

pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

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President's Message



By Lee J. Herskowitz, DO, FACOP

I am honored to have this position of leadership in the ACOP and am equally excited about the progress made by the current leadership team, especially in light of the recent (May 2004) transition to new management. We owe thanks to Steven Snyder for the solid organization that he has handed off to the new administration. The leadership and management teams are also pleased with the excellent turnout and program just completed in San Francisco in November. The college should recognize the hard work from the CME committee composed of Scott Cyrus, Mike Hunt, Marta Diaz-Pupek and Edward Packer. Also great kudos to Ruggles Service Corporation, our management team, headed up by Stewart Hinckley. He is assisted by Bob Specht, Joye Stewart, Kevin Johns, Daniel Gainyard, Matt VanWie, and the rest of the support staff in keeping registration and business running smoothly.

I would like to use this opportunity as a call to arms of all our members, new and "not getting any younger", to consider your contributions to the college. We are truly a unique group that can offer a number of opportunities. They include quality CME (that will fulfill DO requirements), a voice in government issues, an opportunity to lend an expert voice in the governance of other organizations (local, state and national societies), network with those that are intimately involved with the education of our students, interns and residents and, most importantly, develop a regular collegial relationship with fellow pediatricians of diverse backgrounds. We have not tried to become a mini-AAP, but we value the mutually beneficial relationship between the two organizations. We have not tried to be anything more than our members demand of us. Unfortunately, all too often the membership is silent on its wishes. We desperately want to hear from all our members, as well as to encourage more of you to attend at least one of the two annual meetings we sponsor. We are planning to continue our meeting with the AOA in the fall of 2005 in Orlando, to join in the Unity Campaign. After that we need to consider what membership is interested in doing; do we want more solo ACOP meetings?

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Plan to attend 2005 Spring Meeting in Chicago

The CME Committee met during the Fall Meeting in San Francisco to work on the 2005 Spring Meeting to be held in Chicago, April 15-17. There are 16 hours of CME being planned and topics being considered by the committee are: Infant Nutrition-ABCs, Adolescent Eating Disorders, Managing Diabetes Type II and Obesity, Pediatric Anesthesia-What the Pediatrician Should Know, Adolescent Confidentiality, NBOME Report of the Deficiency on Student Learning and Pediatric HIV. The committee is working feverishly on completing an exciting program and updates will be available at www.ACOPeds.org. Mark your calendar now!



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www.ACOPeds.org

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PRESIDENT'S MESSAGE

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We have been trying to arrange a joint meeting with the AAP during one of their spring meetings. Is this an effort supported by the membership?

There are a number of committees that would be willing to have new visions from membership that has been part of the silent majority up until now. The committees can all be found on the web site at www.ACOPeds.org (visit it if you have not already done so) and sign into the members only section. Call the headquarters office if you need help. The committees are Bylaws, CME, Finance, GME (graduate medical education), Government Relations, Membership, Newsletter, and Website. If you have interest, talent or want to learn more about any of these groups please contact anyone of the Board or management to explore the possibilities. The current board members beside myself are Stewart Hinckley (Executive Director), Steve Snyder (Past President), Bob Hostoffer (VP), Bruce Peters (Sec/Treas), Rob Locke, Peg Orcutt, Deb Blackwell, Jim Foy, Amanda Foster (resident) and Thomas Reynolds (student).

Our members are becoming involved in the development of resident and student curriculum, organization and partnering of the specialty associations within the AOA, communicating with Congress on issues of child welfare and benefits, and continuing to find high quality speakers for future educational programs.

The college is entering the new year in excellent financial shape due to commendable management and financial planning. We want to best utilize our resources for the benefit of our members. Please let us know what you wish to see from the ACOP so we can be responsive to the membership and provide the best value to you all. We all are especially interested in the membership's direction in future CME programs, both in terms of venue and content!

If you have any questions or concerns, please contact me directly.

