Expanding into Southeast Michigan
Beginnings have inspired a lot of great quotations. Joe Sabah, for example, notes, “You don’t have to be great to start, but you have to start to be great,” and John Galsworthy warns us that “The beginnings and endings of all human undertakings are unduly.” I think that William James, however, has provided the perspective most important to our situation: “It is our attitude at the beginning of a difficult undertaking which, more than anything else, will determine its successful outcome.”

The expansion of MSUCOM to southeastern Michigan has now been approved by the MSU Board of Trustees at two sites – the Macomb University Center in Clinton Township and the Detroit Medical Center near their Kresge Eye Institute. Our new sites are both excellent and have complementary strengths. Macomb offers a vibrant educational milieu, and includes in its University Center a number of graduate degree programs. The DMC provides an active medical milieu and has a history of caring for Detroit’s medically underserved. The suburban/urban differences of the sites will appeal to a broad array of osteopathic students as well as provide a full spectrum of educational, cultural, and volunteerism opportunities.

This expansion offers us unprecedented opportunities for osteopathic education, research and service. But administering our curriculum in three places also offers us unprecedented challenges, even with the use of new technologies for distance learning and the stellar clinical resources available in that part of the state. The bottom line? We have an unprecedented amount of work to do!

This fall the American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) will be reviewing our proposal for the expansion of our program. In the meantime we must be prepared to sell the expansion to everyone involved. In other words, we have a lot to do, and we must do it well. The best way for us to do that is to sell the vision of what MSUCOM can be for the students and the profession.

This issue of Communiqué will introduce the beginnings of our expansion to you. We hope that you will find your niche in helping us to make this happen, and we look forward, as always, for the opportunity to work with you.

Henry Ford said it well: “If you think you can, you can. And if you think you can’t, you’re right.” I know we can.

William D. Strampel, D.O., Dean
Southeastern Expansion
MSU board endorses expansion of osteopathic college to southeastern Michigan

by Tom Oswald

The Michigan State University Board of Trustees has approved a resolution endorsing the expansion of the College of Osteopathic Medicine to two sites in southeastern Michigan, a move board members and college officials say will not only improve medical education in the state, but also address a projected physician shortage.

With the vote at its May 18 meeting, the board confirmed the university administration’s selection of the sites the board visited on May 1.

Under the plan, the College of Osteopathic Medicine (MSUCOM) will expand its entering class by 50 students each at the Detroit Medical Center (DMC) and at Macomb University Center (Macomb). These two sites were selected from a pool of 18 institutions that submitted proposals.

“Having a presence at both locations in southeastern Michigan has many benefits,” said William D. Strampel, dean of the college. “In Macomb County, we will be located at an innovative, state-of-the-art educational institution situated among a high concentration of osteopathic physicians and partner hospitals. At the DMC, in Wayne County, we will be teaching our students in an environment that will help them to learn how to meet the needs of an urban population.”

“In addition,” he said, “we will continue our strong relationship with the many Oakland County hospitals and physicians who have provided excellent clinical education for us for many years.”

The college has been teaching students, interns and residents in southeastern Michigan for nearly 40 years, Strampel said, relying on a large volunteer clinical faculty in the region.

Among the draws of Macomb was its abundance of quality space, which includes operating rooms with surgical simulators, a surgical technology laboratory, a simulated hospital room and an anatomy lab. The facility also includes high-quality space such as computer labs, study areas and general purpose classrooms.

In addition to its long and distinguished history of participating in medical education, the DMC offers the potential for collaborative research involving a diverse population, easy access to a number of Detroit-area clinical and hospital facilities, and quality facilities.

“As Michigan begins to experience a shortage of doctors, it is urgent that MSU increase enrollment in the College of Osteopathic Medicine, which is recognized as among the very best in the country for primary care education,” said MSU President Lou Anna K. Simon. “By expanding to two sites in southeastern Michigan, we can significantly enhance the educational mission, while simultaneously serving the area of the state with the greatest need.”

Producing more doctors from the MSUCOM will help combat a projected physician shortage. According to the Blue Ribbon Committee on Physician Workforce — a group composed of representatives from the state of Michigan, the state’s four human medical colleges, and other health-related agencies — Michigan will be 900 physicians short by 2010, 2,400 short by 2015, and 4,500 short by 2020.

The osteopathic college will conduct classes for first- and second-year medical students at the leased sites. The students will continue their education, as do all students currently enrolled at the East Lansing campus, by taking two years of clinical rotations at one of MSUCOM’s 19 community base hospitals, part of the 26 hospitals affiliated with the college in its Statewide Campus System (SCS).

MSUCOM, which consistently ranks in the top five percent of all medical schools for its primary care education, also has a long-standing tradition of retaining its alumni in Michigan. More than two-thirds of the college’s graduates remain to practice in Michigan.

In addition, approximately 90 percent of the college’s graduates take internships and residencies in Michigan as part of the college’s SCS.

Two years ago, the college increased its East Lansing entering class size from 147 to 205.

Pending accreditation, MSUCOM will have 50 entering students at each location.

Strategic Plan and Update

by Pat Grauer

A vision that started more than two years ago — the expansion of the MSU College of Osteopathic Medicine to southeastern Michigan — is at long last emerging into reality. The MSU Board of Trustees in May approved two sites, Macomb University Center in Clinton Township and the Detroit Medical Center downtown, to provide preclinical education to 50 entering students at each location.

