

BOOK III: FAMILY MEDICINE: HOW THE GENERALIST BECAME A SPECIALIST: LANCASTER GENERAL'S FAMILY PRACTICE RESIDENCY PROGRAM

INTRODUCTION TO BOOK I, II AND III

Founded in 1969, Penn Medicine Lancaster General Health's Family Practice Residency Program in Lancaster, Pennsylvania was among the first approved family medicine residency programs in the United States. I was its founding director, and retired from the directorship in 2002. I stayed on a part time basis in my emeritus status caring for my patients and participating as a preceptor, supervising our residents in our family practice center. I retired fully on December 31, 2019, after more than 50 years with Lancaster General.

In my semi-retirement, I decided to write a book on the history of general practice and family medicine in America and explore why and how the generalist became a specialist. It started out as one book, but it turned into a trilogy. I wanted the book to include a history of our residency program, but would not be able to do this well, without describing the historical development of general medical practice in Lancaster County and how Lancaster General Hospital contributed to medical education.

Book I is an account of the evolution of general medical practice in America. It also describes how medical science led to the development of the specialties and how the generalist became a board certified specialist.

Book II describes the evolution of general medical practice in Lancaster County, as well as how Lancaster General Hospital decided to establish a family practice residency program in 1969.

Book III is the story of Lancaster General's family practice residency program. It also describes how its new Family and Community Medicine Department established an urban practice to serve an underserved low-income population that included addiction services and an HIV treatment program. It also describes how a rural-based practice complemented the urban practice as a model family practice center to facilitate the education and training of its residents. The residency program played a key role in the creation of the Family Medicine Education Consortium and the development

of a highly regarded national continuing medical education program for primary care providers.

This literary endeavor represents the product of 50 years of focused education of the family physician. Although family medicine became a specialty, the family physician remains a generalist.



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PROLOGUE TO BOOK III

This book is the story of Lancaster General's Family Practice Residency program. It was among the very early programs, but it wasn't among the first. There were fifteen approved pilot programs when the specialty of family medicine was established on February 8, 1969. Those programs began training their residents in July 1969. Harvard's Family Health Care Program was among those first fifteen programs, where I was a fellow between 1968 and 1969. It was during my fellowship that I accepted the position to become the founding Director of the new Department of Family

and Community Medicine at Lancaster General in 1969. My immediate charge was to establish a Family Medicine Residency Program.

During my fellowship, I had completed the application and obtained institutional support to submit our application during the first month or so on the job. We had our site review in September 1969, and the Residency Review Committee for Family Medicine gave the Lancaster program tentative approval to begin recruiting in October for our first class starting in July 1970.

The book describes in some detail how the program got started, the difficult political climate of the times, and how the program successfully emerged through its many trials and tribulations to become one of the most highly rated programs in the country. There are many who have helped to make the Lancaster program what it is today, but most of the credit must go to the very top, the results of which trickled down to its middle management and throughout the entire hospital family.

It met the challenges head-on with the support of the hospital medical staff leadership and strong commitment of its administration and board of trustees. The department was to establish an urban practice as a training site to accommodate the low-income people of the city population to include a growing number of young people who were addicted to drugs, especially heroin. It also decided to establish a second training site in Southern Lancaster County to care for a wide socioeconomic citizenry in one of the most underserved areas of Lancaster County.

The hospital, a magnificent and beautiful 600 bed edifice in downtown Lancaster, has expanded into a health care system with many LGH-owned practices, and a network of facilities highlighted by a marvelous suburban campus with its Women and Babies Hospital and Barshinger Cancer Center and many smaller health centers and urgi-centers pocketed throughout the county. In 2015, Lancaster General Health became a member of the University of Pennsylvania Health System, and is now known as Penn Medicine Lancaster General Health. The system continues to attract excellent faculty and a highly competent clinical and support staff.

Fundamental to the success of any program is based on three factors: the quality of the students it attracts, the performance of its residents, and most

importantly the quality of its graduates. There have been more than 550 graduates to date, and I have highlighted the accomplishments of some of them who assumed leadership roles, academically, in medical practice and in their community. They illustrate the positive impact these family physicians have had on primary care in Lancaster County, America and even abroad.

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PART I: PERSONAL REFLECTIONS

CHAPTER I: GETTING STARTED: 1969-1970

JOHN H. ESBENSHADE, JR. MD

Motivated by the failure to recruit interns for its fledging graduate medical education program, LGH sought a new Director of Medical Education. John H. Esbenshade, II, M.D. succeeded. Dr. Miller. Dr. Esbenshade was challenged by nearby York Hospital, which was chosen to be among the first 15 pilot family practice residency programs. One of his first endeavors was to convince Paul G. Wedel, LGH's Chief Executive Officer to establish a Family Practice Residency Program. Mr. Wedel enthusiastically endorsed the idea and instructed Dr. Esbenshade to immediately begin recruiting a director for a Lancaster program. John Esbenshade contacted me, as I was already well known to the hospital, having completed my internship at LGH in 1963. He was aware that I was in the middle of my fellowship (1968-1969) at Harvard's Family Health Care Program, preparing for a potential academic career in this new specialty. Our program was also chosen to become among the first 15 pilot programs to train and educate the new family physician specialist.

DR. ESBENSHADE CONTACTS DR. ZERVANOS IN BOSTON

JOHN H. ESBENSHADE, M.D.



Fig. 1. JOHN H. ESBENSHADE, M.D., (1930-2014), Director of Medical Education, 1968-2000. Photo, Courtesy of Penn Medicine Lancaster General Health

When I first heard from John Esbenshade, I was in the process of exploring academic opportunities while considering the option to join Dr. Charles Francos in his busy general practice in Lancaster. I had just interviewed for a faculty position in the new Family Practice Department at Hershey Medical School when I received the call from Dr. Esbenshade. What made this situation even more exciting was the opportunity I was given to create a new department. I was both excited about such a challenge and overwhelmed with the prospects.

The sage advice from Dr. Joel Alpert, my mentor and fellowship director, was timely and carried the day. He said: “Nik, this is an exciting opportunity, and you should go to Lancaster... *just don't let your anxieties drive you to inaction.*”

JOEL J. ALPERT, M.D.



Fig. 2. Joel J. Alpert, M.D., (1930-2013), Director, Family Health Care Program, 1964-1972, Chair of Pediatrics, Boston University, School of Medicine, 1972-1993, retrieved from obituary, Boston University

THE PATH TO A NEW RESIDENCY

A set of interviews were planned in Lancaster, but before meeting with Dr. Esbenshade, the administration, and the executive committee of the medical staff, Mr. Paul G. Wedel, the Chief Executive Officer of Lancaster General,

asked me to submit a position paper including my vision and a proposed mission for such a new department, along with a set of goals and objectives. I proposed that the new department be called the “Department of Family and Community Medicine,” and that its principal mission would be to serve the primary health care needs of the medically indigent of Lancaster and to assure that they received personalized comprehensive health care on a continuing basis, the fundamental concept of family medicine. Since the residency program was at the heart of this endeavor, my vision statement was “to produce among the best family physicians in America.” Our new department would be fulfilling the mission of the hospital had with the community since 1893, which was to “meet the needs of the community by providing the best possible care to anyone who needs it, at the lowest possible cost, regardless of the patient’s ability to pay.”¹ The new department would enhance the hospital’s mission by expanding the development of a new kind of generalist, a specialist in general primary care, who would make both health and medical care more accessible and available throughout the county. It stood to reason that a significant percentage of the program’s graduates would remain in the community.

Among the goals and objectives was the conversion of the existing outpatient medical, pediatric, surgery and obstetrical clinics into a cohesive primary care service. At the time, all the patients seen in the clinics of LGH were cared for by volunteer physicians of the hospital’s medical and dental staff, assisted by full-time hospital-employed nurses. We would gradually eliminate the volunteers, as eventually all the patients would receive continuous and comprehensive health care by faculty and residents in a newly proposed “Family Health Service (FHS),” modeled after the Family Health Care program of my fellowship. Patients requiring consultation by a specialist care would be seen in their offices or if necessary in a newly established consultation service within the FHS. The FHS was expected to satisfy the AMA’S Council of Medical Education Residency Review Committee for family practice (RRC-FP) requirements of the so-called model family practice unit (MFPU).

It was apparent that there were competitive issues at play that motivated Lancaster General Hospital to want to develop a family practice residency

¹ Edgar, Harold J. Lancaster General Hospital, 100 Years of Caring, 1893-1993, Lancaster General Hospital, Lancaster, Pennsylvania, Frontispiece, 1993

program. Lancaster was growing, and many areas of the county needed physicians, especially general practitioners. An increasing percentage of that need was being met by Lancaster's Osteopathic Community Hospital's osteopathic graduates. This also meant that Lancaster's Community Hospital was capturing an increasing percentage of the market share of medical and surgical referrals, and that although it was a much smaller hospital, it was growing at a faster rate than either of the two allopathic hospitals. I was made aware that this was an issue.

MEDICAL STAFF ENDORSEMENT - A VOTE WAS TAKEN

During my initial interviews with the administration and the medical staff leadership, I was not made aware of the opposing voices regarding the idea of establishing a family practice residency program, let alone a new department. However, after my return to Boston, I was told that certain members of the medical staff were extremely vocal, even outraged, as they believed these developments could have adverse consequences on their livelihood. There were those who feared that this was only the beginning of hospital-owned practices. The decision to proceed was to require a vote from the members of the medical staff.

Ultimately, it was the strong leadership from the hospital board, the CEO, and the medical staff's president and vice president, as well as its Director of Medical Education, that swayed the medical staff in support of the program. They were convinced that the program was good for the hospital and especially for the community. It was especially important that highly influential board members were strongly in favor of the program. I never did learn of the final vote count, but it was certainly not unanimous. I was offered a formal contract to begin my duties on July 15, 1969. As part of my job, I asked and was granted the privilege of developing my own personal practice. It was to be limited and I would devote two to four half days a week to this endeavor. I would practice family medicine while building an innovative family practice residency program.

GOALS AND OBJECTIVES OF THE RESIDENCY PROGRAM

I began planning how to implement the program, while I was still a fellow in Boston. In my original position paper, I had not spelled out all the various goals and objectives necessary to develop a new department, as I had designed our residency program with only a hospital-based model family practice unit. I spent a good many hours during the last months of my fellowship developing the application for the residency program to the RRC,

receiving a great deal of counsel from my director, Dr. Joel Alpert. He helped me better understand the nuances in the requirements of the Residency Review Committee for Family Practice. Obviously, it was going to take time to meet all the requirements and develop a successful residency program. In the very beginning the RRC had to be very flexible and was open to programs with their own innovative ideas. The most important and immediate task was the development of the model family practice unit (MFPU). I did not think my proposal to make the hospital-based FHS our MFPU was going to be an issue, and so my application was with this in mind.

THE FHS AS THE MODEL FAMILY PRACTICE UNIT (MFPU)

The Residency Review Committee (RRC) required that the patient population of the Model Family Practice Unit (MFPU) was to be “representative of the community” to include a wide demographic and socioeconomic mix. This was going to become a major problem for our medical staff. The concern was that a subsidized hospital-based practice would unfairly compete with other private practices in the community. Their assumption was that the FHS would be limited to the care of medically indigent patients. On the other hand, the administration agreed I could develop my own limited personal practice. As I wished to help serve fellow parishioners from my Greek church community, to include many who needed a Greek-speaking physician, I felt confident I would have little difficulty acquiring such a patient mix, and they would be integrated into the new Family Health Service. This was considered to be an acceptable compromise, as my proposed “personal” practice was going to become a significant component of the FHS.

THE MPFU MUST HAVE ITS OWN IDENTITY

The new outpatient department (OPD) facilities was under construction before I arrived. It had been designed without a new residency in mind; although the administration was under the assumption it would be an ideal practice setting for the proposed residency program. It was near completion when I arrived in July. The RRC insisted that the MFPU must have its own distinct identity, and that it could not be used for another purpose. Unfortunately, the administration and certain members of the medical staff assumed that it could be used for their own special needs. At the same time,

it was a new facility, and it could not help but impress the RRC site visitor. However, it was apparent that more space was going to be needed for administrative space, to accommodate the additional faculty and clerical support. As the residency program grew, the clinical space would prove inadequate. We thus began to consider an off-site MFPU; however, a hospital subsidized practice with “paying” patients was going to meet with strong objection.

GOVERNANCE

Governance was another major issue. The residency was expected to be governed by the program director with its own budget. However, within the hospital’s 1969 table of organization, the OPD and its budget was under the administration of the nursing department. This too was a major issue, and obviously would have to change to facilitate an accredited residency.

FROM AN ADMINISTRATIVE TO A CLINICAL DEPARTMENT

Moreover, the Department of General Practice was an administrative, not a clinical department, and therefore members acquired their clinical privileges in internal medicine, pediatrics, obstetrics and gynecology and even surgery through those respective clinical departments. This would require a change in the hospital and medical staff by-laws. This too was to become a major hurdle. The RRC insisted that the chair of our new department must have the authority to render those privileges. This also meant convincing the Joint Commission on Accreditation of Hospitals (JCAH) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that qualified well-trained family physicians in this new specialty were not going to compromise their standards. The JCAHO requires careful scrutiny regarding the qualifications of medical staff members seeking clinical privileges to include board certification or board-eligibility status. Thankfully, the RRC understood the politics involved in bringing about compliance, so this requirement would be waved so long as there was sufficient evidence that the hospital authorities were willing to make this happen. It took nearly five years to get the medical staff to change the by-laws with concomitant approval from the hospital’s board of directors.

POLARIZATION WITHIN THE MEDICAL STAFF

My position, as the first full-time clinician (the DME was half-time) of the medical staff was perceived by some as a threat to the power structure of the medical staff, which meant that I had to gain their trust. As already noted, I was looked upon with great suspicion, and it was obvious that I was going to be up against strong opposition. Some specialists thought that the development of a new specialty in family medicine bordered on the ridiculous, as they perceived the general practitioner/ family physician idea as anachronistic. There was even resistance from some of our general practitioners. They were anxious about the potential division between the employed faculty members and the community practitioners.

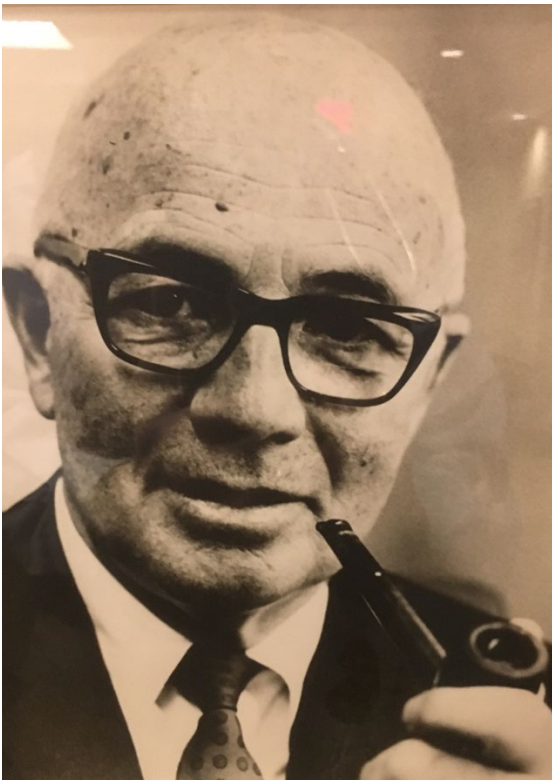


Fig. 3. Ian Hodge, M.D., President of the Medical & Dental Staff of Lancaster General Hospital, 1965-1969. Photo, Courtesy Penn Medicine Lancaster General Health

Perhaps it was fortunate that I had not met those members of the medical staff that opposed the program, or I probably would not have wanted to accept the position. Maybe it was deliberate on the part of the DME, the president and vice president of the medical staff. However, when I did meet with the chairs of the respective clinical departments, despite their concerns about the implications of our new department, it was apparent they had the

best interests of the community and the hospital in mind. They were skeptical but wanted to give me a chance. I believed they wanted the program to be successful, and did hope that this would result in attracting high-quality residents and family physicians for the community. Thankfully, I had the strong support of the president of the medical staff, Dr. Ian Hodge, chief of urology, the vice president, Dr. Ward O'Donnell, chief of pathology, and most importantly, Dr. Charles Bair, the chair of the Department of General Practice.

Dr. Bair was a rural practitioner from Quarryville in what was considered one of the most underserved areas of Lancaster. He was already in his sixties and one of the busiest practitioners in all of Lancaster County. He fully recognized the need for more physicians, especially in his own southern Lancaster County community. Highly respected and regarded as an outstanding general practitioner, he was named "Family Physician of the Year," by the Pennsylvania Academy of Family Physicians in 1961.

I was aware from my internship that there were excellent clinicians willing to teach and that some were truly outstanding. The residents would also have to become proficient in performing procedures that had largely been within the purview of specialists, such as managing at least simple fractures, suturing wounds, and performing skin biopsies, as well as sigmoidoscopies, colposcopies, and endometrial biopsies. Those procedures I knew would have to take some time, and we would have to create mutual trust and confidence before residents would get that training. There were other issues and concerns that had to do with medical school affiliation, research and scholarly activity. As always, there was the question of whether there would be adequate support from the administration and the medical staff.

With all these issues percolating even before I came to Lancaster, I had the encouragement from Dr. Alpert, and advice that I needed to be patient. He was confident that in time, all would come into place. Additionally, I felt the strong support of Mr. Wedel, the CEO, Dr. Esbenshade, the DME and Drs. Ian Hodge and Ward O'Donnell, the president and vice president of the medical staff. Above all, I felt empowered by the very thought that I was given an extraordinary opportunity to make something good happen. I felt honored and privileged. With the help of Dr. Alpert, I already had a draft of the application ready to send to the RRC-FP for approval for our new residency before I arrived in Lancaster. Much work lay ahead!

THE RESIDENCY PROGRAM WOULD BE A GOOD INVESTMENT

The good news to LGH administration was that Medicare and Medicaid provided new revenue to the hospital that would help to cover the cost of the program under the federal direct and Indirect medical education funding discussed earlier under the 1965 legislation. Although this was going to be a costly investment, the new legislation helped, while at the same time our administration could anticipate the long-term benefits of the program to the hospital and the community. It was expected that a significant percentage of the graduates would remain in the county and expand the referral base for LGH. We had to persist in persuading the naysayers that a successful residency program would prove to be good for everyone concerned.

COMING TO LANCASTER

On July 1, 1969, my pregnant wife, Diana, and our children, John, age 7, and Susan, age 5, and I left Boston to come to Lancaster to begin the next exciting chapter in our lives. It was a very hot humid day. John and Sue's pet rabbit, suffering from heat exhaustion and dehydration, nearly died in his cage in the rear of our beige-colored 1962 Ford Falcon Station Wagon by the time we made our nine-hour journey to Lancaster. A few weeks later, with the children's blessings and for the rabbit's best welfare, it was transferred from its caged surroundings to Johnny Thomas's farm in Willow Street in southern Lancaster County so it could be free to thrive. The rabbit proved to be a good omen, as it was most prolific and gave birth to many more of its kind. Similarly, over the next 33 years during my tenure, Lancaster General's family practice program gave "birth" to more than 320 graduates. It has since graduated an additional 200 more since I stepped down as program director. Of the approximately 520 graduates, more than one-third have remained in Lancaster to practice.

THE LIME STREET BUILDING

In July 1969, the outpatient department, in the 1920 Lime Street building, was housed with the hospital's dispensary, better known as the clinic, on the ground floor. This part of the hospital complex was slated for demolition after we moved into the new quarters in the new hospital on the Duke Street side in one year. Temporary office space was carved out of storage rooms in the rear of the clinic for me and my secretary. The clinic's low ceilings,

exposed beams, and steam pipes within arm's reach, had a stark look. The courteous, affectionate, and kind nurses with their smiling faces gave the clinic a warm and friendly, if not, charming ambience.

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CHARLOTTE DEVENBURGH

I met my secretary, Charlotte Devenburgh, for the first time on my first day, on July 15, 1969. Charlotte, then in her fifties, matronly in appearance as well as demeanor, was tall, attractive, erect, warm, and friendly. She had a ruddy complexion, wore gold rimmed glasses, and her gray-white hair was bundled tightly on the back of her head. She reminded me of one of my grade school teachers. She was married with two teenage children.

Charlotte came from another hospital department and was the ideal person to help the new department get started. The hospital administration gave me full authority to proceed as I saw fit. Charlotte was loyal and eager to help. Her telephone and communication skills were superb, being both friendly and quite professional. Her main tasks were to handle the program's ever-increasing correspondence, while maintaining the rapidly growing patient files of my newly adopted Greek-immigrant practice. It grew so quickly that within a few months on the job, my practice had to be limited, as it was not expected to occupy more than 25% of my time. Charlotte's office was roomy enough to accommodate several chairs and more than a few filing cabinets. The entrance into my office required a visitor to first enter Charlotte's office in order to see me.

THE "CLINIC" STAFF

One of immediate pleasantries was getting to meet and work with our new clinic staff. The nurses were impressive: competent, caring and industrious. The new head nurse was Vickie Swayne, RN. She couldn't do enough to please the patients, the staff she and certainly the doctors. She was not only an extraordinary nurse, she was one of the most dedicated and hardest-working professionals I had the pleasure to work with. What always impressed me with the nurses in those days, and especially Vickie was that they knew in advance what we were going to need before we asked for it, whether it was that lab or x-ray report, or the instruments to do a procedure. I knew from the start that this was a winning team. Although I was taken back by one of the LPNs (licensed practical nurse), who grew up on a farm in rural Lancaster. Although she managed to graduate from high school and received her practical training in one of Lancaster's vocational-technical programs, she was under the notion that the Greeks still believed in Zeus and

the gods of antiquity. Under Vickie's leadership the staff grew, and we kept on attracting excellent nurses and clerical staff.

“THE ONLY WAY YOU CAN GO IS UP”



Fig. 4. Nikitas J. Zervanos, M.D. My first year on the job, from author's personal collection

My own office had a nice cozy feel with its freshly painted 1960's green-colored walls, and attractive wall hangings, including a 12 x 18-inch banner draped on an 18-inch wooden rod behind my desk with a popular 1960's refrain, "If you are not part of the solution, you are part of the problem." I felt proud and excited about our new department, while at the same time humbled by the huge responsibility that I was given.

When my Greek-immigrant father-in-law visited me, finding me in the corner of the clinic on the ground level of the old hospital, he said to me in Greek, "*Nikita, there is only one way you can go, and that's up.*"

PAUL G. WEDEL, PRESIDENT & CEO OF LGH

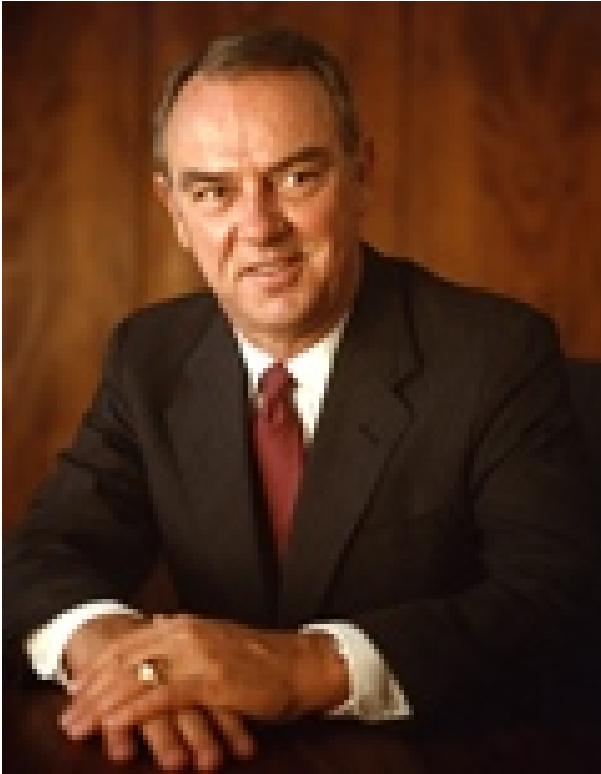


Fig. 5. Paul G. Wedel, (1927-2014), was Chief Executive Officer and President of Lancaster General Hospital in 1969. Courtesy of Lancaster Penn Medicine Lancaster General Health

On the first day on the job, I met with Paul G. Wedel, the president and chief executive office of the hospital. He was credited as the driving force in moving the hospital forward in its many improvements and its growth trajectory in a short span of five years since his arrival. He had a reputation of being fair but tough, and demanded much from his management team. His office was somewhat intimidating, if not commanding. He sat behind an expansive oval-shaped desk, and behind him there was a set of wide black and white striped drapes that produced a striking first impression. Paul stood, reached out, shook my hand and greeted me in a warm and friendly manner; and then had me sit across from him. He was already given much credit for the extraordinary growth of the hospital since his arrival in 1964, and his persona revealed the pride and success of his organization and the hospital.

Mr. Wedel assigned his right-hand man and vice president, Mr. Gerald Simpson, to assist me. Jerry was a large man with a determined, but kind demeanor, so when he was assigned a task, you had the confidence it was

going to get done. And he did everything he could to facilitate the acquisition of furniture and anything he could round up to help with the physical organization of our new department. But I knew this was temporary, for in less than one year we moved into our new “clinic” on the Duke Street-side of the hospital. It was clear from the onset that Paul Wedel was very supportive of me and the new department. I knew he was counting on me to be successful.

ST JOSEPH’S AND COMMUNITY OSTEOPATHIC HOSPITALS

Both St. Joseph’s Hospital and Community Osteopathic Hospital had house staff programs. St. Joseph’s Hospital had been experiencing difficulty recruiting interns, so about the time we were getting started, they decided to discontinue their program. Community Osteopathic, on the other hand, had a successful internship program and residencies in obstetrics and gynecology and surgery. Nearly all their interns ended up in general practice and many stayed in the Lancaster Community. This was reflected in their increased patient census. Paul was hoping our program was going to have the same effect on the General’s census.

THE MEDICAL STAFF LEADERSHIP



Fig. 6. Ward O'Donnell, M.D., Chair of Pathology and President of the Medical and Dental Staff of Lancaster General Hospital, 1969-1973. Photo, Courtesy of Penn Medicine Lancaster General Health

Dr. Ward O'Donnell succeeded the very able Ian Hodge, M.D. as president of the medical and dental staff when I got started. I had regular weekly meetings with Dr. O'Donnell throughout his tenure as a leader of the medical staff. It was obvious he was doing everything he could do to influence the medical staff to support our program. He kept advising me not to tackle too many issues at the same time. He encouraged me to gain the support of the most committed and talented members of the medical staff. I had meetings with the key leaders, Dr. Charles Bair, chair of general practice; Dr. Richard Mann, chief of cardiology; Dr. John Grosh, the chair of medicine. Joseph Besecker, the chair of pediatrics; Dr. John Paul in obstetrics and gynecology, Dr. John Farmer, the chair of surgery; and the young Dr. Jack Shertzer in orthopedics. They all recognized the residency program's importance to LGH. All these individuals knew that a successful

residency program would be good for the hospital, the medical staff, and certainly for the community, and they all wished it to succeed.

In the meantime, the new Department of Family and Community Medicine was beginning to take form. Dr. Bair displayed an understandable degree of trepidation and caution regarding the proposed changes in his department in the creation of our new department. We had to make it eminently clear to the members of our department that the chair would continue to be elected from the practicing community-based family physicians.

The executive committee of the Department of General Practice, now renamed the Department of Family and Community Medicine, would continue to consist of an elected Chair, a Vice Chair and Secretary/Treasurer. I, as the Director, would serve on this committee ex-officio, by nature of my appointment. It was my responsibility to keep the department informed about the developments and changes relating to the operation of the Family Health Service and the residency program. In those early years, keeping the chair position among the non-employed physicians in the department essentially minimized the separation of the hospital-employed vs. unemployed physicians that created governance issues and plagued many programs in the country. This turned out to be a very wise arrangement, as it kept the members of the department fully engaged in the deliberations regarding the growth and development of the residency program. Previously many of the general practitioners in the department were the volunteers seeing the indigent patients in the FHS. Now the residency would be responsible for the indigent care, but until we had a full complement of residents and adequate faculty, we still needed their help in those early years.

RUTH TODD, RN, VP OF NURSING

During the first couple of weeks, Charlotte (my administrative assistant) and I made it our business to visit every department head in the hospital. It was our intention to create a positive image for the new department and build a base of support. It was apparent that our department was going to need a lot of help, especially from nursing. Indeed, Mrs. Ruth Todd, RN, the head of nursing proved to be a tremendous ally. Undoubtedly, the most important department in the hospital was nursing, and little could be accomplished without the support of Ruth Todd. Our visits with all the managers proved to be of great benefit as we needed all kinds of help along the way, especially in that first year.

“IF I WERE YOU, GIVE UP THIS CRAZY IDEA AND OPEN YOUR OWN PRACTICE”

In the first month soon after my arrival, a physician befriended me and said, “if I were you, I would give up this crazy idea of establishing a residency program; just set up a practice in town, but if you still wish to persist on this kind of work, leave town, and do it somewhere else. You are going to get creamed.” Another, more elderly general internist confronted me and said, “young man, we did not ask for you to come, and frankly we don’t need you.” In other words, get out of town. Despite these warning signs, I never wanted was tempted to step down. This was probably because I felt the strong support of the administration, the encouragement from people like Dr. Ward O’Donnell, who recognized the importance of what I was asked to do, and my own personal conviction that this was too important. I felt like I was called to do this, and I was on a mission. And I was frequently reminded by Dr. Alpert’s premonition: “Don’t let your anxieties drive you to inaction.”

THOMAS HART, M.D.

Finding a mentor to discuss the conflicts, anxieties, and frustrations during those early weeks and months was important, and thankfully one of those special people was nearby. Tom Hart M.D, was the director of the York Family Practice Residency Program, and he was only 40 minutes away across the river. His program was one of the first 15 pilot programs. Tom was a very friendly and colorful character with a broad Groucho Marx-like mustache, a wide smile, and a wonderful sense of humor. He never hesitated to reach out to help those of us who were just getting started. He used to tell new program directors in those early years when we were together at national meetings, “Tell me your problem, and I will tell you what year of development your program is in.” Tom never viewed our program as a threat, despite the obvious competition for applicants. Tom was not only a mentor, but became a close friend and colleague. I relied heavily on his advice, especially during my first two years. When a group of directors would gather for some social time at a program directors meeting in Kansas City, Tom with his wonderful sense of humor and joviality, was the “life of the party.” Sadly however, Tom died from a myocardial infarction after only a relatively short period on the job.

EDWARD KOWALEWSKI, M.D.

Edward Kowaleski, M.D., a general practitioner, with a bigger than life persona, set up practice after WWII in the Akron/Ephrata area 12 miles north of Lancaster. In his first years in practice, he was instrumental in establishing Ephrata Hospital's new blood bank and organized a group of practitioners to staff its emergency medicine service.² The Ephrata Hospital, where he admitted his patients, was only a few miles from the Pennsylvania Turnpike, and Ed frequently witnessed serious injuries and fatalities occurring on the turnpike. He insisted that something had to be done, and he led the campaign to get the median barriers erected on the Pennsylvania Turnpike. It was his personal testimony and arguments before the state legislature that led to the action to erect the barriers. This resulted in a dramatic reduction in fatalities and serious injuries. Years later, among many of his other recognitions and awards, Dr. Kowalewski was recognized for this outstanding single accomplishment. This was the first state turnpike in America to erect the median barrier.³

It was while I was an intern that I first met Ed, i.e. Edward Kowalewski, M.D. He was a tall, imposing, charismatic gentleman with a strong, rich and full voice, and he was serving as President of the Pennsylvania Academy of General Practice (PAGP) at the time. He came to speak to our intern class, telling us of the dearth of general practitioners and the growing crisis of physician manpower, especially in rural America. He wrote a powerful article in the *New Physician* in 1965 about "A New Era in General Practice." During his tenure as President of the American Academy of General Practice (AAGP) the specialty of Family Medicine was established.

I made it my business to meet with Ed soon after I came to Lancaster and to keep him abreast of what we were doing at the General to get our residency program off the ground. He had me meet with him at his favorite diner-restaurant in Akron, and I won't forget what we had for breakfast. It was

² Wissler, Robert U, The Ephrata Community Hospital, From Its Founding to 1961, Journal of the Historical Society of the Cocalico Valley, Volume X11, 1987, Ephrata, PA, p. 14

³ Obituary, Dr. Edward Kowalewski, 75, UM medical professor dies, April 12, 1996, The Baltimore Sun, Baltimore MD, April 12 1996

steak, bacon and three eggs and hash brown potatoes, along with orange juice and coffee. I must admit I was not used to such a hearty breakfast. I relished his advice to have patience regarding hospital politics, and appreciated his warm endorsement of what we were doing at the General. Ed and the board of the AAGP expressed disappointment that the American Board of Family Practice (ABFP) wished to maintain its independence from the AAGP.⁴ Admittedly, it took some persuasion to convince the rank and file of the AAGP that general practice needed to become a specialty. Despite continual protests and active resistance to establishing the specialty of family practice independent of the AAGP, the Academy finally acquiesced. He and the board not only endorsed the new specialty, but also found common ground with the ABFP. The AAGP also argued “that general practice, family practice, and family medicine be considered as synonymous.”⁵ In 1971 the AAGP became the American Academy of Family Physicians (AAFP). Ed became an enthusiastic spokesperson for the specialty, and following his tenure as chair of the AAFP board, Dr. Kowalewski went on to become the second chairperson of the Department of Family Practice at the University of Maryland, where he served until his retirement. From his viewpoint as a general practitioner in rural Pennsylvania and urban university chairperson he was one of the rallying voices that brought all of the organizations of family medicine in 1978 together as the “Working Party” which continues to exist. During this period of academic leadership, he became the first American president of the World Organization of National Colleges, Academies and Academic Associations of General Practice/Family Physicians (WONCA). Its World Congress came to the USA in 1980.

⁴ Adams, David P., Ph.D., M.P.H., *American Board of Family Practice, A History*, American of Family Practice, Lexington, Kentucky, 1999, p.72.

⁵ Ibid, pp.108-110.

THOMAS L. LEAMAN, M.D.

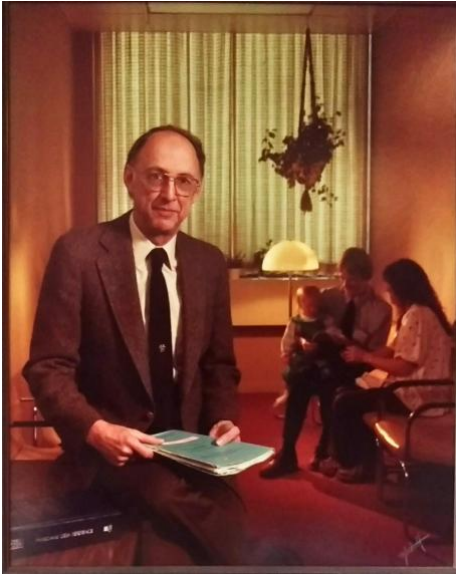


Fig. 7. Thomas L. Leaman, M.D. (1923-2016), The Milton S. Hershey Medical Center, retrieved from: <https://pennstatemedicine.org/2016/09/07/remembering-dr-thomas-l-leaman-a-pioneer-in-family-medicine/>

Ed Kowaleski's brother-in-law, Tom Leaman, M.D., a general practitioner in the Hershey area and a product of Harvard's Family Health Care Program, was chosen to become the new chair of Family Practice at the new Penn State University Hershey Medical School in 1967. As already mentioned, I had interviewed at Hershey shortly before the invitation to consider the job at Lancaster, and if offered a faculty position there, I might well have taken it. Tom was looking for someone with more practice experience. Penn State's residency program did not get started until July of 1971. It was clear that the challenges in the University setting were far different than that of the community hospital setting, but the excitement of starting a Family Medicine Department in a new medical school with at least a verbal embrace of the new specialty was ground-breaking, and Tom was right there from the beginning. In fact, he was one of the very few local physicians who became a member of the medical school faculty.

Tom Hart, Ed Kowalewski, and Tom Leaman did much to allay my anxieties in those very early years, encouraged me to stay the course and to not give up. Each had fought their own battles to get established. There was not much precedent to go on, although the vision and the goals were clear. Encouragement came from within the hospital from Drs. John Esbenshade, Ward O'Donnell, and Ian Hodge. We would meet for coffee every morning

during those first few months, to chat and discuss the political climate. They were quick to warn me about the concerns that many members of the medical staff had about the new program. I was advised to go slow.

CHAPTER II : HENRY S. WENTZ, M.D., FOUNDER OF SLCFHC

Lancaster General Hospital's Department of General Practice were made up of many excellent and notable family doctors in pre- and immediate post-World War II Lancaster County. Among my highest priorities for the program was to recruit an associate from within our department, as I knew I was going to be needing help with the planning and the supervision of the residents. The one person that stood out among many other excellent family physicians was Dr. Henry Wentz., a teacher and mentor of mine while I was an intern.



Fig. 8. Henry Wentz, M.D., the first Associate Director and founder of the Southern Lancaster Family Health Center. Courtesy, Penn Medicine Lancaster General Health. Courtesy Penn Medicine Lancaster General Health

Dr. Wentz was born and raised in Lancaster County, from a highly respected business family. He came from a long line of highly regarded family physicians beginning with his paternal grandfather. As a teenager, he worked in the family business, H. M. Stauffer & Sons, a coal, lumber and feed business. He graduated from high school at age 16, went to Duke University, and graduated with honors from Jefferson Medical College. After his internship at Lancaster General he served in the US Army right after the war ended and returned to Lancaster to establish his practice in Strasburg. He had a wonderful practice and lived in a beautiful home in which he had his office. His wife, Mary, whom he met while at Duke was

his office manager and assistant. In his book, "Patients Are A Virtue," a wonderful autobiographical account of his medical practice in Southern Lancaster County, Dr. Wentz describes many of his experiences, relating wonderful stories that exemplified his life as a country doctor.¹

Henry was among the most competent and gifted family physicians in the community and had an enthusiasm for learning with a natural inclination for teaching. I considered him a role model. He was my attending, while I rotated on the ward service during the early part of my internship year. He offered strong support for the creation of the residency program and was concerned about the strong negative reaction that was coming from some members of the medical staff. Because he was so highly respected, he had the necessary political capital and influence to neutralize these negative voices, especially those within our own department.

Thus, within the first week or so after my arrival, I was given permission by Mr. Wedel to approach Dr. Wentz. It was gratifying to feel his excitement when I approached him about joining the program as the department's first associate. However, his acceptance was conditional. He did not want to abandon his patients. Only after Dr. Ivan Lehman, who had just begun his one-year general practice residency at the General following ten years of missionary work in Africa, agreed to join Dr. Wentz in July 1970, would he agree to become my associate.

Soon after that first meeting with Henry, and sensitive to the controversies centering around the FHS as a "Model Family Practice Unit" he suggested a way around the politics of the FHS. He suggested we establish our MFPU in Quarryville, Pa. He was well-aware of the acute shortage problem in Southern Lancaster County. He felt confident that the staff would not find this objectionable, as it would not be visible. I was enthused about the idea, but we would have to convince the RRC that it was feasible, despite the 30-minute 16-mile ride from the hospital to this small rural community. We would need to get Dr. Bair, the administration and the medical staff leadership committed to the idea as well.

¹ Wentz Henry, *Patients Are A Virtue, Practicing Medicine in the Pennsylvania Amish Country*, Mastoff Press, Morgantown, PA, 1997

CHARLES BAIR, M.D.



Fig. 9. Charles W. Bair, M.D., (1908-1987). Chair of the Department of General Practice, 1968-1972. Courtesy Penn Medicine Lancaster General Health

The 61-year-old Dr. Charles Bair, chair of the Department of General Practice, practiced in Quarryville, in the heart of the most underserved area of Lancaster County. According to Dr. Wentz, Dr. Bair was nearly always on call for his patients, made house calls, and delivered over 4,000 babies, averaging a remarkable 20 per month during his professional career. He practiced in Quarryville from 1935 into the mid-1970's. Between 1935 and 1960, with a chauffeur, he managed to put 35,000 miles per year on his cars and purchased a new car every year. As a precaution, in his trunk, there would be "a set of chains, a shovel, a rug, sand or ashes and bailing wire to reconnect the hose, if it got torn by stones." He was selected as Physician of the Year in 1961 by the Pennsylvania Academy of General Practice. Dr. Bair's extraordinary service to his community, included the presidency of the Quarryville School Board, chair of Quarryville's Chamber of Commerce and the physician of the Quarryville Presbyterian Home. He had served in

various leadership roles at the General Hospital, including his role at this time as chair of our department.²

When Dr. Wentz and I approached Dr. Bair about the idea of the MFPU in Quarryville, he was at first uneasy. However, the more he thought about it, the more it made sense. The move would allay the opposition from the medical staff about establishing a hospital-based practice with private-pay patients. Placing the MFPU in southern Lancaster County, which everyone agreed needed doctors, might alleviate this tension. It was far enough away from the hospital that it created what Dr. Ward O'Donnell said: "out of sight, out of mind." Paul Wedel was one hundred percent behind the idea.

Besides, the situation in the southern end of Lancaster County was becoming desperate. Dr. Bair was working from morning to night, and he could not sustain the grueling pace at age 66. The only other allopathic doctor in the Quarryville area was Dr. Bob Helm, and he had serious health problems. Much of the time, Dr. Helm was not practicing. The other provider was an osteopathic physician who did not go to LGH, and he too was overwhelmed. So, within those very early weeks of my arrival, we were already thinking of a rural-based MFPU. With Dr. Bair's endorsement, there was no further objection to the idea from anyone. The question then was what we do about the FHS.

² Wentz, Henry S., Physicians and Medicine in Southern Lancaster County, Journal of the Lancaster County Medical Society, LancasterHistory.org, Lancaster, PA, Vol. 91, No. 4, pp. 159-160

CHAPTER III: LGH'S TWO PRACTICE MODEL UNITS THE FAMILY HEALTH SERVICE (FHS)

A principal goal of the new department and critical to its mission was to make the FHS an integral part of the residency program. It was becoming increasingly apparent that this was a major issue, not only for the medical staff, but it presented concerns for the RRC, as a MFPU was required to have a wide socio-economic mix of patients reflective of the community's demographics. Yet the FHS offered so many advantages. The major advantage of the FHS was that it was a ready-made practice with a large number of maternity and newborn patients, which could be easily integrated into the residents' practices. The hospitalized medically-indigent patients could be discharged to the residents' practice panels, which assured the patients excellent follow-up care. We decided to make the FHS an integral part of the curriculum by considering it part of what we to identify as our community medicine curriculum.

It would not only address what was already a national priority, but would give the residents a concentrated experience in inner city low-income medically indigent care with a particular emphasis on maternity and pediatric care. Adding this urban demographic group of patients to the residents' continuity practice was viewed as meritorious, and we were determined to promote this idea. The residents would begin caring for their FHS patients one half-day per week and continue to do so throughout their second and third years one to two half-days per week. A major challenge was therefore to sell the idea of a two-practice residency program to the RRC, one an urban practice as part of our community medicine curriculum and the other a rural-based MFPU. Lancaster General community saw its merits, would the RRC-FP?

RURAL-BASED MFPU

Although Quarryville was 16 miles and 30 minutes from the hospital, a call to the secretary of the RRC indicated that the RRC was looking for innovative models, especially as it related to our idea of a rural-based MFPU. The RRC secretary was confident that this would likely meet the approval of the committee. This supported our vision of two practices for the residency program, one that would include the FHS as part of a unique

community medicine curriculum and another to accommodate a model family practice unit in a rural setting, which could meet RRC guidelines. The two-practice MFPU model was breaking new ground, and was clearly viewed as innovative, and even appealing.

As these ideas were percolating, another question was whether the Quarryville community would support such a practice. The community was told that although their doctors would be second-year residents, they would already be licensed. Physicians were able to acquire their license in 1969, following the completion of an approved internship. Moreover, the community was assured that the residents were to be supervised by senior experienced physicians. Our new practice was to be called the Southern Lancaster County Family Health Center and would be staffed by our faculty and residents. The residents would care for their patients two to three half-days per week throughout the last two years of their residency.

THE SOUTHERN LANCASTER COUNTY FHC COMMUNITY ADVISORY COMMITTEE

Dr. Henry Wentz was the visionary and driving force to establish a rural-based family practice center in Quarryville. It took the trusting relationship that Henry had with Dr. Bair to help persuade others of the merits of the idea. There was little question in Dr. Bair's mind that the need for doctors in his area was desperate, and he warmed to the idea. At one time there were many more than five doctors in the greater Quarryville area, but in the two years before the residency program was started, the area was down to three doctors in the borough, and one was not well.

To acquire the support of the community in Quarryville, Dr. Bair suggested that a Southern Lancaster County Family Health Center (SLCFHC) advisory committee consisting of Quarryville residents be established to engage and educate the community about the new practice. Dr. Bair encouraged his patients to support this endeavor. Moreover, he told him he was already over sixty-five and was contemplating retirement. Thanks to the strong leadership provided by Jesse Cutler of Drumore and others including John C. Hoffman, who was Vice President of the Solanco School Board and an active member of the Quarryville Lions Club along with Lester Warfel of the Quarryville Rotary Club, and the backing of the Quarryville chamber of Commerce, they called a meeting at the Fulton Grange. Nearly 200 people showed up at the meeting. Drs. Wentz and Bair convinced the crowd of the desirability of the

proposed center and that it would confront the need for more doctors in the area quickly. Dr. Wentz emphasized the fact that the need for more primary care physicians was a national crisis, and the Lancaster General Hospital's residency program was intended to address not only the local need, but also the country's needs.

Dr. Wentz explained that the residency doctors who would staff the center would be in their second year of training and would have already completed their internship and be taking their state licensing board examination. Thus, under the system that even existed in 1970, the family practice residents would be eligible under state law to enter private practice as licensed practitioners. The difference was that in the new three-year residency the residents would be gaining proficiency in this new specialty throughout their second and third years, while the patients and the residents would have the luxury of being supervised by an experienced attending.

Following this gathering, an advisory committee, headed by Jesse Cutler would meet monthly for the first couple of years, then every two or three months for several years until the practice was well-established. Its members were among our first patients. They became the major spokespersons for the practice and helped to propel its growth. The support for the center grew and the plans were now under way to establish a rural-based family health center. The leadership provided by these local citizens was nothing less than outstanding. Much of this early success had to do with the strong support from the community's citizenry and the SLCFHC Advisory Council, including John Hoffman, Mr. Paul Jassero, Mr. Clifford Holloway, Mrs. Harold Stokes and Jesse Cutler, who was its chair. They played a major role in the success of the center.

In 1970, the rural-based practice in the borough of Quarryville with a population of 1800, the center was situated in the heart of a 300-square mile area in southern Lancaster County with a population of 30,000 people. Incidentally, 10% of the population was Amish. As noted, this was one of the most medically underserved areas of Lancaster County. Besides Dr. Bair, there were only two other solo practitioners in the borough of Quarryville. The handicapped allopath in his late 50's retired within the first year after we got started. The other, an osteopath in his early 50's, decided to move to another state. Thus, the timing of our practice could not have been better for the community, as we grew very quickly.

Our rural-based MFPU gained a great deal of support at the RRC level, even though there were serious reservations at first. One of the strongest arguments for the new specialty of family medicine was the serious scarcity of doctors in so many rural American communities, such as Quarryville. Undoubtedly training residents in such a setting would encourage graduates to settle in a rural community. At the time, there were no rural-based family practice centers in any of the residencies, and so this would be a first. One program in Virginia had a semi-rural based MFPU. We also believed a rural based “model family practice center” would have recruitment appeal.

CHAPTER IV: THE RRC ENDORSES LGH'S UNIQUE & INNOVATIVE MODEL

THE RRC VISIT AND THOMAS W. JOHNSON, M.D.

In the meantime, the Residency Review Committee for Family Practice (RRC-FP) had to receive our application by mid-August if we desired to have our site visit by mid-September. Since I already had a draft of the application prepared while I was in my fellowship in Boston, it was submitted to RRC in plenty of time. Although I had discussed the idea of a rural-based family practice center with the secretary of the committee, this was not included until after the scheduled visit with Dr. Thomas Johnson in mid-September.

Tom Johnson, M.D. was the field secretary for the Division of Education of the American Academy of Family Physicians (AAFP) and an ad hoc member of the Residency Review Committee for Family Practice (RRC-FP). Tom did not like to fly and preferred to do all his site visits while on the road in his car. His assessment of our program and his recommendations in regard to approval were essential.

When Dr. Johnson arrived, we were finalizing agreement of the rural practice with the medical staff leadership and administration. We proposed that the Lancaster program was to have two family practice centers for the education of our residents, one hospital based to serve our medically indigent community with a large maternity service and strong community service commitment, and the other, our MFPU, with a wide demographic and socio-economic spectrum of patients fully representative of the Southern end of the county. The model MFPU was fairly typical of any other private practice in rural southern Lancaster County. The population mix of patients of the two practices assured a wide demographic distribution of patient exposure for the residency program.

We told Dr. Johnson, that although we could not have a rural practice operational before July 1971, it did not pose a problem, as our residents were not going to begin seeing their patients in Quarryville until the second year of their residency. Our practice in Quarryville, which was 16 miles or 30 minutes driving time from Lancaster General Hospital, exceeded the RRC guidelines by ten minutes. Although he thought the distance to Quarryville would be an issue, he was clearly intrigued with the innovative proposal to

establish a rural site for the family practice center, especially when he learned of the demographics of the southern Lancaster County community. He liked the idea that our program would have two practices for our residents, the urban-based Family Health Service situated in the new outpatient department of the hospital, and our MFPU, the SLCFHC, in rural southern Lancaster County with a wide mix of patients. He considered the hospital-based urban FHS site with the anticipated large number of maternity patients as an asset.

Dr. Johnson was impressed with our vision, mission, and goals, and liked the proposed innovations in our program including the requirement that our residents were to conduct a community service project beginning in their second year and to write a scholarly paper of publishable quality on a clinical subject that would improve the management of our patients in the family practice setting.

Dr. Tom Johnson was complimentary of our hospital administration's strong commitment and obvious support. He recognized the enthusiastic endorsement by our Director of Medical Education, the medical staff's president and the vice president. Tom reassured me that the political issues that were surfacing with the medical staff were not unusual, and to be patient.

THE RRC GIVES APPROVAL TO BEGIN RECRUITING IN OCTOBER 1969

I told Dr. Johnson we wanted to have our first residents start in July 1970, and was hoping to get the RRC's approval to start recruiting. Dr. Johnson asked that I submit an addendum to our application regarding our rural-based MFPU in Quarryville and our view of how we were to integrate the FHS into the program, emphasizing our community medicine focus. He thought that the Lancaster program would likely receive a three-year provisional status when the RRC was expected to meet in March, and he was confident that we would be given permission to begin recruitment in October.

Shortly after Dr. Johnson submitted his report about us to the RRC, we received notice from the RRC secretary that we were granted permission to begin recruiting for the class beginning in July 1970, as long as the applicant was informed of our program's tentative status. The applicants were told that

if they ranked us number one, and we were not approved, the match system will move them down to their second choice. It was made clear that we would not receive formal action on our program until March 1970. We immediately got the word out to prospective applicants in the nearby medical schools. Since we already were recruiting students for our rotating internship, some of the students we saw were serious candidates for our residency program. We decided to match only three students for July 1970 because of our tentative status and because our rural-based MFPU was not going to be ready until July 1971. We were amazed that although our hospital was recruiting applicants for 12 rotating internship slots, we actually interviewed more than 70 students for our family practice residency program. We were gearing up to take five residents for the class beginning in July 1971 and six in July 1972.

Thanks to the enthusiastic endorsement of Dr. Tom Johnson and his strong support of our program, and the newly amended application with the unique two practice model of our residency program, the secretary called me to tell me that our application was considered one of the more attractive applications they had received to date.

FORMAL PROVISIONAL APPROVAL BY RRC-FP GIVEN IN MARCH 1970

Following the March, 1970 meeting of the RRC, we received notice that the LGH family practice residency program had received provisional approval status. The memo was dated March 30, 1970, and it indicated that LGH was among the six new approved programs given provisional status, bringing the total number of approved programs at the time to 39, which included the original 15 pilot programs and the 18 programs that were approved earlier in the fall. By July 1, 1970, there were a total of 49 approved residency programs. The letter from the RRC maintained that the resident must spend a minimum of two years in the model family practice center, thus endorsing our residency program's two continuity experiences in two different settings.

CHAPTER V: THE SOUTHERN LANCASTER COUNTY FAMILY HEALTH CENTER (SLCFHC)

SOUTHERN LANCASTER COUNTY FAMILY HEALTH CENTER



Fig. 10. The Southern Lancaster County Family Health Center, 1971-1973. Photo, Courtesy of Penn Medicine Lancaster General Health

The old parsonage of St. Paul's United Church of Christ on 4th Avenue in Quarryville was leased to the hospital for \$1 a year with the stipulation that the hospital would return it into a home when vacated. With funds raised by a highly successful community effort, the home was refurbished to accommodate the opening of a highly functional medical practice.

Those first residents who staffed the center were Drs Clair Weaver, J. Kenneth Brubaker, Rogers McLane Jack Wolgemuth, John Breneman and Harold Kraybill. Quickly the residents and faculty agreed the large eat-in kitchen would be used to conduct office surgery with all those kitchen cabinets and room for a large procedure table in the center. The closed-in front porch was the waiting room with a pass-through window into the living room to accommodate the receptionist and administrative office. The other first floor rooms were divided into five exam rooms of good size with one-way mirrors and cameras available for faculty to observe and supervise the residents while seeing their patients. The second floor of the parsonage was

slightly rearranged to have a sleeping quarter for the resident on call alone with a night bell and telephone in the former master bedroom. A room was set aside for supplies and medication samples. The full bath was there for residents to clean up after a full day of caring for overnight visitors.

In the 1970's a physician in Pennsylvania could be licensed after one year of residency (internship). Residents assigned to the center had already completed their first year and were licensed. Therefore, all the residents were licensed physicians, and there was no issue of the resident seeing patients unsupervised after office hours. Early on, the decision was made that the residents would reside in the practice overnight to provide on-site night and weekend coverage to the Quarryville residents. A faculty person was on call for telephone consultation and would be present if necessary. One of the two or three residents present for Saturday morning office hours would be on-duty until Monday morning. It didn't take long for the other local physicians in the area to sign-out to the resident at the center. This wonderful convenience actually eased the concern that this competition may have caused for some of the doctors practicing in the area. At the same time, it also facilitated the rapid growth of the practice.

House calls were a common practice, especially in the early years of the practice. An important issue was what should be in the doctor's bag to make house calls. Henry Wentz, M.D. and other clinical faculty discussed options and content of the bag with the residents. The faculty decided on criteria for house call. As Amish requiring transport did not arrive in cars, there was a hitching post put in the office parking lot.

Dr. Herbert L. Tindall, who was in solo general practice in Christiana, in eastern Lancaster County for more than 25 years, joined the faculty in the fall of 1971 on a part-time basis. When Dr. Wentz returned to full-time practice in January 1972, he became its full-time director. With 18 residents or six residents in each year, we no longer had enough space to care for our patients. The practice grew so quickly, however, that a new site was sought. We were seeing hundreds of new patients and with more 15,000 patient visits a year, office hours were conducted morning, afternoon and evening, five days per week as well as Saturday morning. The site chosen was on the corner of Chestnut Street and Maple Avenue at 317 South Chestnut Street, and the newly constructed facility was opened on April 25, 1974. The new

facility met all the specifications for a model family practice unit and was designed with the idea for future expansion.

As the residency program grew, the practice was open for office hours every evening except Fridays. It was open Saturday morning as well. It was no longer considered necessary to have the residents stay overnight or on weekends. The new facility also had a room set aside for emergencies, and was equipped to manage injuries including laceration repair and management of fractures.

The ethnic mix was 90% white, including ten percent Amish. Nonetheless, the Amish never made up more than 2% of the patient visits. In the first several years of the practice about 10% percent of the practice were medically indigent or on medical assistance, but those on medical assistance made up 25% of the patient population and more than a third of the visits. The residents spent two to three half-days each week in our rural practice.

Following the death of the wealthy coal and lumber businessman, Walter Long Aument in 1943, he bequeathed, that following the death of his wife, who died in 1978, his money was to be used to construct a facility for a hospital or hospital-like purposes. It was obvious even with the more than \$200,000 that accrued, a hospital could not be built, but the court decreed that the money could be used to build a medical center. Hence, by 1980, the trustees of the estate saw to it that these funds were used to purchase equipment for the center and to be used by the hospital to expand the center. A dedication service in February, 1980 formalized the re-naming of the SLCFHC as the Walter L. Aument Family Health Center (WLAFFHC) and was to be made a Division of Lancaster General Hospital. By 1985 the center was expanded to 6,500 square feet and again to 12,000 square feet in 1993. Sadly, less than two years later the center caught fire, as the result of a malfunctioning heating system. Fueled by oxygen tanks in the facility, the building burned to the ground. Thankfully, this happened at 2 a.m. Although there were two medics in the building at the time, they managed to escape safely, and no one was hurt. Fortunately, the \$1.7 million structure was covered by insurance. Temporary quarters were quickly found, and makeshift accommodations kept the practice going for the next nine to 12 months until the present new 12,000 square foot model practice was built to include space for future expansion. It has recently undergone major renovations to accommodate offices for podiatry, counselling and expanded

laboratory and imaging services with redesigned administrative, faculty and resident offices.

The rural based family practice center in Quarryville proved to be a highly successful model right from its inception. We never had any problem attracting patients, and it has remained principally a resident-run practice, as the residents care for 80% of the patients. Moreover, the Southern Lancaster County Family Health Center has been a special attraction for many applicants. As already noted, in 1969-1972 period, when the Lancaster program was being formed, there was no other program in the country that had two family health center training sites, one urban and one rural based family practice center. This innovation served to make the LGH program unique, and contributed to its attractiveness to prospective applicants. In the first month of full operation in October, 1971, we saw 235 patients, and the growth continued uninterrupted. There are now more than 30,000 patient visits per year.

CHAPTER VI: THE FACULTY CALLING CARD

The backside of my calling card carried a message, authored by John W. Gardner (1912-2002). He was the founder of Common Cause and was President Johnson's Secretary of HEW (Health, Education and Welfare):

“A system that isn't innovating is a system that is dying. In the long run, the innovators are the ones who rescue all human ventures from death by decay. So, value them. You don't have to be one yourself, but you should be a friend of the innovators around you. And if you don't have any around you, you had better import some.”

I was determined to surround myself with such people: faculty, staff, and residents alike. My calling card to this day carries this message.

As noted the first faculty person I was able to recruit was Dr. Henry S. Wentz, who was at the forefront in helping to develop our rural-based model family practice unit in rural Southern Lancaster County. Quickly following the development of our urban-based Family Health Services, there was a need to add faculty, and we were fortunate to be able to recruit the visionary and enthusiastic academician, Dr. John Randall, who had just completed his fellowship in infectious diseases and a residency in pediatrics. I was made aware of this unusual and gifted teacher and clinician from Dr. Fred Burg, a pediatrician and associate dean at the University of Pennsylvania School of Medicine. Because he brought the much-needed specialty skill of infectious diseases, he was quickly endorsed by Mr. Wedel who saw a much-needed vacuum in our medical staff, as LGH did not have an infectious disease specialist. He was offered a position as half time commitment to the residency program and half-time devoted to his subspecialty. He later also became boarded in family medicine.

JOHN RANDALL, M.D.

