



Yearbooks and Newsletters

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8-16-2006

## TUN LIVE Volume 1 Issue 1

Touro College of Osteopathic Medicine and Health Science

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# TUN LIVE "PAPER EDITION"

OFFICIAL NEWSLETTER OF THE COLLEGE OF OSTEOPATHIC MEDICINE  
and HEALTH SCIENCES

AUGUST 16, 2006

VOLUME I ISSUE I

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2. Faculty Letter
3. Health News
4. Current Events
5. News from each program
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9. Crossword
10. Classified
11. Humor

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Ronald Hedger, D.O.

Message from the Dean:

## Standards, Rules, Regulations, Guidelines & Professionalism

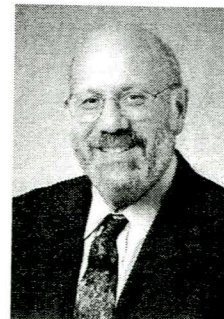
Mitchell D. Forman, D.O., FACR, FACOI, FACP

Some of the factors that facilitate interactions between individuals, businesses, and institutions, and that create clear boundaries of acceptable and unacceptable behavior and performance are rules, regulations and guidelines. Together they define "the expectations" between the parties. Despite the appearance of being a rigid system of checks and balances, it can and should promote the opportunity for discussion and renegotiation. It is not one – sided, since there is a mutually beneficial consequence of describing "expectations", i.e., predictability. Each party knows what to expect from the other.

Our institution, Touro University Nevada College of Osteopathic Medicine (TUNCOM) has standards, rules, regulations & guidelines that we must follow as part of the accreditation process. These standards are clearly articulated in the accreditation documents from the Western Association of Schools & Colleges, or WASC (our regional accrediting body) and the American Osteopathic Association – Commission on Osteopathic College Accreditation or AOA – COCA (our national accrediting body). The purpose is to clearly state the "expectations" of quality, process and accountability in our educational program and to ensure that our students receive what we promised them...a quality healthcare education and the tools necessary for them to become outstanding Osteopathic Physicians. There is no negotiation with the accreditors regarding these standards (although we can appeal negative decisions regarding meeting specific standards). Likewise, in order for our institution to run efficiently and to ensure that every student is treated fairly and equally, there are standards, rules, regulations and guidelines that describe these expectations. In general, they are part of a living document that can be modified to the mutual benefit of students and TUNCOM. It requires a process of communication, discussion and negotiation and a clear understanding of why the particular expectation exists. At the most basic level it clearly protects the student from arbitrary and capricious actions on the part of TUNCOM (administration, faculty or staff). Likewise it acknowledges that students have particular responsibilities in the process of obtaining their Osteopathic medical education.

The AOA 7 - Core Competencies were initially adopted to assess the performance of Residents in their graduate medical education programs. However, they have increasingly been utilized by the AOA – COCA in assessing the quality of medical student education. One of the Core Competencies is "professionalism".

Professionalism is a concept that is often confusing and misunderstood. It describes "acceptable behaviors" that vary depending on  
(Con't on Page 13: Dean)



## Health Minute

### Did you know...

A plant that gave ancient Britons and Celts their blue war paint, has been found to be a rich source of the anti-cancer compound, *glucobrassicin*, traditionally associated with broccoli. *Glucobrassicin* has been found to be effective against breast cancer. The war paint, a blue dye, is obtained from Woad, a member of the *Brassicaceae* family.

(Source: The Society of Chemical Industry)

### Did you know...

A new study from the University of Arizona shows that the frequent naps taken by infants are more than just extra sleep time. The team of psychologists, Rebecca Gomez, Richard Bootzin, and Lynn Nadel, found that babies are actually honing their basic abilities to learn about the world around them and developing abstract learning.

(Source: Association for Psychological Sciences)







# Letters

## Letter from Editor

Nima Alipour

Welcome to the very first issue of TUN Live 'Paper Edition.' In discussions with my colleague and good friend, Rahul Mishra (OMS2), we noticed that this newsletter will be emailed/posted on our two websites (tunlive.com and tunv.org), and thusly, not a "paper edition." However, upon further consideration, we decided that the newsletter can be printed out (i.e. for the crosswords), thereby rendering it a paper edition, thus realizing the accuracy in the aforementioned title. But, I digress...

This paper is intended to improve communication amongst the student body, give us something to read besides the stacks of text books (many of which I'm sure are still shrink-wrapped/not ordered), and most importantly, unite the programs on our campus. Per the articles in the Las Vegas Sun, Las Vegas Living, and other local publications, it's become clear that in 2 short years, the combined drive and pride of our Dean, faculty, student affairs office, and students, have put Touro University on the map. Allow me to elaborate. This 'map' I speak of is not limited to Las Vegas and Henderson, but the state of Nevada, and less....geographically....the medical community at large. We are here to make up the next generation of healthcare providers in this nation, and specifically in Nevada (which as it turns out is still 48<sup>th</sup>, and 49<sup>th</sup> in the nation for doctor to patient and nurse to patient ratio, respectively).

(Con't on page 19)

## Letter from Faculty

Ronald Hedger, D.O.

Welcome to all the new students and those returning. I was asked to write a short article about something memorable, or humorous in medical school.

I thought about this, probably longer than I should have, and while I have many "funny stories" I will share with you throughout the years, I thought that it might be more appropriate to relate a story that most, if not all of you are relating to right now.

Just getting in to medical school is a noble accomplishment. For those of you that are freshman, enjoy your moment. For those that are 2<sup>nd</sup> or 3<sup>rd</sup> year students your professional goal becomes closer every day. Enjoy it.

I was an above average undergraduate student, majoring in "pre-med" (just like everyone else in the university), psychology and communications. I stressed everyday about getting my "A" in every course. After all, the pre-medical advisors constantly reminded us that in order to get into medical school you had to have A's and B's. Heaven forbid you should get a C! I struggled onward. Would you believe I actually got a "C" in my second year physics class (the instructor was on the pre-professional committee)! I thought my career was over as he actually told me one Spring afternoon that if I couldn't get better than a C in his physics class I would NEVER be able to handle the curriculum in medical school so I probably should look for a different career choice. What a blow. All I ever wanted to do since I was 14 years old was to be a doctor. I continued on anyway with his "encouraging words" forever recorded in my mind. I graduated from college with a very respectful GPA (despite my potential career ending C in Physics II).

(Con't on Page 15)

## Health Minute

### Did you know...

Susan Swindells, M.B.B.S., of the University of Nebraska Medical Center, Omaha, presented a preliminary study indicating the effectiveness of a protease inhibitor for HIV/AIDS treatment. The study, published in the August issue of *JAMA and Archives Journal*, shows that a single booster shot may be more effective for select HIV patients than the standard 3-drug regimen.

(Source: *JAMA and Archives Journal*)

### Did you know...

Researchers at the NIH have found that a unique pattern of activity for genes in cells located in the tissue surrounding a liver tumor can accurately predict whether the cancer will spread to other parts of the liver or to other parts of the body. This preliminary research was reported in the August 2006 issue of *Cancer Cell* and is the result of following 115 hepatocellular carcinoma patients being treated at the Zhongsham Hospital, Shanghai, China.

(Source: NIH/National Cancer Institute)

### Did you know...

Osteopathic physicians use myofascial trigger points on various parts of the body as treatment modality to improve peak flow values in acute asthma patients.

