Osteopathic Medicine: Is Our Message Reaching the Masses?
remained virtually constant over the past 25 years, the number of osteopathic graduates has more than doubled (from about 1,150 to about 2,600) and is expected to increase to 3,300 by the year 2010 and to perhaps 4,000 by 2015.

When Dr. Morton Terry established Southeastern College of Osteopathic Medicine in 1979, it became the nation’s 15th osteopathic medical school. Today, there are 23 osteopathic medical schools and three branch campuses in existence. And that number is expected to rise significantly by the end of the decade when eight potential new osteopathic medical schools join our respected ranks.

Therein lies the dichotomy. While our numbers continue to increase dramatically, surveys show that only a minority of the population even knows what osteopathic medicine is or that it even exists. Combine that with the fact that many people don’t even know they’re going to a D.O., and you have a prescription for potential anonymity.

Our profession is the fastest growing health profession in the country—a profession that is having a profoundly positive impact on our nation’s health care system and sees a disproportionate number of patients compared to its M.D. counterpart. It’s also important to note that while many O.D.s hold positions of high visibility and prestige, the media and public remain largely unaware of our existence and contributions to the health care system.

This is a perplexing challenge that we must accept and solve, and we need to think outside the box to find ways to do just that. It was disheartening for me to realize that more people could explain what acupuncture, chiropractic treatment, or naturopathy is then could offer up an explanation of osteopathic medicine.

Change will not just happen serendipitously; people have to know we exist. That’s why promoting our message to the masses is something all of us who are involved in the osteopathic medical profession need to do on a continuum to ensure our continued growth and success. The American Osteopathic Association must take the lead and has started to do just that through President John Stronsider’s “From Good to Great” initiative.

We are already late, so let’s not hesitate.
Debbi Cohn Steinkohl Sets Example by Leading with Her Heart

Combining education and altruism have always been hallmarks of the college’s medical outreach efforts, and that tradition continued last June when a 111-member health care team traveled to over a dozen locations throughout Jamaica to provide a range of services to about 3,500 patients. Steinkohl, people quickly discover that beneath the big hair is a mass of red curls that surround her face. However, once they spend some time with Steinkohl, people probably notice is the thick and lustrous mass of red curls that surround her face. However, once they spend some time with Steinkohl, people quickly discover that beneath the big hair is a woman with a big heart, an immense work ethic, and an unequivocal passion for curricular innovation and experiential learning.

Academic Societies Kickoff Honors Distinguished Individuals

The college’s approach to teaching its students about medical ethics issues and the college’s medical outreach efforts, and that tradition continued last June when a 111-member health care team traveled to over a dozen locations throughout Jamaica to provide a range of services to about 3,500 patients.

Edward, Altruism on Display During Jamaica Mission

During the ceremony, a number of M2 students were in attendance to pin the M1 students into their respective academical societies.

Facility Gets Crash Course in Reuniting the Arts in Medicine

Family medicine faculty recently had an opportunity to visit the Museum of Art in Fort Lauderdale and participate in an innovative exercise that helped foster a sense of community between and among department members and provide them with an opportunity to express their creativity and share their creative sides with their colleagues.

Why Isn’t the Osteopathic Message Reaching the Masses?

The cliché “ignorance is bliss” may apply to some situations, but it has been nothing but a hindrance to the osteopathic medical profession, which remains a relatively anonymous entity to a significant portion of the population more than 130 years after its inception.

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Examination of the Myths and Realities of Medical Ethics

In this thought-provoking article, Dr. Stanley Cohen examines the college’s approach to teaching its students about medical ethics issues and the college’s medical outreach efforts, and that tradition continued last June when a 111-member health care team traveled to over a dozen locations throughout Jamaica to provide a range of services to about 3,500 patients.

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Dr. Daniel Shaw Awarded Kenyon Cancer Grant

The Sixth Annual Kenyon Faculty Research Grant was awarded to Daniel Shaw, Ph.D., who serves as coordinator of the college’s psychology and behavioral medicine course and associate professor of family medicine. Dr. Shaw, who will conduct research in end-of-life care, will employ the Educating Physicians on End-of-Life Care curriculum (EPEC, 1999 Robert Wood Johnson Foundation), which will be modified by using selected training modules that focus primarily on the psychosocial issues of end-of-life care, specifically physician empathic communication. Both experimental and control group subjects will comprise family medicine attending and resident physicians at the NSU-COM family medicine clinics in Davie and North Miami Beach. It is hypothesized that the participants’ knowledge of end-of-life issues and empathic communication techniques will increase as a result of their participation in the modified EPEC program.

White Coat Ceremony Welcomes Future Physicians

White Coat Ceremony served as an auspicious experience that officially marked their entry into the medical profession. In the presence of family, guests, and faculty members, the students were welcomed into the medical community by leaders of the osteopathic profession and ceremonially “cloaked” with their white coat. By establishing this meaningful ritual at the beginning of medical school, the intent is to make students aware of their responsibilities from the first day of training and convey the message that doctors should “care” as well as “cure.”

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COMmunications

NSU-COM recently established the North Broward Hospital District/NSU-COM Osteopathic Internal Medicine Residency at Broward General Medical Center, which has been approved by the American Osteopathic Association. The program will consist of nine residents and officially commence July 1, 2007.

Arnold Melnick, D.O., M.S.C., FFCC, founding dean of Southeastern College of Osteopathic Medicine, was the recipient of the Frances Larson Memorial Award for writing excellence, which was presented in May 2006 by the Pacific Southwest Chapter of the American Medical Writers Association.

Ricardo Arriaza, M.S., who served as coordinator of the Office of Institutional Data Analysis and Development for many years, was selected in July to replace Randy Sweating as program coordinator of distance learning.

Fall 2006 COM Outlook

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**NSU Health Care Centers Activity Report**

- NSU’s Family Medicine Clinic at the Sanford L. Ziff Health Care Center in Davie was featured in a segment on PBS’s national Nightly Business Report that explained how medical residents are skillfully prepared to enter the business world of medicine. Featured in the segment were Dr. Joseph De Gaetano and third-year family medicine residents Dr. Samuel Perna and Dr. Hafsat Fawehinmi.

- The Division of Clinical Operations has been working with the Farquhar College of Arts and Sciences to implement a shadowing program for undergraduate students who are interested in careers in the health professions. The students would obtain college credits by working in Nova Southeastern University clinical sites. The program would not only attract undergraduate students to the Farquhar College of Arts and Sciences but also provide those interested in the health professions with a comprehensive look at the university’s graduate programs, which will hopefully encourage them to consider their further education at NSU.

- A practicum site for nursing students within the College of Allied Health and Nursing has been established at NSU’s medical sites, further enhancing the interdisciplinary educational opportunities provided through the Health Professions Division’s health care centers.

- Navicure has been implemented as the new clearinghouse for medical billing, a move that was implemented to improve the billing department’s ability to process claims in a more expedient manner.

**Lifesaving Techniques on Display at CPR Day**

On Saturday, August 26, volunteers from around Florida gathered at NSU’s Health Professions Division to train about 250 information seekers in the lifesaving technique of cardiopulmonary resuscitation at CPR Day, which is a joint effort between the American Heart Association and the Florida College of Emergency Physicians.

Throughout the day, participants were trained in CPR and in the use of the Automated External Defibrillator (AED) machine. The event’s goal is to reduce the number of lives lost from cardiac death by educating people about the “Chains of Survival”—the four-step process of providing treatment to victims of sudden cardiac death.

Nationwide, cardiac arrests claim about 310,000 lives each year. In Florida, about 10,000 people a year suffer a cardiac arrest, but the startling statistic is that 95 percent of those victims die before reaching the hospital.

“It is probably safe to say that most every one of us has had a family member or friend who has suffered either a cardiac arrest or a major stroke,” said Kevin Nugent, program director of NSU’s Consortium for Excellence in Medical Education (CEME) to improve access to care in underserved areas and to recruit physicians to these communities. Towards this end, AHEC hosted a special program on “AHEC and Safety Net Linkages” for medical education directors, residency directors, and hospital administrators from NSU-affiliated residency programs throughout Florida as well as in Georgia and South Carolina.

**2006-07 OPP Fellows**

Six NSU-COM students were selected to participate in the 2006-07 predoctoral clinical and teaching fellowship in otolaryngologic principles and practices. Pictured (left to right) are Amil Badoolah, Alberto Caban-Martinez, M.P.H., and Stephen Fromang. Pictured (bottom from left) are Renee Marchione, Melissa Morgan, and Elena Timoshkin.

**Dateline Health Celebrates Major Milestone**

Celebrants at the 200th taping are: Mark Schuknecht, associate director; Jasmine Morales, multimedia producer; Maria Prints, multimedia producer; A. Alvin Geber, D.O., HPD associate executive dean; Dr. Lippman; Rita Silverman, Robert Harby, D.O., assistant professor of internal medicine, and Alma Somariva, production assistant.

**Eye on AHEC: Camps, Linkages...and More**

- The Broward County Public Schools Office of Prevention Programs recognized AHEC for its outstanding service to the community through its AHEC Tobacco Prevention/Cessation Project. Since its inception in 2001, this highly successful initiative has reached over 90,000 elementary, middle, and high school children in Broward and Seminole counties as well as in Puerto Rico with educational programming focusing on the harmful effects of tobacco use.

- AHEC coordinated two sessions of its nationally recognized annual Summer Health Career Camps, which featured participation from nearly 100 high school students from a pool of approximately 250 applicants from 40 schools located throughout AHEC’s 19-county service area. Since their establishment, over 1,600 students have participated in the camps.

- AHEC has been expanding linkages with various HPD colleges and programs in the development of new specialized training initiatives for students and health providers. These efforts have included support for the College of Allied Health and Nursing’s new Master’s in Community Health Nursing Program, which will provide an opportunity for nurses in underserved communities to gain practical skills in addressing an array of public health issues.

- AHEC has been working to enhance collaboration between itself and NSU’s Consortium for Excellence in Medical Education to improve access to care in underserved areas and to recruit physicians to these communities. Towards this end, AHEC hosted a special program on “AHEC and Safety Net Linkages” for medical education directors, residency directors, and hospital administrators from NSU-affiliated residency programs throughout Florida as well as in Georgia and South Carolina.