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ACOP Spotlight

Lee J. Herskowitz, DO, MBA, FACOP

Dr. Herskowitz is the Medical Director for PacificCare of Oregon in Lake Oswego, Oregon. As such he serves as Chairman of the PacificCare Western Regional Credentials Committee, and is responsible for provider credentialing in Washington, Oregon and California. Prior to obtaining his MBA at University of California, Irvine (2000), he served on the faculty of University of California, Davis (1985-2000). He was director of the pediatric services for the family practice residency and had a final academic appointment of Clinical Professor at Davis.

Dr. Herskowitz earned his DO degree from the Philadelphia College of Osteopathic Medicine in 1977, did a rotating internship at JFK Hospital, Stratford, NJ, in 1978 and completed his residency from Thomas Jefferson University, Philadelphia, in 1981. He became board certified by the American Board of Pediatrics in 1982 and the American Osteopathic Board of Pediatrics in 1986.

Dr. Herskowitz has been a Fellow in the American Academy of Pediatrics since 1980, the American College of Osteopathic Pediatricians since 1982 and has served on the ACOP Board of Trustees since 1995.

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MELNICK at large

By Arnold Melnick, DO, FACOP

Writer's Block – 5 Easy Questions

Even pediatricians – especially those who write a lot – will sometimes run into this problem, and all writers – professional or occasional – want to know how to get rid of their Writer's Block. Remember, though, that medical writing also includes consultations, reports and letters.

I proposed in a recent article that the real treatment lies in *KYOS* – *Know Your Own Style*, not in some artificial gimmicks. In a quiet moment, consider five important questions. Answering them honestly and accurately eases your way to a solution.

1. Do you struggle vainly to “write” instead of communicating information or ideas?

Author Joel Saltzman suggests that it is easier to write than not to write. In his book *If You Can Talk, You Can Write*, he suggests writing anything, as though you are talking to a friend (a sort of stream-of-consciousness). Write words that might be associated with your article, without pausing to criticize or edit. Intersperse it with whatever random thoughts come to your mind. Then edit, and edit carefully.

2. Do you know your own pattern of creativity?

As a writer, you want to work under the most favorable conditions, favorable meaning those conditions which enhance your creativity. Where and when, and under what circumstances, do you write best? In order to get the most out of our writing, we must observe – and respect—our own personal idiosyncrasies. They guide our creativity – or at least they don't block it. Once again, it is a question of *KYOS* – *Know Your Own Style*.

3. Do you work best with notes or without notes?

All of us work in different patterns. Some of us do better with copious notes, others with outlines, others with sketchy notes and others without any notes at all. We often have different patterns of behavior for different types of writing.

In any event, your writing should improve if you recognize *KYOS*.

4. Is your problem ideas or words?

If your difficulty is in ideas, it means you have no concept of how to get where you are going. I

make two recommendations: first, just scribble some notes or words about your idea and about your concept. Later, you can flesh out these notes. Second, handwrite some of your thoughts because the slowness of the process will probably allow you time to fill in some of the creative thoughts you had in the first place.

If your difficulty is in words, it means that you know what you want to say but can't quite say it. Determine which section of your article you are most sure of, then write it first, even if it is out of order. Or you might write a few key words and then expand by word association.

5. Are you a procrastinator?

I believe that procrastination is an in-born thing: some of us are procrastinators, some of us rarely are and some swing back and forth.

What is important to each of us is that we recognize our own patterns of procrastination. When given a task, how do you attack it? Look at how you shop. Look at how you pay bills. Look at how you study for examinations. Good examples, all.

Several mechanisms can be used to help procrastinators. My own recommendation is to sit and sit and sit. Station yourself in front of your computer or typewriter and do not yield to the temptation to get up and walk around or do anything else.

Another frequently recommended approach is the opposite: get away from your work for a period of time once you hit Writer's Block. For many people this is helpful, particularly if you create better away from the writing situation. But don't reward yourself for leaving your work by heading for the “fridge” or the chocolate chip cookies. Wash the dishes, clean your car; you'll soon be glad to get back to your writing.

So if you want to get rid of your Writer's Block, or reduce it, first study your own style of writing and your own personality. That will give you some clues. Then, ask yourself the five questions and *KYOS*.