(Source: *The AAO Journal*)

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# Current Events

## Ideal Physician Behavior as Reported by Patients

Nima Alipour

*"It is the patient who carries the burden of illness, but the compassionate physician shares that burden, lifting it when possible and lightening it when that is all that can be done. This sharing of the burden has always been the hallmark of the medical profession." -Richard S. Hollis M.D. from the book Caring: A Privilege and Our Responsibility*

The question of what makes a good doctor cannot be answered by merely stating that one must be "technically proficient." The interpersonal skills that are imperative to establishing a strong, trust-based physician-patient relationship have been analyzed in a paper in the Mayo Clinic Proceedings by Bendapudi et al (March 2006). They did a 6-month investigation of patient experiences at the Mayo clinics in Arizona and Minnesota where 14 patients were interviewed from 14 different medical specialties.

Questions included, but were not limited to: (1) tell me about the best experience you had with a doctor at the Mayo clinic, (2) tell me about the worst experience you had at the Mayo clinic, (3) if you could make one change to improve the quality of patients' service experience at Mayo Clinic, what would it be?

The following is a table that I have reproduced from information in the paper by the Mayo clinic.

(Con't on Page 20: Patients)

## Medical Recruiting Falls

Tom Philpott | July 07, 2006

### Army, Navy Medical Scholarships Go Begging

The number of medical students accepting Army and Navy scholarships has fallen sharply over the last two years, in part because of the mayhem in Iraq as depicted in daily news reports, say service medical leaders.

A scholarship program that the Army surgeon general calls "our lifeblood, over time, for recruiting physicians," is failing to attract enough qualified applicants by wide margins, except in the Air Force.

Difficulties in recruiting the next generation of Army and Navy physicians and dentists have spurred the Senate to approve new authorities to increase dramatically medical bonuses and stipends.

The increases, which potentially involve millions of additional dollars for medical personnel, are before a House-Senate conference committee and could win the full support of Congress by fall.

The services recruit roughly 70 percent of physicians and 80 percent of dentists through the Health Professions Scholarship Program

(Con't on Page 16)

## Health Minute

### Did you know...

Researchers from the University of Cincinnati (UC) and Cincinnati Children's Hospital Medical Center (CCHMC) have found that young women with asthma are twice as likely to have symptoms of obstructive sleep apnea (a condition that often goes undetected in women) compared with those who do not have asthma.

(Source: University of Cincinnati)

### Did you know...

Researchers from Norway and the Netherlands announced at the 7th European League Against Rheumatism annual congress that the Protein Tyrosine Phosphatase N22 (PTPN22) gene is associated not only with rheumatoid arthritis disease susceptibility, but also with disease progression.

(Source: EULAR)

### Did you know...

Researchers at Purdue University have learned the precise location where an antibody binds to the West Nile virus, and they have suggested a mechanism for how this antibody neutralizes the virus to prevent infection.

(Source: Purdue University)

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# Current Events

## Orientation.... Weekend!

Travis Snyder

After their first full week of school at Touro University, the D.O. Class of 2010 class was ready to take a much-needed break. Throughout the weekend there were a number of events designed to facilitate interaction between the OMS-I, OMS-II and OMS-III students in addition to meeting Touro Students from other programs. And, to be perfectly honest, it was a great excuse for everyone to have a good time and welcome back our own classmates.

The Big Sibling program went off without a hitch on Friday afternoon, as organizer Jeff Beecher matched and paired up the OMS-I and OMS-II students together.

Later that evening, Remington Canyon Apartments provided an amiable atmosphere along with food and drinks, compliments of Ocean Spray Cranberries, Inc., for all the students. Approximately 100 people were in attendance and many families took **Remington Apts** advantage of the opportunity to allow their children to also get familiar with each other.



**Remington Apts**

On Saturday afternoon, OMSGA President Katie Mueller and Denise from NOMA (Nevada Osteopathic Medical Association) organized an afternoon at the Henderson Multi-Generational Center Water Park. It was a beautiful day to eat KFC and go swimming, sliding, and diving! Between 50 to 100 people attended, along with many families.



**Henderson Multi-Gen Center**

To finish the weekend off, Saturday night was for those interested in the Henderson night-life scene. Over 100 Touro Students and their friends went out to the Green Valley Ranch Hotel, Casino, and Bar for some drinks and socializing. A great time was had by all...except for the kids-they stayed home for this one!



**Green Valley Ranch Hotel**



**August Birthdays!!**  
**OMS2**



**Cory Hata**  
**1st**



**Travis Hailstone**  
**10th**



**Laura Marcu**  
**11th**



**Brooke Sadler**  
**13th**



**Mark Stevens**  
**16th**



**Amish Prasad**  
**17th**



**Nima Alipour**  
**29th**



**Rahul Mishra**  
**29th**



*(OMS1 birthdays con't on page 13)*

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# News from Each Program

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Ronald Hedger, D.O.

## OMS1:

Welcome to Touro University College of Osteopathic Medicine class of 2010! As the third DO class to walk the halls at Touro, we are truly set to make our mark. We come from all over the United States and beyond. Our diverse background and variety of degrees and experiences are going to be an asset as we begin our journey towards becoming Osteopathic Physicians. Our lifelong bonds of friendship have started to form and we look forward to becoming a tight knit family. Good luck to all as you find your stride here in our first weeks of medical school.

Contributed by:

Scott Thomas  
Matthew Carlson

## OMS2:

Over the past year, as individuals we have developed study skills, developed our passion for medicine, and have assimilated into Touro University. Furthermore, we have helped dramatically in the assimilation of Touro University into the southern Nevada community. As a class, we have matured as medical students and colleagues.

On campus, we are striving to learn pathology, pharmacology, and clinical systems in addition to more tangible subjects like radiology. So, to the 1st years, focus on your anatomy and physiology this year, as next year, you will be learning about diseases, the patients, and how to treat them (the reason we're all here in the first place).

Off campus, we are devoting our Tuesday afternoons -and in some cases, early evenings- to clinical shadowing in a variety of specialties from orthopedics and cardiology, to more primary care fields like pediatrics and family practice. Regardless of our specific shadowing experiences, we are all developing our skills with patients, and learning to bridge the gap between lectures/text books, and the clinic or hospital.

Philanthropically, we have a team of very committed colleagues including our wellness director (Leilani Townsend), community outreach director (Rahul Mishra), and PR rep (Lloyd Del Mundo) who are working to provide us with opportunities to give back to the community via events such as Breast Cancer Walks, and charity events. Additionally, we have been plugged into the Southern Nevada Health District via the Medical Reserve Corps where we have committed ourselves to contributing to the healthcare needs of Southern Nevada in both times of emergency and non.

We are looking forward to spending this year working with our attendings, faculty, guest speakers, NOMA, and our dean to continue making Touro a pivotal part of Las Vegas and Nevada's health-care system.

Contributed by: Nima Alipour  
Chief Officer, OMS2  
Editor, TUN Live 'Paper Edition'

**The TUN Live staff is committed to gathering information from the PA, OT, Nursing, and Education programs for subsequent issues of this newsletter. We are dedicated to developing our sense of team and working with all of Touro to fulfill its mission: To Serve, To Learn, To Teach**





# Calendar

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**SOMA Meeting:** Monday August 21st @ Noon. Lecture Hall 2  
\*\*\*Lunch Provided\*\*\*

Come to the 1st SOMA meeting. Highlights will include free pizza, intro to D.O. Day on the Hill, and discussion on how SOMA's relations with the AOA can help you.



