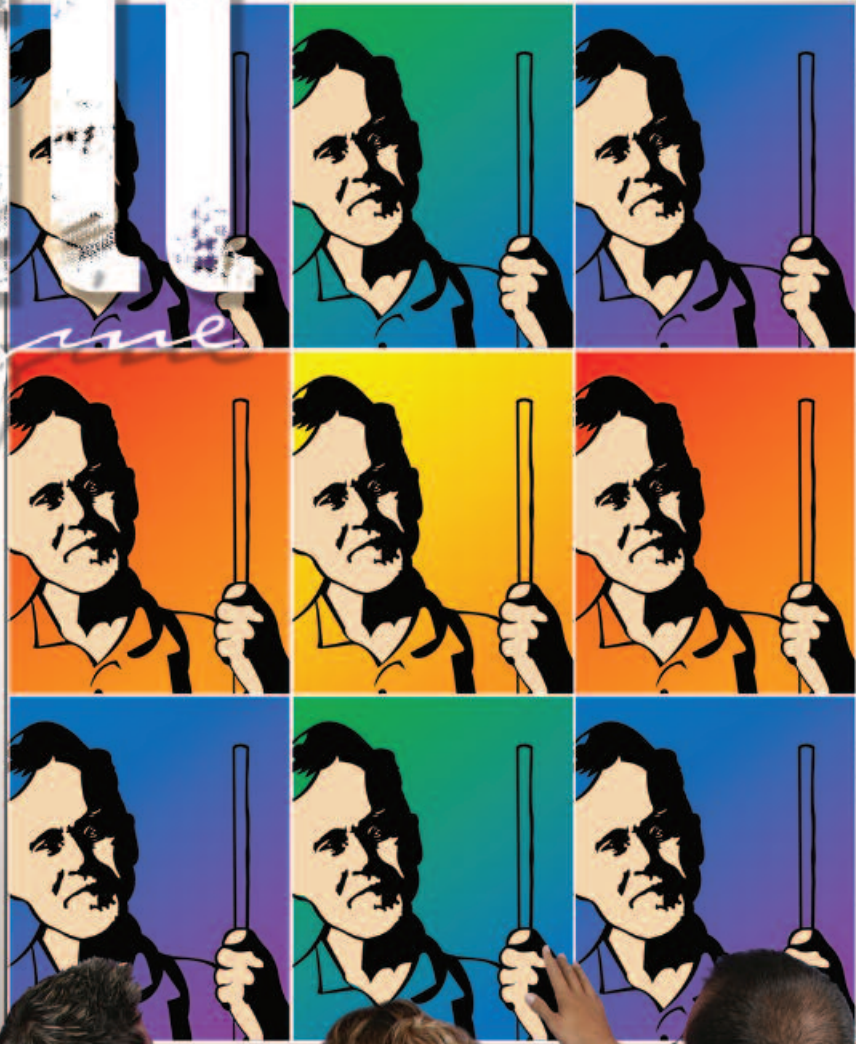


Still

magazine



The changing face of medical education

A.T. STILL UNIVERSITY

Vol. 2, No. 3 • Summer 2007

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President's Message

The improbability of integrity

Dr. Henry Cloud is a corporate psychologist who wrote the book *Integrity: The Courage to Meet the Demands of Reality* (Collins, 2006). From his many years of working with many companies, he concludes that if you do not have integrity, you will “screw up.”

Dr. Cloud claims you need integrity to allow your talents, efforts, and opportunities to work. Without this “wholeness of character,” obstacles can derail you, losses can plague you, and you can never reach your full potential. He points out that you need *honesty* to see the full, sometimes harsh realities and *courage* to do what each situation requires.

Integrity, as properly defined, comes closest to what Aristotle referred to as the *overseer* of moral virtues. Aristotle said that having moral virtues was necessary to gain happiness. He further explained that virtues had to be initially developed and then maintained like physical muscles.

These Aristotelian conclusions can be applied to integrity. Integrity, like the other virtues, can help make you happy. But, like the other virtues, integrity does not happen without effort.

The historians Will and Ariel Durant said much the same about the improbability of virtue when they claimed:

Progress does not just happen, it must be created.

According to the Dalai Lama, realizing that others have a right to happiness is the foundation for integrity.

Today's healthcare professionals will be inclined to put their sense of happiness ahead of helping patients achieve their happiness. May our students and graduates realize their true sources of happiness and allow patients their right to theirs.

In the process, integrity will take the extra efforts of *honesty* and *courage* to occur.

Sincerely,

James J. McGovern, Ph.D.
President

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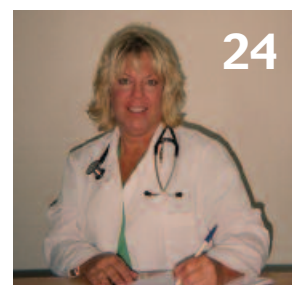
The new curriculum will take
professionalism, accountability,
compassion, integrity, and leadership
to new levels and will incorporate a
system of checks so that students don't
fall victim to underlying curricula.
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Phil Slocum. He not only inherited a
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Ten years have passed since
the Arizona School of
Health Sciences' first graduation.



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they graduated as part of ASHS' first class.

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alum David Dansie spreads the good word
about his alma mater.



President James McGovern, Ph.D., welcomed some students of the inaugural SOMA class July 31, 2007.



Pictured above are Dr. Nehad El-Sawi, associate dean, SOMA; Dr. John Crosby, executive director, AOA; Dr. Doug Wood, dean, SOMA, and his wife, Barb Wood; and Dr. Peter Ajluni, AOA president.

SOMA opens

A.T. Still University welcomed its inaugural class of 107 students to the School of Osteopathic Medicine in Arizona on July 31.

Ambassador Kevin Moley, U.S. Department of State, presented the keynote address. Moley served as deputy secretary of the U.S. Department of Health and Human Services in 1992, after which he held key executive leadership roles at PCS Health Systems and Integrated Medical Systems. He returned to public service as ambassador and U.S. permanent representative to the United Nations and was involved in a variety of humanitarian and human rights efforts. He currently serves on the board of directors of Merge Technologies.



Other featured speakers included Tom Curtin, M.D., medical director of the National Association of Community Health Centers; Peter Ajluni, D.O., president of the American Osteopathic Association and senior orthopedic surgeon at Mount Clemens Regional Medical Center in Michigan; and Claudia Walters, vice mayor of Mesa, Arizona.

“With the opening of this new medical school, we are redefining medical education in America,” said Craig M. Phelps, D.O., ’84, the school’s provost. “Ultimately, our goal is to graduate community-minded doctors who will return to serve medically underserved populations.”



U.S. News & World Report ranks ATSU near the top

According to *U.S. News & World Report*, A.T. Still University is a quality school — and a good buy. The University ranked 15th out of 52 private medical schools in terms of cost. It also placed seventh among those schools in financial assistance, with more than 95 percent of its students receiving aid.

The University is one of the nation’s top producers of primary care physicians. More than 45 percent of ATSU’s medical students enter primary care residencies after graduation. The magazine also ranked ATSU’s Kirksville College of Osteopathic Medicine as No. 14 in the country for its rural medicine emphasis. The Arizona School of Health Sciences’ physician assistant program ranked No. 26 nationwide, ahead of Stanford and Yale.

ASDOH welcomes class of 2011

Another class of dental students received their white coats July 23 at the Arizona School of Dentistry & Oral Health. Pictured, ASDOH Dean Jack Dillenberg, D.D.S., M.P.H., welcomes a student to the dental profession.



New PA students participate in White Coat Ceremony

Physician assistants remain in high demand throughout the country, and this year, 70 men and women began their journey to become PAs at ATSU's Arizona School of Health Sciences. According to the American Academy of Physician Assistants, about 63,000 certified PAs were in clinical practice as of January 2007. The U.S.

Department of Labor Bureau of Labor Statistics (BLS) reports that employment of PAs is expected to grow "much faster than average for all occupations through the year 2014, ranking among the fastest growing occupations." According to the BLS, the PA profession is the fourth fastest growing occupation in America based on anticipated growth between 2004 and 2014.





David Van Wyck, MS III, was honored for his work in the CASA service learning project.

KCOM student receives Dean's Letter of Commendation

Because David Van Wyck, MS III, exemplifies compassion, integrity, and ability as a CASA (Court Appointed Special Advocate) volunteer and student, Vice President for Medical Affairs and Dean Philip Slocum, D.O., '76, honored him with a Dean's Letter of Commendation.

"You have brought great honor to the Kirksville College of Osteopathic Medicine and A.T. Still

University," Dr. Slocum told Van Wyck. "You've traveled hundreds of miles, endured personal expenses, and presented outstanding verbal and written reports, all the while giving so much of yourself to the two CASA children in your charge, freely giving your personal time to care for and visit the elderly in their homes."

"David is an unassuming guy who has sought involvement in several projects that should contribute to a well-rounded understanding of and capability for caring for people encountering a broader range of health

Comedian visits ATSU's Arizona students

Josh Blue, a comedian with cerebral palsy (CP) and winner of last year's "Last Comic Standing," was a recent guest of the Student Occupational Therapy Association of A.T. Still University.