(Revised by Dr. Melnick from his original article KYOS — Five Easy Questions to Erase Your Writer's Block, Journal of the American Medical Writers Association, Volume 17, Number 1, 2002, pages 28-30. Dr. Melnick is now also writing a regular monthly column on Effective Medical Communication for The DO Magazine)

Certification Confusion?

By Steven M. Snyder, DO, FACOP

Part of the confusion is that membership does not include certification. The ACOP is a member organization. The AOA is both a member organization and a certifying organization. The AOA has responded to a Taskforce recommendation to develop a streamlined program to help DOs, who are ABMS certified, apply and obtain AOA certification (Resolution 56). The initial part of this program is that the candidate must join the AOA. There have historically been delays and “strings” attached to that process. The AOA now will provide support for ABMS certified physicians to bypass the previous difficulties that osteopathic physicians who obtained “outside” training faced to be part of the profession. AOA membership is a prerequisite to specialty and subspecialty certification. The Specialty College (ACOP) controls the training approval process and enables candidates, through this approval, to be eligible to take the AOBP certifying examination. The actual certification is approved by the AOA's Bureau of Osteopathic Specialists (BOS) upon recommendation of the American Osteopathic Board of Pediatrics (AOBP), which determines initial board eligibility and administers the examination process. The ACOP process of reviewing training has not changed. The ACOP allows membership regardless of which certification, AOBP or ABP (ABMS), the candidate has obtained. However, for ABP certified members to obtain AOBP certification, they must go through the same primary certification process of having their training approved and then taking the certifying exam. The ABP and the AOBP do not accept, nor do they see, each other's certification as interchangeable. Having primary certification by the AOBP will only qualify you for AOBP recertification. The AAP has just passed a resolution to allow AOBP certified pediatricians to become members of the AAP. This does not entitle osteopathically trained pediatricians to sit for the ABP certifying or recertification exam. In the allopathic world, certification and membership are separate and distinct. In the osteopathic world, they are tied together.

Catching Up with an Old Friend

By Leonard P. Fries

Stewart Hinckley, Executive Director, recently caught up with Len Fries. For those of you who remember him, the following article will be of interest.

Because of a heart problem and my wife's health problems, I retired in 1983 from Ross Laboratories. By golly, if we had a child it would be a full grown adult by now! Ross wanted me to continue as a consultant in a number of activities like going to special meetings — the AAP and especially the ACOP. (I would have fought for that!) That was a good deal...getting paid to consult with people whom you really liked and with whom you enjoyed their company. During that time, I continued to help set up the ACOP meetings because of my national association with academicians from the various medical schools. Sometimes, it was necessary to lecture them on what DOs were in the early days. I can remember having to quote the educational requirements and especially the board certification requirements, which were much tougher than what the MDs required. Some of the earlier friends were: Leo Wagner, Bill Spaeth, Otto Kurschner, Arnold Melnick, Harold Finkel, Ernie Talone, and Gordon Lerch was a student at 20th and Susquehanna, the old Women's Homeopathic Hospital. Many years later, Gordon asked me if I would consider working for the ACOP, but I was tied up at the time.

Some of the things with which I was involved were setting up the academic programs, getting the speakers, providing grants for the meetings, luncheons, welcoming cocktail parties, providing the President's Plaque, helping to put out the program, providing transportation for speakers, designing the ACOP logo, and working with the *Maternal and Child Health* publication (that was started by two guys named Arnold Melnick and Harold Finkel.)

