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College of Osteopathic Medicine

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It's a brave new world for D.O. dads, who must balance treating disease at work with changing diapers at home. 

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Louisiana Law Change Has NSU-COM Origin Page 25
DEAN'S MESSAGE

Since its inception in 1874, osteopathic medicine has provided a distinctive, holistic approach to modern medical treatment. To commemorate the profession's contributions to the medical community, the American Osteopathic Association has designated November 11-18 as National Osteopathic Medicine Week, which will center on educating and informing Americans about end-of-life care and related topics.

Nova Southeastern University's College of Osteopathic Medicine is well aware of the importance of end-of-life issues, which is why the theme is woven into our curriculum via our geriatric program that features a required course and rotation in the discipline. Additionally, we offer a geriatric fellowship comprising six approved training positions at the North Broward Hospital District, Columbia Hospital West Palm Beach, and the West Palm Beach Veterans Affairs Medical Center.

Because geriatrics is one of the principal physician shortages predicted for Florida in the coming years, the College of Osteopathic Medicine established this one-year fellowship program for those who possess a D.O. degree and are board certified in family medicine. The program's goal is to provide physicians with a hands-on approach to offering care to a highly diversified geriatric population and multiple clinical settings along with a skilled clinical teaching faculty to assure the geriatric fellow of a complete and challenging educational experience.

Our commitment to addressing end-of-life issues also was displayed last year when we collaborated with Hospice Care of Broward County and other organizations to present the End of Life Care Seminar, which centered on the theme "Making Meaningful Decisions for the End of Life: Images, Interventions, and Insights." A touching highlight of the seminar occurred when NSU-COM partnered with the Shepard Broad Law Center to have renowned artist Dr. Patrick Smith exhibit his haunting "LIFEnearDEATH" paintings during the seminar. The series of portraits, which showcased the faces of various hospice patients, served as an affecting backdrop to the subjects being addressed during the thought-provoking symposium.

Our curriculum also features a course on spirituality and medicine, which is taught by Elaine Wallace, D.O., who chairs the Department of Osteopathic Principles and Practice, to provide our students with greater insight into the emotional side of medicine. The practice of osteopathic manipulative medicine (OMM), which is stressed here at the College of Osteopathic Medicine, is yet another technique utilized to help manage pain effectively and improve quality of life when a patient is grappling with end-of-life issues. While effectively managing the physical pain associated with a terminal illness does not extend a dying person's life, lessening that pain can certainly enhance the quality of life at end of life.

Although confronting end-of-life scenarios is an inevitability for most of us, there are preventive measures we can take to prolong both the length and quality of people's lives. Because we are committed to the preventive and quality of life philosophy, the College of Osteopathic Medicine has emphasized preventive medicine and initiated the only preventive medicine residency in the osteopathic profession. Additionally, the residency is both ACGME and AOA accredited.

Thanks to the acquisition of a three-year, $429,788 Health Resources and Services Administration (HRSA) grant, NSUCOM has been able to establish four residency slots based at the Palm Beach County Health Department and two at the West Palm Beach Veterans Affairs Medical Center. The success of our program was evidenced by the fact that NSUCOM was the only osteopathic institution to receive one of the 10 preventive medicine grants accorded by HRSA.

Although the world around us may seem to be in a constant state of flux, our teaching program remains firmly committed to the tenets of osteopathic medicine. The holistic approach, which also involves treating a patient with compassion and humanism, is demonstrated by our commitment to imparting that philosophy to our students. As we send future generations of physicians into the world, the goal is to arm them not just with medical knowledge but with a capacity to alleviate suffering and treat their patients with merited dignity.

Anthony J. Silvagni, D.O., Pharm.D.
Dean
Nova Southeastern University Health Professions Division Executive Administration continues to be proud of the accomplishments of the College of Osteopathic Medicine, the leadership of Dean Anthony Silvagni, the dedication and commitment of its faculty and staff, and the outstanding efforts and successes that exemplify its alumni and student body.

**Recent Activities**

In responding to student body increases and additional requirements for teaching areas, the division recently completed a new two-story auditorium just east of the Terry Administration Building. At a cost of $4,000,000, the new facility houses a 312-seat auditorium, a 50-station state-of-the-art computer science laboratory, and 37 seminar rooms. The building contains more than 31,000 square feet of space including 7,500 square feet of future research and development area.

On August 5, 2001, we were pleased to greet the NSU-COM class of 2005. These same students were inducted into the osteopathic medical profession with a traditional white coat ceremony. Family members were invited to a reception and dinner commemorating this important milestone. The new class of 93 women and 130 men represents students from 29 states, 126 of whom are from Florida.

NSU-COM’S nationally recognized AHEC Annual Summer Health Careers Camp was a tremendous success. The summer’s two camp sessions had a total of approximately 100 high school students selected from a pool of over 300 applicants from nearly 50 schools throughout our 19-county service area. Over 1,200 students have participated to-date. The AHEC Practice Opportunities Program, in which teams of NSU-COM students survey primary care needs and practice opportunities in small-town rural communities, recently took place. This year, students participated in assessing rural and small-town communities in 5 of Florida’s counties. To-date, approximately 70 students have participated in assessing over 130 rural and small-town communities located in 65 Florida counties.

AHEC is working closely with the College of Dental Medicine in the development of an exciting new project. This will involve AEGD residents from the college in service/learning rotations at community health centers in Fellsmere, Okeechobee/Indiantown, and Immokalee. This will expand the dental workforce for the underserved populations treated in these centers, thereby addressing serious and nationally recognized access to dental care problems at these sites.

As we move forward in the 2001-2002 academic year, the HPD Executive Administration anticipates a period of great productivity and challenge. Our “Open Door” policy is firmly in place, as we look forward to dialogue with students, faculty, and alumni.
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Students Have a Trusted Friend in Harvey – 8
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Psychiatry and its Role in Osteopathic Medical Education – 16
One characteristic that distinguishes osteopathic medicine from its allopathic counterpart is the emphasis placed on the primary care disciplines of family medicine, general internal medicine, and general pediatrics. Approximately 70 percent of all NSU-COM graduates practice in the primary care field, but there also are numerous specialty areas—like psychiatry and behavioral medicine—that comprise the college’s curriculum.

Obstetrical Career Proves Rewarding for Dr. Daniel Barkus – 18
After spending nearly five productive decades working as an osteopathic practitioner, Dr. Barkus has racked up enough career achievements to fill a movie-length reel of highlights. But his greatest sense of satisfaction comes from knowing he’s positively impacted the lives of current and future generations of osteopathic physicians.

Compassion Abounds at Guatemala and Jamaica Medical Missions – 20
Over the past two years, NSU-COM has flexed its international medicine muscle by organizing several humanitarian missions to underserved areas in the Caribbean and Central America. That compassionate commitment to providing global health care was in evidence again last June when two separate medical contingents were dispatched to remote areas of Guatemala and Jamaica.

Dawson-Caswell Plays Key Role in Louisiana Law Change – 25
When M-2 student Marin Dawson-Caswell first applied to the College of Osteopathic Medicine two years ago, not even she could have foreseen how that ordinary task would help enact positive change for the profession by leading to a landmark decision favoring D.O.’s in the state of Louisiana.

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All articles written by Scott Colton, Director of Education Communications.
On October 20, Fred Lippman, B.Sc., R.Ph., executive vice chancellor and provost of the Health Professions Division, was the worthy recipient of the William D. Miller Award from the Board of Governors of the American Association of Colleges of Osteopathic Medicine (AACOM). Mr. Lippman was honored for his significant and public contributions to the advancement of osteopathic medicine and osteopathic medical education at a luncheon ceremony held in conjunction with the 106th Annual American Osteopathic Association (AOA) Convention in San Diego, California.

The growth of NSU-COM continued in July with the establishment of the Division of Correctional Medicine within the Department of Rural Medicine. The division will be chaired by David L. Thomas, M.D., J.D., who serves as director of health services for the Florida Department of Corrections.

NSU-COM recently received an additional $5,175 contribution from the Florida Osteopathic Medical Association, which will be utilized to perform further upgrades in the Osteopathic Principles and Practice (OPP) Laboratory.

In an effort to better integrate behavioral medicine into all NSU-COM disciplines, including pre-doctoral and graduate medical education, the Department of Behavioral Medicine was officially dissolved in August. As part of the reconfiguration process, the Division of Medical Humanities has become a unit within the Department of Family Medicine. In related news, the Division of Psychiatry has been accorded separate status and will be known as the Department of Psychiatry, with Frederick Lewis, D.O., continuing to serve as chair of the sector.

In September, the NSU-COM International Medical Programs Steering Committee held its inaugural meeting. The committee will help coordinate and develop outreach methodologies that will include—but are not limited to—coordination of all NSU-COM medical missions. Committee members are:

Chair - Elaine Wallace, D.O.
Vice Chair - Michael Patterson, Ph.D.
Secretary/Treasurer - Elisa Ginter, D.O.
Paula Anderson-Worts, D.O.
Michelle Powell-Cole, D.O.
Sultan Ahmed, M.D.
Joel Spalter, M.D.

Thanks to the generosity of Ronnie Koffman, the medical displays showcased on the ground floor of the Terry Building now contain four vacuum x-ray tubes from various periods in the development of plain film radiography, including one from the early 1920's. The donated artifacts, which belonged to her late husband Harold Koffman, also include a commemorative glass plaque of Wilhelm Conrad Rontgen, who discovered x-rays in 1885 and earned the first Nobel Prize in physics in 1901.

Brian Moraes, D.O., class of 1992, recently opened a solo practice in internal medicine and nephrology at the West Boca Medical Center in Boca Raton, Florida.
During the Florida Society of the American College of Osteopathic Family Physicians (ACOFP) Annual Convention, held July 25-28 at the Hyatt Grand Cypress in Orlando, NSU-COM representatives were elected to fill all five slots on the organization's board of directors. They are:

**President** - Jeffrey Grove, D.O. (Class of 1990)
**President Elect** - Gregory James, D.O. (Class of 1988)
**Vice President** - Robert Blackburn, D.O. (Class of 1986)
**Treasurer** - Michael Gervasi, D.O. (Class of 1987)
**Secretary** - Anthony J. Silvagni, D.O., Pharm.D. (NSU-COM Dean)

In other convention news, Dianna Silvagni, J.D., was honored with the Distinguished Service Award for her productive stint as president of the Auxiliary to the ACOFP, while Jeffrey Grove, D.O., was presented with the NSU-COM Alumni of the Year Award.

On August 6, the NSU-COM chapter of the Student Osteopathic Medical Association (SOMA) coordinated its annual Osteoblast event, which serves as a lighthearted way for current M-2 students to welcome the incoming M-1 class. Following a festive dinner of ribs and teriyaki chicken, the attendees participated in a volleyball tournament, won by the M-1 team "The Scrubs," and a tug-of-war contest, where the upstart M-1 class emerged victorious once again. Karen Kobayashi won the M-1 grand prize of an OPP table, while Rick Ghad collected the M-2 prize of a Gatsby’s red carpet party.

Brian Porvin, a fourth-year NSU-COM student, was one of the featured players in the FOX television reality program *Murder in Small Town X*, a one-hour unscripted drama series in which 10 ordinary people compete to track down a killer in the remote coastal town of Sunrise, Maine. Trained in investigative techniques and led by real-life police, the participants enter a fictional world populated by improvisational actors who portray the townspeople. Living in the town and immersed in its mysteries, the 10 players must investigate crime scenes, track down leads and ultimately capture the killer. Over the course of the eight-week series, the players are taunted by the killer and challenged to play a twisted game. At the end of each episode, two investigators are selected by the group to venture—alone—to two separate locations. One will come back with a vital clue—the other will become the killer’s next victim. Porvin was “killed off” midway through the series.