"He was amazing! He shared a lot of his own experiences growing up with CP and offered the students some great advice about how to best assist their patients who have disabilities," said Cindy Hahn, professor of occupational therapy. "We can't thank him enough!"

Blue, a member of the U.S. Paralympic Soccer Team, entertained students, faculty, and local practicing therapists with his quick wit and captivating charm.

Hahn arranged Blue's visit and was thrilled that a comedian of his caliber would take time to speak to students about his life, his career, and his experience of living with a disability.



From left are occupational therapy students Daylyn Ison, Amy Wolgumuth, Jae Russel, Sharon Baugh, Alex Osses, Josh Blue, and Gina Buban.

President honored with white coat

John Collins, D.O., along with Family Medicine residents, surprised President James J. McGovern, Ph.D., with a commemorative white coat during the president's luncheon on July 24. The Kirksville Family Medicine office is now located on the 4th floor of the Gutensohn Clinic.



Fourth annual Secret Garden Tea held in Missouri

Still National Osteopathic Museum Exhibit Preparator Rob Clement explained the healing properties of Prairie Coneflower to his 8-year-old daughter, Katy, as part of the museum's fourth annual Secret Garden Tea. Katy was one of more than 50 who attended the event, which featured a tour through the museum's historic medical garden and remarks from a Missouri Department of Conservation natural history biologist.

German students visit Missouri Campus

Seven D.O.s from Germany, along with Karl Reisch, M.D., Ph.D., associate dean, joined President James McGovern, Ph.D., in a picture. The D.O.s completed two courses at Kirksville as part of their M.Sc. program in osteopathic clinical research. These D.O.s are highly experienced osteopathic practitioners who want to learn skills in doing scientific research to be able to publish valid and reliable osteopathic findings.





Northeast Missouri AHEC Director Michael French (center) stands with Jay Zastav, MS III, (left) and Zach Allred, MS IV, (right), recipients of the National Rural Health Association's 2007 Student Leadership Award.

Innovative rural medical education program, students garner national award

Two students at ATSU's Kirksville College of Osteopathic Medicine took the University's dedication to improve rural healthcare personally, and the National Rural Health Association (NRHA) recently recognized their outstanding achievements.

Jay Nastav, MS III, and Zach Allred, MS IV, began with an idea to take the wealth of basic science and biology education available at ATSU-KCOM to the surrounding rural school districts. Using teleconference technology

available through ATSU's telehealth network, Nastav and Allred, with the support of Missouri's regional Area Health Education Centers, hosted a pilot class focusing on anatomy and the cardiovascular system. Medical Explorations in Science and Anatomy (M.E.S.A.) was a resounding success, measured by 100 percent interest in additional programs among the 17 participating high school students who were selected for their stated interest in exploring careers in medicine, nursing, or dentistry.

The students also launched a series of six structured sessions and incorporated learning groups that comprised 50 high school students from Missouri. The series has since been expanded and is expected to reach as many as 200 students in its second year.

In congratulating the winners of NRHA's 2007 awards, NRHA President-Elect Paul Moore noted the hard work and dedication of Nastav, Allred, and their peers.

"Those honored here today were selected because of their outstanding contributions, significant achievements, and innovative methods they use to make rural healthcare the quality standard," Moore said. "Each individual has a unique and inspirational story to tell — one that goes a long way toward eliminating the myth that healthcare in rural America is anything less than the very best."



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Degenhardt named chair

of University's and profession's largest research endowment

Brian F. Degenhardt, D.O., C-SPONM, C-OFP, assistant vice president for osteopathic research and director of the Still Research Institute, is the recipient for the Osteopathic Heritage Foundation Research Chair.

The foundation's \$2 million contribution, matched by the University, will support the work of the Center for Osteopathic Diagnostic and Therapeutic Studies (CODES). This endowment gift is the first time that the University has made such a commitment and creates the University's and profession's largest research endowment.

"It's an honor to be named chair," Dr. Degenhardt said. "I am excited about the research we are doing and grateful for the support from the University. "By partnering with the foundation, matching resources will increase the effectiveness of the center by facilitating the achievement of our long-term goals."

During the past 10 years, Dr. Degenhardt has participated in a broad range of research investigating Osteopathic Manipulative Treatment (OMT). His primary research goal is to advance the understanding of the body's neuromusculoskeletal

response to therapeutic touch. His first step toward this goal is to develop instrumentation and methodologies that can be used as objective measures in clinically applicable manual medicine research and educational endeavors. Once developed and refined, these methodologies will be disseminated to others who wish to incorporate such methods into their research.

Dr. Degenhardt's research has focused on the effect of OMT on otitis media, infant feeding disorders, chronic obstructive pulmonary disease, pneumonia, and osteoarthritis. Other studies have investigated the use of OMT to

Dr. Degenhardt's research

Currently, Dr. Degenhardt is:

- Looking at the effects of manipulation on circulating blood biomarkers beta-endorphin, serotonin, and the endocannabinoids with Drs. Lex Towns and Diana Rhodes in Anatomy
- Investigating "how manipulation influences chemicals within the blood system and how those chemicals may reflect people's pain or people's improved sense of well-being." He currently is expanding this research by collaborating with Christian Fossum of the A.T. Still Research Institute and with Drs. Vineet Singh, Melissa Stuart, and Neil Sargentini in Microbiology and Immunology
- Working to objectify the palpatory processes used in the diagnosis and treatment of the musculoskeletal system to support the scientific validity of palpatory and manipulation research
- Contributing on a variety of other projects, including Dr. Donald Noll's Multicenter Osteopathic Pneumonia Study in the Elderly (MOPSE), a bone health and osteoarthritis study with Dr. Karen Snider, and patient-reported outcomes with Christian Fossum



Dr. Degenhardt's primary research goal is to advance the understanding of the body's neuromusculoskeletal response to therapeutic touch. Below, Dr. Degenhardt wears reflector markers to objectify the positions of the hands during diagnostic palpation.

enhance immune response to vaccination, on cardiac variability in subjects post MI, on electrical skin resistance, and on patient-reported outcomes after OMT. He also has evaluated the impact of a student wellness program and curricular reform on medical students.

"The Osteopathic Heritage Foundation is pleased to partner with A.T. Still University and its Kirksville College of Osteopathic Medicine in support of palpatory and therapeutic studies," said Rick Vincent, the foundation's president and CEO.

"Our support is a demonstration of our respect for the quality of the University's staff and faculty. I look forward to observing Dr. Degenhardt's and the center's successes."

The grant proposal to fund the OHF Research Endowment was created as a joint collaboration between Dr. Degenhardt, John Heard, Ph.D., vice president of research, grants, & information systems, and Randy Rogers, CFP®, associate vice president for institutional advancement.

Research at ATSU

In 2001, the Still Research Institute was established with the mission to advance patient care and wellness through the development and support of premier osteopathic research. To achieve this mission, the Center for Osteopathic Diagnostic and Therapeutic Studies (CODES) was developed within the Institute.

By partnering with the Osteopathic Heritage Foundation, matching resources will facilitate the center's achievement of the following long-term goals:

- Determine the validity of the osteopathic palpatory diagnostic process and determine if there are objective structural changes associated with a therapeutic benefit from osteopathic manipulative treatment.
- Disseminate outcomes and objective testing methodologies to osteopathic neuromusculoskeletal medicine researchers through training programs and certification
- Improve the skills of current clinicians using osteopathic neuromusculoskeletal medicine
- Advance the palpatory skills of future osteopathic physicians by incorporating training programs, instruments, and protocols used to objectify palpation



The changing face of medical education

Throughout time, medicine has changed with societal needs and expectations, and leaders at KCOM believe medical education should do the same. In order to adapt to those changing expectations, as well as recommendations by major medical groups such as the AOA and AMA, KCOM will move to a new curricular format by 2010.

Faculty first approved a curriculum change in 1997, and the move to a clinical presentation model from a discipline-based curriculum continues that work. The result of research and input by faculty and other experts in medical education, the new curriculum will have ramifications not only for students, but also faculty, the University, and future patients.

In this article, Philip Slocum, D.O., '76, vice president for medical affairs and dean, discusses KCOM's curriculum change with Robert Theobald, Ph.D., professor and chair, pharmacology; Trish Sexton, M.S., assistant professor, family medicine; and Michelle Colen, M.D., assistant professor, family medicine.

The Kirksville College of Osteopathic Medicine is going back to its roots—and by doing so ironically joins a curricular movement at the forefront of modern medical education.

As the founding school, being a leader in osteopathic medical education is nothing new. “We believe we have the responsibility to lead the way in best practices,” says Robert Theobald, Ph.D., professor and chair, pharmacology.

“We have always done this, leading the way with technology, patient simulators, new educational delivery methods, and OMM research. This curriculum is the next step.”

Of course, taking a leading role in changing a 100-year-old curriculum, and medical education itself, is no easy task. Healthcare researcher and former dean at the Medical College of Wisconsin Richard “Buzz” Cooper, M.D., told KCOM Dean Phil Slocum, D.O.,

’76, that it simply can’t be done in an established medical school.

Dr. Slocum thinks otherwise.

“We have a small, dedicated faculty, and our size is such that we can make these changes happen where major universities cannot. Proving Buzz Cooper wrong is going to be a wonderful experience.”

