College honors Arnold Gerber, '40

Arnold Gerber is the 1991 O.J. Snyder Memorial Award recipient. Honored for his many contributions to the college and profession, Dr. Gerber emerged from his West Philadelphia roots to begin a clinical and teaching career that would touch future generations.

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Two team physicians merge boyhood dreams with 'real' careers

You may not see John J. McPhilemy, Jr., '78, and Mitchel D. Storey, '80, on an all-star game ballot, but keeping professional athletes in playing condition gets them an MVP nomination every time.

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Pilot study evaluates standardized patient testing

As the medical community draws closer to changes in licensing procedures, PCOM tests a program to teach students and residents, using role playing and "actor patients."

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Arnold Gerber, DO
From 48th Street to City Avenue
President's Perspective

Looking Back... and Ahead

By the time this publication reaches you, one year will have passed since I took office as president and board chairman of PCOM. I want to take this opportunity to summarize our activities and accomplishments during that time and to share with you some of our future plans.

A year ago, our institution was in crisis. The hospital was on the verge of bankruptcy, and morale among the staff and student body was so low that we had doubts about our ability to recruit a full freshman class.

Future is brighter

Today I am pleased to report that we are fiscally solvent and in August enrolled one of the largest and strongest freshman classes in our history. Credit for this turnaround must go to our new Board of Trustees, our senior management team and our senior administrators in the hospital and college, who have worked tirelessly, often under difficult circumstances, to put our institution back on track.

One of the most significant events of the past year was our acquisition in July of Metropolitan Hospital's Parkview Division. From a medical college with a 228-bed teaching hospital we became a 423-bed academic medical center and the major provider of osteopathic medical education and patient care in the greater Philadelphia area.

To help us manage and direct our newly expanded resources, we completed an ambitious master strategic and facility plan, a blueprint for our growth over the next several years. As a result of that process we are in the midst of finalizing the size and number of our residency programs, strengthening both the breadth and depth of training available to osteopathic physicians in the Delaware Valley and making us competitive with allopathic hospitals.

To assist us in this effort we have appointed two experienced staff members, one at each campus, to serve as physician services representatives. They work closely with senior management of the hospital to see that physicians' needs are met smoothly and promptly.

Recognizing the importance of customer service to the success of our hospital, we recently implemented a quality customer service program. Every employee participated in a training workshop to help them provide improved service to our customers — our physicians, patients, visitors, students, alumni and co-workers. A guest relations coordinator has been added to our staff to strengthen our work in this area. In addition, we are initiating a management training program to further improve the operations of our institution at every level.

Although this has been a year of accomplishment, it has had its share of setbacks. We have been frustrated by the slow and tedious process of upgrading our physical plant, of attracting a full complement of permanent nurses and of recruiting enough new physicians to our staff to achieve a comfortable level of admissions.

Positive efforts continue

We recognize also that we have not fully overcome the long-standing skepticism and discontent that some area alumni and members of the medical staff feel toward the institution. We hope that our continuing positive efforts and their successful results will, in time, remove this distrust.

The economic climate affects everyone in health care; our college and hospital are no exception. We must continue to improve our revenues and efficiency of operations to compensate for delays in Medicaid payment and cutbacks in government support for our college. Innovative and imaginative methods to carry this out are under continuous discussion. An example is our current discussion with the Graduate Health System.

As it becomes more difficult to stretch shrinking dollars, your support becomes ever more important. One of our goals for this year is to reach out to more of our alumni and ask for the financial support which is so vital to our future. When we do, we hope you will respond.

Relationships improve

A major goal of this new administration has been to improve relationships with our medical staff so that these physicians can feel confident referring their patients to our hospital. To assist us in this effort we have appointed two experienced staff members, one at each campus, to serve as physician services representatives. They work closely with senior management of the hospital to see that physicians' needs are met smoothly and promptly.

