The crisis in graduate medical education: MSU-COM’s position

As part of the American Association of Colleges of Osteopathic Medicine’s December meeting, Dean Myron S. Magen and Associate Dean Douglas Wood discussed the crisis in osteopathic graduate medical education, a crisis which many believe threatens the viability of the osteopathic profession.

The following article provides a summary of the issues, the College's position on them and an overview of College initiatives designed to counteract them.

The issues

In his recent letter to osteopathic colleagues, Dean Magen noted that to ensure three years of postgraduate training for all D.O. graduates in AOA-approved programs would require an additional 200 internship positions and an additional 1,631 second- and third-year positions by 1990. In addition, he pointed out that there are more D.O.'s in M.D. residency training positions than in osteopathic residency positions.

Recent studies indicate that there is a perception among these osteopathic physicians that osteopathic training is not as high quality as allopathic, he wrote, and difficulty in obtaining postgraduate education affects medical school recruitment at a time when applications are declining rapidly nationwide.

MSU-COM’s initiatives

Gail Riegle, associate dean for academic affairs, believes the College has a responsibility to remain in the forefront of graduate medical education.

"In the land-grant tradition, MSU-COM has taken the lead in the development and coordination of graduate medical education for the osteopathic profession in Michigan," he said. "Our state has a great potential to provide future leaders in osteopathic medicine."

The GME efforts are concentrated on primary care, he said, which is consistent with the mission of MSU and the College.

Riegle noted that in the past the efforts to expand college-affiliated GME programs were always at the hospital's initiative. He believes MSU-COM benefits by being able to use hospital facilities. Likewise, it is hoped that the hospitals can benefit from MSU's credibility and expertise.

Riegle noted that MSU-COM affiliations with M.D. institutions could provide access to resources that are scarce in D.O. hospitals while still maintaining an osteopathic base.

The Office of Academic Affairs recently added Harry Ackerman, Ph.D., as the director for graduate medical education to help administer the increasing numbers of college-based residencies and internships. Ackerman has focused on helping the directors of residency and internship programs work together and move ahead, with the national issues and trends in mind.

"We have a responsibility to provide students with as many post-graduation opportunities as we can," he said. "Graduates should not have trouble finding internships."

He believes residency programs should have a strong emphasis on education rather than service and that medical school affiliations help ensure that.

"Residents should have strong, close continuous communication with faculty and attendings," he said. "They are colleagues—not just employees."

A state-wide network

Planning has begun for a state-wide consortium to which all osteopathic training hospitals have been invited. Medical education leaders at MSU-COM and affiliated hospitals created the concept.

Named the Consortium of Osteopathic Graduate Medical... continued on
GME
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Education Training or COGMET, the objective is to plan and implement a broad range of quality graduate medical education programs. Hospital representatives have been meeting with College administrators to outline the program. MSU-COM's role would be to provide administration and educational support.

It has been proposed that the first program will be a primary care internal medicine residency to be initiated in July 1989, said Douglas Wood, associate dean. The group plans to stay in primary care areas, he said.

The consortium group has also proposed the development of a new primary care residency training program. This program involves input from existing general internal medicine, general pediatrics and family practice training programs.

The training would blend the best aspects of these areas to create a primary care specialist, Wood said. He believes this person would have greater depth and breadth than the current general practitioner.

Both these residencies await AOA approval. Wood noted that the programs would be limited in size in the beginning to allow appropriate evaluation.

"Establishing state-wide networks of residency programs will increase credibility through affiliation with the University," he said. "It will also increase cooperation among hospitals and the College and increase the educational comprehensiveness of MSU-COM."

Current MSU-COM postgraduate offerings

In the College, the pediatrics residency program was one of the first osteopathic residencies to be funded by the Department of Health and Human Services. The family medicine residency program at the College is unique in that it is predominantly ambulatory based and as such is the first of its type in the profession. The College also currently offers residencies in anesthesiology, biomechanics, cardiology, emergency medicine, neonatology, psychiatry and radiology.

