

ALUMNI BULLETIN Jefferson

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • SEPTEMBER 2005



**Building the
21ST Century Team**



Thomas
Jefferson
University

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Jefferson

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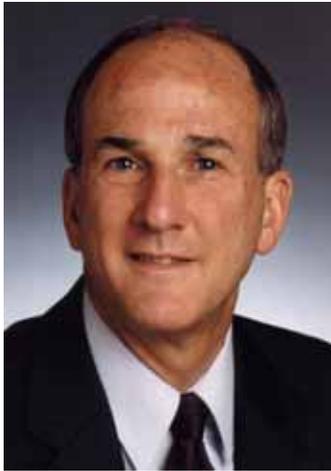
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Message from the President



Robert L. Barchi, MD, PhD

Transforming America's Healthcare University

“Teamwork is central
to good education,
good science, and good
patient care.”

I will join you with great pride on October 7 at the groundbreaking of one of the world's first centers for interdisciplinary teaching of the health sciences. Jefferson will return to the vanguard of medical education with this new building custom-designed for shaping the healthcare teams of the 21st century. The ceremony launching the physical transformation of our campus will kick off Alumni Weekend, and I will be meeting many of you at the complimentary lunch for alumni following the groundbreaking.

A campus green, and an educational building in which all our students learn together, are advantages that Jefferson has never had before. The open space with trees and grass will extend the spirit of community and collaboration to neighboring research buildings. Within the Dorrance H. Hamilton Building, numerous scenarios will be simulated, including outpatient clinics, operating rooms, inpatient hospital rooms, intensive care units, and emergency rooms. They will be the scene not only of students' initial learning but also continuing education programs for practitioners. The new auditorium and simulated clinics will be supplemented by extensive common space, including a roof terrace and “breakout” areas on each floor for informal interaction between classes.

These are key parts of making Jefferson the nation's leading comprehensive healthcare university. Tomorrow's diagnosis and treatment will be delivered by integrated teams of physicians, nurses, occupational and physical therapists, and allied specialists — and the Hamilton Building will replicate the settings in which these teams perform. From their first days on campus, our students will be learning the roles of other team members, and sharing expertise to maximize the benefit to patients.

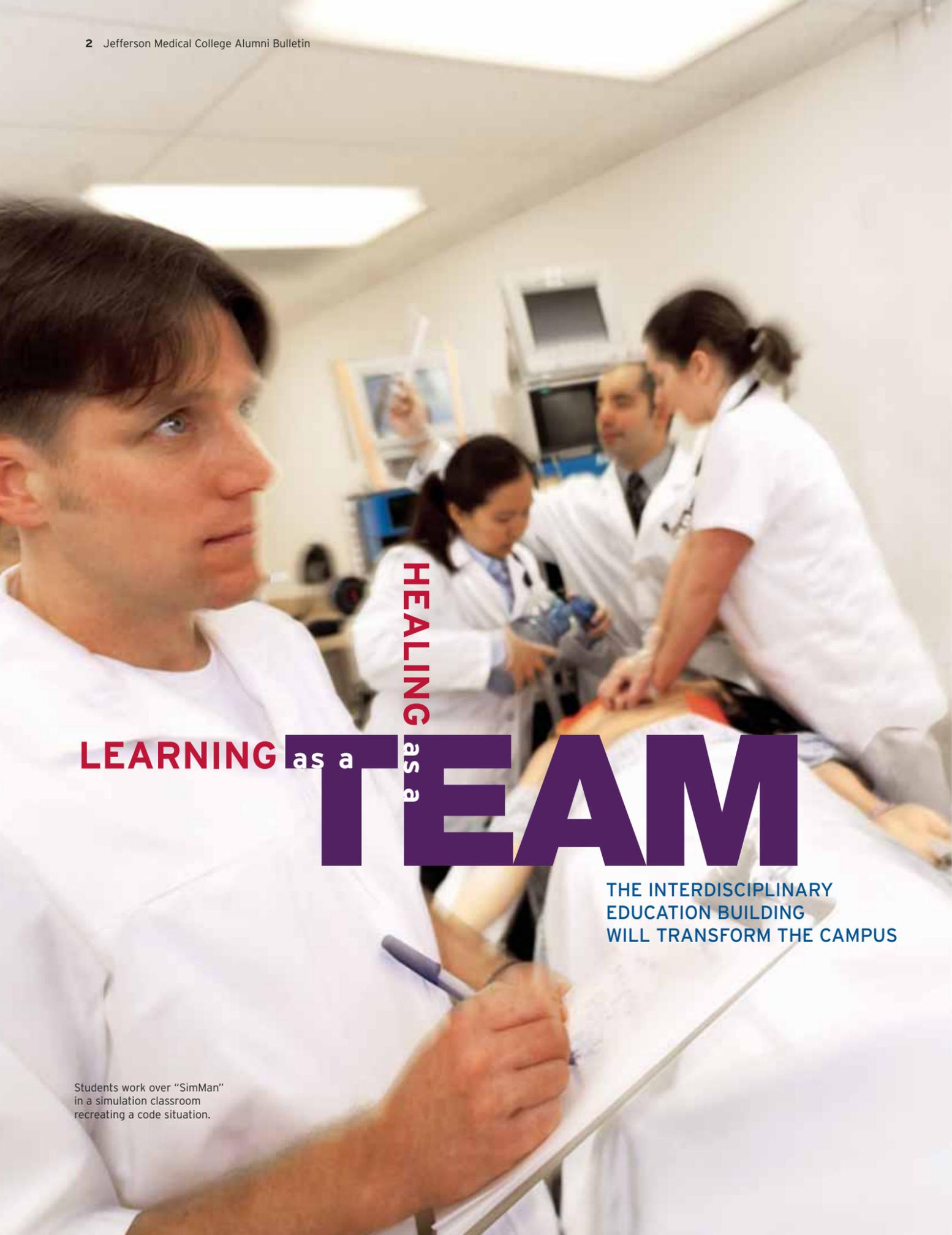
The Hamilton Building will also allow us to live up to our mandate in terms of numbers. Expert studies have determined that the US will suffer a severe shortage of physicians and other healthcare professionals by the year 2020. We are responding by increasing the size of each entering class at Jefferson Medical College to 255 students, and our offerings in other fields will also be expanded. The new building and campus green are essential to increasing our capacity.