To do so, he says, the school should first re-examine the principles that Dr. Still talked about at its founding. “That



includes acknowledging that we are the facilitators of healing – not the know-all and end-all,” Dr. Slocum says. “By incorporating ethics, philosophy, history, and the humanities, we’re actually much closer to higher education than we have been in 100 years.”

“If anything, the sense of cooperation and patient centeredness in the new curriculum is even more aligned with Dr. Still’s philosophy than our current practices,” Dr. Theobald says.

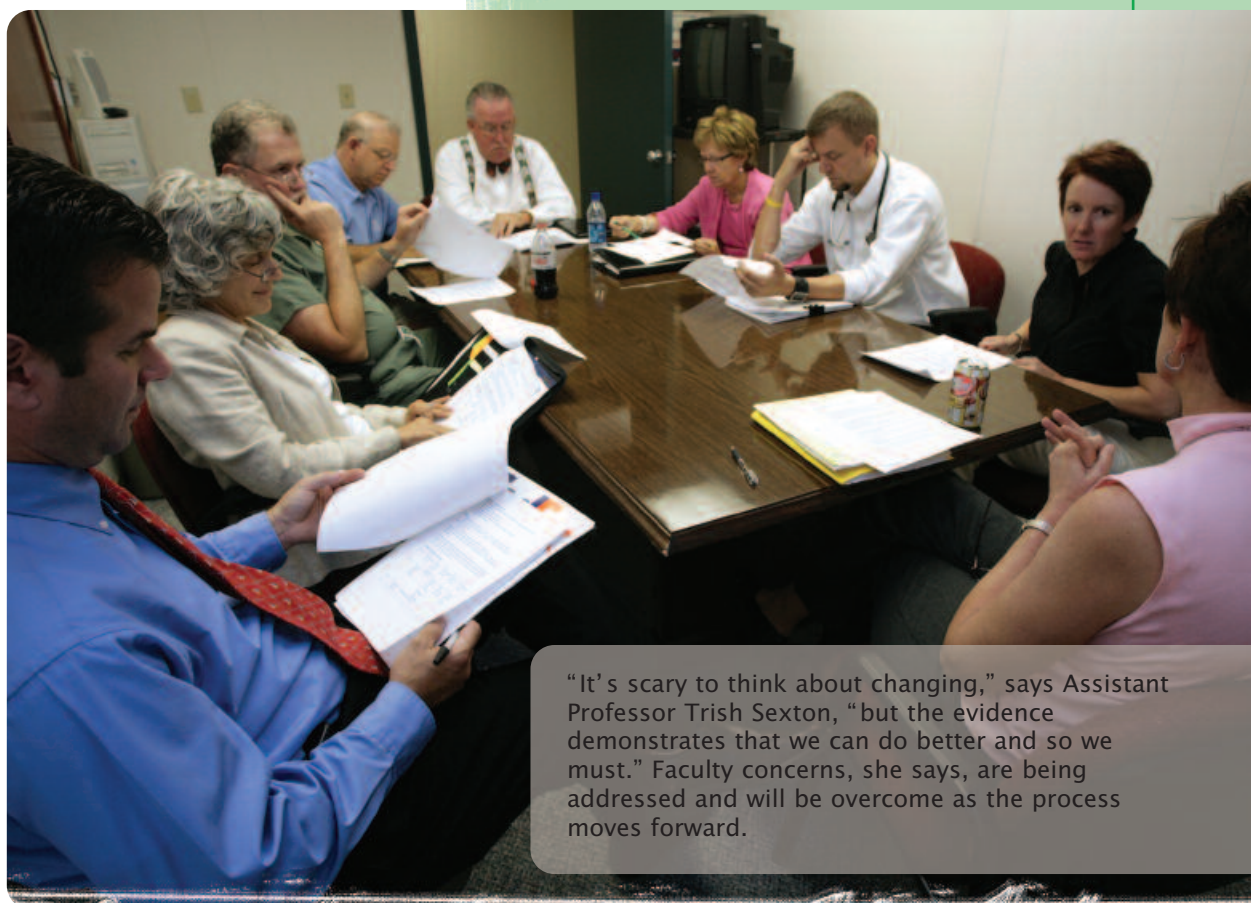
“Osteopathic principles and philosophy, as well as manipulative medicine, are a longitudinal thread in all blocks throughout all four years. Dr. Still himself was a leader in innovation, and his legacy demands that we do the same. That said, the culture will change. Many barriers will have to be broken down as we move from discipline-based courses to integration, but our faculty is collegial, we understand the importance of achieving our goal, and we will do this well.”

Nevertheless, culture and tradition are hard to let go, especially at a school with as rich a history as KCOM. Founded before the present-day model of modern medical education, KCOM has a long tradition that we want to

honor and acknowledge, Dr. Slocum says. “We’ve created great physicians using the old model of medical education, but we also recognize that the culture is changing. Medical education is moving away from ‘the sage on the stage to the guide on the side,’ using a

Curriculum overview

- All courses will be interdisciplinary.
- A longitudinal “doctoring/medical skills” course will run alongside clinical presentation courses.
- Osteopathic philosophy and OMM will be integrated in every course.
- An online database will include all terminal and enabling objectives.
- The curriculum will be centrally governed by the Curriculum Committee.
- Assessment will be centrally governed by the college’s Assessment Committee.
- Management will reside in the Office of Clinical Educational Development and Support.
- A long-range plan will examine the college’s exit objectives.



“It’s scary to think about changing,” says Assistant Professor Trish Sexton, “but the evidence demonstrates that we can do better and so we must.” Faculty concerns, she says, are being addressed and will be overcome as the process moves forward.

learning-centered approach where everyone contributes to the educational process.”

It’s no accident that a learning-centered approach coincides with a more global push toward patient-

centered care, which arose in response to a climate of commercialism, managed care, and changing licensing and certification requirements. The rules are changing, Dr. Slocum says. “In



order for students to stay competitive, a new curriculum needs to be urgently implemented.”

“The best evidence indicates that this new curricular format is the preferred way to educate physicians,” Dr. Theobald says. “We need to do it at KCOM because we have a responsibility to our students and to society to educate future physicians using best practices. The evidence is clear, so the time is now.”

Making science relevant

KCOM’s proposed clinical presentation model, which begins within the clinical context of how patients seek medical care, has been implemented in various forms at the University of Calgary, Ohio University, University of South Florida, New Anglia Medical School in England, Kansas City University of Medicine and Biosciences, Case Western Reserve School of Medicine, ATSU’s School of Osteopathic Medicine in Arizona, and a handful of other schools.

The faculty-driven curriculum shifts learning from passive to active, from lectures to teams, and from basic sciences to the social sciences and clinical relevance. In fact, students will spend no more than 12 hours in lecture each week. The rest of their time will be in active learning activities such as human patient simulation, standardized

patient activities, team-based learning, OMM lab exercises, small groups, and service learning projects.

The challenge to faculty, says Michelle Colen, M.D., assistant professor, family medicine, is that a curriculum no longer divided by



“Change for the sake of change serves no purpose, but change that improves the performance of our graduates in residency and practice becomes the shadow we all desire to cast in the future,” says KCOM Dean Phil Slocum, D.O., ’76.

discipline forces them out of their comfort zones.

In addition to more interdisciplinary faculty, the department organization may also become interdisciplinary, possibly

based on the new model, which is divided into six blocks, each with a clinician leader and team leaders. Currently, the blocks are human development; energy and metabolism; cardiopulmonary/renal; genitourinary; tissues and trauma; and neuromuscular and cognition. Once the entire faculty expresses their opinions, blocks may be redistributed or renamed.

Because it is part of a clinical presentation model, the focus of learning for each block will center more on the social sciences and clinical relevance. Details in the basic sciences will be shifted to a time when it is most valuable for the student.

“The physician’s role is to help the patient adapt to the disease states and conditions they have and to see the body, mind, and spirit as interconnected,” Dr. Slocum says. “We have to do things in our curriculum to help students understand how to handle the spirituality of medicine and the issues surrounding the psychological aspect of disease, understanding socio-economic barriers to treatment, and all the other factors that go into what

the practice of medicine is really all about. It’s much more than knowing science.”

The curriculum’s emphasis on active learning, where students engage in small group activities,

A decade in the making

1997

KCOM’s curriculum committee first proposes a curriculum change to the ATSU Board of Trustees.

KCOM convenes an Education Retreat, which develops the “Advancing Ideals Curriculum.”

November 2001

October 2004

The ATSU Board of Trustees adopts a policy to change the curriculum.

Academic Year 2004-2005

KCOM Dean Phil Slocum coordinates discussions with current and former faculty, staff, and administration; conducts an extensive review of current medical education literature; and invites a panel of external consultants to develop, review, comment, and edit plans and strategy.

ing face of medical education



simulations, standardized patients, and clinical cases, will help students “develop clinical skills related to the sciences and not just have the science given to them out of context,” Dr. Slocum says.

The approach of adding science to a clinical scenario is “almost a reversal,” Dr. Colen says. “In the traditional curriculum, you teach all the basic science and then the clinical information comes later. And that’s not been shown to be the best way to do it.”