The college has submitted an application for accreditation of the expansion to the American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA), and is actively planning renovation, staffing, technology, curriculum delivery, and support services to meet the needs at the new sites. It’s anticipated that COCA will make a decision by year’s end. If approved, the expansion would raise MSUCOM’s entering class size to 300.

“We want to emphasize that this is an expansion — not a creation of satellite campuses or a new curriculum,” said Dean William D. Strampel. “Through interactive video and computer technology, these students will be able to see their fellow students, and even ‘attend’ meetings with them.”

Strampel noted that, in addition, there would be faculty in each discipline on site to answer questions and offer assistance in learning.

“Though the curriculum is the same, it will be up to each department to determine how to handle needed staffing to ensure educational quality,” Strampel said. “Some units may choose to have faculty commute, while others may contract with faculty in the area.”

In addition, the college will have a new associate dean present at each site, as well as student services, financial aid, academic programs, counseling and other services — all linked to their “parent” units in East Lansing.

The new sites will both offer a strong educational infrastructure, including laboratories, library access, classrooms, study areas, offices, and osteopathic manipulative medicine teaching facilities. A particular challenge is the teaching of anatomy for the first southeastern Michigan classes, with several options under consideration, until necessary renovations are made.

Since the expansion includes only first- and second-year students, teaching will be classroom-based, and include basic sciences (anatomy, biochemistry, physiology, etc.), systems courses (cardiology, pulmonology, gastroenterology, etc.), and courses such as Doctor Patient Relationship.

Once these students attain third-year status, they will join their East Lansing peers in a common pool for assignment for predoctoral clinical education, and will continue their education in one of MSUCOM’s 19 base hospitals in Michigan.

“The prospect is truly exciting,” Strampel said. “This expansion benefits the college, the university, the osteopathic profession, our partner hospitals, the medically underserved citizens of the area, and helps us to meet the impending challenge of physician shortages in the state. The win-factor is exponential.”
MSUCOM’s expansion plans include having first- and second-year medical students take advantage of the vast resources available at the Detroit Medical Center (DMC).

“We’re having our best year in 15 years,” said Mike Duggan, CEO and president of DMC. “We’re seeing an increasing number of patients coming to our facilities for the quality of care we can offer. We expect this only to improve once MSUCOM is here with us. We already have third- and fourth-year medical students doing their rotations at our Sinai-Grace Hospital as well as Huron Hospital,” two of the nine hospitals that are part of the DMC.

The proposed expansion site includes renovating 23,800 square feet of space near the Kresge Eye Institute. Current proposals for the space include lecture halls, classrooms, an anatomy lab, an OMM lab, computer lab, student lounge, and office space for faculty and staff as well as the ability to expand the space in the future.

“Osteopathic medicine is one of the fastest growing medical professions in the country. We like the emphasis on primary care O.D.s have and feel they will help us become a stronger center. We are hoping that as medical students are exposed to our facilities during their first two years of medical school, during some of their rotations, and their residencies, they will decide to stay here in the city of Detroit and work with us.”

“This is a wonderful opportunity for MSUCOM to utilize the untapped resources of the DMC,” said John Haapaniemi, D.O., who is a ’75 MSUCOM alumnus, president of the medical staff for DMC, and chief of pulmonary and critical care at Sinai-Grace Hospital. “This expansion of MSUCOM will not replace any existing curriculum and will only strengthen the already existing ties the college has with the DMC. MSUCOM’s expansion into southeastern Michigan is an exciting thing, and we’re glad to be a part of it.”

Having worked in the DMC for more than 17 years now, Haapaniemi has enjoyed his time there and expects medical students will as well. “It doesn’t matter if you’re a D.O. or an M.D. here. What matters is the quality of your work. It’s been an open and friendly institution for me. It has a good history of working with individual D.O.s and soon will be a great site for a quality osteopathic medical education.”

MSUCOM's proposed class expansion into southeastern Michigan drew a number of excellent proposed sites for our students. One of them was Macomb Community College’s offer of housing MSUCOM students at the Macomb University Center.

“We’re pleased that MSU has recognized the potential of the Macomb University Center and has accepted our proposal for its College of Osteopathic Medicine,” said Al Lorenzo, president of Macomb Community College. “It is exciting to see the synergy of the mission of our University Center, MSUCOM’s efforts to address impending physician shortages and Macomb College’s expanding focus and programming in allied health all meaningfully contribute to advancing critical healthcare career opportunities in the region.”

Since 1991, Macomb has been developing relationships with four-year colleges and universities, including Oakland University, Ferris State University and Wayne State University. Back in 1988, Macomb County was the only one of the largest 73 counties in the nation without an institution offering a bachelor’s degree. The solution was the development of the Macomb University Center, now a 186,000 square-foot facility which currently houses more than 2,900 students enrolled in more than 40 bachelor’s and master’s degree programs offered by eight partner colleges and universities.

The Macomb University Center has the latest in teaching technology, with complete wireless communication throughout the facility. Classrooms can be modified to meet the needs of Macomb’s partners, whether it’s for computer labs, in-distance learning classrooms, wet labs or large lecture facilities. The proposal offered by Macomb included the construction of a new building at University Center which would be designed to MSUCOM’s specifications.

