PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION
Incorporated, June 6, 1903

the JOURNAL

of the Pennsylvania Osteopathic Medical Association

June 2019

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Conference Information

LECOM Summer Primary Care 2019 in Sarasota, Florida offers a unique learning experience for physicians and health care professionals seeking the opportunity to learn the latest information on medical advancements and treatment options.

Topics for this year cover cardiovascular issues, pediatrics, gastroenterology, orthopedics, two hours devoted to Florida law requirements and so much more!

LECOM clinical faculty will present topics from the perspective of a primary care physician.

Registration Information

Standard Registration: $1,600
Adjunct Faculty Registration: $1,350
Commuter Registration: $475

Standard and Adjunct Faculty Registration includes CME fee, four (4) nights lodging at the Ritz Carlton, Sarasota, Florida and breakfast Monday through Thursday. Commuter Registration includes CME fee and breakfast. It does not include a hotel stay.

CME Credits

LECOM anticipates AOA and AAFP approval for 20 Category 1-A Credits. All lectures will be held between 8 a.m. and 1 p.m. allowing time for afternoon activities around Sarasota.

Registration and Lecture Schedule

To view the lecture schedule and to reserve your spot for the LECOM Summer CME Conference in Sarasota, Florida, go to **lecom.edu/cme** to register. Adjunct faculty can receive a discount by emailing or calling the CME conference office.

Contact Us

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THE Journal OF THE PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

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CONTENTS

ABOUT THE AUTHOR

Roger E. Gregush, DO

Roger E. Gregush, DO, received the 2019 POMA Golden Quill Award for his manuscript, *"A Patient Survey of their Perception of the Care they Received from Osteopathic Orthopedic Residents as Compared to their Attending Physicians."* Dr. Gregush received his undergraduate degree from Emory University in Atlanta, Georgia, his master's degree in biomedical sciences from the University of South Florida in Tampa, and his DO degree from LECOM Bradenton. A third-year orthopedic surgery resident at LECOM Health, he plans to complete an adult reconstruction and joint replacement fellowship and practice in his home city, Port Charlotte, Florida. In his free time, Dr. Gregush enjoys skiing and spending time with his family.

Index to Advertisers

FROM THE EDITOR'S DESK

Mark B. Abraham, DO, JD

Mark B. Abraham, DO, JD
Editor-in-Chief

Happy summer everyone!

I thank Dr. Joan M. Grzybowski for all of her hard work and leadership this past year and congratulations to our new President, Dr. Pamela S.N. Goldman. Dr. Goldman and I spoke on Day 1 of the Clinical Assembly, and she has some wonderful ideas about continuing to improve *JPOMA* and help make it one of the leading osteopathic journals.

I offer further congratulations to our winners of the writing contest. You will first have the opportunity to read our Golden Quill winning submission by Dr. Roger E. Gregush. To all of the new DO graduates from PCOM and LECOM, congratulations and good luck in internship/residency.

After the presentation of the writing awards, I announced that the September/Fall issue of *JPOMA* will turn to the healthcare debate in the United States. In the past, I have left this as more of an open question as opposed to offering or taking a stronger stance. This was different. For those of you that were not there, tell us your opinion. Take a stand, one way or the other as to what you think of our current health care system and the related debates points such as: what do you feel is best whether for yourself, for physicians, for patients, the country, or all of it combined; do you believe it is a fundamental right as we are hearing from some politicians; do you support one of the proposed alternatives such as Medicare for All, moving towards any single payor/government run program aka universal healthcare aka socialized medicine; is the Affordable Care Act ("Obamacare") the basis to any future healthcare plan for this country; do we leave it alone and let a free market decide? What is your opinion?

In my last editorial, I started this discussion and stated my feelings on Medicare for All. If you do not recall, I oppose it. For my reasoning, please read the Spring 2019 issue.

That positioned garnered a lot of comments, feedback and discussion when I was at the convention this past spring. After my introduction to the theme for the Fall issue, several colleagues approached me, at different times, to ask if I was serious in wanting to go in this direction. The answer, YES! To that end, I have already received one submission which will be published.

When Dr. Goldman and I spoke about this upcoming theme, some of you may have been gathered around as the question was asked as to my being serious. Our thoughts and responses, offered essentially simultaneously, was "it's time." I am not looking to make *JPOMA* political in any partisan way. However, I feel that we have an opportunity as osteopathic physicians to elevate the level of discussion and debate. It is one thing to have organizations take positions on behalf of doctors in the collective (such as the AOA or AMA), but another when the physicians speak up individually. It needs to start somewhere. Let it be here.

I look forward to your submissions and comments. So many of you were encouraged at the idea, please follow through and send in your opinions. Some of you may feel limited as to what you may be able to write due to your current employment situation. To you, I ask that whatever you feel comfortable writing and in whichever way so that you do not jeopardize your current job or career, please do.

Finally, I am looking forward to the wisdom which Dr. Samuel J Garloff will provide. Dr. Garloff, in a very friendly and collegial way, made sure to let me know how wrong I am about my stance on Medicare for All. Dr. Garloff is a valued member of the Publications Committee and writer for *JPOMA*. I know that he will not let me down (and may even share some of his colorful ways of telling me that I was wrong). If you would have been there, it was a very funny conversation over lunch.

Everyone, have a happy, safe and enjoyable summer.

Collegially,
Mark B. Abraham, DO, JD

Leonard H. Finkelstein, DO, FACOS, FCPP
July 16, 1933 - June 25, 2019

POMA dedicates this issue of the *Journal of the POMA* to the memory of Leonard H. Finkelstein, DO, FACOS, FCPP, editor-in-chief emeritus and POMA past president. His leadership, professionalism and dedication to the osteopathic profession will be missed by all. POMA received news of his passing while this edition of the *Journal* was in production. The fall issue will highlight the life and accomplishments of Dr. Finkelstein. POMA extends its deepest sympathy to the Finkelstein family.

PAMELA S.N. GOLDMAN, DO, INSTALLED AS 108TH PRESIDENT OF THE POMA

Dr. Pamela S.N. Goldman, POMA's 108th president.

Pamela S.N. Goldman, DO, MHSA, FACOI, was installed as POMA's 2019-2020 president during the Annual State Banquet, held May 3, 2019 at the Radisson Valley Forge and Valley Forge Event Center in King of Prussia, Pennsylvania.

Dr. Goldman has been a member of the association for over 13 years. She began her leadership path as Chair of POMA District 14 and become a District Trustee in 2013. Following two terms as a trustee, she was elected as Vice President in 2017; and President-elect in 2018. In addition to her board leadership role, Dr. Goldman is also chair of the East Region/Committee on Professional Guidance and Young Physicians (PGYP). The Mental Health Task Force, chaired by Dr. Goldman, is an outcome of the PGYP to encourage and create opportunities for open dialogue about personal well-being for physicians in training. Chair of the POMA Foundation, Dr. Goldman continues to serve as a Delegate to the POMA and American Osteopathic Association House of Delegates.

Dr. Goldman is a medical director for a major healthcare company and a specialist in hospital medicine and utilization medicine; a clinical instructor in the Department of Medicine at the Philadelphia College of Osteopathic Medicine, and an adjunct professor for the Masters of Health Services Administration program at the Lake Erie College of Osteopathic Medicine (LECOM) Health Services Administration.

