Message From The President...

As you know, Las Vegas will be the host city for the 1988 Annual Meeting of the American Osteopathic College of Dermatology. The meeting will again this year be held in conjunction with the 93rd Annual Convention & Scientific Seminar of the American Osteopathic Association December 4-8, 1988.

President elect, Dr. Lloyd Cleaver is serving as program chairman and is in the process of organizing an outstanding educational program. If you would like to present a paper at this meeting, please contact Dr. Cleaver as soon as possible.

The American Osteopathic Board of Dermatology will conduct certification exams on Sunday (12/4) beginning at 9:00 a.m. at the Las Vegas Hilton.

The didactic sessions begin on Monday (12/5) at the Las Vegas Convention Center and continue Tuesday and Wednesday.

Social events will include the Annual Reception sponsored by C & M Pharmacal and the Annual Dinner sponsored by Stiefel Laboratories. Both will be held Monday evening.

The Annual Luncheon sponsored by Westwood Pharmaceuticals will be on Tuesday (12/6). The AOCDD Annual Business Meeting will immediately follow the Luncheon.

Vice President Dr. Eugene Conte is in charge of financial support (primarily from pharmaceutical companies) to the College this year and reports that contribution are much lower than in past years. A list of supporters to date is listed in this issue of the Newsletter. Members are urged to thank representatives from these companies who call on them and to encourage those who are not on the list to help out even if it is only $50 or $100!!!

The AOCDD Central Office in Atlanta continues to receive almost daily inquiries about the availability of Dermatology training programs. Members should remember that board certified dermatologists (both D.O. and M.D.) with five years of clinical practice may be eligible to offer a training program. Detailed information is included in your AOCDD MEMBERSHIP DIRECTORY or you may call the Central Office.

One more reminder on this year’s Annual Meeting. Tickets for the Annual Dinner will be collected at the door. AOCDD members are asked to please register their wives and guests for this function when they register for the meeting.

You will be receiving additional meeting information over the next few months from both the AOCDD and the AOA. Be sure to register and make your hotel reservations early.

Las Vegas is a fantastic vacation and entertainment center and I'm sure you won't want to miss out.

Fraternally,

Steven C. Roberts, D.O.
President
American Osteopathic College of Dermatology

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

1987-88 OFFICERS

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The AOCDD Newsletter is the official publication of the American Osteopathic College of Dermatology. It is published quarterly.

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LETTERS

Dear Gene:

Enclosed please find our check in the amount of $25 to be used towards the advancement of programs of the College. I hope this contribution will be of help to you in your efforts.

Sincerely,
Arnold L. Schroeter, MD
Professor and Chair
Department of Medicine
Wright State University
Dayton, Ohio

---

News From

Our Members...

DR. LAURA BENEDETTO has been appointed Chief Resident at Wayne State University in Detroit, MI.

DR. HOWARD M. GOLDMAN has had published a paper in CUTIS magazine (5/88) entitled "An Unusual Cutaneous Reaction Secondary to Allopurinol."

---

CONGRATULATIONS!!!

Congratulations to the following who received board certification approval from the AOA Board of Trustees in February.

Roxana Chapman-Winokur, DO
James Q. Del Rosso, DO
Neil F. Eaglestein, DO
David K. Eslicker, DO
Shelly A. Friedman, DO
Stephen M. Purcell, DO
Howard D. Solomon, DO

AOA ESTABLISHES FIRST DERM FELLOWSHIP

DR. Angelo Mancuso reports that approval of a Dermatologic/Cosmetic Surgery Fellowship has been approved by the American Osteopathic Association. The program will commence in August, 1988, and will be affiliated with Pontiac osteopathic Hospital in Pontiac, MI.