“This is a defining moment for Macomb County,” continued Lorenzo. “We’re looking at the future terms of positive educational and economic growth opportunities that can be nurtured in conjunction with MSUCOM. The success of our proposal demonstrates the numerous benefits we can offer our partner while focused on the best interests of the community we serve.”
Statewide Campus System

Meeting the Needs of Future Students

By Craig Reed

Establishing classroom space for first- and second-year students at Macomb University Center and at the Detroit Medical Center is only the first step in the expansion process necessary to accommodate the larger class size. When students hit their third year of medical school, they — like their peers in East Lansing — will enter the clerkship portion of our curriculum at one of our Michigan hospital affiliates within the college’s Statewide Campus System (SCS).

“Medical schools come in two varieties. The first is an academic-based system where one medical school is paired exclusively with one hospital system, usually a tertiary care medical center. The second is a community-based system where a medical school partners with several hospitals. Ours is the latter,” said Dr. Gail Riegle, senior associate dean for MSUCOM. “Our students who are in the last two years of medical school are currently assigned to 19 base hospitals — hospitals who have agreed to partner with our campus departments to teach the core curriculum to our third- and fourth-year students. In most of our base hospitals, MSU students share learning experiences with students from other osteopathic colleges such as Kirksville and Midwestern. One of the advantages of this model is that our students are exposed to medical students from other colleges, allowing them to learn from each other.”

The college includes about 2,000 community-based clinical faculty who volunteer their time to assist in teaching. “Clinical faculty are alumni and other physicians and residents affiliated with our college who work with our students during their rotations,” explained Riegle. “Our students can explore different aspects of primary care and specialties with them. The students work side-by-side with their mentors, which give them more hands-on experience than they would have otherwise before starting their residencies.

“With the class expansion, we anticipate SCS will be adding more base hospitals into our clerkship education system,” continued Riegle. “There are a number of hospitals that would like to become clerkship base hospitals or add students into their clerkship education programs, but until now there weren’t enough students in the system to cover their needs and still meet our obligations with our existing base hospitals,” said Riegle. “As we add more base hospitals, we will be appointing more clinical faculty and adding osteopathic residency education programs, resulting in increased numbers of graduate medical education opportunities for our students. Students can request a hospital in a location where they are interested in establishing their practice or which is well-known for certain specialties such as orthopedics or rural medicine. Our expanded clinical faculty will continue to teach our students within any new base hospitals we may add.

“The main concern we have with the SCS model is maintaining a certain amount of uniformity across this more decentralized method of teaching medical students,” said Riegle. “We have a lot of work and challenges ahead of us, but with the right tools and technology to maintain the high quality of education through the SCS, our college expansion will be a boon to the state of Michigan.”

SCS Member Hospitals

- Bay Regional Medical Center, Bay City
- Botsford Hospital, Farmington Hills
- Community Health Center of Branch County, Coldwater
- Garden City Hospital, Osteopathic, Garden City
- Genesys Regional Medical Center, Grand Blanc
- Henry Ford Macom Hospital, Warren
- Henry Ford Macom Hospitals, Clinton Township
- Henry Ford Wyandotte Hospital, Wyandotte
- Hilldale Community Health Center, Hilldale
- Huron Valley-Sinai Hospital, Commerce
- Ingham Regional Medical Center, Lansing
- Kalamazoo Center for Medical Studies, Kalamazoo
- Mercy General Health Partners, Muskegon
- Metro Health Hospital, Grand Rapids
- Mount Clemens Regional Medical Center, Mt. Clemens
- Munson Medical Center, Traverse City
- Oakwood Southshore Medical Center, Trenton
- POH Medical Center, Pontiac
- ProMedica Health Systems, Toledo, OH
- Providence Hospital and Medical Centers, Southfield
- Sinai-Grace Hospital, Detroit
- Sparrow Health System, Lansing
- St. John Oakland Hospital, Madison Heights
- Saint Joseph Mercy Livingston Hospital, Howell
- St. Joseph Mercy Oakland, Pontiac
- William Beaumont Hospital, Troy
Teaching the Next Generation of D.O.s

Medical schools come in two basic flavors: academic medical centers which teach in a single affiliated hospital, and community-based medical schools which provide clinical education by spreading the students among various hospitals, clinics and doctors’ offices to learn much of what it takes to be a physician. Our 2,000 clinical faculty, the teachers and mentors with whom physicians-in-training work side-by-side, play a vital role in the education process, guiding them through their last two years of medical school and throughout their time as residents. The time each medical student and resident spends with their mentors gives them not only the ability to hone their skills, but get to know a wide variety of current physicians and the myriad of ways to practice medicine.

