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Spring 1992
Mission In Progress

The first step in the College's strategic planning process is nearly complete. The COM mission statement has been approved by the planning committee and now awaits faculty approval.

This statement briefly encapsulates the purpose, philosophy and values of the College and lays the foundation for the next step in the planning process—the clarification and demarcation of the College's goals and objectives.

Dean Douglas Wood explained that these goals will address in more detail the direction MSU-COM will take in several important areas including osteopathic primary medicine, the educational continuum, osteopathic principles and practice, community integration, leadership in medical education, Michigan's health care needs, research, the human environment and communication and advocacy.

These goals are currently being formulated and should be completed by June, Wood estimated. Once finalized, departments within the College will use these goals as a framework to develop their own future objectives. To assist the departments, outside consultants will be brought in to teach a selected group at the College different methods of strategy planning and implementation. Once trained, members of this group will assist each of the departments in planning their future in the context of the College's overall strategy.

In discussing this process, Wood acknowledges that although the majority approves of the newly defined college mission, the support is not unanimous. His office has sent out a series of letters to address concerns about these future changes, to update faculty, students and staff on the planning progress and to encourage them to respond with their comments and suggestions. Wood is hopeful that by keeping the channels of communication open, people will become more knowledgeable about the changes underway and better understand how they will fit into the College's new vision.

MSU-COM Mission

The Michigan State University College of Osteopathic Medicine is committed to osteopathic philosophy, principles and practice and to excellence and innovation in the education of osteopathic physicians to practice community-integrated primary medicine. By providing an exemplary educational continuum that integrates osteopathic undergraduate, graduate and continuing medical education, we will establish our leadership in the transformation of medical education. We maintain our commitment to address the health care needs of the people of Michigan, and, through research, to contribute to the biological, behavioral and clinical science knowledge base fundamental to medical education and practice.

"I have no plan whatsoever of brushing aside peoples' concerns," Wood said. "I would rather address them directly and honestly, try doing this, I think we can come to a better understanding of what the College mission is all about."

With each step in the process, questions will be raised, concerns voiced and disagreements heard. Wood recognizes that while open discussion has—and will bring greater challenges to the planning process, in the long run, it will yield better understanding and greater support.

One area of particular challenge has been the College's move toward a primary medicine focus. Part of this focus includes establishing an educational continuum where future students will be taught an integration of primary medicine and specialty skills. This new curriculum, Wood contends, will produce a new type of primary medicine physician who will be better equipped to practice in the health care system of the tomorrow.

"This idea does not denigrate the excellent skills of primary care physicians working today," Wood said. "Rather, it would build on the skills of these physicians in order to prepare medical students to practice effective medicine in the drastically different health care system predicted 10 or 20 years from now."

This primary medicine curriculum will also serve as an excellent foundation for future physicians interested in specialty medicine, Wood said.

"Ideally, it will produce highly skilled primary medicine physicians as well as specialists whose training is based on general primary care," he said.

Developing this curriculum and working it into the future of COM and the fabric of osteopathic profession will be a challenge for the months and years to come, Wood said.

Comments, suggestions and questions from the faculty, alumni and friends of the college are encouraged at each step of the process.

COM Development Priorities Established

Dean Douglas Wood and his executive staff have approved five development priorities to receive funds raised during 1992:

• Primary Care Initiatives — New initiatives will be launched to further the College's hallmark effort to increase and improve both the numbers and the skills of primary care physicians. Development funds will be used to research, create and implement these initiatives.

• Student Scholarships — COM currently offers numerous scholarships that combined provide thousands of dollars in assistance money to needy and deserving medical students.

• Emergency Student Loan Program — Hundreds of COM students use this resource for assistance in unforeseen financial emergencies. Currently, the program loans about $100,000 to students in need.

Robert Kenowall is one of the 11 students currently enrolled in the Medical Scientist Training Program.

• Kobijak Resource and Computer Centers — These state-of-the-art learning facilities were created by a $500,000 contribution made by the Kobijak family in memory of their son Stefan, a 1985 COM graduate. Development funds will go toward the costs of operating the facility for the hundreds of COM students, residents, faculty and staff who use it.

• Medical Scientist Training Program — The first program of its kind to be offered at an osteopathic medical school, MSTP in 1979 in response to the nationwide need for medical scientists. Since then, 12 students have graduated from the program and 11 students are currently enrolled. Funds raised will go toward sustaining this unique and important educational initiative.

The Kobijak Computer (pictured here) and Resource Centers were opened in August 1991.
A Win-Win Situation

By Julie Decker, M.B.A., MSU-COM Director of Development

As the development officer for MSU-COM, one of my main responsibilities is to present alumni and friends of the college with creative giving options that will fulfill their financial and philanthropic needs.

No one idea will work for everyone. However, most physicians' financial profiles do include some common elements. For example, after the repayment of medical school loans, many physicians are ready and able to contribute to their alma mater. At the same time, however, financial challenges such as heavy tax burdens and planning for retirement may inhibit a physician's ability to give.