A graduate of Juniata College in Huntingdon, Pennsylvania, and a 2006 graduate of LECOM, she completed an internship and internal medicine residency at Frankford Health Care System in Philadelphia, Pennsylvania. She also received a Master of Health Services Administration degree from LECOM and completed a healthcare leadership and management for physicians certificate program from the American College of Osteopathic Internists (ACOI) and the University of Texas at Dallas. She is a fellow of the ACOI.

A transcript of Dr. Goldman's presidential speech that was presented to the POMA Board of Trustees follows:

I am honored at the privilege of serving POMA this next year.

A special thank you to Dr. Joan [Grzybowski] for her leadership and mentorship over the last year. As we go forward with developing a public policy platform and updating the bylaws of the association, we appreciate your ongoing leadership.

Thank you also to Dr. George Vermeire for his tireless advocacy for the profession and drive to improve our political presence in Harrisburg.

And a special thank you to Diana [Ewert] and the POMA staff for their yeomen efforts to support the growth initiatives and our aggressive strategic agenda to place POMA in the best position to support our members now and into the future.

POMA is an organization rich in the history of osteopathic medicine and serving the needs of the osteopathic physicians and our patients in the Commonwealth for the last 116 years.

While only a few will have leadership titles at POMA, within our professional organizations, or on national osteopathic committees, you are all leaders.

You are leaders in your practice.

You are leaders in your community.

You are leaders in your Districts.

You are leaders and advocates for your patients.

"We DO..." This is our theme for the upcoming year. We will highlight each district for who you are and what you do to advance the practice of osteopathic medicine in Pennsylvania. Each of us has our sphere of influence and by the very nature of you being a representative for your district or region, school or residency, your leadership and willingness to serve the osteopathic profession speaks volumes about who you are and what POMA, our members, can accomplish. Know your time and active participation does not go unnoticed.

(continued on page 22)

POMA Hosts 111th Annual Clinical Assembly & Scientific Seminar

Choose Knowledge

Knowledge is a combination of facts, information and skills acquired ence. It's fluid. New information is discovered, new experiences add training enhances skills, and new people lend a different perspective. open to this fluidity in knowledge, so we are able to continue offering patients and communities.

One of the main goals of POMA19 is to make sure our DOs have field of knowledge. This year was certainly no exception. Over 1,200 variety of sessions that featured updates in the fields of cardiology, pediinfectious diseases, pain management, and technology in healthcare. an opportunity to brush up on life saving skills and osteopathic mathat can be used every day in the office.

The exhibit hall also provided a wealth of information. Represeninsights on new products, therapeutics, technologies, services and practices achiever greater outcomes. POMA appreciates the support of our exhibitors.

Everyone who attended POMA19 accepted that knowledge is constantly changing and placed an importance in making sure to expand their knowledge base. Congratulations for Choosing Knowledge!

Leadership Holds Fireside Chats

Last fall, POMA chartered a new course when the Board of Trustees finalized its three-year strategic plan. To share the strategic direction of the association, the leadership gathered for a fireside chat on Wednesday morning. Each member of the presidential lineage discussed key components of the four pillar plan: Communication, Community, Education and Influence. POMA members now have a better understanding of the association and are better able to communicate the value of POMA; recognize the role of influence the practice of osteopathic medicine; understand the methodologies that provide clinical education; and can build better and healthier communities of patients and colleagues.

POMA also invited AOA leadership to participate in their own fireside chat. Osteopathic medicine continues to grow and change in response to the evolving healthcare landscape. The AOA leadership shared how the AOA is strategically positioning the profession to anticipate, respond and thrive in an increasingly diverse osteopathic medical community, with the aim of advancing and expanding access to patient-centered osteopathic care.

The fireside chats opened a dialogue with attendees who asked questions on a variety of topics, including board certification, graduate medical education, legislative issues and professional identity. The experience reflected a membership who wants to engage with one another to discuss common issues, raise big-picture questions and hear from diverse perspectives because ultimately, we all play a role in shaping the future of osteopathic medicine.

Medical Research on Display

Medical students, residents and attendings are regularly conducting research, sharing their findings and expanding our knowledge of medicine. Poster presentations are frequently used to share research findings enabling presenters to share their knowledge with interested viewers, leading to an exchange of ideas and networking opportunities. Alternatively, findings are shared in a scientific article with publication being the ultimate goal. POMA is proud to offer both of these platforms for students and residents to showcase their research at the annual clinical assembly.

On Wednesday, the winners of POMA's 45th Annual Clinical Writing Contest were announced. With over 30 submissions, the judges certainly had their work cut out for them. This year's papers featured manuscripts about mental health, pain management, orthopedics and sports medicine, radiology and infectious diseases. Non-clinical topics about effective teaching techniques and perception of patient care were also featured. Due to the elevated excellence of the submissions, this year saw a tie for both second and third place winners. Publication Committee Chair Mark B. Abraham, DO, presented the Gold Quill Award to Dr. Roger E. Gregush, second place awards to Dr. Chrisalbeth Jimenez Guillermo and Dr. Kenny S. Hirschi, and third place awards to Dr. Zackary M. Birchard and Dr. James Nemunaitis. Dr. Gregush's paper is published in this issue; the second and third place papers will appear in the fall and winter issues of the *JPOMA*, respectfully.

Thursday featured two sessions of poster presentations with a record high 62 displays. Research topics ranged from sepsis to medical marijuana to the effect of steroids to pain management, just to name a few. Hopefully you made a point to stop by and visit with the presenters to learn about new scientific breakthroughs and discoveries.

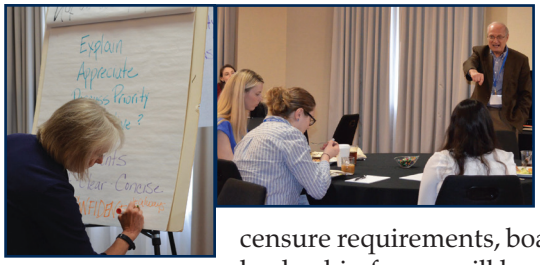
Leading into 2020

Over 100 elected physician representatives from across the Commonwealth came together on Wednesday and Thursday for POMA's annual House of Delegates meeting. They received bureau and committee reports, approved the 2019-2020 budget, discussed resolutions, and held elections. The House also received greetings from AOA President William Mayo, DO, AOA President-elect Ronald Burns, DO, and AAOA President Lauren Stremers.

Leading POMA for the next year is President Pamela S.N. Goldman, DO; President-elect Gene M. Battistella, DO; Vice President Joseph M.P. Zawisza, DO; Secretary-Treasurer Eric J. Milie, DO; Immediate Past President Joan M. Grzybowski, DO; Speaker of the House Jeffery J. Dunkelberger, DO; and Vice Speaker for the House Richard E. Johnson, DO.

To learn more about Dr. Goldman and to read her presidential speech, please see page 6.

Leadership Forum Supplements Knowledge



This year marked the fourth annual leadership forum, which was open to all students, interns, residents and fellows. The event offered our young physicians a chance to connect, learn and network with colleagues. It also provided an opportunity to ask questions and discuss topics that are not the typical focus in school and residency. Residents in the Professional Guidance Committee selected the topics during meetings this past year. Sessions included leadership skills, finding the right practice, work-life balance, licensure requirements, board certification, patient communication and self-care. Planning for next year's leadership forum will begin this fall.