The challenge is to create the community of scholars that produces the best possible physicians, researchers, clinical scientists, nurses, and allied specialists. The transformed campus will make us feel like a university. Whether it's saving a life in the emergency room, unraveling the secrets of a cancer gene in the lab, memorizing biochemistry for an exam, or just sharing experiences over a sandwich outdoors, teamwork is central to good education, good science, and good patient care.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Barchi". The signature is fluid and cursive.

Robert L. Barchi, MD, PhD
President
Thomas Jefferson University



LEARNING as a TEAM

HEALING as a

THE INTERDISCIPLINARY
EDUCATION BUILDING
WILL TRANSFORM THE CAMPUS

Students work over "SimMan" in a simulation classroom recreating a code situation.

“This transparency will make a visual statement about Jefferson’s mission when pedestrians see the teaching that takes place inside.”

Learning is more and more a team endeavor, and so is the delivery of healthcare. That’s the philosophy behind a bold project that will transform Jefferson’s campus within the next two years. The Dorrance H. Hamilton Building, Jefferson’s first major construction in 15 years, will be a world-class setting for shaping the 21st century care team. A beautiful campus green will extend the spirit of community and collaboration to neighboring research buildings.

Making this possible is another instance of working together: a leadership pledge of \$25 million from Trustee Dorrance H. Hamilton — the largest gift Jefferson has ever received — combined with numerous gifts from trustees, faculty, alumni, and friends.

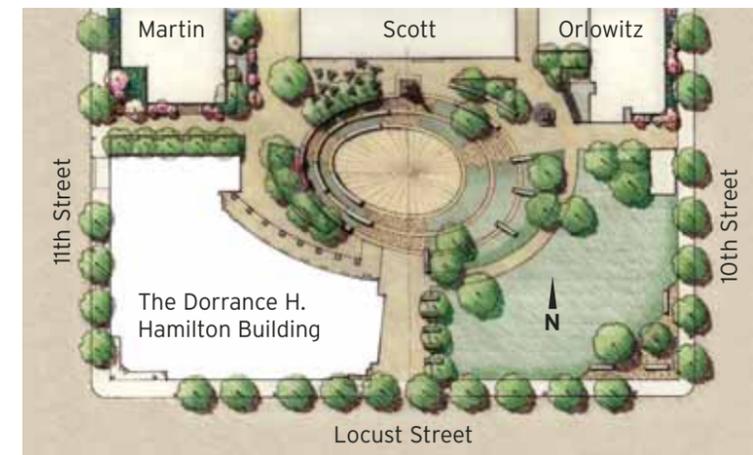
In the new building, one of the first of its kind in the country, students from all three colleges — Health Professions and Graduate Studies as well as the Medical College — will be trained together. “We want to show students, from the outset, an integrative model among doctors, nurses, social workers, occupational and physical therapists, and other healthcare specialists,” explains University President Robert L. Barchi, MD, PhD. “Close communication will mean optimum education for these students as they learn the roles of other team members. And it will lead to optimum care for patients.”