We have made significant progress in the educational arena also. The addition of Parkview and teaching affiliations with other Philadelphia hospitals expanded our postgraduate teaching programs. Our internship class in July will number 74, double the figure of the current class. We have increased the size and number of our residency programs, strengthening both the breadth and depth of training available to osteopathic physicians in the Delaware Valley and making us competitive with allopathic hospitals who recruit our students for postgraduate training.

We have worked very hard this year to improve morale among our students and to build new bridges to our alumni. We have done a lot of listening, and whenever possible we have responded to concerns and suggestions with concrete changes.

We have initiated new programs for our house staff, both to assist them during their training and to help them get started in practice. Among these activities was a highly successful day-long practice management seminar for senior residents.
A Role Model for the Profession
Arnold Gerber, '40
1991 O.J. Snyder Memorial Medalist

By Janet Mason

If the true test of a physician's success is respect from colleagues and former students, then Arnold Gerber, DO, has had more than a half century's worth of proven professional achievement.

One person who attests to this is long-time colleague R. Raymond Kuptsow, DO. Kuptsow has not only referred hundreds of patients to Gerber, but also — in the test of true respect — has referred his own family members and himself. "He took care of me when I had a herniated disk and saved me from surgery," says Kuptsow.

Along with describing him as a first-rate physician, Kuptsow says that Gerber served as an exemplary role model for him when they were classmates together. They both graduated in the class of 1940 from PCOM, then still PCO.

The early days

Dr. Gerber's entire education — including a one-year osteopathic preparatory course he took before beginning medical school — took place within the range of two city blocks from the West Philadelphia house where he grew up.

From his origins within those two city blocks, Gerber launched a medical career as an orthopedic surgeon that has had far reaching results. As a teacher at PCOM for 30 years, he influenced three generations of DOs. And as a clinical practitioner at HPCOM, Metropolitan and other hospitals, he was in the forefront of development of his specialty, from the days when he was one of only two certified osteopathic orthopedic surgeons in Philadelphia.

While Gerber now is semi-retired and no longer practices surgery, he still works as a consultant and maintains an office at Metropolitan Hospital, where he sees patients.

Earning respect

Serving as a beacon for his 50-year-plus medical career has been his philosophy of thinking of the patient before anything else. "Loyalty to the patient is paramount, because the patient is placing his or her life in your hands," he says.

Gerber refers humbly to himself as a "dedicated physician." However, his modesty is overshadowed by the opinions of others, such as Kuptsow. "Arnold Gerber is not just an excellent physician. The trust and respect his patients and the profession have placed in him attest to that," Kuptsow says.

Gerber's years at Philadelphia College of Osteopathy began with his strong interest in chemistry and ended with his graduating first in his class and finding a life-long mentor whose footsteps he eventually followed.

Although his initial passion was basic science, Gerber quickly came to replace it with a love of osteopathic medicine. "I liked that osteopathic medicine was different," he recalls. "It challenged conventional standards and ideas of practice and consequently was looked down upon by many. But I saw in my studies that good things resulted from it."
Thirst for knowledge

During his student years, Gerber was fueled by his desire to learn and inspired by the dedicated professors who had a profound effect on his life. “Some of them,” he notes, “set the examples that I followed from that day into the present.”

One of his major influences, a man he describes as “brilliant,” was James Madison Eaton, DO. “He was innovative, filled with curiosity, would challenge any idea and attack any thought that stirred his interest,” says Gerber of Eaton, who taught general surgery at the college. Eaton, who became chief of surgery in the hospital and created the first division of orthopedic surgery, was a leading figure on the PCO campus.

Eaton’s enthusiasm was catching, and he soon became the man who shaped Gerber’s career. “During my internship, which I was awarded — at that time it was an honor — I proposed to Dr. Eaton that I wanted to study with him as an apprentice. I told him that after my internship I’d start a general practice in the evening to leave my days free so I could study with him.

“His response was that it would be fine. And we would start together in orthopedics. That’s how I got involved in the field,” continues Gerber. He finished his internship just as Eaton was setting up the orthopedic surgery division at HPCOM and became Eaton’s first fellow in orthopedic surgery.

