Ambulatory care pilot program begun

A 12-week pilot program designed to bring medical education for third-year COM students to ambulatory care clinics began in January.

"To my knowledge it is the longest concentrated ambulatory care experience that we have ever had in this curriculum," said Margaret Kingry, assistant professor of pediatrics and program coordinator.

The program, which has eight student participants, will replace portions of the current curriculum experiences in pediatrics, family medicine and internal medicine. A five- to ten-year follow-up evaluation will help determine if ambulatory experiences are beneficial to the students in their subsequent careers.

"I think one of the strengths of our program is going to be that we put a lot of time and effort into the evaluation piece," Kingry said.

The program is intended to help answer questions about how to educate physicians for a changing medical environment. More and more medicine is being performed in ambulatory settings.

"As health care is moving out of the hospital and into the community, the question is raised about whether we are preparing students educationally for the setting they're going to be practicing medicine in when they graduate," Kingry said.

At a retreat for the program's teaching faculty, keynote speaker Gerald Perkoff of the University of Missouri School of Medicine outlined some of the reasons why ambulatory care education was becoming as important as traditional education in the hospital.

Perkoff, who developed one of the first residency programs for primary care internal medicine in a pre-paid group practice setting, said costs were driving all but the very sick patients out of the hospital setting.

"It's getting terribly expensive to take care of people in the hospital," Perkoff said. "And as a consequence there is enormous pressure to shorten the hospital stay, which reduces the exposure time of the student and the patient together."

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Measures pending to cut residents' hours

Bills pending in both the House and Senate in Lansing are intended to put a cap on the number of hours worked by residents.

Rep. Thomas Hickner, D-Bay City, who introduced the House version, said he felt that some kind of measure was necessary.

"It is not in the interest of the public to have residents working the kind of hours they're working in some hospitals," Hickner said.

The House bill requires hospitals to insure that residents work no more than an average of 80 hours per week over a four week period. It also requires that residents not be scheduled to work more than 28 consecutive hours, and separate shifts with a period of 8 hours off. The Senate version also limits residents' schedules to an average of 80 hours a week.

Hickner said he hadn't proposed the bills because of any current problems with the kind of care Michigan patients were receiving from residents, but because of the

problems that can arise from the stress of long hours.

"It's one of those issues where it doesn't take a rocket scientist to know it's going to have an impact," he said. "I just don't understand how anyone can expect anyone to communicate with patients or their families after working 85 to 100 hours per week."

Harry L. Ackerman, MSU-COM coordinator for graduate medical education, said the 80-hour mark is a

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ER overcrowding affects cities differently

The majority of this story was reported by Bethany Thies of the Fort Wayne News-Sentinel.

Emergency rooms in 41 states, including Michigan, are suffering from overcrowding, reports a survey by the American College of Emergency Physicians.

The Dallas-based professional society polled its 11,400 national members last year to see to what extent emergency room overcrowding was a problem across the country.

Only members in Idaho, Minnesota, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, Utah and Wyoming reported no overcrowding problems.

The ACEP states overcrowding is a combination of cutbacks in the health care industry and a rise in the number of emergency room patients due to such factors as the AIDS epidemic, the drug crisis and increases in the number of uninsured and underinsured patients.

Oliver Hayes, associate professor of emergency medicine at MSU-COM, said the problem in the Lansing area may be different from that experienced in large hospitals in major metropolitan areas.

"Although there have been consistent increases in the number of visits to the local emergency departments, the phenomenon we experience here is often a lack of staffed intensive care beds to hospitalize critically ill or injured patients," Hayes said. "Furthermore, the problem has been compounded by a shortage of nursing staff for these critical care areas," he added.

Hayes said the problem isn't fewer nurses but rather increased demand.

"Each intensive care bed, in terms of staffing, requires approximately four nurses for a 24-hour period," he said. "Only one nurse is required for each general medical bed."

Hayes said the problem stemmed from the changing nature of hospital patient populations.

"Sicker and sicker patients are being hospitalized because more patients are being cared for outside the hospital. This has resulted in only those patients who are very ill being hospitalized, which has subsequently increased the number of patients requiring intensive care beds. As it becomes more difficult to hospitalize patients from the emergency department, length of stay in the emergency department for these patients has increased. This has occasionally resulted in relative crowding in the local emergency departments," Hayes said.