One of the ways you can meet your philanthropic goals while facing the challenges described above is through a deferred gift annuity. This planned giving option allows you to establish an annuity that will:

- allow for immediate tax savings,
- provide a guaranteed annual income for you and/or your beneficiary at a future date,
- enable you to provide a future gift to the College of Osteopathic Medicine.

A truly win-win situation, physicians get the tax relief they need while investing in the mission and goals of their medical school. At the same time, the College can move forward on its future plans based on the charitable contributions committed to today. Here's an example of how one couple made it work:

Jack and Jane, age 42, are in the middle of successful professional careers. They can afford annual charitable gifts and they wish to support the educational mission of MSU-COM. As a result of their annual income, they need current income tax deductions but also recognize the need to plan for their retirement. The deferred charitable gift annuity will allow them to meet their philanthropic, financial, and retirement goals. Here is how it works for Jack and Jane and the College of Osteopathic Medicine.

After discussing giving opportunities with the College's development officer and deciding how their gift will be designated, Jack and Jane establish a $20,000 deferred gift annuity in cash. Since they do not need the income generated from this annuity at this time in their lives, they decide to defer annuity payments until their retirement at age 65. However, by establishing this deferred gift annuity at age 42, Jack and Jane are entitled to claim a $14,042.60 charitable gift deduction on their income tax this year based on their current ages, the amount of the gift and the variable IRS discount rate. When Jack and Jane begin receiving the annuity payments at age 65, their guaranteed annual income will be $3,720, representing an 18.6 percent annuity rate. Jack and Jane will receive this sum annually for the rest of their lives, regardless of who survives whom. When the surviving beneficiary dies, the amount remaining in the annuity (annuity corpus) will go to the College to support Jack and Jane's designated interest.

In deciding whether a similar plan would work for you, remember that Jack and Jane's charitable deduction, guaranteed annual income and annuity rate depends on when they receive income from the annuity. For example, had Jack and Jane elected to receive income immediately instead of deferring annuity payments until age 65, their charitable deductions would have been $5,119 and their annual income would have been $1,220.00 (a 6.1 percent annuity rate).

Jack and Jane could have also set up their deferred gift annuity with appreciated securities rather than cash. By doing this, they would avoid paying capital gains taxes.

Of course, Jack and Jane are not limited in the amount of deferred gift annuities they can establish. Because they wish to continue supporting the College while benefitting from charitable deductions and planning for retirement, Jack and Jane have decided to establish annual deferred gift annuities in similar amounts over the next several years. Keep in mind, however, that as the deferred period (the time between the establishment of an annuity and when income payments begin) decreases, so do the annuity rate, annual income, and charitable deductions. However, with each deferred gift annuity, Jack and Jane continue to prepare for their retirement while significantly increasing their total ultimate gift to the College.

The deferred gift annuity is a simple contractual agreement between you and the MSU Foundation—the organization that administers the gift annuity program for Michigan State University and its colleges. The guaranteed lifetime payments are backed by the assets of the foundation.

Deferred gift annuities are often an excellent way for graduates to fulfill financial, retirement, and philanthropic goals. As director of development of the College of Osteopathic Medicine, I would be happy to discuss how this option can work for you. For additional information and a precise illustration of the income and tax benefits available to you, please feel free to call me at (517) 355-8355.

A Deferred Gift Annuity Scenario

| Age of donors when deferred gift annuity is established | 42 |
| Amount of deferred gift annuity | $20,000.00 |
| Ages of donors when income from annuity payment begins | 65 |
| Annuity rate when payments begin | 18.6% |
| Charitable deduction allowed the year the annuity is established | $14,042.60 |
| Tax savings (assuming 31% income tax bracket) as a result of charitable deduction (11% of $14,042.60) | $4,353.00 |
| Real cost of gift ($20,000 minus $4,353 taxes saved) | $15,647.00 |
| Guaranteed annual lifetime income at age 65 | $3,720.00 |
The Potential of Graduate Medical Education

The litany of statistics frequently used to describe the nation’s health care system have become a familiar sounding call for reform:

- The United States spends more than 12 percent of its gross national product on health care.
- On average, Americans pay 26 percent of the costs of health care out-of-pocket, with 19 percent of the public paying more than 40 percent of the cost themselves.
- In 1990, between 30 and 40 million people were without health insurance and an additional 65 million were underinsured.
- Between 1981 and 1988, 545 hospitals—two-thirds of them were rural. Further, there are approximately 1.5 physicians per 1,000 residents in urban areas compared to 0.67 per 1,000 in rural areas.

Members of Congress and federal agencies have heard the call for change and are pressing health care professionals for solutions. Graduate medical education is one area where direction is emerging. COM Dean Emeritus Murray S. Magen recently published a report in which he describes the academic, organizational, and financial outlook of GME. By putting each of these components in the context of the current political climate, Magen provides a succinct view of what graduate medical education might be in the future as well as the revealing the potential of what it could be.