Felix Rogers: A Sense of Volunteerism

“I was an intern when the first graduating class from MSUCOM became residents,” said Felix Rogers, D.O., who works with students during their cardiology rotations at Downriver Cardiology Consultants in Trenton, Michigan. “The osteopathic profession has a strong sense of volunteerism. Clinical faculty volunteer their time to teach the next generation of doctors. They helped teach me during my training, and now I am mentoring students myself. “I grew up in southeastern Michigan,” continued Rogers, “so when I get students from another area, I get the opportunity to learn more about other regions of the state while I’m teaching them. One year I had the Asparagus Queen from Oceana County do a rotation with me. I had no idea there was an asparagus festival in Michigan. I love learning these types of things from the students so I know a bit more about the diversity within the state. “I’ve always been interested in education and enjoy the process. One thing I really appreciate is how dedicated the students can be – it’s inspiring,” said Rogers. “I had one who loved the cardiology rotation so much, she worked two to three extra hours a week with me after the rotation was completed, on top of the rest of her schedule. I enjoy the students who are attracted to our hospital and see them progress from third-year medical students, to residents, to attending physicians.”

Kari Hortos: The Chemistry of Healing

“What’s great for me is having students who are very interested in what I have to teach them,” said Kari Hortos, D.O., ‘82 alumna. “I’m involved in a lot of elective rotations, which involve surgery and critical care medicine, so the students see a lot of medical issues with very fragile patients. It’s an opportunity to show biochemistry being applied to the nutritional arena – the chemistry of healing. The one thing I hope they remember after working with me is that no one has all the right answers. You have to look at the entire patient to give them the right treatment.”

Lawrence Cowdill: Different Perspectives in Medicine

For Lawrence Cowdill, D.O., clinical director of internal medicine in Baybroke Clinic and clinical coordinator for MSUCOM’s Primary Care Ambulatory Clerkship at POH Medical Center in Pontiac, interacting with students helps him stay up-to-date on the latest advances. “My business partner, Dr. Gene Zuzga, and I are thrilled to have students in our office. We learn about the latest research from them while we’re sharing our years of experience in the profession with them. It’s a good exchange.”

“We’ve had around 360 students work with us in our office and so far, we’ve only had one bad apple,” continued Cowdill. My partner and I come from different backgrounds in medicine, which complement each other, so the students have the opportunity to see two different perspectives of medicine within one office. “One of the best changes I’ve seen with the students over the years is that they have a lot more ambulatory medicine training than before. A lot of doctors would get through their education and find that they had no understanding of how to run an office. It is great to see MSUCOM has taken the time to train their students in such matters. It really makes a difference when you are ready to set up your practice.”

Paul Gauthier and James Lang: Small Town Family Docs

Not far from downtown Lowell, Michigan, reside the offices of Paul Gauthier, D.O., and James Lang, D.O., both ’79 graduates from MSUCOM. Since completing their residencies, the duo has been practicing together in the small but growing community. When medical students and residents spend time in their practice, they are exposed to the unique feeling of what it means to be a small town doctor. “We both grew up in Grand Rapids,” said Lang, “When we completed our medical training, we decided on setting up our practice in Lowell, which is just east of the city, so we could be near our families. This is a great location. We have access to a nearby large city so we can easily send patients there, but because we are in a small town, we can be with our patients from the cradle onward which is important to us.”

“We represent the old-fashioned family practice,” said Gauthier. “The medical students and residents are exposed to a lot of our ways of doing things. For instance, we try to take care of everything for our patients. We’re the ones who admit and manage our patients when they have to go to the hospital.”

“I think after spending time with us, students and residents see some of the positives of practicing in smaller towns,” continued Lang. “Everybody in town knows you, and you have the good fortune to know most of them, which for us is an important part of being a family practitioner.”
Michelle Kvalsund Receives Grant for Research Abroad

By Mary Pettit

Being a third-year student at Michigan State’s osteopathic medical school should be busy enough for anyone, but Michelle (Powell) Kvalsund took the role to a new level when she applied for a grant to do clinical research in Brazil. She described her new research project as “a labor of love, rewarding, and something I will love doing.

I was looking for opportunities to do research abroad, so when I came across the one-year grants from Fogarty International Center for research in developing countries, it immediately stood out,” said Kvalsund.

The grant was designed for mentored research training at top-ranked National Institutes of Health research centers around the world. Kvalsund’s grant took her to Brazil starting in July. “I am involved in projects investigating how genetic determinants impact chronic childhood diarrhea and its resulting cognitive deficits. I am also developing a project on how genetic determinants impact HIV patients with chronic diarrhea, the impact on cognition, and antiretroviral therapy outcomes.”

Kvalsund competed with 35 other applicants from around the country during an intense two-day interview process. “The interviews were amazing. I got to meet people who are famous in international health circles. I was very humbled by the whole experience,” said Kvalsund. Lucky for Kvalsund, it only took one interview to find the project she wanted. “My first interview was with Dr. Richard Guerrant, who works in Fortaleza, Brazil. I remember being nervous because I had it as one of my top choices, but it went really well and I was thinking afterward, ‘I really liked that first interview. It’s funny that it was the program I was matched with.’

Kvalsund had one obstacle preparing for Brazil, “I didn’t know any Portuguese so that’s what I needed to practice,” she said.

Kvalsund’s first international research work was in Zambia with Dr. Gretchen Birbeck, professor of neurology and epidemiology at Michigan State University, while she was an epidemiology student.

“Working in Zambia was incredible for me and watching Dr. Birbeck got me interested in going to global health and international research,” explained Kvalsund. While in Zambia, she worked to develop instruments to help identify cognitive impairments in AIDS patients.

“I have seen how her research has an effect on a national level there. I can turn on a television in Zambia and see a commercial on the stigma attached to epilepsy and that is because of her work. She is definitely someone I aspire to be like,” explained Kvalsund.