After the fellowship, Gerber and his wife, Mona Weisman, whom he met at a PCOM dance during his internship, moved to New York. There he was a resident in surgery for St. Francis Hospital in the Bronx. Mona, who had graduated from the University of Pennsylvania with a degree in education, taught private school.

“It was an intriguing residency,” he recalls. “I worked with several superb orthopedic surgeons and had an excellent exposure to a high degree of surgery in a 20-bed ward.”

After two years, Gerber and his wife returned to Philadelphia, where he was received at PCOM by Eaton. “I was reappointed a clinical assistant in orthopedic surgery,” says Gerber, “and stayed with the institution — through my last appointment as clinical professor of orthopedic surgery — for 30 years.”

Influencing future DOs

Just as Eaton had influenced Arnold Gerber’s career direction and Dressler his teaching techniques, many of Gerber’s students saw him as their mentor.

His first resident, Philip Lewis, DO, ’54, became Gerber’s partner in clinical work. “Between the two of us, we covered orthopedics in every osteopathic hospital in the Delaware Valley,” says Gerber. “It kept us busy from six in the morning until midnight.”

Another student who was highly influenced by Gerber was Judith Benscoter, DO, ’78, who also served a residency under the orthopedic surgeon.

“Dr. Gerber is one of the most ethical, professional doctors I know,” says Benscoter. “He certainly represents the ideal example of a chief in a training program.

“He taught responsibility patterns as well as academics. And as a female in a specialty that was dominated by males, I think Dr. Gerber opened himself up to a lot of criticism when he accepted me in the program. That takes a lot of courage.

“I am very thankful for the opportunities Dr. Gerber provided for me. He demanded and set criteria for residents which I now use in my private practice,” she adds.

Teaching beyond PCOM

His influence as a teacher extended beyond the PCOM campus, and, in fact, outside the Philadelphia region. Gerber instructed students from the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery in Des Moines and New York College of Osteopathic Medicine of New York Institute of Technology.

Students from these schools were sent to Metropolitan Hospital for clinical rotations where they learned about orthopedic surgery from Gerber.

In his clinical practice at Metropolitan Hospital, which began in 1945, he became chief of the division of orthopedic surgery and then chief of the department of surgery. He is now an emeritus chairman in the division of orthopedic surgery.

A role model for the profession

Along with his clinical and teaching contributions, Gerber has strongly supported the osteopathic profession through active involvement in professional associations. In addition to other affiliations, Gerber has made significant contributions to the American College of Osteopathic Surgeons.

He became a member in 1950, a fellow in 1958, and served on the Board of Governors for 10 years. Currently, he is chairman of the ceremonial committee.

As president of the college in 1984 and 1985, he was instrumental in moving the group’s headquarters from Florida to Washington, D.C.

“The college is the voice of osteopathic surgeons in the
United States," says Gerber. "The younger members of the college wanted to move the headquarters to Washington to be closer to the political origins of the practice of surgery. "I pushed the decision through as best I could," he recalls. "It was quite controversial and particularly awkward for me, because the old guard didn't want the move and I was part of the old guard." Characteristically, Gerber persevered — the college is now located in Alexandria, Va., right outside Washington.

Putting DOs on the map

Along with supporting the profession, Gerber has taken an active stance in increasing its visibility. He was one of the first doctors of osteopathic medicine to consult for the Keystone Peer Review Organization, which investigates treatment of Medicare patients.

He was also one of the first DOs to become a Workmen's Compensation referee. When he was offered the position in 1972, he was hesitant, at first, to accept it. "It involved a lot of time with little financial return," he explains. "But when they told me I would be the first DO, I took it, because I always try to accept positions if I can increase visibility for the osteopathic profession." It is precisely this profound philosophy, along with Dr. Gerber's outstanding career as a osteopathic surgeon and educator, that prompted PCOM to bestow on him the 1991 O.J. Snyder Memorial Medal.
Founders Day 1991 Highlights

Awards

This year's Founders Day celebration witnessed the recognition of alumni and staff who provide seemingly effortless dedication to PCOM. In addition to the College awarding the O.J. Snyder Medal to Dr. Gerber, the alumni association named Joseph A. Ackil, DO, '67, and Joan Remolde, executive secretary, department of alumni relations and development, the 1991 recipients of its Certificate of Honor.