Medical School Directed

Magen reports that the quality and implementation of graduate medical education will increasingly fall under the purview of medical schools rather than hospitals. This trend has proved highly successful in osteopathic medical schools. In 1980, the American Osteopathic Association modified its accreditation guidelines so that osteopathic medical schools could receive approval for internship and residency programs. As a result, 518 new internship positions have opened, with 96 percent located in states with colleges of osteopathic medicine. Over half of these positions are located in Michigan, Pennsylvania, Ohio and New York. Further statistics show that 71 percent of new physicians who train in states with COMs go into AOA-approved residency programs, compared to 29 percent of graduates who train in non-COM states.

Primary Care Focused

Currently, about 45 percent of these new osteopathic physicians will enter primary care residency programs. About a quarter of allopathic graduates will choose a similar path. Members of Congress and some federal agencies who consider these numbers insufficient to meet the nation’s health care needs are pushing for more primary care physicians.

For example, the Health Resources Service Administration is contemplating a number of initiatives. Fitzugh Mullan, director of the Bureau of Health Professions, presented some of these ideas at a recent meeting of the Association of American Medical Colleges. Recommendations included giving generalists more prominence in medical school curricula, prohibiting students from choosing a specialty until their fourth year, changing financial aid to a federal primary care loan program ensuring that Medicare GME dollars are directed to primary care programs.

In Congress, both sides of the aisle are pushing for primary care. House and Senate versions to reauthorize Title VII of the Public Health Services Act include provisions that require all medical schools to family medicine units which provide significant training. By the end of the third year, residency programs have a percentage of graduates providing primary care in underserved areas and that training in general internal medicine and pediatrics be expanded at every level of medical education.

An Institute of Medicine committee studying the financing of graduate medical education would go a step further and target Title VII funding for the development of innovative programs and demonstration sites in primary care.

The American Medical Association Council on Long Range Planning and Development surmises that the general public will support this primary care focus. The Council predicts that as it becomes more educated, the public will develop a more positive attitude toward the role of the family physician. Family physicians will also be increasingly needed in the managed care area. The Council forecasts that this increasing popularity and need may lead to a shortage of family physicians, particularly in managed care and rural areas.

Magen contends that if the groundswell of support for primary care residencies over specialty and subspecialty programs continues to build and other reforms follow, these shortages can be minimized.

“I believe that we will begin to see increasing pressure at both state and federal levels to push for the majority of education funding to go to primary care programs,” he writes. “The policy implications are great and, if one coupled the funding of residency programs in the primary care areas with loan forgiveness for students entering both primary care specialties and practice shortage areas, I believe we would go a long way to solving our access problems.”

Community Oriented

Health care access should also be addressed, Magen contends, by providing primary care through a community-based delivery system. Indeed, he writes, there is no question that the next thrust of funding priorities at the federal level will be in this area.

Magen bases much of his discussion on Sidney Kirk’s concept of Community Oriented Primary Care, a system designed to provide accurate and efficient care to an identified population. Necessary to this system are a primary care practice that takes responsibility for the continuity of care, and a process by which the care, together with the community, can identify and address the major health problems of the community.

To make a community-oriented system work, physicians and other disciplines will need to be molded together into a health care team. This coordinated effort, when it works as it should, would ensure that services are neither overloaded or duplicated, that care is less fragmented, that access is increased and that each profession is clear on the areas of responsibility.

Establishing this community-oriented approach would require several revisions to undergraduate and graduate medical education. Besides increasing training in ambulatory care clinics and other non-traditional settings, students and new physicians would need to be more aware of the long-term effects of care. They would need knowledge in epidemiology and skills in preventive medicine, and be able to use this information in professional problem solving.

More medical care research is needed to assist new physicians to evaluate the health of their communities. Magen explains that this type of research is different and non-traditional. It deals with individuals and/or communities, not with a discipline, organ system or disordered pathology. Rather, it is concerned with medicine as a social institution. (White,}

Increase in Intern Positions Since 1980

| States with COMs | 485 additional positions |
| States without COMs | 23 additional positions |


Ninety-six percent of new intern positions have been created in states with college of osteopathic medicine.
Williams and Greenberg. Specifically for a community oriented primary care, medical research should focus on economics, system issues, behavioral issues and the methods or science of delivering care through this innovative system.

MSU-COM: Ready to Lead

While upfront about the difficulties involved in reform, Magen is generally positive that graduate medical education can be effectively revised, that the changes are affordable and that the results will deliver better health care than the current system.

Magen is even more optimistic that MSU-COM is prepared to take a lead role in the development and implementation of many of the new and innovative graduate medical education programs under discussion.

"The College of Osteopathic Medicine at Michigan State University is uniquely situated to take advantage of the changes occurring in the system and of the new initiatives coming from Washington," he writes. "The College has already developed a graduate medical education consortium, the majority of students (71 percent) opt for primary care and curricular changes reflect the ambulatory and primary care emphasis."