**Discovery Channel Films Pediatric Segment at NSU-COM**

On August 31, a film crew for the Discovery Health Channel taped a segment for its upcoming 26-episode series called *Kids Health Works* on the topic “Choking and Children.” The three-hour taping, which will be condensed into a five-minute segment to be aired sometime in the spring of 2002, featured Deborah Mulligan-Smith, M.D., a clinical associate professor in the Department of Pediatrics, and four representatives from the Department of Emergency Medical Services (EMS) Education, and Training. During the taping, Dr. Mulligan-Smith discussed ways to prevent a potential choking situation and provided commentary as the EMS representatives demonstrated various lifesaving resuscitation techniques. The EMS representatives were:
- Jim Bishop, EMT-P, Program Coordinator
- Thomas DiBernardo, EMT-P
- George Farrell, EMT-P
- Marc Vermont, EMT-P

Fun was indeed the focus for NSU-COM students who attended Osteoblast 2001.

**Brian Porvin**

Dr. Mulligan-Smith (left) preps for the taping with segment producer Emily Richardson.

Dr. Mulligan-Smith poses with EMS department representatives Jim Bishop, Marc Vermont, Thomas DiBernardo, and George Farrell.
White Coat Ceremony Honors Class of 2005

On August 18, the 223 students comprising the class of 2005 took their first step toward osteopathic prominence when they participated in the White Coat Ceremony, which was held in the Au Rene Theater of the Broward Center for the Performing Arts. An array of dignitaries participated in the ceremony, including:

- Morton Terry, D.O.
  Chancellor, Health Professions Division
- Fred Lippman, B.Sc., R.Ph.
  Executive Vice Chancellor and Provost, Health Professions Division
- Anthony J. Silvagni, D.O., Pharm.D.
  Dean, College of Osteopathic Medicine
- Isidro Pujol, D.O.
  President, NSU-COM Alumni Association
- Alan Morrison, D.O.
  Assistant Professor, Department of General Internal Medicine
- Paul Seltzer, D.O.
  President, Florida Osteopathic Medical Association
- Lou Radnothy, D.O.
  President, American College of Osteopathic Family Physicians
- Jeffrey Grove, D.O.
  President, Florida Society of American College of Osteopathic Family Physicians
- Stacy Katz, D.O.
  President, Broward County Osteopathic Medical Association

NSU-COM Participates in Multicultural Health Screening

On July 14, a group of NSU-COM students and assorted medical practitioners volunteered their time and expertise to participate in the first health screening ever organized for indigent Mayan-Guatemalan residents in the South Florida area. The health fair, which was coordinated by the Guatemalan-Maya Center, was held at the Madonna Hall of Sacred Heart Church in Lake Worth and attracted over 250 attendees, 77 of whom were seen by NSU-COM representatives.

Funds for the medical screenings were provided through NSU’s Florida Border Health Education Training Center (HETC) Program. The college’s participation in the event was coordinated by Camille Bentley, D.O., assistant professor in the Department of Family Medicine and director of the NSU-COM Guatemala Medical Missions Program.

NSU-COM’s participation in the Guatemalan health fair served as valuable preparation for an upcoming three-day, Florida-based multicultural medical mission, which will be coordinated by Dr. Bentley and take place in February 2002 in the Belle Glade area of West Palm Beach.

Labriola Receives Pittsburgh Foundation Scholarship

When Student Services Director Larry Newbree informed M-2 student Suzanne M. Labriola she had received a $37,314 scholarship from the West Allegheny Physicians’ Association Fund of The Pittsburgh Foundation, her initial response was utter disbelief. “I was totally stunned,” said Labriola, who hails from Pittsburgh, Pennsylvania, and serves as treasurer of the NSU-COM Student Government Association. “I thought it had to be a joke.”

The scholarship, which was solicited by the College of Osteopathic Medicine on behalf of Labriola, was only available to osteopathic medical students who are residents of southwestern Pennsylvania. In 2000, The Pittsburgh Foundation accorded a record $23.5 million in grants to charitable organizations and is the nation’s 11th largest community foundation.
For the past 13 years, the Cardiology Patient Simulator (CPS) known as “Harvey” has allowed countless NSU-COM students to gain invaluable knowledge as they learn to discern the differences between and meanings of various heart sounds. The recent acquisition of a more technologically advanced Harvey promises to continue the college’s tradition of providing its students with first-rate clinical experience.

According to A. Alvin Greber, D.O., professor and chair of the Department of General Internal Medicine, the patient simulator has become a vital teaching tool that provides NSU-COM students with a significant advantage over peers from other medical schools who do not possess a Harvey unit. “Chancellor Morton Terry said he doesn’t know why every medical school worldwide doesn’t have a Harvey to teach students clinical auscultation,” said Dr. Greber, who established the college’s Harvey program in 1989. “This unit allows our students to listen to all the murmurs and other heart sounds they will hear in clinical practice.”

Approximately 65 medical schools worldwide utilize Harvey technology, including 50 throughout the United States. Only one other osteopathic college—the University of Health Sciences College of Osteopathic Medicine in Kansas City—currently has a CPS. The unit, which was named after Dr. W. Proctor Harvey, a leading cardiac educator, is able to integrate all bedside findings and realistically reproduce both common and rare cardiac diseases.

Findings simulated include blood pressure, bilateral jugular venous pulsations, carotid and peripheral arterial pulsations, precordial pulse abnormalities, and the auscultatory events of each disease state. “The quality of the abnormality heard in Harvey is exactly as it is in real life,” Dr. Greber explained. “It’s much more authentic than listening to a cassette or CD-ROM. If you shut your eyes and listened to an actual patient and then listened to Harvey, you couldn’t tell which was Harvey and which was the patient.”

The newly enhanced Harvey unit is fully digitized, which eliminates most outside interference, and moves more smoothly from disorder to disorder. Utilizing wireless communication, students can remain in their seats and listen to Harvey via the use of infrared stethophones.

“You can make 90 percent of cardiac diagnoses at the bedside if you know the Harvey program, and our students exemplify that,” Dr. Greber said. “We’ve had students who’ve made a correct diagnosis of a hole between the chambers of the heart in their very first rotation. In fact, I get at least one or two letters a month from physicians throughout the country where our students rotate who are amazed at our students’ proficiency in auscultation. Thanks to Harvey, our students have a magnificent chance to become better physicians.”
M.P.H. Program Finds New Home at NSU-COM

In a move that will bring additional esteem to the College of Osteopathic Medicine, the Master of Public Health (M.P.H.) Program has officially become a component of NSU-COM. The program, which had been housed in the College of Allied Health, was shifted to NSU-COM to take advantage of the medical school’s abundant faculty resources and to provide enhanced affiliations with the public health community.

“We already address public health issues through programs such as preventive medicine, rural medicine, AHEC, and various residency programs like preventive medicine. Consequently, the opportunity for synergism between the programs is extremely viable,” said NSU-COM Dean Anthony J. Silvagni, D.O., Pharm.D. “Also, from an interdisciplinary point of view, through AHEC and several other mechanisms, we have the opportunity to ensure that there is the broadest of interaction between the other HPD colleges, incorporating dentistry, pharmacy, optometry, physical/occupational therapy, and physician assistant students.”

Maintaining that interdisciplinary focus will remain a key objective of the M.P.H. Program, which was established in 1995. “It’s very important, especially in regard to accreditation, that the program maintains some of the characteristics it had before coming to NSU-COM, namely its interdisciplinary nature,” said Cyril Blavo D.O., M.P.H., who serves as director of the program. “Now that it’s in a more clearly defined college, we run the risk of having fewer students participating from the other HPD colleges, and that’s a critical element we need to address. We have a lot of faculty from the other disciplines involved in the program, which is why it will not become a department within the college and will remain a freestanding program.”

The adoption of the M.P.H. Program has met with enthusiastic response from other NSU-COM faculty members like James Howell, M.D., M.P.H., who chairs the Department of Rural Medicine. “I think this is a tremendous opportunity for the public health program to really grow and prosper in a medical center environment,” he explained. “We have a number of public health professionals associated with the college who can really help with the program. This partnership will also strengthen NSU’s commitment to rural and underserved populations since we already have a required three-month rural rotation for our senior students. AHEC has played a tremendous role in developing that system, so we should be able to supply well-trained public health professionals to the metro as well as the rural counties in the state of Florida.

“We really want this to be a very community-based public health program, working closely with the county health departments in Miami-Dade, Broward, and Palm Beach,” added Dr. Howell. “I think we can turn this into a very exciting public health program where long-term skills can be acquired during the process. Hopefully down the road we can staff future county health directors, state health officers, environmental directors, and real leaders in public health administration.”

Jean M. Malecki, M.D., M.P.H., who chairs the Department of Preventive Medicine, was especially pleased with the decision to relocate the program under the auspices of NSU-COM. “At most institutions, the credibility of the M.P.H. Program rests within the confines of the medical school. So moving it to the College of Osteopathic Medicine sort of raises that bar in terms of credibility,” she said. “From my perspective, the biggest asset for the Department of Preventive Medicine is that the program is required to be accredited. As it relates to the residency training program in the Department of Preventive Medicine, it's a great decision because it enhances the likelihood for accreditation of the entire program, which will in turn help doctors to ultimately become board certified in preventive medicine and public health.”

Because the partnership also will provide students participating in the M.P.H. Program with enhanced research opportunities, Dr. Silvagni sees the new alliance as a win-win situation for both the college and the public health program. “Of all the colleges, we are the most dependent on the M.P.H. Program, and the M.P.H. Program has the most to gain from us,” he stated. “For example, to participate in a preventive medicine residency program, you need to have an M.P.H. degree. So when you look at it from that perspective, there is a lot of cross need that creates the synergism. The current M.P.H. faculty is vibrant and dynamic and will only add greater depth to the College of Osteopathic Medicine and will in turn benefit our faculty and vice versa.”
Earlier this year, Howard Neer, D.O., professor and associate dean of the Office of Alumni Affairs, was presented with the inaugural Horizon Award from the American Osteopathic Association. In July, Dr. Neer was awarded another prestigious accolade when the Florida Society of the American College of Osteopathic Family Physicians presented him with the Donald McCath, D.O., Lifetime Achievement Award for his years of service to the organization and the osteopathic profession.

Kenneth Johnson, D.O., assistant professor in the Department of Obstetrics and Gynecology and director of NSU’s Women’s Health Center, was interviewed for two articles that appeared in the July 2001 issue of Pregnancy magazine. Dr. Johnson was quoted in the articles entitled “Not Tonight Dear, You’re Pregnant” and “The Heat is on for Conception.” He also received substantial exposure in several recent WebMD articles entitled “The Pill Doesn’t Protect BRCA Carriers from Ovarian Cancer,” and “Pap Unnecessary for Many with Hysterecomies.”

Margaret Wilkinson, Ph.D., who served as director of graduate medical education and associate director of the Consortium for Excellence in Medical Education (CEME), has been promoted to the position of CEME executive director. In addition to her new CEME role, she will be further utilizing her talents in the Department of Education, Planning, and Research.