The Following Are Doctors Interested In Establishing A Dermatology Training Program:

Gary Heller, D.O.
7800 66th St. N
Suite 202
Pinellas Park, FL 34665

Jafar Koupaei, M.D.
95 Washington St.
Canton, MA 02021

John VonWeiss, M. D.
107 Highland Ave.
Salem, MA 01970

---

Education Evaluating Committee Report

James D. Bernard, D.O.
Chairman

All residency and preceptorship reports (i.e. trainee and/or trainer reports) should be sent to the AOA Department of Education by September 15, 1988.

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HAVE A NICE SUMMER!
ADD TO YOUR DIRECTORY

TRaineE
ERIC SEIGER, D.O.
25548 West 12 Mile #106
South Field, MI 48034

TRAINER
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1620 Hamilton Street
Allentown, PA 18102
(215) 435-7546

TRAINING PERIOD
7/1/88 - 6/30/91

Editorial Committee
Shelly A. Friedman, D.O.

We have established the Koprince Korner named in honor of Dr. Daniel Koprince. The "Korner" will print "pearls" based on personal experiences in Dermatology and cutaneous surgery submitted by members of the AOCD.

This is a great opportunity for you to share your experiences with others in the College...just submit your "pearls" to me or Dr. James Del Rosso for placement in the next AOCD Newsletter.

Deadline for the next issue is August 25th.

Contributors To

The AOCD
1988 Annual Meeting
(as of July '88)

C & M Pharmacal
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SUPPORT THOSE COMPANIES THAT SUPPORT YOUR COLLEGE!

AOCD Membership Dues
Due July 1
Congress To Regulate Physician Labs

Congress is seeking to regulate the nation's 90,000 independent hospital and physician office labs as a result of testimony heard at recent congressional hearings. In its continuing efforts to ensure a standard quality of health care, Congress is assessing the quality and accuracy of medical lab tests. Attention is also focusing on "questionable financial arrangements" between laboratories and physicians.

Health Care Financing Administration (HCFA) chief William Roper announced plans to release guidelines this month aimed at enhancing the performance and practice of the 12,000 labs which participate in Medicare and Medicaid. The new rules reportedly will address proficiency testing, personnel standards and lab quality assurance.

To compliment these initiatives, Congressmen Ron Wyden (D-OR) and John Dingell (D-MI) plan to introduce legislation which would mandate that all laboratories meet uniform federal standards for test quality and practice patterns. The legislators may also seek to widen public access to data on accuracy.

PMIC/RRG OBTAINS RENEWAL ON REINSURANCE

Mr. Glenn Jourdon, president of Professional Mutual Insurance Co/Risk Retention Group which provides medical liability to approximately 95% of Georgia's D.O.'s, announced the renewal by Lloyds of London of reinsurance for the carrier.

A preliminary agreement was reached on providing coverage for prior acts. They are:

Coverage will be provided to previous policyholders of PMIC who are presently insured by the new company.

A special prior acts endorsement will be attached to the active policy.

The available limits of liability per claim will be the lower of the limits stated in the current policy, or the limits carried on the last policy with PMIC.

Insureds will pay a separate premium for three years (five for OB.) The premium may be increased or decreased each year based on the loss experience. Upon payment of premium for the third year (or fifth year), the prior acts coverage will be indefinite.

Coverage will be effective after October 9, 1988, or after the last reporting date set by the Court for PMIC liquidation. It will NOT include any claims reported to PMIC BEFORE liquidation.

A new procedure for payment of contribution to surplus has also been implemented. New insureds will be allowed two years to pay their contribution to surplus. Sixty percent will be due the first year and forty percent due the second year. A $2,000 surplus will be the minimum amount eligible for this payment plan.

Pros To Score Doctors

The Health Care Financing Administration (HCFA) has developed a new scope of work for peer review organizations in the third contract period. It provides for a new, detailed quality review system and increases review outside the hospital.