A signature effort of the College’s leadership in GME is its plan to create a comprehensive primary care curriculum including a specifically designed residency program. As envisioned, the program would replace the general internist, the general pediatrician and expand the focus of the family physician. Discussions concerning the implementation of this program are continuing with the specialty colleges affected and the appropriate AOA committee.

Magen concludes his report with several recommendations to enhance the College’s strides in graduate medical education. He urges the College and its affiliated hospitals around the state to continue to expand GME programs. He supports the efforts of the Consortium for Osteopathic Graduate Medical Education and Training and urges greater input from the College. Further, when funding allows, individual program directors who are full-time college faculty should direct each GME discipline.

Magen also encourages the College to investigate the community oriented primary care model immediately. When feasible, clinics should be opened. In the meantime, the MSU Colleges of Osteopathic Medicine and Nursing along with the School of Social Work should begin to craft coordinated clinical programs that can be implemented in community clinics.

Graduate medical education programs should also be developed with the MSU College of Human Medicine.

"The ability of the College to attract top D.O. residents is apparent. The increasing necessity for certification by specialty boards in both professions for D.O.’s is a fact of life," he writes. "Combined residency programs make sense economically and should be advantageous to both the colleges and the residents." (Emphasis added.)

The College should develop an academic track for interested residents. Within this curriculum, residents could be exposed to educational concepts, the economics of health care, research design, computer literacy, epidemiology and health services research.

"Without question, there must be a biomechanics segment attached to the academic track so that residents can incorporate osteopathic principles and techniques," wrote Magen.

In addition, academic fellowships should be created to develop future department chairs and faculty.

Finally, health service research fellowships are needed to assist physicians interested in better evaluate the need for and effect of primary care on communities.

Editor’s Note: The above summary briefly address only some of the many points discussed by Dean Magen in his report, Osteopathic Graduate Medical Education. For a full copy, contact his office in the Department of Community Health Science, 517/336-2875.

Hospital Costs vs. Reimbursement for Residency Training

Impact of Adding One Intern or Resident:

| Reimbursement benefit of adding one F.T.E. | $81,522 |
| Actual additional cost of adding one F.T.E. | $34,063 |
| Excess reimbursement from one F.T.E. | $47,460 |

### Hospital A

<table>
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<td>Total reimbursement</td>
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### Hospital B

<table>
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<th>35 Interns and Residents</th>
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<tr>
<td>Total reimbursement</td>
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<tr>
<td>Total cost</td>
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<td>Excess reimbursement over cost</td>
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Community-Integrated Science: The MSU-ONTT Team

First, was prednisone any better than placebo in treating optic neuritis? Second, was intravenous methylprednisolone, followed by prednisone, any more effective than prednisone or placebo in treating the disease? The 457 patients assembled during the four-year research endeavor were assigned to one of three treatment groups—those that received prednisone orally, those that received methylprednisolone IV and those that received placebo. On average, the patients were 32 years old and 77 percent were women. The investigators gauged the effectiveness of each treatment by measuring the patients’ speed of recovery, the quality of their recovery and by comparing the complications of steroid treatment to its beneficial effects.

Oral Corticosteroids Ineffective

The results showed that not only are oral corticosteroids ineffective in treating optic neuritis, the drug actually caused the disease to recur more frequently than no treatment at all. Trial investigators found that 27 percent of people taking oral prednisone had at least one new attack of optic neuritis during a follow-up period, which for some patients was as long as two years. The patients who received placebo had a 15 percent rate of subsequent optic neuritis.

Patients in the intravenous group, however, showed unexpected findings. Most recovered their vision about two weeks sooner than those receiving placebo and their recurrence rate was the lowest at 13 percent. Further, vision tests on these patients showed slightly better results than patients in the other two groups. However, the vision acuity of the intravenous group was no better than those patients who received placebo.

“We originally wanted to see if IV methylprednisolone would increase the speed of recovery,” explained Kaufman. “At no time did we anticipate the prednisone would cause further recurrence. Why methylprednisolone followed by prednisone does not have the recurrence rate of prednisone alone is unclear but a tantalizing question that needs to be answered.”

Despite the more promising results with IV therapy, Kaufman recognizes that the benefits are slight. “The intravenous group was only a little bit better at the end of six months than those patients who received prednisone or placebo. There was some advantage in terms of speed and the overall outcome but the advantage is small.”

“The main finding,” he continued, “was that steroids are of limited value, but only if they’re given intravenously. Oral prednisone is not only of no value, but it can cause a higher level of recurrence than doing nothing or giving intravenous steroids.”

Kaufman added that as a result of these data, a further study that rigorously examines the effects of various dosages of intravenous steroid treatment on optic neuritis should be and, most likely, will be done in the future.

