Approaching a Vision

Since taking office as the new dean in July, Douglas Wood has initiated a close scrutiny of the basic foundations of MSU-COM including its philosophy, its financial situation and its future.

Initially, the purpose of this intensive review is to develop a detailed plan to ensure the success of MSU-COM into the next century.

"We expect as a result of this process (to establish) the mission of the college which basically answers the question 'Why are we here?' and to define the vision of the college, in essence 'Where are we going?'," said Wood. As these philosophical directives become clear, the values and commitments of the college will also emerge.

Proponents of the college and a team of hired facilitators are working with the dean on the planning process which will take an estimated four to six months. Once the college priorities are established, Wood said the next step will be an outline for action, "a way to accomplish the vision." Of crucial importance to any steps taken by the college is the need to strive for excellence.

"We need to do what it is we're going to do very, very well," Wood said.

How well the college implements its plan could have a long-term impact on the osteopathic profession. Recognizing this and recognizing the current trends in medical education and health care, Wood has some definite ideas of what the college's long-term impact should be.

"I've made no secret of where I want the college to go," said Wood who sees primary medicine as the path to the future.

The Future is Primary Medicine

Following that path requires creating a highly comprehensive medical education system that will produce a new type of primary medicine practitioner, a physician who will provide the skills and leadership in patient care that have been lost to some degree in the current health care system.

Wood explained that national statistics show that fewer and fewer students who enroll in, for example, general pediatrics or general internal medicine residencies go on to practice primary care in those fields. Instead, they go into the subspecialties.

"The issue is who is going to pick up those general skills," said Wood who contends that through a specially designed, broad-based education, many of these skills can be incor-

posted into the primary medicine physician of the future.

"The new version of the physician, we think, will be one who would have greater depth and breadth of knowledge and abilities to practice than we're seeing in primary care physicians right now," said Wood. "What

"I think there's an opportunity here to preserve something that is truly unique..."

we're basically trying to do is build upon a physician who has served the public very well over many years, and that is the osteopathic general practitioner."

Wood contends that these new osteopathic physicians will practice almost exclusively in ambulatory settings and must be more highly skilled in treating patients across the spectrum of life, including general pediatrics, gynecology and geriatrics.

The definition for this new practitioner also includes for Wood the role of gatekeeper or the leader in a patient's care, "the captain at the helm if you will." All too often, Wood said, he hears horror stories from patients who pass from one physician to another with no one really taking charge of their care. This "untenable" situation would be corrected by establishing the primary medicine practitioner as the physician in charge of a patient's treatment.

In this role, the primary medicine practitioner would coordinate and organize the care a patient receives from a number of practitioners including other physicians, nurses and dietitians, thus making treatment more understandable and more effective.

As the role of the primary medicine practitioner becomes more defined, medical education must change appropriately. Students enrolled in osteopathic medical schools today need to be prepared for this future role. "It's our obligation to provide them with educational opportunities that allow them to practice in that (evolving) environment," said Wood.

Specialty Training Still Important

Another important element that must exist in this changing medical education environment is a strong foundation for students who choose to continue into specialty training. The need for specialist and subspecialists in the health care plan of the future is, for Wood, indubitably clear. Equally clear to him is the appropriate training these students will require.

"I would contend that if we provide students with a very broad-based education in medicine that they will not only be the best prepared to go into primary care but they also would be the best prepared to go into specialties," Wood said.

Wood continued that through this education strategy, physicians of the future will be better able to provide the broad range of medical services that the public has come to demand.

Understanding what the public wants in health care is part of Wood's proactive stance in addressing the future of the college, osteopathic medical education and the health care system itself. More important, however, is his conviction that the college and the profession have in their own hands the power to chart their future.

"I think there's an opportunity here to preserve something that is truly unique," said Wood. "However, if we do not mold our own future, there are people out there who would be very happy to try to mold it for us."

Devising the college plan is taking a proactive stance against outside encroachment, one that Wood believes will succeed in taking the college into the next century and giving needed strength to the profession.

"If we accomplish a direction and if we follow the path of that direction and do it very well, then I think that our future is assured," said Wood.

Dean Wood will continue to keep supporters of the college abreast of his plans for its future through a number of outreach efforts including visits to component societies of the Michigan Association of Osteopathic Physicians and Surgeons throughout the state, meetings with osteopathic hospital staffs and administrators and through his role as chairperson of the Unity Committee.
Handling Health Policy

MSU.COM recognizes that the future health care system will be sculpted largely by decisions made in state and federal legislatures. In order to become a more influential participant in legislative discussions, Dean Douglas Wood has established a new office specifically designed to enhance and vocalize the college's position on health care policy. Barbara Ross-Lee, a family physician who recently completed a Robert Wood Johnson Fellowship with New Jersey Sen. Bill Bradley, will lead the college's new Office of Health Policy.

"My first goal is to try to develop a real institute around health policy here at Michigan State University," said Ross-Lee, who served as chairperson of the Department of Family Medicine before beginning her fellowship in Washington, D.C. "I must try to convince people here at the university and across the state that the successes we have achieved here in primary care can influence the direction of health policy."

Ross-Lee explained that although both former Dean Myron Magen and Dean Wood have long recognized the crucial role health policy plays in the future of COM, many more proponents inside and outside of the college need to be brought on board. Efforts to educate and motivate osteopathic students and practitioners to become involved in health policy are more important now than ever, she said, because so much of the debate focuses on the stronghold of the osteopathic profession — primary care.

