The Changing Landscape of Medical Education
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Welcome to the winter issue of the WVSOM Magazine. I am excited to share a number of achievements earned by the WVSOM community.

In this issue we look into the changing landscape of medical education. From the admissions process, through medical education and assessment, the West Virginia School of Osteopathic Medicine has implemented an innovative framework for developing top physicians committed to patient-centered care.

Caring for those in need was a big part of this past summer and fall. In these pages you will find an overview of the efforts that our students, faculty and staff made, and continue to make, in the long road to flood recovery in our state. Many of our residents and neighborhoods still bear the effects of the devastating storm and the WVSOM family continues to monitor the situation and lend support where it is needed most.

Of course we can’t forget to share images from the D.O.c-tacular II weekend. During the last weekend in August, we formally celebrated the grand opening of the new Student Center, the White Coat Ceremony and the WVSOM Alumni Association all-class reunion. It was a time of reconnecting with old friends and making new ones.

This issue also launches the first of an ongoing series titled “WVSOM Research Profiles.” The WVSOM research program experienced a record year in both research projects and student participation. Get to know Dr. Joyce Morris-Wiman, her interest in research and her enthusiasm about sharing her expertise with WVSOM students.

WVSOM’s reputation continues as the leader in graduating primary and rural care physicians who serve the state of West Virginia, the Appalachian region of our country and the nation.

With this in mind, I am enthusiastic about the coming months and I invite you to be a part of the WVSOM experience. There will be many opportunities to engage with faculty, alumni and our students.

It was great seeing so many of you during our D.O.c-tacular celebration. As always, Cheryl and I look forward to spending time with you at alumni events throughout the year.

Best wishes,

Michael Adelman, D.O., D.P.M., J.D.
WVSOM EMBRACES

THE CHANGING LANDSCAPE
of medical education:

WVSOM instills a real-world approach throughout the medical school experience. From applicant to physician, the school focuses on the importance of experiential learning.
“If the laws of the universe are systematic according to kind, then we must observe and follow each system faithfully if we expect to change effects, because every change in cause gives a new effect.”

- A.T. Still, M.D., D.O., the founder of osteopathic medicine
Patient presentation curriculum: WVSOM’s teaching format enhances student learning

Preparing medical students to be patient-centered osteopathic physicians is a core purpose of the West Virginia School of Osteopathic Medicine (WVSOM). Rising to the challenge, WVSOM implemented a new, fully integrated curriculum format with its Class of 2016, and the result will be a more robust crop of future physicians.

WVSOM’s decision for this change came after using a more traditional medical program for more than 25 years. The existing curriculum focused primarily on teaching students by studying the various body systems one topic at a time and later tying them all together. The new format, a patient presentation curriculum (PPC), more fully integrates the teaching of basic science and clinical practice to align with how patients actually present with symptoms to their doctors. Lecture-based learning, a traditional element of medical education, has now been supplemented with team-based learning to strengthen the type of decision-making skills that students will need as physicians.

According to Craig Boisvert, D.O., WVSOM’s vice president for academic affairs and dean, one of the main reasons for the change was to help students better diagnose patients during rotations in their third and fourth years of school. In years past, some students struggled to retain and apply information they had accumulated during their first and second years to accurately diagnose patients presenting with specific symptoms. However, the PPC resolves this issue.

WVSOM’S CURRENT INTEGRATED CURRICULUM

NEW
Students are better prepared to handle the dynamic of real-world medical situations because they have been exposed to similar scenarios early in their medical education.

TRADITIONAL APPROACH TO MEDICAL EDUCATION

TRADITIONAL
Material presented in discipline-based courses, where each course covered a separate subject such as anatomy, physiology, pharmacology or microbiology.

NEW
Students are better prepared to handle the dynamic of real-world medical situations because they have been exposed to similar scenarios early in their medical education.
Reducing the transition time from classroom to clinic means students are encouraged to think and act like doctors sooner than they did before.

“Having rotated in hospitals with students from other schools, I felt we were miles ahead in terms of clinical decision making.”

- Joseph Brandt, D.O., Class of 2016
Another goal of the curriculum change was to reduce the amount of time it took students entering rotations to transition from textbook learning to the real-life application of learning from patients. This transition has previously taken up to six months, but it is now at one month. Reducing the transition time from classroom to clinic means students are thinking and acting like doctors sooner than they did before.

All of the courses in the PPC use a mix of large and small group curricular delivery methods, including traditional lectures and labs and interactive teams. Standardized patients, human patient simulators, electronic medical records and medical informatics are also incorporated as part of the learning experiences for students.

“Instead of topic-driven courses like anatomy and pharmacology, the curriculum is now organized by patient presentations like back pain, fatigue and itching,” said Peter Ward, Ph.D., a faculty member and chair of WVSOM’s curriculum committee. “The content is then delivered in the context of these presentations with the students working through more complex presentations as they progress through the first two years.”

The new program, which took about four years to fully develop, didn’t come without a few initial bumps. Courses, case presentations and lectures were often reviewed and rearranged to optimize learning across all areas of the student experience, which could be challenging.

There was also a learning curve for faculty and students. Cheryl Rozario, D.O. a member of the Class of 2016 who was actively involved with the curriculum committee, recalls initially feeling like the new program was challenging. But reflecting back, she recognized that the new curriculum improved her level of preparedness for life as a physician.

“I can’t imagine a better approach to learning medicine,” she said. “We had to integrate information and constantly think like a physician from the beginning of our medical education. During my clinical years, the value of the new curriculum became glaringly apparent as I was able to recall the basic science underpinnings of various illnesses my patients presented with.”

Class of 2016 graduate Joseph Brandt, D.O. said that entering rotations with the education from the PPC made him feel better prepared to apply his knowledge to real-life situations. “Having rotated in hospitals with students from other schools, I felt we were miles ahead in terms of clinical decision making,” he said. “Beyond preparing our class for rotations, the curriculum also translated to our success on board exams, having one of the best pass rates and average scores in years.”

The Class of 2016 graduated this past May, and Boisvert said that so far the results of the new program have been positive. “We feel the change allows students to move more smoothly from their preclinical curriculum to their clinical years,” he said. “This should reflect in their being more involved in the care of patients sooner and ultimately providing better care for their patients.”
WVSOM faculty teach the foundations of diagnosis and treatment in a way that can be applied to actual scenarios that students may encounter.

“During my clinical years, the value of the new curriculum became glaringly apparent as I was able to recall the basic science underpinnings of various illnesses my patients presented with.”

- Cheryl Rozario, D.O., Class of 2016
Osteopathic schools finding new ways to assess med students

Osteopathic medical schools across the country are implementing new ways to assess student ability to perform complex tasks in practice as a part of tracking entrustable professional activities, informally referred to as EPAs.
These new assessment techniques go hand-in-hand with changes made in the WVSOM curriculum.

“In WVSOM’s old curriculum, disciplines or concepts were taught in chunks, making them easier to assess but only at a given point in time and not in context of practice,” said Machelle Linsenmeyer, Ed.D., WVSOM’s associate dean for assessment and educational development. “Since we switched to the new patient presentation curriculum, we are looking at ways to assess competencies and disciplines as tasks that would be seen in the practice environment.”

Entrustable professional activities are observable tasks performed by students in a clinical context or work place setting. These tasks are evaluated by faculty to determine the student’s ability to be entrusted to perform the task without supervision. Pre-EPAs could be observed at WVSOM through Objective Structured Clinical Exams (OSCEs), clinical encounters during the third- and fourth-year rotations or during graduate medical education. Full entrustment typically doesn’t happen until the end of residency.

According to Linsenmeyer, the concept of EPAs surfaced in 2005 as a way to combat confusion in assessment of competencies and how competencies connect to medical practice. EPAs were developed to provide supervisors a way to decide when a student can be entrusted to perform a professional task or activity given their level of competence.

The 12-member committee, of which Linsenmeyer was also a member, sought input and information from liaisons from all osteopathic schools. The result? The Osteopathic Considerations for Core Entrustable

ENTRUSTABLE PROFESSIONAL ACTIONS (EPAs)

EPAs are observable tasks performed by students in a clinical context or work place setting. They ensure that assessment of student performance parallels the new patient presentation curriculum.

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
13. Identify system failures and contribute to a culture of safety and improvement.
Professional Activities for Entering Residency — a document that sets the standard and acts as a guideline for how osteopathic schools can assess students by incorporating EPAs.

Some of the main differences between the allopathic and osteopathic recommendations for assessment will be focusing on the role and importance of osteopathic structural exams; the importance of the identification of somatic dysfunction and the relationship between structure and function; and the use of OMT as an additional therapeutic option.

“We wanted to make sure the document captured some of the underlying principles of holistic care and some of its unique skills,” Basehore said.

Even though this document, which was released in June, establishes the foundation for what osteopathic schools will assess, Linsenmeyer said it is up to each school to identify and determine specific instruments, or tools, for assessment. One of the tools being developed by WVSOM is an electronic portfolio. This will help students document their activities throughout medical school and allow each student to evaluate his or her progress and to make improvements.

Since the document was released it has slowly been incorporated into osteopathic schools, with a more full-scale implementation in fall 2017. The AACOM EPA committee for osteopathic schools will continue to meet another year to provide additional resources supporting implementation, Basehore noted. Four subcommittees — faculty, assessment, curriculum and resources (for sharing information between osteopathic schools) — will help to advance the EPAs across the osteopathic profession.

“EPAs came about to operationalize more effectively, how to measure and assess what is a competent physician.”

- Pamela Basehore, Ed.D., assistant dean for assessment at Rowan University School of Osteopathic Medicine
WVSOM’s Clinical Evaluation Center (CEC), which is accredited by the Society for Simulation in Healthcare, is a place on campus that promotes medical education through the use of standardized patients, human patient simulators and electronic health records.

In addition, the CEC has grown to become a place where experienced-based learning can flourish. The facility is where WVSOM’s students work together in small groups to understand and determine patient care through team-based learning (TBL) exercises and where healthcare students from undergraduate schools in the state collaborate with WVSOM students through interprofessional education (IPE) events. The CEC is the chief lab facility where all Clinical Skills 2 courses take place as well.

As WVSOM continues to be dedicated in providing a hands-on medical education, the CEC will provide the environment and the tools to do so.

WVSOM’s CEC is a crucial component in ensuring students gain as much knowledge and experience as they can while still on campus.

- Standardized patients
- Human patient simulators
- Clinical environment and technology
- Opportunities and facilities to work as a medical team with classmates and other medical personnel
Team-based learning (TBL): Building the bridge between medical knowledge and effective medical practice

WVSOM’s Patient Presentation Curriculum is more fully integrating the student learning experience, and now, more than ever, students are utilizing team-based learning to strengthen their decision-making and deduction skills.

Team-based learning (TBL) exercises are based on small interactive teams of students who work together to determine a medical solution. The exercises promote a more active learning style.

