


Digest

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Digest of the Philadelphia College of Osteopathic Medicine (Spring 2011)

Philadelphia College of Osteopathic Medicine

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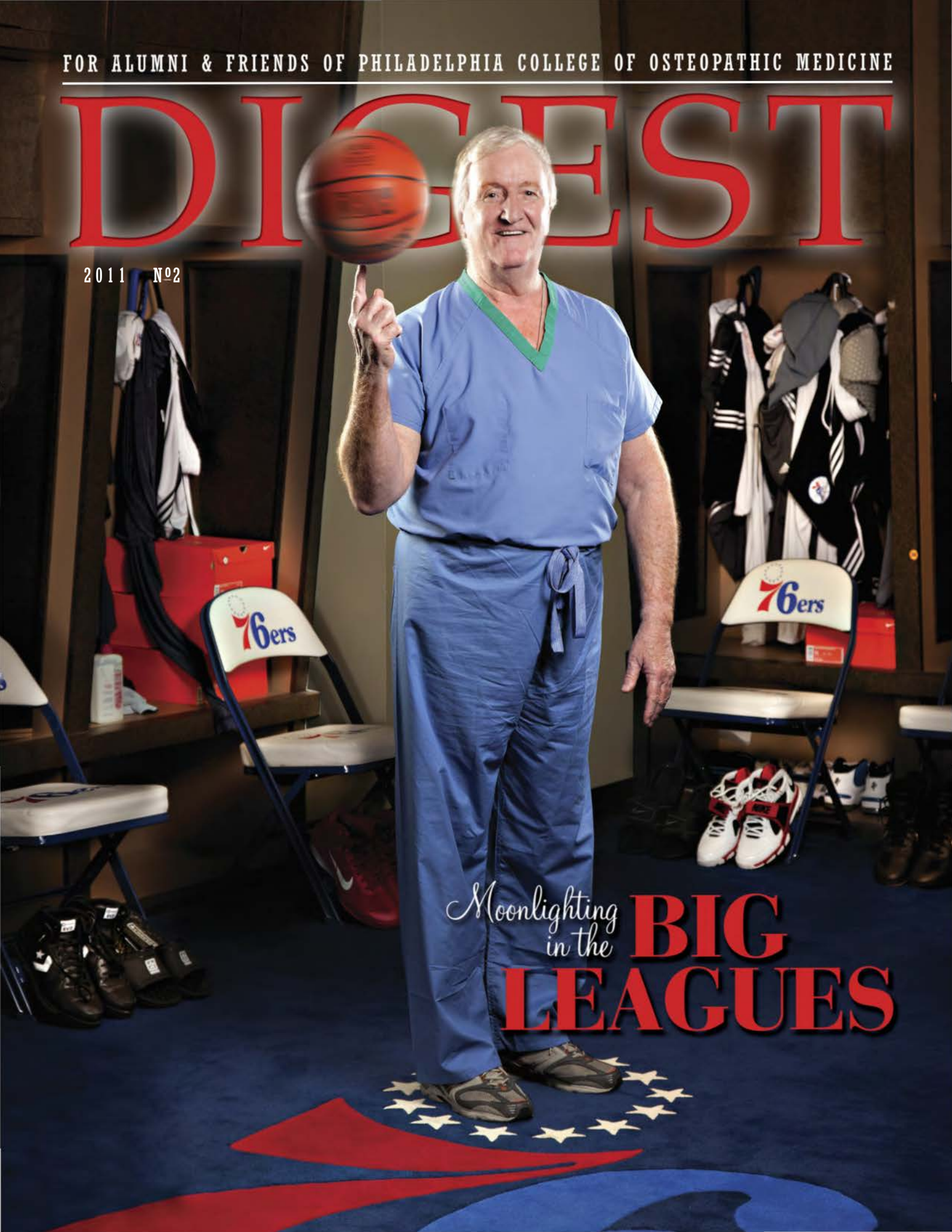
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FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

2011 No2



*Moonlighting
in the* **BIG
LEAGUES**

DIGEST

2011 N°2

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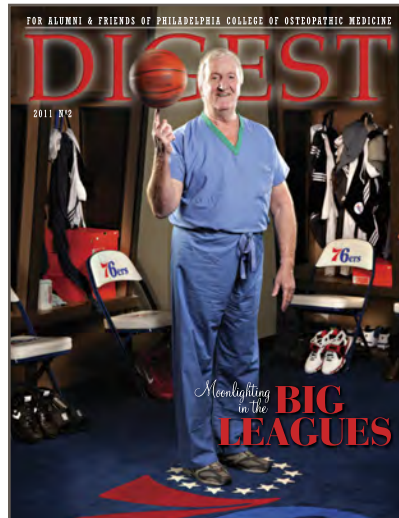
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ON THE COVER:

Jack McPhilemy, DO '78, offers a rare glimpse inside the Philadelphia 76ers locker room within PCOM's practice facility.

Cover and feature article photos by Ed Wheeler.

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Dear Alumni and Friends,

We take pleasure in watching athletes test themselves against the dimensions of their game. We like to see how they handle pressure, how they react to victory and defeat, and how they emerge as heroes and heroines right before our eyes. From these icons, we learn about human behavior and potential.

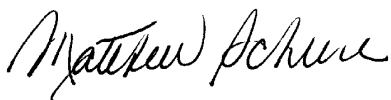
As healthcare professionals, we recognize as well the complexities of caring for athletes. The medical coverage required by an athletic team is enormous. While prestige tends to accompany the responsibility, the physicians in charge face numerous demands, anxieties and, at times, intense scrutiny.

Among its alumni and faculty, the PCOM community counts several physicians who augment their private practices with professional, collegiate and other sports assignments. Many of them employ osteopathic manipulative medicine—a great tribute to our College and to the profession. Our main campus itself is a home to the Philadelphia 76ers, their practice facility a part of our Activities Center for over a decade. I hope you will enjoy reading the cover story of this issue of *Digest*, which highlights the unique work of those who “moonlight in the big leagues.”

Other articles in this issue reflect the College’s teaching, research and service missions. “Closing the Gap in Primary Care” considers concerns that arise from primary care physician shortfalls and addresses some of the innovative steps PCOM is taking to help students who are considering and who ultimately choose to enter these specialties. “In Love & War” traces the relationship between alumna Lieutenant Meredith Perry, DO ’06, and the injured war hero she fell in love with during a deployment to Afghanistan. Profile pieces highlight the work of Nilam Vaughan, DO ’11, the 2011 GA-PCOM Mason W. Pressly Memorial Medal recipient, and Jenna Stokes, DO ’11, the 2011 Simmy Ginsburg Humanitarian Award recipient. Finally, the issue closes with a personal essay by Carol A. Fox, a cherished member of our community who retired in June from her long-held admissions position at the College.

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

With warmest regards,



Matthew Schure, PhD
President and Chief Executive Officer



COMMENCEMENT 2011

Georgia Campus – PCOM conferred the master’s in biomedical sciences degree on 19 students and the doctor of osteopathic medicine degree on 87 students on May 21. Barbara Ross-Lee, DO, vice president for health sciences and medical affairs at New York Institute of Technology, delivered the keynote address. Dr. Ross-Lee is the first African-American woman to serve as dean of a U.S. medical school. She is also the first osteopathic physician to participate in the Robert Wood Johnson Health Policy Fellowship.

The 120th class of osteopathic medical students was hooded at PCOM’s DO Commencement on June 5. Among the 260 graduates were ten students graduating with the combined DO/MBA degree, two graduating with the combined DO/MPH degree and three graduating from the Osteopathic Manipulative Medicine Undergraduate Teaching Fellowship program. Providing the keynote address was Karen J. Nichols, DO, the current and first female president of the American Osteopathic Association. Dr. Nichols is dean and professor of internal medicine at Midwestern University/Chicago College of Osteopathic Medicine.

In Celebration of Familial Support

Valerie Vilbert (DO ’12) and Linda Vilbert, DO ’11,



were like many medical student roommates. They studied together, practiced OMM on one another, shared friends and encouraged each other through challenging times. It isn’t the fact that they were in different class years that

sets them apart from their peers, nor their difference in age. The Vilberts are mother and daughter.

Dr. Vilbert was a practicing nurse for many years with a husband, four children and a wide variety of interests when she decided to pursue her dream of becoming a physician. With her oldest child, Eric, in medical school at McGill University, Dr. Vilbert was motivated to obtain her own medical degree. “I always knew I wanted to be an osteopathic physician,” she recalls. “Our family doctor, Dr. Moser, is an allopathic physician who embraces the osteopathic philosophy. He was, and continues to be, my mentor.”

So, with encouragement from her mentor and family, she took prerequisite courses at West Chester University, studied for the MCAT and applied to PCOM. Her daughter, impressed by the osteopathic philosophy and osteopathic manipulative medicine, joined her mother at PCOM a year later.

Living together near PCOM during the week and commuting home to the suburbs on the weekends to spend time with family, the two pulled one another through the tough times and enjoyed the good times together. “Anytime I would wonder, ‘what was I thinking?’” says Dr. Vilbert, “I knew I had Val right behind me, and that kept me going. Doing this with Val made it a lot more fun.”

Ms. Vilbert agrees that having her mom as a roommate helped her through medical school. “We all have bad days,” she says, “but we didn’t usually have a bad day on the same day. When one of us was down, the other picked up the slack.”

There is, however, one point of contention between the two: Ms. Vilbert is disappointed that she missed the opportunity to be in Dr. Fogel’s last class. Robert Fogel, DO ’58, was a student favorite as chair and professor in the pathology department. “That was a loss for Valerie,” admits Dr. Vilbert. “He was a wonderful teacher. There were so many times on rotations when I pulled out an answer thanks to Dr. Fogel. The way he taught he knit everything together.” Linda does share her infamous “Fogel packets” with her daughter.

Dr. Vilbert is now an intern at Bryn Mawr Family Practice. Ms. Vilbert is interested in family practice as well, and is also interested in OMM.

They are often asked if they will ever practice together. They don’t answer, but they look at one another and smile.

In Celebration of Dreams Fulfilled

Sharon Stoll, DO ’11, holds a dream in each hand: a hard-earned diploma and three-month-old Joshua Shaw. Husband Steven M. Stoll, DO ’09, stands in the background, a beaming husband who had the privilege of hooding his wife.

Dr. Sharon Stoll has begun a preliminary year at Thomas Jefferson University Hospital; she will continue into a neurology residency there as well.



“Commencement day was among the most wonderful days of my life,” she said. “I marked my accomplishment with my son and husband by my side.” She looks forward to her future training, and declares as only a new parent can, “I’m ahead of the game; I’ve already had a head start on learning how to function with extreme sleep deprivation!”

In Celebration of Determination

Among the many graduates with stories of challenges and triumph is Alex Ibezi-Enendu, DO '11, whose life was changed by an act of generosity and a stroke of luck.



Dr. Ibezi-Enendu was in his final year of medical school in Nigeria when a group of his friends entered their names and his in the lottery for a green card. The program

made it possible for individuals born outside the U.S. to win a green card that would grant them permanent resident status in this country.

When his friends called him with the news that he had won, Dr. Ibezi-Enendu had no idea they had entered his name in the lottery, and he had no plans to go to the United States. However, his friends convinced him. He came to the States briefly so he would not lose his green card and returned to Nigeria to finish his medical education and complete an internship in primary care.

Again encouraged by his friends, he decided to return to the U.S. to practice medicine. In 1997, Dr. Ibezi-Enendu landed at New York's JFK Airport with \$93 in his pocket and the vague knowledge of an uncle living in Georgia. He also had the phone number of his brother's friend in Charleston, South Carolina. With virtually no knowledge of the country, he hailed a cab and asked to be driven to Charleston. "I didn't know Charleston was in another state," he confesses. The cab driver took him to the bus station and he got on a bus to Charleston.

One of the first things he did was register for the U.S. Medical Licensing Examination. He then took a job at McDonald's to earn enough money to pay for the exams. After passing, he spent five years working as a medical assistant and as an aphaeresis technician with the Red Cross while trying to obtain a residency position. He had all but given up hope of practicing medicine in the U.S. when, through a chance encounter with a GA-PCOM DO student, he discovered that GA-PCOM was just around the corner.

"I met with Dean Watson," Dr. Ibezi-Enendu recalls, "and decided to enter the biomed program." After first passing the GRE exams, he went on to earn his certificate in biomedical sciences. "At that point I just wanted to earn a PhD and teach," he admits. However, with encouragement from Brian Matayoshi, PhD, a professor of physiology at GA-PCOM, he applied to the DO program. After passing the MCATs, he quit his two jobs and worked as a security

guard at night so he could go to school during the day. His wife came to the States from Nigeria to join him.

Not only did he succeed in his academics, earning the PCOM Foundation Scholarship in 2010 and the PCOM Board of Trustees Scholarship in 2009 and 2010, Dr. Ibezi-Enendu served as vice-president of the surgery club, treasurer of the Student National Medical Association and director of community services of the Student Osteopathic Medical Association.

Shortly after graduation, Dr. Ibezi-Enendu, his wife and four children packed up the car and headed to Detroit, where he will do his residency in both internal medicine and emergency medicine. "If you are determined, you can do anything," he says.

In Celebration of Commitment

Rear Admiral James H. Black, DO '62, MC, USN (Ret.), administered—as he does annually—the Military Oath of



Office to newly commissioned physicians. They enter the military among the highest echelons.

PCOM graduates between 8 and 9 percent of each class into the military—more than any other civilian medical school.

In Celebration of Successful Endeavors

Solomon Cole, MS/Biomed '11, enrolled in the GA-PCOM biomedical sciences program to prepare for the

challenges of medical school. "I was not academically prepared for that endeavor," he admits. After two years, he declares that he is now "more than prepared for any medical program." He is currently working as an adjunct professor while applying to medical school.



