Spring 1994

2. MSUCOM celebrates 25 years of educating primary care physicians

4. Discovery demonstrates steroids delay onset of MS
   Treatment center will have innovative rehabilitation techniques

5. MSUCOM 2000: Integrating program innovations

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Twenty five years—it’s a gathering point for all of us to recollect what it’s meant to be a community.

Ask folks what they remember about their lives at MSUCOM, and you find recurrent streams
- Special particular people — fellow students, faculty, staff — with whom memories were built, affection shared, and lifelong friendships developed
- The smell, feelings and camaraderie of Bill Falls’ anatomy classes
- Food (notably fried fish sandwiches) and pinball in the Fee Grill
- Clinical education that prepared students for practice realities
- Mike Magen in any setting
- Fee Follies, ranging from a chorus line of diapered men to stand-up comedy to humiliation of particular faculty
- The beauty of the MSU campus in each of its seasons.

Undergirding a quarter-century of success is a decade of hard work and vision of Michigan’s osteopathic physicians, who began in 1959 with planning. They formed a foundation, and taxed themselves in two ten-year commitments to support Michigan’s first osteopathic college. They secured a charter, received 164 acres from the people of Pontiac as the site, built a facility, hired a dean and enrolled their first class.

That same year, in 1969, Governor William Milliken signed Public Act 162, which established the world’s first state-assisted college of osteopathic medicine—moving the private Michigan College of Osteopathic Medicine to East Lansing to become the public Michigan State University College of Osteopathic Medicine.

Since the first few administrators, faculty and students moved into Fee Hall in 1971, MSUCOM has grown in scope, quality and vision. More than 2,000 physicians have received their undergraduate medical education here.
Research is extensive, ranging from studies of carcinogenesis to optic neuritis to malaria. Tens of thousands of patient visits occur in MSUCOM-staffed clinics each year.

Most importantly, the college has obtained an international reputation as a school of excellence: in the production of primary care physicians, in innovation, in the classroom, in the clinic, in scholarship, in manual medicine, in international health, in responsiveness to societal needs, in graduate and continuing medical education, and in developing partnerships with communities to improve health care delivery.

Not bad. Not bad at all.

—The Editor
25 Years of Service

Name those Alums!
We've got a "Spartan spirit" prize worth at least $25 to the alumnus or alumna who can identify the most alumni on the cover and on pages 2 and 3. There's another similar prize for any "Communique" reader who provides the most creative caption for any of the pix. Send your entries to "Communique," MSUCOM, A310 E. Fee Hall, East Lansing, MI, 48824-1316.
EYE-OPENING DISCOVERY: Steroids Delay Onset of MS
More research, public education necessary, MSUCOM researcher says

Young adults suffering from sudden, painful blindness related to multiple sclerosis (MS) may be able to use high-dose intravenous steroids to delay the onset of the debilitating disease and improve the quality of life by as much as two years, according to a recent study performed in part by an MSUCOM researcher.

But the significance of this research, authored in part by MSUCOM neuro-opthalmologist David Kaufman, D.O., will be lost to the public unless it is more widely publicized and understood by both physicians and their patients, Kaufman said.

The study, performed by a national research team and academic health centers nationwide, indicates that early diagnosis of optic neuritis—a condition that causes temporary blindness and has been linked to the development of MS—and a brief drug treatment using intravenous steroids drastically slow MS development for about two years at which point the disease resumes.

Optic neuritis, caused by an inflamed optic nerve, affects at least 25,000 Americans annually, primarily women between the ages of 18 and 45. More than half of those who are diagnosed with the condition develop MS—which makes educating physicians and health-care consumers about the research all the more important, Kaufman explained.

"As the public learns about this study, more optic neuritis patients will demand that their physicians provide an adequate treatment that may help delay MS," said Kaufman, who also is an associate professor of internal medicine. The steroids also appear to increase the speed of vision recovery but have little impact on the patient’s recovery of vision at the end of the year, researchers said.

The study, published this past December 9 in the England Journal of Medicine, evaluated various treatments of prednisone and methylprednisolone on 389 patients who were suffering from acute (within eight days of onset) optic neuritis, but had not begun exhibiting clinical symptoms of MS. These patients

MRI Helps Doctors Target Optic Neuritis Patients Likely to Develop MS

Magnetic resonance imaging allows doctors to detect brain lesions that are related to MS in optic neuritis patients, helping them prescribe a specific steroid treatment that can delay the disease for up to two years.

