining the Team

Two competing ideas face every osteopathic primary care physician. “In the ideal sense, we want to treat the whole person, but in the reality in which modern medicine is practiced that can be very time-consuming,” says Kenneth J. Veit, DO ’76, MBA, senior vice-president for academic affairs and dean.

“In these times you need a team to do it,” explains Dr. Veit. “It’s the advantage of why our model works here. We work to make every minute count.”

The model Dr. Veit refers to includes an established presence of psychologists, PCOM professors and PsyD students on site at the College’s four urban Health-

care Centers. “I need a psychologist in my office, someone available quickly, whether to see the patient or for scheduling an appointment for another visit,” explains Dr. Veit, who sees patients at the Healthcare Centers. “It works because the person we need to refer the patient to is right there.”

Dr. Veit and others say that the model, or parts of it, could be replicated outside of the confines of PCOM. A move toward the Patient-Centered Medical Home concept, for instance, could provide the resources that physicians would need to better facilitate the team concept in health care, thereby making more

efficient and effective use of psychologists and other experts. One study in 2004 concluded that if the medical home model was followed there would be an estimated 5.6 percent decrease in health-care costs nationally, saving \$67 billion annually while improving the quality of health care.

What is needed, says Dr. Veit, is more data. “Payers of health care want to know that behavioral therapy saves costs. They want to see clinical outcome studies that both help the patient and also clearly bend the overall healthcare cost curve downward.”





---

Youth gang violence has continued its upward trend nationwide, as one cannot visit social media venues, turn on the television or open the newspaper without hearing about another victim of gang violence. It was once thought that gangs only convened in selected areas, which left churches, schools and hospitals as “neutral” territory. Unfortunately, this is a fallacy. Gang violence has poured into schools, community centers and hospitals. Throughout the country in urban, suburban and rural communities, healthcare professionals are constantly being challenged by intramural shootings between rival gang members on a daily basis. As first-hand witnesses of youth gang violence, healthcare professionals represent a highly skilled community resource in the modern multi-agency approach to help combat this form of domestic terrorism.

Youth gangs have been identified in every single state. Nationwide there are 24,500 gangs with a gang membership of over 750,000, while the ethnic composition of these gangs is 47 percent Latino, 31 percent African American, 13 percent Caucasian, 7 percent Asian, and 2 percent mixed ethnicities. In response to these alarming trends, the role of the healthcare provider is an extremely critical piece in the suppression, intervention and prevention of youth gangs.

*A Latin King gang member displays his crown tattoo*

---

# Keeping Healthcare Providers Safe from Youth Gang Violence

by Cliff Akiyama, MA, MPH, CGS, CGP

Latino gang tattoo, "Smile Now, Cry Later"



## What Is a Youth Gang?

A youth gang, often referred to as a criminal street gang, must be ongoing, meaning that the gang associates on a regular basis. The youth gang may be formal or informal. Moreover, the youth gang must consist of at least three members and have a name, hand sign or symbol that is identifiable. The final element that defines a youth gang is that one of the primary objectives of the gang must be criminal activity.

## Gang Membership

In all of the 24,500 youth gangs with over 750,000 gang members across the nation, there are various types of gang members ranging from hardcore to wannabe members. The most plentiful type of gang member is the active/regular gang member making up between 40-50 percent of the gang. Regular gang members admit that they are in a gang. They also have gang-related tattoos, are involved in gang-related crimes and have a past history of gang activity.

Associate/affiliate gang members make up 20-30 percent of the gang. Associate and regular gang members also use hand signs to communicate to each other and to other rival gangs. Associate and regular

gang members also write gang graffiti, wear gang-related clothing/colors, associate with known gang members, and are included in gang photos. What sets associates apart from regular members is that they are able to freely come and go in and out of the gang as they see fit, making them great informants for law enforcement.

Hardcore gang members known as "OG" (original gangsters), make up 10-20 percent of the gang and are the primary leadership arm of the gang group. Hardcore members fit all of the criteria for regular and associate members, but they are also involved in narcotics distribution. Furthermore, hardcore gang members are involved in violent gang activity from assaults, shootings and robberies to murder.

Wannabes are the last group of gang member types. Wannabes make up less than 10 percent of the gang; however, they are extremely dangerous as their motivation lies in a desire to be a part of the gang. The wannabes need to prove that they are "down with" and have "heart for" the gang because in gang hierarchy wannabes are at the bottom. In order to prove their dedication to the gang, the wannabes are instructed by an OG to perform gang-related crime such

as killing a rival member or committing a robbery or property crime.

In determining gang member typology, it is important to use the strongest of initial criteria to classify a suspected gang member. For example, if an individual is documented for writing gang graffiti, wearing gang colors and admitting that he/she is a gang member, he/she should be classified as a regular member. To list a person as a hardcore gang member, only one of the criteria for hardcore members needs to be met. These criteria imply heavy gang involvement that should be documented thoroughly in medical records.

## Gang Structure

In addition to the various gang membership typologies, there is a range of gang structures from turf gangs to philosophical gangs. The most common type of gang structure is the turf gang, otherwise known as the territorial gang. They are often known as a traditional gang, as they claim a "turf" or neighborhood in which to exist (e.g., African American and Latino gangs).

Another type of gang structure is the crime for profit gang. The crime for profit gang is characterized as being



extremely mobile, meaning that they are not bound by a specific neighborhood to exist. Committing crime for profit is the main motivational factor for membership and activity. The Asian gang stands out as being the largest crime for profit gang.

The final gang structure is the philosophical gang. The philosophical gang is based on a belief system instead of a lifestyle. This belief system may be political or religious. Membership and crime activity is motivated solely based on the philosophy of the group. An example of this gang is a skinhead gang.