She is excited that she will be working in an HIV clinic while in Brazil. Kvalsund recounted, “Dr. Guerrant mentioned that during the interview and it made me excited because of my work with HIV/AIDS in Zambia and also got me looking forward to working with the patients.”

After her year of research in Brazil, Kvalsund intends to continue clinical research in neurology and epidemiology and to keep herself on the move. “I really hope to keep doing my work in developing countries,” she said. “I haven’t decided on one place yet, but I’ve seen the impact clinical research can make on quality of care, especially in those countries.”
Onward to the Paperless Office

Technology

By Craig Reed

When computers first entered the office, it was promised that workers everywhere would see a decline in the amount of paperwork on their desks, and for decades people have watched the piles of papers grow instead. Thanks to the creation of Electronic Medical Records (EMRs) though, many physicians are seeing that age-old promise coming true in their offices.

“I’ve always been a sort of computer geek. My first computer was a Vic 20,” said Thomas Mohr, D.O., associate professor of internal medicine at MSUCOM, who became one of the first doctors in the area to make the jump from paper to paperless records. “I had some exposure to EMRs earlier in my career and fell in love with them. About seven years ago I found an affordable EMR system and started working with it. That early one was pretty stripped down and had a number of limitations, but it was a step in the right direction.”

By 2002, Mohr was running a more or less paperless office in association with the MSU HealthTeam’s EMR initiative. “We took all the information from the paper files and put them into the EMR database. Most of the lab reports and radiology reports come into our office electronically, making it easy for us to add the information to the patients’ records. If something comes in from another office or hospital in a paper form, we simply scan it into the database and destroy the paper copy.”

“I was exposed to EMRs when I was still a resident,” said Christopher Beal, D.O., an ’02 alumnus. “When I made the decision to start up my own private practice, I made finding an EMR system that would work in my office a priority. I didn’t want to have to use paper records for my patients. It’s time-consuming flipping through the thick piles of papers trying to find the one thing you are looking for, and I didn’t want to stay late each day trying to fill out all the incomplete charts.”

“The system is great,” Mohr said. “I can graph out years of lab results on my patients and note any trends over the years. My staff can add notes for me into the system; when a patient, for example, has called in for a prescription refill, the request is not lost. I don’t have to stay late finishing up charts, and I don’t have to worry about losing charts or finding a missing Post-it® note. Soon we will be able to electronically send prescriptions to the pharmacy before the patient even leaves the office. We are also working on a web portal to allow patients to send secure e-mails and to set up their own appointments online.

“In the next few years, we’re going to see more and more people using EMRs,” continued Mohr. “Not only is there a big push from the federal government for the medical field to adopt this technology, but EMRs can be a great tool in improving the quality of medical care our patients receive.”

“Technology is always changing. You have to know what you want to do and how to solve it with the technology that currently exists,” said Notman. “The goal is to look for technology that is robust, solid and adaptable so you can fit your needs for many years to come.”

Notman, along with ’86 alumnus Tom Stevenson, D.O., and ’94 alumnus Taylor Scott, D.O., director of the Learning and Assessment Center (LAC), have been active both within MSUCOM and in the osteopathic community educating the profession on available technology. They have presented educational seminars to members of the American Osteopathic Association and the Michigan Osteopathic Association and are members of several medical technology and medical education focus groups.

“Aside from working out the bugs with any new piece of technology, the biggest challenge you have is integrating it into the classroom,” continued Notman. “Faculty and students have to be educated about the technology to feel comfortable with it. The same holds true for practicing physicians who are trying to work with office technology that didn’t even exist when they were going to school. The more exposure our students have to technology, especially what is currently being used in the hospitals, the better they’ll be able to integrate such technology into their practices when they enter the profession.”

“Medical education has been slower than most other fields in adopting new tools for presenting material to the students,” explained Notman. “You can’t just plug in a piece of technology into the classroom and go. You have to look at the people who will be using it and how it will affect them. Technology can be used to accommodate medical students with different learning styles, to allow instructors to capture and display images and recordings in the classroom, for distance learning, and as review tools for the students. With the robust connections that exist to both the Internet and wireless locations, students are no longer confined to computer labs to review digitized materials. They can access the information wherever they are and review the material at whatever time is convenient for them.”

“As much as technology can aid in teaching students regardless of their location, other tools can be used to help to evaluate a student’s progress. One of the things we’re exploring is whether the students have to be evaluated by a faculty member who is on site,” explained Scott, who has been working with Notman on expanding technology in the curriculum. “The LAC, for example, has cameras that allow us to capture the student’s interaction with one of our standardized patients within our testing center. A faculty member can then review the recording at a later time and from a different location to evaluate his/her performance. The recording is also helpful when the instructor is providing feedback to the student. They can then play back key portions to the student to show what the student did well and what the student needs to improve.

“It’s still too early to tell how such evaluation tools will be used in the class expansion, but a similar method could be set up for evaluating students at the southeastern Michigan classrooms. Having these types of distance evaluation methods could offer greater flexibility to both the faculty and the students,” said Scott.

“MSUCOM has a lot of experience with technology, but in reality, we have yet to fully tap into the full potential of pulling technology into the classroom,” continued Notman. “We could use it to standardize the training and improve the learning environment wherever our students may be located.”