"The college must be able to communicate with the state and federal legislatures as to the critical position it holds in health care delivery," said Ross-Lee. "In order to do that, the college needs to have a forum in which we can discuss policy, in which we can have a better understanding for the direction in which it's going. At the same time, we need to increase our visibility."

The poor visibility of the osteopathic profession is, in Ross-Lee's opinion, its most damaging political drawback. As the first osteopathic physician to ever be chosen for a RWJ fellowship, Ross-Lee clearly saw and felt the absence of an osteopathic presence in federal health policy debate. During the year that she worked in Sen. Bradley's office as his legislative health aide, Ross-Lee said she was never visited by an osteopathic physician.

"All the [congressional] offices involved in health care are pushing primary care and never think about osteopathic medicine," Ross-Lee said. "From a professional perspective, we need the visibility to let people know that we currently, and have historically, produced high-quality primary care practitioners for this nation. And that primary care is the direction in which current health policy is going."

Other health care groups, including the RWJ Foundation and the American Medical Association, do recognize the profession's success in training and retaining primary care physicians. Ross-Lee said she plans to work with the Federal Programs Office of the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine to capitalize on this recognition and expand the profession's involvement in the health care policy debate.

"There are some key people in position that appreciate the achievements of osteopathic medicine," she said. "All of these resources need to be consolidated into a plan that will increase our visibility, that will show the rest of the world what we have done and continue to do best."

Although she recognizes that accomplishing the goals she and the college have set will be difficult, Ross-Lee said that the experience she gained working on Capitol Hill will provide her with invaluable resources.

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COM Fundraising Efforts on Deck

MSU.COM development and fundraising efforts will receive invigorated direction and focus under the stewardship of new development officer Julie Decker.

Decker comes to the college with fundraising experience in health care and education. She said her new position as joint development officer at COM and the MSU College of Nursing will give her the chance to blend her professional experience in a stimulating environment.

"Doctors and nurses extend themselves beyond the call of duty," said Decker. "We could accomplish a lot because of their willingness to devote themselves to a project."

First on Decker's agenda is the creation of a fundraising base on which to build further development efforts. Her plans will target three groups, each with a clear connection to the college.

First, Decker plans to cultivate enrolled COM students in their future role as alumni. She said she plans to help them understand early on the importance of their support for the college and its mission.

MSU.COM alumni are another important group to tap in the initial fundraising effort. "I need to cultivate, educate and communicate with the alumni," said Decker who added that the annual meeting of the American Osteopathic Association in November gave her and the attending COM alumni an initial opportunity to meet. Those she met gave her the strong sense that they are ready to become involved.

"What I felt was input, not indifference," she said. "They want to play an active part in the college's future."

The third group Decker will reach out to is the osteopathic physicians of Michigan.

"Dean Wood has strongly expressed his hope that all Michigan D.O.s will look on the college as their second home," said Decker. As development officer, she plans to help the dean establish this relationship with physicians across the state and express to them the importance of their support for the college.

"By investing in this college, they are not only investing in an osteopathic academic institution, they are investing in the future of their profession," said Decker.

Establishing this foundation of support among the college's students, alumni and Michigan osteopathic physicians is a crucial first step in the development process. Once this base is secure, Decker can begin efforts to cultivate support from corporations and other outside resources.

"Before I can move to that next step, however, the people closest to and most involved in the college must show that it is a worthwhile and important investment," she said.

To facilitate the fundraising efforts among the college supporters, Decker said she is in the process of developing different avenues of giving. Some of her ideas include estate planning and deferred gift annuities as well as setting up a fund that gives grateful patients of COM physicians an opportunity to show their appreciation for the care they have received.

How the funds raised will be dispersed will become more clear as the college's strategic planning process proceeds, said Decker. The college's priorities will emerge from this plan and fundraising efforts will be directed toward supporting these priorities.

As this process unfolds, Decker said she would welcome input from COM supporters. She encourages those with questions, comments or ideas to contact her at 517/ 355-8155. ❖
Women Faculty of COM

...dents to what Hughes considers to be an essential part of any physician's career — community service. Over the past two years, Hughes has co-directed the advanced cardiac life support course for the Lansing Fire Department, which provides training for Ingham, Eaton and Clinton county paramedics. Hughes believes this community effort with graduate medical education by bringing the residents in to train the paramedics. Through this program, the paramedics get to know the up-and-coming emergency medicine physicians they will be working with in the field. And the new physicians better understand what they can ask of the paramedics because they know the extent and limitations of their training. The end result is a stronger, more open channel of communication for the entire emergency medicine system, said Hughes.

With this partnership running smoothly, Hughes said her next efforts will be directed toward getting the 90 medical students in the Emergency Medicine Club more involved in community service. "We're going to start with patient education poster boards and bulletin boards in the emergency departments around town," said Hughes, who added infectious diseases will be the first topic tackled in this campaign.

Simultaneously, Hughes is planning to launch an initiative to show patient education videotapes in emergency department waiting rooms, "so that when patients are here, they can learn something while they're waiting to be seen," said Hughes. Finally, Hughes wants to introduce an educational program to public schools and the MSU population on bike helmets and bike safety. "If I could significantly impact health promotion and disease prevention via my emergency medicine and trauma training through such efforts as getting bikers to wear helmets, I will have contributed more than my wildest dreams would have imagined," said Hughes. "All you have to do is see one person come in here with a head injury and know that they may never be totally normal again because they didn't wear a bike helmet to make you aware of the need for education."