In related news, Joseph DeGaetano, D.O., who has been serving as director of clinical curriculum for the third and fourth-year students, will assume the graduate medical education responsibilities that were previously under the auspices of Dr. Wilkinson. Dr. DeGaetano’s new title will be director of clinical curriculum/graduate medical education.

Leonard A. Levy, D.P.M., M.P.H., professor and associate dean of the Office of Education, Planning, and Research, was named as one of America’s most influential podiatrists in the August 2001 issue of Podiatry Management magazine. Dr. Levy’s notable achievements include being the first podiatrist in the United States to receive a master’s degree in public health in 1967 and acting as founding father of Touro University College of Osteopathic Medicine in 1997. On August 29, Drs. Levy and DeGaetano participated in a poster presentation at the annual Veterans Administration Ambulatory Care Conference in San Diego, California. The poster depicted NSU-COM’s collaborative student and resident training relationship with the West Palm Beach Veterans Administration Medical Center.

In July, Morton Morris, D.O., J.D., vice chancellor and deputy provost of the Health Professions Division, testified on behalf of the American Osteopathic Association at the Accreditation Council on Continuing Medical Education’s Task Force on Standards for Commercial Support meeting, held at the Westin O’Hare in Rosemont, Illinois. During his testimony, Dr. Morris discussed his support of the practice of having pharmaceutical companies financially sponsor CME activities as long as no intrinsic conflict of interest was apparent. In addition to his duties as HPD vice chancellor and deputy provost, Dr. Morris serves as the division’s director of continuing medical education.
Sultan S. Ahmed, M.D., assistant professor in the Department of Family Medicine, is co-authoring a series of columns called “Stat Sheet” for a publication entitled Advance for Physician Assistants. To date, Dr. Ahmed’s columns have addressed topics such as myocardial infection, gastrointestinal reflux disease, asthma, hypertension, rheumatoid arthritis, and osteoarthritis. In other publishing news, Dr. Ahmed’s book entitled Physician Assistant Clinical Review Cards will be available in November 2001 from the F.A. Davis Company. The tome, which he co-authored with Carmen Q. Fox, M.P.H., from the College of Allied Health, features 300 cards that review clinical presentation, diagnosis, and management of diseases for clinical use by primary care providers.

In September, NSU-COM welcomed three new full-time faculty members into the osteopathic fold:

- **Renee Alexis, M.D.**, who graduated from the University of Miami School of Medicine, is the latest addition to the Department of OB/GYN. Prior to pursuing a medical career, Dr. Alexis competed on the professional women’s tennis circuit in the early 1990’s.

- **Robin McFee, D.O., M.P.H.**, the newest member of the Department of Preventive Medicine, was previously affiliated with the Medical School at SUNY/Stony Brook in New York. Dr. McFee is board certified in preventive medicine and earned her D.O. degree from New York College of Osteopathic Medicine in 1995.

- **Loretta Wilkinson, Ph.D.**, who earned her Ph.D. in secondary education from the University of Akron, has joined the Department of Education, Planning, and Research in the newly created position of medical education specialist. Prior to joining the NSU-COM faculty, Dr. Wilkinson served as program director of the Macy Initiative in Health Communications at Case Western Reserve University School of Medicine in Cleveland, Ohio.

In July, James T. Howell, M.D., M.P.H., who serves as professor and chair of the Department of Rural Medicine, received the Broward County Health Department’s Special Recognition Award. The accolade recognized Dr. Howell’s leadership and dedication in providing public health services to the citizens of the state of Florida and supplying key support to the Broward County Health Department. Dr. Howell also appeared on Healthy Communities, Healthy People—a television program produced through the Miami-Dade County Health Department—to discuss public health issues affecting South Florida.

Walter Flesner, III, D.O., assistant professor and associate medical director at the NSU Family Medicine Center in North Miami Beach, recently was appointed to two American Osteopathic Association (AOA) committees by AOA President James E. Zini, D.O. Dr. Flesner will serve as chair of the Committee on Public Relations and vice chair of the Committee on Professional Publications. Dr. Flesner also presented an “Antibiotic Usage Update” seminar at the Florida Keys Osteopathic Medical Conference, held August 10-12 at the Key West Casa Marina Resort and Beach House in Summerland Key.

Elaine Wallace, D.O., professor and chair of the Department of Osteopathic Principles and Practice, was a featured lecturer at several August symposiums. At the Alabama Osteopathic Convention in Destin, Florida, she discussed sports medicine injuries in the pediatric population. Dr. Wallace, who was named Professor of the Year by the class of 2004 last spring, also was a speaker at the Indiana Academy of Osteopathy, where she discussed Psoas syndrome, piniformis syndrome, fibromyalgia, and genitourinary problems.
Dads Demand Equal Time:
Medicine and the Mr. Mom Syndrome

By Scott Colton
Director of Education Communications

In June, COM Outlook took an intriguing look at the emotional challenges confronting female physicians who are juggling disparate roles as wife, mother, and busy career woman. Response to the article was so positive we decided to probe the issue further by shifting the focus to male physicians and addressing the impact on their lives as women have exerted their influence in the work force over the past several decades.

From the dawn of time through most of the 20th century, few would disagree that the world has been dominated by a decidedly patriarchal philosophy predicated on the notion that men served as the primary breadwinners while women were relegated to a life rife with diapers and domesticity.

Although that scenario still exists in numerous households across the globe, it no longer prevails as the absolute archetype it once did, when the masculine and feminine roles were clearly defined both onscreen and off. Perhaps no television series captured the essence of the times better than the 1950's sitcom I Love Lucy, which featured one particularly uproarious episode entitled "Job Switching." The slapstick premise, which found the Ricardos and the Mertzes swapping responsibilities, proved to be a trenchant commentary on the social mores of the time as Lucy and Ethel went out in search of jobs while Fred and Ricky stayed home to cook, clean—and create chaos.

The role reversal experiment ending predictably, with the women failing miserably in their attempt to become career women while the men bumbled mightily through a mess-filled day of domesticity. The social commentary may have been distilled through comedy, but the message conveyed was that men served as the primary breadwinners while women were relegated to a life rife with diapers and domesticity.

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The role reversal experiment ending predictably, with the women failing miserably in their attempt to become career women while the men bumbled mightily through a mess-filled day of domesticity. The social commentary may have been distilled through comedy, but the message conveyed was that a woman's place was in the home and that men should be the primary breadwinners while women were relegated to a life rife with diapers and domesticity.

That may have been the way things once were, but a peek into the DeGaetano household, which includes wife Hilda and children Danielle and Jacob, provides some eye-opening insights into just how radically the family dynamic has changed over the past few decades. Because Dr. DeGaetano's wife is a D.O. who also works at the College of Osteopathic Medicine, the household chores no longer remain a strictly female bastion. "My wife and I split everything 50-50," he admitted. "I do the majority of the cooking and the food shopping and most of the cleaning. Hilda does most of the overall childcare in the sense that when we are home at night, I do the cooking and cleaning and she gives the kids a bath and puts them in their pajamas. We really divide and conquer the chores. But I am very involved in the care of my children. After they were born, I changed their diapers and gave them baths. My father never did any of that."

After listening to Dr. DeGaetano describe his domestic experiences, Joseph Stasio, D.O., assistant professor and director of the Family Medicine Residency Program at Palmetto General Hospital, remarked that, "It amazes me how much our lives parallel in some ways. We both came from Long Island Italian families and married Jewish girls. My parents raised three boys, but my mother actually raised four because we were a traditional family philosophy through the 1960's and 70's. My dad worked full-time and my mom was a full-time mom. With the housekeeping stuff, she probably did 95 percent of the errands like cooking, cleaning, shopping, and raising the children. My dad, who was an aircraft mechanic by trade, did the yard work and all the home remodeling. Today, it's a totally different type of family lifestyle."

Joseph DeGaetano, D.O., who serves as assistant professor and director of clinical curriculum and graduate medical education, can attest to the social changes that have blurred the line between the roles a husband and wife perform in a marriage. "There's definitely been a change compared to when I was growing up in the 1970's," he admitted. "My mom was a stay at home mom and my dad worked what seemed like 7 days a week, 36 hours a day. My father never cleaned a dish, never made a meal, and never boiled water. My mom did all the cooking, cleaning, and shopping. When dad came home from work, my mom had dinner on the table. That's just the way the roles were."

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Like Dr. DeGaetano, Dr. Stasio has joined the new generation of part-time “Mr. Moms” who leave their day jobs only to plunge headlong into the scintillating world of laundry, soccer practice, and sink scrubbing. “My wife Debbie and I divide many of the household chores,” he explained. “We split the cooking 50-50, but the cleanup is 100 percent me. I’m usually cleaning up the kitchen while she’s bathing our sons Justin and Aaron and getting them ready for bed. We don’t sit there and make a checklist of who does what because we really work well as a team. We’ll both do laundry, but I’m the undisputed ironing expert in the family.”

Interestingly, of the three doctors interviewed for this article, it was the elder statesman of the trio, Stanley Simpson, D.O.—a child of the 1940’s—who had the most unconventional upbringing. “From the time I was 11, both my mother and father worked together in a business they owned, so from that day forward I more or less took care of myself,” said Dr. Simpson, who is an associate professor in the Department of Family Medicine. “They left early in the morning and came home late at night. I usually made dinner for myself or waited for my parents to come home, which wasn’t until 7:00 or 7:30. I had no problem doing housework as a child because I used to clean my room, make my bed and cook breakfast for myself because by the time I got up to go to school, my parents were already on their way to work. So I guess it taught me to be self-reliant, which was a good lesson.”

The societal shift to a dual career family dynamic may have signaled a significant triumph for the Women’s Liberation Movement, but it also unleashed a new set of challenges in relation to child rearing and domestic issues. “We have people who clean our house for us once a week, and we have a babysitter who watches our children when my wife is at work during the day,” explained Dr. DeGaetano. “Having someone else watch our children is difficult. When I was growing up I knew my mom was going to be there when I came home from school. I knew she would be there to take care of me. Hilda and I have to trust someone else to watch our children, which is a huge stressor on us for all the obvious reasons.”

In addition to the guilt parents feel about leaving their children in the care of unknown outsiders, there is a genuine concern about the dedication a nanny or babysitter has to both the job and the children she is watching. “You’re essentially finding women who are going to school and looking for a brighter future and doing it as a means to an end and not an ends to a mean,” added Dr. DeGaetano. “There are also other issues that come up when you have a virtual stranger staying at your house. Fortunately the young lady we have now is outstanding, but it leads to a lot of anxiety because if the nanny does not show up, one of us cannot go to work.”

Dr. Stasio’s wife, Debbie, tried to have the best of both worlds after she gave birth to their first child, Justin. But the anguish she felt at being separated from her newborn son proved too overwhelming, and she soon gave up her position as a drug aftercare counselor in Miami-Dade County to tend to Justin full-time. “She continued working for the first couple of months after Justin was born, and her parents willingly helped out,” explained Dr. Stasio, who entered the marriage sweepstakes at age 37. “But she was very unhappy because she always wanted to be a full-time mom. So we made a decision that she would leave work and raise our child full-time, which is the best thing she ever did. Of course, we also realized we were going to have to make sacrifices because we no longer had two incomes coming into the household.”