Multiple Sclerosis: The Broader Question

A major research outgrowth of this data may be translating these findings into treatment for related demyelinating neurological diseases, particularly multiple sclerosis. Optic neuritis is thought to be an early manifestation of this disease which primarily affects young and middle-aged women, causing the destruction of the myelin sheath in sites throughout their central nervous systems. ONTT investigators want to better understand the relationship between these two diseases and determine whether steroids are an appropriate treatment for MS.
The Optic Neuritis Treatment Trial

Based on the ONTT results, study chairperson Roy Beck said that oral corticosteroids may not be efficacious in treating patients with multiple sclerosis. Whether intravenous steroids are beneficial is still unclear.

Research that strives to unravel the relationship between optic neuritis and MS could provide medical scientists with important information regarding treatment. As a result, the National Eye Institute recently funded a second study, in which MSU will participate, called the Longitudinal Optic Neuritis Study. This project will follow each patient in the ONTT project over the next five years to determine how many will develop multiple sclerosis.

Kaufman said that although the current ONTT research is inconclusive regarding MS, it does bring out important questions that private physicians need to consider. Does prednisone cause MS symptoms to improve or heal quicker? Or, as in optic neuritis, do oral corticosteroids cause a faster recurrence of the disease? Is no treatment the better course of action?

"That's what the private physicians in the community will have to answer carefully in their day-to-day treatment of MS patients," said Kaufman. He added that it is imperative that systematic clinical research also rigorously look at these questions as soon as possible.

The cooperative consortium formed by the ONTT study among local physicians, Sparrow Hospital and the university will have an opportunity to work together to address these questions and others brought to light by the ONTT research.

Kaufman said he believes that consortiums such as this, which join university resources with those in community, are key to the success of further study. Thus, keeping the Lansing consortium healthy and together will be one of his goals in future research efforts.

"The bridges have been made," said Kaufman. "Now, they must be taken care of."
COM Workshop Builds Computer Research Skills

COM recently hosted a special training session to enhance the computer research skills of MSU faculty, staff and students.

Debbie Jankowski, M.L.S., the medical library media specialist at the Kobiljak Resource and Computer Centers, said she arranged the computer workshop to help those involved in medical education and practice become better managers of information. Educators and practitioners need to know how to locate and retrieve information easily if they are to keep up with a burgeoning of medical knowledge.

Grateful Med is a user-friendly computer software package that provides a researcher access to 40 biomedical databases from the National Library of Medicine. Elizabeth Seagull, of the Greater Midwest Regional Medical Library Network, showed 20 faculty, staff and students how to use these databases to access citations and abstracts from over 3,500 journals dating back to 1966. An affordable research tool, the software costs less than $50.

Separate "train the trainer" and general training sessions focused on creating search strategies using Medical Subject Headings (MESH) developed by the National Library of Medicine. These key-word strategies enable the workshop participants to develop accurate, thorough searches when using the Grateful Med databases, and thus keep the cost of using the system, the on-line charges, down.

Jankowski said that the principles applied in Grateful Med will be useful to COM graduates at hospitals and other teaching sites because the same strategies can be used in many database search programs.

According to Jankowski, there are plans to provide Grateful Med training to general practitioners during a faculty development computer workshop to be sponsored by the Consortium for Graduate Medical Education and Training (COGMET) this summer.

International Health Project Sends Students Around the World

Six MSU medical students will journey to four different European countries this summer to gain pre-clinical and clinical skills. They are part of the international student exchange program provided by the International Federation of Medical Student Associations. Kimya Nguyen, COM '95 and Brian Purchase, COM '94 attended the IFMSA annual meeting held in Cairo, Egypt, this spring to set up the exchanges between MSU and foreign students.

Andrzej Zajac, COM '94, was a part of this highly successful program last summer, studying for two months at Hospital de Sant Bernabe de Berga in Barcelona, Spain. Last fall, four Spanish students came to MSU to complete month-long rotations with COM faculty Howard Dean, Richard Pascucci, Peter Gallick and Beth Lahey.

Nguyen, who is director of the International Health Project at MSU, said that they have arranged to bring six international students to campus this year from France, Denmark, Sweden, Austria and Hungary. They will also award a new scholarship this year designed to assist a student from an Eastern Europe or developing country to come to MSU.

Renowned Professor Retires

Psychiatry department chairperson Norbert Enzer (left) recognizes the distinguished career of Henry Krystal, M.D. (right) at his retirement party in January.

Psychiatry professor Henry Krystal retired earlier this year after 23 years on the college faculty. The internationally recognized scholar and researcher of trauma and the Holocaust was honored at a retirement celebration held in January for his contributions to COM since its pre-MSU days at Pontiac.

COM Dean Emeritus Myron S. Magen praised Krystal for his excellent job in supervising, with relatively few resources, the psychiatric training of COM students. He also credited Krystal as instrumental in bringing other psychiatrists to the College and, while maintaining his private practice, managing to teach, do research and write.

"He's one of the few renaissance people around," Magen said.