In the midst of so many commitments, Hughes also wrote two chapters for a new textbook, Pediatric Emergency Medicine, to be published this fall, and she is working with the emergency medicine residents on several research projects. Initiatives like these and others that use education to break down barriers to healthy lifestyles will, Hughes predicts, continue to receive her increased attention as her career progresses. For her, keeping her efforts and interests diversified is the best way to stay fulfilled.

"I think the worry for most emergency medicine physicians is that they're going to burn out," she said. "My message is if you get involved in multiple things besides seeing patients you will always have something in your life that keeps you interested. If your job is not your whole focus, you are less likely to have a problem with burnout." Work, she said, does not feel like work to her. What she does every day stimulates her interests, challenges her skills and fulfills her goals. "And that's what keeps me going."

Breaking Down Social Barriers

"I'm a great believer in education," said Margaret Agwu, professor in the MSU-COM Department of Family Medicine. "I believe in teaching individuals to help themselves because it is with that knowledge that you can do just about anything you want to do."

Agwu's career gives undeniable credence to this philosophy. Throughout her life, Agwu has continually sought new knowledge to break down barriers to her own understanding and to help her do what she enjoys most — educating others.

Born in Nigeria, Agwu came to the United States to finish her college degree in biology from California's Loma Linda University. She went on to receive her D.O. degree from the University of Health Sciences in Kansas, and then set up a general medicine practice in the New York City area. After about a year, she was offered a teaching position at MSU-COM.

"I thought it would be challenging work with students and being involved in the education of physicians-to-be," said Agwu, who added that with this new challenge came new ideas and new career goals. "Being involved in primary health care and also being involved in the international programs at Michigan State, I felt that the public health area would meet my needs for any physician interested in working in a Third World country," she said.

With this realization, Agwu enrolled in the master's program at the University of North Carolina School of Public Health. Her focus then, as it is now, was on the health care needs of women and children, the populations she perceives to be most in need of service.

"I thought that mothers needed to be taught what to do for their children and what to do for themselves. Being in public health was the best way to pass this message on," she said.

When she returned to MSU, Agwu become involved with two health clinics in the Lansing area, the Black Child and Family Institute and the Cristo Rey Clinic. Though limited in scope and services, these clinics have put Agwu in touch with the populations she most wanted to reach, the people most in need.

To complement and expand this effort, Agwu conducts research on public health and primary care topics relevant to these populations.

"My research interests have really taken the same direction as the type of services I have been involved in," said Agwu. "Therefore my research has been multifaceted, involving people in the United States, people of African origin, women, children, as well as men."

Each of these interests is set against the backdrop of her primary care practice, which Agwu said gives her access to the gamut of pathology, all ages of people, all types of problems.

"General practice is not easy. It is a challenging field that can be extremely diversified and extremely fun," said Agwu, adding, however, that the rigor of this field is not for everyone.

"One difficulty individuals have in dealing with family practice is their inability to be challenged by the variety of issues they face," she explained. "A lot of physicians-to-be wish to be experts in one thing. With general practice, you have to be able to see a child and 13 or 20 minutes later, you're looking at a geriatric patient and you have to be able to make that switch. A lot of people find that difficult to do."

If the obstacle can be overcome, Agwu said family practice can be very rewarding and it gives physicians an enormous opportunity to contribute to a community.

Agwu is now poised to make what she feels is her biggest contribution yet. Combining all her career interests — primary care, education, public health, research and the needs of women and children — Agwu has written, directed, hosted and is now producing two innovative videotapes on breast self-examination directed specifically at minority women.

COM Women Faculty continued on page 12
something for these children. Their problem was so,” she said, searching for the right word, “heartrending.”

Harry said he was deeply touched by what these children were going through, in large part because of the poverty he had known as a child growing up in south Texas as the son of a Methodist missionary preacher. To him, these children suffered more than just poverty and hunger.

“In other Third World countries, children die from hunger but they die in the arms of a mother or an uncle or aunt or someone else who loves them,” he said. “These Romanian children are dying alone. They are dying because of humanity at its ugliest.”

In May 1991, Linda and Harry decided they had to do something for these children. As physicians they could bring healing, at parents they could bring love and understanding these children had never known.

They began to contact various organizations connected with aid to Romania. None seemed interested in the Hernandezes’ offer to help.

Finally, they made contact with the New Hope for Romania mission lead by Scottish evangelist Philip Cameron. Based in Montgomery, Ala., Cameron is associated with a Bible college in Scotland that works directly with an orphanage in Romania. When he is not in Romania caring for the children living there, Cameron is collecting funds, clothes, medicine, toys and food to bring back to the orphanage.

Cameron welcomed the Hernandezes’ offer to help and asked them to bring as much medicine as they could, as it was in desperately short supply.

“This is a country that doesn’t even know what Children’s Tylenol is,” said Harry.

For the next three months, in between family and career life, the Hernandezes threw themselves into preparations for the trip. They had San Antonio women’s auxiliary groups go door-to-door to physicians’ offices to collect drug samples. They appealed to pharmaceutical and medical supply companies to donate their products. The response was overwhelming.

The next task was to open all the drug samples, re-package them into larger containers and develop an inventory detailing the types and quantities of the medicine to be shipped. The Hernandezes appealed to religious groups to help them with the mammoth task. When still more hands were needed, the Hernandezes’ closed their offices and brought their staff to their house to help.