Think, learn, remember

KCOM’s proposed curriculum, Dr. Colen says, is similar to her problem-based learning education at the University of Missouri-Columbia, but takes it a step further by incorporating multiple ways of learning instead of learning on a case-by-case basis.

The art, she says, is tying in basic sciences within a clinical context. The benefit to students is a memorable way of learning.

“When you get out of the lecture and into small groups and put what you’ve heard in the context of clinical medicine with patients and physicians, then you remember. It makes you learn how to think.”

Because students can’t possibly learn all of the medical knowledge that exists, it is important students learn how to think for themselves and find the knowledge they need, says Trish Sexton, M.S., assistant professor,

family medicine. “Students will develop skills to quickly and accurately seek information with evidence-based practices. In addition, clinical exposure will be early and often, and because the curriculum is based on clinical presentations, all learning will be integrated in the same way that it must be recalled in the context of actual clinical encounters.”

The biggest change is a focus on learning rather than memorizing, Dr. Colen says. “There will be more emphasis on the thought process rather than the bottom-line answer. After all, the overall goal of medical education is not to give everybody an A – it’s to get everybody to understand the material.”

That means incorporating ongoing remediation, spending more time on each student, and helping students learn at their

own pace.

Richard Winn, Ed.D., assistant director of the Western Association of Schools and Colleges, describes KCOM’s approach this way:

“Think of traditional medical education as that in which time is fixed and learning is the variable,” he says. “When the semester is over, the level of student learning, no matter how good it is, is done since the time period is fixed and the semester is over and the whole student cohort must move on together to the next course. Now, think of the exceptional learning experience that KCOM is envisioning in which time is the variable and learning is fixed. That is, time is subordinate to the mastery of the learning. If a given competency is mastered in four weeks, that competency is demonstrated and the student moves on to the next learning task.

Day by Day: Proposed curriculum format

Tuesday/Thursday: Clinical experiences, additional lab work

- Early clinical experiences
- Standardized patient experience
- Simulation labs
- Service learning
- Society activities

Monday/Wednesday/Friday: Didactic presentations, discussions

- Cases presented by students and graded by students and faculty
- Cases peer-reviewed by students
- Student must pass knowledge and behavioral competencies

ing: A timeline

November 2006

A general outline of the new curriculum, based on best medical evidence, takes shape and is presented to faculty and the ATSU Board of Trustees.

Faculty focus groups and the institutional curriculum committee meet and provide feedback to the dean. Modifications are made, and the entire faculty is given opportunity for feedback.

Academic Year
2006-2007

Summer 2007

Block leaders are put in place, and work begins on topics, sequencing, and blocks.

A clinical presentation model is implemented for the class of 2013.

Summer
2009



If it takes 10 weeks, so be it. Learning is the goal, not the passage of time.”

Dr. Slocum uses the analogy of teaching his four children to ride a bike. “They each learned to ride their bikes at different times in their life, but they all learned to ride a bike,” he says. “Why was it important that they learn to do it by age 2? The same simple principle has to be happening in something as important as medical education.”

Challenges, change, and a commitment to a better way

Because of its importance, the dean, faculty, administration, and current students are working through concerns and challenges to make sure the educational experience of future KCOM students is the best it can be.

Dr. Slocum recalls talking with students at the Thompson Campus Center, on ATSU’s Missouri Campus, about their thoughts – and reservations – about the new curriculum.

“Students believe that because they’re working so hard at things their fathers and grandfathers and mothers and grandmothers have done that this is the perfect education model,” he says. “And I think faculty has a concern that because our students have always performed well on boards and have been accepted into top residency programs that by rocking the boat we will put our students at a disadvantage.”

Sexton acknowledges that’s an issue. Changing curriculums, she says, is in some ways a leap of faith. “It’s scary to think about changing, but the evidence demonstrates that we can do better and so we must.” Faculty concerns, she says, are being addressed and

will be overcome as the process moves forward.

Two challenges Dr. Slocum will address include a fully integrated faculty and student tracking program to manage the curriculum, document student learning, and link these to faculty development and rewards, and ensuring enough adequately trained personnel are available to promote learning experiences.

Refinement will be a continuous process, extending beyond the first class educated in the new model. The focus, however, will remain the same: a commitment to student learning.

“We believe that because this curriculum combines self-directed learning, the scientific basis for medicine, and the relational aspects of being a physician in a fully integrated manner, it will produce physicians who better meet the demands of society and a changing healthcare system,” Dr. Theobald says.

Dr. Slocum has no doubt that is true. “All evidence and literature suggests that every single medical school that has incorporated a clinical presentation model has improved in every measurable category of medical education outcomes,” he says. “Change for the sake of change serves no purpose, but change that improves the performance of our graduates in residency and practice becomes the shadow we all desire to cast in the future.”

Change is uncomfortable even if it’s good change, Dr. Colen says. “We need to keep an open mind and realize we’re all working together and that the ultimate goal is still the same – produce the best clinicians we can. This is just another way to do it.”



From Flexner to 2007: A look at the new curriculum



In 1908, the American Medical Association asked the Carnegie Foundation to review the quality of medical education in North America. Abraham Flexner, a graduate of John's Hopkins' undergraduate school, was hired to survey medical schools and write the report. This 1910 report, known as the "Flexner Report," reformed medical education.

Few would argue that Flexner's report brought about

tremendous positive change in medical education; however, nearly a century later reformers are challenging the model that has served as the hallmark of medical education with hopes of better serving the rural and underserved communities left out by Flexner's model.

ATSU's new medical school, the School of Osteopathic Medicine in Arizona, takes Flexner and traditional education head on with its innovative curriculum,

used in only a handful of medical schools in the United States and Canada. ATSU's Kirksville College of Osteopathic Medicine, which approved a curriculum change in 1997, moves its 100-year-old curriculum in a similar, but unique direction.

KCOM's new curriculum incorporates the American Osteopathic Association's "Seven Core Competencies," as well as 10 guiding principles based on best educational evidence.

Competency 1 *Osteopathic Philosophy and OMT*

Students are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their level of education. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits in osteopathic philosophy and manipulative medicine.

Competency 2 *Medical Knowledge*

Students are expected to demonstrate and apply knowledge of accepted standards of clinical medicine for their level of education, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3 *Patient Care*

Students must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

Competency 4

Interpersonal and Communication Skills

Students are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams.

Competency 5 *Professionalism*

Students are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, lifelong learning, and sensitivity to a diverse patient population. Students should be cognizant of their own physical and mental health in order to care effectively for patients.

Competency 6 *Practice-Based Learning and Improvement*

Students must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7 *System-Based Practice*

Students are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

The 10 guiding principles of the new curriculum

1. Serve the ATSU and KCOM mission
2. Incorporate the AOA's Seven Core Competencies at all levels
3. Enculcate students into osteopathic medicine
4. Develop a more "liberal arts in medicine" curriculum
5. Institute a capstone project to display competence
6. Use a spiral learning technique to re-explore topics
7. Include more real clinical experiences
8. Develop a competency based curriculum (adapted from Brown Medical School)
9. Use authentic performance assessments
10. Integrate reflective experiences



A new curriculum is only part of the changing picture at KCOM. A new learning environment is being created that will take professionalism, accountability, compassion, integrity, and leadership to new levels.

With a keen eye on all the various influences facing its students, the school will incorporate changes so students remember why they went to medical school in the first place – to help others.

Changes restructure a curriculum, redefine a culture

Recognizing that what students learn and internalize is not limited to the formal curriculum, ATSU's Kirksville College of Osteopathic Medicine is addressing the full range of influences that affect its students.

As Frederic Hafferty, Ph.D., points out in "Beyond Curriculum Reform: Confronting Medicine's Hidden Curriculum" in the April 1998 issue of *Academic Medicine*, medical educators are setting their sights too low if their goal is simply in improving coursework.

"Redesigning the 'learning environment' of a medical school," he says, "is a vastly different, more difficult, but more responsible undertaking than redesigning a curriculum alone."

Dr. Hafferty, a medical sociologist, author, and professor of behavioral sciences at the University of Minnesota's School of Medicine in Duluth, Minn., is considered an expert on medical schools' hidden and informal curricula and was awarded an honorary D.Hum. degree at KCOM's 2007 commencement.

Dr. Hafferty asserts that not only the formal curriculum, but also the hidden and informal

curricula, are responsible for what a student learns in medical school.

"Dr. Hafferty defines the hidden curriculum as those policies and practices that operate at the institutional level that affect learning," says Trish Sexton, M.S., assistant professor, family medicine. "A change in the formal curriculum is unlikely to change the hidden curriculum, whereas it may have an impact on the informal curriculum. This curriculum is informal and interpersonal and is made of tacit values and lessons that are transmitted implicitly – both good and bad."

Vice President of Medical Affairs and Dean Phillip Slocum, D.O., '76, describes the negative



Fourth-year student Gretchen Cole says it's a medical school's responsibility to keep its pulse on what students are learning, both formally and informally.

effects of an informal curriculum this way: "An example is when students arrive on campus, bright, shiny, and excited, and when you talk with them during their second



year all they can say is, 'I can't wait to get out of here.'"