Krystal plans to continue his practice as a psychiatrist and psychoanalyst following his university retirement.

Mill Named Medical Director to International Program

Walter C. Mill, professor of osteopathic medicine, has been appointed the 1991-1992 medical director for the Michigan/Belize Partners, an organization affiliated with the Partners of the Americas.

A privately-supported organization dedicated to increasing understanding among the nations of North and South America, Michigan Partners of the Americas works closely with the people of the Dominican Republic and Belize (formerly British Honduras). As medical director, Mill will be responsible for coordinating educational programs.

Medical and dental personnel from Michigan work with local doctors and dentists in Belize clinics to improve care. Together they recommend improvements in supplies, personnel and training that would be most beneficial. The Belize partners sometimes come to Michigan for specialized training.

Volunteer members have developed projects in agriculture, forestry, cultural exchanges, handicapped programs, economic development, education, emergency preparedness, health and sports.

— Katie Donnelly
Public Relations
Charles B. Dehlin, Jr., has an internal medicine practice in Lansing. As a clinical associate professor at MSU-COM, Dehlin teaches both undergraduate medical students and new physicians. He is a board certified fellow of the American College of Osteopathic Internists.

Louis Jacobs, a neurological surgeon and assistant clinical professor at MSU-COM, has launched a neurosurgery residency at Garden City Hospital. He was also recently selected as member of the American Osteopathic Board of Surgery.

Kenneth D. Stringer is an associate professor at MSU-COM who teaches undergraduate medical students pediatrics and sports medicine. Last year, Stringer, along with former MSU sports medicine fellow Wade Lifeguard and COM student Reuben Henderson, completed a study on weight training and children. The results showed that when well-supervised, weight training can be beneficial for children between the ages of 7-16.

Marc Grant is an anesthesiologist living in Cave Creek, Ariz. and practicing at Phoenix General and Deer Valley Hospitals. He also teaches undergraduate medical students cardiovascular and pulmonary physiology.

Harriet Hugard Shaw, a manual medicine specialist in Tulsa, Okla., was recently appointed as a task force at the College of Osteopathic Medicine at Oklahoma State University for review and revision of the curriculum. Shaw also teaches osteopathic principles and practice at the college.

David B. Bosscher is in a family medicine hospital practice at the Mid-Michigan Regional Medical Center where he also teaches undergraduate medical students on family practice topics.

Carmella D'Adderio is the director of medical education at the Community Health Center in Coldwater. She also teaches nephrology and is researching health care in rural communities.

Myral B. Robbins was recently appointed assistant medical director for the Michigan Peer Review Organization. A solo general practitioner in Utica, Robbins is board certified in general practice as well as quality assurance and utilization review.

Robert Amsler specializes in structural and occupational medicine in a group practice and in the occupational/industrial clinics in Shelby Township. He also participates in the MSU-COM preceptorship and senior programs, as well as graduate medical education.

Barbara Chapman of Metamora has a solo practice in orthopedics and teaches undergraduate and graduate medical students. She and her husband Frank Andrews have two sons, William, 9, and Ross, 7.

Gerald Hauser developed an international conference held at the Hadassah Medical Center in Israel last October. Back in the U.S., Hauser lives in Schenectady, N.Y., where he has a family medicine practice and teaches at Albany Medical College and Upstate Medical Center.

John M. Ketner is chairman of the Department of Surgery at Pontiac Osteopathic Hospital where he practices general surgery and teaches medical students. Ketner was also named a Fellow in the American College of Osteopathic Surgeons in 1991.

Ruth Robinson is stationed in Germany in a group practice in the U.S. Air Force. She was appointed family practice consultant for the Air Force Hospitals and Clinics in Europe. In this role, she visits family practice departments to lecture, inspect, and offer suggestions. Despite the many responsibilities of this position, Robinson writes that she still spends 90 percent of her time caring for patients.

John G. Mills is chairman of the Department of Public Health/Preventive Medicine at the Texas College of Osteopathic Medicine. Besides teaching medical students on numerous topics including his specialty, preventive medicine, Mills is also on the curriculum and faculty grievance committees at the college and clinical director of hyperbaric medicine. He is a trustee of the American Osteopathic College of Preventive Medicine, a consultant to American Osteopathic Board of Preventive Medicine, the preventive medicine representative to the AOA Committee on Postdoctoral Training and a fellow of both the American College of Preventive Medicine and AOA/CPM.

Sylvia G. Mustonen is in general practice in Greenville and teaches MSU-COM students through the preceptorship program.

Carole Bruce Rizzo specializes in adolescent gynecology in her solo obstetrics and gynecology practice. She is board certified by the American College of Obstetrics and Gynecology. Rizzo lives in Southfield with her husband Gary Baum and their 21-year-old son Frank.

Sheevip Josiah Chan is in a group and hospital practice in Munster, Ind., where he specializes in cardiology. A participant in the Chicago Osteopathic Internship Program, Chan also does floor teaching with undergraduate medical students.