Top left, Dr. Ackil, center, is congratulated by Frederick R. Melhorn, DO, '56, left, outgoing alumni association president, and Alexander E. Rodi, DO, '58, incoming president, right. Photo right, Hale Peffall, Jr., left, executive director of alumni relations and development, presents Joan Remolde with her Certificate of Honor.

CMEs

Although many Founders Day attendees come to the reunion to catch up with colleagues, CMEs offered provide an educational facet to the weekend. Above, John P. Simelaro, DO, '71, chairman, department of internal medicine, and chairman, division of pulmonary medicine, conducts a demonstration during a course he taught on modern bronchodilator delivery systems.

Representing PCOM's Past

B.T. Bailey Flack, DO, right, emeritus HPCOM board member, and Foster D. Clark, DO, left, earn the distinction of being the "most mature" of this year's reunion attendees. Both were graduates of the class of 1931.
PCOM first to teach new surgical procedure

In an effort to provide the most up to date training for practicing physicians, Philadelphia College of Osteopathic Medicine has conducted two training conferences on gall bladder surgical procedures, utilizing both the new laser and the electrosurgical laparoscopic cholecystectomy.

PCOM offered the first of this continuing series of conferences in August 1990, also marking the first time a course in laparoscopic laser cholecystectomy was offered to general surgeons in the greater Philadelphia area. Another conference took place in October 1990. Plans are on tap for two more sessions, March 15-16 and May 10-11, 1991.

The new endoscopic procedure uses a laser instead of a scalpel to remove gall bladders, significantly reducing hospitalization and recuperation time for the patient.

"These conferences are just another one of the advanced training courses for practicing physicians offered by PCOM," says Domenic A. DeBias, PhD, professor and chairman, department of physiology and pharmacology, and assistant dean of basic sciences. "PCOM is dedicated to placing itself at the forefront of education to physicians."

Course director for the training conferences is Nicholas C. Pedano, DO, FACOS, chairman and professor, department of surgery.

The currently offered laparoscopic cholecystectomy conferences, open to surgeons and operating room nurses accompanying a surgeon, are a combination of lectures and hands-on training. Lectures topics include laser use and safety, instrumentation, principles of basic laparoscopy and clinical considerations and procedures for this surgery.

Clinically-experienced faculty guide participating surgeons during hands-on laboratory practice sessions in which participants introduce a laparoscope, perform insufflation of the abdominal cavity and a laparoscopic laser cholecystectomy on a living model.

Faculty from PCOM include Dr. DeBias, Charlotte H. Greene, PhD, professor, physiology/pharmacology; Ronald A. Kirschner, DO, MSc, FACOO, professor and chairman, department of otorhinolaryngology; and Daniel L. Wisely, DO, FACOS, professor of surgery and dean.

More News From the Gulf

PCOM honored alumni and OMCP "family" called to service in the Persian Gulf. Above, Leonard H. Finkelstein, DO, chairman and president, right, shows his guests one of over 200 yellow ribbons gracing the signs, trees and doors of the buildings on both the City Avenue and the Parkview campuses. The ribbons were provided by Student Council and the alumni association. The placing of the ribbons received television coverage on all major Philadelphia stations. From left, are Frederick R. Melhorn, DO, '56, past president of the alumni association, Alexander E. Rodi, DO, '58, current alumni association president, and James H. Black, DO, '62, military representative for the alumni association.

