



THE PULSE

OF THE OSTEOPATHIC FOUNDATION OF WEST MICHIGAN

PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE

WEST MICHIGAN PHYSICIANS AS MSU CLINICAL FACULTY

BY WILLIAM D. STRAPPEL, DO,
DEAN, MSU COLLEGE OF OSTEOPATHIC MEDICINE

It is a real boon to the college and the students to have faculty and clinical faculty members from the West Michigan area. First, the students get exposure to the issues unique to this particular region through their interactions with the faculty. Second, and this is somewhat related to the

“...helping make our students the best osteopathic physicians they can be.”

first, the students learn a little about the communities in the West Michigan area, and we hope this exposure will encourage graduates to gravitate to the area when they are ready to establish their practice. Over two-thirds of our graduates choose to stay in the state of Michigan, and I believe showing the students the variety of communities Michigan has to offer is a key element in keeping our graduates here in the state, and drawing them into areas like West Michigan.

See *Faculty*, page 3.

DAVID DORA, DO PHYSICIANS AS TEACHERS

Many physicians who participate in the medical education program at Mercy General Health Partners are also listed as clinical faculty through the College of Osteopathic Medicine at Michigan State University. Their dual role as practicing physician and teacher is both an honor and sometimes a daunting responsibility. Their work as faculty is voluntary, and each must individually submit credentials and be approved by MSU.

Students often ask why and how we do things, and challenge us with new ideas. Teaching physicians are continually reaffirming some of what they know and what they do, and making changes when needed. Being open to change takes courage, and it takes time.

Perhaps most difficult and important, the faculty physicians must ascertain the level of comprehension that each medical student has, so they can successfully advance the student's knowledge. They also mentor and serve as role-models for behaviors and attitudes that result in healthy personal lifestyles, healthier patients, and support for a healthy community.

Teaching physicians readily acknowledge the students can teach us in certain areas, as well. Students, for example, are better than most of us at finding things on the computer and using the computer to manage patients.

Why are physicians willing to participate in medical education? A recent study of 1,400 North Carolina physicians examined the importance of reasons for physicians teaching

students. The following are the primary reasons given by the physicians:

- Demonstrating community practice (84%)
- Enjoyment of teaching (83%)
- Giving something back to the profession (82%)
- Intellectual stimulation (78%)
- Being a role model (75%)

Each physician who participates in our program brings a unique perspective and knowledge base to the students. We are grateful to each of them for their commitment



DAVID DORA, DO
CHAIRMAN

to training and educating the next generation of physicians.



PICTURED ABOVE, GUS BARKETT, DO, (FAR RIGHT IN THE TOP PHOTO, MIDDLE OF BOTTOM PHOTO) WORKS WITH RESIDENTS DURING THEIR OBGYN ROTATION.

DID YOU KNOW

Two-year report is 15 years late —

The Tort Reform Act of 1986 requires the Michigan Insurance Commissioner to publish a report every two years describing the condition of Michigan's medical-malpractice insurance marketplace, detailing information about specific claims experience and making recommendations based on this information. However, the Michigan Insurance Commissioner has published this report only once, in 1989. Michigan Representative Elsenheimer who chairs the House Tort Reform Committee is working with the current Insurance Commissioner to insure that in 2006 and every two years hereafter, the Insurance Commissioner fulfills this statutory obligation.

You graduated from where? —

Fake academic degrees are becoming popular and easy to obtain because of common use of the computer and the Internet. For the right price, anyone can "earn" nearly any degree they wish.

Several websites can be checked to determine if someone has a questionable degree. One state website (http://www.michigan.gov/documents/NonaccreditedSchools_78090_7.pdf) has a list of about 600 questionable colleges and universities. Degrees from the institutions listed are not accepted by the Michigan Department of Civil Service as satisfying any educational requirements for jobs. The site also lists 40 to 50 accreditation bodies, which are not approved by the U.S. Department of Education. Therefore, any "accreditation" by them is meaningless.

Britain's Ashwood University (<http://www.ashwooduniversity.net>) offers assistance in verifying foreign degrees.