The scenario described by Dr. Stasio is one Dr. DeGaetano can heartily empathize with, mainly because he has witnessed it firsthand in his own home. “I’m probably more knowledgeable about that because my wife is a physician. The stress is unbelievable for most women because of the internal conflict between taking care of the children and succeeding in their careers. Some women have what I call the ‘mama gene.’ It’s especially hard for them to go to work and leave their children with someone else. Working women miss a lot of the milestones, like a child’s first steps, and that’s agonizing for them. For me to miss that, I mean, sure, I would like to see it, but it doesn’t have that life impact on me I think it would for a mother to see her child take that first step. For her, I’m sure it’s a huge thing to miss.”

But women aren’t the only ones yearning to spend quality time with their kids. As society adapts to dual career households and husbands assume more of the domestic and child-rearing responsibilities, many men are making a concerted effort to put their families first—even if it proves detrimental to their careers and future earning potential. “When we had Justin at the end of my residency, I had to decide what I wanted to do with my medical career and what type of practice I wanted to choose,” explained Dr. Stasio. “I had several attractive offers to go into private practice and was also presented an opportunity to join the College of Osteopathic Medicine faculty. For me, it felt it was very important to have the ability to spend time with my family and play an active part in their lives.

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"I also realized I was sacrificing income to make that choice and work here," he added. "But we were willing to live more conservatively. Right now, many of the friends I went to school with who are in private practice are probably earning more than double what I am right now. But I'm able to coach my son's T-ball and soccer teams. I wanted to be a participant and not just an observer in my children's lives. Working here I get a nice amount of vacation, which allows us to travel with the children. Going into private practice or practice on your own, you have a hard time even getting away for one week. Debbie and I felt that our overall lifestyle was much more important than income."

Dr. DeGaetano says he chose a similar career path for precisely the same reasons. "I could have gone into private practice also," he admitted. "But, like Dr. Stasio, it's important for me to be home with my children, to see them grow up, and for them to know who their dad is. Most of my free time—what little there is of it—is spent with my kids, so I don't hang out and bond with male friends. If I go out on a weekend, which is fairly rare, it's with my wife. Maybe I'm a little unique, but I don't have that absolute desire to have that male bonding experience. It's never been a big thing to me. I don't have a need to go out and play golf with the guys. I'm perfectly happy sitting in my backyard and smoking a cigar by myself."

Because he grew up in a different generation, Dr. Simpson was not a doting dad initially, mainly because he was running a solo practice that demanded all his attention. "After I went into practice, I would leave the house at 6:30 each morning and come home at 9:30 each night," said Dr. Simpson, who has five children ranging in age from 13 to 38. "So I barely ever saw my kids as they were growing up. I worked seven days a week and was the sole income producer for the family at that time. It was a matter of necessity. I also covered other practices, made house calls on numerous nights and weekends, and worked in an emergency room two nights a week."

Inevitably, the grueling workload took its toll on Dr. Simpson's life as both his marriage and health crumbled. After relocating to South Florida from Philadelphia in 1974, he suffered a major heart attack that forced him to reevaluate both his personal and professional priorities. A second marriage to Alana, his schoolteacher wife of 16 years, and the birth of daughter Sloan, now 13, proved to be the perfect catalysts to enact positive change. "I wound up not going back to practice because of the stress involved and the grind of enduring a seven-day workweek," he explained. "I knew I would probably have a second heart attack and die, so I stopped. My wife took a one-year leave of absence from teaching to take care of me, and it was during that time that she became pregnant with Sloan. After giving birth, she went back to work and I stayed home and took care of the baby for the next three years. It was an experience I had missed with my three older children, and I was able to develop a very close relationship with my daughter."

Adopting a Mr. Mom mentality for several years had its inherent merits, but Dr. Simpson eventually grew bored with domestic drudgery. So once Sloan began attending preschool, he rejoined the medical profession and accepted an academic position at NSU-COM in 1992. "To be honest, I got totally bored of waking up in the morning, exercising, meeting my wife for lunch, and putting around the house trying to find things to do," he admitted.

Because he has experienced life from both sides of the medical mirror, Dr. Simpson has reaped the benefits—and suffered the familial consequences—of a life dedicated to the practice of medicine. "I've been in private practice and I know what the demands are like. And I can tell you there is a huge difference in terms of the demands we have now as academicians," he stressed. "In private practice you never know when you're going to get a call. It could be 2:00 a.m. and you may have to run to the hospital or just answer a call from a patient. And at 4:00 a.m. you may get another call to go to another hospital. And even if you tried to socialize, chances are your beeper would go off and you would have to leave for an emergency.

"The time we spend here at the college is much less than you would ever spend in practice," he added. "And it is a tradeoff. The income is considerably less, and I too work from paycheck to paycheck. Unfortunately, the more money you make, the more money you spend. The average family has to have two incomes to truly exist now. Our whole society seems to revolve around the designer labels that everyone has to have. It's the one-upmanship that everybody seems to seek. Nobody's satisfied with just looking out the window at a sunset and saying how beautiful that is. Money is wonderful, but it can't provide the same happiness as spending time with your loved ones does."
When it comes to balancing career, children, and marriage issues, today's couples have to contend with an increasingly complex array of situations. Dueling careers, time constraints, and utter physical and emotional exhaustion have played a huge role in explaining the burgeoning divorce rate that exists in America today, especially among the physician population. In the following excerpts, Drs. DeGaetano, Simpson, and Stasio share their insights as to how this complicated obstacle course can best be navigated in today's perpetually frenetic world.

Dr. DeGaetano - “Couples today really need to sit down and prioritize. You should not choose this as a career if you don't recognize the demands it will place upon you. Physicians today have more choices in terms of practice style and opportunities than ever before, but the income is not what it used to be. You’re not going to get out of school and become like Bill Gates because the profession has become more of a nine-to-five job. When I grew up, doctors were at their patients’ beck and call regardless of what time of the day or night it was. Being a physician was a position of honor and the profession was probably the most respected in the country. Today that’s not the case. It used to be that medicine came first and everything else came second, which is why the statistics for divorce for physicians are higher than the national average.

Part of the reason my first marriage ended was because I was always busy. The advice I would give regarding relationships is to get to know a person well and bond with someone with similar likes and dislikes and similar goals. If two people are compatible and can talk to each other, they can work out whatever problems start to develop after they get into a situation they didn't anticipate.”

Dr. Simpson - “I don't know that any advice we would give students at this time is really meaningful because most of them don't know what they want to do at this stage in their lives. They don't know what’s in store for them yet. The practice of medicine has changed considerably since I was in practice, and the majority of medicine today is no longer a seven-day week. It’s a five-day week. In fact, it’s almost a nine-to-five job. When I grew up, doctors were at their patients’ beck and call regardless of what time of the day or night it was. Being a physician was a position of honor and the profession was probably the most respected in the country. Today that’s not the case. It used to be that medicine came first and everything else came second, which is why the statistics for divorce for physicians are higher than the national average.

Dr. Stasio - “It’s important to remember that the one thing you can never get back is time, so it’s important to sit down with your partner and discuss what your priorities are and what is important to each of you. Is having a family more important than living in a $500,000 house? Do you want a Mercedes in the driveway? Once you establish those priorities, then you can make the right career choices and feel better about them. If you’re motivated by the money, then you should go into private practice or into practice on your own where you’ll be working seven days a week, realizing what you’re going to give up on the other side. You have to know what your priorities are—otherwise you’re going to make bad choices.”
Analyzing Psychiatry and its Role in Osteopathic Medical Education

One characteristic that distinguishes osteopathic medicine from its allopathic counterpart is the emphasis placed on the primary care disciplines of family medicine, general internal medicine, and general pediatrics. Approximately 70 percent of all NSU-COM graduates practice in the primary care field, but there also are numerous specialty areas—like psychiatry and behavioral medicine—that comprise the college’s curriculum.

“The osteopathic profession is so dominated by primary care that it is kind of myopic and doesn’t always appreciate the other specialties that have emerged,” said Frederick Lewis, D.O., who has served as chair of the Department of Psychiatry since 1996. “Psychiatry is still poorly represented in overall numbers within the osteopathic profession. You can measure the number of U.S. psychiatrists that are D.O.’s in the hundreds. It’s grown tremendously in the last 15 years, but back in the early 1980’s when I was first looking at psychiatry as a specialty, there was only a handful of D.O.’s in the field.”

Because psychiatry is one of the core rotations NSU-COM students participate in during their third year, they have an opportunity to rotate at a variety of locations, including the Sunrise Regional Medical Center—Dr. Lewis’ private psychiatric practice. Dr. Lewis is especially proud that his practice includes two other D.O. psychiatrists—Drs. Ethan Kass and Kendall Vitulli, who is a 1991 NSU-COM alumnus.

Behavioral medicine, which has been a component of NSU-COM since its inception in 1979, currently consists of two curricular components: medical humanities, which is chaired by Stanley Cohen, Ed.D., and psychiatry. “Medical humanities encompasses the course in medical ethics,” explained Daniel Shaw, Ph.D., who served as chair of the recently disbanded Department of Behavioral Medicine. “In psychiatry, we offer a 36-hour course called Introduction to Clinical Psychiatry that Dr. Lewis teaches. The other classes we teach in the department are substance abuse and human sexuality.”

Dr. Shaw, who also teaches the college’s medical informatics class, credits Dr. Lewis for transforming the psychiatry course into the progressive—and paperless—entity it is today. “Our course is taught by a board-certified psychiatrist who emphasizes clinical psychiatry, yet our students also get taught about psychotherapy from a psychologist,” he explained. “Dr. Lewis has also made the course more academically current and applicable for the students. It was the first NSU-COM course that had its syllabus and course outline online, which allowed students to access the Web site and review Dr. Lewis’ lecture afterwards.”

“The course today is significantly different than what it was previously,” admitted Dr. Lewis, a 1986 NSU-COM alumnus. “We have completely changed the focus of the curriculum by introducing more of a medical model approach and increasing the focus on psychopharmacology. We had to change with the times because the practice of psychiatry has been re-medicalized. There has been a strong movement toward reintegrating mental health and psychiatry into the general practice of medicine and raising the awareness of concepts such as the psychosomatic nature of disease and understanding that the mind and the body aren’t separate entities. There used to be a dualism that was believed to exist where functional illnesses were dealt with by shrinks and medical illnesses were treated by doctors. Now everyone realizes that these illnesses are one disease state.

“Every person with a peptic ulcer has a psychiatric problem, and every person with schizophrenia has a medical problem,” he added. “It’s all a matter of how deep you want to explore the pathology. But the fact is the schizophrenic has a brain disease, and a patient with a peptic ulcer has psychosocial implications and problems that are impacting him. A wise physician doesn’t just prescribe some medication, he says, ‘Let’s take a look at your life. How are things at home? How is your job? When was the last time you took some time off?’”

Understanding the connection between psychological and physical illness is something both Dr. Lewis and Dr. Shaw...
believe is of paramount importance to society, especially when you consider the alarming escalation in stress-related disorders. "When you take a look at the leading causes of disease in America, the eighth most-frequent reason why people die in America is from suicide," revealed Dr. Shaw, who launched his NSU-COM career in 1988. "And if you run down the list of all those diseases—diabetes, congestive heart failure, cancer—there is a psychiatric and psychological component attached to them."

"There's always a psychological overlay to every disease state," Dr. Lewis concurred. "There's the disease pathology entity such as diabetes, but then there are all the things that individual and his support system must deal with because of it. That's all part of coping with the illness. Good primary care physicians know that and are engaged with patients on many levels. Most doctors don't just say, 'Hey look, this is the medicine you take, now get out of here.' There's a lot more to it than that. That's where the osteopathic principle comes in—the treatment of the whole patient—making sure all needs are met and engendering a sense of support and interest that is critical to getting patient adherence to treatment, compliance to treatment, and good outcomes."