Finally, 14 boxes weighing 70 pounds each were packed and ready to go to Romania. The next question was how to get them there. Six of the boxes, containing non-prescription medications, were shipped to London, where Cameron would meet them and take them on to the orphanage.

Linda began contacting the airlines to find one willing to ship the remaining eight boxes for free. No carrier was willing. Finally, the day before she and Harry were scheduled to leave, Linda called the American Airlines headquarters in Dallas, Tex., in a last ditch effort to convince them to help. Success — American Airlines agreed and the last eight boxes were on their way.

The next day, Linda and Harry began their 11-hour journey to Romania, starting what they both agree were two of the most important weeks in their lives.

They arrived in Bucharest at night, to a city made even darker because light bulbs are in such short supply.

“We weren’t prepared for how dark the country is,” said Linda, who added that the armed soldiers walking the streets alarmed them as well.

After waiting in line at a downtown hotel, they managed to get a room, which Harry says was

Linda and Harry Hernandez had more than they could handle with a busy two-office general practice, a seven-year-old daughter and twin, three and a half-year-old boys.

But they wanted to do more. They did and this is their story.

In December 1989 the world watched Communist regimes throughout Eastern Europe collapse. For the most part, this massive political change occurred peacefully.

Not so in Romania where the 40-year reign of the dictator Nicolae Ceausescu ended brutally with his murder on Christmas Day.

The end of the Ceausescu regime opened Romania to the western world. News reports showed in graphic detail the terrible conditions endured by a people whose country had been essentially cut off from modern life for nearly half a century. The poverty, inadequate food supply and terrible living conditions of the Romanian people became well known.

By far the most moving and disturbing information reported regards the thousands of orphaned Romanian children.

Ceausescu had mandated that all couples should have at least five children to ensure that the country would always have a plentiful supply of workers for its farms and factories. An estimated 60,000 to 100,000 of these children were orphaned, forced to live state-run homes where staff, facilities and medical care are far from adequate. An estimated 30 percent of these orphans are infected with HIV.

Halfway around the world in San Antonio, Tex., Linda and Harry Hernandez, COM ’78 and ’81, were running a joint general practice and raising their three children. But in the midst of their busy life and their challenging careers, each, on their own, began to learn about the Romanian orphans and to grow increasingly concerned for them.

“I couldn’t sleep at night thinking of the babies who had never had someone hold them,” said Linda Hernandez when she was interviewed with her husband Harry at the 1991 Alumni Scientific Seminar Weekend in October. “I knew I had to do

Harry. At the hospital, the director, who spoke English, immediately wanted to know what they wanted to see and why they were there. “We thought we were really in for it,” he said.

“We explained that we wanted to help, that we had medications with us, that we had penicillin,” said Linda.

“When she heard us say penicillin, her eyes lit up like Christmas trees,” Harry said. “She knew we meant business.”
Hands to Hold

The director then agreed to take them through the wards, filled mainly with patients with AIDS, hepatitis B and tuberculosis. While there, they treated a child suffering from meningitis with an injectable cephalosporin. Two weeks later, on their way back home through Bucharest, they lived. Cameron’s missionary group had been working with this orphanage for over a year and through their efforts, the children now had a clean playground, a washer and dryer for their clothes and better diets.

However, despite the advances made by the missionary group, the orphanage staff was still suspicious of foreigners. Linda and Harry again faced cold shoulders and defensive attitudes.

“They tried to appear as efficient as possible,” said Harry. “But everyone to them has an ulterior motive. So we seemed threatening to the people there.”

Faced with limited success, the Hernandezes visited another orphanage for 500 children to again find far from a warm welcome. Harry remarked that although the doctor was communicative with them, the director of the facilities was “a communist straight out of the movies, just evil.”

The director refused to let them visit the sick children’s wing. Linda noted that none of the children were allowed out to the playground; all of them stayed in their cribs. The most the Hernandezes could do here was leave medicines and hope that the staff would use it to treat the children and not sell it on the black market.

Undaunted by what they had seen and how they had been treated, the Hernandezes returned to Orphanage No. 2 to provide as much care as they would be allowed.

In the days that followed, the Hernandezes developed a strong professional relationship with the physician at the orphanage. They worked to educate their Romanian counterpart on how to treat the children, rather than doing it all themselves.

“We were careful not to insinuate her ability,” Harry explained. “We would discuss each child’s case with her and give her the technology and the medicine to care for them.” He added, “She had been limited by her lack of medication and even the most basic of diagnostic equipment.”

The Hernandezes strove to teach the Romanian physician how to use the tools they brought so that she could become more self-sufficient in her care for the children. Through this patient teaching, the Hernandezes were rewarded with trust and cooperation from the staff of the orphanage. From then on, it was business as usual.

“We worked from sunup to sundown because there were no lights in the clinic,” said Harry, who added their hard work all summer preparing for the trip paid off as they had brought enough medical supplies to treat hundreds of children. “At night, by what light we had in the home where we stayed, we treated the Gypsy children.”

When asked how the children reacted to them, both Linda and Harry were visibly moved. “They would run to her when they saw her with their arms open calling ‘mama, mama,’” described Harry. “They were so innocent,” said Linda. “They would play, they would smile. Their lives were so much improved. They had clothes and shoes. They could play outside and were in their cribs only at nap-time.”