The Oregon Student Assistance, Office of Degree Authorization (<http://www.osac.state.or.us/oda/unaccredited.html>) can also be helpful.



FROM DAVID WELLS, EXECUTIVE DIRECTOR

GIVING A GIFT OF SECURITIES

Did you know that donating securities directly to a charitable organization is an extremely effective way to maximize your gift to the charity? Securities often make up a very large portion of a person's assets and are usually a significant factor in a person's long-range financial savings plan. By donating securities that have appreciated in value, you can avoid paying capital gains tax, yet be entitled to a federal tax deduction on the full value of the appreciated assets, including the amount you would have had to pay to the federal government in capital gains taxes.

The procedure to make such a gift is easy. If you have certificates in your possession, you simply send the charitable organization a signed "stock power" form and the unendorsed stock certificate in separate envelopes. The stock power form is available from your financial services provider. If a financial institution has possession of your securities or mutual funds, you can ask your financial advisor to transfer the assets for you.

If you have securities that provide you dividend income and you would like to retain the income, there is a method to accomplish that, also, while still being able to give the securities as a gift to your favorite charity. The procedure is not complicated, but it does require the assistance of a financial advisor and probably an estate planning lawyer as well.

For more information about donating securities, or to talk about making a gift to the Osteopathic Foundation of West Michigan, please feel free to contact me at 231-894-5211.

2006 DONATIONS

On behalf of the programs and the people served by the Osteopathic Foundation of West Michigan we thank our contributors for their generous donations in 2006.

GIFTS \$1,000 – \$1,499

Armstronggraphics, Inc.
Dennis Cherette
David Krencik, DO and Lynn Krencik
Donald Rutherford, DO

Raymond Rabideau, DO
Robert Schneeberger, DO
Roger and Jan Spoelman
Chad Uptigrove, DO

GIFTS \$500 – \$999

John B. Hinderer, DO
Patrick Walsh, DO and Judy Walsh

GIFTS TO \$249

Ken Ferrelli
Andy Fink
Gerald Harriman, DO
Hughes Brothers Construction Company
Jose' Infante
Mary Klesner, DO
Barry Kram, DO
Greg LaPres
Frank and Marlene Marczak
Craig Matheson, DO
Susan Newhof and Paul Collins
Andrew S. Riemer, DO
Ward VanDam
White Lake Title Agency
David and Nancy Wells

GIFTS \$250 – \$499

Harry Arthur, DO and Lori Arthur
Gustav Barkett, DO and Debora Barkett
Robert Beckman, DO
Eagle Alloy, Inc.
Mark and Christine Fazakerley
William Fettis
Wayne Harkema
Richard Huff, DO and Patricia Huff
Robert H. Pierce, DO
E. Duane Powers, DO

STUDY ON THE AFFECTS OF OSTEOPATHIC MANIPULATIVE TREATMENT ON PATIENTS WITH PNEUMONIA IS EXTENDED

This past April, the Data and Safety Monitoring Board (DSMB) announced that the study to assess the affects of osteopathic manipulative treatment (OMT) on patients with pneumonia was being extended to as late as February 2007 in order to have a sufficient number of patients aged 60 and older enrolled in the study. The extension is necessary for the efficacy of the study, but the original budget did not have sufficient funds to cover it.

According to David Massello, president of the Business Performance Institute which oversees the study, the Foundation for Osteopathic Health Services (FOHS) and Osteopathic Heritage Foundation (OHF) negotiated with the Principal Investigator and the Osteopathic Research Center, and received a commitment from each site to fund the study until February of 2007—thus no new support will be required from any of the organizations that initially funded the study.

The study is moving along well, now, and June 2006 brought in more patients than any previous June, reports Massello. He cautions, however, that the completion date could change again, because it depends on

the number of patients who qualify and enroll.

Already, there are early observations from the study that may prove to be significant. For example:

- the DSMB reports that the patients in the 50-59 age group do not have the same type of pneumonia as older people
- those in this age group generally do not get as sick and they do not appear to benefit from OMT to the same extent as older patients

Since there is little in the literature to indicate when OMT is less effective or not effective at all, this type of finding may be very beneficial.