Under the new work plan, PROs will assign numerical severity ratings to each kind of problem they detect. They will identify the responsible hospital or physician in each case and keep scorecards reflecting quality problems. Certain scores will trigger reactions ranging from educational efforts to notification of state licensing boards and sanction recommendations. The scorecards will record three categories of severity, which will be differentiated by the potential for significant adverse effects on the patient.
The intent of this report is not to outline the guidelines set up by the American Osteopathic College of Dermatology (AOCD) for residency training, this can be found in the American Osteopathic Association Yearbook and Directory of Osteopathic Physicians. It will, instead, attempt to lend insight as to how one may gain recognition by their hospital that dermatology is important and could increase profits from the hospital's standpoint.

The logistics of starting a hospital funded dermatology residency are many. It is by no means an easy or overnight task. The residency at Grandview Hospital took me at least three years of planning, including the approvals for funding by the hospital committees, AOCD and the AOA.

When I came to Grandview Hospital in 1983 and set up my private practice I also immediately set up a Dermatology Clinic in the hospital's outpatient clinic area.

You must try to have a hospital/outpatient Dermatology Clinic. Our Clinic runs from 8 a.m. to 11 a.m. every Friday.

Following Clinic I set up a weekly lecture series with 52 lectures a year that are approved for Category I-A. (Begin to develop an active teaching program).

By conducting a weekly clinic and lecture at the same time you create what I call "Derm Awareness". It catches on like wildfire because students, interns and residents will be the clinics largest referring base. Attendings and primary care may come later.

One may ask, "How does the hospital profit"? The hospital bills each clinic patient a facility fee for the use of the clinic. The hospital also generates funds from laboratory and pathology within the clinic. The Dermatologist functions as a consultant and bills for his or her own services.

The Dermatology Clinic has skin cancer screening days throughout the year, including National Skin Cancer Week. The advertising is done under the auspices of the hospital so that they get the P.R. and your clinic gets the patients.

The Dermatology Clinic also provides phototherapy, both inpatient and outpatient. The hospital profits from selected inpatient cases that need dermatologic care.
It will also be beneficial to you to affiliate with any other university based dermatology program that may be in your geographic area. Obtain faculty positions with academic rank and become actively involved in their training program, to the extent that your time permits.

Once you have accomplished the above guidelines and have written your program following the AOA guidelines, you are prepared to approach your hospital for a funded position for a dermatology resident and begin the process of hospital approval. This procedure may vary with each institution.

Important people to write at your hospital to let them know of your intention to submit a program so that there are no surprises are:

   a) Chief of Staff  
   b) Department Heads—Medicine, Surgery, etc.  
   c) Director of Medical Education  
   d) Hospital President

Meet with the Director of Finance and outline for him how the dermatology resident will generate income for the hospital in excess of the expense of his funded position.

Once your hospital has approved your program in regard to funding, it must be submitted to the following committees, in sequential order:

1) AOCd Education Evaluating Committee  
2) COPT (meets three times annually)  
3) AOA Department of Education  
4) AOA Board of Trustees (meets two times annually)

The above process may take as long as two years for final approval.

Hopefully, the above steps will be helpful to those individuals who are willing to commit the time and effort necessary to develop new residency training programs in Dermatology.

Obviously, all facets of instituting such a program cannot be covered in such a short synopsis and if questions abound, contact me and I will try and lend some help.

Eugene T. Conte, D.O.  
Chairman, Dept. of Dermatology  
Director, Residency Training Program  
Grandview/Southview Hospitals
MEDICAL NECESSITY FORM FOR NON-PARTICIPATING PHYSICIANS

Under Medicare Law, non-participating physicians who do not accept assignment for a given procedure can be required to refund fees collected from patients, if services are subsequently deemed "medically unnecessary." Explaining such "medically unnecessary" charges and refunding payments to patients can place doctors in a rather uncomfortable and misleading position.

Medicare does state that doctors are not required to refund payments if the patient signs a release form prior to the service.

To avoid such misunderstandings, non-participating physicians may use the "Medicare Medical Service Agreement" below under the following conditions:

1. You can modify the form, but the specific procedure must be designated and the form must be provided prior to rendering care and must be completed each time the service is performed.