**Dateline Health: The Broward Education Communication Network (BECON)**

Dateline Health is broadcast on two local cable stations. The Broward Education Communications Network (BECON) airs the program Saturdays and Sundays at 2:00 p.m., Mondays at 7:30 p.m., Tuesdays at 10:00 p.m., Wednesdays at 12:30 p.m., and Thursdays at 7:00 p.m. After each Dateline Health episode rotates through the BECON time slots for two weeks, it is then broadcast on Comcast’s community channel.

**Dateline News Briefs**

- Six NSU-COM students were selected to participate in the 2006-07 predoctoral clinical and teaching fellowship in otolaryngologic principles and practices. Pictured (left to right) are Amil Badoolah, Alberto Caban-Martinez, M.P.H., and Stephen Fromang. Pictured (bottom from left) are Renee Marchione, Melissa Morgan, and Elena Timoshkin.

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**Dateline Health Video**

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Clinical Research Studies on the Rise

Thank you to the resourcefulness of Rita Silverman, M.P.S., who has served as director of clinical research since 1999, eight new/ongoing clinical trials worth about $400,000 in funding are being conducted through the College of Osteopathic Medicine. Following is information regarding the current studies:

**Study of Patients with Normal LDL Cholesterol and Elevated C-Reactive Protein**
- Principal Investigator: Gary Hill, D.O.
- Funding Source: AstraZeneca
- Funding Amount: $48,000

**Abdominally Obese Subjects with Cardiovascular Risk Factors**
- Principal Investigator: Jeffrey Bleicher, D.O.
- Funding Source: Sanofi
- Funding Amount: $16,000

**Menstrual Migraines**
- Principal Investigator: Kenneth Johnson, D.O.
- Funding Source: Wyeth
- Funding Amount: $76,000

**CMF237A Treatment Naïve Diabetics**
- Principal Investigator: Kenneth Johnson, D.O.
- Funding Source: Novartis
- Funding Amount: $97,665

**PMSF273A Treatment Menstrual Migraine**
- Principal Investigator: Jeffrey Grove, D.O.
- Funding Source: Sanofi-Aventis
- Funding Amount: $16,000

**Testosterone Patch FSd in Menopausal Women**
- Principal Investigator: Gary Hill, D.O.
- Funding Source: Boehringer-Ingelheim
- Funding Amount: $16,000

**Fibromyalgia Hypoactive Sexual Desire Disorder**
- Principal Investigator: Kenneth Johnson, D.O.
- Funding Source: Boehringer-Ingelheim
- Funding Amount: $108,090

**Oral Contraceptive for Dysmenorrhea**
- Principal Investigator: Kenneth Johnson, D.O.
- Funding Source: Proctor & Gamble
- Funding Amount: $16,000

**Tadalafil 5mg FSd In Menopausal Woman**
- Principal Investigator: Kenneth Johnson, D.O.
- Funding Source: Proctor & Gamble
- Funding Amount: Unknown

**Clinical Research Studies on the Rise**

**HPD-SGA Photo Contest**

A picture is worth a 1,000 words, then coming this fall, over 50,000 of them will be spread on the walls of NSU’s Health Professions Division.

Last semester, I had an idea that would enable students to liven up the school through sharing their learning experiences in medicine and enjoyment of living in South Florida. I presented my idea to the Health Professions Division Student Government Association, and the result was the coordination of HPD-SGA’s first-ever photo contest. Over 40 HPD students participated in the contest, from which 75 photographs were chosen. The categories included medicine orientated to local and international communities and landscapes of Florida.

During my undergraduate experience at the University of Florida, I did a lot of work with Arts in Medicine. Having witnessed and experienced the soothing and reflective nature of decorative art, I am excited to describe the new sentiment one may soon feel walking around the Health Professions Division. The north wall of the cafeteria will set a mood of compassion and inspiration with action shots of medical mission work in the Amazon set in between two pictures of serene sunrises.

The next time you zoom down the halls of the Terry Building, the striking colors of photos taken by NSU-COM students may take you in and slow down your pace for a moment or two. In the HPD Library, the hallways will be decorated with a colorful collection of photos that encompass all the diverse aspects of Florida. Last but not least, the student lounge will soon feature tranquil pictures of beach life as well as vibrant collages that capture students’ passions for learning medicine.

Although our academic and clinical schedules inevitably continue to grow more challenging, I truly look forward to the new sentiment one may soon feel walking around the Health Professions Division.

With the help of two professors from NSU’s Fischler School of Education and Human Services, as well as a renowned visiting professor, the participants broke up into four teams of five and analyzed pre-selected paintings, sculptures, and photographs. The participants then journeyed to the nearby downtown library to share their thoughts and make performance-style presentations to their peers about what a particular piece of art meant to them. “It proved to be a truly enriching experience and a great icebreaker,” stated Dr. Calzada. “We chartered an NSU van, and on the drive to the museum there was complete silence because everybody was looking out the window and entertaining their own thoughts. On the way back, however, it was like putting a group of high school students together because everybody was hyped and talking animatedly and gesticulating.”

Because the museum experience was such a success, plans are already underway to collaborate with other NSU schools and colleges to create quarterly workshops for the family medicine faculty, which will revolve around issues such as conflict analysis/resolution, leadership, and other topics of interest. “I decided to look within our institution for inspiration, so I will be working with the Graduate School of Humanities and Social Sciences and the Fischler School of Education and Human Services on these workshops,” he explained. “These workshops will be beneficial to the faculty while also serving as a terrific way to bolster interdisciplinary, interdepartmental, and inter-college collaboration.”

On August 18, family medicine faculty had an opportunity to visit the Museum of Art in Fort Lauderdale and participate in an innovative exercise that helped foster a sense of community between and among department members and provide them with an opportunity to express and share their creative sides with their colleagues.

“When I became chair of the Department of Family Medicine, I wanted to develop a tool to assess the faculty’s perception in regard to the need for faculty development, so I worked with Dr. Dan Shaw to design a survey, which we then administered to all the family medicine faculty,” said Pablo Calzada, D.O., M.P.H. “Interestingly, among the items mentioned most were conflict analysis/resolution and leadership. What the survey indicated to me was that the faculty perceived the need to function as a cohesive unit.”

Drawing on an educational exercise he participated in while completing a health policy fellowship years ago, Dr. Calzada decided to implement a similar one at NSU-COM that consisted of visiting a museum and evaluating how physicians are deciding different when it comes to their perceptions of life and other people due to their disparate upbringings, lifestyles, cultures, and religions. “When I participated in this exercise during my fellowship, it made me realize that art could be amazingly utilized as a tool to wake up that sense of disparity and how we see things among ourselves,” he explained. “And since our family medicine faculty was actually asking for training in that kind of conflict resolution and leadership, I decided it would be a good exercise to try here.”

With the help of two professors from NSU’s Fischler School of Education and Human Services, as well as a renowned visiting professor, the participants broke up into four teams of five and analyzed pre-selected paintings, sculptures, and photographs. The participants then journeyed to the nearby downtown library to share their thoughts and make performance-style presentations to their peers about what a particular piece of art meant to them. “It proved to be a truly enriching experience and a great icebreaker,” stated Dr. Calzada. “We chartered an NSU van, and on the drive to the museum there was complete silence because everybody was looking out the window and entertaining their own thoughts. On the way back, however, it was like putting a group of high school students together because everybody was hyped and talking animatedly and gesticulating.”

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The FPHA, which is celebrating its 75th anniversary, is one of the largest public health associations in the state of Florida. This development is particularly noteworthy because M3 student and OPP fellow Alberto Caban-Martinez, M.P.H., who will serve as the organization’s student section chair, spearheaded its creation. In this role, Caban-Martinez hopes to instill momentum and develop membership conducive to advocating the affairs of all public health students in Florida.

The majority of NSU-COM posters represented research and analysis accomplished in the research project phase of the M.P.H. biostatistics course that is directed by Dr. Gabriel Suciu. The cancer registry was chosen from the Florida Cancer Registry database, which is available for student research based on a 22-year period (1981-2002). The cancer registry database is one of the most complex surveillance systems in existence for helping students and faculty members find prognostic factors related to cancer sites, health disparities, and other major public health implications.

Four current M.P.H. students—Yuri Feito, E. Mika Nakagawa, Molly Ryan, and Anita Tamirisa—recently established a student section comprising 41 students from all disciplines in public health throughout the state of Florida. This development is particularly noteworthy because M3 student and OPP fellow Alberto Caban-Martinez, M.P.H., who will serve as the organization’s student section chair, spearheaded its creation. In this role, Caban-Martinez hopes to instill momentum and develop membership conducive to advocating the affairs of all public health students in Florida.

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CBAP: Preparing for Tomorrow’s Disasters Today

By Kathryn Rooth, SGA President
This year has brought many great changes we would like to share.

New SGA Officers
The elected officers for the 2006-07 school year are:
- President: Kathryn Rooth, M3
- Vice President: Roger Alvarez, M2
- Treasurer: Jessica Wilson, M2
- Secretary: Nat Kittisarapong, M1

COSGP Meeting
The Council of Osteopathic Student Government Presidents held its first annual meeting in July in Chicago. This is where all the presidents and vice presidents from all the osteopathic schools meet to discuss pertinent issues and learn about new ideas and projects that can be brought back to NSU-COM. An initiative that was started by COSGP and has been brought to NSU-COM is the TOUCH initiative, which is Translation Osteopathic Understanding into Community Health. This program encourages community service by the students and gives recognition to those contributing over 50 hours of community service.

AOA House of Delegates
The Florida Osteopathic Medical Association sponsored Kathryn Rooth and Roger Alvarez to represent the student body as delegates. During the House of Delegates (HOD) meeting, which preceded the COSGP meeting, several student-oriented resolutions were brought to the house.

Resolution 252 was passed, which requested that the NBOME look into creating more COMLEX-PE locations. House Resolution 298 was also approved, which requires students to write OMS I, II, III, or IV accordingly after their name, unless prohibited by the institution in which they are doing their clinical rotation. In addition, Resolution 19 was passed, which defines the rotation internship year by making it easier to track and less confusing for students. Osteopathic internships are not being terminated, but most will be put into a specialty track. However, Resolution 302 was not passed; therefore, the student representation at the HOD remains the SGA president as the delegate and vice president as the alternate.

White Coat Ceremony
Tradition was continued with the White Coat Ceremony, where family members proudly watched class of 2007 students receive their white coats. The academical societies were also in attendance, and all the students received a pin from their designated society. The ceremony was followed by a brunch at NSU-COM and a presentation on osteopathic medicine.