Overcrowding doesn't look as if it will improve in the near future, either, the ACEP survey reports.

In 1988, the number of emergency room patients went up 1.5 million to a total of 83.5 million, the ACEP reports. Preliminary results of an American Hospital Association survey of target hospitals suggest that number increased to 92 million by the end of 1989.

Other recent studies back up these findings. The National Association of Teaching Hospitals found that 25 percent of the hospitals responding report "constant" overcrowding, while 75 percent noted "substantial" overcrowding. In 85 percent of these institutions,
New faculty join MSU-COM

Faculty appointed to MSU-COM over the past year were honored at a reception held at the end of November. The following new faculty members were among those honored.

Department of Biomechanics

Allen Wayne Jacobs

Allen Jacobs has been appointed associate professor in the Department of Biomechanics. Jacobs previously served as assistant dean for educational resources at MSU-COM from 1975 to 1979 and as associate professor of anatomy from 1974 to 1984.

Jacobs received the B.A. degree in biology and M.A. degree in physiology from Southern Illinois University. He received a Ph.D. in anatomy from the University of Iowa in 1971, and is a 1983 graduate of the Texas College of Osteopathic Medicine. Jacobs was professor of anatomy and associate professor in the department of general practice at Kirkville College of Osteopathic Medicine. While there, Jacobs also served as associate dean for academic affairs from 1984 to 1986 and as vice president for academic affairs and dean from 1986 to 1988. He also served as director of sports medicine.

Jacobs is vice president of the American Osteopathic Academy of Sports Medicine, and a member of the American College Health Association, Athletic Medicine Section, the American College of Sports Medicine, the American Osteopathic Association, the Michigan Association of Osteopathic Physicians and Surgeons, the National Board of Osteopathic Medical Examiners, Phi Kappa Phi and Sigma Sigma Phi. He is certified in sports medicine and is first vice president of the North American Academy of Musculo-Skeletal Medicine. He is the author of numerous publications, as well as videotapes for the teaching of anatomy and osteopathic treatment. He was editor-in-chief of the Journal of Osteopathic Sports Medicine from 1986 to 1989.

Jacobs is married to Kristine Wyrick, and is the father of three children.

Department of Family Medicine

Martin J. Hogan

Martin J. Hogan has been appointed visiting associate professor in the Department of Family Medicine.

Hogan is associate professor at Wayne State University School of Medicine in the Department of Family Medicine. He is the program coordinator and graduate officer for Wayne State's graduate program in educational evaluation and research in medical education. He also is adjunct associate professor at Wayne State University College of Education in the department of evaluation and research.

Hogan received his B.A. from Loras College in psychology and philosophy. He received an M.A. in clinical psychology from the Catholic University of America in 1963. He received his Ph.D in evaluation and research from Wayne State University in 1970.

Hogan is a member of the American Educational Research Association, Phi Delta Kappa and the Association for Behavioral Sciences and Medical Education.

Hogan is the author or co-author of numerous articles and book chapters, on subjects such as patient-doctor interaction, psychological aspects of education and research, and the effects of packaging on human poison exposure. In addition to his sabbatical research on doctor-patient interaction, he is assisting with the ambulatory care clerkship pilot program and with clinical research projects in the department of family medicine.

Hogan has four children.

Department of Pediatrics

Eugene A. Dolanski

Eugene A. Dolanski has been appointed associate professor in the Department of Pediatrics. Dolanski is a neonatologist at the Regional Neonatal Intensive Care Unit at Sparrow Hospital jointly administered by COM and the College of Human Medicine. He has been a faculty member of the College of Human Medicine since 1974.

Dolanski received the Ph.B. at Wayne State University and the M.D. degree from the University of Michigan Medical School. He served as a major in the United States Air Force from 1972 to 1974, and was the chief of the Department of Pediatrics at Malcolm Grow USAF Medical Center.

Dolanski is a member of the American Thoracic Society, the Michigan Lung Association, Michigan State Medical Society, the Society of Michigan Neonatologists, the Michigan Association of Apnea Professionals, and fellowship of the perinatal section of the American Academy of Pediatrics.