As society contends with a life pace that is increasingly stress-filled and frenetic, Dr. Lewis estimates that by the year 2010 the most chronic disease state in America will be depression. "Without question, that is going to be the illness that everybody is going to be managing within the next 10 years," he warned. "Everyone needs to be prepared from a non-pharmacologic and pharmacologic basis, especially since the latest studies show that it is the combination of some kind of psychotherapy and medicine that achieves the best results. There are many illnesses that are stress and demand related. Not all of them are just psychiatric. Look at peptic ulcers, gastroesophageal reflux, and migraine headaches. So many of these illnesses can be traced to the nature of the individual's lifestyle and living environment."

Several years ago, Drs. Lewis and Shaw secured a major grant from Bristol Myers-Squibb, which allowed them to coordinate an innovative three-hour CME program evaluating mood and anxiety disorders in the primary care setting. The immensely successful program, which they delivered at NSU and throughout Florida, attracted an enthusiastic audience of allopathic and osteopathic practitioners—and launched a lucrative ancillary career for Dr. Lewis.

"One of the nice things that's happened for me is that since Dr. Shaw and I established that grant-sponsored program in 1996, a national speaking career opened up for me," Dr. Lewis explained. "I've now established a national reputation in the field of psychopharmacology, particularly the management of psychotic disorders and bipolar illnesses. It's because of my affiliation with NSU-COM that I have been able to parlay my title as chair of the psychiatry division of a notable medical school into other opportunities. When you talk to pharmaceutical companies and tell them you're chairman of the Department of Psychiatry at Nova Southeastern University's College of Osteopathic Medicine—boom—they listen to you and doors open up.

"It's gotten to the point now where I am gone about 15 days each month, speaking around the country at major continuing medical education programs everywhere from Seattle to Boston," he added. "It's been a career-changing thing for me because the time I now spend seeing patients and practicing is very limited. I spend most of my time traveling and speaking as chair of the NSU-COM psychiatry department. Most of the speaking I do is to other psychiatrists, most of who are M.D.'s. It's gotten to the point where I could close my practice and make a living just as a speaker."

Although only three to five percent of all medical students pursue a career in psychiatry, both Dr. Lewis and Dr. Shaw have noticed a subtle interest shift among NSU-COM students. "Last spring, I received a phone call from a student who wanted to start a psychiatry club," Lewis said. "The second-year students wanted to launch a club last summer and enlist the incoming M-1's to join. The goal is to try to put together a lunch lecture series and hopefully have some of the club members come out and participate in the clinical trials we are conducting in depression, anxiety, and schizophrenia at Sunrise Regional Medical Center."

Dr. Shaw also looks forward to forging a symbiotic alliance with the Department of Family Medicine and it's new departmental chair, Ronnie Martin, D.O. "Dr. Martin is a firm believer in the holistic approach to medicine and treating the whole person," Shaw stated. "I see that there's an opportunity for us to provide more input into family medicine courses and to understanding human behavior and the interaction between a person's mental and physical state—and how to treat a patient accordingly. So I'm looking forward to working with Dr. Martin and helping him to integrate what our psychiatry department has to offer into his teaching."

Dr. Shaw (for left) and Dr. Lewis (second from right) discuss a course assignment with several students.
Obstetrical Career Proves Rewarding for Daniel Barkus, D.O.

On most mornings, as Daniel Barkus D.O., walks into the Terry Building at NSU's Health Professions Division, his mind is focused on the tasks that need to be tackled in his role as chair of the College of Osteopathic Medicine's Department of Obstetrics and Gynecology (OB/GYN). But every so often a feeling of awe washes over him when he gazes around the thriving educational Mecca that began as the brainchild of Chancellor Morton Terry, D.O., three decades ago.

"As many times as I've come here, sometimes I still can't believe it," said Dr. Barkus, who first met Dr. Terry in the 1960's when he became chair of the OB/GYN department at Osteopathic General Hospital in North Miami Beach. "I remember sitting in the hospital cafeteria with Dr. Terry one day as he talked about his dream of one day establishing an osteopathic college. Dr. Terry is a very pragmatic individual, and he has this ability to see the essence of things. He said medical school isn't very complicated. You teach people how it's made, which is anatomy, how it works, which is physiology, what can go wrong with it, which is pathology, and how to fix it, which you do through clinical courses."

Of course, much has transpired since Dr. Barkus and Dr. Terry engaged in that conversation over a quarter-century ago, including the birth of the Southeastern College of Osteopathic Medicine in 1979 and its eventual metamorphosis into the six-college Health Professions Division at Nova Southeastern University. "I vividly remember standing out in the broiling sun when they had their very first opening ceremonies for the school, which was right across the street from the hospital," Dr. Barkus recalled. "To see how it started and to witness what it's become has been a truly amazing thing."

Dr. Barkus, who has served as chair of the college's OB/GYN department since the institution's inception, has been a staunch proponent of the obstetrical and gynecological medical disciplines for over 40 years. But that wasn't always the case for the Philadelphia native, who had been more interested in building cars than birthing babies before he entered Temple University in the early 1950's. "I really didn't have any idea that I wanted to be a physician as a kid," he admitted. "In fact, when I graduated from high school I enrolled in engineering school, which only lasted about two months because I soon realized I couldn't hack the math."

It was during his matriculation at Temple University, where he majored in psychology, that Dr. Barkus decided to pursue a career in osteopathic medicine. "Although I liked cars and had thought I could become an automotive engineer, I guess medicine was always in the back of my mind," he explained. "It wasn't as if I said, 'Oh if I can't be an engineer I'll become a doctor.'" After soliciting advice from family doctor Herbert Moskow, D.O., Dr. Barkus applied to and was accepted by Philadelphia College of Osteopathic Medicine (PCOM). "Dr. Moskow was my mentor and role model," he stated. "He treated our whole family and I always looked up to him. In fact, I wanted to be just like him."

After graduating from PCOM in 1959, Dr. Barkus completed his internship and residency at Metropolitan Hospital in Philadelphia, Pennsylvania. Although he initially had planned to pursue a career in family medicine, the allure of OB/GYN soon proved irresistible. So after spending several years working as part of an 18-man multi-specialty group at Stevens Park Osteopathic Hospital in Dallas, Texas, Dr. Barkus relocated to South Florida to accept the chairmanship of the Department of OB/GYN at Osteopathic General Hospital and start his own practice.

"There's nothing in the world like OB/GYN," said Dr. Barkus, who has been married to wife Miriam for 31 years and has two children—David and Lori—both of whom are attorneys. "There are all kinds of things we can do for people in medicine, but there's nothing like OB/GYN in my opinion. Especially when you know your intervention is going to give somebody a normal life for maybe 70 or 80 years. Or that if you hadn't intervened appropriately a neonate could have been compromised for his or her entire life. There have been times when years after I worked in a clinic setting that patients would come up to me and proudly introduce me to one of their kids I had delivered. That's the rewarding part."

In the late 1970's, when Dr. Terry was in the midst of establishing the nation's first osteopathic college in the southeastern United States, Dr. Barkus received a phone call that would prove to have a profound effect on his life. "When Dr. Terry decided to start the medical school, he and Arnold Melnick, D.O., who was the founding dean of the college, called me one morning and told me they needed a chair of their OB/GYN department," he explained. "But they needed
somebody who was going to be there full-time, who would be available to the students at all times and do all the administrative tasks. Because of my practice obligations they felt I would not be able to do this and therefore they wanted to seek a department chair elsewhere."

At the time, Dr. Barkus was busy practicing OB/GYN at both Southeastern Medical Center and Humana Hospital of South Broward, in addition to serving as director of a residency program. But after several other candidates failed to pan out, Dr. Terry again turned to his old friend for assistance. "Dr. Terry said, 'Isn't it stupid to be looking all over this country when Danny Barkus is across the street?' So I agreed to accept the position, create the curriculum, give the lectures, and become an instant professor. When I came home and made the announcement, my mother-in-law said, 'Isn't that wonderful, you're going to be a professor?' And then she turned to my son David and said, 'Did you hear that? Your father's going to be a professor. Do you know what that means?' And he said, 'That probably means I'll see even less of him than I do now.'"

During the college's formative years, Dr. Barkus essentially was the Department of OB/GYN as he gave all the lectures and formulated the course curriculum. "In those early days we had two courses—OB, which is the specialty that deals with the problems and care of pregnant women—and GYN, which is the specialty that deals with problems that specifically relate to women," he stated. "We also had a different overall four-year program, which consisted of 2.5 years of classes and 1.5 years of rotations. So I taught GYN in the last half of the second year and OB in the first half of the third year."

With the introduction of a systems-based curriculum in the 1990's, along with supplementary courses, the department has evolved in recent years as additional clinical and full-time faculty came on board to assist Dr. Barkus. "The most valuable addition we ever had to the department was Ken Johnson, D.O., who joined our faculty in 1996," he said. "I can't say enough about him. It doesn't matter whether you are talking about him as a physician, as a teacher, or as a person. He has been absolutely super, and he's finally getting some much-needed help now that we've hired Renee Alexis, M.D. We also have a lot of people who are clinical faculty who contribute greatly to the lecture program, especially Winston Bliss, M.D."

In addition to watching the growth of NSU-COM over the past two decades, Dr. Barkus has witnessed a slew of warp-speed technological advancements that have revolutionized the OB/GYN field. "The use of ultrasound is the single biggest advancement I've seen in this specialty," he stated. "When you talk to obstetricians today, they couldn't imagine treating OB patients without ultrasound. We also didn't have electronic fetal monitoring during labor. Now, we can even measure the oxygenation saturation of a fetus. None of these things existed when I was practicing."

Burgeoning cesarean section rates and skyrocketing malpractice premiums also have impacted the OB/GYN field and the doctors who practice within it. "You hear people say that there are a lot of unnecessary cesarean sections being done because the fetal heart rate monitor indicates possible fetus distress," Dr. Barkus explained. "We used to do a lot of forceps deliveries, but that's not the case anymore. Cesarean rates now run about 20 percent in community hospitals and up to maybe 40 to 45 percent in teaching hospitals or centers where they have high-risk OB cases. During my residency and early years of practice, we would have been stunned by those kind of cesarean percentages because our rates always ran below 10 percent. In fact, we thought of it as a failure if we had to perform a cesarean section."

"Another big change is the outrageous malpractice premiums obstetricians have to pay," he added. "When I was first in practice in Dallas in the 1960's, my malpractice premium was about $600 a year. The last year I practiced OB in 1990, my premium was $125,000 in pre-tax dollars. It's gotten to a point where, in obstetrics, if you have anything less than a perfect outcome, it's going to result in a lawsuit because we've become such a litigious society."

As for the future direction of the OB/GYN department, Dr. Barkus has several long-term goals he hopes to realize, including the standardization of clinical rotations and the implementation of distance learning during the required third-year OB/GYN rotations. "Many of the lectures we give now in the second year would actually be more beneficial if they were incorporated into the clinical years through distance learning," he explained. "When students attend a lecture on fetal heart rate monitor interpretation and then do not utilize that information until a year later during rotations, they usually don't remember much from the lecture because they've been bombarded with information. Ideally, we could improve on that by providing telemetry at all the sites."