Paying attention to what students are learning in this informal curriculum is just as important as revising the formal curriculum, he says. "We should care because it's destroying our youth. It's taking the very best values and destroying them before students actually ever get the chance to enter the practice of medicine. It's wrongly aligned to the culture of what the tradition of medicine has been – caring."

He cites data of physicians in his peer group as proof of need for change. "They're retiring early. They're more embittered. There's a higher degree of depression. Reimbursement issues are a problem. There has to be joy, and we have to teach students what those joys are. We need to alter our curriculum to help them see a better way. The issue you always hear is that we're trying to dumb-down the curriculum. No, we're trying to make the curriculum relevant. It's not easy. It's just different."

Also not easy is keeping tabs on what students are learning

informally. Understanding how the pressures students face affect their level of professionalism, integrity, accountability, compassion, and leadership is given more than mere lip service in the new curriculum.

Measures, says Dr. Slocum, will be simple, complex, and multiple. A simple measure is that the average student gains 12 pounds while at KCOM. "That's profound, measurable evidence that we're not sending the right message," he says. A more complex measure will include setting higher expectations for faculty, regional deans, and preceptors in their treatment of students.

Sexton believes the new curriculum will create a more positive environment not only for students, but faculty as well. "This curriculum proposes to be learning-centered, where faculty and students learn alongside one another. The interactive nature of the new curriculum provides an opportunity to make explicit the values we uphold, to demonstrate them, and be held accountable for them. The focus on patient-centered care and an infusion of

medical humanities will be important aspects for both students and faculty members in developing compassion and integrity. Students and faculty alike will have to be accountable to one another. This is our mission, and this curriculum can facilitate achieving it."

Students' perspective

Fourth-year student Gretchen Cole and third-year student David Van Wyck say they've had an excellent education at KCOM but nevertheless feel the undertow of traditional and informal curricula.

"Most people start out with the same aspiration and goals when they begin medical school, and that is to make a difference in people's lives," Van Wyck says. "I think that as you progress through a more traditional curriculum, you kind of lose sight of that among all the bookwork and studying. It can get rather tiresome because you don't have as much patient contact. Because your first two years traditionally are spent in the classroom where you have little to no patient contact, you get disillusioned. And people get burned out."

Assistant Professor Trish Sexton, below right, says, "The interactive nature of the new curriculum provides an opportunity to make explicit the values we uphold, to demonstrate them, and be held accountable for them."





Army Health Professions Scholarship student David Van Wyck, MS III, says increased patient experiences will help students better cope with the stress of medical school and reinforce their passion for becoming physicians.

The new curriculum, with an increased emphasis on patient contact, should have a positive effect, he says. He remembers that a two-week preceptorship at the end of his first year “revitalized most of the spirits of the class and really got us to refocus on why we were there and what we were working toward,” he says.

Increased contact with patients and more hands-on experience also will help students in realizing firsthand the benefits of OMM and gaining confidence in their skills, he says. In addition, it will make the moral lessons of education, such as integrity, more relevant.

“I think those are emphasized by word of mouth in a more traditional curriculum,” he says. “It’s something you hear over and over but don’t really get to appreciate as much when you’re sitting in a classroom. I think more of those ideals will come with more clinical contact, and it will be more in the forefront of students’ minds when they’re out there working with patients.”

Service learning is another way in which he thinks students will learn important values.

“Service learning offers students the chance to learn some things you can’t learn in the classroom,” says Van Wyck, who completed two service learning electives – Medical Spanish and the Court Appointed Special Advocate (CASA) project.

“Both were extremely helpful to me,” he says. “The Spanish course not only teaches you how to speak to someone in Spanish in a medical situation, but also about the culture. The CASA program was excellent because it helps with your interpersonal skills. They’re assigning you a child who has been neglected or abused, and you advocate on that child’s behalf. They’re asking you basically to take the most personal details of a child’s life whom you’ve never met before and make important decisions for that child. I think that really mirrors what you’ll be doing in your career as a physician. That was an extremely rewarding and challenging experience for me.”

As a class president, fourth-year student Gretchen Cole provided input on the design of a new curriculum. She says that from the perspective of a wife and mom of two, no medical school curriculum will make it easier for parents to get through medical school, but that the process of improvement is necessary.

“Even though we’re a school that’s been around for over 100 years, it’s really important to go with the times and new ideas and up-and-coming things,” she says.

“However, there are a lot of

people who believe they’re messing with something they shouldn’t – with something that’s not broken. I tend to disagree with that. I think that if there’s something that’s been proven in other medical schools to be effective, then it’s worth looking at.”

Medical schools should care what students are learning and how they are coping with the stress of their educational experience, she says. “When it’s all said and done, you’re going to be a practicing physician who will be asked where you went to school. In some respects, people will assume it’s not a very good school if you don’t reflect good values. I think that relates to patients as well. If you’re burned out, that’s going to radiate around you.

“I think it’s the school’s responsibility to keep a finger on the pulse of the students and see where they are, where they’re at mentally, and what they’re really learning. I think the new curriculum will help do that and will set students up for success – for being more successful and satisfied physicians.”

By the numbers

KCOM’s Class of 2010

Average overall GPA	3.5
Average science GPA	3.3
Average MCAT score	26
On-campus student population	349
Total college enrollment	671
States represented in total enrollment	40
Foreign countries represented in total enrollment	6
Student organizations	23

Faculty

Faculty to on-campus student ratio	1:4
Basic science full-time and adjunct faculty	24
Clinical full-time and adjunct faculty	65

Applicants

KCOM received more than 2,600 applications and matriculated 172 students into the D.O. program in the 2006-2007 school year.

The right place at the right time

Dean Slocum leads KCOM through its biggest change in 100 years

KCOM is part of a family legacy for Dean Phil Slocum. He not only inherited a tradition of osteopathic medicine when he took over the helm in 2004, but also the job of continuing curriculum change.

KCOM Dean Philip Slocum, D.O., '76, says there is a better way to educate medical students – even though the Kirksville College of Osteopathic Medicine has produced generation after generation of excellent physicians.

Although some may choose to argue the former, of the latter he is living proof.

He is the sixth member of his family to graduate from KCOM. He follows in the footsteps of his grandparents, who graduated in 1920; his grandfather's sister, Laura Evelyn Slocum, who graduated in 1918; his grandmother's sister Helen Weiters, D.O., '28; and his uncle Arthur Van Derburgh, D.O., '60. His oldest son, Erich, completed ATSU's master's in biomedical science program and will graduate in 2010 from KCOM. It will be the 50th anniversary of his uncle's graduation and the 90th anniversary of his great-grandparents' graduation.

It was mainly the influence of his grandparents that he has always wanted to be an osteopathic physician and a part of KCOM. And while that goal was met, he says if he were to define his success by the goals he set for himself as a young graduate of KCOM, "I am a complete and total miserable failure."

Certain he would become a family physician in Middlebury, Vermont, where his grandfather Howard Slocum practiced for

nearly 50 years, Dr. Slocum said his plans changed on graduation and amid a shortage of family practice residencies. Choosing internal medicine instead, he soon found himself caring for the critically ill in the Osteopathic Hospital of Maine. Because of the respect he developed from the critical care department at Maine Medical Center, he was invited to be its first D.O. trainee. He completed a two-year critical care medicine fellowship at MMC before going into private practice. He was also chair of internal medicine at UNE-COM and was recruited to the University of North Texas Health Sciences Center before becoming head of the pulmonary critical care division at the University of North Texas.

In 1994, he joined that university's task force assigned to look at new methods of medical education. After studying Harvard's "New Pathway Curriculum," he visited Duke University, schools in New Mexico, and McMaster University in Hamilton, Ontario, before presenting a recommendation "that was soundly defeated by the faculty," he says. "They didn't want to change anything."

Faculty may have rejected the proposal, but the idea of curriculum reform captured his attention. After leaving Texas, he went on to practice medicine in two corporate structures in Portland, where he continued his curriculum research. His readings



In his office, the dean proudly displays his grandparents' diplomas from the American School of Osteopathy and A.T. Still's staff.

on the subject led him to Doug Wood, D.O., Ph.D., now dean of ATSU's School of Osteopathic Medicine in Arizona, who was one of only a handful of medical educators with both Ph.D. and D.O. degrees. Dr. Wood became his mentor, which is "probably why we think so much alike," Dr. Slocum says.

Honoring the past, leading the future

The two might be like-minded but are not of the same mind when it comes to their respective curriculum. There are many differences between ATSU's two osteopathic schools, not the least of which is 100 years of history and tradition.

"I tell Doug Wood all the time that I'm jealous he gets to build a school from the ground up," he says. "But being able to have an impact and being the first dean to change the oldest school in a profession to a better curriculum will certainly be something I'll be glad to retire on."

To do it right, and to honor his grandfather, a U.S. Army Captain in WWI, and his grandmother Julia Wieters, who cared for the sick during the 1918 flu epidemic, is imperative. "My father recently

... Continued page 28



Arizona School of Health Sciences

The Arizona School of Health Sciences graduated more than 380 students August 4.

celebrates 10-year anniversary of first graduation

Dean Danielsen looks back at a decade of growth and change

When Dean Randy Danielsen, Ph.D., PA-C, joined the Arizona School of Health Sciences 10 years ago, he says he never imagined it would become the school it is today.