He was awarded the 1971 Borden's Research Award in Medical Nutrition from Vanderbilt University.
Dolanski is the author of numerous publications on the subject of perinatal care. He is married to Kathleen Rae Dolanski and is the father of one child, Cynthia.

Padmani Karna

Padmani Karna has been appointed associate professor in the Department of Pediatrics. Karna is a neonatologist at the Regional Neonatal Intensive Care Unit at Sparrow Hospital jointly administered by COM and the College of Human Medicine. She has been a faculty member of the College of Human Medicine since 1976.

Karna received the M.B.B.S. degree from R.N.T. Medical School in Udaipur, India. She served as a pediatric resident at Children’s Hospital of Michigan from 1972 to 1974, and served on a neonatology fellowship from 1974 to 1976. During the 1988 to 1989 academic year, she served on a primary care faculty development fellowship at MSU.

Karna is a fellow of the American Academy of Pediatrics, the National Perinatal Association, the Michigan State Medical Society and the Society of Michigan Neonatologists. She is the author or co-author of numerous papers and articles about perinatal care. Her current projects include the effect of dopamine on necrotizing enterocolitis in asphyxiated newborn piglets and the prophylactic and therapeutic use of surfactant.

Richard E. Marshall

Richard E. Marshall has been appointed professor in the Department of Pediatrics. Marshall is the head of the Regional Neonatal Intensive Care Unit at Sparrow Hospital jointly administered by COM and the College of Human Medicine.

Marshall received the B.A. degree from Wesleyan University and the M.D. degree from Yale University School of Medicine. He was a commissioned officer of the U.S. Public Health Service from 1963 to 1966.

Before coming to MSU, Marshall was director of the division of neonatology at St. Louis Children’s Hospital. He was professor of pediatrics at Washington University School of Medicine from 1980 to 1986, and professor of pediatrics at Case Western Reserve University from 1986 to 1989. Marshall has also served as director of neonatal services at Cleveland Metropolitan Hospital.

Marshall has served on the Advisory Committee for the Illinois State Perinatal Program, the Transportation and Education Committees for Perinatal Care for the State Department of Health of Missouri, the Advisory Committee on Neonatal and Genetic Problems for the National Society for the Prevention of Blindness and chairperson of the Pediatric Patient Advisory Committee, Perinatal Planning to Prevent Mental Retardation. He has also served as a reviewer for the journals Child Development, Journal of Pediatrics and Pediatrics.

He has published numerous articles and contributed to many books on neonatal care.

Department of Pathology

Jonathan D. Fratkin

Jonathan D. Fratkin has been appointed associate professor in the Department of Pathology.

Fratkin received his B.A. degree from the University of Pennsylvania in 1966 and his M.D. from State University of New York-Downstate Medical Center in 1970.

Fratkin served as assistant professor of pathology at Dartmouth Medical School before coming to MSU. He completed residency training in pathology and ophthalmology at the University of Iowa Hospitals, where he also was a fellow in neuropathology and a fellow associate in pathology. He has been awarded a Special Visual Sciences Research award and an Individual Investigator Fellowship from the National Eye Institute. He was also awarded the Well Award for best research paper presented at the annual meeting of the American Association of Neuropathologists.

A member of the American Association of Neuropathologists and the Georgianna Theobold Society of Midwestern Ocular Pathology, Fratkin is the author or co-author of numerous publications on ophthalmology and neuropathology, which have appeared in such journals as The Journal of the American Medical Association, The American Journal of Ophthalmology and The Journal of Neurosurgery.

Fratkin and his wife Gail live in Williamston. They have two children, Jillian and Alexander.

Department of Radiology

Alexander Gottschalk

Alexander Gottschalk has been appointed visiting professor in the Department of Radiology.

Gottschalk received his B.A. degree from Harvard in 1954, where he graduated magna cum laude. He received his M.D. from Washington University Medical School in 1958.

Gottschalk is professor of diagnostic radiology and director of the diagnostic radiology residency program at Yale University School of Medicine. He was also director of the section of nuclear medicine at Yale. Gottschalk served as professor and chairman of the Department of Radiology at the University of Chicago.