Thank You!

It is our hope that this year's program, along with the other strategic initiatives POMA has been implementing, allows you to continue increasing your knowledge and improve your patient care. Conference materials will remain on the POMA webpage and in the POMA app throughout the summer. Please take advantage of these reference

The extraordinary success of POMA19 was largely thanks to the efforts of our Convention Committee, spearheaded by Anthony E. DiMarco, DO, general chair; David Kuo, DO, general vice chair; Kenneth J. Veit, DO, education chair; Michael A. Venditto, DO and Daniel J. Parenti, DO, education co-vice chairs; and education session coordinators John W. Becher, DO, Craig A. Frankil, DO, Jeffrey S. Freeman, DO, Richard E. Johnson, DO, Benjamin R. Kuhn, DO and Richard A. Pascucci, DO. A huge thank you also goes out to members of our affiliated organizations, the exhibitors and companies who support our program. Last, but certainly not least, thank you to our Central Office staff who each year, works tirelessly to make the week appear effortless.

Save the Date!

Mark your calendars now and plan to attend our 112th Annual Clinical Assembly, April 29-May 2, 2020 in King of Prussia!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Congratulations DO Class of 2019!!

POMA would like to extend a warm welcome and congratulations to this year's 617 DO graduates from Pennsylvania's campuses of the Lake Erie College of Osteopathic Medicine (LECOM) and the Philadelphia College of Osteopathic Medicine (PCOM).

LECOM honored its DO graduates with a Senior Awards Luncheon on May 24, 2019, at the Ambassador Conference Center in Erie. During the luncheon, POMA CEO Diana M. Ewert, MPA, CAE, presented the POMA Outstanding Student Award to Corbyn L. Minich, LECOM Erie, and Tyler J. Pratte, LECOM at Seton Hill.

On May 26, LECOM held its 23rd commencement ceremony at the Erie Insurance Arena, where 357 new DOs from the Erie and Seton Hill campuses received their degrees.

PCOM hosted its Commencement Dinner Dance on May 23, 2019 at the Hilton Philadelphia City Avenue. During the evening's celebrations, POMA Immediate Past President Joan M. Grzybowski, DO, presented the POMA Outstanding Student Award to Hannah C. Smerker.

One May 24, PCOM graduated 260 doctors of osteopathic medicine during its 128th commencement ceremony at the Kimmel Center in Philadelphia.

The branch campuses of LECOM and PCOM also held their commencement ceremonies. LECOM Bradenton (Fla.) graduated its 12th class with 194 students receiving their DO degrees. PCOM Georgia held its 11th DO commencement ceremony where 270 students became osteopathic physicians.

Congratulations to all of 2019's DO graduates and good luck as you begin the next step in your osteopathic journey!

Welcome to our osteopathic family!

Ms. Ewert presents the POMA Outstanding Student Award to Corbyn Minich, LECOM Erie (L) and Tyler Pratte, LECOM at Seton Hill (R).

Dr. Grzybowski presents the POMA Outstanding Student Award to Hannah Smerker, PCOM (R).

POMA POLICY POINTS

Andy Sandusky

POMA Advocacy Update

Andy Sandusky
POMA EVP Public Policy and Association Affairs

POMA advocacy efforts continue to bloom as Spring turns into Summer. June is a notoriously busy month for legislative action and POMA will be engaging lawmakers on multiple bills. For the most up to date information, please visit the Advocacy section of the POMA website. Here are some bills POMA will be working on as of June 6, 2019.

Senate Bill 25/House Bill 100 – Oppose — These companion bills remove the collaborative agreement requirement for certified registered nurse practitioners (CRNPs) when they are making acts of medical diagnosis and prescribing. POMA is opposed to these bills because they can jeopardize quality care and put patients at risk, based on the vast education and clinical differences between a physician and CRNP. Senate Bill 25 was voted out of Consumer Protection and Professional Licensure Committee on March 27 and is on the Senate calendar. It is quite possible it will make it through the Senate by the end of June, although POMA will work to make it a difficult vote. HB 100 was introduced on April 15 with 42 co-sponsors and remains in the House Professional Licensure Committee.

House Bill 286 – Oppose — HB 286 enacts the Informed Consent Protection Act to protect parents and their children who refuse vaccinations. Physicians would not be able to refuse treatment to a child whose parent has chosen to decline vaccines. Physician that violate the law would suffer a series of punitive fines and licensure penalties. POMA opposes HB 286 and abides by AOA public health policy to promote evidenced-based information on vaccination compliance and safety, and supports CDC effort to achieve a high compliance rate among infants, children and adults by inoculating osteopathic physicians to immunize patients of all ages when propitiate. POMA sent a letter to the House Health Chair opposing the bill. It was introduced and referred to the House Health Committee on January 30.

House Bill 783 – Support — HB 783 establishes the Infant CPR and Choking Education and Prevention Program and provides information to expectant and new mothers on appropriate measures in response to an infant needing CPR, and what to do when an infant experiences a choking situation. POMA shared its support to the prime sponsor and will work to see that it becomes law. The bill is likely to pass the House by the end of June.

House Bill 1194 – Support — At the time of this publication, HB 1194 has not been officially introduced. However, POMA has a position of support for the policy intent of the bill which is to streamline and simplify the prior authorization and step therapy processes. The legislation will not prohibit prior authorization or step therapy, but will promote transparency and establish important safeguards to ensure that patients get the care they need. POMA expects the bill to be introduced sometime in June. POMA will activate its grassroots in support of the bill sometime in the fall.

House Bill 1058 – Oppose — HB 1058 would require that in the case of a pregnant woman who is diagnosed as carrying an unborn child with a life limiting condition, that physicians and healthcare providers provide them with information on perinatal support care. POMA does not support this bill because it is not necessary and interferes with the physician-patient relationship. HB 1058 passed the House (116-76) in May and is now in the Senate.

LECOM DEAN'S CORNER

Silvia M. Ferretti, DO
LECOM Provost,
Vice President and
Dean of Academic Affairs

Lake Erie College of Osteopathic Medicine

LECOM Geriatric Healthcare Rotation Champions National Awareness of Aging Population

In 2015, Lake Erie College of Osteopathic Medicine (LECOM) developed the largest geriatric infrastructure and workforce in Northwest Pennsylvania. This feat was accomplished through the establishment of the Lake Erie Integrated Geriatric Health Team (LIGHT), and it includes a multifaceted group of providers, educators, and community-based organizations. Recognizing a need to increase the exposure of physicians-in-training to challenges that are unique to the aging adult population, LECOM combined its unparalleled position as the largest medical school in the United States with its geriatric medical infrastructure to provide a dedicated month-long rotation in geriatric medicine. The program is required for all third-year medical students.

Developing confident and capable medical providers able to assess and address the unique needs of aging adults in the community is one of several goals of the LECOM Geriatric Health Team Project. The attainment of this end requires rotation in geriatric medicine and it results each year in hundreds of graduating physicians who have devoted countless hours of clinical time in skilled nursing facilities, long-term care facilities, and specialized geriatric medicine floors and clinics.