Inset, Steven Fagan, DO, '80, neuro-radiologist, aboard the 1,000-bed, U.S. Naval Hospital ship "Comfort." Also aboard the Comfort is Glenn Bacon, DO, '81 anesthesiologist.
A Double Header: A Tale of Two Team Physicians

By Janet Mason

What's a young boy's most popular dream? The one that outranks president, fireman, even movie star. You've got it. The pro-ball player. Whether dreaming of the hoop, the baseball diamond or just the cheering crowds, many a kid has spent hours imagining future fame and glory. A fortunate few go on to live out their dreams. And some — like PCOM graduates John J. McPhilemy, Jr., '78, and Mitchel D. Storey, '80 — combine old dreams with new ones.

Sweet for greens

Both made it to college with sports scholarships and now spend plenty of time in the locker room — and the operating room. They both wear the initials DO after their names and do their best to get major league players back into the game after an injury. Both are team physicians — Storey for the Seattle Mariners baseball team and McPhilemy for the Philadelphia 76ers basketball team.

Their names may not be in the baseball or basketball halls of fame, and their salaries are far from the endless digits and zeros awarded to the players, but make no mistake — being the team physician is an honor all its own.

“Even after six years, I’m still in awe of the responsibility,” says Storey, former college football player turned physician. “These guys are valuable commodities to their ball clubs and heroes to their fans, some making $4 million a year.”

Credibility and respect

Both Storey and McPhilemy note that although the stipends are low — Storey started at $6,000 for 83 home games — being a team physician establishes credibility for their private practices and respect for the osteopathic profession.

On a personal level, Storey describes it as “a feather in my cap, because there are only so many professional teams in the country.” And for McPhilemy, who grew up one of six children of a Philadelphia policeman, it represents the culmination of “hard work, perseverance and lots of luck.”

The credibility of being a team physician is a big plus in the competitive sports medicine field. Not only do professional and amateur athletes seek treatment, but the general public is flocking to sports medicine practitioners as well. As evidence of this, Storey’s private practice comprises primarily white-collar men and women between the ages of 25 and 40 in need of treatment for off-the-job sports injuries.

However, as Storey points out, sports medicine is more than simply hanging out a shingle and saying that you treat athletes.

“When you treat athletes,” he says, “you need a comprehensive view of the patient, including rehabilitation and bracing, so that the patient doesn’t become reinjured.”

Osteopathic outlook a plus

Osteopathic medicine, with its emphasis on treating the whole person and not just the symptom, and the adjunct of osteopathic manipulative therapy, lends itself to sports medicine in general and team physicians in particular.

“Osteopathic physicians tend to see the entire individual, not just in terms of orthopedics, or the injury,” points out McPhilemy. “And the players tend to respond well to the manipulative therapy.”

McPhilemy, a former St.
Joseph's College basketball player, is a partner with the Philadelphia Orthopedic Group and is professor and chairman of PCOM's department of orthopedics.

"The advantage of being a DO," adds Storey, "is our understanding of the musculoskeletal system, the mechanics of it, the moving parts, the strained muscles around the area.

Intense injuries; intense treatment

"Playing ball every day, batting and throwing, for six months throws the skeleton out of whack," says Storey.

"Every season one of the star players, someone the team is counting on, pulls something."

When this happens, it's up to the team physician to get the player back in playing condition. "Time is always a big consideration," says McPhilemy. "We have to get them back to their playing level as soon as possible.

"We tend to be aggressive in the treatment of a professional athlete," explains McPhilemy. "In the treatment of a sprain, for example, we're more likely to go for functional treatment, such as early motion, rather than immobilization for an extended period of time.

"The use of modalities is usually more intense," he continues, "meaning that physical therapy treatments can be speeded up in an attempt to get the player back to the court faster."

Use of OMT

The overall advantage of osteopathic medicine, observe McPhilemy and Storey, is that instead of prescribing drugs and immobilization, the physician uses spinal manipulations, muscle energy techniques and other physical medicine modalities to treat the player.