It is important to keep in mind that a particular gang may fit into multiple gang structure types.

### **Possible Warning Signs of Gang Involvement**

Healthcare providers should be aware and take appropriate action if a child exhibits one or more of these warning signs. Although caution should be exercised, the degree of the child's gang involvement must be determined. It may be assumed that a child has some level of involvement with a gang if he/she:

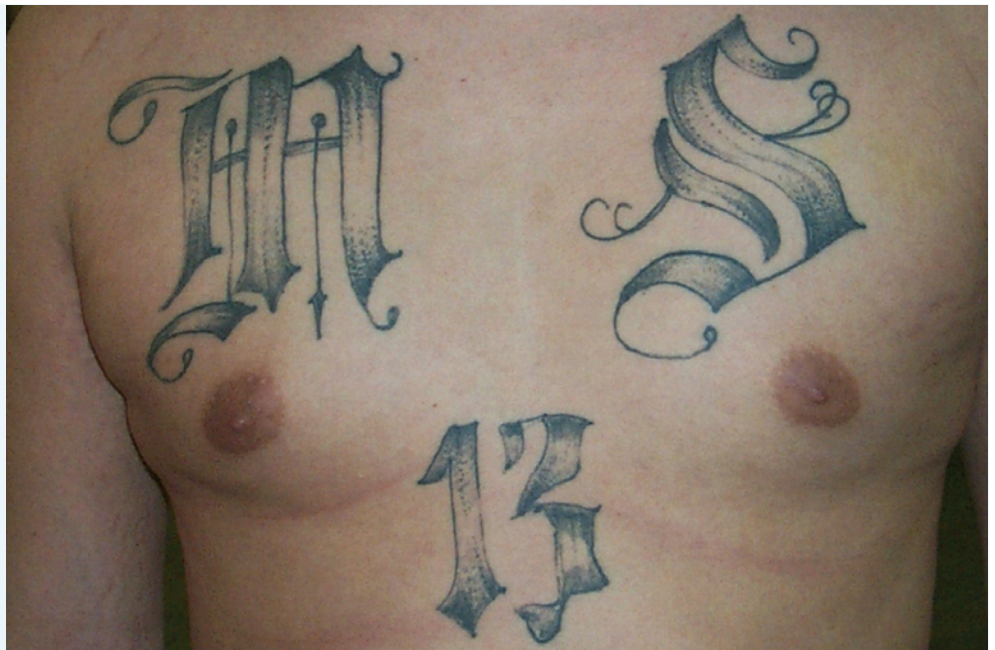
- Openly admits that he/she is involved in any manner with a gang.
- Is obsessed with a particular clothing color (i.e.: red=Bloods, blue=Crips, gray=Tiny Rascal Gang, black/gold=Latin Kings)
- Wears jewelry with distinguishing designs or wears it only on one side of the body.
- Requests a particular logo or brand of clothing over others such as British Knights (BK), known as "Blood Killer," or Calvin Klein (CK), known as "Crip Killer" in some areas.
- Is obsessed with gangster music or videos.
- Begins using hand signs with friends.
- Has paint or permanent marker stains on his/her hands or clothes or is in possession of graffiti paraphernalia.

*A skinhead gang member shows a spider web tattoo that indicates that he has killed a minority to earn his "badge of honor"*

- Shows evidence of physical injuries and lies about how they were received.
- Displays unusual drawings or text on school books or displays graffiti in his/her bedroom and on items such as books and posters.

None of these warning signs alone is sufficient for predicting gang involvement, aggression or tendencies toward violence. Also, it can be detrimental to use these signs as a checklist against which to measure children.

Early warning signs are just that—indicators that a child may need our help and guidance. These are behavioral and emotional signs that, when considered in context, could signal a distraught child. Early warning signs allow us to get help for the child before problems escalate.



MS 13 gang tattoo

### Strategies for Reducing Youth Gang Violence in the Medical Setting

A multidisciplinary approach is imperative to help fight this epidemic to keep everyone safe in the community, clinic or hospital setting. Such an approach includes communication among emergency department personnel, hospital security, law enforcement, nurses, social workers and paramedic/fire personnel.

Across the country, many emergency departments, hospitals and clinics have put the following recommendations in place. These recommendations, published in the *Annals of Emergency Medicine* (1992), have been shown to reduce the number of gang-related incidents in the emergency department and hospital and clinical setting in general:

#### Emergency Department

- Educate ED personnel regarding the identification of gang member attire, tattoos and non-verbal cues of communication
- Notify police or security personnel upon arrival or anticipated arrival of gang members

- Use metal detectors for facilities that treat a large number of gunshot wound victims
- Assign “Jane Doe” or “John Doe” names to prevent later in-hospital retaliation
- Completely disrobe all gunshot wound victims
- Request paramedics transport rival gang members to separate hospitals
- Separate rival gang members while in the ED
- Employ security personnel to supervise gang members
- Limit information and visits to immediate family members only
- Limit the number of visitors allowed to remain in the ED waiting room

#### Hospital/Clinical Setting

- Educate security personnel regarding the identification of gang member attire, tattoos and non-verbal cues of communication
- Limit access to patient rooms
- Abate graffiti



18th Street gang from Los Angeles, California, throwing up their hand sign “E”

*Mr. Akiyama is assistant professor of forensic medicine at PCOM. A certified gang specialist by the Virginia Gang Investigators Association and certified gang professional by the East Coast Gang Investigators Association, he has over 14 years of first-hand experience working with youth gangs as a researcher, academician and law enforcement officer.*

**Class of 1945**

**Class Agent: John A. Cifala, DO**  
**Arnold Melnick, DO**, Aventura, FL, had his book, *Medical Writing 101: A Primer for Health Professionals*, adopted by the University of Brescia, Italy, as the official textbook for its courses in medical English. The courses train Italian scientists to read and write scientific English. One of Dr. Melnick's previous books, *Professionally Speaking: Public Speaking for Health Professionals*, was translated into Spanish and published in Mexico.