**MOSAIC (Making Our Students Active In Culture) and Wellness Club .....**

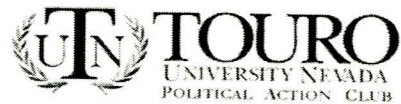
....are going to have a Korean BBQ/Karaoke on Saturday, August 19th and we'd like to invite everyone to join us. We'll be posting the details on the bulletin board in the following week. RSVP to Poorna (doctorrma@gmail.com) for an accurate reservation count. Questions/comments to Leilani Townsend

**Women in Medicine Meeting:** This Thursday @ Noon. Lecture Hall 2



**CMDA Meetings:** Wednesday Nights at 7pm

**Political Action Club:** The political action club has invited **State Senator Joseph Heck D.O** to speak on **September 1st @ noon in Lecture Hall II.**



**Winter Banquet:** January 13th....details to come.  
Contact Leilani Townsend if you want to be on the committee.  
Do09-ltownsend@tunv.org

**SOMA Blood Drive:** September 21st in Nursing Lab....details about signups coming soon.



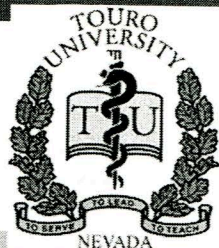
**Orthopedics Interest Group/AOASM:** Thursday August 24 @ Noon. Lecture Hall 2  
\*\*\*Lunch Provided\*\*\*

Guest Speaker: Dr. Jason Tarno (Sports Medicine) of the Bone and Joint Institute of Nevada S

**Yoga!:** Friday's at 4:14 in OMM room.







# Project G.I.V.E. Events

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**Medical Reserve Corps:** Still taking applications. MRC is a list of medical professionals and medical students who are willing and able to help the Clark County Health Department in the event of a large scale emergency. In times of non-emergency's, MRC members may be asked (not obliged) to help at health fairs and/or in community event first aid stations.

(Email Nima for inquiries do09-nalipour@tunv.org)

medical  
reserve  
corps



**1st Annual Freedom Walk: Saturday, September 9th ; 7am @ Kellogg Zaher Sports Complex, Buffalo and Washington**

City of Las Vegas has asked the Medical Reserve Corps to staff a first aid table at the **Freedom Walk** outlined below. We need four to six volunteers who are able to arrive at 6:00 am to set up two tables: one for first aid and the other to display preparedness information/kits. The event will

be over around 10:00 am.

Contact Paula Martel @ [martel@snhdmail.org](mailto:martel@snhdmail.org)



**The Volunteer Center of Southern Nevada** received a last minute request for volunteers to help at the Back To School event at Rex Bell Elementary School on **Saturday, August 19** (yes, this Saturday). Volunteers are needed from **8:30 am until noon** (or earlier) to hand out back packs and provide other support.

Anyone interested and available may contact Sharon Mills at 702-349-3660.

Rex Bell Elementary School is at 2900 Wilmington Way (behind Palace Station.)

**Tar Wars:** Contact Ashley Metcalf for information on giving anti-smoking presentations at local middle schools.

do09-ametcalf@tunv.org



**Charity Golf Tournament:** Benefiting Pediatric Oncology November 12th @ Legacy Golf Course

The idea is to have a scramble with four people. For example, 3 area physicians and 1 student from Touro, or 2 physicians and one student with a pro, etc...

Details to come.....or if you can't wait for more details, contact Rahul Mishra or Dan Uelk (both OMS2)





## Digital Surgery

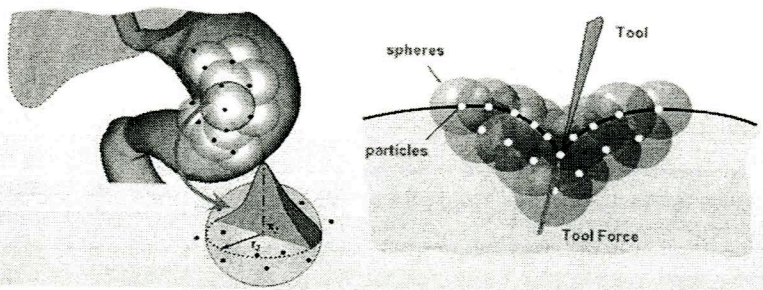
Novel Technology Improves Medical Training  
By: Rahul Mishra

Providing efficient and practical training in medicine is one of the most difficult obstacles faced by physicians, professors, and students each year. The quality of how well someone learns the practices that embody their respective field of medicine is very subjective. The success of surgical procedures, for example, is for the most part dependent on the skill level of the surgeon. A new technology aims at improving surgical training by use of a virtual simulator.

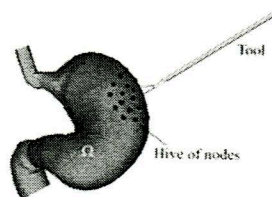
The researchers at Rensselaer Polytechnic Institute, located in Troy, NY, are working with Harvard Medical School, Albany Medical Center, and the Massachusetts Institute of Technology to develop a system analogous to how pilots learn to fly on flight simulators. This research was published in the June/July 2006 issue of *Presence*, and explains the complex computational and visual intricacies of this simulator.

Suvranu De, head of the Advanced Computational Research Lab at Rensselaer and assistant professor of mechanics, aerospace, and nuclear engineering, has centered this technology effort on the science of haptics, the study of sensing through touch. With a \$1.4 million grant from the National Institutes of Health, De and his colleagues are programming sense technology with touch feedback. This is being done so that a virtual object has the exact physical properties of a real object and is able to simulate interactions based on a user input.

Surgical simulation is no easy task, and the details behind how this is accomplished are truly amazing. Using images from the Virtual Human project, researchers compiled a library of 3D objects. Each object was then bundled with nodal points to form fit the virtual contour. A single nodal point operates within a sphere of influence that overlaps with other spheres. Mechanical stress tests performed on tissues *in vivo* helped obtain information such as pressure changes and elastic properties to gain complete organ attribute characteristics. These properties were then programmed into individual nodal points so that when one sphere is influenced (as shown in the diagram), neighboring spheres that overlap also react to manipulation.



But the depth of this simulation does not stop there. The process by which a user, in this case a surgeon in training, can learn from their inputs is by the touch feedback response generated by the program. De's group accomplished this by developing a new computational tool called the Point-Associated Finite Field (PAFF) to allow calculations 30 times faster than real time graphics.



(Con't on page 18)

## Health Minute

### Did you know...

In contrast to claims that children are being over-medicated for attention-deficit/hyperactivity disorder (ADHD), a team of researchers led by Richard D. Todd, M.D., Ph.D. at Washington University School of Medicine in St. Louis has found that a high percentage of kids with ADHD are not receiving treatment. In fact, almost half of the children who might benefit from ADHD drugs were not getting them.

(Source: Washington University School of Medicine)

### Did you know...

Researchers at the Stanford University School of Medicine discovered that the drug *valproic acid* boosts the amount of the protein neuropeptide Y in the brain by about 50 percent, primarily in the thalamus and hippocampus. Neuropeptide Y is a naturally occurring protein in our brains that could be the basis for a more promising epilepsy treatment - without the nasty side effects caused by many of the current medications.

(Source: Stanford University Medical Center)

### Did you know...

Women younger than age 75 years who eat diets rich in the yellow plant pigments *lutein* and *zeaxanthin* may have a reduced risk of developing the eye disease age-related macular degeneration.