The majority of the departmental residency programs involve training consortia with Lansing community hospitals. The emergency medicine program, for example, utilizes Sparrow Hospital, Ingham Medical Center and the Emergency Medicine Section of MSU-COM's Department of Internal Medicine.

This residency and the one in psychiatry are unique in offering M.D. and D.O. certification.

Starting this summer, the radiology department has a community training program which includes a Lansing component involving Sparrow, St. Lawrence and Lansing General Hospitals, and the radiology departments of Metropolitan Hospital in Grand Rapids and Flint Osteopathic Hospital.

"This is an example of combining community hospitals with a College department to develop a high quality, very competitive residency," Riegle said.

The College is considering the development of eight additional resident training programs among which are neurology, ophthalmology, pathology, and physical medicine and rehabilitation.

The MSU-COM faculty directors of GME programs recently met together twice, Ackerman said. Discussions included working with MSU-CHM and also the regional and national issues affecting the training of interns and residents in osteopathic medicine.

In addition to the residencies the College is currently AOA approved for internship programs at Sparrow and St. Lawrence Hospitals, and Ingham Medical Center in Lansing. The college recently received approval for college-based internship programs at Mt. Carmel Mercy Hospital in Detroit and Bay City Health Systems, an expansion of the internship program at Bay Osteopathic Hospital. Bay Medical Center and BOH recently merged to form Bay City Health Systems.

Funding

Continued concern is felt about the regression in governmental support for graduate medical education. Since 1970 there has been a $600 million decrease, Wood said. Currently approximately 81 percent of the cost of both direct and indirect reimbursement components has been threatened, although more significant decreases are possible in the indirect component. (The direct component consists of the salaries of interns and residents while the indirect covers the increased costs of hospital care, such as in laboratory studies and x-rays, attributed to the training situation).

The State of Michigan budget proposed by the governor last year included a 50 percent reduction in Medicaid GME reimbursement, which would amount to approximately $15 million. Such reductions could be devastating to graduate medical education programs, Wood said.

Hospitals are seeking increased linkages with the Universities in order to increase educational components of GME programs, something which the AOA has encouraged. The future will require creative financial arrangements on both hospital and university fronts in order to obtain funding for graduate medical education, Wood said.
New exhibit shows what MSU-COM is all about

MSU-COM displayed a new exhibit at the recent American Osteopathic Association Convention in Las Vegas.

Featuring all aspects of osteopathic medical education, it attracted many photographers.

Weighing over 1,300 pounds and shipped in ten crates, the exhibit took three medical students to set it up. They were Susan Enright (pictured), Kevin Berlin and Vicky Norris.

MSU-COM shares in campus health promotion

MSU-COM has been an integral part of Healthy U, MSU’s Health Promotion Program, since its inception.

The program, begun in 1985, was planned under a two-year grant from the W.K. Kellogg Foundation. In 1987 the Foundation awarded MSU nearly $2 million to implement the plan over three years. The program includes both curriculum enhancement and experiential learning opportunities for MSU’s faculty, staff, and students in 25 subprojects. Content areas include stress reduction, substance abuse, safety, nutrition, and exercise.

The College is one of nine university-wide represented on the Healthy U Task Force, its governing body. Sandra Kilbourn, director of continuing medical education, has been the College’s representative since the initial planning phase.

Patricia Grauer, director of health information, has been communications coordinator for the campus-wide program since its inception. She also serves as chairperson of "Celebrate Health," a three-day university event in which more than 175 health promotion activities are planned for participants.

Bertram Stoffelmayer, professor of psychiatry, directs Healthy U’s Worksite Wellness Program, which provides health promotion activities for faculty and staff and several campus locations. These include an initial health fair, classes on weight management, smoking cessation, exercise/fitness and stress reduction, and training of employees to continue the program on their own behalf.

Shirley Johnson, professor of family medicine, Margot Kurtz, associate professor of family medicine, Robert Fedore, professor of community health science, and Bertram Stoffelmayer are all involved in the subproject "Improving Client/Patient Encounters." In conjunction with the Colleges of Human Medicine and Nursing, this program prepares educational materials and develops health promotion curricula for medical and nursing students. Two videotapes have also been prepared as instructional models for clinical faculty.