**Class of 1951**

**Samuel J. Paltin, DO**, Hilo, HI, has been in psychiatric practice for 37 years and family practice for 20 years, totaling 57 years of continuous DO practice.

**Class of 1959**

**Class Agent: Tomulyss Moody, DO**  
**Richard I. Kirshenbaum, DO**, Brooklyn, NY, is enjoying retirement in the company of his wife, children and grandchildren.

**Class of 1962**

**Class Agents: James H. Black, DO, and Robert S. Maurer, DO**  
**James H. Black, DO**, Lauder Lakes, FL, was elected second vice president of the Navy League of Fort Lauderdale at their meeting and holiday party.

**Class of 1966**

**Class Agent: H. Michael Zal, DO**  
**H. Michael Zal, DO**, Lansdale, PA, had his book, *The Sandwich Generation: Caught Between Growing Children and Aging Parents*, published by Perseys Publishing.

**Class of 1967**

**Class Agents: John F. Callahan, DO, and Allan N. Fields, DO**  
**Sheldon P. Wagman, DO**, Scottsdale, AZ, was the recipient of the Henry P. and M. Page Laughlin Award for Educators presented by Ursinus College. Dr. Wagman was also named one of America's "Top Psychiatrists for 2009" by Consumers' Research Council of America.



**Kimberly A. Becker, DO '00**, Annville, PA, and her husband, Jeff Costello, are the proud parents of Jack Joseph, born on August 2, 2009. Baby Jack joins big sister, Kaedlyn. Dr. Becker is a neonatologist at Harrisburg Hospital.

**Victoria Culpepper Corbin, DO '04**, Edmond, OK, and her husband, Todd, are the proud parents of William Wesley, born on September 28, 2009. Little William joins his big brothers Jack, age five, and Grant, age three, as well as big sister Lily age five.

**Larry N. Finkelstein, DO '87**, Lafayette Hill, PA, married Sande Freedman on August 9, 2009, at Keneseth Israel in Elkins Park. Dr. and Mrs. Finkelstein have a big, happy, blended family that includes children Jillian, Ally, Jamie and Brett.

**Amy E. Hoffman, DO '00**, Chicago, IL, married Heath Dodson on October 12, 2009, in Malvern, Pennsylvania. Dr. Hoffman is a partner in Women First Specialists in Chicago.

**David Kanze, DO '05**, and his wife, **Kylie Kanze, DO '06**, Lone Tree, CO, are the proud parents of Cooper Gabriel, born on October 9, 2009.

**Thomas Newman, DO '02**, and his wife, **Christine P. Newman, DO '01**, Southampton, PA, are the proud parents of Mary Elizabeth, born on July 23, 2009. Mary Elizabeth joins big brothers Tommy, Timmy and Benjamin and big sister, Fiona.

**Paul M. Pustinger, DO '08**, Milford, MI, and his wife, Pamela Eaton, DO, are the proud parents of Amelia Marie, born on August 16, 2009.

**Jennifer Watson, DO '02**, Shillington, PA, and her husband, Joseph Watkins, DO, are the proud parents of Luke Richard, born on January 8, 2010. Little Luke joins big sister Leah Grace, age three.

**Class of 1968**

**Class Agents: Sheldon P. Kerner, DO; Howard R. Levy, DO; and Alfred J. Poggi, DO**  
**Miles G. Newman, DO**, Elizabethtown, PA, was highlighted in an article titled "A Calm and Caring Presence on the Front Lines," which was published in the November 9, 2009, issue of *Lancaster New Era*. He was also the recipient of the George E. Moekirk, MD Memorial Senior Volunteer of the Year Award presented by the Pennsylvania Emergency Health Services Council.

**Class of 1969**

**Class Agent: David A. Bevan, DO**  
**Harry E. Manser, Jr., DO**, Lawrenceville, NJ, joined Robert Wood Johnson Hospital in Hamilton. Dr. Manser opened his first family practice facility at the hospital in December 2009.

**Class of 1970**

**Class Agent: David H. Blom, DO**  
**Lawrence B. Bookman, DO**, Steamboat Springs, CO, was the recipient of the Doc Willett Health Care Heritage Award presented by the Healthcare Foundation for Yampa Valley. He was honored

for a career that has boosted health care in the Yampa Valley and for his long-term commitment.

### **Class of 1971**

**Class Agents:** Carol A. Fox, MM; Pat A. Lannutti, DO; and John P. Simelaro, DO  
**Wayne C. Farmer, DO**, Manasquan, NJ, was highlighted in an article titled "Doctor Finds Calling on Medical Missions" published in the August 20, 2009, issue of *News Transcript*. Dr. Farmer is very involved with Medical Ministry International, an organization that sends medical volunteers around the world to provide free medical care in underdeveloped countries.

### **Class of 1973**

**Class Agent:** Herbert J. Rogove, DO  
**John M. Ferretti, II, DO**, Erie, PA, was presented with a Presidential Citation from the American Osteopathic Association for his numerous contributions to the osteopathic profession over the past 30 years.

**Donald A. Krachman, DO**, Marlton, NJ, joined the family medicine staff at Shore Memorial Hospital. Dr. Krachman practices with Reliance Medical Group, LLC in Galloway.

**Ronald J. Librizzi, DO**, Voorhees, NJ, was the recipient of the 2009 March of Dimes Award for Excellence. Dr. Librizzi is chief of OB/GYN/Maternal and Fetal Medicine at Virtua Health in South Jersey.