So confirms additional research of the Optic Neuritis Treatment Trial, which determined that nearly 25 percent of optic neuritis patients with abnormal brain scans resulting from the lesions developed MS within two years, compared to only five percent of those with normal scans. The more abnormal the initial brain scan, the more likely a person was to develop MS.

Equally important, patients with abnormal brain scans benefited most from intravenous corticosteroid treatment in delaying the onset of MS. Only 16 percent of patients in the intravenous group who had two or more asymptomatic brain lesions developed MS within two years, compared to 36 percent of those in the placebo group—a finding that leads researchers to believe that intravenous corticosteroids may benefit those with other early symptoms of MS.

Innovative Brain Treatment Center To Yield Research, Rehabilitation

A unique business partnership between the Department of Physical Medicine and Rehabilitation and a Lansing-based vocational training company will establish a treatment center for brain-dysfunctional persons and bolster medical knowledge of the late effects and rehabilitation of brain injury—an area that experts say is largely unresearched.

The center, treating patients with closed-head injuries and developmental disabilities, will use a new "seamless" rehabilitation and training approach that facilitates the ability to learn and behavior modification, and also helps patients live and work independently, said acting department chairperson Dr. Donald F. Stanton.

"Everything we'll be doing in this facility will be research based," Stanton said. "Medicine doesn't fully understand how the brain works, not to mention how it works when it is damaged." The center, as yet unnamed, will provide an ideal academic and clinical setting where the college can research brain dysfunction, educate its students and help patients to lead productive and independent lives through medical rehabilitation, he added.

Under their joint venture named "University Rehabilitation Alliance Inc.," PM&R and the non-profit Peckham Vocational Industries Inc. will build a $1.5 million, 16-bed care facility in the Lansing area within the next two years, a move approved by the MSU Board of Trustees and

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Independence for brain-injured persons is a goal of the partnership.

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the PVI Board in early February. PM&R and PVI will share ownership of the facility, as well as its costs and annual $1.25 million budget. The partnership, a self-sufficient entity not subsidized by the university, will be a model for other brain-injury
Moving Toward Program Integration

During 1992, the MSU College of Osteopathic Medicine developed its own set of guiding principles, a mission, and goals and objectives to support its long-range work. Since then, faculty, staff and community partners have been actively planning and have begun to implement major initiatives in the college which support these principles.

"Though being planned individually, these programs are designed to complement one another in an integrated program of innovation for the college," said Dean Douglas L. Wood. "The Statewide Campus System will form the structure for this innovation, the Primary Medicine Initiative will constitute our major program change, and Community-Integrated Medical Programs provide a process by which these changes can be effected."

Wood also noted that the programs would include an important change in the role of the faculty, with more community physicians coming to campus to teach, and more teaching by campus-based faculty in the communities.

The Statewide Campus System (SCS) is a comprehensive coordinated educational system that will expand the walls of the college to the coastlines of Michigan. Developed in partnership with community health care institutions around the state, the system will offer the college important resources and active community environments in which to conduct its clinical educational programs. The health care institutions will receive exposure to state-of-the-art medical science, faculty development for their physicians, close contact with high-quality trainees for recruitment into the institutions, and opportunities to support clinical research. The communities in which programs are held will also benefit from a medical education system that is built on community need—with increased access to and scope of care, role models to attract young people to the health professions, health promotion programs, and the increased likelihood that persons who train in a community will return there to practice.

Central to the planning for SCS is to build on the existing strength of the Consortium for Osteopathic Graduate Medical Education and Training (COGMET), a consortium of 16 hospitals with osteopathic education programs designed to improve the quality of graduate medical education in Michigan. Leaders of COGMET-affiliated institutions and MSUCOM form the core of planners for the Statewide Campus System. It is anticipated that documents seminal to the system will be completed and approved within the next few weeks.

The Primary Medicine Initiative (PMI) is being developed to increase the college's production of primary medicine physicians from 61% to 75% of our alumni. The program includes instruction which addresses challenges that we anticipate physicians will have to face. These include the demand for both broader scope and greater depth of practice in the ambulatory setting, the use of technology for communication, information retrieval and education, and the need to practice as part of multiprofessional teams. These physicians will also need to learn the skills to become lifelong scholars, to deal sensitively with increasing diversity among patients and colleagues, and to model and teach health promotion and community-integrated medicine.