Sometimes, with the use of osteopathic manipulative therapy, the results are immediate. "A couple times a year," notes Storey, "I'll use manipulative therapy and the player will get right up and be better. It doesn't always happen. But when players experience it, they expect it to happen all the time."

While most team physicians are allopathic, by virtue of their sheer numbers, Storey credits osteopathic physicians with being in the forefront of the field. "We have the American Osteopathic Academy of Sports Medicine," he points out, "which places us in the forefront in training specialists. The fellowship program is designed to teach the physician to treat the entire patient - including colds and the flu along with injuries."

Although their positions are similar, their duties are slightly different. As an orthopedic surgeon, McPhilemy spends more time in the operating room. However, Storey does act as a primary assistant in major reconstructions and always attends the operation when a major player is in surgery.

How it all started

They also took different paths to their present positions. For McPhilemy, who dreamed of being a doctor for as long as he could remember, PCOM was the natural place to bring together his dual passions.

"From the beginning," he says, "I wanted to combine sports and medicine." At PCOM, he founded the Professional School League, consisting of basketball, rugby, soccer and volleyball teams of the professional schools in Philadelphia. "It was a great opportunity to get away from the books for at least one night a week," he recalls, "and also to meet students training in other professions, such as dentistry and law."

In his course work, he gravitated towards surgery, and then during his residency he specialized in orthopedic surgery, which was more commonly used for sports.

In his private practice, he worked with high school and college athletes along with several of the 76ers. When the team asked him to be their official physician in August of 1989, he readily accepted.
Injured “jock” turns doc

Like McPhilemy, Storey was “always a jock.” But his interest in combining sports and medicine came midway in his medical education. Through his junior year at PCOM, Storey played lacrosse and rugby and also skied and cycled.

Then in the summer between his freshman and sophomore years, he tore the ligaments in his knee playing lacrosse. “The doctor who treated me said, ‘You’re going to be a doctor now, you have to give up the sports you enjoy and start playing ping pong and golf,’” he recalls. “I didn’t accept his advice and kept reinjuring myself. I decided later that I got bad advice. The doctor should have taken into account my desire to still be involved with sports.”

When he found out, in his junior year, that he needed surgery on his knee, he began reading everything he could to find out what to expect. “My career fell into place from that incident,” he recalls. “After I had finished my course work, I was always looking in orthopedic sports medicine journals.”

His interest in learning about his own injury led him to intern in a hospital with a sports medicine clinic and eventually into a fellowship in the field. He established a practice in Selinsgrove, Pa., a small town outside of Harrisburg.

“I decided that a real sports medicine clinic had to be in an urban area,” he says, “and then I had the opportunity to come to Seattle.” He became medical director of The Sports Medicine
Dr. Storey performs a thoracic manipulative procedure on Dave Valle, starting catcher for the Mariners.

Clinic, and is now part owner. Two years later he applied for the position of team physician for the Seattle Mariners.

When he first started with the team he was about the same age as the players he was treating. At the time, recalls Storey, “the Mariners didn’t have a lot of big name players.” The team physician, however, also treats the away teams who are visiting.

Treating the stars

Treating the names and faces on the baseball cards is enough to bring out the kid in anyone. Storey admits to a moment or two of awe when treating big name players — including Wade Boggs of the Boston Red Sox; Nolan Ryan of the Texas Rangers; Steve Carlton of the Baltimore Orioles; and Ken Griffey, Jr., of the Seattle Mariners.

McPhilemy takes a more pragmatic approach. “I’m 15 to 20 years older than the team members I’m treating,” he says, “so they weren’t playing when I was in college.”

But for his two teenage sons, both high school athletes, meeting the players for the first time was a major event. “They were really excited for the first couple months,” says McPhilemy, “but then it wore off just like anything else. Now it’s just something else that their dad does.”

For McPhilemy and Storey, however, working with the players means combining their childhood dreams with adulthood realities and still coming up victorious.
For many people "role playing" connotes acting or a psychotherapy technique. At PCOM, however, role playing has entered the medical education arena in a different form — a pilot study of a program called standardized patient testing.