### **Class of 1975**

**Class Agent:** Jon J. O'Brien, SJ, DO  
**Francis X. Blais, DO**, Columbus, OH, joined the medical staff at Galeon Community Hospital.

### **Class of 1976**

**Kenneth J. Veit, DO, MBA**, Lafayette Hill, PA, was highlighted in an article published in the October 21, 2009, issue of *The DO* titled "Reviving Interest in Primary Care." Dr. Veit is senior vice president for academic affairs and dean of PCOM.

### **Class of 1978**

**Class Agent:** Lorraine M. DiSipio, DO  
**Christopher F. Colopinto, DO**,

Voorhees, NJ, joined **Joseph M. Hassman, DO '65**, **Richard Mauriello, DO '75**, and **Michael Hassman, DO '94**, at Berlin Medical Associates in Berlin.

**Harry J. Morris, DO**, West Chester, PA, had his article "It Takes a Team to Fight Diabetes" published in the *Sunday Tribune*. Dr. Morris is professor and chair of family medicine at PCOM.

### **Class of 1980**

**Class Agents:** Steven J. Fagan, DO, and John M. Kish, DO

**Thomas M. Bozzuto, DO**, Albany, GA, was awarded the Jefferson Davis Award for Clinical Excellence in Hyperbaric Medicine presented by the Gulf Coast Chapter Undersea and Hyperbaric Medical Society. Dr. Bozzuto was instrumental in developing the sub-specialty board certification examination for undersea and hyperbaric medicine for the American Osteopathic Board of Preventive Medicine.

**Michael F. Lurakis, DO**, Mays Landing, NJ, joined the department of medicine at AtlantiCare Regional Medical Center.

### **Class of 1982**

**Class Agent:** Anthony J. Silvagni, DO, PharmD, MSc

**Robert A. Beyer, DO**, Langhorne, PA, was appointed director of the emergency department at Nazareth Hospital.

**David J. Simons, DO**, Lititz, PA, performed the first sacroiliac radiofrequency neuroablation procedure with the NeuroTherm Simplicity III device. This technology makes it possible to safely and effectively treat chronic sacroiliac pain.

### **Class of 1984**

**Class Agent:** Paul V. Suhey, DO

**David Coffey, DO**, Deatsville, AL, was appointed to the board of trustees of the American Academy of Osteopathy. He is a member of the Board of Directors of the Alumni Association of PCOM.

### **Class of 1985**

**Class Agent:** Michael P. Meyer, DO

**Carl D. Burnett, III, DO**, Pottstown, PA, a lieutenant colonel in the United States Air Force and director of occupa-

tional health at Pottstown Memorial Center, was awarded the Air Force Commendation Medal for Outstanding Achievement. Dr. Burnett was deployed to Texas in 1998 in support of Hurricane Ike relief operations.

### **Class of 1986**

**Class Agent:** John C. Sefter, DO

**Susan M. Magargee, DO**, Bryn Mawr, PA, was selected by the readers of the *Main Line Times/Suburban* as one of the "Best Pediatricians on the Main Line." Dr. Magargee and her husband have six children.

### **Class of 1987**

**Class Agents:** Elliott Bilofsky, DO, and Katherine C. Erlichman, DO

**Michele D. Jones, DO**, Allentown, PA, was appointed medical director of Priority Care at Emrich in Bethlehem.

**Stephen A. Pulley, DO**, Trooper, PA, rejoined the faculty of the emergency medical residency at Albert Einstein Healthcare Network. Dr. Pulley received his fellowship in educational leadership at the Costin Institute of Chicago College of Osteopathic Medicine of Midwestern University in Downers Grove, Illinois.

### **Class of 1988**

**Class Agent:** Eric M. Lipnack, DO

**Nicholas P. Dardes, DO**, Mesa, AZ, was appointed adjunct professor of medicine at A. T. Still University, School of Osteopathic Medicine.

**Gregory G. Papadeas, DO**, Aurora, CO, was the recipient of the prestigious accolade in the Greek Catholic Church as an Archon of the Order of St. Andrew the Apostle on November 1, 2009, in New York City.

### **Class of 1989**

**Class Agents:** Judith R. Pryblick, DO, and Vincent G. Sacco, DO

**Joshua M. Crasner, DO**, Marlton, NJ, was the recipient of the Apple Award presented by the New Jersey Institute for Nursing.

**John K. Molesworth, DO**, Frederick, MD, was elected chief of staff at Frederick Memorial Hospital.

**Margot L. Waitz, DO**, Chadds Ford, PA, became president-elect of the American Osteopathic Academy of Addiction Medicine. Dr. Waitz serves as Christiana Care's director of the Division of Adolescent Medicine Services, and she is a clinical assistant professor at PCOM.

**Class of 1990**

**Class Agent: Paul J. Lapoint, DO**

**Michael G. Grill, DO**, Sherman, CT, joined the medical staff at Putnam Hospital Center in Carmel, New York.

**Class of 1991**

**Class Agents: Luke G. Nelligan, DO, and Melissa Neumann Schwartz, DO**

**Luke Nelligan, DO**, Zionsville, IN, has a solo family practice in Zionsville. Additionally, Dr. Nelligan joined the medical staff at Pike Medical Consultants in Indianapolis.

**Felecia S. Waddleton-Willis, DO**, Tacoma, WA, joined Group Health Permanente and the family medicine staff at Tacoma Specialty Center.

**Class of 1992**

**Class Agent: Gene M. Battistella, DO**

**Charles F. Gorey, DO**, Pottstown, PA, had his article, "Taking Care of Tummy Trouble," published in the September 28, 2009, issue of *Mercury*.