Celia Guro, coordinator for counseling in the Office of Student Affairs, works with the subproject "Professional Development in Health Promotion Through Personal Health Awareness." This program introduces medical and nursing students to health promotion concepts by providing opportunities for them to examine their own health behaviors.
Osteopathic Unity

The Ad Hoc Task Force to make recommendations

Many believe are crucial to the osteopathic profession.

Created by the Michigan Association of Osteopathic Physicians and Surgeons House of Delegates, the task force has representation from MSU-COM administrators, faculty and students, MAOP&S, the osteopathic hospitals, the Michigan Osteopathic College Foundation and the various component societies. In addition, various leaders in the profession have also provided input.

The group set out to study identity, leadership, communication, medical school admissions, and graduate medical education, all within the Michigan osteopathic community.

"Assessment by significant individuals is one way to tackle problems and take a look at the profession," said Robert Edsall, MSU administrator and task force assistant. "There is a sense of purpose among the members and guarded optimism. It is a real attempt to bring the profession together in a united front."

One task force member, MSU-COM student Edward Loniewski, Jr., noted that the task force hopes to be more than just talk.

"People have been very open and I believe some real good will come out of this," he said. "I feel like I am sitting in on a part of history."

The primary goal of the task force is to come up with realistic recommendations which will be presented in a written report. This goal is nearly realized.

The task force has now completed the study and discussion on which they will base their recommendations.

The members will participate in a special retreat in January to finalize their findings and plan to present their recommendations at the MAOP&S House of Delegates meeting in April. It is hoped the report will be distributed throughout the osteopathic community.

"The health care system is dynamic and I'm not sure it is possible for the profession to control its own destiny," said Philip Greenman, professor and task force member. "But there is a perceived need to unify the osteopathic physician in the state. The survey costs have been shared by MSU-COM, MAOP&S and the Michigan Osteopathic Hospital Association. Miller, or one of her research assistants, are also contacting and interviewing leaders in MAOP&S, the hospitals and the college. Her analysis and recommendations are also anticipated to be completed in April.

Communication, the task force has determined, has eroded among the three branches of the profession. They reported that they perceived a significant lack of knowledge and understanding of what should be communicated and how it should be done.

"Communication is vital to promoting cooperation within the profession," said Douglas Wood, associate dean and task force member.

The second significant contribution of the task force was their participation in a MAOP&S search committee for an executive director. More than half of the task force attended a working session of the committee as it deliberated the qualifications and responsibilities of this position. The session followed several task force discussions on leadership within the profession and the role of the executive director as a leader. Chairman Loniewski noted that without the task force, input from the college and hospitals may not have occurred.

With regard to the osteopathic identity, the task force has concluded that what sets D.O.'s apart from M.D.'s is their philosophy of care toward their patients. This involves not only the osteopathic physician's extra efforts to communicate with patients, but also the holistic and primary care medical focus as well.

"This focus comes through..."
modeling more than anything else," Wood said. "If you can teach caring or the holistic approach, it is by providing students with good role models."

Identity was the issue the task force may have discussed the most.
"The extensive discussions reflects the difficulty of the profession in identifying what is the same and what is different from orthodox medicine," Greenman said.

The task force reported last April that responsibility for identity must be shared by all of the institutions of the profession.

Historically, D.O.s were nearly all primary care or primary care specialists, Wood said.
"The recent trend toward specialized care is a blueprint of the allopathic profession," he said. "Perhaps we need to open our eyes, draw in our wings and take responsibility for expertise in primary care."

Osteopathic Unity

"The report, while it will be the final product of this task force, cannot be considered as a conclusion of the unity issue," Chairman Loniewski reported at the November House of Delegates meeting. "In fact that report will initiate a new beginning for this profession, galvanized by a commitment to address issues openly, with candor and in a constructive way."

The graduate medical education issue has also been before the task force and they have noted that an ever increasing number of D.O. interns are taking residency training in M.D. programs. This is due, according to surveys of these interns, to availability and perceived quality of osteopathic-based programs. In addition, they talked about the declining numbers and quality of medical school admissions.