Club Week
The annual NSU-COM SGA Club Week, which took place August 8-10, involved more than 30 student organizations, professional societies, and interest groups. First- and second-year students had the opportunity to sign up for various organizations, giving them access to wonderful extra and co-curricular programming throughout the year such as health fairs, guest speakers, and more.

MILES Committee
Mixing In Lifestyles, Exercise, and School (MILES) has been created as a spin off of Get Fit in ’06. Its goal is to encourage students to lead a healthy lifestyle while going through the stresses of medical school. Each academical society has a MILES committee representative that will help create innovative ideas and activities to get students involved.

A awareness of the role the U.S. public health system plays in preventing, protecting against, and responding to a major disaster event has grown with the occurrences of 9/11, the subsequent anthrax attacks, hurricanes such as Katrina and Wilma, and most recently, the threat of potential terrorist attacks in Miami, Chicago, and New York City.

A well-trained and fully prepared health system network is needed at the federal, state, and local levels to protect Americans from the effects of natural disasters, mass contagion, and terrorist activities. However, there remain significant challenges in training the U.S. health care workforce in disaster management. Private and public health care facilities are struggling with their ability to maintain ongoing and new staff training and assess program effectiveness, employee competencies, and skill retention.

To remain at the forefront of these imperative issues, the NSU-COM Center for Bioterrorism and All-Hazards Preparedness (CBAP) has collaborated with local, state, and national partners to provide continuing education in “preparedness training” to Florida’s health care workers and first responders. Most recently, CBAP, in partnership with Broward Community College, has utilized a Health Resources and Services Administration-funded continuing education grant to develop appropriate and timely training for Florida’s health care workforce.

This training includes health care administrators and volunteers that may not have a medical or scientific background, as well as health care professionals, first responders, and related personnel that play a vital role in both disaster preparedness and response.

A variety of training tools and resources are provided, including speaker programs, educational materials, and unique interactive online courses made possible through the expertise of NSU’s Innovation Zone (IZone). To date, more than 1,000 individuals have accessed the free CME/CE programs, and this number is growing daily.

For more information about these programs and resources or to access additional resources, please visit the CBAP Web site at www.nova.edu/allhazards. You may also contact the center by calling (954) 262-1688.

DI Did You Know?
Before September 11, 2001, the last major attack on the U.S. mainland occurred when the British burned Washington, D.C., during the war of 1812. Between then and 9/11, terrorist attacks were isolated, and rare incidents conducted by one or a few individuals (e.g., Oklahoma City, the Atlanta Olympics).

FAST FACTS
Vulnerable and/or hard-to-reach populations are a major target for public health to improve communication and services at all times of a major disaster. Nationwide, it is estimated that these groups represent 134 million individuals. In Florida, they account for more than 63 percent of the total population.

- Florida has the nation’s largest proportion of people over 65 years old: 18.3 percent vs. the national average of 12 percent.
- By 2040, 25 percent of Florida’s population will be 65 years of age or over.
- Of Florida’s “over-65” population, 19.3 percent have 2 or more disabilities, 18.4 percent are unable to go outside of their home, and 14.3 percent have Alzheimer’s disease.
- Florida has over 2 million individuals with diagnosed mental or physical disabilities.
- Estimates indicate that over 83,000 homeless people live in Florida, and on any one day, temporary housing is available for approximately 25 percent.
- Tourists/visitors and part-time residents from both the U.S. and abroad make up over 18 percent of Florida’s population at any one time.

(Source: AHA’s Coalition for the Homeless; and VisitFlorida.org.)

AOA House of Delegates meet in Chicago. By Kathryn Rooth, SGA President.

CBAP: Preparing for Tomorrow’s Disasters Today

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Robert Hasty, D.O., assistant professor of internal medicine, received a heartfelt gift of gratitude from a patient whose life he helped save in February 2006 in the Internal Medicine Clinic at NSU's Sanford L. Ziff Health Care Center. The patient, who suffered a massive heart attack and tapped into a state of unconsciousness, was resuscitated by Dr. Hasty and has recovered nicely. To showcase his appreciation, the patient presented Dr. Hasty with a hand-drawn pencil rendering featuring two hands clasping the arm of a person in need. The apropos inscription reads, “Thanks for tending me a helping hand.” In addition, he was accepted as a 2006-07 fellow in the AOA’s Health Policy Fellowship program and presented a poster in October at the American College of Osteopathic Internists national convention in Phoenix, Arizona, on “Antithrombotic Update 2006.” He has also been asked to serve as a Level 2 examination writer for the National Board of Osteopathic Medical Examiners.

The lecture addressed current tribulations and offered solutions to many of the concerns regarding where the osteopathic profession is heading. In 2005, Dr. Morris received the AOA’s highest award—the Distinguished Service Certificate.

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If you have any questions or need further assistance, feel free to ask. How can I help you today?
New Faculty Joins College of Osteopathic Medicine Team

David Boesler, D.O., M.S., is the latest addition to the Department of Osteopathic Principles and Practice. Prior to joining NSU-COM in August, Dr. Boesler served as associate dean for clinical affairs, year III, and chairman of the Department of Osteopathic Manipulative Medicine at Des Moines University-Osteopathic Medical Center. Dr. Boesler received his D.O. degree from Des Moines University College of Osteopathic Medicine and his master’s degree from Villanova University in Pennsylvania.

Hilda De Gaetano, D.O., FAAP, FACOP, associate professor of pediatrics and director of systems, participated in a panel discussion on June 17 called "All-Hazards Preparedness: Vulnerable and Hard-to-Reach Populations." The event was coordinated through the Broward County Medical Association in collaboration with NSU-COM and was held at the Health Professions Division campus.

Steven Zucker, D.M.D., M.Ed., professor and AHEC Program director, and Rosebud Foster, professor and AHEC special projects coordinator, were honored at the national Area Health Education Center Organization during its 2006 Annual Conference in Omaha, Nebraska. Dr. Foster and Zucker were acknowledged for their longstanding leadership, dedication, and service in national advocacy efforts for federal health professions programs.

James Howell, M.D., M.P.H., professor and chair of the Department of Rural Medicine, was elected to serve as an alternate delegate in the Florida American Medical Association (FAMA) Delegation. He was also appointed to the FMA’s Council on Public Health along with Deborah Mulligan, M.D., who serves as clinical professor of pediatrics.

B. Bradley Feuer, D.O., D.O., who serves as clinical professor of family medicine, was recently promoted to the rank of auxiliary lieutenant colonel and appointed to the position of chief surgeon in the Florida Highway Patrol. Dr. Feuer, who is the regional director of medical education of the Palm Beach Centre for Graduate Medical Education, was appointed as the first troop surgeon in the state of Florida Highway Patrol in 2003. In the above photo, Dr. Feuer (center) receives congratulations from his wife, Beena Feuer, D.O., and Florida Highway Patrol Troop I Commander Major Miguel A. Guzman.

COM Has Integral Impact at FSACOF Conference

A number of full-time and clinical NSU-COM faculty members presented lectures or served as panelists at the 26th Annual Florida Society ACOFP Convention held July 26-30 at the Hyatt Regency Grand Cypress Resort in Orlando, Florida.

- Panel Presentation: Limited Ability/Hand-to-Reach Populations

- Resident/Student Meeting
  - Joseph De Gaetano, D.O., and Joseph Allegier, D.O.

- Personal and Workplace Emergency Preparedness and Response
  - Judith Fannar, PH.D.

The Emergency Response System - James Howell, M.D.

- Domestic Violence - Gregory James, D.O.

- Differential Diagnosis of Dementia - Susan Ledbetter, D.O.

- Bipolar Disorder: Treatment Strategies - Frederick Lewis, D.O.

- Florida Laws and Rules - Morton Morris, M.D., J.D.

- Update in Therapy for COPD - Anthony Ottaviani, D.O.

- Trends in Diabetic Management
  - Adrenal Insufficiency: Prompt Diagnosis and Management
  - Naiushia Pandya, M.D.

- Overview of Bioterrorism and All-Hazards Preparedness
  - Anthony Illinois, D.O.

- HIV/AIDS - Jason Sniffen, D.O.

- Chronic Renal Failure and the FP - Samuel Snyder, D.O.

- Overview of Joint Infections - Joel Stein, D.O.

- Testosterone Deficiency - Mitchell Weinstein, D.O.
NSU-COM Implements Late Educational Enhancement

Academical Societies Kickoff Ceremony Honors Distinguished Individuals from NSU-COM, Osteopathic Profession

On August 21, NSU-COM’s newly launched academical societies celebrated their formation with a kickoff ceremony that introduced the 10 societies as well as the individuals each society was named after, including the immortal Dr. Morton Terry. All NSU-COM students are assigned to a society composed of approximately 25 students per class and at least two faculty society advisers that act as academic and career advisers. To assure that each society includes a diverse group of students, assignment to societies is done randomly. Students will remain in their designated academical society throughout their medical school experience to create a unique sense of community that students experience from their very first day in medical school.

Each society organizes a program of peer advising—the core of creating not only a four-year relationship between students but also between alumni and the society. Student-student and student-faculty interaction is fostered through academic/professional programs and social gatherings. The 10 academical societies meet monthly with their advisers to ensure continuous communication and serve as the formal structure and democracy for student input into the NSU-COM Student Government Association.

Not surprisingly, the Student Task Force for Academical Societies spent a considerable amount of time establishing the names of NSU-COM’s new academical entities. The task force felt it was imperative to allow alumni to contribute to this new endeavor by pledging $25,000 to name a society while also honoring other individuals associated with NSU-COM as well as those who have made a significant contribution to the osteopathic profession. The names of the academical societies and their respective presidents are as follows:

Academical Societies

William G. Anderson, D.O.
Louisa Burns, D.O.
Robert Klein, D.O.
Fred Lippman, Ed.D.
Anthony J. Silvagni, D.O.
Bradley I. Silverman, D.O.
A.T. Still, M.D., D.O.
Morton Terry, D.O.
James Turner, D.O.
Ross Zafonte, D.O.