Gottschalk received the Gold Medal of the Association of University Radiologists in 1987. He was chosen as the first Daniel M. Biello Lecturer continued on page 8
Opipari sees 25 years of change in GME

Michael Opipari, vice president for medical education with Horizon Health Systems, has seen a lot of changes in medicine over the years he has spent in the field. And he feels that medical education has to change to meet today's different needs.

"I don't think it's fair or honest or justified to continue training students, interns or residents the way we did 30 years ago," Opipari said. "Medicine is practiced differently, so we have to train people to be prepared for what is out there."

Opipari said that societal changes, new insurance programs and government regulations have changed the way physicians interact with patients. Physicians have more administrative responsibilities which cut into time with patients.

"What we're dealing with is an explosion of information in terms of clinical medicine, and in addition a whole world of new information that has nothing to do with medicine," Opipari said.

Some of the changes Opipari sees are in the people graduating from medical school today. "They feel a greater need to take time for their own interests and their own needs, rather than devoting all their time to medicine," he said. But he noted that might not be such a bad idea.

"I think those physicians have more stability in their homes, families and their own personal lives, because they're willing to take time out for those things away from medicine," he said.

Opipari said he thought the change was simply a reflection of a changing society. But the shift can cause headaches for medical administrators. Opipari noted that predictions of a surplus of physicians by the 21st century are no longer likely to come true, as physicians opt for different practice styles than were prevalent in the past. He said many doctors are taking positions as staff physicians at a fixed salary on an eight-hour day rather than developing their own practices.

As society becomes more mobile, time pressures can force doctor-patient relationships to become more tenuous, Opipari said. Because a patient's ability to get well can depend upon the patient's emotional state, maintaining that relationship can be very important to the patient's health, he said. The greater emotional distance between people today hurts that relationship.

"I think it's jeopardizing something in medicine," Opipari said.

One change affecting education is the trend toward ambulatory care. More patients are being treated in ambulatory settings, moving patients out of the hospitals where medical education traditionally takes place. Opipari said medical education must follow. Toward that end a new alternative track internship is being developed that emphasizes ambulatory and primary care.

Opipari, who wrote an article on the alternate track for the September Michigan Osteopathic Journal, said the track will give interns training more appropriate for today's practice styles and needs and insight into the primary care specialties that they won't get in the hospitals.

"It's a departure from what the AOA has done in internship training for the last 70 years," Opipari said. He noted that the internship is the last opportunity to expose students to the broad range of health care specialties, and is an important part of the training of an osteopathic physician.

Opipari sees the changes in health care as a unique opportunity for the osteopathic profession.

"In the osteopathic profession we've made our reputation predominantly in the area of primary care," he said. "That fits in very nicely with what's happening now with health care delivery, moving more out of the hospitals and into the
ambulatory clinics and offices. Because of the thrust of what's happening nationally plus our tradition and history as a profession, there's a natural fit. It gives us an opportunity to gain more visibility and more credibility than we've ever had in the past."

Opipari said he was working with Douglas Wood, associate dean of MSU-COM, and Christopher Meyer, vice president for medical education at Flint Osteopathic Hospital, on the development of a primary care specialty, to include specialties where patients initiate first contact with the physician. Opipari said the osteopathic philosophy fit in well with the concept of the specialty.

"The approach of treating a whole person fits in a lot more comfortably into this area of primary care/first-contact type of specialty than the sophisticated specialties and sub-specialties," he said.

Opipari said one major problem in medical education today was the lack of integration among medical school, internship and residencies.

"Medical education should be considered a continuum," he said, "we've got to learn how to tie all medical education together in a progressive fashion."

Opipari said more time had to be spent on integrating bio-psychosocial elements into medical education as well. Opipari noted that studies have shown that about 70 percent of patients who come to a primary care physician have some psychosocial component to their problem. He said physicians have to be taught how to communicate with their patients.

"We're graduating people who don't know how to interact with other people," he said, "We need to learn that there is more that goes into the training of a physician than teaching them the medical sciences. We need to integrate humanistic and psychosocial skills."

Opipari said students need to be taught more decision making and reasoning skills as opposed to rote learning of medical information. He said that was one of the intents of the Consortium for Osteopathic Graduate Medical Education and Training (COGMET).