Requirements for this rotation include dedicated learning from speech therapists, physical therapists, social workers, home health nurses, and nutritionists. LECOM scholars learn from board certified geriatricians about palliative care, hospice care, and end-of-life planning.

During the rotation, medical students are encouraged to examine and explore obstacles faced by the aging population. Dedicated Journal Clubs inspire the next generation of physicians to champion prevention and reduction of osteoporotic fragility fractures in those residing in nursing-care facilities. This notable geriatric rotation project has expanded to that which is now known as the LECOM Osteoporosis Education Initiative for nursing home residents and the LECOM Healthy Bone Clinic.

The project was inspired by information gained during the geriatric rotation that addressed the consequences of falls resulting in fracture. In true scholarly fashion, the students sought to understand the reason that the injuries occurred and subsequently, they performed an audit of resident charts to procure a diagnosis of current osteoporosis therapies. As is the case in the majority of American long-term care facilities, most residents did not have current screening or treatment for osteoporosis.

After extensive review of the literature, LECOM students determined that osteoporosis screening and treatment guidelines do not specify differences for community-dwelling aging adults versus those residing in long-term care facilities. LECOM students uncovered a bias in large osteoporosis clinical drug trials that exclude aging adults residing in long-term care facilities who are often at the highest risk for fragility fracture.

The student-led inquiry has prompted a national discussion about osteoporosis screening and treatment recommendations for seniors residing in long-term care facilities. The research, *Osteoporosis Education Initiative Improves Screening in Population Notoriously Undermanaged Residing in Long-Term Care Facilities*, was presented during the Presidential Poster Session at the 2019 Annual Scientific Meeting of the American Geriatric Society in Portland, Oregon.

Upon admission to LECOM adult living facilities, all short-term and long-term care residents and their family members are provided education about osteoporosis screening and treatment recommendations from the United States Preventive Services Task Force and National Osteoporosis Foundation.

A second paper, *A Retrospective Analysis of Incoming Residents for Skilled Nursing Care*, recently was accepted for presentation in October at the 2019 International Conference on Gerontology in Taiwan.

Osteoporosis medications can be quite expensive for purchase by private clinics and specialist clinics are very busy. An integral part of the success of the current model was the establishment of the LECOM Healthy Bone Clinic

(continued on page 21)

PCOM DEAN'S CORNER

Philadelphia College of Osteopathic Medicine

Kenneth J. Veit, DO
PCOM Provost, Senior Vice President for Academic Affairs and Dean

PCOM recently held its annual Research Day, which offers the opportunity for students, residents and faculty to showcase their scientific breakthroughs and promote collaborations. This event continues to grow each year; alumnus Brandon Poterjoy, DO '02, served as a judge this year, and noted his amazement at seeing the volume of posters on display. He said, "I remember being at one of the first [Research Days], and there were only 10 or 11 posters."

This year's event featured more than 100 posters presented by students, residents, staff and faculty. Their research focused on topics such as the use of community paramedicine to proactively combat opioid overdoses; analysis of the role of infection in Alzheimer's disease; development of therapeutic approaches to preventing osteoarthritis and blindness; barriers that deter the geriatric population from receiving healthcare, and much more.

This year's winners were:

- David Miller, DO '60 Memorial Research Day Excellence in Research — Best in Show Award
  Dillion McCourt (MS/Biomed '19)
  "Covalent Tethering of Beta-Amyloid onto Titanium Reduces Bacterial Colonization"
- David Miller, DO '60 Memorial Research Day Excellence in Research — Psychology
  Nicole Fleischer (PsyD '20)
  "Understanding the Comorbidity of Asthma and Anxiety in Childhood: Characteristics, Vulnerabilities, and Treatment Implication"
- David Miller, DO '60 Memorial Research Day Excellence in Alzheimer's Research
  Sidra Haque (DO '21)
  "Chlamydia Pneumoniae and Herpes Simplex Virus Type 1 Co-Infection of Human Astrocytes Alters Host Cell Transcription of B-APP Cleaving Enzyme-1 (BACE1) and Neprilysin, Enzymes Implicated in Alzheimer Disease"
- David Miller, DO '60 Memorial Research Day Excellence in Research — Biomedical Science
  Whitney Otto (MS/Biomed '19)
  "Effects of Nutrition and Behavioral Intervention on Adults Seeking Healthier Lifestyles"
- David Miller, DO '60 Memorial Research Day Excellence in Research
  Ryan Moncman, DO
  "Epithelioid Glioblastoma Presenting as Aphasia in a Young Adult with Ovarian Cancer"
- Camille DiLullo, PhD Memorial Awards for Excellence in DO Research
  John Spikes II (DO '22) and Karanveer Johal (DO '22)
  "Investigating the Role of Myo/Nog Cells in the Animal Model of Glaucoma"
- Excellence in Staff Research
  Ellen Scott (Research Assistant I)
  "Reelin Signaling in Vascular Endothelial Cell Biology"
- Excellence in Biomedical Science Capstone Research Award
  Molly Martin (MS/ALTCA '19)
  "Analysis of the Gut-Brain Axis in Aging: Implications of Alzheimer Disease"

Research fosters the development of treatments for some of the most pressing health issues of our time. PCOM, with its myriad of doctorate- and graduate-level programs, cultivates interdisciplinary basic, translational, behavioral, educational and clinical research.

Student participation in research lays the foundation for the practice of evidence-based medicine and prepares them to engage in scholarly activity as residents.

One of our Research Day award winners, Nicole Fleischer, said "[Research] lays the groundwork for the path we choose in the future. PCOM has taught me critical thinking skills necessary to apply research on a larger scale. My classmates and I work to understand the nuances of research and apply our findings outside the classroom."

PCOM researchers welcome collaborations between institutions. For more information about our research programs and faculty please contact PCOM's Chief Research and Science Officer Mindy George-Weinstein, PhD, at *mindygw@pcom.edu*.

A STUDENT'S VOICE — PCOM

Ashley Pinckney, OMS-III

Ashley Pinckney
PCOM OMS-III

Medical school teaches us concepts in silos by system — biochemistry here, immunology there, each physiologic system is its own thing. We know that all of these are interrelated, but this is a fact that we as students often forget. It can seem that there are research silos as well — scientific "bench" research, public health research, clinical research. All of these have their own subtypes. The various types of research are interrelated as well. For example, a study to investigate the effects of chronic hypertension on renal function would likely be built on knowledge of renal physiology, current nephrology clinical practices and the socioeconomic background and healthcare access of the patients in question. If questions are no longer being asked and investigated in just one of these realms of research, the remaining realms would suffer. Success and new developments in healthcare are predicated on the interdependence of all kinds of research.

Research has been presented to me in silos as well. In my early research experiences, there was a lot of emphasis on obtaining research experience as a medical school applicant but very little explanation on the types of research. This lack of clarity made it difficult to see the correlation between what I was doing in a lab and how it could make a difference for patients clinically. During a different research project several years later, the Principal Investigator of my study took the time to explain the long-term direction of her molecular research and how it could impact clinical medicine. Having open dialogue about these potential impacts and relating the work to my didactic studies in medical school combined the silos in my mind and showed me a larger purpose for research. A better understanding of these silos earlier in my education would have made a difference in my approach to research thus far.