"I have high hopes that I will achieve my goal, and I look forward to coming back to GA-PCOM and thanking the faculty and staff who were instrumental to my success."

IMMERSION LEARNING TEACHES SCHOOL PSYCHOLOGY STUDENT NEW SKILLS

Lisa Fernandez, MEd, EdS '10 (PsyD), is laying the foundation for a career as a bilingual school psychologist. To better understand the multiculturalism that will be part of her practice, she spent a month in Ecuador living with a local family and volunteering school psychology services.

Working through the Ecuador Professional Preparation Program (EPPP), Ms. Fernandez, as part of a two-person team, maintained a caseload of five students diagnosed with a range of psychological and intellectual disabilities at a semi-private school. In addition to creating individualized interventions, assessing students and training staff and family members, she participated in four to five hours of Spanish language education a day.

“One of the most important aspects of the program for me as a psychology student was learning first-hand the distinction between traditional consultative models and those used in multicultural consultation,” explains Ms. Fernandez. “As the Hispanic population grows in this country, there is a greater need for consultative theories that are inclusive of cultural diversity. My experience in Ecuador taught me to make adjustments to my practice. Living with an Ecuadorian family immersed me in the culture and



Ms. Fernandez in Ecuador during her immersion experience.

dynamics of a Hispanic family, which will be a big help in my practice and work in the future.”

As a result of her time in Ecuador, Ms. Fernandez says, her observational and listening skills improved; the style in which she wrote reports became more clear and concise. “If I couldn’t translate it into Spanish, I wouldn’t write it,” she explains. “I learned to reduce the amount of psychological jargon I used.”

Back at her job as a clinical coordinator at the Devereux Foundation and working toward her PsyD in school psychology at PCOM, Ms. Fernandez remains involved with EPPP. “I want to help recruit applicants for the program,” she says. “I made great connections

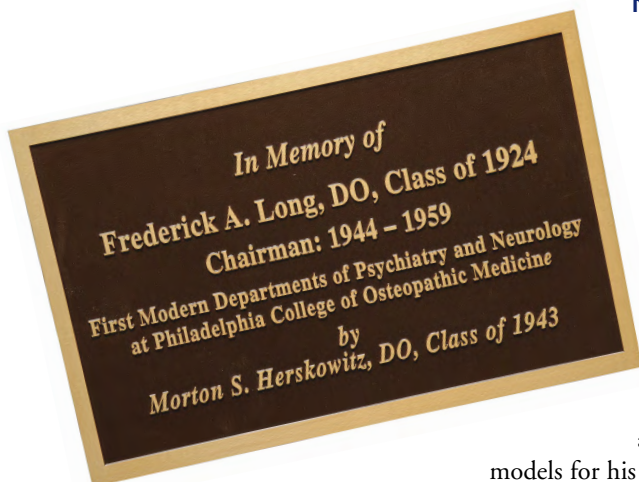
and met a diverse group of practitioners that I collaborate with. This experience played a significant role in my education, and I hope that other psychology students and professionals consider immersion programs to develop cultural awareness skills.”

Ms. Fernandez wrote about her experience in an article titled “Reflections on Models of Consultation Used in a Cultural Immersion Program (Ecuador, 2010)” published in *InSight*, Winter 2011, Volume 31, Issue 2. She presented a poster on the experience at the American Psychological Association’s annual convention in August.

REMEMBERING THE FIRST

Morton Herskowitz, DO '43, presented the College with a donation and a plaque commemorating Frederick Long, DO '24, the founder and chair of the departments of neurology and psychology. During the 1950s, Dr. Herskowitz was part of a psychiatry teaching team at what was then Philadelphia College of Osteopathy with Dr. Long, George Guest, DO '36, and Cecil Harris, DO '43.

Dr. Herskowitz has been practicing psychiatry in his home in Philadelphia for over 60 years. He spent his first three years after graduation practicing as a family physician. “As a psychiatrist, I’m very thankful for my time in family practice,” he said during a recent interview. “Now, when a patient comes in with [medical] problems, I have experience.” He credits osteopathic principles and his work with Wilhelm Reich, a student of Sigmund Freud, as models for his approach to psychiatry.



RESEARCH DAY A STRATEGIC SUCCESS

The first annual PCOM Research Day was held in April and provided students, faculty and staff the opportunity to share their research within PCOM and with the scientific community beyond the College. Marina D'Angelo, PhD, chair of the research committee and associate professor, anatomy, explains the event as "an opportunity for students, faculty and staff to put their data together and tell their story. If researchers don't have the chance to present at a conference, they aren't likely to put the time and money into creating a poster. Research Day gave them that impetus."

Student posters were judged by faculty and staff, with one winner selected from each campus. The winning students gave 10-minute presentations, which were videocast to both campuses, on their research and received a monetary award. "It was a very successful event," Dr. D'Angelo continues. "We had a good turnout of abstracts and there was an outpouring of interest. There was a variety of research presented across all programs." Almost all the research presented has been added to the library's Digital Commons.

In addition to the posters and presentations, a keynote address, which was videocast from Philadelphia to Georgia, was given by Shanaz Tejani-Butt, PhD, professor, pharmaceutical sciences, and associate dean, college of graduate studies, University of the Sciences.

"Research Day is now part of the strategic plan, and we're hoping next year to get alumni and corporate sponsorship," reports Dr. D'Angelo.



Lindsey Pereira, DO '11, discusses her poster, "In Vivo Reorganization of Alpha 1 Integrin in Developing Skeletal Muscle," with Ray Saunders, research assistant, anatomy, and Juliana Zoga, research assistant, neuroanatomy, physiology and pharmacology.

Frank Jenney, PhD, assistant professor, biochemistry, GA-PCOM, helped coordinate Research Day in Georgia with Harold Komiskey, PhD, professor, neuroscience, physiology and pharmacology. "It was a great success," he agrees. "We had a good showing of people at the keynote address and a nice variety of posters from all three of our programs. Meetings like this are very important to increase communication and collaboration across all of our programs on both campuses. We expect even more participation next year. This was a terrific beginning to what will be a much-anticipated yearly event."

ON SURGERY



Bill Henwood, DO '76 (center), was on campus this spring to present one of the Henwood Surgical Lectures. He spoke to the surgical grand rounds on single-incision laparoscopic surgery. The lecture series is endowed by his daughter, Carol Henwood, DO '83.

Among those present for Dr. Henwood's lecture was his grandson, John Dahdah (DO '13) (pictured right), and Greg McDonald, DO '89, professor, forensic medicine (pictured left).

MEDICAL CENTER HELPS RURAL RESIDENTS ACCESS SPECIALTY CARE

Sullivan County Medical Center has been chosen to partner with Geisinger Health System and Sullivan County Action Inc. to help provide area residents with access to specialized health care close to home.

"Sullivan County's highly secluded, rural location is a challenge to its residents when it comes to meeting their healthcare needs," says Thomas Graf, MD, chair, community practice, Geisinger Health System. According to Dr. Graf, people living in this area are faced with several challenges to accessing health care: many citizens live at or below poverty level, there is a growing senior citizen population, and medical specialty care requires a 40- to 60-minute drive.

Sullivan County Medical Center will help bridge this healthcare gap in a variety of ways. A telemedicine system has been established to link patients at the Center to specialists at Geisinger through telephone, Internet or satellite-based technology. Digital X-rays will be transmitted electronically rather than by courier for faster diagnosis and treatment, and real-time medical consultations between Geisinger's Level 1 Trauma Center staff and physicians at Sullivan County Medical Center will take place during medical emergencies.

A PCOM ALUMNUS BECOMES POMA PRESIDENT

Frank M. Tursi, DO '81, has been inaugurated as the 100th president of the Pennsylvania Osteopathic Medical Association (POMA). Dr. Tursi is a family physician with Medical Associates of Erie and a professor of family medicine at the Lake Erie College of Osteopathic Medicine. He is also an active staff member, resident trainer and director of medical education at Millcreek Community Hospital. Dr. Tursi has been a POMA member for 30 years and has served with the House of Delegates, Board of Trustees and Executive Committee.

Dr. Tursi (center) is presented with a PCOM Certificate of Merit by Richard Pascucci, DO '75, vice dean for osteopathic clinical education (left), and Matthew Schure, PhD, president and CEO (right), at the 2011 POMA convention.



DO STUDENT MAKES HEROIC RESCUE ATTEMPT



Dr. Schure congratulates Mr. Eck on his rescue effort.

It was a picture-perfect late spring afternoon as Brandon Eck (DO '13) rode his bike alongside the Schuylkill River looking forward to sculling on the calm water. He was lost in thought when he heard the screech of car tires and a crash. He looked up

to see a car careering off a light post and bounce down the embankment into the river.

"It was like a scene in a movie," he recalls. "In that instant I was in a state of disbelief; I didn't know what to do. I calmed down and asked myself, 'What can I do?'" In a matter of seconds, Mr. Eck jumped off his bike and threw his backpack down. "I ran to the river bank. The car was still floating and the driver's window was open. I called to him but there was no response. I saw a woman with a cell phone, and I told her to call 911. I took off my shoes and

shirt, dove into the water and swam to the car." As the car began to fill with water, Mr. Eck took a few seconds to plan his next step. "I knew I had to get the guy out of the car," he remembers. The driver was still unresponsive. Mr. Eck tried to open the car door and get the driver's seat belt unhooked. He was unsuccessful. Within two minutes the car was submerged in the murky water. "I dove down four or five times and wasn't able to free him," Mr. Eck says.

Soon there were four or five additional good samaritans in the water along with a motor boat. One of the rescuers had a knife, and he and Mr. Eck dove to the submerged car to try to cut through the seat belt. After a number of attempts, the driver was free of the seat belt and the two men pulled the victim through the car window and to the shore.

"By then there were rescue squads on the scene," says Mr. Eck. "I saw them using a defibrillator on the man, and that's when I realized he might not be alive." The ambulance left with the victim, and another ambulance drove Mr. Eck to the hospital. He had a partially torn tendon in his left big toe and had cut himself on his arm and leg during the rescue attempt.

Mr. Eck credits his quick and cool-headed response to instinct instilled by years in the Boy Scouts and then as an Eagle Scout as well as his medical training, experience in wilderness survival and his years as a competitive athlete.

The driver, 55-year-old Sgt. Stephen Naughton, a 31-year Philadelphia police veteran, died of a heart attack, perhaps before his car hit the water. "The outcome wasn't what I hoped it would be," says Mr. Eck, "but I know I did my best."

ROBERT GOBER, DO '78 FOUNTAIN AND GARDEN

This year PCOM named its garden to honor Dr. Gober, a committed contributor and volunteer faculty member. Dr. Gober suggested that the College add a fountain to the garden, noting that “you will find the area will be used much more often by students and staff alike when they hear the sound of the water as they pass by.” Dr. Gober was absolutely right; the garden is now in use every day.

In addition, Cindy Veit, wife of Kenneth J. Veit, DO '76, MBA, provost, senior vice president for academic affairs and dean, has designed and personally planted a beautiful perennial garden.



ADMISSIONS OFFICE TO BE NAMED IN HONOR OF CAROL FOX

Ms. Fox retired from the Admissions Office on June 30 (see page 28 to read her “My Turn” essay). Under the leadership of Paul Suhey, DO '84, alumni and friends contributed more than \$100,000 to the College in honor of her 44 years of service. The College plans to hold a reception to thank donors and “cut the ribbon” on the newly named office.

COLLEGE TO HONOR THE SALTZBURG FAMILY FOR PHILANTHROPIC SUPPORT



Matthew Schure, PhD, president and CEO, will pay tribute to Dr. and Mrs. Michael C. Saltzburg at this fall's annual Leadership Circle Donor Reception. Dr. Saltzburg is an orthopedic surgeon in Altoona, Pennsylvania, and a 1977 graduate of the College. He and his wife, Wendy, will be acknowledged for their faithful annual support, a recent major gift and their interest in boosting support for PCOM.

In 2009, the Saltzburgs contributed \$115,000 to PCOM for acquiring an arthroscopic surgical simulator, renovating the training room and starting an endowment to maintain the equipment. According to Arthur Sesso, DO '81, professor and chair, department of surgery, “This simulator helps to provide advanced training in both knee and shoulder

arthroscopy. The technology aids us in honing the necessary psychomotor skills and to configure key performance indicators for skills development and evaluation.” This module was the seventh simulator to be acquired by PCOM.

Each year, contributors of \$1,000 or more are invited to a special evening on campus hosted by President Schure and the Office of Alumni Relations & Development staff.

THE FUND FOR PCOM: EMBRACING TRADITION – FORGING THE FUTURE

PCOM is proud to announce its campaign goal of \$1 million to benefit students during fiscal year 2012, which runs from July 1 to June 30. The Fund for PCOM provides the College's provost/dean with the resources and flexibility to take on new opportunities and to meet unexpected challenges. Participation from alumni, parents and friends is integral to advancing the College's mission and its ability to support clinical faculty positions, enhance academic programs and keep tuition increases to a minimum.

PCOM's outstanding reputation is strongly connected to alumni success. This year, the College hopes to see its alumni campaign participation increase as a reflection of how strongly the PCOM community believes in the College and its students.

REUNION GIVING PROGRAM

Reunions offer the perfect opportunity to not only reconnect with your classmates, but also to honor your class with a special gift to the College's annual fund campaign.

Reunion Weekend 2011 was celebrated June 3–4 and was enjoyed by many returning alumni. Under the leadership of the class agents and through the support of reunion class members, this year's Reunion giving program has been a huge success, with \$195,547 raised.

Congratulations to the Class of 1961 for the highest participation rate of 49 percent—and to the Class of 1986 for the highest amount of gifts raised: \$49,643. The support of alumni is truly appreciated as PCOM maintains its reputation as the nation's premier osteopathic medical college. Thank you!