“Instruction at Jefferson will be interdisciplinary,” notes Dean of the Medical College Thomas J. Nasca ’75. “Students will learn to view

Top: Architect’s rendering of the Dorrance H. Hamilton Building.

Middle: Aerial diagram of the campus green.

Bottom: The two-level lobby will foster interaction among students and faculty.





Far Left: As Chief Resident in Medicine, Jean H. Hoffman-Censits '02 helps to teach tomorrow's physicians.

Near Left: Students with a standardized subject/actor.

“Standardized patients have the advantage that they can provide direct, human feedback on student performance.”

“Mannequins are computer programmed to mimic the symptoms of an unlimited variety of diseases.”



The technologically advanced auditorium seating 295 will be located on the first floor, beyond the glass-enclosed lobby.



A typical floor will have classrooms of varying sizes, plus “breakout” areas for informal discussion.

themselves not as individual practitioners but as members of groups, working together in the best interest of the patient. Jefferson will be educating all its students in tomorrow’s practice model while they are still in their formative years.”

The new heart of the campus will include a 60,000 square foot plaza, a 129,000 square foot education building, and a 215 space underground garage. Ground will be broken October 7, and the six story building will be completed in time for the fall 2007 term. It will house a 295 seat auditorium (plenty large enough for an entire Medical College class) and high tech audiovisuals fostering the newest pedagogical techniques. Classrooms will be supplemented by extensive common space, including a roof terrace and “breakout” areas on each floor for informal interaction between lectures.

The facility’s curved façade will feature large expanses of glass. This transparency will carry through the entire ground floor, allowing people on the street to look into the lobby, through the building, and out to the plaza, and expressing the university’s openness toward its Philadelphia neighbors. The building will make a visual statement about the university’s mission when pedestrians see the instruction and informal gatherings inside. Setbacks will maximize the fall of sunlight and preserve views of the buildings encircling the campus green.

There will be a surprising amount of open space: larger than a football field. All the

parking garages that previously lined Locust Street will be submerged underground, and the center will be slightly terraced to create an “outdoor room” surrounded by tiered lawns, shade trees, and flowering shrubs. A gala tent will spread across the main oval when alumni and parents attend events in fair weather. On quieter days, it will be a relaxing place to eat lunch or scan a textbook.

This parklike zone will spruce up the image the university presents in Center City. “It’s a major part of revitalizing this critical area of Washington Square West,” Ron Bowlan, Associate Vice President for Facilities Management, points out. The architects are Burt Hill Kosar Rittelmann Associates, while the landscape designers are the Philadelphia firm of Andropogon Associates.

Within the Hamilton Building, the Dr. Robert and Dorothy Rector Clinical Skills Center will be the focus for innovative teaching. It will be a vast expansion of Jefferson’s current clinical skills program, supported by a \$10 million bequest from the estate of Robert Rector ’45 and Dorothy Rector of Chambersburg, Pennsylvania.

The center enables medical and nursing students to learn important procedures without endangering the well-being of severely ill patients in the hospital. Within the Hamilton Building, numerous scenarios will be simulated, including outpatient clinics, operating rooms, inpatient hospital

rooms, intensive care units, and emergency rooms.

There are several types of simulation: mechanical simulation is the term for mannequins that are computer-programmed to mimic the physical findings of particular diseases. Students can handle the mannequins to practice placing an IV line, central line, or breathing tube. Harvey (named for the English scientist who proved that blood circulates) is a mannequin who simulates 27 different cardiovascular conditions, while SimMan (see photo) is a mechanical patient specifically designed for training students in anesthesia and difficult airway management.

Body simulators like these not only reproduce a wide array of physiological signs such as blood pressure, heart sounds, and breath sounds, but they are designed so that students can perform basic and advanced clinical procedures upon them, such as checking for vital signs; single-lead electrocardiogram; defibrillation; intubation of the normal or difficult airway; vein puncture; intravenous administration; urinary catheterization; and CPR. Once a disorder is selected (whether by the student or by an instructor without the student’s knowledge), the student not only will be able to hear the corresponding heart sounds through a stethoscope, but can also palpate pulses, test the pulsation of the jugular vein, and measure blood pressure on the mannequin.