Brian Griffith, Ph.D., associate professor of biomedical sciences, is a faculty advocate of group learning.

“One of the primary learning objectives for team-based learning is to go beyond simply covering content,” he said. “Discussing the problems and rationales for how to address them is what provides team cohesiveness and research shows that teams perform better than an individual.”

TBL is designed to provide students with conceptual and procedural knowledge with a majority of class time used for team assignments that focus on using course content to solve the problems that students will likely face in the future.

THE PROCESS

Team-based learning is divided into two segments: individual quizzes (IRAT: Individual Readiness Assurance Test) based on reading assignments (in the form of podcasts, PowerPoint, or book chapters) and then team quizzes (TRAT: Team Readiness Assurance Test).

In the TRAT, the same multiple choice questions presented in the IRAT are discussed among the team, employing the powerful learning mechanism of peer instruction. There is no instructor involvement or lecture — simply students teaching each other. The groups get multiple attempts to determine the correct answer; however, they receive partial credit after the first failed attempt.

The TRAT is used to ensure students have a basic level of knowledge before they proceed to the application portion of the session. Each student must comprehend the information before they can move forward. An instructor evaluates the examination cards, identifying questions that several teams struggled with and then they can provide a “mini-lecture” or initiate a discussion to clarify concepts.
These application exercises also help students to better learn the material. Through this method, students actually apply the knowledge they learned in the classroom instead of just memorizing the information.

In the application exercise portion of the TBL session, all teams are presented with a clinical scenario, and are tasked with choosing the best option from several listed. Simultaneous response is used, with all teams displaying their chosen answer with colored flash cards at the same time when the facilitator asks for responses. Class discussion is then used to elicit reasoning as to why teams chose one answer over another. Once the discussion is complete, the teams move forward with another scenario.

This real-time feedback is expected to promote team motivation to learn how to work together effectively. Craig Boisvert, D.O., WVSOM’s vice president for academic affairs and dean, said these application exercises also help students to better learn the material. Through this method, students actually apply the knowledge they learned in the classroom instead of just memorizing the information.
LEADERS OF THE PACK?

Naturally, some students are able to excel and understand information better than others. There could be concern that some students could fly under the radar and depend solely on their teammates to move forward. But that isn’t the case.

Griffith said the two general principles of group formation are followed to ensure equal teamwork. First, the selection of teams in the first TBL session of the year is a transparent process, where student resources, such as students with significant prior clinical experience or advanced degrees in basic science subjects, are equally distributed among the teams. Teams remain the same throughout each academic year.

Second, a peer evaluation process is used twice a year, where team members evaluate other members of their team on their contributions to the team effort. This process also ensures that every group member participates in the TBL process.

THE RESULT

Team-based learning puts more ownership on students like Kahlil Gaiters to learn basic content. Gaiters, a third-year medical student, said the team-based learning experience can be summed up with one word: context.

“Every day, first- and second-year medical students all around the country are presented with an extraordinary volume of information. The drawback for the medical student is that being a repository of facts and figures will only serve one well on Jeopardy. The focus for third and fourth year medical students shifts from acquiring medical knowledge to patient management and clinical judgment. Somewhere between second year and third year, medical students are expected to be able to draw on their preclinical education and apply it to actual situations. That sounds simple enough, but there is a catch. The catch is that there is a chasm that separates medical knowledge from medical practice,” he said. “WVSOM has done a great job of attempting to mitigate the chasm through the implementation of the TBL. The TBL provides an opportunity for students to begin to shape their medical perspective while drawing on information that has been learned.”

Studies show that incorporating team-based learning results in improvements in a variety of health care education classrooms. For example, some researchers have shown that students perform better on standardized testing.

At WVSOM, Dr. Griffith has observed that there is more buy-in from students who have experienced team learning in undergraduate curriculums. Although results of the curriculum are in the early stages, Griffith said, the last four years there have been more positive attitudes among students regarding alternative methods of learning.

“Students like the TBL because it’s a different learning environment,” he said. “Team-based learning is the future, in my opinion, because medical practice is more team approached. Even in clinical practices there is a team-orientated aspect.”

Gaiters said that the TBL experience served as his springboard that assisted him in making the leap from digesting information to applying it during his pre-clinical school years.

“This shaped how I learned and how I viewed what I learned, which makes it an asset,” he said.

Those assets become invaluable when it comes to offering a competitive edge during clinical rotations and residency spots, but more importantly when it comes to patient care. Teamwork will continue to be paramount in the medical profession.
Interprofessional education events foster health care collaboration

Interprofessional education (IPE) has become an essential component of training future health care providers. That’s why WVSOM has cultivated an environment where health care teams can collaborate and learn to communicate with each other in order to improve patient care.

These events are part of a series of trainings offered at WVSOM’s Clinical Evaluation Center (CEC). IPEs provide learning opportunities through the use of standardized patients, human patient simulators and electronic health records in order to offer real-life situations where students have to rely on each other to provide treatment and care.

“Health care today requires a team approach, due to the complexity involved, no one person could manage everything on his/her own,” said Emily Thomas, D.O., an associate professor in the clinical sciences department who is actively involved in IPE events at WVSOM. “Each team member has a distinct role to play in the care of the patient and brings certain skills, so the IPEs are a wonderful way for students to learn about and develop a respect for the knowledge base and the care that other team members provide. This knowledge enables our students to become more effective team members and leaders, and ultimately provide better care to patients.”

Craig Boisvert, D.O., WVSOM’s vice president for academic affairs and dean, echoed those sentiments.

“These events teach teamwork and help students understand how a team functions in the real world,” he said. “We are also trying to show that each health provider shouldn’t act as a silo, but draw off the skills and strengths of each other.”

WVSOM regularly collaborates with students from the University of Charleston, West Virginia Wesleyan College and Bluefield State College to provide simulated clinical environments. Health disciplines involved in IPE include osteopathic medicine, nursing, nurse practitioner, pharmacy, physician assistant, radiology technician and allied health services. The students work together in teams through various medical scenarios in a clinical setting.

“Our scenarios challenge students to apply classroom knowledge to clinical situations. Although medical knowledge is an important component of any educational activity, our IPE events also focus on effective communication and collaboration within the team,” Thomas said. “Specifically, WVSOM students learn about the SBAR (situation, background, assessment, recommendation) format for patient handoffs during these sessions. Since SBAR is widely used in hospitals and other health care settings to facilitate safer transitions of care, this exposure helps prepare students for rotations and residency.”

During IPE events, students are encouraged to reflect on their own performance, as well as critique the performance of others and the team as a whole, Thomas said. Since the feedback process is something that health care students will participate in on a regular basis as they move forward in their career, it’s only fitting that the skill be practiced in IPE events as well.

While each clinical scenario may vary from year to year one thing remains the same — each student’s perspective is a pivotal piece of a larger puzzle in providing patient care.
Admissions process incorporates individual, group scenarios to better determine applicants’ interpersonal skills

Each year the WVSOM admissions department is charged with the task of building the next incoming class of students. Recently, the process transitioned from a more traditional method of evaluation to a new approach in assessing applicants, largely based on the interview day.

Central to the traditional process were scores; MCATS, GPAs and post-graduate grades. In addition, the past process relied on the written application and several interviews. Although this was an adequate process, just as there have been changes in how students learn at WVSOM, there are also changes in how the admissions staff determines those students who will thrive in the WVSOM experience. A collaborative and personable class strengthens collaborative, experiential learning.

One of the major admissions assessment changes that took place is the applicant’s interview. In addition to the traditional committee interview, the candidate participates in Standardized Applicant Encounters (SAEs) in which candidates are placed in individual scenarios and hypothetical ethical scenarios for groups to see how they work through them.

“Commitment to patient care, compassion and communication are important traits that we

“People have different strengths. These standardized encounters allow us to take a look at how applicants behave in various, slightly stressful situations and what they bring to the table in terms of empathy, communication, professionalism, team work and interpersonal skills.”

- Gretchen Lovett, Ph.D.
look for,” said Patricia Perkins, WVSOM’s director of admissions. “The non-medical SAEs complement WVSOM’s curriculum because it is not just about evaluating academics, but evaluating personal skills and interactions. In addition to being informed, doctors should care and communicate with their patients. Knowledge is very important, but interpersonal skills play a huge role in patient-centered care.”

Gretchen Lovett, Ph.D., a clinical sciences professor at WVSOM, is heavily involved in the admissions process. She explained that during the individual SAE scenarios applicants meet with a staff member in a controlled, recorded interaction to see how they relate interpersonally. During the team SAE, several applicants are given a difficult problem to solve as a group.

“We are looking at how applicants work in small teams,” Lovett said. “There is no one thing that we are looking for in the SAEs. We don’t want all of our admitted students to act the same way. People have different strengths. These standardized encounters allow us to take a look at how applicants behave in various, slightly stressful situations and what they bring to the table in terms of empathy, communication, professionalism, team work and interpersonal skills.”

Brian Griffith, Ph.D., associate professor in biomedical sciences and the chair of the admissions committee, said individual and group scenarios in the interview process give faculty and admissions staff an indication of how a person will perform in other required medical situations such as team-based learning experiences, anatomy lab, clinical skills or osteopathic manipulative medicine (OMM) lab.

“The evaluation of their ethics brings in a more holistic review of applicants,” Griffith said. “Not only are we trying to look at grades and MCATs and reference letters, we also want the applicants to interact with students and staff and problem-solve through the SAEs.”

Perkins, who retires in March, has worked at WVSOM for 31 years and transferred to the admissions department in 2000. For the last 17 years, applicants have come from many locations, cultures, backgrounds and life experiences. She has witnessed a variety of changes in the number of applicants, the technology used to submit applications, and most recently, ways in which students are assessed after they have been admitted.

Once admitted and matriculated, “Data is collected to assess the success of the students throughout their medical school training,” Perkins said. “This effort will connect the full cycle; from the beginning of their medical education, their presumed strengths and weaknesses and their progress through the curriculum to include board scores and their residency matches.

One challenge is trying to ascertain the applicant’s level of motivation, passion and drive to be successful in spite of possible weak areas of their application. “Especially in osteopathic medicine, we believe that good physicians are more than just academic numbers,” Perkins said.

The journey from applicant to accepted student is complex. Nearly 5,000 applicants a year have hopes of being trained as osteopathic physicians at WVSOM. They are evaluated by biomedical and clinical science faculty appointed to an admissions committee by WVSOM’s dean. The committee, along with the admissions staff, is responsible for reviewing applications and recommending top candidates to the dean.

The decision to accept or reject applicants always weighs heavily on Perkins’s mind. She understands that those accepted could some day be providing health care to her and her family, “so I ask myself, ‘Is this someone I would want as my physician?’”