EMRs put charts and patient information at Mohr’s fingertips, allowing him to focus more on his patients.

Scott finds EMRs to be easier and more convenient than paper charts.
The Class of 2011 takes their osteopathic oath as part of the White Coat Ceremony.

convocation ‘07

“Keep your sleeves rolled up, and be ready to help shape the future.”

by Craig Reed

The newest members of the osteopathic profession celebrated their first day as D.O.s-in-training with MSUCOM’s 37th Annual Convocation and White Coat Ceremony on June 29, 2007. The 211 students of the class of 2011...
“Remember to keep your hands stretched out to the needy.”

by Craig Reed

MSUCOM honored 132 new graduates from the Class of 2007 at the hooding ceremony on Thursday, May 3, at the Wharton Center for Performing Arts.

Keynote speaker for the ceremonies was Max T. McKinney, D.O., retired family medicine physician who has given a lifetime of leadership to the osteopathic community. Class President Ryan D. Hamby addressed his classmates and their families.

Four awards were presented during the ceremonies:

- Jennifer L. Jury, D.O., received the Judith K. Weiswasser Memorial Award for the woman graduate deemed to be outstanding academically, professionally and personally.
- Alys L. Long, D.O., received the Dean’s Recognition Award for the graduate demonstrating leadership and advocacy for the college and the osteopathic profession, and who exemplifies the best professional qualities of an osteopathic physician.
- Justin E. Grill, D.O., received the Michigan Osteopathic Association Outstanding Graduating Senior Award, given to a student actively involved in MOA, AOA, SOMA or Student Council, and who has made significant extracurricular contributions to the college.

Following MSUCOM alumni before them, more than 90% of graduates take internships and residencies in the MSUCOM’s Statewide Campus System, and more than two-thirds remain to practice in the state.

Dr. Max McKinney was this year’s keynote speaker.
An Extended Perspective on Medical School

Rachel Rosenbaum

by Craig Reed

Each year, a handful of students decide to add one year to their time as medical students in exchange for having fewer classes per semester during part of their career at MSUCOM. For Rachel Rosenbaum, this opened the doors to a number of opportunities.

“When I first entered medical school, I had been working on my M.S. in epidemiology, but still had the thesis left. Dr. [William] Falls suggested I extend so I could complete my thesis,” said Rachel. “At first I didn’t like the idea. I saw extending as a sign of failure on my part, but my brother eventually convinced me to do it and make it into something positive.”

Completing her thesis last December, Rachel then took advantage of a variety of opportunities. “I volunteered for two Hurricane Katrina relief efforts, became president of Study Buddies, and tutored first-year students in anatomy and physiology,” said Rachel. “I also joined the Junior League of Lansing, a woman’s group of professional volunteers who work all over the community.

“One of the most important things I did while I was extended was to work as a research assistant with Dr. Deborah Wagenaar on her project exploring elder abuse,” Rachel continued. “The experience I have gained working with her is invaluable, and I was able to present the research results at the Lansing Graduate Medical Education Program, Inc. conference where I tied for first place for the best medical student poster. Next fall, I’ll be going back to being a full-time medical student which will be quite a shift, but I loved the experiences I have gained by being an extended student.”

Transforming Community into Family

Samer ElFallal and Sonya Elgammal

by Craig Reed

MSUCOM students are well-known for their strong sense of community and few exemplify this better than fourth-year student Samer ElFallal, and third-year student Sonya Elgammal. Modest about their accomplishments, this couple has played a role in strengthening the MSUCOM family.

“I got lucky meeting him,” said Sonya about Samer. “Our relationship started when I needed someone with a computer that could burn CDs back in undergraduate school. Now here we are in our fourth year of marriage and well on our way to becoming doctors.”

“Soner worked and volunteered in a hospital in the Dominican Republic for a year and a half before coming to MSUCOM,” said Samer. “She has a strong desire to help others. That’s why she dedicated so much time to that hospital helping those with limited access to healthcare.”

“I wouldn’t be in medical school if it hadn’t been for Samer,” stated Sonya. “He’s the one who convinced me that I could do it, and helped with the application process. He was there for our classmate Candice, when she started to get ill and needed to be hospitalized. He took care of her apartment and other details and was with her in the hospital until the end. She was part of our family.”

“We help to tutor children over at the Islamic Center and the neighboring Lutheran church on Sundays in math, science and English,” continued Samer. “We enjoy doing things for the community and have enjoyed our time here at MSUCOM. We like how much emphasis the college puts on treating each patient as a whole person.”
Focusing on Primary Care

by Dennis M. Paradis, M.P.H.,
MOA Executive Director

In September of 2006, MOA leadership identified redevelopment of the primary care system as the most essential change in redesigning an efficient health care delivery system. Currently, reimbursement favors those who treat illness rather than promote health, and attrition in primary care specialties is rising. The MOA has developed a plan to address the primary care shortage, which the osteopathic profession has already begun to tackle.

The first step in addressing the physician shortage is to increase medical school capacity. MSUCOM has already increased its class size with plans to further expand via two sites in southeast Michigan. This leadership is one reason why MSUCOM is ranked among the best primary care medical schools in the nation.