2. This form cannot be used as a "blanket release;" that is, doctors should use the form only in those cases where you expect an adverse determination.

SAMPLE

MEDICARE MEDICAL SERVICE AGREEMENT

PATIENT NAME ________________________________

PHYSICIAN ________________________________

SPECIFIC MEDICAL SERVICES ________________________________

DATE MEDICAL SERVICES WILL BE PERFORMED ________________________________

As your physician, I am required by Medicare Law to inform you that the services listed above may not qualify for payment by Medicare. Generally, Medicare will not pay for these services if they are deemed "medically unnecessary." Unfortunately, under government guidelines it is not always possible to know in advance which services could be denied reimbursement based upon "medical necessity."

I believe these services are appropriate based upon your medical history and/or you have specifically requested these services. However, for your protection and mine, I ask that you sign this form acknowledging that you agree to pay for these services even though it may later be determined that the services do not qualify for reimbursement under Medicare.

I ASK THAT THE ABOVE MENTIONED PHYSICIAN PROVIDE THE ABOVE-REFERENCED MEDICAL SERVICES. I AGREE TO PAY THE PHYSICIAN EVEN THOUGH MEDICARE MAY LATER DETERMINE THE SERVICES DO NOT QUALIFY FOR REIMBURSEMENT BECAUSE OF MEDICAL NECESSITY.

Patient's Signature __________________________ Date __________
THE KOPRINCE KORNER
Clinical "pearls" in Medical & Surgical Dermatology

The editors of The Koprince Korner, named in honor of Dr. Daniel Koprince, invite all members of The American Osteopathic College of Dermatology to submit "pearls" based on their personal experiences in dermatology and cutaneous surgery. Such "pearls" may include clinical observations, diagnostic suggestions, positive or negative experiences with different types of equipment, anecdotal successes with the treatment of skin disorders, surgical tips or methods etc.. WE NEED YOUR INPUT !!
The Koprince Korner will be distributed to you with the AOCD Newsletter.

We are hoping that by sharing ideas with one another, the result will be better care for our patients. Please make it your business to contribute. Submit your "pearls" to either Dr. Shelly Friedman or Dr. James Del Rosso.

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A Few Reasons Why Some Physicians Are Starting To Think About Practice Management

Nancy Gardner

Doctors in this country wish they were busier. At least they do according to a Continuing Survey conducted by Medical Economics and published last December, which attempted to collect information about physician productivity. The results were not all bleak, yet they do explain why more and more doctors are thinking about "practice building," "practice enhancement," or simply, "practice management" these days. For example:

* 45 percent of doctors surveyed in 1987 said they weren't practicing at full capacity.†
* Between 1976 and 1986, the number of DOs and MDs jumped 44 percent, although the US population increased by only 11 percent. Consequently, the number of potential patients per doctor sank from 709 in 1976 to 546 in 1986.
* Median office visits per doctor increased slightly during 1986-87 — from 102 to 106.
* During the past decade, median annual gross receipts grew by 92 percent, keeping pace with the 90 percent increase in the Consumer Price Index. Yet the "cost" was high: physicians fees skyrocketed by 126 percent during this period. In addition, inflation appeared to eat up most income gains.

If you’re one of the fortunate 55 percent who feels content with the number of patients you see each week and confident that this level of productivity will continue indefinitely, congratulations! On the other hand, if you’re interested in finding out more about practice building or practice management, you can start the ball rolling by evaluating your current situation:

(1) What type of patient should you be targeting for your practice? Be specific about geographic, demographic, and psychosocial characteristics. What are the needs of each of these target groups and how can you satisfy those needs?‡

(2) How do these target patients make healthcare decisions?

(3) Do you have any idea about the current level of satisfaction of your patients or potential patients?

(4) Who are your direct or indirect competitors? Do they appear to have particular strengths or weaknesses? Promotional strategies?

(5) Do you cultivate referrals from other physicians, pharmacists, current patients, etc.?