By selecting collaborative candidates, it will build a more collaborative learning community and ultimately caring and interested physicians.
WVSOM celebrates grand opening of its new Student Center

The West Virginia School of Osteopathic Medicine (WVSOM) officially celebrated the grand opening of the school’s new Student Center with a ribbon-cutting ceremony on Aug. 26.

WVSOM leaders and special guests including WVSOM Board of Governors, Lewisburg Mayor John Manchester, political delegates and Sen. Joe Manchin had the honor of cutting the giant green ribbon in front of WVSOM students, faculty, staff and alumni.

WVSOM President Michael Adelman, D.O., said that the celebration culminates years of work to provide a space completely devoted to enhancing the student experience.

“At WVSOM we’re all about our students and this building is dedicated to them and to all of our alumni who came before them,” Adelman said to the crowd. “It’s taken four years from concept to completion and I really can’t wait for everyone to see the outcome.”

Manchin referred to WVSOM’s excellence in providing health care to the residents in the state — a testament to the osteopathic vision the founders had more than four decades ago.

“This is the shining star of West Virginia as far as health care delivery,” he said. “I’m so appreciative of what the osteopathic school does for the state of West Virginia — giving us more health care in rural West Virginia than any other institution. This (Student Center) makes this a complete campus now and you all should be extremely proud.”

Tours of the facility were offered immediately after the ceremony. Students didn’t waste any time getting familiar with the new space that was built for them. A small group of students had already racked balls at the pool table.

Second-year student William Paster said it is nice to see the building come to fruition after so many years. He remembers the construction of the Student Center when he was interviewing for medical school.

“I’m glad that this will free up my study spot in the library. There really wasn’t any place for students to hang out or sit around and now we have that,” he said. “It feels homey.”

The Student Center offers a full-service café featuring breakfast and lunch and a two-story campus store. There is a recreation center that includes pool tables and Ping-Pong. The center also includes a multimedia conference hall with a full stage that provides opportunities for WVSOM meetings, ceremonies and celebrations. The Student Center also provides space for student government offices, the student mailboxes, as well as open and quiet study areas.
“This is the shining star of West Virginia as far as health care delivery. I’m so appreciative of what the osteopathic school does for the state of West Virginia — giving us more health care in rural West Virginia than any other institution. This (Student Center) makes this a complete campus now and you all should be extremely proud.”

Sen. Joe Manchin

“At WVSOM we’re all about our students and this building is dedicated to them and to all of our alumni who came before them. It’s taken four years from concept to completion and I really can’t wait for everyone to see the outcome.”

WVSOM President
Michael Adelman, D.O.
WVSOM alumnus shares theme of clear vision during White Coat Ceremony

It was the perfect year for Charles Davis, D.O., to act as the keynote speaker for the West Virginia School of Osteopathic Medicine’s (WVSOM) annual Convocation and White Coat Ceremony — seeing as he is both an alumnus and ophthalmologist.
On Aug. 27, the 1982 WVSOM graduate spoke to first-year students about having a clear vision before they received their white coats, which symbolize each student’s commitment to the osteopathic medical profession and is the first step in their medical school journey.

“Twenty-twenty is music to my ears,” Davis said. “As an eye surgeon I see lots of reasons for blurred vision. So Class of 2020, allow me to challenge you. How is your vision? Are you seeing clearly? What vision do you have for your future? Are things cloudy right now in this exact moment in your life? Fear of the unknown? I can tell you it’s well worth it. What’s your motivation for sitting here today? Is it status? Is it financial security? Is it fulfilling your parents’ expectations? What’s your purpose? What is your passion?”

Davis defined passion as an intense emotion and a compelling enthusiasm or desire for something.

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“Working hard for something you don’t care about is stress, but working hard for something that you love — that’s passion.”

- Charles Davis, D.O.
“Working hard for something you don’t care about is stress, but working hard for something that you love — that’s passion. So examine what your passion is,” he encouraged of the students.

Davis said that a medical student’s motivation and passion should be to serve, referencing the service the WVSOM community offered to West Virginia victims who were impacted by the June flood.

Davis concluded the speech by sharing that after 30 years in practice he was transitioning from success to significance. He has done so with four mission trips in the last nine years. He shared an anecdote about fulfilling his purpose during his most recent mission trip to Jamaica in April. He and a team embarked on the country with the goal of removing 100 cataracts in three days. Davis was inspired by one man who the health team dubbed, “Thunder.” He said Thunder’s cataracts compromised his self worth and he had lost focus of his passion for running a coffee business — until his cataract surgery.

“You must recognize the clear vision of your purpose and you must avoid the distractions in your life,” Davis shared. “Stay engaged, be connected, remain humble. Be willing to be open to re-evaluations, for when your purpose and your passion collide you will know. Your patients will notice and will be drawn to it. And you will change lives.”

WVSOM President Michael Adelman, D.O., D.P.M., J.D., officially recognized the new student doctors during the ceremony. “We not only welcome you to our family but to the family of osteopathic physicians,” he said.

The ceremony also included brief greetings from Board of Governors Chair David Rader, Alumni Association President Mark Waddell, D.O., and West Virginia Osteopathic Medical Association President Clark Milton, D.O.

Davis is the owner/physician of Davis Eye Center with offices in Columbus, Akron and Cuyahoga Falls, Ohio, and The Center for Surgery in Cuyahoga Falls. He is the vice chair on WVSOM’s Board of Governors.
More from the celebration

There were many great memories and unforgettable moments throughout the celebration.

DONOR LUNCHEON ▶▶

David Rader, chair of the Board of Governors; Sen. Joe Manchin; Michael Adelman, D.O., J.D., WVSOM president; John Manchin II, D.O., Class of 1978; and David Ramsey, Board of Governors member.

Drs. Cheryl and Michael Adelman and Dr. and Mrs. O.J. Bailes enjoyed the Donor Luncheon and tour.

BANQUET PERFORMANCE AND ENTERTAINMENT ▶▶

Student Government leaders and their guests enjoyed the pre-banquet reception on the terrace area of the Student Center overlooking the campus.

The elegant evening included magic by Dr. Michael Adelman who made Dr. Bob Holstein appear out of an empty cabinet with the assistance of Belinda Evans, Danny Seams and Penny Fioravante.
CAPITOL STEPS PERFORMANCE
People could not stop talking – and laughing – about Friday night’s Capitol Steps performance. They brought a degree of cleverness to political satire that provided laughter throughout the evening.

DANCING
Following a bountiful buffet dinner and entertainment, the dance floor opened to faculty, staff, students and guests who danced the night away.

ALUMNI BBQ
Andy Naymick, D.O., Class of 1988, with his wife Stephanie and their best friend.

CME
One hundred and eight WVSOM alumni combined work with pleasure as they were able to obtain up to 31 hours of continuing medical education credit.

FAREWELL BRUNCH
The farewell brunch capped off the weekend for connecting with old friends, making new friends and celebrating a milestone in the history of WVSOM.


WVSOM CARES:
Students, faculty and staff help neighbors in need

On June 23, 2016, a flood devastated communities across the state of West Virginia. Within hours WVSOM students, faculty and staff committed time, effort and financial support to those in need. Countless hours were volunteered by the WVSOM community who contributed to the cleanup effort and helped provide OMT to the emergency management teams and members of the National Guard.
ACOFP president recognizes WVSOM, GVMC flood relief efforts

Larry Anderson, D.O., president of the American College of Osteopathic Family Physicians (ACOFP), recognized WVSOM faculty, the Greenbrier Valley Medical Center (GVMC) leadership team and GVMC residents with a plaque honoring their flood relief efforts following the flood disaster on June 23.

Anderson presented the plaque to the GVMC residency program director Bridgett Morrison, D.O., who accepted the plaque on behalf of the GVMC residents and leadership team.

“This team had the courage to take that first step to help those first casualties and see they were real people. All their training came to bear,” Anderson said.

The plaque inscription recognized the team for their immediate care of flood victims in the field despite threats to their own personal safety.

Words cannot express the meaningful connections made and lives changed. The images on these pages represent only a few of the efforts put forth by the WVSOM family. The work is not finished but WVSOM will continue to stay involved throughout the recovery effort.

Thank you to all who have been so generous as we support the West Virginia communities.
WVSOM news and events

WVSOM hosted ECOP meeting on campus

The Osteopathic Principles and Practice (OPP) Department hosted the Fall 2016 meeting of the Educational Council of Osteopathic Principles (ECOP) Sept. 29 - Oct. 1, on the WVSOM campus.

The group consisted of osteopathic department chairs and course coordinators representing 35 colleges of osteopathic medicine.

The ECOP mission is to make recommendations for OPP curriculum to the Board of Deans to maintain standardization of content; assist new colleges of osteopathic medicine to develop and implement sound curriculum in OPP; and develop consensus in the teaching of osteopathic principles and practice.

The group also maintains and edits the osteopathic glossary and has been instrumental in developing technical standards for the profession and identifying and defining osteopathic content within the international SNOMED CT, the systemized nomenclature of human medicine database through the National Library of Medicine.

WVSOM hosted rural health meeting for 2016 fellows

Craig Boisvert, D.O., vice president for academic affairs and dean, and Patricia Crawford, MS, CHES, director of rural outreach, welcomed the 2016 class of Osteopathic Health Policy Fellows to the WVSOM campus in April, as well as providing a tour and evening reception.

Crawford worked with the HPF Coordinator, Nancy Cooper, to develop the topics and speakers on issues such as workforce, rural hospital innovation, Medicaid expansion, substance abuse, public health and innovation in revitalizing rural communities.

The fellowship is a year-long leadership training program designed to give osteopathic physicians and individuals with a professional connection to the osteopathic profession the skills they need to analyze, formulate and implement health policy on the local, state and national levels with the purpose of increasing access to affordable, quality health care.

The program is a joint effort of the Ohio University Heritage College of Osteopathic Medicine and the New York Institute of Technology College of Osteopathic Medicine. WVSOM President, Michael Adelman, D.O., was a member of the first graduating class in 1995, and Boisvert was a member of the Class of 2010.
Residents, students surprised with mass casualty event

Residents and students from West Virginia and Pennsylvania were treated to an unexpected learning opportunity during the WVSOM and Mountain State Osteopathic Postdoctoral Training Institution’s (MSOPTI) House Staff Day on Oct. 28, on the WVSOM campus.

WVSOM assistant professor and Greenbrier Valley Medical Center (GVMC) residency program director, Bridgett Morrison, D.O., coordinated a derecho scenario to give residents and nursing students the unique learning experience in a mass casualty situation.

“Regardless of where they work, young physicians need training and problem-solving experience in an environment where resources are limited. There is a lot of plan B and C thinking involved,” Morrison said.

With transportation issues and all forms of communication affected, the mock hospital staff, with limited space inside, operating on a backup generator had to make immediate and educated decisions regarding patient care.