DARREN McAULEY, DO **The Philadelphia Phillies**

When the Philadelphia Phillies opened their Florida spring training camp in 2007, scores of players vied for the attention of the team's management. Darren McAuley, DO, was on a tryout of sorts himself.

Dr. McAuley, who later that year became an assistant professor of osteopathic manipulative medicine at PCOM, had just completed a sports medicine fellowship at St. Joseph's Medical Center in Reading, Pennsylvania, a PCOM affiliate. There, he'd tended to athletes on minor league teams that played hockey, football and baseball, including the Reading Phillies, the team's AA franchise.

He arrived at the Phillies' training camp in Clearwater, Florida, to work on the bodies of baseball players, using the techniques of manipulative medicine to help them achieve top performance. What one player told him that spring remains lodged in his memory, and has informed his practice with professional athletes, many of whom earn millions of dollars each year through their prowess on the baseball diamond.

"He said, 'My body is my briefcase,'" recalls Dr. McAuley, 35.

Three years after his foray south to spring training, the Phillies had an opening on their medical staff. Players remembered Dr. McAuley from Florida, and the way his hands-on approach hastened healing. The team contacted Dr. McAuley, and he was soon hired.

"The fellowship got my name into the right circles," he says.

Dr. McAuley grew up in Plainfield, New Jersey, played Pop Warner Football as a youngster, and followed the New York Giants and New York Jets football teams at the nearby Meadowlands. He became an emergency medical technician at age 16, discovering his desire to care for others in need. At Vassar College in Poughkeepsie, New York, he joined the student-run emergency medical service, and coordinated the EMT program during his last two years on campus. There, his roommate told him about osteopathic medicine, and they both attended the



Moonlighting in the **BIG LEAGUES**

by David McKay Wilson

Professional athletes push their bodies to the limit, as they seek an advantage in physical pursuits that draw tens of thousands of spectators.

The medical staffs of these teams provide primary care for everyday illnesses, emergency treatments when athletes get injured while performing, and hands-on healing as they recover.

Digest Magazine recently caught up with alumni and professors who augment their private practices with professional sports assignments, working on the sidelines and in locker rooms to keep athletes healthy and ready to perform again.

University of Medicine and Dentistry of New Jersey, which led to his interest in sports medicine.

Now in his second year with the Phillies, he works with the team two days a week, arriving five hours before home games, to treat both players with ailments and those looking for assistance in preventing them. He'll see up to 10 players before game time.

"It can be quite a whirlwind," says Dr. McAuley.

The schedule works well with his duties at PCOM, where he became an assistant professor in the OMM Department in August 2007.

Dr. McAuley says manual manipulation is particularly effective to increase range of motion, using myofascial release to decrease muscular or soft-tissue tension. For hamstring strains, another common baseball injury, he'll use counter strain technique, to shorten the muscle and allow it to relax.

The long baseball season can wear on players. The torque used to pitch, and swing a bat, puts substantial strain on

muscles and joints. The power gets generated from the body's core muscles, and the player's extremities deliver it. Baseball players try to replicate these motions as they find their hitting or pitching groove, so the repetitive nature of the activity can eventually cause problems.

"They've been doing it their whole lives, and eventually one part won't tolerate it," says Dr. McAuley, of Rockledge, Pennsylvania, who served two stints in Iraq in 2008 and 2010 as a flight surgeon with the Delaware Air National Guard. "The repetitions and training frequency can take a toll."

Dr. McAuley says his own physical regimen helps inform his practice as well. He works out regularly in the weight room, and occasionally competes in bodybuilding competitions.

"Working out helps me get rid of the stress of the day," he says. "I keep up my active lifestyle. It gives you more credibility with your patients."

MITCHEL STOREY, DO '80 The Seattle Mariners



© Northwest Hospital & Medical Center

The Major League Baseball season is a long slog—a nine-month march from February to October, with 162 regular-season games, and up to 19 in the postseason.

“There’s a lot of wear and tear on the players—and my sleep cycle,” says Mitchel Storey, DO '80. “I’m at almost every home game, and I don’t get home until midnight. Then I’m back in my office at 7:00 a.m. the next morning.”

Nevertheless, Dr. Storey has thrived on the long hours, developing his private practice at The Sports Medicine Clinic in Seattle while serving as team physician to the Seattle Mariners since 1984.

He arrives at Safeco Field one or two hours before the first pitch, checks in with the trainers on each team, and evaluates injuries from the previous night’s game or ailments that have cropped up overnight. Then he’s on hand in case a player gets hurt—be it a broken bone sliding into third base, a concussion from a bean ball or a hamstring that gets pulled stretching a double into a triple.

“It’s a way of life for me,” says Dr. Storey, 56, whose three children are ages 23, 26 and 28. “You get to know the players, as they come up through the minor league organization. It’s like taking care of a family. They are generally healthy, but they get their share of colds and stomach ailments. We pick things up right away as soon as the symptoms start, and we keep on top of it, so they don’t miss time.”

The team physician plays a crucial role on the team. If a player sprains his ankle, Dr. Storey may tell the coach to

keep the player out of the lineup, giving the joint a chance to heal. A pitcher may see Dr. Storey with a sore elbow or a tired shoulder.

“It’s up to us to be the player’s spokesperson to the coaching staff,” says Dr. Storey. “The coaching staff is looking to us for answers.”

Baseball’s rules regarding injured players demand tough decisions by the team physician. To be replaced on the roster, players must go on the disabled list for at least 14 days. So it’s a judgment call that Dr. Storey makes with the team’s orthopedic surgeon: Does the star player sit on the bench for a few days, or commit to two weeks in street clothes?

“If it’s not so serious, we’ll let them sit and evaluate them every day,” says Dr. Storey. “If the opinion changes, we can put them on the disabled list retroactively, to the last game they played.”

With only 25 players on the roster, having players sit out can put pressure on the coaching staff. Most teams carry 11 or 12 pitchers, which only leaves 13 position players—that’s five subs. If one or two players are sitting out, a manager has fewer options.

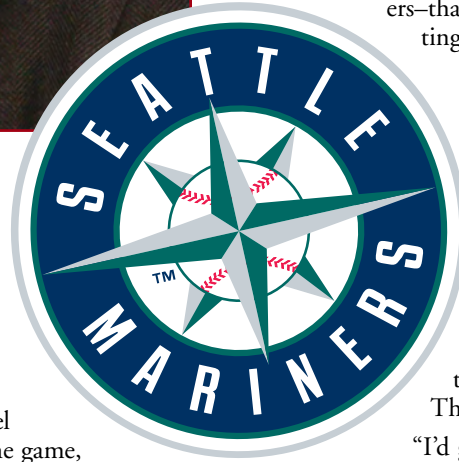
“It really starts to cramp the manager’s ability to manage the lineup,” says Dr. Storey.

Dr. Storey’s love of sports—and his appreciation for osteopathic medicine—developed when he was growing up in Palmyra, Pennsylvania, where he played football, baseball and basketball and competed in track and field—running the high hurdles, doing the triple jump and throwing the javelin. The family doctor was a DO.

“I’d go in all beat up and he’d work his magic on me,” he recalls. “When I talked to him about medical school, he told me about the differences in medical training.”

At Susquehanna University, he played linebacker and free safety on the football team, and then picked up lacrosse while studying medicine at PCOM. He tore the anterior cruciate ligament in one knee during a lacrosse game, and that injury plagued him for years. After seven surgeries, his knees still hurt. So in 2008, he got two complete knee replacements. He missed four weeks at his office while recovering. He was playing golf after six weeks. And today, his golf handicap is 3.

“There were no complications, and it turned out just the way it was supposed to be,” he says. “It has given me a new lease on life.”



Logo courtesy of the Seattle Mariners

JOSEPH RUANE, DO '91 The Columbus Blue Jackets



© OhioHealth

While hockey players get penalized for fighting, bare-knuckle brawls are allowed in the professional game, so Joseph Ruane, DO '91, and his fellow team of physicians for the Columbus Blue Jackets prepare for the worst each time the gloves come off.

Referees call off the fight once a player's knee hits the ice.

"Is it going to be me to treat a concussion, the maxillofacial guy to sew up a cut or the orthopedic doc to treat a broken hand?" says Dr. Ruane, 46, medical director of the Spine, Sport and Joint Center at the OhioHealth McConnell Heart Health Center in Columbus.

The injuries from fisticuffs are among the myriad medical issues that arise in the game of hockey, a contact sport in which players collide at full speed, and the puck flies at more than 100 miles an hour.

Blood flows often.

"Hockey players bleed more than any other professional athlete," says Dr. Ruane. "Injuries are violent in hockey—broken jaws, dislocated noses, broken bones in the foot from high-velocity puck injuries."

A facial gash typically won't keep a player off the ice for long. "A cut to the face isn't going to stop them from going back out," he says.

Dr. Ruane joined the hockey team's medical staff at the team's inception, and by 2007 was named its medical director. He now leads a team of six physicians—two primary care physicians, two orthopedic surgeons and two maxillofacial specialists—with one from each specialty attending the team's 41 home games. The two primary care physicians are DOs, while the orthopedic surgeons are MDs and the face specialists are DDSs.

Dr. Ruane's duties are in addition to his private practice in nonsurgical orthopedics at the Spine, Sport and Joint Center. He began treating professional athletes while doing a sports medicine fellowship with an orthopedic group serving the Cleveland Indians.

As one of the Blue Jackets' primary care specialists, Dr. Ruane deals with routine illnesses, concussions and what he calls "maintenance care," which can include manual manipulation and structural work. He sees employees who work in the front office, as well as the families of players. Dr. Ruane also performs acupuncture as part of his holistic approach to keeping the players in shape.

That can require quick action. He recalls the night Kevin Dineen, who came to Columbus near the end of his storied 19-year career, tweaked his back during warm-ups.

"He comes back to the locker room, and says, 'Doc, you gotta help me,'" says Dr. Ruane. "So I put him on the table, do some manipulation, throw in some acupuncture needles and do muscle release. He goes out and scores, and gives me the puck at the end of the game."

Concern over concussions in the National Hockey League heightened this year. New protocols proposed in March would require that players suspected of having a concussion be removed from the game, to a quiet place, to be evaluated by a physician. In the past, trainers would assess players on the bench to determine if they needed a physician's evaluation. By late May, the protocols were still under review.

NHL team physicians use the Sports Concussion Assessment Tool—called SCAT—to help determine if a player has sustained a concussion.

Dr. Ruane recalls a recent evaluation in which a player appeared quite lucid. He answered questions, described the hit in detail and solved increasingly difficult math problems. Then Dr. Ruane asked him where they had played the day before.

"He stared at me, and stared at me, and finally said, 'I have no idea,'" says Dr. Ruane. "It was retrograde amnesia."

Once diagnosed with a concussion, players must remain off the ice until they are asymptomatic—no dizziness, headaches or sleepiness. On occasion, a recovering player may report no symptoms, but they can return once the player starts skating again.

"Doctors have a tough decision when a player says he wants to play," says Dr. Ruane. "If the guy says he doesn't have a headache, you don't know that he does. But the players have become much more aware of the dangers of concussions. And they really don't want to threaten their careers."



Logo courtesy of the Columbus Blue Jackets

MICHAEL SAMPSON, DO WWE

The WWE ring is almost completely dismantled by the time ringside physician Michael Sampson, DO, leaves the locker room late one night in April.

He'd been treating one of the talent, who had sustained a concussion in that night's spectacle in the Times Union Center in Albany, New York. The event culminated in a brawl involving 20 superstars, who were eliminated one by one as they were thrown over the ropes, out of the ring.

For all its choreography, pulled punches and preordained winners, there's no avoiding the impact of bodies when they get slammed to the mat in a ring made of wood and steel, covered with two inches of foam.

"These men and women are athletes, stuntmen and actors," says Dr. Sampson, 46, of Atlanta, the crew-cut physician who wears the black WWE Polo shirt, black pants and black sneakers. "But gravity is gravity. You hit the mat when you get flung out of the ring, and it hurts. You hit it wrong, you get injured."

Dr. Sampson, an associate professor of family medicine/sports medicine at PCOM's branch campus in Suwanee, Georgia, began working ringside in 2009. A 1992 graduate of Kirksville College of Osteopathic Medicine who completed his family medicine residency at Garden City Hospital in Garden City, Michigan, and his sports medicine fellowship at Metropolitan Hospital in Grand Rapids, Dr. Sampson got his start traveling with that city's minor league hockey franchise.



© WWE

In addition to consulting with Edge, Dr. Sampson comes to Undertaker's aid during *WrestleMania XXVII* (April 3, 2011).

He later was a team physician for college teams at Virginia Tech, where he also taught at the Edward Via College of Osteopathic Medicine. Today, he teaches at Georgia Campus – PCOM on Thursday and Friday, and travels with WWE from Saturday through Wednesday.

That night in Albany, one of WWE's biggest stars—the brawny blond-haired wrestler named Edge—announced his retirement, citing serious medical concerns. "Our doctors caught it before I landed and couldn't get up again," Edge told the crowd on April 12.

Dr. Sampson says Edge had complained of neck pain eight days earlier, after performing in *Wrestlemania XXVII*. He sent Edge for an MRI, which found spinal stenosis, a narrowing of the spinal column.

It was a diagnosis far more serious than the torn Achilles tendon that Edge sustained in a WWE bout with Jeff Hardy in July 2009, which required surgery and eight months of rehabilitation.

"I told him, after collaborating with my medical team, 'You're done,'" recalls Dr. Sampson, a board member of the American Osteopathic Academy of Sports Medicine. "The safety of the talent is my main priority."