Society Presidents

Imitiaz Ather – Silvagni Society
Victoria Chang – Turner Society
Jacquelyn Fisher – Silverman Society
Dave Jabs – Zafonte Society
Carmela Mancini – Klein Society
Jeanine Martin – Still Society
Terry Moy-Brown – Anderson Society
Mark Newberry – Burns Society
Maria Tereux – Lippman Society
Ian Vincent – Terry Society

Attendees at the kickoff ceremony included (from left): Ron and Rosalie Klein, Dr. Gary Hill, Stanley and Marilyn Silverman, Dr. Silvagni, Dr. Turner, and Dr. Lippman.

William G. Anderson, D.O.

Dr. Anderson, who was the first African American president of the American Osteopathic Association in 1994-95, has spent his professional life enhancing, promoting, and leading osteopathic medical education and the osteopathic profession in a number of ways. From his days as a surgeon and leader of the Civil Rights Movement in Georgia when he worked beside Reverend Martin Luther King Jr., Dr. Anderson has focused not only on improving the health of his individual patients but on improving the health of the society in which his patients live.

Louisa Burns, D.O.

One of the first women to rise to a position of prominence in osteopathic medicine was Dr. Burns, who graduated from Pacific College of Osteopathy in 1903 and became the foremost researcher in osteopathic medicine. She joined the faculty of Pacific College in 1906, where she taught physiology and acted as a clinician for the next eight years. As her career progressed, Dr. Burns continued to hold leadership positions with osteopathic organizations such as the A.T. Still Research Institute and the Louisa Burns Osteopathic Research Laboratory.

Robert Klein, D.O.

Dr. Klein, who passed away in 2004, graduated from NSU-COM with highest honors in 1991 and spent over a decade serving as a highly esteemed and much-beloved faculty member in the Department of Family Medicine. Dr. Klein, whose acute intellect and keen analytical skills, established himself on levels II, II, and III of the COMLEX board exams, had a truly impressive command of medical knowledge. However, he is best remembered for being a kind, gentle, brilliant, respected, and dedicated friend, son, colleague, and physician.

Fred Lippman, Ed.D.

As the current chancellor of NSU’s Health Professions Division, Dr. Lippman has made tremendous contributions to the osteopathic medical profession as well as the overall health care landscape. During his long and distinguished career, Dr. Lippman served as a 20-year member (1978-98) of the Florida House of Representatives and became known as the “father” of Florida’s Area Health Education Center (AHEC) Program. Thanks to his efforts, NSU-COM’s AHEC Program was established in 1985, becoming the state’s inaugural AHEC.

Anthony J. Silvagni, D.O., Pharm.D.

Dr. Silvagni has implemented numerous innovative ideas to trigger the growth and accomplishments that have occurred since he became dean of NSU-COM in 1998. As a result of his commitment to providing students with the most comprehensive education possible, Dr. Silvagni has helped implement an array of enhancements that includes increased emphasis on local and international medical missions, establishment of an NCLEX curriculum that uses standardized patients in medical student/resident training, and a dramatic increase in faculty/student-driven research.

Bradley I. Silverman, D.O.

Dr. Silverman, who passed away in 1999, was a beloved member of NSU-COM’s charter graduating class in 1961. During his career, he became passionately involved in the breast cancer field and went on to become chief of surgery and then chief of staff at Aventura Hospital and Medical Center. In 1996, Dr. Silverman made a significant contribution to the medical field by pioneering a new procedure called sentinel node dissection that helped make breast cancer surgical procedures significantly less invasive.

A.T. Still, M.D., D.O.

In 1874, Dr. Still established a new system of medicine called osteopathy, which centered on methods of diagnosis and treatment that relied on the belief that the human being should be treated as a unit. Through experimentation and clinical observation, Dr. Still developed the art of osteopathic treatment, applied directly to the musculoskeletal system. In 1892, he developed the first formal classes in the teaching of osteopathic medicine in Kirksville, Missouri, and established the American School of Osteopathy—the first osteopathic medical school in the nation.

Morton Terry, D.O.

When Dr. Terry passed away on January 11, 2004, he left behind an extraordinary professional legacy that will continue to live on through the six colleges and numerous programs that comprise NSU’s renowned Health Professions Division. Throughout his legendary life, Dr. Terry masterminded a number of bricks-and-mortar successes, including Osteopathic General Hospital, Southeastern College of Osteopathic Medicine (SECOM), Southeastern University, and the historic merging of Southeastern University with Nova University in 1994.

James Turner, D.O.

Dr. Turner, who graduated from SECOM—the precursor to NSU-COM—in 1988, has spent the past two decades establishing an illustrious career dedicated to service at the community, state, and national level. Currently, Dr. Turner serves as director of emergency medicine at the Charleston Area Medical Center and the Virginia College of Osteopathic Medicine and became known as the “father” of West Virginia’s AHEC Program. Thanks to his efforts, NSU-COM’s AHEC Program was established in 1991, becoming the state’s inaugural AHEC.

Ross Zafonte, D.O.

Although it’s been over two decades since Dr. Zafonte graduated from the inaugural SECOM class in 1985, he has never lost touch with the institution that provided him with his entrée into the osteopathic profession. In fact, he became the first alumnus to participate in NSU-COM’s academical societies by making a sizable contribution to the worthy cause. Dr. Zafonte currently serves as professor and chair of the Department of Physical Medicine and Rehabilitation at the University of Pittsburgh and acts as principal investigator on a number of federal grants.
Since its inception in 1874, osteopathic medicine has made huge strides in regard to its recognition within the health care community...so why does the profession remain a relatively anonymous entity to the general public?

The cliché “ignorance is bliss” may apply to some situations, but it has been nothing but a hindrance to the osteopathic medical profession, which remains a relatively anonymous entity to a significant portion of the population more than 130 years after its inception.

The latest snub to be hurled at the profession came courtesy of Newsweek magazine, which committed a serious faux pas on its March 20 cover this year by running the headline: “Hero M.D.” in big, bold print for all the world to see about a physician’s courageous tour of duty in Iraq. Had the physician in question—Dr. Richard Jadick—actually been an M.D., no one would have raised an eyebrow. However, in a repeat of numerous other slights and oversights perpetually endured by the osteopathic profession, Dr. Jadick’s status as a D.O. was overlooked by the magazine, which raised its ire of many D.O.s as well as the American Osteopathic Association (AOA).

In its role as the profession’s national voice, the AOA fired off a friendly yet stern letter to Newsweek, which published a seemingly contrite retraction in its next issue. However, according to current AOA President John Strosnider, D.O., the “Hero M.D.” cover was no accident. “Dr. Jadick informed the magazine of where he went to school and that he was a D.O. when he was interviewed,” stated Dr. Strosnider. “Newsweek was completely aware of it—they just chose to use the M.D. designation instead because that’s Newsweek’s editorial policy. They may have apologized in a later issue, but it doesn’t mean anything because the headline and cover are still out there for the world to see.”

Seeking Solutions: Why Isn’t the Osteopathic Message Reaching the Masses?

By Scott Colton
Director of Medical Communications

The blame game: Who’s at fault?

For a vocation that’s been around since 1874 and is widely acknowledged as the fastest-growing health profession in the United States today, why is osteopathic medicine still struggling to earn the respect and name recognition it so rightfully deserves? Is it due to reverberating osteopathic biases that stem from decades ago? Could it be the paucity of publicity emanating from the AOA? Has indifference and infighting within the profession been the culprit? Or is it because the profession has lost the distinctiveness that historically separated it from its M.D. counterpart?

While the aforementioned issues all play a role in the profession’s lack of significant national visibility, there’s no denying that osteopathic medicine’s “small fish in a big pond” reputation has also affected its ability to earn greater renown with the media and public. Although millions of Americans rely on D.O.s for their daily health care needs, the eye-catching reality is that osteopathic physicians only comprise approximately six percent of the nation’s physician workforce.

According to recent statistics provided by the AOA and the American Medical Association, there are currently 52,827 D.O.s in active practice. Compare that to an active M.D. population numbered at 884,974 and it’s easy to see why the osteopathic message sometimes falls on deaf ears.

Because osteopathic medicine is clearly a minority occupation when compared to its M.D. counterpart, it would be easy to attribute the profession’s publicity-starved plight to this glaringly obvious fact. Unfortunately, even in areas where D.O.s comprise a greater percentage of the physician population, the same “ignorance is bliss” scenario is being played out with frustrating frequency.

“When I was dean at New England University College of Osteopathic Medicine, we were the only medical school in the state of Maine, but the media would still occasionally report that there were no medical schools in Maine,” said Stephen Shannon, D.O., M.P.H., who currently serves as president and CEO of the American Association of Colleges of Osteopathic Medicine (AACOM). “The state with the highest percentage of osteopathic physicians is Oklahoma, where D.O.s make up about 26 percent of the physician population. In fact, half of the family practice physicians in Oklahoma are D.O.s. However, even in states like this, you’re still going to run into a situation where the local mass media gets it wrong.

“It’s not an unusual occurrence because we’re still bucking an easy flow of information where the term M.D. is used to refer to a physician,” Dr. Shannon added. “It’s not going to be an easy challenge to overcome, but what we have to do is be very vigilant and constantly remind folks that there is such a thing called osteopathic medicine and osteopathic medical colleges. Eventually, you’ll get people to respond, and they will begin to recognize that they need to include more than M.D.s in a slide presentation, a news story, or a law. You have to have individuals who are diligent and willing to follow up on these issues all the time. You can never stop. And that’s just the minimum thing you need to do just to keep from falling backward.”

According to Anthony J. Silvagni, D.O., Pharm.D., M.Sc., dean of NSU’s College of Osteopathic Medicine, all facets of the profession are culpable in this regard. “The practitioners,
Florida Bill Benefits D.O.S

The days of D.O.s keeping their osteopathic education a secret are over—at least in the Sunshine State. On July 1, 2006, a bill (SB 387) passed by Florida’s House of Representatives made sweeping changes to the way health care practitioners identify themselves. Under the new law, all health care licensees must provide “notice to patients of what type of health care provider they are (e.g., osteopathic physician, registered nurse practitioner, physician assistant).”

Official wording of the bill is as follows: “The legislature finds that there exists a compelling state interest in patients being informed of the credentials of the health care practitioners who treat them and in the public being protected from misleading health care advertising. The legislature further finds that the areas of licensure for the practice of health care can be extremely confusing for patients and that health care practitioners can inadvertently or deliberately lead patients into believing that the practitioner is better qualified than other health care practitioners simply by creating a sham practice designation. Therefore, the legislature has determined that the most direct, effective method to protect patients from this identifiable harm is to ensure that patients and the public be informed of the training of health care practitioners and intend by this act to require the provision of the information.”