The residents and nurses set up a triage unit in tents in the parking lot to determine the priority of patient care. Among the victims determined to need immediate care inside the facility was a patient with chest pain; a woman in labor; and a patient suffering mass trauma after a fall from a ladder during the storm. Patients with broken bones and lacerations were treated outside in the triage area.

Nursing students from Bluefield State College participated in the event along with residents from GVMC in Ronceverte; AccessHealth in Beckley; Camden Clark Hospital in Parkersburg; Ohio Valley Medical Center in Wheeling; United Hospital Center in Bridgeport; and Cornerstone Care in Mount Morris, Pa.

WVSOM hosts TGME conference in Seattle

WVSOM hosted the 37th annual Generalists in Medical Education (TGME) conference in November, in Seattle.

Dr. Machelle Linsenmeyer, WVSOM associate dean for assessment and educational development, served as the Steering Committee chair, overseeing all aspects of the conference planning, including building the organization’s brand and visibility and developing relationships with other medical education organizations.

Anna Marie Counts, WVSOM director of accreditation, served as conference program chair and was responsible for the proposal submission process, registration and scheduling all conference materials.

This year’s conference theme, “Fostering Change; Small Ideas to Big Concepts,” reflected how the relationships and connections that we make advance not only our own path, but also the profession as a whole, toward innovative theories and practices.

A variety of learning opportunities were available during the conference sessions, such as descriptive, problem-solving, skill-acquisition, digital posters, panel discussions and roundtables. A new session known as Pecha Kucha was introduced as a rapid sharing of information through a 20-slide presentation at one second per slide.

Dr. Larry Gruppen, a professor in the department of Learning Health Sciences at the University of Michigan Medical School, delivered the keynote address, “Making Sense of the Learning Environment: In Class, In Clinic, and in Theory.”

Other leaders in the medical field from around the world participated as speakers, including Olle ten Cate, the founder of Entrustable Professional Activities, the new framework for assessment in medical education.
WVSOM offered high schoolers summer drug education program

WVSOM taught high school students to “Just Say KNOW to Drugs!” during its fourth annual summer program.

The one-week pharmacology camp took place June 27-July 1, on campus. The program was designed to educate rising 9th through 12th grade high school students about drugs and how they interact with the body.

The basic biological sciences curriculum helps students apply their knowledge through activities that utilize the school’s human patient simulators. Students toured the research and teaching labs on campus and learned more about osteopathic medicine. Presentations, debates and education interactions with current medical students were also part of the program.

Raeann Carrier, Ph.D., assistant professor of pharmacology and the camp’s organizer, said that while the camp is beneficial to local high school students, it is also a unique opportunity for WVSOM students. “The Just Say KNOW camp helps osteopathic students develop presentation and communication skills necessary for connecting with young people, which will undoubtedly benefit them in their future careers as physicians.”

This year’s camp was sponsored by the WVSOM Rural Health Initiative and the WV Governor’s STEM initiative, a grant program geared to help prepare students for the workforce by offering opportunities to learn science, technology, engineering and mathematics.

Medical students volunteered for Red Ribbon Week

Nine student volunteers from the Pathology Club gave Red Ribbon Week presentations to third, fourth and fifth grade students at Ronceverte Elementary in November.

The WVSOM students created ribbons and used props to give 40-minute presentations to promote health education; encourage healthy lifestyle choices; and explain the dangers of drugs and other toxic substances.
Health and Safety Fest hosted for Girl Scouts

The first-ever Health and Safety Fest provided nearly 50 Girl Scouts in Greenbrier County the opportunity to visit different health stations and learn about specific skills such as CPR, wilderness first aid, and outdoor and bicycle safety. Other stations included information about highway safety, fire prevention, nutrition, dental hygiene, healthy hearts, proper hand washing and making their own first aid kits. A total of 14 booths were available for girls to visit, face painting was available and a special presentation by Mike and Joey from Abra Live! was presented. WVSOM students in the Pediatrics Club, Rural Health Initiative program and Southeastern AHEC offered the educational information at most of the booths.

WVSOM named DOCARE International Chapter

The American Osteopathic Association (AOA) Board of Trustees named WVSOM a chapter of DOCARE International at the OMED conference meeting in September.

DOCare International is a medical outreach organization dedicated to providing education and health care to under resourced communities around the world. Their membership is comprised primarily of physicians and includes health care professionals from a wide range of backgrounds, disciplines and locations.

Red team claims softball championship

WVSOM faculty, staff and students got competitive at the President’s Annual Softball Game in May.

John Schriefer, Ph.D., threw the first pitch and it was game on. The gray team defeated the blue team in game one, and the red team defeated the green team in game two. The red team edged out the gray team for the championship title.


Schriefer was honored with the autographed players’ ball from the event as a retirement gift.

WVSOM celebrates retirees

WVSOM hosted an employee celebration luncheon to honor the retirees from the 2015-16 academic year on May 25.

Retirees included John Schriefer, Ph.D., Stephanie Schuler, Al Akers, Darryl Hale, Deborah Hughes, Kathy Fry, Melinda Lowe, Dave Brown, Ph.D., and Barbara Bragg.

Foster honored with award

Bob Foster, D.O., received the West Virginia Children’s Home Society Director Emeritus Award. Since 2007, Foster has played a vital role at the Lewisburg site as a board and advisory council member. He has been instrumental in raising funds and securing property for the new emergency children’s shelter. The award was given in appreciation for his service, support, encouragement and friendship to the agency.
WVSOM celebrated as “Great College to Work For”

WVSOM President Michael Adelman, D.O., D.P.M., J.D., announced that for the sixth consecutive year, WVSOM was recognized on the Honor Roll as one of the best schools in the nation to work for, according to a survey by the Chronicle of Higher Education’s annual report on academic workplaces.

WVSOM was recognized in five categories including: collaborative governance; facilities, workspaces and security; professional/career-development programs; respect and appreciation; and teaching environment.

This was the first year that WVSOM was acknowledged for collaborative governance, a category that recognizes that faculty members play a significant role in decisions related to academic programs.

“I’m proud to be working with an incredible group of staff and faculty that made this possible,” Adelman said. “It’s always an honor to be recognized as a ‘Great College to Work For’ because the recognition comes from within.”

To celebrate the occasion, “Lemonade on the Promenade” was hosted for WVSOM employees. Lemonade and cookies were served on the promenade of the new Student Center.

Mace and Bradel awarded WVRHA recognition

Drema Mace, Ph.D., M.S.P., received the 2016 Award for Excellence in Rural Health and WVSOM second-year student Laura Bradel received the 2016 Outstanding Student of the Year award at the 24th annual West Virginia Rural Health Association conference in October, at Chief Logan Lodge in Logan, W.Va.

Mace was recognized as an individual of exceptionally meritorious contributions to the improvement of health to the people in rural West Virginia. The award honors creative work of particular effectiveness in applying knowledge or innovative organization work to the betterment of community health. Mace is now the WVSOM executive director of the Center for Rural and Community Health.

Dr. Lourdes Pingol-Bernardino, assistant professor in the WVSOM Clinical Sciences Department, nominated Bradel for the award because of her passionate commitment to the osteopathic medical profession and her dedication to the community. Bradel dedicates her time to research; leads fundraising initiatives for prostate cancer; commits time to local volunteer efforts; organizes educational presentations; leads pathology workshops and review sessions; and is currently the president of the Pathology Club.

Greenbrier County Health Alliance received grant

The Greenbrier County Health Alliance received a $124,000 grant from the Claude Worthington Benedum Foundation for a collaborative initiative designed to help local communities across Greenbrier County improve their own health.

The project is called “Live Well Greenbrier” and will engage local grassroots leaders as ambassadors and provide them with training, support and resources to help them meet the needs of their own community.

A “Live Well Greenbrier” website will promote community assets and coordinate project activities. Self-management workshops for people with diabetes and other chronic health conditions will take place around the county and strategies to link low income families and seniors with local foods will improve access to fresh food and support local farmers.

As all of Greenbrier County continues to focus on flood relief and recovery, the alliance will help with the coordinated response to meet community needs. When communities are ready, the “Live Well Greenbrier” project will contribute to strategic planning and provide resources to grassroots efforts as communities rebuild.

Support for this project is also provided by WVSOM Center for Rural and Community Health, West Virginia Clinical and Translational Science Institute and National Institute of General Medical Sciences of the National Institutes of Health.
WVSOM students develop medical app

Thanks to the work by WVSOM students, the trademark phrase “there’s an app for that” now applies to information that could be helpful to medical students.

The app allows medical students to review and learn more about clinical exam skills during their first year. “ClinSy” will further be used to help second-year students with more complicated techniques and procedures, as well as third- and fourth-year students and residents, due to its vast utility. The app was created with the help of Marshall University students in the computer science program.

“The app will be able to help students review skills for special tests,” said Shaun Raganyi, a third-year student who helped see the app to fruition.

“Students often struggle with physical exams so this is a way they can easily go back and refresh their minds. One of the greatest benefits, for instance, is if I haven’t seen a patient with this shoulder injury in a long time — the app will show treatment options and what additional tests should be done.”

The idea for the app came a few years ago from another student, Ryan Farnsworth, D.O., who graduated in 2015. The idea of using medical information via Google Glass came up, but WiFi restrictions complicated the idea, so Raganyi — after taking over the graduate teaching assistant position from Farnsworth — decided to use the idea with a mobile application. The project, completed by both clinical science graduate teaching assistants, was under the guidance of Gail Swarm, D.O.

The hope for the ClinSy app, which became available to download for free through iTunes in January, is to continually build its content with new information, study tools and videos. Raganyi said it would be ideal for students and preceptors to use the app in the six Statewide Campus regions and hopes to possibly have it incorporated into the first-year curriculum in the future.

Shaun Ragayni’s project titled “ClinSy: An Innovative and Technologically Advanced Method of Instruction” won third place in the Mountain State OPTI annual research poster competition during the Mid-Winter Seminar in Charleston, W.Va., on Jan. 28.

Shaun Ragayni, OMS III
with Ryan Farnsworth, D.O.
Bridging the gap, rotations in the wilderness
What began as a unique one-time opportunity for medical students and residents to participate in an 800-person medical team, has grown into an annual two-week wilderness medicine rotation in the rugged West Virginia New River Gorge area. The original experience included performing emergency and clinical medical services during the National Boy Scout Jamboree in 2013.

Even before the boisterous echoes of 34,000 Boy Scouts quieted from the hills surrounding the Summit Bechtel Reserve, Lisa Hrutkay, D.O., FACEP, Class of 1993, recognized the potential for a continuation of this type of emergency training. The wilderness medicine rotation was created to fill a void in on-site emergency preparedness training for osteopathic and allopathic medical students.

Hrutkay, emergency medical services director at Ohio Valley Medical Center (OVMC) in Wheeling and emergency medicine residency core faculty associate and clinical professor at the West Virginia School of Osteopathic Medicine (WVSOM), organized a co-sponsorship between OVMC and WVSOM to continue the wilderness medicine rotation in July 2014.

