

# STUDENT D.O. UPDATE

VOLUME 10, ISSUE 1      SEPTEMBER 24, 2008

## A NEW BEGINNING

The Council of Osteopathic Government Presidents (COSGP) was established in 1974 as an official council of the American Association of Colleges of Osteopathic Medicine (AACOM) to serve as the official national representative voting body of all osteopathic medical students.

The council provides a valuable forum for communication among the student government presidents of each of the colleges of osteopathic medicine. Our meetings aim to promote stimulating discussion and provide opportunities for personal and professional growth in the areas of leadership, medical education, research, and health policy, just

to name a few. COSGP convenes four times during the year to discuss various national issues pertaining to osteopathic medicine. The council addresses student concerns from each of the colleges, and debates and formulates a unified student voice regarding a wide range of topics.

Never is this mission more evident than during the American Osteopathic Association's (AOA) House of Delegates (HOD) annual meeting in Chicago. The AOA HOD is the democratic policy-making body of the osteopathic profession, and is the premier opportunity for all osteopathic physicians and students to work collaboratively to formulate policy for the profession. The student leaders you elect, which comprise the

membership of COSGP, enthusiastically represent the voices of all students both at the HOD, and also back home at each college of osteopathic medicine.

The members of COSGP work to increase awareness of important issues that directly affect the present and future of the profession. Through COSGP's national student programs, keynote speakers, workshops, and community service opportunities, the council works hard to provide value to all osteopathic medical students and to ensure the continued growth and prosperity of the osteopathic medical profession for the benefit of all patients.



**Bradford W. Landry, MSPT, OMS-IV**  
 COSGP National Chair  
 New York College of Osteopathic Medicine



### 2008-2009 EXECUTIVE COUNCIL

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**PROGRAMS:** KATIE PERZ, OMS-III  
*MSUCOM*

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## The 2008—2009 Council of Student Osteopathic Government Presidents

- ★ **Matthew Wessner** ~ A.T. Still University of Health Sciences – Kirksville College of Osteopathic Medicine
- ★ **Alister Mix** ~ A.T. Still University of Health Sciences – School of Osteopathic Medicine in Arizona
- ★ **Brian Liem** ~ Arizona College of Osteopathic Medicine of Midwestern University
- ★ **Aaron Huser** ~ Chicago College of Osteopathic Medicine of Midwestern University
- ★ **Bavand Youssefzadeh** ~ College of Osteopathic Medicine of the Pacific
- ★ **Jude Opoku** ~ Des Moines University College of Osteopathic Medicine
- ★ **Allison Abraham** ~ Kansas City University of Medicine and Biosciences – College of Osteopathic Medicine
- ★ **Katie Boyle** ~ Lake Erie College of Osteopathic Medicine
- ★ **Kate Menssen** ~ Lake Erie College of Osteopathic Medicine – Bradenton, Florida
- ★ **Ian P. Huff** ~ Lincoln Memorial University - DeBusk College of Osteopathic Medicine
- ★ **Adam Hunt** ~ Michigan State University College of Osteopathic Medicine
- ★ **Steven Brown** ~ New York College of Osteopathic Medicine of the New York Institute of Technology
- ★ **Jessica Hilst** ~ Nova Southeastern University College of Osteopathic Medicine
- ★ **Katie Lee** ~ Oklahoma State University for Health Sciences College of Osteopathic Medicine
- ★ **Chad Keller** ~ Ohio University College of Osteopathic Medicine
- ★ **Courtney Scrubbs** ~ Philadelphia College of Osteopathic Medicine
- ★ **Nantha Surkunalingam** ~ Philadelphia College of Osteopathic Medicine - Georgia
- ★ **Cindy Sue DeMastes** ~ Pikeville College School of Osteopathic Medicine
- ★ **Jessica Toler** ~ University of North Texas Health Science Center – Texas College of Osteopathic Medicine
- ★ **Marc Cabanne** ~ Touro University College of Osteopathic Medicine
- ★ **Rebecca Kowaloff** ~ Touro University College of Osteopathic Medicine - New York
- ★ **Jerome Huebsch** ~ Touro University Nevada College of Osteopathic Medicine
- ★ **Matthew LaPorta** ~ University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine
- ★ **Samantha McGinnis** ~ University of New England College of Osteopathic Medicine
- ★ **Erin Deihl** ~ Edward Via Virginia College of Osteopathic Medicine
- ★ **Brian Huggins** ~ West Virginia School of Osteopathic Medicine