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Faculty News

Don Coleman, professor of community health science, gave the keynote address at the second annual Capitol Health Promotion in Lansing recently. The speech, entitled "Health is in Your Hands," dealt with taking responsibility for one's own health and with health promotion in Michigan.

Philipp Gerhardt, professor of microbiology and public health, has been invited to serve on the Committee on Biotechnology, an advisory committee to the National Research Council's Commission on Life Sciences. This committee will also serve as the U.S. national committee for COBIOTECH, a new committee on biotechnology of the International Council of Scientific Unions, of which Gerhardt is currently president.

Lon A. Hoover, associate professor of family medicine, recently presented "Revitalizing your Osteopathic Manipulative Treatment Skills," to the house staff of Flint Osteopathic Hospital.

Kathryn Lovell, associate professor of pathology, in conjunction with Mark Hodgins, MSU-COM media services, presented "Neuropathology Interactive Videodisc Instructional Units Using Hypercard," at the Medical Interactive Video Consortium Annual Meeting in Washington, D.C.

Lovell recently had three posters related to her research in caprine beta-mannosidosis at the Society for Neuroscience Annual Meeting.

Margaret D. McNiven, director of health planning and evaluation, recently spoke on "The Open-System Theory Applied to a Management Information System in a Medical College," at the national meeting of the American Evaluation Association.

Joseph Papsidero, professor and acting chairperson of community health science, recently planned and participated in the session on "Financing Long-Term Care: Impact on Patients and Providers," as part of the Annual Scientific Meeting of the Michigan State Medical Society. Papsidero also participated on the panel presentation on "Nursing Home Reforms: Will They Work?" as part a recent MSU conference on "Controversies in Geriatric Care."

Other members of the Department who participated were: Richard Yerian, associate clinical professor; Evelyn Koening, adjunct instructor; Jack Steiner, adjunct instructor and John Peterson, adjunct associate professor.

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Birth attendant, health educator, leader...

The role of midwives in Ecuador and Zimbabwe

by Katherine Rosso

Barbara Sparks, assistant professor of osteopathic medicine and a registered nurse, traveled to Zimbabwe and Ecuador recently and interviewed and observed traditional birth attendants.

She found the midwife's role in these geographical areas was significant.

The combination of a lack of formally trained doctors and nurses to assist in delivery and the vast number of births in Ecuador and Zimbabwe puts the responsibility for birth assistance on traditional birth attendants, according to Barbara Sparks who recently traveled there to observe the countries’ obstetrical practices.

Sparks, an assistant professor of osteopathic medicine, was contracted with the University of Zimbabwe's Department of Obstetrics and Gynecology in 1986-87. She spent a year, mainly researching OB/GYN practices, in both urban and rural areas. Last summer, Sparks arranged a visit to Ecuador through personal contacts. She spent time in rural and urban areas there also, observing and comparing the obstetrical practices with her findings in Zimbabwe.

Both countries are currently providing birth attendants with special training in obstetrics, in efforts to provide quality care to all expectant women, she said.

Traditional birth attendants are often highly motivated illiterate village women who have learned how to attend a birth by various apprentice systems. These midwives are knowledgeable about basic obstetrical health care if the pregnancy or birth is not complicated, she said. The training programs aim to help upgrade skill and train the birth attendants to recognize signs of obstetrical distress. The programs emphasize seeking professional help if complications arise.

Sparks, who has presented her findings at several scientific meetings recently, displayed her work at the MSU-COM Open House in October.
Zimbabwe’s Ministry of Health instructs midwives to use accessible household items to help them in their work, Sparks said. For example, the midwives are taught to use juice bottles as measuring devices to determine if a woman is hemorrhaging and in need of professional help. They also depend on soap and boiling water for sterilizing instruments. Sparks was especially impressed with the midwives in rural areas who often must rely on their own ingenuity in a complicated birth.

In contrast, Ecuador’s Ministry of Health teaches birth attendants to use simple medical tools to aid them in their work. The instruments, a basin for sterilizing and a type of gauze-holding forceps, are supplied by UNICEF. Sparks believes training birth attendants to rely on these tools may negatively affect their skills if funding ceases and they are unable to obtain the supplies they are trained to use.