While on the road with the WWE entourage, which is 52 weeks a year and no off season, Dr. Sampson considers his practice his brand of "traveling family medicine." Before the matches, he's their family doctor, treating illnesses and chronic musculoskeletal issues. He'll use OMM to treat problems—muscle energy technique for hip dysfunction; high velocity, low amplitude method for upper back and hip dysfunctions, etc.

As they prepared for the Albany event, Dr. Sampson says he did OMM on five wrestlers.

"They get immediate results," says Dr. Sampson. "They can get back in the ring, and do what they want to do."

The WWE has instituted a strict drug testing regimen. And its concussion policy requires the superstars to keep out of the ring until Dr. Sampson and his staff give clearance.

"When we say they are done, they are done," says Dr. Sampson. "It's great to have these policies, but we are lucky to have management that backs us up."

At ringside, he's ready for medical emergencies, such as the quadriceps tear incurred one night in Glasgow, Scotland, by Ezekiel Jackson, or the burst breast implant that one of the WWE divas suffered in the ring.

At WWE's *Smackdown* in Detroit earlier this year, Dr. Sampson was backstage treating a wrestler for a concussion as CM Punk and Rey Mysterio faced off in a grudge match. If Punk won, he would remove Mysterio's mask. If he lost, Mysterio would get to shave off Punk's flowing locks.

All WWE programming is rated PG, so there's no blood allowed in the live or TV shows. That night's script didn't call for Mysterio's knee brace to connect with Punk's forehead, opening a gash.

"Punk lost the match, I stopped the bleeding, but then Mysterio had to shave his head, and there was going to be a close shot," says Dr. Sampson. "I'm like, 'Please don't start bleeding again.' He didn't. And Punk ended up with 13 staples in his head to close the laceration."

JACK McPHILEMY, DO '78 The Philadelphia 76ers

Five years after Philadelphia 76ers player Shavlik Randolph went down hard in practice, Jack McPhilemy, DO '78, still remembers where the player lay, and how he responded.

“Shavlik was lying on the 76ers logo, with his ankle at a 90-degree angle,” recalls Dr. McPhilemy, 64, the team’s medical director. “I told him to look up at the ceiling. Then I popped the ankle back in place.”

Dr. McPhilemy’s intervention that day at the team’s PCOM training facility was one part of a medical practice that brings him to campus to oversee the team’s medical staff; to the 76ers’ downtown arena for 41 home games a year; and to the annual National Basketball Association combine, where the nation’s top players come to show their stuff before draft day.

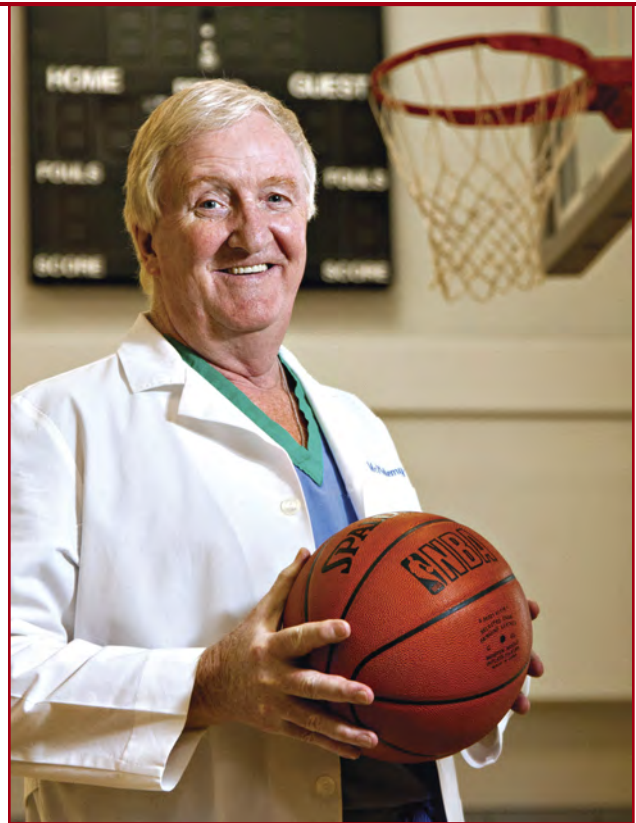
Rod Thorn, the 76ers president, says that when he broke into the NBA in 1963, teams typically had a trainer who taped ankles before games. Today, Dr. McPhilemy, called “Doc” around the training facility, heads up a staff that includes an internist, cardiologist, orthopedic surgeon, podiatric surgeon, ophthalmologist, dentist, chiropractor, psychologist and massage therapist.

“He gives you the straight scoop all the time,” says Mr. Thorn. “And he tells players what they need to do to get back on the court in a timely fashion.”

At home games, Dr. McPhilemy will treat players before the game, helping them cope with injuries suffered a night earlier. He’ll also be ready to treat acute injuries sustained during the game. If a player gets a cut, he’s called in to sew it up. His handiwork has closed wounds on the faces of Michael Jordan, Patrick Ewing, Shaquille O’Neal and Kobe Bryant.

In the training facility where he works, a pair of bright red size 17 sneakers signed by 76ers star Elton Brand sits on a desk, just down the hall from a framed photo of 76ers great Julius Erving, airborne and ready to score. In the locker room, practice uniforms are hung in open lockers, with sneakers lined up neatly. The training room includes two whirlpools—one hot and one cold—a SwimEx pool, and several pair of crutches, stacked in a corner.

In May, Dr. McPhilemy was at the NBA draft combine in Chicago, part of the medical team that performed extensive physicals on 54 top players. He makes sure to evaluate the prospects that the 76ers have on their radar. But the team



physicians can’t see every player, so they share their findings. “We compare notes, and we find stuff that has to be followed up on,” says Dr. McPhilemy, president of the Philadelphia Orthopedic Society. “There have been red flags raised over the years.”

The son of a cop, Dr. McPhilemy grew up in Philadelphia’s Germantown neighborhood and attended St. Joseph’s Preparatory School. He went to St. Joseph’s University as an undergraduate, playing on the freshman basketball team. The 76ers then practiced at St. Joe’s, so the college players would hang around to talk to the pros. The 76ers star Wilt Chamberlain took a liking to the student. At the end of the season, Mr. Chamberlain gave him his 76ers warm-up jacket, which he signed and which Dr. McPhilemy still prizes.

Dr. McPhilemy’s work with the 76ers augments his private practice at the Philadelphia Orthopedic Group, which has an office on City Avenue, just across the street from PCOM. He’s an early riser and starts seeing patients at 6:30 a.m., which he says allows him to give full attention to his patients before the phone starts ringing at 9:00 a.m.

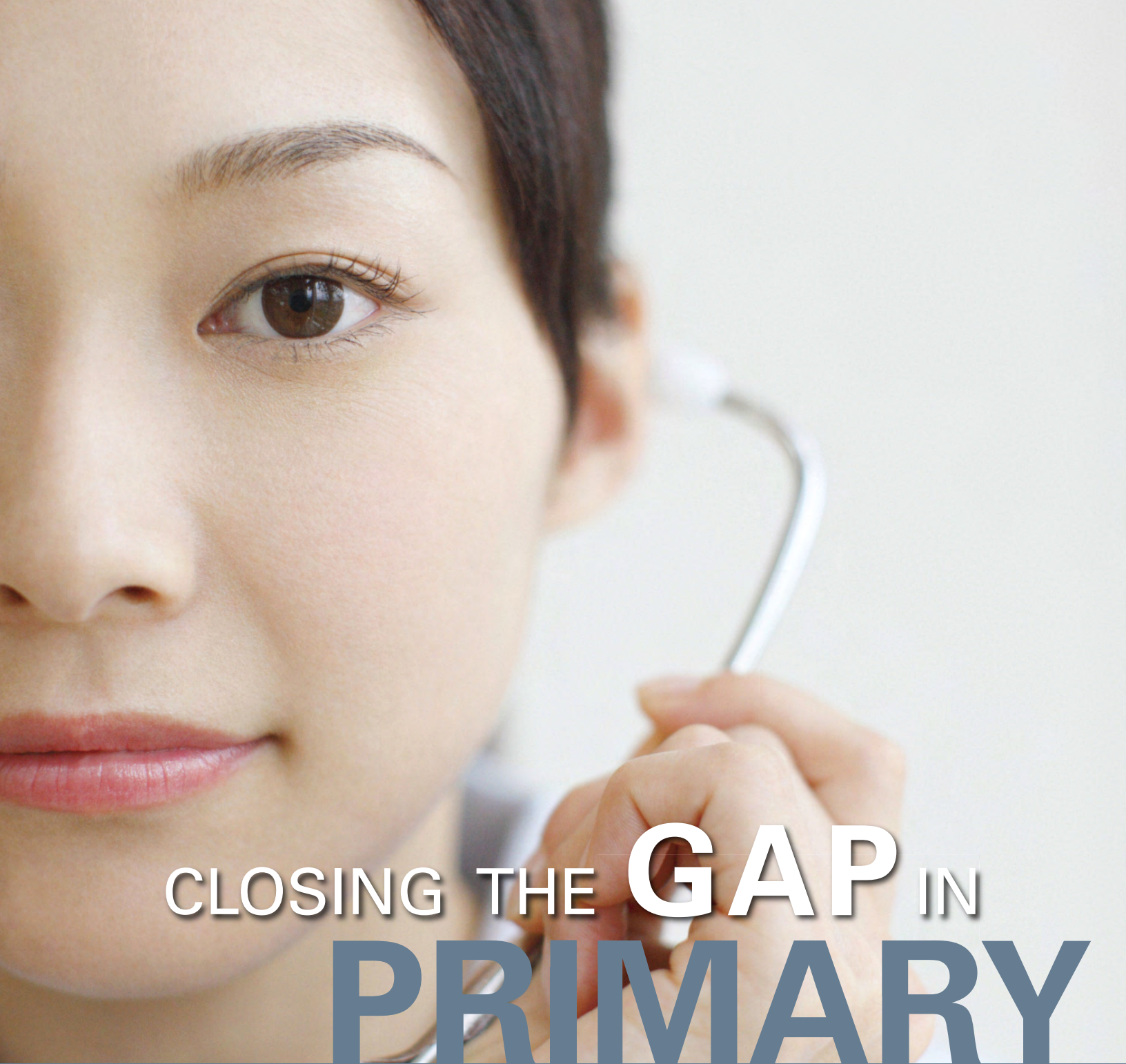
“I walked in this morning at 6:20 and had five people in the waiting room,” he says. “You can get so much done during those hours.”

Dr. McPhilemy increasingly gets asked if he plans to retire any time soon. He says he sees no reason to do so.

“What am I going to do that’s any better?” he says. “There’s not a day goes by that I don’t thank God for the opportunity to do what I have done. I’m living my dream.”

Dr. McPhilemy’s prized jacket gifted by 76ers star Wilt Chamberlain.





CLOSING THE GAP IN PRIMARY

by Janice Fisher

America faces a shortfall of 40,000 primary care physicians by the year 2020. Or perhaps it's 60,000, or 100,000, or even twice that. Agreement about the numbers is thin, but there's more consensus on the causes. Among them is the Patient Protection and Affordable Care Act (PPACA) that became U.S. law on March 23, 2010.

"More than thirty million people will be added to the insured population through PPACA," says Kenneth Veit, DO '76, MBA, provost, senior vice president for academic affairs and dean, "and you can't have a system of health care that isn't built on a strong primary care base. A fragmented system is less efficient, and very expensive."

Then there's increased demand for primary care by aging baby boomers who are living longer with multiple chronic diseases. Many current primary care physicians are approaching retirement age and will leave the workforce faster than they can be replaced. Finally, new doctors show declining interest in primary care because they see specialties as

“You can’t have a system of health care that isn’t built on a strong primary care base. A fragmented system is less efficient, and very expensive.”

more financially rewarding and lifestyle-friendly.

So how will the primary care gap be closed? And what role can PCOM play in closing it?

Even though fewer MDs and DOs pursue primary care today than in the past, DOs continue to practice in the primary care disciplines at a higher rate. More than half of DOs in the United States are primary care physicians, chiefly in family medicine. Still, DOs comprise less than 10 percent of primary care physicians nationally. The American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA) have established a 25-member Blue Ribbon Commission “to identify unique opportunities for the osteopathic profession to

dent affairs, out of 250 residency matches in the DO Class of 2011, 158 students—63 percent of the class—are taking initial primary care positions. By way of comparison—though not a direct one—AACOM annually asks graduating seniors from its 26 member colleges (including PCOM) a more general question about their future specialty and practice plans. In the 2009-2010 national survey, 31 percent of respondents indicated plans to pursue primary care specialties.

The percentage of PCOM students who will become residents in primary care disciplines has held fairly steady for several decades. “That’s a win,” Dr. Veit stresses. PCOM attracts students interested in primary care for several reasons, the most fundamental being the osteopathic identity itself.

According to Dr. Veit, this “pull” begins with the type of people who choose osteopathic medicine to begin with: those who want to become clinicians, are sometimes the first doctors in their families and are biased toward primary care. The application and interview processes reflect PCOM’s historical “generalist first, specialist second” philosophy, on both the main campus and at GA-PCOM.

Because the southeastern United States has a particularly acute need for more primary care practitioners, H. William Craver, III, DO ’87, dean and chief academic officer, GA-PCOM, observes, “Our focus has been to address the shortage of professionals who provide health-care and public health leadership services in Georgia and its surrounding states.

Physicians, in particular, generally tend to stay in the states where they attend medical school and residency programs.”

The first GA-PCOM class has finished its second year of residency; many continue their studies in the Southeast. And it is worth noting that PCOM’s “home state” of

Pennsylvania has more DOs in practice than any other state—nearly 7,000 as of 2010.