Though the study has been extended by almost one year, it remains on solid financial and scientific ground. It was reviewed by Ovation Research, of Highland Park, IL, and those involved are confident that the study will yield the first in-depth view of the capacity of OMT to influence the care of patients.

Faculty, from page 1.

On the topic of mentoring, I'd like to say that I am pleased to be a part of a profession which makes mentoring and teaching the next generation of doctors such a high priority. These interactions have benefited the students with the experience of seasoned physicians, but I believe physicians also gain in the knowledge of knowing they have helped to train a future peer and have done their part in keeping the osteopathic profession strong and vibrant.

Since 2001, West Michigan has taken this commitment a step further through their generous sponsorship of local high school students to MSUCOM's OsteoCHAMPS program, which is designed to expose these young students to the osteopathic profession in the hopes they will one day become a D.O. This combination of mentoring and financial support of future physicians provides a generous example of what it truly means to be an osteopathic physician.

MSUCOM is grateful to have doctors from West Michigan helping to make our students the best osteopathic physicians they can be, and we look forward to further strengthening our relationship with the region.



MSU-COM FACULTY PHYSICIANS 2006

MIMA BACIC, MD, INTERNAL MEDICINE
MICHAEL BANKA, MD, FAMILY MEDICINE
GUSTAV BARKETT, DO, OB/GYN
ROBERT BECKMAN, DO, PEDIATRICS
TIMOTHY BEECHNAU, DO, FAMILY MEDICINE
GREGORY BERNATH, MD, CARDIOLOGY
KRISTEN BROWN, MD, FAMILY MEDICINE
MARTIN BURY, MD, ONCOLOGY
MICHAEL CARNES, DO, OMM
RONALD CHUSID, DO, INTERNAL MEDICINE
MICHAEL CLARK, DO, EMERGENCY MEDICINE
MARYVIC CUISON, DO, EMERGENCY MEDICINE
WILLARD DEBRABER, DO, UROLOGY
FREDERICK DETORRES, MD, ALERGY
DAVID DORA, DO, FAMILY MEDICINE
GREGORY DOWNER, MD, NEPHROLOGY
MICHAEL ENGEL, DO, OB/GYN
DAVID FOLKMIER, DO, INTERNAL MEDICINE
BRIAN GLUCK, DO, GENERAL SURGERY

GERALD HARRIMAN, DO, FAMILY MEDICINE
THOMAS HILL, MD, CARDIOLOGY
JON HINDERER, DO, INTERNAL MEDICINE
B. ROLF HISSOM, MD, INTERNAL MEDICINE
RICHARD HUFF, DO, OMM
ROBERT HYLLAND, MD, RHEUMATOLOGY
KATHERINE KELLER, DO, FAMILY MEDICINE
RAYMOND KOMRAY, MD, EAR, NOSE, THROAT
BARRY KRAM, DO, NEPHROLOGY
MICHAEL KROHN, DO, INTERNAL MEDICINE
FREDRIC LEVIN, DO, ORTHOPEDICS
LAWRENCE MALLON, MD, VASCULAR SURGERY
CAROL MARKIEWICZ, DO, OB/GYN
CRAIG MCBRAYER, DO, VASCULAR SURGERY
MARK MEENGs, MD, CARDIOLOGY
JOAN NAGELKIRK, MD, INTERNAL MEDICINE
ALEJANDRO NAKAHODO, MD, GASTROENTEROLOGY
BENJAMIN NYKAMP, MD, DERMATOLOGY
JOHN OLTEAN, DO, OPHTHAMOLOGY

RICHARD PETERS, MD, PATHOLOGY
WILLIAM PHILLIPS, DO FAMILY MEDICINE
MATTHEW POWELL, DO, DC, FAMILY MEDICINE
SCOTT RENTON, DO, INTERNAL MEDICINE
JEFFREY REWITZER, DPM, PODIATRY
KATHY ROSEMA, DO, FAMILY MEDICINE
PATRICIA ROY, DO, FAMILY MEDICINE
RALPH RYAN, MD, CADIOLOGY
ROBERT SCHNEEBERGER, DO, ORTHOPEDICS
PETER SHIREMAN, MD, PATHOLOGY
JOHN SKALLERUP, MD, CARDIOLOGY
JEFFREY STUK, DO, RADIOLOGY
MICHAEL TOMASZCZYK, DO, GENERAL SURGERY
CHAD UPTIGROVE, DO, FAMILY MEDICINE
PAUL WAGNER, DO, FAMILY MEDICINE
PATRICK WALSH, DO, EMERGENCY MEDICINE
DANIEL WEST, MD, CARDIOLOGY
DOUGLAS ZWEMER, MD, GENERAL SURGERY