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Internal Strife and Loss of Distinctiveness

Beyond the obvious lack of publicity generated by the media about osteopathic medicine and the inherent benefits it provides the underserved population, many individuals involved with the profession point to more internal causes when they walk into Dr. Lippman’s office—no matter what’s delivered from a D.O. or an M.D.

Unfortunately, it’s not just the general public and media that frequently neglect to recognize osteopathic medicine. During his tenure in the Florida legislature, Dr. Lippman earned quite a reputation amongst his political peers for his unrelenting support of legislative parity for the osteopathic profession. Many times we would be analyzing a bill that wasn’t specific to the osteopathic profession but was relative to the standards and care and regulation of physicians in general,” he explained. “Quite often, when a bill had very direct impact for M.D. physicians, I had advocated for a distinct practice of medicine, it related to only one chapter, Chapter 458, which refers to allopathic (M.D.) physicians. Since many of these bills frequently excluded Chapter 459, which relates to osteopathic (D.O.) physicians, “I became known as the ‘459 amendment legislator’ over a period of years because I constantly addressed the oversight whenever it occurred.”

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Osteopathic Medicine: Pumping Up the P.R.

and there was a highly significant difference in the way D.O.s talked to their patients and communicated different types of information. This is the type of osteopathic care that needs to be shared with the public and the media on a regular basis.

“Information such as the benefits patients derive from the holistic osteopathic philosophy or in conjunction with osteopathic manipulative treatment has to be documented, and that involves producing hard data that we’re not used to doing as a profession,” he added. “We’re doing more and more in that regard in terms of publishing and funded research, but it takes a long time to begin to have a significant impact. Once this happens, that is when osteopathic medicine will become more legitimized or recognized among the media and other opinion leaders. We frequently talk about how we distinguish ourselves from the allopathic profession, and I think it’s real. But you can’t just say it; you somehow have to demonstrate it.”

Although osteopathic medicine has suffered its share of strife and stigma throughout its 132-year history, it’s also important to note how much progress the profession has made in a relatively short period of time. “There’s no denying that due to past biases as well as political and other reasons, we are sometimes presented or perceived as being less than capable physicians,” said Dr. Silvagni. “It’s easy to be negative, but in my almost 30 years in the osteopathic profession, I have watched it grow tremendously in research, quality, and numbers. These are the achievements we need to focus on as a profession.”

Promotion. Promotion. Promotion.

Whether it be a coffeeannouncement, a T.V. show, or a political candidate, the key to far-reaching visibility and success in today’s world often depends on a clever marketing strategy that not only conveys a convincing message to the masses but also compels them to buy the product, watch the T.V. program, or vote for a particular candidate. Would the osteopathic profession benefit from a massive marketing campaign that canly extols its virtues to a vast audience but also compels them to buy the product, watch the T.V. program, or vote for a particular candidate?

Because osteopathic medicine has never been marketed on such a grand scale during its existence, is it something the AOA would even consider as part of its future promotional strategy? Fortunately, the answer is an unqualified yes.

“The first thing I requested after my inaugural speech was permission to establish an AOA Greatness Fund,” said Dr. Strosnider of his visionary plan. “If over a two-year period every practicing D.O. would just give a one-time $1,000 donation to the fund, and every resident donated $500, we’d have about $23 million to invest and propel us to greatness.

“I stated in my request that I would like to see the AOA spend $3 million a year to advertise on the major television networks so the public could see what we actually do,” he enthusiastically added. “I also said that ‘Wouldn’t it be great if a patient came into your office and said, ‘Wow, I saw an ad on T.V. about D.O.s and the D.O. difference—now that’s what I want in my physician.’”

Thankfully, instead of being concerned about an article that intended to analytically address issues that directly affect the future direction of the osteopathic profession, including the AOA’s integral role in the process, Dr. Strosnider warmly embraced the idea. “When I was contacted about being interviewed for this article, my first thought was, ‘Well…good. At least somebody’s thinking about these issues, that we need to be more publicly conscious, that we need to be proud of who we are and what we do,’” he explained. “If we’re not going to stick our necks out, who will? We have individuals who are different or just as good as our counterparts, then what are we doing here? We might as well be giving everybody an M.D. degree.”

Would the osteopathic profession benefit from a testimonial from a well-known spokesperson?

NSU-COM Students Assist Medically Deprived Population in Nicaragua

NSU-COM’s commitment to international medical missions was in evidence again last April when a number of members from the college’s student chapter of the Christian Medical and Dental Association traveled to Nicaragua to provide medical care to about 600 patients.

The weeklong outreach endeavor, which was coordinated by First Baptist Church of Fort Lauderdale, provided a rare opportunity for nine first-year medical students to participate in an international medical mission and gain some valuable hands-on exposure to patient care.

“Although M2 and physician assistant students also participated in the trip, it proved to be an invaluable experience for the M1 students,” said Camille Bentley, D.O., FACP, associate professor of family medicine and president of DOCORE International. “The M1s had no idea what to expect and were very apprehensive at first. Basically, this was their first opportunity to practice their history and physical exam skills, and they had no experience with diagnosing or treatment at all, so it was a real challenge for them.”

The 39-member health care contingent was housed at a ranch owned by Dr. and Mrs. Nour Sirker, who run the El Samaritano Medical Clinic located near the capital city of Managua. According to Dr. Bentley, who was the only fulltime NSU-COM faculty member in attendance, the list of ailments seen and treated was similar to those witnessed in similar medical missions to Guatemala or Jamaica. “The major illnesses seen among children were upper respiratory and gastrointestinal in nature; however, adult conditions were quite varied and included everything from chronic pain, diabetes, and hypertension to acute respiratory and dermatological problems,” she explained.

While these outreach efforts are critically important to all medically deprived areas of the globe, the Nicaragua expedition was especially crucial since the country had been crippled since November 2005 by a public health system strike. “The public health sector was in its sixth month of a physician strike, which resulted in the vast majority of Nicaraguans having no access to health care,” explained Dr. Bentley. “As a result, many citizens were struggling to find emergency care after being turned away from public hospitals.”

During their stay, the students traveled to several makeshift clinics in indigent areas of Santa Rosa and Managua, where they rotated between working in temporary pharmacies-laboratories, assisting with surgeries, and seeing patients. “Each physician worked with four students, and the students were then separated into teams of two,” Dr. Bentley stated. “Most of the time we tried to have an M1 paired with either an M2 or with one of the four participating P.A. students to enhance the educational process. It proved to be a rewarding experience for everyone involved, especially since we were able to provide medical care to communities suffering due to the country’s ongoing physician strike.”

NSU-COM Faculty

Camille Bentley, D.O.
Zaussanna Seybold, M.D.

NSU-COM Students

Andrew Abbeg
Leslie Bridges
Jack Gibson Gray

Tiffany Heu
David Lamborn
Jennifer Lammick

Sharon Lee Londo
Christopher LeMay
Carmela Mancini

Katy Matthews
Sandhya Nicholas
Venette Pierre

Jennifer Sears
Nicole Tuve
Marina Udoenko

P.A. Students

Neil Andrew Bulkosh
Hilene De Amonim

Amber Martin
Kathleen Stanley
Education, Altruism on Display During Medical Mission to Jamaica
By Scott Colton, Director of Medical Communications

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The 2006 Medical Mission to Jamaica, which is now in its sixth year of existence, was a triumphant success that featured participation from 10 University of Miami medical school students as well as a dedicated and diverse group of volunteers comprising HFD faculty, students, and community advocates.

One of the highlights of this year’s medical mission was the participation of David Perloff, M.D., clinical assistant professor of internal medicine, who brought along an echocardiogram for one-on-one experiences with Dr. Perloff, which definitely helped provide better care," said Paula Anderson-Worts, D.O., administrator of family medicine and public health who serves as coordinator of the annual Jamaica missions.

"In Jamaica, one of the major diseases we deal with is hypertension and all the sequelae that come along with unchecked hypertension," she added. “In the areas we visited, it’s very difficult for the local clinics to obtain an echocardiogram. In fact, one of the local hospitals actually sent patients to us because they actually learn things they wouldn’t necessarily be exposed to in the classroom.”

In addition to obtaining hands-on medical experience by working in remote areas and at several local prisons, the participants were able to expand their horizons by attending informative CME sessions on far-reaching topics such as hypertension, sexually transmitted infections, sinusitis, diabetes, glaucoma, and musculoskeletal injuries.

The interdisciplinary approach that defined the 2006 Medical Mission to Jamaica also played an integral role in its success. “Many of the disciplines we take down there, especially optometry, dental medicine, and occupational/physical therapy, are vitally important because the rural areas we visit have little or no access to these services,” explained Dr. Anderson-Worts. “It also gives all of us an opportunity to work side by side with other disciplines and see how they operate on a day-to-day basis. That’s exciting for us as clinicians, but it’s even more exhilarating for the students because they actually learn things they wouldn’t necessarily be exposed to in the classroom.”

Another interesting aspect of the medical mission was the number of intriguing and unexpected situations that sprung up while the health care team was out plying their trade in remote areas of the country. “One interesting case occurred when a young boy enthusiastically shouted, ‘Oh, doctors, please listen to my heart.’ When one of the doctors put his stethoscope on the boy’s chest, what he thought was a fun way of joking around with the boy suddenly turned serious when he heard a significant heart murmur,” Dr. Anderson-Worts explained. “In that same area, another little boy came up to us who we had seen two years ago. He came to thank us for picking up his heart murmur, which resulted in him having lifesaving corrective surgery. Those are the things that make these mission trips so worthwhile, when you see those type of cases and get to make a positive impact in a life and in a community.”

This year’s Medical Mission to Jamaica health care team provided a range of services to about 3,500 patients in remote areas as well as at several local prisons.

Education, Altruism on Display During Medical Mission to Jamaica

By Scott Colton, Director of Medical Communications

The 2006 Medical Mission to Jamaica, which is now in its sixth year of existence, was a triumphant success that featured participation from 10 University of Miami medical school students as well as a dedicated and diverse group of volunteers comprising HFD faculty, students, and community advocates.