Opipari said COGMET is intended to provide the continuum of medical education through the post-graduate period and develop curricula with humanistic and psychosocial components. Although it's early in the program, he said he thinks it's working.

"We're exceeding our expectations," Opipari said. He said the integration of postgraduate training sites with the college under the umbrella of COGMET is "creating a union that is going to give us the opportunity to do a lot of innovative and creative things educationally that none of us would be able to do individually."

Opipari said COGMET was unique and innovative, the largest consortium in the country.

COGMET is made up of MSU-COM and eleven osteopathic hospitals state-wide.

Opipari said he likes his position in medical education.

"I think it's exciting," he said. "It's not a dull or boring job."

Opipari views changes in medicine as an opportunity to try something new and innovative, such as developing a new residency program. He said his role as an educator allows him to recapture some of the excitement he felt when he first began practicing medicine.

At the same time, Opipari continues to practice medicine. He said the major problem he faces is time. He said he devotes about 10 percent of his time to practice, enough to keep current on developments in medicine, and allows him to maintain credibility with hospital doctors that his role as an administrator can't give him.

"There's a trust that occurs at that level that isn't always there if it's just as an administrator behind a desk," he said.

Although he's seen a lot of changes in medicine and education, Michael Opipari is looking to the future.

"We could wring our hands," he said, "but we should view change as an opportunity to do something."
Mackenzie appointed pathology chairperson

Charles Mackenzie has been appointed professor and chairperson of the Department of Pathology.

Mackenzie received the B.V.Sc. degree and the B.Sc. degree in veterinary pathology from the University of Sydney, Australia. He received his Ph.D. from the University of Sydney in 1975. He is a fellow of the Royal College of Veterinary Surgeons and a member of the Royal College of Pathology.

Before coming to MSU Mackenzie served as research scientist to the National Institute of Medical Research, London, and then as the director of the Wolfs on Tropical Pathology Unit of the London School of Hygiene and Tropical Medicine, where he was principal investigator. He was a visiting scientist with the Upjohn Company in Kalamazoo, Mich., where he was the principal investigator for a study entitled "Immunocytochemical Localization of Neuropeptides of Nematodes." He is a visiting professor at the Centro de Investigacion Tropicales Enfermedades, University of Guerro, Mexico.

Mackenzie has been a consultant to the World Health Organization, the British Council (International Technical and Cultural Agency of the British Government), the U.S. National Institutes of Health Sudan Project, the Pan American Health Organization and the parasitology program of the Upjohn Company. He has been a member of the editorial board of Immunology.

Mackenzie is a member of the Royal Society for Tropical Medicine and Hygiene, the Royal Society for Medicine, the American Society for Tropical Medicine and Hygiene, the Laboratory Animal Science Association and the American Association for Veterinary Parasitologists. His research interests include pathogenic mechanisms in parasitic and tropical diseases, filariasis and onchocerciasis, teaching methods for pathology and tropical medicine and detector systems in the epidemiology of toxicological pathology. He has spent a large amount of his time investigating tropical diseases in Africa and Latin America.

New faculty

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at Washington University. He is a fellow of the American College of Radiology, a member of the American Roentgen Ray Society, and the Radiological Society of North America. He is past president of both the Association of University Radiologists and the Society of Nuclear Medicine, and is current president of the Fleischner Society.

Gottschalk has contributed numerous book chapters and articles on radiology, as well as serving on several editorial boards. He is currently a co-editor of the Yearbook of Nuclear Medicine.

Gottschalk, married to Jane Rosenbloom, is the father of three children.

Eugene Tryciecky

Eugene Tryciecky has been appointed assistant professor in the Department of Radiology.

Tryciecky received the B.A. degree in biology from Oakland University and the D.O. degree from MSU-COM in 1979.