HOLMES O. WILBUR, DO FROM “OPEN DROP” ETHER TO WALK-IN SURGERY

Holmes Wilbur was in high school when events in his life got him thinking about being a doctor. His mother was a semi-invalid with a rheumatic heart, and for years an allopathic physician tended her as well as other members of the Wilbur family. When the doctor was at a loss to do more for her, he recommend they consult with another physician, who was, incidentally, a female osteopath.

Holmes grew up in Baltimore, Maryland, and in those days, in Maryland, the law restricted osteopaths so they could only do manipulation. Still, the new doctor was able to do a great deal for Mrs. Wilbur, and she also treated other members of the family as well when they had need of her. She is the reason, says Dr. Wilbur, that he became interested in osteopathic medicine more than 60 years ago.

In his words, here is his story.

THE EARLY YEARS

I lived in Baltimore until I headed to osteopathic college in Kirksville, Missouri in 1942. It was the beginning of WWII, and I was deferred from military service because the government wanted to educate physicians as fast as they could. They needed them. As a result, the college stopped having summer vacations. We went to school year-round, so I completed the four-year course in three years.

I graduated in 1945, and started my internship at the college hospital along with another graduate. The government, however, still needed physicians, and there were three priorities—surgeons, ObGyn physicians, and anesthesiologists. The program required that I assist at every obstetric event or surgery, or that I give anesthesia whenever it was needed. If I was giving the anesthesia, the other intern assisted in the surgical or obstetric event. It was a round-the-clock responsibility that lasted 12 months. I didn't get much sleep that year! In this stepped up event, the senior students became the interns, the interns became the residents and the residents went off to war.

When I completed my internship/residency,



the war was over and I was no longer needed in the service. I learned that there were a few positions open in Sedalia, Missouri. I took a look at the town and liked it, and decided that was where I wanted to start my practice. A fellow physician had started a little 12-bed hospital, and he asked if I would come along and give him some anesthesia help. I agreed, and that was how I made the decision to become an anesthesiologist!

It's hard to believe now, but in those days, it was common to give the anesthetic as “open drop ether,” meaning it was a liquid, dripped out of the can onto a mask that was covered with gauze and positioned over the patient's face. The liquid rapidly became a gas and brought on the anesthesia. We also used chloroform, similar to the ether, which worked well especially for obstetric patients because it acted quickly and the patients recovered from it quickly.

The only monitoring tools we had at the time were a stethoscope and a blood pressure machine—very primitive compared to the equipment that we have today!

Ether is probably somewhat safer than some of the drugs used today, and that is a good thing given the lack of monitoring options we had. But it takes a long time for the patient to recover from it.

Fortunately, soon after I went to work in Sedalia, the surgeon bought an anesthetic machine called a Heidbrink which I had been trained to use in Kirksville. It dispensed nitrous oxide, oxygen, ether and cyclopropane. Ether is heavier than air and it would settle to the floor, but cyclopropane is lighter than air and is highly flammable. It made the patient's recovery faster, but we couldn't use anything during

surgery that would spark. Even static electricity would set it off. To reduce the risk, we used electric cables to ground the surgeons, nurses, anesthesiologist and the operating table to the Heidbrink. Since I am here to tell this story, I was never involved in an explosion.

To keep up on all the advances in anesthesia, I made it a point to go to a seminar at least twice a year, and I became a lifetime member of the American College of Osteopathic Anesthesiologists.

In Missouri, I did anesthesia in the mornings and had a general practice in the afternoons. I also made house calls. One call in particular stands out. The woman who needed assistance said she was having abdominal pain. When I got to her house, she was in full labor, and I delivered her baby right there in the house!