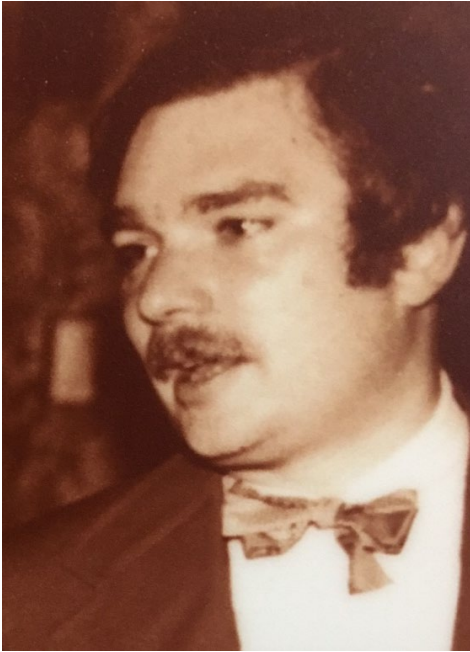


Fig. 11. John Randall M.D., Associate Director, 1971-1981, boarded in pediatrics, family medicine and infectious diseases. Photo, Courtesy Penn Medicine Lancaster General Health

John joined the faculty in July 1971 as Associate Director and Director of Community Medicine. He was the first infectious disease specialist in Lancaster and thus served as the only Infectious Disease Consultant in the Lancaster community for the first few years in practice.

His undergraduate training was in the Department of Religion at Princeton University, and his medical training was at McGill University Faculty of Medicine. He completed a rotating internship at Pennsylvania Hospital and a residency in pediatrics at the University of Vermont. During 1968-1970, he served as Lieutenant Commander in the Navy, stationed in Charleston, South Carolina. He returned to Philadelphia to complete an infectious disease fellowship at Children's Hospital of Philadelphia before joining our faculty. John had always impressed me with his keen intellect and his strong interest in the holistic approach to patient care. He was a visionary with an open mind to the many modalities of healing and strongly endorsed integrative medicine.

Dr. John Randall as Director of Community Medicine oversaw the Family Health Services and coordinated the teaching program in pediatrics. Dr.

Randall, a pediatrician, enthusiastically embraced the philosophy of family and community health. Dr. Randall brought a fresh vigor to the residency program with his wonderful intellect and respect that he enjoyed among our specialty colleagues.

His role in the residency program was strongly felt and greatly respected as a teacher and mentor. During his years in Lancaster, he was involved in two major public health events in Lancaster County, which included the fallout from the nuclear accident at nearby Three Mile Island and the polio epidemic among the Amish community of Lancaster County. He had the unique opportunity to sit on a national committee to remediate the clean-up of the 1979 nuclear accident at Three Mile Island. He also played a key role during the polio epidemic, which also occurred in the same year in June 1979. He and his team had to convince the Amish bishops to get authorization to conduct mass immunization among the 82 parishes in the region. This involved the collaboration of the Pennsylvania Department of Health and the Community Disease Center to contain the epidemic. They succeeded in mass immunization of Lancaster's Amish community through the use of the Sabin vaccine. Those that remained unimmunized may have benefitted from the vaccine's herd immunity effects. There were no adverse consequences from the vaccine, and the epidemic was aborted.¹

In 1981, he left Lancaster to become the residency director and chief of family medicine at Maine Medical Center in Portland, Maine. From 1991 to 2002, he was the chairman of the Department of Family Medicine at the Sidney Kimmel Medical College of Thomas Jefferson University. Currently, he serves as Dean of Clinical Sciences and Professor of Therapeutics at St. Matthew's University, Grand Cayman Island, British West Indies. Dr. Randall has served in a number of positions in the medical community, from the British West Indies to Maine.

Dr. Randall is married with eight children, including three daughters from his previous wife from whom he was divorced, and four grandchildren. He has since acquired a Masters in holistic spirituality at Chestnut Hill College, Philadelphia. He lives and works on an uncertified organic farm in New

¹ Hendricks, Ellen, Poliomyelitis in Lancaster County with Emphasis on the Iron Lung, The Journal of the Lancaster General Hospital, Lancaster General Health, Lancaster, PA, Summer 1915, p. 58

Gloucester, Maine, where he serves as chairman of the town's public safety committee.

In the first years of the residency program, the Family Health Service was co-directed by myself, Dr. Randall, and Dr. Peterson. Later, it was directed by Dr. Mark Connelly and Dr. Rast. As the program expanded, the Family Health Service incorporated a third practice site for the faculty at Women and Babies Hospital on the Suburban Campus site. The downtown urban practice was renamed Downtown Family Medicine and directed by Drs. Vnenchak, Cohen and Hermansen.

MYRON RUBIN, M.D. (1972-1976).

Dr. Myron ("Mike") Rubin, a general internist and gifted teacher, was also hired in 1972 on a half-time basis to oversee the family practice inpatient service. The residents' evaluations regarding their experience on this service was consistently laudatory regarding its educational value and the superb teaching provided by this wonderful clinician.

Dr. O'Donnell believed that recruiting Dr. Henry Wentz as the program's first associate and making him head of our family practice center in Quarryville, as well as hiring Myron Rubin, M.D., a general internist, as the teaching coordinator of the FHS inpatient service, strengthened the support from the medical staff for the program. Myron or "Mike" Rubin was not only a gifted teacher and strong supporter of the residency program, he was loved and admired by his colleagues, his patients and most of all his students and residents. Unfortunately, he was getting up in years and was with us for only a few years.

THE DIRECTORS OF THE SLCFHC/WLAFHC:

HENRY S. WENTZ, M.D.



Fig. 12. Henry S. Wentz, M.D. with residents Dr. John Brenneman to his right and Dr. Claire Weaver to his left. Photo, Author's Personal Collection

It was Dr. Henry Wentz who deserves the credit for the founding of the Southern Lancaster County Family Health Center. He convinced Dr. Charles Bair, then Chair of the Department of General Practice and a highly respected and very busy general practitioner in the Quarryville area, to help lead the way to get the community behind the idea of establishing our model family practice unit in Quarryville. Dr. Wentz was the first director of the center and served as the mentor and teacher of our first residents.

Unfortunately, Dr. Henry Wentz, who was in a half-time status as faculty, was getting overwhelmed with both his practice responsibilities and the residency program and chose to return to full-time practice by January 1972. In 1974, he and three other physicians began the Eastbrook Family Health Center practice, three miles north of Strasburg. Dr. Wentz retired in 1988. Soon after his retirement he and his wife Mary moved to Willow Valley Retirement Community, where they became fully integrated into that community. As previously mentioned, Henry was one of the most respected physicians in the community, not only for his exemplary skills as a clinician, but as a humanitarian, civic leader and family man. He did much to get the program started on a firm footing, especially as it relates to the development of our rural-based Southern Lancaster County Health Center as our model family practice unit.

In summary, the program owes a debt of gratitude to Dr. Wentz, as this center would not have been possible without his vision and passionate commitment for its success. He was the first associate director and the first director of the SLCFHC. Secondly without the support of Dr. Charles Bair, the then chair of our department and highly esteemed general practitioner in Quarryville and Southern Lancaster County, the center would not have been possible.

HERBERT L. TINDALL, M.D.



*Fig.13. Herbert L. Tindall, M.D., (1914-2012), Director of WLA FHC, 1972-1980
Courtesy, Edward Hand Medical Museum, March 15, 2015.*

As already noted, Dr. Herbert Tindall (1911-1980) joined the faculty in the fall of 1971 and became the first full-time associate and full-time director of the Walter L. Aument Family Health Center in January 1972. Herb grew up in the Elkins Park area of northeast Philadelphia and came to Christiana, Pennsylvania Lancaster County in 1946 following active duty in the U.S. Navy as a Medical Corps officer. He had the distinction of graduating number one in his class at Hahnemann Medical College. He was a gifted clinician and seemed to know everything about everything. While maintaining his busy practice, he served as a Deputy Coroner, president of

the Christiana Board of Health, clinician for the State child health clinic in his area, and chief of staff at Coatesville Hospital (1967-1970). He and his wife Julie lived in the historic homestead of the 19th century Lancaster physician and surgeon, D. Hayes Agnew, M.D., who became chair of surgery at the U. of Pennsylvania, and who was made famous by the painter, Thomas Eakins, in the 1889 painting, known as the Agnew Clinic.

Herb was an ardent stamp collector and wonderful photographer. He developed a marvelous collection of photos over the years regarding the residency program. Perhaps more importantly, and very early on, he became quite interested in the new information system technology. He used this technology to develop a unique data base, which allowed us to analyze our practice and the experiences of our residents. As an example, Dr. Tindall produced a weekly report about each resident's productivity at the Quarryville practice. The resident could see from the visits seen and billing made for their time spent there if they might be productive enough to enter practice. The report was laid out for the resident to see on the second-floor counter top but never discussed lest a resident felt deficient.



Fig. 14. Dr. Tindall engaged in his cinematic hobby. Photo, Courtesy Edward Hand Medical Heritage Foundation

Dr. Tindall was a member of the North American Primary Care Research Group. His inquisitive mind sought answers how family medicine could document its impact on the community. He maintained a dialogue with the well-acknowledged leaders of primary care research for decades. His daughter-in-law, Janice Tindall, M.D., wife of son Robert, graduated from our program in 1983, and she practiced in eastern Lancaster County. She and Bob are now retired and living in Florida.

By the time Dr. Herbert Tindall retired on July 31, 1981, there were 27 residents in the program, and we were caring for about 1,500 patients per month.

DORIS DUNKLE, RN

One of the reasons for the success of the Quarryville practice was the outstanding staff that we were able to bring to the center including its first head nurse, Doris Dunkle, RN and Linda Cammero, the center's administrative assistant. Mrs. Dunkle can take credit for helping to build the rural practice as well as nurture the residents' education and Linda provided considerable assistance to the director in managing the day-to-day operation of the practice, such as coordinating the many scheduling issues.



Fig. 15. Doris Dunkle, RN, The first head nurse of the program's rural practice in Quarryville. Photo, Courtesy Edward Hand Medical Heritage Foundation, Lancaster, PA

WILLIAM H. BACHMAN, M.D.



Fig. 16. William H. Bachman, M.D., (1926-2014). Director of the WLAFFHC, 1980-1990. Courtesy, Edward Hand Medical Museum, Lancaster, PA, March 15, 2019

Dr. William H. Bachman (1926-2014) was the third director of the WLAFFHC and assumed the position of director in 1981. He grew up in the Williamsport area. He joined the US Coast Guard in 1943 and served in the Pacific Theatre during the war. He was among the first troops to go ashore after the atom-bombing of Nagasaki. He then graduated from Bucknell University in 1950 with an MS in physiology and then entered medical school at Temple. He returned to his hometown of Williamsport where he completed an internship and general practice residency before entering practice in Wellsboro, Pennsylvania for the next 25 years. He remembers delivering babies, making house calls, conducting hospital rounds and keeping up with a busy office practice. One weekend he made a total of 17 house calls during a serious flu epidemic in his practice. He reported that he in those early years in practice the charge for office visit was \$3.00, a house call, \$5.00 with a small mileage charge and a home delivery \$60.00. He was

president of his medical staff for two terms and chief of the obstetrical service for nearly 20 years.

During Dr. Bachman's tenure, the facility was expanded to include X-Ray equipment, additional exam rooms a community patient education room and a larger emergency room. By the time, he assumed the directorship, he also served as the medical director of the local nearby Presbyterian Extended Care Facility, which offered the residents the opportunity to provide geriatric care to the patients under his overall care. He also assumed the role of medical director of the Solanco High School, and he developed a sports medicine program, which the residents were engaged in. He was noted for his clinical skills and considered a powerful mentor to many of our residents. His obituary quoted his philosophy: "respect, compassion, and genuine interest in the ambitions of his patients and students, by giving encouragement, useful insights and good advice" whenever he could. When

By the time Dr. Bachman retired on December 31, 1991, the residency program had expanded to 36 residents or 12 residents in each of three years, and we were caring for 1,900 patients per month.

In 1990, he was honored by the Lancaster City and County Medical Society with the Distinguished Service Award in recognition of his "many years of dedicated, unselfish service to his patients, his community and his profession."

His love for the outdoors and nature included hunting, fishing, skiing and canoeing was shared by his loving wife, Sheila, who by the way, also enjoyed snowmobiling and trail bike riding. He and Sheila retired first in Long Island, NY and then in rural Montana, where he lived the rest of his life. He and Sheila had four children and five grandchildren.

JOHN TYLER, M.D.



Fig. 17. John Tyler, M.D., Director of the WLA FHC, 1991-1995. Courtesy of the Edward Hand Medical Museum, Lancaster, PA, March 15, 2019

Dr. John Tyler was in private practice in Blue Hill, Maine for more than sixteen years when he joined the department in 1991 and assumed the directorship of the WLA FHC. He brought a fresh approach to teaching obstetrical care, as well as his knowledge of office orthopedics and suturing techniques. He conducted regular workshops on basic suturing principles and the use of the office laboratory at the Temple University/Lancaster General Hospital Family Practice Review. In the time that he spent with us in Lancaster, he became involved with the medical society, serving as chair of Grievance Committee as well on the Council on Medical Services. In his last year in Lancaster he was the medical society's vice president before he was recruited to assume the Directorship of the Family Practice Residency Program at Abington Hospital in 1995. In 1997, he joined the faculty at Crozer-Keystone in Delaware County. He returned to his native Maine in 2002, where he served as Director of Emergency Services at Penobscot Valley Hospital and then at Blue Hill Emergency Room and Director of Student Health Services in the Maine Maritime Academy. In retirement, he and Betty live on their farm in Blue Hill. In what John described as a "trip of a lifetime," he and Betty were among a group of physicians and their

spouses, when in May 2018, under the sponsorship of the Family Medicine Education Consortium, we visited Greece “In Search of Our Roots in Medicine in Greek Antiquity.”

It was becoming increasingly apparent that we had to have a much larger facility. So ground-breaking for a new 12,000 square foot facility began on November 16, 1992.



Fig.18. The Walter L. Aument Family Health Center, 1992, Courtesy of the Edward Hand Medical Foundation. Photo, Courtesy Penn Medicine Lancaster General Health

Unfortunately, two years later due to faulty wiring in the attic, on a cold Sunday evening, the new building caught fire and burned to the ground. The fire was caused by faulty wiring in the attic. Amazingly enough, there was an empty large office building just a few blocks from our center, so within one week, we were able to begin seeing patients again. We had to make many accommodations regarding scheduling to make this work.



Fig. 19. Temporary quarters of the WLAHHC after our family practice center burned to the ground. The practice was opened in less than two months after the fire and within one year the new center was open at the previous site for business. Photo, Author's personal collection.

ROLAND LARRABEE, M.D.



Fig. 20. Dr. Roland Larrabee was the fifth director of our rural-based family health center, Photo, courtesy, Penn Medicine, Lancaster General Health

Dr. Roland Larrabee (1995-2015) was the fifth director of the WLAFHC. Roland Larrabee, MD: After his graduation from our residency program in 1983, he entered private practice in rural Maine and then joined our faculty in 1995 to assume the directorship of the WLAFHC. During his tenure, the WLAFHC, the center caught fire and burned to the ground, and was rebuilt into a very impressive 12,000 square foot model family practice unit with five pods, each containing four exam rooms, an emergency room to better accommodate accident victims including the many patients with farm accidents, an up-to-date lab, administrative space for faculty and staff and a preceptor's room with an up-to-date library and a large conference room. Unfortunately, Roland acquired a Guillain Barre-like syndrome and became increasingly incapacitated and had to take permanent sick leave in 2015.



Fig. 21. The new 12,000 square foot WLAFHC opened in less than one year after the fire. A “model family practice unit” in every respect. Photo, Courtesy of Penn Medicine, Lancaster General Health

JONATHAN STEWART, M.D.



Fig 22. Jonathan Stewart, M.D., Courtesy of Penn Medicine, Lancaster General Health

Dr. Jonathan Stewart, Class of 2006, was the sixth director of the WLAFFHC (2015-2018). He was a 1997 Magna Cum Laude graduate of Princeton University with a B.A. in Molecular Biology. At Princeton he was the recipient of the E.R. Squibb Thesis Prize for Outstanding Scientific Research in the Molecular Biology Department. He received his medical degree from the University of Virginia School of Medicine in 2003 following which he entered residency training in family medicine at Lancaster General Hospital. Following graduation, he entered practice with Diamantoni Associates where he did full-spectrum family medicine, which included obstetrics and sports medicine. He continued to do the same when he joined the Norlanco Family Medicine group in Elizabethtown from 2007 to 2013. In January 2014, he accepted the offer to become the Medical Director of the Walter L. Aument Family Health Center, during which time he was recognized for his teaching excellence as the Quarryville Preceptor of the Year in 2016 and Faculty Teacher of the Year in 2017. Jonathan left Lancaster to join the Carilion Clinic in the Department of Family Community Medicine in Roanoke VA. He and Christi Ann Stewart graduated in the same year, and she completed the LGH fellowship in geriatrics and palliative care. Christi is currently heading up the Palliative Care Fellowship in Carilion Health System. They are the proud parents of two boys.

GLADYS FRYE, M.D.



Fig 23 Gladys Frye, M.D., Courtesy of Penn Medicine Lancaster General Health

Gladys Frye, MD is the seventh director of the WLA FHC (2019-). Gladys Mae Frye, MD, Class of 1996, graduated from the University of Maine with a Bachelor of Science in Biology with “Very Highest Distinction, first in the College of Arts and Sciences” and a Phi Kappa Phi Nominee in 1989. She graduated from the University of Vermont, College of Medicine in 1993. Following graduation from Lancaster’s family medicine residency in 1996, she also completed a one-year Academic Teaching Fellowship in Lancaster in 1997. She then joined the faculty as an Associate Director for several years before returning to her home state to become part of the Bowdoin Medical Group in Biddeford, Maine in January 2000. While in practice, she served as a preceptor for the New England Family Practice Residency in Biddeford. She returned to Lancaster as faculty of the residency program from February 2007 to December 2011. From January 2012 until June 2019, she was with the Strasburg Family Medicine Practice, only to come back to the residency program; this time to accept the position as Director of the Walter L. Aument Family Health Center in June 2019.

She is certified as a Lactation Consultant by the International Board of Lactation Consultants, and in 2003, she received the Breastfeeding Support and Awareness Challenge Award by the LaLeche League of Portland, Maine. In her first year as faculty in 2007, she acquired grant support to conduct research and promote the development of the Lactation Curriculum for the residency program. The Department of Family and Community

Medicine at Penn State University College of Medicine honored her with the Exceptional Teacher of Medical Students Award in 2008-2009. The Lancaster General Hospital Residents also honored her with the Family Health Services Faculty Teacher of the Year Award in 2009. In 2014, while fully engaged in the Strasburg Family Medicine practice, the Lancaster General Hospital Medical and Dental Staff honored her with the “Teamwork and Communication Award” for what was described as “exemplary advancement of a positive and cooperative care environment and/or advancement in medical care team communication.” Her exemplary volunteerism in Lancaster includes Vantage House where she performed on-site physicals and consultation services for female clients and their children from 1996-1999 and again from 2007-2011. She has participated in “Lighten-up Lancaster,” a coalition of community volunteers, promoting healthy weight through diet and exercise from 2007 to the present. She has organized faculty and residents to raise funds to participate in Aaron Acres, a camp to help families with children with autism from Lancaster and Lebanon Counties with Autism. She is recognized for her teaching skills, and has been invited to participate in the semiannual nationally recognized continuing medical education program, the Temple University/Lancaster General Health Family Medicine Review, where she has lectured on the topic of autism and childhood behavior topics. She also conducted the Self-Assessment Module seminars on Well Child Care. Gladys is married to Andrew Frye, and is a devoted mother to their two children.

Dr. Frye offered the following commentary, as she reflected back on her residency years, citing that some of her most cherished and memorable moments from residency were doing home visits:

“In 1996, the day after one of the biggest snow storms in Lancaster PA history, I went to a patient’s home 2 blocks away from the prison. She had become too weak to come to the Family Health Service. At the age of 42, she was dying of breast cancer. I had delivered her baby boy the year before and diagnosed her with Dermatomyositis within 6 months of giving birth. She had a 20-year-old son who was home to help care for her while on break from the University of Maryland. He was a sophomore getting his degree in business. He and his mom were so proud because he had a basketball scholarship. At the end of the visit, I broached the subject of her code status. She sat across from me on the couch in her robe, while her baby played around her feet. She took my hand and smiled at me saying, “I do not want to talk or think about that right now.” I could tell by the look in her eyes she knew she was going to die soon, but for her family’s sake she had to keep fighting. Her 20 year-old son walked me to my car after I hugged everyone good-bye in the room. I made a time later in the week to come back. He

would not accept no, and insisted that he walk me to my car. Putting on his jacket, he said, "A white lady in this neighborhood is not safe alone after dark." He walked me to the car and did not go back in the house until I had locked my doors and started to pull out. A van came down the street and did not see my car pulling out of the small spot cleared between snow banks (we got over 18 inches of snow the previous 24 hours). My back bumper was removed by that van, which would usually send me in to a fit of "WHY ME!" "Another thing to fit into my already busy days as a resident physician." But on that day, on that street, in the dark, with that family experiencing their grief-that was the farthest thing from my mind. "Oh well, it is just a car to fix." I called my husband and told him I would be a bit late, but I was alright; I would be home soon, and I loved him very much. The valuable lessons in residency are not always the disease but the impact."

QUARRYVILLE

The demographics of the Quarryville practice has remained like any other private practice in the area, with the patients representing a wide socioeconomic spectrum, characteristic of the community. The demographics of the community have changed, however, over the center's 40-year history. The ethnic mix is still 80% white to include 5% Amish, but the remainder is made up of Afro-Americans, Hispanics, and other ethnic and racial mixes. 25% percent of the practice is made of medical assistant patients.

Medical student applicants are impressed with this beautiful teaching facility, complete with its own parking including an area with a hitching post to accommodate the Amishman's horse and buggy. The center is located in the middle of Quarryville. Perhaps it is no coincidence that more than 50% of the graduates to date have ended up in rural communities not too unlike Quarryville. Moreover, the graduates affirm the value of the dual continuity experience, having cared for two different socio-economic groups of patients in two distinctly different geographic settings. Of the more than 150 graduates of the program who have settled in Lancaster County, the majority are practicing in the rural countryside. Many of the graduates who have settled in urban communities are committed to caring for low income and medically indigent persons in a variety of publicly-funded federally qualified health centers.

CHAPTER VII: COMMUNITY MEDICINE

EDWARD J. BENZ, JR. M.D.



Fig. 24 Edward J. Benz, M.D. is currently President and CEO Emeritus, of the Dana Farber Cancer Institute and Professor of Medicine and Pediatrics at Harvard University School of Medicine. Image retrieved April 6, 2019 from: <https://www.dana-farber.org/find-a-doctor/edward-j-benz-jr/>

Much of the credit leading to the development of this aspect of the curriculum was the result of the work by Edward J. Benz, a freshman Harvard Medical student. I had the good fortune to have the approval from Mr. Wedel to hire him as a summer research assistant in 1969. During my fellowship, I served as Ed's mentor while he was doing his clerkship experience in the Family Health Care Program. I was so impressed with this bright, impressive, and courteous gentleman, I asked him if he had any commitments for the summer before he began his sophomore year, and to our good fortune at the time, he was uncommitted. I was so confident that Mr. Wedel would agree, I offered him an internship to work with me the summer of 1969 shortly after I arrived in Lancaster

Ed commenced his duties shortly after my arrival at Lancaster. Based on my experience in the Family Health Care Program, it was going to be most important that we had a firm idea of what social and mental health services were available in Lancaster. I wanted Ed to meet the directors to learn about the mission of each of these agencies and more specifically how they may be able to help us care for our patients. At the same time, Ed was to educate the director about the new specialty, to let them know about our new department, and that we were establishing a family practice residency

program. The residents-in-training would be with us for three years, and we anticipated that at least a third of them would remain in Lancaster to practice. We wanted our residents to have a direct community service experience by the time they entered the second year. We wished our residents to assume opportunities to enhance their leadership skills., and wanted to know from the director whether they would accommodate them in their agency, such as board membership or an appropriate role on one of their committees. As it turned out, Ed's endeavors had enormous public relations value, and helped to create a closer link between our program, the hospital and these community agencies. Ed's work set the stage for several unique achievements of the residency program.

Our new department and our program received almost immediate news coverage in the local press. One important outcome from this endeavor was knowledge of the growing concern that Lancaster was experiencing a large increase in drug and heroin addiction. Several community leaders expressed an interest in how our new Department might be able to help to address this issue. One of those individuals, Dr. William R. Aho, a professor of sociology at Millersville University, who was quite enamored with the concept of our new specialty, and how our residency program planned to reach out into the community in order to improve the health of our community. The dialogue that ensued led to the publication of a paper in 1972 that reflected to a large extent on the work that Ed had done during the two months he was with us.¹ (See Appendix VI for a brief bio on Edward Benz)

The original concept of a community service project started with the first family practice residents. The residents are expected to perform a community service project beginning in their second year. This entailed having the resident think about becoming involved with a community agency such as Child Protective Services, Planned Parenthood, Catholic Charities, the Lancaster County Lung Association or the Heart Association and engage in a project such as smoking cessation, or reducing soda drink consumption in the community. The residents were encouraged to adopt a project. The results of some of these resident projects had a very favorable effect on the program's reputation and even elevated the hospital's image in

¹ Zervanos, Nikitas J., Benz, Edward J, William R. Aho, Family and Community Medicine in a General Hospital, Putting Principles to Work, JAMA, 1972; 221 (1):54-57.

the community. Resident experiences included work dealing with alcohol and drug abuse, air pollution, radon control, tobacco use, teenage pregnancy, maternal and child welfare, child abuse, mental illness, mental retardation, domestic violence, HIV, STD, foreign missions, and the homeless. Several of the graduates were also responsible for the creation of a free clinic at the Water Street Rescue Mission, a place for Lancaster's homeless. The community medicine curriculum included opportunities for residents to take an elective one-month rotation in their second or third years to spend in any underserved area in the USA, such as an Indian Reservation or even a third world country. The program's vision embraced the notion that as servant leaders its residents, given the opportunity to serve, will make a significant difference in improving the lives of others in very significant ways. The residents' community medicine experiences did much to enhance the hospital's outreach into the public health arena, but even more importantly it encouraged graduates to become involved in their local communities as volunteers to improve the public welfare.

To a large extent our residents' involvement in these community service projects, made them particularly qualified to be nominated for the annual AAFP/Mead Johnson Leadership Award. This award, funded by the Mead Johnson/Bristol-Meyers-Squibb Company, was originally established in 1952, recognizes outstanding general practice/family medicine residents for their leadership, as demonstrated by their civic involvement, exemplary patient care, and aptitude for and interest in family medicine. A special selection committee of the AAFP chooses 20 recipients from among candidates recommended by their respective program director. This award has been renamed the AAFP Excellence in Graduate Medical Education Award with a pharmaceutical corporation sponsor, which provides a \$1,000 scholarship stipend and the costs for the resident to attend the annual AAFP FMX (Family Medicine Experience) meeting.

THE ADDICTIVE DISEASE PROGRAM

In 1969, the seven square-mile city of Lancaster contained 56,000 people and the 1,000 square-mile county contained a total of 270,000 people. Fifty years later, Lancaster city has not grown much in population with 60,000 residents, but the county has more than doubled with more than 540,000 people. Lancaster's issues, then and now, are not unlike the country faces in much larger cities, but the big difference is that the problems are felt to be more manageable in Lancaster. Among the most heart-wrenching issues that still plague our community is the drug addiction epidemic. In 1969, there

was no formal program or physician in Lancaster with any level of expertise in managing such patients. Lancaster, like elsewhere was also experiencing a new wave of crime among its drug-addicted members, as they resorted to burglary and its accompanying violence to finance their habit.

REVEREND THOMAS I. MANNION



Fig. 25. Reverend Thomas I. Mannion, (1936-2018). Father Mannion was the Assistant Pastor at St. Mary's Catholic Church from 1968-1973. Photo is from obituary, Allen R Horne Funeral Home, 193 McIntyre Rd, Catawissa, PA 17820

After an article appeared in the local papers in early August regarding our new department and its focus on the underserved members of the community, one of the first such patients we saw was a young, handsome, well-mannered, not overly anxious African-American heroin addict, escorted to our new FHS by a Catholic priest, Father Thomas Mannion, who personally asked for me. He was the new assistant pastor at St. Mary's parish several blocks from the hospital. Father Mannion was impressed with the newspaper accounts of the new FHS, and he believed that we could help this young man. We ended up admitting him onto our inpatient service for up to a week or so. Many more followed that first one. Soon nearly half the census of our Family Health Inpatient Service was made up of patients who were being treated for withdrawal symptoms from their drug addiction.

Unfortunately, hospital detoxification had a near 100% recidivism rate. It was obvious that we had to develop a more-effective comprehensive outpatient program. Moreover, this was causing a serious political problem for the residency program. Its critics were exclaiming: “Why should the General be saddled with taking the lead to manage this community-wide problem?”

THE ADDICTIVE DISEASE UNIT (ADU)

However, there were many people in leadership roles concerned about this plague in our community. Utilizing the hospital facilities, the administrative resources of the Lancaster County Council on Alcoholism, and the County Office of Mental Health and Retardation, we formed action groups and worked with various other agencies, businesses and political leaders. In a relatively short time we managed to put a program together that established an Addictive Disease Program at the General, which became an integral component of the Family Health Service. In addition to the people from the Council on Alcoholism, Stanley Nelson, the Director of the Lancaster County Office of Mental Health and Mental Retardation (MHMR), helped to secure a grant application from the National Institutes of Mental Health, which funded the Addictive Disease Program. It included a Methadone Maintenance Program and a Family Counseling Center. This five-year \$1.2 million program, helped to pay for a full-time psychiatrist director and a staff, which included a minister, a social worker, and a nurse coordinator. The hospital provided the space and the clinical personnel to provide the medical services. The patients were fully integrated into the FHS practice. Thus, these patients had immediate access to both medical and counseling services. The community’s established judicial, social and welfare resources were also accessible to these people as needed. Educationally, we managed the addiction problem within the framework of a newly proposed model called, community-oriented primary care (COPC), which is a systematic epidemiologic approach to prevent disease and promote health. Family practice residents learned practical skills and appropriate attitudes to care for addicts in their daily routines of care.

Attempting to incorporate a more comprehensive biopsychosocial-spiritual model in the care of the patient suffering from addiction, we invited the participation of the clergy who were part of the hospital’s clinical pastoral education program to participate in the Addictive Disease program. In the meantime, the coalition task force continued to work with law enforcement,

the county commission, the newly expanded Council on Alcoholism and Drug Addiction, and MHMR to create a therapeutic community for the adolescent drug addict and a quarter-way house for an older population of less-severely addicted alcoholic patients. The therapeutic community was ~~also~~ an alternative to going to prison or Barnes Hall for those who were arrested for burglary. All this was established by early 1971 and was fully operational by the time the residency program had its full complement of residents in 1973. Twenty-eight day-rehabilitation facilities were also established in nearby communities, but were limited to those who had insurance or could afford it.

We were fortunate during this period to recruit an outstanding psychiatrist, Dr. Gerald G. May as Director of the Family Counseling Center. Dr. May developed a holistic approach to the patient suffering from addiction. He included modalities from the disciplines of psychiatry, religion, and Zen teachings. The staff included a group of ministers: Reverend Richard Geib, a seasoned Lutheran minister; Edward Albee, a Moravian minister; and the hospital's Clinical Pastoral Education Program, under the leadership of Reverend Myron Ebersole. Spiritual counseling became an important component in treatment of drug addicts and alcoholics at LGH. In 1971-1973, the family practice residency had high visibility as an advocate for rehabilitation of drug addicts. The program enjoyed early successes. Once the methadone program was fully operational, we managed to nearly eliminate the need to hospitalize our patients for treatment of withdrawal symptoms. Dr. May moved on to join the staff at Shalem Institute for Spiritual Formation at Mt. St. Alban, Washington DC where he assumed the title of psychiatrist and theologian, conducting workshops in contemplation and psychology and wrote extensively on the subject; among his writings was "Will and Spirit" in 1983, followed by "Addiction and Grace" and "Love and Spirituality in the Healing of Addictions" in 1988. (See Appendix VIII, a brief bio on Dr. May).



Fig. 26. GERALD MAY, M.D., 1940-2005, The photo is from our department's archives. It is a conference with our residents in 1972. Gerry is sitting to my immediate right. Dr. Tindall is on the far left in the photo and Dr. Wentz is in the dark suit up front on the right. Photo is courtesy of the Department of Family and Community Medicine, Penn Medicine Lancaster General Health

Reverend Richard Geib, a highly respected minister in the Lutheran community, served as spiritual counselor to many of our patients. Rev. Geib played a special role in the development of the addictive disease program. After a few years, he resumed his pastoral duties in Lancaster as senior pastor of one of the largest Lutheran churches in Lancaster. Ned Albee, a minister in the Moravian community and a spiritual counselor, went on to acquire further skills in social work. He eventually became the director of the hospital's social service department and LGH's VP for Human Resources.

In 1972, a half-way house, called "Manos," was established in a large house in the southeast section of Lancaster City. The first Manos facility was converted to provide care for up to ten adolescent male youth between the ages of 14-18. Its goal was to provide a safe haven for young boys with a first criminal offense. The court was encouraged to send them to Manos instead of going to a detention facility. Harold Jordan was its first director, a retired military man, who had a considerable experience working with young men. He was assisted by a small staff and a visiting counselling team from the Office of Mental Health and Mental Retardation (MHMR), who

provided them guidance. The name MANOS, which in Spanish slang means hands together, was ~~also~~ meant to honor the founders, Father Tom **Mannion** and Dr. Nikitas Zervanos, of the Addictive Disease Program.

It was anticipated that within six months in the **Manos** facility, they would receive the support and help they needed to become responsible and independent, by completing school, and securing a meaningful job.

THE COUNTY OFFICE OF MH/MR

As funds were cut back, the Addictive Disease Program was greatly modified and its services integrated into the MHMR program. Lancaster's methadone program was closed and patients had to retreat to neighboring counties to acquire methadone. Today addiction services are provided by the Drug and Alcohol Rehabilitation Service (DARS) program. Manos has expanded to a 50-bed facility in what was once a nursing home and is now located in the borough of Columbia. It is a component of DARS, and although it comes under the Department of Drug and Alcohol Programs, Pennsylvania Department of Health, the philosophy and treatment aims are the same. It teaches responsibility and emphasizes the importance of not only accepting help, but helping others.

Addiction medicine continues to be a part of the residency curriculum, and all residents gain experience managing patients with addiction disorders. Family practice residents who wish to acquire additional experience with addiction continue to be offered opportunities not only at a facility like Manos, but ~~also~~ other nearby rehabilitation programs in and outside the county. The residency program continues to educate and train residents in the management of addiction disorders to include the use of buprenorphine and naltrexone. The residents are offered additional opportunity to acquire skills in addiction medicine, in a longitudinal track during the resident's second and third years in what has been deemed an area of concentration (AOC).

COMPREHENSIVE CARE CLINIC (CCC)



Fig. 27. Jeffrey Kirchner, D.O., Founder of the Comprehensive Health Clinic. Photo, Courtesy of Penn Medicine Lancaster General Health

To a large extent, the HIV epidemic correlates with the rise of drug addiction in the Lancaster community. The department's outreach to marginalized populations placed it at the receiving end of, the growing number of HIV/AIDS patients in Lancaster county, who were integrated into the FHS. Jeffrey Kirchner, D.O., a graduate of the Philadelphia College of Osteopathic Medicine and the family practice residency program at Abington Memorial Hospital. He acquired a special interest in the care of patients with HIV/AIDS as result of the experience he gained following his residency at Abington Memorial Hospital, where he worked for the "healthcare of the homeless project" in Washington DC. After returning to his hometown here in Lancaster, he enjoyed a brief stint in private practice from 1990-1996, before joining the faculty in 1996. He recognized the specialized needs of the growing number of FHS patients with HIV (human immunodeficiency virus)/ and AIDS (autoimmune deficiency syndrome) and proposed the creation of a "comprehensive care clinic (ccc)" to care for this population. With the help of a Ryan-White grant, it grew rapidly into a program with a national reputation. It has become a popular elective rotation for residents who wish to gain more expertise in managing the HIV patient and many residents choose this as an area of concentration (AOC). Dr. Kirchner has become well known as an expert in the field of HIV medicine and has served on the national board of AAHIV Medicine and is currently the medical editor of the "HIV Specialist." He serves on the editorial boards

of Postgraduate Medicine and the Journal of Family Practice, and also served as an associate editor of the American Family Physician.

THE CLINIC FOR SPECIAL CHILDREN: DR. HOLMES & CAROLINE MORTON

The Clinic for Special Children was not an integral part of the residency program, but because it was a unique community resource under the leadership of a gifted pediatrician and visionary, it has played an important role in the residency program's growth and development. It was founded by one of the most remarkable physicians of Lancaster County, Dr. Holmes Morton, a pediatrician, who has touched the lives of thousands of people with genetic disorders, concentrated among the Anabaptist community, and not just Lancaster County. Our residents have had the opportunity to learn from one of the most prominent geneticists in America, while helping to care for some of his patients when admitted to Lancaster General or spending elective time with Dr. Morton and his associates in the Clinic for Special Children. The Clinic's new director is Dr. Kevin Strauss, while Dr. Morton established a new clinic in another Amish community in Belleville in Central Pennsylvania

There is a brief bio on Dr. Holmes Morton in Appendix VII

CHAPTER VIII: THE CURRICULUM:

THE FAMILY HEALTH SERVICE (FHS)

The ethnic mix of the FHS patients in 1969 was quite different from its present service to residents of Lancaster who are 30% Hispanic, 45% white, 15% Afro-American and 10% other, including Lancaster's growing refugee population. When the program first started more than sixty percent of the patients were Caucasian. During the first months in 1969, all the outpatient department (medical, pediatric, surgical and obstetrical) clinics were fully integrated into the FHS. Until we were able to recruit sufficient full-time faculty, and have adequate numbers of residents, the "volunteer" members of our department helped to care for the patients. The residents were assigned to the FHS one half day per week in the first year and one to two half days per week in the second and third year, depending on the rotation that they were on that month. The specialists who were assigned to the specialty clinics had the option to see the FHS patients in their office or as consultants in the FHS at a designated time. Eventually, with the exception of a monthly dermatology and monthly neurology clinic, nearly all volunteer attendings chose to see our patients in a consultative capacity in their offices. Both the dermatology and neurology clinics ~~are~~ were fully integrated as teaching services.

THE FIRST YEAR:

In 1970, the residents were fully integrated into the traditional rotating internship that included rotations on the FHS inpatient service, internal medicine, pediatrics, obstetrics, surgery, and emergency medicine service. The one-half day each week that the family practice residents were to spend in the FHS took priority. At the time of discharge, patients, who happened to be medically indigent on any one of these services, could be discharged to be followed by the resident in their "clinic." This took a great deal of cooperation from the medical staff attendings.

The obstetric patients were integrated into the residents' panels, by assigning the patient to a resident based on the patient's expected date of confinement (EDC) and the resident's scheduled obstetrics rotation. This would increase the likelihood the resident would deliver his or her patient's baby while on their obstetrics rotation. The residents had been programmed to rotate on obstetrics for two months in each of their three years. Our residents never

had any difficulty acquiring sufficient numbers of deliveries to achieve competence in managing an uncomplicated obstetrical patient.

In the first 20 years of the program, the resident rotations were integrated with the rotating interns who continued to make up about half the number of interns in the first year. The residents spent four months on the internal medicine service to include one month on the Mann/McCann service which was dominated by cardiology patients and one month on the Grosh service which included a fair number of oncology patients. The other two months was the so-called “ward service,” which was dominated by patients from our own Family Health Service. The interns or first-year residents also devoted two months on pediatrics, two months on the maternity service, and two months on general surgery. There was also one month devoted to orthopedics and one month in the emergency department.

The intern-covered services were considered the teaching services and there would be upper-level residents at the second and third years who also rotated on these services. Because the upper-level residents were spending an increasing amount of their time in their continuity practices in the FHS and SLCFHC, the second- and third-year residents would divide their time accordingly, so that one of the upper-year residents would be accessible on the teaching services most of the time. In the second- and third-year residents, the residents would also have rotations in dermatology, neurology, psychiatry and behavioral health, allergy immunology, and rheumatology. There were also electives in endocrinology, gastroenterology, radiology, and physical medicine.

Currently, with 13 residents in each of three years, the curriculum incorporates four-week blocks with first-year rotations in the major disciplines of medicine, pediatrics, ob/gyn and surgery with one half day of committed time to care for their patients in the program’s urban practice, now referred to as Downtown Family Medicine. A night float system has been developed to cover the program’s inpatient service. The current rotations in the first year break down as follows:

1. 8 weeks on the Family Medicine Service
2. 8 weeks of obstetrics
3. 8 weeks of pediatrics
4. 8 weeks of emergency medicine
5. 3 weeks of internal medicine
6. 2 weeks of inpatient critical care

7. 4 weeks of cardiology
8. 4 weeks of general surgery
9. 3 weeks of behavioral medicine
10. 4 weeks of community medicine

THE SECOND AND THIRD YEARS

The second- and third-year residents have a total of 26 four-week block rotations, 5 of which are elective to include an away rotation, which can be an international experience.

The required second- and third-year rotations are as follows:

1. Family Practice Inpatient Service (II and III year)
2. Ambulatory Pediatrics (II)
3. Nursery/Lactation/NICU (II)
4. Inpatient Pediatrics (III)
5. Internal Medicine (III)
6. Geriatrics (II)
7. Emergency Medicine (II)
8. Gastroenterology (II)
9. Women's Health (II)
10. Obstetrics (II)
11. Obstetrics (III)
12. Orthopedics/Sports Med (II)
13. Orthopedics/Sports Med (III)
14. Surgery, Plastic (II or III)
15. Ophthalmology/ENT (II or III)
16. Psychiatry/Behavioral Health (III)
17. Neurology (II or III)
18. Ambulatory Surgery / Urology (III)
19. Practice Management (II)
20. Geriatrics (III)
21. Practice Management (III)

Elective time is devoted to areas of concentrated (AOC) study, which include: Geriatrics, Global Health, HIV/Aids, Addiction Medicine, Hospice and Palliative Care, Women's Health & Maternity Care, Research, Sports Medicine, and Integrative Medicine.

CHAPTER IX: SCHOLARLY REQUIREMENTS

In addition to their community service experience, the residents are also required to produce one “scholarly” paper in their second year and another in their third year. They are expected to present their papers to the faculty and fellow residents at a designated time during one of the regularly scheduled noon conferences. This paper could be based on a research project, their community service experience, or a review of the literature covering a clinical topic. These projects, termed resident “protocols,” are written in publishable format. Residents are encouraged to submit their papers to refereed journals, and a significant number of these papers are published year after year in peer-reviewed or refereed journals.

The academic prowess of our graduates has been demonstrated in the scores they have achieved in the American Board of Family Medicine certification exam. Over a five-year period (2011-2016), the scores of the graduates were matched against the scores of other graduates during the same five-year period, and the LGH residents had the second-best collective scores in the nation.

CHAPTER X: THE FACULTY GROWS:

MARK A. CONNELLY, M.D., 1956-1991

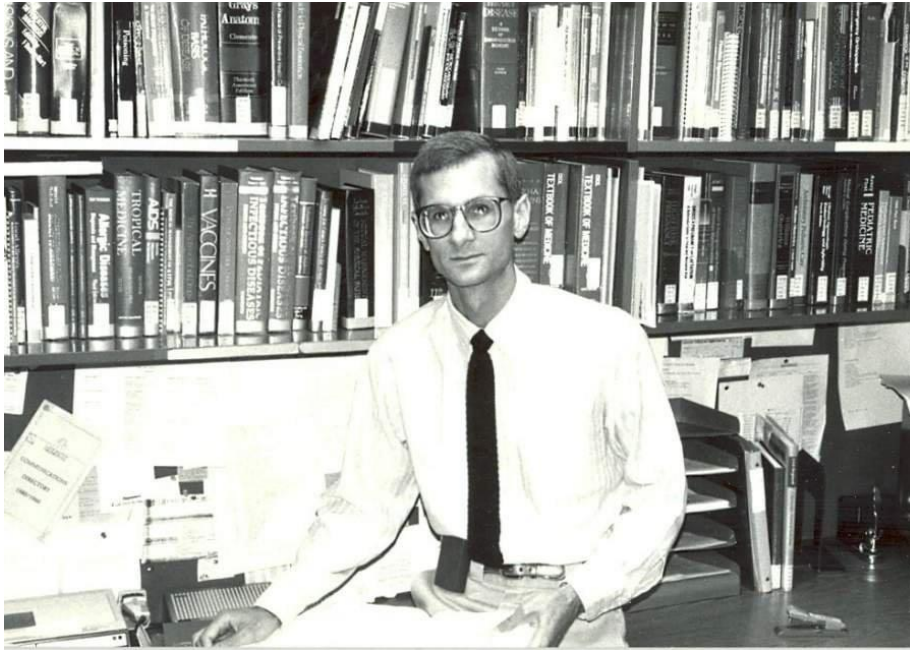


Fig. 28. Mark Alan Connelly, M.D., (1956-1991). Photo, courtesy, Department of Family and Community Medicine, Penn Medicine, Lancaster General Health.

Dr. Mark A. Connelly does deserve special commentary, as he had an untimely death shortly after joining our faculty in 1989. In the space of 18 months, Mark had a dramatic impact on the residency program as a mentor, teacher, role model and clinician.

He was given the responsibility to serve as Director of the Family Health Service and played an active role in enhancing the educational experience of our residents on our maternity service. He was considered an outstanding teacher and mentor. He was admired and loved by everyone who had the good fortune to have met him, especially his students, residents and patients. He was a person of deep faith and led a weekly prayer group for the many interested residents and faculty who attended. He was also very active in his neighborhood, organized games for his children, Peter and Meggan, and the other neighborhood children, which included serving as coach for his daughter's softball team. His loving spirit was evident in all walks of his life.

Prior to joining our faculty, he was in the army medical corps for more than four years, and was serving on the faculty of the family practice residency program at Fort Gordon, Georgia. Following his discharge before joining our faculty, he remained in the active Army Reserve. Eighteen months later, he was called upon to serve in Operation Desert Storm. Just before he departed in December 1990, he gave me a military medal that he wanted me to have to always remember him, and to keep him in my prayers. It felt ominous, as I felt he was telling me he may never come back. After one month of fighting and one day after the war was over, while returning from the battlefield in a jeep, there was an explosion from a land mine that killed Mark and all those in his jeep.

Soon after Mark's death, I also learned that Dr. Clair Weaver from the Class of 1973, his wife and their adopted daughter were killed by their adopted son. When I received the news about Mark, it was among the saddest days of my life, which was only compounded by the death of Clair. Both so tragically killed, both leaving behind a remarkable legacy. We will never forget Mark and Clair.

Our appreciation for the family physician and man that he was, and our gratitude to our armed forces, we decided to name a lecture at the Temple University / Lancaster General Hospital Family Practice Review in his honor. This course is held semiannually and attracts more than 800 attendees per year from all over the country. In addition, his residency program's family practice center at Fort Gordon was renamed the Mark A. Connelly Health Clinic. His dear wife, PJ, remarried a wonderful man, Terry Duhling. They live in N. Riverside, Illinois, and her children live nearby. Peter, became a physiatrist, and like his dad, has developed a wonderful reputation as an outstanding teacher and academician. He and his family reside in LaGrange Park, Illinois. Meggan, became a physician assistant and works with her family physician husband, Christopher Flinn, MD, in a private practice in North Riverside, Illinois.

THE FACULTY TO DATE:

Besides our own graduates who make up half of our faculty, over the years we have recruited faculty from a variety of academic settings and practice backgrounds. Because of our large maternity service and the increasing burden on our private-practicing obstetricians, it was important that we

develop an adequate family practice faculty with the needed obstetrical skills, who could take on the responsibility of supervising our residents. In time, we were able to recruit a first-rate corps of faculty with both the skills and teaching abilities to provide the needed supervision at each delivery. Of course the obstetricians were still relied upon to provide the required consultation services as needed. In time, we also acquired family practice faculty with special interests in dermatology, sports medicine, HIV/AIDs, geriatrics, drug addiction, etc.

The following is a list the faculty through the years as they were added to the LGH program. Those who were certified in another specialty are so listed:

1. Henry S. Wentz, M.D., 1970-1972*
2. Herbert Tindall, M.D., 1971-1980*
3. John Randall, M.D., 1971-1982** (boarded in pediatrics and infectious diseases as well as family medicine)
4. Myron Rubin, M.D., 1972-1976 (boarded in internal medicine)
5. Alan S. Peterson, M.D., 1976-2018 **
6. John Schubert, M.D., 1977-1984 (boarded in internal medicine and nephrology)
7. Richard Sloan, M.D., 1978-1980
8. Michael Kita, M.D., 1979-1980
9. William Bachman, M.D., 1981-1990*
10. Steven T. Olin, M.D., 1985- present
11. S. Scott Paist, III, M.D., 1983-1995
12. Malachi Brown, M.D., 1984-1985
13. Christine M. Stabler, M.D., 1985-present
14. Kenneth Hurst, M.D., 1987-1989
15. Roger Kimber, M.D., 1987-1995
16. Mark A. Connelly, M.D., 1988-1991 **
17. Peggy Nepps, PsyD, 1988-present (Psychologist)
18. John Tyler, M.D., 1990-1995*
19. Thomas Gates, M.D., 1992-2016
20. Lou DiMaria, M.D., 1992-1994
21. Andrew Coco, M.D., 1993-present
22. Adam Wilikofsky, PhD, 1993-present (Psychologist)
23. Joseph Troncale, M.D., 1994-1998 **
24. Roland Larrabee, M.D., 1994-2015*
25. Timothy Canavan, M.D., 1995-2001 (Ob/Gyn)
26. Jeffrey Kirchner, D.O., 1996-present

27. Mark Rast, M.D., 1996- present **
28. Cynthia Kilbourn, M.D., 1996-present
29. Jeffrey R. Martin, M.D., 1999-present
30. Chad Lamendola, M.D., 2000-2003
31. John Schrock, M.D., 2000-present
32. Pam Vnenchak, M.D., 2000-present **
33. Dan Weber, M.D., 2001-2009 (Ob/Gyn)
34. Stephen A. Ratcliffe, M.D., 2002-present, (program director, 2002 – 2019)
35. Pam Martin, D.O., 2002-present (Ob/Gyn)
36. Christopher Plummer, D.O., 2002-2015 (Ob/Gyn)
37. Christian Hermansen, M.D., 2003-present **
38. Robert Faizon, M.D., 2004-present (Ob/Gyn)
39. Richard Turnamina, M.D., 2004-2012 (Ob/Gyn)
40. Susan Angelisanti, M.D., 2006-2014 (Ob/Gyn)
41. John Wood, M.D., 2007-2013
42. Kimberly Williams, M.D., 2008-2010
43. Kristy Whitman, M.D., 2009-present (Ob/Gyn)
44. Corey D. Fogleman, M.D., 2010-present
45. David O’Gurek, M.D., 2011-2015
46. Cherise Y. Hamblin, M.D., 2011-present (Ob-Gyn)
47. Gladys Frye, M.D., 2012-2016
48. Heidi T. Kistler, M.D., 2012-present
49. Crischelle Shank, M.D., 2012-present
50. Kari Oftedal Moreno, M.D., 2013-present
51. William Fife, M.D., 2014-present
52. Rebecca Sieber, M.D., 2014-present (Ob/Gyn)
53. Beth Freedman, M.D., 2014-present
54. Jonathan Stewart, M.D., 2015-2017*
55. Yolanda Lawrence, M.D., 2015-present
56. Adam Lake, M.D. 2015-present
57. Kathryn McKenna, M.D., 2016-present
58. Jennifer L. Eldridge, M.D., 2016-present (Ob/Gyn)
59. Scott Plensdorf, M.D., 2016-present
60. Susan R. Stoudt, M.D., 2017-present (Ob/Gyn)
61. Jared A. Nissley, M.D., 2017-present
62. Kathryn C. Abello, M.D., 2017-present (Ob/Gyn)
63. Holly Langmuir, M.D., 2017-present (Ob/Gyn)
64. Laura Leaman, M.D., 2018-present

65. Brianna Moyer, M.D., 2018-present

*indicates directors of the WLA FHC

**indicates directors of the FHS/Downtown Family Medicine

THE CURRENT FACULTY (2018)

The following is excerpted from the 2018 faculty brochure and all photos are courtesy of Penn Medicine Lancaster General Health:

Stephen D. Ratcliffe, M.D.



Fig 29. Stephen D. Ratcliffe, M.D., MSPH, served as Program Director from 2002 to 2019. Photo, courtesy Penn Medicine Lancaster General Health

Dr. Stephen Ratcliffe became program director of the Penn Medicine Lancaster General Health Family Medicine Residency in July 2002, succeeding Dr. Nikitas Zervanos who founded the program in 1969 and served as director for 33 years. Previously, Dr. Ratcliffe had maintained a continuity practice in a federally qualified health center in Salt Lake City, Utah for 20 years. From 1993 to 2002, he also served as Family Medicine Division Chief and Residency Program Director at the University of Utah.

Dr. Ratcliffe has had a career-long interest in maternal child health, particularly in the area of low birth weight/prematurity prevention that he has been able to sustain in his leadership roles at Lancaster General. He is the founder of the Family Medicine Education Consortium IMPLICIT Network, a practice-based Continuous Quality Improvement Network of 13 family medicine residency programs in the Eastern US since 2003. The IMPLICIT program uses specific clinical protocols or Interventions to minimize Pre-term birth (PTB) and Low birth weight (LBW) Infants through

Continuous Improvement Techniques. The Research Institute at LGH has provided the data management and analytics for this network.

Dr. Ratcliffe had had a long-term interest in teaching and writing in the maternal child health arena as well. He is an original contributor to the Advanced Life Support in Obstetrics Course and taught in numerous courses over the past 25 years. He serves as faculty and consultant on the AAFP Family Centered Maternity Care Conference and since 2008 has been the course director of this event. He has served as the senior editor of the three editions of the textbook Family Medicine Obstetrics.

Dr. Ratcliffe enjoys the strong support from the Lancaster General Health leadership team, a talented and highly committed faculty, his administrative staff, the extraordinary residents and the nursing staff. He acknowledges also his very appreciative patients. Following his retirement as director in July 2019, he continues to care for his patients in a Lancaster, urban-based Federally Qualified Health Center. He continues to serve as the project investigator of the IMPLICIT program and takes call to supervise the residents on the program's maternity service. He and his wife Anita have five wonderful adult children and three young grandchildren.



Fig. 30. Donna Cohen, M.D., MS, Deputy Director, Photo, Courtesy of Penn Medicine Lancaster General Health

Donna Cohen, M.D., Class of 2002, is a 1995 graduate of Pennsylvania State University and a 1999 Alpha Omega Alpha honors graduate of Jefferson Medical College. During her residency she served as chief resident, and was among the recipients for the AAFP Mead Johnson Leadership Award. At

graduation, she was the recipient of the Charles W. Bair Award and the Department of Pediatrics Award. Following her residency she completed a two-year (2002-2004) Academic Fellowship in the Department of Family and Community Medicine at Boston University School of Medicine, during which time she also served as an intern at the Robert Graham Center for Policy Studies in Family Practice and Primary Care. During her Fellowship and until 2005, she served as an Attending for the Boston University Residency in Family Medicine, after which she was recruited back to Lancaster as an Associate Director of the Family Medicine Residency. She was then promoted to the position of Assistant Deputy Director and in 2017, Dr. Cohen was named one of the two the Deputy Directors of the LG Health Family Medicine Residency Program. During her Fellowship at Boston she developed her research and clinical interests in women's health and health services, and along with Drs. Fogleman and Freedman oversees Centering Pregnancy for the residency program. She was instrumental in acquiring a number of grants to support her interest in maternity care. She has published extensively on this topic and has made numerous presentations to the residents, regionally and nationally. Five times, she was the recipient of Obstetric Teacher of the Year and in 2017, she was named the Preceptor of the Year in the Downtown Family Medicine Practice. She is passionate about teaching and mentoring residents. Her voluntary efforts in promoting the well-being of Lancaster's youth are exemplary, which include serving as Assistant Coach for "Girls on the Run," and the Youth Group in her synagogue, Shaarai Shomayim. She also serves as a Member, Board of Trustees of Shaarai Shomayim. She and her husband, Stu, have three daughters, Noa, Ariel and Ellie who keep them busy and smiling.



*Fig. 31. Pamela A. Vnenchak, M.D. the residency program's third director, July 2019-
Photo, Courtesy of Penn Medicine Lancaster General Health*

Pamela Vnenchak, M.D., Class of 1993, graduated Magna Cum Laude from Elizabethtown College with a BS degree in Biology, attended the University of Medicine and Dentistry New Jersey Medical School (now known at Rutgers New Jersey Medical School), and obtained her MD degree in 1990. In 1993 she completed her Family Medicine Residency at Lancaster General Hospital where she was also Chief Resident. During her residency she played a pivotal role in helping to plan for the 1991 Northeast Regional Meeting of the Society of Teachers of Family Medicine. This highly successful meeting, for which she contributed her enthusiastic energy and commitment, led to the formation of the Family Medicine Education Consortium. As faculty at Lancaster General, she has played a leading role in its further development and its many successes.

After residency she joined Valley Family Physicians in rural Claremont, NH as a full spectrum family physician, which included inpatient and maternity care for three years. She also served as Assistant Professor (clinical investigator) at the Family Medicine Residency at LaFayette Family Health Center in LaFayette, NY from 1996 until 2000. She joined our faculty in 2000, and her clinical interests centered on women's and children's health. She became the Assistant Deputy Director, and in 2015 was named Chair of the Department of Family Medicine of Lancaster General Health/Penn Medicine. She has remained active in the Family Medicine Education Consortium (FMEC) throughout her academic career including serving on the planning committees for several annual meetings, on the board and as Treasurer of the organization.

Dr. Vnenchak became the program's third director in July 2019, following Dr. Ratcliffe's retirement. Dr. Vnenchak and her husband have four young adult children three of whom are triplets.



Fig. 32. Kathryn C. Abello, M.D.. Photo, Courtesy of Penn Medicine Lancaster General Health

Kathryn C. Abello, MD, graduated from Johns Hopkins University and Penn State College of Medicine. After completing an OB/GYN residency at the University of Maryland, she worked in a busy private practice in Baltimore, Maryland, for 12 years. She especially enjoys teaching residents and students. She focuses on high-risk obstetrics, as well as management of common gynecologic complaints, such as pelvic pain and dysfunctional uterine bleeding. She is happy to be moving back to Lancaster with her husband Robin and their four children. She is among the full-time ob/gy faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 33. Jennifer L. Eldridge, M.D. is an Obstetrician/ Gynecologist. Photo, Courtesy of Penn Medicine, Lancaster General Health

Jennifer L. Eldridge, MD, joined the LGH Family Medicine Residency faculty in 2016. She is a native of York, Pennsylvania. She graduated from Penn State University and then attended Eastern Virginia Medical School

where she earned her MS/MD. She completed her Obstetrics/ Gynecology residency at Penn State Hershey. Her clinical interests include the management of abnormal pap smears, abnormal uterine bleeding with a focus on robotics surgery. She has a wonderful husband Scott as well as three little children who keep them busy! She is among the full-time ob/gyn faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 34. Robert Faizon, M.D. is an Obstetrician/ Gynecologist who joined the Family and Community Medicine clinical faculty in July 2004. Photo, Courtesy of Penn Medicine Lancaster General Health

Robert Faizon, M.D., is a graduate of the University of Pittsburgh School of Medicine. He completed his OB/GYN residency at the Yale School of Medicine OB/GYN Program at Bridgeport Hospital. He served four years in the US Air Force as a physician in the OB/GYN Department. His medical interests include primary care for women and minimally invasive surgery. Dr. Faizon also serves as the Quality and Safety Officer for Women and Babies Hospital. He is among the full time ob/gyn faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 35. William A. Fife, Jr., M.D., Associate Director. Photo, courtesy of Penn Medicine Lancaster General Health

William A. Fife, M.D., Class of 2001. Before going into medicine, he taught high school chemistry and history in the Bronx section of New York City. After teaching high school chemistry and biology in the Bronx, New York, he attended medical school at the State University of New York at Brooklyn (Downstate) and then the Lancaster General Hospital Family Medicine Residency Program. Following graduation, he entered rural practice in the borough of Columbia, Lancaster County as a full spectrum family physician with a focus on HIV, addiction and emergency care at Twin Rose Primary Care for 4 years. He then joined the Southeast Lancaster Health Services, a federally qualified health center, to become its Medical Director for ten years. Under Bill's leadership he expanded the maternity service and facilitated its integration with the residency program's obstetrical practice. After ten years, he joined the faculty in 2014. He has become certified as an HIV "specialist," and plays an active role in the program's Comprehensive Health Care Clinic. In 2009, he was honored by the Pennsylvania Association of Community Health Centers as the "Primary Care Clinician of the Year," and in 2010, the General Hospital medical staff honored him with the "Physician Achievement Award for Community Service." In 2019, he received the Henry S. Wentz, M.D. Award from the hospital's medical and dental staff, which is given each year to a member of the medical staff, who has excelled in medical education, teaching, patient care and service to the hospital and the community. He enjoys running, reading, bicycling and most of all spending time with his family, his wife Amanda, a local midwife, and his 2 children Aidan and Issy.