“REPRESENTING  
ALL  
OSTEOPATHIC  
MEDICAL  
STUDENTS”

2008-2009 COSGP  
in Chicago, IL for  
AOA's House of  
Delegates.



## ERAS and You

*Jessica Toler, UNTHSC-TCOM,OMS-III*

During the July meeting of the Council of Osteopathic Student Government Presidents, Ms. B. Renée Overton gave a presentation on changes being made by the Electronic Residency Application Service (ERAS). ERAS opened on July 1, and within a few weeks time had 1816 applicants! The good news for students is that there is a 260% increase in ERAS participating programs over last year for total of 607 programs.

This year ERAS is working hard to communicate with osteopathic schools. A beneficial new feature is that applicants can now designate which documents go to which programs through ERAS in order to meet specific program needs. However, be sure that before you apply to ERAS you contact each program. Also, do realize that you have to apply to individual training programs. Do not forget you can create a different personal statement for each program or specialty.

The first application carries a \$60 fee. For each additional application there is a fee based on how many applications you require: 11-20 applications – \$8 per application; 21-30 - \$15 per application; more than 30 - \$25 per application. NBOME and NBME have increased the transcript fees of the COMLEX and USMLE respectively to \$60.

For those students who have undertaken research and given presentations, make note of these changes to the application! The Publications section has been enhanced to separate Posters and Presentations, and to add Scientific Monographs and online publications. You also have the option to include future dates for posters and presentations. As always, do not lie on the applications. The programs do check on publication citations!

If you desire to pursue a career in Dermatology, Physical Medicine and Rehabilitation, Proctologic Surgery or Public Health and Preventive Medicine, be aware that residencies will not accept an application from a fourth year student. These four programs specifically request that you complete a Traditional Rotating Internship first.

Additionally, there have been some changes to the basic set up of the website. The AOA restructuring benefits the students in that the MyERAS Program Search page now separates DO from MD residencies in agreement with the AOA. ERAS is moving to a web-based system across the board for all applications with the help of AAMC and hopes to have a total redesign by July 2011 (ERAS 2012). The goals of ERAS are to take advantage of the latest technology and to incorporate the future needs of ERAS users into the website and the application.

When you visit the public website for ERAS you have the ability to see all the programs from the AOA that are participating this year, and then you select a specialty. If the link is gray that means the program is not participating.

ERAS is going full steam ahead with the changes to the application and the website. Be sure to visit their website at [www.aamc.org/eras](http://www.aamc.org/eras).

### What's A D.O.?

Today osteopathic physicians continue to be on the cutting edge of medicine. D.O.s are able to combine today's medical technology with their ears, to listen caringly to their patients; their eyes, to see their patients as whole persons; and their hands, to diagnose and treat injury and illness.

## Tips for Customizing Your ERAS Application!

### Personal Statement (PS):

- Create more than one personal statement to cater to each specialty or program
- Title each personal statement with a descriptor (i.e. PS for intern med residencies)

### Letters of Recommendation (LoRs):

- Request 1-2 letters for specific specialty
- Give writers a copy of your resume and have them be specific
- If you do not think they will write you a favorable letter do not ask them to write one!
- Waiving your rights to see the LoR may allow the author to be completely honest
- One of your LoRs may be from a chair

### Photograph:

- Customize the photo
- Send a picture after you receive an invitation to interview. They will recognize you when you arrive for the interview

### Reporting USMLE scores:

- If you apply to ACGME with USMLE, you must report that on the Common Application Form (CAF)
- If you only apply to AOA accredited programs you do not have to report USMLE on the CAF

### Final Tips:

- Research before applying to programs
- Make sure CAF is complete and accurate
- Do not overshare on the application
- Provide everything that is requested
- Be ethical! Do not falsify your application to inflate your CAF or claim a publication that does not exist
- FourthYears: check the ERAS website: <http://www.aamc.org/students/eras/>

Encourage applicants to give medical school access to MyERAS application to check the form.