**Helen M. McCullough, DO**, Wilmington, DE, was named one of the "Top Docs in Obstetrics" in the October 2009 issue of *Delaware Today*.

**Mahesh S. Sandhu, DO**, Carnegie, PA, works with fellow alumni **James Sample, DO '02**, and **Russell Adams, DO '01**, in the emergency room at the University of Pittsburgh Medical Center.

**Class of 1993**

**Class Agent: Larissa Fernando Dominy, DO**

**Victor J. Mihal, DO**, South Boston, VA, joined the emergency department at Halifax Regional Health System.

**Class of 1996**

**Class Agent: Joanne E. Hullings, DO**  
**David Kuo, DO**, Blue Bell, PA, had his article, "Early Detection Is Critical to Cure," published in the October 18, 2009, issue of the *Sunday Tribune*.



Photo courtesy of UMDNJ News Service

**Richard Jermyn, DO '72**

**A Song Saves Melody**

Five years ago Melody Gardot was riding her bike in Center City Philadelphia when she was hit by a car. Her pelvis shattered; her spine was damaged. She also suffered a traumatic brain injury that affected her memory and speech, and left her hypersensitive to light and sound. She was just 19 years old.

After Ms. Gardot had completed her initial rehabilitation at a Philadelphia hospital, her physician referred her to Dr. Jermyn, Philadelphia, PA, a physiatrist at the University of Medicine and Dentistry of New Jersey. Dr. Jermyn has spent his career easing pain and helping patients live fuller lives after brain injury or serious trauma.

"For the first year and a half, we did all the traditional cognitive remediation therapies, with the addition of OMT," said Dr. Jermyn of his work with Ms. Gardot. But treating her pain and brain injury was, he says, a Catch-22. "The medications we used for her pain made her brain injury worse, and the therapy without the medications made her pain unbearable. One day, she walked into my office with a bag of pills, handed it to me and said, 'this isn't working.'"

That, Dr. Jermyn recalls, was a career-defining moment, both for him and for Ms. Gardot.

Dr. Jermyn describes Ms. Gardot as opened-minded and holistic by nature, so he took a new approach and asked her what she did for fun before the accident. She replied that she had played the piano. He told her to forget all the other therapies—the physical and occupational therapies—and to sit at the piano and start playing. "Music is its own language," he explains. "Her cognitive memory was impaired, but the language of music was still there, and we started our work." With a lot of OMT and music therapy, and very few medications to help alleviate pain, her neural pathways began to rebuild themselves.

During treatment, Ms. Gardot would tell Dr. Jermyn that she was playing some clubs and had even made a CD, but, he says, "I didn't think much about it until she told me she was booking a concert tour. I looked her up on Google and saw how popular she had become." Now an international recording artist, Melody Gardot had the story of her rehabilitation recently featured on the CBS television program "Sunday Morning."

The success of Ms. Gardot's recovery and her music career is a huge testament to osteopathic medicine, says Dr. Jermyn. "My osteopathic training taught me to see all my patients as more than a disease—to see them as an entire person. If I wasn't a DO, I don't know if I would have looked at music as a treatment modality. Now my greatest pleasure is seeing her in concert."

**Brian S. Saracino, DO**, Shavertown, PA, was honored by the *Times Leader* for being a Healthcare Hero for 2009. Dr. Saracino was recognized as a healthcare professional who helped to shape the future through his work and community involvement in Northeastern Pennsylvania.

**Class of 1997**

**Jacqueline M. Fignar, DO**, Meyersdale, PA, joined the medical staff at Antrim Family Medicine in Green Castle.

**Eric P. Haus, DO**, Mansfield, OH, joined the medical staff at Galion Community Hospital in Galion. Dr.

Haus and his wife, Tammy, have two daughters, Kelsey and Lauren.

**David P. Healy, DO**, Hilliard, OH, joined the medical staff as a hospitalist at the Medical Center of Newark.

**Robert E. McMichael, III, DO**, Milford, MI, joined FatigatiNalin & Associates, PC, a primary care practice in South Hills.

**Barbara Lee Peterlin, DO**, Philadelphia, PA, was highlighted in an article titled "Headache Specialist Has Ties to Area" published in the September 9, 2009, issue of *Forest City News*. Dr. Peterlin is a neurologist with a subspecialty in headaches at Drexel University College of Medicine's Department of Neurology.

**Kary J. Schroyer, DO**, New Wilmington, PA, was named the 2009 Gannon University Alumnus of the Year. Dr. Schroyer is chief of staff and the director of the family medicine program at the University of Pittsburgh Medical Center Horizon Hospital in Farrell. He is a partner in New Wilmington Family Medicine.

### Class of 1998

**Class Agent: James V. Lieb, DO**

**Brock Generalovich, DO**, Newbury, OH, has opened a plastic and reconstructive surgery practice in Boardman and Columbiana. Dr. Generalovich will perform surgeries at Surgical Hospital at Southwoods in Boardman.

**Jeff J. Tavassoli, DO**, Marshfield, WI, joined the orthopaedics department at Marshfield Clinic-Marshfield Center as a foot and ankle surgeon.

### Class of 1999

**Class Agent: Tabatha L. Jeffers, DO**

**Paul T. Cowan, Jr., DO**, Lewes, DE, was named to the board of trustees of Beebe Medical Center. He is chief of the hospital's emergency room.

**Renee M. Kendzierski, DO**, Moorestown, NJ, was named one of the "Best Radiologists" in the reader's choice sections of the August issue of the *South Jersey Magazine*.