As an osteopathic physician in training, it is engrained in me to view my future patients holistically. Having a thorough understanding of the implications of research allows physicians to breakdown the silos, not only in their own minds but also in the minds of their patients. The general public may not understand that it could have taken ten or more years of different research modalities to develop a new medication to treat their hypertension. They may not see the value in participating in a phase IV trial about that medication. It might not be clear to them that the reason their physician cannot give a definitive answer about a possible treatment is because the research has been inconclusive. It is our responsibility as (future) physicians to assist our patients in understanding these nuances and how they relate to their care. With insight into both scientific lab-based research and clinical research, physicians are able to clarify misconceptions regarding research to their patients and help them to understand how the different research types impact their healthcare.

Physicians are students for life. As we build the next generation of physicians, interest in research should be cultivated at all stages of the education process. A summer program in the elementary concepts of molecular research and its impact on translational clinical application at age 15 could be the catalyst for that person to pursue a career in research. As I move away from didactic study towards my clinical rotations, I am reminded that my study focus is shifting to add knowledge of clinical application to my foundation of medical concepts. Practicing physicians stay informed of new developments in medicine by staying abreast of research in their field. Suffice to say that research is one of the basic threads that applies throughout all aspects of healthcare.

OUT OF MY MIND

Samuel J. Garloff, DO

Research and the SLC6A4 Gene

Samuel J. Garloff, DO

A recent article in *The Atlantic* highlighted problems in medical research. In 1996, the SLC6A4 gene was discovered and sought to be a marker for depression. The gene is helpful in regulating the presence of serotonin in the brain.

The University of Colorado; however, studied this gene and 17 others, which have been the subject of more than 1,000 research papers. They used data from groups of volunteers ranging from 62,000 to 443,000 people. After exhaustive search "we didn't find a smidge of evidence" that they affected the development of depression.

The end result? Two decades of research and millions of dollars later, all studies of these genes has stopped. The problem appears to be neglect of the role of the environment on the individual. None of the genes appear to be factors in the creation of depression. The original hypothesis was wrong.

Why bring this up? Unfortunately, many of us who routinely read our journals for up-to-date information and research developments simply don't realize what we are truly reading. Statistical errors are so numerous that many people feel 90+ percent of all published papers are erroneous. The major problem areas are study design, data analysis, documentation and presentation.

Errors of study design include unclear outcome measurements, undisclosed sample size, failure to report withdrawal, no reported power calculation, no description of the null hypothesis, failures of randomization, failure to use blinding appropriately, use of an inappropriate control group, and inappropriate testing of baseline characteristics.

Data analysis is perhaps the most egregious error made in publications. These include the use of inappropriate statistical test, unpaired test for paired data or the opposite, inappropriate parametric measures, inappropriate test for hypothesis, inappropriate use of the t-test, the absence of a Yeasts continuity-correction if the sample size is small, and inappropriate use of chi-square testing.

Documentation errors include failure to specify or define tests used, failure to state if the test was paired or unpaired, wrong names for statistical test and failure to specify which test was used on a given set of data.

Lastly, concerning presentation, typical errors include using standard error instead of standard deviation to describe pertinent data, reporting only p values without confidence intervals and arbitrary thresholds such as $p=NS$ and $p<0.05$ instead of actual results.

Obviously, these errors can lead to misinterpretation of the results. That is why I congratulate our students, residents and fellows for competing in the yearly POMA clinical research presentation. By pursuing topics of interest they learn more about them, as well as learn what constitutes statistically relevant research.

This not only adds to their education but their ability to achieve lifelong learning through self-study. The submissions this year were outstanding. The poster presentations were also.

I would like to challenge LECOM, PCOM, POFPS and POMA to "up their game." Our students, residents and fellows need to be taught statistics and statistical analysis to fully appreciate the papers they study. In addition, we must prepare this generation and all succeeding generations of DOs to become leaders in medical research and authorship.

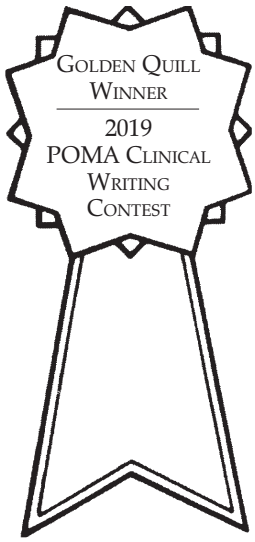
For the practicing physicians, I heartily recommend CME lectures devoted to these topics. In practice, time is simply too precious to waste on meaningless research and publications.

I trust you feel the same.

Medical Update

A Patient Survey of their Perception of the Care they Received from Osteopathic Orthopedic Residents as Compared to their Attending Physicians

by Roger E. Gregush, DO



Abstract

Context: Residency training is the most crucial stage of a physician's academic career. Patient perception and understanding affects their willingness and comfort in having residents involved in their care.

Objective: To assess patient comfort, perception and understanding of residency training and having osteopathic orthopedic residents involved in their care.

Methods: This study was performed as a 17-question survey given to 135 orthopedic patients, 18 years or older, in outpatient orthopedic clinics attached to two community hospitals.

Results: 76% of patients felt comfortable with having osteopathic orthopedic residents involved in their medical care and felt that residents were professional and attentive to their concerns. 74% of patients indicated that they would choose to have osteopathic orthopedic residents involved in their care in the future. 76% of patients found that having an osteopathic orthopedic resident involved in their care was a positive experience. 79% of patients indicated that they would like to contribute to resident training by having residents involved in their care. Additionally, most patients demonstrated poor understanding of physician academic training with only 27% of participants correctly indicating that an attending physician graduated from medical school and completed residency training, and 41% of participants correctly identified that a resident has obtained either a D.O. or M.D. degree. 81% of participants were unsure whether there was a difference between an osteopathic orthopedic resident and an allopathic orthopedic resident.

Conclusion: The study results were largely in line with prior studies demonstrating that most patients felt comfortable with having residents involved in their medical care. Most patients indicated that having residents involved in their care was a positive experience. Patients remain confused regarding residents' level of education and role in the medical team. Even so, most patients would choose to have residents involved in their care in the future and feel it is a valuable means to contribute to the education of future osteopathic orthopedic surgeons.

Introduction

A medical residency serves as the important stepping-stone from graduating medical school to practicing as an independent physician. The training and experience that a doctor receives during their residency is the most crucial of their entire academic career. It allows a doctor training in a certain field of medicine to further specialize their skill set. At the start of residency, a doctor has had 4 years of medical training through medical school and will receive a minimum of 3 years of additional training, sometimes many more than that depending on the specialty. During this time, a resident learns to function as an independent practitioner on his or her own and make decisions about patient care while still supervised by an attending physician. It is through this process that every doctor becomes certified to practice on his or her own.

At academic medical centers and teaching hospitals, it is likely a patient will be seen by medical professionals in various stages of training, such as medical students, resident physicians, fellows, and attending physicians. With

the variety of levels of education of the doctors or students in these settings come many factors that could affect a patient's perceived quality of care, including patient understanding of the role of the resident, the resident's education level, and more. Ideally, patients would be aware of all these factors and accepting of the care they receive from a resident.