“These tools can teach students the basics of an examination without burdening real patients in need of immediate care,” says Kathryn Worzala MD, Director of the Clinical Skills Center. “The simulators are also ideal for showing students medical problems that are sufficiently rare that we might not have a patient example in the hospital for them to observe.”

Additional software is constantly being created for these mannequins, so they can be reprogrammed to reflect medicine’s ever-growing knowledge base. This makes them useful for updating attending physicians on the newest understandings of disease, and giving practitioners opportu-

nities for rehearsing new skills. Simulated patients provide practitioners a means of proving their competency: they will be used increasingly in the future in licensing and accreditation exams.

The Hamilton Building will also provide space for students in all the health professions to work with standardized patients. These are individuals — sometimes actors by profession — who have been trained to portray specific illnesses for the purposes of evaluation and teaching. They are trained to describe pain or nausea or other symptoms, and they also can mimic the confusion or fear that sometimes clouds a real patient’s attempts to communicate



University President Robert L. Barchi, MD, PhD and Dorrance H. Hamilton (second from right) with bachelor of science in nursing students Celina Flament, Esther Pinkston, and Sharetta Johnson at the announcement of the Hamilton Building.

with a physician. Thus these standardized patients are ideal for teaching students how to listen. Computerized audiovisual equipment in the Hamilton Building will allow each student interaction with a standardized patient to be recorded for later analysis and discussion.

handled the encounter, and what he or she could do differently in the future.

The Hamilton Building's spaciousness will allow Jefferson to increase the class size at the Medical College to 255, up from the current 228, starting with the first-year class



Katherine Worzala, MD, Director of the Clinical Skills Center, during a demonstration to students.

A major advantage of standardized patients is that they can provide direct feedback on student performance. For example, if the student's technique during a physical exam causes discomfort, or if the student's demeanor seems disrespectful or lacking in empathy, the trained "patient" can "push back" or struggle against the situation, and later explain to the student what was going on. These professional actors are usually more articulate than the average patient during a follow-up analysis of how well the student

who arrived on campus in August 2005. The building will be fully ready by their third year, which is when clinical work really kicks in. With its new class size of 255, Jefferson will once again be the largest private medical school in the nation.

Jefferson is taking these steps to help offset an anticipated shortage of physicians in the United States. Reputable studies have predicted major shortfalls – for example, research conducted for the Council on Graduate Medical Education projects a

shortage of 85,000 physicians in the US by the year 2020. The Association of American Medical Colleges has issued a call to medical schools throughout the country to boost their enrollment over the next decade by 15 percent – the first time since the 1960s and 1970s that the AAMC has asked schools nationwide to increase their output. Given the extended time required for medical training, efforts must get underway as soon as possible to assure that the needs of the nation in 2020 are met. Jefferson will also be expanding its educational programs in nursing, occupational therapy, and physical therapy, to address anticipated national shortages in each of these professions.

Demographic changes are driving these needs: the US Census Bureau projects that the number of people age 65 and over will grow 53 percent by 2020. The AAMC, which formed its own Center for Workforce Studies, attributes the shortage to aging baby boomers, physician retirements, and a trend toward working fewer hours. One segment of healthcare that is definitely working fewer hours is residents: because of safety concerns, they have been limited to 80-hour workweeks since 2003 (see the Dean's Column in this issue).

Meeting America's healthcare needs will not be easy, but Jefferson will be ready with a transformed campus, a state-of-the-art clinical skills program, and a team approach. ■

“With the new class size of 255, Jefferson will again be the nation's largest private medical school.”



The Dean's Column



Thomas J. Nasca '75

In the five years that I have been writing on this topic, I have sometimes wondered whether inspiration would leave me, or whether this crucial issue might be overcome quickly. But while inspiration may fail me at times, this is one of the problems facing medicine that keep resurfacing.

In an early column, I discussed the proposed duty hours requirements of the Accreditation Council for Graduate Medical Education (ACGME), which are now in effect. The core requirements are:

1. Residents must not work more than 80 hours per week, when averaged over four consecutive weeks. (Previously, residents might work 100 hours per week or more.)
2. Residents must have one day completely free from program related responsibilities each week, when averaged over four consecutive weeks. (In many programs, residents previously received fewer than two days off per month.)
3. Residents must not work more than 24 consecutive hours in direct acute patient care responsibilities. Residents are permitted an additional six hours in the hospital or program, to attend to continuity of care for their patients, to attend continuity clinics, or to attend educational events in the program. (The previous paradigm consisted of shifts of 36 to 40 hours on call during which they might, or might not, get any rest.)
4. Residents must have a minimum of 10 hours of duty free time between assignments. (New York state regulations require eight hours between episodes of responsibility.)