Fig. 36. Corey D. Fogleman, M.D., FAAFP Associate Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Corey Fogleman, M.D., Class of 2003. Dr. Fogleman joined the faculty in September 2010. He is a graduate of the University of North Carolina at Chapel Hill, with a BA in 1996 and an MD in 2000. After completing the LG Health Family Medicine Residency Program, he joined the US Air Force, and spent the next seven years at Kirtland Air Base in Albuquerque, New Mexico. He cared for a large panel of military personnel and served as both the Medical Director of Family Medicine as well as Medical Director of Women's Health. He went on to complete the UCLA Medical Acupuncture for Physicians program and continues to practice acupuncture as well as full spectrum family medicine. He joined the faculty in 2010. He is an avid reader and writer to including poetry and narrative writing for which he has earned national recognition. His articles appear in *JAMA*, *CHEST*, *Family Medicine* and *the Annals of Internal Medicine*. He serves as an Assistant Editor and frequent contributor to *American Family Physician* and is actively involved in the FMEC IMPLICIT project. Along with Dr.'s Cohen and Freedman, he oversees the Centering Pregnancy program for the residency. He is the Medical Director of Family and Maternity Medicine, LGH Integrative Medicine and a local addiction recovery center known as Gaudenzia Vantage House. The recipient of several teaching awards, his interests include women's health, integrative medicine, sports medicine and narrative writing. Dr. Fogleman's poems have won national awards and been published in several journals including *JAMA*, *CHEST*, *Family Medicine* and *Annals of Internal Medicine*. He married his college sweetheart;

together he and Kelly enjoy reading, running, hiking, and spending time with their three young children.



Fig. 37. Beth E. Freedman, M.D., FAAFP, Associate Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Beth E. Freedman, M.D. , Class of 2013, joined the faculty in July 2014. She grew up in Central Pennsylvania and attended Millersville University where she graduated with a BA in Psychology. Upon graduation, she provided emergency support for those struggling with mental illness and addictions in her work with Crisis Intervention. She was very fulfilled with her job helping others, but could not ignore the calling to better understand and serve the whole person as a physician. She completed her medical education at Penn State College of Medicine in Hershey, PA and found the LG Health Family Medicine Residency Program to be a perfect fit for her to continue her training to become a well-rounded family physician. After completion of the faculty development fellowship, she joined the faculty with enthusiasm to teach importance of quality primary care in our ever-changing health care system. Dr. Freedman's interests include addictions medicine, maternity care and centering pregnancy.



Fig. 38. Cherise Y. Hamblin, M.D., Photo, Courtesy of Penn Medicine Lancaster General Health

Dr. Cherise Hamblin is a native of New York City. She first came to Lancaster while attending Franklin & Marshall College. She attended medical school at Northwestern University in Chicago and completed her residency in Obstetrics & Gynecology in Phoenix, AZ. In August 2011 she returned to Lancaster and joined the Family & Maternity Medicine faculty as an Associate Director of OB/GYN. Dr. Hamblin has a special interest in robotic and minimally invasive surgery. She is among the full time ob/gyn faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 39. Christian Hermansen, M.D., Associate Director/ Regional Medical Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Christian L. Hermansen, M.D., better known as “Herm,” Class of 2003, is a 1996 Cum Laude Phi Beta Kappa graduate of the University of Delaware and graduated from the Sidney Kimmel Medical College of Thomas

Jefferson University in 2000. We were delighted to have been able to recruit Herm into our residency program, as his performance has been stellar in every way. During his residency, he received the Pediatric Resident of the Year Award in both his first year and senior year. He also received the Internal Medicine Resident of the Year Award as well as the Society for Teachers in Family Medicine Resident of the Year award in 2003. After two wonderful years in Christian-based private practice in New Jersey, he was called back to Lancaster to join the faculty of the residency program combining both private and academic family medicine. His administrative duties include Assistant Director of the Residency Program, Managing Physician of Downtown Family Medicine, and oversees the LGHP Academic Practices as Regional Medical Director. In 2015, he acquired his MBA from the St. Joseph's University, Haub School of Business and was honored with the Beta Gamma Sigma Business Excellence Award. Dr. Hermansen has published widely and lectures on a variety of family medicine topics. He is a regular faculty participant of the semiannual Temple University/ Lancaster General Hospital Family Medicine Review. He was a nominee for Pennsylvania Academy of Family Physicians Award in 2008 and in 2011, he was honored by receiving the Faculty Teacher of the Year. In 2014 he received the Lancaster General Health Physicians, Quality award and in 2015 the Beta Gamma Sigma Business Excellence Award. of the residency, he serves as deacon of his church. His enthusiasm for the Phillies, Sixers and Eagles is palpable. After work, however, Dr. Hermansen can't wait to enjoy family life with his wife, Heather, and his three boys, Timothy, Benjamin and Nathaniel. He is very involved with his boys and engages in their sports events and is a coach of their baseball teams. Herm invites you to follow more of the activities of the Residency Program on twitter: <http://twitter.com/#!/LGFamMedRes>



Fig. 40. Pamela Hershner, D.O.. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Pamela Martin Hershner, D.O., is an Associate Director of the Obstetrical Curriculum Program, joining the faculty of the family practice residency program in 2002. Dr. Hershner is a graduate of Kirksville College of Osteopathic Medicine, in Missouri, and completed her residency at the University of Medicine and Dentistry of New Jersey in Obstetrics and Gynecology. She was delighted to return to her "hometown," and to be given the opportunity to teach family medicine residents. She coordinates the OB curriculum and directs the busy OB Clinics and Surgical practice. Her interests are in gynecological surgery, physical examination and high-risk obstetrics. Away from work, she enjoys spending time with her husband, three children and the dogs!



Fig. 41. Jeffrey T. Kirchner, D.O., FAAFP, AAHIVS, Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Jeffrey T. Kirchner, D.O., joined the faculty in August 1996. He is a graduate of the Philadelphia College of Osteopathic Medicine and completed his Family Medicine residency at Abington Memorial Hospital. After residency, he worked with the Health Care for the Homeless Project in Washington, DC. He then returned to Lancaster to join Dr. Anthony Mastropietro, a former graduate, in his group practice in Lancaster city from 1990-1996. Dr. Kirchner's primary medical interests include HIV/ AIDS, addiction medicine, writing and medical publications. He has published extensively in numerous medical journals and textbooks. He is a former Associate Editor of *American Family Physician* and serves on the editorial boards of *Postgraduate Medicine* and the *Journal of Family Practice*. He is the medical editor of the HIV Specialist. He is the founder and Medical Director of Comprehensive Care Clinic (CCC), a federally funded Ryan White clinical program within the Family Medicine Residency Program that provides care for adults living with HIV/AIDS. He is certified as an HIV Specialist by the American Academy of HIV Medicine and serves on the national board of AAHIVM. His additional interests include distance running and medical humanities.



Fig. 42. Heidi T. Kistler, M.D., Associate Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Heidi T. Kistler, M.D., joined the faculty in July, 2012, after nearly five years of full-spectrum private practice at Twin Rose Family Medicine, in nearby Columbia, PA. Having grown up mostly in Pennsylvania, she received her BA in Sociology/Anthropology from Carleton College, MN, and returned to her home state to attend Penn State University's College of Medicine in Hershey. She is a 2007 graduate of LG Health Family Medicine

Residency. Professional interests aside from teaching include maternal child health, pediatric literacy promotion, and global health. Dr. Kistler and her husband Greg are proud parents of two young boys.



Fig. 43. Adam Lake, M.D., FAAFP, FACMQ, AAHIVS, CMQ, Photo, Courtesy of Penn Medicine, Lancaster General Health

Adam Lake, M.D., is a Lancaster native who joined the faculty in August 2015 after completing a fellowship in population health. He returned to the county after studying linguistics and biochemistry at Grinnell College, medicine at Temple University, and permaculture & traditional medicine in Latin America. He completed his family medicine residency at Lancaster General with an AOC in HIV medicine. His population health fellowship allowed him to look deeper at health system complexities, and expand on his interest in Hepatitis C/HIV co-infection treatment. He also provides cross-sex hormone therapy for transgender patients, buprenorphine treatment for those living with opioid use disorder, and spends time at the local department of health providing Tuberculosis treatment for the county. Other medical fields of interest include research, behavioral economics, quality improvement, genetics, and the impact of poverty on health and health behaviors. He is married to a fellow graduate and local primary care sports medicine doctor, Jen Payne, and they live with their two sons in Lancaster. Outside of medicine and being a dad, his interests include biking, rock climbing, backpacking, podcasts, fermenting, cooking, and gardening.



Fig. 44. Laura Leaman, M.D., Associate Director Photo, Courtesy of Penn Medicine Lancaster General Health

Laura Leaman, M.D., joined the faculty in August 2018 after graduating from the program in June 2018. While originally from Connecticut, she has made Central Pennsylvania her home after graduating from Messiah College where she studied Biopsychology, Penn State College of Medicine in Hershey, and finally LGH Family Medicine Residency Program where she served as co-chief resident during her third year. Her interests in medicine include women's health, maternal-child health, and addictions medicine. In her free time, she and her husband, Kendall, enjoy biking, gardening, playing tennis, and ultimate frisbee.



Fig. 45. Yolanda Lawrence, M.D., Associate Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Dr. Yolanda Lawrence joined the faculty in 2012. She received both her undergraduate degree and her medical degree from the University of Vermont, where she was chosen to be a member of Tau Beta Pi Engineering Honor Society and Alpha Omega Alpha Medical Honor Society. She

completed her Family Practice Residency and Faculty Development Fellowship at Ventura County Medical Center. Upon completion of her fellowship she returned to her husband's home town of Springfield, Vermont, where she practiced full spectrum family medicine for 15 years. There she learned much about being a physician in a small town where your patients are your friends and neighbors. She continues to instill the love of practicing in rural America in the residents at Lancaster General Health. Dr. Lawrence and her husband Dave have two children, Rebecca and Nicholas.



Fig.46. Jeffrey Roth Martin, M.D., FFAFP, Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Jeffrey Roth Martin, M.D., Class of 1996, is a 1989 graduate of Goshen College in Indiana and attended the University of Colorado School of Medicine where he graduated with honors in 1993.

During residency he received the AAFP Mead-Johnson Family Medicine Leadership Award. Dr. Martin joined the faculty of the Residency Program in December 1999 after working in broad spectrum family medicine at Twin Rose in Columbia, PA for one and a half years. He has been chiefly responsible for coordinating the Community Service and Community Medicine requirements of the residents as well as the population health curriculum. He is involved with several community endeavors including Vantage House, a long-term drug-rehab program for women and children, Chair of the Partnership for Public Health, member and cofounder of the Lancaster County Lead Coalition and Medical Director at IU-13 (provider of intellectual and physical disability services to school-aged children). In his role at IU-13 he has helped develop the Medical/Educational Coalition

finding new and efficient ways that schools and primary care providers can communicate with each other. He has helped push local and state legislators to understand and deal effectively with Lancaster's lead poisoning problem, culminating recently in a new city ordinance aimed at primary prevention of lead poisoning.

In 2010, upon urging by the FMEC, which had just presented Dr. Jeffrey Brenner with the Family Physicians Who Change the World award for his work with "superutilizers," Dr. Martin became interested in clinical redesign and team-based care of patients with complex health and social needs. He started a superutilizer pilot with a small grant from the Lancaster General Foundation. Convening a group of dedicated volunteers meeting over their lunch hour, he was able to prove that intensive care management and holistic team-based care decreased overall costs and utilization for a subset of the 5% of patients that generate 50% of all healthcare costs. Armed with this information and the stories gleaned from the pilot, LGH started Care Connections in 2013.

Care Connections is a primary-care, multi-disciplinary, intensive care management model designed to increase the quality of care, decrease unnecessary utilization and decrease overall cost for the highest utilizers of the LG System. Care Connections, during the past five years, has consistently shown reductions in cost and utilization of 50% or greater. As Managing Physician at Care Connections, Dr. Martin has pioneered several innovations in health care delivery including the Lancaster Medical Legal Partnership that utilizes an attorney to help patients facing social determinants of health issues affecting their ability to care for themselves like housing insecurity. A protective financial care manager that helps patients meet their budgeted needs each month, and a short-term supportive housing intervention that provides housing to patients with complex health and social needs who have no alternative options.

Through Care Connections, Drs. John Wood and Chris Stabler started a Population Health Fellowship allowing participants to gain clinical experience in a population health-based clinic, interact with health system population health activities like our ACO and participate in a master's level educational program in population health. Dr. Adam Lake was our first fellow and has become a vital member our medical staff. Dr. Jen Zatorski was the last fellow. Dr. Martin now directs the population health fellowship

which has produced some important research including a randomized controlled trial of the effectiveness of Community Health Workers on decreasing Emergency Department utilization for persons with behavioral health issues. Dr. Martin also started an Area of Concentration in Population Health for residents which is based clinically in Care Connections.

In March 2019, Dr. Martin was elected as chairman of the Department of Family and Community Medicine and now splits his time between Chair duties and faculty in the residency program.

Dr. Martin and his wife Kristina are the proud parents of three children. He enjoys bicycling, skiing (out west) and discovering his own Lancaster County Mennonite family history.



Fig. 47. Kathryn A. McKenna, M.D., MPH, Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Kathryn A. McKenna, M.D., joined the faculty in August 2016 after graduating from the residency program in June 2016. She graduated from the University of Notre Dame where she studied Biological Sciences and then completed University of Maryland's dual degree MD/MPH program in Baltimore. She pursued her interest in full-spectrum family medicine and community medicine while completing her residency at the Lancaster General Health Family Medicine Program, where she also served as chief resident and completed an AOC in Integrative Medicine. Her interests within medicine include community and population health, maternity care, integrative medicine with a focus on nutrition, and obesity management and

prevention. While she did not live in Pennsylvania prior to residency, she and her husband have loved settling into and making the Lancaster community home. Outside of medicine, she enjoys spending time with her husband Mike, daughter Maggie, and their two dogs, cheering on the Fighting Irish, exploring Lancaster's flourishing food scene, and playing soccer.



Fig. 48. Brianna Moyer, M.D., Associate Director. Photo, Courtesy of Penn Medicine Lancaster General Health

Brianna Moyer, M.D. joined the faculty in August 2018 after graduating from the Lancaster General Health Family Medicine Residency Program in June 2018. She completed her undergraduate education at Eastern Mennonite University in Virginia, where she studied biochemistry and socio-economic development. She graduated from Penn State Hershey College of Medicine in 2015 and started her family medicine residency at Lancaster General Hospital in order to pursue her interest in full-spectrum family medicine. During her residency, she served as co-chief resident as well as completed Areas of Concentration in global health and maternity care. Her medical interests include global health, working with the diverse refugee population in Lancaster, and women's health and maternity care. Outside of work, she enjoys spending time outdoors with her husband, Dan, and their chocolate lab, Toby.



Fig. 49. Peggy Nepps, PsyD. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Dr. Peggy Nepps, a native Philadelphian, is a licensed psychologist and Coordinator of Behavioral Science for the residency. A graduate of St. Joseph's College, Philadelphia, Dr. Nepps received her doctoral degree in clinical psychology from Rutgers University. She gained experience as a supervising psychologist at Beth Israel Medical Center in New York City, where she had previously completed her internship in clinical psychology. Dr. Nepps was a member of the faculty of the Family Medicine Residency at St. Joseph's Medical Center in Yonkers, New York before she joined the residency at Penn Medicine Lancaster General Hospital. She currently coordinates and provides teaching in behavioral science and psychiatry. Dr. Nepps also teaches research methods and directs the resident research program, and collaborates with other faculty on the wellness and cultural competency curricula. Dr. Nepps has published articles on smoking cessation, obsessive-compulsive disorder, animal-assisted therapy and psychotherapy outcomes. She has special interest in cognitive behavior therapy, animal-assisted therapy and health literacy. Dr. Nepps is a member of the Pennsylvania Psychological Association. She enjoys animals, and she and her husband share their home with pet chickens, two rescue dogs, a cat, and Dick, the cockatiel (who is actually a girl.) She likes to spend time going to exercise classes (and hates working out alone), gardening, and doing genealogical research.



Fig. 50. Jared A. Nissley, M.D., Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health.*

Dr. Jared A. Nissley is a native of Lancaster and was actually born at LGH. He attended college at Eastern University outside of Philadelphia, studying biology and theology. He then went on to study medicine at the Penn State College of Medicine in Hershey and completed residency at Lancaster General. He has come to love family medicine because of how it is oriented toward helping patients achieve overall health. Dr. Nissley's interests in medicine include HIV care, addiction, and improving health care access for the uninsured and underinsured. He finds the LGH FMRP an exciting and stimulating place to work alongside bright and inspiring minds. When not working, he enjoys spending time with his wife and children as well as watching baseball, gardening, cycling, and exploring Lancaster's restaurants.



Fig. 51. Kari Oftedal Moreno, M.D., Associate Director, *Photo, Courtesy of Penn Medicine Lancaster General Health*

Kari Oftedal Moreno, M.D. joined the faculty in 2013 after completing fellowship training in Hospice and Palliative Care at Lancaster General Health and Hospice and Community Care. She completed medical school at Georgetown University School of Medicine in 2009 and graduated from the LG Health Family Medicine Residency Program in 2012. Given her background, she oversees the residency elective as well as the area of concentration in Hospice and Palliative Care in addition to coordinating the residency morning report series. Dr. Oftedal Moreno enjoys practicing broad spectrum family medicine including obstetrics. She and her husband Patrick, also a family physician practicing in the area, spend most of their time outside of medicine enjoying keeping up with their three young children.



Fig. 52. Scott Plensdorf, M.D., Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Scott Plensdorf, M.D., joined the faculty in the summer of 2016. After graduating from Wayne State University School of Medicine in Detroit, MI, in 1992, he completed a residency in family medicine at St. Mary's Hospital in Grand Rapids, MI, in 1995, he served as a staff physician and department chair at Mountain Home Air Force Base in Idaho, before returning to Michigan to begin his teaching career. From 1999-2016, he was full-time faculty at McLaren Family Medicine Residency Program in Flint, MI, serving my last 3 years there as Program Director.

Scott declares that he has long been an advocate for providing full-spectrum care to patients and teaching residents how to do the same. He has a strong interest in dermatology and office procedures, and have recently had additional training in dermoscopy. Additionally, he continues to be active in practicing obstetrics, with additional expertise in OB ultrasound, and he recently acquired point-of-care ultrasound skills to help with musculoskeletal injections and inpatient medicine, which he hopes to integrate into our residency curriculum. His other interests include resident physician leadership development, emotional intelligence, and integrated behavior health, all of which he will continue to share with physician learners at all levels.



Fig. 53. Mark L. Rast, M.D., Associate Director. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Mark L. Rast, M.D., Associate Director is a graduate of Brown University and the University of Pennsylvania School of Medicine, where he was the first recipient of the Nikitas Zervanos, MD Award for Family Medicine upon graduation in 1987. He completed his residency at the Ventura County Medical Center in Ventura, California. Following graduation, he developed a county-sponsored family practice clinic, Las Islas Family Medical Group in Oxnard, California, with several fellow residents. There he practiced full-spectrum family practice with an emphasis on obstetrics. He then worked with Highland Physicians Honesdale, Pennsylvania, providing full-spectrum care including obstetrics, geriatrics and a high-volume inpatient practice until he joined the faculty at LG Health in September 1996. His special interests include care of the underserved and improving care delivery, psychiatry/psychology and family medicine, addictions medicine and motivational interviewing. He also very much enjoys continuing to practice full spectrum family medicine. Dr. Rast is married to Cynthia Kilbourn, MD, and they have three amazing young adult children. He is an avid banjo player and plays bluegrass and old-time music whenever possible.



Fig. 54. Crischelle Shank, M.D.. Photo, Courtesy of Penn Medicine Lancaster General Health

Crischelle Shank, M.D., Associate Director. comes from a family of medical missionaries and grew up internationally, received undergraduate degrees in Biology and Nursing at Southern Adventist University in Tennessee, then medical school at Loma Linda University in California. A 2007 graduate of our residency, she maintains a passion and concern for the seriously underserved. She took advantage of an opportunity to go to Malamulo Hospital, a large faith hospital in southern Malawi where she spent the next seven years in a medical missionary hospital. Dr. Shank joined the faculty in 2015 as the coordinator and promote the program's global health initiative, a large faith-based hospital in a poor region of southern Malawi. Her current role as global health faculty allows her to travel with residents to do on-site teaching internationally for a month every

year. Outside of medicine she enjoys travel, music, cooking, and hanging out with her dog, Gypsy.



Fig. 55. Susan R. Stoudt, M.D., Assistant Director of the LGH Ob-Gyn FMM. Photo, Courtesy of Penn Medicine Lancaster General Health

Susan R. Stoudt, M.D. is the Assistant Director of the LGH FMM OB/GYN practice. She emigrated here with her parents and siblings from London in 1980. She graduated from Northwestern University in Evanston Illinois in 1988 with a BA in psychology. She attended Eastern Virginia Medical School where she obtained her MD degree in 1994. She completed her residency at The Reading Hospital and Medical Center where she was also chief resident. She practiced at Ephrata Community OB GYN for 18 years then joined our faculty in 2017. Her clinical interests are endometriosis and the treatment of dysfunctional uterine bleeding. Dr. Stoudt enjoys performing minimally invasive surgery including hydrothermal endometrial ablation, total laparoscopic hysterectomy and Davinci surgery. Dr. Stoudt and her husband have five children. They enjoy snow skiing, kayaking, biking and travelling during their free time. Dr. Stoudt also enjoys spending time with her appaloosa horse BLUE. She is among the full-time ob/gyn faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 56. Kristy L. Whitman, M.D., Assistant Director of the LGH Ob-Gyn FMM. Photo, Courtesy of Penn Medicine Lancaster General Health

Kristy L. Whitman, M.D. is an obstetrician/ gynecologist and joined Lancaster General Health Physicians Family and Maternity Medicine after completing her residency training in 2009. She attended medical school at the Pennsylvania State University College of Medicine in Hershey, Pennsylvania. She then completed her residency in obstetrics and gynecology at the University of Massachusetts Medical Center in Worcester, Massachusetts. She moved back to central Pennsylvania with her husband, Zachary, who is a family medicine/sports medicine physician in the area. They have enjoyed living in Lancaster and raising their two daughters here. She is among the full-time ob/gyn faculty who help in the supervision of our residents in gynecology and maternity health care.



Fig. 57. Adam S. Wilikofsky, PhD, Behavioral Science Faculty. *Photo, Courtesy of Penn Medicine Lancaster General Health*

Adam S. Wilikofsky, PhD

Dr. Wilikofsky is a member of the Residency Program's Behavioral Science faculty. He graduated from Yale University and received masters and doctoral degrees in clinical psychology from the University of North Carolina at Chapel Hill. Prior to arriving at Lancaster General Hospital in 1988, he worked as a psychologist in the North Carolina public mental health system and as a supervising psychologist and Predoctoral Psychology Internship faculty member at Beth Israel Medical Center in New York City. Dr. Wilikofsky directs the residency program's Interviewing and Family Systems curricula and co-ordinates the Downtown Family Medicine Psychiatry Clinic. He has an interest in evaluation and feedback and has had ongoing involvement in the program's Clinical Competency Committee and standardized patient activities, the latter a collaboration with the University of Pennsylvania. In addition to his residency program roles, he serves as a provider coach for LGHP clinicians and part of the Care Connections program for high-utilizing medical consumers.

CHAPTER XI MEDICAL STAFF ISSUES

TEACHING RESIDENTS TECHNICAL SKILLS

Although the surgical staff were generally in favor of the new family practice residency program, as it would increase the hospital's referral base, it had the mistaken notion that the residents who rotated on their service would be spending most of their time while on their service doing their histories and physicals or assisting in the operating room. They were more than dismayed, however, that this was not to be the case. They were being

challenged to teach the residents outpatient surgical procedures, to include complex suturing techniques, hemorrhoidectomies, vasectomies, lump removals, or the management of simple fractures. Thus, many surgeons lost their early enthusiasm for the program; in time, however, they did appreciate its value to the hospital and the community, as their referral base expanded, and they grew in their support.

Fortunately, the residents gained much of their surgical skills when on rotation in the emergency department and in the residency program's rural site, which had its own emergency room. Elective time with certain committed surgeons also helped the residents to acquire these skills.

THE CARE OF THE POOR, THE "MEDICAID" PATIENT

One of the other challenges was the growing number of medical assistance patients utilizing the Emergency Department (ED). By the time the residency program got started, the hospital had its own full-time employed emergency room physicians. They assumed that all medically indigent patients who utilized the ED would now automatically be enrolled in the FHS. Although the residency program absorbed many of these patients into the FHS, it would take some time before there were sufficient faculty and a large enough residency staff to manage the number of patients needing ongoing care. Although the general practitioners in town were glad that the residency program was to manage more of Lancaster's medically indigent, they were concerned that the program might take their "paying" patients away from them. There was concern that the graduates would set up practices "next door" to them and become unfair competition. Some were even saying, "We must stop it, before it's too late!" Of course, these concerns were never realized, as most of the local practices began to provide the graduates opportunities to join their practices. The group practice model became the norm, and in time the practices, if not absorbed into the Lancaster General Health system, became integrated into the competing hospital systems of Lancaster County. In time, the residency program provided graduates for the newly established federally qualified health centers that were established in both the city and in rural Lancaster County.

OBSTETRICS

Although Drs. Henry Wentz and Herbert Tindall had busy obstetrical practices, and I too delivered over 100 babies during my internship, we personally no longer delivered babies. The program had to rely on the obstetricians to supervise and teach the residents basic obstetrical skills and

how to co-manage complicated or high-risk cases. As our maternity service grew, we added family medicine faculty with highly developed obstetrical skills, who began to take over the supervision of our residents, who rotated on the maternity service; however, we still had to rely on the “private” obstetricians to help us and provide the needed consultation services. As our maternity service grew, it became an increasingly unfair burden on the private practicing obstetrician gynecologists on our medical staff. Moreover, we had a disproportionate number of high-risk patients.

AMBIVALENCE OF THE OBSTETRICIANS

Although the obstetricians welcomed the residency program’s participation in the care of the medically indigent maternity patients, there were serious philosophical differences regarding maternity care among the practicing obstetricians and the academic family medicine community. Up until 1960, many of the general practitioners in the department were still delivering babies, but by 1969 there were very few. Although life style and heavy demands by their busy practices were the major reasons, many were giving up obstetrics because of the growing litigiousness climate and progressively increasing malpractice premiums.

Despite the insistence of the RRC-FP that family medicine residents needed to acquire skills in obstetrics, less than one-third of our graduates were including obstetrics in their practice following graduation. It was far less than that in most of the programs in the Eastern USA. Even among those, who were staying in Lancaster and wanted to include obstetrics in their practice, were unable to find a practice, which included obstetrics. In time, however, some of the graduates who wished to include maternity care in their practice, started their own practices. To this day, the Residency Review Committee (RRC) for Family Medicine has maintained the requirement for obstetrical training in all residency programs. The ABFM (American Board of Family Medicine) and RRC-FM (Residency Review Committee for Family Medicine) acknowledged that less than 20% of FM residency graduates nationally choose to do birthing and has lowered the requirements for every program in order to be approved by the RRC and what residents need to be certified by the ABFM

The Lancaster program continued to add well-qualified family practice faculty with the skill level in obstetrics to supervise the residents in both the office setting and in the delivery room. The private obstetricians were still

consulted in high risk situations or whenever surgical invention was necessary. This issue was compounded as we had many more HIV positive patients in the practice as well. As the residency program continued to attract more and more maternity patients, the service demands and mounting medical liability burden on the obstetricians reached the point that many no longer wished to be involved as attendings of record in these deliveries.

The residency program had not experienced any law suits against it for the first twenty-five years. When it finally did, it was not found negligent. Nonetheless, the case was settled out of court to avoid any adverse publicity for the hospital or its residency program. Following this development, the hospital contracted with several members of the ob/gyn department, who were still willing to provide back up to the residency program's faculty. Although this arrangement had improved the situation, it was not until the residency program hired its own full-time obstetrician-gynecologists that the tension between the obstetricians and the residency program was resolved. At first, the idea of adding a full-time obstetrician was resisted not only by members of the ob department, but also by some members of the medical staff. The initial political storm that resulted was most uncomfortable, as the first two obstetricians we hired decided to leave before even getting started. Dr. Bruce Pokorney, the new Vice President for Medical Affairs in 1995 was instrumental in negotiating an arrangement that was acceptable to all parties. He demonstrated remarkable leadership abilities in the process and was able to create a more favorable political climate. This made it possible for Dr. Pokorney and myself to recruit Timothy Canavan, MD, our first full-time obstetrician gynecologist faculty of the residency program.

TIMOTHY CANAVAN, M.D.



Fig. 58. Timothy Canavan, M.D., MSc. First full-time ob-gyn faculty of the Family Practice Residency Program. Image retrieved April 6, 2019 from <https://www.obgyn.pitt.edu/people/c>

Timothy Canavan, M.D., MSc., 1995-2001, laid the ground-work for establishing an outstanding obstetrical and office gynecologic experience in the residency program. He is currently an Associate Professor in the Department of Obstetrics, Gynecology & Reproductive Sciences at the University of Pittsburgh. We could not have chosen a better person to become our first full-time obstetrician-gynecologist coordinator of our residency program. Dr. Timothy Canavan graduated from the State University of New York Downstate Medical Center College of Medicine and then completed an obstetrics and gynecology residency at the Staten Island University Hospital, and it was soon thereafter, he joined our faculty in September 1995. Dr. Canavan paved the way to improve what was already a good obstetrical experience, considering the times and the quality of obstetrical training in family medicine residency programs.

Because the hospital built a new Women and Babies Hospital in 1996, the program's maternity service had grown quickly during the time Dr. Canavan was with us, and today has grown further with more than 800 deliveries a year. After six years as the Director of our maternity service, Dr. Canavan went to Pittsburgh to train at McGhee Hospital to become a subspecialist in fetal and maternal medicine. He also acquired MSC degree and currently is

an Associate Professor, in the Department of Obstetrics and Gynecology at the University of Pittsburgh.

There are now six full-time obstetrician and gynecologists, who are part of the faculty of the residency program. They back-up the 12 or more-family practice faculty who provide the direct supervision of the residents. These obstetricians serve as consultants and teachers, and provide a valuable outpatient gynecologist experience for the residents.

THE LGH SUBURBAN PAVILION/ WOMEN AND BABIES HOSPITAL

In 1993 the hospital acquired 150 acres three miles away in suburban East Hempfield Township. It houses a number of group practices, and a combination of highly sophisticated diagnostic and treatment services to include a Cancer Center, a Center for patients with Chronic Renal Failure and renal dialysis, nuclear medicine, pain management, hyperbaric services, physical therapy, aquatic therapy, and cardiac rehabilitation.

The Women and Babies Hospital Pavilion was opened at the suburban campus in 1996. This is a modern, state-of-the art obstetrical facility on the perimeter of the campus. The volume of obstetrical deliveries at the Lancaster General had sky-rocketed from just under 3,000 per year to more than 5,000 in less than ten years including more than 800 family practice residency program deliveries. Most of the patients on our maternity service are from the residents' urban practice, but also from an affiliated federally qualified health center in the southeast section of Lancaster City, which is run by graduates of the Lancaster program. There are another 100 deliveries from the program's practice in Quarryville.



Fig. 59. The Women and Babies Hospital, Penn Medicine Lancaster General Health, Photo, Courtesy of Penn Medicine Lancaster General Health

The new WBH provided space for the practices of the expanded family practice and Ob-Gyn faculty. This new arrangement worked out best for all involved. The overall quality of the teaching and the experience for the residents were markedly enhanced at the WBH.

THE PROGRAM'S MATERNITY SERVICE

Needless to say, one of the major strengths of the residency is its maternity service. With more than 800 deliveries per year, there are now at least 12 of our family practice faculty providing direct supervision of our residents in the delivery room, and they are backed up by an ever-present full-time ob/gyn faculty member. The residency program's maternity service C-Section primary C-Section rate of 18% is far below all the other practices in Lancaster County and for that matter in the country. The nation's C-section rate is nearly 33%.

LEVELS OF OBSTETRICAL SKILL TRAINING

The obstetrical issue has remained a major philosophical and educational challenge for the specialty of family medicine. Although some family

physicians still provide prenatal care to their patients, most family practitioners no longer include obstetrics in their practices. We continue to matriculate 13 graduates per year, and about one-third include obstetrics in their practice after graduation. Some of the graduates have set up new practices that include obstetrics in their practice in Lancaster County; so there has been a steady increase in the number of family physicians in the Lancaster community who include maternity care in their practices since the beginnings of the family practice residency. To make accommodation for the realities of obstetrical care among family physicians, the Lancaster program, dating back to the mid-eighties, proposed that graduate medical education in family medicine include three levels of graduated obstetrical skills. This takes into consideration the fact that most family medicine residency programs will, at best, provide only Level I skills as described below. Some residencies could provide Level II skills, but only relatively few nationwide could provide Level III skills. The three levels are described as follows:

Level I

These skills are provided for all graduates. It would be designed for those who do not anticipate delivering babies when they enter their practice years. They would be qualified to provide prenatal care and postpartum care in their office as needed. Most important they would have the ability to manage the medical needs of the pregnant patient. To achieve Level-I proficiency the resident would require a minimum of two months' rotation on obstetrics and be able to deliver an uncomplicated delivery. They would also be expected to provide care for a minimum of ten prenatal patients from early pregnancy to term.

Level II

These skills would define a resident with advanced skills sufficient to assure proficiency in the delivery of relatively uncomplicated pregnancies. Ob-gyn consultation would be required for high risk or complicated obstetrical deliveries or when surgical intervention is necessary. The residents, who wish to reach Level II skills would be expected to carry a heavier maternity load during their training. They would be expected to do at least two additional months of obstetrics. This could include a rotation on a "private" obstetrical service or the program's own maternity service if the volume was there to assure that the resident acquired the experience needed. Residents are monitored for proficiency so they can receive a letter from the obstetrics faculty towards medical staff privileges in birthing when they graduate.

Level III

Level III would include the surgical skills necessary to manage most obstetrical complications, and that would mean competence in performing a Caesarian Section. This means a resident would require no less than six months' rotation on obstetrics to include the basic two months in the first year. This means sufficient operating room time to achieve surgical proficiency and ability to perform Caesarian Sections. Residents, by serving six months in obstetrics, however, limit their other elective time. Only programs with a high volume of maternity patients would be able to assure Level III skill level. Indeed most residency programs cannot provide such an opportunity within the span of three years; in which case, the resident would choose to participate in a fourth year or in a fellowship to acquire Level III skills.

I would like to see the American Board of Family Medicine establish a Certificate of Added Qualifications (CAQ) in maternity care. To achieve this level of proficiency, would require a one- or two-year fellowship.

Dr. Stephen Ratcliffe, has added a great deal of stature to the LGH ob experience. He is the senior author and editor of the only textbook, written by family physicians regarding obstetrical practice, and has done much to advance the education and training of our residents in obstetrics.¹

¹ Ratcliffe, Stephen D., Elizabeth G. Baxley, Matthew K. Cline, Ellen L. Sakombut, Family Medicine Obstetrics, 3rd Ed, Mosby Elsevier, Philadelphia, PA, 2008

CHAPTER XII: CERTIFICATES OF ADDED QUALIFICATION (CAQ) CAQ IN GERIATRICS

In 1974, the National Institute of Aging was created to foster geriatric research, promote educational programs and clinical centers of excellence in geriatrics. The Certificate of Added Qualification (CAQ) in Geriatrics was instituted by the American Boards of Internal Medicine (ABIM) and Family Medicine (ABFM) beginning in 1988 following a one-year fellowship.

Lancaster began incorporating a formal curriculum in geriatrics following the recruitment of Dr. Louis DiMaria in 1986.

Following graduation from Jefferson Medical College in 1973, he completed a family medicine residency program at Hunterdon Medical Center in New Jersey. After two years as a major with the U.S.A.F, he joined the faculty at Hunterdon and maintained an active practice in Lambertville, NJ. He then decided to complete a two-year geriatrics fellowship at Duke University in June, 1985. He stayed on at Duke as a member of their faculty during which time Louis agreed to come to Lancaster, to establish a family medicine/geriatrics practice in the Willow Valley Square Mall until the planned practice site in the Willow Lakes Retirement Community was ready. He served as part-time faculty coordinator of a new geriatric's curriculum, which began in July 1986. This included the supervision of residents at the Presbyterian Home and also to serve as an attending on our family practice inpatient service. In time, a geriatrics teaching service was to be established at Willow Valley as the practice grew.

It was in 1986 that the American Board of Family Practice established the Certificate of Added Qualifications (CAQ), which could be earned by completing a one-year fellowship in geriatrics. For a brief period of time, the ABFP offered board-certified family physicians an alternative track to acquire a CAQ in geriatrics by demonstrating 400 hours of teaching geriatrics in an approved residency program or LCME approved medical school. To accomplish this, under the directorship of Dr. DeMaria, we were offering the members of the Department of Family and Community Medicine, including those in private practice, faculty development

opportunities in geriatrics by attending a faculty development workshop that Dr. DeMaria was to conduct two hours per month over a period of six months as well as teaching opportunities on our teaching service. After July 1, 1990, candidates for the CAQ in geriatrics would have to be Diplomates in good standing of the ABFP and have successfully completed at least one year of an AFBP approved geriatrics fellowship.

It was also our intention to establish our own fellowship program in geriatrics under Dr. DeMaria. In the meantime, a formal curriculum in geriatrics was developed by Dr. DeMaria. This was clearly delineated with specific goals and objectives in a memorandum dated September 19, 1986. The Quarryville Presbyterian Home nursing home patients would be included in each second- and third- year resident's panel of geriatric patients cared and considered patients of the WLAHHC. In another written communication from Dr. DeMaria dated November 11, 1987, the geriatrics rotation was now fully integrated into the curriculum to include two half days with Hospice. One of these half days was to be devoted to the weekly Hospice team meeting and the other was to include home assessments. The residents were also to be spending one day each week with Dr. DeMaria in his now busy office practice.

However, as the process unfolded there was growing resistance by certain influential members of the medical staff, who perceived this development of a geriatrics fellowship as unnecessary. Some thought that geriatricians would be competing unfavorably for their elderly patients. Sadly, the political environment began to feel increasingly uncomfortable for Dr. DeMaria, and better opportunities called him away. The fellowship in geriatrics had to be placed on the back-burner.

In the meantime, several of our family physicians acquired their CAQ in geriatrics and the momentum for "specially-trained" physicians in geriatrics grew. Among them was Dr. J. Kenneth Brubaker, who acquired his CAQ after his fellowship at the Philadelphia Geriatrics Center in 1989 and was already engaged in developing an excellent reputation with his work at the Masonic Villages. LGH moved ahead and our residency program received approval for the geriatric fellowship in 2001, with Dr. Scott Paist as its first director.



Fig. 60. J. Kenneth Brubaker, M.D. became the Director of the geriatric fellowship in 2002. Image retrieved April 6, 2019 from: <http://www.townlively.com/memory-loss-group-to-meet-15/> Photo, Courtesy of Penn Medicine Lancaster General Health

Kenneth J. Brubaker, M.D., Class of 1973. He and his classmate, Clair Weaver, MD, founded the Northern Lancaster County Family Health Center in Elizabethtown, Lancaster County, known as NORLANCO. The impact of this practice has had a profound effect on the wellbeing of the people in the greater Elizabethtown/Mt Joy area. It has grown into a major health center with 18 primary care providers, and today it is part of the Penn Medicine/ Lancaster General Health System. Ken served as the Medical Director of the Lancaster County Prison, and is particularly known for the leadership he has provided in developing geriatrics in Lancaster County. . He was the first of the graduates to acquire a certificate of qualifications (CAQ) in geriatrics in 1989. Along with Louis DiMaria, M.D., he was among the first fellowship-trained geriatricians in Lancaster County having completed his post graduate training at the Philadelphia Geriatric Center (1988-1989).

He succeeded Dr. Scott Paist as the fellowship director, the year after completing his own fellowship. He has been fully committed to the development of geriatrics as a discipline and became quite active at the state and regional level and currently serves as the Chief Medical Director, Pa Department of Aging/and Office of Long-Term Living. He served as Medical Director of a number of nursing homes including Conestoga View from 2004-2010 and at the Willow Valley Retirement Communities as well as the Masonic Village from 1998 to the present. He was appointed as Chief

Medical Director of the PA Dept. of Aging and the Office of Long-Term Living. He also served as Director of the Geriatric Fellowship Program at Lancaster General Health. In this capacity he also served as faculty member of the Family Practice Residency Program. Dr. Brubaker turned over the fellowship to Dr. Matthew Beelen in 2006. The current director is R. Scott DeLong, M.D. The program has thrived, and many of its graduates are graduates of the Lancaster residency program and make up the highly successful Geriatrics Specialists group that maintains its offices in the Suburban Pavilion.

Ken received many recognitions for his contributions in geriatric education and exemplary service to his community. Among those recognitions were the 2008 Medical Director of the Year Award from the American Medical Director's Association (AMDA), the Attorney General's Award for Excellence and Outstanding Service to the Citizens of Pennsylvania, and the Lancaster General Medical Staff Henry S. Wentz MD Award, as well as an inductee into the LGH Societas Generalis for his philanthropy and demonstrated excellence in medical education, patient care and service to the hospital and community. His medical school, Hahnemann Medical College, now Drexel University, awarded him the 2014 Alumnus recognition award as Mentor of the Year.

CAQ IN PALLIATIVE CARE

Our residency program received approval for its fellowship for the Certificate of Added Qualifications (CAQ) in Hospice and Palliative care in 2007. Lancaster had developed one of the best run hospice programs in the region under the direction of Dr. Joan Harold since 1980. Dr. J. Andrew Probolus is the director of the Palliative Care one-year fellowship, and many of its fellows are graduates of the Lancaster Family Medicine Residency Program.

CAQ IN POPULATION HEALTH



Fig. 61. Jeffrey R. Martin, M.D., Class of 1996, Director of the Population Health Fellowship, Photo, courtesy of Penn Medicine Lancaster General Health

The Population Health Fellowship, was established in 2014. It has grown to include the ability to acquire a concomitant Master's degree in Health Care Administration (MHA) from the Pennsylvania College of Health Sciences. The fellowship is an outgrowth of the Accountable Care Act (ACA). Fellows are enrolled in the MHA at the College and participate in the LG Physicians Leadership Academy. Under the leadership of Dr. Jeffrey R. Martin, the fellow acquires skills in performance measurement, care design, hospital governance, and project management. Drs. William Fife and Adam Lake work with Dr. Martin and together are developing the population health curriculum. The fellow assumes a teaching role in the residency program and works closely with the "Care Connections" team that cares for patients with complex psychosocial issues affecting their health care. In Care Connections the patients are taught and empowered to assume more responsibility for their own health care. The ultimate goal is to reduce health care costs by reducing emergency medicine utilization and hospitalization. As of July 2019, Dr. Martin chairs the Department of Family and Community Medicine. See more details regarding Dr. Martin's role as faculty in the faculty section above.

CHAPTER XIII THE TEMPLE UNIVERSITY / LANCASTER GENERAL HOSPITAL FAMILY PRACTICE REVIEW

In 1976, Lancaster Family Medicine Program and the Department of Continuing Medical Education, under the leadership of Dr. Albert J. Finestone, created the Temple University/Lancaster General Hospital Family Practice Review, a 50 + hour week-long continuing medical education (CME) program conducted in Lancaster.

THE FIRST SPECIALTY TO REQUIRE RECERTIFICATION

Family medicine was the first specialty that required board re-certification every 7 years with significant hours of CME pre-examination. Accordingly, continuing medical education particularly geared towards family physicians had become an increasingly important challenge for the academic medical community. Many state licensing boards were requiring 50 hours of AMA Category I CME credits yearly to maintain licensure. The American Board of Family Medicine (ABFM) required 300 hours of the more stringent American Academy of Family Physicians (AAFP) prescribed credits, over six years.

CME IN THE SIXTIES AND EARLY SEVENTIES:

In 1975, I had attended a CME program for family physicians in Pittsburgh. It was the usual one week-long 40-hour credit program. I thought it was a good learning experience, but the one-hour lecture format was longer than it needed to be, and too much time was devoted to the studies leading to the conclusions. When building the LGH Temple CME program we asked the speakers to abbreviate their commentary on the research and provide practical information useful in clinical practice. We sought presentations of what was likely to be asked on a board exam. Although not quite the same, a preacher giving a Sunday morning sermon is able to give a cogent and meaningful message in 10 or 15 minutes. A highly respected mentor commented that a lecture designed to impart practical knowledge on most clinical topics could be completed in 20 or 30 minutes. Moreover, by compressing the time to deliver a presentation, we could cover many more topics during the course of the week and save some time for questions and answers, which would enhance the learning experience.

ALBERT J. FINESTONE, M.D.



Fig. 62. Albert J. Finestone, M.D., The Associate Dean for Continuing Medical Education. Temple University School of Medicine. Co-founder of the Temple University/Lancaster General Health Family Practice Review. Photo is courtesy of Albert J. Finestone Office of Continuing Medical Education, Louis Katz School of Medicine at Temple University.

Following this experience in Pittsburgh, I attended a meeting of program directors in family medicine from the greater Philadelphia area and central New Jersey in Philadelphia to discuss the continuing medical education of practicing family physicians. Most of us had an affiliation or association with Temple. Dr. Albert Finestone, the Associate Dean for Continuing Medical Education at Temple, was present and was a major speaker at this event. During a coffee break, I had the opportunity to discuss my experience at the CME conference that I attended at the University of Pittsburgh and to share with him my observations and ideas. I argued that if a physician was going to take a week away from his or her practice, that we needed to intensify the experience and make sure it included as many topics as possible. I pointed out the importance of the 20 to 30-minute lecture, the Q & A, coupled with the workshops and seminars. He became quite interested and said to me, “you put it together, and we will do it.” I added one more caveat; we needed to do it in Lancaster because it would be far less expensive. I had in the back of my mind, the new dinner theater that was recently constructed in Lancaster, which made an ideal conference room. It was tiered and could accommodate upwards of 300 people classroom style. To make the course cost-effective, we decided to provide the participants almost all of their meals. It was intended to create a more engaging

environment because we believed that eating together enhanced camaraderie and brought us all closer together.

Thus, the first Temple University/Lancaster General Hospital Family Practice Review began in the spring of 1976 at the Old Hickory Inn on Oregon Pike just two miles north of the city of Lancaster. In order to accomplish our goal of providing at least 50 hours of prescribed CME credits, we had to begin on a Sunday afternoon and continue through the week. The course became so popular that the Old Hickory Inn could not accommodate the rapid growth in attendance. After only the first few years, the program was moved to the Lancaster Host, with a much larger dinner theater able to accommodate as many as 650 participants. The course is now offered semiannually and continues to attract 700 or more participants every year from more than 40 states and Canada.

CHAPTER XIV: THE FAMILY MEDICINE EDUCATION CONSORTIUM (FMEC)

THE NORTHEAST REGIONAL STFM MEETING

The Society of Teachers of Family Medicine had grown considerably as the number of residency programs grew rapidly throughout the seventies and eighties. Family practice residency graduates with academic fellowships, family physicians in clinical practice and behavioral scientists were joining the faculties in our nation's medical schools and residency programs in great numbers. There was a growing desire and need for skills in teaching and academic fellowship. STFM was feeling the pressure. The purpose of STFM is to help academic family medicine to enhance curriculum development and educational content, and help its membership develop the necessary teaching and administrative skills in the conduct of their respective medical school departments and residency programs. The STFM annual meeting brings department heads, program directors, and their faculty together, to engage in interactive seminars, share knowledge, and to present demonstration projects and research endeavors through paper and poster presentations. In the process, participants learn from the success and failures of new or time-tested ideas. One of the most important outcomes of these meetings is the building of camaraderie and fellowship and the promotion of ongoing communication via electronic social media. STFM had its first free standing meeting in 1976 and rapidly the annual attendance grew. The expense for the residency faculty and residents to go to a national meeting limited attendance also.

In 1981 in order to meet a perceived need for more such meetings closer to home, the board of STFM helped spur the development of five regional fall meetings to complement the national meeting held in the spring. The meetings mimicked the format of the national STFM meeting with a call for papers, and encouraged collaboration for special projects. The participants were requested to share with their colleagues' successful endeavors, through lectures, seminars, and workshops. The meetings attracted new regional faculty and residents at first. Unfortunately, these meetings never gained much popularity or momentum, particularly in the northeast, which by 1980's already had more than 100 residency programs and more than 25 medical school affiliations. By the late eighties, the northeast was attracting no more than 100 participants. In 1990 and 1991 the Northeast Regional

STFM meeting attracted less than 50 faculty and their residents. There was serious discussion about disbanding the Northeast meeting.

THE 1992 NE STFM REGIONAL MEETING IN LANCASTER AND STUDENT PARTICIPATION

It then occurred to those of us who were planning the 1992 meeting to change the format. We agreed to hold the meeting in Lancaster rather than the usual big cities such as New York, Boston, Philadelphia, Baltimore and Washington. Since much of the content of the meeting involves “show and tell,” we thought inviting medical students would allow them to learn first-hand who we are, be inspired by our philosophy, and see what we are teaching our residents. Student interest in Family Medicine would be enhanced, and those who came would be our ambassadors when they returned to their medical schools. In addition, the presence of students would serve as an opportunity for the residency programs to recruit prospective applicants. Moreover, this meeting might encourage interest in family medicine among the undecided medical students attending. To add creditability to the meeting and added participation from our state academy, we invited the Pennsylvania Academy of Family Physicians (PAFP) to cosponsor the meeting.

STUDENT SCHOLARSHIPS

An immediate challenge to the program committee to stage this Lancaster was how to fund such an endeavor, as it was obvious to us that few students could afford the cost of coming to such a meeting, let alone find the time to attend. We decided that we would provide the students “scholarships” to cover the cost of food, lodging and meeting costs. We sought to secure funding sources from the region’s foundations, hospitals, state medical societies, family practice chapters, and hospital medical staffs, besides building in some of the cost through the registration fees.

Because of widespread public concern regarding inadequate numbers of primary care physicians, we thought we could gain support from a variety of funding sources including the Pew Foundation of Philadelphia, which had expressed concern about the matter in some of their publications. Thanks to the close connection that Paul Brucker, M.D., Chair of Family Medicine, at Jefferson Medical College had with some of the Pew officials, we approached them, and not surprisingly, they demonstrated interest in supporting our endeavor, and provided us with a \$50,000 grant. This made it

even easier to tap into other foundations from the greater Philadelphia area with specific interests in medical education or medical care access. We received support from many of the county and state academies of Family Medicine, local and state medical societies, and hospitals, throughout the region. As we were able to demonstrate that we had raised sufficient funds to provide the student scholarships, sixty-nine of the 106 program directors responded with growing enthusiasm, and the number of attendees, including the directors, their faculty and even residents rapidly escalated. With a good portion of the funding coming from the registration fees (\$500.00), we raised a considerable amount of funds.

VERA HERSHEY

Since the Lancaster program was the sponsoring host for this meeting, and because the STFM regional meetings were dependent primarily on the sponsoring host to administer the meeting, we quickly realized how labor intensive this was going to be, especially since we were also undertaking a major fund-raising effort. We realized that we would need extra help to promote the meeting to the medical schools and their students.

To accomplish this, we convinced our hospital administration to hire a special administrative secretary to help coordinate all the clerical work and communication endeavors. We were fortunate that we were able to bring a very able administrative secretary on board for just one year. Vera Hershey was a remarkable find. She worked with our hospital development people and others to identify the foundations that might be inclined to support such an endeavor. She managed all the correspondence with all the state academies, medical societies, hospitals, and other interested parties who would help us to provide the scholarship money. In the end, she helped to coordinate all the details of the meeting by herself.

HELP FROM THE MEDICAL SCHOOL DEANS

Early, we recognized a major logistical problem. We would need the cooperation of the 49 medical schools in the northeast, as such a meeting would compete with the school's regular fall term academic requirements. We would have to convince the schools that this was going to be a worthy three-day educational experience and would enhance the students' understanding of general and primary care practice. Our goal was at least three to five students from each school. We communicated directly with the deans, informing them that although our goal was three to five students from

each school, any student who wished to attend the meeting would be eligible for one of our scholarships. However, we needed their cooperation to provide the students the time to attend our meeting. We needed the schools' cooperation to allow us to communicate directly with the students, as such correspondence generally conflicts with school policy. In the meantime, we were able to communicate with the school's department heads, and residency directors. We were a bit presumptuous, but we also worked with the Dean's office to avoid, if possible, any major conflicts at the time of the meeting. Although this was a most difficult undertaking, we obtained remarkable support. Some medical schools even went out of their way to adjust the school calendar not to avoid any serious competing activities to conflict with our meeting.

MORE THAN 700 ATTEND THE LANCASTER MEETING

When it was all said, and done, we managed to acquire sufficient funds to cover the costs of 368 students, as well as all associated administrative costs. We attracted more than 350 faculty and residents. As already stated one of the principal objectives of the meeting was for the students to get to know who we are, and what our family practice programs offered. We had workshops representing all phases of education at the graduate and medical student level, research and scholarly papers, poster presentations, and outstanding keynote lecturers. The residency programs set up recruitment booths, staffed by faculty and their residents, so the students could become well informed about the different programs and what each had to offer. The directors were excited to have the opportunity to gain exposure to such a large number of students in one weekend. The enthusiasm generated by the students and the programs in return was palpable. Needless to say, the success of this conference received national attention both in and outside of our specialty. The meeting was a resounding success, even surpassing our highest expectations. We had acquired enough surplus funds, which incentivized us to create a new permanent organization to continue this format.

THE FAMILY MEDICINE EDUCATION CONSORTIUM (FMEC) IS FOUNDED



Fig. 63. Laurence Mahoney Bauer, MSW, The Founder and Executive Director of the Family Medicine Education Consortium. Retrieved April 6, 2019 from: https://alumnus.net/saint_louis_universi-8710-127

The chair of our planning meeting in Lancaster was Laurence Bauer, MSW, a member of the family medicine faculty in the Department of Family and Community Medicine at Hershey Medical College, Penn State University. In view of the success of this meeting, it was Larry and a group of us from the planning committee, who conceived of establishing a new non-profit organization to be called the Family Medicine Education ‘Consortium or FMEC. We wanted Larry to be its first director. He has continued in this role to the present. Yes, 26 years at the helm.

Every year following the Lancaster meeting the FMEC continued to attract more than 500 students and faculty to the meeting. The 2017 meeting in Cleveland attracted more than 800 participants. Because of Larry Bauer’s enthusiastic and superb leadership and a highly committed board, the organization has thrived. It has done much to increase student interest and nurture the development of family medicine in the northeast USA.

The Lancaster meeting completely changed the future format of the Northeast Regional Meeting. It has continued to center its attention on how the education of medical students about the content of family medicine and its importance in the health care delivery system. Unfortunately, many of the other regional STFM meetings dissolved for lack of focus and leadership.

The national STFM meeting in the Spring continues to flourish with new faculty, resident members and about 20% of non-physician educators of family medicine supporting STFM goals with over 400 presentations and about 1200 attendees. The need for dialogue at the national and regional level has been crucial to the growth of family medicine education.

CHAPTER XV: THE RESIDENTS

THE MEDICAL STUDENT APPLICANT

It's the quality of the resident that determines the ultimate fate of the residency program. Selection of the best candidates is serious business for a residency director. It is therefore, of the highest priority. In the selection of residents for our program, we looked for evidence of leadership in high school, religious institutions, college, medical school, boy scouts, and other community endeavors. We tried to evaluate the applicant's character. Did he or she demonstrate qualities of respect, kindness, charity, friendliness, courteousness, and cheerfulness. Did the applicant reveal a strong desire to serve and demonstrate a keen sense of responsibility, and a determination to excel? Obviously, those who are graduates of medical school are likely to be such people, but we did our best to look for these characteristics during the interview, hoping to attract the exceptional among excellent candidates.

I think it is fair to say that premedical students all over the United States are among the most competitive students in America's colleges. It's a given that they have to excel in order to get into medical school. Those who enter medical school are not only high achievers, but also tend to be activists, who get involved in the affairs of their school and their community. In fact, I was repeatedly impressed with the idealism of the students. On more than one occasion, I have been inspired by the students' expressions of genuine commitment to serve. Such people can be categorized as "servant leaders," and I think the Lancaster program has had its fair share of such individuals.

My style of interviewing was open-ended. I often would begin the interview, after the usual courtesies and friendly chatter, with an open-ended question: "tell me about yourself." I would wait and listen and sometimes with gentle prodding... The students often talked about why they were attracted to a medical career; invariably, they would talk about their families. If they did not volunteer the information already, I would ask, "who are the role models in your life?" Most often, the student would identify their father or mother, perhaps a sibling or some other member of their family, including grandparents. Sometimes, it was their minister or a teacher. Knowing why and how these people affected them revealed deep feelings, their passions and their life's trajectory. Not uncommonly the interview would become tearful. I will not forget one particularly applicant who actually brought me

to tears during her interview. She had such a strong deep-felt sincere concern for the forsaken. She personified compassion and goodness, and I was certain she was going to change the world for the better. We were fortunate to have attracted her to Lancaster. She was a source of inspiration for all who had the good fortune to experience her many kindnesses. She and her family physician husband went on to care for patients in an inner city in America. Additionally, they served several years doing missionary work in an impoverished area of Asia. She, herself, along with her entire family were immigrants from Asia. She continues to make the world a better place for all.

We had the good fortune of having far more applicants than we could possibly interview and found ourselves being quite selective. By the early 1980's we limited the number of interviewees to 150 students, and our program continue to expand, but we did not have a problem filling even 13 positions. The time did come when despite the large number of applicants, we did not fill all our positions.

It happened in 1990. It was at a time, when the hospital was undergoing major renovations right in the middle of interviewing season. This included the construction of a brand-new cafeteria and conference rooms, etc., causing a feel of disarray. Simply put, the physical facilities did not look good. At the same time, the program was experiencing serious political issues relating to the obstetrical curriculum, and the unwillingness of some of the obstetricians to take on more liability with our high-risk patient population. Despite the fact we had lowered the burden on the obstetricians by adding more family practice to assume primary supervision of the residents in the delivery room, they were still expected to be there with the faculty to attend to high risk patients. The failure to fill all our positions that year was the beginning of serious negotiations to contract with a group of committed private practicing obstetricians or hire our own obstetricians to supervise our residents' ob experience. We were also given the authority to expand our family medicine faculty, who were skilled in maternity care. Our goal was to have one of our faculty supervising our residents at each delivery.

Regrettably, we interviewed few osteopaths and even fewer foreign medical graduates (FMG). It was difficult to evaluate a foreign medical graduate, as we had little knowledge of their schools and how to measure their scores or

overall performance. We had to rely on their letters of recommendation. Language difficulty was an issue. Most FMG's had visa issues we chose not to pursue with a long line of qualified candidates. In those early years there was also a flood of American citizens from the off shore/Caribbean schools, but for the most part, they were less competitive.