A progressive teaching and evaluation tool, a standardized patient testing program uses "actor patients" or "standardized patients," carefully coached to simulate a real patient scenario. The traditional purpose of such a program is to test a medical student's clinical and communication skills.

Although PCOM has used a less comprehensive program featuring residents as patients to teach and evaluate students' skills prior to beginning clinical rotations, true standardized patient testing was not known here — that is, until November 28 and 29, 1990.

On those two days, 16 randomly selected fourth-year students participated in a study to evaluate the actual process and possible applications that a standardized patient testing program could have in the PCOM curriculum.

"Our immediate goal for those two days was to look at the standardized patient testing program itself, not to assess the students," says Robert Berger, DO, assistant dean for clinical education, who spearheaded the pilot program with coordinator Jeffrey Freeman, DO, chairman of the division of endocrinology.

The model that the college evaluated was provided by the Medical College of Pennsylvania, which started its program six years ago. PCOM's pilot study concentrated on the skills of history taking, physical examination and doctor-patient communication.

The specific scenarios the students were faced with included explaining the results of an abnormal Pap test to a patient, taking a history on a new patient who gives vague answers and explaining the risks of and getting consent for an arteriogram.

The students entered exam rooms set up in Rowland Hall and worked with the "patient" as the particular situation dictated. In the end, the patients proved not only convincing, but invaluable as a source of immediate feedback, since each "patient" filled out a written evaluation on the student's strengths and weaknesses right after the scenario was completed.

"The fact that I can assist a student in his or her medical education is very rewarding," says Nate Goldberg, a "patient" from Glenside, Pa., who "suffered" from a pain in his left rotator cuff. "As a senior citizen this is my opportunity to give something back to the community and make a mark on the future."

The students found the experience to be equally rewarding. "The program is a valuable guide," says student David Hassman. "I really see it as an educational tool, not a means to evaluate or test for a grade."

"I thought it was a worthwhile experience," says Dominick Zampino, another fourth-year participant. "The patients are so convincing that it makes you draw on what you've learned. I think it should be fit into the curriculum somehow, but not used as a graduation requirement. Getting a grade out of it may take something from the experience."

As for PCOM's future plans for the specific application of standardized patient testing, a few issues still need to be resolved. "We were pleased with the pilot program. Our immediate goals and objectives were met. Both students and faculty enjoyed the process and supported its merit," says Dr. Freeman. "However, at this point we need to resolve some important issues — namely funding, space and time constraints — before we decide what role the program should play in the PCOM curriculum," he adds.

At present Medical College of Pennsylvania and Hahnemann University School of Medicine are the only Philadelphia medical schools using an integrated standardized patient testing program.

According to Dr. Berger, there is movement toward adding standardized patient testing to the osteopathic licensing examination. "In Oklahoma physicians must pass a similar test to be licensed in that state," he says. "Within the next several years the National Board of Medical Examiners will include this type of testing as part of the licensing examination."

"The fact that there is a national trend to require the passing of such a test for licensing makes it in the best interest of the college and our students to add it to our curriculum," Dr. Berger adds.
Assistant deans to help evaluate clinical rotations

William R. Henwood, DO, '76, Sharon, Pa., and Donald H. Thome, DO, '59, Mifflintown, Pa., have joined the staff at PCOM as regional assistant deans for Robert Berger, DO, '58, assistant dean for clinical education.

The new positions were added to aid the assistant dean for clinical education in evaluating how well the goals and objectives are being met for clinical rotations and to ensure that AOA regulations are being met. Each regional assistant dean is responsible for all college affiliated educational programs — student clerkships, coordinated internship programs, affiliated hospital programs — in a defined region of the Commonwealth of Pennsylvania.

Henwood and Thome visit the affiliated hospitals in their region, meet with the directors of medical education, clerkship directors, students and interns and file a written report for each site visit to Dr. Berger.