One of the highlights of this year’s medical mission was the participation of David Perloff, M.D., clinical assistant professor of internal medicine, who brought along an echocardiogram machine and Sherri Julius, an ech technician from Broward General Medical Center, to operate it. "When you continually go back into an environment where you really want to make a difference, you have to start thinking about what things you can add to the type of treatment you provide that would help provide better care," said Paula Anderson-Worts, D.O., assistant professor of family medicine and public health who serves as coordinator of the annual Jamaica missions.

"In Jamaica, one of the major diseases we deal with is hypertension and all the sequelae that come along with unchecked hypertension," she added. “In the areas we visited, it’s very difficult for the local clinics to obtain an echocardiogram. In fact, one of the local hospitals actually sent patients to us that would benefit from having an echo done. The students were able to see and hear the cardiac dysfunctions on a real patient and have a one-on-one experience with Dr. Perloff, which definitely added a new dimension to our mission trip."
Debbi Cohn
Steinkohl
Sets
Example by Leading with Her Heart
By Scott Colton, Director of Medical Communications

W hen people first meet Debbi Cohn Steinkohl, M.H.S.A., who serves as administrative director of the Interdisciplinary Generalist Curriculum (IGC), the first thing they probably notice is the thick and lustrous mass of red curls that surround her face. However, once they spend some time with Steinkohl, people quickly discover that beneath the big hair is a woman with a big heart, an immense work ethic, and an unquenchable passion for curricular innovation and experiential learning.

Since joining NSUCOM in 1991, Steinkohl has played a major role in reshaping the college’s curriculum and providing students with invaluable experiential learning opportunities that have influenced many of them to pursue primary care fields and work with underserved rural populations.

Doctor Dreams Rule Childhood
As a child growing up in North Miami, Florida, in the 1960s, Steinkohl, who is a South Florida native, harbored the single-minded goal of becoming a physician, even though no woman in her family had ever gone to college. “From an early age, I wanted to be a doctor,” she admitted. “I came from an old-fashioned family in terms of men and women having very defined roles, but I was adamant about becoming a physician back then.”

Her eagerness to become a physician was so strong that she even eschewed traditional Halloween costumes to demonstrate her doctor-wannabe desire. “I was Dr. Kilaqua two years in a row, and then I actually went out trick-or-treating as Mucus Welby,” stated Steinkohl, who also dabbed in artistic pursuits such as acting, singing, and writing. “I was always a doctor while all the other girls were dressing up as princesses and other cute things. I was always interested in health, medicine, and safety. In fact, I recall asking my parents to exchange all the fashion dolls I received as birthday gifts so I could get a microscope instead because I had created a little laboratory in my bedroom.”

Unlike many children, whose career interests waver as often as their clothes sizes, Steinkohl remained resolute about her professional aspirations. “I was always very premed in my focus,” she explained. “I was president of the premedical society, which was called the Paramed Club, when I attended North Miami Senior High. I always believed in experiential learning, so when I was president of Paramed, I took the members out to see autopsies, witness surgeries, and spend time with physicians. My philosophy has always been, ‘How do we know what we want to do unless we’ve seen it, felt it, and touched it?’”

Steinkohl also developed a strong interest in community service in 1979 when she became a blood donor for the first time. “I walked to my car without even packing a bag,” she explained. “I found out my mother had breast cancer in the middle of the day.”

Steinkohl was understandably prudent. “When I graduated from high school and started thinking about what I wanted to do in college, I knew it was going to be a financial struggle,” said Steinkohl, who earned a partial scholarship to the University of Florida in Gainesville. “Even though I had a scholarship, I was basically putting myself through school by soliciting funds for the university’s Alumni Association and working in a campus-based daycare center.

“I really grew up on a budget,” she added. “My parents always stressed frugality and practicality, so if I buy something today that is not discounted, I really appreciate it. I didn’t even have my first car until I was in my third year of college, and that old Toyota Corolla had 170,000 miles on it, but I loved it. It’s experiences like that which help to build a person’s character. I consider myself fortunate to have always worked for what I have because this allows me to have a deeper appreciation for even the little things.”

While she was pursuing her B.S. degree in business administration/marketing, Steinkohl became intrigued by a transformation that was actually taking place within the health care industry. “I became fascinated with our health care system and the changes that were going to take place in my lifetime in regard to meeting the demands of the aging baby boomers, the uninsured, and the financial collapse of our health care system,” she explained. “I decided I could really make an impact in the health administrative side of medicine because of the introduction of managed care, which created new positions for hospital and managed care administrators.”

In May 1984, when Steinkohl proudly marched across the stage of the University of Florida’s O’Connell Center to receive her B.S. degree in front of her friends and family, her world seemed to be full of infinite possibilities, especially since she had been accepted into the university’s dual M.H.S.A./M.B.A. degree program. Following the graduation ceremony, Steinkohl drove back to North Miami to celebrate her accomplishment with her family. Then came the bombshell that shook Steinkohl to her core.

Change of Plans as Illness Intervenes
“I found out my mother had breast cancer the day I graduated,” said Steinkohl, who was understandably wracked with grief when she heard the horrifying news. “I returned to Gainesville to start my master’s courses, but one day I had a phone conversation with my mother, and even though she didn’t say anything specific, I just felt as if she needed me to be there. So I walked to my car without even packing a toothbrush and started driving toward Miami in the middle of the day.”

As it turned out, Steinkohl’s gut instinct had been correct. “I needed to be there with her because, although I didn’t know it at that time, her cancer had metastasized,” she explained. “I decided I couldn’t pursue the master’s degree in Gainesville, so my roommates packed up all my belongings, and I moved back to North Miami.

Over the next nine months, Steinkohl lived a hurried existence that included caring for her ailing mother, taking courses at Florida International University, and working odd jobs at a flea market and a travel agency to earn some much-needed cash. “I wasn’t sure what I was going to do at this point,” admitted Steinkohl, who was spending a major portion of her time driving her mom to doctor’s appointments and her ailing mother, taking courses at Florida International University, and working odd jobs at a flea market and a travel agency to earn some much-needed cash. “I wasn’t sure what I was going to do at this point,” admitted Steinkohl, who was spending a major portion of her time driving her mom to doctor’s appointments and even though she didn’t say anything specific, I just felt as if she needed me to be there. So I walked to my car without even packing a toothbrush and started driving toward Miami in the middle of the day.”

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Over the next nine months, Steinkohl lived a hurried existence that included caring for her ailing mother, the uninsured, and the financial collapse of our health care system,” she explained. “I decided I could really make an impact in the health administrative side of medicine because of the introduction of managed care, which created new positions for hospital and managed care administrators.”
In February 1985, only nine months after Steinkohl was informed of the breast cancer diagnosis, her mother passed away from the illness at the tragically young age of 49. However, just when it seemed life couldn’t get any grimmer for Steinkohl, a wonderful antidote called love soon appeared on her romantic horizon.

**Romance and Career Blossom in Tandem**

Five months after her mother’s death, Steinkohl was out with a group of friends at a local bar and grill in North Miami Beach when Capt. Cohn unexpectedly hit the bull’s-eye of her heart. “It was love at first sight when a mutual friend coincidentally introduced me to Richie, who I had noticed from across the room,” recalled Steinkohl of that life-altering evening that culminated in a June 1986 wedding.

Happily, romance wasn’t the only area of Steinkohl’s life that was blossoming. In 1986, she earned her master of health services administration degree from Florida International University, where she graduated with honors. She then accepted a job offer to work as a provider development manager for Heritage Health Plan of South Florida in Miami. It would take two more years, but in 1988, Steinkohl applied for a new position that would end up mirroring all her beliefs about how health care in this country should be orchestrated and delivered.

When she interviewed to become director of planning and evaluation at the University of Miami/Dade County Area Health Education Center (AHEC) Program in Miami, Florida, Steinkohl freely admits she had never heard of the term AHEC before. “My initial thought was, ‘What the heck is an AHEC?’” she admitted. “However, during the interview, I discovered it was everything I believed in—experiential learning, helping the underserved, dealing with program development and implementation, and influencing health care professionals to go into primary care fields and work with underserved populations.”

During her tenure at the University of Miami/Dade County AHEC, Steinkohl directed the planning and implementation of educational programs and clinical experiences for health professions students and residents in community-based settings. She also recruited, trained, and evaluated community-based preceptors for participation in programs and facilitated the match between training needs of students, curriculum requirements of training programs, and service objectives of community sites.

**Steinkohl Switches to SECOM**

“When I was working in Miami, we were in the process of developing a statewide AHEC program,” she recalled. “Back then we were federally funded, so we had gotten together with Southeastern College of Osteopathic Medicine (SECOM) in North Miami Beach to put together a statewide AHEC program, which was a process headed by Dr. Stephen Zucker with Dr. Fred Lippman. We would meet at SECOM to have early think-tank meetings, and since we needed to acquire hard data about the initiative, the SECOM AHEC Program hired me to work as an evaluation consultant until the statewide program was completed.”

Although she remained a full-time employee at the University of Miami/Dade County AHEC for the next several years, Steinkohl immensely enjoyed the consulting work she did at SECOM. Consequently, when the associate AHEC director position at SECOM became available in late 1991, Steinkohl wisely decided to accept the challenge.

The next five years would prove to be fruitful ones for Steinkohl as she assisted Dr. Zucker on a range of projects that included the development and administration of the AHEC Program in 19 South and Central Florida counties. She also

- collaborated on the development of a network of community-based teaching sites for over 25 health professions education programs encompassing 15 disciplines
- assisted in the development and operation of grants and contracts for the AHEC Program
- developed didactic curriculum and planned and delivered courses and seminars for medical students, family practice residents, and physician assistant students on primary care and public health issues as well as other special-needs areas that target high-risk populations

**IGC Program Takes Shape**

By the time 1996 rolled around, Steinkohl’s life was in the process of undergoing a series of new—

and extremely positive—changes. SECOM and its sister colleges had merged with Nova University to form Nova Southeastern University, which precipitated a move to the Davie campus. In addition, her career continued to flourish as she was tapped to serve as administrator of the college’s IGC Program, which was established to “help students achieve their goals.”

“It was an exciting—and exhausting—period in my life because there was so much going on at the same time,” admitted Steinkohl, who gave birth to Erica in February 1997. “When I became administrative director of the IGC Program, I was four months pregnant. And there was a lot I had to accomplish to get the program up and running during and immediately following my pregnancy.”