After spending nearly five productive decades working as an osteopathic practitioner, Dr. Barkus has racked up enough career achievements to fill a movie-length reel of highlights. But his greatest sense of satisfaction comes from knowing he's positively impacted the lives of current and future generations of osteopathic physicians. "I've had an extremely rewarding career that I wouldn't change for anything," he admitted. "I wouldn't want to do anything different. To be a part of this college, to walk down the halls and see the pictures of all those men and women who are now in practice. I feel like I'm a part of all those kids."
Compassion, Research Opportunities Highlight Medical Missions to Guatemala and Jamaica

Over the past two years, NSU-COM has flexed its international medicine muscle by organizing several humanitarian missions to underserved areas in the Caribbean and Central America. That compassionate commitment to providing global health care was in evidence again last June when two separate medical contingents were dispatched to remote areas of Guatemala and Jamaica. Both missions proved to be hugely successful as over 2,500 indigent patients were screened and treated for a range of disorders.

Medical Mission 2001 to Jamaica
June 14-21, 2001

“Our goal was to see 1,000 patients, and we completely exceeded expectations by seeing 2,054 people,” said Paula Anderson-Worts, an assistant professor in the Department of Family Medicine who served as lead coordinator of Medical Mission 2001 to Jamaica. “We visited a number of different sites in Jamaica and each one had its own type of common health issues.

“For example, in Kingston, at our main site at the Maxfield Health Center, it happened to be a younger population, so we dealt with a lot of allergic rhinitis, sneezing, runny noses, allergies, as well as musculoskeletal complaints because the inhabitants do a lot of manual labor,” she explained. “We did see some incidences of high blood pressure and diabetes in Kingston, but not as much as when we went to St. Mary, which consisted of a generally older population. Every other patient we saw in St. Mary had high blood pressure, diabetes, or a combination of the two.”

Initially, Medical Mission 2001 to Jamaica was scheduled to be a return trip to Haiti, which NSU-COM first visited in June 2000. However, due to the rampant political unrest that continues to plague the third-world nation, mission coordinators wisely chose an alternative course of action. “The origin of the Jamaican trip started last year when we announced to the students during their orientation that we coordinate medical missions and that in the past the NSU-COM chapter of the Student National Medical Association (SNMA) had helped organize a mission to Haiti,” Dr. Anderson-Worts stated. “When the current SNMA co-presidents Clarence Clarke and Stanford Williamson, who have roots in Jamaica, asked if we could go there, it wasn’t hard for them to twist my arm because I’m also Jamaican. I thought it was a good idea because Jamaica is a country in great need of medical care. Although it is a third-world country that is on the upper scale of the health care spectrum, there is still a great disparity in terms of the doctor-to-patient ratio.”

The college’s Jamaica expedition proved to be the largest ever in both size and scope, comprising 50 participants from a variety of NSU Health Professions Division colleges. “This trip was truly an interdisciplinary experience because we had students and faculty representing osteopathic medicine, dentistry, optometry, pharmacy, public health, and occupational therapy,” said Dr. Anderson-Worts, who played a pivotal role in implementing the college’s previous missions to Guatemala and Haiti.

As is the case with most mission trips, the pre-planning stage involved a formidable array of details, all of which required a considerable amount of attention—and overtime. “A lot of effort does go into planning a mission of this magnitude,” she stressed. “You have to start by getting drug reps to support you monetarily and by donating medications. Additionally, when you are trying to plan a medical mission to another country, you have to have a liaison that can take care of the finer details. The difference between Jamaica and other countries is that Jamaica requires a great deal of paperwork to ensure that all the participants are licensed properly. You have to get a work permit to go here, so we had to deal with the Ministry of Health and the Ministry of Transportation. Fortunately we had Don Daly, a
philanthropist originally from St. Mary, who interacted with the Jamaican Consulate, the Ministry of Health, and the Ministry of Transport and Works. He acted as our liaison and as my co-coordinator.”

Although providing hands-on medical treatment to the region’s undeserved population is a noble short-term goal, Dr. Anderson-Worts stressed that the key to any medical mission’s success involves a process of educating the patients about various health risks and enacting some sort of continuing care program. “There are some limitations to doing medical missions, specifically that although we can try to coordinate with local doctors for the people to have continuing care, cost is an issue,” she explained. “And that’s why some of them don’t go to a doctor in the first place.

“While we’re there the things we can do immediately are to help educate them or make them aware that they have a disease, because some of them come to the facility not even knowing they’re afflicted with it,” she added. “Sadly, many of them do know and simply cannot afford the medication or are not following a proper diet, so by the time they see us a disease like diabetes is completely out of control. That’s why education is so crucial, as is designing programs that will help them have better continuity of care like getting some of the drug companies here in the United States to sponsor a few patients and send the medication directly to them in Jamaica.”

Now that a health care foundation has been laid, Dr. Anderson-Worts and her SNMA cohorts are already in the preliminary stages of planning a return trip to the region next summer. “Both the Jamaican government and the people we treated were so appreciative of our efforts,” she stated. “On our first day there, the Ministry of Transport and Works coordinated a welcoming banquet for us at Devon House, which is a popular historical landmark in Jamaica. And at the mission’s conclusion, Sandal’s Resort organized an appreciation reception at Beaches Grand Sport on Ocho Rios. The Jamaican people were so excited about the outcome of this trip, and they welcomed us with open arms and showed their gratitude publicly.”

On a personal level, the mission also proved to be a profoundly moving experience for Dr. Anderson-Worts. “My mother is from St. Mary, and we actually stayed a mile away from where she grew up, which was pretty exciting. It meant a lot to me, to give back to a community that raised my mother. Helping humanity is always a wonderful experience, especially when the people are so openly appreciative of the services we provided. It’s also a humbling experience because it makes you appreciate what you have that much more.”
Medical Mission 2001 to Jamaica
Participants

Health Care Providers
Dr. Paula Anderson-Worts - Family Medicine
Dr. Sultan Ahmed - Internal Medicine
Dr. Robert Barr - Optometrist
Dr. Cindy Cork - Optometrist
Dr. Erica DeVito - Family Medicine
Dr. William DeVito - Family Medicine
Dr. Kevin Douglas - Dentistry
Dr. Rashonda Gaines - Dentistry
Alice Gandell - Occupational Therapy
Stuart Gandell - Pharmacist
Dr. Sandi Scott-Holman - Family Medicine
Dr. Ruth Nemire - Pharmacist
Dr. Michelle Powell-Cole - Family Medicine
Dr. Jacqueline Romero - Family Medicine
Dr. Thomas Seglio - Emergency Medicine
Dr. Elaine Wallace - Family Medicine

Volunteers
Immacula Hamilton
Maggie Flanagan
Lashonda Linton-Desir
Luzan Phillipotts

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NSU College of Allied Health
NSU College of Dental Medicine
NSU College of Optometry
NSU College of Osteopathic Medicine
NSU Office of the President
NSU Physician Assistant Program
Pfizer
Dr. Michelle Powell-Cole
Norman Powell, J.D.
Dr. and Mrs. Robert Oller
Partyland
Pharmacia-Upjohn
Dr. Monique Rainford
Signature Grand
Mary Smith
Victoria Mutual
Wyeth-Ayerst

NSU-HPD Students
Patricia Aurelian - Osteopathic Medicine
Malini Abrol - Dentistry
Rom Altine - Osteopathic Medicine
Anahita Azharian - Osteopathic Medicine
Erin Black - Osteopathic Medicine
Jessica Brown - Osteopathic Medicine
Michael Burbridge - Osteopathic Medicine
Esaie Carisma - Osteopathic Medicine
Marc Chapkis - Dental Medicine
Clarence Clarke - Osteopathic Medicine
Alix Davenport - Optometry
Donald Dawkins - Osteopathic Medicine
Orlando Debesa - Osteopathic Medicine
Agapi Ermides - Osteopathic Medicine
Mark Flanagan - Osteopathic Medicine
Marie Florent - Osteopathic Medicine
Eva Goyette - Osteopathic Medicine
Joanna Greenblatt - Osteopathic Medicine
Noel Henry - Optometry
Sheeja Kanacheril - Osteopathic Medicine
Brad Malehorn - Osteopathic Medicine
Meena Nahata - Osteopathic Medicine
Sandra Pascal - Osteopathic Medicine
Melanie Reese - Optometry
Frantz Sainvil - Osteopathic Medicine
Violet Sianac - Osteopathic Medicine
Erica Steele - Osteopathic Medicine
Stanford Williamson - Osteopathic Medicine
Trisha Yang - Optometry
Tae Yu - Osteopathic Medicine
A true sense of déjà vu surrounded the latest humanitarian mission to Guatemala as the college returned to the region for the third time within the past 18 months. Led by Camille Bentley, D.O., assistant professor in the Department of Family Medicine, the 26 participants revisited three previous mission sites—San Antonio Palopo, Santa Caterina, and Santa Cruz—and traveled to a new location called Jaibolito.

“We actually spent a little more time in the fourth town than we did in the others,” said Dr. Bentley, who was accompanied by members of the NSU-COM student chapter of DOCARE. “We worked at the school on site and examined about 100 schoolchildren. We even went back another day to distribute three suitcases of supplies and clothing that were donated by many of the students and mission volunteers.”

The primary focus of the June mission was to continue gathering data for two ongoing research projects that involve developing height and weight growth charts for the Guatemalan children and studying the prevalence of parasitic infections and how they can best be treated. “We specifically solicited people on whom the diagnosis of parasitic infection had been made previously to come back for follow-up, both to check them from a medical viewpoint and also as part of the research project,” explained Joel Spalter, M.D., assistant professor in the Department of General Internal Medicine. “And we had a number of people like that who came back to see us. We also had patients who actually brought copies of their previous encounter forms. These people actually consider us to be their primary doctors, which is probably a reasonable conjecture on their part since when we asked if any other mission groups had come through to see the people, the answer was no.”

As was the case in previous missions, the most commonly diagnosed conditions were:
- Lice Infestation
- Gastroenteritis (caused by parasitic GI infections)
- Malnutrition
- Dental Carries
- Headaches
- Back Strain
- Vision Problems
- Impetigo
- Allergic Rhinitis
- Dry Skin/Eczema

“Many of the people we saw were patients we had treated previously,” said Dr. Bentley, who explained that villagers are alerted of the physicians’ presence by a verbal announcement made over a loudspeaker. “But we did have one really good case in Santa Cruz involving a little girl with a severe case of atopic eczema on her face and extremities. When we examined her in January she wouldn’t even pose for a picture because the lesions on her face were so severe. This time she came in wearing a big smile because the lesions had healed considerably due to the medication provided by our group.”

Now that the mission contingent has made several trips to Guatemala, participants like Dr. Spalter are beginning to notice several economic and medical trends that could have a significant impact on their assorted research projects. “The towns that we go to are beginning to have more of a tourist presence, so they do have a cash economy that does not filter down to all the inhabitants of the various cities,” he stated. “But in looking at the various cities, you can make a distinction among them in terms of their socioeconomic status. For instance, Jaibolito has no electricity or indoor plumbing, whereas towns like Santa Caterina have a fine hotel and get a good deal of tourist traffic.”
Interestingly, even though Santa Caterina is the town that’s the most advanced socioeconomically, we found it to have the highest prevalence of parasites,” he added. “What we’re trying to deal with in our research is the issue of periodic treatment to reduce the parasite burden. Unfortunately, because we only do periodic treatment, the type of parasites we saw in this town would not be well treated by the type of medicine that is generally used. The medicine that is generally dispensed is effective against roundworms, and what we saw were flatworms or tapeworms. So it seems that even in the time of our experience there, the problems are changing, and in order to really beneficially affect the population one has to go back frequently and treat these people intensively.”