Thome, assigned to central and eastern Pennsylvania, served as professor and chairman of the department of ophthalmology at the college from 1975 to 1990 and as assistant dean for clinical education from 1977 to 1986.

Henwood, assigned to western Pennsylvania, completed an internship at HPCOM in 1977 and a surgical residency at the hospital in 1981. He is currently chief of the department of surgery at Shenango Valley Medical Center, Sharon, Pa.

New Appointment

Joel Dalva has been named HPCOM vice president and controller, with financial responsibility for accounting and patient accounting departments. Dalva served as executive vice president and chief operating officer at Clara Maass Medical Center, Belleville, N.J., and Mountainside Hospital, Montclair, N.J.

Promotions

Richard Anderson, DO, has been appointed medical director for Hospital of Philadelphia College of Osteopathic Medicine, City Avenue and Parkview campuses. Anderson has been medical director and director of medical education at Parkview. Assisting and reporting to Anderson will be Theodore Maurer, DO, '62, who will continue as medical director on the City Avenue campus.

Ernest N. Perilli has been appointed associate executive director for operations at HPCOM-Parkview. He has been associate executive director for clinical services at the City Avenue campus.

Ronald R. Blanck, DO, '67 promoted to brigadier general

Ronald R. Blanck, DO, '67, has been promoted from colonel to brigadier general, becoming not only the first PCOM alumnus to earn this rank, but also the first doctor of osteopathic medicine to achieve "flag officer" status in the United States Army.

In his new position, he sets policy for all health care for the Army Medical Department. He is also responsible for all aspects of physician evaluation and oversees graduate medical education and development.

In recognition of his contributions, Brig. Gen. Blanck will be awarded an honorary degree at PCOM's 100th commencement this June, along with Hugh P. Scott, DO, '64, who has been promoted to Fleet Surgeon, U.S. Pacific Fleet.

Brig. Gen. Blanck formerly was colonel and chief of graduate medical education in the Office of the Assistant Secretary of Defense.

He entered the U.S. Army in 1968, shortly after receiving his doctor of osteopathy degree. Initially assigned as a general medical officer in the Army stationed in Vietnam, Brig. Gen. Blanck's other assignments have included assistant chief of the general medicine service and of the department of medicine, Walter Reed Army Medical Center, Washington, D.C.; and chief of the department of medicine, Brooke Army Medical Center, Fort Sam Houston, Texas.

In addition, he served as commander of the U.S. Army Medical Department Activity, Berlin, Germany, and commander of the Frankfurt Army Regional Medical Center.

Michael F. Avallone, DO, '59 installed as ACGP president

Michael F. Avallone, DO, FACGP, '59, a member of the HPCOM medical staff, was installed as president of the American College of General Practitioners (ACGP) at its annual convention in Washington, D.C.

Avallone has played a prominent role in promoting the osteopathic profession through his long-time activity in national and regional osteopathic associations.

In addition to having served as president and vice president of Pennsylvania Osteopathic General Practitioners Society (POGPS) and president of Pennsylvania Osteopathic Medical Association (POMA), Avallone has been a member of the boards of POGPS, POMA, Philadelphia County Osteopathic Medical Society and Philadelphia County Osteopathic Medical Society, District 1.

He was also active with the House of Delegates for the American Osteopathic Association, POMA and Philadelphia County Osteopathic Medical Society, District 1, and the Board of Governors and Congress of Delegates for the American College of General Practitioners. He is also president of the Pennsylvania Medical Providers Association.

Avallone's dedication to osteopathic medicine has become a family tradition. His sons are also graduates of PCOM — Michael F. Avallone, Jr., DO, '88, and John A. Avallone, DO, '89, both of Philadelphia.
The Digest of Philadelphia College of Osteopathic Medicine

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**Executive Editor**
Susan Soiferman

**Editor**
Carol A. Harris

**Contributing Writer**
Janet Mason

**Photography**
Mecki McCarthy
Ron Gulsvig
Mike Maicher

**Osteopathic Digest**

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