To accommodate an increase in medical school graduates, we must also increase the capacity of the graduate medical education system to provide primary care residencies. Michigan’s osteopathic community is well positioned to address this need, thanks to the Statewide Campus System (SCS), which gives the profession a unique ability to work with hospitals. Substantial work with the federal government remains, however, to overcome funding barriers.

With an impending physician shortage, non-physician providers (nurse practitioners and physician assistants) will play a greater role in health care delivery in the coming years. We must develop a system to maximize synergy between primary care physicians and non-physician providers rather than competition.

Primary care physicians must learn to provide health care in a different model. This phenomenon is known as “practice transformation” and focuses on a variety of activities including the redesign of physician practices to increase efficiency through system changes, the use of medical information technologies and the adoption of population-based medicine processes such as the chronic care model and the “medical home.” To assist our members in this effort, the MOA and President Susan Sevensma, D.O., are creating a practice transformation program.

Finally, primary care physicians must be economically rewarded for the indispensable role they play in improving health care, thereby lowering health care costs. Some initial success has been made through MOA efforts with Medicaid and Blue Cross Blue Shield of Michigan. Even the federal government is recognizing that the current reimbursement system is detrimental to the promotion of primary care specialties. Despite this progress, the current system is still based on the treatment of illness rather than the promotion of health, and substantial work remains to recognize the value of primary care physicians.

It is said that those who fail to learn the lessons of history are condemned to repeat them. In the 1950s and ’60s the United States came to rely on a strong osteopathic profession that understands the vital role of the primary care physician and a world-class college of osteopathic medicine to help correct the shortsightedness of past decades.

Please keep us informed of recent moves or changes in your practice. It is important for college reports, grant writing, etc., that we have up-to-date information on our alumni. Changes to your information can be made on the MSUCOM Web site under the alumni section or by calling (877) 853-3448.

Alumni Events Near and Far

In July more than 200 attendees dropped by the reception at the Michigan Association of Osteopathic Family Physicians in Boyne Falls where MSUCOM alumni had a chance to mingle with their peers and supporters. Across the country in Phoenix, Arizona, another 25 joined Dean William Strampel in June for an update of the college’s activities and a chance to reconnect with friends and fellow alumni. Don’t miss this year’s upcoming Silverfest and Osteopathic Open in September for your chance for tailgating fun, some friendly golfing on a beautiful course and a chance to reconnect with your alma mater.

WHERE ARE YOU?

Alumni Network
Development
Giving in Remembrance

by Craig Reed

Contributing to the wellbeing of MSUCOM is not just about the financial support such altruism can offer. There is another side to giving: the act of remembering a loved one and giving others the opportunity to connect to and know a little about that person as well.

When Gayle Stytz, an ’81 alumna, passed away recently, her husband Martin Stytz, Ph.D., didn’t want people to forget her and decided to establish a scholarship in memory of his wife and MSUCOM alumna, Gayle.

“I do have a second motivation for setting up this scholarship,” continued Stytz. “When Gayle was being treated for cancer and other conditions, she didn’t always get the care and treatment I think she deserved. There were several doctors we went to who didn’t listen to her thoughts or concerns even though she was herself a doctor. We need more doctors in this country who are compassionate, who listen to their patients, who give it their all and for whom being a doctor is more than a way to pay the bills. This scholarship is a way to remember Gayle, but it is also a way to promote better, more compassionate healthcare. I want this to be the scholarship every MSUCOM student wants to get.”

Martin Stytz has established a scholarship in memory of his wife and MSUCOM alumna, Gayle.

Cultural Diversity at MSUCOM

A total of 52 different student scholarship awards were given that night — scholarships from alumni, friends of MSUCOM, national societies, local organizations, state associations, professors, faculty, staff and many others. These donors have all invested time and energy into our alma mater by rewarding students who demonstrate leadership in the community and encouraging a greater sense of diversity within the college.

I recently attended the MSUCOM Alumni Honors and Scholarship Dinner as our representative to honor the recipient of the MSUCOM Alumni Association and Award, Richard Bryce. I was impressed by the drive and motivation of this young student doctor as I was by the other 95 recipients who were recognized.

Joanne Grzeszak, D.O., Class of 1976

“After interning at Grand Rapids Osteopathic Hospital, I returned to MSU for three years and worked at MSU’s Olin Health Center and MSUCOM,” Grzeszak said. “I was also on the MSUCOM Alumni Board of Directors in the early 1980s. I now have a private family practice in Grand Rapids and enjoy having MSUCOM students work with me at my office.”

Grzeszak has been involved with the Michigan Association of Osteopathic Family Physicians and has served as the organization’s president.

“I want to invest the experience that I have gained back into the college and to stir up interest among the other alumni to support the college.”

Michaeline Koppny-Austin, D.O., Class of 1976

Koppny-Austin started her practice in northern Michigan, where she served the town of St. Helen for eight years. Later she became the medical director of Redi-Med in Saginaw. The last 11 years of her medical career was at Central Michigan University, where she worked at an on-campus family practice clinic.

“Since retiring in 2003, I have more time now to devote to the board. My experience in higher education is something I hope can contribute to the Board of Directors. I want to bring a new perspective to the board, get more alumni involved, and give back to the school which gave to me a wonderful education,” said Koppny-Austin.