In the rural areas of both cultures, she observed traditional customs are respected by midwives. Zimbabwe birth attendants visit expectant mothers only before the birth of their first child. In Ecuador, however, birth attendants visit most pregnant women in the seventh month of their pregnancies.

Birth attendants in both cultures are highly respected members of their communities, she said. In rural areas, training for men or women interested in obstetrics begins at an early age with an apprenticeship. The government upgrading course is often provided by nurses in rural clinics.

Sparks found payment, monetary or otherwise, is expected in exchange for services. "The family offers to pay what it can, but I didn’t talk to any midwife who turned someone down because they could not pay," she said.

Sparks found traditions and myths associated with birth existed in both cultures. For example, in Ecuador the husband must bury the placenta immediately after its expulsion or harm may come to the child. In Zimbabwe newborns are not allowed to nurse first milk, colostrum, because it has a consistency of water and is believed to be unhealthy.

She noted that the paternal role in pregnancy and birth varied greatly between the two cultures.

Ecuador’s men were very involved with pregnancy and birth of their children. In one area husbands delivered their offspring. In another region the men keep records of their wives’ menstrual cycles. Surprisingly, male birth attendants were common in rural areas.

In most developing countries birthing is a ritual attended by women, Sparks said. Although men participate in Ecuador, male birth attendants admitted they will always go to the women of the area for assistance in problematic births. Zimbabwean culture conveys the idea that pregnancy and birth are women’s knowledge. The women of the culture discourage men from participating in the birth of their children and from gaining knowledge about pregnancy.

In addition to birthing, Sparks found that birth attendants in both cultures serve as valuable health educators. They provide information about nutrition and are called upon for other health care concerns, she said.

Throughout her travels, Sparks found a cross-cultural friendliness and enthusiasm. She found traditional birth attendants and midwives extremely devoted to providing the best care to their patients and generally responsive to her wish to learn about their practices.

Sparks recently presented her research at the WID Conference on Women, Development and Health and at the UCLA Nursing Research Conference. She also presented "A Case Study of Helen -- A Traditional Birth Attendant in Zimbabwe," at the International Congress on Women’s Health in November.
Kenneth D. Stringer, 1974 alumnus and associate professor of pediatrics, notes that being a D.O. and an osteopathic educator is an unique and rewarding opportunity.

"It was a great role model." After graduation from MSU-COM, Stringer did his internship at Botsford General Hospital where he also did a year-long residency in pediatrics. He followed that with a two-year residency in pediatrics at Children's Hospital of Michigan and was a fellow in ambulatory pediatrics there for one year.

When he left MSU-COM as a student, Stringer never anticipated coming back to work there. He was in the last year of his residency when Bernard Kay, chairperson of pediatrics, first approached him with the idea. He became part of the on-campus faculty in 1979.

"The opportunity to practice my specialty and also work with students has been very enriching," he said.

In addition to his teaching and clinical duties, Stringer has shared in student life as the faculty advisor for the Christian Medical Society.

"It is fun to sort of relive what life was like when I was a medical student by knowing current students," he said. "Christian faith also plays a big role in what I am."

Stringer also enjoys another dimension of life on the MSU campus—Big Ten sports. Stringer has been a MSU team physician for baseball, gymnastics, swimming, volleyball and wrestling.

In addition he is the team physician for East Lansing High School football.

"At that point it was the most rewarding part of medicine I had been involved in," he said. "It is very special to work with young people who are so enthusiastic about getting well."

Stringer also admits he is a Spartan at heart.

His goals for the future include remaining at MSU-COM.

"I hope that part of my time here with students is to be a positive influence," he said. "Throughout my training certain people were important role models for me and I would like to pass that on."

In addition he plans to pursue several research areas. He is particularly interested in children and sports and the impact on society.

Stringer noted that in recent years, children have felt tremendous pressure to succeed in sports. "Sports can be part of a child's overall well being," he said. "It helps them to learn about goal setting and a good sportsman's code of ethics. However, kids don't necessarily have to be the champion."

