The University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa, is seeking application and nominations for the position of Dean for the College of Osteopathic Medicine and Surgery (COMS). Under a new President’s leadership, the University is developing an administrative team with a strong emphasis on academic and clinical excellence with attention to student needs.

The Dean of COMS will report directly to the senior academic officer of the University and will also serve as an assistant to the President. Candidates must possess a D.O. degree and medical board certification. In addition, a thorough understanding of primary care is desirable. The successful candidate should possess expertise in medical curriculum development and implementation, demonstrated excellence in clinical training and patient care, and outstanding leadership and communication skills.

The College of Osteopathic Medicine and Surgery is the second oldest and second largest osteopathic college in the nation. By enrollment, the college ranks among the 15 largest medical schools in the United States. Current enrollment is 800, with an alumni body of approximately 5,500. In addition to osteopathic medicine, the University offers degree programs in podiatric medicine, physical therapy, physician assistant and health care administration. Total University enrollment is 1,350.

Nomination, inquiries, and applications with curriculum vitae and the names of four references will be treated confidentially and should be directed to:

Gary Hoff, D.O.
Chairperson, Dean Search Committee
c/o Craig A. Canby, Ph.D.
College of Osteopathic Medicine and Surgery


text continues
tion. Mortality and readmissions are monitored for all diagnoses by the various quality assurance committees. No changes occurred in mortality or readmission statistics, as mentioned in the article.

The variances monitored were used as surrogate markers to good patient care as defined by the pathway. The pathway guidelines were based on the current literature and the consensus of expert opinion. You mentioned that the increased use of ultrasound and computed tomography with regard to patient outcomes has no documentation in the literature. As such, the physicians who developed the pathway guidelines based the decision to include these parameters on their expertise. Our study did not evaluate whether such inclusion was a good decision based on patient outcomes.

The argument for increasing the utilization of carotid ultrasound was based on the need to identify critical stenosis as soon as possible, thereby, intervening with endarterectomy prior to a future cardiovascular event. During the pathway development phase, a retrospective chart review of stroke patients was performed to see the percentage of patients thought to have carotid disease which would suggest the need for an ultrasound. The results were discussed with the neurologists who agreed that approximately 90% of our patients had indications to undergo carotid ultrasoundography. For efficiency, the task force suggested all patients admitted for acute cerebrovascular accident (CVA) should undergo carotid ultrasoundography. The standing orders were not included in our article; however, if a carotid ultrasound was performed within 3 months, it is not repeated. Instead, the patient’s ultrasound report is placed in his chart.

The scan may not show changes of cerebral infarction for 24 to 48 hours from the time of the ischemia. The first scan was taken primarily to rule out a hemorrhage. The second one was taken to assist in a diagnosis—if the first scan was negative. This second scan was also used to see if there was extension of the stroke. As such, it was used to define a patient with “progression of CVA.”

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CME quiz discussion

The following answers/discussions relate to the quiz appearing in the October 1997 issue of JAOA.

1. (c) Briminodine shows an increased selectivity for α2-adrenoceptors, and this helps in decreasing its incidence of allergic reaction.

2. (b) Latanoprost causes a darkening of the iris color by increasing the number of melanosomes in hazel or mixed-color irides.

3. (b) Fluconazole causes leukopenia.

4. (d) Decreasing the dose of fluconazole reduces gastrointestinal distress. Rarely does fluconazole need to be discontinued because of gastrointestinal distress. Instead the dose should be decreased.

5. (d) Alcohol use disorders in US elders (>65 years) are predominantly manifested by atypical physical and psychological consequences. The prevalence of alcohol use disorders in the community elders is 3% to 5%, and in the family practice setting, 5% to 33%. Elders are more likely to be adversely affected by alcohol use disorders than younger adults owing to drug interactions, limited reserve in cognitive and physical functioning, and a higher blood alcohol level for the amount consumed due to a smaller volume of distribution. Although the Alcohol Module of the Diagnostic Interview Schedule is often considered the gold standard for diagnosis of alcohol use disorders, many of its criteria may not apply to elders who are often retired, widowed, or separated from other family members. In addition, withdrawal symptoms may be difficult to assess in elders. Previous studies have shown that physicians diagnose only about 30% of elders with alcohol use disorder.

6. (e) Both the CAGE and the AUDIT may be useful in screening elders for alcohol use disorders. In addition, NIAAA criteria for excessive alcohol consumption in elders may be a useful clue to those with alcohol use disorders.

7. (c) Although transmission of the infectious form of the coccidian or microsporidian agents of intestinal disease can theoretically be transmitted via food, only Cyclospora has been reported as having a strong association with this mode of transmission.

8. (d) Although light microscopy coupled with other techniques, such as histologic examination (plastic-embedded sections, etcetera), touch preparations of biopsy materials, and cytospin preparations, will demonstrate the spores of a microsporidian, more refined procedures are required for identification of the species level.

9. (c) The microsporidian is unique in terms of host entry. The polar tubule everts in proximity to the host cell. On contact with the receptive host cell, an entry channel occurs, and the parasite protoplasm enters the cell to initiate the parasitic process.

Letters continued

Appropriate utilization of telemetry beds affects the patients who require their use more than the outcome for the individual stroke patient. Timely referrals to rehabilitation allow patients to begin a functional improvement program that much sooner. It takes the patients off the general medical floors sooner and (theoretically) also decreases their risk for nosocomial infection, aspiration, deep vein thrombosis, and contractures.

All patients' functional status is monitored by healthcare personnel in the Department of Physical Medicine and Rehabilitation. Again, because this monitoring was not directly implemented as a result of the pathway, we did not report on it. The functional improvement measure scores did not change significantly the year before the pathway was implemented compared with the year after the implementation.

I also think that most physicians want to practice good quality care. Information can be relayed to physicians, and we generally adhere to it. The difficulty lies in getting us busy physicians to "hear" the information—and to remember it. Educating physicians requires frequent reminders. With time, change does take place. Many physicians still refuse to attend educational meetings these same physicians' patients have the greatest lengths of stay and their doctors have the poorest utilization. Nevertheless, I am sure that in their minds, these physicians desire to practice good quality care.

The length of stay during our study period remained higher than was our goal because the patients stayed in the hospital while receiving no interventions. In my opinion, this is poor utilization and puts such patients at risk for further problems that can occur with prolonged length of stay. The question then becomes, "Is poor utilization poor care?"

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