Before coming to MSU Tryciecky served as assistant professor of radiology at Philadelphia College of Osteopathic Medicine and as staff radiologist at Memorial Hospital in Owosso, Mich. He is a member of the American Osteopathic Association, the Radiologic Society of North America, the American Osteopathic College of Radiology and the Michigan Association of Osteopathic Physicians and Surgeons (MAOP&S).
Faculty News

Gerard Breitzer (Pediatrics) published an article entitled "Practical Approach to the Treatment of Otitis Media in Infants and Children" in Pediatric Basics. He also presented a paper entitled "Otitis Media: An Update for the 1990s" at the Bay Area Osteopathic Society meeting in October.

David Sciamanna (Pediatrics) presented a paper entitled "Blood Gas Analysis and Chest X-rays" at the fourth annual Perinatal Symposium in Lansing.

Margaret Kingry (Pediatrics) presented a paper together with Manfred Stommel of the College of Nursing entitled "The Impact of Having Children in the Household on Caregivers of Cancer Patients" at the 22nd annual Great Lakes Cancer Nursing Conference.

Bernard M. Kay (chairperson, Pediatrics) has been serving on the American Osteopathic Association Clinical Committee - Outcome Accreditation.

Colleen Vallad-Hix, third year pediatric resident, participated in the Intern Lecture series on pediatric advanced life support and was certified as a neonatal resuscitation instructor. Vallad-Hix served as an instructor for the Neonatal Resuscitation Certification Course at Lansing General Hospital.

Allen Jacobs (Biomechanics) recently completed a three year term as editor of the Journal of Osteopathic Sports Medicine. Jacobs was the first editor of the journal.

Kusum Kumar (Pathology), recently completed a six-month sabbatical study at Parke-Davis Pharmaceutical Research Facility in Ann Arbor. Her research, supported by Parke-Davis, involved evaluation of pathophysiology of neural necrosis in ischemic and hypoxic brain injury in experimental models and neurons in culture.

Felix Rogers, assistant clinical professor of internal medicine, will be discussing upper body exercise for cardiac patients and return to work following heart attack at the Coronary Prevention Symposium to be held at Oakland University Feb. 25.

Elie D. Aboulafia, clinical associate professor of surgery, chaired two panels at the 16th European Federation Meetings of the International College of Surgeons in Jerusalem, Nov. 12 to 16. At the meeting on Nov. 12, he presented a paper entitled "Pitfalls of In situ Bypass for Limb Salvage." Aboulafia also presented a paper entitled "Limb Salvage In situ Bypass using the LeMaitre Valvulotome" as part of a two-day visiting professorship at the department of surgery Ein Shams University Medical School, Cairo, Nov. 22 and 23.

Margaret McNiven, director of Health Planning and Evaluation, presented a paper entitled "Building a Management Information System from a Billing Data Base" at the Sixth Triennal World Congress of the International Medical Informatics Association held in Singapore Dec. 10 to 14.

Alumni News

Ken Stringer, COM '74, and his wife Nancy announce the birth of their third son, Jeremy Nicholas, born Dec. 20. Jeremy joins his brothers Ryan and David.

Wil Vander Roest, COM '79, was elected by Botsford General Hospital as the program director for the internal medicine training program.

Jerome Switch, COM ’85, was incorrectly identified as Jerome Smith in the last issue of Communiqué. Switch opened a general ophthalmology practice in Trenton with Maria Price, COM ’84. Communiqué regrets the confusion.

Pat Schmidt, COM ‘87, is engaged to be married June 2 to Gary Marx, an engineer at Ford Motor Co. She will be completing her residency at Detroit Osteopathic Hospital.

Dr. Ruth featured speaker at MAOP&S conference

Dr. Ruth Westheimer, noted psychosexual therapist will be a speaker at the 91st Annual Postgraduate Conference and Scientific

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Continuing Medical Education

March 8
4th Annual Family Medicine
Conference:
Common Problems in Drug Therapy in the 1990s

The goal of this program is to provide current information about common problems in drug therapy facing family physicians and other primary care providers. Chairperson is John E. Thornburg, D.O., Ph.D. Faculty includes Margaret Aguwa, D.O., M.P.H.; Gary Badzinski, D.O.; Oliver Cameron, M.D., Ph.D.; Howard Dean, D.O.; Peter Gulick, D.O.; Michael James, D.O.; John W. Nelson, D.O.; Gary E. Stein, Pharm.D. 6 hours Category I credit. Cost is $75; $25 to physicians in training.