(Source: JAMA and Archives of Ophthalmology)

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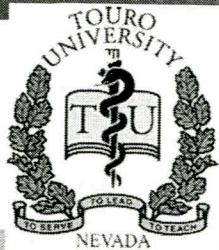
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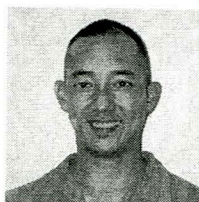




# Classmate Spotlight

## OMS2

### Paul Hayward



*Simply put, Paul is a nice guy. He's laid back—an innate characteristic most certainly accentuated by spending a good portion of his life in Hawai'i—and he's open to all kinds of conversation and company. Chat him up sometime and you'll find out just what a good guy he is! (And yes, ladies, he's single).*

**Birthdate:** 2/27/70  
**Hometown:** Honolulu, HI  
**Undergrad:** International Relations (Asia), UCLA  
**Job(s) before med school:** Waiter, cab driver, tour guide  
**Most embarrassing moment:** I don't get embarrassed  
**Big purchase after becoming a doctor:** A nice house near the water  
**Want to specialize in:** Not sure  
**Want to practice in:** Kona, HI  
**Favorite...**  
**Food:** Sushi  
**Band/Music:** Raggae; Freddy McGregor, Beres Hammond, Bob Marley and the Wailers; World music, Middle Eastern music  
**Movie(s):** James Bond movies, City of God, Dumb and Dumber  
**Hobby:** Surfing  
**Thing to do when not studying:** Travel (during longer breaks), sleep, watch TV

### Matthew 'Matt' Eggleston



*This man probably holds the world records for number of BB posts in a year, week, and day. Needless to say, Matt is able and ready to express his opinions. And don't be intimidated by the picture, he is also very friendly and easy to approach.*

**Birthdate:** 4/6/82  
**Hometown:** Glendale, AZ  
**Undergrad:** Cell Biology and Physiology, ASU  
**Job(s) before med school:** Lifeguard, EMT  
**Most embarrassing moment:** At an important swim meet when he was 15, Matt forgot to tie his suit and had to swim the first half of a 100m butterfly with it falling off. Luckily he was able to recover in the flip turn.  
**Big purchase after becoming a doctor:** T-shirt of a Porsche  
**Want to specialize in:** Surgery, probably thoracic or trauma  
**Want to practice in:** Western US somewhere

**Favorite...**  
**Food:** Mexican, chimichangas  
**Band/Music:** '80s and '90s rock  
**Movie(s):** Super Troopers, Highlander, Equilibrium  
**Hobby:** Swimming, rock climbing  
**Thing to do when not studying:** Watch TV

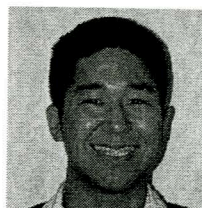
### Danielle 'Dani' Cataxinos



*What can be said about Dani? She's outgoing and has a big smile to go along with a great laugh. She has a good heart and loves animals, too!*

**Birthdate:** 11/29/80  
**Hometown:** Russellville, KY  
**Undergrad:** Biology and Chemistry, Western Kentucky University  
**Job(s) before med school:** Shoveling dung, lifeguard, pharm tech, unit clerk (hospital), cocktail waitress  
**Most embarrassing moment:** While roasting marshmallows as a young teen, a friend's dog caused a chain reaction that resulted in a flaming 'mallow stuck to Dani's forehead, resulting in a very visible burn. The really embarrassing part, however, was that school pictures were shortly after the incident. Dani has both the picture and the scar (if you look closely) to prove her story.  
**Big purchase after becoming a doctor:** A horse, a German Shepherd, a Labrador, a Blue Heeler, a cabin on the mountains  
**Want to specialize in:** Emergency medicine or infectious disease  
**Want to practice in:** Wherever God leads me  
**Favorite...**  
**Food:** Sushi, pizza  
**Band/Music:** Incubus  
**Movie(s):** Fight Club, Braveheart, Rob Roy  
**Hobby:** Rock climbing, riding, reading  
**Thing to do when not studying:** Read, climb

### Cory Jitsuo Hata



*Cory (or the Hatanator to some) may not be the youngest in the 2009 class, but he is one of the youngest looking. Don't be fooled! He plays basketball with the best of the old boys, and he is a gentleman to boot. Cory is also one of the hardest-studying students at Touro and a true sports fanatic.*

**Birthdate:** 8/1/81  
**Hometown:** Montebello, CA  
**Undergrad:** Biology, UCSD  
**Job(s) before med school:** Clerical work at an insurance firm, kids basketball referee  
**Most embarrassing moment:** Peed my pants in 4<sup>th</sup> grade (see Cory for details)  
**Big purchase after becoming a doctor:** A girl (I think he was joking), a house  
**Want to specialize in:** Undecided, but no ob/gyn  
**Want to practice in:** Not sure

**Favorite...**  
**Food:** Pizza, burritos, sushi, chips  
**Band/Music:** Old-school hip hop, rock, Notorious BIG, Lifehouse  
**Movie(s):** Braveheart, Godfather, October Sky, Good Will Hunting  
**Hobby:** Basketball, baseball, football

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Dr. Mitchell D. Forman  
D.O., FACR, FACOI,  
FACP

Ronald Hedger, D.O.





# Crossword Puzzle

Crossword Produced By Asim Malik  
Address questions to: [dangar40@yahoo.com](mailto:dangar40@yahoo.com)

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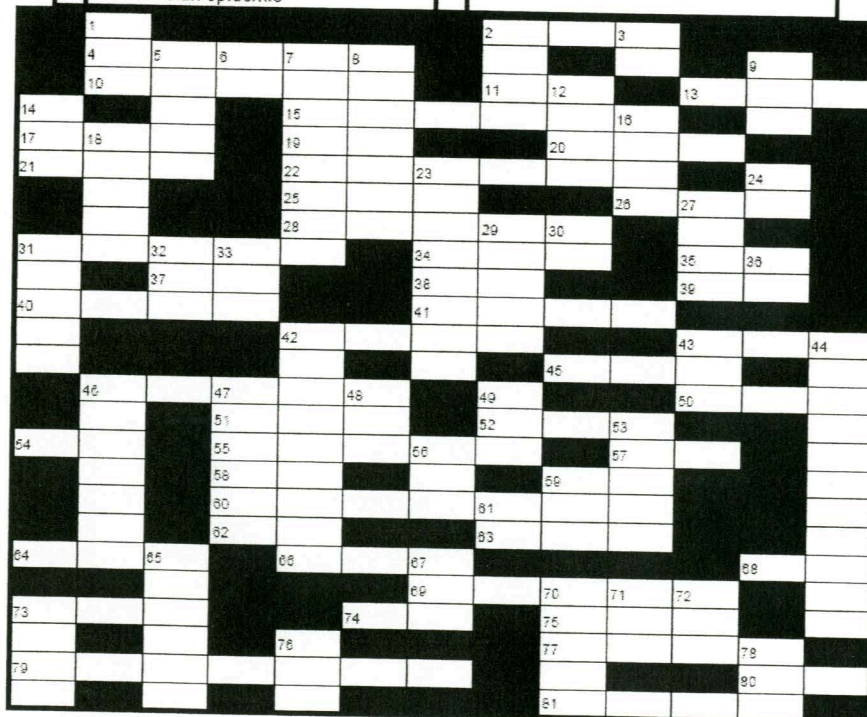
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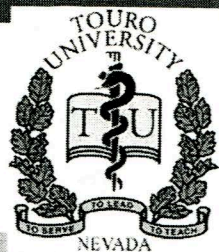
Ronald Hedger, D.O.