Stringer is also interested in researching adolescent use of steroids to enhance sports performance. He will be speaking on the topic at a meeting of the American College of Osteopathic Pediatricians.

Stringer was made a fellow in the American Academy of Pediatrics in 1984. He is also a member of the Grand Chapter of Sigma Sigma Phi, the American Osteopathic Association, the Central Michigan Pediatric Society, the Michigan Association of Osteopathic Physicians & Surgeons, and the Ingham County Association of Osteopathic Physicians & Surgeons.

He is a senior member of the American College of Osteopathic Pediatricians.

He has been the recipient of several honors including the Outstanding Citizenship Award from the Michigan Legislative Representatives and the Alumnus of the Year Award from MSU-COM, both in 1983.

He has had many publications in addition to lectures and papers presented on a variety of subjects. He has also been active as a media source, being interviewed on local radio and television news programs and being quoted in several Michigan newspapers.

Stringer is the father of Ryan, 3, and David, 1. His wife Nancy is an advisor to the Student Associate Auxiliary. They live in Okemos.
In Memory

Dennis Lee Kiely, class of 1977, died December 12, 1988, at Central Michigan Community Hospital in Mt. Pleasant.

Kiely, 38, lived in Midland until 1982, when he moved to Weideman. After graduation from MSU-COM, he performed his residency in Bay City. He was a registered histologist and a member of the American Osteopathic Association. He formerly operated the Weidman Area Health Clinic, and also had a private practice.

He is survived by his wife, Cleo; and a daughter Kristen Kiely of Cincinnati, Ohio.

Memorials may be made to the Arthritis Foundation.

Carmella D’Adzezio, 1976, has been named Kirkville Osteopathic Medical College’s assistant dean for clinical education and director of medical education. She will oversee the clinical training of interns and residents at KOMC and will supervise the clinical program for four-year students. She will also teach nephrology as an associate professor in the department of internal medicine. She previously served as the assistant director of medical education at Flint Osteopathic Hospital and was an associate clinical professor of internal medicine at MSU-COM. She resides in Kirkville with her husband Jeff Whalen.

M. J. Knapp, 1977, was honored recently by Common Ground Crisis Center in Birmingham for donating medical expertise and support to the free clinic night patients.

Daniel T. Davison, 1978, published "Sports Medicine from an Adolescent and Pediatric Perspective," in the September issue of The Journal of Sports Medicine. He is presently the primary care team doctor of the University of Illinois at Chicago, a member of the faculty of the Chicago College of Osteopathic Medicine and Rush Medical School, and is a member of the Board of Directors of the American Osteopathic Academy of Sports Medicine.

Douglas H. Joyce, 1979, is an associate staff member of the Deborah Heart and Lung Center in Browns Mills, New Jersey. He did a year fellowship at the Cleveland Clinic in adult open heart cardiovascular surgery and also completed a fellowship in pediatric and adult open heart surgery at Deborah Heart and Lung Center.

He is married to Debbie and they have an 18-month-old daughter Elyse.

Sylvia G. Mustonen, 1979, recently started a medical advice column in the Michigan Chronicle. The column, entitled "Ten Minutes with the Doctor," will cover topics from simple instructions on treating minor injuries to controversial subjects such as AIDS and containing the cost of health care. Mustonen is a member of the Detroit Osteopathic Hospital staff.

Robert J. Fernandez, 1982, has been appointed chairman and assistant professor in the Department of Community Medicine at Southeastern College of Osteopathic Medicine. He has been a staff member of Miami General Hospital since 1985.

Charlene Abernethy, 1983, announces the arrival of Erin Cate on November 17. She weighed 6 pounds and 5 ounces. She joins her brother Kegan, 3.

Abernethy is in the last year of an OB/GYN residency at Oklahoma Osteopathic Hospital in Tulsa. She writes that they are not sure where they will be moving next year, but it's narrowed down to New Mexico, Montana, Colorado, Alaska or Michigan.

Marchelle Barker, 1984, recently accepted a position with The Institute for Women's Medicine, Hutzlel Hospital. She will be the general practice physician at a new satellite of the institute in Southfield. Her husband recently graduated from law school and joined a law practice in Southfield. They will move from Ortonville to Lake Orion. They have two daughters, Katie, 4, and Madalyn, 2.