We had relatively few osteopathic graduates actually applying during the first ten years, as the AOA (American Osteopathic Association) did not approve allopathic residencies during those early years. The Pennsylvania Osteopathic licensing board required the osteopathic graduate to do a one-year internship in an osteopathic program before considering entering an allopathic residency until the 21st Century. Few chose that additional year. That changed. In retrospect, I think we missed recruiting potentially excellent osteopathic and FMG candidates during my tenure.

AAFP AWARD FOR EXCELLENCE IN GRADUATE MEDICAL EDUCATION (FORMERLY KNOWN AS THE MEAD JOHNSON AND BRISTOL MYERS SQUIBB AWARD):

Established in 1951 by the American Academy of General Practice, in 1969 and funded by the Mead Johnson and Bristol Myers Squibb Pharmaceutical Company, came to be known as the American Academy of Family Physicians / AAFP Award for Excellence in Graduate Medical Education. It was sometimes referred to as the Bristol-Myers Squibb Award, and prior to that, the Mead Johnson & Company Award. It is a prestigious national award that is presented to 2nd Year Family Medicine residents in recognition of demonstrated leadership, community involvement, and exemplary patient care. Over the years many of the recipients of this award have been residents at the Lancaster General Hospital Family Medicine Residency. The following is a list of those residents in our program who were honored with the annual AAFP leadership award.

1. J. Kenneth Brubaker, M.D. – 1971-72
2. R. Clair Weaver, M.D. – 1971-72
3. David W. Frederick, M.D. – 1972-73
4. Cynthia Harrison, M.D. – 1972-73
5. David W. Kistler, Jr., M.D. – 1973-74
6. Stephen T. Olin, M.D. – 1974-75
7. James P. Gregoire, M.D. – 1976-77
8. Michael W. Kita, M.D. – 1977-78

9. William H. Carter, M.D. – 1978-79
10. Richard W. Sloan, M.D. – 1979-80
11. David E. Fuchs, M.D. – 1980-81
12. William Roy Welder, M.D. – 1993-94
13. Mark Alan Thompson, M.D. – 1994-95
14. Jeffrey R. Martin, M.D. – 1996-97
15. Marie Lynn VandenBosche, M.D. – 1998-1999
16. Kristine Marchalonis, M.D. – 1999-2000
17. Donna Cohen, M.D. – 2000-01
18. Marguerite Duane, M.D. – 2001-02
19. Chris P. Lupold, M.D. – 2002-03
20. Jason White, M.D. – 2002-03
21. Alison Johanna Hartemink, M.D. – 2003-04
22. Rachel A. Eash-Scott, M.D. – 2006-07
23. Todd M. Felix, M.D. – 2007-08
24. Michelle A. Cardona, M.D. – 2008-09
25. Jacqueline Rohrer, M.D. – 2009-10
26. David O’Gurek, M.D. – 2009-10
27. Suzanne Andrews, M.D. – 2011-12
28. Haley Ryan, D.O. – 2015-16

AAFP/Parke-Davis Award Winners- Designed to stimulate interest in part-time teaching of family medicine among those physicians who are one to three years out of their family practice residency, the AAFP Foundation gives this award for excellence in teaching family practice on a part-time basis.

1. 1998 Myron Glick, M.D.
2. 1996 Joseph Hinterberger, M.D.
3. 1995 Darryl Landis, M.D.
4. 1992 William Vollmar, MD, Peter Nalin, M.D.
5. 1991 Thomas Bugbee, M.D.
6. 1986 Edward G. Zurad, M.D.
7. 1977 James P. Gregoire, M.D.

RESIDENTS WHOSE FATHER OR MOTHER WERE GRAUDATES

Thus far, seven children of graduates have become residents in Lancaster's family practice residency program:

1. Christ McLane, M.D., Class of 1998, son of Rogers McLane, Class of 1973.
2. Heidi T. Kistler, M.D., Class of 2007, daughter of David W. Kistler, MD, Class of 1975 ... Heidi joined our faculty in 2012 five years of full-spectrum family medicine in the Twin Rose practice in Columbia.
3. Catherine Main, M.D., Class of 2015, daughter of William D. Roberts, MD, Class of 1980
4. Amanda Davis, M.D., Class of 2010, daughter of Richard W. Sloan, M.D., Class of 1980
5. Nicholas Buckwalter, M.D., Class of 2014, son of Victor L Buckwalter, M.D., Class of 1981
6. Kelly Phillips, M.D., Class of 2021, daughter of Spencer Phillips, M.D., Class of 1985.
7. Ben Stabler, M.D., Class of 2022, son of Christine Kuhnle Stabler, M.D., Class of 1983

CHAPTER XVI THE GRADUATES

THE PROGRAM'S FIRST GRADUATES

The first three residents to complete the full three years of residency included J. Kenneth Brubaker, M.D. a graduate of Hahnemann Medical College, Rogers McLane M.D., a graduate of Hershey Medical College, Penn State University, and R. Clair Weaver, M.D. of Temple University. They were joined the next year by three upper-year residents were John Brenneman, M.D., Jack Wolgemuth, M.D. and Harold Kraybill, M.D.. In 1971, we four more first year and then in 1972 five first year and again took in more upper-level residents who met the practice requirements as missionary or military service to meet their board requirements after just one or two more years of residency. Although there was no grandfather clause, the American Board of Family Practice (ABFP) made it also possible for a general practitioner who has been in practice a minimum of six years to sit for the boards, so long as they fulfilled 300 hours of continuing medical education over this time period.¹ This situation is described in Adams book on the history of the American Board of Family Practice: *Because the board established a transition period set to terminate on January 1, 1978, which allowed "undue hardship" and fulfilling "eligibility units" to include active three-year AAGP membership, CME credits, and active practice.*²

The graduates are listed in Appendix IX. It is not possible to comment about every one of them, but what I can say is that when a recruiter in New England learned that I was retiring, she called to tell me that she has been a recruiter for nearly thirty years or nearly as long as I was a program director. She wanted me to know that she felt honored to be able to place one of our graduates into a practice in New England, for she believed that the graduates of our program were among the best family physicians in all of New England. I will make special commentary about some of our graduates, including those who already died, those with special recognition that I know about, and those who have provided leadership in promoting the

¹ Geyman, John P., *The Modern Family Doctor and Changing Medical Practice*, Meredith Corporation, Appleton Century-Crofts Meredith Corporation, New York, 1971, p. 19

² Adams, David P, *American Board of Family Practice, A History*, American Board of Family Practice, Lexington, Kentucky, 1999, pp. 777-78

development of family medicine in the academic or organized family medicine. There are also a few who have stood out in becoming successful writers of books or prominent in shaping the health care system in some very significant way.

IN MEMORIAM:

Unfortunately, there have already been eight deaths among our more than 500 graduates. They are mentioned to honor their memory. They are listed from the earliest graduates to the most current. We are proud of these eight family doctors. They left a wonderful legacy. Four of the eight practiced in Lancaster County, and there is an * after their name. I will also comment further about two in particular:

1. Clair Weaver, MD, 1970-1973, * died in 1991
2. Theodore Kantner, M.D., 1972-1974, died in 2018
3. Barry Penchansky, M.D., 1972-1974,* died in in 2008
4. Richard Anderson, M.D., 1973-1975, died in 1990
5. Michael Kita, M.D., 1975-1978, died in 1998
6. Fred Taylor, M.D., 1977-1979,* died in 2015
7. Robert Stengel, M.D., 1985-1988,* died in 2010
8. Mark Fefferman, M.D., 1985-1987, died in 1994
9. Greg Shawver, M.D., 2002-2005, died in 2015

STATE ACADEMY AWARD RECIPIENTS FOR “FAMILY PHYSICIAN OF THE YEAR”

Although there may be more, but according to our records, six of our graduates were honored by their state academy as “Family Physician of the Year.” These awards are granted by the state academy of family physicians for exemplary service and clinical excellence. There are others also who have been nominated, but did not receive the award. They include:

- 1 Peter Mason, M.D., (1974-1977) of New Hampshire
2. Max Crossman, M.D. (1978-1981) of New York,
3. Timothy Shafer, M.D. (1981-1984) of Vermont,
4. Donald Givler, M.D., (1982-1985) of Louisiana
5. Edward G. Zurad, M.D. (1982-1985) of Pennsylvania.
6. Jose Ma, M.D. (1990-1993) of Maryland,

GRADUATES IN VARIOUS LEADERSHIP ROLES

Although the following residents are mentioned because I had acquired information about their accomplishments over the years, there are many others who made their mark in their respective communities without much notice. I have already included many among those listed above as faculty. I can only apologize for the many others who deserve to be included on this list.

1. R. Clair Weaver, M.D., class of 1973, a graduate of Temple University School of Medicine, was an outstanding resident and a marvelous man, who lived his faith every day of his abbreviated life. He was among the first three residents we recruited to complete the three years of residency. He and his classmate J. Kenneth Brubaker, M.D. were responsible for establishing the Northern Lancaster County Family Health Center or NORLANCO FHC in Elizabethtown in 1973. With strong community support, Drs. Weaver and Brubaker were joined by Drs. Stan Godshall and James Kipp to develop and grow this highly successful practice. It emerged as a major health center in the county and is now part of the Penn Medicine Lancaster General Health System. It includes urgent care and counselling services as well as multi-specialty medical and surgical consulting services. Meanwhile, Clair also played a leading role in helping to shape a burgeoning local manage-care insurance industry. He was a gifted leader and a most highly respected member of our medical community. Sadly, in February 1991, at the pinnacle of his productive professional life, Clair's 14-year-old Korean-born adopted son, who had mental issues from the time they adopted him at age four, in a fit of acute mental break-down, tragically killed his parents and his adopted sister. Their much older biologic children, Steven and Deborah were not at home at the time.

It occurred almost the same time that Mark Connelly, M.D., was also killed in Iraq during Operation Desert Storm. It was one of the saddest periods of my professional life.

2. Rogers McLane, M.D., was in the first class of recruits who began their residency program in 1970. Rogers grew up just outside of Kingsville, Texas and Charlotte, North Carolina. The McLane family finally settled in State College, Pennsylvania., where Rogers managed to matriculate into the then experimental Jefferson Medical College accelerated program where he graduated at age 23 with his

Bachelor and Medical degrees. He met Paulette, who was on her way to complete her podiatric education. They got married after their sophomore year, and he entered the LGH program in 1970. He and Paulette were converted by the Mennonites and satisfied his military obligation by returning to Harlingen, Texas, where he served a poor Hispanic community in a clinic called SuClinica Familiar. He spent two and a five-year stint there interspersed with a practice run in Lancaster before entering a Geisinger practice in Philipsburg, just outside of State College. After a while, at age 55 he helped found a free clinic for the predominantly working poor in the area, called the "Centre Volunteers in Medicine." He retired in 2010. His son Chris completed medical school at Jefferson and entered our residency in 1995. Chris was the first of the children of graduates to complete their residency where their father or mother preceded them.

3. Mary Elizabeth Roth, M.D., FACPE, Class of 1973. " Although in the second class of residents, she "graduated" with the Class of 1973, as she chose to complete the third year of her formal graduate medical education at Harvard as a fellow in the Family Health Care Program of the Children's Hospital Medical Center. She had a remarkable academic career in family medicine. After her fellowship, she was offered the opportunity to become the founding director of Shadyside Hospital's Family Practice Residency Program in Pittsburgh. After this wonderful beginning, she spent the next decade in the University of California system assuming a number of academic roles. She served as the UCLA Director of the Family Practice Residency program 1977-1979. She developed five free clinics, while serving as Director of Predoctoral and Post Graduate Medical Education from 1979 to 1987. From 1984-1987, she served as Interim Chair of Family Medicine at the University of California at Irvine.

In 1987, she accepted the position of Chair of the Department of Family Practice at Providence Hospital and Medical Center in Southfield, MI. During this time, she acquired a Masters in Health Services Administration from Central Michigan University and a Certificate of Added Qualifications in Geriatrics from the ABFM. She became certified as a Physician Executive by the American College of Physician Executives. Her busy personal practice included geriatric

assessment, while managing her administrative duties and developing a national CME (continuing medical education) program in primary care.

In 2001, she returned to Pennsylvania as Vice President of Medical Affairs at Sacred Heart Health System in Allentown, a safety net hospital. In 2006 she accepted the role of Associate Chief Academic Officer in the Geisinger Health System and founding Director of the Kistler Family Medicine Residency at Geisinger in Wilkes Barre, Pa. engaging in curriculum development and Continuing Medical Education. She developed a five-year ACGME accredited rural family training program for NE Pennsylvania in 2007, while maintaining its AOA accreditation since 2006.

Her last academic role began in 2012 as Vice Dean for Graduate Medical Education and Clinical Affairs at the Charles E. Schmidt School of Medicine at Florida Atlantic University in Boca Raton Florida. Over the years, Dr. Roth received multiple awards, which recognized her teaching excellence and community service. She was singled out for the Michigan AFP Lifetime Achievement Award and the AAFP Public Health Award for Community Service recognizing her work in establishing free clinics and advocacy of cancer screening in minority communities. Her most remarkable recognitions included the Crain's Business-Detroit's Most Influential Women Award and the Robert F. Allen Symbol of H.O.P.E. Award-American Journal of Health Promotion in 1997 for her dedication in the care of cancer patients and outreach to the poor and disfranchised.

At the time of her retirement, she established the Mary Elizabeth Roth M.D. Family Medicine Alumni Research Fund "to support research in Lancaster's Family Medicine Residency Program."

4. Wayne Weaver M.D., Class of 1973, is probably one of the most unique residents to come through the program. Wayne was born to an "Old Order" Amish family on a farm in Holmes County Ohio. He left school after the eighth grade to work on the farm. At age 20, he was drafted and served two years in alternative service as a hospital orderly. At 22 he married his Amish sweetheart. They had three children, when at age 26, a window of opportunity led him to acquire

a high school equivalency diploma. This was followed by a college degree from Eastern Mennonite College in Harrisonburg, Virginia, while supporting his wife, Lovina, and their three children. Their fourth and last child was born during his college years. He entered medical school at the University of Virginia and continued to do odd job, when not in class to support his family. LGH received him in the 1971 NRMP Match as a PGY1 resident. Because of the flexible requirements of the American Board of Family Medicine in the first six years following the creation of the board, he was among several others, who were able to acquire certification after two years of practice and needed continuing medical education credits. During his residency, he negotiated not to wear a white shirt and tie as other male residents did or traditional “English” clothes. He was thirty-six years old at the end of his second year, and with mounting debt, he established a very successful practice in a rural Anabaptist community in Weyers Cave, near Harrisonburg, Virginia. He pursued his interest in the care of patients with addiction and became certified by the American Society of Addiction Medicine. (ASAM). He attributes much of his interest in addiction medicine to the added training he received in this area during his residency. Dr. Weaver wrote an autobiography of his life’s journey in 1997, “Dust Between My Toes” in which describes in colorful prose about the many events of his life:³

Wayne learned to fly an airplane and describes his many fascinating flight experiences. Sadly, in the fall of 1986 Lovina was diagnosed with a life-threatening adenocarcinoma with a six-month prognosis. She actually lived two more years. Lovina wished to be closer with her siblings and extended family, they moved to Holmes County, Ohio, for several months. While there, Wayne took up emergency medicine work. They returned to Virginia where Lovina died on August 9, 1989. After nearly one year in his practice in back in his Virginia practice, Wayne was approached by the Mennonite Board of Missions to consider filling a need for a short-term medical aid mission in Liberia. He decided to leave his practice of eighteen years and make the medical missionary journey to Liberia in January 1991. The fascinating details of this six-month, sometimes harrowing experience in war-torn Liberia, was enough to get his mind off of his sorrow. When he returned to the states, he went back to Joel

³ Weaver, Wayne M., “Dust Between My Toes, An Amish Boy’s Journey,” The Wooster Book Company, Wooster, Ohio, 1997

Pomerene Hospital in Ohio to resume work in emergency room medicine. He reconnected with friends including Lavina Miller, a once missionary nurse and now head nurse at the hospital. Although he never contemplated marriage after Lovina's death, he realizes that Lavina Miller coming into his life was a "godsend." His remarkable life story is an inspiration to many. Wayne Weaver was an original.

5. Nunzio Anthony Mastropietro, M.D., Class of 1974. Tony graduated from Villanova University in 1967, where he was president of his fraternity (Lambda Kappa Delta). He went to Georgetown Medical School, and during his residency, he served as Chief Resident. He was in the US Navy Reserve since 1967, and entered active duty status following his residency from 1974-1976. He was stationed at the US Naval Hospital in Jacksonville, Fl, where he served on the faculty of its Family Practice Residency Program and was appointed as Director of the hospital's Physician Assistant Training Program. He returned to Lancaster in private practice and was co-founder of Family Practice Associates of Lancaster in 1976-1980. He was in solo practice for the next ten years and established Mastropietro & Associates Family Medicine from 1990-2008. during which time he was on the Physicians' Board of Directors, Franciscan Family Care. He was elected as President of the medical staff at Lancaster Regional Medical Center from 2007-2009, and became Chief Medical Officer of UPMC Pinnacle Lancaster from 2009 up until his retirement in 2019. He continues to serve as Medical Director, Long Home Community from September 2017 to the present. He offers the following commentary:

"I owe a debt of gratitude to the excellent faculty, who precepted us, including, Drs. Henry Wentz, Herb Tindall, and John Randall, as well as many of the committed specialists, such as Drs. Hoppy Jones (ENT), John Paul (Gyn), John Bowman (ophthalmology) who taught us ambulatory Medicine in their offices. We worked hard as interns: three of us would be on call for the weekend covering the entire hospital of 500 patients, being the code blue team, delivering all babies that were not otherwise assigned, covering the emergency room when the ER physician on duty was overwhelmed. We were given much responsibility and often managed the ward service independently without significant assistance from the attending physicians. I am grateful that I learned how to use forceps. I felt that doing obstetrics in practice required the skills and ability of how to

get the baby out fast when the situation was ominous. I will not forget one incident, in particular, that without this acquired knowledge and skill, the baby would have died for sure. It was a situation with a nuchal cord and no obstetrician available. The heart beats disappeared while the mom was pushing, and thanks to my ability to use the forceps, the baby was delivered immediately.”

6. Theodore Kantner, M.D., Class of 1974, a 1961 graduate of PA State University with a major in chemistry, worked as a chemist at the Gulf Research and Corporation and later as a Design Engineer and Director of Marketing for Nuclide Corporation in Pittsburgh, before making a major career change in 1967. He returned to Penn State to complete his preparatory medical studies and then matriculated into the first medical school class at the Milton S. Hershey College of Medicine of Penn State University, graduating in 1971. Following graduation, he was accepted into the school’s internal medicine residency program before deciding to come to Lancaster as a second-year resident in 1972. A disciplined scholarly doctor, Ted sought a career in academic medicine, and he returned to his alma mater as an Instructor, Assistant Professor and Associate Professor in the Department of Family and Community Medicine. He was Director of the Family Practice Residency Program at Hershey, and in 1985 was appointed as Associate Chairman. In 1987, he became the Acting Chair, when he was recruited to become Professor and Chairman of the Department of Family Medicine, Texas Tech University. In 1993, he returned to Pennsylvania to become the Hamot Professor and Chairman of the Department of Family, Community and Preventive Medicine at the Medical College of Pennsylvania/ Hahnemann School of Medicine. He also became the Associate Dean for Medical Education as well as Professor of Medicine in 1998. While serving in these major administrative roles at MCP/Hahnemann, he co-directed the Robert Wood Johnson Generalist Physician Initiative and contributed to the 1996 landmark NIH publication, Primary Care: America’s Health in a New Era. He was the author of the chapter “Integrating Our Primary Care and Public Health Systems: A Formula for Improving Community and Population Health.” He was the Project Director of numerous grants to promote pre-doctoral training and development of the departments of family medicine both in Texas and Pennsylvania. He laid the foundation for strong family medicine departments at both Texas Tech and MCP/Hahnemann,

while also serving in leadership roles at the state level in both Texas and in Pennsylvania, as well as at the National level to promote family medicine education. He served as president and played a major role in advancing the Family Medicine Education Consortium in Pennsylvania. Following retirement, Millie and he settled in Moneta Virginia, close to his sister. He accepted a part-time position in 2013 as an Adjunct Professor to help facilitate the first-year family medicine curriculum at Virginia Tech's new School of Medicine in Roanoke. In 2017, Ted and Millie moved to California, where they wished to spend the rest of their lives, to be close to their daughter, Kathy. He was the recipient of multiple awards including the 1976 Faculty Development Fellowship Award from Penn State University, the Hull Award for his Research Exhibit at the AMA 32nd Winter Scientific meeting in 1978, the Resident Teaching Award in 1980, and the 1989 Texas Academy of Family Physicians Award of Meritorious Service. Unfortunately, Ted became ill with Multiple Myeloma and died in 2018. Ted leaves behind his dear wife, Millie, their two children, Kathy and Ted M and grandchildren.

7. Alan S. Peterson, M.D., Class of 1975, is a graduate of Boston University in 1968 and Boston University School of Medicine in 1972. He entered our residency program in 1972 during which time he was recognized for his academic achievements, receiving the 1973 Klemmer Memorial Award for his publication in the Journal of Pediatrics, on "Retroperitoneal Fibrosis and "Milroy's Disease," and the Charles Bair Research Award for his scholarly publication in the Journal of Family Practice, of "Benign Hereditary Nephritis." He was the first of our graduate who was recruited to serve as faculty. Following graduation in 1975, he entered a rural practice in West Virginia and then returned to Lancaster in 1976 to join Dr. Ronald Weaver in his practice. He then joined the faculty shortly thereafter. He is currently semi-retired, but continues in his role as a preceptor and Editor of the monthly Residency Program's "Family Practice Family" Newsletter. Dr. Peterson has a persistent and major concern for the environment and has played a key role in advancing the public health agenda of the program's curriculum. In the same vein he has been a strong advocate in preventive medicine, including dental caries prevention, lead intoxication awareness and prevention, and childhood immunizations. He has continued to play an active role in

dealing with Lancaster County's environmental health issues and is a promoter of clean water and clean air. Because of his tireless dedication to Lancaster's public health he was designated as the "Director of Environmental and Community Medicine of Lancaster General Health." He proudly carries that identity as "Director Emeritus" and also still serves as a member of the Lancaster Lead Coalition and as "Director of the Lancaster County Immunization Coalition." He is involved in the Edward Hand Medical Museum as director of publications, preserving Lancaster's rich medical heritage by collecting histories from retired medical specialists and stories of its medical past. He is also on the Editorial Board and Quarterly Contributor to the Journal of Lancaster General Health, and he writes a weekly "Medical Column" for the Quarryville Chronicle. In addition to all his other advocacy positions, he is a founding member of the Lancaster Physicians for Social Responsibility. He was recognized on more than one occasion as "Preceptor of The Year" at the Walter L. Aument Family Health Center. His work in preventive medicine was recognized by the PA Immunization Coalition Immunization Champion Community Impact Award in 2013. His tireless efforts to curb air pollution and reduce tobacco consumption was recognized in 2013 by the America Lung Association National Volunteer Excellence Award. The Medical and Dental Staff of Lancaster General Hospital has recognized Dr. Peterson's in all these areas and awarded him the honor of receiving the Henry S. Wentz, MD Award in 2009. Dr. Peterson is a proud member of the "Pennsylvania Sons of the Revolution," and a board member of the Lancaster County Conservancy.

8. Robert P. Johnson, M.D. (1974-1976). Dr. Johnson graduated from Thomas Jefferson University in 1970 and completed an internship at Misericordia Hospital in Philadelphia before spending the next three years with the US Navy as a Lieutenant Commander. He exemplifies the outstanding service that LGH residents have made in the Lancaster Community and filling the gap in rural practice. In 1976, he co-founded the highly successful New Holland Family Health Center practice. He developed a reputation of providing outstanding comprehensive health care. In order to assure relevance to the practitioner, he was also recruited to serve as the editor of the pre-

and post-course examinations that were part of the Temple University/Lancaster General Hospital Family Practice Review. He did this for more than 25 years. He was quite active politically in the hospital and served as Chair of the Department of Family and Community Medicine from 1982-1986. He then served as Vice President of the Medical and Dental Staff until 1989, when he became President and served with distinction until 1992. His numerous community roles in New Holland included Founding Chairman of the Western Heights Water Authority and Founding Board of the New Holland Recreation Center.

Dr. Johnson remembers well one aspect of his training that was emphasized during his residency years and which he found valuable was a course on interviewing:

"I found the active listening training valuable. As I tried to incorporate it into my patient interactions, he recalls early on in his practice, my patient was obviously exposed to such encounters, and said to me: "don't try any of that active listening crap on me," but after a chuckle the interview went on with good results."

"This next part may not be suitable for publication but I found it humorous. I developed a high level of expertise in treating STD's (as would be expected after three years of military sick call). The residents were required to do a protocol, and I was trying to think of what I could do, and it came to me that my experience in this area would be valuable. So, I presented my protocol on Urethritis. I immediately became known as the "clap doctor", and it spread throughout the hospital. My fellow residents would often ask for my advice, and I had attendings doing the same."

9. Steven T. Olin, M.D., Class of 1976, graduated Phi Beta Kappa from the University of Virginia in 1969 and from Boston University School of Medicine in 1973. While in medical school he was honored by receiving the Peter F. Jeffries and Jeanne F. Arnold Scholarship for students interested in Rural Medicine. While a resident he was among ten residents across the nation to receive the AAFP/Mead Johnson Leadership Award. He was also elected chief resident. He was the second of our resident graduates to join our faculty. Following his graduation from residency, he completed the Robert

Wood Johnson Clinical Scholar's Program at the Leonard Davis Institute of the University of Pennsylvania. He went into practice with Robert Baird, M.D., another impressive graduate from the same class. They opened the New Danville Family Health Center in southwest Lancaster County, but despite its success, the practice was forced to close because the sudden withdrawal of support from its financial backer. He then completed a teaching fellowship in family medicine at Temple University School of Medicine in 1984 and joined the faculty in 1985 as an Associate Director. In addition to his faculty responsibilities, he became the physician advisor in the Department of Quality Assurance and Utilization Management up until 2015. Steve deserves much credit for advancing our dermatology curriculum. He worked closely with our dermatology consultants, staffing the dermatology clinic on a weekly basis. He has become the faculty consultant for common dermatology problems that we see every day in our practice. He has authored chapters on "Superficial Mycoses" in the 1997 issue of Current Diagnosis and "Dermatoses in Pregnancy" in the most current issue of "Family Practice Obstetrics," Ratcliffe et al. He received the Quarryville Family Health Center Preceptor of the Year in 2014. He became active in local medical politics and has served as treasurer of the medical society for many years, rising to the rank of president of the Lancaster County Medical Society in the year 2000. He still serves as its secretary. In 2010, he was recognized for his contributions for community service, education and clinical practice, receiving the Hospital's prestigious Henry S. Wentz, M.D. Award. The award was named in Henry's honor because of his exemplary service in all these areas. He was honored by the medical society and received the 2017 Distinguished Service Award. Steve still plays an active role as a preceptor, supervising our residents in both the FHS and WLAFFHC. Currently, he serves as a consulting preceptor in the residency program as well as an independent contractor for the Lancaster Lebanon IU-13 educational system.

10. Peter A. Mason, M.D. (1974-1977), is a 1968 graduate of Harvard University and a 1974 graduate of Boston University School of Medicine. In high school he participated in the "March on Washington," and while at Harvard he was active in the antiwar demonstrations regarding the US involvement in Vietnam and was a

strong civil rights activist. We were delighted to have attracted this obviously gifted young doctor with impressive leadership abilities into our program. On more than one occasion, his innovative mind and charisma carried the day, and his presence added a special charm to the program. He was a teacher whenever the opportunity presented itself. During his residency he was the recipient of the Charles A. Bair, M.D. Research Award. After his residency, in 1974 Dr. Mason was the first physician to join a new community health center in rural Richmond, Maine. He soon had staff appointments at five regional hospitals and began precepting residents at the Family Medicine Institute in Augusta. When Augusta General and the Gardiner General Hospitals merged to become the Kennebec Valley Medical Center, he became the inaugural Chair of the Department of Family Practice. He was subsequently recruited by Dartmouth Medical School to establish a model family practice unit for a projected residency in Hanover, New Hampshire. He was Dartmouth's first full-time family physician joining the faculty in 1981 as an Assistant Professor of Community and Family Medicine. For the next 38 years he taught and mentored first and second years students on what became a course called "On Doctoring." He also developed a third-year clerkship experience, which incorporated a series of practical clinical talks while the students rotated on the family medicine service which included both inpatient and outpatient experiences. During this time, he served as medical director for United Developmental Services, caring for people with both cognitive and physical disabilities; while serving as the physician on the area child protection team, chairperson of the Professional Advisory Committee of the Vermont/New Hampshire Visiting Nurse Alliance, an aviation examiner and an occupational physician for several large industries. His interest in occupational medicine led him to develop a popular occupational module as part of a required course for fourth year students. He also conducted workshops on Occupational Medicine at the Temple University Family Medicine Review Course as well as at the Family Medicine Education Consortium-Northeast Regional meetings.

In 1989, he left the employment of Dartmouth Medical School to become the Medical Director of the Alice Peck Day Memorial Hospital Community Care Centers. From 1981-2014, he held many

leadership positions at APDMH in Lebanon, New Hampshire, including President of the Medical Staff and President of the Physician-Hospital Organization. As the addiction problem mounted into a serious epidemic and the opioid crisis ravaged his state, he took the lead to partner with the American Academy of Addiction Psychiatry and the Foundation for Healthy Communities to establish his practice as the model in NH to expand medication-assisted treatment for those struggling with opioid use disorder. He helped to develop a guidance document for best practices in this area, continues to consult and teach about opioid disorders throughout New Hampshire and Maine, and serves on the New Hampshire Governor's Alcohol and Drug Healthcare Taskforce.

In 1991, with strong community support, Dr. Mason and a colleague established the Good Neighbor Health Clinic, a free clinic in White River Junction, Vermont, which has grown to incorporate a free dental clinic and has an annual budget of \$750,000. It was featured on National Public Radio and received funding from the AAFP Foundation.

In 1999, after Hurricane Mitch, Dr. Mason traveled to Honduras to help with relief work, and that experience initiated an annual pilgrimage to work with Americans Caring Teaching Sharing, a community development group, which maintains a medical/dental clinic among other projects in a group of remote villages in the north central mountains. He has served as chair of its medical committee. Dealing with the issues of underserved and under-resourced populations and learning about the challenges of cross-cultural medicine, the medical students who join Dr. Mason on these annual excursions, describe this as a “transformational experience.”

His good works have been recognized by his peers and a grateful community. He was awarded the New Hampshire Academy of Family Practice Physician of the Year in 1999, the Dartmouth Medical School Department of Community and Family Medicine Faculty Recognition Award in 2006, the Dartmouth Medical School AOA Chapter Faculty Recognition Award in 2007, and in 2014, Dr. Mason was inducted into the Arnold P. Gold Humanism Honor Society. In the same year he received the Leonard Tow Humanism in Medicine Award, and was

one of the inaugural recipients of the John Lyons Lifetime Achievement in Humanism Award. In addition, in 2015, he was honored as one of the inaugural recipients the highly prestigious Geisel Academy of Medical Educators Lifetime Achievement Award. In 2018 the Lebanon Chamber of Commerce named him Lebanon, New Hampshire Citizen of the Year. In 2019, Dr. Mason received Geisel Medical School's "C. Everett Koop Courage Award." This award was established in 2005 to honor the career and values of Dr. Koop and the enormous courage he showed in his lifelong quest for better health and healthcare. The Geisel School of Medicine at Dartmouth gives this award each year to honor both a student and a member of the faculty who exemplify the kind of courage similar to that of Dr. Koop in serving the public good.

Dr. Mason says that his career was shaped by the experience on August 28, 1963 when he participated in the "March on Washington" to hear Martin Luther King Jr. deliver his "I have a dream" speech. It was Dr. King's concerns about social justice that inspired Dr. Mason to share the following personal thoughts:

"In a society that is characterized by vast disparities in socio-economic and educational opportunities, I fervently believe that physicians should be agents of social change. As an educator through some didactic and lot of experiential techniques, I have tried to inculcate in my students an appreciation of these societal problems and a passion for doing something about them. While I have taken on some broader leadership roles I think my basic strategy is to change people one by one. I love mentoring, and most admire those who teach by example. I think I learn something from almost every encounter with students, although they may not believe it. I place high value on collaboration, communication and reflection. I try hard to provide meaningful feedback to students."

11. Richard Levandowski, M.D., Class of 1977, graduated from Princeton University with an AB in Biology in 1970. Throughout his high school and college years he excelled in track and field, receiving many accolades, including three-time Champion in the New Jersey State Indoor 440 yard as well as the Indoor High Jump during his high school years. While at Princeton he was the Freshman Track Team Captain and was twice on the First Team All-Ivy Indoor Track Team and managed to establish three University Relay Records, Rich

also finished in first place at the Philadelphia Track Classic and the New Jersey State College Championships.

After graduation from Princeton, he completed an MMS (1972) and an MD degree from Rutgers Robert Wood Johnson Medical School (formerly CMDNJ Rutgers Medical School) in 1974. Following his residency years at Lancaster General, he completed a fellowship in Occupational Medicine at Robert Wood Johnson Medical School in May 1978. As a resident he received the Klemmer Award in Internal Medicine. He accepted a position with his alma mater and became a University Physician and Senior University Officer from 1977 to 1987, and served as Director of Athletic Medicine and Director of Medical Education up until 1987. He then established a private family medicine practice, concentrating in Sports and non-operative Orthopedic Medicine in nearby Lawrenceville beginning in 1989 up until the present. He developed a Primary Care Sports Medicine Program at UMDNJ-RWJMS, serving as its Director from 1989 to 1995, and founded what is now the Sports Medicine Fellowship in the Department of Family Medicine and Community Health at the Rutgers-Robert Wood Johnson Medical School.

He has been a team physician on various US Olympic Committee assignments including the Pan American Games and national sports festivals, Dr. Levandowski was team physician for the USA Track and Field teams at three World Athletics Championships, Intercollegiate Tennis Association, Haitian National Athletic Team and the Princeton Training Camps for the US Rowing Association. Rich takes special pride in his long association with Special Olympics New Jersey and was honored to have been named the Head Physician for the Special Olympics 2014 USA Games. His work with the Special Olympics was recognized by Special Olympics New Jersey with the Chairman's Award.

Dr. Levandowski is a Clinical Associate Professor in the Department of Family Medicine and Community Health at Rutgers-Robert Wood Johnson Medical School and Rutgers–New Jersey. He has numerous publications on clinical topics in refereed journals, mostly related to his interest in sports medicine and health promotion. He also co-authored with a fellow LGH graduate, John DiFiori, MD, Class of

1992, chapters on various sports injuries in Richard B. Birrer, Ed., "Sports Medicine for the Primary Care Physician, 2nd ed.," 1994. Since 1978 he has volunteered to teach both students and residents. Students and family medicine residents rotate through his practice, and he has been recognized as an outstanding teacher, having received the Most Outstanding Clinical Instructor at the Capital Health System/Robert Wood Johnson Family Medicine Residency, and the Alpha Omega Alpha (AOA) Volunteer Teacher of the Year at New Jersey Medical School in 2010 as well as the AAFP Volunteer Teacher of the Year in 2007 for his exemplary innovative teaching style. On receiving this award, it was noted that his volunteerism extends in many directions including his many medical missions to Haiti and his extraordinary efforts to promote physical fitness and sports in the state of New Jersey while sitting on various medical advisory boards at the medical school, at Princeton and various state organizations, but most importantly, his work with the Special Olympics. Having travelled to England, Ireland, China and Cuba with the Princeton Track Team, he has received the very special Larry Ellis Award as the Princeton Track & Field Male Alumnus of the Year in 2015.

Dr. Levandowski's career has been helped and guided by principles he learned as a LGH resident. Herb Tindall, M.D., wisely said that a Family Physician should be available, affable, and affordable. Dr. Levandowski believes that physicians should treat all patients the way they would like their families and loved ones to be treated. His philosophy of providing kind, comprehensive and compassionate care requires an integrative approach of the whole person to include mind, body and spirit. The desired outcome is to promote wellness through the application of supportive, evidence-based medical treatment and management.

12. Peter J. Altimare, M.D., Class of 1977, graduated from Mount Saint Mary's College Summa um Laude in 1970 and from Drexel (Hahnemann) University Medical College in 1974. Following graduation, he was the co-founder of Manor Family health Center of Physicians' Alliance Ltd. He remained as the senior partner until his retirement in September, 2018. He was one of the major players in the development of Healthguard of Lancaster in 1989 and its Medical

Director in 1992. While Medical Director, the primary care physician panel grew from 18 sites and 75 family physicians to 30 sites and 130 family physicians. Dr. Altimare's expertise in primary care network development, quality improvement and managed care/physician relationships was well recognized. He was an invited speaker to various managed care organizations, primary care and specialty physician groups, pharmaceutical companies and hospitals. Dr. Altimare had a most satisfying career and an enthusiastic promoter of family medicine.

13. William W. Bakken, M.D., (1974-1977), completed his freshman college year at American University in 1967 and completed his undergraduate studies in 1970 at Lincoln University with a major in chemistry and a BA degree. He acquired his medical degree at the Louis Katz School of Medicine at Temple University in 1974 and completed his residency in 1977. He entered into a practice in Battle Creek Michigan from 1977-1978 during which time he was an Adjunct Clinical Professor as an instructor for the Physician Assistant's program. In 1978, he decided to return to Lancaster and joined the Abbeyville Family Health practice, where he continues to practice in his semi-retirement life. From 1979-1984, he was an Adjunct Clinical Professor at the Louis Katz School of Medicine at Temple University and serves as a preceptor of third year medical students not only for Temple, but also from Hershey Medical College, the University of Pennsylvania, and Drexel University. Dr. Bakken assumed a number of leadership positions on the medical staff including Chairman of the Department of Family and Community Medicine from 1986-1990 and as President of the Medical Staff of Lancaster General Hospital from 1999-2001. He also served as a member of the Board of Directors from 1999-2004 of Lancaster General Hospital. He also played an active leadership role with the Lancaster General Medical Group and the American Cancer Society and Hospice of Lancaster County.

Dr. Bakken offers the following anecdotes relating to residency:

"I learned the importance of teamwork from my fellow residents, from the attending staff and from the nursing staff."

The nine of us from the Class of 1977 became the best of friends. We worked, played and partied together. When on call, we never went to sleep at night without first checking with whoever else was on call that night to be sure that they were caught up and did not need some assistance. We were likewise there for any personal or family issues. We quickly learned that Medicine was not a solo endeavor, but rather a team activity. We still get together yearly (for 42 years and counting) to build on that relationship. The importance of teamwork, has helped me in my everyday practice of medicine with my partners, other specialists, my staff and patients.

“I learned the importance of a thorough physical exam on my very first day at LGH. I had been assigned to an Internal Medicine Group, and my first admission was that of a middle-aged man for chest pain R/O MI. This patient was well known to my attending, so that when I presented the case to him, he asked what I thought of the lesion under the man’s tongue. He then asked, if I had examined under the man’s tongue. I had to admit that I had not done that. The attending then went on to explain that there was no such lesion under this man’s tongue, but that I would never know if I didn’t look.

“I learned the importance of listening to the patient one weekend in Quarryville. At that time, we stayed overnight and on weekends at the clinic for after hour patients. A forty-some year-old male presented with a significant fever and rash. He had been to several other physician in Lancaster and Chest Counties He had been on several antibiotics, but nothing was helping. As I finishing my exam, he questioned whether he might have Rocky Mountain Spotted Fever. Thinking on my feet, I responded that I was just considering that possibility. He tested positive and responded very quickly to a course of Tetracycline.

“I learned the importance of patient education after a young mother brought her infant son in with a fever and apparent ear pain. We quickly diagnosed an Otitis Media and started the child on Amoxicillin. The Mother returned with the child a week

later because he had not responded at all. He still was crying in pain and still had a significant fever. On exam at the second visit, the tympanic membrane could be vitalized at all because the canal was filled with a thick pink substance, the aforementioned Amoxicillin, The Mother had been placing five milliliters of the Amoxicillin in the ear three times per day as she thought that's how it was prescribed.

"I learned in my residency, that things are not always what we first perceived them to be. Dr. Robert Longwell was an Ob/Gyn physician who nobody really wanted to work with. He always seemed grumpy and slightly less than friendly. One day, I was on Ob call, and he was the attending. After the delivery, the patient had significant bleeding issues from her episiotomy. As he struggled to see what I was doing to repair her laceration, Dr. Longwell hovered over my shoulder barking orders to me until the repair was complete. As I wrote up the delivery note, he commented that I must hate him at that moment. It would have been so much easier for both of us, if he had jumped in and done the repair himself. But he said, what would I have learned? I said nothing in response. Two weeks later, I was again on call, he again was the attending. The same situation arouse. I repaired the episiotomy quickly and without the angst of the previous experience. Afterward, he said, 'See, what did I tell you.' I am indebted to him, and we remained good friends until his death."

14. John H, Surry, M.D., (1974-1977) graduated cum laude from John Carroll University in 1970, where he was honored with the Presidential Scholarship for his entire four years. He graduated from Saint Louis University Medical School in 1974 and from there matriculated into our family practice residency program. John had a varied and full career in family medicine. After residency, he entered a semi-rural practice in Lititz, Pennsylvania and in 1982 he accepted a faculty position at the Southeaster Family Medicine Residency Program of the Medical College of Wisconsin. Dr. Surry served as its Program Director from 1984-1987, after which he returned to Pennsylvania as the Director of the Family Medicine Residency program and Chair of the Department of Family Medicine at the

Polyclinic Medical Center in Harrisburg from 1987-1997 during which time he also completed a faculty development fellowship at Duke University. He then became involved with Harrisburg's Correctional Health System serving as its Region Medical Director from 1998-2000. He returned to community family practice in the greater Harrisburg area, which included his role as Medical Director of Patient First from 2011 to 2016. In summary, Dr. Surry had a taste of private practice for 12 years, academic family medicine for 15 years, correctional medicine for three years, occupational health for five years and urgent care for five years. During all this time, Dr. Surry has lectured on many clinical topics related to family medicine for the Temple University/LGH Family Practice Review and Temple's Cutting-Edge Seminars, the Society of Teachers of Family Medicine Predoctoral Education Conference and the Pennsylvania Senate Committee Hearings on Influenza Control and Tobacco Cessations Strategies. Besides his many civic and faith related community activities, John takes pride in his Eagle Scout accomplishment and continued to be involved with the Boy Scouts of America for many years.

Dr. Surry offers the following reflections regarding his residency years at LGH:

"When I applied for residency during my senior year at Saint Louis University, I gathered information on 54 residency programs, consulted with Drs. Thomas Stern and Jack Stelmach and developed a reference library for interested students at my school on how to critique residency programs at the time. Lancaster made the list of the thirteen programs that I visited east of the Mississippi

. He recalls the "Brown Helmet List," which assured coverage of a fellow resident when absent or when a special need would arise. They developed a wonderful fellowship. Following graduation, they resolved to meet once yearly and they have kept that commitment to this day.

"John also commented on his special 2018 journey to Greece with the Family Medicine Education Consortium. He highlighted the special day on the island of Kos, when all 35 doctors gathered on the steps of the Temple of Aesculapius to recite in one voice with me the Oath of Hippocrates. Dr. Surry states: "I am forever grateful that Lancaster General was the core experience in my professional life."

15. Michael Kita, M.D., a 1974 graduate of Harvard Medical School, who completed his residency in 1977 and a teaching fellowship in 1978. He settled in Kennebunkport, Maine and developed a very busy practice. He was also the doctor for the Bush family when they were at their retreat. As a resident he developed his own newsletter filled with good-natured humor that also was informative about the goings-on in the program and his own clinical vignettes. While in private practice he developed a news-column in his local newspaper. His brilliance was evident in the way he could remember facts, but also his ability to articulate complex medical problems. He was always a joy to be in his company. While in practice, he also served as a preceptor in the Portland, Maine family practice residency program during the time Dr. John Randall was director of the program.

He left his practice to become the medical director of the UNUM Insurance Company in Portland, Maine. A prolific writer, he was co-editor of Medical Risks-1991 Compendium of Mortality and Morbidity and a regular contributor to the Journal of Insurance Medicine. In this area of medicine, he was notable for his research and his ability to educate, and was highly respected in the medical insurance industry. His quotes are notable, among them: "We may think we are alone, but in the shadow of time we are all one." At the time of his death, a friend was quoted by imagining what heaven was like as Mike entered that holy place: "a truly dynamic, radiant, and energized person was being greeted enthusiastically by millions of smiles." Another person described him as having "a childlike exuberance for life. Every day was filled with discovery, joy and surprise." Mike was simply extraordinary. There are not too many people like Mike, but those of us who had an opportunity to live in his space for a while, feel the joy of having known him. He left behind his dear and beautiful wife, Jeanne and two children, Rebecca and Jonathan, who regrettably I never got to know.⁴

⁴ In Memoriam, Michael W. Kita, M.D., 1949-1998, Journal of Insurance Medicine, volume 30, number 2, 1998, pp. 125-128

16. James F. Peggs, M.D. (1975-1978), graduated from the University of Michigan in 1970 with B.S. in Biology and obtained his medical degree from Wayne State University School of Medicine in 1975. During his residency at Lancaster General, he was elected by his peers to serve as their Chief Resident. Following graduation in 1978, he returned to his home state of Michigan as an Instructor in the Department of Family Medicine at the University of Michigan Medical School. Over the years, he was promoted repeatedly until he reached the rank of Clinical Professor in 2002. In his retirement, he has remained in the department in his Emeritus status in 2014. In 1987 he completed a Mini-Fellowship in Geriatrics at East Carolina University in Greenville, NC and acquired a Certificate of Added Qualifications in Geriatrics. During his tenure in the Department of Family Medicine at the University of Michigan Medical School, he has held a number of administrative positions, including Chair of the Management Council; Associate Chair for the Department of Family Medicine; Chair Advisory Committee on Academic Promotions and Tenure; Chair, Educational Steering Committee; Director of Seminars in Medicine; Director of the Student Clerkship in Family Medicine; and more recently as Assistant Dean, Office of Student Programs for the medical school. He has published numerous articles and served on the Editorial Advisory Board, "Topics in Pain Management" and as Ad Hoc Reviewer of American family Physician. He has also lectured on many family medicine and geriatric-related topics at his school, the region and nationally. He was dearly admired and loved by students and his residents. He was considered a stellar teacher and mentor and duly recognized.

Among his many recognitions and honors, he was repeatedly selected by the residents to receive the Faculty Appreciation Award. In 1998, the medical school inducted him into the Galen Medical Society and received the Silver Shovel Award. In 2000, he received the Dean's Award for Clinical Service and at the same time was inducted as Honorary member of the Alpha Epsilon Delta Fraternity. In 2001, his school nominated Dr. Peggs for the "Humanism in Medicine Award." He was nominated on two separate occasions for the prestigious Kaiser Permanente Award for Excellence in Clinical Teaching and in 2006, he received the award. That same year, he became an Honorary Member of the Alpha Omega Alpha Honor Medical Society. On

several occasions, he was listed among the Best Doctors in Michigan and in 2010, among the Best Doctors in America.

Dr. Peggs offers the following reflections on his Residency Experience at LGH (1975-1978)

“First impressions are always most powerful. I recall fondly the day (a Friday in the summer of 1974) when I visited LGH and had a pleasant interview with John Randall while he was precepting in the clinic. He reportedly told Nik, who was absent that day, that I was a good prospect. I was already charmed by the cozy appearance of the city and its neighborhoods and further impressed by the warm welcome I received from the staff and residents. I immediately felt the LGH Residency would provide me with an excellent opportunity to develop my clinical skills in a challenging yet supportive environment. I was absolutely correct in that assessment. The invitation to join the LGH folks for an outdoor movie at Herb and Julie Tindall’s home that evening sealed the deal for me!

“I recall with humor the time I learned from a multiparous Spanish-speaking woman who came in for a check of labor that she was NOT going to leave the triage clinic and walk for a few hours until ready for delivery as I was urging her to do. Her convincing shake of the head to my suggestion was promptly followed by a swift delivery of a healthy baby boy on the gurney while we scrambled for gown and gloves!

“The “annals” of LGH should reflect that sometime during the 1975-1976 year the first issue of “The Yellow Journal” was published by one of our most unique residents, Mike Kita. I recall it was sparked by a combination of his boundless intellectual and physical energy, a wicked sense of humor, and no doubt enhanced by a certain degree of sleep deprivation as he used a yellow legal pad to describe various situations and people that were deemed newsworthy within and by the residents. There might even have been a few roasts of the faculty but I can’t say for sure...” To the best of my recollection.”

“While I can’t speak to the present-day experience, I recall from my time the drive down to Quarryville for clinic always seemed to provide a calming break in the sometimes-hectic pace of the hospital. Not only did I find the hitching post outside the clinic charming but I fondly remember providing one of the rare Amish patients a ride back to his farm following an office visit. You don’t get that experience many places.

17. Joseph W. Lahr, M.D., Class of 1979, is a graduate of Penn State, where he earned his B.S. and graduated with high distinction and was Phi Beta Kappa. He acquired his medical degree from the University

Rochester School of Medicine in 1976. He completed his residency in 1979 and practiced in Richmond and Hercules, California with a part time practice in sports medicine at the Center for Sports Medicine at St Francis Memorial Hospital, San Francisco, CA. He was adjunct faculty with the Sonoma State University, School of Nursing and an oral examiner for the California Board of Quality Assurance. He returned to Pennsylvania with the Pinnacle Health in Middletown. He acquired a Certificate of Added Qualifications in Hospice and Palliative Medicine and has served as a part time Assistant Medical Director of Hospice of Central Pennsylvania since 2015. He enjoys writing and has a special interest in the history of medicine. He has contributed articles to the Lancaster County Historical Society. He has had articles published in the Journal of the Lancaster County Historical Society including, "Lancaster County During the Smallpox Epidemic of 1883 and the book entitled "Hale Columbia," which is a "Study of Infectious Disease & Medicine in a small Pennsylvania Town (Columbia, PA) at the turn of the Century (1893-1905)." He has taken a special interest in helping to preserve Lancaster's medical heritage and serves as editor of the annual newsletter of the Edward Hand Medical Museum, Edward Hand Medical Heritage Foundation. I am also indebted to Dr. Lahr and Dr. Mary Elizabeth Roth, for reviewing and helping to edit this manuscript.

18. Thomas L. Miller, M.D., Class of 1979, is a 1973 graduate of Goshen College and received his medical degree from the Medical College of Ohio in Toledo in 1976. Following graduation from his residency, he entered a locum tenens practice at Eastbrook for one year before he embarked on medical missionary work. This involved doing two stints serving as the medical officer at Mugumu Designated District Hospital in Tanzania. He engaged in full service family practice, which included general surgery, complicated obstetrics, orthopedics and oversight of primary health care (PHC) clinics of the North Mara Diocese of the Tanzanian Mennonite Church. In between for the next three years, he returned to Meyersdale and Grantsville, MD in a private family practice, which included obstetrics hospital care and emergency medicine, and even assisted in surgery. In 1988, he moved to Lancaster County and joined the Norlanco practice in Elizabethtown, and with one of his Norlanco partners cared for

prisoners at the County Prison two half days per week. He then spent nearly one year as a medical missionary in Tirana, Albania, which included the care of American personnel in the Peace Corps, the US and other Embassies and expatriate missionaries and non-government officials. He returned to the Norlanco practice in 1997 before becoming certified in Palliative Care and since 2003 has been of eight medical directors at Hospice of Lancaster County. Dr. Miller served as part of the teaching faculty for the family practice residents and geriatric fellows. Tom continues to lecture on Palliative Care to professional and non-professional groups, and also participates in the residency program as a part-time preceptor. He is married to Jill since 1979, and they are the proud parents of two daughters.

His anecdote relating to his work in palliative care is provocative:

“Since 2005, I have been working primarily in Lancaster General Hospital develop; in a robust Palliative Care Service, a consulting service provided by our hospice. Along with two other physicians, we started the program with few resources and little acceptance at first. Through hard work and careful cultivation of relationships with specialists and hospital staff, our service has grown to be an essential component of care for patients with serious illness. We are now widely accepted in the hospital and our expertise is sought for various hospital committees that determine policy. Our service precepts the family practice residents and geriatric fellows. We have also established our own accredited Hospice and Palliative Care fellowship, and have graduated 8 fellows by 2016. Our Palliative Care Service was accredited by JACHO in 2014, and it has had a visible impact on the culture of the hospital.”

19. Richard W. Sloan, M.D. Class of 1980. Dick was a 1969-honors graduate of the Philadelphia College of Pharmacy, where he was Class President and received the Eli Lilly Achievement and Rho Chi Achievement Awards. With his pharmacy degree, he served in the United States Air Force for the next four years as a Captain and Interceptor Pilot in the F-106 and remained active in the Air National Guard. He entered medical school at Milton S. Hershey Medical College, Penn State University and graduated in 1977. During his residency at LGH, he served as chief resident and received the AAFP (Mead Johnson) Leadership Award.

He acquired a Certificate of Added Qualifications (CAQ) in Geriatrics in 1990. Following his residency, he joined the faculty the Milton S. Hershey College of Medicine, Pennsylvania State University as an Adjunct Professor in Family and Community Medicine as well as Professor in Clinical Pharmacology. He returned to Lancaster to join the faculty as an Associate Director of the Family Practice Residency Program in 1983. In 1989 he was offered and accepted the Directorship of the Family Practice Residency Program in Family Medicine at York Hospital. He was also appointed as Chairman of the Department of Family Practice and Director of Medical Education. During this time, he was also the Associate Dean of the Regional Medical Campus of Drexel University, College of Medicine. He has been on the Editorial Board for several journals, including the American Family Physician (AFP) as clinical pharmacology consultant and coordinating editor of the clinical pharmacology series from 1992-2002. He is the lead author of numerous articles in prominent family medicine academic journals and the author of the book Practical Geriatric Therapeutics, published by the Medical Economics Co. in 1986. He also has been a frequent presenter at national conferences and meetings, including a course on Clinical Pharmacology and Therapeutics at the AAFP national meeting in 1981. He has been a frequent presenter of pharmacologic-related topics at the semiannual Temple University/Lancaster General Hospital Family Practice Review from 1988-2003. He has been recognized for his teaching excellence receiving the “Teacher of the Year” Award at Hershey in 1981 and 1982 and from the Family Practice Faculty at York Hospital in 1993 and Penn State’s College of Medicine “Exceptional Teacher and Role Model” Award repeatedly from 2003 until 2010. Drexel also honored him with the Elias Abrutyn Mentoring Award in 2008. He retired in 2014. He maintained his role in the air national guard, serving as medical officer and Flight Surgeon until 2004.

20. David W. Bowers, M.D., Class of 1981. Dr. Bowers was an honors and Phi Beta Kappa graduate of the University of Massachusetts and acquired his medical degree at Tufts University in 1978. He met a public health service obligation in the Welsh Mountain area of rural northeast Lancaster County following graduation and then joined the Lititz Family Practice In 1983. In 1999 he acquired a Graduate

Certificate in medical management from Carnegie Mellon University and was certified by the American College of Physician Executives. In 1995, when the Lititz practice was bought by LGH, he became the Medical Director/ VP & Chief Operating Officer and Compliance Officer for the Lancaster General Health/Medical Group (LGMG). He helped direct Preferred Healthcare, which was co-owned by LGH & Ephrata Community Hospital and in 2011, he became the Executive Director and chief Clinical officer for the Reading Health Physician Network until 2014. He was recognized as the clinical executive of a multidisciplinary team to receive the 2014 Lehigh Valley Business Coalition on Health's award for innovation in health care.

In 2015 he formed his own business as President of Innovative Healthcare Teams, a consultation service that helps medical practices, health system, employers and payers succeed in Value-Based Payment models. He is also currently providing primary care service to a large panel of Veterans at the Lebanon VA medical Center. In 1999, he was recognized by the Pennsylvania Academy of Family Physicians as a finalist for the PA Family Physician of the Year. Dr. Bowers shared the following anecdotes from his residency years:

"I was an intern and in the middle of my Pediatrics rotation in late winter in early 1979. One of the attending pediatricians had an admission for the unit and was sending the child in from the office late one afternoon. The child was a 4-year-old Amish boy who was ill with what was an influenza like febrile illness. The attending and I had a brief conversation and I said that I'd be there to admit him as soon as he arrived.

"He arrived within the hour and I performed a routine history and physical. He had a fever and looked a bit ill but not toxic. I ordered some routine labs and went about my busy night on call for pediatrics, surgery and ER duties.

"About an hour or two later, one of the pediatric nurses paged me and told me the labs had been returned and child seemed to be getting worse, so I came back to the unit to check him out again.

"He looked quite ill, pale and little bit sluggish compared to only a few hours ago. I reviewed the labs and noticed that his liver function tests were elevated but he didn't have any jaundice or abnormal abdominal exam.

"I had seen a case of Reye's syndrome when I was on a pediatrics rotation in my senior year in medical school in Boston and in some ways, this child's course reminded me of that other youngster. I ordered repeat LFTs and a serum ammonia and sure enough they were all abnormal.

"Within the hour, the child became obtunded and toxic looking. By then it was evening and I called the pediatrician to report the change in the child's condition. The attending said that it was probably nothing to worry about because he was just seen in their office just a few hours ago.

"Within the next hour, the child was nearly unarousable. I called the pediatrician and said that I'm taking the boy by ambulance to Hershey Medical Center because I thought he had Reye's and could die overnight. Dr. Vic Buckwalter took my beeper and off I went.

"The child coded twice on the way to HMC and I revived him each time. Fortunately, the child survived and was discharged after a week or two at HMC. I have to say that I felt pretty good about what I did not even halfway through my internship. I assumed that would have been the end of the story.

"Dr. Zervanos called me into his office the next morning and essentially read me the riot act for insubordination to an attending physician and leaving my post. For a moment I thought he was going to fire me. Then he told me that was an outstanding diagnosis and commended me for my actions. Then he said that he never wanted to receive a call from an attending about this behavior again.

"Several years later, when I was in the Public Health Service at Welsh Mountain and making LGH rounds, I was getting on the elevator and an Amish man and his son were taking the elevator up to visit a patient in the house. After a little small talk, the father asked me, "Are you Dr. Bowers?" I looked at him and said "Yes, I am". He asked if I recognized his son and I said no. Then the father smiled and reminded me that I saved his life that night when I took him to Hershey. I shook both their hands and told them that I'll never forget that moment."

Dr. Bowers tells of another experience:

"I was a second-year resident and just getting used to taking on-site weekend call at the Walter Aument Family Health Center as it is now known. Back in 1980, however, it was affectionately called "The Q", short for the Quarryville Family Health Center, by most people who spent a lot of time there. I always enjoyed being at the Q. Not only were the staff and patients friendly and knowledgeable, but we also received the gift

of wisdom from the many physicians who served as preceptors there. The chief preceptor and co-founder of the practice was Dr. Herb Tindall, a revered and semi-retired family doctor from the Christiana area, who could have been that kindly doctor ready to give a little kid a shot in one of the iconic Americana paintings portrayed by Norman Rockwell.

“It was a late summer Sunday afternoon when I received a call from an Amish farmer east of Quarryville about one of his children who was ill. By then, having taken care of several Amish families in the area, I knew that anytime an Amish patient called, it was something significant. He asked if I could come out to the farm to examine his boy, who was about seven at the time. I agreed and got some brief directions to the farm. I remember the father said that they had their name, Stoltzfus, on the mailbox out front by the road. I said I’d be out there shortly. Of course, I had no idea where I was headed as I’d never been out to that neck of Lancaster County before.

“Finding that farm was an adventure all by itself! I went for what seemed like miles and miles through farms with that name on the mailbox. I met many helpful farmers who gave me updated directions and finally arrived at the correct farm. By then, sun was getting low in the sky.