ACROSS		DOWN	
2	Forms ant. border of post. triangle	1	Body's energy source
4	CN XI innervates these muscles	2	Surgery aftermath
10	A symphysis	3	Not Still, CS or HVLA
11	Universal acceptor	5	Allergic nose
13	XMP + glutamine	6	Universal acceptor
15	"Low"ly plexus	7	Flexor carpi ulnaris inserts into this bone
17	Charged atom	8	In "thoracic outlet syndrome" this muscle compresses the brachial plexus
19	Activated T cells make this	9	XMP precursor
20	A family of oncogenes	12	Inactivated X chromosome ( ____ body )
21	Type of beri-beri	14	LH surge occurs at this point in cycle
22	Big lower limb bones	16	G6P --> G is the ____ step in the gluconeogenic pathway
25	Right CN VI controls this many EOMs	18	Keq = k[A] is a 1st ____ equation
26	Pyruvate oxidation pathway	23	Dura et al.
28	Enzyme that makes angiotensin I	24	Protein subunits (abbrv.)
31	See things during sleep	27	Layman's DVT
34	Check this in SI diagnosis	29	Not duodenum or jejunum
35	Newest program at Touro	30	Old person's NE (abbrv.)
37	Bacteria fighter (abbrv.)	31	____ and confused
38	Type of catecholamine (abbrv.)	32	External auscultation apparatus
39	Same as 36 down	33	Blood groups galore
40	# of sympathetic nerves in sacral spine	36	Non cervical unit of brachial plexus
41	Make sure you brush these as well	42	Not an "old brain"
42	No dreams here	43	Tired ATP
43	Layman's rectus abdominus m.	44	Solid enema
45	Layman's upper limb	46	Vertebrae w/ thickest bodies
46	Includes dilation and crowning	47	Enema element
50	____/DAG pathway	48	Helps stop transcription
51	Parasym. terminals release this	49	Jun's best friend
52	Not a typical med student	53	FGF-8 does left- ____ development
54	Injection into gluteus maximus	56	Not bi- or quad-
55	Early brachial plexus	61	Acetyl-____A
57	Produced by B-cells (abbrv.)	65	Contractile diaphragm of the eyes
58	Not UV	67	Pentameric bacteria opsoniser
59	Neither ego nor superego	70	Passage to conchae
60	One of the sacs in the ear	71	Gets your heart going
62	Same as 3 down	72	Respiratory problems (abbrv.)
63	Past one's prime	73	Osteoblasts break this down
64	Measure of pressure	76	Cuts IP3 into PIP2 and DAG
66	Controls your tongue	78	Help !!!
68	C,T,L,S,____		
69	100's of thousands within 23		
73	Tells you if you're fat		
74	Not IV or sub-q		
75	Family of LDL/HDL shuttling proteins		
77	Typical or not? True or not?		
79	Phlebotomists' tools		
80	Addict's problem		
81	Recent Asian epidemic		

(Answers on page 14)







# Classified

## For Sale:

### 214-264-0429

-Medical Biochemistry, Baynes 1st Edition

\$15 (not very different from 2nd edition, i used it all last year and didn't have any problems)

-Cross-Sectional Human Anatomy, David Dean

ISBN: 0683303856

\$20

(it's not on the book list, but you will need it for anatomy for sure; last year they didn't have this book on the list either, but everyone went to get it right before blocks)  
please contact me at 214-264-0429.

### Andrea

3 pairs of scrubs. \$5 ea.

Andrea 702-340-6938

### Christina Mimikos:

Dani has a kitchen table for sale. The table is smoke black glass with black metal legs & the chairs have a black metal frame and are upholstered with a black felt. The pattern has purple and blue and would be best described in an aster shape. Nice modern look. Make an offer & we'll talk - we'll be glad to get rid of it ASAP. As well, if the 2010 doesn't have access to the BB yet, could this be posted to them? Thanks!

### Liz

Hello-

Just moved and have too much stuff!!!

Does anybody need some dressers? I have 2, one is a smaller wood finish 4 drawer, the other was hand-painted by a friend bright yellow and blue, with 6 large drawers (would be cute for a girl's room). Come on over with your best offer! Also, I have other random items as well, like shoes

(9.5) and clothes that I am giving away. PLEASE HELP!! 🙏

OH...I live at Ventana Canyon #2824 or you can call me at 702-575-3833 or email me [lc.ricci@gmail.com](mailto:lc.ricci@gmail.com)

35" Zenith Color TV with Stand

Ivory Shade Jennifer Convertible w/full size bed

Cherry Kitchen Table with 4 chairs

All items only 2 yrs. old

See Liz

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D.O., FACR, FACOI,  
FACP

Ronald Hedger, D.O.





# Humor

## I'm Not One Of Those Fancy College-Educated Doctors

By Dr. Mike Ruddy

June 21, 2006

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D.O., FACR, FACOI,  
FACP

Ronald Hedger, D.O.

I'm a doctor, and I'm damn good at it. Why? Because I learned to be a doctor the old-fashioned way: gump-out, elbow grease, and trial and error. I'm not one of these blowhards in a white coat who'll wear your ears out with 10 hours of mumbo-jumbo technical jargon about "diagnosis" this and "prognosis" that, just because he loves the sound of his own voice. No sir. I just get the job done.

Those fancy-pants college-boy doctors are always making a big deal about their "credentials." But I'm no show-off phony with a lot of framed pieces of paper on the wall—I'm the real deal. I got my M.D. on the street. These people think they're suddenly a "doctor" because they memorized a lot of big words and took a bunch of formal tests. But there's plenty of things about being a doctor they'll never learn in their ivory-tower medical school.

For example, did you know that human intestines, if they spill out of the abdomen during surgery, can spool out all over the floor if you're not careful? You won't find that in a book, my friend.

When it comes to practicing medicine, I focus on the basics. In a life-threatening situation, you've got to think on your feet. I don't waste time going on and on about which virus is which or whose blood type is whose. I get out the tools, roll up the shirt sleeves, slick back my hair, and get in there all the way up to the elbows. The patient's not going to magically heal just because you know a lot of complicated terms like "bovine spongiform encephalitis," or "antibiotics."

You want to know where I got my doctor's degree? At the Medical School of Hard Knocks, that's where. No matter what they say, advanced graduate studies won't teach you when somebody needs a shot of whiskey. Yale and Harvard don't tell you when to throw a bucket of water on a patient. And they can never teach you how to tell when someone just needs a good solid punch in the nose to bring them around.

While they were cooped up in some dorm room *reading* about being a doctor, I was out there in the real world, *being* a doctor. And there's no substitute for hands-on experience.

Not to mention, my rates are a hell of a lot more reasonable than what one of those college- and med-school-educated doctors will charge you, because I take out all the bells and whistles. You won't catch me pressuring my customers into paying for expensive MRIs and IV drips and electronic X-Ray Vision machines and who the hell knows what else.

Jesus, you ever look at one of those scans? They're just a lot of crazy shapes. The only sure-fire method for figuring out what's inside a man's body is to go in there and take a look for yourself. And if you want to put a shunt or a valve into a person, you don't rely on gimmicks like tubes and syringes. You get your hands a little dirty, you open them up, and shove it right in there where it belongs.

I hate these elitist doctors almost as much as I hate their Ivy League glee-club buddies, the lawyers. Between their constant "writs" and "summons" and all their hot air about "malpractice" and "licenses," they're enough to drive a man to the point where he can't even practice medicine under his own name anymore, and is forced to pull all his ads from bus-stop benches.

If you need a good doctor, you just keep your ears to the ground, and my name will eventually come up—people know how to get ahold of me. When all is said and done, the customer can tell the difference between a real doctor and some dime-store college-educated phony decked out in stethoscopes and ear-flashing things who's never put in an honest day's work in his life. But me, I'm the real deal, salt of the earth, and I don't need a diploma to tell me that

Taken from TheOnion.com





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*(Cont from front page 1: Dean)*

the specific organization and relationship between the organization and its members. Professionalism is defined differently for lawyers, physicians, bankers, and other professions. In a Letter to the Editor in the JAOA, vol. 105, No. 12, Dec. 2005, pp. 532 – 533, Stephen Laird, D.O. and his colleagues describe professionalism “as a missing component in the unspoken contract among physician, patient, and the public.” Typical medical school education curricula revolve around structured cognitive objectives.