Other requirements stipulate the monitoring of resident stress, sleep deprivation, and moonlighting.

The data is not yet in on the impact of these limitations. But some compelling observations have been made. First, in a recent *New England Journal* article,¹ Barger examined the relationship between extended shifts and the risk of motor vehicle accidents and falling asleep at the wheel. I have extracted data from that article to display in Figure 1.

The odds ratio of falling asleep while driving when a resident has worked one to four extended shifts per month (compared to no extended shifts per month, relative risk 1.0) is approximately 1.8. For a resident working more than four extended shifts per month, Barger found that the risk of falling asleep while driving is approximately 2.4.

These are not isolated findings. Published studies of pediatric residents² and of emergency medicine residents³ preceded Barger's. And Barger's study crosses all specialties: it was a survey of every resident who matched in the National Resident Matching Program and began training in 2002. It demonstrates an alarming reality: when call schedules have residents working more than 24 consecutive hours, the adverse effects can be measured, and they pose risks not only to the young physicians, but to other citizens — such as other drivers.

A second observation, which has been quoted in the lay press, comes from a study by Dawson and Reid. Investigators studied volunteers by comparing their responses to a standard test of psychomotor ability over a 36 hour period with their responses during progressive increments in blood alcohol

How Many Hours Should Residents Work?

“We need to ask: what provides the most good, and least harm, to society in the long run?”

“In the past few years the science of sleep has become much better understood.”

levels. The findings can be seen in Figure 2. During hours 18–29 of continuous wakefulness, performance on this particular test deteriorated to a level associated with blood alcohol levels greater than 0.05, and in hours 23–25, a blood alcohol level greater than 0.08. Of course, an alcohol level of 0.08 constitutes legal intoxication, and many states are considering lowering the legal

limit to 0.05. This suggests that sleep deprived individuals are comparable in their psychomotor skills to intoxicated ones.

These observations helped to spur New Jersey legislators to modify the definition of Criminal Homicide by Vehicle in August 2003 to include a presumption of impairment if a driver has been demonstrated to be awake for 24 or more consecutive hours, and is involved in a motor vehicle accident where a fatality occurs.⁴

The debate over whether medical errors are actually reduced with shortened consecutive duty hours continues, with confounding variables such as the high rate of errors occurring during the “hand-offs” or “sign-outs,” which are more frequent if each shift is shorter. This high rate makes some ask whether the total number of errors is not lower when there are long shifts and fewer handoffs. There are various counterarguments; for example, some question whether residents will actually sleep more if given long periods away from the hospital.

Did the ACGME get it right? In my opinion, the ACGME made an important step in addressing the issue, but has more work to do as the science of sleep and the impact of fatigue are better understood.

The duty hours discussion, which has been picked up in the lay media, reflects the evolution of our society from a trusting passive recipient of care, to an active participant in the design of the system. It is pursued by a population with instant access to data and digested information, a culture with a low tolerance for medical error.

The residents feel caught between a society and the ACGME which are telling them that working too many hours is not healthy for them or their patients, and a faculty whose experience tells them that rigorous training is essential to honing skills and effectiveness. If they complete their work on time, the residents risk being labeled as superficial and shirking of responsibility, and if they leave later than scheduled, they may be viewed as inefficient and in need of time management training. Some faculty

members at major medical schools interpret residents who follow the new rules as lacking in commitment to the patient. Shorter work hours mean that they may lose the opportunity to see a patient during a critical event, or to operate on a patient for whom they have cared over the past 24 hours; and this challenges some physicians’ sense of good training.

Yet in order to weigh these arguments about the learning experience for the residents, we must consult the significant literature not only on the loss of psychomotor skills, but also on the impact of sleep upon learning itself. Figure 3 summarizes the results of a study in which Wagner and colleagues measured subjects’ ability to solve numeric sequencing problems, and the impact of sleep (or its absence) on the development of insight into the solution of these problems. They exposed subjects to three sequences of problems at 11 pm and then either allowed them to sleep for eight hours, or required them to remain awake all night. Then they gave these subjects the remainder of the

sequence of problems, and determined whether they developed insight during the intervening period. In addition they studied subjects without the “priming” or initial learning event.