“The father greeted me and took me back to the home’s sick room. I’d never heard of that term before. The only lighting in the house was coming through the windows of the farmhouse. The room was dimly lit by the lantern that the child’s mother had on the nightstand next to the boy’s bed.

“He was still and had a fever of 102. I asked how this came about and the parents told me it was an ordinary weekend. The children were helping with harvesting, which involved working and playing in the surrounding fields for the past several weeks.

“This child was the only person in the family feeling ill and his mother said he had a headache and a fever as the predominant symptoms. He had not eaten for a few days and had vomited a few times earlier in the day. The child was acutely ill and quiet. His general exam was unremarkable until I noticed that he had a faint rash on his abdomen and had pain when I flexed his neck. I told the parents that I suspected their son had meningitis and needed to be admitted promptly to the hospital. I didn’t expect the response and was startled when the father said that they’d have to talk to the Bishop about this matter. The father described what seemed like an approval was required from the Bishop to have his son admitted. So, I waited for what seemed like an eternity for an answer.

None was forthcoming and by then there were patients who I told to meet me at the Q for emergency visits.

“Reluctantly, I had to leave their home and go back to the office. I had mentioned to the parents that I looked through the child’s scalp for a tick but couldn’t find one in the waning light of dusk. I asked them to call me if anything would change. In retrospect, I believe God’s hand was involved in my thinking. I had only seen a meningeal rash once and had never seen a case of Rocky Mountain Spotted Fever but I had read about it. Back then, it was considered a rare occurrence in the eastern part of the United States.

“I called my preceptor on call, Dr. John Randall. John was a brilliant pediatrician with additional training in Infectious Diseases. He told me to just sit tight because there is nothing I could do from this point until the Bishop decided what was the best course of action for a member of his congregation. By 9 or so that evening, I retired to the on-call room to try and get some rest. Of course, there was no rest because I was really worried about this child. My patience was rewarded an hour or so later when the front bell rang. I had pulled the shade on the front door down about half-way earlier in the evening and when I walked up the corridor to answer the doorbell, I could see the torso of a man in Amish clothing holding a child in his arms. I’ll never forget the mix of dread and excitement when I opened that door.

“The father came in and said that he was unable to wake his child up. I quickly determined that he was alive. The father said that a few hours after I left, his wife found a tick on the child’s scalp and immediately called the Bishop to tell him that the doctor had known what his son had. He had arrived with a driver and I instructed them to proceed directly to the Lancaster General emergency room and that I’d call ahead. I called Dr. Randall and briefed him on the updated information and he said that he’d be there to oversee the case.

“The child was diagnosed as having Rocky Mountain Spotted Meningitis and was successfully treated. He was discharged back home in about a week. Of course, Dr. Randall said that we needed to get titers to make a definitive diagnosis, which we did. The initial titers were, indeed, elevated. He said the confirmatory testing in three weeks would be an important test in order to publish this rare case

“So, in three weeks or so I went out to the farm to talk with the family and see how the child was doing. He was doing fine, back to normal. I asked if I could take a blood sample for testing. The father, however, declined my request. He simply said that his boy had been through enough and

didn't want him to go through any more tests. He knew the child was cured and thanked me for saving his son's life.

"I left the farm scientifically disappointed but still grateful for the role I played in saving this child's life. I never saw or heard from the family again. I had not recalled this event for many years until I ran into Dr. Jim Wolf, one of my fellow residents, at a local restaurant where there was a medical education event being held. The first thing he said to me was that he was at grand rounds that morning at the hospital and they presented this case! I laughed when he said that no one in the audience arrived at the correct diagnosis."

21. Jon H. Schrock, M.D., Class of 1982 graduated from Eastern Mennonite College in 1975 and the University of Virginia in 1979. Following graduation from the Residency Program, Dr. Schrock joined Manor Family Health in Millersville, and he remained there until retiring in 1999. While in private practice, he was Chairman of the Family Medicine Department at St Joseph/Lancaster Regional Health and served on the Medical Executive Committee during that time. He also served as Medical Director at the Willow Valley and Willow Lakes Retirement Communities and served as the Penn Manor School Physician. Willow Valley and Willow Lakes Retirement Community. He began his preceptor career at the Walter L. Aument Family Health Center in 1998 and after his "retirement" from private practice, he precepted on a half-time basis for the next 20 years. He enjoyed the experience and was repeatedly recognized as the outstanding teacher of the year by the residents. He retired in June, 2018.
22. Christine Kuhnle Stabler, M.D., Class of 1983, is a gifted person with a wonderful intellect, a delightful sense of humor and special interpersonal skills. A top graduate from Philadelphia's Central High, she went through the Penn State/Jefferson Medical College Program in six years receiving both her Bachelor's and Medical degrees. She completed a fellowship at Temple in 1985, and after a brief stint in a family medicine practice in Philadelphia and a teaching fellowship at Temple University, she returned to Lancaster, to enter private practice with a classmate. After eighteen months, she accepted a faculty position as an Associate Director. It did not take long for her to earn increasing levels of responsibility becoming the Deputy Director in August of 1995 until 2011, when she was appointed Vice President for Academic Affairs. She served also as Director of the

Transitional Residency at LGH from 1997 to 1999. She currently oversees the Clinical Clerkship program for the students who rotate at LGH from Temple U., U. of Pennsylvania, Penn State and Drexel. She also was the Volunteer Medical Director for Planned Parenthood from 1988 to 1999. She became involved in a very significant way with the Pennsylvania Academy of Family Physicians, and rose to the rank of president. She currently serves as Associate Dean of Temple University School of Medicine and a regular speaker and moderator for the Temple University/Lancaster General Hospital Family Practice Review, while maintaining academic positions as Associate Clinical Professor at Penn State College of Medicine and the Perelman School of Medicine of the University of Pennsylvania. She is a recipient of the LGH medical staff Henry S. Wentz Award for her outstanding contributions in clinical medicine, education, and community service. In 2017 she was elected among 13 Penn Medicine physicians to the Academy of Master Clinicians. This highly prestigious designation was launched in 2013 and recognizes Penn Medicine clinicians who exemplify the highest standards of clinical excellence, humanism and professionalism. Dr. Stabler is the first and only family physician, who has received this honor.

23. Thomas J. Weida, M.D., Class of 1983. was a 1980 Phi-Beta-Kappa graduate of the accelerated Lehigh-Hahnemann six-year BA-MD program, where he received the Lehigh-Hahnemann Family Medicine Award in recognition of his commitment to family medicine and academic excellence. He was his medical school's 1980 Yearbook Editor of the Hahnemann Medic, as well as President of Hahnemann's Student Family Physician Group from 1979-1980. During his residency at Lancaster General Hospital, he felt a calling to organized medicine; so his community service project included the role of resident delegate of the Pennsylvania Academy of Family Physicians (PAFP). This provided him the opportunity to serve on a number of committees and commissions including Long-Term Planning Committee (1980-1981), Commission on Legislation and Public Policy (1981-1982), Committee on Family Practice in Pennsylvania Medical Schools (1981-1982), Ad Hoc committee regarding the cost of Medical Education (1982-1983), and the Commission on Membership and Credentials (1982-1983). He also joined the Big Brothers, Big Sisters of Lancaster County organization

and then continued to serve on their board while in practice until 1993, after which he was made an Honorary Director until 2018. In 1990, he was elected its President.

Following his graduation, he entered private practice in rural Lancaster County for 14 years before joining the faculty of Penn State University, Hershey College of Medicine. His involvement with Lancaster City and County Medical Society was a given, and he served as a member of its board from 1984-1988. He also became increasingly involved with the PMS, AMA, PAFP and AAFP. As a member of the Pennsylvania Medical Society, he served as Delegate on numerous occasions from 1984 until 2018 as well as on the board and several committees including Subsidiary and Foundation Relations, Finance, and of course, the Executive. In 2014-2015 he served as Vice-Chair of the Board and in 2015, Chair of the Specialty Leadership Cabinet. As a delegate, he served on the Reference Committee engaged in Managed Care and Other Third-Party Reimbursement (2010 and 2018).

His role with the American Medical Association (AMA) includes serving as an AAFP Delegate to the AMA House of Delegates (2004-2008) and PMS Alternate Delegate (2010-2016). He was an Alternate Delegate-at-Large to the AMA Delegation Executive Committee (2013-2016). He also served in various positions on the AMA Relative Value Update Committee (RUC) since 2009 including AAFP Advisor, various subcommittees involving Multispecialty Points, Anesthesia, and Practice Expenses and since 2013 Alternate Delegate. Since 2016, he has served as a board member of the CPT Assistant Editorial Board.

He played a major role in the PAFP Committee on Resident and Student Affairs where he served as Chair until 1990. In addition, at various times, he has served in numerous leadership roles with the PAFP, including long-standing board membership and a member of the committees of Finance, Bylaws, and New Physicians Resident and Student Affairs. He served on the Commissions of planning and membership, and was the PAFP's Liaison to the Pennsylvania Blue Shield. Perhaps his most important roles were as Vice Speaker from 1984-1987, Speaker from 1988-1991 and Parliamentarian of the

House of Delegates from 1995-2005 and again in 2011. Not surprisingly he was elected President of the PAFP in 1993.

At the AAFP level, he served on the board from 2002-2008 and its Executive Committee from 2004-2008, as well as Vice Speaker from 2002-2004 and Speaker from 2004-2008. At various times, he also served on the Strategic Planning, Taskforce on Leadership, the Audit, Finance, Development and Insurance Committees and as a member of the Board of Curators of the Center for the History of Family Medicine. He served in various roles in “Family Medicine for America’s Health,” an eight-member family medicine consortium involving the AAFP, AAFP Foundation, ABFM, ADFM, AFMRD, NAPCRG, STFM, and ACOFP, from 2014 to 2019. He served on the Tactic team for Payment to Transformation and chaired the Payment Tactic Core Team, which advocated for a global payment model replacing the old fee for service.

Besides his multiple commitments in organized medicine, during his years in Lancaster, he served on the board of directors of the Lancaster General Hospital from 1995-1997, while serving as Vice Chair of Utilization Review (1984-1985), By-Laws (1990-1996) and the Integrated Delivery System Task Force (1994). He also was a board member of Preferred Health Care of Lancaster County, a PPO, and served as President in 1989-1993 as well as on the Pennsylvania Primary Health Care Practitioner Advisory Committee from 1993-1995.

He never let his involvement in organized medicine compromise the care of his patients, conducting a very successful practice from 1983 until 1997, when he accepted the position as Medical Director, Penn State Hershey Medical Group and Associate Professor in the Department of Family and Community Medicine, Penn State Hershey College of Medicine. He was promoted to Professor in 2004, and remained in this position until 2015, when he accepted the role of Professor of Family Medicine and the Associate Dean of Clinical Affairs and Chief Medical Officer for the College of Health Sciences, University of Alabama Medical Center in Tuscaloosa. True to form, soon after his arrival in Alabama, he was

elected Vice-Speaker of the Medical Association of the State of Alabama House of Delegates in 2017 for a four-year term.

He is the author numerous publications in refereed journals and presenter on many clinical and practice-related and political topics promoting family medicine.

Dr. Weida has been recognized for his many contributions to organized medicine and the development of the specialty of family medicine. He was also recognized for his teaching excellence by Penn State medical school's 2012 and 2013 Department of Family and Community Medicine Exceptional Teacher and Role Model Awards. Tom is married to Jane Weida, MD, FAAFP and the proud father of four children and two step children. Dr. Weida offered the following anecdotes regarding his residency years:

"Back in the day when we stayed on call at the Quarryville office (and we were the only ones there, no ambulance personnel, etc.), during one particular early frigid morning before clinic was open, a multiparous patient, who was ready to deliver, arrived. Her driver wanted me to check her in the car, because she was in active labor. I told her we'll get her inside, as I won't deliver the baby in the car, the baby could freeze. We got her inside and she was ready to deliver. Fortunately, I felt very calm as I had rehearsed this in my head a number of times and knew where the OB kit was located – under the resident on call bed. I got it, opened it up, then went into horror mode as every piece of equipment was individually wrapped in cloth. Somehow, I managed to find the hemostats and scissors. Delivered a healthy baby. At about that time the first receptionist arrived, walked back to the procedure room, saw what was going on and scurried back to the front of the office. The extra pair of hands could have been helpful.

"My first rotation as an intern was pediatrics. As I was single and young, I believe I was more afraid of the kids than they were of me. To compensate, I put a little clip-on bear on my stethoscope. I kept that on even after pediatrics, and remember the first day on cardiology rounds Dr. Mann told me to remove the bear as it was unprofessional. I did at that time, but thought about it overnight, and put the bear back the next day as I felt I knew more about patient interaction than Dr. Mann. He never said anything else. When back on pediatrics in my second year, a cystic fibrosis patient gave me a new bear. Peck, an OB nurse, knitted the bear a Santa hat and scarf for Christmas. I've kept some little animal on my stethoscope ever since, currently a koala.

"Other tidbits. I believe I held the record for most uninterrupted hours of sleep while on Cardiology: 7 hours. That was balanced with another time where I ran two codes simultaneously in the ICU. And of course, the dreaded 2 AM call "Skip here," from the ER which brought not just one admission, but two or three, which irritated all the residents. It was only later that I realized he was grouping the admissions to allow the residents to get some sleep."

24. Stanley Kozakowski, M.D. (1981-1984) has had an impressive career. He graduated from Middlebury College in Middlebury, Vermont, Cum Laude in 1977, and from New York Medical college in 1981, having been elected to the Alpha Omega Alpha Honor Medical Society. We were delighted to have recruited such a talented and gifted student. He rose to leadership positions in the residency program as the Resident Coordinator in his second year. After three years in a private practice in Washington, New Jersey, he joined the faculty at Hunterdon Medical Center in Flemington, New Jersey. He became its Director in 1997. He was recognized by the Association of Family Medicine Residency Directors for his leadership as a program director, receiving Gold Level recognition. He played a very active role in the Family Medicine Education Consortium (FMEC), and served on its Board of Trustees from 2005-2011. He was president of the board from 2007-2008. He served on the Board of Directors of the Association of Family Medicine Residency Directors from 2006-2011, and was president of the board from 2009-2010. He also served as the Chair of the Council of Academic Family Medicine from 2010-2011. He served as RAP (Residency Assistance Program) Consultant, now known as the RPS or Residency Program Solutions. He acquired a Certificate of Added Qualifications in Geriatrics in 1988. In 2011, he was named the Director of the Medical Education Division of the AAFP and served there until 2017. He held the ranks of Clinical Professor of Family Medicine at the Robert Wood Johnson Medical School and Albany Medical College, as well as Clinical Associate Professor at the University of Kansas. He served on the faculty of the National Institute for Program Director Development. In 2012 he received the President's Award from the Society of Teachers of Family Medicine in recognition of his leadership standing in the organization. He currently is semi-retired and provides free-lance medical education consulting services to organizations and individuals."

During his residency Stan recalls *Saving Santa Clause*:

“It was early winter 1981. This elderly gentleman played the role of Santa Clause in all of the holiday events in a small rural town in Western Lancaster County. He had been on a ladder painting his home when he disturbed a not-yet dormant wasp nest. After sustaining numerous stings, he lost his balance, fell off of the ladder, and rolled down a hill into a parked car. The paramedics who arrived on the scene; administered high doses (no longer considered medically safe) of Lidocaine for a concerning arrhythmia and presumed myocardial infarction. Santa promptly suffered seizures as a result of the lidocaine and was brought to LGH for admission to the ICU. Jack Ichter and I spent the evening and the entire night using everything they we had learned on the cardiology rotation to stabilize”

25. Jeffrey Susman, M.D. (1981-1984), had a stellar academic career. While a resident, Jeff was chief resident and upon graduation, he entered private practice in Wahoo, Nebraska. He served as volunteer faculty as an instructor at the University of Nebraska Medical Center. He joined the fulltime faculty as Assistant professor in the Department of Family Practice in 1987, and then moved up the ranks to become Vice Chair in 1991. By 1997, he was Professor in the Department of Family Medicine and Associate Dean for Primary Care.

In 1999, he was named Professor and Chair in the Department of Family and Community Medicine at the University of Cincinnati. In 2010, Dr. Susman became Dean and Vice President, Northeast Ohio College of Medicine. In 2014, he also assumed the role of Vice President of Health affairs and Community Health. He recently stepped down from this position and is Professor Emeritus at NEOMED. While serving as Dean and Vice President of Health Affairs and Community Health, among his many accomplishments, he established a “culture of wellness: strategy from 2010-2018, the school tripled revenue from grants and contract revenue and implemented five centers of excellence. In addition to his major accomplishments, while Dean at NEOMED, Dr. Susman was the editor of the *Journal of Family Practice*, for a period eight years, beginning in 2003, as well as the medical editor for the American Academy of Family Physicians (AAFP) Home Study Monograph Series, a department editor for *Current Psychiatry*, and a referee for journals in family medicine and other specialties. Dr. Susman served

as chair of the AAFP Research and Clinical Policy Committees, an ad hoc reviewer and study section member, and on numerous guideline panels of the AAFP, the Arthritis Foundation and the American Medical Association. He is the author of numerous journal articles and he has written many grants, refereed for many journals and has produced many book reviews. Dr. Susman's research interests are in the translation of evidence-based medicine into practice, particularly in the primary care mental health arena. He received numerous honors including the American Council on Education/Bishop Fellowship Award, Ohio Academy of Family Physicians Research Award and the United State Public Health Service Special Recognition Award, as well as the Charles Bair Award for Outstanding Scholarly Activity when he was a resident at Lancaster General.

Reflecting on his residency years, Dr. Susman shared the following anecdotes:

“The elderly woman who I initially saw in the ER who had a fungating cancerous breast mass. I followed up with house call and encountered a decaying, but once lovely home filled with precious antiques and books I learned she was a Madame and had many suitors. We didn’t talk about her “work” much, but she was fascinating. The day I was moving from Lancaster to start my private practice, she died. I still remember going to her home to pronounce her. This experience typified the values we learned at Lancaster; listening, caring, continuity, non-judgmental respect.” In one other scenario, Dr. Susman describes:

“The gentleman who claimed to be an ex-diver with Jacque Cousteau, admitted to the CCU with chest pain. But as the senior cardiologist shared anecdotes with this man of the world, something seemed a bit off. Munchausen Syndrome. I had the temerity to present the case at grand rounds—not to embarrass the now angry cardiologist—but to remind us all of the many twists medicine provides (of course, a lesson of tact and humility were also to be had). Yet, I still remember Dr. X sharing fine wine with the bogus diver.

“Suffice it to say, residency was a crucible—one of challenges and opportunities that I still carry today.”

26. Donald Givler, M.D. (1982-1985) joined the Ochsner/LSU Health System in Monroe, Louisiana (E. A. Conway Medical Center). He became the Director of the Family Practice Residency Program of

Louisiana State Health System Conway Medical Center. He then went to Kijabe, Kenya in 2003 for one year with his family physician wife. They provided medical care at the Kijabe Medical center. When he returned in 2004, he joined the faculty as Associate Professor of Clinical Family Medicine and Comprehensive Care at Louisiana State University School of Medicine in Shreveport, Louisiana. In 1999 he was named “Outstanding Family Physician of the Year” by the Monroe YMCA. In 2001, he was recognized by The Twin Cities Mayor’s Committee for the Disabled, as a community leader assisting the disabled, going beyond the call of duty. In 2005, he named the “Family Physician of the Year” by the Louisiana Academy of Family Physicians.

Don shared these reflections from his residency years:

“First, I was genuinely sad to finish my residency. I really enjoyed it. Secondly, I made some life-long friends. Chip Mershon and Keith Price immediately come to mind. Third, I had some really good role models for family physicians during my residency: Al Peterson and Bill Bachman were top notch. I still find myself sounding like Al Peterson 35 years later. And you for a role model as a program director was invaluable.”

27. Stephen G. Diamantoni, M.D., Class of 1985, is a graduate of the five year accelerated Lehigh University/Hahnemann (Drexel University) Medical College Program, in which he earned his Bachelor of Arts, Premedical Science degree in 1980 and his medical degree in 1982. He matriculated into the Lancaster program in 1982. During his residency he was Chief Resident and served on the Board of Directors for “Junior Achievement.” He has since earned a Certificate of Added Qualifications (CAQ) in Geriatrics as a CAQ in Sports Medicine. Dr. Diamantoni founded Diamantoni and Associates, a successful Family practice with five locations in Lancaster City, Quarryville, Leola, and the Health Campus. He served as Medical Director, Hospice Preferred Choice from 1996-2006. Besides Junior Achievement, he also served on the Board of Big Brothers and Big Sisters, and in 2007, he served as Chairman of the Heart Walk for the American Heart Association, Lancaster County. He served as Surgeon General for the School District of Lancaster, and served on the Board of Health for Lancaster City. He served as Chair of the Lancaster General Hospital Department of Family Practice from 1995-1999. He taught at Franklin and Marshall as an Adjunct Professor for several years, and

participated in the teaching program of the residency program from 1985-1995. He has maintained adjunct faculty status as an instructor for Louis Katz School of Medicine at Temple University and the College of Medicine at Drexel University. Dr. Diamantoni was elected to two terms on Lancaster City Council and served as President all of his second term. He subsequently was elected as Lancaster County Coroner, and he is now in the 12th year in that office. In 2009, he acquired Certification as a Forensic Physician, and in 2014, he became a Diplomate of the American Board of Medicolegal Death Investigators. He is Regional Vice President, and serves on the Executive Committee of the Pennsylvania State Coroners Association. His most important role, however, is that as father to his three teenage boys.

28. Edward G. Zurad, M.D., Class of 1985. Ed graduated from West Chester State University in 1978, Summa Cum Laude, where he also received the American Institute of Chemists' Award. Following graduation from Jefferson Medical College, he entered our residency program in 1982. He was a quick learner and excelled in acquiring many hands-on-skills including colonoscopy. He entered a rural group practice in Lake Waccamaw, North Carolina, where he did the full gamut of family medicine from pediatrics to geriatrics including obstetrics. Because of the limited access to specialists he performed cardiac stress testing, Holter monitoring and echocardiography and established an outpatient endoscopy unit. He then was recruited to Tyler, Pennsylvania to become the Director of Tyler Family Practice in order to develop a new multi-office family practice group to include five offices. The doctors did full-service family medicine, including inpatient care and obstetrics. Being proficient in endoscopy, he established an endoscopy unit similar to what he had in North Carolina. In addition to his duties at Tyler, he was hired by the Proctor & Gamble Company in Mehoopany, Pennsylvania to serve as their medical director and established a standard in occupational health that serves as the benchmark for the entire global organization. In 1990 he acquired a Certificate of Added Qualifications (CAQ) in geriatrics and served as the Director of the Senior Center Primary Care Service in the Luzerne/Wyoming Counties' Bureau of Aging.

Dr. Zurad has developed expertise in endoscopy and has given numerous workshops including the Temple FP Review in Lancaster to

help promote the training of family physicians, especially in performing office colonoscopy. He has also lectured on numerous family practice topics throughout the country. He also has published extensively on topics relating to ADHD, the management of constipation, the diagnosis and management of dementia and of course endoscopy for the family physician. He is responsible for the AAFP EGD curriculum syllabus published by the AAFP in 1999. He has also served as a consultant for the pharmaceutical industry, Proctor and Gamble, the Geisinger Health Plan as well the AAFP. He also served on a number of national Advisory Panels relating to Alzheimer's Disease. As one might expect, he has received numerous awards and recognitions for his work including being named repeatedly as among the "Best Doctors of America," the 2013 Pi Alpha National Physician Assistant Honor Society Award for Scholarship Service and Leadership, the 2003 Pennsylvania State Rural Health Leader of the Year Award, and of course the 2002 PAFP Family Physician of the Year Award. Most recently, Dr. Zurad was elected the 71st president of the Pennsylvania Academy of Family Physicians in 2017.

Ed offered the following commentary regarding his residency years in Lancaster:

"As for retirement, I don't think about it. While many of my colleagues can't wait to retire, I'm still going strong, and I don't see any end in sight—thanks to the wonderful training and work ethic instilled in us at "LGH"! I believe that it would be a selfish decision to take my 40 years of medical experience "off the shelf" for the rural population that I serve. I am the most senior practicing physician in my county at this moment—that makes me smile. After 450,000 patient encounters, for which I have been well prepared at LGH, I believe that I have literally "seen one of everything". I still look forward to going into the office everyday and enjoy every one of my 5,000 patients even though it is difficult to survive financially in private rural practice today—the "conglomeration" of health care has been tough for rural practices. Fortunately, I don't depend on my practice for my income and financial security—I actually call my practice my "very expensive hobby."

"I have given up my hospital practice and endoscopy services due to the increasing difficulty to manage those aspects in the face of the vertically integrated systems. I felt guilty about that, but the systems make it very difficult to perform such services as an independent. So, in a sense, I retired to some extent. I feel very proud to say that the "LGH residency"

made me a very good hospitalist—I was well-prepared, confident and extremely competent when I left LGH in 1985 and that training served as a springboard for all of my subsequent development.

“I actually don’t have any single anecdote from residency. I do know that when I left LGH, I went immediately to the rural pinelands of Southeastern North Carolina. I was ready when I hit the ground in that significant physician shortage area. That readiness was instilled by the faculty at LGH who made a confident, capable, country doctor out of a city kid from Philadelphia—I was ready for anything.

“I was in the hospital ICU doing every procedure that we learned at LGH. My group of two FPs and two PEDS ran the Nursery where we had the highest teen pregnancy rate in NC—we were putting in umbilical lines, chest tubes and shipping babies to Duke and UNC-Chapel Hill for groundbreaking surgeries—guess where I learned those skills. We carried a census of 60 patients in the hospital at all times excluding the nursery patients—LGH training made dealing with large volumes of sick people a palatable experience.

“All sorts of untreated illnesses and injured patients walked into that rural office—just like Quarryville. Once again, it was an amazing training ground.

“Patti and I set up an endoscopy suite in the NC office performing conscious sedation in the pine barrens as we did EGDs and Colonoscopies—that confidence came from LGH.

“Did I forget to mention that LGH gave me Patti and four beautiful children (two in NYC, one in Philadelphia, one in Pittsburgh)?

“In conclusion, LGH gave me volumes of experience. There was unbelievable and enthusiastic precepting and mentoring. The learning opportunities at LGH were constant and exciting. I left LGH feeling very secure to handle whatever came my way. LGH training made us feel like there were absolutely no limits on extending our capabilities with appropriate additional training. What a legacy!

“There are no mentors in a rural solo practitioner office—there is little room for error since compliance with follow-up visitation is often poor. LGH prepared us so well that we did not need those omnipresent preceptors.

“A good residency trains docs to be comfortable in their first year of practice. A great residency trains docs who are ready for all the

challenges when there is not someone immediately available in the next room, ICU, delivery room or nursery to ask a question. LGH was a great residency.

“It is an amazing residency. People all over the country understand the impact of LGH training. The people at Procter & Gamble inform me, you, along with Paul Wedel created quite “a brand” which has had unprecedented placement in the market. It has lasted for decades, it has undergone constant improvements and it show no signs of aging.”

29. Charles R. Mershon, M.D., Class of 1987, was a 1980 Magna cum Laude graduate of Lebanon Valley College and a 1984 honors graduate from Oral Roberts University School of Medicine. During his residency, his community service obligations was with Bethany Christian Service. He served as a member of its Medical Advisory Board, and following graduation became Chair of this committee. As a resident he helped to develop the “Free Clinic” at the Water Street Rescue Mission, which provides for the homeless of Lancaster County. In 1987, he co-founded the Cornerstone Family Health Associates in Lititz PA. He has served as President of Cornerstone Ministry Services, and Chair of Project Access (to make primary care accessible to the underinsured). He has played a very active role in the development of the Physicians Alliance and served on its board as Vice President from 1996 to 2017, and chaired the Equity Comp Committees. He was a board member of the Central Pennsylvania Risk Retention Group from 2005 to the present and served as its president from 2013 to the present. Dr. Mershon’s commitment to the Water Street Rescue Mission has continued during his many years in medical practice. He has served on its Board of Directors and its Water Street Ministries from 1991 to the present. He chairs the board that oversees Water Street Health Services from 1992 to the present. He was honored by his alma mater, Lebanon Valley College, with the Arete Award in 2002, and in 2016 the Alumni Citation Award. In 2008, the Lancaster City and County Medical Society honored him with its Distinguished Service Award.

He offered the following anecdotes:

“When I look back over 30 years to my residency, there are two particular memories that speak to some of the impact of those three years.

“In early July of 1984 came my first night on call, and I was the intern on the cardiology service which was known to be challenging and demanding. My first call was for a late middle-aged man who was in florid, acute congestive heart failure. As I watched him gasp for breath, my own panic was rising fast as the realization that I had lots of book knowledge, and reasonable examination skills, but I had very little meaningful practical experience. The thought struck hard- if I don't do something (the right thing!) this man could die and it would be my fault! Thankfully, I thought to call the upper level resident on call and literally cry “help!!” As my senior colleague came to my side and together we worked through the Lasix, the morphine, the other orders and I saw the man gradually become more comfortable; It struck me that I could learn this! There were more moments of fighting off panic- the first code blue, the Amish farmer with the severed radial artery at the rural residency clinic in Quarryville, but little by little (over a 100 hours/week that first year!) we all learned how to turn all that head knowledge into that practical skill in caring for patients in all kinds of circumstances and I have always been grateful for that grueling and highly valuable experience in the 30+ years of practice since then!

“Dr. Nik Zervanos was not only one of the founding fathers of Family Medicine, an extremely respected national figure in the world of Family Practice, but also was an incredible role model in a personal and local context. We could all see his amazing devotion to his own patients (they returned that devotion!), his astounding work ethic, his dedication to study- always reading journals and staying ahead of us, and the energy he put into making the residency the best in the country. Another way that Dr. Z. was a mentor was in his deep faith and commitment to community. The residents were each required to be involved in some community organization- to train to give back to those around us. (on top of those aforementioned 92-102 hours per week!). My organization was Bethany Christian Services which provided foster care and adoption services as well as counseling for young ladies with unplanned pregnancies. As green as I was in anything at that point, they made me a regular active member of their board of directors and I quickly learned how such bodies functioned- so much so that before I finished my residency, they asked me to be vice chair and I was thrust into the chairmanship when the chair went to Jamaica to become a missionary! That early experience resulted in many lifetime friendships, but more importantly, I caught some of Dr.Z's commitment to service to those in need. That lesson carried on to work with the Water Street Rescue Mission medical clinic, Project Access Lancaster County, and many other local agencies and endeavors as well as international missions, especially with community health development in India. Many of the hundreds of other residents were infected with that same bug from our beloved director! I see them volunteering in the local

community, across the country and around the world! It only takes a spark to get a fire going!”

30. Mary Brennan Wirshup, M.D., Class of 1987 graduated from The College of William and Mary in 1981 and from Eastern Virginia Medical School in 1984. In college she was President of the Phi Sigma Honor Society. She was honored during her residency with the Charles E. Bair, M.D. Award for her scholarly work and in 1987 was an alternate for the AAFP Mead Johnson Family Practice Resident Leadership Award. Following the completion of her residency, she joined Colonial Family Practice in Coatesville and in 2001, assumed the role of Vice President of Medical Affairs, for Community Volunteers in Medicine, in West Chester, Pennsylvania. She has been involved in tutoring and mentoring Temple medical students within her practice and in 2010 was made an Adjunct Professor of Temple University Louis Katz School of Medicine because of her involvement. She was also an invited “Orientation Week Speaker” from 2012-2018. She has been recognized for her teaching skills dating back to her residency days, and rated “top educator” in her residency class. In her practices she provides preceptorship experiences for students from Temple and Hershey and also for residents from the Bryn Mawr Hospital Family Practice Residency Program four months out of the year. She has published articles in Medical Economics and Family Practice Management and has made multiple presentations relating to her practice experience, including the care of immigrants and refugees. In 2003, the Pennsylvania Chapter of the National Association of Social Workers named her “Public Citizen of the Year.” In 2008, she received the State Award of Excellence from the American Association of Nurse Practitioners as a dedicated Nurse Practitioner Advocate. In 2013, she was recognized by Medscape and designated as the “Physician of the Year,” and the AMA Foundation honored her with the “Pride in the Profession Award.”

Mary offers the following reflections of her residency years:

“The first was my interview day at LGH. You spoke to us and the importance of seeing the whole patient in family practice and drew four interlocking circles on the board. That each patient has a physical, social, mental and spiritual aspect... I had never heard a physician recognize the

spiritual aspect of the patient. I was sold. I knew this was the program for me...!” She also described the importance of the team and the joy of working with an outstanding group of fellow residents. When on call, they would take turns taking first call for all the services after midnight, so that each resident on call could get some sleep. She also found her community service experience as invaluable, which for her emphasized the importance of going the extra mile for the disenfranchised and most needy.”

31. Leon S. Kraybill, M.D., Class of 1988, is a graduate of Eastern Mennonite College in 1981 and from the Lewis Katz School of Medicine at Temple University in 1985. He comes from a medical family including my classmate in Medical school, who interned with me at Lancaster General back in 1962-1963. He joined the NORLANCO Family Medicine Group in Elizabethtown after graduation and then completed a fellowship in Geriatrics at LGH in 2004 after which he joined Lancaster General Geriatrics. He became the Division Chief in 2013 and continues to serve in that capacity. He also serves as the Medical Director at Masonic Village and Luther Acres and for a time he was the Medical Director at Mennonite Home. He has been a regular presenter on geriatric topics at the semiannual Temple University/Lancaster General Hospital Family Practice Review.
32. Leonard Sax, M.D., (1986-1989) with a Ph.D. in psychology from the University of Pennsylvania. Following his graduation in 1989 graduate, Dr. Sax and his wife settled in the greater Washington DC area and established a practice in Poolesville, Montgomery County, Maryland. The practice was highly successful, growing to 7,000 patients over an 18-year period. Dr. Sax took a special interest on a wide range of issues affecting children and adolescents in his practice and became widely respected for his expertise on depression, anxiety and ADHD. By then he wrote his bestselling books, “Why Gender Matters” and “Boys Adrift.” He sold his practice, established the non-profit Montgomery Center for Research in Child a& Adolescent Development (MRCCAD), and for the next five years he was on a five-year sabbatical to do speaking engagements. This included the conduct of workshops on a wide range of topics, including: How to use gender-aware instructional strategies and gender-aware motivational strategies to breakdown gender stereotypes; the diagnosis and

misdiagnosis of ADHD; Sex differences in non-suicidal self-injury; the difference between self-esteem and resilience; gender issues in the use and consequence of social media. He has also written “Girls on the Edge” and most recently “The Collapse of Parenting,” which was a New York Times bestseller. There are now both Chinese and Spanish translations. He currently is involved in a primary care practice in Doylestown in addition to his writing and speaking engagements. He has also authored a number of scholarly publications and has been quoted in the lay press including the New York Times, Time Magazine and by Dr. OZ. Many of his workshops relate to the work outlined in his books. He has received multiple honors and recognitions, including being named as one of the Washington DC area’s “Best Doctors” by Washingtonian Magazine and received the Outstanding Service Award from Shady Grove Adventist Hospital where he served as Chief of the Department of family practice in 1997. He received the first prize for best original article in Medical Economics in 1995 explaining why his practice was successful. As a resident he received the Charles Bair Award for research in family practice for the work that he did on the study of yohimbine. His work was subsequently published in the International Journal of Obesity.

33. William Warning, M.D. (1988-1991). Bill received his undergraduate degree at Bucknell University and his medical degree at Jefferson Medical College in 1988. He also received a Certificate of Medical Management from Carnegie Mellon in 2001. He has also earned a CAQ (Certificate of Added Qualifications in Sports Medicine in 1999. He entered private practice in Rockingham, NC in 1991 and moved back to Pennsylvania to join Family Medicine Associates in 1993 in Media. During this time, he assumed a number of teaching positions with Crozer-Keystone Family Medicine Residency Program and became its program director in June 2000. He has been recognized as the Faculty Teacher of the Year Award by his program on a number of occasions and repeatedly mentioned as the top doctor in Family Medicine by Philadelphia and MainLine Today Magazine over the past eight years. He is active in the political affairs of family medicine and Founder and Chair of the Pennsylvania Academy of Family Physicians (PAFP), Patient-Centered Medical Home (PCMH) initiative, current secretary/treasurer of the Family Medicine Education Consortium, and served as chair of the of the Assembly of Residency program Directors

and Department Chairs of the PAFP. He speaks frequently on clinically-related family medicine topics and nationally regarding the PCMH and the standards established by the National Committee for Quality Assurance (NCQA). Bill offers the following commentary regarding his relationship to his residency education at LGH:

- *"I have been PD of Crozer for 19 years and am frequently asked when I will be 'done'—that is when I mention your 30+years of leading Lancaster to what it is today! PD position is a noble position and should be looked at as a 'marathon and not a sprint' ...that has kept me sane and in my job despite many offers to 'move up'!"*

"To be clear, you are my "FM HERO"! No comparison exists for you and I just strive to be someone who can 'carry the torch' that you gave all of us in Residency! I am proud to be part of "Nik's program grads" that comes with pride, but a clear commission to go out and spread the 'news'! I have been doing this for 30yrs now, and have NEVER met a 'Servant Leader' like you, Nik. You "model" Family Medicine!"

"-You don't say 'No' to Nik since he really never 'asks' you a question! Your passionate mentoring style is infectious to all around you. You usually state: "I see this in you and want you to join me in this exciting opportunity," and we are hooked!"

-Your mentoring style is not "pushing or arm-twisting", it is a gentle grab of the arm that says "you are coming with me and I see your potential more than you can see it right now...and I believe in you".

-You brought me to my first PAFP Delegates meeting as a Resident...it was a 'come with me, I think you have insight that is valuable'. That led to my significant involvement with PAFP as a Commission member and as the lead of the first and largest "Residency Collaborative" in the country.

"I was at LGH during 2 very significant events:

-Tragic Death of Marc Connelly: the program handled this with grace and dealt with the 'real emotions' after such a tragic event for one of our favorite faculty. You personally stood firm during uncertainty.

-Non-Match year.... sitting in the 'Rank meetings' we never expected not to match, but it happened in Pam's class, which was a great class! Watching this stable, historic residency go thru this was remarkable, it showed the resilience of the Program/Faculty...everyone stepped up to make the Program better.

"LGH FM Program is the 'prototype' of what FM training should look like! I strive to make my Program close to the experience I had at LGH. I never felt 'unprepared' when I went into private practice in rural NC or when I joined the "Academic" ranks of Philadelphia. I always felt better

prepared than any of my FM colleagues. You prepared us well for any type of practice or leadership model that may develop throughout our careers."

34. Peter M. Nalin, M.D. (1989-1992) is a 1984 graduate of Cornell University and completed his medical degree at the University of Vermont College of Medicine in 1989. We felt fortunate to attract this charismatic young doctor into our residency program in 1989. During his residency he was recognized for his teaching abilities and received the STFM-Resident Teacher Award at graduation. He entered rural community practice in upstate New York during which time he served as a Lecturer and Assistant Professor for the Upstate Medical University in Syracuse. He taught "Introduction to Clinical Medicine" and served as an advisor and preceptor to first- and second-year medical students from 1994 to 2001. In 1996, he was asked to serve as the Interim Program Director of the Lafayette Family Medicine Residency Program and then in 1997 as Director until 2001. In 2001, he was recruited to Indiana to become the program director of the Indiana University Methodist Family Medicine Residency Program, and served in this position until 2006, when he became the Associate Dean for Graduate Medical Education. In 2005, Dr. Nalin received the Program Director Bronze Recognition Award in 2005 from the Association of Family Medicine Residency Directors (AFMRD) and was selected among the Top Family Doctors in America. In 2006, the Indiana Academy of Family Physicians awarded Dr. Nalin the Alan Fischer Award for Excellence in Education. In 2009, Dr. Nalin was recognized for his teaching and received the Faculty-of-the-Year award by the Indiana University Family Medicine Residency. On the national scene, he assumed a number of leadership roles including president of the Association of Family Medicine Residency Directors in 2004. In 2003, he represented the AFMRD at the Family Practice Working Party of the Academic Family Medicine Organizations (AFMO) while also serving on the board of the Residency Assistance Program (RAP). In 2014, he was appointed Executive Associate Dean for Educational Affairs for the IU School of Medicine, responsible for the school's medical education mission and leading the preparation for LCME re-accreditation of Indiana's nine-campus medical education system. For the IU Health hospital system, Dr. Nalin

served as the Executive Vice President for Education. He currently serves as Associate Dean of the Indiana University School of Medicine Regional Medical Campus in Bloomington, Indiana, and Senior Associate Dean for Education Expansion, supporting the growth of new residencies across Indiana. In 2019, he will complete his MBA degree from the IU Kelley School of Business. Also, in 2019, Dr. Nalin accepted the offer at the University of Minnesota Medical School to become Chair of the Department of Family Medicine and Biobehavioral Health; and Associate Dean for Rural Medicine.

Dr. Nalin offers the following reflections on his residency years:

“Ohio is the home of presidents and Indiana is the home of vice presidents. Lancaster General is the home of residency program directors. The Lancaster legacy begins with Dr. Zervanos, for whom the AFMRD program director award is named. Dr. Zervanos makes an enduring impression upon everyone he meets. In 1989, one first impression changed the trajectory of my entire career. During a second look visit at Lancaster. Dr. Zervanos interviewed me and my fiancée Lucy. After thirty years, we recall those thirty minutes clearly. Dr. Zervanos communicated the imperatives of medical excellence and caring relationships.

“At Lancaster, L is for leadership. We learned leadership from faculty and peers, and foremost from the example of Dr. Zervanos. Lucy summarized our interview immediately: ‘If you want to become a leading family doctor, you need to match here.’”

35. Darryl L. Landis, M.D., Class of 1992, is a 1985 magna cum laude graduate of Millersville University, where he received a number of awards including Phi Kappa Phi Honor Society, Phi Lambda Upsilon National Honorary Chemical Society, Daniel G. Engle Scholarship, the Millersville University Student Affiliate of the American Chemical Society Award, the Antone K. Fontes Health Professional Award, the John Frederick Steinman Foundation Communications Scholarship and the John K. Harley Award. He matriculated into and graduated from the Raymond and Ruth Perelman School of Medicine of the University of Pennsylvania in 1989. Since graduating from our residency program, he has acquired a Certificate in Medical Management from the American College of Physician Executives in

1997 as well as an M.B.A. from Duke University Fuqua School of Business in 2001. He was among the 10% in his Class.

It was our good fortune to have been able to recruit Dr. Landis into our family practice residency program. During his residency, he served on the Board of Directors and Member of the Medical Advisory Committee, Utilization Review Committee and Quality Assurance of Hospice. Between 1988 and 1989, he was the Pennsylvania Delegate to the Residents Section of the AMA. He was also the recipient of the R. Clair Weaver Memorial Managed Care Scholarship, and the AMA/Burroughs Wellcome Company Leadership Award.

Following graduation, he entered into a full-service family practice, which included obstetrics and hospital care in West Virginia. Early on, he became involved with his medical society and state academy and became President of the Preston County Medical Society and the Delegate for Preston County to the West Virginia Academy of Family Physician and Alternate Delegate for the West Virginia Young Physicians Section of the American Medical Association.

In 1995, he moved to Winston-Salem, North Carolina and directed a 60-physician primary care organization as an affiliate of Wake Forest Baptist Medical Center. In this capacity, he was also involved with teaching students and in 1995, he was recognized for his teaching and received the Parke-Davis Teacher Development Award. As Director of Medical Management, he developed and implemented evidence-based health promotion guideline and screen tools. This propelled him to become Medical Director of United Healthcare of North Carolina where he developed and piloted clinical profile measures for members with diabetes, congestive heart failure, ischemic heart disease and otitis media. In his role with the UnitedHealthcare Advisory Council, he directed disease management programs, reducing cardiac admission rates by 43% and ER visits by 50% in 12 months, etc. In 2000-2002, he became Medical Director of Informatics and Vice President of Business Development at Ingenix, a division of United Health Group. From

2002-2005, he served as Sr. VP and Chief Medical Officer for CorSolutions, Inc. based in Chicago. Here he advanced the company by tripling its business over a period of three years which included a successful \$105 million contract with the Centers for Medicare and Medicaid Services for a three-year heart Failure disease management demonstration project. For the next six years he was the Senior Health Management Consultant for Willis Towers Watson, which helps companies around the world manage risk, optimize benefits, cultivate talent and expand the power of capital to protect and strengthen institutions as well as individuals. Then in 2012, he went to Genova Diagnostics, Inc as Vice President and Chief Medical Officer. Among his many accomplishments with Genova, he reorganized the Medical Affairs team resources and codified work production processes and promoted a culture of open communication, affiliation, teamwork and innovation centered around clinical utility. In the meantime, since 2005, he founded and developed Mustard Seed Venture partners, LLC, a boutique advisory and investment firm focused on accelerating the adoption of effective health innovations that will transform this health care system.

In summary, and in his own words, he writes:

“Dr. Darryl Landis is passionate about reinventing our healthcare system to deliver precision health using real world data, novel diagnostic approaches, and reengineered care pathways. He is a board-certified ... senior executive, and entrepreneur with two decades of continuous achievements in family medicine and as a physician leader. By employing candid conversations with colleagues and focusing on Objectives and Key Results to execute business strategies that create unique opportunities in the marketplace, Darryl consistently delivers both top-level strategic success, and bottom-line results to global clients within the healthcare industry, including Fortune 500 companies, that improve employee productivity, transform healthcare delivery, and leverage health IT and care management solutions. Combining exemplary leadership practices with hands-on technical expertise, Darryl’s exceptional background establishes him as proven healthcare thought leader and a true asset to executive teams across all health care verticals...”

“As thought leader, Darryl has published numerous peer-reviewed articles and speaks regularly on healthcare executive leadership, disease management and various other healthcare issues. For his excellence and numerous accomplishments, Darryl has received several prestigious awards and accolades, including the Perelman School of medicine of the University of

Pennsylvania Alumni Service Award and designation as a Fuqua Scholar at Duke University.”

36. John D. DiFiori, M.D., Class of 1992, is a Phi Beta Kappa, Cum Laude graduate of Franklin And Marshall College. He earned his medical degree from the Louis Katz School of Medicine at Temple University. He matriculated into the Lancaster program in 1989, and while a resident, his community service activities included helping to develop a special Preceptorship Program for premedical students at his alma mater, Franklin and Marshall College, and establishing a sports medicine program at Solanco High School where he served as Team Physician from 1990-1992. He also served as an Event Physician for the Speedwell Forge Triathlon, Lititz, PA and for the Corestates U.S. Cycling Championships in Lancaster in 1992. He then went to Los Angeles and completed a two-year sports medicine fellowship under the tutelage of James Puffer, MD at UCLA. In 1995, he acquired a Certificate of Added Qualification (CAQ) in Sports Medicine. He joined the faculty as Assistant Professor in the Department of Family Medicine and began his work as a sports medicine physician with the UCLA Department of Intercollegiate Athletics. When Dr. James Puffer accepted the position of Executive Director of the American Board of Family Medicine, Dr. DiFiori became the Chief of the Division of Sports Medicine and program director of the UCLA Primary Care Sports Medicine Fellowship, and remained in these positions for more than fifteen years. As the Medical Director and Associate Head Team Physician for UCLA Athletics, he was on the sidelines with UCLA football and basketball, and developed a comprehensive sports medicine program for athlete care. He received an appointment as Professor of Clinical Excellence at UCLA in 2007, which uniquely included a dual appointment in the Department of Orthopaedic Surgery. In 2013 he was named the Head Team Physician for the UCLA Department of Intercollegiate Athletics, the first non-surgeon to hold that position. As UCLA Head Team Physician, he supervised the care of more than 650 Athletes in 24 NCAA sports.

During this time, he also served for the United States Olympic Committee as a team physician for several international competitions, including for U.S. Soccer, USA Basketball and the XIII Pan American Games. He has provided over 100 national and international scientific

presentations, and is nationally recognized for his research in youth sports injuries and sport-related concussion. While at UCLA, he was the primary investigator for the NCAA-Department of Defense Sports Concussion study, the largest study ever conducted on sports-related concussion.

He has also performed research and published extensively regarding youth sports injuries, including overuse injuries and early single sport specialization. He served as the lead author for the Position Statement for Overuse Injuries and Burnout in Youth Sports for the American Medical Society for Sports Medicine (AMSSM).

Among his many roles at the national level in sports medicine over his career, he was president of the AMSSM in 2013-2014, the largest organization of sports medicine physicians in the U.S. He currently serves on its Advisory and Oversight Panel, Clinical Research Network, and on its Foundation Board. In 2015, he was named the Director of Sports Medicine for the National Basketball Association in New York, a newly created role, marking the first physician to hold this position for the NBA. In this role, he works with the league on research initiatives and the development and implementation of policies related to player health and wellness. Together with the NBA, Jr. NBA and USA Basketball, he recently led the development of the first published guidelines for youth basketball participation. He served as one of the three NBA members of the NBA/National Basketball Players Association Wearable Technology Committee, as the Chair of the Strategic Advisory Board for the NBA and GE Healthcare Orthopedics and Sports Medicine Collaboration, and on several other league committees related to player health and wellness.

In 2018, he left Los Angeles, to become the Chief of Primary Sports Medicine for the Hospital for Special Surgery, in New York City. He has received numerous honors and awards in recognition of his leadership and contributions to sports medicine including the AMSSM Harry Galanty Young Investigator Award and the Sisk Award for Best Review paper from the Sports Health Journal. In his home town of Haddon Heights, NJ, he has been honored as the 2009 Alumnus of the Year, and in 2012 he was inducted into their Athletic Hall of Fame for achievements in track and field and basketball.

“I am greatly indebted to former LGH residents Bill Bakken and Rich Levandowski. It was my experience with Bill as a third-year medical student that confirmed not only my decision to pursue family medicine, but that the best training would be at LGH. Knowing my interest in sports medicine, Bill introduced me to Rich, who was a former sprinter at Princeton, and a well-respected sports medicine physician in New Jersey. I was able to spend an elective with Rich, who not only provided an outstanding clinical training experience, but mentored me early in my career. Rich even offered me the opportunity to co-author a book chapter while I was an LGH resident. As I have moved on in my career, I have not forgotten how these two physicians took the time to share with me their example and their advice, and they have inspired me to do the same for the current generation of young physicians.”

37. Keith Shute, M.D., Class of 1992, a 1983-Magna Cum Laude graduate of Ohio Wesleyan and with a 1984-Master of Technical and Scientific Communications degree from Miami University of Ohio, he was a 1989-AOA (Alpha Omega Alpha Honor Society) graduate from the University of Vermont, College of Medicine. While a resident at LGH he was both our resident coordinator and chief resident and completed the first Faculty Development Fellowship at LGH in 1993. While a resident, working with faculty, he had two papers published in referred journals, and presented faculty development workshops at the regional meeting of Family Medicine Education Consortium as well as the national Society of Teachers of Family Medicine meeting.

He then entered a group practice in Berlin/Gorham New Hampshire, where he assumed the role of Medical Director until 1998 and soon served as Associate and then Medical Director of the Coos County Family Health Services, a Federally Qualified Health Center. In 2003, he was appointed Senior Vice President of Medical Affairs and Clinical Services for the Androscoggin Valley Hospital, and where he currently serves as the hospital's Senior Vice President and Chief Medical Officer. This is a 25-bed Critical Access Hospital (CAH) with annual revenue of \$91 million and 356 employees. He serves on multiple boards and hospital committees, in his community and throughout the state of New Hampshire to reform, if need be, to promote collaborative strategies, as deemed necessary, and improve health care for its constituents. His clinical practice includes on call

duties in full spectrum family medicine, including obstetrics up until 2002.

He has been recognized by his medical school with the “Edward E. Friedman Award for Promise of Excellence in the Practice of Family Medicine.” In 1992, named among the Who’s Who Among Rising Young Americans and in 2002-2003, Who’s Who in Medicine and Healthcare; in 2006-2007, 2008-2009 and 2010-2011, he was listed among the “Who’s Who among Executives and Professionals.” He achieved the status of fellow by the American Board of Family Medicine in 2003. In addition, he has served as a peer reviewer for Family Practice Management since 2007.

Dr. Shute offered the following commentary about his residency years:

“A Quarryville weekend: a middle-aged, overweight EMT (they shared space with us) casually asked about epigastric pain and whether an antacid might help. I concurred. But he was not a patient, so I failed to pursue fully and was disappointed later to hear that he had a MI. Valuable lesson indeed - even for "hallway" medicine.

“Death of Mark Connelly: very tragic news to LGH and our residency class, as Mark (and Roger Kimber) had started when we did. Mark was an amazing man, physician, and teacher; we also lost a great father, husband, and man of God. Sort of like when Kennedy was shot, everyone knew where they were when they got the news. Our class quickly assembled for group support. It was unthinkable that Mark, of all people, could have been taken by an act of war. It was part of my maturation as an adult.

“LGH's first Faculty Development Fellow: I am honored to have served as LGH's first fellow. I remember precepting in both locations, working closely with Roger Kimber and Peggy Nepps, writing an article for publication with Dr. Zervanos (on chronic cough), and being involved with the residents as my "office" was tucked in the corner off of the residents' lounge.

“Solid training as FP for inpatient and outpatient medicine: very comfortable as new grad in rural northern New Hampshire, where I have remained my entire career (26 years now).

“Birth of youngest daughter, Rachel (2/22/92): was to be certified nurse midwife (CNM)-attended home birth with Dr. Kimber as back up. Labor at slightly less than 37 weeks, so CNM was out - off to LGH for delivery on OB, where my then-wife worked. Roger did the delivery, all was well, and we went home just beyond 24 hours. It was an odd February day when we went home - like 60+ degrees. Always the planner, I had no car seat when she was born - as I still had three weeks to do so. Oops. Got one, of course, before she left the hospital. And now she is a practicing attorney in greater Boston.”

38. Michael F. Mazzone, M.D. (1992-1995). Mike excelled at Jefferson Medical College where he was inducted into the Alpha Omega Alpha Honor Society. He excelled as a resident and became chief resident at LGH. Following his residency, he entered military service in the United States Air Force from 1995 to 1999. Mike had also served in the peace corps in Swaziland, Africa teaching high school physics and chemistry in a rural school where he also helped to develop their library and build a volleyball team. In the Air Force, he was the Clinic Chief responsible for nine providers and 30 employees at the 28th Medical Group Hospital, Ellsworth AFB, South Dakota. He was honored with the Meritorious Service Medal for his work on reorganizing their emergency medicine services, resulting in the closure of an underutilized emergency room saving the Air Force an estimated \$250,000 per year. Following his discharge from the Air Force he joined the faculty as an Associate Professor, in the Department of Family and Community Medicine at the Medical College of Wisconsin. He became the Program Director of the Waukesha Family Medicine Residency Program in 2003 to the present. He has received numerous recognitions for his teaching excellence and leadership roles. In 2015, he was elected President of the Association of Family practice Residency Directors.

39. Thane N. Turner, M.D., Class of 1996 was another one of our residents with strong leadership instincts. At Lock Haven University he received the Coaches Award for Leadership in Wrestling and graduated Summa Cum Laude at the top of his class in the College of Arts and Sciences. At Jefferson Medical College, he was not only a member of Alpha Omega Alpha Academic Honor Medical Society, but also received the E. Harold Hinman Memorial Prize in Family Medicine. As a resident his peers chose him to serve as their resident

coordinator and their chief resident. He took every opportunity in his role as chief resident to help shape our program for the better. We have kept in touch over the years since he left to go back to his hometown in Lock Haven, Pennsylvania, where he developed a thriving practice. He served as President of the LHU Alumni Board, and received the 2004 LHU Alumni Association Distinguished Service Award. He recently chose to accept the invitation from his classmate, Geoffrey Gilson, M.D., Class of 1997 and Kathleen Gilson, M.D., Class of 1998 to join them in practice in Easton, Massachusetts.

Dr. Turner offers the following anecdotes of his residency:

“First and foremost, I am most grateful for the superior breadth and depth of knowledge that I gained during my three years at LGH. Whether it was the hours in the Cardiac ICU on call, the complex trauma service, the Internal medicine rounds, or the pediatric teaching from Dr. D. Holmes Morton, all of these cases and patients have provided a basis for my career that I still draw on today. As a well-trained primary care physician, I am grateful for these experiences as more and more complex cases are managed outside of the hospital setting. I am grateful for the intensity and excellence to the LGH program. The unique nature of the program, with 39 residents helping manage nearly every type of case in a complex regional medical center is truly one of the blessings of my career.

“The mentorship of the faculty helping us learn how to manage not only the physical concerns but the mental, emotional, and even spiritual needs of our patients is also something I am very grateful for every day as a primary care physician. I have always believed in the saying “Iron sharpens Iron”.

“And my time at LGH was a similar experience. I came in contact with some of the brightest, most-dedicated, and intense residents in the country. I remember the bar being set very high by my first exposure to the third year residents when I was and intern. As I advanced through the program, I didn’t want to let anyone down and I was challenged to keep the standard high. So, each rotation, each presentation, each learning opportunity we were challenged to a standard of excellence. But this did not occur in a toxic environment, this was done in an encouraging, caring, and mentoring way. LGH was a training program that has forever impacted my career as a primary care physician.”

40. Myron L. Glick, M.D., Class of 1996, graduated from Houghton College, Houghton, New York in 1988. In 1993, he graduated with distinction from SUNY-Buffalo School of Medicine in 1993. He was recognized for his outstanding academic achievements and was inducted into the Alpha Omega Alpha Honors Society. During his residency he was recognized for the work that he did to teach Amish farm children in Lancaster County farm safety and received the 1996 LGH Community Service Award. He was also recognized for his teaching skills and received the 1996 Resident Teacher Award. In 1995, he was a recipient of the AAFP Burroughs Wellcome Community Service Award for his proven leadership and service to the community. Following his graduation from his residency in 1996, he completed a one-year faculty development fellowship at SUNY-Buffalo. He then founded the Jericho Road Community Health Center in 1997 and serves as its Chief Executive Officer. Today Jericho Road is a 42-provider Federally Qualified Community Health Center, whose mission it is to provide excellent medical care to all who need it, regardless of insurance status. Its providers are committed to address in a holistic fashion the physical, emotional, social and spiritual needs of each individual. In 2018, there were nearly 70,000 patient visits serving a highly diversified population, made up of ethnic groups from more than 70 countries. Dr. Glick has continued to conduct a full-service family medicine practice to include the delivery of babies and lead the work of Jericho Road. He has personally delivered more than 2,000 babies. In 2014 and in 2016, Dr. Glick spearheaded an initiative to establish a Jericho Road rural primary care medical center in Sierra Leone and in Goma, DRC-Congo, respectively. In 2018, Jericho Road established a unique motorcycle medical mobile outreach program in the Himalayan Mountains of Nepal. In addition, in partnership with the University of Buffalo, Jericho Road started a new family medicine residency program in 2019.

In 2002, Dr. Glick and his wife Joyce founded the Jericho Road Ministry, a non-profit sister organization to develop the non-medical needs of the disadvantaged, which ultimately merged with the family practice in 2013 to become the Jericho Road Community Health Center. Dr. Glick also serves on the Christian Community Health Fellowship Board, a national organization with over 1,300 members,

whose mission it is to provide medical care to the rural and urban poor of the United States.

He continues to publish scholarly work in referred journals on a variety of clinical topics and is a widely sought-after public speaker, not only on clinically related topics, but also on his unique perspective on the injustices of health care in the USA and across the world.

In addition to the above-mentioned awards, he has been recognized repeatedly for the achievements of Jericho Road Family Practice including the “Buffalo Business First Forty Under Forty Award” in 1999; “The Leonard Tow Humanism in Medicine Award” in 2004; the “Houghton College Distinguished Service Award” in 2004; the “Buffalo News Outstanding Citizen Award” in 2005; the “Honorary Doctor of Divinity by Jesus Liberatore Seminary Award” in 2005; the “Samaritan Counseling Center Person of the Year Award” in 2008; the “Houghton College Alumnus of the Year Award” in 2013; and the Leadership Buffalo Diversity Award” in 2014. In 2014 both he and Joyce were honored with the “Buffalo News Outstanding Citizen of the Year Award.” He was also recognized for his exceptional teaching, receiving the “SUNY Buffalo Department of Family Medicine Volunteer Teacher of the Year Award” in 2003 and the “Golden Stethoscope Award” by the Erie County Academy of Family Medicine in 2018.