She writes: "Most people who have ever known me know that I have always had a strong interest in women's medicine. When this position was offered to me I was thrilled. I only work three days a week, so I still have plenty of time to be a regular mom!"

As always we are interested in news from members of the MSU-COM community. Please take a moment to update us on what you are doing.

Send your news to:
The Office of Health Information, A-310 East Fee Hall, East Lansing, MI 48824-1316.

For assistance call: (517)355-9261
Magen receives distinguished service medallion

Dean Myron S. Magen was recently awarded the S.S. Still Distinguished Service Medallion at the 90th anniversary convocation of the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa. Magen is a 1951 graduate of the school.

University President J. Leonard Azneer noted that Magen has brought honor and worldwide recognition to MSU-COM and became a very important figure in medical education.

Magen spent many years on the faculty of the Des Moines school, and served as chairman of the Department of Pediatrics in the early '60s.

Azneer cited he has a distinguished record of service to the osteopathic profession and has most recently been instrumental in developing international linkages in medical education and research in several foreign countries. Magen is a member of the University's Board of Trustees, a Fellow in the American College of Osteopathic Pediatricians, a past president of the American Associations of Colleges of Osteopathic Medicine, and the author of numerous publications and presentations.

Head retires after 18 years of service

Helen E. Head, a familiar face and voice over the phone at MSU-COM, has retired from her position as Dean Myron S. Magen's administrative assistant.

Head had been working in the Dean's Office since MSU-COM's inception in 1970.

A reception was held in her honor at the Ballroom of the University Club in December.

Magen cited her many years of dedicated service and friendship.

Head attended the American Osteopathic Association Annual Convention in Las Vegas last month as her last official duty with MSU-COM.

Head and her husband, also retired, plan to travel. They will be visiting a daughter in California this month.

Rebecca Reagan, who has been the administrative assistant to Associate Dean Douglas Wood, will be the Dean's administrative assistant.

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E. James Potchen, professor and chairperson of radiology, was appointed as an American Medical Association representative on the Residency Review Committee for a two-year period beginning in January.

He was an invited lecturer at several meetings recently: "Recent Advances in MRI Spectroscopy - Brains, Muscles and Plants," for the Sigma Xi Public Lecture Program; "How to Protect Yourself from Medical Malpractice with your Breast Cancer Patients," for the American Cancer Society; and "Magnetic Resonance Imaging of the Language System," for the Orton Dyslexia Society.

Richard H. Rech, professor of pharmacology and toxicology, recently co-edited a book entitled "5-HT Agonists as Psychoactive Drugs."

Ronald C. Simons, professor of psychiatry, published two research papers on the psychobiology of trance, along with co-workers at McGill University, in the December issue of Transcultural Psychiatric Research Review. He gathered the data and observed behavior in Malaysia in 1984.

Howard B. Sobel, associate clinical professor of family medicine, has been selected to the Executive Committee and the Medical Advisory Committee of the United Health Organization, which sponsors Project Health-O-Rama.
Continuing Medical Education

January 21 - 23
Principles of Manual Medicine
Part B (in Tucson, Arizona)
A combination of didactic lectures and hands-on experience sufficient to understand the principles involved in the diagnosis and treatment of musculoskeletal disorders amenable to manual medicine methods. Emphasis will be placed on the integration of manual medicine into total health care.
Faculty are Philip Greenman, D.O., F.A.A.O., program chair; Robert Ward, D.O., F.A.A.O.; and Donald Stanton, D.O.
Prerequisite is the Principles of Manual Medicine - Part A. 20 hours Category I credit. Cost is $300 or $150 for physicians in training. Will be held at the Tucson Hilton East.

January 25 - 29
Tutorial on Level I Craniosacral Technique
The course objectives are: to understand the primary respiratory mechanism, the interrelationship between the primary and secondary respiratory mechanisms and potential dysfunctions of the primary respiratory mechanism; to apply the palpatory skills to the craniosacral mechanics; and to apply the principles of manipulative management to craniosacral dysfunction.
40 hours AOA Category I credit. Cost is $800 or $400 for physicians in training.