Steven Swetech, D.O., Class of 1986

Swetech has been in family practice for more than 20 years and currently has a private family practice in Clinton Township, Michigan. He has also been involved in industrial medicine as a plant doctor for Chrysler and General Motors and has worked in clinics in Jackson and Grand Rapids, Michigan.

In addition, Swetech served as the Millennium President for the Michigan Association of Osteopathic Family Physicians while also serving as the Macomb County Osteopathic Society president.

“I want to be a member of the Alumni Board of Directors as a way to give back to my profession and to the university that I am proud to be associated with,” said Swetech.

Introducing the New Alumni Board Members

by Amanda Maas

I recently attended the MSUCOM Alumni Honors and Scholarship Dinner as our representative to honor the recipient of the MSUCOM Alumni Association and Award, Richard Bryce. I was impressed by the drive and motivation of this young student doctor as I was by the other 95 recipients who were recognized.
As the Michigan State University College of Osteopathic Medicine expands its class size, so too does our long line of donors. Their generosity has supported the osteopathic profession and helped us earn our ranking as the fifth best medical school in the nation for primary care education. We would like to recognize and thank all of our donors for supporting our efforts to provide quality health care to the people of Michigan and beyond.

Honor Roll

Frank S. Kedzie Society

$1 Million to $4,999,999

Philip E. and Patricia B. Greenman

Robert S. Shaw Society

$500,000 to $999,999

Dr. Myron S. and Ruth Magen

Theophilus C. Abbott Society

$250,000 to $499,999

Phyllis K. and Walter P. Dolf

Jonathan L. Nathan Society

$100,000 to $249,999

Mrs. Kay J. Rogers

John A. Hannah Society

$50,000 to $99,999

Anthony G. Carney

Patrons and Friends

Dr. and Mrs. Wladislaw D. Cichos

Gloria A. and John W. Moskal

 staunch support of our efforts to provide quality health care to the people of Michigan and beyond.

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$10,000 to $24,999


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Mary F. Kelsey

David Lehman and Elaine Lehman

Carolyn Bell Harbin

Dr. and Mrs. Joseph L. Ketch

Don. Paul and Amiee LaCasse

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$10,000 to $24,999


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Dr. Ellen K. Athens and Mr. Thomas D. Lasky

Dr. William and Angie Athens

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Neal Robert Osborn, D.O.
Calendar of Events

For a complete listing of MSUCOM events check out our Web calendar: www.com.msu.edu/calendar

OCTOBER

21

14-15

Silverfest Weekend Events – Celebrating the silver anniversary of the Class of 1982 and honoring the Classes of '77, 1978, 1979. Includes a reception on Friday evening, and continuing education and entertainment on Saturday; East Lansing, MI. Contact Megan Tappy at (517) 353-0616, or meghan.tappy@hc.msu.edu.

26-30

CME: “Muscle Energy: Level 1” – 36 hours of Category 1A credit; Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Carl Steele, D.O., M.S., P.T.; Marriott, East Lansing, MI. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

30-31

CME: “Exercise Prescription as a Complement to Manual Medicine” – 32 hours of Category 1A credit. Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Sherman Gorbis, D.O.; Windmill Inn, Tucson, AZ. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

12-16

CME: “Principles of Manual Medicine” – 36 hours of Category 1A credit; Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Sherman Gorbis, D.O.; Marriott, East Lansing, MI. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

12

Las Vegas Night Fundraiser - 7:00 p.m. to midnight; Marriott Hotel, East Lansing, MI. Annual fundraiser to benefit student government and student organizations. Contact Beth Courey at (517) 355-4608 or courey@msu.edu.

23

MOOC Ball: “Puttin’ on the Glitz” – Annual fundraiser for the Michigan Osteopathic College Foundation. Net proceeds benefit educational programs and student scholarships at MSUCOM; Ritz Carlton, Dearborn, MI. Contact Colleen Kniffen at (517) 355-9616, or kniffen@msu.edu

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November

1

10-14

American College of Osteopathic Internists Annual Convention – Boston, MA. Look for MSUCOM exhibit and alumni reception the 11th. For more information, visit www.acoi.org.

12-14

CME: “Integrated Neuromusculoskeletal Approach to Myofascial Pain Syndromes” – 24 hours of Category 1A credit. Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Bruce DeStefano, D.O.; East Fee Hall, MSU campus, East Lansing, MI. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

31-Nov

CME: “Exercise Prescription as a Complement to Manual Medicine” – 32 hours of Category 1A credit. Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Sherman Gorbis, D.O.; Marriott, East Lansing, MI. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

December

8

Alumni Reception with the dean – Southeast Michigan – Location and time TBA.

12-16

CME: “Principles of Manual Medicine” – 36 hours of Category 1A credit; Early Bird Tuition is $1000; Full Tuition is $1250. Chairperson is Sherman Gorbis, D.O.; Marriott, East Lansing, MI. Contact Jan Falls at (517) 353-9714, or fallsj@msu.edu.

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JOIN US
in celebrating
the classes of
'77, '82, '87, '92, '97

SILVERFEST 2007
September 14-15
MSU vs. Pittsburgh

OSTEOPATHIC OPEN 2007
September 21
Eagle Eye Golf Course

For more information please visit
our web site at:

www.com.msu.edu