## ABOVE AND BEYOND

Many of the Student Government Presidents have expressed an interest in learning more about what other osteopathic schools have to offer for community service opportunities. The goal in the coming months is to post the different opportunities with contact information on the COSGP website. Hopefully this will help you gather some ideas to implement on your own campus.

Each school offers unique opportunities for community service on their campuses. One such example is Pens on a Mission at NSUCOM in Florida. The students collect pens given by drug reps (who doesn't have several of those?) and then takes them on school mission trips throughout the year.

Many schools have organized mission trips to places out of the country in the Dominican Republic, El Salvador, Kenya, Peru, Honduras and Mexico. When the situation arises, schools re-

spond with mission trips to areas in the United States where natural disasters occur such as flood relief in Piedmont, Missouri and hurricane relief to victims of Katrina as well as refugee clinics. There are the medically underserved in our own towns, including the homeless. TCOM has just this year begun a free clinic at the Day Resource Center, a place in Fort Worth, Texas where the homeless can go during the day while the shelters are closed.

Not all community service has to pertain to medicine. LECOM-Erie plants flowers at a local Nursing Home. VCOM hosts a "Friday Night" program where medical students give parents and caregivers a break from caring for children with special needs for a few hours.

While most schools host or participate in 5ks and/or Relay For Life, UNECOM takes it to the next level with a 44 mile race with a 5k sponsored by AMSA. UNECOM also participates in outreach

to local high school students, as do other schools, to discuss issues pertinent to today's youth. Medical students discuss topics such as drugs, sexual pressures and alcohol in an informal setting. Another issue facing America today is obesity. MSUCOM has found a way to sneak weight loss in to community service by offering the Biggest Loser Competition on campus. They have had great success thus far!

There are so many areas on campus and in the community where the help of students is needed. So whether it is singing to residents of a Nursing Home or running a Teddy Bear Clinic the point is to help people and serve the community. Be creative and be involved!

*Jessica Toler, UNTHSC-TCOM, OMS-III*

&

*Hetal Gadhia, UNTHSC-TCOM, OMS-III*

## TOUCH PROGRAM

The TOUCH program is a COSGP initiative that encourages a partnership between volunteering and community activism and osteopathic medicine at both the college and national level. TOUCH (which stands for Translating Osteopathic Understanding into Community Health) gives osteopathic medical students the opportunity to spread awareness of osteopathic practice and principles through activism in their community. Those students who complete 50 hours of volunteer service per year will earn TOUCH recognition. COSGP then acknowledges these individuals both nationally and in their Dean's Letter for their hard work and dedication to the profession and their

surrounding areas. The recognition that students have received has sparked pride in community service, making our program a great success. We appreciate the admirable participation from all students and generous endorsement of TOUCH from schools and hope to see a continuation of our efforts.

*Katie Perz, MSUCOM, OMS-III*

*National Programs Representative, COSGP*



## THE AOA HOUSE OF DELEGATES - A STUDENT'S PERSPECTIVE

For many D.O.'s and D.O. students, the AOA's House of Delegates comes and goes with little notice. But for those among us who are charged with the representation of ourselves, our states, and our practice, this event represents the culmination of a year of preparation.

Like many members of the Council of Osteopathic Student Government Presidents (COSGP), it was my first year representing the D.O. students within my state. I set out to take the role seriously, and in doing so, I discovered a level of social and political activity in which many of us can continue to participate as we transition from students, to residents, and finally to practicing Osteopathic Physicians. Representing a small state, I was able to meet and spend time with all the physicians of my delegation and our executive director, each of whom accepted me as a peer.