The findings were striking. Only the group that was briefly exposed to the problem, and then permitted to sleep overnight, dramatically enhanced their performance in solving the problems—a manifestation of insight.

Our rapidly evolving understanding of the impact of sleep on memory and insight is causing us to challenge the old axiom that “the more you see, the more you learn, and the better you get.” This may not hold true if sleep deprivation is involved.

While the discussion of hours, optimal performance, optimal learning, and the effects of sleep deprivation currently focuses on residents, it will expand to practicing physicians. Our culture—beginning with New Jersey legislators—is beginning to define what we used to take for granted as a night on call (which some fondly remem-

“We cannot ignore the literature on the impact of sleep upon learning.”

ber as an exciting experience) as an impairment generating event that may not be worth the learning it provides.

The same rigor with which we introduce new treatments and discard old ones must be followed in our educational systems. We must be willing to question old “givens.” We must make changes in order to do what is right for our patients, for our students, residents, and fellows, and for our colleagues. For the philosophy embedded in the rules we set for training will trickle down into the ways that we practice.

Sincerely,



Thomas J. Nasca '75
Dean and Senior Vice President
President, Jefferson University Physicians

Figure 1: Odds Ratio for Falling Asleep While Driving or While Stopped in Traffic

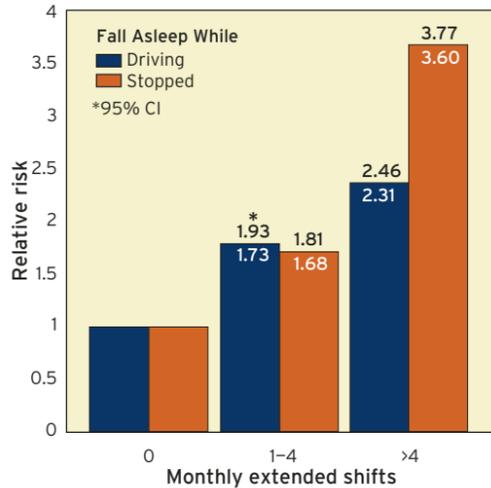
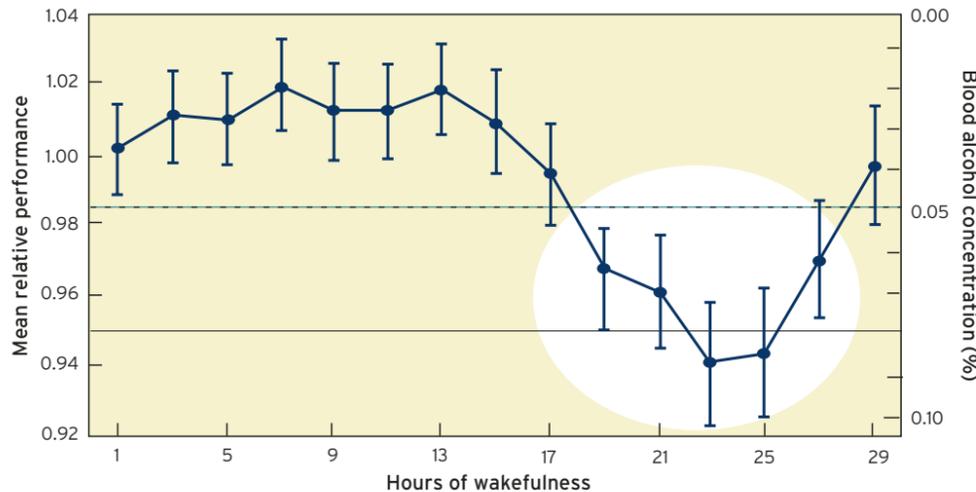


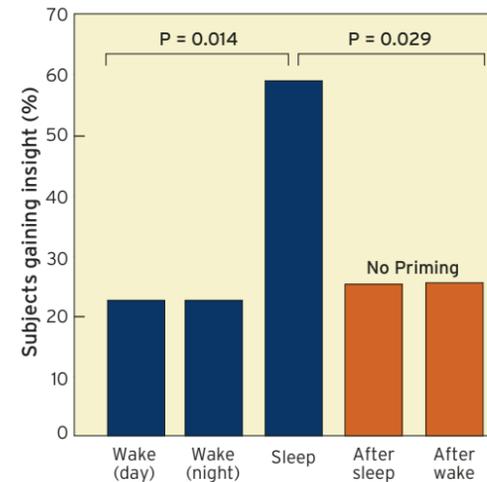
Figure 2: Comparison of Deterioration in Performance: Hours of Wakefulness Versus Comparable Blood Alcohol Concentration



Performance in the sustained wakefulness condition expressed as mean relative performance and the percentage blood alcohol concentration equivalent.