From fewer than 100 students to more than 380 who graduated August 4, the school has come a long way since its humble beginnings as a branch college of the Kirksville College of Osteopathic Medicine.

In the early days, in 1995, the school operated out of a small building on the Grand Canyon University campus with 16 dedicated faculty members who

each shared a vision of creating a premier, discipline-specific school. Today, with more than 45 faculty and nearly 500 residential and more than 1,000 online students, that vision has taken shape.

Dr. Danielsen says the school's founding and success is due to one thing — “energized” leaders.

Having come up the ranks first as academic coordinator and then chair of physician assistant studies, Dr. Danielsen worked with the chairs of each discipline as the school became the Arizona School of Health Sciences and then part of A.T. Still University in 2000. He says the transition to dean has been seamless – and fun.

“We’ve grown big, yet I still see the positive relationship between faculty and graduates,” he says. “The success we’re having 10 years out is due to them. I am excited about our new graduates, but you can’t forget those, over 1,000 graduates, who have gone before helping us make the campus what it is.”

Having the opportunity to be dean of a school he helped to create “has been wonderful,” he says. “I don’t know a better word. I forget who said this, but someone said the way to be a good leader is to surround yourself with good people and allow them to do their job. I’ve been lucky enough to

Graduation held August 4

At ATSU’s Arizona School of Health Sciences, more than 380 graduates crossed the stage August 4 at Symphony Hall in Phoenix.

Graduation speaker and domestic and international healthcare visionary Richard Smith, M.D., M.P.H., received an honorary Doctor of Humane Letters from ATSU. Dr. Smith is a medical pioneer who, by developing the MEDEX Northwest Physician Assistant Program at the University of Washington School of Medicine, helped create the receptive framework for the physician assistant and nurse practitioner movement 40 years ago.

Receiving the same honorary degree was Mark S. Stapp, a thought leader in the development community and friend to the University. Stapp has made significant contributions to the development of the ATSU-Mesa Campus, particularly envisioning the Intergenerational Village for Healthy Living and his efforts to bring a YMCA to the campus.

ATSU administration lined up before graduation at Symphony Hall in Phoenix.

have five department chairs who do just that – a wonderful job.

“Not a lot of people can say they wake up in the morning and are really excited to go to work. That’s a trite statement, but it’s certainly true. Not that every day doesn’t have its challenges, but the things we’re doing here are pretty exciting.”

And he figures that isn’t likely to change with a new master’s degree in Human Movement and an upcoming Doctor of Health Sciences degree designed to educate tomorrow’s educators, managers, and administrators in the health professions.

In addition, the Mesa Campus will soon see the construction of an intergenerational village, a YMCA, and a hospital.

“I would like to say I could foresee 10 years from now,” he says. “The way things have been going, I’ll bet it will be just as exciting.”



Number of graduates

Residential grads

Au.D. 8
AT 16
DPT 47
OT 12
PA 70

Online grads

TAu.D. 151
TDPT 42
AMOT 5
APA 24

At right, Mesa Provost Craig Phelps, D.O., '84, addresses the class of 2007. Below, graduates meet family and friends in the lobby after the ceremony.





In pursuit of daring adventure '97 PA grad finds excitement and success in career and in life

Helen Keller once said, "Life is either a daring adventure or nothing." Reflecting on her 10-year career as a physician assistant, Cathy Kittrell, MPAS, PA-C, '97, of Columbus, Ohio, says her daring adventure began the moment she was accepted into ATSU's Arizona School of Health Sciences.

Never one to stray far from home or family, Kittrell earned her undergraduate degree and master's degree in speech pathology from Ohio State University. She then went on to work in Columbus as a speech pathologist and later as a pharmaceutical representative. "But I never considered myself a salesman," she says, "and I found myself missing patient interaction. I wanted to be involved in direct patient care." Kittrell decided that becoming a physician assistant would be the perfect combination of her education and professional experiences.

Chartering a new career path, she accepted a seat in what was then the Kirksville College of Osteopathic Medicine Southwest Center of Health Sciences' inaugural Physician Assistant class and moved across the country to continue her education.

“I feel like I made a magnificent decision in attending ASHS. The experiences I had in PA school were ones that could never be repeated.”

She particularly enjoyed clinical experiences at the Phoenix Indian Hospital and Veterans Administration, which allowed her not only to work with diverse patient populations in various settings but also to use her six plus years of training in Spanish.

"ASHS offered me many new, exciting opportunities," Kittrell says. "I feel like I made a magnificent decision in attending ASHS. The experiences I had in PA school were ones that could never be repeated. I cherish those moments, the friends I made, and the opportunities I had with

patients and professionals."

Kittrell says she hopes that she and classmates, many of whom came from successful first careers, gave the program a strong foundation for success, even though in the beginning, "It didn't take long to realize we knew only about half of what we thought we knew."

Looking back, she says it's hard to imagine the school's growth, not just in programs but also facilities. "We actually had trailers that held some of our classes. And my interview for admission was done in a strip mall. So, I think the growth is very impressive. The campus in Mesa is beautiful, and the school is so innovative – so techno. What an amazing place to learn!"

Since graduating, Kittrell's experiences have continued to lead her to new adventures. Having worked in a family practice office, an emergency room, and a trauma center, she also has joined 12 classmates for a medical mission to Belize and has served as a preceptor to ASHS students.

Being a preceptor "is a position I really enjoy," she says. "I think it's great to see students grow and become more confident in their skills. It's great to know that by the end of the rotation they not only know what studies to order but why."

A provider and educator within the profession, Kittrell has served as the public relations committee chairman for the Ohio Physician Assistant Board and has helped educate both physician assistants and physicians about the PA profession. She is currently completing her Ph.D., picking up E.R. shifts, and serving as a medical science liaison to the pharmaceutical industry, working to find cures, not just treatments.

"It is remarkable to be on the cutting edge of medical science," she says. "As I look back on my career, I know I made a great decision to become a PA. The bonus is that life continues to be an exciting adventure."



Dr. Sauers and his wife, Jamie Sauers, M.S., PT, SCS (ATSU SHC grad class of '97) in Mt. Rainier National Park, Wash.

Coming home

'97 Sports Health Care grad returns to his roots

One word describes what Eric Sauers, Ph.D., ATC, thought of the Arizona School of Health Sciences upon his arrival in 1995 – shock.

After attending Seattle Pacific University, where he was one of 5,000 undergraduates, the new Kirksville College of Osteopathic Medicine Southwest Center for Health Sciences seemed somewhat diminutive in comparison. “Seattle Pacific was small,” he says. “This was tiny.”

With only four initial programs offered – Physical Therapy, Physician Assistant Studies, Sports Health Care, and Occupational

Therapy – the school consisted of one small building on the Grand Canyon University campus.

Although facilities might not have been large, personalities were. “I think that’s what really made the difference,” he says. “The people were just so good and so committed to students’ learning and making sure, no matter what environmental factors were going on, that students had a good learning experience and were happy. It was a great place, and you really got an affinity for the people.”

Dr. Gary Delforge, Sports Health Care’s inaugural department chair and Professor Emeritus, drew him to the program. “I learned a great deal from him,” he says, “and will always aspire to make a difference in our profession at even a fraction of the level he has.”

Associate Professor Jackie Kingma, M.S., ATC, PA-C, PT, also made a profound impact. “I don’t know how she ever got anything done as I spent so much time in her office asking questions,” he says. “She taught so many courses, and I had questions about everything. Mostly though, she is a kind and compassionate human being who is always genuinely concerned with student learning and well-being. Gary and Jackie really influenced me to become an athletic training educator.”

As associate professor and director of the Athletic Training program and chair of the Department of Interdisciplinary Health Sciences, Dr. Sauers says his return to ASHS “is something I’m very proud of. I was extremely fortunate to be a student in the inaugural Sports Health Care class. It felt like we were a part of something great that was going to make a difference in our profession. Being a part of it now, I feel a real sense of loyalty to the program and obligation to continue the great tradition Dr. Delforge began. I feel much more personally invested in this institution than I think I would if I had not been a student here when things first started. It’s a little odd, I suppose, but this job is very personal for me.”

He is especially pleased with the school’s growth 10 years after his 1997 graduation. “The reputation of ASHS and now ATSU has pervaded our profession. Now, a degree from ATSU means that you have a degree from one of the most nationally respected post-professional athletic training programs in the country.”

In every way, the school has grown from its “tiny” origins, he says. “It’s almost like we were a little kid then, and now we’re a teenager. We’re certainly growing up. It’s fun to see that there’s progress, and it’s fun to know that if I were here for another 20 years, things would look a lot different. New buildings are going up and new programs are starting. It’s exciting.”

“Now, a degree from ATSU means that you have a degree from one of the most nationally respected post-professional athletic training programs in the country.”



School of Health Management graduate and KCOM student David Dansie, MS IV, customized his education by combining his interest in business with his love of medicine.

Dansie, who graduated from SHM in 2005 with master's degrees in geriatric health and health administration, says earning degrees through ATSU's online school was a natural step and complement to his medical school education.