After working for 25 years in Missouri, I went to a seminar and met a surgeon from Muskegon who was looking for an anesthesiologist. He invited me here and I told him I would come work with him for a month. If we could stand each other at the end of that time, I'd consider moving. That was 1971.

I arrived in Muskegon in October and remember looking out over Muskegon Lake during a snow squall. Having lived in Maryland and Missouri, I didn't know much about snow. I liked it here a lot, and the hospital really needed my services. I was so busy up here that I didn't have time to go back to Missouri and close up my office there.

In 1980 I married Carol, whom I had met through mutual friends in Spring Lake, and we've had 26 wonderful years together.

CHANGES AFOOT

When new developments in anesthesia came along, we learned about them through the seminars. I looked forward to the changes, and in particular to the monitors that were developed along the way and were so helpful. There were also new gasses. Some of the intravenous anesthetics were just outstanding in the way we could get a patient to sleep, and in the short time it took to get them out of it. Better anesthesia also made walk-in surgery possible, and that helped keep expenses down.

AFTER 50 YEARS

When I retired, I missed medicine at first, but it didn't take me long to get busy with other things. I've become a computer nut and like searching for things on the net. I particularly like the website that researches urban legends!

I also work at the YMCA in Grand Haven 15 hours a week as a fitness attendant. My job is to observe people who are working out to be sure they are using the machines properly. If they aren't I step in and show them how to do it right. Some of the machines can actually do harm if used improperly. For example, one machine is designed to strengthen the lower back, but the pad that rests on the back must not be up too high on the back or a person could fracture a vertebrae.

I am playing more golf than I have in years. In fact, I never even picked up a golf club until I retired. And I have a model railroad in my basement that is still under construction, which is a lot of fun. I had trains in my high school days, and didn't have time for them again until I was retired.

REFLECTIONS

In my later years of practice, I saw an average of 900 patients a year. We all lost patients once in a while, and it always hurt when things didn't go right. Many, many patients hated the idea of surgery because they didn't like to give up control, which goes with receiving anesthesia. It was helpful for me to know that, so I could handle that fear with the patient when they came in. I let them know I would be there with them and that I'd give them good care. Patients often requested me when they had to have additional surgery, and that was quite gratifying. I still occasionally dream of doing anesthesia.

I loved being a doctor and really liked taking care of patients.

MEET NEW BOARD MEMBER FRANK P. MARCZAK, ED.D.



Home: Whitehall

Childhood: Frank was born and raised in "...the wonderful, wooded western end of the Upper Peninsula." He earned a bachelor's degree in physics and mathematics from Northern Michigan University, a master's in educational administration from Eastern Michigan, and a doctorate in educational administration from the University of Michigan.

Family: Marlene and Frank have been married for 43 years. They have three grown children: Greg is married and has three sons, Stacy is married and has two daughters, and Joan is married and has one son and one daughter.

Occupation: Frank retired from Muskegon Community College at the end of 2004. He had been president of the college for ten years, and had worked there since 1975 in various administrative and instructional capacities. Prior to coming to Muskegon, he worked at CS Mott Community College in Flint as an instructor and administrator. He also taught in the Flint public school system and worked at AC Spark Plug before joining CS Mott CC. He continues to teach in the graduate program of educational leadership for Western Michigan University in Muskegon, and has joined Integrity Search Associates, a firm specializing in recruiting administrators for colleges and universities.

Why academics: "I was able to marry my love of science and math by sharing it with others, and that was very fulfilling."

Volunteer activities: Frank chairs the American Red Cross Board of Directors and is the volunteer fund development officer as well. He was also trained as a disaster volunteer, and is looking forward to his first assignment. Frank served on the Child Abuse Council for several years, was chairman of the United Way campaign for 2005-06. He is a member of the Muskegon Rotary Club and secretary for the Muskegon Technical Academy Board of Trustees.

Impact on the community: "When I worked for Muskegon Community College, I took that word "community" to heart, and I'm continuing my work in the community much as I did when I was president of MCC. It is extremely fulfilling to serve the community where you see the needs of those who are troubled being supported by those who have the means to help."