As the house opened, I sat amid the mass of people. My well caffeinated, tired eyes were wide open in anticipation. After a brief freshman orientation, Friday morning opened very ceremonially, with reports from each of several committees. This proved to be a true test for my new found excitement, but I made it through before fatigue got the best of me.

Later in the morning, the AOA paid tribute to some of its shining stars. My excitement and wonder built up again as I watched a parade of DO's awarded for a lifetime of work. Dr. William Anderson, D.O., one of those recognized, also spoke at a luncheon on Friday. Having already been impressed with Dr. Anderson's achievements in medicine, I was again impressed with his eloquent talk and the recognition he gave to several of his peers.

Reference Committees met after lunch, and I had the opportunity to sit in on the Ad Hoc Committee. In these reference committee meetings, resolutions were debated and suggestions were made by those in attendance to the committee, which ultimately decided whether or not to support a resolution and with what potential changes. This meeting was very similar to the meeting that COSGP held to discuss some of the resolutions prior to the National Osteopathic Student Caucus (NOSC).

When the House resumed business on Saturday morning it was finally time to get to work. Each reference committee presented its assignment of resolutions along with their suggested action. Discussion followed each presentation and the house voted. The process was exciting early on as a few votes were close enough to obtain a standing count of members in order to make a decision.

Business carried on like this through Saturday until 4pm, when members were dismissed to "freshen up" for the inauguration of AOA President-elect Carlo J. DiMarco D.O. For several of the men this simply meant put on a clean shirt, some slipped into a tux, but a great transformation was observed as nearly every woman now donned a formal dress. Dr. DiMarco was subjected to a little roasting by his brothers, his two sons, and the pastor who emceed the event, before finally being sworn in. The reception to follow was a formal assembly of osteopathic royalty, where I had the chance to meet a few leaders in our profession, including: Dr. Ethan Allen, D.O., former AOA President; Dr. Don Krpan, D.O.; and the newest former president of the AOA, Dr. Peter Ajluni, D.O.

After the completion of a little unfinished business, and nominations for next year's officers on Sunday morning, the AOA House of Delegates of 2008 came to a close. It was a humbling and educational experience that I will always remember.

As I waited for my late afternoon flight home, I recalled all the fun I had and all the people whom I had met. As I sat next to the stack of paperwork that made my luggage too heavy to be checked, one thought kept coming into my mind. I couldn't help but think how much fun the meetings at the AOA Convention in Las Vegas will be.

*Jerome Huebsch, OMS-II*

TUNCOM

## THE NATIONAL OSTEOPATHIC STUDENT CAUCUS (NOSC)

On July 16<sup>th</sup>, one night prior to the beginning of the 2008 AOA House of Delegates (AOA-HOD), the Council of Osteopathic Government Presidents (COSGP) once again hosted the annual National Osteopathic Student Caucus (NOSC) at the Fairmont Hotel in Chicago.

Each year, the NOSC provides an open environment for student discussion regarding resolutions coming before the AOA-HOD. While not every resolution can be addressed, the agenda for the NOSC allows for discussion about topics that have a direct impact on students and young physicians, and topics about which the AOA will look to students for their opinion. Accordingly, the goal of each NOSC is to generate a unified student opinion that can then be delineated within the reference committees of the AOA, within state delegation meetings (consisting of AOA-HOD voting members), and on the floor of the HOD.

Prior to the NOSC, the national chairs of each of the major osteopathic medical student organizations were invited to attend as panel members, and helped to accumulate the student discussion that occurred for each resolution. This year's panelists were: Kristina Manion, OMS-IV (KCUMB) and National SOMA President; Rosemarie Robledo, OMS-IV (UMDNJ) and SOSA National Chair; Brad Landry, OMS-IV (NYCOM) and COSGP National Chair; Travelle Franklin-Ford, MD/PhD Student (Univ. of Wisconsin) and SNMA President-elect; and Megan McGrew, OMS-III (KCUMB) and ACOEP National Treasurer.