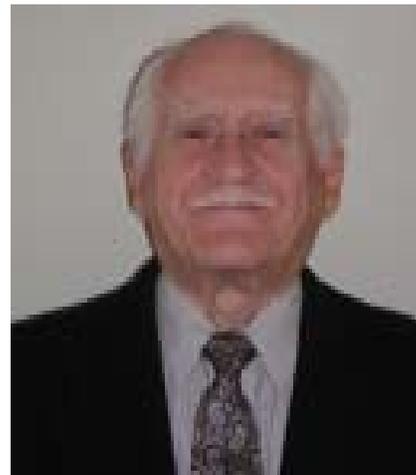
When I think back to those days, it was one marvelous group of friendly people who were more like brothers and sisters than professional colleagues. I guess that size, lack of help from other sources and the fact that your profession had to do everything on its own with no help from other sources, were

the factors that produced this feeling. I do remember that we were the *ONLY* company to participate in the early days of DO meetings. NO other formula companies did. The first time I attended a meeting was in 1951 in Harrisburg. Dr. George Steinman was *the man* there! To be honest with you, I did not know what a DO was! I thought they were more advanced chiropractors! That all changed.

I doubt very much everyone realizes what a marvelous job the earlier DO pediatricians did — and what a hard job it was! You fellows worked against great odds. I remember talking to Waldo Nelson, MD, at St. Christopher's Hospital for Children, Joseph Stokes, MD, at Childrens Hospital of Philadelphia, Carl Fischer, MD, at Hahnemann Medical College, Hans Keitel, MD, at Jefferson Medical College, to get them to allow their academic people to talk to your group. One of them, William Rashkind, MD, gave a talk on the heart balloon procedure almost before any other group had even heard about it! Tom Santucci and a few others, used to sneak into the Children's Hospital of Philadelphia grand rounds on Fridays and at the AAP meetings, they would come to our hospitality suite and ask not let it be known that they were DOs. Your group literally fought to gain knowledge and expand to what you have today. I will tell you, your pioneers were terrific! I visited every DO school to see what was going on. In the early days, many of them were hanging on by their shoe-strings.

It was very rewarding to be made an honorary DO and member of the ACOP, and to have the pediatric student award at Michigan State University College of Osteopathic Medicine called the "Len Fries Award"! My hat is off to the men who made the ACOP what it is today!

In 1982, Don Doty, the Vice President of sales for Ross asked me, "Len, did you



ever hear of the Irish and American Paediatric Society?" I told him, "No." Then I got involved with that, too. Since I was retired and they were aware of my past activities with you folks and other organizations, they asked me to become the Executive Secretary-Treasurer. Shortly after that, they made me Executive Director. At that time there were about 100 active members-and only two DOs, J. K. Martin from Avondale, AZ and another fellow whose name I think was John Meehan.

At the beginning, it was "chowder society" mostly because they had an opportunity to go to Ireland every other year. We fixed that-now there are 750 members and great meetings. There are seven deans of medical schools, over 100 full professors. I could go on. The meetings are half-day scientific and half-day with great social programs, touring castles, seeing Irish dancers, or whatever. Every other year it meets in Ireland or Northern Ireland and in the alternate year, the U.S. or Canada. Now, I am retired from that stuff too!

Stay in touch! My email address is lenfries@bellsouth.net and my mailing address is listed in the members section of the ACOP website.

PLAN		<p>ACOP Spring CME Conference April 15-17, 2005 Swissôtel • Chicago, IL</p>	NOW!
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ACOP Student Update

By Tom Reynolds, MSIII

Greetings from Portland, ME. My name is Tom Reynolds; I am a third year student at UNECOM and I will be serving as the voice of the students on the ACOP Board of Trustees until the Fall of 2005. I've met a few of the great ACOP student members out there at the various COMs, but there are plenty more out there that I'd like to meet over the course of the next year. You will be hearing more out of me as the year progresses, but I'd like to make this a two-way street and hear a lot out of you as well!

As you may or may not know, I took over for Cassandra Eakin, who served as the very first ACOP student trustee over the last year. While both her and my term's efforts require a fair amount of logistical work as the student membership is accounted for and introduced to the benefits of the national organization, we both agreed that a very important issue for the ACOP is the promotion of research at the student level.

One of the goals mentioned at the AOA annual research conference in San Francisco was the need to place more emphasis on research during the pre-doctoral educational period in order to create more physician-sci-

entists within the profession. This is an idea that I am personally very interested in and have decided to use part of my time as the ACOP student trustee to promote interest and activity in research at the student level.