A fourth medical mission to Guatemala has already been slated for January 2002 that will provide additional opportunities to maintain patient health and conduct humanistic research studies.

**Medical Mission 2001 to Guatemala Participants**

**Health Care Providers**
- Debra Barrow, Pharm.D.
- Camille Bentley, D.O.
- Hernando Chong, D.O.
- Rose Dormio, R.N.
- Harold Laubach, Ph.D.
- Edward Lulo, M.D.
- Eugene Manuel, D.O.
- Pam Oliver, O.D.
- Raymond Ramirez, M.D.
- Heidi Smith, R.N.
- Joel Spalter, M.D.
- Scott Smith, D.O.
- Ava Stegall, D.O.
- Kristen Van Zandt, R.N.

**NSU Students**
- Andrew Cass (Optometry)
- Doede Donaugh (Osteopathic Medicine)
- Claudia Escobar (Premed)
- Stephanie Jenkins (Osteopathic Medicine)
- Nancy Lee (Osteopathic Medicine)
- Susan Lee (Osteopathic Medicine)
- Olga Martinez (Premed)
- Zulma Martinez (Speech Pathology)
- Suzanne Newstead (Osteopathic Medicine)
- Evelyn Ramos (Osteopathic Medicine)

**Community Volunteers**
- Del Rio Foster
- Nicholas Manuel
- Victoria Laubach
- Scott Smith, Jr.

**Memorable Mission Memories**

“During our first day in Santa Cruz, Dr. Scott Smith noticed a small yellow piece of something stuck in a two-year-old boy’s left nostril as we performed a routine physical examination. He attempted to get it out with suction, but that did not work. After looking in the boy’s nose for a minute or so, we realized it was a piece of corn. Dr. Smith tried to remove it with tweezers but the child began crying and moving around. Then he used an earwax removal instrument, but that did not work either. Finally, after pondering for about 15 minutes, Dr. Smith used some numbing spray and went after that piece of corn with the most creative instrument—a safety pin. He cut off the tip and then curled one end to use as a hook. Finally, the big piece of corn that was obstructing the baby’s airway was out. To this day I am very impressed with Dr. Smith’s quick thinking and use of available materials.”
- Olga Milena Martinez, premed student

“I must praise Dr. Spalter for his knowledge, patience, ability, and care. I did not get to work with him on the last trip, nor did I know him very well. But I have found his input, clinical guidance, and paternal nature an invaluable essence for these trips. There was an octogenarian I remembered from last January, and she was loaded with physical findings. Dr. Spalter showed them all to me and explained the clinical physiology. Another lasting memory was our last trip to Jaibolito. The joy on the children’s faces, and their unawareness of their malnutrition, moved me inexpressibly.”
- Susan Lee, M-3 student

“When we went to Jaibolito, I was completely amazed at the people, especially the children and how precious and happy they were living in a way none of us could ever accept. I quickly and eagerly became known as the “candy lady” who handed out extra sweets to the children. With their eyes wide and smiles huge, they waited so patiently for each piece. They followed me as though I was the Pied Piper, and we played and laughed. It was truly the best experience I had. I pray for us all that we may have the golden hearts all those children have—there is no poverty in that.”
- Doede Donaugh, M-3 student
When M-2 student Marin Dawson-Caswell first applied to NSU’s College of Osteopathic Medicine two years ago, not even she could have foreseen how that ordinary task would help enact positive change for the profession by leading to a landmark decision favoring D.O.’s in the state of Louisiana.

Last May, Louisiana Governor M.J. “Mike” Foster signed into law an amendment to Louisiana’s Medical Practice Act that would finally give D.O.’s statutory parity with M.D.’s in the Bayou State. One month later, on June 20, the Louisiana State Board of Medical Examiners (LSBME) amended its rules so osteopathic physicians who have not taken the United States Medical Licensing Examination (USMLE) will be eligible for postgraduate year 1 training permits on the basis of passing the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX-USA).

The restrictions, procedures, and time requirements that apply to those permits are now identical to those imposed on allopathic physicians in their first year of graduate medical education (GME). Prior to June 20, Louisiana— which only has 37 actively practicing D.O.’s—had been the only state that did not accept the COMLEX exam in relation to licensing D.O.’s.

So how did Dawson-Caswell’s act of applying to NSU-COM set the wheels in motion for such a momentous legislative outcome? “When I came to interview at osteopathic colleges, they asked me if I knew anything about Louisiana being the only state that didn’t allow D.O.s,” she explained. “I knew about it because my father’s friend, who’s a D.O., had mentioned it, but I really didn’t know the reasons or logistics behind it.”

After researching the issue further, Dawson-Caswell discovered that D.O.’s were indeed allowed to perform their residencies and practice in Louisiana if they passed the USMLE, which is required for all allopathic physicians. However, because the LSBME refused to recognize COMLEX, D.O.’s were required to take both exams to practice in Louisiana, which proved to be a major deterrent in terms of enticing new osteopathic physicians to practice in Louisiana. “I thought it was more than a little unfair that they did not accept COMLEX because you have to take the exam to graduate from an osteopathic school,” she stated. “But to practice in Louisiana, they wanted the USMLE because they didn’t think the COMLEX was a comparable test to the USMLE.”

After discussing the situation with her father, Mark Henry Dawson, M.D., who practices in Louisiana, he immediately took action by contacting the American Osteopathic Association’s (AOA) national offices in Chicago. “When Marin got into NSU-COM, we knew that her coming back to practice medicine in Louisiana was going to be a problem unless she took the USMLE,” stated Dr. Dawson. “I called the AOA and asked what the problem was, and they put me in touch with Michael D. Maille, who is their director of state, specialty, and socioeconomic affairs. He said he had been trying for years and then put me in touch with Deborah D. Harkins, J.D., a lobbyist from the AOA.”

After holding several strategic planning meetings with AOA representatives, Dr. Dawson met individually with four LSBME board members to ascertain why the organization was opposed to accepting COMLEX as a valid licensing tool. “Basically, they were concerned that the COMLEX exam had not been verified to be valid for the purpose for which it was established,” he explained. “Fortunately, it didn’t take very long for me to obtain data proving that the exam was indeed a test as valid as the USMLE. I also met with members of the National Board of Medical Examiners (NBOME), and then I talked to Dr. Silvagni and explained I needed to obtain a lot of information about osteopathic medical schools and the COMLEX exam.”

Armed with a persuasive amount of information, Dr. Dawson testified before the LSBME on the merits of COMLEX and the osteopathic medical school educational experience. “They asked me a number of questions about the curriculum at the osteopathic medical schools, and I told them I thought the education was at least as good as the allopathic schools and that I saw no quality problems at all,” he said. “They also asked me a lot of questions about the USMLE versus the COMLEX exam, and I said they were a little different but fairly comparable.”

Dr. Dawson concluded his testimony by stressing that although an osteopathic medical school education was just as academically meritorious as an allopathic one, there were subtle differences—like the manipulation aspect—that

Continued on page 26
necessitated a distinct and separate exam. "Once they understood there were issues and courses in osteopathic medical schools that allopathic schools did not teach, they began to see that the COMLEX exam had a purpose, which was to make sure those topics were covered."

Over the past 10 years, numerous advocates had tried to convince the LSBME to amend its regulations and accept COMLEX. So what was it about Dr. Dawson's testimony that finally resulted in a favorable ruling for the osteopathic profession? "I think the key was that we personalized it," he explained. "For the past 10 years the LSBME had been dealing with people from Chicago at the AOA. And suddenly we started talking about students from Louisiana. Several of the board members actually knew Marin, and I think that's what made the difference. Plus the fact that the COMLEX people were able to come up with reasonable data to show it was indeed a valid exam."

Another key statistic that may have influenced the LSBME's decision came when Dr. Dawson revealed that five of his daughter's NSU-COM classmates were actually Louisiana residents who hoped to practice in their home state following graduation. "I stressed to the board that these kids really want to come back and practice here, and that it didn't make sense to make it onerous on them to do just that."

Dawson-Caswell, who is contemplating a career in family medicine or pediatrics after she graduates, believes her father's success with the LSBME can be traced to one crucial fact. "I think it made a huge impact that my dad was an M.D. who was fighting for the osteopathic physicians," she stated. "I feel that's what really made the board members sit down and look at the issue, to see that COMLEX is a comparable exam to the USMLE and that it produces the same caliber of student on both ends."

Emergency Medicine – Israeli Style

In July, M-3 students Andrew Schwartz and Darren Farber enjoyed the experience of a lifetime when they were selected by the American Red Magen David for Israel (ARMDI) organization to participate in an emergency medicine elective rotation in Tel Aviv.

"It was a great experience," said Schwartz of the month-long rotation that allowed him and Farber to gain key insights and hands-on knowledge concerning emergency medicine. "During our first week there we went to the blood center to see how they draw and separate blood, coordinate donor services, and break down the blood products. We spent the other three weeks assisting the paramedics on the ambulances, which was incredible because we got to witness emergency medicine from all aspects."

Schwartz initially learned about the ARMDI organization through Elaine Lefkowitz, NSU-COM's director of clinical education, who coordinated a luncheon to inform the students about the program, which is only available to third and fourth-year undergraduates. "I actually heard about it after the fact two years ago and went to Elaine to get the phone number," he explained. "Because I was only an M-1 student at the time, I had to wait two years to actually be considered. But I was willing to wait because going to Israel was something I always wanted to do."

ARMDI, a not-for-profit tax-exempt organization established in 1940, serves as the exclusive support arm in the United States for Magen David Adom (MDA), Israel's equivalent to a Red Cross Society. Because it acts as the second line of defense in Israel and provides all of the nation's emergency medical services in times of both war and peace, Schwartz knew his participation in the program would prove to be invaluable and enriching. "It was an opportunity of a lifetime," he admitted. "In addition to the educational benefits, ARMDI provided us with time to do some touring on our own and visit historical sites like Masada, Jerusalem, and the holocaust memorial. They paid for our airfare, put us up at a great hotel a block off the beach, and gave us each $600 in spending money."

Thanks to the comprehensive training he received while attending NSU-COM's mandatory Advanced Cardiac Life Support (ACLS) course, Schwartz was well prepared for his introduction to Israeli emergency medicine practices. "They
trained Darren and I for two days, which was really like a
review for us because we’d already had the ACLS course.
The real benefit was getting to accompany the paramedics
on calls. We don’t have a program like that in this country
where the students go out on the ambulances.”

Because of intrinsic liability issues, Schwartz and Farber
were restricted in terms of how hands-on they were allowed
to be with the patients, although they were able to check
blood pressures, monitor heart rates, and listen for
abnormal lung sounds. However, the duo was allowed the
privilege of carrying the patients down six flights of stairs in
buildings that lacked elevator access. “We’d be up on the
sixth floor and they would just have a specially constructed
chair with handles for us to carry the patient down on,”

smiled Schwartz at the memory. “It was a lot of fun;
especially since most of the buildings weren’t air-conditioned
and it was as hot there as it is during a South Florida
summer.