He has been married to Joyce for more than 30 years and they have four children, Michel, Stephanie, Peter and Thomas. Joyce has worked closely with Myron in promoting the Jericho Road Ministry. Dr. Glick offers the following commentary about the influence his residency has had on his career trajectory:

“I continue to believe that my three years at LGH gave me the training, experience, confidence and courage needed to come back to Buffalo (which is not exactly a family medicine friendly town) and start Jericho Road. It is where I learned to be a doctor and where I truly fell in love with family medicine. In medical school I remember too many times my professors would discourage me about choosing family medicine and I almost decided to go into med/peds or general surgery. But thankfully I stayed the course and when I got to LGH I remember feeling excited to be

around so many excellent residents from all over the country who also loved family medicine.

“I remember working at the center in Quarryville and being on call and sleeping there alone. I remember one night having someone walk in with chest pain, and as I was alone and hooking up the EKG I realized he was having a heart attack, and I had to call the ambulance. I remember seeing an Amish man with ear pain one afternoon while on call, and how grateful he was to have me rinse out the wax in his ears and restore his hearing.

“The excellent obstetrical training I received at LGH has served me well. I have delivered well over 2,000 babies myself, and Jericho Road now has a team of five family doctors and two OB/GYN docs who deliver more than 40 babies per month. And at our global sites our centers are delivering more than 100 babies per month.

“I am proud of the work we have accomplished at Jericho Road serving some of the most vulnerable people in the world. We have become the safety net for the poor in Buffalo and especially the refugees and in Sierra Leone, Congo and Nepal we are almost seeing as many patients globally as in Buffalo. Our team of 350 people here in Buffalo and 100+ in other countries is truly one of the most diverse teams anywhere.

“It has been a privilege to do this work, and I credit God for His grace and mercy and LGH for giving me the courage to be a good doctor.”

41. Stephanie Denise Silverman, M.D., Class of 1999 was a Magna cum Laude graduate of the College of William and Mary in Williamsburg, Virginia and a Summa Cum Laude graduate and an inductee of AOA, at the University of Maryland School of Medicine. In medical school, she received many awards for her high academic achievements including the Edward J. Kowalewski Award for excellence in Training in Family Practice, recognizing her overall performance; the Charles L. Wisseman Award for Excellence in Microbiology & Immunology and the American Medical Women’s Association Janet M. Glasgow Memorial award for her academic achievements. During her residency, she was the senior author, “Getting Comfortable with Sexual History Taking,” published in Family Practice Recertification: 22 (11): 33-46, 2000; and co-authored two other papers, “Is it PMS?” in Postgraduate Medicine: 107 (5) 151-155, 2000; and “External Cephalic Version, American

Family Physician, 58 (3): 731-738, 1996. Following her residency, she completed a faculty development fellowship at Lancaster General and an Obstetrics/Gynecology fellowship at the University of Rochester. She was in clinical practice in New Boston, New Hampshire, and in Federalsburg, Maryland before returning to New England when she joined Baystate Health and the Department of Family Medicine at Tufts University in 2009. In 2016, she was appointed as Assistant Professor in the Department of Family Medicine at the University of Massachusetts. She was the Chair of the Undergraduate Medical Education Committee and currently serves as the Site Director of the Baystate Family Medicine Clerkship. She is an active member of the committee to develop a new Family Medicine Department and establish a family medicine residency program at Baystate Medical Center in Springfield, Massachusetts. While maintaining her busy academic schedule, she continues to care for her patients at the Pioneer Valley Family Medicine Center in nearby Northampton. Dr. Silverman has been cited for “Excellence in Teaching” by Tufts University School of Medicine, and in 2018 she was inducted into the Massachusetts Academy of Family Physicians Preceptor Hall of Fame. Stephanie and Adam Garretson, Class of 2000 are married and have two children.

42. Brent Fryling, M.D., Class of 1999, graduated with a B.S. in Biology from Gordon College in Wenham, Massachusetts in 1992. During the summer of 1990, he was a delegate in Peshawar, Pakistan, where he helped to provide emergency relief and vocational training to the locals in that community. Following graduation from Gordon College, he entered the Lewis Katz School of Medicine at Temple University with a National Health Service Corps Scholarship, and graduated in 1996. At the end of his first year in medical school, during the summer of 1993, he was involved with the immunization program of Esperanza Health Center in North Philadelphia, a primary care medical group that served the disadvantaged population in that community. He entered the LGH residency in 1996 and served as both the Resident Coordinator during his second year and Chief Resident in his third year. Brent fulfilled his National Health Service Corps commitment providing full service family medicine to include obstetrics, ER and sports medicine, and minor surgery in the Navajo

Foundation National Health reservation of Sage Memorial Hospital in Arizona. During his time there, he was made the Medical Director of the Emergency Department. In 2002, he and his family moved to Memphis Tennessee and did full spectrum family medicine at Christ Community Health Services. He and his family took a four-year hiatus from this practice to join Global Partners Inc. as a “Medical Coordinator,” coordinating international medical relief efforts in Central Asia, while also serving as the program director to extend community-based DOTS (Directly Observed Therapies) for the management of tuberculosis in Afghanistan. He returned to Memphis in 2008, only to travel across the ocean to serve as a “Family Medicine Consultant,” at the Oasis Hospital, Al Ain, United Arab Emirates to the head the urgent care center. In 2013, he and his family returned to the states to join the Lynn Community Health Center in Lynn, Massachusetts. He has developed a special interest in tuberculosis, hepatitis C and substance abuse disorders. Brent and his wife Jodi are the proud parents of two sons.

Brent offered the following commentary about his residency years and the effect it has had on his career trajectory:

“I was recently asked to reflect upon my years at Lancaster General Hospital’s Family Medicine Residency. My thoughts went back to one of the very first interactions I had with the program. My wife and I had come to Lancaster to interview for the program. A bit to my surprise and delight, during our interview we found ourselves not talking about how many hours residents are on call but rather what it means to be inspired. We talked for most of our interview discussing e’mpnefsi, Greek for inspiration. To inspire means to excite, to encourage, to breathe life into. Having now lived a couple of decades post-residency, I now see this interview as prophetic. The residency at Lancaster General gave life to me as a family physician and continues to give life to me even now.

“It is curious to me, as I reflect on the incredible opportunity I had to train at Lancaster General, that most of the patients I thought about were patients I saw after residency. They were patients the residency had inspired me to see.

“My first job after residency was on the Navajo Reservation in Northeast Arizona. I remember one afternoon seeing a 43-year old male with some chest discomfort. I ordered an EKG and to my surprise saw classic “tomb

stoning,” indicating that my patient was having a large heart attack. My LGH training erupted as I brought the patient to our emergency room, started a sequence of life-saving drugs and contacted the closest cardiologist who was over three hours away. An hour or so later, I had given my patient lytics to help reopen a blocked coronary artery, and he had two new diagnoses of hypertension and diabetes. As I cared for him, I could not help but think of the hours spent on call at LGH learning how to do exactly what I was doing. I saw him as a regular patient for years after that. I think of a young mom, about 26 weeks pregnant coming in with abdominal pain, while I was on call. I will never forget the feel of two little feet dancing on my fingers in the middle of a dilated cervix indicating that she needed a stat C-section. The inspiration I had received in hours of OB call brought calmness and clarity as I assisted my family physician colleague with the C-section and later stabilization of this premature child before she was placed in a mobile NICU for transport to the closest tertiary care center. It was the only umbilical line I have placed in my career but I was taught how to do it the NICU at LGH. I also remember working to resuscitate a 17-year old honor roll high school student who had been shot, and later learning, after transport, that she died. Even in this moment of despair I realized this was not the first patient I had lost.

“While a resident at LGH several of my patients had died and with the help of insightful faculty and support of fellow residents I had begun to learn how to navigate through these tragedies. Thinking back on it, the patients I had the privilege of caring for during residency contributed incredibly to my medical and personal maturity. But in my mind and heart, I feel like the faculty and my colleagues as I went through residency contributed even more. Long nights, hard decisions, a common vision to become the best family physicians we could be, filled me with a hope, joy, and wisdom that I still have today as a family physician.

“From the Navajo reservation my wife and I moved in an inner-city health center in Memphis Tennessee. In Memphis, I continued to do obstetrics at a large city hospital and the diversity of patients I was able to see in Lancaster served me well. Something I always loved about work in Lancaster was the opportunity to have two very different practices: the inner-city Family Health Center and the more rural Walter Aument location. In Memphis, my time in Lancaster’s Family Health Center served me well. If not well prepared, the literal flood of obesity, diabetes, and hypertension can be overwhelming to a primary care physician, but LGH had prepared me.

“Several years later I had the opportunity to work with a non-government organization in Afghanistan, working to diagnosis and treat tuberculosis in a community-based setting. Tuberculosis at that time was the second

largest health problem facing the country. As I sought funding for this program and worked to direct our staff, the administrative experiences of residency and the family trees we made and presented in our Behavioral Health rotation came to mind. One of the greatest privileges and joys I had during residency was to serve as chief resident, which allowed me to swim in all the complexities of how a good organization can become excellent. It was amazing to me to experience how the diversity of people and skills in our residency made it so much richer. It was also a chance to see that in the day to day work of being a physician, excellence can be achieved not only through absolute respect and service for both patients and colleagues around you, but also through being sure the practical details of things like schedules or a colleague who needs a weekend off, are taken care of. It was humbling for me to see how one mistake by me could go a long way in harming organizational excellence. These lessons also served me well several years later as I served as a medical director for an urgent care center in Al Ain, United Arab Emirates where I had the opportunity to hire and work with physicians from literally around the world.

“I now work in a community health center just north of Boston. In some ways I have very much come home. The team I serve with is made up of several family physicians, several nurse practitioners, and several physician assistants. I truly love the colleagues I serve with. They are smart, funny, and missional. We all hold our staff truly above ourselves knowing that our jobs would not happen without our staff making them happen. Some days are long. I take particular joy at being able to treat hepatitis C, tuberculosis, and substance use disorder as well or better than the tertiary care meccas that surround me. Not a week goes by that I do not think of some lesson, some experience, that was breathed into me during my residency.

“One experience during residency stands out to me as a good representation of how truly meaningful and life-giving residency was to my development as a family physician and as a person. In our time of residency, we had the opportunity to do an international rotation. I remember being in a small 4-passenger plane circling around a green field in Kenya that we were about to land in and seeing my fellow resident and dear friend at the side of the landing strip. I was arriving for a six week rotation that she was just finishing. She looked at me with intensity, ‘Brent, people die here. This will help you survive. This is a very good place to be.’ With this introduction she gave me four handwritten pieces of paper that were filled with equations for fluid resuscitation, doses for malaria medications, how to diagnosis and treat typhoid fever, and why I will see sigmoid volvulus and not appendicitis. Those 4 pieces of paper breathed into me a hope and practical knowledge that literally saved lives

in the coming 6 weeks. In the same way, I view my time in residency as a gift given to me to provide hope and knowledge and life not just for me but for so many patients I would care for in the future.

“It is amazing in life when the most basic of life activities hold profound truth. Breathing. We breath in, we breath out. If we do one, without the other, we are dead. To me this has been absolutely true in my life as a family physician. Over the years, and especially during my residency at Lancaster General, I have had people breathe life into me. People have breathed wisdom and pain and hurt and hope and joy into me. Physicians much wiser than I, have humbly served me. Patients much more insightful than me, have gently corrected me. Again, and again people have breathed life into me. What makes being a family physician worth it, indeed what might make all of life worth living, is that I can then breath life and hope and inspiration into others.”

43. Vito DiCamillo, M.D., Class of 1999, is a 1988 graduate of Villanova University and a 1992 graduate of the Louis Katz School of Medicine at Temple University. Following graduation from residency, he joined Stephen G. Diamantoni & Associates in a rural full-spectrum practice and then joined Lancaster Emergency Associates to form a new group of urgent care providers at Lancaster General Hospital with Lancaster Emergency Associates. This was an innovative “Fast Care Unit” of the hospital’s emergency department. He assumed increasing responsibilities, which included supervision of Advanced Practice Providers” (APP) and teaching of the family practice residents rotating through the emergency department. As the unit grew, in 2007, Dr. DiCamillo was appointed as Associate Medical Director providing managerial oversight of ten physicians and APP’s. He is a graduate of the LGH Physician Leadership Academy and in 2016 was awarded the Risk Management Star. From 2010-2016, he also became a “Note Rater,” which involved scoring notes of the Step 2 Clinical Skills portion of the USMLE for graduates of international medical schools seeking entry into postgraduate medical education positions in the United States. His administrative role has been expanded, as he plays an active role in shaping the care of the increasing number of patients who utilize the LGH Emergency Department. This means increasing collaboration with senior management, involving financial services and the implementation of information technology. In his managerial role, he helped to coordinate the development of additional urgent care facilities within

the LGH network to offload patient utilization of the hospital's emergency department. His managerial responsibilities have grown to more than 60 urgent care providers, two-thirds of who are APP's. He also provided the necessary leadership to develop and implement process improvement and quality incentive plans, as well as in strategic planning for expansion of urgent care component of the Emergency Department. He also was instrumental in the development of a highly successful monthly Continuing Medical Education program for the urgent care providers. He serves on multiple hospital committees, including a member of the Board of the Lancaster General Health Physicians Board of Directors.

Dr. DiCamillo's describes himself as a:

"Physician Executive Leader, experienced in promoting efficient, quality-driven, cost-effective, patient-focused care; Skilled manager of medical providers who has proven himself as an excellent cross-departmental liaison; Successful in motivating medical teams to work as one unit in many locations by leading from the front, utilizing lean management principles, strategic thinking and genuine concern; True servant leader who is not afraid to champion causes that fulfill the mission of Penn Medicine LGHealth."

He also offers the following anecdotes relating to his residency years:

"Although I never delivered babies after residency, I look back fondly to my trip to Louisiana. I'll never forget the humidity when I first walked off the airplane. The patients and staff were so kind. I don't think I had ever experienced southern hospitality before. I remember feeling quite confident in my ob/gyn skills when I returned. I have continued to utilize those skills as my career has progressed."

"The reason I practiced ED and UC medicine is a result of my great experience at LHG's ED. I did my required rotations and started moonlighting there as soon as I was able to get my license. It is there that I learned how to see people efficiently. I still have a vivid memory of Dr. Gish teaching me about the Grey Turner sign. The gentleman had a AAA that was leaking. We ended up saving his life."

44. Sima Daniel Weaver, M.D., class of 1999 was a Summa cum Laude graduate from Lehigh University and a 1996 medical honorary society AOA graduate from the Medical College of Pennsylvania. She managed to do this in a combined six-year Lehigh U./MCP

program (1990-1996). After her residency, she completed a fellowship in Maternal and Child Health and surgical obstetrics, at West Suburban Hospital in Oak Park, Illinois in 2000. During her fellowship, she met Dr. Joseph Weaver, who was also a fellow in the same program. This led to a marvelous courtship and marriage. Together they decided to join an inner-city practice in Memphis, TN, which involved performing surgical obstetrics. They were there from September 2000 to May 2005. They returned to their practice in Memphis in April 2008 until August 2010. In the interim between August 2005 and March 2008, they decided to venture to Jagdeeshpur, Chattisgarh, India, providing full spectrum inpatient and outpatient care, including OB, to a poverty-stricken, low-caste community in rural north-central India. They went back to a North Indian Himalayan community in October 2010 and remained there until June 2012 to provide full spectrum care, focusing on obstetrical care. Although Sima understands her native Malayalam language of South India, she and Joe were immersed in an intensive Hindi language study program prior to their move to India.

I will never forget the interview with Sima in the fall of 1995, when she came to Lancaster to visit us. I already heard of Sima's reputation and her exceptional qualities while a student at MCP. When I met Sima, I was immediately filled with joy of that first encounter. She has a short stature with tiny features, but to say that she has a big heart is putting it mildly. She was filled with such a sincere and passionate desire to serve that it dominated the interview. She lived her faith: to be kind, gentle and good, and to love others as one would want to be loved. I felt so connected and inspired with Sima that she brought tears to my eyes. Being born in India, she knew that she wanted to go back there someday and serve the "poorest of the poor." I was convinced that she would, and indeed she did. We felt so fortunate to have recruited this extraordinary physician into our program. While a resident in our program, she was a board member of Bridge of Hope and Beth Shalom, two organizations dedicated to preventing homelessness among unwed mothers. As a resident, she also dedicated whatever free time she could to serve as a volunteer physician for the homeless at Lancaster's Water Street Rescue Mission and migrant farm workers in Mt Joy, PA.

She exemplifies the family physician at his/her best. She and Joe are the proud parents of Kavya, Maya, Joseph, and Nadya. She and Joe home-schooled their children for a while and then entered them into the traditional school system. Since 2012, they have been practicing in an inner-city practice at East Liberty Family Health Care Center in Pittsburgh. How fortunate America is that her family immigrated to America.

Sima added the following anecdote:

“The years of residency at Lancaster General Hospital during 1996-1999 were among the most formative years of my life. My faculty and senior residents were heroes to me throughout my years of training, and to this day, I remember so many pearls of wisdom they taught me, not just about medicine but about faith and about truly caring for people and how to embody the gifts of practicing medicine as a family doctor. These doctors have remained my heroes, and today, I am honored to have remained in touch with them and call them friends. Dr. Zervanos has been of a giant of a man in my life, not only in stature but in integrity, passion, and inspiration. His legacy is a gift to us all.”

45. David H. Emmert, M.D., Class of 1999. Dr. Emmert was valedictorian of his high school class in Virginia Beach, Virginia and graduated Magna Cum Laude at Princeton. He graduated from the University of VA Medical School before coming to Lancaster. During his residency, he co-authored a Postgraduate Medicine article on “Sexually Transmitted Diseases in Women,” and another article, while in practice, in which he was sole author on the “Treatment of Common Cutaneous Herpes Simplex Infections” in the Journal of the American Family Physician. Following graduation Dr. Emmert joined the Manor Family Health Center practice in Millersville, which included a group of family physicians made up almost entirely of graduates from the LGH residency program. He helped to lead the Physician Alliance in East Petersburg. In October, 2017, both practices were sold and integrated into the Penn State Health System in which he serves as the Director of Medical Informatics for a group of 100 providers. Along with other Lancaster General Hospital family medicine graduates, he helped develop Project Access Lancaster County, a charitable group dedicated to offering medical access to uninsured patients, and served as its president from 2007-2009. He became involved in organized medicine and in 2003 was

elected as President of the Lancaster City and County Medical Society.

He offered the following commentary regarding his residency experience at LGH:

"It was Halloween, and Mason had just turned two. He dressed up as a doctor, and, because we thought he looked adorable, Jill brought him in to see the residency staff (Sandy and others). The ladies in the office actually had dishes of candy sitting around, and Mason was delighted to discover that if you said, "Trick or Treat" to a stranger, they gave you candy. You happened to be in your office, and waved him in when you saw him and his mother. He walked up to you at your desk and said, "Trick or Treat!" You pulled him onto your lap and asked him what he was supposed to be. He dutifully told you, and you smiled and told him you were a doctor, too. He fingered your stethoscope, which was hanging around your neck, and you asked if you could listen to his heart. He sat solemnly on your lap as you listened. But instead of pretending to listen to make a toddler feel important, you actually listened carefully for about two minutes. Finally, you lifted your head, and asked, "Did you know he has a murmur?" We did not know. I hadn't ever listened. I did then, and it was clearly audible. Mason didn't care, obviously. He was thrilled to play with a "real doctor", and went on to have a fun visit with others in the department. But we later took him to the Penn State pediatric cardiologist, who confirmed that murmur (as well as two others!). Happily, he never required surgery, and the murmurs have faded. But Jill and I have never forgotten your kindness and care, even in a playful non-professional interaction with our child.

"That day taught me something. Family physicians are never truly off-duty, are we? And our knowledge can help almost anyone we come into contact with, inside or outside our offices."

46. Adam Garretson, M.D., Class of 2000, acquired a B.S. in Geology Cum Laude, from The College of William and Mary in Williamsburg, VA in 1992 and his medical degree from the Medical College of Virginia, Virginia Commonwealth University, Richmond, Virginia in 1997, where he was inducted into the Alpha Omega Alpha Honor Society, Brown Sequard Chapter. He entered clinical practice in Hooksett, New Hampshire, which included both inpatient and obstetrical care. He then moved to Cambridge, MD for two years before moving back to New England in Northampton, Massachusetts, during which time he served as Clinical Professor in the Department

of Family Medicine at Tufts University School of Medicine, as a Physician Peer Educator at Baystate Health, and as a member of the Northern Region Physician Advisory Board and Primary Care Operations and Improvement Committee. In 2017, he joined the faculty in the Department of Family Medicine at the University of Massachusetts Medical School, and serves as Medical Director of Clinical Informatics for Baystate Health. He has been involved in a variety of clinical innovations and quality improvement projects to include the Health Maintenance workgroup, the Pediatric Ambulatory Process Improvement committee, and as Ambulatory Champion for Praxify EMR (Electronic Medical Record) Optimization Pilot Project. While a resident at Lancaster General, he wrote an article on the "Family Practice Applicant," which was published in the May-Jun, 1998 issue of the Journal Archives of Family Medicine. He completed courses in "Teaching of Tomorrow," Tracks 1 and 2, at the University of Massachusetts Medical School and attended the Physician Leadership Academy at Baystate Health in 2013-2014. Dr. Garretson received a number of honors and awards including the "Citation for Excellence in Teaching Award" from Tufts University School of Medicine.

He and Stephanie Silverman, MD, Class of 1999, are married and have two children.

47. Joseph J. Irwin, MD, Class of 2000, a 1997 graduate from the Perlman School of Medicine of the University of Pennsylvania, graduated summa cum laude from LaSalle University and received a Fulbright Fellowship to study at the University of Kent at Canterbury in the United Kingdom from 1990-1991 where he received a M. Sc. During his years at Penn, he was a Henry J. Tumen Research Fellow at the Graduate Hospital. As a resident he composed a review article of "Anemia in Children," which was published in the American Family Physician in 2001. He entered practice in Ephrata, Pennsylvania and was the lead partner in a full-scope family practice including a busy obstetrical practice. In August of 2019, Joe decided to go solo and opened a new practice, just a short distance from his existing practice. Dr. Irwin served as Chair of Family practice from 2005-2009 and as President of the Medical Staff at Ephrata

Community Hospital from 2011-2018. He offers the following anecdotes from his residency:

“The first one has to do with a GIP0 at 36 weeks who was of Puerto Rican descent. Interestingly, she was an albino as well. For some reason, I decided to look up Puerto Rican Albinism and found a high preponderance of Hermansky Pudlak Syndrome within that population. HPS is characterized by platelet insufficiency (among other things). Pt’s often present with a fatal PP hemorrhage when they finally get diagnosed. The treatment is to give platelets. To add spice to the mixture, this patient happened to be a Jehovah’s Witness and would refuse platelets. The genetic test back then would take 6 weeks to get back, so she was going to deliver before we could know for sure. I spoke to my ob attending who berated me for not finding this out sooner! Anyway, we threw every medicine known to mankind at her just at cord clamp in order to make her own platelets work. She did great. She did have HPS and went on to deliver another child. That family lives in Lancaster but followed me to Ephrata and has been my patients now for over 20 years.

“The next scoop happened on Dr. Mohler’s medicine service. This 60 year old lady from Wisconsin was visiting family in Lancaster. She got in an MVA and was admitted for a w/u because of some electrolyte abnormalities. The endocrinologist had already done the consult. The ER initiated the w/u. I was sent to admit her under medicine service. I quickly got the sense that she was not able to see well in the periphery. It was her description of the accident that clued me in. I performed a very simple examination on her eyes including visual fields by confrontation. She clearly had bitemporal hemianopsia. I ordered the MRI that night and found an egg sized pituitary adenoma. That was the cause of her electrolyte disturbance. Endocrine was rather annoyed that I scooped the dx but Dr. Mohler gave me a nice pat on the back.

“The next one involves a gentleman on cardiology. I was the resident in charge of all the codes that night. That rotation was probably the most harrowing. I get this call from a very experienced male RN who voiced concern about this patient who had just received a pacemaker. The patient was expressing fear and kept saying like he thought he was going to die that night. The RN was appropriately concerned. I was too. I could not get any specific symptom from the patient, he just kept saying “i don’t know, nothing hurts, but I just feel like I’m going to die tonight and I’m scared.” I was pretty freaked out, so I ordered every test I could think of: cbc, cmp, CXR, G (even though the patient was on telemetry), troponins, d-dimer. His vitals were normal. Everything came back normal, but I still felt nervous. I did wake up the cardiologist at three am to report my findings

and share my concern. The cardiologist said that my workup was complete and that I shouldn't worry about it. At 6am, I get the call from the same RN to come up and pronounce this patient dead. He was found cold and dead by the LPN who was obtaining vitals for the next shift about to start. The code was not called because his pacemaker was so new and the battery so strong that the pacemaker spikes tricked telemetry into thinking the patient was in Sinus Rhythm. Calling the cardiologist again was rather uncomfortable to say the least. He suddenly felt rather negative towards me and told me that I would be the one to inform the family. I told him I would but that I thought it would be better coming from his service rather than the FP resident covering his service. To this day, I wonder what happened, but I am very glad I called the cardiologist in the middle of the night.

"Last one involves a code in the ICU. The patient had PEA (pulseless electrical activity), and I was running the code. We had gone down the entire algorithm and the patient was not responding. The last thing on the algorithm is to do a pericardiocentesis. I had never done one before, or since. I asked if anyone in the room had done one and the answer was no. I decided that either I would call the code then or try the tap and then call the code if unsuccessful. So, I did it. The patient did not have tamponade. I did call the code after that. Nursing filed a formal complaint against me because I performed a procedure outside my scope of practice. I believe you were involved in that. I only heard second hand that you and THG (the heart group) defended my actions and nothing more came of it."

48. Daniel J. Frayne, M.D., Class of 2002, graduated from Boston University in 1995 and from the University of California, Irvine, College of Medicine in 1999. He also completed a fellowship in Faculty Development at the University of North Carolina at Chapel Hill (UNC Chapel Hill) in 2011. He entered medical practice in Linville, North Carolina, which included full service family health care, and became the Medical Director of Avery County Health Department. He became involved with the Mountain Area Health Education Center or MAHEC in Ashville in 2006, becoming an Associate Professor at UNC Chapel Hill as well as Assistant Residency Director of its Family Medicine Residency Program and since 2018, serves as President of MAHEC. He has been recognized for his teaching skills, having received the MAHEC Family Medicine Teacher of the Year in 2010. He has played a very active role in the IMPLICIT Network Study, which is designed to assess

interconception care during well-child visits. He has lectured and has been the senior author on many publications reporting on the results of this project. He and Dr. Stephen Ratcliffe have contributed a chapter on preconception care in the 7th edition of Family Medicine: Principles and Practice, Paul Paulman and Robert B. Taylor, editors, 2016. He has played a key role in the development of the obstetrics curriculum as the Curricular Director of the MAHEC Asheville Family Medicine Residency Program. Within his residency program, Dan has also lectured on numerous topics relating to family medicine, particularly relating to maternity care. As the senior investigator, he has managed to acquire 18 grants during the past ten years ranging from \$1,500 for one year to a three-year grant of \$575,000. He has been involved in numerous service roles in his local community and regionally, as well as at the state and national levels. Dr. Frayne has been honored for his leadership accomplishments with his enrollment in the UNC Eugene S. Mayer Community Service Honor Society in 2006.

In his personal statement, he writes:

"I am in the place that I am, doing the work that I do because of the idea that each of us has a job to do in this life, and I am responsible for my doing my part... Learning to be a good mentor and teacher (as well as a good person, spouse and father) has become my daily work... Being a rural family physician provides one with many opportunities to both learn and teach. Four years practicing full spectrum family medicine in rural Appalachia provided me the professional and personal experience which solidified my persona as a "doctor..." As these experiences shaped me, I was most struck by two themes: the importance of well-trained family doctors to the rural community, and the joy I had being a part of educating those future doctors as I was a preceptor for 3rd year medical students... My passion lay in FM obstetrics, an area of education I felt to be crucial in the development of a broad-spectrum rural family physician...It has been in this role, as a family medicine leader and advocate in women's health and obstetrics, that I have grown both academically and in departmental, region and national leadership...Family medicine is the only medical specialty, that, at its foundation, has no boundaries... I believe that it is because of this broad foundation in our education as family physicians that we are ideally suited to lead healthcare improvements in practices, hospital systems and community collaborations..."

Dan also added in a special commentary about his residency years: *"I am so grateful for the mentorship and foundations which you and the Lancaster General FM faculty provided – not a day goes by without reflections on the*

Lancaster family. My connection with the IMPLICIT network and Steve Ratcliffe launched a career in the world of preconception and interconception care – it remains a journey!”

49. Marguerite Duane, M.D., class of 2003, graduated from Cornell University with honors and majored in Human Development and Family Studies. She stayed on for two more years to acquire a Master of Health Administration in 1994. She then accepted a position as a research support specialist in the Department of Human Service Studies at Cornell and Acting Director of Planning, Executive Administration at the Horton Medical Center in Middletown, New York before beginning her medical studies at the State University of New York at Stony Brook in 1996. Following graduation in 2000, she began her residency in family medicine at Lancaster General. As a medical student and during her residency she served as “Policy Intern” at the Robert Graham Center in Washington, DC. As a medical student she was a strong proponent of family medicine and played an active role in the family medicine interest group, attended the Generalist Physicians in Training Leadership Program and was among a handful of students to receive the highly prestigious Nicholas Pisacano Leadership Foundation Scholarship in 1998. At graduation from medical school she received “Recognition in Primary Care Program” and awarded the AMA’s National Leadership Award. As a resident she received the AAFP/Bristol Myers Squibb GME Award and the Charles Bair Family Practice Research Award. Following graduation, she did locum tenens work in a variety of roles until her husband-to-be, Kenny Lin, completed his residency in 2004. She and Kenny settled in the Washington DC area. And they joined the Georgetown faculty. In 2008, she became Medical Director of Spanish Catholic Center of Catholic Charities in Washington DC and in 2015, Co-Founder and Partner, Modern Mobile Medicine – a Direct Primary Care House Calls Practice. In 2010, she also co-founded and became Executive Director of FACTS (Fertility Appreciation Collaborative to Teach the Science). She continues to play a very active role as a leader in family medicine. She has published and has lectured extensively on clinical as well as policy issues relating to family medicine education. She also has been an invited to give the Keynote address on numerous occasions, especially relating to Pro-Life Concerns throughout the country. She

also takes on various roles as a mentor, promoting the education of students and residents at Georgetown. She is active with the Family Medicine Education Consortium (FMEC), STFM and the AAFP. She is passionate about educating healthcare professionals about fertility awareness. Her busy life includes being a wife to her very busy and highly esteemed husband, Kenny Lin, and mother to four wonderful children.

The following is Marguerite Duane's personal statement relating to her residency years at Lancaster General:

"There is much I can share about my amazing experiences and how it prepared to provide the full spectrum of family medicine care to my patients... It all started on Halloween weekend 1999, when I first encountered Dr. Zervanos at the FMEC meeting in Syracuse. I had heard so much about this program in Family Medicine, and when I first saw Dr. Z stride across the conference stage, I could see why he was well respected and recognized as a leader in Family Medicine. I was in awe, excited to interview at his program in a few weeks, yet too shy to say hello to him at the moment. I remember hearing how much he did to support students interested in going into family medicine, in part by launching the first fundraising initiative to bring more students to the FMEC meeting starting in 1994...

"Three weeks later, I arrived at Lancaster General Hospital for my residency interview. I still remember my interview with Dr. Z, as if it were yesterday. I walked into his office, and he shook my hand with both of his hands, saying it was a delight to meet me. Meanwhile, I thought to myself, the honor was mine. Then he asked me to sit down across from him, and I thought to myself, I can't believe I am sitting across from such an icon. As he sat, there smiling at me, I remember the first words he said, 'So, Marguerite, tell me what would be the one word that best describes you?' I did not know what to say. Then after just a few seconds, he said, He looked at me so intently, and in that first moment, I did not know what to say. Then after just a few seconds, he said 'Wait, don't say anything yet, let me write it down.' Again, I looked at him incredulously and thought to myself, do I need to guess the one word he wrote on that piece of paper that best describes me? More importantly, if I guess wrong, will it hurt my chances for getting into this residency? After a couple of moments, I said to him, 'That's a great question. If I would have to pick one word that would best describe me, I would say it is 'passion' as I am passionate about my work and my family...' Then before I could say anything else, he interrupted me excitedly and said, 'Exactly!' as he showed me the word he had written <passionate.> That's exactly the word that came to mind for me, he said.' I was stunned. I just met this man and yet he knew me, which

I realized reflects Dr. Z's deep understanding of humanity. He has such an amazing way to connect with and read people, which is likely why he has had such a successful career as a family physician and teacher. Although this was only my second interview for residency, it quickly became clear to me that Lancaster was where I belonged as no other place could compare. "Six months later after I matched in Lancaster, I celebrated my 29th birthday on May 9th by having lunch with Dr. Z, his wife, Diana, and my parents, shortly after closing on my very first home where I would live during residency.... I chose to go to Lancaster because of the breadth of training in all aspects of family medicine as well as the variety of settings. I loved practicing inner-city medicine at LGH and loved the experience of caring for a rural community in Quarryville. Both of these settings prepared me well for my future professional experiences, whether during my time as locum tenens doctor in inner-city San Antonio or rural Alaska.

"Another tremendous benefit of training at Lancaster was being at an unopposed program with strong faculty. When I was on my surgery rotation, I learned how to do central lines, which came in handy a year later when I was working on an Indian reservation and needed to put a central line in a patient in the ICU. On pediatrics, we learned how to do everything from evaluating children who had been potentially sexually-abused and managing inpatients with rare diseases to routine outpatient visits and perform well-child check. Years later these skills still serve me well to truly care for children of all ages. Finally, our OB training was excellent, and after three years, I felt very well prepared to provide prenatal care and do deliveries, both in rural areas and in the inner city. In fact, I delivered babies for the first five years of my career in Washington DC.

"Lancaster General is well known for producing outstanding leaders in family medicine. Personally, I believe it is due to the fact that they encourage and nurture such leadership skills from the beginning of residency. When I arrived at LGH in June of 2000, I was midway through my term as Student Member of the AAFP Board. Dr. Zervanos could have been more proud, but more importantly, more supportive of my role. Although serving as the student board member included a fair amount of travel, I was able to fulfill my responsibility representing all students at the national level of the Academy, while working with my advisor, Dr. Chris Stabler, to ensure I fulfilled my learning and resident service responsibilities.

"Another important moment in my intern year occurred one night when I was on OB call. Like any other intern, I was up late that night, preparing all of my postpartum patients for discharge the next day. As I sat there writing their orders and prescriptions for birth control, my senior

resident, Dr. Pearl Huang, decided to use that time together as teaching opportunity asking me about the indications and side effects of various forms of contraception. After sharing the potential benefits and side effects of most methods, she then asked, 'Do you know there are some forms of family planning that I have no medical side effects?' Somewhat bewildered, I responded by saying, 'Well, I don't know that's true – every form of birth control has some side effects, even barrier methods.' She shook her head and said, 'Actually, natural methods of family planning have no medical side effects and are true forms of family planning, as couples who use these methods simply learn to identify when they may be fertile and when they are not and use that information according to their family planning goals...' I sat there stunned, as until that moment, I had never heard about natural or fertility awareness-based methods (FABMs) before. Here I was, a first-year family medicine resident, passionate about women's health, and I never knew that a woman could be truly empowered to care for reproductive health and plan for her family by learning more about her body and how to track her biomarkers that reflected her cyclical hormonal changes... After the shock wore off, I was eager to learn more, so I was grateful that in addition to Dr. Huang, there were other residents interested in this topic and willing to teach me more. That night was a transformational moment in my career and ten years later it led to me co-founding FACTS (Fertility Appreciation Collaborative to teach the Science), an organization dedicated to educating our medical colleagues about the evidence supporting FABMs and their applications for women's health...

"Lancaster truly is a family. More importantly, for me Lancaster General is where I met the man with whom I would start my own family. Kenny Lin was a year behind me in residency, an intelligent, yet introverted Asian, he couldn't have been more different from me... Long story short, his steady nature, calm demeanor, and warm heart won me over. And after a year of being together, we were married just a couple of months after he graduated from residency. Today, we are the proud parents of four beautiful children: Isaac, Eden, Ellis and Gianna. We also both hold faculty appointments at Georgetown University and continue to have diverse interest in family medicine that range the spectrum of our specialty. Yet, for both of us, our training at Lancaster General Hospital under the tutelage of Dr. Z, has prepared us well to go out in the world and care for our patients, as though they were family." . .

50. Anne Marie Derrico, M.D., Class of 2013, was a 1995 Liberal Arts Graduate of the University of Delaware and a 1999 graduate of the Sidney Kimmel Medical College of Thomas Jefferson University.

During her residency, she became involved with the Water Street Rescue Mission and served on its board. Following graduation from her residency she joined Lancaster General's James Street Family Medicine Practice, which was created to serve the low-income population of Lancaster. This practice merged with the Southeast Lancaster Health Center, a federally Qualified Health Center, now known as the Lancaster Health Center. She recently succeeded LGH graduates, Drs. William Fife and Kirsten Johnsen Martin as the Chief Medical Officer of the Lancaster Health Center, which now has three practice sites within the city of Lancaster. Dr. Derrico has been an active participant in Water Street's "Free Clinic," as a volunteer medical practitioner since residency, and has remained committed to the Water Street Rescue Mission on a voluntary basis up to the present. In 2015, she accepted the responsibility as its Medical Director, and in 2018 was named its Chief Medical Officer. She also serves as a consultant to the School District of Lancaster, and is on the Board Member of the LMC-Legacy Foundation.

51. Kenneth W. Lin, M.D. was in the graduating class of 2004. Ken graduated Magna Cum Laude from Harvard University in 1997, and received his medical education at New York University School of Medicine. NYU was considered by many of us as one of the few "orphan" schools without a department of family medicine, which actually discouraged its students of pursuing family medicine as a discipline. It was apparent to us that he was an exceptional student and very committed to family medicine. We were delighted that Ken matched at Lancaster General in 2001. During his residency, he served as chief resident. He was recognized by the Pennsylvania Academy of Family Physicians at its Annual Research Day in 2004 for the "Best Original Research Presentation by a Resident Physician." His scholarly achievements during his residency was recognized, and he received the Charles W. Bair Award for Scholarly Activity. He was also the recipient of the Resident Teacher Award from the Society of Teachers of , Family Medicine. After completing his residency in 2004, he and his wife, Marguerite Duane, Class of 2003, settled in Washington DC, and Ken completed a faculty development fellowship (John C. Rose Medical Editing) at Georgetown University, where he joined the editorial board of the American Family Physician (AFP) Journal and the faculty at Georgetown in the Department of Family Medicine. He has

held the rank of Professor since 2017. He also served as Director of the Robert L. Philips, Jr. Health Policy Fellowship from 2012-2017. Ken also acquired an MPH from the Johns Hopkins Bloomberg School of Public Health between the years of 2010 and 2013. He has maintained a clinical practice in a variety of settings in the greater Washington DC area. He is currently at MedStar Health-Family Medicine at Spring Valley. He has developed a national reputation for his work in preventive medicine, and was repeatedly for his academic achievements in family medicine. In 2007, he received 1st Place Research Presentation Award at the Annual AAFP Scientific Assembly. He was also recognized by the Agency for Healthcare Research and Quality, receiving the Director's Citation for Outstanding Group Performance in 2008 and in 2009 was "The Article of the Year Award." His writing skills are extraordinary and in 2010 recognized by the Family Medicine Education Consortium (FMEC) with 3rd Place prose Prize in the Creative Writing Contest and in 2017, "The Best Author in Primary Care Commendation" by UpToDate. In addition, he has numerous publications, has lectured widely and is the course Co-Director of Georgetown's "Patients, Populations and Policy Course," as well as helping to conduct the medical school's "Introduction to Health Care," His lecturers include topics relating to "Evidence-based Medicine, Licensure, Certification and Performance Measurement, Policy and Funding for Preventive Care, and Value-Based Health Care." He has conducted a course on "Fundamentals of Clinical Preventive Medicine," including cancer prevention for the Johns Hopkins University Bloomberg School of Public Health. In addition, he has lectured and conducted workshops on these themes throughout the country, which include the AAFP CME programs, the Temple Family Medicine Review, the Boston University School of Public Health, the FMEC annual meeting, and the Johns Hopkins Bloomberg School of Public Health Annual Policy Seminar Series. He is currently the Deputy Editor, American Family Physician, and on the Editorial Board of MDCalc, and serves as an "Expert Video Commentator, Medscape Family Medicine. He is also the Associate Editor, Essential Evidence Plus, Wiley-Blackwell. He also has a very successful and popular blog, called the Blogger, Common Sense Family Doctor (<http://commonsensemmd.blogspot.com>). As already noted in Dr. Marguerite Duane's personal statement, he and Marguerite, Class of 2003 were married two months after his graduation, and they are the proud parents of 4 children.

Dr. Lin offered the following anecdotes relating to his residency at Lancaster General:

" In July 2002, I did an elective rotation in the Comprehensive Care Center, a Ryan White Care Act supported medical clinic. I was impressed at how the present-day management of HIV had become similar to that of other chronic diseases such as asthma and diabetes. Yet patients sometimes take their life- prolonging prescriptions sporadically or not at all. Curiosity about the reasons for these self-imposed 'sustained treatment interruptions' (STIs) prompted me to join a fellow resident and attending in surveying our patients' understanding of STIs...As part of this project, I personally reviewed the charts of nearly one hundred patients' understanding of STIs and how it influenced their adherence to complex medication regimes... We communicated our findings at the Pennsylvania Academy of Family Physicians Day... The service and research opportunities that I have enjoyed in residency would not have been possible without my program's unwavering support and flexibility. "That flexibility was severely tested during my internship year, when the program endured a crisis of change. The retirement of the only Program Director we had ever known, along with a decline in applications to family practice nationally and new resident work hour regulations, prompted the program's most significant curricular revisions in a decade. As a member of my residency's work hours committee, I became a tireless advocate for redesigning the intern schedule in a way that was more humane in terms of post-call duties but preserved the crucial educational value of those on-call nights. At the start of my second year, I and another resident formed an intern support group that met monthly with a community preceptor to further bolster morale. These changes effectively reduced the burdens placed on current residents and made our program more appealing to prospective applicants. My positive experience in improving the working conditions of my fellow residents encouraged me to run for, and win election to, the position of Chief Resident. That year I've tackled several major administrative hurdles: scheduling for a block conference curriculum; developing an emergency plan for inclement weather days; and transitioning from a single continuity office practice to urban and rural tracks.

"Of physicians, English professor, Brian Ferguson-Avery, wrote in the JAMA: 'Their years among the human animals have shown them futility, sadness, compassion, and the occasional hard-won triumph. As a result, they can better consider the big questions posed - and sometimes - answered - in books.' I could not agree more. Although I have just begun my career as a family physician, my experiences in community service and

resident leadership have melded with my writing talent to make me a better story teller to my patients in every chapter of their lives."

In one of his blogs, on Saturday, September 10, 2011, he also commented about the morning of September 11, 2001 while an intern:

"On the morning of September 11, 2001, I was a family medicine intern making rounds... As I started writing a progress note on one of my patients, my senior resident emerged from the next room with tears streaming down her face. I couldn't imagine what had gone wrong. Had we just lost someone? Could I have possibly missed the distinctive overhead page for the Code Blue team? It was worse than that - much worse. 'It's horrible,' she managed to say. 'Absolutely horrible. I feel so bad for their families.' I stepped into the room and saw both televisions airing live footage of the wreckage of the twin towers of the World Trade Center, where not one, but two commercial airliners had just crashed... Later in the day, I learned that a third plane was headed for the Pentagon, and a fourth had crashed into a field about 150 miles west of my home..."

"I had recently graduated from medical school in New York City, and after going home from the hospital, I tried calling former classmates who had chosen residency programs there. But the phone lines were jammed all night. It wasn't until the next day that I heard from a friend about how an army of physicians and medical students had mobilized at NYU's Bellevue Hospital, waiting for a massive influx of injured patients who never came... In the decades that has passed that awful day, I completed my residency, got married to a wonderful woman, began my career as a family physician, and had two beautiful children who are, thankfully, still too young to begin to comprehend what kinds of warped beliefs would possess people to deliberately fly airliners into buildings full of their fellow human beings. Eventually, I know I will have to explain to them the events of 9/11. And tell them, too, about the healing that time, faith, hope and love can bring about after even the most grievous of wounds... To all the victims of 9/11, living and dead, may peace be with you, tomorrow and evermore."

52. Brian J. Young, M.D., Class of 2004, is a Summa Cum Laude 1997 graduate of Siena College in Loudonville, New York. He entered the State University of New York Upstate Medical University in Syracuse and graduated in 2001. Not only was he inducted into the Alpha Omega Alpha Medical Honor Society for his stellar performance and his academic achievements, he was consistently recognized with the Dean's Letter of Commendation each year of medical school. During his residency years at LGH, he was chief

resident. During those years, he organized a Preceptorship program for Franklin and Marshall's pre-medical students, conducted an Asthma Project for the Lancaster City School District and served as Team Physician for Steven's Technical College. He also did an away rotation in the Indian Health Services at Zuni, New Mexico. He entered private practice at Twin Rose Family Medicine in the borough of Columbia, Lancaster County, where he still maintains a continuity practice. He did full service family medicine to include Obstetrics up until recently. He became its managing physician, overseeing two sites, staffed by eight physicians and four certified physician assistants. In 2014, he was named the Medical Director of Care Transformation under the auspices of Lancaster General Health Physicians. In the meantime, he acquired an MBA in Healthcare and Pharmaceutical Marketing at the Haub School of Business, St. Joseph's University, Philadelphia, PA. His responsibilities in "Care Transformation" include value-based health care by implementing new modalities of care in a population health model. This involves team-based care of primary care providers working closely with specialty and surgical physicians across the medical group. Dr. Young has also been involved in teaching students and residents, and in recognition received the Pfizer Teacher Development Award in 2008. His superb leadership in his various endeavors has been recognized by the Lancaster General Medical Group (LGMG), receiving the 2010 Service Excellence Award and the 2012 LGH Medical Staff Teamwork Award in 2012. From 2011-2014, he was the Interim Senior VP of Physician Services for LGMG, and then Medical Director of the Patient Centered Medical Home (PCMH), during which time he led 26 primary care practices in the development of a management process, which resulted in a new primary care compensation plan, restructure of its governance, and transformation of all these practice into PCMH. This contributed considerably to the development and implementation of EPIC tools and shaping of the electronic medical record.

He has volunteered to conduct pre-participation physicals for Mountville Youth Football (2004-2011), and also volunteered on the Citizen's Advisory Board for Children and Youth (2008-2012). From 2004 to the present he has been the Team Physician for Columbia High School. He has also served on many hospital

committees including the LG Health Physicians Medical Home Committee from 2012 to the present.

He and his wife Janine are the proud parents of two daughters, Olivia and Audrey.

Dr. Young provides the following anecdotes from his residency years:

“One of my fondest memories during residency occurred during the World Cup in 2002. As it occurred in South Korea and Japan, the games were often occurring in the middle of the night. A group of us would come into the resident lounge at 2 AM or 4 AM to watch the US surprisingly advance all the way to the quarter final round. There was always such a sense of friendship and community that we shared with each other during the LGH residency.

“I learned a great deal of statesmanship and grace from Dr. Z during residency. One of my earliest memories during orientation occurred at our welcoming party at the Buchanan Estate. Dr. Z personally moved my name badge to my right shoulder and explained that it was the proper placement to facilitate name recognition when shaking hands. To this day, I always wear my name badge on my right side.”

53. Christopher Hager, MD, Class of 2006, is a 1998 Magna Cum Laude, Phi Beta Kappa graduate of Taylor University in Upland, Indiana. He acquired his medical degree from Wright State University School of Medicine in 2003 and began his residency at Lancaster General in 2003. In college he was the Junior Class President and received the “Merit in Leadership” Award at graduation. In Medical School, he was received the “Outstanding Scholarship in the Study of Infectious Disease” award. During his residency, he received the Intern of the Year Award in Pediatrics, and in his senior year he received the “Supervising Resident of the Year Award” in Internal medicine. Since graduation from his residency he entered into a group practice with his classmates, Jim Kelly, M.D. and Curtis Hershey, M.D. and established “Lincoln Family Medicine,” a successful family practice in Ephrata rooted in patient satisfaction, quality, teamwork and sustainability. In the meantime, he graduated from the LGH Physician Leadership Academy, and In 2013, earned

the Wharton School Certificate by completing the Health Care Management Executive Program. In December 2019, he anticipates acquiring an MBA from the University of Massachusetts, Isenberg School of Management. In 2016, Dr. Hager established “Novara,” and “Rock Medical,” an innovative concierge practice, which is described as a personalized, innovative, relationship-based primary care practice, located in the greater Manheim Township area of Lancaster County. Dr. Hager has become quite involved in various leadership roles in the hospital as well as in the community. He received the designation as Senior Physician leader from 2011-2015. He is an active member of the Lancaster City and County Medical Society, serving in various leadership roles including President from 2010-2012 and President and Chairman of the Lancaster County Medical Foundation Board from 2007-2010. He is most proud of his two boys, Christopher Jr (who attended his residency graduation at 1 week of age) and Nathanael, while is blessed and supported by his best friend in life, Rebecca.

He offers the following anecdotes:

“I learned to LISTEN. A patient will tell you what is going on. Don’t be afraid of silence. It’s okay to ask uncomfortable questions. No one else will.

“A Dr. Z lesson: the word “pharmacology” is derived from Greek, “pharmakon,” which means the study of poisons, as the Greek word pharmakon means drug, poison, spell, and the Greek word “logia,” which means the study of... or knowledge of. Pharmaceuticals are controlled poisons, which we prescribe to treat our patients... use medications with due respect and with caution.

“Everyone needs a “Primary.” Where there are increased numbers of well-trained primary care doctors, quality of care will go up and cost will go down. We are the quarterbacks of our patients' care, and it is the best medicine a patient can have. I learned from Dr. Z that our Forefathers in family medicine, of which he is one, saw us as ‘Primary Doctors’ as primary implies responsibility - for the patient.”

54. James M. Kelly, M.D., Class of 2006... He is a 1997 Phi Beta Kappa graduate from the University of North Carolina and a 2003 graduate at the Brody School of medicine at East Carolina University. At his medical school he received multiple academic honors including Bookstore Scholarship for academic Merit and Microbiology and Immunology Achievement Award and was inducted into the Alpha Omega Alpha Honor (AOA) Medical Society. As a resident he was awarded the Intern of the Year and Internal medicine Teaching Service Award.

He entered medical practice with two of his fellow graduates, Christopher Hager, M.D., and Curtis Hershey, M.D., and established Lincoln Family Medicine, a rural medical practice in Ephrata, Lancaster County, PA. Since 2016, he remains in active practice at Lincoln, while serving as the current Regional Medical Director for the Lancaster General Health Group (LGHP) North Region. He has given a number of presentations and published papers on clinical topics, especially relating to diabetes. He has become active in the Lancaster County Medical Society and served as its president from June 2014 to 2016. He still serves on the board as well as the Editorial Board of Lancaster Physician Magazine. Every summer he takes time as Medical Director of Keystone Diabetic Kids Camp, where he supervises the medical care of 80 campers and 20 junior counselors.

Dr. Kelly offered the following commentary about his experiences as a resident:

"I was from Pittsburgh and my undergrad/medical school training was all in North Carolina. I never even considered Lancaster until I was at the annual student conference in Kansas City. I remember meeting Marguerite Duane on an escalator and independently had a great conversation with Steve Ratcliffe at an open lunch event. I decided to check out the LGH booth and the rest was history.

"My very first day of residency, July 1, 2003, I was on the Internal Medicine Teaching Service. I received sign-out and my patient list at 7 AM, and soon headed to the ICCU on 6 North to start rounds. A code blue was called, and of course, it was the first patient on my list! I ran to the ICCU, and met Chris Addis for the first time as he was giving chest compressions. Dr. Addis asked me to jump in with the chest compressions.

We ran the code, and I assisted with a central line, all in first hour of being an intern. The patient survived the code, but I was definitely a bit rattled for the rest of the morning!

“The residency and hospital were definitely in a transition phase when my class started in 2003. The ER was mid-expansion and had a trailer where much patient care took place; WBH was also finishing construction and we slept in a cold, noisy attached trailer out back. We brought on Southeast and Twin Rose to our inpatient and OB services when I was a resident, and OB in particular was exceedingly busy for that reason. I specifically recall that Pam Vnenchak and I were trouble if we had OB call together.

“One of my most memorable call evenings with Pam was as a 2nd year resident, we had 3 patients laboring, and one patient (who had recently delivered) had an eclamptic seizure, fell out of bed, and broke her humerus. While I was assessing that patient, I received a stat call regarding our laboring VBAC patient, as the baby's strip was not reading. I did a quick cervical check and I could no longer feel the baby's head as the patient had a uterine rupture and went to stat section. Both of these cases ultimately had favorable outcomes, but that was the night I decided I was not practicing OB after graduation!

“I interviewed and had dinner with John and Beth Wood when they arrived in Lancaster for John's interview, which is ironic as John was my intern but now is my boss. John and I still talk about the night before Thanksgiving, 2004, we were the Ward/Peds call team that night. RSV had hit early that year, and we did 30+ admissions in a 24-hour period of time. We left around 2 PM Thanksgiving Day, and I remember going home and sleeping for 16 hours until it was time to go back to work the next day!

“Curt, Chris and myself were called the Three Amigos in our recruiting talks w LGHP and opened Family Medicine Lincoln on August 1, 2006. We signed our contracts as second year residents in summer of 2005, and our practice was to be in the new LG North Campus at the 322/222 interchange in Ephrata. Two days after I signed my contract, the front-page article in the Intelligencer stated that construction on LG's North Campus was indefinitely delayed due to a water and sewage dispute in West Earl Township. It took 12 years but in 2018 the dispute was finally settled and the North Campus is slated for construction in 2023!”

55. Wendell Kellum, MD, Class of 2006 is a 1997 Samford University graduate of Birmingham, Alabama with majors in chemistry and

Spanish. He completed his medical studies in 2001 at the University of Alabama, School of Medicine in Birmingham. He did a one year surgical internship at Allentown, Pennsylvania before transferring into family medicine, graduating from our program in 2006. In between his surgical internship and residency in family medicine he did locum tens in Hoover, Alabama, Suwanee Georgia, and Portamedic Health Information Services. Following his residency at LGH, he joined the Esperanza Health Center in North Philadelphia from 2006 and 2013. He returned to Lancaster General as an “Extensivist.” He completed a Healthcare Hotspotting and Superutilizer fellowship with the Camden Coalition of Healthcare Providers and the Crozer-Keystone Family Medicine Residency. An extensivist extends and intensifies the usual focus of patient care. Lancaster General Health’s Care Connections includes an innovative, interdisciplinary team providing temporary, high-intensity, transitional primary care to patients with complex medical and psychosocial concerns resulting in repeated hospitalizations. Obviously, the idea is to reduce hospitalizations. Dr. Kellum has served as Co-PI with Dr. Peter Cronholm for a PCORI (the Patient-Centered Outcomes Research Institute) Engagement award connecting with and learning from relevant stakeholders. Dr. Kellum is member of the Penn Medicine Lancaster General Health Physician Patient Safety Committee and Controlled Medication Task Force. He has lectured extensively on this topic regionally and nationally. Dr. Kellum is proud of Lancaster General health’s Care Connections program for in addition to providing clinical care for high-risk patients, it also serves an innovation hub for development and testing of novel approaches to team-based patient care.

56. John C. Wood, M.D., MBA, FAAFP, Class of 2007, graduated from Pennsylvania State University in the year 2000 with a B.S. in Biology and a focus on Vertebrate Physiology. He was a Teaching assistant in biology during his senior year and Senate President of Undergraduate Student Government. During his tenure as president, he led the student body to raise \$7,500 for the Four Diamonds Pediatric Cancer Fund. He was accepted into the 2004 class of the Louis Katz School of Medicine at Temple University. He matched into the Lancaster program in 2004 and as Co-Chief resident, he helped to redesign the ED/IM curriculum. His teaching skills were

recognized early on, and was honored with the STFM Resident Teacher of the Year Award.

Immediately following graduation, he joined the faculty and was given the responsibility to coordinate the sports medicine curriculum and enhance the program's inpatient service. He was able to demonstrate a decrease in average length of stay and increase the CMI from 1.65 to 1.82. He has been recognized for this teaching excellence by receiving the Drexel University School of Medicine Golden Stethoscope Award in 2009, the Family and Community Medicine Faculty Teacher Award in 2010 and Inpatient Service Attending of the Year in 2011 and Penn State Hershey Medical Center Exceptional Teacher Award in 2014.

He completed the Physician Leadership Academy in 2010 and the University of Pennsylvania, Wharton School Healthcare management Executive Certificate Program in 2013. In 2015 he acquired an MBA from St. Joseph's University. He has published and has been invited to lecture on his work related to Care Connections and Population health regionally and nationally. Beginning in 2013, he served as Medical Director of Care Connections, a program designed to manage our high risk/high utilization patient population. Under his leadership, Care Connections was seamlessly integrated with Lancaster General Health's Patient Centered Medical Home network of more than 26 practices. His work with Care Connections has focused on innovative models of clinical delivery patient risk stratification, transitions of care, novel payment methodologies, and community/health system integration. Care Connection patients have achieved a 55% decrease in hospitalizations, sustained over three years. It has led to the development of the Population Health Fellowship to train primary care physicians in "leadership, care transformation and complex care management." The Population Health Fellows re-integrated with Care Connections.

In his role as Team Physician for the School District of Lancaster, he received recognition for implementation of sports safety programs.

Dr. Wood has served on numerous hospital committees, and was elected Chair of the Department of Family and Community Medicine

in 2012-2015. During his tenure he led the family medicine initiative to achieve top box physician satisfaction. He also helped to implement a residency mentorship program, which increased the percentage of residents retained in the Lancaster General Hospital Physician network.

Since 2015, he has served as the Medical Director of Lancaster General Health Physicians, which oversees more than 250 primary care physicians across six markets. This has also made him the Medical Director for the Lancaster General Health Community Care Collaborative, responsible for the management of accountable core organizations (ACO) governing ten commercial, Medicaid and Medicare contracts. He also continues to play a part-time clinical role at Care Connections.

John offered the following personal commentary:

“I am most proud of the work that I have done at Care Connections, as well as building the population health fellowship and then a program with Millersville.

“We’ve won quite a few awards: Community award from Millersville. Care Connections won the top HAP award in 2016, as well as the LGH CEO award.

“Most importantly, I’ve mentored numerous residents that have stayed in the County and been able to oversee building out the LGHP Sports Med practice.

“On the home front, Beth and I have 3 boys: Daniel, David and Michael. 9,7,5. Beth is a family law attorney, turned community organizer.”