“This rotation is for everyone interested in an emergency medicine career,” Hrutkay said. “Students need to know what happens before a patient reaches the hospital – the pre-hospital medicine.”

The rotation, geared toward Appalachian environmental emergency treatment, is the only one of its kind offered by an osteopathic medical school.

“It’s the joy of my career right now,” Hrutkay said. “We get to know the participants well as we spend time together in challenging situations where they are no longer in their clinical comfort zone.

Propelling the students and residents into the unpredictable environment are the Ansted and Glasgow fire departments. They offered classroom didactics and outdoor workshops intended to teach skills needed for rope and swift water rescue; setting up a hauling system and lashing a victim into a stokes basket; rappelling and vertical rescue. Additionally, the participants learned skills for surviving in the wilderness, as they spent 24 hours on a backpacking survival exercise creating makeshift shelters, procuring fresh water, fire starting, rescue signaling and cooking.
A three-day Battle on the Gorge EMS competition takes place at the culmination of each rotation. WVSOM fourth-year student Stephanie Thomas, earned the title of 2016 Most Outstanding Rescuer. During a competition scenario, Thomas and her group had to assess and improvise a solution to rescue a man dangling at a dangerous height from a fire truck ladder.

After she and a teammate constructed a pulley system and attached it between the ladder and a tree, Thomas, who is terrified of heights, was lowered between the ladder rungs to perform the rescue.

“I’m no less afraid of heights now, but I made a decision in the moment to put aside my fear to accomplish what had to be done, and I let my knees buckle once I was safely on the ground,” Thomas said. “The confidence and trust I had in my teammates allowed me to momentarily overcome my fear to perform the rescue.”

Hrutkay thinks these experiences are what make the rotations worthwhile for those involved.

“Watching the students and residents think critically and problem-solve in real world situations is the main reason I do it. Watching them accomplish their goals while having fun makes it worthwhile,” she said.

In October, Hrutkay was named the International Trauma Life Support (ITLS) John Campbell Medical Director of the Year by the West Virginia College of Emergency Physicians. The award recognizes outstanding leadership and medical direction for ITLS courses.
WVSOM’s Rural Health Initiative teaches high schoolers CPR

The lyrics to “Staying Alive” or “Row, Row, Row Your Boat” may be difficult for local high school students to get out of their head. That’s because these songs are used to help someone keep pace while performing cardiopulmonary resuscitation (CPR).

WVSOM’s Rural Health Initiative (RHI) students are teaching high school students throughout the state pertinent and potentially life-saving CPR skills. The training is a result of state legislatures that require boards of education to provide at least 30 minutes of instruction on the proper administration of CPR. So far, 32 states in the U.S. passed laws or adopted curricular changes to require hands-on, guidelines-based CPR training before high school graduation. Each year, an estimated 1.5 million public high school graduates will be trained in CPR with the new mandate.

Janet Hinton, RHI program coordinator, has taught CPR for more than 10 years. She thinks the new mandate will help improve the survival rate of victims of sudden cardiac arrest. Hinton stressed what the American Heart Association reports that “effective bystander CPR provided immediately after sudden cardiac arrest can double or triple a victim’s chance of survival, but only 41 percent of cardiac arrest victims get CPR from a bystander.”

RHI and second-year medical student, Tanner Tuggle, taught CPR to high school students in the Upward Bound Program this past summer. He is continuing to do so throughout the school year.

“Most people think of doctors or first responders as the ones who save lives. However, anyone who knows CPR has the potential to save a life. For this reason, I wanted high school students to know that they can make a difference,” the Peterstown, W.Va., native said.

“West Virginia is such a rural state. Unfortunately, our first responders sometimes have to travel far distances to reach a patient. If someone in every home knew CPR then they could begin resuscitation until medical help became available. Seconds can mean the difference between life and death so it is vital that help begin as soon as possible. If these high school students have this knowledge, then they can certainly make a difference.”

The American Heart Association’s CPR in Schools Training program provides a toolkit designed to include everything an educator needs to facilitate training to students. Training includes a reaction plan, hands-only CPR, child CPR (compressions and breaths), AED use, and simulated choking among adults and children.

Even though CPR training is a serious subject, those involved with the RHI program want the sessions to be fun and engaging.

“We teach in ways that students will remember, such as saying to just push hard and fast if all else fails. We also go around to individual students and make sure they feel adequately prepared. At the end of our sessions, we quiz for review,” Tuggle said. “Our goal is for everyone to be able to perform CPR without missing a beat.”

Hinton said the training might also pique a high school student’s interest in a health-related career or better expose them to the medical field — an added bonus to saving someone’s life.

“The goal of the RHI program is to engage RHI students in the CPR campaign to enhance outreach for health, lifestyle and chronic disease management in rural West Virginia, as well as encourage high school students to focus on becoming a D.O.,” Hinton said.

RHI students toured the Pilgrims Pride poultry plant in October, in Moorefield, W.Va. The tour included the fresh and frozen plants, and the students gained a stronger understanding about on-the-job injuries and other work related hazards, such as carpal tunnel problems stemming from the required repetitive motion.
Grand Affair raises significant dollars for future scholarships

WVSOM’s annual Grand Affair is a night for students to experience elegance at The Greenbrier, but more importantly it is an event that raises money for student scholarship funds.

This year’s “Fire and Ice” event, presented by the WVSOM Student Government Association, raised $30,000 toward future scholarships. The scholarship funds are given to students at the end of the academic year who demonstrate outstanding leadership qualities and community service.

Scholarship dollars prove to be invaluable for students like Anna Malysz, who incur debt during medical school. The Class of 2019 student is one of the recipients of a Student Government Association Scholarship Award. She was recognized as a student who has mentored fellow students, shared her own resources to facilitate the learning of others, has participated in clubs or organized events and has brought students together in new and creative ways.

“WVSOM has shaped my mind, intellect and spirit, and the support of my school and colleagues motivates me to do better each day,” she said. “I appreciate the potential that they see in me and I will strive to live up to it while reciprocating help and positive influence to those around me.”

The Grand Affair isn’t just about raising money for students. It’s also about offering students, WVSOM faculty and staff, alumni and community and business leaders a networking opportunity. Grand Affair organizers attribute the success of the Grand Affair to support from sponsorship on all levels.
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Health care from a trailer: Medical support in a coal town

The town of Dingess, W.Va., is about 13 miles from the center of Logan, but it’s a nearly 30-minute drive and seems like a world apart.

One might think Dingess, with no major restaurants or retail stores, would be an uncommon place to find a top-notch medical care provider. However, in the 1980s, on the edge of town, the Dingess Clinic provided health care to nearly 30 coal-mining families from a modest trailer.

“There were no physicians ever in that area,” said Jim Wright, a 1984 WVSOM graduate who was the clinic’s director for about three years. “I started out seeing eight to 10 people a day, but after they got used to the idea that I was there I started seeing about 30 people a day.”

Wright was fulfilling a National Health Service Corp scholarship at Logan General Hospital that requires recipients to complete residency in a rural or underserved area. He spent much of his time at the hospital working emergency room shifts. The hospital was looking into setting up satellite clinics in nearby underserved areas, thus the creation of the Dingess Clinic.

“Many people with injuries would just put some duct tape over an injury and see what happened because they didn’t have a car or drivers license and weren’t able to make it up over the mountain,” he said. “Because we were so isolated, I did things there that I would never do when I worked other places. It was good to have a clinic in that area.”

Jim Wright, D.O., Class of 1984

While providing medical care from a trailer may not be the most idyllic scenario for new physicians, Wright was just happy to serve a rural community.

“Although I grew up in New Jersey, it was a farming area,” the family
Serving as a physician at the Dingess Clinic, Wright saw many of the same ailments and health issues he saw at the Logan hospital — with the main disparities from Dingess patients caused by coal-related health risks. Wright treated many patients with chronic lung disease, which was a result of working underground, as well as depression.

“Many people with injuries would just put some duct tape over an injury and see what happened because they didn’t have a car or drivers license and weren’t able to make it up over the mountain,” he said. “Because we were so isolated, I did things there that I would never do when I worked other places. It was good to have a clinic in that area.”

To accommodate patients without reliable transportation, Wright also made home visits about once a week. Sometimes that meant hopping a ride in the back of a four-wheel drive truck owned by the local coal mine just to get to another side of the mountain.

Bob Foster, D.O., WVSOM’s associate dean for osteopathic medical education, remembers making site visits in the Logan area and visiting Wright in the Dingess trailer. At the time, Foster was WVSOM’s associate dean for clinical education.

“This trailer clinic is often what these communities need. Access to health care by these so-called first line of defense doctors. Mingo County was probably one of the most underserved of all counties at that time and this trailer was the jewel of Dingess, WV.”

The Dingess Clinic epitomized WVSOM’s mission of providing medical care to residents of West Virginia in the most underserved areas, Foster said. “In most of these rural areas doctors can make a great impact on patients’ health. Our doctors are doing that.”

Before Wright became a D.O., he spent three years in the military, worked construction where he built houses, graduated from Concord College and taught in Summers County schools. He was a County Health Officer for Logan County for three years and later was the director of graduate medical education for the osteopathic training program. He spent more than 16 years in upstate New York. For three years, he was the emergency room director at the Adirondack Regional Hospital and clinics in rural areas, but found he missed being in West Virginia. He started working at the Monroe Health Center in Union where he was medical director for seven years.

Wright recently retired in November of 2016, but because of his interest in providing an osteopathic approach to medicine he continues to teach students at WVSOM. He is a table trainer for osteopathic manipulative medicine, helps teach a suturing Clinical Skills lab and teaches a Clinical Skills lab regarding heart murmurs and rhythm strips during the fall semester.

“I really enjoy being an osteopathic physician. I still enjoy it. It’s so exciting,” Wright said. “There is always something interesting going on in medicine so it gives you a real opportunity to have a meaningful life.”

From a trailer on the top of a mountain in the Allegheny Mountains, to the Adirondack Mountains and back, Wright said being a physician in America’s most underserved communities is one of the most rewarding careers.

“If I had to do it over again, I’d do it over again.”
Morris-Wiman uses neuroscience research to teach students about pain management.

Joyce Morris-Wiman, Ph.D., has a talent for research. In fact, her research projects in the past were so successful that she had little time to teach students.
Morris-Wiman was involved in neuroscience research at the University of Florida for 23 years, but she missed teaching. Her desire to interact with students both in the classroom and in the laboratory was an important factor in coming to WVSOM in the summer of 2012. “I love doing research but it is nice to have teaching as my primary role,” she said.

Morris-Wiman received her Ph.D. from the University of Michigan in anatomy and cell biology with her doctoral thesis on the central nervous system. At WVSOM, she applies her knowledge of neuroscience as it relates to aging and pain management – with one particular study focused on the changes in the brain as it ages.