Over 100 students attended this year's NOSC, representing each osteopathic medical school across the country. In all, nine AOA House Resolutions were discussed. Among these were resolutions that dealt with the issues of studying resident work hours, the issues regarding PHRMA, and the issue of the D.O. degree designation.

While none of the decisions reached on the floor of the NOSC had any direct bearing on any of the resolutions, it did provide students with the information and the talking points needed to discuss the resolutions with other members of the AOA-HOD, and within the reference committees where amendments and/or comments to these resolutions could be considered.

I encourage each student to logon to the AOA's website ([www.do-online.org](http://www.do-online.org), under the "AOA Highlights" section) and examine the resolutions that were passed by this year's AOA-HOD (a report is provided summarizing the events). The student leaders at each osteopathic school had direct input into many of the resolutions that were not only brought up at this year's NOSC, but also those that did not make it onto our agenda. This website provides a good way to review the actions and/or positions that the AOA takes on many of the issues that are important to not only physicians, but students as well.

Additionally, I encourage each student to attend next year's NOSC, which will be held in coordination with the 2009 AOA-HOD in Chicago. Events such as the NOSC provide students with an excellent opportunity to learn about the things important to the osteopathic profession that aren't otherwise included in medical school curricula, and also provide students with the insights that can and will shape the future of the osteopathic profession.

*Michael Paddock, MS, OMS-III*

*Speaker of the House, 2008 National Osteopathic Student Caucus*

*National Parliamentarian, COSGP*

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The original House Resolutions 282, 283, 286, 287, 291, 300, 302, 303, and 306 that were discussed can be found at: [https://www.do-online.org/index.cfm?PageID=cal\\_hod08housereres](https://www.do-online.org/index.cfm?PageID=cal_hod08housereres)

## THE PRESIDENTIAL ELECTION HEALTHCARE STANCES

In this election year there are major issues, such as the economy and the War in Iraq, that are going to swing the voters. However, healthcare, as through the years, remains a major issue. Each candidate has proposed two differing views on how to improve the current healthcare system and how to provide better quality of care to patients and better treatment of physicians. Here is a brief overview of the candidates' plans to the ever-changing complexities that is healthcare in America.

### JOHN MCCAIN

John McCain's overall goal is to make quality healthcare available to everyone by having a variety of options for insurance plans that are based on individual needs. He also stresses the importance of taking personal responsibility for one's health.

He plans on achieving his goal by first removing the favorable tax treatment of employer-sponsored insurance and giving tax credits to everyone (\$2500 for individuals and \$5000 for couples) that will increase insurance coverage. This will give the incentive for everyone to receive health insurance. Furthermore, he wants to increase insurance competition by allowing individuals to obtain insurance from any organization or association and restrict the costs of healthcare via changes in payment to providers, tort reform, and other actions. He also plans on allowing workers to transfer policies to other employers. His plan to expand public programs is to give only veterans the ability to use their VA benefits to pay for timely and quality health care from providers in the best locations. Small businesses and the self-employed would be able to purchase insurance through any organization or association.

Aside from the aforementioned changes, John McCain plans on changing private insurance to increase competition amongst companies and allow an individual the choice of insurance they want by allowing insurance to be sold across state lines. He also encourages the use of multi-year insurance products and creating faster means of approving cheaper generic drugs, along with safety protocols towards importing FDA-approved drugs.

John McCain's plan for reimbursing medical providers revolves around positive outcomes, coordinating care and preventative services. He has several plans for reducing costs to medical providers, some which include eliminating "frivolous lawsuits and excessive damage awards."

Finally, McCain is pushing for standards in electronic records, along with having a requirement for medical providers to produce statistics on outcomes, quality, and costs to be made available to the public.

### BARACK OBAMA

Barack Obama's overall goal is to provide quality universal coverage, yet affordable, for everyone via a blend of private and expanded public insurance.