March 14-18
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. The structural diagnostic system will be expanded in dysfunctions of the vertebral column and bony pelvis. Chairperson is Philip E. Greenman, D.O., F.A.A.O. Faculty includes John Bourdillon, F.R.C.S.; Mark Bookhout, M.S.; P.T.; and Edward Isaacs, M.D. Prerequisite is Principles of Manual Medicine. 40 hours Category I credit. Sponsored by MSU-COM and the College of Human Medicine. Cost is $1000; $500 to physicians in training.

March 28-April 1
Tutorial on Direct Action Thrust Manipulative Technique

A five-day intensive course in the principles and use of direct action high velocity manipulative therapy. Primary emphasis will be placed upon the spine, pelvis, and thoracic cage. The course will consist of lectures, demonstrations, and small group practice sessions. Emphasis will be placed upon diagnosis and the appropriate prescription of manipulative therapy. Faculty includes Philip Greenman, D.O., F.A.A.O., chairperson; and John Bourdillon, F.R.C.S. Prerequisite training in Principles of Manual Medicine and Level I Muscle Energy Technique is required. Limited enrollment. Co-sponsored by MSU-COM and the College of Human Medicine. 40 hours Category I credit. Cost is $1,000; $500 for physicians in training.

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, all courses are held at the MSU Kellogg Center for Continuing Education on Harrison Road in East Lansing.

April 20-22
Differential Diagnosis of Low Back Pain: an Interdisciplinary Approach

The course objectives are to present an integrated patient assessment as a basis for differential diagnosis, to emphasize diagnostic procedures to assist in differential diagnosis, to emphasize interrelationship of visceral and somatic etiologies of low back pain and to use case histories as models for the problem solving process in patient management. Faculty include chairperson Philip Greenman, D.O., F.A.A.O., Manual Medicine; Mitchell Elkiss, D.O. Neurology; Richard Pascucci, D.O., Rheumatology; Lawrence Myśliwiec, D.O., Orthopedic Surgery; and David Neff, D.O., General Medicine. 20 hours Category I credit. Sponsored by MSU-COM. Cost is $600; $300 to physicians in training.

April 27-29
Tutorial on Level I Myofascial Release Technique

Intensive exposure to basic concepts of myofascial release manipulative therapy. Emphasis is placed on direct experiences giving participants opportunity to test various forms of motion and motion changes, and palpate various tissues and forms. Faculty includes Robert Ward, D.O., F.A.A.O., chairperson. Prerequisite training in Principles of Manual Medicine.

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Calendar

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Medicine is required. Limited enrollment. 24 hours Category I credit. Co-sponsored by MSU-COM and the College of Human Medicine. Cost is $600; $300 to physicians in training.

May 21-23

Tutorial on Level I Functional Indirect Technique

A three-day intensive tutorial in the diagnostic and therapeutic application of functional (indirect) technique. This system uses the principles of motion testing for "ease and bind"; inherent tissue motion; and motion away from the resistant barrier and is applied to the vertebral axis, rib cage and extremities. Faculty include Edward G. Stiles, D.O., F.A.A.O., chairperson; and Harriet Shaw, D.O. Prerequisites are Principles of Manual Medicine, Level I Muscle Energy; Level I Craniosacral Technique; Level I Myofascial Release (recommended). 24 hours Category I credit. Sponsored by MSU-COM and the College of Human Medicine. Cost is $600; $300 to physicians in training.

June 9-13

Tutorial on Level II Manual Medicine Techniques (Below Diaphragm)

This course is designed to review and expand previous training in manual medicine. This includes supervised practice of the hands on skill of palpatory diagnosis and manipulative treatment; discussion of anatomical and/or physiological characteristics which increase the capability of dealing with complex problems, often of traumatic origin; consideration of the connective tissues; an expanded list of illustrative and manipulative procedures. This course has a limited enrollment due to the heavy clinical orientation. Edward G. Stiles, D.O., F.A.A.O., chairperson. Prerequisites are Principles of Manual Medicine, Level I Muscle Energy and Direct Action Thrust. 40 hours Category I credit. Sponsored by MSU-COM and the College of Human Medicine. Cost is $1,200; $600 to physicians in training.

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