**Jeanne M. Sandella, DO**, Norristown, PA, is currently working at Colonial

## Certificates of Merit

The following PCOM alumni were inducted as Fellows of the American College of Osteopathic Surgeons: **Russell William Becker, DO '97**, Grand Blanc, MI; **Scot Aaron Currie, DO '97**, Enola, PA; **Joshua E. Goldberg, DO '96**, Phoenixville, PA; **Heather Gottlieb, DO '98**, Philadelphia, PA; **Justin D. Harmon, DO '99**, Philadelphia, PA; **Matthew W. Lawrence, DO '98**, Philadelphia, PA; **Francesco T. Mangano, DO '98**, Loveland, OH; **Timothy C. McCullough, DO '01**, Stonington, CT; **Christopher P. Moyer, DO '95**, Enola, PA; **Mark A. Osevala, DO '85**, Camp Hill, PA; **William H. Phillips, DO '95**, Ithaca, NY; and **Jon W. Taveau, DO '02**, Herrin, IL.

**John Becher, DO '70**, Newtown Square, PA, was inducted as a Distinguished Fellow of the American College of Osteopathic Emergency Physicians. Dr. Becher was re-elected to a three-year term as a representative to the American Osteopathic Association's board of trustees.

**Lynn F. Brumm, DO '53**, East Lansing, MI, was the recipient of the 2009 Mentor of the Year Award presented by the American Osteopathic Association.

**Marc I. Epstein, DO '81**, Tucson, AZ, was elected President of the American Osteopathic College of Dermatology.

**William R. Henwood, DO '76**, Sharon, PA, was the recipient of the Pride and Promise Award presented by the Sharon School District.

**Steven D. Kamajian, DO '78**, Montrose, CA, was the recipient of the Physician of the Year Award presented by the American Osteopathic Foundation.

Medical Group in Plymouth Meeting. Dr. Sandella recently joined the department of family medicine at Philadelphia College of Osteopathic Medicine.

**Jason G. Tronetti, DO**, Port Allegheny, PA, was recertified by the American Board of Family Medicine.

### Class of 2000

**Class Agents: Kristen M. Lehmann, MS/PA-C; Joseph B. Nyzio, DO; and Christiane M. Petrillo, MS/PA-C**

**Craig R. Oser, DO**, Royal Oak, MI, joined Weirton Medical Center to help launch a new service with the opening of Reconstructive and Cosmetic Surgery at Weirton Medical Center. Dr. Oser will lead the practice.

### Class of 2001

**Class Agents: Constance E. Gasda Andrejko, DO; Kenneth M. Andrejko, DO; Melissa H. Guarino, MS/PA-C; and Nicole Miller, MS/PA-C**

**Constance E. Gasda Andrejko, DO**, Philadelphia, PA, was named director of neonatology at Mountainside Hospital in Montclair, New Jersey. She is part of a larger group, Neonatal Partners, Inc.,

which provides coverage at various hospitals in New Jersey and Pennsylvania.

**Michael G. Benninghoff, DO**, Coatesville, PA, joined Pulmonary Associates in Newark, Delaware, and practices at Pulmonary Critical Care and Sleep Medicine at Christiana Hospital and St. Francis in Newark and Wilmington.

**Millicent A. Channell, DO**, Philadelphia, PA, co-authored an article published in the *Journal of the American Osteopathic Association* titled "Management of Chronic Posttraumatic Headache: A Multidisciplinary Approach."

**Charles K. Heller, III, DO**, South Dartmouth, MA, joined the medical staff at Hawthorne Medical Associates in North Dartmouth. Dr. Heller completed fellowships in immunotherapy and surgical oncology at the National Institutes of Health in Bethesda, Maryland.

**Carl R. Hoegerl, DO**, Bloomsburg, PA, co-authored an article published in the November 2009 issue of the *Journal of the American Osteopathic Association* titled "Nutritional Deficiencies After Gastric Bypass Surgery."



**Louis M. Kareha, DO**, Clarks Green, PA, joined the inpatient care team at Wayne Memorial Hospital Honesdale as a hospitalist. He is part of a newly formed hospitalist physician group called “Advanced Inpatient Medicine.”

**Class of 2002**

**Class Agents:** Edward John Armbruster, DO; Heather C. Beraducci, MS/PA-C; Steven Robert Blasi, DO; and Erin G. Wolf, MS/PA-C

**Sabino J. D’Agostino, DO**, San Angelo, TX, joined the neurosurgery department at Shannon Clinic.

**Joseph S. Benjamin, DO**, Fort Washington, PA, joined the medical staff at Covenant Clinic Care in Waterloo.

**Patrick J. McHugh, DO**, Spotsylvania, VA, joined Fredericksburg Emergency Medical Alliance, Inc. Dr. McHugh and his wife, **Keri Jo McHugh, DO ’02**, have three children, Liam, Fionn and Kathleen.

**Paul J. Ufberg, DO**, Scottsdale, AZ, joined Banner Cardon Children’s Medical Center. Dr. Ufberg is part of a 36-member Banner Pediatric Specialists group, serving Cardon Children’s Medical Center and Banner Thunderbird Medical Center.

**Class of 2003**

**Class Agents:** Mark B. Abraham, JD, DO; Joshua Baron, DO; Jacob Mathew, MS/PA-C; Daniel Morrissy, III, DO; and Joseph D. Norris, MS/PA-C

**Gary S. Ayers, DO**, Danville, PA, a surgeon at Evangelical Community Hospital’s Central Susquehanna Surgical Specialists PC, passed his board examination for the American Board of Surgery.