One of the current projects we already have underway is the student and resident research forum that occurs at each of the ACOP Fall and Spring Meetings. Another potential addition to this would be a pediatric journal club at which different chapter members could present various studies they've read recently. As a field, there also needs to be more osteopathic research mentors for our students as well. We can promote this at each of our schools in the hopes of developing more time in the curriculum to learn about and participate in the research activities that can and should be happening at all of our schools. There is no end to the way research can be developed at the medical school level; the importance of expanding research, especially in osteopathic and pediatric medicine, cannot be understated!

I will work hard for the student members of the ACOP as your student trustee this year. I hope that all of you are as excited as I am about pediatrics. I want any and all of you to be able to reach me at any time



Tom Reynolds, MSIII

with questions or concerns about the ACOP and the future of pediatrics. Please feel free to email me at treynolds@pipeline.une.edu. I'm looking forward to a great year working with all of you...Happy New Year!

Membership

The College is actively seeking to extend membership to over 600 resident members of the American Academy of Pediatrics (AAP). The College is also extending membership to qualified past and present members of the AAP.

Obituary

Mischa F. Grossman, DO, FACOP, of Marlton, NJ, an active member and past president of ACOP, died September 23, 2004, a loss, according to Arnold Melnick, DO, FACOP, that "was organizational as well as personal." He was 78.

At the time of his death, he was Clinical Professor of Pediatrics at the School of Osteopathic Medicine of the University of Medicine and Dentistry of New Jersey, a post he held for more than 25 years. Throughout a distinguished career in pediatrics, he maintained a private practice in addition to his organizational involvement. Active in the Kennedy Hospital System, he served as Chairman of Pediatrics at Cherry Hill Medical Center, starting in 1963, and was a staff member of Metropolitan Hospital in Philadelphia for many years. He also held posts in pediatrics as Instructor at Jefferson Medical College, Clinical Associate Professor at the Philadelphia College of Osteopathic Medicine, and Affiliate at Children's Hospital of Philadelphia.

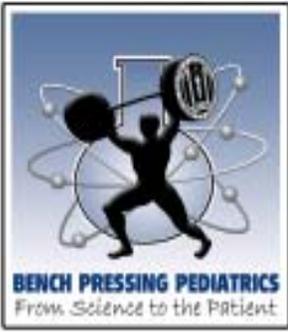
Mischa was active for a number of years in ACOP, ascending through the chairs, and being elected President in 1967. In 1968, he became a Fellow in ACOP.

He received his AB degree from the University of Pennsylvania in 1948, and his DO degree from PCOM in 1952. He accomplished his basic training in pediatrics at Metropolitan Hospital and was certified in 1963.

He is survived by his wife, Joyce, two daughters and three grandchildren.

Commented Past President Martin A. Finkel, DO, FACOP, a colleague at UMDNJ-SOM, "I always knew him as a kind, competent and caring clinician." Past President Melnick added, "My memory of my close friend Mischa is a soft-spoken, unassuming gentleman, with splendid pediatric talents and a real devotion to ACOP."

ACOP 2004 Fall Meeting Highlights



Jay Greenspan, MD



President-elect Lee Herskowitz (left), thanks Dr. Steven Snyder for his leadership and service as the ACOP President.



Ronald J. Librizzi, DO



Peter Gottlieb, DO



Board of Trustees are sworn into office



Dr. Snyder thanks Dr. Natalie Hayes, Resident member of the Board of Trustees, for her service.



Dr. Stan Grogg (left), is thanked by President Snyder for his service on the ACOP Board of Trustees. Dr. Grogg, Immediate Past President, has rotated off the Board, but is still very active in the College.

Dr. Cyrus, CME Director (right), thanks Dr. Michael Hunt, 2004 Program Chair, for his efforts in developing excellent programs this year.



Fall Conference Huge Success

The ACOP once again concluded a successful Fall Conference, this year in conjunction with the AOA. The meeting was held in San Francisco in November, with a splendid education program chaired by Michael Hunt, DO.