“When you show students how to focus their research on one area of the brain; to be able to focus on a particular cell type to track the changes … it really brings the research and learning program to life,” Morris-Wiman said. Students don’t just learn from photos in a textbook or on a screen, but first-hand in the lab.

“I have enjoyed my time in the lab and there are benefits to being at WVSOM,” she said. “The students are excited about the work that we are doing and they learn that there is a great deal involved in the research process.”

Morris-Wiman appreciates that as the research program at WVSOM advances, administrators have been willing to purchase and upgrade equipment that researchers need. She also noted that WVSOM research faculty receive assigned technical help — another benefit that isn’t always available at other institutions.

The most significant focus of Morris-Wiman’s research since working at WVSOM has been the study of muscle repair and changes in the central nervous system as they correlate to pain management, specifically in the jaw muscle.

“The jaw muscle doesn’t heal well and many people suffer from chronic jaw pain,” Morris-Wiman explained. “Of course, There is good pain. Good pain causes us to react and change patterns that are causing the pain to then support the healing process. When the muscle is healed or repaired, then the pain goes away.” Chronic pain, however, continues after the muscle is no longer damaged.

While studying the central nervous system, Morris-Wiman and her students can monitor how the system reacts to pain points and damaged muscles. One indicator as a result of the findings conducted by her students is that females have a different pain pathway than males. Ultimately this different pathway translates to the theory that opioids are not as effective as a pain management option in females. Morris-Wiman shared the end result of her research, “The more we know about pain pathways the better we can treat chronic pain.”

The researchers have also determined that females have a higher tolerance to prolonged pain than males, but males most often tolerate acute pain at a higher level than females. This information can be helpful to students when they enter their practices in determining the best and most direct pain management protocol to follow, Morris-Wiman added.
Faculty hires

Robert Pepper, D.O.
Associate professor clinical sciences

Dr. Pepper received his Doctor of Osteopathic Medicine degree from Nova Southeastern University, College of Osteopathic Medicine. He completed his family medicine residency through the University of Alabama at Birmingham where he also served on their faculty as an assistant professor. He was a fellow with the American Academy of Family Physicians and received the Resident Teacher Award through the Society of Teachers of Family Medicine. He has served as a family physician and an urgent care physician and has experience working within a family medicine residency in Largo, Fla., where he recently earned Attending Physician of the Year.

Lucy Lot, M.D.
Associate professor clinical sciences

Dr. Lot received a degree from the University of Jos in Plateau State, Nigeria, and completed a pediatric residency at the Children’s Hospital of Austin in Austin, Texas. Dr. Lot also completed an adolescent medicine fellowship at the Children’s Hospital Medical Center in Cincinnati, Ohio. She is board certified in pediatrics and adolescent medicine. In addition to practicing, Lot has served as an assistant professor at Temple University School of Medicine in Philadelphia, Pa. and at the A&M University Health Science Center of the College of Medicine, in Temple, Texas.

Courtney Eleazer, Ph.D.
Assistant professor biomedical sciences

Dr. Eleazer attended the University of Tennessee where she received her Ph.D. and Master of Arts degrees in biological anthropology. She served as an instructor at Florida International University teaching courses in human anatomy, human evolution and forensic osteology. Dr. Eleazer’s research interests include looking at how cultural factors, such as activity pattern and nutrition, shape the human skeletal system during growth.

Jessica Smith-Kelly, D.O.
Assistant professor osteopathic principles and practices

Dr. Smith is a 2012 graduate of WVSOM and served as an OPP graduate teaching assistant during her time at WVSOM. Smith-Kelly completed her internal medicine residency at Good Samaritan Regional Medical Center in Corvallis, Ore. She volunteered her time there at OMT clinics for student athletes at Oregon State University, and she served as the vice chair of the Postgraduate American Academy of Osteopathy. She completed the NMM+1 Fellowship at Greenbrier Valley Medical Center in 2015.
CONGRATULATIONS, Faculty transitions

Gail Swarm, D.O., accepted the administrative position of director of the Clinical Evaluation Center (CEC). In this role, Swarm will lead the CEC in achieving WVSOM strategic goals and objectives ensuring WVSOM’s clinical skills educational infrastructure and assessment protocols/practices are innovative, cutting-edge and aligned with WVSOM’s initiatives and mission. She received her doctorate degree from The Ohio University College of Osteopathic Medicine, and her Bachelor of Science degree in chemistry and math from West Virginia Wesleyan College. Swarm joined WVSOM in 2003 as an assistant professor of family medicine and the clinical director of the problem-based learning program. She then became the vice chair of the Clinical Sciences department in 2012, chair of the Clinical Sciences department in 2013, and was the co-director of the curriculum from 2013-2015.

Edward Bridges, Ph.D., is now the associate dean for Preclinical Education. Bridges has more than 15 years of administrative experience in both academia and the pharmaceutical industry serving as a member of the WVSOM faculty since 2007. He was previously the chair of the Biomedical Sciences department. In the associate dean position, Bridges will be administratively responsible for Years I and II of the curriculum and serve as the administrative head of the biomedical sciences faculty, among other responsibilities.

Drema Mace, Ph.D.
Executive director for the Center for Rural and Community Health

Dr. Mace earned her Bachelor of Science degree in psychology and sociology from West Virginia State University; Master of Science degree in public service management from Cumberland University in Tennessee; and Ph.D. in human services with specialization in health care administration from Capella University with institutional review through Vanderbilt University. She has a career history in public health, working for the West Virginia Department of Health, Tennessee Department of Health, West Virginia Bureau for Public Health and others. She previously worked as the executive director of the Mid-Ohio Valley Health Department.

Jimmy Adams, D.O., D.A.A.P.M.
Regional assistant dean for the Statewide Campus South West Region

Dr. Adams earned his Bachelor of Arts degree in psychology from Roanoke College in Salem, Va., and his D.O. degree from Kirksville College of Osteopathic Medicine in Kirksville, Mo. He is a diplomat from the American Academy of Pain Management; a member of the West Virginia Board of Osteopathic Medicine; a Board of Trustees member for the State Osteopathic Medical Association; a preceptor for WVSOM and Pikeville College of Osteopathic Medicine; and the physician and owner of Active Physical Medicine and Pain Center in Barboursville, W.Va.
I trust the new year finds you well.

We have made significant progress in building a culture of philanthropy among WVSOM’s loyal supporters. I am excited to share that 2016 was the WVSOM Foundation’s most successful year for scholarship support and distribution in the history of WVSOM. This support directly impacts the ability of our students to select their career paths of choice rather than to be bound by only those areas of medicine that have the biggest financial gain. Scholarships inspire a student’s passion to serve where others may not consider serving.

I believe our supporters want to be a part of the solution to the projected physician shortage and they want to play a role in bringing medical care to rural and underserved areas of our state and nation. I also believe there are many more potential supporters out there, ready to join us.

Over the coming months you will learn about our need to build our annual fund. This can only be achieved through a consistent plan of support from WVSOM alumni, friends and corporate donors who are dedicated to our school’s mission. Our donors report the intangible benefits of satisfaction, knowing they have helped students as others helped them on their journey. Also, if you choose to join us by giving annually, then your name will be added to the donor tree in the tech building where students attend classes. The annual fund is an expansion of the 5 for 5 Campaign that we will now use as a recognition program for annual giving. It is the WVSOM Foundation’s goal, once the original donor tree in the tech building is completed, to “plant a forest” of donor trees across our campus. We need you to provide the seeds for this growth to occur.

Consistent annual giving creates a funnel of unrestricted support that provides valuable resources to focus on the areas of greatest need. Even small amounts, given consistently over time, can make a big difference in the lives of our students. Please consider an automatic, monthly donation to support WVSOM.

Finally, I want to tell you about a remarkable opportunity developed by the WVSOM Foundation Student Committee. This fund, the Student Emergency Fund, directly supports students who are in a crisis that could impede the progress of their medical education. This fund does not financially support students to help pay for medical school, but rather is only for those with significant personal emergent situations. A recent distribution of funds helped one of our students stay in school and maintain his course. We welcome donations for this important fund that demonstrates the strength of the WVSOM family.

PLEASE CONSIDER WHAT WVSOM HAS MEANT IN YOUR LIFE AND HOW YOU CAN HELP THOSE WHO COME BEHIND YOU.

If you would like more information about how you can join us in supporting WVSOM, give me a call at 304-647-6374. I’d love to talk with you about all of our opportunities to get involved.

Wishing you all the best in 2017,

Heather Antolini,
Director of Institutional Development
Positive momentum for student scholarships

The WVSOM Foundation has experienced a record year in commitments and contributions to the scholarship accounts. The 2015-16 fiscal year was also a banner year for scholarship award distributions. In addition to the second $200,000 contribution toward their $600,000 three-year pass-through scholarship pledge, the BrickStreet Foundation made an additional $900,000 contribution to establish the “BrickStreet Endowment,” which will provide scholarships to WVSOM students in perpetuity.

The WVSOM Foundation was honored to receive a Challenge Grant from the Maier Foundation, which will match each new $1 million pledged to the scholarship endowment with an additional $250,000 (up to a total of $1 million) placed in trust for WVSOM as a part of the West Virginia Emulation Endowment Trust to be used for additional scholarships for students. The future scholarships awarded from earnings on this trust account established for WVSOM by the Maier Foundation will be given in honor of former WVSOM President Olen Jones.

The WVSOM Foundation was also fortunate to receive a $1 million pledge toward the WVSOM scholarship endowment from the Regional Healthcare Foundation in Fairmont, W.Va. Scholarships related to this endowment contribution will be given to students from the Marion County region who are willing to commit to serving in that community after residency. Once this gift is fully funded, annual earnings should be sufficient to fund one to two full in-state tuition scholarships each year.

Thanks to the generosity of WVSOM donors and partners, the combined scholarship endowments reached almost $2.5 million this year, almost doubling the account in one year. As a result, the total amount distributed in student scholarships through the WVSOM Foundation this year was $237,800.
For decades, local businesses in Greenbrier County have provided not only support to WVSOM but also financial assistance that has helped medical students with tuition, student club efforts to go on mission trips and campus building campaigns.

A loyal supporter since the 1980s, City National Bank has contributed nearly $32,000 to WVSOM, with the largest single donation of more than $10,000.

"Supporting local organizations that enhance the communities where our customers and employees live and work is paramount at City," Barbara Phillips, retail region manager, first vice president of City National Bank, said of the bank’s desire to support the medical school. "WVSOM is an integral part of the Lewisburg area economy, and it draws bright young people to experience the beauty and culture of our region and contribute their own time and talent to the community. We’re proud to have this important, accomplished institution right here in our backyard, and we’re happy to be able to support its success."