This is a reflection of the long accepted and antiquated concept initially described by Flexner that assumes that students and “physicians can be adequately trained by developing only cognitive skills.” Increasingly, training that emphasizes patient interaction, role - playing, shadow experiences and standardized patient contact (as early as the 1<sup>st</sup> year in medical school) are being utilized in the development of “professional behavior.” The University of Kansas School of Medicine Professionalism Initiative defines the core of professionalism to include “altruism, accountability, excellence, duty, service, honor, integrity, and respect for others. The qualities apply to all aspects of the professional’s life, including the relationships between medical professionals, between specialties, and between professional organizations.” Professionalism generally includes the qualities of courtesy, honesty and willing compliance with the highest standards.

As each medical student class at TUNCOM embarks on a journey to define their concept of professionalism, I ask each of you to discuss and consider those qualities and behaviors that you feel are essential components of what it is to be an Osteopathic Physician. In so doing, you are developing rules, regulations, guidelines and standards that should define acceptable and unacceptable behaviors. There can then follow a dialogue and negotiation between students, faculty and the administration of TUNCOM to implement these standards into our method of assessment of student performance. Some rules can never change, e.g., thou shall not abandon your patient. Others are negotiable, e.g., thou shall not be late to class.

Mitchell D. Forman, D.O., FACR, FACOI, FACP  
Dean & Professor  
Touro University Nevada College of Osteopathic Medicine

**August Birthdays!!**  
OMS1

Vanessa McClellan 1st



Jared Nelson 2nd



Matthew Carlson 3rd



Kent Hooper 10th



Shiva Beroukhim 14th



Dan Chappell 17th



Vipul Patel 17th



My-linh Truong 18th



Christine Zender 23rd



Kenneth Anderson 29th



Joseph Dawa 30th







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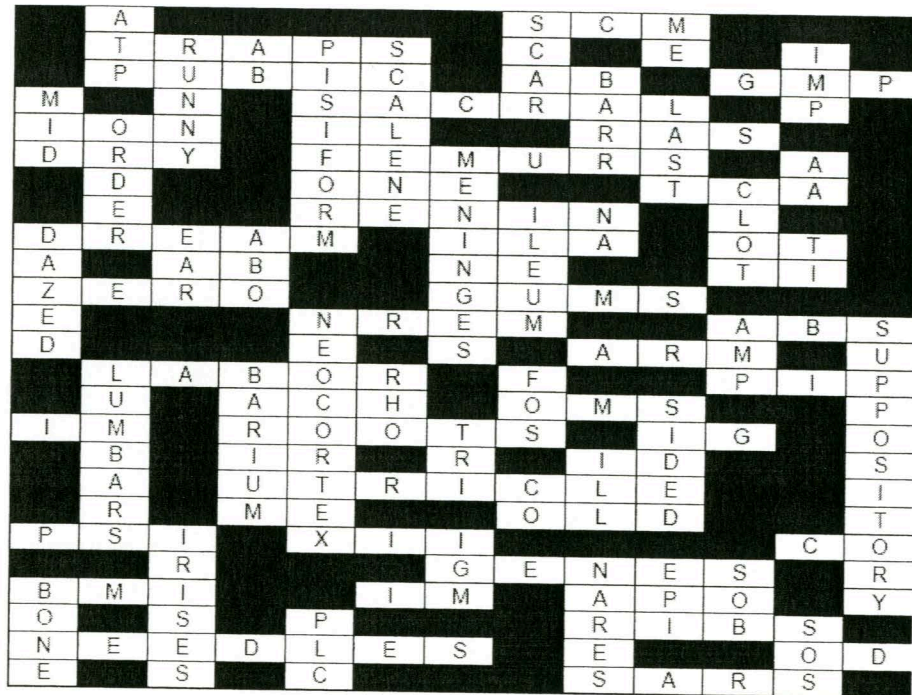
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FACP

Ronald Hedger, D.O.

(Cont from Page 2: Hedger)

The next step was the MCAT. I took this exam twice, and scored above the average so I was happy. I applied to every osteopathic and allopathic school I could. I was accepted into Western University (COMP) and Creighton Medical School. I chose COMP because it was close to home. I had no real knowledge of the difference between DO and MD schools except what I had read. My first thought however, was I was going to become a physician and go back to my undergraduate school and audit my physics professor's course and list my name as Doctor Hedger. That would show him! (Due to time moving forward I was never able to do this but I knew I could have.)

When I started my first day of orientation at COMP, I was nervous, excited, and frightened. Now that I got in medical school, would I be able to do well enough to stay in? COMP was new, only 3 years old. What was I getting in to? I absolutely loved the experience. My life changed forever as a medical student. I was literally consumed with studying constantly. I turned my one bedroom apartment living room into my study quarters. While all of my classmates had their own way of studying, I had to find mine. I literally became a hermit. I would occasionally go to a movie on a Saturday with a few of my close friends, but I was too paranoid thinking that I should be studying. We were in class from 8am to 5pm most days except Monday. I would study after a quick bite to eat. Typically from 7pm to 3am on weekdays, and from 10am to midnight on weekends. Even studying these hours I was still always behind and seemed as if I could never catch up. The professors kept throwing the material at us. In my day, there were no power points, or computers.

We took all of our notes by hand or used a transcription service.

Reading, and memorizing consumed my days and nights. I would often wake up after going to sleep because I couldn't remember a fact that I had been learning all day. Once I looked it up I was able to go back to bed.

Not to be labor what seems like a miserable existence as a medical student, the root of my determination was that I would succeed and I would do whatever it takes to get through this professional training. If it meant no free time (free time for me was sleeping late, and going to bed early). My point in this brief recollection of my first 2 years of medical school is that I know everyone feels excited to be here, but at the same time scared, to frightened to ask a professor for help or just to listen to your concern, and at the same time worried that you might not really have what it takes to get through medical school. My advice to each of you, coming from someone who was there, take each day by itself, go to all of the lectures you can as this is where you get your pearls of wisdom and things that you will never forget. (No, I wasn't asked to tell you this, it is actually the truth and to be 100% honest with you, I attended every lecture in medical school because I was afraid to not do what I was "supposed to"). The bottom line, do what you are supposed to do, be where you are supposed to be, study as hard as you have ever studied before and make this your priority in life and you will make it through. This is not to scare anyone, it is the truth. Your main priority must be your school work and class attendance. Families have to understand this. Your first two academic years will not last forever, they will be over quicker than you know. Devote everything you have to these first 2 years and you will never regret it. If you don't devote everything you have, you might very well regret it.

Remember, medical school IS the most intense training of any profession. You are required to learn and retain massive amounts of knowledge as humanity depends on you doing this. If this honored profession that you have now become a part of wasn't difficult, it wouldn't be worth achieving nor would you feel proud to call yourself a physician.

Hang in there, everyone of you is here because you are capable of being here. Work your hardest, give it everything you have and then some, and don't ever feel as if you cannot ask any professor or administrator at Touro for some time to just talk. Just because you are an osteopathic medical student does not mean that you won't ever have concerns or trouble that you need to talk to someone about that may very well be able to "nip your problem in the bud", and erase the issue from your slate of concerns. Small problems can amount to big trouble if you don't take care of it before it blossoms out of control.





(Con't from page 4)

(HPSP). The rest graduate from a military-run medical school, accept military financial aid while in residency training or enter service as fully-trained doctors.

HPSP scholars see full tuition covered in their civilian medical schools plus books and fees and receive a monthly stipend of \$1289. In return, students agree that for every year of schooling provided, they will serve a year as a military physician or dentist.