“It truly was a memorable experience,” added Schwartz, who
plans to practice family medicine with an emphasis on
osteopathic manipulative techniques. “What surprised me
was how up-to-date they are health-wise. They actually have
some equipment that we don’t even have in this country like
a chest compression machine. In the United States, we only
use our hands to do chest compressions. Their device
allows you to do compression and decompression, meaning
it allows for a more diastolic component to the chest
compression instead of just systolic.”

Since its establishment in 1964 by students from Howard University College of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) has prevailed as the nation’s oldest and largest organization focused on the needs and concerns of medical students of color and underserved minority communities.

Nationwide, approximately 5,000 medical students, pre-medical students, residents, and licensed physicians maintain membership in the organization, which strives to eliminate disparities in health care delivery, disease morbidity, and disease mortality. Local chapters, based at allopathic and osteopathic medical schools throughout the nation, implement SNMA programs designed to serve the health needs of under-represented communities, educate people about important health matters, and assure that medical services are sensitive to the needs of culturally diverse populations.

The NSU-COM chapter of SNMA, which was founded in 1995, has upheld the tenets of the national SNMA office in Washington, D.C., by participating in a number of medical missions and health fairs that have improved the health care climate both locally and internationally. “The overall mission is to increase the awareness of the minority population not only here at school but out in the communities,” explained Clarence Clarke, an M-2 student who serves as co-president of the NSU-COM SNMA chapter along with Stanford Williamson. “Our primary goal is to mirror what is going on at the national level, which means we are focusing on underserved communities and providing medical education and health care opportunities.”

Over the past two years, the college’s SNMA chapter has coordinated several comprehensive medical missions to Haiti and Jamaica, a facet of the organization that immediately appealed to Clarke when he began matriculating at NSU-COM. “Early in my first year, our SNMA chapter did a presentation about the mission to Haiti that immediately piqued my interest because international medicine is something I definitely want to get into,” explained Clarke, who earned a master’s degree in biomedical sciences from Barry University in Miami. “I want to spend two months each year going to the different Caribbean islands and providing medical care. One of my ultimate goals is to go back to where my family grew up in Jamaica and establish an urgent care center or clinic.”

On the local level, the NSU-COM chapter of SNMA, which currently comprises about 20 students, participated in activities like the Delray Beach Health Fair and the Lauderdale Lakes Middle School Science Fair Project, which revolved around the theme “Diseases that Affect African-Americans.” During the Delray Beach Health Fair, which targeted the health care needs of the area’s abundant Haitian population, students and doctors worked in tandem to provide vaccinations and screen patients for diabetes, high blood pressure, and other ailments.

Educating future generations of osteopathic physicians is another key goal of the association, which is accomplished through the Minority Association of Pre-Health Students (MAPS) Program. “We go to the University of Miami and speak to undergraduate students who are in premed and also high-school students, to direct more of them to come to NSU-COM and explore osteopathic medicine,” explained Clarke, who also serves as vice president of NSU-COM’s Student Government Association. “A lot of times when you have minority students who have opted to go into medicine, 9 times out of 10 they are going to look at allopathic schools because there is still that bias as far as applying to an osteopathic school. I face it with many of my friends who want to get into medical school. They will not look at doing the D.O. program just because of the lingering stigma, which is unfortunate.”

With an eye toward the future, Clarke and the other SNMA members are clearly not content to rest on their laurels. “Our short-term plans include improving membership and going out and servicing underrepresented communities as far as access to health care and improving the awareness of osteopathic medicine in those neighborhoods,” he stated. “But my immediate and main goal is to focus on the students that come in and classify themselves as underrepresented minority members because too often there’s a problem with retention.”

While it’s no secret the academic demands placed on a medical student are immense, Clarke says his commitment to serving the world around him is actually more important than earning high grades. “My philosophy is that I’d rather be more well-rounded as a person than be a straight A student,” he said. “It’s a tough thing to balance, whether you are going to concentrate on your grades or spend more time doing community service. It can stretch you too thin at times, but it teaches you how to organize and makes you more efficient in what you’re trying to accomplish. As a physician, you are going to have to juggle many different things at the same time, so this is great preparation.”
Upcoming Events
(For additional NSU-COM related information regarding the following events, please call (954) 262-1029 or e-mail immacula@nova.edu.)

106th Annual AOA Convention and Scientific Seminar
October 21-25, 2001
San Diego Convention Center in San Diego, California
An alumni reception will be held at this event. Please refer to the program for specific time and place.

NSU-COM Alumni Reunion and Fifth Annual CME Program
February 1-3, 2002
Hyatt Regency Pier Sixty-Six in Fort Lauderdale, Florida
The annual alumni weekend will get underway with a reception on Friday evening, February 2 at 7:30 p.m. CME sessions will be presented on Saturday and Sunday. On Saturday evening, social events will begin with a 6:30 p.m. reception followed by a gala banquet at 7:30 p.m.

Florida Osteopathic Medical Association (FOMA) Annual Convention
February 21-24, 2002
Hyatt Regency Pier Sixty-Six in Fort Lauderdale, Florida
Included in the symposium program will be the five mandatory hours of Category 1-A CME credits targeting the following topics:
- Risk Management
- HIV/AIDS
- Domestic Violence
- Florida Laws and Rules
- Managed Care and End-of-Life Care
The convention will offer approximately 30 hours of 1-A CME credits. An alumni reception will be held at this event. Please refer to the program for specific time and place.

Alumni Web Page: http://medicine.nova.edu

Join our Listserv! (listserv@list.nova.edu or nsucom_alumni@list.nova.edu).
We are encouraging all alumni to post their addresses on Listserv to build an Internet directory. You may also access Listserv at the Alumni Web Page by clicking on the "Join Our Listserv" link.
Alumni Spotlight
Glenn Moran, D.O. - Class of 1988
Treasurer, Alumni Association Executive Committee

Having it all. It's a goal most people strive for but rarely achieve in a world that has become increasingly obsessed with a frenzied quest for perfection. But there are those rare individuals who seemingly do it all, who find the perfect blend of professional success, personal happiness, and financial stability.

Glenn Moran, D.O., a 1988 NSU-COM alumnus who currently serves on the college's Alumni Association Executive Committee and the Dean's Alumni Advisory Council, may not admit to having it all, but a look at his life would certainly prove otherwise. Professionally, Dr. Moran is positively impacting people’s lives by running Plantation Family Medical Associates, a thriving family medicine practice he owns with fellow NSU-COM alumnus Paul Bates, D.O.

Personally, life is every bit as enriching for Dr. Moran, who lives a harried but idyllic existence with his beautiful wife Valerie and their two children, Liam Garrett (5½ years old) and Mary Catherine (3½ years old). “Dr. Moran is an extremely devoted family man who is committed to spending time with his wife and kids,” said Howard Neer, D.O., professor and associate dean of the Office of Alumni Affairs. “Although he is extremely devoted to his patients and the osteopathic profession, Dr. Moran is equally dedicated to maintaining a very close family relationship.”

Born on the Fourth of July in 1960 in Smithtown, Long Island, Dr. Moran’s family eventually relocated to Florida. After graduating from Hollywood Hills High School, Dr. Moran earned a bachelor of arts degree in chemistry from Florida Atlantic University in Boca Raton and then matriculated at NSU-COM, where he secured his D.O. degree. After interning at Florida Medical Center South (formerly known as Universal Medical Center) in Plantation, Florida, he completed his family practice residency, serving as chief resident within the NSU-COM clinical system.

Over the past decade, Dr. Moran, who serves as an NSU-COM clinical assistant professor, has established himself as a leader in the osteopathic profession locally, statewide, and nationally. He is board certified in family practice and is a fellow of the American College of Osteopathic Family Physicians (ACOFP). From 1993 through 1997, he acted as director of medical education at Florida Medical Center South and has served on numerous committees in that facility and at Westside Regional Medical Center and Plantation General Hospital.

“When Dr. Moran was director of medical education at Florida Medical Center South, he did an outstanding job of directing that program,” said Dr. Neer. “In addition to being extremely well-liked, he was a friend, role model, and even a father figure to the students. That compassion is also extended to the students who rotate through his family medicine practice, who are extremely complimentary about Dr. Moran and the attention he gives their education.”

Dr. Moran’s desire for enhancing the quality of medical care is evidenced by his active participation in a range of committees that includes serving as chairman of the Continuous Quality Improvement Committee at Westside Regional Medical Center and vice chairman of the Florida Board of Osteopathic Medicine. Over the years, he has been very active in the Florida Society of the ACOFP, serving as program chairman of its annual convention and as a member of its board of trustees.

Although he is democratic in his support of the profession, Dr. Moran clearly has a special affection and affinity for the College of Osteopathic Medicine. “I have observed Dr. Moran functioning on the Dean’s Alumni Advisory Council and the Alumni Association Executive Committee and have noted that he is always intensely interested and presents very logical recommendations about different activities,” Dr. Neer stated. “His participation is always enthusiastic and forward thinking for the advancement of the profession and the college. Dr. Moran is an osteopathic physician we can all be proud of.”
Getting to Know: Nancy May
Coordinator, Department of Community Affairs and AHEC

Family facts:
Nancy has been married to husband Ken for 34 years. They have two children, Kelli and Greg.

Date of hire:
October 1, 1997

Official NSU-COM responsibilities:
I serve as the community affairs coordinator, and I assist with the coordination of our annual Practice Opportunities Program (POP) and Summer Health Careers Camp. My responsibilities are variable. AHEC's work system consists of a group effort and involves many issues at any given time. My standard duties consist of processing purchase orders, answering phone calls, and serving as one of the supporting staff members for the AHEC director, associate director, assistant director, and HETC statewide coordinator.

Reasons I enjoy working at NSU-COM:
I enjoy the collaboration with my diverse coworkers and the fulfilling things we do as part of the AHEC Program.

What did you do professionally before joining the NSU-COM staff?
My husband and I were self-employed and owned a ServiceMaster carpet cleaning and upholstery franchise for many years.

Greatest achievement:
My greatest achievements would have to be my wonderful family and planning my daughter's October 2001 wedding.

My coworkers would be surprised to know that:
My first thought would be to say "probably nothing" since I am an open book.

Favorite way to unwind when not at work:
I enjoy quiet times and a good book or simply being outside on a beautiful day. One of my favorite hobbies is tennis, but I haven't been able to do much of that lately.

If I won the lottery, I would:
Travel more with my husband, and possibly my adult children.

The most frightening thing that ever happened to me:
Undoubtedly, the most frightening thing that has ever happened to me was being notified that my daughter had been in a car accident and was being airlifted to a hospital. Thankfully, she had a guardian angel traveling with her that day because she is fine today.

What makes you happiest in life?
I am most happy when I am with my family or good friends.

When I retire, I plan to:
We haven't made any retirement plans yet. Time will tell.

Three words that best describe me:
Caring, friendly, and outgoing.

On the morning of September 11, 2001, our nation was forever changed as news spread of the terrorist attacks taking place along the East Coast. Galvanized as one, millions of Americans gathered around television sets, watching in collective horror as national landmarks were decimated and human lives were obliterated or irretrievably altered.

Still, even in the face of unfathomable despair and destruction, inspirational stories of heroism and amazing tales of survival fed our souls, reminding us of the indomitable spirit that has come to epitomize the people who call America home.

Nova Southeastern University College of Osteopathic Medicine mourns those who lost their lives in the brutal attacks, sends thoughts of love and sympathy to the grieving family members, and applauds the numerous efforts enacted by humanity nationwide and abroad to assist the families who will forever bear the scars of these unspeakably barbaric acts.