Steinkohl had been approached by the college’s dean at the time—Matthew Terry, D.O.—to assume the stewardship of the college’s IGC Program, which had been established by Dr. Terry’s for several years. “In 1996, we were the only osteopathic medical school involved and one of only 12 medical schools to receive funding for this pilot program,” said Steinkohl of the IGC curriculum that introduces hands-on, clinical learning to students in their first two years of medical school.

In this role, Steinkohl has done a stellar job of handling the ongoing development and daily operation of a program designed to motivate medical students to pursue career paths in primary care medicine and prepare them to work effectively in integrated health care delivery systems. In addition to overseeing the IGC Program’s various facets, she is responsible for developing and managing a physician mentor network of over 165 community-based primary care physicians to serve as preceptors for all first-and-second-year students.

According to Steinkohl, who serves as associate professor in the departments of family medicine and public health, the IGC Program is vitally significant because “It gives our students that real-life practice environment to apply everything they’re learning, and to see it while they’re learning it,” she explained. “The premise of IGC is to try and expose the medical students to primary care opportunities so that in their formative years of education, they would have a positive exposure to primary care role models, which will hopefully result in them pursuing a primary care profession. It’s also a way for them to really develop their love of medicine, to remind students during their first two years of medical school why they came here in the first place while also exposing them to the business and practice side of health care.”

**Like Mother, Like Daughter**

In May 2006, Debbi’s daughter Erica, who aspires to become a physician, received one of the highest honors at her school when she was selected as the NSU University Lower School Good Citizen of the Month. The accolade is awarded monthly to the one student who exemplifies the highest standards of character and positive attitude, effort and cooperation, as well as responsibility and contribution to the ethos of the school. Erica and student representatives from other Davie elementary schools were recognized at a special ceremony at the Davie Police Department.

During her tenure at Nova Southeastern University Lower School, Erica has received the Co-curricular Advisor of the Year Award. “I don’t regret being a working mother at all. In fact, I feel like I’m a better mother because of it. I have a very close relationship with my daughter, who is very proud of me. Working has always been a part of who I am, and I have a very supportive husband who always shares in everything, from driving to dance competitions and immediately school and packing lunches to doing homework with Erica.”

She also has a strong affinity for the multitude of students who have passed through the IGC Program over the years. “I love watching them come in as freshmen with the ‘deer-in-the-headlights’ look and then watching them progress to the day when they flip their tassels at graduation,” said Steinkohl, who plans to pursue a doctoral degree sometime in the near future. “I cry at every graduation ceremony because I treasure every student that walks across the stage. Becoming a doctor is one of the most fulfilling things I could ever imagine anyone experiencing, and I’m so proud to have played a part in helping students achieve their goals.”

**Fall 2006**

COM Outlook: Fall 2006
Examining Medical Ethics

Examining the Myths and Realities of Medical Ethics

By Stanley Cohen, Ed.D.

HPD Vice Provost for Educational Support

Most of our medical students are aware of what constitutes a medical workout, which includes procedures such as drawing blood, measuring blood pressure, taking the pulse, looking in the throat and ears, collecting a urine sample, listening to the chest, and examining the abdomen. Such workouts are essential to the training of medical students and help them develop the skills necessary to become effective physicians. However, in today's modern world, do no harm is no longer adequate. The physician must do some good for the patient, which ethicists call the principle of beneficence or helping the patient to achieve an adequate outcome.

Learning to do an ethical workout is a major goal of medical ethics. Unfortunately, it has become more difficult because the physician is no longer the fountainhead of all knowledge that makes the diagnosis, decides on a treatment plan—and the patient listens and complies. With the advent of the principle of respect for autonomy without coercion, we have come to understand that patients have a right to hold views, make their treatment choices, and take whatever actions they see fit that are based on their values or beliefs—not the physicians. As a result, physicians must become more like facilitators that help make patients autonomous. There is also the issue of justice, which suggests that patients are entitled to certain things based on fundamental moral values. Physicians cannot lie to patients. They must be impartial, and they must communicate with all kinds of people who speak all kinds of languages. To do this well involves the art of medicine and requires training in doing an ethical workout.

Sometimes there is a contradiction between what is ethically the right thing to do and the evidence from the medical science workout. A patient, for example, may refuse treatment for a terminal illness even when medical science may have a cure. In modern medicine, patient autonomy is absolute and must be respected. When physicians go into practice, they will be faced with ethical problems from birth to death. Some common problems include:

- patients who do not have the capacity to understand medical information
- children who are suffering from child abuse
- patients treated inappropriately by another physician
- getting patients reimbursed for your care
- requests from family members for personal information that violates confidentiality
- referral issues
- noncompliant patients
- patients who want written medical excuses that are not true
- advanced directives issues
- drug-seeking patients
- dealing with impaired colleagues
- dealing with moral issues such as a request for abortions
- testing patients without consent

Changes in law have followed the changes in ethical decisions. The 1978 Abe Perlmutter case in Florida established and supported the principle that a patient once connected to a respirator could be disconnected and allowed to die. Perlmutter was a 78-year-old taxi driver being kept alive by artificial means. He was of sound mind and did not want to continue living. He had suffered with Lou Gehrig's disease, and he tried to pull the plug himself, but the caretakers at Florida Medical Center in Lauderdale Lakes reconnected him. The courts supported his decision not to extend his death, and soon after, in the presence of his family, his son pulled the plug and Perlmutter died the next day. Two years later, the Florida Supreme Court ruled that people with similar conditions had the right to end their own lives as long as they had no minor dependents.

By 1984, Florida passed the living-will law that allowed people to predetermine whether or not they wished heroic measures when they were considered terminal. Federal law supporting the Florida decision was passed in 1992 and was known as the self-determination act. However, interpretations of the living-will laws are still being debated today. A recent example is the Terri Schiavo case in Florida, which became a national news story when her parents challenged Schiavo's husband's decision to end her life. Her parents appealed her husband's decision all the way to the federal courts and Congress and argued that she was not in a persistent vegetative state in spite of evidence resulting from eight physicians saying she was. Since her husband was next of kin, she was allowed to die. Thorny questions arise almost daily in hospitals, nursing homes, and hospices concerning how to treat specific cases.

The AOA and the AMA have both developed similar guidelines for its member physicians. They include such things as maintaining patient confidentiality except when required by law. Physicians must give a candid account of the patient's condition and always tell the truth. They must also build a relationship based on mutual trust, and even though they can choose not to treat certain people, they cannot base that decision on race, creed, color, sex, or national origin. Once that relationship exists, a physician should not withdraw when a patient without proper notice. In addition, there is a recognized standard of care based on current data collected through careful study. Fees can only be collected for actual services, and it is unethical to accept fees for the referral of patients.

Doctors, patients, politicians, and nearly all of us have come to believe that an ethics of care. Sometimes there are great conflicts between what is the right thing to do. Almost daily there are new headlines debating issues such as "Should we have stem cell research?" and "Should we transplant organs from babies who have little chance of survival?" At times, the arguments on both sides may be reasonable. The birth of the field of medical ethics, which really started in the humanities, has provided a structure for solving many of these dilemmas. Most hospitals and nursing homes today have an ethics committee to help physicians sort through these issues. The big question these groups raise is how can we serve people who are ill or dying in a manner based on justice, fairness, and compassion? When a recent famous baseball player was given a liver transplant, there were a dozen other patients who needed the same match and were on a waiting list long before the case in question. They were bypassed in favor of the celebrity, who died four weeks later. The hospital ethics committee maintained this was not fair, and they argued that "first come, first served" was an important principal that was being violated.

All health care problems are not just medical because they involve values that are often in conflict. While technology for the past four decades has made it possible to keep people alive forever, technology does not make the decisions. Should all babies, for example, be treated without considering their quality of life? Should every form of intervention be used regardless of futility or cost? If the doctor-patient relationship is the foundation of medical ethics, how does that concept fit with the quality of medicine today, which tends to be large scale, fast, impersonal, evidence based, and action oriented? Doctors are under the gun to provide cost effective treatments, which often means spending less time with each patient. It also means that confidentiality is sacrificed when physicians bill third-party payers. In addition, computer access and insurance company demands make private information available to nearly anyone.

The conflict between the paternalistic physician making all the choices and autonomous decision-making by the patient is still raging. The notion of informed consent as a right of every patient is valid but difficult to follow. Explaining a particular disease in a manner understandable to the patient in his language and the consequences of the proposed treatment are a real challenge when a physician might see 70 or 80 patients a day. Just to explain alternative treatments and the prognosis if treatment is not started can take many minutes. But if the doctor-patient consent are not followed, the process is ineffective. Very often, patients hear what they want to hear and cannot understand medical jargon. Since medical practice has shifted from individual doctors to corporate practice, the emphasis has been getting people well as quickly as possible. However, patients then feel they are being processed—a concept not very well received.
As the College of Osteopathic Medicine has grown, so has its collection of student organizations, which now numbers 31 official clubs and numerous other student-interest groups. One of the newest additions to the NSU-COM student organization roster is the National Osteopathic Women Physician Association (NOWPA)/American Medical Women's Association (AMWA), which has been an on-campus fixture for four years.

NOWPA/AMWA’s objectives are to further the study of women’s interests and concerns in relation to the field of medicine and promote osteopathic medicine as a philosophy, a science, and an art. However, although the club is clearly a female-driven entity, it freely welcomes participation from its estrogen-deprived male counterparts. “We currently have one male student member,” said M3 student Sarah LaRosa, who served as president of NOWPA/AMWA in the 2005-06 academic year. “Some of our meetings are interesting to men because we try to bring awareness to women about the differences in heart disease between men and women.”

In February, the club organized its largest fund-raiser by staging a production of the acclaimed play The Vagina Monologues that was held in the HDF’s Hull Auditorium and raised $600 for Women in Distress of Broward County, which is a local organization that helps victims of domestic violence. Approximately 120 people attended the production, which was sponsored by NOWPA/AMWA and the Student Osteopathic Surgical Association.

Now that LaRosa has handed off leadership duties to the next group of officers, she will be able to accomplish some of the things that couldn’t be implemented during her one-year term in office. “One of the things we wanted to do was organize a women’s health fair at the school, but because of the hurricanes last year, we had to put our plans on hold,” she explained. “I also hope to see the membership grow, but it’s difficult to get students to join because they understandably want to join the clubs that are focused on whatever specialty they’re planning to go into once they graduate. There will be joint presidents and vice presidents for the 2006-07 academic year, so hopefully the officers will be able to get a lot more done that way.”