(6) Is your staff properly trained, motivated, and evaluated? Do you observe them interacting with patients? Do you conduct staff meetings focusing on staff/patient relations?

(7) Have you set up satisfactory procedures for handling complaints?

(8) Are your patients able to see you close to the time of their appointments or do they routinely have to wait a long time?

(9) Do you have office hours at times of the day and week which are compatible with your patients’ needs?

(10) Is your office easily reached by public and private transportation? Do you have sufficient parking? Access for the handicapped?

(11) Does the physical environment of your office or clinic communicate warmth, relaxation, efficiency? Is the decor contemporary or slightly out-of-date?

Once you have completed the questions in this preliminary public relations "audit," you have already engaged in the first steps necessary for practice management and practice building.

Nancy Gardner is the Public Relations Field Coordinator at the AOA. To obtain materials and information necessary for promoting your practice, you can contact her at 312/280-5855.


collegene-news

UMDNJ/SOM

Dr. Grossman Is Appointed To Study Surrogate Parenthood

Michael Grossman, D.O., of Cherry Hill, has been appointed to a task force that will study surrogate parenting and other controversial new means of bearing children. Dr. Grossman is associate professor of clinical obstetrics and gynecology at the University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine, Camden and Stratford.

The New Jersey State Bioethics Commission appointed 20 experts to the Task Force on New Reproductive Practices. The Task Force, which met for the first time on March 16, is required to report to the Legislature within six months on the issue of childless couples paying surrogates to carry children for them. The New Jersey Supreme Court declared the practice illegal recently in the celebrated “Baby M” case, but ruled the Legislature may “deal with the subject as it see fit.”

Six members of the new Task Force are also members of the bioethics commission. The other 14 were recruited from the medical and mental health professions, religion, law, social services, counseling, and human services.

Dr. Grossman is also director of outpatient obstetrics and gynecology clinics at Kennedy Memorial Hospitals/University Medical Center, core teaching hospital of UMDNJ-School of Osteopathic Medicine.

A recognized expert on sexual child abuse, Dr. Finkel spearheaded the development of the Camden County Coalition Against Sexual Abuse of Children, which coordinated and mobilized county resources to combat the problem. He sees more than 400 victims of sexual child abuse in his practice each year as primary medical consultant for the State of New Jersey’s Division of Youth and Family Services.

Dr. Finkel also developed New Jersey’s first conference on sexual abuse of children for medical, legal, social work and law enforcement professionals. The conference is now an annual event. Dr. Finkel is a commissioner of the Children’s Trust Fund. The trust fund is used to develop programs to prevent child abuse in New Jersey.

In 1986, the New Jersey State Department of Health awarded a grant to Dr. Finkel to enable him to develop uniform procedures for handling victims of suspected child abuse in hospital emergency rooms.

Dr. Finkel is a graduate of Millersville State College, Millersville, Pennsylvania. He earned his osteopathic medical degree at the College of Osteopathic Medicine of Michigan State University, East Lansing. His internship and pediatric residency were spent at Doctors’ Hospital and Children’s Hospital, both in Columbus, Michigan.

Dr. Finkel is certified by the American College of Osteopathic Pediatricians. He is a popular lecturer and has authored numerous scientific publications on various childhood disorders.

Child Abuse Expert Is Appointed By Governor

New Jersey Governor Thomas H. Kean has appointed Martin A. Finkel, D.O., of Cherry Hill, to the Governor’s Task Force on Child Abuse and Neglect. Dr. Finkel is associate professor of clinical pediatrics and acting chairman of Pediatrics at the University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine, Camden and Stratford.

Conference On Caring For Patients With Dementia Set

An all-day conference for health care professionals charged with the care of patients with Alzheimer’s Disease and other forms of dementia was held on May 23 at the Sheraton Poste Inn, Cherry Hill. The University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine and the New Jersey Department of Health are sponsors.
"Osteopathic Medicine Salutes the Nation's Seniors" is the theme for National Osteopathic Medicine Week, September 25-October 1, 1988. This theme links the osteopathic profession with the largest and increasingly influential group of healthcare consumers in the nation, those age 65 and over.