Joyce Johnson has a solo practice in Chevy Chase, Md. where she also works with U.S. government management. Certified in psychiatry, preventive medicine, clinical pharmacology, Johnson teaches psychiatry at Georgetown Medical School and conducts research on adverse drug reactions.

Mark Trubowitz specializes in psychiatry in a group and hospital practice in Denver, Colo. Board certified by the American Board of Psychiatry and Neurology in 1986, Trubowitz also teaches undergraduate medical students inpatient psychiatry and psychiatric supervision. He and his wife Pamela Bates, D.D.S., have a new son, Brian, born on April 5, 1991.

David Daitch, of Las Vegas, Nev., is the president of the Nevada Osteopathic Medical Association. An emergency medicine physician, Daitch is director of Boulder City Hospital Emergency Department. He also holds a seat on the Clark County Emergency Medical Services Council.

Douglas H. Joyce, a pediatric and adult cardiovascular surgeon, traveled to former Soviet Georgia in October 1991, as part of a special team invited to perform cardiac surgery on 19 children. Completing the surgeries took a week and Joyce writes that all the children recovered and are doing well. Their work was documented in a Public Broadcasting System network special "Mission from the Heart," which aired Jan. 16, 1992. Joyce lives in Browns Mill, N.J., with his wife and their three children, four-year-old Elise, two-year-old Doug and newborn Christopher.
Mary Werkman has a solo practice in Lansing where she specializes in internal medicine. She also teaches undergraduate medical students and new physicians at Lansing General Hospital.

1983

Deb Banazak, of Ada, is the associate residency training director in the MSU-COM Department of Psychiatry. She also practices geropsychiatry at Pine Rest Christian Hospital.

Thomas A. Naegle, a specialist in computer medicine, has developed a software computer program designed to be a helpful and effective tool for physicians in their daily medical practice. As well as speaking, writing and researching on the medical use of computers, Naegle is also a practicing physician in Albuquerque, N.M.

Anthony F. Ogurjan is chief of infectious diseases at Mt. Clemens General Hospital and an assistant clinical professor of internal medicine at MSU-COM. One of his major research interests is the diagnosis and treatment of HIV infection and AIDS. Consequently, he has participated in numerous professional meetings on these topics in Michigan and around the country.

1984

Marchelle Barker lives in Flint where she has a general medicine practice for women. She and her husband have three daughters, Katie, 7, Madelyn, 5, and Allyson, 1.

Richard Alan Miller is a dermatologist in Oldsmar, Fla., where he also provides office externships for undergraduate medical students and is involved in graduate medical education.

Manfred Schwarz specializes in occupational medicine at Plant Medical in Saginaw.

1985

Peggy Anderson has a solo general practice in Traverse City. She and her husband Edward Hagis have a daughter, Cora, born Nov. 24, 1990.

Erik A. Emaas has a faculty and general practice clinical position at Kirksville College of Osteopathic Medicine. He will test for the Sports Medicine Certification of Special Achievement this April. Emaas also teaches physical examination skills to second-year medical students and has a current geriatrics mini-fellowship through St. Louis University/MOCEC. He and Stacey Sensor, a first-year student at KCOM, were married in July 1991.

Rick Wilkins, an occupational medicine specialist, is the assistant clinic director at Mobil Administrative Services Corporation inMadedon, N.Y. He and his wife Joanne have three children, Kim, 7, Kris, 6, and Greg, 4.

1986

John R. Carney, stationed at the U.S. Naval Hospital in San Diego, recently advanced to the rank of lieutenant commander. He is currently in a diagnostic radiology residency and also teaches radiology to undergraduate medical students. He writes that he, his wife Jo and their children John, 7, and Erin, almost 2, are all doing fine in San Diego.

Nedra Dowling recently opened a new office in Clarkston for preventive medicine, general practice, women's health care and her specialty, nutrition. One of her daughters will graduate from COM in 1993 and another is applying to enter the college in 1992.

David Janeway has a hospital psychiatry practice at St. Luke's/Roosevelt Hospital Center in New York. He also teaches out-patient psychiatry to undergraduate medical students at Columbia University. When he isn't teaching or practicing medicine, Janeway is working on his second career as jazz pianist. He has two recordings and plays in jazz clubs around the city.

1987

Victoria Hunter Chabot has a hospital practice at Mt. Clemens Hospital General where she specializes in diagnostic radiology.

Robert Jones is a staff physician in the emergency department at Allegheny General Hospital in Pittsburgh, Pa. His current research topics include the use of emergency department labs in clinical decision-making in patients with abdominal pain and the use of ECHO by emergency department physicians on patients with chest pain.

Patricia A. Schmidt is a internist and primary care physician practicing at Hamtramck Health Center and Detroit Osteopathic and Bi-County Community Hospitals. She presented her research on the use of encapsulated calcium carbonate as phosphate binder in patients with end stage renal disease at the Boston meeting of the American College of Osteopathic Internists in October 1991.