During their busy and fulfilling clinic schedule, the Hernandezes took time to visit one more orphanage — Orphanage No. 1 for premature infants to toddlers of 18 months.

“Once our most trusting memories are from this orphanage,” said Linda. Its director was very wary of the missionary group and would not accept their help. Much of the orphanage conditions had remained the same as in Ceausescu’s time.

“The worst thing we saw there was a room filled with 50 babies in incubators. No one was in the room to take care of them.”

“Just 50 infants in the dark,” described Linda. “The most awful part was that the room was silent. The babies didn’t cry. They’d cried for so long and because no one answered their cry, they just gave up. They were also so malnourished they didn’t have the strength to cry any longer.”

More painful perhaps for the Hernandezes than seeing infants in such horrible, loveless conditions was the realization that they would not be allowed to do anything there. They could not help. They couldn’t even leave medicine because the doctor on staff at the orphanage warned them that the government would come in and take it. The Hernandezes told the doctor that they would leave medicine for the infants at the Orphanage No. 2, where they had set up their clinic, in the hopes that somehow it would get to the children.

Mixed with these painful, frustrating memories, the Hernandezes also remember happier, more touching moments with the people of Timisoara. “We were God-blessed,” said Harry who explained that he and Linda never lacked for food or shelter during their stay. Some people, in thanks to the Hernandezes, even gave them their food rations.

“It was very humbling,” Harry said. “Once the doors were open, they were open wide.”

When their two-week stay drew to a close, the Hernandezes could leave knowing that they had made a difference in the lives of the children and staff at Orphanage No. 2. The orphanage physician was better trained in minor surgical procedures, her cabinets were filled with medicine and she now had some of the medical equipment needed to provide more comprehensive care for the children, including a blood pressure cuff, an otoscope and an ophthalmoscope.

The children themselves had received treatment, and perhaps more importantly love, and warmth they had never known before.

The Hernandezes too received much from the experience. In the time since their return to Texas, they’ve begun to look back at what they’ve accomplished and understand what it means to them. They encourage other physicians to strive toward a similar, fulfilling experience to help them remember why they chose a career in medicine. “Every physician should take some time out to find out how they can help humanity,” said Harry, who added that it is serving in this way that gives meaning to being a physician.

“I never appreciated America so much until I came back,” said Harry.

“But I expect that we haven’t seen the last of Romania,” said Linda. “It is in our hearts.”

Linda and Harry Hernandez, D.O.

in western Romania, where the 1989 uprisings against Ceausescu began.

Scars from the uprising are still there — bullet holes in church walls and blood stains on concrete where Ceausescu’s army had gunned down participants in the coup. And of course, there were the orphans, filled with thousands of abandoned children.

Linda and Harry headed for Orphanage No. 2, where children from ages 18 months to 4 years...
Revised MCAT Strives for Relevancy

Applicants for the new MCAT in Fall 1992 are the first to be considered for admission based on, in part, on a newly revised Medical College Admission Test (MCAT).

COM Director of Admissions Paulette Lovell said the revision was in response to a general feeling that the previous MCAT did not adequately measure skills relevant to the study and practice of medicine.

The new test emphasizes problem-solving rather than memorization. Candidates must understand relationships and determine how a change in one variable might affect others. Reading sections are longer than in the past.

The new MCAT consists of four parts rather than the previous six. Separate sections in biology, chemistry, physics, verbal reasoning and quantitative and science problem-solving have been replaced. The new test combines biology and organic chemistry into one section and physics and inorganic chemistry into another, with verbal reasoning and two essays completing the package. Specific questions were pilot tested in the old MCAT over a period of time to determine suitability for the new exam.

The most notable change is the inclusion of essay questions. These are drawn from a variety of topics, and the format is argumentative. Candidates might be asked to explain a figure of speech or a quote from a world leader. Lovell said she will tell whether these questions could disadvantage recent immigrants who are unfamiliar with American history or culture. It is also possible that well-read individuals might excel on these questions. However, candidates are permitted to take any position on the questions and may be asked to state their premise and an opposite point of view as well as a conclusion.

"Holistic scoring" by specially trained individuals will focus more heavily on the candidate's logical approach to the question rather than spelling, grammar and structural elements. Instead of the traditional 15 point numeric scale, the essays are letter graded between A and F with I being the lowest score. Lovell says that most of the applicants' scores that she has reviewed fall in the mid-range. However, she says that there will not be a minimum score requirement in the admissions process as it considers all of a candidate's credentials.

The problem-solving questions found throughout the exam require candidates to apply concepts and principles from their science course work. These are designed to demonstrate decision-making ability as well as book knowledge. Lovell predicts that individuals who do well on this portion of the exam may have had courses in logic and critical thinking. Those who enjoy and excel at problem-solving exercises may find it relatively easy, but those who do not may find it more challenging.

All reading material on the exam is taken from public domain literature of a somewhat more sophisticated nature, comparable to The New Yorker. This could be difficult for those who read primarily textbooks as it is not a reading comprehension test. Candidates cannot simply read and restate a passage to find the correct response. Lovell said it will be interesting to learn whether this testing strategy favors individuals who have been working in a profession and using their knowledge and expertise on a daily basis. She pointed out that those same candidates might also be disadvantaged by being out of school and out of practice in taking tests. Those who have been educationally disadvantaged might also experience difficulty with the extensive amount of reading required in the new test, as might those for whom English is a second language.