He plans on achieving his goal by having a heavy emphasis on the expansion of public programs. He wants to require employers to offer "meaningful" employee health benefits and coverage, create a new public plan, expand Medicaid, and further promote the State Children's Health Insurance Program (SCHIP). If employers do not offer health benefits, he will require them to supply payment (percentage of payroll) to the costs of the new public program. The expansion of SCHIP will further his goal of providing health insurance to all children. Furthermore, he wants to create

## THE PRESIDENTIAL ELECTION HEALTHCARE STANCES CONT'D.

the National Health Insurance Exchange where small business and individuals without a means to healthcare via an employer health care program or public programs could register for the new public plan, which is portable, or approved private plans. The plan coverage in the NHIE would have comprehensive benefits similar to those available through the Federal Employees Health Benefits Plan (FEHBP).

Though Barack Obama has many planned changes to healthcare, he plans on changing private insurance by imposing more rules and restrictions. He wants to prohibit insurance companies from denying coverage to individuals with pre-existing conditions, and unjustified increases in premiums, thereby abusing their monopoly power. Furthermore, he wants to require insurance companies to take up a "reasonable share" of the premiums on patient care benefits in market areas with weak competition, require insurer's health plans to divulge the percentage of their premiums to paying for patient care and to administrative costs, and allow children up to age 25 to continue family coverage via their parent's plan.

*Jay Kirkham, MS, OMS-II  
AZCOM  
Brian Liem, OMS II  
AZCOM*

## GET OUT & VOTE ON ELECTION DAY – NOVEMBER 4, 2008

Being in medical school takes up a lot of time and energy, and doesn't leave much room for gathering information in real-time about current government/election health issues...let alone to find the information to register and vote (either in state or by absentee ballot). Our schedules make it difficult to perform the duties that democracy affords us -- the ability to choose our government.

The first step is to REGISTER to vote. If you are not currently registered to vote, please access the link for the Rock the Vote website ([www.rockthevote.org](http://www.rockthevote.org)), the best and most concise site for registering as a voter. Once there, click on "Register to Vote," answer the required questions (the ones with the red asterisks), and then print out the state-specific registration card. Finally, place a stamp on it and stick it in the mail. It is as simple as that (5 minutes max)!

You will register under your permanent address, not your address at school (unless, of course, that is your permanent address). Many people register to vote when they get or renew their driver's license; however, some people do not. Because state regulations can differ and are often times confusing, many people don't get the opportunity to register. The Rock the Vote website provides a simple means whereby people can register to vote.

While many people have become disenfranchised with government sighting politics that never changes, it is vital that we exercise this right despite our reservations. Why? Because healthcare reform will and must happen next year with the new 111th Congress and a new administration. This means that the system of health care that was in place when we started school will be fundamentally different by the time we begin to practice. To this end, it is crucial that we have a say in shaping our professional futures...so remember REGISTER!

*Jay Kirkham, MS, OMS-II  
AZCOM*

## AACOM/COSGP

### COUNCIL OF OSTEOPATHIC STUDENT GOVERNMENT PRESIDENTS

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Questions? Please contact me via email. We  
encourage your feedback.

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## Check out the COSGP Website!

Check it out at [www.cosgp.aacom.org](http://www.cosgp.aacom.org). Keep checking for updates and more information. Forms, pictures and more will be available for all COSGP members and osteopathic medical students. Please contact John Fenstermaker, National Public Relations/Website Representative with concerns about the website at

[John.A.Fenstermaker@dmu.edu](mailto:John.A.Fenstermaker@dmu.edu).



The gang posing with the new President of the American Osteopathic Association, Dr. Carlo DiMarco, from Pennsylvania.

## SAVE THE DATES

**October 26 — October 30, 2008**

113th AOA Convention and Scientific Seminar

COSGP Quarterly Meeting (October 24-26)

Las Vegas, NV

**Jan. 16 — 18, 2009**

COSGP Quarterly Meeting

TBD

**March 2009**

National Osteopathic Awareness Month

**March 5, 2009**

DO Day on Capitol Hill

Washington, DC

**April 15-19, 2009**

AACOM Annual Meeting & COSGP Quarterly Meeting

Bethesda, MD