From: Dawson D, Reid K. Fatigue, alcohol and performance impairment. *Nature* 1997;388:235. Circle and lines at 0.05 and 0.08 added for emphasis.

Figure 3: Sleep Inspired Insight



With labeling modification, from: Wagner U, Gais S, Haider H, Verleger R, Born J. Sleep inspired insight. *Nature* 2004;427:352.

References

1. Barger L, et al. Extended work shifts and the risk of motor vehicle crashes among interns. *NEJM* 2005;352(2):125-34.
2. Marcus CL, et al. Effects of sleep deprivation on driving safety in house staff. *Sleep* 1996;19:763.
3. Steele MT. The occupational risk of motor vehicle collisions for emergency medicine residents. *Acad Emer Med* 1999;6:1050.
4. http://www.njleg.state.nj.us/2002/Bills/PL03/143_PDF

Findings

Medical Education

Input or Outcome: Which Determines Academic Excellence?

Performances at Matriculation or the Quality of Graduates?

For many years Jefferson Medical College has done what other medical schools are doing now: paying more attention to the quality of the graduates they produce in order to gauge the success of their educational programs.

The admission process to medical schools focuses largely on academic achievements in college or even high school, and performance on national examinations such as the Medical College Admission Test (MCAT). These variables are again picked up by U.S. News and World Report to generate its annual ranking of medical

schools. But they are not the best indicators of the schools' relative quality.

While prior performance is an important benchmark, we at Jefferson, for the past four decades, have maintained that schools should be judged by the quality of the graduates. What leaves is more important than what we start with, and certainly more important than the often insignificant differences between grade point averages and MCAT scores of matriculants.

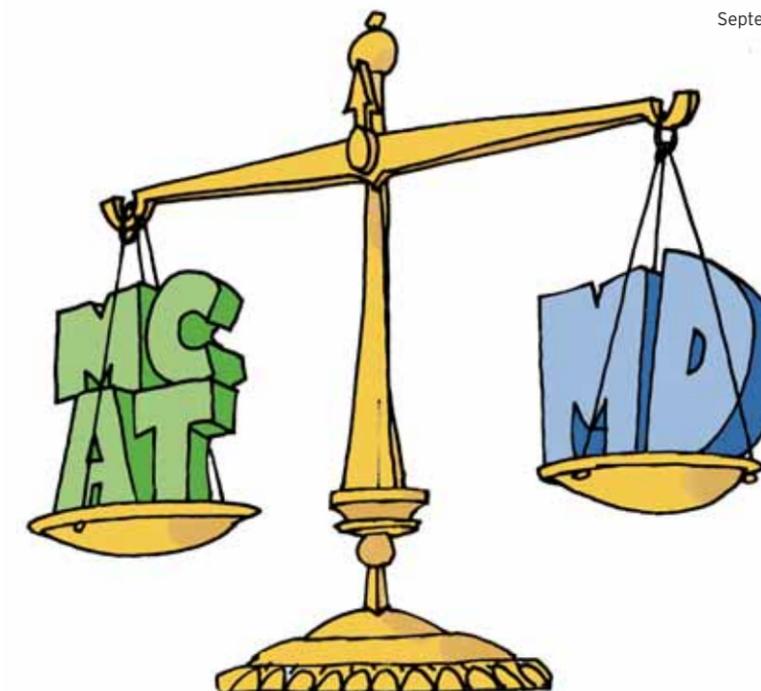
What is the Jefferson Longitudinal Study & What Have We Learned?

Jefferson Medical College's longitudinal study comprises one of the most compre-

hensive databases of medical students and graduates maintained by any medical school.¹ This study is unique in that it incorporates information on medical students and graduates prior to, during, and after medical school, monitoring their professional achievements and activities up to the time of their retirement.

The study was initiated in 1969 and data was collected retrospectively from the graduating class of 1968. Thereafter, the database was expanded to include the graduates' performance during their first postgraduate year as judged by the faculty of their postgraduate programs, and their professional activities during the duration

"Society is better served if schools are judged by the quality of their product."



of their practice. This database which includes more than 9,000 observations has resulted in 140 publications in peer reviewed journals.