**Joshua M. Baron, DO**, Blue Bell, PA, joined PCOM’s emergency medical program.

**Brian S. Jacobs, DO**, Bellefonte, PA, joined the family medicine department at Geisinger Grays Woods.

**Frederick C. Nucifora, Jr., PhD, DO**, Baltimore, MD, was the guest lecturer at the Eighth Annual Naomi and Bernard Fisher, DO ’52 Distinguished Lecture at Philadelphia College of Osteopathic Medicine. Dr. Nucifora is the first PCOM graduate to lecture at this presti-



**Captain Joseph McDowell, MS/ODL ’06**

**Putting People First**

Captain Joseph McDowell, Philadelphia, PA, is many things: a captain in the Philadelphia Police Department, a lieutenant in the U.S. Coast Guard, a student working toward a master’s degree in strategic intelligence at the National Defense Intelligence College in Washington, D.C., a mummer, and a husband and father of three. But all these roles can be summed up in one phrase: Captain McDowell is a people person.

He believes strongly in the human element of management, and that’s what appealed to him about PCOM’s Organizational Development and Leadership (ODL) program.

As Captain McDowell rose through the ranks of the police department, he emphasized the human connection. “I believe in old-fashioned policing mixed with technology,” he says. “Officers need to spend time on the beat, out of their cars. But we also need to use the most current technology we have to connect criminals to the crimes.

“While I was a sergeant in the police department, I wanted to put myself in a position to effect change,” he explains. “PCOM’s program is the flip side of most MBA programs—it recognizes that people are the most valuable resource of any organization. It was exactly what I was looking for. I believe that my most recent promotion was a direct result of my PCOM education.” One of his many accomplishments was an action plan he researched and composed that was adopted, in part, by Police Commissioner Charles Ramsey.

“I think about problems differently now. The obvious answer isn’t always the right answer.” The program also helped him hone his management style and learn to delegate—an important skill for a man with many irons in the fire.

Not only has his degree changed his management style at work, it’s helped him at home. “When talking with my wife or kids, I’ve learned that it’s not just what you say, but how you say it,” he confesses. “The ODL program helped me with my interpersonal skills.”

A true-blue Philadelphian, Captain McDowell plays saxophone in the Ferko String Band (he studied saxophone while a student at the Philadelphia High School for Creative and Performing Arts). “It’s what I do to let off steam and have fun,” he says. He has been a mummer for 29 years and has strutted in 28 parades. “I love it when the kids look up at you in awe. I love making people happy.”

gious event. He is an assistant professor in the department of psychiatry at Johns Hopkins University School of Medicine in Baltimore.

**William T. O’Brien, Sr., DO**, Cincinnati, OH, authored a book, *Top 3 Differentials in Radiology: A Case Review* (published by Thieme Medical Publishers). Dr. O’Brien is completing

his fellowship in Cincinnati and will be moving to San Antonio in July.

**Corey R. Troxell, DO**, Chester Springs, PA, joined the medical staff at Commonwealth Orthopaedics Associates in Exeter and Wyomissing; this practice is affiliated with St. Joseph’s Medical Center.

## Class of 2004

**Class Agents:** Aaron S. Blom, DO; Michael Anthony Caromano, MS/PA-C; and Patrick Henry D'Arco, MS/PA-C

**Janet L. D'Agostino, DO**, San Angelo, TX, joined the medical staff at Shannon Medical Center as a hospitalist.

**Jarrid C. Bernhardt, DO**, Cherry Hill, NJ, joined AtlantiCare Regional Medical Center's department of emergency medicine. Dr. Bernhardt practices with Atlantic Emergency Associates.

**Stacey M. Curran, DO**, Butler, PA, joined the medical staff at Butler Memorial Hospital and Butler Family Practice.

**Kim M. Kuczinski, DO**, Lewes, DE, joined the medical staff at Beebe Medical Center and Internal Medicine at Savannah. Dr. Kuczinski is a member of the Beebe Physician Network, where she was a hospitalist and an adjunct assistant clinical professor.

**Kate E. Paylo, DO**, Farrell, PA, joined University of Pittsburgh Medical Center as a pain specialist. Dr. Paylo practices at UPMC Horizon Pain Management Center.

**Shaila Quazi, DO**, Phoenixville, PA, was granted medical staff privileges at West Rockhill Hospital in West Rockhill. Dr. Quazi is an associate at Grand View Emergency Medicine Associates.

## Class of 2005

**Class Agent:** Kelly M. DeVoogd, DO

**Jamie Bearden Lin, DO**, Leesburg, GA, joined Albany Area Primary Health Care and will see patients at South Albany Medical Center.

**Kelly M. DeVoogd, DO**, Pittsburgh, PA, joined the medical staff at Excelsa Health and Gyno Associates in Latrobe and Greensburg.

**Wayne D. Hey, DO**, Clementon, NJ, co-authored an article published in the November 2009 issue of the *Journal of the American Osteopathic Association* titled "Sarcoidosis Presenting as an Epididymal Mass."

**Megan L. Kolter, DO**, Phoenixville, PA, had her article, "Shingles: Painful Skin

## In Memoriam

**Jane Rich Bear, RN '59**, Kennebunk, ME, July 29, 2009.

**Robert L. Bentz, DO '54**, Lorain, OH, September 14, 2009.

**Joseph Chaikin, DO '50**, Brigantine, NJ, December 23, 2009.

**Carlos D. Chiriboga, DO '94**, Delray Beach, FL, August 23, 2009.

**Robert Fischer, DO '52**, Walnut Creek, CA, November 17, 2009.

**Marvin Levy, DO '62**, Lansdale, PA, September 28, 2009.

**Theodore C. Loux, DO '37**, Huntsville, AL, January 26, 2010.

**Abe H. Lucks, DO '46**, Cedarhurst, NY, September 19, 2009.

**Ernest Pickering, Jr., DO '63**, Tulsa, OK, October 1, 2009.

**David Rosenthal, DO '60**, Philadelphia, PA, December 1, 2009.

**Morton Rubin, DO '43**, Tamarac, FL, October 21, 2009.

**Cornelius F. Sullivan, DO '55**, Columbia Crossroads, PA, September 29, 2009.

**Robert B. Swain, DO '59**, Penn Valley, PA, October 26, 2009.

**Floy Ruhl Underwood, RN '52**, Davie, FL, June 20, 2009.

**Thomas Charles Wallace, Sr., DO '47**, Charleston, WV, December 7, 2009.

Disorder Can Now Be Prevented, Treated," published in the December 14, 2009, issue of *Pottstown Mercury*.