Dr. Hunt arranged 17 different presentations, including five outstanding guest speakers: Peter Gottlieb, MD; Timothy A. Steele, PhD; Harold J. Farber, MD; Robert B. Belshe; and Astrid Heger, MD.

In addition to a number of DO speakers, highlights of the conference included two Resident presentations.

The day prior to opening of the convention was devoted to the annual perinatal meeting and featured Ronald Librizzi, DO, a perinatal speaker. That was followed by the ACOP Board of Trustees Dinner and meeting.

Board of Trustees Considers Joint Meetings

The ACOP Board of Trustees met in San Francisco on November 7, 2004. The Board is considering joint membership options with another subspecialty, possibly the American College of Osteopathic Internists (ACOI).

The Board also voted to move the business meeting to the 2005 Spring Meeting in Chicago, IL, and to implement new timelines for meeting brochure development.

There is a great deal of interest on the part of the ACOP Board and the AAP to have a joint meeting, possibly as soon as the spring of 2006. The frequency of future AOA joint meetings would depend on the response and interest of ACOP members.

Locke Selected for Fellowship

Robert G. Locke, DO, FACOP, is one of 33 physicians in the country who has been selected for the 2005 Department of Health and Human Services (DHHS) Primary Health Care Policy Fellowship. The application included an assessment of Dr. Locke's professional leadership experience, commitment to primary health care, ability to work in health professions teams, ability to achieve professional results in advocating primary health care, policy formulation and implementation experience, and years of health professions experience. Dr. Locke was nominated by the ACOP Board of Trustees.



ACOP would like to thank the following supporters for a very successful Fall 2004 educational program:

Ross Products Division,
Abbott Laboratories, Inc.
Mead Johnson Nutritionals
Eli Lilly
Medtronic MiniMed
GlaxoSmithKline

Numbers to Think About

Here are some numbers to worry pediatricians:

14,000

adolescents are overweight

500,000

teenagers a year deliver a baby

400,000

of those teenagers are unmarried

375,000

new cases of gonorrhea reported each year in adolescents

10,000

adolescents a day contract a sexually transmitted disease

3,000

teenagers (at least) commit suicide each year

300,000

poisonings a year are reported in children and adolescents

30,000

estimated reported cases of incest in teenagers a year



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Deadline Sensitive Notice from AOA **AOA Council of Young Physicians**

President George Thomas, DO has dedicated his year to patient based quality health care. This is an issue that has always been true to osteopathic physicians and the certain way of the future for standardization of healthcare. The American Osteopathic Association Council of Young Physicians is taking Dr. Thomas's challenge and pushing forward his message to our profession and our country.

Young physicians today are a very visible and integral part of the American Osteopathic Association (AOA). Many of them serve in vital roles for their state, specialty society, and the AOA. Young physicians comprise forty percent of our profession and the federal government estimates that the osteopathic profession in the year 2020 will be about 82,000 in numbers, making young physicians the majority.

Through the AOA's efforts, we have more young leaders in our profession. Student leaders are emerging every day and continuing to be leaders at the intern/resident level. After residency, these leaders are eager to serve our profession and it is now our job to keep these individuals involved in our profession and resolve many issues that arise in the first years of practice. Young physicians can truly be ambassadors for the future of our profession that encounters new changes and regulations every day.

The AOA's Council of Young Physicians has now established itself as a strong central organization ready to help all of our profession's young physicians. We had our first meeting along with the AOA Annual Conference and Scientific Seminar in San Francisco, CA, which was attended by delegates from different states and specialty colleges. To continue this great growth of young physician leadership, the Council and the AOA need your help. To expand our message we need to establish a young physicians committee in every state and specialty society. We already have great local young physicians committee in place and the young physicians of these organizations are already benefiting.

We need you to forward to us the names and contact information of one or two young physicians in your society that will be interested in being your young physician leader and establishing a committee or sub committee in your organization. Your help is vital to the success of this process and in building a stronger profession. *Please make your submissions no later than January 14, 2005.*

Please forward the information to cbaggett@osteopathic.org or to the address above, attention to the Council of Young Physicians. We thank you in advance for your efforts.