Multiple studies have investigated the way patients perceive the care they receive from residents, and whether there exist differences in patient satisfaction between residents and attendings. Jackson et al conducted a comparison of outcomes for walk-in clinic patients seen by interns and those seen by staff physicians. The study found that in terms of post-visit satisfaction, residual expectations, symptom resolution, and functional status improvement, there was comparable similarity between interns and attendings.[1] To assess patient understanding of levels of training and responsibilities for residents, medical students, and attendings in the emergency department, Santen et al administered a questionnaire to a convenience sample of 430 adult patients and family members in a university emergency department. While 80% of patients surveyed felt that their physician's level of training was "very important information", only 58% were aware of that level of training, and only 62% felt comfortable being treated by a supervised physician-in-training.[2]

While these studies show some insight into the way residents impact patient care, there has been no study specifically addressing patient's feelings and knowledge of orthopedic surgery residents. In addition, no study has specifically focused on osteopathic orthopedic residents. The goal of this study is to gain insight into patient knowledge regarding what an osteopathic orthopedic resident is, their education level, satisfaction of care, and likelihood to return to a clinic to be seen by the resident. We hypothesize there will be a difference in patients' perceptions of perceived level of education, orthopedic knowledge, and level of care between osteopathic orthopedic residents and their attending physicians. We hypothesize that patients are likely to feel more comfortable under the care of an orthopedic attending then an osteopathic orthopedic resident. We hypothesize that most patients will not object to having osteopathic orthopedic residents involved in their care. We hypothesize that the majority of patients will be unaware of the difference between an osteopathic orthopedic resident and an allopathic orthopedic resident and that most patients will not be aware of the level of training and education of an osteopathic orthopedic resident compared to their attending physician.

Methods

A 17-question survey was developed to examine patients' perceptions, attitudes, and beliefs in regard to having osteopathic orthopedic residents involved in their care. Patients had to be at least 18 years of age to be eligible for inclusion. Office staff distributed these surveys in outpatient orthopedic clinics at Millcreek Community Hospital and Corry Memorial Hospital from January to April of 2018, to patients seen by orthopedic residents. The surveys were provided to the patient with a blank envelope for the completed survey to be placed in to maintain confidentiality. The sealed envelopes were then collected by the office staff and placed in an opaque box. The boxes from all locations were collected and the envelopes aggregated together to obscure the dates, times, and locations of appointments in order to protect patient confidentiality. The survey distributed to patients follows.

The project was submitted to the Lake Erie College of Osteopathic Medicine Institutional

Research Survey:

My name is Roger Gregush and I am a first year Orthopedic Surgery resident at Millcreek Community Hospital. The purpose of this survey is to help determine patients' comfort levels with having osteopathic orthopedic residents involved in their care. Your participation is greatly appreciated and your responses will help contribute to improving the quality of patient education and care in the future. All responses will remain completely confidential throughout the completion of the research study. I greatly appreciate your time and willingness to participate in this study.

1) What is your age?
A) 18-29
B) 30-39
C) 40-49
D) 50-59
E) 60 or older

2) Are you aware that this outpatient orthopedic clinic is affiliated with an Orthopedic Residency training program?
A) Yes
B) No

3) Is a resident a physician finishing his or her training who will be practicing independently within a few years?
A) Yes
B) No
C) Unsure

4) What is the highest level of education that a resident physician has received?
A) Bachelor's Degree
B) Master's Degree
C) M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathic Medicine)
D) Completed post medical school specialty training
E) Unsure

(continued on next page)

5) What is the highest level of education that an attending physician has received?
A) Bachelor's Degree
B) Master's Degree
C) M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathic Medicine)
D) Completed post medical school specialty training
E) Unsure

6) Have you ever received care from an osteopathic orthopedic resident before?
A) Yes
B) No
C) Unsure

7) Is an osteopathic orthopedic resident different from an allopathic orthopedic resident?
A) Yes
B) No
C) Unsure

8) I would like to contribute to resident education through involvement in my care.
A) Agree
B) Disagree

9) I believe it is valuable to have a resident associated with this orthopedic clinic.
A) Agree
B) Disagree

10) The resident was professional and attentive to my concerns.
A) Agree
B) Disagree

11) I feel comfortable with a resident involved in all aspects of my care.
A) Agree
B) Disagree

12) Attending physicians are more highly qualified to care for me than residents.
A) Agree
B) Disagree
C) Unsure

13) I feel more comfortable with an attending physician involved in all aspects of my care than a resident.
A) Agree
B) Disagree

14) I perceived a higher quality of care from my attending physician than from his or her resident.
A) Agree
B) Disagree

15) The resident physician spent more time with me than the attending physician.
A) True
B) False

16) If given the option in the future, would you choose to have residents involved in your care?
A) Yes
B) No

17) Having a resident involved in my care was a positive experience.
A) Agree
B) Disagree

Review Board, which determined that the project was exempt from review and approval as no patient identifiers were used during data acquisition. After completion of the survey administration period, the data was analyzed for patients' perceptions in the following variables: perceived level of education of orthopedic residents, perceived level of education of attending physicians, awareness of the difference between an osteopathic orthopedic resident and an allopathic orthopedic resident, reasons for choosing to have an orthopedic resident involved in patient care, comfort level of receiving care from osteopathic orthopedic residents, amount of time spent with the resident physician compared to the attending physician, and whether patients would choose to have residents involved in their care in the future. The study is unique in its consideration of patient perceptions of osteopathic orthopedic residents versus prior studies that have examined patient perceptions of various allopathic residents involved in their care.

Results

135 patients agreed to participate in the study and their survey responses were included in the data analysis. Of the 135 patients that participated in the study, 5% were between the ages of 18 to 29, 7% were between the ages of 30 to 39, 23% were between the ages of 40 to 49, 30% were between the ages of 50 to 59, and 33% were 60 years of age or older.

Overall analyses of patient responses indicate similar findings with previous studies performed in this area. 67% of patients surveyed demonstrated awareness that the outpatient orthopedic clinic they visited was affiliated with an orthopedic surgery residency-training program. 59% of patients reported receiving care from an osteopathic orthopedic resident previously. 76% of study participants felt comfortable with having orthopedic residents involved in all aspects of their care. 76% of respondents indicated that having an osteopathic orthopedic resident involved in their medical care was a positive experience overall. 74% of patients reported that if given the option in the future, they would choose to have resident physicians involved in their care. 79% of patients reported that they would like to contribute to the training of future orthopedic surgeons by having resident physicians involved in their care. 93% of patients believed that it was valuable to have an osteopathic orthopedic resident associated with the orthopedic clinic they visited. 79% of respondents reported that the resident physi-

cian who examined them was professional and attentive to their concerns. 61% of participants were aware that a resident is a physician finishing his or her training who will be practicing independently within a few years.

Patients' responses varied significantly in terms of what they believed was the highest level of education that a resident physician has attained. 4% of patients believed the highest level of education a resident has received is a bachelor's degree. 4% of patients believed that the highest level of education that a resident has received is a master's degree. 41% of patients reported that the highest level of education that a resident achieved was either an M.D. or D.O. degree. 16% of patients believed that a resident completed post medical school specialty training. 18% of respondents reported they were unsure of the highest level of education that a resident physician has received and 19% did not answer this question.