Phillips said it is easy to see how medical students — during their brief two years in Lewisburg — give their time to community events, festivals and nonprofits.
“I’ve seen students giving their time and talent to support our area. I’m especially thankful for the students who help with the recycling effort at Taste of Our Town, a local event that City is passionate about supporting. The Student Government Association does a great job helping lead the community service effort, and the alumni set a wonderful example through their local involvement,” she said.

“City’s decision to support various programs and activities at WVSOM goes back to our belief in the positive impact of this institution on our area and state. City is a West Virginia company, and it’s important to us to see other West Virginia businesses and organizations thrive,” she said. “We want to support the staff, students and alumni at WVSOM to contribute to the long-term success of this valuable local institution.”

The bank has donated funds to the WVSOM PAX Club’s mission trip, another club’s 10K race and the alumni center building fund. Most recently, City National Bank made a generous donation to the WVSOM Foundation’s Annual Fund.

This support is significant for the foundation’s efforts, said Heather Antolini, director of institutional development at WVSOM.

“Corporate support is incredibly important to our work and generous businesses like City National Bank have the opportunity to enhance the student experience through scholarships with our upcoming 20/20 Vision Campaign; they can support the physical environment through our capital campaign; and equally important, they can participate as loyal and consistent donors to our annual fund.”

The reason for the connection makes sense. Both businesses care about the community and the citizens of the state of West Virginia, Phillips explained. Witnessing students who are willing to immerse themselves in local communities makes it easy for businesses to support WVSOM.
I recently attended a WVSOM Board of Governors’ meeting. During the meeting, Dr. Edward Bridges gave a presentation on the “new curriculum.” I must admit that when he began his presentation I felt a little bit of “post-traumatic stress” coming on. I couldn’t help it as my mind slipped back in time to my student days at WVSOM.

The memories of Dr. Judy Westerik’s passion for biochemistry flowed vividly across my consciousness. She was absolutely convinced that what we needed to know to be great doctors was more biochemistry. I recalled a conversation I overheard in which she demanded that more time be carved out of an already packed academic schedule for more biochemistry. In my neophyte medical mind, I recognized the logic that this was an important subject but I just couldn’t completely grasp the clinical implications of the pentose phosphate pathway or reductive biosynthesis. I just wasn’t sure how it all fit together. Several of my classmates and I requested that one of the clinicians give a weekly lecture correlating our basic science studies with clinical application. It never happened. I do have to admit that, after years in practice, I wish I could go back and listen to all of those lectures again. I see the clinical value now.

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That being said, you might imagine my inward wince as Dr. Bridges began his presentation. However, what I heard was not at all what I expected. Dr. Bridges spoke of collaboration between science and clinical faculty.

There was construction of case studies to illustrate the significance of scientific and clinical principles. There was opportunity for development of study skills that will be used as a “lifelong learner.” It was inspiring!

I felt as if my voice had finally been heard and that positive change was taking place. I was excited. I started to jump to my feet and perform what my ED staff calls “The Happy Doctor Dance.” While it is difficult to describe, this dance is a hybrid of a hula, a polka and moonwalking. (Trust me. It is not a dance for the faint of heart.) However, I didn’t want to interrupt Dr. Bridges and I was pretty certain the Board of Governors would have had me escorted from the premises in padded restraints. So, with much self-control, I kept my seat.

It was good to have my voice heard. As alumni of WVSOM you have a voice. Let your voice be heard. I encourage you to become an active member of the WVSOM Alumni Association. Give your school the benefit of your wisdom, experience and passion. Join your voice with ours as we support WVSOM and future generations of osteopathic physicians.

Respectfully,

Mark H. Waddell, D.O.
WVSOM Class of 1990
Greco named 2016 WVSOM Alumni of the Year

One West Virginia School of Osteopathic Medicine (WVSOM) graduate was recognized for his ongoing commitment to the school and the osteopathic profession during WVSOM’s D.O.c-tacular II banquet on Aug. 27.

Rick Greco, D.O., FACOI, Class of 1986, was presented with the 2016 Distinguished Alumni of the Year Award. His medical colleague and friend, Andrew Naymick, D.O., Class of 1988, made the announcement.

After Greco accepted the award — a Blenko glass pitcher with the Alumni Association seal — he spoke with passion and gratitude about the opportunities his osteopathic education at WVSOM has created for him. He spoke of how honored he has been to give back to the school through education of students and residents.

“I was born, raised, educated and practice in the state of West Virginia and I’m dedicated to promoting quality osteopathic medical care in our state,” he said.

Greco is a general internist, internal medicine residency program director and director of the hospitalist medicine program at Ohio Valley Medical Center in Wheeling, W.Va.

The Alumni Association established the Distinguished Alumni of the Year Award in 2008 to annually recognize graduates who have demonstrated outstanding personal and professional achievements.
Bringing orthopedic care to baseball players

After the dust has settled alumnus reflects on World Series run

One run was all that stood in the way of the Cleveland Indians baseball team winning the World Series. The Chicago Cubs forced a game 7 in the playoffs and ultimately won the series. Jason Genin, D.O. was part of the team that fell just short of a series victory, but he will always carry the memories of being involved with baseball’s pinnacle event.

Genin, a 2007 WVSOM graduate, was one of four physicians — two orthopedists and two primary care doctors — who comprised the medical team for the Cleveland Indians during the team’s playoff run, which lasted about six weeks. He works with the team throughout the regular season as well, but explained that during that time physicians do not travel and instead care for players on the home and visiting teams during home games.

The medical and sports orthopedist admits that being able to work with a professional sports team was fortuitous.

“The position kind of came to me,” he said. “With my osteopathic background and ability to perform ultrasound guided procedures and regenerative medicine, which is getting fairly big in the orthopedic world — to have those skillsets was desired. It has taken off ever since and I feel honored to be a part of the team.”

Genin works for the Orthopedic and Rheumatologic Institute of the Cleveland Clinic Foundation, where he has been for the last seven years.

During the playoff run, Genin treated common sports injuries such as muscle strains, overuse injuries and musculoskeletal injuries. He treated nearly every player in some capacity. He was also the only osteopathic physician on the medical team and was able to provide osteopathic manipulative treatment to athletes.

For years, athletes have relied on manipulation techniques to ease muscle and joint pain.

“I think athletes strive for greatness and after the stress of a long season they look to see how they can continue to be healthy without always relying on medication,” Genin said. “Osteopathic physicians with the whole body perspective in mind can help continue to work, specifically in my case, with a team so players can have a mechanically, physically and mentally functioning body.”

Long before the playoff champagne celebrations, rigorous residency hours and copious amounts of studying in medical school, Genin knew he wanted to work in a sports-related career capacity. He combined his interest in sports with his passion for medicine.
“I played football at Wake Forest University and part of my decision to go into medicine was because I had injuries in college,” the Clarksburg, W.Va., native stated. “When I chose a medical school I wanted to go somewhere with patient interaction and where they had good physicians. I wanted to take my experience with injury and both the thrill of a win and the agony of a defeat in sports and apply it to how I treat on a day-to-day basis. WVSOM let me do that. I always thought I would find a way to continue to utilize sports in my career and I’ve been blessed to do that. It’s really a dream come true.”

Genin reflected on the moment that his and his team’s dreams began to ring true heading toward the World Series playoffs. He recalls the Indians winning the American League Championship and the unity in the locker room — jubilation, celebration and an eagerness to move forward.

The Indians played a rigorous season and won the American League Central division. Throughout the playoffs, they continued to succeed and eventually won the American League championship. They didn’t take home the World Series title, but sometimes victory isn’t just about the sports statistics.

“You spend so much time with these athletes and you consider them as family. You come to find that when you spend so long with a team you live and die by their success. When we won we felt great and when we lost we were sad and hurt just as much. But the team’s accomplishment on the field made us proud in the locker room,” he shared.

Now that the dust from the pitcher’s mound has settled, Genin is able to evaluate that medical experience and move forward.

“I think we look back and remember what we did medically and how we can learn from that and we use what we experienced to make ourselves better clinicians and health care providers.”

Genin said it is a great time to be in Cleveland. He is also a consulting physician for the Cavaliers, a professional basketball team in Cleveland who won this year’s NBA championship. He works alongside Dominic King, a 2011 WVSOM graduate who is also a consultant for the Indians. The two WVSOM graduates are co-program directors for a sports medicine fellowship in the Cleveland Clinic sports program.
Even though he wasn’t too keen about academia, he was able to build quite an impressive resume. He was drafted into the armed services, served time in Vietnam and as a combat veteran he earned a bronze star and combat infantry badge. He worked in coalmines, on construction jobs and got married. He credits his wife of 47 years, Liz, for encouraging him to apply to medical school.

“I never would’ve gotten into medical school if it weren’t for her. She even helped me pass Spanish so I could graduate from college,” he joked.

Kurth was a nontraditional student in WVSOM’s first graduating class — walking the same hallways he had walked when he was a student at the former Greenbrier Military School where he graduated in 1966.

“When I first went back [to the campus] in 1974 it hadn’t changed at all,” Kurth remembered. “There were still bunk beds in the dorms. I also remember when we first went through histology labs, before we started looking in microscopes. We had to put together our own wooden stools. There were a lot of good memories there.”

After graduating from WVSOM, Kurth completed a rotating internship at Doctor’s Osteopathic Hospital in Erie, Pa., and an orthopedic surgery residency at West Virginia University in Morgantown. Until 1997, he was chief of orthopedic trauma at WVU.

In 1999, Kurth co-developed StelKast Proven Knee implants so surgeons could perform knee replacements with fewer instruments. The company asked Kurth to develop the knee implant because he was one of the highest volume knee surgeons in the region. He has performed more than 3,500 knee replacements.
Until 2010, Kurth was a clinical professor at WVU teaching second-year residents and was a visiting lecturer at WVSOM. He is an Alumni Association life member and a founding member of Mountainstate Orthopedic Associates in Morgantown. As he looks back over his career of more than 35 years he attributes his achievements to one person. “All my success I owe to my wife, Liz, who blessed me with four sons and eight grandchildren,” Kurth said.
Class notes

1981
Hugh McLaughlin, D.O., sold the Falls Family Practice to the Cleveland Clinic to form a partnership that will have 75,000 patients and average about 1,000 new patients each month. Ten doctors, six of whom are D.O.s, along with 45 employees will be moving into a new space, which is between 30,000-40,000 square feet. Along with 15 family doctors, five specialists, a walk-in clinic, physical therapy and possibly a pharmacy, McLaughlin will be training residents and students from the Cleveland Clinic.

McLaughlin also served as the doctor for Blossom Music Center, which seats 22,000 where he has taken care of all the performers for the last 30 years. He retired from that position five years ago.

1984
Daniel Wilson, D.O., has moved to Spencer, Mass., after spending 15 years in Central Vermont, to be closer to his children and grandchildren. Wilson practices emergency medicine full time at Heywood Hospital in Gardner, Mass.