Starting with the fall 1992 class, COM will begin to gather information for a longitudinal data base to look at the MCAT in concert with other elements to determine the test's ability to predict success in medical school. The old test, when combined with other academic variables, was a reasonable indicator of success for the first year but less accurate in subsequent years. By the fourth year, students who had reached the clinical years, little correlation was seen between MCAT scores and clinical performance. Lovell summed that the new test may not be a good predictor of first-year success because of the nature of the first-year curriculum. However, she expects that it will better predict second-year performance.

Since the test is new, Lovell said that the college will be more flexible when considering scores in the admission process this year, particularly since some applicants will still be submitting scores from the old test.

Dean Wood Promotes Diversity

A recent memorandum from Dean Douglas Wood to the MSU-COM student body emphasized his support for diversity within the college.

"It is essential that you, as students of MSU-COM, understand the environment in which you will practice in the near future . . . issues of diversity are important in both health and disease," he wrote. Dean Wood included religious preference, sexual orientation and gender along with race and culture as elements of our increasingly diverse society which practicing physicians need to understand.

In response to the MSU-IUFA (Institutional Diversity: Excellence in Action) document presented by MSU President John D'Allacco and Provost David Scott in 1989, COM developed a plan to establish goals for recruitment and retention of minority faculty and to increase faculty sensitivity to issues related to diversity. The MSU-COM Diversity Group was also established to represent students, faculty and staff in fostering an environment that supports diversity.

Wood encouraged students to join him in promoting diversity and pluralism within the college.

Faculty to Vote on Grading Scale

COM faculty will soon be voting on a proposal to replace the college's grading system. The proposal would change the current pass/no-pass markers to a numeric grading scale for the pre-clinical years and honors pass/pas/ma-pass designations for the clinical years.

At its fall term assembly, the faculty voted to refer the issue to a mail ballot and charged the Curriculum Committee to conduct an immediate study of the clinical evaluation system. The 0.0 to 4.0 numeric scale being considered for the pre-clinical years is currently used by most of the university. If such an alternative grading system is approved by COM, criteria for each grade would have to be established and a passing grade determined before submitting the proposal to the university provost's office for approval.

Impact for the grading change came last winter. Several basic science chairpersons asked COM to change its grading system to allow faculty to recognize academic excellence as well as students who demonstrate academic difficulty. In response to their request, former Dean Myron S. Magen established an ad hoc committee to consider grading.

The committee's analysis of the current and alternative grading systems included a poll of faculty directors of clinical education in COM's teaching hospitals. The DMEs indicated that they preferred the additional information provided by numeric grades.

In 1988 the faculty approved a system that would allow for honors/pass/pas/no pass; however, this was not approved by the provost's office. Several faculty members believe the current university climate is more amenable to change.

Medical Access and Support Program

COM's Medical Access and Support Program (MASP), received federal recognition and support for its efforts in assisting economically and educationally disadvantaged students. The Department of Health and Human Services awarded the program a $59,535 grant to distribute financial aid to needy students. MASP has identified 27 recipients for the funds in amounts from $300 to $3,555, depending on each student's unmet financial need.

The MASP is designed to address the critical need for medical care to underserved and underrepresented populations by recruiting qualified students from these groups and increasing their representation in the medical profession.

The program recruits prospective students at both the high school and college level. Students who are either accepted to COM or placed on an alternate list participate in a summer premedical program which prepares students for medical school through laboratories and lectures in the basic sciences, clinical experiences, learning study skills, reinforcement, personal counseling and an introduction to the basic concepts of osteopathic medicine. Tutorials, nightly recitations and counseling are also offered.

A major program focus is on student retention through personal counseling, tutorials, workshops and academic monitoring. Organized clinical problem-solving sessions and interaction with role models is also provided.

The program is supported by the college and through a Health Careers Opportunity Program grant from the federal government.
Michael Carson received his master's in public health from the University of Michigan in August. He and his wife Susan and their two daughters, Sarah, 13 and Julian, 10, now live in Pittsburgh, Calif., where he is the medical director for the Western Division of Dow Chemical. Carson also recently published a paper titled "A Case Control Study of Lung Cancer Mortality in a Chemical Production Plant."

Margaret A. Willman is in a psychology residency at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine. She is also teaching undergraduate medical students in psychology.

Kenyon S. Kendall is an ophthalmologist and glaucoma/cataract surgeon and is chairman of the ear, eye, nose and throat department at the Metropolitan Hospital in Grand Rapids. He is also conducting research on drug studies for glaucoma. Kendall and his wife have two children: Emerson Sumner, 2, and Alexander, 1.

Craig Magnatta is a partner in Meadowbrook Family Medical Center in Troy and Oxford, where he practices general medicine. He also teaches medical students and residents.

Ken Richter, a physical medicine and rehabilitation specialist, teaches in his field at both MSU-COM and Wayne State University. He has a private and hospital practice in Lake Orion and is looking forward to possibly attending the 1992 Paralympics in Barcelona, Spain. He attended the 1988 Paralympics in Seoul, Korea.

Marlene Harvey (Wagner), who practices general medicine and obstetrics, teaches undergraduate medical students in primary care, human sexuality, physical examination skills and conduct junior and senior general practice rotations. She is also chairperson of General Practice/Family Medicine at Kirksville College of Osteopathic Medicine and is serving a three-year term as a member of the National Advisory Committee on Rural Health.