Harry J. Morris, DO ’78, MPH, professor and chair, department of family medicine, notes that once students are enrolled “the osteopathic culture puts the right students in the right environment, not just in tertiary care hospitals but also in community hospitals. At PCOM, we use our community-based Healthcare Centers as an environment to show team-

work and the continuity of doctor-patient relationships over eight weeks.” The Centers also give students the opportunity to “look at the whole patient,” thanks to a state-of-the-art electronic medical records system; such systems were available in fewer than half of U.S. primary care physician offices in 2009. In addition, one of the Centers, Family Medicine at PCOM, is actively moving through the processes to become an accredited patient-centered medical home.

Overall, says Dr. Veit, the DO curriculum “introduces skills, unique skills that you need in order to be a generalist.” Given the uncertain but sure-to-be-complex landscape of medical care in the years ahead, PCOM’s curriculum emphasizes “organizational skills, leadership skills, managerial and teamwork skills that maybe weren’t needed before” in primary care practice.

GET STUDENTS INVOLVED FROM THE START

What else can schools do? In a 2009 AACOM survey of osteopathic medical school deans, more than 90 percent said their colleges were planning or had implemented programs or policies to foster student interest in primary care. At PCOM, a new Primary Care Scholars Program (PCSP) has taken shape through the work of Eugene Mochan, DO ’77, PhD, professor, family medicine, and associate dean of osteopathic primary care and continuing medical education.

PCSP, which has received federal funding for \$900,000 over five years, aims to “selectively recruit and train medical students who are highly motivated to become family physicians,” says Dr. Mochan. “We want to get students interacting with patients early in their careers.” Dr. Mochan has observed that “when they first come to medical school students are interested in primary care, but over time it becomes less glamorous than surgery or cardiology.”

PCSP began in the spring, with about 50 first-year students meeting weekly with their “patients” at Deliverance Evangelistic Church, in the Allegheny West neighborhood, a medically underserved community in North Philadelphia. Using motivational interviewing techniques, the students worked with participants to make important health behavior changes to reduce their risks for developing cardiovascular disease. The students, says Dr. Mochan, learn that “you can’t just tell people

CARE

offer leadership in medical education so as to improve the health of the U.S. population in the 21st century.” Dr. Veit is a member of the Commission, which held its first meeting in June.

PCOM SUCCESSFULLY FIGHTS THE TIDE

In the meantime, PCOM is clearly doing something right. According to Tina Woodruff, EdD, assistant dean for stu-

“PCSP, which has received federal funding for \$900,000 over five years, aims to ‘selectively recruit and train medical students who are highly motivated to become family physicians.’”

what they should be doing. They learn how to have their patients be involved in their own health care.” For the patients, there’s the luxury of the students’ full attention. “No one is looking at their clock,” says Dr. Mochan. “We’re going slow so as not to overwhelm either party.”

In the second phase of the program, the students will begin shadowing physicians and members of their interprofessional healthcare teams in patient-centered medical homes—the future of primary care, according to many (see sidebar).

Third- and fourth-year students will mentor the younger cohorts. Guest speakers and interprofessional seminars are planned as well.

Other colleges are introducing DO students to medical homes, but in the students’ third and fourth years. Dr. Mochan and his colleagues want to get to students right away, when they are the most open-minded about their options.

Dr. Mochan reports that students tell him, “I’m tired when I come here [to the church]. But I feel so much better when I talk to my patient.” That’s just what he expects. “If you’re really patient-oriented,” he says, “you want more.”

FOLLOW THE MONEY

No discussion about reasons for doctors to choose—or avoid—primary care can avoid talking about money. The 2011 Medscape Physician Compensation Report, which surveyed more than 15,000 physicians nationwide, found that orthopedic surgeons, radiologists, anesthesiologists and cardiologists earned more than twice the average income of endocrinologists, primary care physicians and pediatricians.

Whether and how this disparity can be addressed is controversial among many groups, including of course physicians themselves. PPACA’s response includes reallocating some Medicare resources to primary care residencies, increasing Medicaid payment rates to primary care physicians and bolstering loan relief for medical education at the federal and state levels for primary care doctors who practice in underserved areas. A Prevention and Public Health Fund will also spend \$168 million to train 500 new primary care physicians by 2015.

Besides the discrepancy in earnings between primary care physicians and specialists, lifestyle concerns loom large as

doctors chart their futures. The demands on the family doctor’s time are infamous. Dr. Veit sees some interesting reactive trends. For example, he says, “Doctors more and more see themselves as employed physicians working for larger systems.”

LISTEN TO STUDENT VOICES

Three current PCOM DO students and a recent graduate, all of whom plan to practice in primary care, share their thoughts on how their PCOM education has influenced their choice and how they feel about the financial and lifestyle tradeoffs ahead.

Hilary Haack (DO ’13) discovered the American College of Osteopathic Family Physicians (ACOFP) early in her career at PCOM. “ACOFP’s Primary Care Week when I was a first year got me really excited about all the possibilities in family medicine. I really love the idea of continuity of care, and developing a close relationship with patients.” She is now president of the ACOFP Student Association.

Ms. Haack notes that PCOM students “are exposed to tons of positive family medicine role models at PCOM, including our dean. Most of the doctors that teach our classes speak very highly of family physicians. I feel that PCOM holds very high regard for family medicine, and it’s definitely reflected in our curriculum.”

The lower compensation that deters some students from family medicine isn’t a concern for Ms. Haack. She recalls the advice of a PCOM professor who said, “you should marry for love, not money,” meaning that in the long run, you’ll be

WHAT IS A PATIENT-CENTERED MEDICAL HOME?

The American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians, and the AOA, which together represent about one-third of U.S. physicians, released the Joint Principles of the Patient-Centered Medical Home in 2007.

The model has been endorsed by other healthcare provider groups, private healthcare purchasers, labor unions and consumer organizations.

The patient-centered medical home utilizes a team approach with the patient at the center. The care model emphasizes prevention, health information

happier doing a job you love for less money than working in a specialty just because there's a large salary."

Brett Keller (DO '12), MS/Biomed '08, a lifelong athlete, has known since he began medical school that he wanted a career in sports medicine. "I have always enjoyed orthopedics," he says, "but as I started to learn more about all aspects of medicine I started to think more about family practice. As I began clinical rotations I enjoyed talking to patients more than I enjoyed surgery all day." Another strong influence on Mr. Keller's choice is his brother, Cory Keller, DO '05, a primary care sports medicine physician in Reading, Pennsylvania.

Mr. Keller sees PCOM as "very oriented to a student's becoming a primary care physician. Our classes teach students to have confidence in talking to patients, as we are thrown into work with standardized patients within the first few weeks on campus."

For Mr. Keller, family practice has a lifestyle "upside": He's confident that his career will allow him "to be a good dad who will be around" when he and his wife have children. "Although the hours are long, they are predictable, so you can still make time for your family. In some other fields you are often on call and have to run out of the house to get to the hospital."

John Clark, DO '11, had an undergraduate computer science degree, a job in information technology—and a yearning for a career he was passionate about. Working at a hospital to "make ends meet," he found it, and "started to put plans in place to become a physician."


Dr. Clark, who has begun an internal medicine residency at Lankenau Medical Center, is leaning toward a career in primary care for several reasons. One is the "extremely rewarding" primary care experiences he had at PCOM, including three general internal medicine inpatient rotations, two internal medicine outpatient rotations, one and a half family medicine outpatient rotations, and two months at one of PCOM's urban Healthcare Centers and one month at its rural Sullivan County Medical Center. Dr. Clark enjoyed "the patient continuity, the focus on preventative medicine and the broad possibilities of diagnosis that may present to a primary care physician's office."

Dr. Clark is optimistic about improved compensation for primary care practitioners—"and hopefully not at the expense of other specialties." He points out that "lawmakers are looking for incentives to bring primary care physicians to their states. Direct compensation can be one incentive. Loan forgiveness programs are another attractive option."

Sean Perrine (DO '13) grew up in "Stewartstown, Pennsylvania, population of about 2,000, where everyone knows everyone and you can't find a traffic light for miles." When he completes his medical training, this first-generation college graduate intends to return to the Susquehanna Valley to work as a primary care physician.

"Primary care is the best fit for me," says Mr. Perrine, "because what will make me most happy is working one-on-one with patients every day, watching them grow from children into adults, and seeing firsthand how my interventions have

improved their quality of life. Don't get me wrong ... I will certainly have several hundred thousand dollars of debt to repay after I've graduated, but I know that primary care-oriented loan repayment programs will be available to me. Regarding the long hours, I know that there are hospitals/clinics/practices that allow for scheduling flexibility. I also know some physicians who split their time between office-based practice and hospital-based practice and obstetrical care."

Mr. Perrine was president of the PCOM Chapter of the Student Association of ACOFP and is now the association's national executive board secretary. "Those positions have afforded me the opportunity to intimately interact with the country's leading osteopathic family medicine physicians, many of whom are graduates of PCOM," he says. "It's nice to know that in two short years I will join a group of alumni who are as invested in and passionate about primary care as I am now." 

technology, care coordination and shared decision making among patients and their providers, focusing not on episodic treatment of disease but on holistic patient care. Practices are paid a per member per month fee for intensive primary care interventions such as coaching chronically ill patients on effective self-care,

working with patients to develop an individual care plan, coordinating with a patient's other doctors and specialists, using technology to track and coordinate patient care, managing hospital transitions and utilizing resources outside the physician office to help patients navigate the health care system and stay healthy.



In Love & WAR

by Jennifer Schaffer Leone

Their story is poetic, idyllic. Romantic. Yet it does not wax sentimental. Each day is a formidable effort of stamina and composure and will—with love its strength.

Lieutenant Meredith Perry, DO '06, and Marine Corps Captain Blake Smith first met in December 2009, at a reception held for Marine Light Attack Helicopter Squadron 169 (HMLA-169), based at Marine Corps Air Station Camp Pendleton, California. She was a naval flight surgeon, newly assigned to the unit, and he a U.S. Air Force veteran and skilled aviator who had trained at Embry-Riddle Aeronautical University.

Their acquaintance turned to friendship as the squadron prepared for and deployed to Afghanistan in February 2009 as part of the 2nd Marine Expeditionary Brigade in support of Operation Enduring Freedom.

To pass periods of time between shifts and missions, Lieutenant Perry and Captain Smith would stay up late dreaming about cross-country Jeep rides, surfing trips and exotic travel adventures. They would witness spectacular sunsets and admire the blanket of stars that would encompass the sky once the sun drifted below the sand dunes. And they would puff cigar circles into the still air, the dust and heat seeming to give weight to their shared aspirations.

In late October 2009, just weeks before the squadron was scheduled to return to the United States, Captain Smith's UH-1N Huey helicopter and an AH-1W Cobra helicopter collided during an escort mission. Both crafts plummeted to the soil of the Helmand River Valley, west of Kabul. Captain Smith was able to land his damaged aircraft, saving one fellow crewman. Four Marines were killed in the crash.


Captain Smith received emergency aid upon rescue and was transported to a medical facility at Camp Dwyer. He was in critical condition, four chest tubes and a breathing tube sustaining him. He had body-wide injuries and fractures and significant damage to his vertebrae and vital

organs. His left leg would be amputated above the knee and his spleen removed.

For Lieutenant Perry, the news was numbing. As a physician, she internalized his diagnoses. She remained at his side at Camp Bastion. When Captain Smith was transferred to Bethesda, Maryland, for continued treatment, Lieutenant Perry flew to be by his side the moment she was released from her tour of duty. And she joined him in Richmond, Virginia, when he was moved to the Veterans Administration hospital for spinal cord rehabilitation.

At 31, Captain Smith saw his career as a military pilot come to a close, the accident rendering him a diagnosis of incomplete paraplegic and amputee. But it never broke his spirit. When he woke up, he told Lieutenant Perry that he loved her. When he sat up, he held her. When he could walk, he knelt down and asked for her hand in marriage.

There has been a change in lifestyle for the couple. Expectations, too, have been altered. Lieutenant Perry has completed her naval obligations and has begun a surgical residency in Michigan, after which she hopes to continue into a plastic and reconstructive surgery fellowship. Captain Smith has medically retired from the U.S. Marine Corps and is pursuing new interests; his objective is to continue his education and begin a career in finance.

The couple wed on May 28, 2011. They enter into marriage already knowing the tougher sides of each other's character and having already proven that their love is stronger than death. 



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NILAM VAUGHAN, DO '11

2011 MASON W. PRESSLY MEMORIAL MEDAL RECIPIENT,
GEORGIA CAMPUS – PCOM

DRIVEN BY ADVENTURE *by Nancy West*

She has climbed Mount Kilimanjaro, explored the icy hinterlands of Antarctica and rafted the Class 5+ whitewater rapids on the Zambezi River. Her spirit of adventure knows no bounds, and Nilam Vaughan, DO '11, has poured that spirit into Georgia Campus – PCOM.

Always seeking a challenge, the winner of the 2011 Mason W. Pressly Memorial Medal for GA-PCOM sought to unite all students, faculty and administration in “a social cause that would see past gender, race and socioeconomics.” To that end, Dr. Vaughan organized an AIDS benefit event to help support a local nonprofit agency that provides preventive education and advocacy for thousands of people in the Atlanta area. Rallying support from the local community as well as PCOM clubs and colleagues, she orchestrated an elegant event that raised \$16,000, far surpassing the original goal, while also increasing awareness of osteopathic medicine in the community.

“Nothing of this magnitude had ever been attempted at Georgia Campus – PCOM,” relates Dr. Vaughan. “It made for an enlightening journey that strengthened my determination to always follow my passion, despite a challenge. If you see an obstacle, just find another way to get around it.”

Dr. Vaughan also demonstrated her leadership ability as vice president of the GA-PCOM Student Government Association, with responsibility for all 20 clubs on campus, and as rotation group leader, serving as a liaison between her classmates, the Osteopathic Institute of the South and GA-PCOM administrators.