The American Osteopathic Association encourages D.O.'s throughout the U.S. to take this opportunity to provide extra effort toward increasing the public's awareness of osteopathic medicine. Available through the AOA are a number of pamphlets and audiovisual aids. Brochures entitled "Growing Older Better" have been developed especially for this week's campaign plus news releases, speeches and ideas for community events are available by calling the AOA at 1-800-621-1773.
Missouri Hospitals Sue HHS

The Department of Health and Human Services is being sued by 28 rural hospitals in Missouri charging that paying separate rates to urban and rural hospitals is arbitrary and discriminates against rural hospitals. The suit states that the disparity between urban and rural Medicare rates has caused such serious financial problems that some hospitals have been forced out of business. In 1987, the difference between urban and rural rates averaged 17%, while the 1988 budget gave rural hospitals a 3% increase and urban hospitals received a 1 to 2% hike.

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If you'd like to find out more, write to us at Two East Gregory, Kansas City, MO 64114. Or call (816) 523-1835. Outside Missouri, call toll-free 1-800-821-3515.

Professional Mutual Insurance Risk Retention Group
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(10/87)

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<td><strong>PAMPHLETS</strong> (single copies of pamphlets available at no charge)</td>
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|          | **PERIODICALS, INDEXES, AND BOOKS**                                  |           |        |
|          | The DO — (Fill out attached subscription form and return with order) |           |        |
|          | JAOA — The Journal of the American Osteopathic Association           |           |        |
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|          | Colleges                                                            | $.25 each  |        |

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|          | Continuing Medical Education Guide                                  | No charge | N/C    |
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|          | **ACCREDITATION REQUIREMENTS**                                      |           |        |
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|          | Accreditation Survey Report                                         | $3.50 each|        |
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AOA items available

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Remittance must accompany each order. Refunds are not available. On all foreign orders, additional shipping charges are required. Prices subject to change without notice.

PAMPHLETS
Single copies of pamphlets are available at no charge.

Fact Sheet. A summary of data about DOs, osteopathic physicians, and doctors, and a list of AOA officers. Published twice yearly. No charge.

What is a DO? What is an MD? A popular brochure comparing the two branches of medicine. Excellent for patient distribution. $1.25 per 100.

Osteopathic Medicine. Public education brochure designed to answer questions most often asked about the profession. Excellent for patient distribution. $12 per 100.

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An Introduction to Osteopathic Medicine. An interpretation of osteopathic concepts and the scientific basis for osteopathic practice. Prepared for scientifically knowledgeable laymen, particularly high school and college students. 35c each.

Chronicle Occupational Brief—Physicians (Medical and Osteopathic). Published by Chronicle Guidance Publications, Inc. Describes the practice of MDs and DOs. Gives personal qualifications and educational requirements. 25c each.

PERIODICALS, INDEXES, AND BOOKS
The DO. Published monthly. Contains news about the profession and its members, articles of professional and personal interest to practicing physicians, legislative developments, reports of meetings, and coming events. Sent free to all DOs and osteopathic students. Subscription rates: US, $10 per year; single copy, $1. Foreign, $25 per year; single copy, $2.50.

JOTA—The Journal of the American Osteopathic Association. Published monthly. Contains formal papers documenting the findings of osteopathic physicians and articles in the area of clinical teaching. Annual index. Sent free to all DOs and osteopathic students. Subscription rates: US, $10 per year; single copy, $1. Foreign, $25 per year; single copy, $2.50. Microform and reprints available from University Microfilms International, 300 North Zeeb Rd, Ann Arbor, MI 48106.

Cumulative Index to JOTA, Vol I. Covers volumes 1-5 of JOTA. Includes a subject list of osteopathic books. $5 each.