Bruce Hirshman specializes in anesthesiology and chronic pain in his practice in Okemos. He also teaches undergraduate medical students in anesthesiology. Hirshman writes that he plans to leave surgery to devote more time to treatment of chronic pain.

Merrilee J. Okey, an MSU-COM assistant professor of pediatrics, will be relocating to Puerto Rico in near future to join her husband who has accepted a job there. She plans to take time off to learn Spanish so she can practice pediatrics.

Glaucio H. Bechana, a general practitioner in Milan, made an exciting trip to New York when a fellow passenger lost consciousness and stopped breathing in flight. Bechana administered cardiopulmonary resuscitation and revived the woman. "I only did what I had to do," he said. "I was just glad I was there. It was a scary time for them and for me."

Harold M. Friedman sold his family practice in 1989 to join a large hospital corporation. He and his wife Karen live in Farmington Hills with their daughter, Rachel Dinnan, who was born in April 4, 1990.

L. Bing Liem is a specialist in cardiology and electrophysiology. He was recently appointed an assistant professor at Stanford University where he instructs both graduate and undergraduate medical students.

Edward Conley has a solo general practice in Flint where he teaches undergraduate medical students at both his office and at Flint Osteopathic Hospital. Conley is also conducting research on chronic fatigue syndrome and hypothyroidism and will be opening the first center in Michigan devoted to the treatment of fatigue and chronic fatigue syndrome.

Debra Johnson specializes in obstetrics and gynecology in a group practice in Winder, Ga.

Arthur H. Schurgin is a solo specialty practice in anesthesia/pain management and critical care. He also teaches undergraduate medical students in anesthesia at Phoenix General Hospital. He and wife Cindy recently celebrated their seventh anniversary. Their son Daniel will be 3 on Feb. 5.

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1982

Daniel Bensky lives in Seattle, Wash., where he specializes in osteopathic manipulative therapy and acupuncture.

Sister Anne Brooks continues to practice general medicine at the Northwest Mississippi Regional Medical Center. She also teaches undergraduate medical students in general osteopathic practice as well as physical assessment refresher courses for home health nurses and LPNs.

John Marrin specializes in and teaches orthopedics to rotating medical students in Owosso.

1983

Nancy Douglas Brinker has a busy general medicine practice in Metamora and speaks on pain management in terminally ill, most recently for the Michigan Hospice Association, October, 1991 at Boyne Mountain. Brinker is also a charter member of the American Academy of Hospice Physicians and medical director for Lapeer Area Hospice. She married Dick Brinker in 1986, and became mother to 5 step-daughters. She also has 6 grandchildren.

Thomas G. Gazdecki completed a cardiovascular/thoracic surgery residency at Detroit Osteopathic Hospital in 1991. He has entered a private practice where he specializes in cardiothoracic and vascular surgery. His research focuses on variables affecting vascular access graft potency. He and his wife Pam live in Trenton with their three children, Michael, 8, Jennifer, 5, and David, 2.

Raul A. Rodas is a hospital practice at University of Miami/Jackson Memorial where he specializes in neurology and neurosurgery. He also teaches at the University of Miami School of Medicine and conducts research on traumatic brain injury. His wife, Lisa, who raises large tropical birds, was the elected president of Miami Parrot Club. The Rodas’ have two children.

1984

Christopher T. Duig specializes in internal medicine in a solo practice in Farmington Hills. He also teaches clinical internal medicine.

James Hole is in a group obstetrics and gynecology practice in Derby, Vt. He writes that he and his wife Theresa have a daughter Meghan and "one more on the way."

Phyllis Popp is in a general medicine/group practice in Rochester. In August, 1991, she married George Kern, a high school guidance counselor. His two daughters Ammaria, 11, and Jennifer, 14, live with them in Rochester Hills.

1985

Bruce E. Bissinger completed his senior year of fellowship in hematolymphology at Wayne State University and now specializes in and teaches internal medicine, hematology and oncology. His research efforts are titled "Tumor Immunology: Role of Tumor-Infiltrating Normal Lymphocytes in Growth of Lymphomas."

Miriam Lebenchom-Mansour teaches in her specialty, anesthesiology, at Henry Ford Hospital. She recently presented a paper on comparing desflurane with propofol in outpatient at the American Society of Anesthesiologists Annual Meeting in San Francisco, Calif.

Barbara Tilben teaches undergraduate medical students in her family medicine practice and is a diplomate of the Academy of Family Physicians. Tilben shares her practice with her husband Frank Salishdy, M.D., an obstetrician/gynecologist. They have three children, Kay, 10, Paul, 6, and Ethan, 13 months.

1986

Karen L. Babos is the new director of geriatrics at MacNeal Hospital in Berwyn, Ill. She is also an assistant professor at Loyola University where she teaches hospital and outpatient geriatrics and internal medicine. Her research focuses on community health services.

Craig Essex, a psychiatrist, was appointed medical director of St. Joseph Mercy Hospital Outpatient Psychiatric Services in November, 1991.

Barbara Yakes, specializes and conducts research in occupational medicine. In 1988, she earned her master’s in Occupational Health from Harvard School of Public Health, where she also completed her occupational medicine residency in 1989. Yake was recently published in the American Journal of Occupational Medicine. She and her husband Glen Yankowics have a new baby boy, Allen.

1987

Sheila A. Barnes, an urgent care specialist, completed an internal medicine residency in Youngstown, Ohio, and in September, 1990, she opened her own urgent care center in Elvira, Ohio.