Her goals for the future are no less adventurous. She is excited about starting an emergency medicine residency at Geisinger Medical Center in Danville, Pennsylvania, where she'll have the opportunity to be trained as a flight physician on medical evacuation helicopters.

Ultimately, Dr. Vaughan aspires to a career in international medicine, helping to build infrastructure and provide emergency medicine and other clinical services in



underserved areas of the world. Her interest was sparked during her experience at Mount Kilimanjaro. “The week before I arrived, a number of people were killed in a rock slide,” she says. “One person’s leg was amputated, which changed his way of living forever in a part of the world where not much support is available. That could have been me, because I was originally scheduled to be there during the week of the rock slide.” Deeply moved by all that she witnessed, she vowed to return to help.

“International medicine is not just providing clinical services,” emphasizes Dr. Vaughan. “It’s finding out what the community needs and figuring out how you can best help them.”

She and her husband, a pediatric dentist, plan to start by making short-term medical mission trips, eventually working up to a full-time commitment. With an undergraduate degree in nonprofit leadership as well as her medical degree, Dr. Vaughan is well prepared and eager to face the challenges that will unquestionably arise.

“I am a person who gets involved,” she notes. “I hope I’ve inspired others at the College to foster a sense of community, to get involved and to give back to the world as a physician because it is truly a privilege to be a physician.”

As for her next adventure, she and her husband are eagerly anticipating the birth of their first child this fall. With characteristic spirit and good humor, she asks, “Why not do my internship year with a baby?”

The Mason W. Pressly Memorial Medal is presented to a PCOM student recipient in January, on Founders’ Day. At Georgia Campus – PCOM, a comparable student award is given in May, during graduation celebrations.

For more information about Founders’ Day 2011, please see Digest #1, 2011.

JENNA STOKES, DO '11

2011 SIMMY GINSBURG HUMANITARIAN AWARD RECIPIENT

STAND BY THE STRUGGLING *by Nancy West*

One day in early summer between her first and second years at PCOM, Jenna Stokes, DO '11, made her way into the environs of North Philadelphia. Despite feeling afraid of her surroundings, it was a trip she would make every day throughout that summer as she served an internship at Church of the Advocate, part of PCOM's Bridging the Gaps program. In doing so, Dr. Stokes managed to bring love and find love among the people in this underserved community.

While conducting health screenings and caring for children in the after school program, Dr. Stokes took the time to really get to know the people, growing very close to some of the families. Her commitment to them quickly transcended the responsibilities of her internship.

"We need to stand by people who are struggling," she affirms. "These kids have gone through so much, and so many of them don't have good role models in their lives. They don't have father figures, and their moms are working several jobs to help them. A lot of them can't read. They don't have anyone to help them with homework. You can't help but be touched by them. I didn't want them to grow up not feeling loved and not being able to do the things that most of us take for granted."

Dr. Stokes began helping one family by inviting two foster children, ages 10 and 12, to her home every week and becoming a mentor for them, acts of genuine love that she continued throughout her second year at PCOM. When she was away on clinical rotations during her third and fourth years, she called the children every week to keep in touch.

"They have been in so many different foster homes," she explains. "They had been in abusive families in the past, so they've had a lot of struggles."


Recently, the children moved to new foster homes in the Pittsburgh area, making it more difficult for Dr. Stokes to keep in touch. She worries about them. "I think I've influenced their life in a good way," she reflects. "I really tried to push them to get a good education so they can be productive in their community. Most of all, I hope I helped them to feel loved."

This inherent love of people has inspired Dr. Stokes to participate in many other programs for the underserved, including medical mission trips to Costa Rica and Nicaragua where she worked at a hospital for women and children. "It was a very powerful experience," she recalls. "I love the people down there and I plan to make missionary medicine part of my work."

Caring for others in a loving way is at the heart of Dr. Stokes' desire to pursue family medicine. Her inspiration came from the family physician who cared for her mother when she was diagnosed with breast cancer.

"I was only 10 at the time, but I could feel the difference between the kindness and attention our family physician gave my mother and the less attentive care she received from the many specialists she saw," Dr. Stokes remembers. "Our family physician was the one who saw her through two years of cancer treatment. He was even there when she died, standing by her and supporting our family. It meant a lot to me to have him there, to know he was always on her side. That's the kind of compassionate doctor I want to be, helping patients like my mom through some really tough times."

Now a resident in family medicine at Altoona Regional Medical Center in central Pennsylvania, Dr. Stokes plans to pursue family practice in a rural underserved community similar to the one where she grew up in the coal regions of northeastern Pennsylvania.

"Jenna embodies the loving spirit of my mother with her innate ability to be fully present for people," says psychologist Susan Apollon, daughter of Harry Ginsburg, DO '42, and his wife, Simmy, for whom the award is named. "Jenna deeply cares about people both young and old who are disadvantaged and in pain. She has an inner light that is always shining, reflecting the authentic love she feels for patients and others around her. No matter where the practice of medicine takes Jenna, people will benefit from the healing power of this love." 

For more information about the Ginsburg family and the Simmy Ginsburg Humanitarian Award, please see Digest #2, 2009.



CLASS OF 1954

Thomas C. Scott, DO, New Castle, DE, spoke to college-aged students associated with two groups in Wilmington, Delaware, about the medical school application process and PCOM. The meetings were presented through the Interfaith Ministry Action Council and the Latin American Community Center.

CLASS OF 1958

Alexander E. Rodi, Sr., DO, Hammonton, NJ, joined Virtua Health. Dr. Rodi's practice is now part of Virtua, and he will remain with the practice as its medical director.

CLASS OF 1962

Merritt G. Davis, DO, San Antonio, TX, was awarded life membership by the Texas Osteopathic Medical Association in recognition of exemplary service to the profession and his patients. He serves as director of the Hyperbaric Clinic at University Hospital in San Antonio, and is an assistant professor at the University of Texas Health Science Center.

Alan J. Miller, DO, Elkins Park, PA, was reappointed to the board of directors of Bucks County's Board of Health, Chamber of Commerce and Transportation Management Association.

CLASS OF 1964

Donald R. Furci, DO, Grove City, OH, was the recipient of the Master Faculty Award presented by Ohio University College of Osteopathic Medicine (OU-COM). This award recognizes exemplary faculty members of the Centers for Osteopathic Research and Education, OU-COM's system of affiliated teaching hospitals located throughout the state of Ohio.

CLASS OF 1967

James C. Rossi, DO, Yardley, PA, was granted life membership in the Pennsylvania Osteopathic Medical Association.

CLASS OF 1971

Gerald F. Robbins, DO, Kalamazoo, MI, joined the medical staff at Lakeshore Health Partners in Holland.

CLASS OF 1972

Richard M. Purse, DO, Yardley, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

CLASS OF 1973

Larry S. Seidman, DO, Elkins Park, PA, retired from his obstetrics and gynecology practice in 2006. He has since been involved in full-time clinical research.

CLASS OF 1974

George D. Vermeire, DO, Oreland, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

CLASS OF 1975

Harry J. Borgersen, DO, Harleysville, PA, was granted life membership in the Pennsylvania Osteopathic Medical Association.

Scott A. Green, DO, Putnam, CT, was re-elected chief of surgery at the Day-Kimball Hospital in Putnam.

Charles E. Kelly, DO, Ortonville, MI, was reappointed to the Michigan Board of Osteopathic Medicine and Surgery.

Herbert Secouler, DO, Southampton, PA, was granted life membership in the Pennsylvania Osteopathic Medical Association.

CLASS OF 1976

William R. Henwood, DO, Hermitage, PA, was re-elected to serve on the board of

Certificates of Merit

Joshua S. Coren, MBA, DO '02, Hatboro, PA, was inducted as a fellow of the American College of Osteopathic Family Physicians.

H. William Craver, III, DO '87, Braselton, GA, was appointed dean and chief academic officer of PCOM's Osteopathic Medical Program, Georgia Campus.

Deanne S. Endy, DO '86, Hummelstown, PA, was honored with the 2011 Family Physician of the Year Award from the Pennsylvania Osteopathic Medical Association.

Carol L. Henwood, DO '83, Pottstown, PA, was designated a distinguished fellow of the American College of Osteopathic Family Physicians.

Anita E. Kozlowski, DO '93, Ringtown, PA, was inducted as a fellow of the American College of Osteopathic Family Physicians.

Richard A. Ortoski, DO '84, Erie, PA, was inducted as a fellow of the American College of Osteopathic Family Physicians.

William E. Shiels, II, DO '83, Dublin, OH, was the recipient of the Dr. Floyd J. Trenery Memorial Medal presented by the American Osteopathic College of Radiology.

Nicole Heath Sirchio, DO/MBA '02, Spring Hill, FL, was inducted as a fellow of the American College of Osteopathic Family Physicians. Dr. Sirchio was also the recipient of The Young Osteopathic Family Physician Award.

Charles Steiner, DO '44, South Orange, NJ, was named 2011 Physician of the Year by the New Jersey Association of Osteopathic Physicians and Surgeons.

Frank M. Tursi, DO '81, Erie, PA, was inducted as president of the Pennsylvania Osteopathic Medical Association.



2011 REUNION WEEKEND AWARDS

Congratulations to Alumni Association Certificate of Honor recipients **Florence D. Zeller, MPA, CFRE**, vice president for alumni relations and development at PCOM (pictured center), and **Joseph J. Kuchinski, DO '86**, attending physician and chair of the Department of Emergency Medicine at Trinitas Regional Medical Center, Elizabeth, New Jersey (pictured right).

And kudos to **William Lamb, Jr., DO '81** (pictured left), who was named Affiliated Teacher of the Year. Dr. Lamb serves as a clinical associate professor of medicine at University of Pittsburgh School of Medicine, and physician and director of the osteopathic internship at University of Pittsburgh Medical Center – Shadyside Hospital. He has served as clinical associate professor of internal medicine at PCOM since 2009.

Award recipients were acknowledged during Reunion Weekend.

trustees of the Pennsylvania Osteopathic Medical Association.

CLASS OF 1977

Thomas A. Haffey, DO, Westminster, CO, serves as president of the Colorado Chapter of the American College of Cardiology, and member of the board of trustees of the Southwest Lipid Association.

Harris A. Twersky, DO, Marlton, NJ, joined the medical staff at Kennedy Health Alliance – Marlton.

CLASS OF 1978

Charles W. Hayne, DO, Freehold, NJ, was named Physician of the Year by the medical and nursing staffs at CentraState Medical Center in Freehold Township.

CLASS OF 1979

William A. Wewer, DO, Harrisburg, PA, was re-elected secretary/treasurer of the Pennsylvania Osteopathic Medical Association.

CLASS OF 1980

Lauren P. Argenio, DO, West Pittston, PA, was elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

George K. Avetian, DO, Bryn Mawr, PA, was appointed medical adviser for Delaware County. He will coordinate public health efforts in the county. The position was added in response to a study by Johns Hopkins Bloomberg School of Public Health that found the county's public health system lacking in leadership. Dr. Avetian has a medical practice in Upper Darby and is on staff at Delaware County Memorial Hospital.

G. Lee Lerch, Jr., DO, Mullica Hill, NJ, was recognized by *SJ Magazine* (March 2011) as one of the "Top Docs for Kids 2011 in General Pediatrics."

CLASS OF 1981

Lee A. Cowen, DO, Ambler, PA, was board certified in hospice and palliative medicine by the American Board of Internal Medicine. Dr. Cowen is the medical director at Holy Redeemer Hospice.

Dennis W. Dobritt, DO, Bloomfield Hills, MI, was reappointed to the Michigan Board of Osteopathic Medicine and Surgery.

James E. Harkness, DO, Cascade, MT, joined the medical staff at Benefis Medical Group in Great Falls.

William C. LeMasters, DO, Sunbury, PA, joined Geisinger Health Systems as an associ-

JEAN-PAUL BONNET, DO '81

Helping "Third World" Move to "New World" by Colleen Pelc

It was June 1996 when Dr. Bonnet made his first spiritual journey to help the poor of Haiti, and nearly 15 years later he is still striving to meet his goal of building a model for health-care delivery for developing nations. Dealing often with adverse conditions in Haiti including substandard living conditions, no electricity and no running water, the country remains in peril following the devastating earthquake in 2010. Still, Dr. Bonnet sees the hope that many overlook.

"There is garbage everywhere, hunger everywhere, 70 percent unemployment, cholera, illiteracy, but hope is abundant. There is hope that things can change. Spirits are strong; faith is not compromised. When asked, many Haitians believe that God can and will fix their circumstances. I truly believe God will," Dr. Bonnet says. "He will through our efforts and caring. He will, if we rise as a human race and humble ourselves to our good fortune and share with others. In giving, we receive."

Dr. Bonnet, who practices medicine in his hometown of Lake Hopatcong, New Jersey, practices what he preaches. Over the course of his time in Haiti, he has worked to feed children, is assisting with a solar project to bring light to homes, is working on a computer lab for a school of 800 students, and has created two nonprofit organizations: the International Modular and Medical Education Delivery System (IMMEDS) and the Healing Haiti Fund (HHF). But his work does not stop there.

"Our present focus is the Santé Bus project. We are refurbishing and repurposing retired school buses to serve as mobile medical units. They are being used to transport supplies, patients and medical staff," he explains.

With a fleet of 13 at present, Dr. Bonnet reports that the past year has been about education, training and building a mechanic team to service the fleet. With "most of the wrinkles out," he says that with proper funding, the goal is to produce 10 vehicles a month.

"At HHF or Santé Bus our goal is to bring others together and help those who are helping others. Hand-in-hand, shoulder-to-shoulder, we can move mountains. In Haiti, there is an expression: 'Unity Is Strength'—and how true it is," says Dr. Bonnet.

"We are at the tip of our journey and prayerfully, I will have the strength for another 15 years to bring to fruition the work of so many."