All the services had been meeting HPSP goals until fiscal 2005. The Navy had expected to sign 291 medical school students but could attract only 162, a 44 percent shortfall. Numbers for fiscal 2006 look about the same or a little worse, said Vice Adm. Donald C. Arthur, the Navy surgeon general.

The Army in '05 expected to award 307 scholarships. It fell 70 short, missing its goal by 24 percent. Through nine months of fiscal 2006, the Army has awarded 179 scholarships, 61 percent of goal.

"I am concern we're going to be short" again, said Lt. Gen. Kevin C. Kiley, Army surgeon general. The impact will be felt "down stream," Kiley explained, creating future shortages but not affecting the current number of doctors available for war or patient stateside care. The training pipeline that turns a new medical student into a doctor is four to nine years long, he said.

Dental school students are another concern. In fiscal '05, the Navy hoped to sign 85 dental students under HPSP. It attracted 65. The Army last year awarded 10 fewer dental scholarships than the 93 planned. It also wanted to sign 30 dentists through direct accession but could get only 16.

With three months remaining in fiscal 2006, the Army Dental Corps has less than half the HPSP students it seeks – 54 of 115 – and has enticed seven of the 30 dentists planned to be brought in through direct accession.

The Air Force is exceeding its HPSP goals. An official credited the Air Expeditionary Force concept which limits combat assignments for medical and dental officers to predictable four-month tours, and several years in between. Applicants also are told the Air Force offers a higher quality of life.

Kiley and Arthur, in separate interviews, blamed some of their downturn on news and images out of Iraq. Young people, Kiley said, "look at this and say either 'I don't agree with our war' or 'I sure don't want to be over there.' So they see signing up for a scholarship as tantamount to enlisting and going right into combat.[In fact] it's going to be anywhere from four to 9 years before that would happen."

The recruiting environment is toughening for other reasons. Kiley noted that more than half of medical school students are now women, a gender historically less interested in military service. Also, he said, the HPSP stipend of \$1279 a month "is not a lot to live on" and still stay debt free.

Arthur pointed out that more scholarship alternatives to HPSP are being offered by large managed care companies and even by rural communities sponsoring the education of students who become local doctors.

Many prospective medical students, he said, know little about the military, except what they read and see in the news which upsets them.

(cont on page 17)

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(Con't from Page 16)

To counter such impressions, the Army and Navy are beefing up medical recruiting and sending young medical officers with operational experience to visit colleges, medical schools and professional conferences to explain the quality of their training and the rewards of service in war-time.

Meanwhile, the Senate package would:

-- Double, to \$30,000 a year, the stipend for HPSP scholarships.

-- Increase to \$60,000, from \$22,000, maximum student loan repayment to entice more medical and dental school graduates into service.

-- Increase to \$45,000, from \$15,000, maximum annual grants allowed under the Financial Assistance Program for doctors who choose to complete residency training in the civilian sector before military service.

-- Increase to \$25,000, from \$10,000, the size of special pay offered to Selected Reserve health professionals trained in critically short wartime specialties. Some who might qualify include emergency room physicians, surgeons, urologists, ophthalmologists and dermatologists. This is the only initiative in the Senate packet that the Bush administration sought.

-- Enhance dental accession bonus authority. Dentists currently are offered an accession bonus of up to \$30,000. That would be raised to \$200,000, recognizing that dentist salaries in the private sector have increased with demand for their services in an improving economy.

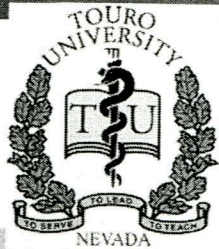
-- Allow a new accession bonus of up to \$400,000 for physicians and dentists in war-critical specialties. Enticed from civilian life, the doctors would promise to serve at least four years. Specialists who might qualify include maxillofacial surgeons, thoracic surgeons and orthopedic surgeons.

Arthur said the Navy would like to have all of the new authorities and would use most of them immediately. The Army, said Kiley, would use the \$200,000 to \$400,000 accession bonuses "carefully and judiciously."

To comment, e-mail [milupdate@aol.com](mailto:milupdate@aol.com), write to Military Update, P.O. Box 231111, Centreville, VA, 20120-1111 or visit: [www.militaryupdate.com](http://www.militaryupdate.com)

Article From Military.com: <http://www.military.com/features/0,15240,104359,00.html>  
(Submitted by Mark Stevens [OMS2])





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1. Letter from the Dean
2. Faculty Letter
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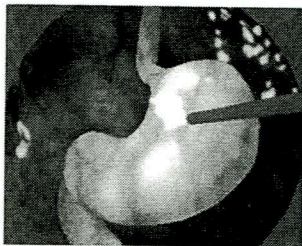
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(Con't from page 3)

This means when a virtual tissue is probed, its response will mimic that of real tissue.

“The grand vision,” De states, “is to develop a palpable human — a giant database of human anatomy that provides real-time interactivity for a variety of uses, from teaching anatomy to evaluating injuries in a variety of scenarios. In the long run, a better simulator could even help in the design of new surgical tools and techniques.” This could revolutionize medical education and training. Imagine an anatomy lab at a medical school years from now that no longer uses cadavers and instead uses the virtual simulation of the human body. It could be that even surgical facilities and hospitals set up stations for rotating students and residents to practice their skills while at work.

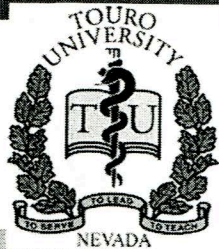


This technology will not only bring quality to medical education but also consistency. Simulating difficult procedures repeatedly will allow surgeons to study every aspect and decision with accuracy. It can also give medical students the ability to make more mistakes and repeat protocol in order to gain a better understanding of anatomy.

While technology inherently has limited variables, digital surgery has a place in the future of education and research. Nothing so far has been able to articulate adequately the complexity of the natural human body, but advances such as this aid in bridging the gap between medicine and technology. ■

Rahul Mishra, OMS2  
Community Outreach Director  
Deputy Editor, TUN Live





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(Con't from page 2: Letter from Editor)

At this juncture, it is imperative that we as students take it upon ourselves to focus our energies on self-improvement -both academically and philanthropically (yes, that's a word) - and allow that to translate into the improvement of our institution, profession, and communities. Consequently, please keep an eye out for the GIVE (volunteer) events, find a block of time to commit to one of those events, and document your involvement on the TOUCH forms (available on tunlive.com).

In short, settling for mediocrity is not an option. We are all too committed to a profession where mediocrity = failure. It's not an option when it comes to studying, giving to our communities, or learning the material that will make us worthy physicians, and healthcare professionals.

If you have any suggestions or contributions you'd like to make for future (monthly) issues, I humbly ask you to please feel free to contact myself or any of the other staff members.