57. Matthew A. Weitzel, M.D., Class of 2008 graduated Cum Laude at Miami University as a Biochemistry major in 1999. While at Miami, he was awarded the Howard Hughes Summer Research Fellowship in 1997, during which time he served as a biochemistry research assistant. He has managed to publish two highly technical biochemistry-related papers while a student at Miami and at graduation, he was recognized as the outstanding senior chemistry student and received the “Merck Book Award as well as the

Stoltzman Biochemistry Scholarship. He acquired his medical degree at Dartmouth Medical School in 2005 and entered the residency program in the same year. In his internship year, he received the Internal Medicine Teaching Service Award, and recognized by the STFM Northeast Regional Meeting for his poster presentation on “Smoking Attitudes and Behavior of Physicians in Kosovo,” the result of his work when he administered this survey among physicians and medical students on an away rotation in Kosovo in 2003. He was both the Resident Coordinator in his second year and Chief Resident during his senior, while serving as the resident representative on the Hospital’s Code Blue Committee. After graduation, he joined the practice at SouthEast Lancaster Health Services, a federally qualified health center, which has since been renamed Lancaster Health Center. Dr. Weitzel currently serves as the Medical Director of the Lancaster Health Center. He is a Clinical Assistant Professor with the Department of Family Medicine at Penn State, precepting medical students in his office. In 2007, he was recognized by the Penn State medical students with their school’s Exceptional Teacher Award. He is a Certified Fertility Care Medical Consultant since 2016. He is also a certified Medication Assisted Treatment specialist for patients with addiction. In addition to his busy role in his clinical practice, he has served as a volunteer in the Water Street Rescue Mission Free Clinic and currently serves as the volunteer medical director for the Susquehanna Valley pregnancy Services. He also serves on his church’s (St. Mary’s Catholic Church) Parish Pastoral Council. He is married to his wife, Laurie, and together they delight in their four children.

Dr. Weitzel offers the following reflections of his residency years:

“The intern year is a difficult year for everyone though it manifests in different ways. The class of 2008 arrived on a warm summer day to a reception in the Stager Conference center with high hopes and good attitudes. We were all glad to be there still trying to get used to the idea of people addressing us as “doctor” having just graduated from medical school. Little could we have anticipated some of the challenges that lay ahead of us.

Since all of us came with different experiences from our medical education thus far, it was not unusual for us to compare our skills with each other and wonder if we had what it takes to be a good family doctor. We all wrestled with our own

insecurities privately but publicly tried to present ourselves with poise and confidence. Sadly, one of our own was truly struggling to pull together the diversity of skills that was expected of an intern and mid-way through our intern year was dismissed from the program. This sent a ripple of both concern and anxiety through our class. We secretly wondered if perhaps, like an Agatha Christie novel, one of us would be next to depart the program.

“Absorbing the work of one resident had a small effect on the lives of most of us but then came the next big challenge of our intern year. One of our interns became pregnant by way of a fellow intern. She developed an incompetent cervix and had to be on bed rest for the last 4 months of her pregnancy and then was off on maternity leave. This presented a great difficulty for the residency program as the intern class had effectively shrunk from 13 to 11 residents. Yet, we all stepped up to the plate and the extra call was divided amongst the rest of the interns with some of the upper years absorbing extra work as well.

“Looking back, none of us would have anticipated that our first year at Lancaster General Hospital would have story lines that the soap opera, General Hospital, or the medical drama, Gray’s Anatomy, would have been excited to produce.

“Another memory occurred just 2 months into my intern year. I was at a family reunion in Rochester, New York and after a wonderful evening of feasting and dancing we headed back to the hotel. Around 2 in the morning, my great aunt knocked on my door and asked me to come quick, my great uncle was ill. I walked into the room and found my great uncle leaning forward on a chair sweating profusely, and then he passed out on the floor. Having recently done ACLS training I jumped into action to perform CPR. With vigor my extended arms pumped his chest. Yet, as I bent forward to provide mouth-to-mouth I couldn’t help but feel a little revulsion as secretions started to pool in my great-uncle’s mouth. My stomach churned as my lips clasped his and I started rescue breathing. Here I was feeling queasy in such close contact with a man whom I loved and respected. How difficult it must be to perform the same thing on a perfect stranger. It seemed like forever until EMS arrived. After several unsuccessful attempts at placing an airway they finally succeeded and we were off to the hospital. I sat in the passenger seat of the ambulance my mind spinning with all that had just happened. Unfortunately, my great-uncle expired from a cardiac arrest but I felt so privileged to be able to use my new skills as a physician to attempt to help him in his final hour.”

58. Anne L. Nolte, M.D., Class of 2009, is a 2000 Magna Cum Laude, Phi Beta Kappa Graduate of Villanova University and a 2006 graduate of the Sidney Kimmel Medical College of Thomas Jefferson University. Her premedical studies included Ethics of the Healthcare Profession, Race and Ethnic Relations, Ethics, Justice and the Family, besides a concentrated study in the pre-medical sciences.

While in medical school she managed to also become certified as “Fertility Care Medical ‘consultant” through the Pope Paul VI Institute at Omaha, Nebraska. During her internship year, she was recognized for Excellence in Pediatrics with the James P. Beitel, M.D. Memorial Award as well as the internal medicine award. In her senior year she received the Award for Excellence in Pediatrics, Internal Medicine and Neurology. Before starting her medical studies at Jefferson, she spent time in Lancaster as a Clinical Associate in the inpatient Oncology and Hospice care Service at Lancaster Regional Medical Center and Medical Secretary at Crossroads Medical Center in Brownstown, Lancaster County. During her residency, she had an area of Concentrated Study in Women’s Health, which included much more experience in providing prenatal, obstetrical, and postpartum care of women. Following her residency, she co-founded the National Gianna Center for Women’s Health & Fertility, a non-profit that provides support and guidance to a national network of nine Gianna medical practices throughout the country. She practices in the main New York City office. The center is named in honor of Saint Gianna Beretta Molla (1922-1962), a Milanese pediatrician whom Pope John Paul II “canonized for her personification of the culture of life.” The center promotes health and fertility care to women with access to natural family planning education and restorative and ethical alternatives to hormonal contraceptives for managing reproductive health issues. Although Dr. Nolte maintains a continuity full-service medical practice, much of her time is devoted to providing the leadership to build teams of physician and community groups and hospital administrators to establish outpatient medical practices dedicated to providing women and teenage girls with access to fertility education & restorative health care. She facilitates a monthly support group for women struggling with infertility and recurrent miscarriage. She is a skilled medical educator and provides medical students and residents as well as attending physicians’ elective clinical rotations at the Gianna Center to foster knowledge and clinical skills in reproductive health. Although broadly trained in family medicine, she is dedicated in women’s health and fertility with extensive knowledge and experience in business and insurance aspects of medical practice.

59. David O’Gurek, M.D. (2008-2011). Dave graduated summa cum laude from St Joseph’s University in 2004 and from Penn State College of Medicine at Hershey in 2008. While he was a student, he was recognized by the Pennsylvania Academy of Family Physicians for his advocacy role in promoting family medicine among his peers and designated as a Pisacano Scholar by the Pisacano Leadership Foundation in 2007. He also was inducted into the Alpha Omega Alpha Honor Society and received the Gold Humanism Honor Society Award from Penn State College of Medicine. As a resident, he was recognized by receiving the LGH Teacher of the Year, and Award for Excellence in Graduate Medical Education by the American Academy of Family Physicians. He joined the faculty at Temple as an Assistant Professor of Family and Community Medicine directing Temple’s Family Medicine Clerkship as well as many other academic roles in the Department and the medical school, including the coordination of the pain and substance abuse seminars, directing the Family Medicine sub-internship, and co-directing the Essentials Across the Lifespan Course. He was named Pennsylvania’s top physician-teacher by the Pennsylvania Academy of Family Physicians in 2016. In 2018, he was named the 72nd president of the Pennsylvania Academy of Family Physicians. He also chairs the state academy’s Commission on Health of the Public and Science. He has served on many committees at Temple, the city of Philadelphia, the AMA and the AAFP dealing with opioids and substance abuse disorders. Dr. O’Gurek offers the following commentary about his years at LGH and how it influenced his career:

“Training at the Lancaster General Family Medicine Residency Program and having the honor of serving for 2.5 years as Associate Director on faculty at the program placed an indelible mark on my heart. My earliest memories were being engaged with a faculty, staff, and group of residents who will always be some of the most intelligent and most influential individuals I have encountered in my career. Being in a supportive environment, working hard, training hard, and growing together, we were and always will be a family.

“Early in my intern year, I recall admitting a patient who quickly decompensated from an underlying new cancer diagnosis. Despite previous experience in medical school, walking the family through the fast transition from admission to hospice care, I felt somewhat defeated by not being able to do more or possibly having missed a window of opportunity

for a different outcome. Even words of thanks published in the paper specifically naming me for providing exceptional care from the family of the patient didn't alter those inner feelings of doubt. Several months later, the patient's daughter reached out to me again to talk through what happened and why things happened so quickly. Learning from this experience and challenging myself to become a better family doctor, I was incredibly touched when I received a congratulatory card in the mail from the family during my third year of residency after they learned that I received an award from the AAFP for excellence in graduate medical education. LGH provided me with this experience - to truly appreciate what it means to be a family physician, to come into people and family's lives at critical junctures, whether positive or negative, to be there.

"Currently serving as Director of Urban Community Health in the Center for Bioethics, Urban Health and Policy at the Lewis Katz School of Medicine directing our mobile community outreach program to address the overdose crisis and as co-medical director of the TRUST (Temple Recovery Using Scientific Treatment) Clinic, I found my interest in providing care to patients with substance use disorder in Lancaster. Inspired by my own patients there, community experiences at Gaudenzia, and incredible mentors like Jeff Kirchner, Tom Gates, Scott Paist, Jeff Martin, and Joe Troncale, I developed a foundation of knowledge to advance as I moved on to serve the community of North Philadelphia, partnering with the city and the state on projects to address the overdose crisis.

"I recall when starting at Lancaster, the slogan of the residency was "become the physician you envision." LGH was definitively a place to do that and more. I owe a great deal of who and where I am today to the people and the community I had the honor of training with and learning from while there."

The residency program continues to add faculty from the practice community and outside institutions. Among recent graduates, described in Chapter VIII, the program has added the following faculty: Heidi Kistler,, M.D., Class of 2007; Crischelle Shank, M.D., Class of 2007; Kari Oftedal Moreno, , M.D., Class of 2012; Adam Lake, M.D., Class of 2014; Beth Freedman, M.D., Class of 2013; Kathryn McKenna, M.D., MPH, Class of 2016; Jared Nissley, M.D., Class of 2017; Laura Leaman, M.D., Class of 2018; and Brianna Moyer, M.D., Class of 2018.

There is much more than can be said about so many of our graduates. As one of my graduates said to me, “most of your graduates devoted all their time to the care of their patients and did not choose to spend the time in academic medicine or the political life of the profession, but they change many lives for the better and yet go unrecognized. They may not be chosen by their state academy as a physician of the year or receive accolades for their dedication to teaching or professional prominence. Nonetheless, they are fully dedicated to the care of their patients, and in one way or the other have made their respective communities all that much healthier and better. Some have devoted time to care for patients in underserved communities of America or participate in missionary work in third-world countries; yet most of these graduates are not held up in the same way.”

When I chose to highlight the above graduates, I realized that I would be subject to criticism, and I can only apologize to those who are not listed. I decided to take the risk because I wanted to share the stories of those that I happen to know have assumed leadership roles in one way or the other. I have asked for many more resumes and curricula vitae, so I could write their bios, but I did not hear back. In some cases, we have lost contact with the graduates and no longer have contact information. Even as I write these words, several more come to mind, but I had to bring Book III to closure. I beg the readers’ indulgence and the forgiveness of my graduates that feel left out.

CHAPTER XVII: TRANSITIONING:

DR. ZERVANOS RETIRES AND DR. RATCLIFFE BECOMES THE 2ND DIRECTOR

After thirty-three years I retired as program director, which made me, at the time, the longest-tenured program director of a family medicine residency program at the same institution in the United States. Although I retired as the program director, and relinquished all my administrative responsibilities, I stayed on at Lancaster General in emeritus status, in order to continue to care for my mostly Greek-speaking immigrant patients. I continue to precept and oversee the residents one evening per week at our rural-based Walter L. Aument Family Practice Center, in Quarryville. At the time of this writing my plan is to completely retire in December, 2019. I will have completed more than 50 years of employment at Lancaster General Hospital, not counting my internship year in 1962-1963.

STEPHEN D. RATCLIFFE, M.D.



Fig. 64. Stephen D. Ratcliffe, M.D., MSPH, Photo courtesy of Penn Medicine Lancaster General Health

Dr. Stephen D. Ratcliffe, was the program director at the University of Utah from 1993 to 2002, where he also was the Division Chief of Family Medicine and assumed the role as Director in July 2002.

Steve has family on the East Coast, and when he heard of my retirement and the opportunity in Lancaster, he applied for the position, as he wished to come East. He had developed an excellent reputation in Utah. Lancaster was fortunate to have attracted someone with his abilities, and in particular, his special skills in maternity care. This skill level was particularly important as the Lancaster program had one of the busiest, if not the busiest, family practice maternity services on the East Coast. Dr. Ratcliffe has had a career long interest in maternal child health, particularly in the area of low birth weight/prematurity prevention that he has been able to sustain in his leadership roles at Lancaster General.

In 2003, he founded the Family Medicine Education Consortium IMPLICIT program, (Interventions to Minimize Preterm and Low Birth Weight Infants using Continuous quality Improvement Techniques). The participating programs in the northeast make up the IMPLICIT network, which is a collaborative effort for improving care for women, infants, and families through faculty, resident, and student development and quality improvement.

He is the senior editor of the only textbook ever written by an academic family physician on obstetrics, “Family Medicine Obstetrics” in its third edition. In 2017, he received the “Excellence in Education Award” from the Society of Teachers of Family Medicine.

THE LANCASTER PROGRAM IS RATED NUMBER ONE ON THE EAST COAST

Under Dr. Ratcliffe’s leadership, the program has continued to advance, and for the past six years has been rated by US News and World Report (USNWR) as the number one program on the East Coast and among the top five programs in the United States.

DR. RATCLIFFE RETIRES, AND PAMELA VNENCHAK, M.D. BECOMES THE THIRD DIRECTOR



Fig. 65. Pamela A. Vnenchak, M.D., The residency program's third director. Photo, Courtesy of Penn Medicine Lancaster General Health

Pamela A. Vnenchak M.D., a 1993 graduate, joined the faculty in 2000. During her residency she served as chief resident, and during that time, she helped to coordinate the 1992 watershed faculty development and resident recruitment event of the Northeast Regional Meeting of the Society of Teachers of Family Medicine, which was reorganized into the Family Medicine Education Consortium. After graduation she entered practice in Claremont, New Hampshire and served as an Assistant Clinical Professor of the nearby Family Medicine Residency Program in Lafayette, New York. She has served as Chair of Lancaster General's Department of Family and Community Medicine and plays an active role in women's health. She has served as the Deputy Director of the residency program and in July 2019, she assumed the Directorship of the Residency Program, succeeding Dr. Ratcliffe following his retirement in July, 2019, as the residency program celebrated its 50th birth year.

CHAPTER XVI: LEADERSHIP STARTS AT THE TOP



Fig. 66. Left to Right: Paul G. Wedel, Michael A. Young, MHA, FACHE, and Thomas Beeman, PhD. Photos are courtesy of Penn Medicine, Lancaster General Health.

The residency program has had strong support from the hospital's administration, starting with Paul G. Wedel, who was president and CEO of Lancaster General from 1964-1992. He died in 2015.

Michael A. Young, MHA, FACHE, succeeded Paul Wedel as President and CEO of LGH from 1992-2005. Currently, Michael Young is President and Chief Executive Officer of Temple University Hospital.

Young was succeeded by Thomas E. Beeman, Ph.D. who previously served as the Chief Executive Officer and President of Saint Thomas Health Services, aka, Saint Thomas Network, a five-hospital network in Nashville Tennessee. Dr. Beeman, a Rear Admiral in the United States Navy Reserve, served as Deputy Commander for the National Intrepid Center of Excellence, National Naval Medical Center in Bethesda, Maryland, a facility dedicated to treating military personnel and veterans suffering from traumatic brain injuries. During Dr. Beeman's tenure between 2005-2015, the hospital was transformed into the Lancaster Health System, which now incorporates an expanded system of health care providers, a Women & Babies Hospital and the Lancaster Rehabilitation Hospital. In 2015, the Lancaster General Health System partnered with Penn Medicine. Dr. Beeman assumed the role of Senior V. P. for Penn Medicine's Hospital Operations and Jan Bergen succeeded Beeman.



Fig. 67. Jan L. Bergen, president and Chief Executive Officer of Penn Medicine Lancaster General Health. Photo is Courtesy of Penn Medicine, Lancaster General Health.

Before coming to Lancaster, Mrs. Bergen served as senior vice president and CEO of Jefferson's 400-bed Bryn Mawr Hospital and 200 bed Bryn Mawr Rehabilitation Hospital of the Bryn Mawr Main Line Health System's.

Jan L. Bergen's outstanding leadership is summarized when Penn Medicine Lancaster General Health was honored with the highly prestigious 2018 Foster G. McGaw Prize for Excellence in Community Service for its role in improving care for the individuals and families in its community. The Foster G. McGaw Prize is sponsored by the Baxter International Foundation, the American Hospital Association and its non-profit affiliate Health Research & Educational Trust. Every year, the prize is given to a health care organization that has shown exemplary commitment to establishing and facilitating programs that improve the overall health and well-being of its community. The announcement describes Lancaster County as consisting of a highly diversified population, who live within urban, suburban and rural settings with a unique set of health care expectations. The health system utilizes a community health improvement model and strategic approach to address these unique challenges by collaborating within a broad network of community organizations to develop programs and initiatives that successfully impact on the overall well-being of its community.¹ Jan Bergen brings this kind of leadership that has done much to strengthen, not only the

¹ <https://www.youtube.com/watch?v=dLvJKks8A4o>

Family Medicine Residency Program, but so many of the other Penn Medicine LG Health programs. The residency program has greatly benefitted from her appreciation of the program's value and especially how its graduates have impacted on the Lancaster community.



Fig. 68. Dr. Bruce Pokorney, Sr., M.D., an outstanding administrator, academician, author and clinician, was appointed as the hospital's first Vice President for Medical Affairs in 1995. Photo is courtesy, Penn Medicine, Lancaster General Health.

Bruce H. Pokorney, M.D., a 1976 graduate of Virginia Commonwealth University, subspecializes in gastroenterology. He completed his residency in internal medicine and fellowship training in gastroenterology at Penn State University, Hershey Medical College, where he stayed on for a short time as an Assistant Professor of Medicine. He then came to Lancaster in full time practice with Regional Gastroenterology Associates. Although, he continued to practice gastroenterology one day out of the week, Dr. Pokorney became Lancaster General's first Vice President for Medical Affairs in 1995. Dr. Pokorney provided extraordinary leadership and did much to help advance the residency program during his tenure. In 2006, Dr. Pokorney resigned his administrative position at LGH to do consulting work and resume a teaching position in the Department of Gastroenterology at Penn State University, Hershey Medical College.



Fig. 69. Lee M. Duke, M.D., Chief Physician Executive, 2008-2018. Photo retrieved from <http://www.paldocs.com/our-providers/lee-m-duke-ii-m-d/>

Lee Duke, M.D., a pulmonary medicine specialist, succeeded Dr. Pokorney as Chief Physician Executive. He received both his undergraduate and his medical school education at the University of Virginia. His graduate medical education in internal medicine began at the University of Alabama in 1980. He then served as a Flight Surgeon in the US Air Force from 1981-1985. He then completed his internal medicine residency at the University of Virginia. He specialized in pulmonary medicine and Critical Care Medicine by completing his fellowship at the University of Rochester before coming to Lancaster County to join Pulmonary Associates of Lancaster in 1998. Besides his certification status in internal medicine and pulmonary medicine, he also maintains his certification in critical care medicine and more recently acquired his ABSM Board Certification in Sleep Medicine. He returned to full-time practice with Pulmonary Associates in 2018.



Fig. 70. Michael R. Ripchinski, M.D.. Photo, Courtesy of Penn Medicine Lancaster General Health.

Dr. Michael Ripchinski, Class of 2006, was chosen in July 2018, to succeed Dr. Lee (Monty) Duke as the Chief Clinical Officer. In his new role, he is responsible for oversight of the Medical Staff and its Department Chairs, while directing efforts to combine clinical, financial, and patient satisfaction data into an analytics platform to drive performance improvements.

Dr. Ripchinski's leadership skills were notable from the day he became a part of the Family Practice Residency Program at Lancaster General in 2003. Dr. Ripchinski assumed an early leadership position as Resident Coordinator in 2003-2004; then as Chief Resident, 2004-2006. With his unique skills and interest in information system, he joined the hospital administrative team as the Physician Informatics Liaison and then as Medical Director of Clinical Informatics to help shape the hospital's EHR and patient portal, "MyLGHealth." In 2015, he assumed the role of Physician Executive for Quality and Chief Medical Information Officer (CMIO) in which he was responsible for the executive management for the improvement of processes for the health system.

In 2015, he was among twenty LGH physician executives to acquire a Master of Business Administration (MBA) from the Haub School of Business at St. Joseph's University. In 2011, he received the LGH Medical

and Dental Staff Quality Award and 2013, he received the President's Award for the development of the patient portal, "MyLGHealth."

He had the following commentary about the Lancaster program and how it helped shape his career to date:

"LGH was my top-ranked residency coming out of medical school. As a Penn State medical student, I had the chance to complete medical school rotations in Lancaster. A combination of the reputation, my experiences, faculty, caliber of the residents, and hospital all led me there. I appreciated the diverse learning opportunities in both rural and urban clinics as well as the various clinical experiences in my intern year. I developed a calmness under pressure for anything I do now in my current role as a result of experiences leading hospital codes, performing procedures in our rural office, and delivering over 100 babies during residency. Most notably, I cultivated an interest in physician leadership during my years as a resident coordinator and chief resident. I learned how to manage schedules, have crucial conversations, handle critical issues, and lead a group around common goals. Specifically, I remember working with the faculty leaders on a SWOT analysis following one of our match years. The aim was to refresh and attract talent to our program. I remember the challenges in front of us, and how we worked as a team to implement changes in the subsequent years. Whether working on daily issues, redesigning our program, or completing our REEP manual for residency evaluation, these experiences created a strong desire to pursue the administrative aspects of medicine. Subsequently, I led our hospital's electronic health record implementation, served as our quality officer, and was recently promoted to Chief Clinical Officer. I absolutely believe that my formative years in residency directly contributed to abilities to engage and lead others to improve our patients' outcomes."



Fig 71. Christine Kuhnle Stabler, M.D., MBA, VP of Academic Affairs. Dr. Stabler has had a remarkable career. She was a brilliant student at Central High in Philadelphia and qualified to enter the six-year accelerated medical school track through Penn State University to graduate in 1980 from the Sidney Kimmel Medical College of Thomas Jefferson University. She completed her residency in family medicine at Lancaster General Hospital in 1983, and after a short stint in private practice in Philadelphia and Lancaster, she completed a teaching fellowship at Temple University in 1985. She then joined the Penn Medicine Lancaster General Health Faculty. A detailed description among the notable graduates describes Dr. Stabler's career trajectory in more detail to include her role as Director of the Transitional Residency, Deputy Director of the Residency Program, President of the Pennsylvania Academy of Family Physicians in 1999, and since 2015 as Associate Dean of the Louis Katz School of Medicine at Temple University. She is widely recognized for her teaching and contributions to family medicine education. In 2017, Penn Medicine recognized Dr. Stabler by electing her to the Penn Academy of Master Clinicians, as she "exemplifies the highest standards of clinical excellence, humanism and professionalism. Election to the Academy is the highest clinical honor bestowed on a Penn physician." She is the only family physician to date to receive this honor. Photo is Courtesy of Penn Medicine Lancaster General Health.

With the strong support from Tom Beeman and Jan Bergen, along with Dr. Lee Duke and Dr. Christine Stabler, the residency program under the able leadership of Dr. Stephen D. Ratcliffe, continued its upward trajectory and maintained its status as the number one program on the East Coast and among the top six family medicine residency programs in the nation for more the past five years.

ACKNOWLEDGEMENTS

When I embarked on my journey to become a physician, let alone a family physician, I never expected that I would end up being an academician, and that I would be given the opportunity to help shape the discipline of family medicine. There were many who helped me become who I am today. In nearly everyone's life, family plays a dominant role, and in my case, I was fortunate to have been nurtured by parents who loved me unconditionally. Moreover, I had a father, who could not have been a better role model. He was the son of a highly educated teacher and a mother from one of the more respectable families on the Greek island of Kos, but family economics afforded him only an eighth-grade education. He immigrated to America at age 15, and worked in a hosiery mill for nearly 50 years. An honorable and very wise man, he encouraged me to be the best that I could become. In my youth, I was 6 feet tall, and my father was only five feet one inch in height. Nonetheless, I always looked up to my father.

As its founding director, the success of our program has become a source of great satisfaction and pride for me. I was at the right place at the right time to be given such an opportunity. At the time when I retired from my directorship in 2002, I was the longest-tenured program director in family medicine. I could not have had a more satisfying career. I was fortunate to have worked in such a first-class institution as Penn Medicine Lancaster General Health. I was also fortunate to have had an administration who recognized our program as an important asset. They strongly supported our efforts to recruit an excellent administrative staff, outstanding faculty and most of all first-rate residents. Moreover, I feel fortunate that I was given the opportunity to work with outstanding clinicians who served as teachers and mentors for our residents as well as academic leaders in our specialty within our various academic organizations to help shape our discipline.

I am grateful to the faculty and wonderful and dedicated staff that it has been our privilege to work with both during my tenure as director for more than thirty-three years. Since my first "retirement," I continued to care for my patients in our urban-based family practice center on a very part-time basis for an additional 17 years. I also served as a preceptor in our rural based family health center on average of one half-day per week. During all these years I have had great support from our administrative and nursing staff. I

wish to express my appreciation for Charlotte Devenburgh, my administrative and personal secretary in those early years, and especially to Lori Ganse and Christine Speros, who succeeded her. Their support and loyalty have served as my backbone and managed to whether my varying demands.

I am particularly grateful to Dr. Stephen Ratcliffe who succeeded me and helped make the program so much better. He retired in July 2019, and he was succeeded by Pamela Vnenchak, M.D., a 1993 graduate of the program and his deputy for more than ten years. My trilogy ends as Pam begins her tenure. I know she will do well. She already knows what a great institution she is working for, and how supportive the people above her will be for her. They will make sure she succeeds and help her continue advance the program to new heights. By the time my book project has been completed I will have retired from clinical practice and teaching, which came to past on December 31, 2019.

There are many people who have helped me along the way to complete this task, including my son, James T. Zervanos, Heather Hoffman, M. D., and Alan Blum, M.D., professor of family medicine at the University of Alabama, who have reviewed early iterations of this work and provided me invaluable guidance. Special thanks are also extended to Mr. John Lines, public relations director of Lancaster General Health, who helped me acquire many of the photos of the people who are part of the history of Lancaster General Health and helped shape this history. When I thought the original work was finished, two of our graduates, Joseph Lahr, M.D., Class of 1979, and Mary Elizabeth Roth, M.D., Class of 1973, painstakingly reviewed and critiqued every page to help convince me, along with Dr. Hoffman's earlier review, to convert the tome into three books. Their assistance has been invaluable. I also wish to express my deep appreciation to Donald Ivey, MPA, past Manager, and Crystal Bauer, Interim Manager of the Center for the History of Family Medicine (CHFM) of the American Academy of Family Physicians Foundation, and Mr. Roger Sherwood, retired Executive Director, Society of Teachers of Family Medicine and dedicated volunteer at the CHFM, who helped me with the final iteration of all three books.

Most of all, I can't thank my devoted wife Diana enough for her many sacrifices and her patience. She has been at my side for more than 61 years

since the beginning of my medical education, including all four years while I was in medical school. I could not be more grateful for her dedication and devotion to our three wonderful children, who we consider to be our “crown Jewels.” They and our seven grandchildren continue to be a source of inspiration and joy.

APPENDIX I: EDWARD J. BENZ, JR., M.D.



Fig. 72. Edward J. Benz, Jr. M.D., retrieved on April 6, 2019 from: <http://blog.dana-farber.org/insight/2015/12/how-we-can-reduce-cancer-risk-and-lower-health-costs/>

Following graduation from Harvard medical school, Edward J. Benz, M.D. went on to become a highly recognized hematologist, and co-editor of a major textbook on the subject. He held a number of academic positions in his career, including Professor of Medicine at Yale, Chair of Medicine at the University of Pittsburgh, School of Medicine, and Chair of Medicine at Johns Hopkins University, School of Medicine. He ultimately returned to Harvard, as Professor of Medicine and the President of the internationally famous Harvard University-affiliated Dana Farber Cancer Institute. After sixteen years Ed retired in June 2016, though he has continued to devote time to conduct cancer research at Dana Farber. In his honor, the institute

established the “Edward J. Benz Jr., M.D. Chair.” He has been a regular speaker of the semiannual Temple University/Lancaster General Health Family Medicine Review, a highly popular continuing medical education program for family physicians, for more than 40 years.

His current title is President and CEO Emeritus, Dana-Farber Cancer Institute. He is also the Richard and Susan Smith Distinguished Professor of Medicine, Professor of Pediatrics Professor of Genetics, Harvard Medical School. He is also a Director and Principal investigator Emeritus of Dana-Farber/Harvard Cancer Institutes and CEO Emeritus of Dana Farber/Partners Cancer Care. A clinical hematologist and an active NIH-funded investigator, he currently serves as Executive Director of the NIH sponsored Cure Sickle Cell Initiative

Dr. Benz continues his research on the molecular basis of inherited blood disorders including sickle cell disease at the Dana-Farber/Harvard Cancer Center. He is a former associate editor for the New England Journal of Medicine, and the author of hundreds of articles, reviews and abstracts and co-editor of Hematology: Basic Principles and Practice and a previous co-editor of Oxford Textbook of Medicine.

He is also the recipient of multiple awards including the Margaret L. Kripke Legend Award (2011), the American Society of Hematology Mentoring Award (2007), Chair, National Institutes of Health Director’s Blue Ribbon Panel on the Future of Intramural Clinical Research (2003), Royal Society of Medicine Book Award (for Oxford Textbook of Medicine), 2003, and was elected to the National Academy of Medicine, American Academy of Arts and Sciences, American Society for Clinical Investigation and the Association of American Physicians.

Dr. Benz added the following commentary regarding his summer internship experience in 1969:

“Working with Nik Zervanos has been among a select handful of the most positive transformational experiences of my life in medicine. Throughout his long career, Nik has proven to be a remarkable physician, leader, and person, but the large array of accomplishments and contributions that have marked his career were still in the future when I met Nik in early 1969, the beginning of the second semester of my first year as a student at the Harvard Medical School. Of the many experiences that impacted my early career development as a physician and academic, this meeting continues to stand out for its significance and positive impact these many decades later.

“Our HMS class was the first exposed to what Harvard then considered to be an innovative new curriculum, the “Core Curriculum”. Among the major departures from the traditional class room and anatomy lab dominated curricula of medical schools in those days was the then novel idea that the first patient encountered by a first-year medical student should be a living, breathing individual, not a cadaver resting on a slab in a dissecting room. Exposure to patients under the tutelage of an instructor was done in the late afternoons, and consisted of a series of experiences with faculty having different backgrounds and specialties. Nik was a post-residency fellow in a relatively new program at Harvard focused on the emerging field of Family and Community Medicine. (Sadly, Harvard never did develop a formal Family Medicine department or, at its largest teaching hospitals, a Family Medicine residency.) To the surprise of no one who knows him, Nik eagerly volunteered to take on a small group of medical students to accompany him to community care clinics in underserved areas of Boston. I was fortunate to be among those assigned to him.

“Nik and I hit it off on a personal level almost immediately. We had in common our Pennsylvania backgrounds, he in Reading, me from Bethlehem, and a shared curiosity about things not in our main areas of background and academic/professional interests – Nik in Community and Family Medicine and clinical and educational program development; me, in biomedical laboratory research, molecular genetics, and specialty medicine. During our long commutes to and from the community clinics, we learned a great deal about each other and each about the other’s families, interests and motivations. About a month into our tutorial, life presented me with one of those unanticipated opportunities to “make lemonade out of lemons”. I had had a very attractive and well-paying summer job lined up after the end of the first year of medical school, the last free summer before plunging in to clinical rotations, residency, and life as a “real adult”. Because of planning glitches, the new curriculum would require us to remain at Harvard for a longer part of the summer than anticipated in order to complete our neurosciences courses. This undid my plans to take that summer job in Bethlehem. Fortunately, Nik had agreed to assume the role of Director of a new Department of Family and Community Medicine at the Lancaster General Hospital, a place near enough to Bethlehem to make working there feasible. He offered me a post working as his assistant. It came with the irresistible option of living during the week in a vacant on-call room at the hospital, and even carried with it a stipend. I readily accepted, a decision that I continue to regard as one of the best I ever made.

“Our summer working together lasted only about 6-7 weeks, beginning after the end of that neuroscience course in July. Those were among the most memorable 6-7 weeks of my career. Living in the hospital was a first-year medical student’s dream come true. Thanks to Nik’s arrangements, I was able to carry a beeper, scrub in and observe several surgeries and observe in the Emergency Room and the Delivery Suite. These proved to be my first true clinical experiences. Even more rewarding and important were the experiences gained working with Nik. With an enormous amount of creativity, and the kind of energy and courage it takes to be a truly transformative change agent, Nik moved into a traditional medical community, partnered effectively with senior leadership at the hospital, and built one of the first and ultimately premiere programs and residencies in the new specialty of Family Medicine. While he was attending to the myriad complexities and details of establishing the new program, he assigned me to go out into the community meeting with community leaders, mayors, city councilors, physicians, nurses, and

hospital leaders to explain what this new discipline was, why it would be beneficial to their communities and to their own professional interests, and how it promised to bring generations of top-notch residents into the area, many of whom would stay to practice in the vicinity. Those few weeks in the second half of the summer of 1969 allowed me the privilege of being involved in Nik's founding of an incredible clinical program and an extraordinary residency that has truly elevated the quality of care and health services in the Lancaster catchment area.

"I learned incredible amounts from Nik that summer and developed respect, admiration, and affection for him and his family that has only grown in the decades since. First, this experience was my introduction into the world of program building, of collaborating with people having disparate responsibilities, of learning about persuasion, negotiation, and reaching alignment. All of these lessons have proved to be extremely helpful as I assumed leadership positions later in my career. Second, I learned a great deal by observing and working with Nik about the value of taking an optimistic and courageous approach to introducing major changes into our professional communities. Third, I learned something of the value of what we both shared that summer, a little "creative naiveté"! It did not occur to me until years later how odd it was that I, a mere first year medical student, was talking to community leaders and seasoned professionals and expecting to persuade them to become supportive of these new concepts in programs. And yet, we did. Nik's enthusiasm and fundamental goodness carried the day every time we hit a bump in the road. Fourth, I learned that creativity takes many forms, not all of them as flashy or as imbued with "ah-ha moments" as is sometimes portrayed. As Nik forged ahead, he worked his way quietly through many issues, some small some larger, coming up with creative ways to get to yes without compromising the core values of the program he wanted to build. Learning by watching, I adopted many of the same approaches, and use them to this day. Finally, I learned that a strong commitment to one's professional life can be fully compatible with a family life. Nik and Diana embraced me into their family, forming what has proved to be a lifelong friendship.

"Both the Family and Community Medicine Residency and the world-class Family and Community Medicine Program in Lancaster are Nik's legacies. Our work that very first summer laid some of the groundwork for that program. We were able to persuade community leaders that Family Medicine residents should be able to staff community care clinics in the area, an innovation that was novel at the time, and that they should do community service projects with an innovative or investigative component, an element in the program that has won LGH residents a disproportionately high share of national residency awards. It was truly a privilege to be able to be part of these innovations and accomplishments. I count them high on my list of academic and professional achievements to this day. Indeed, one of the very first papers in my Curriculum Vitae, published with Nik and William Aho, a sociologist from Franklin & Marshall, describes the founding of this form of a Family and Community Medicine residency. As I look back on a career that has been blessed many fulfillments, I still count that summer in Lancaster as among the most fulfilling, productive, and inspirational periods of my career."

APPENDIX II: GERALD GORDON MAY, M.D.

Gerald Gordon May, M.D., was born on June 12 1940 in Hillsdale, Michigan. A graduate of Ohio Wesleyan University, he completed his medical studies at Wayne State University College of Medicine. He completed his residency in psychiatry in the United States Air Force and served as a psychiatrist in Vietnam. It was after his military discharge in 1970 that he joined the faculty of the Family Practice Residency Program and assumed the directorship of the Addictive Disease Program.

Dr. May relocated to the Shalom Institute in Washington DC in 1973, and there served as a Senior Fellow in Contemplative Theology and Psychology for over thirty years. He had a passion for music, and enduring faith, and an infectious laugh. Dr. May became a prolific writer and scholar and wrote a number of books and articles about the wonders of the mind and searching for a better understanding of the human condition. One of his books, “Will and Spirit, A Contemplative Psychology” received much attention and praise within the academic psychiatry community. He also inspired many on spiritual growth and enlightenment with his books on Addiction and Grace, The Awakened Heart, and The Dark Night of the Soul. He was a highly revered by many the world over when he had an untimely death from leukemia in April 8, 2005 at age 64. He had an unusual gift to help people understand God in a personal way. When he died, he left behind his wife, Betty and his children Earl, Paul, Greg, Julie, and Chris and ten grandchildren. He wrote an essay “Of Death and Drones” during his dying days that was published in Shalem News in the Fall, 2004 issue. Death itself did not worry him, but he considered it a hassle to deal with and was concerned mostly about the pain of those he will leave behind, the settling affairs and putting up with all the medical procedures and interventions to delay the inevitable. He recognized the added appreciation of loved ones around him, laughter, good food when it could be enjoyed and even the taste of water when thirsty. He called these gifts, but he focused on was the “inexplicable gratitude.” He described it as “how wonderful it is to exist...” He also described his life-long search for the perfect drone. He thought of his grade school violin bowing the lowest string in the slowest way. Thinking of it reminded him of some kind of life force inside of him and the sounds of Celtic, Appalachian music and Hindu chants sung by Tibetan monks. It resonated with his meditation on what he felt and heard, describing it as a flow of Divine energy, an “act of praise... honoring the greatness of its Source.”

APPENDIX III: HOLMES MORTON, M.D.



Fig. 73. Holmes Morton, M.D.. Photo retrieved on April 6, 2019 from: <https://emu.edu/now/news/2015/ways-to-address-inherited-genetic-disorders-explored-in-visit-to-lancaster-clinic-serving-plain-anabaptist-communities/>

A Harvard Medical School graduate, Holmes Morton, M.D. acquired a special interest in the genetic inborn errors of metabolism, and completed a residency at Boston's Children's. With a research fellowship, Dr. Morton spent the next three years at Philadelphia Children's Hospital, followed by time at the Kennedy-Krieger Institute at Johns Hopkins in Baltimore studying genetic disorders, especially those inherent in the Amish community of southcentral Pennsylvania.

In 1988, while testing the urine of the four-year old son of Amos and Susan Miller of Lancaster County, who had been diagnosed with cerebral palsy, he discovered glutaric aciduria type 1 (GA-1), a genetic disturbance that was disabling and often fatal. He reasoned that there were probably many more with this condition, among the extended family. As the result of his many visits into Lancaster's Amish community, he discovered 15 others with the same disease. He gained familiarity with another common malady among the plain people of Lancaster County, known as maple sugar urine disease (MSUD).

One of the fathers of these "special children", was so enamored with this unusual, gifted physician, he said to Holmes, "If you come to Lancaster and practice here, we will build you a clinic." He did come, and with his wife, Caroline, always by his side, made Strasburg their home, established a practice, and raised their family. To build the kind of clinic he envisioned, he needed considerable funds, not only to operate his office, but even more importantly to establish a laboratory with the sophisticated equipment to do

the necessary diagnostic studies to analyze the blood and urine of his patients. It was Frank Edward Allen, a journalist for the Wall Street Journal, who heard about this unusual physician who was developing a unique practice among the plain people of Lancaster County. He called Holmes and asked him for permission to come to Lancaster and shadow him over a period of some days. The result was the story in the September 20, 1989 Wall Street Journal that inspired a generous public to contribute more than \$700,000. He received gift of the specialized equipment needed to run his tests from David Packard, chairman of the Hewlett-Packard Company. The clinic had a barn-raising and was literally built in a day. In his, "A Prospectus for a Book," Frank Allen describes that momentous first Saturday in November 1990 when at the crack of dawn, 10 Amish carpenters arrived on the Stultzfus farm in the midst of a drizzle. It turned to rain, as many more Amish-men and Mennonites joined the work crew. The women ~~also~~ were there along with Jacob and Naomi Stultzfus preparing food for the workers in their large nearby barn, where all would gather for the midday meal to break bread and give thanks. As the building's frame took form, the sun broke through and a chill wind excited all who were present to witness their new clinic. It was late in the day, when they departed to return to their farms, to care for their animals, and to complete their chores. However, early Monday morning and on the days that followed they returned to continue the task at hand and see their "Clinic for Special Children" to fruition. As Frank observed, that "chilly first Saturday in November was a day of inspiration and triumph." And from that day on, the work has continued. It started with the Miller families, and the rest of the families kept coming. Over the years that followed, Holmes acquired an associate, a geneticist and two nurses to care for more than 1100 patients with more than 125 genetic disorders, some that have never previously been diagnosed before. They came from not only Lancaster County, but also from all over the world. The building now includes a large conference room, where medical scientists gather from time to time to learn from each other and expand their work. Over the years, there have been many more such clinics in Amish communities in Pennsylvania, Ohio and Indiana. ¹

In December 1994, Holmes had a paper published that is entitled *Through My Window*, which describes what he means by special children, and in his

¹ Allen, Frank Edward, A Prospectus for a Book, Raising High the Roof Beams, The Story of the Clinic for Special Children, Frank E. Allen, 2722 Pinnacle Place, Missoula, MT 59808, 2013

talk, *Best of All Colors*, at Stanford Children’s in the spring of 1996, he gave credit to *Fate* for all that has happened to him. In response to the question where does he draw his inspiration, “it is compassion, which comes from the heart, a gift from the *special children* who he has been called upon to serve.”² His inspiration has also become a source of inspiration for our residents as well.

Morton’s work has been recognized and has earned the praise and accolades of many, inside and outside the worldwide medical community, having received numerous honorary doctorate degrees, the 1993 Albert Schweitzer Prize for Humanitarianism, and a 2006 John D. & Catherine T. MacArthur “Genius” Award.

APPENDIX IV: GRADUATES, ALPHABETICAL LISTING: 1973-2018

The Yes indicates the resident graduated...The letter “FP” or “T” indicates that the resident did only one year of residency or was a Transitional Intern. Some of the residents transferred for personal reasons & finished elsewhere... Only a few transferred into another specialty, but several ended up being double boarded. There are two lists: the first identifies the residents alphabetically and the second by year of graduation.

FirstName	Last Name	Degree	Start of Residency	End of Residency
Raja	Abusharr	MD	7 /1 /2000	6 /30/2003
Trisha	Acri	MD	7 /1 /2000	6 /30/2003
Brian	Albertson	MD	7 /1 /2005	6 /30/2008
James B.	Albrecht	MD	7 /1 /1973	6 /30/1976
Chevon	Alderson	MD	7 /1 /2015	6 /30/2018
John A.	Alley	MD	7 /1 /1991	6 /30/1994
Lisa	Alleyne	MD	7 /1 /2006	6 /30/2009
Katie	Allport	DO	7 /1 /2015	6 /30/2018
Peter J.	Altimare	MD	7 /1 /1974	6 /30/1977
Anne P.	Ambarian	MD	7 /1 /1994	6 /30/1997
Thomas W.	Andersen	MD	7 /1 /1984	6 /30/1987
Richard A.	Anderson	MD	7 /1 /1973	6 /30/1975

² Morton, Holmes, special communication in an email dated Nov. 9, 2017 in his response to Dr. Henry Wentz’s question about the origins of compassion.

Suzanne	Andrews	MD	7 /1 /2010	6 /30/2013
Susan J.	Angelisanti	MD	7 /1 /1998	6 /30/2001
Patrick M.	Aquilina	MD	7 /1 /1998	6 /30/2001
Michael A.	Arcuri	MD	6 /1 /1972	7 /30/1974
E. Susan	Armstrong-Mellinger	MD	7 /1 /1994	6 /30/1997
Daniel	Aukerman	MD	7 /1 /1997	6 /30/2000
Steven	Aussenberg	MD	7 /1 /2015	8 /21/2018
Terrence	Babb	MD	7 /1 /1985	6 /30/1988
Richard W.	Bacon	MD	7 /1 /1974	6 /30/1977
Dennis S.	Badman	MD	7 /1 /1985	6 /30/1988
Robert J.	Baird	MD	7 /1 /1973	6 /30/1976
William W.	Bakken	MD	7 /1 /1974	6 /30/1977
Peggy L.	Bandy	MD	7 /1 /1997	6 /30/1999
Elaine	Banerjee	MD	7 /1 /2009	6 /30/2012
Lisa	Bartels	MD	7 /1 /2009	6 /30/2012
Daniel L.	Becker	MD	7 /1 /1992	6 /30/1995
Carl	Beckler	MD	7 /1 /1987	6 /30/1990
Matthew J.	Beelen	MD	7 /1 /1999	6 /30/2002
William	Behrens	MD	7 /1 /1985	6 /30/1988
Kaitlyn	Beisecker-Levin	MD	7 /1 /2007	6 /30/2010
George	Bentrem	MD	7 /1 /1990	6 /30/1993
Dante C.	Beretta	MD	7 /1 /1991	6 /30/1994
Russell J.	Bird	MD	7 /1 /1993	6 /30/1996
Rima	Bishar	MD		6 /30/2017
Wendy	Bisset	MD	7 /1 /1998	6 /30/2001
Theodore	Blaisdell	MD	7 /1 /1987	6 /20/1989
Steven	Blash	MD	7 /1 /1995	6 /30/1998
Kenny A.	Bock	MD	7 /1 /1979	6 /30/1982
Eric L.	Bohn	MD	7 /1 /1991	6 /30/1994
Pradeep	Bose	MD	7 /1 /1980	6 /30/1980
David W.	Bowers	MD	7 /1 /1978	6 /30/1981
Sarah	Boyce	MD	7 /1 /2010	6 /30/2013
Hugh W.	Brallier	MD	7 /1 /1974	6 /30/1977
John W.	Breneman	MD	7 /1 /1970	6 /30/1972
Nancy	Brenton	MD	7 /1 /1997	6 /30/2001

Jennifer	Brighter	MD	7 /1 /2002	6 /30/2005
Janae	Brill	MD	7 /1 /2007	6 /30/2010
Chelsea	Brower	MD		6 /30/2017
Matthew	Brown	MD	7 /1 /2002	6 /30/2005
Derick	Brubaker	MD	7 /1 /1999	6 /30/2002
J. Kenneth	Brubaker	MD	7 /1 /1970	6 /30/1973
Paul E.	Brubaker	MD	7 /1 /1973	6 /30/1976
Mark	Brummel	MD	7 /1 /2004	6 /30/2007
Nicholas	Buckwalter	MD	7 /1 /2011	6 /30/2014
Victor L.	Buckwalter	MD	7 /1 /1978	6 /30/1981
Thomas	Bugbee	MD	7 /1 /1988	6 /30/1991
Caitlyn	Burford	MD	7 /1 /2011	7 /28/2014
Tamayi	Bwititi	MD	7 /1 /2011	6 /30/2014
Robert	Caldemeyer	MD	7 /1 /1982	6 /30/1985
Angela M.	Calle	MD	7 /1 /1988	6 /30/1991
Daniel R.	Cappon	MD	7 /1 /1977	6 /30/1980
Mark S.	Cardinal	MD	7 /1 /1993	6 /30/1996
Michelle	Cardona	MD	7 /1 /2006	6 /30/2009
David	Carrier	MD	7 /1 /2010	6 /30/2013
William A.	Carter	MD	7 /1 /1976	6 /30/1979
Candice	Cavicchia Miller	MD	7 /1 /2007	6 /30/2010
Taylor	Chambers	MD	7 /1 /2006	6 /30/2009
Clara	Chang Auty	MD	7 /1 /1998	6 /30/2001
Mothusi	Chilume	MD	7 /1 /2008	6 /30/2011
Diana	Chiromeras	MD	7 /1 /2010	6 /30/2013
Keith	Chu	MD	7 /1 /2009	6 /30/2012
Sharon	Chu	MD	7 /1 /2009	6 /30/2012
Elizabeth	Cius	MD	7 /1 /2008	6 /30/2011
Scott C.	Clay	MD	7 /1 /1999	6 /30/2002
Suzanne	Coble	MD	7 /1 /1987	6 /30/1990
Donna	Cohen	MD	7 /1 /1999	6 /30/2002
Scott	Conley	MD	7 /1 /1997	6 /30/2000
Sandra M.	Connolly	MD	7 /1 /1989	6 /30/1992
Katherine A.	Cook	MD	7 /1 /1999	6 /30/2002
Denise	Cope	MD	7 /1 /2004	6 /30/2007

Erica L.	Coulter	MD	7 /1 /2005	6 /30/2008
Thomas	Coyne	DO	7 /1 /2014	6 /30/2017
Richard A.	Crandall	MD	7 /1 /1979	6 /30/1982
Max L.	Crossman	MD	7 /1 /1978	6 /30/1981
Sima A.	Daniel (Weaver)	MD	7 /1 /1996	6 /30/1999
Bret	Daniels	MD	7 /1 /1994	6 /30/1996
Nicole J.	Davies	MD	7 /1 /1992	6 /30/1995
Amanda	Davis	MD	7 /1 /2007	6 /30/2010
Lorraine E.	Davis	MD	7 /1 /1978	6 /30/1981
Paul W.	Davis	MD	7 /1 /1983	6 /30/1986
Samantha	Day	MD	7 /1 /2010	6 /30/2013
Joseph	Degenhard	MD	7 /1 /1999	6 /30/2002
R. Scott	DeLong	MD	7 /1 /2004	6 /30/2007
Richard Scott	Dent	MD	7 /1 /2007	6 /30/2010
Anne Marie	Derrico	MD	7 /1 /1999	6 /30/2003
Ian	Deutchki	MD	7 /1 /2007	6 /30/2010
Paul D.	Devers	MD	7 /1 /1997	6 /30/2000
Stephen G.	Diamantoni	MD	7 /1 /1982	6 /30/1985
Vito J.	DiCamillo	MD	7 /1 /1996	6 /30/1999
Mary M.	Dickson	MD	7 /1 /1978	6 /30/1981
Daniel L.	Diehl	MD	7 /1 /1981	6 /30/1984
John P.	DiFiori	MD	7 /1 /1989	6 /30/1992
Robert G.	Doe	MD	7 /1 /1978	6 /30/1981
Elizabeth	Doherty	MD	7 /1 /2012	9 /9 /2015
Daniel S.	Doolittle	MD	7 /1 /1989	6 /30/1992
Nipa R.	Doshi	MD	7 /1 /1995	6 /30/1998
James A.	Druckenbrod	MD	7 /1 /1972	6 /30/1975
Marguerite R.	Duane	MD	7 /1 /2000	6 /30/2003
J. David	Dumornay	MD	7 /1 /2006	9 /24/2009
Robin A.	Dunfee	MD	7 /1 /1990	6 /30/1993
Rachel	Eash-Scott	MD	7 /1 /2004	6 /30/2007
Patrick	Eckert	MD	7 /1 /2006	6 /30/2009
Anne R.	Eglash	MD	7 /1 /1986	6 /30/1989
Troy J.	Ehrhart	MD	7 /1 /1995	6 /30/1998
Dwight O.	Eichelberger	MD	7 /1 /1992	6 /30/1995

Sharon	Eltz	MD	7 /1 /2006	6 /30/2009
Uchenna	Emeche	MD	7 /1 /2010	6 /30/2013
David H.	Emmert	MD	7 /1 /1996	6 /30/1999
David M.	Engle	MD	7 /1 /2001	6 /30/2004
Eugene K.	Engle	MD	7 /1 /1976	6 /30/1979
Susanne M.	Engler Scott	MD	7 /1 /1999	6 /30/2002
Krista E.	Erbele	MD	7 /1 /2001	6 /30/2004
Curtis P.	Ersing	MD	7 /1 /1986	6 /30/1989
Eric L.	Esch	MD	7 /1 /2000	6 /30/2003
Guy R.	Eshelman	MD	7 /1 /1987	6 /30/1990
Maria	Facci Perlis	MD	7 /1 /1994	6 /30/1997
James C.	Fairfield	MD	7 /1 /1975	6 /30/1978
Mandy	Fannin	MD	7 /1 /2006	6 /30/2009
Amber D.	Featherstone	MD	7 /1 /2004	6 /30/2007
Mark B.	Fefferman	MD	7 /1 /1985	6 /30/1987
Todd M.	Felix	MD	7 /1 /2005	6 /30/2008
Roger R.	Feo	MD	7 /1 /2005	6 /30/2008
David M.	Ferguson	MD	7 /1 /1996	6 /30/1999
William A.	Fife, Jr.	MD	7 /1 /1998	6 /30/2001
James	Finch	MD	7 /1 /1981	6 /30/1984
Edward M.	Fine	MD	7 /1 /1972	6 /30/1975
Edward F.	Fisher	MD	7 /1 /1985	6 /30/1988
William G.	Fisher	MD	7 /1 /1991	6 /30/1994
Corey D.	Fogleman	MD	7 /1 /2000	6 /30/2003
Aviva	Fohrer	MD	7 /1 /2006	10/20/2009
Zoe J.	Foster	MD	7 /1 /2000	6 /30/2003
Eric K.	Fowler	MD	7 /1 /1989	6 /30/1992
Jenna	Fox	MD	7 /1 /2015	6 /30/2018
Daniel J.	Frayne	MD	7 /1 /1999	6 /30/2002
David William	Frederick	MD	7 /1 /1971	6 /30/1973
Beth	Freedman	MD	7 /1 /2010	6 /30/2013
Gladys M.	Frye	MD	7 /1 /1993	6 /30/1996
Brent A.	Fryling	MD	7 /1 /1996	6 /30/1999
David E.	Fuchs	MD	7 /1 /1978	6 /30/1981
Antonio	Funches	MD	7 /1 /2012	6 /30/2015

Robert D.	Gabrielli	MD	7 /1 /1977	6 /30/1980
Shereen	Gamaluddin	MD	7 /1 /2003	6 /30/2006
Savita	Garg	MD	7 /1 /1996	6 /30/1999
Adam D.	Garretson	MD	7 /1 /1997	6 /30/2000
Richard J.	Gayeski	MD	7 /1 /1975	6 /30/1978
Monique	Gedenk	MD	7 /1 /1993	6 /30/1996
Gary S.	Gehman	MD	7 /1 /1985	6 /30/1988
Christopher J.	George	MD	7 /1 /2001	6 /30/2004
Saira	George	MD	7 /1 /2011	6 /30/2014
Ellen M.	George-Smith	MD	7 /1 /1984	6 /30/1987
Eric M.	Gerchman	MD	7 /1 /1995	6 /30/1998
Geoffrey W.	Gilson	MD	7 /1 /1994	6 /30/1997
Kathleen B.	Gilson	MD	7 /1 /1995	6 /30/1998
Donald N.	Givler, Jr.	MD	7 /1 /1982	6 /30/1985
Myron L.	Glick	MD	7 /1 /1993	6 /30/1996
Stephen E.	Godshall	MD	7 /1 /1997	6 /30/2000
Elyse	Goveia	MD	7 /1 /2015	6 /30/2018
Louis P.	Gray	MD	7 /1 /1979	6 /30/1982
J. Peter	Gregoire	MD	7 /1 /1974	6 /30/1977
William G.	Griever	MD	7 /1 /1988	6 /30/1991
Kristen M.	Griffin	MD	7 /1 /2003	6 /30/2006
William B.	Grosh	MD	7 /1 /1976	6 /30/1978
Richard	Grunden	MD	7 /1 /2008	6 /30/2011
Thomas C.	Hagamen	MD	7 /1 /1979	6 /30/1982
Christopher L.	Hager	MD	7 /1 /2003	6 /30/2006
Amy	Hancock	MD	7 /1 /2008	6 /30/2011
Allison	Hannan	MD	7 /1 /2013	6 /30/2016
Richard C.	Harker	MD	7 /1 /1991	6 /30/1994
Neal S.	Harnly	MD	7 /1 /1990	6 /30/1993
John J.	Hart	MD	7 /1 /2000	6 /30/2003
Alison J.	Hartemink Railsback	MD	7 /1 /2002	6 /30/2005
David W.	Hartley	MD	7 /1 /1986	6 /30/1989
Janice K.	Hartman	MD	7 /1 /2003	6 /30/2005
Celeste D.	Heckman	MD	7 /1 /1996	6 /30/2000
Tiara	Heisey James	MD	7 /1 /2015	6 /30/2018

Carla	Henke	MD	7 /1 /2008	6 /30/2011
Jonathan G.	Henry	MD	7 /1 /1980	6 /30/1983
Christian L.	Hermansen	MD	7 /1 /2000	6 /30/2003
Curtis L.	Hershey	MD	7 /1 /2003	6 /30/2006
Philip Alan	Hess	MD	7 /1 /1995	6 /30/1998
M. Mark	Hester	MD	7 /1 /1986	6 /30/1989
Janell	Hill Wilson	MD	7 /1 /2009	6 /30/2012
Joseph W.	Hinterberger	MD	7 /1 /1991	6 /30/1994
Glenn P.	Hittel	MD	7 /1 /1984	6 /30/1987
Hieu V.	Ho	MD	7 /1 /2005	6 /30/2008
Susan M.	Hogg	MD	7 /1 /1978	6 /30/1981
Roger P.	Holland	MD	7 /1 /1986	6 /30/1988
Rebecca B.	Hoover	MD	7 /1 /2000	6 /30/2003
Andrew	Hoover	MD	7 /1 /2014	6 /30/2017
R. Gary	Hopkins	MD	7 /1 /1979	6 /30/1982
Philip S.	Horner	MD	7 /1 /1983	6 /30/1986
John	Hornick	MD	7 /1 /2007	6 /30/2010
Kim D.	Houde	MD	7 /1 /1988	8 /31/1991
Amy	Howell Harte	MD	7 /1 /2007	6 /30/2010
Robert M.	Howse	MD	7 /1 /1986	6 /30/1989
Pearl S.	Huang-Ramirez	MD	7 /1 /1998	6 /30/2001
Pearl	Huang-Ramirez	MD	7 /1 /1998	6 /30/2001
Steven R.	Huff	MD	7 /1 /1992	6 /30/1995
William D. L.	Hunt	MD	7 /1 /1976	6 /30/1979
Dale K.	Hursh	MD	7 /1 /1989	6 /30/1992
Eric F.	Hussar	MD	7 /1 /2002	6 /30/2005
Jon R.	Ichter	MD	7 /1 /1981	6 /30/1984
Joseph J.	Irwin	MD	7 /1 /1997	6 /30/2000
Heather A.	Jackson	MD	7 /1 /2005	6 /30/2008
Richard D.	Jackson	MD	7 /1 /1983	6 /30/1986
Mark A.	Jackson	MD	7 /1 /1984	6 /30/1987
Darren	Jacobs	MD	7 /1 /2003	6 /30/2005
Ayesha	Jafri	MD	7 /1 /1993	6 /30/1996
Dongsheng	Jiang	MD	7 /1 /2006	6 /30/2009
Kirsten	Johnsen	MD	7 /1 /2004	6 /30/2007