A final goal would be to do a better job of educating both male and female students about domestic violence. ”Many doctors, both male and female, don’t screen for domestic violence—and they should,” LaRosa stressed. “We especially need to make male physicians more aware of what to look for, such as bruises, of course, but also for repeat injuries their female patients don’t go to the doctor or hospital for. In addition, if a patient says something like, ‘Oh, I have to check with my husband,’ or ‘Oh, I can’t tell him I’m on birth control because he doesn’t want me to be on it,’ the physician needs to ask a simple question such as ‘Has anybody ever hurt you or tried to hurt you physically or emotionally?’ Sometimes that one question will make someone open up to the physician—and help put an end to the cycle of abuse.”

Victoria Dreisbach, D.O. (’97), who is board certified in general psychiatry and forensic psychiatry, completed a fellowship in forensic psychiatry at Yale University School of Medicine in 2003 and currently works at Connecticut Valley Hospital as a forensic psychiatrist with 1998 alumnus Paul Engleman, D.O. She also serves as an assistant clinical professor of psychiatry at Yale University School of Medicine and recently completed a one-year term as president of the Connecticut Psychiatric Society.

John Geake, D.O. (’93) of Moore Haven, Florida, was presented with the Excellence in Service Award in August from the National Health Service Corps (NHSC) during its 33rd Anniversary Recognition Dinner in Reston, Virginia. Dr. Geake, a former NHSC scholar who works closely with the ABEC Program on a range of rural health initiatives in Glades County, was honored for his dedication and commitment to provide quality health care to the nation’s most vulnerable populations and his significant contribution to improving the health of the underserved. In addition, letter of esteem from NSU leadership were read in Dr. Geake’s honor.

Mark Kraus, D.O. (’02) was accepted into the Cardiovascular Fellowship Program at St. Vincent Hospital in Worcester, Massachusetts. He will enter the fellowship in 2007 after he completes his year as the hospital’s chief resident in internal medicine.

Greene Levine Pearlman, D.O. (’80) has joined the Holy Cross Medical Group in Fort Lauderdale, Florida, to practice endocrinology. She and her family recently relocated from Stony Brook, New York, where she had completed her training in internal medicine with a subspecialty in endocrinology. Her husband, Scott Pearlman, D.O. also from the class of 2000, accepted a position with Neurological Consultants in Pompano Beach, Florida.

Celebration of Excellence

- 2000 - James Turner, D.O. (’90)
- 2001 - Daniel McRuth, D.O. (’90)
- 2002 - Joseph Bush, D.O. (’95)
- 2003 - Jeffrey Grove, D.O. (’90)
- 2004 - Gregory James, D.O. (’88)
- 2005 - Edye Groseclose, Ph.D. (’86)
- 2006 – Howard Hada, Ph.D.
- 2007 – Howard Renuart, D.O. (’90), current president of the NSU-COM Alumni Association, went above and beyond the call of duty while serving as chief medical officer for the Florida National Guard squad stationed at Camp Phoenix in Afghanistan. When he came into contact with two local children who were in dire need of intricate heart surgeries, Dr. Renuart personally arranged for them to be flown to Jacksonville, Florida, to receive lifesaving treatment.
- 2008 – James Turner, D.O. (’88) was named residency director of the new Osteopathic Emergency Medicine Residency Program at the Charlotte Memorial Hospital in Charlotte, North Carolina. The facility is a level-one trauma center that handles about 90,000 patient visits per year and houses three emergency medicine departments under one umbrella, including a pediatric facility.
In the spring of 1999, NSU-COM launched an alumni-based fundraising effort to generate dollars that would be used to create an endowed fund to reduce future tuition costs for NSU-COM students and produce a funding pool that would be utilized for discretionary purposes as determined by the Alumni Association Executive Committee. Every effort has been made to ensure the accuracy of the following list of donors; however, if you notice an error or omission, please contact Lynne Cawley in the Office of Alumni Affairs at (954) 262-1029 to rectify the matter.

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- Dr. John (93) and Ellen Geake (in memory of John D. Geake, Sr.)
- Dr. John N. Harker (89)

#### 500 Club ($500 - $999)
- Dr. Jack Goloff (85)

#### 250 Club ($250 - $499)
- Dr. Bridge Bellinger (86)
- Dr. Robert Blackburn (86)
- Dr. Steven Cimerberg (87)
- Dr. R. Jacqueline Moljo (95)
- Dr. Glenn Moran (88)
- *Dr. Ronald Remunt (90)
- Dr. Joel Rush (85)

#### Century Club ($100 - $249)
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- Drs. Christopher and Catherine Cooper (98)
- Dr. Michael Gervasi (87)
- *Dr. Christopher Guzik (97)
- Dr. Claude Kassim (97)
- Dr. and Mrs. Rubin Kesner (89)
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### Cumulative List (1999-2006)

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Represents donors who have made a significant deferred gift via life insurance policies, insurances, or trusts.
- Dr. and Mrs. Jeffrey Grove (90)
  (Gift: $500,000 life insurance policy)
- Dr. Albert Whitehead
  (Gift: $250,000 life insurance policy)

#### NSU-COM Society ($10,000-$24,999)
- Dr. George Linsay

#### Chancellor’s Council ($5,000+)
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#### Dean’s Council ($2,500 - $4,999)
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Dr. Stephen Yandell ('89)
Dr. Ross Zafonte ('85)

Submission of Alumni News

In my role as editor-in-chief and graphic designer of COM Outlook, I am always seeking ways to enhance the publication's content and make it as informative as possible for our readership. One of the ways I hope to accomplish this is by providing expanded coverage of the myriad individuals who comprise NSU-COM's distinguished alumni base. If you have published a book, received an award, or been promoted or elected to a lofty professional position, please contact me at (954) 262-5147 or submit the information via email to scottc@nsu.nova.edu.

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1985 Alumnus Believes in Giving Back to Alma Mater

Although it’s been over two decades since Ross Zafonte, D.O., graduated from the inaugural Southeastern College of Osteopathic Medicine (SECOM) class in 1985, he has never lost touch with the institution that provided him with his entry into the osteopathic realm.

“You have to remember where you came from,” explained Dr. Zafonte, who serves as professor and chair of physical medicine and rehabilitation at the University of Pittsburgh. “You have to understand that someone gave you an opportunity, which is why I feel a responsibility to help those who are coming up behind me so they can have a similar, or even better, opportunity.”

Putting his words into action, Dr. Zafonte became the first alumnus to participate in NSU-COM’s newly formed academical honor roll. “I was happy to give back to the college in this way because it’s a mechanism that allows us to help younger people grow in specific areas of interest and in areas where they need to become more accomplished or develop further thought processes,” he stated. “The future is fraught with all sorts of change, and those students who learn to think dynamically and innovatively are more likely than not to be the ones who succeed.”

By the time he graduated from the University of Georgia in 1981 with a B.S. degree in psychology and biochemistry, Dr. Zafonte was unaware that a profession named osteopathic medicine even existed. Fortunately, a chance encounter with several D.O.s in Georgia resulted in his being informed about the profession—and a new osteopathic medical school that was opening in North Miami Beach. “I thought some of the approaches they explained were interesting,” he said, “so I decided to apply to SECOM.”

As a member of the inaugural SECOM class in 1981, which Dr. Zafonte affectionately refers to as “the great laboratory experience,” he and his fellow matriculants embarked on an osteopathic odyssey that was marked by both challenge and achievement. “Back then it was essentially a single classroom in a building that was across the street from Southeastern Medical Center, and both the administration and students were learning as they went along,” he admitted. “But we all shared a supreme sense of closeness, and there was a deep and direct relationship with the people at the top because there were only 40 students initially. Everybody from that first class has gone on to be reasonably successful, so, in hindsight, the administration actually did a very good job.”

After completing his internship at Detroit Osteopathic and Bi-Country Hospital in 1986 and his residency at Mount Sinai School of Medicine in New York in 1989, Dr. Zafonte continued his education by doing a research fellowship through the University of Missouri and the National Institute on Disability and Rehabilitation. He then returned to Detroit to work at Wayne State University for nine years in the Department of Physical Medicine and Rehabilitation, where he helped develop a large research program that focused on brain injury and neuro-trauma.

In 2000, he decided to relocate to Pennsylvania to accept his current position at the University of Pittsburgh. “I help coordinate a lot of the rehab services for the health system,” said Dr. Zafonte, who has been married to wife Cheryl since 1994 and has a seven-year-old son named Alex. “I’m also the vice president of clinical rehabilitation services for the UPMC health system and executive director of the UPMC Institute for Rehabilitation and Research.”

Dr. Zafonte, who serves as principal investigator on a number of federal grants, is especially proud of the fact that he has helped develop the department into a topflight one that went from unranked status to a top 10 listing in regard to National Institutes of Health funding. “Our goal here at Pitt is to get better every day,” he stressed. “If we’re not thinking differently and reinventing ourselves all the time, we’re doing a less-than-optimal job.”
Dr. Jose Hernandez Ford Receives Inaugural Dr. Bradley Silverman Scholarship

Class of 2006 alumnus Jose Hernandez Ford, D.O., recently became the inaugural recipient of the Dr. Bradley I. Silverman Memorial Scholarship, which was established to honor outstanding NSU-COM students who showcase compassion, commitment, community involvement, and other laudable traits exemplified by Dr. Silverman.

Dr. Hernandez Ford was selected from a pool of several dozen applicants by the scholarship committee, which consisted of NSU-COM administrators, Dr. Silverman’s parents Marilyn and Stanley, and close friends Dr. and Mrs. Michael Storch. The scholarship will be presented annually to students who complete a clinical rotation with a physician whose primary practice is in Aventura, Florida, and later utilize their skills at Aventura Comprehensive Cancer Center or Aventura Hospital and Medical Center.

Dr. Silverman, who passed away in 1999, was a member of NSU-COM’s charter graduating class in 1985. During his career, he became passionately involved in the breast cancer field and went on to become chief of surgery and then chief of staff elect at Aventura Hospital and Medical Center. Pictured at the presentation ceremony are scholarship recipient Dr. Jose Hernandez Ford, Dr. Anthony J. Silvagni, and Marilyn and Stanley Silverman.