1985
Blake Casher, D.O., is in his 28th year as a geriatric psychiatrist in Mid-Michigan and is the medical director and sole psychiatrist of a 10-bed geriatric unit in the mornings and has his medical practice in the afternoons.

Darby Hand, D.O., completed his 15th year as the medical officer for the Pennsylvania State Police Department and is also the aviation medical examiner and provides care for the pilots within the department. Hand has found target practice with his machine gun to be a great stress reducer.

Keith Speed, D.O., received a promotion to professor of clinical sciences and family medicine at William Carey University College of Osteopathic Medicine. He was also named the chair of family medicine at WCUCOM.

1986
Darryll Barksdale, D.O., M.S., FAEP, joined the full-time faculty at the William Carey University College of Osteopathic Medicine after 25 years of practicing emergency medicine and serving more than three years in administrative medicine.

1987
Thomas Asher, D.O., along with his wife, Karen Asher, D.O. (OUCOM Class of 1987), spoke to WVSOM students in November about medical missions and international student rotations. The Ashers continue to serve in Sierra Leone, West Africa. They have been active for nine years in the education of medical practitioners; shipping medications and medical supplies to hospitals with great need; installing solar power to improve the medical care in the country; and hosting medical students and specialists to enable them to provide medical care to the people in Sierra Leone. Their work can be viewed at www.waemm.com.

Rickey Chance, D.O., completed a six-year term appointed by the Mississippi governor on the Mississippi Board of Medical Licensure. Chance was one of two D.O. members on this combined allopathic/osteopathic board.

1988
Paula Gregory, D.O., was named dean of the Kansas City University of Medicine and Biosciences’ new osteopathic medical school in Joplin.

1992
Col. David Romine, D.O., MPH, is command surgeon for the U.S. Army Combat Readiness Center (USACRC) in Fort Rucker, Ala., and provides worldwide 24/7 medical and human factors oversight and continuity for all accidents investigated and reviewed by USACRC and headquarters, Department of the Army and The Pentagon. In October 2016, he was part of an assessment team from USACRC who traveled to Ukraine and helped advise Ukrainian Armed Forces and NATO partners training there.

Previously, Col. Romine served as CENTCOM Surgeon-Forward in Jordan and as unit flight surgeon for multinational expeditionary and operational forces in Iraq and Afghanistan during both Operation Iraqi Freedom and Operation Enduring Freedom. In addition to aerospace medicine, Col. Romine is adjunct faculty for aerospace medicine residencies in the Army where he teaches traditional osteopathy and has an osteopathic specialty clinic.

Lydia Weisser, D.O., has been in the practice of psychiatry for 20 years and has worked in clinical administration for the last 14 years. Weisser was previously the medical director for the MS Department of the Mental Health and now serves as medical director for the Bryan Psychiatric Hospital in Columbia, S.C.

1997
Tiffany Jessee-Wylie, D.O., was awarded the 2015 HCA Frist Humanitarian Award for her involvement with a primary care mission trip that she leads to Honduras every year. Jessee-Wylie is a general/bariatric surgeon and is the director of bariatric surgery for the Florida Bariatric Center at Largo Medical Center in Largo, Fla., where she lives with her husband, Dave, and their daughters Sienna and Olivia.

Jane Kelley-Tallman, D.O., and Barbara J. Cortez, D.O., former WVSOM classmates, are planning to climb Mt. Kilimanjaro in March 2017. We wish them all the best on this challenging adventure and look forward to hearing more upon their return.

1999
Rae Godsey, D.O., graduated from the Indiana University Kelley School of Business, Business of Medicine MBA program in August 2016. Godsey also received her Six Sigma/LEAN Green Belt certification as part of the MBA program.

George Sokos, D.O., returned in January to West Virginia to serve as the director of Heart Failure at West Virginia University. He was previously program director for the Advanced Heart Failure and Cardiac Transplant Fellowship at Allegheny General Hospital in Pittsburgh, Pa.

2000
Brett Faulknier, D.O., was named director of Electrophysiology at Indian River Medical Center (IRMC) in Vero Beach, Fla. Electrophysiology helps physicians understand abnormal heart rhythms or arrhythmias. Prior to joining IRMC, Faulknier served as section director of electrophysiology and associate professor of medicine at West Virginia University Charleston Division for seven years.

2004
Suzanna Nichole (Danko) Holbrook, D.O., was promoted to lieutenant colonel in the U.S. Army on Oct. 3, 2016.

2005
Christi Hughart, D.O., joined Urology of Virginia in July where her husband, Christian de Guzman, is the office manager. They continue to reside in South Boston, Va.

2008
Richard Fogle, D.O., is serving on the Allegheny Health Network (7) Hospitals Physician Advisory Board along with AHN CEO and CMO. Fogle is the only D.O. currently on the board. This network of hospitals operates out of Pittsburgh, Pa.

2009
Elizabeth Martin, D.O., completed a fellowship in Infectious Diseases at Yale New
Haven Hospital in 2015 where she also served as chief fellow. Martin has accepted a job with Merck, Sharp and Dohme as clinical director of Hepatitis C Late Stage Development.

2010
Amber Bishop Warren, D.O., is the program director for Cornerstone Care Family Medicine residency program in Mt. Morris, Pa.

2012
Catherine Stefaniuk, D.O., completed a general surgery internship at the Pennsylvania State University-Hershey Medical Center. Stefaniuk is in an anatomical/clinical pathology residency at Case Western Reserve – Case Medical Center/University Hospitals. In July 2017, Stefaniuk will be completing a molecular genetic pathology fellowship at the Cleveland Clinic.

Jason Palmer Mader, D.O., is a third-year resident in the department of internal medicine and was selected as the April 2016 Resident of the Month at the Marshall University Joan C. Edwards School of Medicine. Having finished the internal medicine residency in June, Mader has begun a three-year cardiology fellowship at Marshall University.

2013
William Fredericks, D.O., will enter a pain fellowship at the Mayo Clinic in Rochester, Minn., starting in July 2017.

2015
Scott McCollough, D.O., completed a transitional rotating internship and has started his residency in emergency medicine at Arnot Ogden Medical Center in Elmire, N.Y.

2016
Teresa Wamer Bigley, D.O., welcomed about 350 students to West Virginia University at Parkersburg in August as the keynote speaker. Bigley attended WVU at Parkersburg where she served two terms as Student Government Association president. She is in an emergency medicine residency in Marietta, Ohio.

1985

2006
Amanda Bailey, D.O., was married on June 11, 2016, to Nick Henson at Rockwood Manor in Dublin, Va. They reside in Mooresville, N.C.

2010
Kimberly Hensley Fife, D.O., married Stephen Gregory Fife on Oct. 2, 2016. WVSOM alumni in attendance were Dana Nicole Pauley Persinger and her husband, Freddie Persinger, and Alicia Pinson Jackson — all of whom graduated from WVSOM with Fife in 2010.

2013
Hammad Sattar, D.O., was married on Dec. 4, 2015, to Noor Ul Huda and they expecting their first child in January.

2014
Micaela Weaver, D.O., married her long-time sweetheart, Bianca Booker, on Aug. 6, 2016.

2003

2008

2009
Jessica Marie McColley, D.O., welcomed a baby girl, Iris Katherine McColley, on Sept. 25, 2015.

2010

2011

2013

IN MEMORY OF

1986
Donald Laurion, D.O., passed away Oct. 4, 2016, at the Nanticoke Memorial Hospital in Seaford, Del. Laurion served as a cardiologist for the Seaford community through Nanticoke Cardiology for more than 20 years. He was married to Pamela (Blackburn) Laurion and is survived by his three children and five grandchildren. Laurion enjoyed reading, pets and traveling, but mostly he enjoyed spending time with his grandchildren.

1993
John Beard Jr., D.O., passed away Oct. 19, 2016, at Peyton Hospice House in Fairlea, W.Va. Beard served mainly as an emergency room physician, having worked at Sacred Heart Hospital in Richwood, W.Va., and Pocahontas Memorial Hospital in Marlinton, W.Va. Beard loved to reminisce about his younger years and was a self-taught guitarist and also a great cook. He is survived by his son, Casey Benjamin Beard, of Craigsville, W.Va.

1995

WVSOM Alumni Association
NEW LIFE MEMBERS

as of Jan. 6, 2017

1990
James Malone, D.O.

1992
Shawn Johnson, D.O.

2001
Robert Olexo, D.O.

2003
Adam Breinig, D.O.

2006
Desirea Shavon Alasky, D.O.

2007
Carolyn Bridgett Morrison, D.O.

2008
Justin Jeffries, D.O.

2009
Amanda Michael, D.O.

2010
Terrance Banaszak, D.O.

2011
Holly Hill, D.O.

2012
Jamie Yahya Blankenship, D.O.

2014
Daniel Fiumecaldo, D.O.

2016
Paul Ryan Haffey, D.O.
We have reached $102,254.06 in gifts toward the tower goal of $250,000. With an overall alumni participation rate of 6% so far, we know that we can obtain this goal if everyone pulls together.

Please consider that when you give to this challenge, you are helping the students, programs and mission of WVSOM. If you have given, thank you. If you have not yet, please consider a gift today.

Giving is easy: Go to https://my.wvsom.edu/Alumni/Forms/Tower or call 304.647.6257
Climb to the top of the tower

WANT TO REACH THE TOP THE FASTEST?
The Alumni Association is hosting a WVSOM all-class challenge and asking your graduating class to come together to make a financial contribution. Rise to the challenge. The more graduates who donate, the closer that class gets to winning.

CURRENT STANDINGS
Percent of class that has donated and donation totals as of Jan. 23, 2017.

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<td>2016</td>
<td>0%</td>
<td>$0</td>
</tr>
</tbody>
</table>

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1979 is also winning in the largest donation category. 1997 is catching up.

1979 is winning in the largest donation category. 1997 is catching up.
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TOTAL GOAL
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RECEIVED
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OUTSTANDING
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COMMITMENTS NEEDED
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Greenbrier Military School alumni reconnect at the 2016 reunion

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The Greenbrier East marching band and members of the Greenbrier East JROTC honored alumni with music. GMS Alumni participated in the annual flag raising ceremony. It was an opportunity for members of this group to share the importance of military pursuits with those in the local JROTC.

It was also the first time a number of alumni saw the new street sign for GMS Drive. The sign is a permanent reminder of the importance of the school. GMS is a part of the heritage of WVSOM.
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Kristina Lim, OMS III and Jodi Flanders, D.O., help an infant patient during the 2016 Dominican Republic mission trip.
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Academic Medicine

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SPRING

May 27
GRADUATION

SUMMER

June 14-17
SUMMER SEMINAR

August 26
CONVOCATION/WHITE COAT CEREMONY

FALL

August 25-27
ALUMNI WEEKEND

November 4
GRAND AFFAIR