To learn more, visit www.santebus.org.



ate in ophthalmology, specializing in cataracts. Dr. LeMasters maintains private practices in Sunbury and Shamokin.

John K. Mariani, DO, Haddonfield, NJ, was recognized by *SJ Magazine* (March 2011) as one of the "Top Docs for Kids 2011 in Orthopedic Surgery."

Julia M. Pillsbury, DO, Dover, DE, was appointed to a full seat on the American Medical Association's CPT Editorial Panel. She continues to serve on the American Academy of Pediatrics Committee on Coding and Nomenclature. She will be a speaker at the AMA and AAP's coding conferences.

CLASS OF 1982

Marc A. Vengrove, DO, Allentown, PA, was appointed chief, division of endocrinology and metabolism, at Lehigh Valley Health Network.

CLASS OF 1983

Howard A. Hassman, DO, Moorestown, NJ, founder and chief scientific officer of CRI Worldwide LLC, purchased Lifetree Clinical Research in Salt Lake City, Utah. The combination of CRI and Lifetree creates one of the nation's largest research organizations focusing on the conduct and design of early stage,



© Discovery Channel Canada

LES FOLIO, DO '87, MPH "Father of Combat Radiology" Continues His Innovative and Life-Saving Work *by Colleen Pelc*

For Dr. Folio, a radiologist in body imaging at the National Institutes of Health (NIH) in Bethesda, Maryland, choosing his greatest life accomplishment is a daunting task. Some of his options include authoring six books, earning an excellent review in the *Journal of the American Medical Association*, teaching as a faculty member at PCOM and being the husband to his successful wife, Jutta, and father to son, Lucas, who at age nine is already bilingual and named on a provisional patent.

But this father is also considered the "Father of Combat Radiology" for another one of his accomplishments that landed him a spot on the Discovery Channel Canada's "Daily Planet" on May 12, 2011 (photo of the set above). Dr. Folio appeared on the show for his innovations in combat radiology where, with the help of blast test dummies and a trained marksman, shots were fired into two simulated legs at various angles. The leg phantoms were then scanned with multi-detector computed tomography to determine the location of the sniper or explosive device by studying the wound path as determined by the scans. This work was published in a leading radiology journal in January 2011.

According to Dr. Folio, the study is three-fold in its benefits.

"First, knowing the wound path helps in the immediate CT triage on patients. Radiologists can determine where the bullet hit, and if there are multiple patients with multiple injuries, who needs to be operated on first. It really is the most effective way to treat and triage patients exposed to ballistic injuries," Dr. Folio says.

"Secondly, we can often determine precisely where the sniper shot from. Through our study we demonstrated radiologists can identify wound paths and measure the angle to determine where the sniper or the explosive device was located within plus or minus five degrees," he said.

With a master's degree in public health, Dr. Folio knew that the biggest benefit would come by taking a step back and looking at the big picture; leading to the third and most important application.

"By studying the data we receive from all blast-injured vets, we can further look at how we can best protect our soldiers in the future," he says.

In his current research, he and his team developed software that allows non-radiologists to quickly analyze ballistic paths by studying Vietnam veterans who are still alive following penetrating head trauma. They recently presented their revolutionary findings at the national neuroradiology meeting showing that a medical student can identify neuroanatomy involved in penetrating ballistic injuries to within millimeter accuracies—as good as a radiologist.

It is Dr. Folio's hope that his current research, which analyzes wound paths in other areas of the body, including the head, chest and abdomen, will continue to help save lives and prevent future injuries.

patient population clinical trials. Lifetree will expand their services to allow companies affiliated with CRI to access six million people while providing a broad range of psychiatry and neurology research products and services at three research centers in Pennsylvania, New Jersey and Utah.

Lynn Mann, DO, Bondville, VT, joined SVMC Pediatrics of Southwestern Vermont Medical Center.

William E. Shiels, II, DO, Dublin, OH, received Rotary International's Rotary Humanitarian Award in recognition of his international humanitarian efforts, particularly training international fellows in pediatric interventional radiology in developing countries. Dr. Shiels is chief of radiology at Nationwide Children's Hospital in Columbus.

Richard J. Snow, DO, Columbus, OH, was named to the list of the "Top 25 Clinical Informaticists for 2010." The honor, given by *Modern Healthcare Magazine*, recognizes medical professionals who excel at using patient-care data to improve both the clinical and financial performance of their organization.

Dyanne Westerberg, DO, Glen Mills, PA, was recognized by *SJ Magazine* (March 2011) as one of the "Top Docs for Kids 2011 in Family Practice."

CLASS OF 1984

Anthony Brown, DO, Medford, NJ, was elected chief of staff of South Jersey-based Kennedy University Hospitals. Dr. Brown is a board-certified nephrologist with Nephrology & Hypertension Associates of New Jersey in Stratford.

CLASS OF 1985

Frank D. Gabrin, DO, Macedonia, OH, joined emergency medicine services at O'Blens Memorial Hospital. He is affiliated with Team Health Midwest, which provides administrative and staffing services for O'Blens' emergency department and for emergency departments across several states.

Leonard S. Goldsmith, DO, Voorhees, NJ, was recognized by *SJ Magazine* (March 2011) as one of the "Top Docs for Kids 2011 in Neonatology."

Sandra Nairn, DO, Moorestown, NJ, was recognized by *SJ Magazine* (March 2011) as one of the "Top Docs for Kids 2011 in Pediatric Emergency Medicine."

CLASS OF 1986

H. Brent Bamberger, DO, Kettering, OH, was included in the January/February 2011 issue of *Becker's Orthopedic & Spine Review* as one of the "45 Great Hand and Upper Extremity Surgeons to Know."

James M. Bonner, DO, Mullica Hill, NJ, was elected vice president of the medical staff at Underwood-Memorial Hospital in Woodbury.

Neil J. Halin, DO, Newton, MA, was recognized by *Boston Magazine* (December 2010) as one of the “Top Doctors in Radiology.”

Timothy T. Ott, DO, Quincy, IL, was appointed assistant professor of family and community medicine, and joined the medical staff at the Family Practice Center at Southern University School of Medicine.

Michael J. Zawisza, DO, Orwigsburg, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

CLASS OF 1987

Joseph DeRosa, DO, Ironton, OH, had his case report, “US Imaging Made It Possible to Postpone Resection of Tumor Until Delivery,” published in the January 2011 issue of *OBG Management*.

Richard E. Johnson, DO, Du Bois, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

John J. Moore, DO, Malvern, PA, was an invited panelist at the Second World Congress on Interventional Therapies for Type 2 Diabetes in New York City. The speakers and panelists represented 20 countries whose populations have a rapidly growing incidence of obesity and diabetes. Dr. Moore is the northeast regional medical director at Aetna in Blue Bell.

CLASS OF 1988

Carman A. Ciervo, DO, Marlton, NJ, was elected to the board of governors of the American College of Osteopathic Family Physicians. Dr. Ciervo was named senior vice president for clinical integration at Kennedy Health Systems in Voorhees.

Joseph Heck, DO, Henderson, NV, was elected to the United States Congress as Nevada’s representative for the Third Congressional District in November 2010. He is the third person to hold this seat since its creation. Dr. Heck serves on the Education and Workforce Committee, and the Armed Services Committee. He is the only freshman appointed to serve on the House Permanent Committee on Intelligence. Dr. Heck has more than 30 years in public service as a physician, Army reservist and community volunteer. He serves as an attending physician at University Medical Center, Las Vegas.

CLASS OF 1989

Kris M. Belland, DO, Coronado, CA, is the incoming president of the Society of U.S. Naval Flight Surgeons.

Mark A. Monaco, DO, Bryn Mawr, PA, was chosen as president-elect of the Pennsylvania Osteopathic Medical Association.

Jeffrey S. Rogers, DO, Xenia, OH, joined the medical staff at Wilson Memorial Hospital in Sidney.

CLASS OF 1990

Christopher J. Droogan, DO, West Chester, PA, received his board certification in advanced heart failure and transplant cardiology from the American Board of Internal Medicine.

Margaret A. Guest, DO, Portsmouth, OH, joined the medical staff at Southern Ohio Medical Center.

CLASS OF 1992

Gene M. Battistella, DO, McKees Rocks, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

John P. Husak, DO, Alexandria, VA, was inducted into Berwick High School’s Academic Hall of Fame. Dr. Husak serves in the U.S. Army assigned to the National Guard Bureau as chief of preventive medicine in Arlington. He provides health policy and oversees 360,000 soldiers in the National Guard.

Deborah Wanglee Sundlof, DO, Hellertown, PA, was appointed chairwoman of the 2011 Go Red for Women campaign in the Lehigh Valley.

Sarah P. Towne, DO, Ocean Isle Beach, NC, joined the medical staff at CommWell Health in Ocean Isle Beach.

CLASS OF 1993

Michael Gasparovich, DO, Centreville, MD, joined the medical staff at Shore Family Practice in Centreville.

Leslie E. Myers, DO, Canandaigua, NY, was appointed medical director of Thompson Health Senior Living Services.

CLASS OF 1994

Gerard J. Foti, DO, Berwick, PA, was inducted into Cardinal O’Hara High School’s Hall of Fame. Dr. Foti currently serves on the staff at Bryn Mawr, Riddle and Crozer-Chester Hospitals as an orthopedic spine surgeon.

Alan J. Shienbaum, DO, Bala Cynwyd, PA, was appointed vice chairman of the department of pathology at University of Medicine and Dentistry of New Jersey – School of Osteopathic Medicine. He also serves as director of anatomic pathology and associate director of clinical laboratories at Kennedy University hospitals in Southern New Jersey.



MILITARY ALUMNI IN JAPAN

Presently, four PCOM alumni are stationed at Yokota Air Base in Japan. Pictured from left to right are Lieutenant **Colonel Karyn Lewis, DO '95**, an obstetrician/gynecologist; **Major Patrick Bull, DO '05**, an orthopedic surgeon; **Colonel Lee H. Harvis, DO '96**, commander of the 374th Medical Group and command surgeon for 5th Air Force and U.S. Forces Japan; and **Captain Molly George, DO '06**, an obstetrician/gynecologist.

CLASS OF 1995

Jeffery J. Dunkelberger, DO, Camp Hill, PA, was re-elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association.

Leo H. Eschbach, Jr., DO, Lewes, DE, was recognized and accredited for his expertise in minimally invasive gynecologic surgery by the American Institute of Minimally Invasive Surgery, which also has designated his practice, Bayside Health Association Chartered Inc., as a Practice of Excellence.

CLASS OF 1996

David J. Addley, DO, Hatfield, PA, was the recipient of the 2011 Meta Christy Award presented by PCOM’s chapter of the Student National Medical Association. This is the second time Dr. Addley has received the prestigious award.

Douglas D. Stern, DO, New Enterprise, PA, was appointed medical director of the emergency department at UPMC Bedford Memorial.

CLASS OF 1998

Mary K. Stailey-Sims, DO, Sewell, NJ, was recognized by *SJ Magazine* (March 2011) as one of the “Top Docs for Kids 2011 in General Pediatrics.”



KATIE NEWSOM PASTUSZEK, MS/ODL '09

Making the World a Better Place, One Experimental Lesson at a Time *by Colleen Pelc*

When Ms. Pastuszek, executive director of Outward Bound Philadelphia, received the 2005 Joshua L. Miner National Award for her years of service and accomplishment in the organization, her cash award was intended to be used to do “something meaningful.” For Ms. Pastuszek that “something” was going back to school to earn her master’s degree—26 years after she earned her bachelor’s degree.

“After taking my first two classes at PCOM, I was hooked,” Ms. Pastuszek recalls. “I wanted to learn how to effectively manage change in organizations, and this has become hugely significant in my career.”

Just as Outward Bound takes youth out of their natural comfort settings and teaches them experiential learning at its core through activities like mountaineering, sailing and hiking, Ms. Pastuszek left her “safe harbor” to enter academia at a time when her organization served as her number one case study. “I chose to earn my master’s in organizational dynamics at the same time that my organization was undergoing a huge national transformation,” she says.

When Ms. Pastuszek first became involved with Outward Bound Philadelphia in 1999, she was the only full-time employee serving about 100 public and charter school students. Twelve years later, the organization has grown exponentially, serving 4,000 students with a full-time staff of eight.

As the executive director with the longest service time of any center director among Outward Bound USA’s six affiliated centers across the country, Ms. Pastuszek uses the degree she earned in organizational development and leadership on a daily basis. Besides offering support to her staff and her colleagues across the system, she is charged with generating and maintaining the funds that the organization needs to serve their clients.

“My ultimate goal is to take Outward Bound Philadelphia from a start-up to a sustainable nonprofit. We have worked very hard through transitions and when I leave here I just want to make sure that what I leave behind will last,” she says. “I want to feel as though I have spent my adult life in some tangible way that makes the world a better place. When I see Outward Bound students who face significant challenges in school and life come out of our program with tenacity, determination and pride in their accomplishments, I am hopeful that good will prevail.”

CLASS OF 1999

Edward K. Pavillard, DO, Collegeville, PA, had his article, “Easily Ignored: Leg Pain May Signal Heart Trouble,” published in the January 24, 2011, issue of *Mercury*.

Whitney E. Pollock, DO, Pottsville, PA, was named national spokesperson for NovaSure. This is a 90-second, one-time procedure to treat heavy menstrual periods. Dr. Pollock is the CEO and physician at the Gynecology Center in Pottsville.

Kerry M. Scott, DO, Meridian, MS, was elected chief of family medicine at Anderson Regional Medical Center.

Jason G. Tronetti, DO, Port Allegheny, PA, was named medical director at Lakeview Senior Care and Living Center in Smethport. He has practiced family medicine at Charles Cole Memorial Hospital’s Port Allegheny Health Center since 2002.