Commitment to the Foundation: "I learned about the Foundation while I was at MCC when the college hosted a gathering of OsteoCHAMPS students. I met Dr. Dora and David Wells, as well as students who were chosen for the program with hopes to pursue a career in medicine. For me, it was like fitting a hand into a glove. The program made so much sense. I could see that it was creating a wonderful opportunity for young people who might be unsure about their skills or their future. I was impressed with the Foundation and am very pleased to be asked to join the Foundation's board of directors."

Foundation responsibilities: Frank serves on the scholarship committee.

Favorite Foundation project: OsteoCHAMPS. "It gives kids an opportunity to pursue a career in the field of medicine. Without OsteoCHAMPS, many of them would have otherwise thought that such a career was not possible for them."

"...It is extremely fulfilling to serve the community where you see the needs of those who are troubled being supported by those who have the means to help."



FIELDNOTES

Osteopathic Foundation of West Michigan Board of Directors

David L. Dora, DO
Chairman

Mark F. Fazakerley
Vice Chairman

Bryan Hughes
Secretary

Harry R. Arthur, DO
Treasurer

Denny Churette

Gerald A. Harriman, DO

José A. Infante

Frank Marczak

Patricia J. Roy, DO

William Seyferth

Roger Spoelman

Patrick E. Walsh, DO

Executive Director
David M. Wells, JD

They say it's a party! The annual scramble golf tournament was held this summer for medical students, interns, residents, and physicians participating in medical education at Oak Ridge Golf Course. Besides being a great outing, it's a fine way to say goodbye to the graduating new doctors and hello to the new medical students and residents. It included a silent auction that raised over \$1,200, and was followed up by a gathering at the home of Drs. Sara and David Dora.

A familiar face The MSU News Bulletin recently ran a photo of OsteoCHAMPS student Jemesha Smith, from Mona Shores High School, taken while she was in an anatomy and physiology class at MSU this summer. The class was part of the two-week program that all OsteoCHAMPS students participate in. Jemesha is one of several West Michigan high school students selected for the OsteoCHAMPS program, which is designed to introduce high school students to the osteopathic profession and encourage them to pursue careers in the field.

He is our first Welcome back to Joel Anhalt, DO, who is a foot and ankle specialist joining Drs. Schneeberger, Levin and Fett. Dr. Anhalt is familiar to many in West Michigan. He is the first physician who received a medical education scholarship from the Foundation, who then left to train elsewhere and has returned to a practice in Muskegon. We are delighted Dr. Anhalt has returned!



Welcome to the lakeshore We are pleased to welcome several new physicians:

Aaron Huizenga, DO, has joined Muskegon Family Care as a family practice physician

Brian Quinn, DO, has joined Mercy General Geriatrics

John Duhn, DO, whom we featured in an article in the Pulse last year, has joined Advantage Health in Grand Rapids.

Wendy L. French, DO, joins the Hackley Hospital Cancer Center

Family practice physician **Kathy L. Rosema, DO**, has set up practice in Muskegon

Renaldo A. Hidalgo, DO; Penelope O. Cook, DO; and Stephen T. Knuff, DO, have joined the staff of the MGPH Medi Center.

Allan Paris, DO, has joined Lakeshore Imaging Consultants, PC

Mary Ellen W. Rosel, DO, has joined West Michigan Internal Medicine, PC

Larry H. Wahl, DO, has opened a neurology practice in Grand Haven

Charles J. Zickus, DO, has joined the staff of the MGHP Emergency Department

It's hard to say goodbye We wish all the best to Sonja Williams, DO, who has left the area to return to her hometown in Missouri.

Do you have news you want to share? This is the place! Call Susan Newhof at 231-894-5383, or send e-mail to newhofcollins@aol.com



MUSKEGON PARTICIPANTS: (LEFT TO RIGHT)
JEMESHA SMITH, BENJAMIN MCNAUGHTON,
KHIRA SYDNOR, TIFFANY CROSBY, ANDREW
RAFFAELE, SHIKIEA THOMAS, (KNEELING)
JASMINE JONES, ARIELLE COTTON