Robert P.	Johnson	MD	7 /1 /1974	6 /30/1976
David M.	Johnson	MD	7 /1 /1987	6 /30/1990
Terrence H.	Jones	MD	7 /1 /1976	6 /30/1979
Julie L.	Jones	MD	7 /1 /1983	6 /30/1986
Alyssa	Jones Anderson	MD	7 /1 /2012	6 /30/2015
Jacqueline E.	Julius Bhandari	MD	7 /1 /2005	6 /30/2008
Mary	Kadysh	MD	7 /1 /2012	6 /30/2015
Martina L.	Kamaka	MD	7 /1 /1986	6 /30/1989
Ashwini	Kamath Mulki	MD	7 /1 /2008	6 /30/2011
Andrew W.	Kamell	MD	7 /1 /1998	6 /30/2001
Theodore R.	Kantner	MD	7 /1 /1972	6 /30/1974
Sara Beth	Karp	MD	7 /1 /1987	6 /30/1990
Susan S.	Kaufmann	MD	7 /1 /1988	6 /30/1990
Lily	KC	MD	7 /1 /1992	6 /30/1995
Marie L.	Kellett	MD	7 /1 /1997	6 /30/2000
Wendell E.	Kellum	MD	7 /1 /2003	6 /30/2006
James M.	Kelly	MD	7 /1 /2003	6 /30/2006
Ashley	Kempsell	MD	7 /1 /2012	6 /30/2015
David R.	Kenigsberg	MD	7 /1 /1979	6 /30/1982
Erik F.	Ketels	MD	7 /1 /2001	6 /30/2004
Soo Chong	Kim	MD	7 /1 /2011	6 /30/2014
Diane L.	King	MD	7 /1 /1987	6 /30/1990
Anne Marie	King	MD	7 /1 /1995	6 /30/1998
Elizabeth A.	King (Buchinsky)	MD	7 /1 /1991	6 /30/1994
Nicholas T.	Kipreos	MD	7 /1 /1990	6 /30/1993
Heidi T.	Kistler	MD	7 /1 /2004	6 /30/2007
David W.	Kistler	MD	7 /1 /1972	6 /30/1975
Michael W.	Kita	MD	7 /1 /1975	6 /30/1978
Lara	Kobrin	MD	7 /1 /2015	6 /30/2018
Nandini N.	Koka	MD	7 /1 /1999	6 /30/2002
Stanley M.	Kozakowski	MD	7 /1 /1981	6 /30/1984
Leon S.	Kraybill	MD	7 /1 /1985	6 /30/1988
John E.	Kroger	MD	7 /1 /1990	6 /30/1993
Adrienne	Kuhlengel	MD	7 /1 /2010	6 /30/2013
Deborah J.	Kylander	MD	7 /1 /1998	6 /30/2001

Joseph W.	Lahr	MD	7 /1 /1977	6 /30/1979
Adam	Lake	MD	7 /1 /2011	6 /30/2014
Chad E.	Lamendola	MD	7 /1 /1997	6 /30/2000
Darryl L.	Landis	MD	7 /1 /1989	6 /30/1992
Roland J.	Larrabee	MD	7 /1 /1980	6 /30/1983
Ramsey G.	Larson	MD	7 /1 /1992	6 /30/1995
Katheryn J.	Lauer	MD	7 /1 /2004	6 /30/2007
Laura	Leaman	MD	7 /1 /2015	6 /30/2018
Wayne R.	LeClair	MD	7 /1 /1977	6 /30/1980
Louise E.	LeDuc	MD	7 /1 /2000	6 /30/2003
Maggie Hsin-i	Lee	MD	7 /1 /2009	6 /30/2012
Jessica	Lee Orner	MD	7 /1 /2012	6 /30/2015
Tamara M.	Lester-Powell	MD	7 /1 /1995	6 /30/1998
Richard	Levandowski	MD	7 /1 /1974	6 /30/1977
Maryellen	Lewis Mead	MD	7 /1 /2007	6 /30/2010
Ira D.	Liebross	MD	7 /1 /1993	6 /30/1996
Robert H.	Lilli	MD	7 /1 /1982	6 /30/1985
Alison	Lima	MD		7 /12/2017
Kenneth W.	Lin	MD	7 /1 /2001	6 /30/2004
Sarah R.	Linde-Feucht	MD	7 /1 /1992	6 /30/1995
Eric C.	Lipton	MD	7 /1 /1991	6 /30/1994
Michael	Loeven	MD	7 /1 /2011	6 /30/2014
Elizabeth	Loomis	MD	7 /1 /2009	6 /30/2012
Chih-Chen Luke	Luan	MD	7 /1 /2009	6 /30/2012
Gary A.	Luken	MD	7 /1 /1978	6 /30/1980
Chris P.	Lupold	MD	7 /1 /2001	6 /30/2004
Jose M.	Ma	MD	7 /1 /1990	6 /30/1993
D. Thais	Magill	MD	7 /1 /1999	6 /30/2002
Catherine	Main	MD	7 /1 /2012	8 /11/2015
Kathryn M.	Majorwitz	MD	7 /1 /1989	6 /30/1992
Juliette	Mandel	MD	7 /1 /2014	6 /30/2017
Kristine S.	Marchalonis-Leaman	MD	7 /1 /1998	6 /30/2001
Shelby L.	Margut	MD	7 /1 /2004	6 /30/2007
Precious (Gigi) J.	Marquart	MD	7 /1 /2004	6 /30/2006
Trevor	Martenson	MD	7 /1 /2007	7 /30/2009

Nancy J.	Martin	MD	7 /1 /1992	6 /30/1995
Jeffrey R.	Martin	MD	7 /1 /1994	6 /30/1997
Cindy	Martinez	MD	7 /1 /2015	6 /30/2018
Peter A.	Mason	MD	7 /1 /1974	6 /30/1977
Nunzio Anthony	Mastropietro	MD	7 /1 /1972	6 /30/1974
Phebe	Matsen	MD	7 /1 /2015	6 /30/2018
Michael F.	Mazzone	MD	7 /1 /1992	6 /30/1995
Rebecca	McAteer	MD	7 /1 /2008	6 /30/2011
Leroy W.	McCune	MD	7 /1 /1981	6 /30/1984
Harrison	McGrath	MD	7 /1 /2010	6 /30/2013
Kathryn	McKenna	MD	7 /1 /2013	6 /30/2016
Stephanie A.	McKnight	MD	7 /1 /2004	6 /30/2007
Rogers Dubose	McLane	MD	7 /1 /1970	6 /30/1973
Christopher G.	McLane	MD	7 /1 /1995	6 /30/1998
Deborah	McMillan	MD	7 /1 /1981	6 /30/1984
Jennifer L.	Meade Hart	MD	7 /1 /2000	6 /30/2003
William L.	Melahn	MD	7 /1 /1994	6 /30/1997
Russell W.	Melton	MD	7 /1 /1994	6 /30/1997
Charles R.	Mershon	MD	7 /1 /1984	6 /30/1987
Matthew	Meunier	MD	7 /1 /2008	6 /30/2011
Anne	Mielnik Nolte	MD	7 /1 /2006	6 /30/2009
Sabrina	Milhous	MD	7 /1 /2012	6 /30/2015
Emily	Miller	MD	7 /1 /2014	6 /30/2017
Laverne L.	Miller	MD	7 /1 /1975	6 /30/1978
Thomas L.	Miller	MD	7 /1 /1976	6 /30/1979
Danielle	Miller (D'Avolio)	MD	7 /1 /2008	6 /30/2011
Amaris	Miller Allan	MD	7 /1 /2010	6 /30/2013
Stacey	Milunic	MD	7 /1 /2008	7 /15/2011
Nancy J.	Mizerak	MD	7 /1 /1980	6 /30/1983
Rachel M.	Moore	MD	7 /1 /1995	6 /30/1998
Patrick	Moreno	MD	7 /1 /2009	6 /30/2012
Luke J.	Morley	MD	7 /1 /2002	6 /30/2005
Ashley	Morrison	MD	7 /1 /2013	12/23/2016
Douglas R.	Morrissey	MD	7 /1 /1998	6 /30/2001
Brianna	Moyer	MD	7 /1 /2015	6 /30/2018

Garry L.	Mueller	MD	7 /1 /1983	6 /30/1986
Lisa A.	Mummaw Davis	MD	7 /1 /1988	6 /30/1991
Maria L.	Murphy	MD	7 /1 /2005	6 /30/2008
Gregory L.	Murphy	MD	7 /1 /1982	6 /30/1985
Jonathan	Musyt	MD	7 /1 /2013	6 /30/2016
Amy A.	Myers	MD	7 /1 /1991	6 /30/1994
Peter M.	Nalin	MD	7 /1 /1989	6 /30/1992
Althea M.	Nelson (Keener)	MD	7 /1 /1991	6 /30/1994
Robert W.	Niegisch	MD	7 /1 /1984	6 /30/1987
Kate	Niehoff	MD	7 /1 /2013	6 /30/2016
Jared	Nissley	MD	7 /1 /2014	6 /30/2017
Monica L.	Norris	MD	7 /1 /1998	6 /30/2001
Ryan	Norton	DO	7 /1 /2013	6 /30/2016
Mark M.	Nunlist	MD	7 /1 /1980	6 /30/1983
Andre M.	Nye	MD	7 /1 /1997	6 /30/2000
Joel E.	Nystrom	MD	7 /1 /1975	6 /30/1978
Phyllis A.	Oblander	MD	7 /1 /1978	6 /30/1981
Karen A.	O'Brien	MD	7 /1 /1987	6 /30/1990
Brett R.	Oesterling	MD	7 /1 /1997	6 /30/2000
Kari	Oftedal Moreno	MD	7 /1 /2009	6 /30/2012
David	O'Gurek	MD	7 /1 /2008	6 /30/2011
Stephen T.	Olin	MD	7 /1 /1973	6 /30/1976
Stephanie	Onguka	MD	7 /1 /2007	6 /30/2010
Geoffrey	Ostrander	MD	7 /1 /2011	6 /30/2014
Valerie	Owings	MD	7 /1 /2011	6 /30/2014
Robert F.	Palguta	MD	7 /1 /1989	6 /30/1992
Maria P.	Papoutsis	MD	7 /1 /2001	6 /30/2004
Kelsey	Pappas	MD	7 /1 /2013	8 /5 /2016
J. William	Parke	MD	7 /1 /1977	6 /30/1980
Suzanne L.	Parsons	MD	7 /1 /2002	6 /30/2005
Shauna M.	Paylor	MD	7 /1 /1993	6 /30/1996
Jennifer	Payne	MD	7 /1 /2011	6 /30/2014
James F.	Peggs	MD	7 /1 /1975	6 /30/1978
Barry Howard	Penchansky	MD	7 /1 /1971	6 /30/1974
Ruth C.	Penn	MD	7 /1 /1977	6 /30/1980

Adam C.	Perry	MD	7 /1 /2001	6 /30/2003
Stephen E.	Perryman	MD	7 /1 /1990	6 /30/1993
Alan S.	Peterson	MD	7 /1 /1972	6 /30/1975
Todd V.	Peterson	MD	7 /1 /1996	6 /30/1999
Shawn	Phillips	MD	7 /1 /2011	6 /30/2014
Spencer D.	Phillips	MD	7 /1 /1982	6 /30/1985
Kami S.	Phillips	MD	7 /1 /1995	6 /30/1998
Bradley K.	Pittman	MD	7 /1 /1996	6 /30/1999
Melissa	Prado	MD	7 /1 /2012	6 /30/2015
Robert Keith	Price	MD	7 /1 /1981	6 /30/1984
Christopher J.	Putney	MD	7 /1 /1994	6 /30/1997
M. Samir	Qamar	MD	7 /1 /2002	6 /30/2005
Dean L.	Quimby	MD	7 /1 /1985	6 /30/1988
Lee J.	Radosh	MD	7 /1 /1997	6 /30/2000
Thomas C.	Raff	MD	7 /1 /1990	6 /30/1993
Alexis	Reedy-Cooper	MD	7 /1 /2012	6 /30/2015
Gretchen A.	Reis	MD	7 /1 /1993	6 /30/1996
Karl	Reisig	MD	7 /1 /2014	6 /30/2017
Sam	Reynolds	MD	7 /1 /1998	6 /30/2001
Argilla R.	Reynolds	MD	7 /1 /1988	6 /30/1991
John W.	Reynolds	MD	7 /1 /1988	6 /30/1991
Christine S.	Richards	MD	7 /1 /1997	6 /30/2000
Alice E.	Riden (Slippery)	MD	7 /1 /1984	6 /30/1987
Michael W.	Riebman	MD	7 /1 /1985	6 /30/1988
Timothy D.	Riley	MD	7 /1 /2002	6 /30/2005
Michael R.	Ripchinski	MD	7 /1 /2003	6 /30/2006
Hanna	Rizk	MD	7 /1 /2013	6 /30/2016
Hanna	Rizk	MD	7 /1 /2013	8 /31/2016
William D.	Roberts	MD	7 /1 /1977	6 /30/1980
Jennifer	Robertshaw	MD	7 /1 /2013	6 /30/2016
James A.	Rochester	MD	7 /1 /1995	6 /30/1998
Jacqueline	Rohrer	MD	7 /1 /2008	9 /15/2011
Steven E.	Roskos	MD	7 /1 /1994	6 /30/1997
Mary Elizabeth Anne	Roth	MD	7 /1 /1971	6 /30/1973
Mark S.	Rozick	MD	7 /1 /1983	6 /30/1986

Michael S.	Rudman	MD	7 /1 /1974	6 /30/1977
Holly Ann	Russell	MD	7 /1 /2007	6 /30/2010
Hayley	Ryan	DO	7 /1 /2013	6 /30/2016
Dale W.	Sailer	MD	7 /1 /1983	6 /30/1986
Carlos R.	Sandoval	MD	7 /1 /2004	6 /30/2006
Sharayu	Sawant	MD	7 /1 /2005	6 /30/2008
Leonard D.	Sax	MD	7 /1 /1986	6 /30/1989
James J.	Schellenger	MD	7 /1 /2001	6 /30/2004
Daniel J.	Schlegel	MD	7 /1 /2003	6 /30/2006
Christopher J.	Schmidt	MD	7 /1 /1979	6 /30/1982
John J.	Schmitt	MD	7 /1 /1987	6 /30/1990
Jon H.	Schrock	MD	7 /1 /1979	6 /30/1982
Robert M.	Schwartz	MD	7 /1 /1990	6 /30/1992
Gary J.	Scibal	MD	7 /1 /1976	6 /30/1979
Thomas C.	Scott	MD	7 /1 /1999	6 /30/2002
Virginia E.	Shafer	MD	7 /1 /1980	6 /30/1983
Timothy P.	Shafer	MD	7 /1 /1981	6 /30/1984
Ann L.	Shallcross	MD	7 /1 /1979	6 /30/1982
Isis	Shanbaky	MD	7 /1 /2002	6 /30/2005
Crischelle L.	Shank	MD	7 /1 /2004	6 /30/2007
Robert L.	Shaw	MD	7 /1 /1982	6 /30/1985
Gregory W.	Shawver	MD	7 /1 /2002	6 /30/2005
Michael S.	Shirk	MD	7 /1 /1996	6 /30/1999
William H. Jr.	Shoemaker	MD	6 /1 /1973	6 /30/1976
Keith M.	Shute	MD	7 /1 /1989	6 /30/1992
J. Donald	Siegrist	MD	7 /1 /1973	6 /30/1975
Stephanie D.	Silverman	MD	7 /1 /1996	6 /30/1999
Richard W.	Sloan	MD	7 /1 /1977	6 /30/1980
N. Eli	Snelgrave	MD	7 /1 /1986	6 /30/1989
Benjamin	Snell	MD	7 /1 /2011	6 /30/2014
Richard L.	Snyder	MD	7 /1 /1982	6 /30/1985
Beck B.	Soderberg	MD	7 /1 /1996	6 /30/1999
Sung Y.	Son	MD	7 /1 /1996	6 /30/1999
Mark A.	Sordi	MD	7 /1 /1998	6 /30/2002
Denise M.	Soucy	MD	7 /1 /1987	6 /30/1990

Kirby D.	Southall	MD	7 /1 /1983	6 /30/1986
Christine M.	Stabler	MD	7 /1 /1980	6 /30/1983
Alison	Stanley	MD		6 /30/2017
Robert J.	Stengel	MD	7 /1 /1985	6 /30/1988
Andrea	Stern	MD	7 /1 /2010	6 /30/2013
Christi Ann	Stewart	MD	7 /1 /2003	6 /30/2006
Jonathan D.	Stewart	MD	7 /1 /2003	6 /30/2006
Jeffrey S.	Stoessl	MD	7 /1 /1992	6 /30/1995
Esther	Stultz	MD	7 /1 /2007	6 /30/2010
Laura	Sturgill	MD	7 /1 /2013	6 /30/2016
Brian P.	Sullivan	MD	7 /1 /2001	6 /30/2004
John H.	Surry	MD	7 /1 /1974	6 /30/1977
Jeffrey L.	Susman	MD	7 /1 /1981	6 /30/1984
Tim W.	Swinton	MD	7 /1 /1987	9 /30/1990
Yukako	Tachibana	MD	7 /1 /2006	6 /30/2009
Christine	Tam	MD	7 /1 /2012	6 /30/2015
Shannon	Tapia	MD	7 /1 /2010	6 /30/2013
Fred R.	Taylor	MD	7 /1 /1977	6 /30/1979
Allan (Chip) S.	Teel	MD	7 /1 /1985	6 /30/1988
Margaret C.	Thomas	MD	7 /1 /2004	6 /30/2007
Mark Alan	Thompson	MD	7 /1 /1992	6 /30/1995
Janice C.	Tindall	MD	7 /1 /1980	6 /30/1983
Janet	Titchener	MD	7 /1 /2000	6 /30/2003
Matthew	Torres	MD	7 /1 /2012	6 /30/2015
Mairead	Torsney-Weir	MD	7 /1 /2009	6 /30/2012
Joanna	Trojanowski	MD	7 /1 /2008	6 /30/2011
Jeffrey T.	Trost	MD	7 /1 /1991	6 /30/1994
Jean E.	Tucker-Swearingen	MD	7 /1 /1987	6 /30/1990
Thane N.	Turner	MD	7 /1 /1993	6 /30/1996
Ama A.	Tyus	MD	7 /1 /2001	6 /30/2004
Laura	Urbanski	MD		8 /23/2018
Joyce A.	Vafeas	MD	7 /1 /1988	8 /31/1991
Elizabeth	Van Aulen	MD	7 /1 /2007	9 /11/2010
Robert C.	VandenBosche	MD	7 /1 /1994	6 /30/1997
Corliss A.	Varnum	MD	7 /1 /1983	6 /30/1986

Irbert	Vega	MD	7 /1 /2010	6 /30/2013
Gary A.	Venman-Clay	MD	7 /1 /1984	6 /30/1987
Michael	Vizachero	MD	7 /1 /2014	6 /30/2017
Pamela A.	Vnenchak	MD	7 /1 /1990	6 /30/1993
William R.	Vollmar II	MD	7 /1 /1989	6 /30/1992
Vivica D.	Vollmer	MD	7 /1 /1994	6 /30/1997
Oliver	Wagner	MD	7 /1 /2013	6 /30/2016
Ruth	Wagner	MD	7 /1 /2014	6 /30/2017
Jessica	Walker	MD	7 /1 /2013	6 /30/2016
K. Lynn	Walker	MD	7 /1 /1995	6 /30/1998
William J.	Warning	MD	7 /1 /1988	6 /30/1991
Michael W.	Warren	MD	7 /1 /1983	6 /30/1986
Bruce C.	Waskowicz	MD	7 /1 /1988	6 /30/1991
R. Clair	Weaver	MD	7 /1 /1970	6 /30/1973
Wayne M.	Weaver	MD	7 /1 /1971	6 /30/1973
William E.	Weddle	MD	7 /1 /1975	6 /30/1978
Thomas J.	Weida	MD	7 /1 /1980	6 /30/1983
Matthew A.	Weitzel	MD	7 /1 /2005	6 /30/2008
Janelle	Wells	MD	7 /1 /2009	6 /30/2012
Johannes D.	Weltin	MD	7 /1 /1976	6 /30/1979
Jason F.	White	MD	7 /1 /2001	6 /30/2004
P. Jonathan	White	MD	7 /1 /1999	6 /30/2002
Caitlin	White	MD	7 /1 /2014	6 /30/2017
Winfried G.	Wieland	MD	7 /1 /1992	6 /30/1995
Kimberly	Williams	MD	7 /1 /2006	6 /30/2009
Paul Parker	Williams	MD	7 /1 /1975	6 /30/1978
Verneeta L.	Williams	MD	7 /1 /1994	6 /30/1997
Mary Brennan	Wirshup	MD	7 /1 /1984	6 /30/1987
Elvin D.	Witmer	MD	7 /1 /1986	6 /30/1989
James C.	Wolf	MD	7 /1 /1980	6 /30/1982
John M.	Wolgemuth, Jr.	MD	7 /1 /1970	6 /30/1973
John C.	Wood	MD	7 /1 /2004	6 /30/2007
Eric Kwan Sai	Yee	MD	7 /1 /1983	6 /30/1986
Kem	Yenal	MD	9 /1 /1992	12/30/1994
Mamatha	Yeturu	MD	7 /1 /2005	6 /30/2008

Paul S.W.	Yim	MD	7 /1 /1993	6 /30/1996
John J.	Yoder	MD	7 /1 /1988	6 /30/1991
Kate	Yoo	MD	7 /1 /2013	6 /30/2016
Brian J.	Young	MD	7 /1 /2001	6 /30/2004
Martha M.	Youngblood Coslett	MD	7 /1 /1986	6 /30/1989
Jill	Zackrisson	MD	7 /1 /2009	6 /30/2012
Anzhelika	Zakharova	MD	7 /1 /2005	11/30/2008
Jennifer	Zatorski	MD	7 /1 /2012	6 /30/2015
Michele	Zawora Quintrel	MD	7 /1 /2003	6 /30/2006
Kristina	Zimmerman	MD	7 /1 /2015	6 /30/2018
Edward G.	Zurad	MD	7 /1 /1982	6 /30/1985

GRADUATES BY YEAR OF GRADUATION

First Name	Last Name	Degree	Start of Residency	End of Residency
John W.	Breneman	MD	7 /1 /1970	6 /30/1972
J. Kenneth	Brubaker	MD	7 /1 /1970	6 /30/1973
David William	Frederick	MD	7 /1 /1971	6 /30/1973
Rogers Dubose	McLane	MD	7 /1 /1970	6 /30/1973
Mary Elizabeth Anne	Roth	MD	7 /1 /1971	6 /30/1973
R. Clair	Weaver	MD	7 /1 /1970	6 /30/1973
Wayne M.	Weaver	MD	7 /1 /1971	6 /30/1973
John M.	Wolgemuth, Jr.	MD	7 /1 /1970	6 /30/1973
Michael A.	Arcuri	MD	6 /1 /1972	7 /30/1974
Theodore R.	Kantner	MD	7 /1 /1972	6 /30/1974
Nunzio Anthony	Mastropietro	MD	7 /1 /1972	6 /30/1974
Barry Howard	Penchansky	MD	7 /1 /1971	6 /30/1974
Richard A.	Anderson	MD	7 /1 /1973	6 /30/1975
James A.	Druckenbrod	MD	7 /1 /1972	6 /30/1975
Edward M.	Fine	MD	7 /1 /1972	6 /30/1975
David W.	Kistler	MD	7 /1 /1972	6 /30/1975
Alan S.	Peterson	MD	7 /1 /1972	6 /30/1975
J. Donald	Siegrist	MD	7 /1 /1973	6 /30/1975
James B.	Albrecht	MD	7 /1 /1973	6 /30/1976
Robert J.	Baird	MD	7 /1 /1973	6 /30/1976
Paul E.	Brubaker	MD	7 /1 /1973	6 /30/1976
Robert P.	Johnson	MD	7 /1 /1974	6 /30/1976
Stephen T.	Olin	MD	7 /1 /1973	6 /30/1976

William H. Jr.	Shoemaker	MD	6 /1 /1973	6 /30/1976
Peter J.	Altimare	MD	7 /1 /1974	6 /30/1977
Richard W.	Bacon	MD	7 /1 /1974	6 /30/1977
William W.	Bakken	MD	7 /1 /1974	6 /30/1977
Hugh W.	Brallier	MD	7 /1 /1974	6 /30/1977
J. Peter	Gregoire	MD	7 /1 /1974	6 /30/1977
Richard	Levandowski	MD	7 /1 /1974	6 /30/1977
Peter A.	Mason	MD	7 /1 /1974	6 /30/1977
Michael S.	Rudman	MD	7 /1 /1974	6 /30/1977
John H.	Surry	MD	7 /1 /1974	6 /30/1977
James C.	Fairfield	MD	7 /1 /1975	6 /30/1978
Richard J.	Gayeski	MD	7 /1 /1975	6 /30/1978
William B.	Grosh	MD	7 /1 /1976	6 /30/1978
Michael W.	Kita	MD	7 /1 /1975	6 /30/1978
Laverne L.	Miller	MD	7 /1 /1975	6 /30/1978
Joel E.	Nystrom	MD	7 /1 /1975	6 /30/1978
James F.	Peggs	MD	7 /1 /1975	6 /30/1978
William E.	Weddle	MD	7 /1 /1975	6 /30/1978
Paul Parker	Williams	MD	7 /1 /1975	6 /30/1978
William A.	Carter	MD	7 /1 /1976	6 /30/1979
Eugene K.	Engle	MD	7 /1 /1976	6 /30/1979
William D. L.	Hunt	MD	7 /1 /1976	6 /30/1979
Terrence H.	Jones	MD	7 /1 /1976	6 /30/1979
Joseph W.	Lahr	MD	7 /1 /1977	6 /30/1979
Thomas L.	Miller	MD	7 /1 /1976	6 /30/1979
Gary J.	Scibal	MD	7 /1 /1976	6 /30/1979
Fred R.	Taylor	MD	7 /1 /1977	6 /30/1979
Johannes D.	Weltin	MD	7 /1 /1976	6 /30/1979
Pradeep	Bose	MD	7 /1 /1980	6 /30/1980
Daniel R.	Cappon	MD	7 /1 /1977	6 /30/1980
Robert D.	Gabrielli	MD	7 /1 /1977	6 /30/1980
Wayne R.	LeClair	MD	7 /1 /1977	6 /30/1980
Gary A.	Luken	MD	7 /1 /1978	6 /30/1980
J. William	Parke	MD	7 /1 /1977	6 /30/1980
Ruth C.	Penn	MD	7 /1 /1977	6 /30/1980
William D.	Roberts	MD	7 /1 /1977	6 /30/1980
Richard W.	Sloan	MD	7 /1 /1977	6 /30/1980
David W.	Bowers	MD	7 /1 /1978	6 /30/1981
Victor L.	Buckwalter	MD	7 /1 /1978	6 /30/1981
Max L.	Crossman	MD	7 /1 /1978	6 /30/1981

Lorraine E.	Davis	MD	7 /1 /1978	6 /30/1981
Mary M.	Dickson	MD	7 /1 /1978	6 /30/1981
Robert G.	Doe	MD	7 /1 /1978	6 /30/1981
David E.	Fuchs	MD	7 /1 /1978	6 /30/1981
Susan M.	Hogg	MD	7 /1 /1978	6 /30/1981
Phyllis A.	Oblander	MD	7 /1 /1978	6 /30/1981
Kenny A.	Bock	MD	7 /1 /1979	6 /30/1982
Richard A.	Crandall	MD	7 /1 /1979	6 /30/1982
Louis P.	Gray	MD	7 /1 /1979	6 /30/1982
Thomas C.	Hagamen	MD	7 /1 /1979	6 /30/1982
R. Gary	Hopkins	MD	7 /1 /1979	6 /30/1982
David R.	Kenigsberg	MD	7 /1 /1979	6 /30/1982
Christopher J.	Schmidt	MD	7 /1 /1979	6 /30/1982
Jon H.	Schrock	MD	7 /1 /1979	6 /30/1982
Ann L.	Shallcross	MD	7 /1 /1979	6 /30/1982
James C.	Wolf	MD	7 /1 /1980	6 /30/1982
Jonathan G.	Henry	MD	7 /1 /1980	6 /30/1983
Roland J.	Larrabee	MD	7 /1 /1980	6 /30/1983
Nancy J.	Mizerak	MD	7 /1 /1980	6 /30/1983
Mark M.	Nunlist	MD	7 /1 /1980	6 /30/1983
Virginia E.	Shafer	MD	7 /1 /1980	6 /30/1983
Christine M.	Stabler	MD	7 /1 /1980	6 /30/1983
Janice C.	Tindall	MD	7 /1 /1980	6 /30/1983
Thomas J.	Weida	MD	7 /1 /1980	6 /30/1983
Daniel L.	Diehl	MD	7 /1 /1981	6 /30/1984
James	Finch	MD	7 /1 /1981	6 /30/1984
Jon R.	Ichter	MD	7 /1 /1981	6 /30/1984
Stanley M.	Kozakowski	MD	7 /1 /1981	6 /30/1984
Leroy W.	McCune	MD	7 /1 /1981	6 /30/1984
Deborah	McMillan	MD	7 /1 /1981	6 /30/1984
Robert Keith	Price	MD	7 /1 /1981	6 /30/1984
Timothy P.	Shafer	MD	7 /1 /1981	6 /30/1984
Jeffrey L.	Susman	MD	7 /1 /1981	6 /30/1984
Robert	Caldemeyer	MD	7 /1 /1982	6 /30/1985
Stephen G.	Diamantoni	MD	7 /1 /1982	6 /30/1985
Donald N.	Givler, Jr.	MD	7 /1 /1982	6 /30/1985
Robert H.	Lilli	MD	7 /1 /1982	6 /30/1985
Gregory L.	Murphy	MD	7 /1 /1982	6 /30/1985
Spencer D.	Phillips	MD	7 /1 /1982	6 /30/1985
Robert L.	Shaw	MD	7 /1 /1982	6 /30/1985

Richard L.	Snyder	MD	7 /1 /1982	6 /30/1985
Edward G.	Zurad	MD	7 /1 /1982	6 /30/1985
Paul W.	Davis	MD	7 /1 /1983	6 /30/1986
Philip S.	Horner	MD	7 /1 /1983	6 /30/1986
Richard D.	Jackson	MD	7 /1 /1983	6 /30/1986
Julie L.	Jones	MD	7 /1 /1983	6 /30/1986
Garry L.	Mueller	MD	7 /1 /1983	6 /30/1986
Mark S.	Rozick	MD	7 /1 /1983	6 /30/1986
Dale W.	Sailer	MD	7 /1 /1983	6 /30/1986
Kirby D.	Southall	MD	7 /1 /1983	6 /30/1986
Corliss A.	Varnum	MD	7 /1 /1983	6 /30/1986
Michael W.	Warren	MD	7 /1 /1983	6 /30/1986
Eric Kwan Sai	Yee	MD	7 /1 /1983	6 /30/1986
Thomas W.	Andersen	MD	7 /1 /1984	6 /30/1987
Mark B.	Fefferman	MD	7 /1 /1985	6 /30/1987
Ellen M.	George-Smith	MD	7 /1 /1984	6 /30/1987
Glenn P.	Hittel	MD	7 /1 /1984	6 /30/1987
Mark A.	Jackson	MD	7 /1 /1984	6 /30/1987
Charles R.	Mershon	MD	7 /1 /1984	6 /30/1987
Robert W.	Niegisch	MD	7 /1 /1984	6 /30/1987
Alice E.	Riden (Slippery)	MD	7 /1 /1984	6 /30/1987
Gary A.	Venman-Clay	MD	7 /1 /1984	6 /30/1987
Mary Brennan	Wirshup	MD	7 /1 /1984	6 /30/1987
Terrence	Babb	MD	7 /1 /1985	6 /30/1988
Dennis S.	Badman	MD	7 /1 /1985	6 /30/1988
William	Behrens	MD	7 /1 /1985	6 /30/1988
Edward F.	Fisher	MD	7 /1 /1985	6 /30/1988
Gary S.	Gehman	MD	7 /1 /1985	6 /30/1988
Roger P.	Holland	MD	7 /1 /1986	6 /30/1988
Leon S.	Kraybill	MD	7 /1 /1985	6 /30/1988
Dean L.	Quimby	MD	7 /1 /1985	6 /30/1988
Michael W.	Riebman	MD	7 /1 /1985	6 /30/1988
Robert J.	Stengel	MD	7 /1 /1985	6 /30/1988
Allan (Chip) S.	Teel	MD	7 /1 /1985	6 /30/1988
Theodore	Blaisdell	MD	7 /1 /1987	6/30/1989
Anne R.	Eglash	MD	7 /1 /1986	6 /30/1989
Curtis P.	Ersing	MD	7 /1 /1986	6 /30/1989
David W.	Hartley	MD	7 /1 /1986	6 /30/1989
M. Mark	Hester	MD	7 /1 /1986	6 /30/1989
Robert M.	Howse	MD	7 /1 /1986	6 /30/1989
Martina L.	Kamaka	MD	7 /1 /1986	6 /30/1989

Leonard D.	Sax	MD	7 /1 /1986	6 /30/1989
N. Eli	Snelgrave	MD	7 /1 /1986	6 /30/1989
Elvin D.	Witmer	MD	7 /1 /1986	6 /30/1989
Martha M.	Youngblood Coslett	MD	7 /1 /1986	6 /30/1989
Carl	Beckler	MD	7 /1 /1987	6 /30/1990
Suzanne	Coble	MD	7 /1 /1987	6 /30/1990
Guy R.	Eshelman	MD	7 /1 /1987	6 /30/1990
David M.	Johnson	MD	7 /1 /1987	6 /30/1990
Sara Beth	Karp	MD	7 /1 /1987	6 /30/1990
Susan S.	Kaufmann	MD	7 /1 /1988	6 /30/1990
Diane L.	King	MD	7 /1 /1987	6 /30/1990
Karen A.	O'Brien	MD	7 /1 /1987	6 /30/1990
John J.	Schmitt	MD	7 /1 /1987	6 /30/1990
Denise M.	Soucy	MD	7 /1 /1987	6 /30/1990
Tim W.	Swinton	MD	7 /1 /1987	9 /30/1990
Jean E.	Tucker-Swearingen	MD	7 /1 /1987	6 /30/1990
Thomas	Bugbee	MD	7 /1 /1988	6 /30/1991
Angela M.	Calle	MD	7 /1 /1988	6 /30/1991
William G.	Griever	MD	7 /1 /1988	6 /30/1991
Kim D.	Houde	MD	7 /1 /1988	8 /31/1991
Lisa A.	Mummaw Davis	MD	7 /1 /1988	6 /30/1991
Argilla R.	Reynolds	MD	7 /1 /1988	6 /30/1991
John W.	Reynolds	MD	7 /1 /1988	6 /30/1991
Joyce A.	Vafeas	MD	7 /1 /1988	8 /31/1991
William J.	Warning	MD	7 /1 /1988	6 /30/1991
Bruce C.	Waskowicz	MD	7 /1 /1988	6 /30/1991
John J.	Yoder	MD	7 /1 /1988	6 /30/1991
Sandra M.	Connolly	MD	7 /1 /1989	6 /30/1992
John P.	DiFiori	MD	7 /1 /1989	6 /30/1992
Daniel S.	Doolittle	MD	7 /1 /1989	6 /30/1992
Eric K.	Fowler	MD	7 /1 /1989	6 /30/1992
Dale K.	Hursh	MD	7 /1 /1989	6 /30/1992
Darryl L.	Landis	MD	7 /1 /1989	6 /30/1992
Kathryn M.	Majarwitz	MD	7 /1 /1989	6 /30/1992
Peter M.	Nalin	MD	7 /1 /1989	6 /30/1992
Robert F.	Palguta	MD	7 /1 /1989	6 /30/1992
Robert M.	Schwartz	MD	7 /1 /1990	6 /30/1992
Keith M.	Shute	MD	7 /1 /1989	6 /30/1992
William R.	Vollmar II	MD	7 /1 /1989	6 /30/1992
George	Bentrem	MD	7 /1 /1990	6 /30/1993

Robin A.	Dunfee	MD	7 /1 /1990	6 /30/1993
Neal S.	Harnly	MD	7 /1 /1990	6 /30/1993
Nicholas T.	Kipreos	MD	7 /1 /1990	6 /30/1993
John E.	Kroger	MD	7 /1 /1990	6 /30/1993
Jose M.	Ma	MD	7 /1 /1990	6 /30/1993
Stephen E.	Perryman	MD	7 /1 /1990	6 /30/1993
Thomas C.	Raff	MD	7 /1 /1990	6 /30/1993
Pamela A.	Vnenchak	MD	7 /1 /1990	6 /30/1993
John A.	Alley	MD	7 /1 /1991	6 /30/1994
Dante C.	Beretta	MD	7 /1 /1991	6 /30/1994
Eric L.	Bohn	MD	7 /1 /1991	6 /30/1994
William G.	Fisher	MD	7 /1 /1991	6 /30/1994
Richard C.	Harker	MD	7 /1 /1991	6 /30/1994
Joseph W.	Hinterberger	MD	7 /1 /1991	6 /30/1994
Elizabeth A.	King (Buchinsky)	MD	7 /1 /1991	6 /30/1994
Eric C.	Lipton	MD	7 /1 /1991	6 /30/1994
Amy A.	Myers	MD	7 /1 /1991	6 /30/1994
Althea M.	Nelson (Keener)	MD	7 /1 /1991	6 /30/1994
Jeffrey T.	Trost	MD	7 /1 /1991	6 /30/1994
Kem	Yenal	MD	9 /1 /1992	12/30/1994
Daniel L.	Becker	MD	7 /1 /1992	6 /30/1995
Nicole J.	Davies	MD	7 /1 /1992	6 /30/1995
Dwight O.	Eichelberger	MD	7 /1 /1992	6 /30/1995
Steven R.	Huff	MD	7 /1 /1992	6 /30/1995
Lily	KC	MD	7 /1 /1992	6 /30/1995
Ramsey G.	Larson	MD	7 /1 /1992	6 /30/1995
Sarah R.	Linde-Feucht	MD	7 /1 /1992	6 /30/1995
Nancy J.	Martin	MD	7 /1 /1992	6 /30/1995
Michael F.	Mazzone	MD	7 /1 /1992	6 /30/1995
Jeffrey S.	Stoessl	MD	7 /1 /1992	6 /30/1995
Mark Alan	Thompson	MD	7 /1 /1992	6 /30/1995
Winfried G.	Wieland	MD	7 /1 /1992	6 /30/1995
Russell J.	Bird	MD	7 /1 /1993	6 /30/1996
Mark S.	Cardinal	MD	7 /1 /1993	6 /30/1996
Bret	Daniels	MD	7 /1 /1994	6 /30/1996
Gladys M.	Frye	MD	7 /1 /1993	6 /30/1996
Monique	Gedenk	MD	7 /1 /1993	6 /30/1996
Myron L.	Glick	MD	7 /1 /1993	6 /30/1996
Ayesha	Jafri	MD	7 /1 /1993	6 /30/1996
Ira D.	Lieboss	MD	7 /1 /1993	6 /30/1996

Shauna M.	Paylor	MD	7 /1 /1993	6 /30/1996
Gretchen A.	Reis	MD	7 /1 /1993	6 /30/1996
Thane N.	Turner	MD	7 /1 /1993	6 /30/1996
Paul S.W.	Yim	MD	7 /1 /1993	6 /30/1996
Anne P.	Ambarian	MD	7 /1 /1994	6 /30/1997
E. Susan	Armstrong-Mellinger	MD	7 /1 /1994	6 /30/1997
Maria	Facci Perlis	MD	7 /1 /1994	6 /30/1997
Geoffrey W.	Gilson	MD	7 /1 /1994	6 /30/1997
Jeffrey R.	Martin	MD	7 /1 /1994	6 /30/1997
William L.	Melahn	MD	7 /1 /1994	6 /30/1997
Russell W.	Melton	MD	7 /1 /1994	6 /30/1997
Christopher J.	Putney	MD	7 /1 /1994	6 /30/1997
Steven E.	Roskos	MD	7 /1 /1994	6 /30/1997
Robert C.	VandenBosche	MD	7 /1 /1994	6 /30/1997
Vivica D.	Vollmer	MD	7 /1 /1994	6 /30/1997
Verneeta L.	Williams	MD	7 /1 /1994	6 /30/1997
Steven	Blash	MD	7 /1 /1995	6 /30/1998
Nipa R.	Doshi	MD	7 /1 /1995	6 /30/1998
Troy J.	Ehrhart	MD	7 /1 /1995	6 /30/1998
Eric M.	Gerchman	MD	7 /1 /1995	6 /30/1998
Kathleen B.	Gilson	MD	7 /1 /1995	6 /30/1998
Philip Alan	Hess	MD	7 /1 /1995	6 /30/1998
Anne Marie	King	MD	7 /1 /1995	6 /30/1998
Tamara M.	Lester-Powell	MD	7 /1 /1995	6 /30/1998
Christopher G.	McLane	MD	7 /1 /1995	6 /30/1998
Rachel M.	Moore	MD	7 /1 /1995	6 /30/1998
Kami S.	Phillips	MD	7 /1 /1995	6 /30/1998
James A.	Rochester	MD	7 /1 /1995	6 /30/1998
K. Lynn	Walker	MD	7 /1 /1995	6 /30/1998
Peggy L.	Bandy	MD	7 /1 /1997	6 /30/1999
Sima A.	Daniel (Weaver)	MD	7 /1 /1996	6 /30/1999
Vito J.	DiCamillo	MD	7 /1 /1996	6 /30/1999
David H.	Emmert	MD	7 /1 /1996	6 /30/1999
David M.	Ferguson	MD	7 /1 /1996	6 /30/1999
Brent A.	Fryling	MD	7 /1 /1996	6 /30/1999
Savita	Garg	MD	7 /1 /1996	6 /30/1999
Todd V.	Peterson	MD	7 /1 /1996	6 /30/1999
Bradley K.	Pittman	MD	7 /1 /1996	6 /30/1999
Michael S.	Shirk	MD	7 /1 /1996	6 /30/1999
Stephanie D.	Silverman	MD	7 /1 /1996	6 /30/1999

Beck B.	Soderberg	MD	7 /1 /1996	6 /30/1999
Sung Y.	Son	MD	7 /1 /1996	6 /30/1999
Daniel	Aukerman	MD	7 /1 /1997	6 /30/2000
Scott	Conley	MD	7 /1 /1997	6 /30/2000
Paul D.	Devers	MD	7 /1 /1997	6 /30/2000
Adam D.	Garretson	MD	7 /1 /1997	6 /30/2000
Stephen E.	Godshall	MD	7 /1 /1997	6 /30/2000
Celeste D.	Heckman	MD	7 /1 /1996	6 /30/2000
Joseph J.	Irwin	MD	7 /1 /1997	6 /30/2000
Marie L.	Kellett	MD	7 /1 /1997	6 /30/2000
Chad E.	Lamendola	MD	7 /1 /1997	6 /30/2000
Andre M.	Nye	MD	7 /1 /1997	6 /30/2000
Brett R.	Oesterling	MD	7 /1 /1997	6 /30/2000
Lee J.	Radosh	MD	7 /1 /1997	6 /30/2000
Christine S.	Richards	MD	7 /1 /1997	6 /30/2000
Susan J.	Angelisanti	MD	7 /1 /1998	6 /30/2001
Patrick M.	Aquilina	MD	7 /1 /1998	6 /30/2001
Wendy	Bisset	MD	7 /1 /1998	6 /30/2001
Nancy	Brenton	MD	7 /1 /1997	6 /30/2001
Clara	Chang Auty	MD	7 /1 /1998	6 /30/2001
William A.	Fife, Jr.	MD	7 /1 /1998	6 /30/2001
Pearl S.	Huang-Ramirez	MD	7 /1 /1998	6 /30/2001
Pearl	Huang-Ramirez	MD	7 /1 /1998	6 /30/2001
Andrew W.	Kamell	MD	7 /1 /1998	6 /30/2001
Deborah J.	Kylander	MD	7 /1 /1998	6 /30/2001
Kristine S.	Marchalonis-Leaman	MD	7 /1 /1998	6 /30/2001
Douglas R.	Morrissey	MD	7 /1 /1998	6 /30/2001
Monica L.	Norris	MD	7 /1 /1998	6 /30/2001
Sam	Reynolds	MD	7 /1 /1998	6 /30/2001
Matthew J.	Beelen	MD	7 /1 /1999	6 /30/2002
Derick	Brubaker	MD	7 /1 /1999	6 /30/2002
Scott C.	Clay	MD	7 /1 /1999	6 /30/2002
Donna	Cohen	MD	7 /1 /1999	6 /30/2002
Katherine A.	Cook	MD	7 /1 /1999	6 /30/2002
Joseph	Degenhard	MD	7 /1 /1999	6 /30/2002
Susanne M.	Engler Scott	MD	7 /1 /1999	6 /30/2002
Daniel J.	Frayne	MD	7 /1 /1999	6 /30/2002
Nandini N.	Koka	MD	7 /1 /1999	6 /30/2002
D. Thais	Magill	MD	7 /1 /1999	6 /30/2002
Thomas C.	Scott	MD	7 /1 /1999	6 /30/2002

Mark A.	Sordi	MD	7 /1 /1998	6 /30/2002
P. Jonathan	White	MD	7 /1 /1999	6 /30/2002
Raja	Abusharr	MD	7 /1 /2000	6 /30/2003
Trisha	Acri	MD	7 /1 /2000	6 /30/2003
Anne Marie	Derrico	MD	7 /1 /1999	6 /30/2003
Marguerite R.	Duane	MD	7 /1 /2000	6 /30/2003
Eric L.	Esch	MD	7 /1 /2000	6 /30/2003
Corey D.	Fogleman	MD	7 /1 /2000	6 /30/2003
Zoe J.	Foster	MD	7 /1 /2000	6 /30/2003
John J.	Hart	MD	7 /1 /2000	6 /30/2003
Christian L.	Hermansen	MD	7 /1 /2000	6 /30/2003
Rebecca B.	Hoover	MD	7 /1 /2000	6 /30/2003
Louise E.	LeDuc	MD	7 /1 /2000	6 /30/2003
Jennifer L.	Meade Hart	MD	7 /1 /2000	6 /30/2003
Adam C.	Perry	MD	7 /1 /2001	6 /30/2003
Janet	Titchener	MD	7 /1 /2000	6 /30/2003
David M.	Engle	MD	7 /1 /2001	6 /30/2004
Krista E.	Erbele	MD	7 /1 /2001	6 /30/2004
Christopher J.	George	MD	7 /1 /2001	6 /30/2004
Erik F.	Ketels	MD	7 /1 /2001	6 /30/2004
Kenneth W.	Lin	MD	7 /1 /2001	6 /30/2004
Chris P.	Lupold	MD	7 /1 /2001	6 /30/2004
Maria P.	Papoutsis	MD	7 /1 /2001	6 /30/2004
James J.	Schellenger	MD	7 /1 /2001	6 /30/2004
Brian P.	Sullivan	MD	7 /1 /2001	6 /30/2004
Ama A.	Tyus	MD	7 /1 /2001	6 /30/2004
Jason F.	White	MD	7 /1 /2001	6 /30/2004
Brian J.	Young	MD	7 /1 /2001	6 /30/2004
Jennifer	Brighter	MD	7 /1 /2002	6 /30/2005
Matthew	Brown	MD	7 /1 /2002	6 /30/2005
Alison J.	Hartemink Railsback	MD	7 /1 /2002	6 /30/2005
Janice K.	Hartman	MD	7 /1 /2003	6 /30/2005
Eric F.	Hussar	MD	7 /1 /2002	6 /30/2005
Darren	Jacobs	MD	7 /1 /2003	6 /30/2005
Luke J.	Morley	MD	7 /1 /2002	6 /30/2005
Suzanne L.	Parsons	MD	7 /1 /2002	6 /30/2005
M. Samir	Qamar	MD	7 /1 /2002	6 /30/2005
Timothy D.	Riley	MD	7 /1 /2002	6 /30/2005
Isis	Shanbaky	MD	7 /1 /2002	6 /30/2005
Gregory W.	Shawver	MD	7 /1 /2002	6 /30/2005

Shereen	Gamaluddin	MD	7 /1 /2003	6 /30/2006
Kristen M.	Griffin	MD	7 /1 /2003	6 /30/2006
Christopher L.	Hager	MD	7 /1 /2003	6 /30/2006
Curtis L.	Hershey	MD	7 /1 /2003	6 /30/2006
Wendell E.	Kellum	MD	7 /1 /2003	6 /30/2006
James M.	Kelly	MD	7 /1 /2003	6 /30/2006
Precious (Gigi) J.	Marquart	MD	7 /1 /2004	6 /30/2006
Michael R.	Ripchinski	MD	7 /1 /2003	6 /30/2006
Carlos R.	Sandoval	MD	7 /1 /2004	6 /30/2006
Daniel J.	Schlegel	MD	7 /1 /2003	6 /30/2006
Christi Ann	Stewart	MD	7 /1 /2003	6 /30/2006
Jonathan D.	Stewart	MD	7 /1 /2003	6 /30/2006
Michele	Zawora Quintrel	MD	7 /1 /2003	6 /30/2006
Mark	Brummel	MD	7 /1 /2004	6 /30/2007
Denise	Cope	MD	7 /1 /2004	6 /30/2007
R. Scott	DeLong	MD	7 /1 /2004	6 /30/2007
Rachel	Eash-Scott	MD	7 /1 /2004	6 /30/2007
Amber D.	Featherstone	MD	7 /1 /2004	6 /30/2007
Kirsten	Johnsen	MD	7 /1 /2004	6 /30/2007
Heidi T.	Kistler	MD	7 /1 /2004	6 /30/2007
Katheryn J.	Lauer	MD	7 /1 /2004	6 /30/2007
Shelby L.	Margut	MD	7 /1 /2004	6 /30/2007
Stephanie A.	McKnight	MD	7 /1 /2004	6 /30/2007
Crischelle L.	Shank	MD	7 /1 /2004	6 /30/2007
Margaret C.	Thomas	MD	7 /1 /2004	6 /30/2007
John C.	Wood	MD	7 /1 /2004	6 /30/2007
Brian	Albertson	MD	7 /1 /2005	6 /30/2008
Erica L.	Coulter	MD	7 /1 /2005	6 /30/2008
Todd M.	Felix	MD	7 /1 /2005	6 /30/2008
Roger R.	Feo	MD	7 /1 /2005	6 /30/2008
Hieu V.	Ho	MD	7 /1 /2005	6 /30/2008
Heather A.	Jackson	MD	7 /1 /2005	6 /30/2008
Jacqueline E.	Julius Bhandari	MD	7 /1 /2005	6 /30/2008
Maria L.	Murphy	MD	7 /1 /2005	6 /30/2008
Sharayu	Sawant	MD	7 /1 /2005	6 /30/2008
Matthew A.	Weitzel	MD	7 /1 /2005	6 /30/2008
Mamatha	Yeturu	MD	7 /1 /2005	6 /30/2008
Anzhelika	Zakharova	MD	7 /1 /2005	11/30/2008
Lisa	Alleyne	MD	7 /1 /2006	6 /30/2009
Michelle	Cardona	MD	7 /1 /2006	6 /30/2009

Taylor	Chambers	MD	7 /1 /2006	6 /30/2009
J. David	Dumornay	MD	7 /1 /2006	9 /24/2009
Patrick	Eckert	MD	7 /1 /2006	6 /30/2009
Sharon	Eltz	MD	7 /1 /2006	6 /30/2009
Mandy	Fannin	MD	7 /1 /2006	6 /30/2009
Aviva	Fohrer	MD	7 /1 /2006	10/20/2009
Dongsheng	Jiang	MD	7 /1 /2006	6 /30/2009
Trevor	Martenson	MD	7 /1 /2007	7 /30/2009
Anne	Mielnik Nolte	MD	7 /1 /2006	6 /30/2009
Yukako	Tachibana	MD	7 /1 /2006	6 /30/2009
Kimberly	Williams	MD	7 /1 /2006	6 /30/2009
Kaitlyn	Beisecker-Levin	MD	7 /1 /2007	6 /30/2010
Janae	Brill	MD	7 /1 /2007	6 /30/2010
Candice	Cavicchia Miller	MD	7 /1 /2007	6 /30/2010
Amanda	Davis	MD	7 /1 /2007	6 /30/2010
Richard Scott	Dent	MD	7 /1 /2007	6 /30/2010
Ian	Deutchki	MD	7 /1 /2007	6 /30/2010
John	Hornick	MD	7 /1 /2007	6 /30/2010
Amy	Howell Harte	MD	7 /1 /2007	6 /30/2010
Maryellen	Lewis Mead	MD	7 /1 /2007	6 /30/2010
Stephanie	Onguka	MD	7 /1 /2007	6 /30/2010
Holly Ann	Russell	MD	7 /1 /2007	6 /30/2010
Esther	Stultz	MD	7 /1 /2007	6 /30/2010
Elizabeth	Van Aulen	MD	7 /1 /2007	9 /11/2010
Mothusi	Chilume	MD	7 /1 /2008	6 /30/2011
Elizabeth	Cius	MD	7 /1 /2008	6 /30/2011
Richard	Grunden	MD	7 /1 /2008	6 /30/2011
Amy	Hancock	MD	7 /1 /2008	6 /30/2011
Carla	Henke	MD	7 /1 /2008	6 /30/2011
Ashwini	Kamath Mulki	MD	7 /1 /2008	6 /30/2011
Rebecca	McAteer	MD	7 /1 /2008	6 /30/2011
Matthew	Meunier	MD	7 /1 /2008	6 /30/2011
Danielle	Miller (D'Avolio)	MD	7 /1 /2008	6 /30/2011
Stacey	Milunic	MD	7 /1 /2008	7 /15/2011
David	O'Gurek	MD	7 /1 /2008	6 /30/2011
Jacqueline	Rohrer	MD	7 /1 /2008	9 /15/2011
Joanna	Trojanowski	MD	7 /1 /2008	6 /30/2011
Elaine	Banerjee	MD	7 /1 /2009	6 /30/2012
Lisa	Bartels	MD	7 /1 /2009	6 /30/2012
Keith	Chu	MD	7 /1 /2009	6 /30/2012

Sharon	Chu	MD	7 /1 /2009	6 /30/2012
Janell	Hill Wilson	MD	7 /1 /2009	6 /30/2012
Maggie Hsin-i	Lee	MD	7 /1 /2009	6 /30/2012
Elizabeth	Loomis	MD	7 /1 /2009	6 /30/2012
Chih-Chen Luke	Luan	MD	7 /1 /2009	6 /30/2012
Patrick	Moreno	MD	7 /1 /2009	6 /30/2012
Kari	Oftedal Moreno	MD	7 /1 /2009	6 /30/2012
Mairead	Torsney-Weir	MD	7 /1 /2009	6 /30/2012
Janelle	Wells	MD	7 /1 /2009	6 /30/2012
Jill	Zackrisson	MD	7 /1 /2009	6 /30/2012
Suzanne	Andrews	MD	7 /1 /2010	6 /30/2013
Sarah	Boyce	MD	7 /1 /2010	6 /30/2013
David	Carrier	MD	7 /1 /2010	6 /30/2013
Diana	Chiromeras	MD	7 /1 /2010	6 /30/2013
Samantha	Day	MD	7 /1 /2010	6 /30/2013
Uchenna	Emeche	MD	7 /1 /2010	6 /30/2013
Beth	Freedman	MD	7 /1 /2010	6 /30/2013
Adrienne	Kuhlengel	MD	7 /1 /2010	6 /30/2013
Harrison	McGrath	MD	7 /1 /2010	6 /30/2013
Amaris	Miller Allan	MD	7 /1 /2010	6 /30/2013
Andrea	Stern	MD	7 /1 /2010	6 /30/2013
Shannon	Tapia	MD	7 /1 /2010	6 /30/2013
Irbert	Vega	MD	7 /1 /2010	6 /30/2013
Nicholas	Buckwalter	MD	7 /1 /2011	6 /30/2014
Caitlyn	Burford	MD	7 /1 /2011	7 /28/2014
Tamayi	Bwititi	MD	7 /1 /2011	6 /30/2014
Saira	George	MD	7 /1 /2011	6 /30/2014
Soo Chong	Kim	MD	7 /1 /2011	6 /30/2014
Adam	Lake	MD	7 /1 /2011	6 /30/2014
Michael	Loeven	MD	7 /1 /2011	6 /30/2014
Geoffrey	Ostrander	MD	7 /1 /2011	6 /30/2014
Valerie	Owings	MD	7 /1 /2011	6 /30/2014
Jennifer	Payne	MD	7 /1 /2011	6 /30/2014
Shawn	Phillips	MD	7 /1 /2011	6 /30/2014
Benjamin	Snell	MD	7 /1 /2011	6 /30/2014
Elizabeth	Doherty	MD	7 /1 /2012	9 /9 /2015
Antonio	Funches	MD	7 /1 /2012	6 /30/2015
Alyssa	Jones Anderson	MD	7 /1 /2012	6 /30/2015
Mary	Kadysh	MD	7 /1 /2012	6 /30/2015
Ashley	Kempsell	MD	7 /1 /2012	6 /30/2015

Jessica	Lee Orner	MD	7 /1 /2012	6 /30/2015
Catherine	Main	MD	7 /1 /2012	8 /11/2015
Sabrina	Milhous	MD	7 /1 /2012	6 /30/2015
Melissa	Prado	MD	7 /1 /2012	6 /30/2015
Alexis	Reedy-Cooper	MD	7 /1 /2012	6 /30/2015
Christine	Tam	MD	7 /1 /2012	6 /30/2015
Matthew	Torres	MD	7 /1 /2012	6 /30/2015
Jennifer	Zatorski	MD	7 /1 /2012	6 /30/2015
Allison	Hannan	MD	7 /1 /2013	6 /30/2016
Kathryn	McKenna	MD	7 /1 /2013	6 /30/2016
Ashley	Morrison	MD	7 /1 /2013	12/23/2016
Jonathan	Musyt	MD	7 /1 /2013	6 /30/2016
Kate	Niehoff	MD	7 /1 /2013	6 /30/2016
Ryan	Norton	DO	7 /1 /2013	6 /30/2016
Kelsey	Pappas	MD	7 /1 /2013	8 /5 /2016
Hanna	Rizk	MD	7 /1 /2013	8 /31/2016
Jennifer	Robertshaw	MD	7 /1 /2013	6 /30/2016
Hayley	Ryan	DO	7 /1 /2013	6 /30/2016
Laura	Sturgill	MD	7 /1 /2013	6 /30/2016
Oliver	Wagner	MD	7 /1 /2013	6 /30/2016
Jessica	Walker	MD	7 /1 /2013	6 /30/2016
Kate	Yoo	MD	7 /1 /2013	6 /30/2016
Rima	Bishar	MD	7/1/2014	6 /30/2017
Chelsea	Brower	MD	7/1/2014	6 /30/2017
Thomas	Coyne	DO	7 /1 /2014	6 /30/2017
Andrew	Hoover	MD	7 /1 /2014	6 /30/2017
Alison	Lima	MD	7/1/2014	7 /12/2017
Juliette	Mandel	MD	7 /1 /2014	6 /30/2017
Emily	Miller	MD	7 /1 /2014	6 /30/2017
Jared	Nissley	MD	7 /1 /2014	6 /30/2017
Karl	Reisig	MD	7 /1 /2014	6 /30/2017
Alison	Stanley	MD	7/1/2014	6 /30/2017
Michael	Vizachero	MD	7 /1 /2014	6 /30/2017
Ruth	Wagner	MD	7 /1 /2014	6 /30/2017
Caitlin	White	MD	7 /1 /2014	6 /30/2017
Steven	Aussenberg	MD	7 /1 /2015	8 /21/2018
Chevon	Alderson	MD	7 /1 /2015	6 /30/2018
Katie	Allport	DO	7 /1 /2015	6 /30/2018
Jenna	Fox	MD	7 /1 /2015	6 /30/2018
Elyse	Goveia	MD	7 /1 /2015	6 /30/2018

Tiara	Heisey James	MD	7 /1 /2015	6 /30/2018
Lara	Kobrin	MD	7 /1 /2015	6 /30/2018
Laura	Leaman	MD	7 /1 /2015	6 /30/2018
Cindy	Martinez	MD	7 /1 /2015	6 /30/2018
Phebe	Matsen	MD	7 /1 /2015	6 /30/2018
Brianna	Moyer	MD	7 /1 /2015	6 /30/2018
Laura	Urbanski	MD	7/1/2015	8 /23/2018
Kristina	Zimmerman	MD	7 /1 /2015	6/30/2018

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