CLASS OF 2000

Joseph B. Nyzio, Jr., DO, Lumberton, NJ, is the president of MediKine Group, LLC, an anesthesia service provider in South Jersey.

Craig R. Oser, DO, Bridgeville, PA, was selected as one of the top plastic surgeons in West Virginia by the International Association of Healthcare Professionals. Dr. Oser is chief of reconstructive and cosmetic surgery at the Weirton Medical Center.

Thomas J. Prezenza, DO, Haddonfield, NJ, was recognized by *SJ Magazine* (March 2011) as one of the “Top Docs for Kids 2011 in Radiation Oncology.”

CLASS OF 2001

Dominic J. Valentino, III, DO, Grenloch, NJ, was appointed associate director of the intensive care unit at Mercy Catholic Medical Center in Philadelphia. Additionally, he coauthored a case report, “A 65-Year-Old Man with Shortness of Breath, Pleuritic Chest Pain, and Recurrent Pneumonia,” published in the December 2010 issue of the *Journal of the American Osteopathic Association*.

CLASS OF 2002

Steven R. Blasi, DO, Easton, PA, is employed by St. Luke’s Hospital and is a family practice/geriatrician at Gracedale, Northampton County’s nursing home outside of Nazareth.

Roger C. Ernest, DO, Apex, NC, was named 2011 Health Care Provider of the Year by DrScore.com, an online patient satisfaction and survey rating website. Dr. Ernest is on the medical staff at Carolina Crossroads Surgery PC in Sanford.

Chad R. Gordon, DO, Boston, MA, was appointed assistant professor in the department of plastic surgery at Johns Hopkins University School of Medicine.

John-Mark Miller, DO, Rome, GA, was appointed osteopathic residency director at Floyd Family Medicine.

CLASS OF 2003

Jason A. Foltz, DO, Greenville, NC, joined the faculty of the Brody School of Medicine at East Carolina University and its group practice, ECU Physicians.

Crystal Ann Maksimik, DO, Allentown, PA, has joined Sacred Heart Healthcare System as a cardiologist at the Heart Care Group in Allentown.

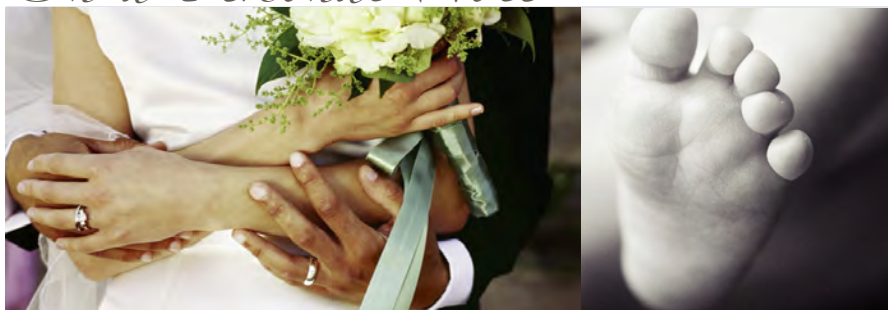
CLASS OF 2004

Jay R. Colbert, DO, Hoopeston, IL, is serving the second year of a two-year term as chief of staff at Hoopeston Regional Health. He also serves as medical director of the 75-bed Hoopeston Community Nursing Home.

Walter J. Laibinis, Jr., DO, Wellsboro, PA, was appointed chief medical officer at Soldiers and Sailors Memorial Hospital in Wellsboro.

Michael E. Monte Carlo, DO, West Deptford, NJ, joined the medical staff at Kennedy Health Alliance – West Deptford.

On a Personal Note



Vito V. Cirigliano, DO '08, and **Mary E. Kenney, DO '08**, Norristown, PA, were married on September 17, 2010.

Nathan A. Greczek, DO '10, and **Sarah M. Sitoski, DO '10**, Nescopeck, PA, wed on May 29, 2010, at the Church of St. Gregory in Clarks Green. The reception was held at Via Appia in Taylor. The couple honeymooned in Punta Cana, Dominican Republic.

Francesco T. Mangano, DO '98, Loveland, OH, and his wife, Danielle, are the proud parents of Giuliana, born on January 22, 2011.

Lieutenant Meredith Perry, DO '06, Grosse Ile, MI, married Marine Corps Captain Blake Smith on May 28, 2011, in York, Pennsylvania. The couple appeared on the "Regis and Kelly" television show in February 2010, during the show's "Greatest Love Story Week" (see page 18 to read their story).

Captain Aaron Pumerantz, DO '09, and **Christa M. Arkebauer, MS/Biomed '09**, Silver Spring, MD, were married in Toledo, Ohio, on December 11, 2010. The couple honeymooned in Cozumel, Mexico.

Corwin A. Thomas, DO '95, Lafayette, LA, married Catherine M. Richard on March 19, 2011, at Town Square, River Ranch. The couple honeymooned in the French Polynesia Islands.

CLASS OF 2005

Evan B. Lenkowsky, DO, Doylestown, PA, joined the medical staff at Grand View Hospital in Sellersville.

Lana E. Patitucci, DO, Philadelphia, PA, joined the medical staff at Pinnacle ENT Associates, Head and Neck Associates division, in Havertown.

CLASS OF 2006

Rafah S. Alsahlani, DO, Scottsdale, AZ, joined the medical staff at Phoenix Neurology & Sleep Medicine, Division of Integrated Medical Services.

Eric M. Kephart, DO, Hollidaysburg, PA, joined the department of family medicine at Altoona Regional Health System.

CLASS OF 2007

Lauren E. Baker, DO, Souderton, PA, was granted medical staff privileges at Grand View Hospital in Sellersville.

Tara H. Budinetz, DO, West Milton, PA, began a reproductive endocrinology and infertility fellowship at the University of Connecticut Health Center School of Medicine.

CLASS OF 2009

Patrick F. Coughlin, DO, Evans, GA, was appointed chief resident of family medicine at Dwight D. Eisenhower Army Medical Center in Fort Gordon.

William J. Gillespie, PsyD, Philadelphia, PA, opened a new counseling center, Crest Counseling & Education Services, in Philadelphia. Crest offers counselors for children, adolescents and, in some cases, adults with psychological issues or those seeking educational support.

Lisa A. Hain, PsyD, Mohton, PA; **Nicole L. Jones, MS/Psy**, Bensalem, PA; **Kyle H. Lawrence, MS/Psy**, Barrington, NJ; **Jessica L. Morley, EdS/Psy**, West Chester, PA; and **Alex C. Smith, MS/Psy**, Spring Grove, PA, coauthored an article, "Executive Impairment Determines ADHD Medication Response: Implications for Academic Achievement," published in the March/April 2011 issue of the *Journal of Learning Disabilities*.

Kelly C. O'Laughlin, PsyD, High Point, NC, joined the staff at Cornerstone Behavioral Medicine.

In Memoriam

Alan Barman, DO '86, Chadds Ford, PA, September 14, 2010.

Ervin Barr, DO '50, Plantation, FL, September 13, 2010.

Walter K. Bradley, DO '58, Naples, FL, February 18, 2011.

Steven G. Carin, Jr., DO '73, Athens, OH, May 15, 2010.

Clayton F. Carr, DO '60, Venice, FL, May 4, 2011.

Frank B. Falbey, Sr., DO '52, Arlington, TX, May 2, 2011.

Richard H. Feeck, DO '63, Mount Juliet, TN, January 25, 2011.

Gloria B. Joye, RN '53, Winter Haven, FL, February 1, 2011.

Rosemarie Ann Leandri, DO '77, Altamonte Spring, FL, May 14, 2011.

Joseph C. Minniti, DO '52, Philadelphia, PA, April 26, 2011.

Robert N. Patterson, DO '58, West Union, OH, March 9, 2011.

William A. Rieber, DO '41, Wyncote, PA, May 26, 2011.

Alphonse Salerno, DO '48, West Orange, NJ, May 8, 2011.

Stanley Schiowitz, DO '44, Great Neck, NY, June 27, 2011.

William J. Semon, DO '77, Des Moines, IA, May 12, 2011.

Mark Sickora, DO '86, Atlanta, GA, February 4, 2011.

Harry L. Slifer, DO '57, Doylestown, PA, March 7, 2011.

Charles Steiner, DO '44, South Orange, NJ, June 27, 2011.

Jennifer E. Strong, DO '00, Grand Junction, CO, March 27, 2011.

Pamela Mae Taylor, DO '05, Cleveland, OH, February 17, 2011.

Clifford L. Ward, Jr., DO '36, N. Scituate, MA, March 2, 2011.

Edmund L. Zapp, Jr., DO '55, Quakertown, PA, April 6, 2011.

Michael W. Zarrilli, DO '56, Powell, OH, April 28, 2011.

CLASS OF 2010

Daniel N. Ginn, DO, Memphis, TN, was a recipient of the Arnold P. Gold Humanism & Excellence in Teaching Award presented by the University of Tennessee.



Keeping It *Personal*

by Carol A. Fox, MM,
*retired associate vice president for
enrollment management*

When I came to PCOM in 1967, the war in Vietnam was raging. At home, women were fighting for equal rights in the workplace. In fact, women in positions of authority were such a rarity that, before my promotion to registrar of the College in 1968, former PCOM President Frederic Barth felt compelled to see if any other osteopathic colleges had women registrars. Fortunately, Kirksville College of Osteopathic Medicine had already broken that glass ceiling, so I received my promotion and was on my way to a tremendously rewarding career in higher education.

Over the past 44 years, the world of admissions has changed along with the world at large. In the past, doctors and pre-med advisors wrote personalized letters of recommendation for potential students, and the candidates also sent us individualized letters along with their applications. The process was very personal from beginning to end. Computer technology has changed that. Communications with applicants have become largely electronic and, as a result, less personal.

However, one crucial factor has not changed: the admissions decisions we make may affect countless people's lives down the road. This is an awesome responsibility. More than ever, it is important to remember that the philosophy of osteopathic medicine—looking at the whole person—begins with the admissions process.

Making good decisions depends on having a full understanding of who each candidate is. This means more than just knowing MCAT scores, grades and other information that can be quantified in an electronic application. It means really understanding what makes each candidate tick. Do they have what it

takes to become excellent osteopathic physicians? Are they comfortable with the hands-on approach? Do they have the ability to create warmth in their interactions with patients? Are they a good fit for the environment of caring and collaboration that is PCOM?

We must remember to know the person behind the electronic application. The osteopathic hands-on approach is still essential to our admissions process for the DO program as well as for our graduate programs, which have grown significantly over the past 15 years. The personal touch helps us to make the most of every face-to-face encounter, whether at a college recruitment fair, a campus open house or, most importantly, the personal interview.


A good admissions person is also someone who really cares about the College, who understands its philosophy and who is able to sell it. I always had a heart for PCOM. Something about it clicked with me from the first day I walked in here as a college student working during the summer in the Registrar's Office. It was the people at PCOM and their philosophy—their beliefs and the way they operate in the world make the people here who they are.

At PCOM, we've always tried harder. We reach out more, we care more, we take the time to know and help students

they are ready (and their parents and families think they are), but I know by looking at their credentials that they are not. Over the years, I have offered advice about ways to improve their chances of admission. Those that listen often come back a year or two later to thank me. I remember one student who said, "You told me that I needed to go back to school and do more work and if I was successful, chances were good that I'd be accepted. I was so angry at you that day, but you were so right. I needed that extra year of education and it's made all the difference in the world. I never could have done it if I hadn't listened to you." They may doubt you in the beginning, but when they succeed because of your advice, it's so rewarding.

The most difficult task in admissions is saying no to a student who really wants to come to PCOM because you know deep down that this person will never be a success academically. What's even harder is when you meet someone whose personality would make it difficult for them to fit into PCOM and osteopathic medicine. When you bring someone in for an interview, you can tell how well they will interact with patients and sense their comfort level with touching another person, qualities that are integral to becoming a DO. These are judgment calls that can only be made through personal interaction with applicants.

Over the years, many people have asked me how I learned to assess applicants so successfully. So much of what I have been able to accomplish I owe to Tom Rowland, who hired me and was my mentor. As director of admissions and PCOM's fourth president, Tom looked beneath the surface of each student and saw so much potential, and he taught me to do the same.

Every year at Commencement, it has been rewarding to watch as each graduate walks across the stage, knowing that the choices we made were for the most part good ones; that the students we took a chance on excelled; that the shy introvert became a leader and the engaging extrovert a team player; that we have produced another class of osteopathic physicians, psychologists, physician assistants and other healthcare providers who will affect the lives of their patients in caring, positive ways. This personal connection with our students—from the first admissions conversation through graduation—has played a major role in our success as a college. It has distinguished us in the past, and I am confident it will continue to fuel our success in the high-tech world of the future. 

"At PCOM, we've always tried harder. We reach out more, we care more, we take the time to know and help students and we work harder to make sure everyone recognizes the College appropriately."

and we work harder to make sure everyone recognizes the College appropriately. This has made it easy for me to "sell" PCOM and osteopathic medicine, and I'm proud of the huge strides we've made.

One of the most satisfying—and at the same time difficult—experiences I've had is counseling students who aren't ready for medical school. Of course, they think

Technology has in no way diminished the importance of personal contact. We have to find that balance between achieving the numbers that are so critically important and accepting the applicants who are truly going to make the kind of osteopathic physician that we at PCOM have always been committed to producing.

In June, Ms. Fox retired from her admissions role at the College; she will continue to serve in a special development capacity. The College invites alumni and friends to send good wishes to Ms. Fox via email: carolf@pcom.edu or in care of PCOM Alumni Relations and Development Office, 4180 City Avenue, Philadelphia, PA 19131-1695.

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 or mail Marketing & Communications, 4180 City Avenue, Philadelphia, PA 19131-1695.



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