"As proposed, our objective is to produce an innovative model for medical education which incorporates admissions processes, an innovative curricular structure, a primary care research network, and a medical informatics system linking education, medical practice and research," said Martin Hogan, chairperson of family medicine and director of the Primary Medicine Initiative.

Four groups are active in PMI implementation:

- The Curriculum Work Group, which includes subcommittees planning basic science and clinical curricula
- The Clinical Practice Work Group, which deals with the clinical environment in which the PMI curriculum will be delivered
- The Admissions and Student Affairs Work Group, which is developing admissions protocols and support mechanisms for students.
- The Research Work Group, which is developing osteopathic primary care research networks among PMI educational sites and faculty, and among osteopathic providers throughout the state.

The new curriculum begins with prematriculation, flows into medical school, internship and residency and is completed in a lifelong education program. Since all of the continuum will be coordinated solely by MSUCOM, it is anticipated the curriculum may be shortened and strengthened by processes which eliminate unnecessary redundancy and change the service commitment of residents. It is planned that the PMI program will begin this summer with a pilot program for early clinical experience using a cohort of the 1993 entering class.

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Alumni Briefs

The Distinguished Alumnus Award

The MSUCOM Alumni Association recognizes alumni who have distinguished themselves by their contributions to their profession, community and alma mater. Nominations for the Distinguished Alumnus Award may be made by alumni, staff, faculty, students and friends of MSUCOM. To make a nomination call the Alumni Office at (517) 353-9714 and ask for Sandy Kilbourn or Jan Falls.

Selection criteria include:
- Commitment to the osteopathic profession exemplified by the practice, teaching, or research of osteopathic medicine and associated sciences and techniques
- Commitment to public service demonstrated by active leadership in the community
- Meritorious achievements including those leading to better understanding of key clinical issues in the practice of medicine.

Health Professions Open: September 7

Mark your calendars for the eighth annual Health Professions Open, to be held on September 7 at the MSU Forestry-Botany Golf Course. Honorary chairperson will be MSU Athletic Director Merryl Dean Baker.

The Health Professions Open is a coordinated fund-raiser for the MSU Colleges of Osteopathic Medicine, Human Medicine and Veterinary Medicine. This year, MSUCOM's portion of the proceeds will be used to help refurbish the classrooms with paint, carpeting, furniture and blinds, to buy audiovisual equipment, to help with the printing program, and to meet other needs of students.

Alumni Questionnaire

The college's alumni questionnaire this year will attempt to collect extensive information regarding choice of practice, location and discipline. These data will prove more and more important to the college as it attempts to graduate an increased number of primary care physicians through its Primary Medicine Initiative. Please take a few moments to complete the questionnaire when you receive it, as answers will be compiled and used in generic reporting for MSUCOM efforts in communication and advocacy, community integration and government relations.

Alumni Football Weekend: October 15

The 17th annual Pediatric Conference will be the highlight this year for MSUCOM's Alumni Football Weekend on October 15, including a program from 7 a.m. to noon, and the MSU/Ohio State football game beginning at 1 p.m. Kenneth Stringer, D.O., Class of '74, is chairperson. A brochure with more details will be available shortly.

Dean Pertin, D.O., Class of '74, is coordinating a 20-year class reunion for Saturday, October 15 in the Lansing area. The event will be associated with the Alumni Football Weekend. If anyone from the Class of '84 and Class of '79 is interested in helping to plan a class reunion, contact Sandy Kilbourn or Jan Falls at the Alumni Office, (517) 353-9714. They can facilitate mailings and advertising.

College Focuses on Media Relations

MSUCOM has hired a media relations specialist to promote the college, its personnel and achievements actively to news organizations and the public.

Lisa A. Cellini, formerly senior editor of a Michigan-based publications company and a freelance reporter, joined the public relations staff in mid-February. She already has developed a long-term media relations plan for the college and is collecting information about various MSUCOM faculty, staff and alumni to compile into a user-friendly sourcebook for reporters.

Since February, Cellini has helped place MSUCOM sources in a number of news stories for regional and national news organizations, including Medical Economics Magazine, Men's Fitness Magazine, the Bridgeport Courier-News (N.J.), and The Hartford Courant.

For more information, call Cellini at (517) 355-9261.

Writing for Publication: How to Get Started

By Billie S. Berman, MSN, RN, CS

Publishing is important when working as a faculty member in the university setting. Many of us would like to publish, but may not always have the time to write, or we may not think that our writing is articulate enough to publish. What's more, we simply may not know how to get started, where to send our works or whom we should ask to edit those works. If we have published in the past, how do we continue to write for publication and maintain our present teaching and clinical load? There just may be some answers to this dilemma.