"Receiving my M.H.A. has helped me understand the healthcare system so much more than I would have by simply receiving my D.O.," he says. "In addition, my M.G.H. has helped me understand the special needs of geriatric patients more than I would have otherwise. My participation with SHM has put me in contact with many wonderful people – both staff and students – and has given me the opportunity to help mentor other students and build SHM's programs. I feel so much more prepared to practice effectively in the medical community, and for that I'm grateful."

Dansie says he also appreciated the flexibility that being an online student offers. "It took some getting used to," he says, "because at first you are much more dependent on your book and suggested reading material than in a traditional classroom setting and are much more responsible for pacing yourself and committing yourself to a schedule. However, the freedom it allows is very enjoyable. Nothing quite beats the ability to take your final exam in your pajamas on a Thursday night."

Balancing his schedule with his online studies was easier than he expected. "My particular approach was to commit all of my efforts in the day and early evening to traditional learning, allowing me to use the late evening for my online studies. I suspect it was not too different from the many SHM students who are employed full time."

Originally a business major at Weber State University in Ogden, Utah, Dansie will graduate from KCOM in 2008. He then plans to complete a residency in family medicine before taking on the responsibilities of managing a healthcare

facility in addition to seeing patients. He says he also would appreciate the opportunity to teach and work as faculty at an osteopathic school.

For now, finishing his last year is paramount, in addition to his duties as SHM alumni president. Interacting with students at the beginning and end

of their student experience, Dansie says he spends much of his time answering questions, encouraging others, and talking about his experiences at SHM.

"The remainder of my time has been spent at graduation, inducting graduates into the alumni association, and congratulating them on their accomplishments. Most of my experiences have been trying to help other students build and maintain relationships with the school and with their fellow graduates. I am very honored to be part of this new and growing association."

"Nothing quite beats the ability to take your final exam in your pajamas on a Thursday night."



Melvin D. Crouse, D.O., '58, and his wife, Betty, accepted the Distinguished Patron award (\$25,000-\$49,999) from Virginia Halterman, Communications & Marketing, at the 2007 Ohio Osteopathic Association Convention in Sandusky, Ohio.

David Darden, D.O., '69, M.P.H., and wife, Jan, of Cleveland, Tenn., received the A.T. Still Fellow giving award for lifetime gifts to the University totaling \$100,000 to \$299,999. Dr. Darden is a former member of the Kirksville Osteopathic Alumni Association Board of Directors.



Stephen Laird, D.O., associate dean, academic affairs, presented **Joseph Hunt, D.O., '64**, the A.T. Still Founder lifetime giving award (\$300,000 and above). Dr. Hunt is a family physician and past board member of the Kirksville Osteopathic Alumni Association. He and his wife, Jan, live in Carleton, Mich.

Andrew Zazaian, D.O., '79, received the Honored Patron award for lifetime giving of \$15,000-\$24,999. Dr. Zazaian specializes in internal medicine. He and his wife, Mary Rose, live in Farmington Hills, Mich.



Bobby Joe Kennedy, D.O., UNTHSC – TCOM, '76, of Austin, Texas, received the Distinguished Patron award (\$25,000-\$49,999) from Mark Burger, Development, at the 2007 Texas Osteopathic Medical Association Convention in San Antonio, Texas.

John Bodell, D.O., '71, and his wife, Janet, received the Distinguished Patron lifetime giving award (\$25,000-\$49,999) at the KCOM alumni reception during the Michigan Osteopathic Association meeting in Dearborn, Mich. Dr. Bodell is a KCOM regional assistant dean in the Michigan Region and a member of the Kirksville Osteopathic Alumni Association Board of Directors.



David Krencik, D.O., '86, and his wife, Lynn, were presented the Honored Patron lifetime giving award (\$15,000-\$24,999) during the KCOM alumni reception at the Michigan Osteopathic Association meeting in Dearborn, Mich. Dr. Krencik is an anesthesiologist sub-specializing in pain management from Muskegon, Mich.



Dean Slocum profile continued ...

died, and before his illness got to him, he said, 'I just can't imagine how proud your grandparents would be that you are the dean of the school they went to and loved so much.'

In light of such history, he has a full realization of what there is to gain – and lose – should he fail to meet the ATSU Board of Trustees' directive for curriculum change.

"You are setting yourself up for a huge potential failure, where it would have been easier just to come here and keep the same thing going and not make any waves," he says. "However, I really think for KCOM, ATSU, and Kirksville to survive, we have to get ourselves up to the tier of those highly regarded rural-based medical schools such as Dartmouth Medical School.

"I'm not the only person who could do this," he says. "I just happen to be the only person who is sitting here who has had a

number of life experiences and for some reason or other has been able to reflect on how things could be better for those who choose to follow. That's what really drives me – there is a better way to train osteopathic physicians.

"I feel very comfortable I know what that is, and I think the faculty knows what that is and are demonstrating that by constructing the new curriculum. I think the silent majority of alumni who would reflect would say there's a much better way of medical education than when they went to KCOM. I think that silent majority will listen and think, 'maybe there are some good ideas here.'



Dean Slocum looks through a medical book given to him by his grandparents, both 1920's graduates of KCOM.

"The bottom line is that it's going to be a difficult curriculum that's going to train students to be more competent physicians than when we graduated. That's

1950s

William F. Emlich, D.O., '58, Centerburg, Ohio, was installed as president of the Ohio Osteopathic Association at the association's convention held in June.

Gene P. Barbour, D.O., '59, Orange Beach, Ala., and his wife, Shirley, celebrated their 50th wedding anniversary on June 14.

1960s

John W. Milionis, D.O., '61, Surprise, Ariz., has been awarded life membership in the Texas Osteopathic Medical Association.

David W. Simpson, D.O., FACOFP, '63, Oklahoma City, Okla., received the Doctor of the Decades Award from the Oklahoma Osteopathic Association (OOA) during the association's annual convention held in May. Dr. Simpson is a past president of the OOA and a life member of both the OOA and the American Osteopathic Association.



David F. Norris, D.O., '65, Tyler, Texas, has been awarded life membership in the Texas Osteopathic Medical Association.

David M. Beyer, D.O., '68, Fort Worth, Texas, has been awarded life membership in the Texas Osteopathic Medical Association.

1970s

Roger F. Classen, D.O., '72, Warrensville Heights, Ohio, has been designated Master Faculty by the Ohio University College of Osteopathic Medicine. This recognition is the highest honor that the college gives to clinical faculty members at its Centers for Osteopathic Research and Education, a statewide consortium of 15 hospitals across Ohio. Dr. Classen, a clinical professor of general surgery, practices at South Pointe Hospital in Cleveland.

J. Michael Ritze, D.O., '73, Broken Arrow, Okla., was recently a featured lecturer at the Criminal Law Section of the Oklahoma Bar Association Forensic Academy in Oklahoma City, Okla.



William C. Cunningham, D.O., M.P.H., '76, Grand Rapids, Mich., has been named a 2007 recipient of the Walter F. Patenge Medal of Public Service. Since 1996, Dr. Cunningham has served as the executive vice president and chief medical officer of Metro Health, leading more than 440 physicians, medical students, residents, and interns.

Rex O. Lee, D.O., '76, Kirksville, was installed as president-elect of the Missouri Association of Osteopathic Physicians & Surgeons during the association's annual convention held in April.



John E. Murphy III, D.O., '77, Dayton, Ohio, was designated Master Faculty by the Ohio University College of Osteopathic Medicine. Dr. Murphy, a clinical associate professor of family medicine, practices at Grandview Medical Center in Dayton. He received the college's Outstanding Faculty Award in 1985 and 2005.

Michael K. Murphy, D.O., '73, a board certified osteopathic family physician from Pikeville, Ky., was re-elected to the American Osteopathic Association (AOA) Board of Trustees during its annual business meeting in Chicago.

Following a distinguished 30-year military career in the U.S. Navy, Dr. Murphy accepted the position of dean of the Des Moines (Iowa) University — College of Osteopathic Medicine (DMU-COM) in 1998. In 2000, he left DMU-COM to join the Pikeville (Ky.) College School of Osteopathic Medicine where he serves as associate dean for clinical sciences, associate dean for postgraduate education, and professor of family medicine. He

also holds clinical privileges in family practice at Pikeville Medical Center and Highlands Regional Medical Center in Prestonsburg, Ky.

A member of the AOA since 1969, Dr. Murphy has served as first and second vice president. He is currently the vice chair of the Bureau of Membership and the Strategic Planning Committee.

Joel B. Cooperman, D.O., '75, Aurora, Colo., a board certified osteopathic manipulative medicine specialist, was re-elected to the American Osteopathic Association (AOA) Board of Trustees during its annual business meeting in Chicago.

Dr. Cooperman is in private practice at the Denver Osteopathic Center. In addition, he serves as the preceptor for the Colorado Osteopathic Education Center, and as the associate clinical professor for both ATSU's Kirksville College of Osteopathic Medicine and the Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona, Calif.

Christopher Simpson, D.O., Ph.D., '78, Athens, Ohio, received a Ph.D. in education from Ohio University, with specialized training in assessment and curricular design. Dr. Simpson is chair of the family medicine department at Ohio University, College of Osteopathic Medicine.