February 9 - 10
Neurobehavioral Rehabilitation of the Brain-Injured Child and Adult
Designed to acquaint participants with the conceptual underpinnings of the MSU-COM brain injury rehabilitation program. The goal is to provide familiarity with the philosophy, structure and the clinical applications of the innovative neuorehabilitation program based on the cognitive perceptual motor approach presently in operation at the MSU Rehabilitation Medicine Clinic. 11 hours of AOA Category IA credit. Cost is $125 or $50 for physicians in training. A course brochure will be mailed prior to the conference.

February 25
Fourth Annual Orthopaedic Conference:
Forum on Current Trends in Lumbar Disc Surgery
Program chairperson, Lawrence Myśliewicz, D.O. 4 hours of Category I credit. Cost is $100 or $50 for physicians in training. A course brochure will be mailed prior to the conference.

March 2
Third Annual Family Medicine Conference:
Clinical Concepts and Strategies for the Primary Care Physician
The goal of the program is to provide current information about new issues and important problems facing family and primary care physicians. Sponsored by the Department of Family Medicine.
6 hours of AOA Category I credit. Cost is $50 or $25 for physicians in training. A course brochure will be mailed prior to the conference.

March 11 - 15
Principles of Manual Medicine
Overview of manual medicine, principles of structural diagnosis and screening examination of the musculoskeletal system. Includes a review of functional vertebral anatomy and the manipulative prescription; concepts of motion barriers and of the manipulable dysfunction; principles of vertebral motion, of soft tissue and articulatory manual medicine procedures, of muscle energy and manual medicine procedures and of high velocity mobilization with impulse.

For more information or to register for any of the courses contact the Office of Continuing Medical Education, MSU-COM, A306 E. Fee Hall, East Lansing, MI, 48824-1316. Or call (517) 353-9714.

Unless otherwise noted, the courses are held at the MSU Kellogg Center for Lifelong Education on Harrison Road in East Lansing.

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Continuing Medical Education

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Other faculty (contingent on course enrollment) include Robert Ward, D.O., F.A.A.O.; Mitchell Elkiss, D.O., neurologist; and Edward Issacs, M.D., neurologist.

The class, co-sponsored by MSU-COM and the MSU College of Human Medicine, will be restricted to 30 licensed D.O. and M.D. neurologists. It serves as a prerequisite conference for all other postgraduate manual medicine courses offered by MSU-COM. 40 hours of Category I credit. Cost is $800 or $400 for physicians in training. Will be held at the Tucson Hilton East in Tucson, Arizona.

March 13-17

Tutorial on Level I Muscle Energy Technique

This course is designed to expand previous training in manual medicine in the area of use of muscle contraction as an activating force. Concepts of muscle contraction will be taught and will be utilized in the treatment of the vertebral column and the bony pelvis.

Course faculty are John Bourdillon, F.C.R.S., chair; Mark Bookhout, M.S., P.T.; David Grimshaw, D.O., Will Page-Echols, D.O., and Carl Steele, D.O.

Co-sponsored by MSU-COM and the MSU College of Human Medicine. 40 hours Category I credit. Cost is $800 or $400 for physicians in training.

the Tucson Hilton East.

April 21-23

The Differential Diagnosis of Cervical Spine and Upper Extremity: An Interdisciplinary Approach

Objectives include presenting an integrated patient assessment as a basis for differential diagnosis and using case histories as models for the problem solving process in patient management. Will emphasize diagnostic procedures to assist in differential diagnosis and the interrelationship of visceral and somatic etiologies of low back pain.

Faculty are Philip Greenman, D.O., F.A.A.O., chair, manual medicine; Mitchell Elkiss, D.O., neurology; Richard Pascucci, D.O., rheumatology; Lawrence Mylicewic, D.O., orthopedic surgery; and David Neff, D.O., general medicine.

Sponsored by MSU-COM. 20 hours of AOA Category I credit. Cost is $400 or $200 for physicians in training.

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