Patients' responses also varied significantly in terms of what they believed was the highest level of education that an attending physician has received. 1% of those surveyed believed that the highest level of education that an attending physician received was a bachelor's degree. 10% of patients indicated that the highest level of education that an attending physician has received was a master's degree. 30% of respondents indicated that the highest level of education that an attending physician has received was an M.D. or D.O. degree. 27% of patients believed that an attending physician has completed post medical school specialty training. 15% of patients were unsure of the highest level of education that an attending physician has attained and 18% did not answer this question.

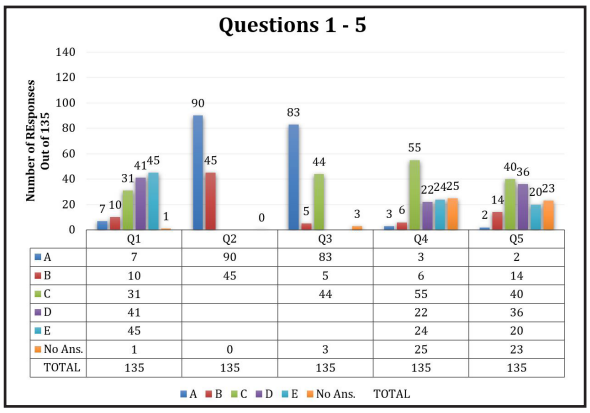
81% of participants reported that they were unsure whether an osteopathic orthopedic resident is different from an allopathic orthopedic resident. 47% of patients believed that attending physicians are more highly qualified to care for them than orthopedic residents. 15% of patients disagreed with this and 29% of patients were unsure.

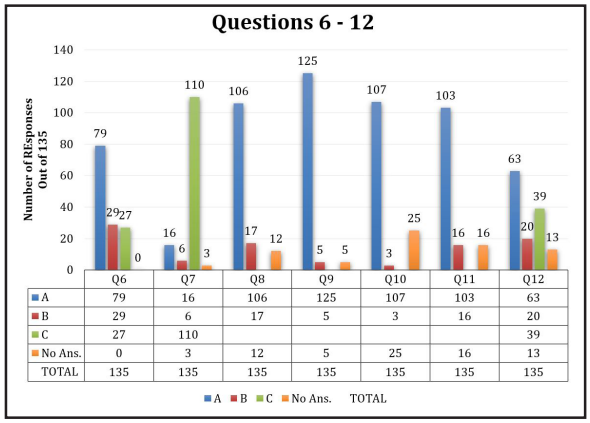
60% of participants felt more comfortable with an attending physician involved in all aspects of their care compared to a resident physician. 40% of patients perceived a higher quality of care from the attending physician compared to their resident. 39% of patients did not perceive a higher quality of care from the attending physician compared to their resident and 19% of patients did not respond.

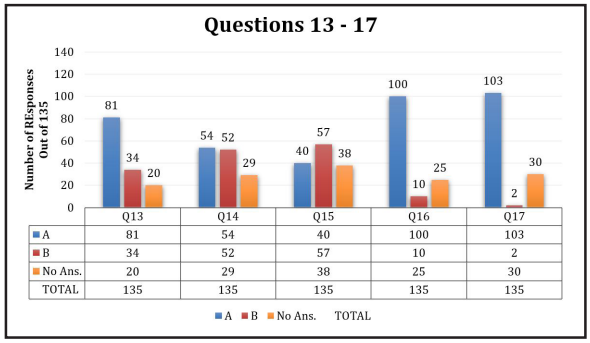
30% of patients indicated that the resident spent more time with them compared to the attending physician. 57% of respondents indicated the attending physician spent more time with them than the resident physician and 28% of study patients did not respond to the question.

Discussion

The findings indicate that overall patients perceive a positive experience with osteopathic orthopedic residents being involved in their orthopedic care. 79% of patients found the resident physician to be professional and attentive to their concerns. 79% of patients indicated that they would like to contribute to resident education, indicating that a large number of patients treated at academic institutions wish to contribute towards training future physicians. Prior studies that examined patients' comfort level with having resident physicians involved in their care obtained similar results.







A noteworthy finding in this study is that a large percentage of patients were unable to correctly identify the education level of a resident or an attending physician. Only 27% of participants understood that an attending physician has graduated from medical school and completed a residency training program in their respective specialty. This finding is further illustrated in that only 47% of patients believed that an attending physician was better qualified to care for them than a resident physician. Only 41% of patients correctly identified that a resident has obtained either a D.O. or M.D. degree. The variability in patients' responses indicates significant confusion amongst the general population in regard to education level obtained by various health care professionals. The confusion may be more pronounced at academic institutions, where patients are com-

monly seen by medical students, residents, attending physicians, physician's assistants, nurse practitioners, and nurses during a single hospital stay or clinic visit, making it difficult to differentiate between them. Our findings suggest that a higher emphasis should be placed on patient education and increasing awareness amongst the general population in order to decrease confusion and improve patient comfort with being treated by various health care professionals.

Another notable finding in this study was that only 30% of patients perceived that the resident spent more time with them than the attending physician. In resident led outpatient orthopedic clinic encounters, such as the type in which these patients were surveyed, the bulk of the encounter is spent with the resident who performs the initial history and physical, formulates the initial assessment and plan, before reporting to the attending who verifies and closes the encounter. One possible explanation may be due in part to the residents frequently leaving the exam room early to begin writing up their encounter note for that visit, or that patient's may perceive certain parts of the encounter as holding greater weight than others. This area deserves further study.

A significant finding in this study was the relative lack of patient understanding of the differences between an osteopathic orthopedic resident and an allopathic orthopedic resident. 81% of respondents were unsure whether there was a difference between allopathic and osteopathic orthopedic residents. 4% of patients indicated that there is no difference between osteopathic orthopedic residents and allopathic orthopedic residents and 12% of patients believed that there was a difference. This suggests that a relatively large number of people are unaware whether there is a difference between allopathic and osteopathic training. We are required to take the same medical and board licensing exams and go through the same training with additional training in osteopathic manipulative medicine. With regards to osteopathic orthopedic residents specifically, we go through the same length of training and offer the same surgical procedures and treatments that allopathic orthopedic residents do. The fact that the majority of participants were unsure of whether there is a difference between osteopathic and allopathic orthopedic residents could perhaps be interpreted positively in the sense that a large portion of the general public does not distinguish between osteopathic and allopathic physicians. However, this can only be speculated upon and future studies should seek to further extrapolate upon what exactly patients perceive is the difference between an osteopathic and allopathic physician.

Overall, our findings indicate that a significant portion of the patient population is uninformed regarding the education level of a resident physician or the exact role the resident plays in the health care system. Patients also remain confused regarding the difference between allopathic and osteopathic training. However, despite this confusion, most patients would choose to have residents involved in their care in the future and the majority feel it is valuable to contribute to the education of future osteopathic orthopedic surgeons.

Several limitations of our study must be noted. This study was conducted in outpatient orthopedic clinics associated with two small community hospitals in northwestern Pennsylvania. Surveying a larger number of patients in a wider geographic distribution would allow for a more accurate representation of patients' perceptions regarding residents being involved in their care. Only patients who had been evaluated by osteopathic orthopedic residents were included in this study. Including residents from all subspecialties, both osteopathic and allopathic, would give a better representation of patients' knowledge regarding education levels of resident and attending physicians. A longer survey with more detailed questions may allow for better qualitative analysis of patients' thoughts and perceptions regarding residents being involved in their care.