Nima Alipour, OMS2  
Class President  
Editor, TUN Live 'Paper Edition'



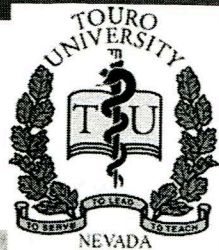


TABLE 1. Ideal Physician Behaviors, Definitions, and Supporting Quotes

Ideal physician behaviors	Definitions	Representative quotations*
Confident	The doctor's assured manner engenders trust. The doctor's confidence gives me confidence.	"You could tell from his attitude that he was very strong, very positive, very confident that he could help me. His confidence made me feel relaxed."
Empathetic	The doctor tries to understand what I am feeling and experiencing, physically and emotionally, and communicates that understanding to me.	"One doctor was so thoughtful and kind to my husband during his final days. He also waited to tell me personally when he found a polyp in me, because my husband died from small bowel cancer and he knew I would be scared."
Humane	The doctor is caring, compassionate, and kind.	"My rheumatologist will sit and explain everything, medication, procedures. I never feel rushed. He is very caring. If I call, he always makes sure they schedule me. He told me he knows when I call, it is important. I appreciate his trust."
Personal	The doctor is interested in me more than just as a patient, interacts with me, and remembers me as an individual.	"He tries to find out not only about patients' health but about their activities and home life as well."
Forthright	The doctor tells me what I need to know in plain language and in a forthright manner.	"They tell it like it is in plain English. They don't give you any Mickey Mouse answers and they don't beat around the bush."
Respectful	The doctor takes my input seriously and works with me.	"She checks on me. She also lets me participate in my care. She asks me when I want tests, what works best for my schedule. She listens to me. She is a wonderful doctor."
Thorough	The doctor is conscientious and persistent.	"My cardiac surgeon explained everything well. The explanation was very thorough. He was very concerned about my recovery after the surgery. I thought it was special how well he looked after me following the surgery. Not all surgeons do that. They are not interested in you after you are done with surgery."

At the risk of stating the obvious, it is necessary to mention that medical services are different than other services. As the Mayo paper delineated, healthcare is not a "want" service like entertainment or food, but rather a "need" service that patients often dread. Medical services are highly complex and technical where the patient is also at a considerable knowledge disadvantage. Furthermore, it is inherently personal as other services do not require customers to "bare themselves physically and emotionally like medical services." Not only are medical services personal, but personally important where the stakes high. Few other interactions of patients require their quality of life (and life itself) to be put in the hands of the physician.

The paper concluded by stating that patients have to become "detectives" looking for "clues" to reassure themselves of their caregivers competence and caring." Some behaviors they looked for were confidence (where doctor is not disturbed by patient's queries about medical information acquired from other sources), empathy (doctor makes eye contact with patient and correctly interprets patients' verbal and nonverbal concerns), forthright (doctor does not sugarcoat or withhold information), and thoroughness (doctor provides detailed explanations, gives instructions in writing, and follows up in timely manner"

Ultimately, this article brought several things into perspective. Patients, seek and value specific traits in their caregivers. Moreover, they discover these traits based on actions (or lack thereof) taken by the caregivers. Its clear that patients put the doctors on a pedestal, yet don't want to be belittled, or intimidated. Its also clear that patients want to feel that their doctors have incredible knowledge in their field and will use that knowledge to treat, cure, or otherwise, comfort their patients. What is not clear, is how to make certain, that we as medical students develop our ability to provide the abovementioned qualities from the very first day of our careers, to the last, for every patient.

Reference: Mayo Clinic Proceedings  
March 2006; 81(3):338-344

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This is an article was written by Kate Silver and scanned with permission from the June issue of Las Vegas Life magazine



# Just D.O. It

Local school of osteopathy teaches our doctors preventative medicine.

BY KATE SILVER

**D**r. Mitchell Forman bustles through the halls of Henderson's Touro University, trying to show off as much as he can in as little time possible. From the proud glint in his eyes, it's clear that what lies within this nondescript building is more like Forman's baby than his job. He is the school's founding dean, after all.

There's the gross anatomy room where sheet-covered cadavers await the next night's ceremony, in which the students will pay their respects before using the bodies as the semester's learning tool. There's a classroom full of students, some laying down while others stand over them making adjustments, as they learn new manipulation techniques. There's an observation room, where doctors sitting a floor above can observe a surgery going on below. Exam rooms, classrooms, a library—everything you'd expect in a university. And this one's educating students in the field this state truly needs filled: doctors, nurses, physician assistants.

Only it's not an allopathic school, i.e., a school that graduates M.D.s. At this not-for-profit university, which is based out of an organization in New York, Forman and his faculty teach osteopathy, and doctors earn their Doctor of Osteopathy (D.O.). It's an approach to medical care in a holistic sense, with concern for the body, mind and spirit. While the training may differ from the traditional approach, D.O. graduates compete for and train side by side with M.D. graduates in the nation's internship and residency programs.

Touro University opened in 2004, welcoming its inaugural class of 78 (subsequent classes have 108 and 125). Previously, the only major source of medical education in the state was the Nevada School of Medicine, which recruits about 50 students per year. Forman's philosophy is "grow your own," and he's thrilled to be exceeding that number of doctors. He doesn't just aim to train quality doctors, but train quality doctors who will remain in our community and share the skills where they're needed.

**Q: Tell me about the school.**

**A:** To understand our importance here you have to understand the healthcare history of this community and understand some statistics. Nevada ranks 48th in the nation in the ratio of physicians to 100,000 population. Nevada ranks 49th in the nation in the ratio of nurses to population. Nevada represents one of the fastest-growing states in the country in terms of the population for the last 19 years. At the same time you have something that I think is very unusual in this community. You have a system of for-profit private hospitals that consistently run occupancies greater than 100 percent and building one or two new hospitals every year. What a great place to train healthcare providers.



**Q: What exactly is osteopathy?**

**A:** Osteopathic medicine represents one of the two traditional forms of medical care in the United States. It is a philosophy based upon a number of principles. One is the innate ability of the body to heal itself. Another, the relationship or interrelationship between structure and function—structure affects function and vice versa. Thirdly, it involves the importance of the musculoskeletal system in health and disease and how to use manual techniques to diagnose and treat certain illnesses. Lastly, the relationship between body, mind and spirit is incorporated into our training. The other principle is that we train our students to promote health rather than merely treat disease. I am not saying that this is not done in allopathic schools. I'm certain that it is. But it is something that is pivotal in understanding the osteopathic philosophy and we teach it from day one. Osteopathic medicine also incorporates all of the more traditional aspects of diagnosis and treatment taught in M.D. schools. Like our M.D. counterparts, D.O.s can be specialists and sub-specialists in any area of medicine. For example, I am an internist and a rheumatologist, as well as an osteopathic physician.

**Q: So if someone were to go to a D.O. just for a general checkup, how would it differ from an M.D.?**

**A:** It may not be very apparent. Hopefully, a physician who graduated from our program would be very thorough and look at all aspects of his or her patient's life. They would use their training, which involves a significant emphasis on the importance of the musculoskeletal system to evaluate and treat their patient. They would promote nutrition positive life changes and health. Above all else, our graduates would be good listeners.

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**Q: To someone who's unfamiliar with D.O.s, is there still a sense of skepticism?**

**A:** Perhaps. I think it's due to ignorance. The incorporation of manipulative medicine techniques may be interpreted as non-traditional, alternative or non-mainstream. Interestingly, many patients who are under the care of an osteopathic physician may not be aware they are. They probably could not articulate how their D.O. physician was different from an M.D. What they do know is that they feel very comfortable with their physician, that they are treated very well and similarly to how M.D.s have treated them. Perhaps they appreciate that their physician uses less medication and incorporates manual medicine into their care.

**Q: It seems like there's more of an awareness and acceptance of holistic healing in general in recent years.**

**A:** I think so. Some people sum up in their minds their feelings about medical care and the inability of traditional medicine to be everything for everybody. Patients are looking for other ways of managing their health, taking a much more proactive part in decisions regarding their health and that of their family. The availability of electronic resources to many of our patients and the plethora of television programs focusing on healthcare and the interactions between physicians and patients, has provided healthcare consumers with sophistication and knowledge of alternative ways to manage disease and health. Patients' expectations are also shaped by cultural differences, their prior interaction with the healthcare system, and the expectation that they can pick and choose from a supermarket of healthcare options. I think that's where osteopathic medicine fits in. It's one additional way to incorporate unique concepts of treatment into patient care. One that manages disease but also stresses health and prevention. ■