1988

Timothy R. Lambert has a solo family medicine practice in Traverse City. As well as working a half day a week at the Indian Health Service Clinic, Lambert also participates in undergraduate and graduate medical education to students and new physicians.

John C. Lucio began his anesthesia residency training at the National Naval Medical Center in Bethesda, Md. in July 1991.

Laurie Wallace is an emergency medicine resident at Sparrow Hospital and Ingham Medical Center. She will graduate from the MSU Emergency Medicine Program in June 1992. Her daughter Amy Elizabeth Wallace was born on Sept. 17, 1991.

1989

Steven L. Bezirame is a radiologist at Detroit Osteopathic, Riverside Osteopathic and Bi-County Community Hospitals. He and wife Brenda and their two-year-old son Shaun are expecting a new baby any day.

Cheryl Canfield is in a general practice residency at St. Lawrence Hospitals and will specialize in family practice. She also teaches undergraduate medical students physical examination skills in the hospital. Her research focuses on epidural anesthesia in normal labor and vaginal delivery. She and her husband Edward J. Canfield, COM '88, have two children, Korey Ann, 4 1/2, and Mary Elizabeth, 11 months. Together, they plan to practice medicine at a rural site in Michigan.

Richard Shellenberger is in an internal medicine residency at St. Joseph Mercy Hospital in Ann Arbor. He was named the hospital's chief intern medicine resident for 1993-94. Shellenberger's research pertains to aortic stenosis, temporal arteritis, aortic coarctation and nephritis.

1990

Carrie Bolander is a resident at Community Hospital of Lancaster where she is specializing in obstetrics and gynecology.

Wayne D. Piers lives in Portland, Me., where he is specializing in orthopedics at the Brigham Medical Center.

Gregory W. Reinhold is a first-year emergency medicine resident at Botsford General Hospital. He and wife Linda had a daughter, Leah Megan on October 8, 1991.

1991

Robert W. Greens is an intern at Botsford General Hospital specializing in anesthesiology. In July, he will begin an anesthesiology residency program at Providence Hospital in Southfield.
Nominations for COM Alumni Board Requested

The College's Alumni Board of Directors are accepting nominations for graduates interested in serving on the board. Three positions are open that carry a three-year term with a commitment to attend two annual meetings a year—MAOPS in the spring and the Alumni Football Weekend in the fall. The deadline for nominations is June 1. For further information or to submit a nomination, please call Sandy Kilbourn or Jan Falls in the COM Alumni Office at 517/353-9714.

Share Our Hospitality at MAOPS

Dean and Mrs. Douglas L. Wood and MSU-COM invite you to visit their Hospitality Suite during the MAOPS 93rd Annual Postgraduate Conference and Scientific Seminar held at the Hyatt Regency in Dearborn, May 14, 1992 from 4:00 p.m.-9:00 p.m. The room number of the hospitality suite will be posted at the convention.

MSU-COM and Ingham Medical Host Conference

The second joint conference hosted by the College and Ingham Medical Center will feature three presentations: "Women: Liberated and Healthy?", "Current Concepts in Neurology," and "Infectious Disease: 1992 Update." This three-day seminar held at the Grand Traverse Resort, June 26, 27, and 28, is accredited for 12 Category 1 CME credits. Tuition for physicians is $175, physicians' trainees, $50. For a conference brochure or further information, contact Sandy Kilbourn at the COM CME office, 517/353-9714 or Mary Anne Taylor, director of CME at Ingham Medical Center, 517/334-2017.

Tee-Off for MSU-COM

Don't miss it!!! The MSU Colleges of Osteopathic, Human and Veterinary Medicine are hosting their 6th Annual Health Professions Open Golf Tournament. Always a great day of golf, this tournament has raised more than $95,000 for the three colleges in the past five years. At COM, the money raised goes to the emergency student loan fund.

Polish off those clubs and be ready to play on Wednesday, Sept. 9, 1992 at Timber Ridge Golf Course in East Lansing. For more information, please contact the Tournament Office, College of Osteopathic Medicine at 517/353-9714.

Alumni Football Weekend Slated

Reunite with your former classmates at the annual COM Alumni Football Weekend scheduled for Oct. 23-24, 1992. Howard Teitelbaum, the program chairperson, has tentatively scheduled a conference for Friday afternoon with a reception welcoming back all alumni to be held Friday night. Another conference is scheduled for Saturday morning and then, it's game time as the Michigan State Spartans take on the Ohio State Buckeyes. Mark your calendars for the COM Alumni Football Weekend at the Michigan Athletic Club in East Lansing. More information on the conference will be forthcoming.

The Michigan State College of Osteopathic Medicine will hold commencement services for its 21st class on Friday, June 12, 1992 at the Wharton Center.

Edward Loniewski, president-elect of the American Osteopathic Association, will be the keynote speaker.

COM Alumni and friends are welcome to attend the ceremony and congratulate the Class of 1992.