Michael Chabot is completing an orthopedics residency at Detroit Osteopathic and Bi-County Community Hospital, where he also teaches undergraduate medical students.

M. Melissa Moon practices physical medicine and rehabilitation at Sparrow Hospital in Lansing. She and her husband also opened a new practice on Aug. 20, 1991, the same day their son Ibac Benjamin Frank was born.

1988

Janice (Dylstra) Coates is in a general psychiatry residency at MSU, where she also teaches undergraduate medical students in psychiatry. Beginning July 1992, Coates will begin a two year fellowship at University of Michigan in child and adolescent psychiatry. She is married to Allan Coates.

John S. Georgakopoulos, a general practice military physician, is now living in Oceanside, Calif. after returning from the Persian Gulf War. He plans to return to Michigan and complete a family practice residency at Flint Osteopathic Hospital. He and his wife Lori have two children, Joshua and Jared.

Nancy J. Houghton is the chief resident and senior anesthesiology resident at Michigan Health Center. She also teaches both graduated and undergraduate medical students and is involved in research.

1989

Robert J. Guerres is resident at Oakwood Hospital in Dearborn. He plans to start a private family medicine practice with the Battle Creek Health System in July 1992. Guerres and wife Julie had a baby girl, Kelsey Elizabeth on Feb. 6, 1991.

Ray McMillan is an emergency medicine resident at Pontiac Osteopathic Hospital, where he also teaches undergraduate medical students. She is conducting research on domestic violence. McMillan will also be getting married in November.

David C. White is completing an emergency medicine residency in Toledo, Ohio. He also teaches medical students. White and his wife have a daughter, Emilee Megan, who was born on Nov. 17, 1990.

1990

Kathy G. Keller, a family practice resident living in Leslie, recently presented a paper on "Surviving PCOS" at the National American Medical Women’s Association meeting in Dallas, Tex.

E.G. Loniewski has a hospital-based orthopedics practice at Botsford General Hospital. He was elected secretary to the newly formed American Association of Osteopathic Postgraduate Physicians (AAOPP). Loniewski also conducts research on orthopedic surgery. He and Melissa McMurray were married on April 5, 1991.

Danette C. (Skowronski) Taylor is a neurology resident at Botsford General Hospital. She also teaches undergraduate and graduate medical students.

Christine A. Johnson will begin anesthesia residency at Sinai Hospital in July, 1992. She and her husband have a son Allen, now 2 years old.
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"The biggest benefit I've had is a change in perspective," she said. "I've been able to see the really big picture, the scope of the problem, how it's all interconnected. I have also learned to appreciate that physicians...have become just one more cog in the machinery. They don't drive the system. They're just one very significant group."

One factor that has caused physicians' influence in the health care debate to change is the "major disconnect" between policy and practice. Ross-Lee said her fellowship experience helped her to understand this gap better, and thus be more cognizant of ways to bridge it.

"Finally, being in Washington enabled her to build a network of contacts that will assist her and the college in furthering efforts to promote the osteopathic philosophy in the health care debate.

Ross-Lee said she is optimistic that with her enlightened perspective, newly established political contacts and the dean's support, she can help launch MSU-COM into a position of innovative leadership in state and federal discussions.

"We're in a problem-solving mode now," she said. "Everybody's got to give a little bit. We can no longer stand there and say what can't be done. We've got to figure out what can be done effectively and efficiently together."*

**Magen Retirement Conference**

To Be Aired on WKAR-TV January 27

"Health Care: Its Future," a national conference held last June in honor of the retirement of Dean Myron S. Magen, has been transformed into an hour-long video program. The program will be initially aired at 10 p.m. January 27 on MSU's public television station, WKAR (Channel 23) before it is distributed to other areas.

A panel of experts in areas of health policy, medical economic, patient advocacy and health administration, under the moderation of capitol correspondent Tim Skubick, struggled with the full spectrum of problems of health care today.

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"This is something that's really close to my heart," said Agwu who has been working on the concept for more than five years. The first tape, to be released this year, is designed to address the concerns, culture and care of African-American women. The second tape will follow the same format but will address the needs and speak the language of Hispanic women.

Agwu has targeted her preventive care message to these minority women because of the serious social, financial and cultural barriers these women face in the health care system. All too often these barriers—lack of insurance, lack of access, lack of knowledge—have prevented African-American and Hispanic women from getting the care they need. Agwu is hopeful by educating these women on the importance of preventive breast care, these tapes will begin weaken some of these barriers.

For Agwu, these tapes signify a culmination in her career. "By trying to blend together the things I have stood for all these years, it seems like the videotapes are really the concreteness of what I've been trying to express," she said. "The effort I'm putting in and the fulfillment I'm getting doing this make it a crowning event for me— for this year at least."

What's on the agenda for years to come? Agwu said she plans to continue to tailor and direct her interests toward health care issues unique to women. This will probably include revision of her original video script to address Asian-American audiences, as well as introducing the videos to the women in Africa and other countries.

Agwu has also thought about returning to Nigeria with her family so her children can know more about her country. Despite her longing to return, Agwu said that coming to the United States has been an essential opportunity for her life and her career that she would not have missed.

"There must have been a calling for me to be here," she said. "The knowledge and the experience I've gained here will eventually help me to become whatever I will be when I really grow up."

Looking at the goals she has achieved to this point, that will be something to see.**