Cumulative Index to JOTA, Vol II. Covers volumes 6-14 of JOTA. $2.50 each.


Yearbook and Directory of Osteopathic Physicians. Published annually in October. Contains alphabetic and geographic listings of DOs in the US and foreign countries. Also lists colleges, hospitals, and affiliated groups. Includes a compendium of educational, regulatory, and organizational information. Sent free to all AOA members. Nonmembers. Per year: $2,000 per year; single copy, $150.

Osteopathic Research: Growth and Development. Edited by George W. Northrup, DO. Published in 1987, this book traces the development of osteopathic research from the time of Dr. A.T. Still to the present. Recognition is given to the study of the nature and effect of somatic dysfunction as well as basic scientific research done under the auspices of the osteopathic profession. Hard cover: $11; soft cover: $9.

AUDIOVISUAL AIDS
Osteopathic Medicine: The Touch of Health. A 17-minute linen movie covering the osteopathic approach to health care, with emphasis on the education and training of osteopathic physicians and surgeons. Ideal for groups not familiar with the full range of medical services provided by DOs. Available from: Film Depository, 399 Gunderson Dr, Carol Stream, IL 60188. Call toll free: 1-800-345-8522. Rental fee: $20.00.

Personally Speaking. A 12-minute color slide presentation, consisting of 80 35mm slides and synchronized audio cassette. Designed to explain osteopathic principles and practices to the layman. Depicts range of osteopathic medicine from rural, general practice to specialization in a major medical center. Contact the AOA Department of Public Relations, $50 each. Also available on loan.

Talk Show Tips for Osteopathic Physicians. Audio cassette simulation of an interview with a DO, presenting frequently asked questions about the profession, preferred answers, and tips on how to prepare for and conduct an interview. No charge for single copies.


PROFESSIONAL MATERIALS
Image Enhancement for the Osteopathic Physician. By Al Beek, PhD, Director of Communications, AOA. Offers advice to the practicing physician on how to increase public awareness of his position in the medical community as a fully-qualified, comprehensive physician. No charge.

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Case History Blanks. Available in two formats: 8 1/2" x 11", punched for loose-leaf binder; or folds for 8 1/4" x 5 1/2" card file. $7 per 100 for either format.

Osteopathic Oath. Printed on heavy stock with sun colors, 354 each; special to colleges, 25c each.

DATABASES
AONEIT, the American Osteopathic Network. A user-friendly computerized information system covering osteopathic medicine, biosciences, and business and finance. Also features an electronic mail system. There is a $90 monthly fee, excluding HIPPCoase and AIDS Information Clearinghouse. For further information, or to subscribe, contact AONEIT, 100 N 17th St, Philadelphia, PA 19103 (215) 737-4600.

OSTEOPATHIC EDUCATION
Single copies of the following sections of the YEARBOOK AND DIRECTORY OF OSTEOPATHIC PHYSICIANS are available at no charge: Resident Training Requirements of the American Osteopathic Association, "Protocol for Approval of Postdoctoral Training," and "Osteopathic Postdoctoral Training Programs."

Continuing Medical Education. 1987 edition. An official guide to the AOA's CME program, listing the current requirements and procedures for obtaining medical education. Contact the AOA Division of CME for more information.

Directory of Osteopathic Physicians in AOA Approved Postdoctoral Programs. Published annually in October. Listing names, addresses, alphabetically and by institution. Lists residents alphabetically, by institution, and by specialty. Contains summary tables. $10 each.

Osteopathic Licensing Summary. Report of the accomplishments of the YEARBOOK AND DIRECTORY OF OSTEOPATHIC PHYSICIANS. Contains a summary of the licensing requirements in each state and a number of foreign countries. No charge.

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Sets forth requirements for acute care facilities seeking or maintaining accredited status with the AOA. Also includes an interpretation of these requirements and a description of the accreditation program of the Committee on Hospital Accreditation of the AOA.

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