**James C. Petrucci, DO**, Ramsey, NJ, joined the medical staff at AtlantiCare Regional Medical Center in Atlantic City. Dr. Petrucci practices at Rainbow Pediatrics in Egg Harbor Township.

**Gregory K. Wanner, PA-C**, Collingswood, NJ, compiled and published a book of confused medical terms titled *Layman's Terms: The Humorous Guide to Medical Misinterpretation*.

## Class of 2006

**Class Agents:** Caroline E. Ahlquist, MS/PA-C; and Mary Cate Wilhelm, MS/PA-C

**Jonathan G. Bellew, DO**, Glendale, AZ, co-authored an article titled "Moyamoya Disease: Case Report & Literature Review" published in the October 2009 issue of the *Journal of the American Osteopathic Association*.

**Melissa J. Darlington, DO**, Jacksonville, FL, is currently in the United States Navy. Dr. Darlington was deployed to Qatar, Saudi Arabia, where she served as a general practitioner.

**Gina M. Menichello, DO**, Maple Glen, PA, was granted medical staff privileges at West Rockhill Hospital in West Rockhill. She is an associate of Grand View Medical Practices at Highpoint.

**Jessie L. Mosley, DO**, Altoona, PA,

joined the medical staff at Broad Top Medical Center.

**Joshua C. Samuelson, DO**, East Arlington, VT, joined Southwestern Vermont Medical Center's Northshire Campus. Dr. Samuelson, his wife, Kathryn, and their five children recently relocated from Boothwyn, Pennsylvania.

**Megan Panches Zakarewicz, DO**, Warrington, PA, was granted medical staff privileges at West Rockhill Hospital in West Rockhill. Dr. Zakarewicz is an associate at Grand View Medical Practices at Quakertown.

## Class of 2007

**Class Agents:** Angela Jo Kapalko, MS/PA-C, and Courtney Elizabeth Sowers, MS/PA-C

**Philip M. DeMola, DO**, Downingtown, PA, co-authored an article published in the September 2009 issue of the *Journal of the American Academy of Orthopaedic Surgeons* titled "The Use of Precontoured Humeral Locking Plates in the Management of Displaced Proximal Humerus Fracture."

## Class of 2008

**Allyson K. Fisher, MS/FM**, Colwyn, PA, is currently working with people with a history of homelessness, severe and persistent mental illness, and drug and alcohol concerns. She is preparing to return to school to pursue a terminal degree in forensic medicine.

# My Turn

by David Koerner, DO '96



My daughter Ellie was a normal four-year-old when my wife, Nicole, asked me to look at her rash. She had petechiae on her feet and belly, so I ordered some stat labs on her. I was called shortly thereafter and found out that her hemoglobin was four and her white blood cell count was well over 100,000. I had to tell my wife over the phone that our little girl had leukemia.

Transport was arranged and we were in Children's Hospital of Philadelphia that night. My wife and I were told that our daughter had high-risk acute lymphoblastic leukemia with spread to the brain.

Ellie and Nicole lived at CHOP for the next month as we celebrated Christmas and New Year's in her hospital room. The induction phase of chemotherapy took its toll on Ellie with the typical side effects of stomach upset, weakness and minor hair loss. I can vividly remember sitting with my sobbing daughter as her IVs would infiltrate; she would ask me why they burned. It was difficult as well to watch her be too weak to walk, and when she did, to drag her IV pump with her.

Over the course of the following month, Ellie's hair fell out rapidly, and we needed to shave her head. We had prepared Ellie in advance by telling her that she was going to be bald like some of her "chemo friends" from CHOP. Needless to say, it was one of those days in your life you never forget.

Now two years into treatment, Ellie has not complained a single time about IVs, spinal taps, transfusions and hundreds of trips to the chemo clinic. We as adults know that it is not fair to rob time from childhood, but through a child's eyes, it is different. She sees each day at the clinic as an opportunity to visit new friends. She has lost some along the way—those who have succumbed to cancer. We

try to comfort her by telling her that they are "with the angels" and do not need chemo any more. Ellie is aware of the reality of her friends' illness, her illness. She has started a non-profit foundation to help her sick friends.

Ellie is currently in remission. Her disease has taught my wife and me so much. It has taught us how to care for a sick child. It has also taught us that everything in life is relative. All parents want their children to grow up healthy and pain free, but parents of cancer patients just want their children to survive.

As a physician-father, for me Ellie's cancer has had another impact. As doctors we are able to help most, if not all, of the patients who walk through our doors. We are well trained in our specialties and eager to heal. Yet my medical training never prepared me to address burning IVs, crippling arthritis, abdominal pain and hair loss in a four-year-old—my four-year-old. I am a better doctor today because of my daughter's cancer. More importantly, I am a better dad.

Five years must pass before anyone will use the word "cured" when referencing Ellie's leukemia. During this time, I will continue to tell her every day that I love her. I will tell her that I am proud of her. I will continue to be thankful that we discovered her disease at its onset and that the aggressive treatments she received put her in a position to have a second chance at life.



For more information about Ellie and her foundation, the Ellie Koerner Leukemia Foundation, visit [www.onetuffgirl.com](http://www.onetuffgirl.com).

---

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