Conclusion

This survey-based study sheds light on patient understanding of the role of orthopedic residents in their care and patients' comfort with resident involvement in their care. Our results indicated that most patients felt comfortable with having osteopathic orthopedic residents involved in their medical care. Most patients felt that residents were professional and attentive to their concerns. Most patients indicated that they would choose to have osteopathic orthopedic residents involved in their care in the future. Most patients found that an osteopathic orthopedic resident involved in their care was a positive experience. Multiple prior studies have found that a large portion of the population is not well versed with medical resident education, or what their exact role is in the health care team. In line with previous studies, our findings indicate that patients are unsure of the education level of a resident physician compared to an

attending physician. One key distinction in this study compared with prior studies was examining patients' perceptions of osteopathic orthopedic residents being involved in their care and patients' understanding of the difference between osteopathic and allopathic orthopedic residents. Most participants were unsure whether there was a difference between an osteopathic orthopedic resident and an allopathic orthopedic resident. To the best of our knowledge, this is the first study that has examined patient perceptions with having osteopathic orthopedic residents involved in their care. Future studies in this field can be improved with a larger number of respondents from a wider geographic distribution.

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Dr. Brown would like to thank Nicole Peters, DO; Megan Dodge, DO; Christine Kositz, DO; Alexandra Pizarro, DO; Daniel Torrens, DO; and Yijin Wert, MSc, for their contributions to this paper.

LECOM DEAN *(continued from page 12)*

within the LECOM Health System. This Clinic centralized the management of osteoporosis issues and it streamlined the referral process.

The geriatric rotation has evolved to include student-led research mentoring; and future student scholars will further expand the current practices of medicine.

All at LECOM continue to be encouraged by the assiduous drive of student physicians. The LECOM administration holds, at its core, an enduring pledge to guide these scholars and to expand their exposure to the growing needs of the aging adult population.

CME Quiz

Name _____

AOA # _____

1. According to the survey results, what percentage of patients believed the attending physician was better qualified to treat patients than a resident physician?
   a. 0% - 24%
   b. 25% - 49%
   c. 50% - 74%
   d. 75% - 100%

2. In this study, what percentage of patients correctly determined the level of education achieved by a resident physician?
   a. 0% - 24%
   b. 25% - 49%
   c. 50% - 74%
   d. 75% - 100%

3. From the information contained in this study, what percentage of patients answered "Unsure" regarding a difference between allopathic and osteopathic residents?
   a. 0% - 24%
   b. 25% - 49%
   c. 50% - 74%
   d. 75% - 100%

4. According to the survey data, what percentage of patients believed it was valuable to have orthopedic residents involved in the clinic?
   a. 0% - 24%
   b. 25% - 49%
   c. 50% - 74%
   d. 75% - 100%

To apply for CME credit, *answer the following questions and return the completed page to the POMA Central Office, 1330 Eisenhower Boulevard, Harrisburg, PA 17111-2395; fax (717) 939-7255; e-mail cme@poma.org. Upon receipt and a passing scores of the quiz, we will forward 0.5 Category 2-B AOA CME credits to the AOA CME Department and record them in the POMA CME module.*

Answers to Last Issue's CME Quiz

1. c
2. b
3. b
4. True
5. True
6. True

(Questions appeared in the March 2019 Journal.)

What is POMPAC? **POMPAC is POMA's political action committee and the political voice of the osteopathic profession in Pennsylvania.**

What does POMPAC do? POMPAC takes in monetary donations from DOs across the state and contributes those funds to targeted state candidates for public office.

Why do we need POMPAC? POMA has many friends in the state elected office holders that support DOs and the excellent patient care they provide. POMPAC provides monitary donations to assist targeted candidates with their election efforts.

How can I contribute POMPAC? Contributing to POMPAC is simple. There is an online option and a paper option to make regular contributions or a one-time contribution. Please note, contributions are not tax deductible.

Goldman *(cont'd from page 6)*

There are many changes within our osteopathic profession and the practice of medicine. As change is inevitable, POMA is on the front line, not only to inform our members of the changes and to provide ways to make the process less painful, but to have a voice in the process.

Already in the past year, we've developed a robust strategic plan to carry POMA into the future. We will be working on the POMA Foundation this next year – reorganizing it to function more like a foundation to fundraise and distribute money for the advancement of osteopathic principles and practice in Pennsylvania. Using the four-pillar approach, we have focused our organization on the key activities that support our members and the practice of osteopathic medicine.

POMA is your home for those things you need to help you be successful in your practice in Pennsylvania. I am so looking forward to this year. You've got a great group of leaders who work tirelessly toward making POMA the organization to be proud of.

Family Medicine Physician Opportunities

Philadelphia/Sullivan County, PA

Summary:
The Philadelphia College of Osteopathic Medicine (PCOM) seeks qualified physicians for our primary care and urgent care practices located in Philadelphia, PA and Sullivan County, PA. There are full-time and part-time positions available within our Department of Family Medicine.

For more than a century, Philadelphia College of Osteopathic Medicine has trained highly competent, caring physicians, health practitioners and behavioral scientists who practice a "whole person" approach – treating people, not just symptoms. At the main campus in Philadelphia, PA and the branch campus in Suwanee, GA, PCOM students learn to approach problem solving in a more professional, more team-oriented manner, which prepares them to work successfully in integrated healthcare settings with other health professionals. Both campuses feature modern facilities and state-of-the-art technologies, all part of an innovative learning environment designed for collaboration and interaction.

Essential Duties and Responsibilities:
Duties and responsibilities include (but are not limited to) the following:

- Maintaining a clinical (teaching) practice.
- Assuring quality clinical care for healthcare center patients.
- Implementing the PCOM ambulatory care curricula for medical students.
- Using electronic medical records in the healthcare center.
- Teaching undergraduate students as assigned by the Chair.
- Assisting the Healthcare Center Medical Director(s) in the operations of the respective PCOM healthcare centers.
- Remaining current with all charting, billing, and administrative duties.
- Other duties as assigned

Education:
• Must have a D.O. degree and be residency trained.

Experience:
• Must have experience in clinical primary care and teaching medical students.

Certifications, Licenses, Registrations:
• Current board certification by the America Osteopathic Board of Family Physicians.
• Active Pennsylvania license to practice Osteopathic medicine with no restrictions.
• Current DEA license with no restrictions.
• Tail coverage for malpractice insurance.

Physical Demands:
• This position requires the individual to be ambulatory and be able to stand for at least 8.5 hours per day.
• Must be available for day, evening, and weekend work.
• Must be available for Healthcare Center call.

Supervisory Responsibility:
• This position reports to the respective Healthcare Center Medical Director (s) and the Chair of the Department of Family Medicine.
• Will supervise medical students in the clinical environment of the Healthcare Center.
• May participate in lecture and small group sessions to teach medical students.

Please use the link below to apply:
https://www.pcom.edu/about/departments/human-resources/employment-opportunities/

PCOM adheres to a policy that prohibits discrimination on the basis of race, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status, or any other legally protected class.

We listen to yours.

As a malpractice insurer with more than four decades of expertise supporting healthcare professionals throughout a claim, ISMIE knowsthe importance of listening to the needs of policyholders. Your patients trust your knowledge and experience to protect their health and well-being. You can trust ISMIE to help you mitigate risk, improve patient safety – and give you peace of mind.

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