1980s

Michael G. Knapp, D.O., '80, Joplin, Mo., has been named the American College of Osteopathic Family Physicians Physician of the Year for Missouri. Dr. Knapp was honored during the Missouri Association of Osteopathic Physicians & Surgeons Annual Convention held in April.

Glenn D. Blankenhorn III, D.O., '81, Massillon, Ohio, has been named the director of Rose Lane Health Center's new habilitation unit.

Bruce L. Mintz, D.O., '81, Denville, N.J., his son, David, his daughter, Jessica, two pediatricians, three

medical students, and a urologist traveled this summer to Phnom Penh and other locations in Cambodia on a medical mission. They established a clinic to provide much needed medical care and donate medical supplies and equipment. Dr. Mintz gave multiple lectures to hospital staff, medical students, and physicians on how to use the new equipment and on topics ranging from aneurisms to deep vein thrombosis. The two-week trip was organized by Jessica Mintz, who will be entering medical school in the fall.

Gilbert M. Rogers, D.O., '81, Enid, Okla., has been elected the 2007-08 president-elect of the Oklahoma Osteopathic Association (OOA). Dr. Rogers, who is a board-certified anesthesiologist, has been a member of the OOA Board of Trustees since 2001, is past president of the Northwest District of the OOA, and a member of the Northwest Oklahoma Osteopathic Foundation Board of Trustees.



Jeffrey A. Kerr, D.O., '85, Rolla, Mo., was installed as president of the Missouri Association of Osteopathic Physicians & Surgeons during the association's annual convention held in April.

Martin S. Levine, D.O., '80, Bayonne, N.J., was re-elected to the American Osteopathic Association (AOA) Board of Trustees during its recent annual business meeting in Chicago.

Dr. Levine is in private practice in Bayonne and Jersey City. In addition, he serves as the department chair of family medicine at Christ Hospital in Jersey City and as associate dean at Touro College of Osteopathic Medicine in



Harlem. He is a clinical assistant professor of family medicine at the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine in Stratford (UMDNJ-SOM) and at UMDNJ's New Jersey Medical School.

How ARE You?

Where ARE you?

Let us Hear
fRom You!

Send class notes to:
alumniservices@atsu.edu or
call 660.626.2307

A member of the AOA's Board of Trustees for seven years, Dr. Levine is also the AOA's vice chair of the Department of Educational Affairs and serves on the AOA's Finance Committee and Bureau of Osteopathic Clinical Education and Research. Dr. Levine has been the recipient of many honors and awards, including being named to the list of "The Best Doctors in New York" from 1999 to 2007. He also was selected as "The Physician of the Year" by the New Jersey Association of Osteopathic Physicians and Surgeons in 2000.

1990s

Christopher S. Snyder, D.O., '93, Salisbury, Md., was installed as president of the Maryland Association of Osteopathic Physicians during the annual Chesapeake Regional Osteopathic Scientific Conference.

Eric S. Von Holten, D.O., '95, Sandersville, Ga., was installed as president of the Georgia Osteopathic Medical Association during the association's annual convention.

Katherine R. Lichtenberg, D.O., M.P.H., FAAFP, '97, Kirkwood, Mo., received the Missouri Association of Osteopathic Physicians & Surgeons District Award during the association's annual convention held in April.

Mark S. Pelikan, D.O., '99, St. Louis, Mo., was presented with the Missouri Association of Osteopathic Physicians & Surgeons President's Award during the association's annual convention held in April.

2000s

Kelly L. Shuler, D.O., '02, Cassville, Mo., has been appointed Barry County medical director. As medical director, Dr. Shuler will provide oversight for clinical services and review health department protocols.

David W. Kelley, D.O., '03, Lebanon, N.H., has begun a fellowship in critical care medicine at Dartmouth-Hitchcock Medical Center.



Cynthia T. Merritt, Au.D., '03, Lacey, Wash., has joined Ear, Nose and Throat Associates SW Inc.

Jacob K. Curtis, D.O., '04, Quincy, Ill., co-authored the article "Include Group B Streptococcus Screening in Prenatal Care Visits," which appeared in the June issue of *Osteopathic Family Physician News*, an official publication of the American College of Osteopathic Family Physicians.

Save the Date

ASDOH
Golf Tournament
October 26



Class notes

classmates

ATSU pays tribute to the following graduates who died (and notification received) May 5, 2007, through July 10, 2007.

Obituaries

remember

1940s

Chester L. Boone, D.O., '41
Auburn Hills, Mich.

Mervin E. Meck, D.O., '46
Ceres, Va.

1960s

Norman E. Wood, D.O., '64
Moundsville, W.V.

Brenton A. Textor, D.O., '67
Lady Lake, Fla.

2000s

Anita M. Pikus, Au.D., '00
Bethesda, Md.

Michael George Pohlman, D.P.T., '05
Glen Carbon, Mich.

Alumni Employment Services

In order to provide greater value to all ATSU graduates, the University expanded its employment opportunities service online. Now, openings submitted by employers from around the country are easily accessible to interested alums. The index of opportunities makes it easy to sort through available positions.

If you have an opening you wish to list, the easy-to-complete form makes it convenient to connect with fellow graduates.

To learn more about the site, how to post an opportunity, and how to view one, visit www.atsu.edu/alumni/employment_opportunities/index.htm, contact Alumni Services at 866.626.2878, ext. 2307 or email jbunch@atsu.edu.



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Save the Date!

June 21-28, 2008

Alaskan Cruise/Land Tour

Option 1:

Alaska Wilderness 12-day
Cruise tour consisting of
4-Night Land Tour and 7-
Night Southbound Voyage

Option 2:

Alaska Wilderness 7-Night
Southbound Cruise

Evidence-Based Medicine

Sept. 21-22, 2007

St. Louis, MO

Hilton at the Ball Park
12 hours category
1-A credit, AOA

Founder's Day

Manipulative Update

Oct. 18-20, 2007

Kirksville, MO

ATSU-KCOM Campus
25 hours category
1-A credit, AOA

Primary Care Update

Nov. 29-Dec. 1, 2007

Ridgedale

(Branson), MO

Big Cedar Lodge
18 hours category
1-A credit, AOA

Primary Care Update

Jan. 5 - 12, 2008

Royal Caribbean's

Liberty of the Sea

Eastern Caribbean

16 hours category
1-A credit, AOA

International Tropical Medicine

Feb. 7-9, 2008

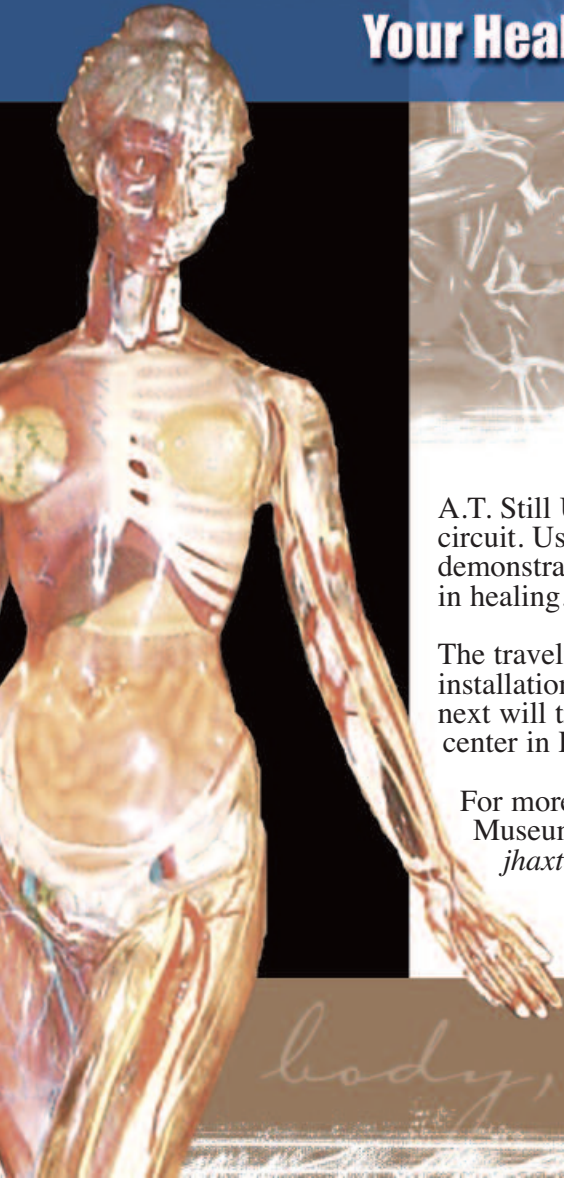
Diria Resort

Tamarindo, Costa Rica

15 hours category
1-A credit, AOA

Still National Osteopathic Museum

Your Healer Within is back on the road!



A.T. Still University's Your Healer Within is back on the museum circuit. Using a variety of interactive stations, Your Healer Within demonstrates the unity and importance of the body, mind, and spirit in healing.

The traveling exhibit sports a new family-friendly look and high-tech installations, including a virtual pond and spiritual harp. The exhibit next will travel to the newly opened ExplorationWorks science center in Helena, Montana.

For more information, contact Still National Osteopathic Museum Director Jason Haxton at 660.626.2359 or jhaxton@atsu.edu or log on to www.healerwithin.org.



body, mind, and spirit

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