Leonora Smith, Ph.D., associate professor of the MSU Department of American Thought and Language and affiliated faculty of the MSU writing center, presented "Getting Started with Professional Writing" to the Department of Pediatrics this past February and March. Dr. Smith, a Lily Fellow and a creative writer, has written and published numerous works, including novels and poetry, and has developed workshops for public schools and college faculty to assist them with writing and publishing. She currently is assisting faculty members across campuses in developing writing groups that will enhance their ability to publish.

Dr. Smith views writing as a generation of ideas that are creative, by extension, scientific and medical writing is creative writing. She also emphasizes the difference between input and output writing. Input writing begins with the flow of ideas that you have when you sit down to write. The process of refining these ideas into a published work is output writing, which may take many rewrites and input from peers who can guide this process.

Allowing peers to read your work and give feedback is an effective method of preparing for publication. Talking with others is a social activity from which communication—and writing, specifically—arises. However, she suggests that peer reviewers focus on the positive aspects of a work instead of criticizing the negative aspects. What flows together is important. Grammar and punctuation should be edited only when the output paper is polished for publication. Dr. Smith believes that writers should not be concerned about producing a polished product from the start, but instead emphasizes that people rarely prepare a work for publication by writing it in one or two sessions.

Dr. Smith is willing to work with faculty who are interested in forming writing groups. For more information about her work with our department, call 353-3100.

Major Administrative Changes for MSUCOM

Oliver Hayes, professor of internal medicine, and Joseph Papsidero, former chairperson of the Department of Community Health Science, have assumed new administrative posts at MSUCOM.

Hayes, who also had served as director of medical education at the former Lansing General Hospital, has been assigned to two major roles. As interim assistant dean, he is playing an active role in the development and coordination of major college initiatives, such as the Statewide Campus System. As acting chairperson of the Department of Biomechanics, he is overseeing its reorganization.

Papsidero, who moved to the Office of the Dean with the closure of the Department of Community Health Science, has been named director of the Center for Experiential Medical Programs and Studies. His role includes the development of processes for implementation of community integration for all levels of education in the college, and to develop a curriculum which will teach physicians to practice community-integrated medicine.
were randomly assigned into three treatment groups: the first receiving a placebo, the second receiving low doses of oral prednisone and the third receiving high doses of intravenous methylprednisolone followed by lower doses of oral prednisone.

Within two years of the two-week-long treatments, only 7.5 percent of all patients in the IV-oral group developed MS, compared to 14.7 percent of the oral group and 16.7 percent of the placebo group—significant findings that demand further study, Kaufman stressed.

"Research must be continued to determine whether intermittent steroid treatment later will help further delay attacks on the nervous system, or have any effect on the early stages of MS," Kaufman said. "No study before has ever intervened this early in the course of the disease and then followed the patients long-term. Previous research has all been done on chronic forms of MS."

Although high doses of IV steroids can cause side effects, such as rapid heart rate, ulcers, pancreatitis and psychoses, Kaufman said that less than one percent of the patients in the study experienced any complications, and these subsided when the treatment was withdrawn.

The research, funded by the National Eye Institute, was conducted as part of the national Optic Neuritis Treatment Trial, a project involving 15 academic centers—including MSU/COM—and hundreds of private physicians nationwide who referred patients to the study.

A previous ONTT study published in 1992 and also written in part by Kaufman determined that the drugs commonly used at the time to treat optic neuritis, oral corticosteroids, not only were ineffective, but also caused optic neuritis to recur more frequently than when the drug was not administered.

MS, a crippling disease which attacks the central nervous system, affects roughly a half-million Americans.

-Lisa Cellini

INTEGRATION Continued from page 5

Improved ways of providing comprehensive health care to their citizens. This is one way by which the College—through its faculty, staff, students, and advocates—can become a partner and integral component of health care planning and decision making," said Papsidero. In addition, community-integrated medicine will become part of the college's curriculum, in which primary medicine physicians will be taught not only concern for the health of their patients, but also concern for the health of their communities. This includes teaching the importance of physicians participating in community life, serving as positive role models, and becoming active agents for change to address community problems. Students will be taught skills to enable physicians to assess community health needs, and to identify and to work with community leaders for change.

-Pat Grauer

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