Internationally the Longitudinal Study is considered a model for evaluation of outcomes. Recently the Middle States accreditation team that reviewed Thomas Jefferson University said in their assessment: "The Center for Research in Medical Education and Health Care and Jefferson Medical College are to be commended for their academic interest in outcome data, responsiveness to faculty and department needs, and clear use of data to modify the curriculum and teaching environment... The center continues to track data from a large number of sources before, during, and after the student's tenure at the college. Their use of this data has impacted many components of the curriculum, the learning environment, individual student development, and program planning."²

A few examples are given in the table that depict the level of clinical competence of our medical school graduates as assessed by their residency program directors (since 1969 about 70% of graduates have given us written permission to collect data regarding them from their residency program directors).

As shown in the table, more than 90% of residency program directors confirmed that JMC graduates' performances lived up to the respective hospital's expectations, that the individuals demonstrated the

qualities one looks for in a physician, and that the information in the JMC dean's letter of evaluation had turned out to be predictive of the respective graduate's performance during residency.

On a four-point scale (1=bottom quarter, 2=lower middle quarter, 3=upper middle quarter, 4=top quarter) more than 85% of our graduates have obtained ratings in the upper middle or top quarter in all four clinical competence areas: "Knowledge," "Data Gathering Skills," "Clinical Judgment," and "Professional Attitudes."

In a follow-up study of our graduates between 1987 and 1992, we found that more than half of our graduates had published studies in professional journals (53%), and more than half had administered or conducted research studies (51%). Moreover, 44% had presented studies before national professional meetings and 6% had developed medical/surgical procedures, instruments, drugs, or techniques which had been described in the literature.³ These findings show that our graduates are not only highly competent in the clinic, but also active in research.

Conclusions

Attracting qualified matriculants is essential to graduating high quality physicians.⁴ But we maintain that schools should be judged by the quality of their product not the quality of the matriculants (or their adeptness at obtaining high scores on entrance examinations). Society is better served if schools are judged this way. In this area, Jefferson has been a national (and international) leader. Our record, like any other record, can be further improved, but it is nonetheless one to be proud of, and one that must be used to judge our service to society.

*Joseph S. Gonnella, MD
Mohammadreza Hojat, PhD
James B. Erdmann, PhD
Clara A. Callahan PD'82
Thomas J. Nasca '75*

Table 1: Residency Program Directors' Evaluations of Graduates of Jefferson Medical College Classes of 1976 - 2003 (n=6,048)¹

Postgraduate Competence Areas	Bottom Quarter	Lower Middle Quarter	Upper Middle Quarter	Top Quarter
Medical Knowledge	2%	13%	49%	36%
Data Gathering Skills	1%	12%	51%	36%
Clinical Judgment	2%	12%	48%	38%
Professional Attitudes	2%	8%	34%	56%

Was the resident's performance consistent with hospital's expectations at the time of acceptance?	Does the resident have qualities you would like to see in your own physicians?	Were the letters of recommendation predictive of the physician's performance?
% affirmative response: 92%	% affirmative response: 95%	% affirmative response: 92%

1. Response rate for rating of postgraduate competence varied for different classes, averaged approximately 70%; data were available for 64% of the sample.

References

- Hojat M, Gonnella JS, Veloski JJ, & Erdmann JB. Jefferson Medical College Longitudinal Study: A prototype for evaluation of changes. *Education for Health* 1969; 9(1): 99 - 113.
- Report to the faculty, administration, trustees, and students of Thomas Jefferson University, by an evaluation team representing the Middle States Commission on Higher Education, 23.
- Gonnella JS (Editor). *Jefferson Medical College annual report 1999;87 - 91.*
- Gonnella JS, Hojat M, Erdmann JB, & Veloski JJ. *Assessment measures in medical school, residency, and practice: the connections.* New York: Springer, 1993.

OCTOBER 6 - 10

Alumni '05 Weekend

Fellow Alumni,

This is our best year ever! Reunion Weekend in October will be a taste of the future as well as a fond look back. Hear University President Robert L. Barchi, MD, PhD and Dean Thomas J. Nasca '75 describe their strategy to keep Jefferson at the forefront of American medicine. Join in the groundbreaking for one of the nation's first centers for interdisciplinary teaching of the health professions. And it's on us: many meals and activities will be complimentary. Catch up with your classmates, then fulfill your CME requirements free of charge with Jefferson's renowned faculty. Bring your family, because we have events planned for the kids, and Jefferson's Activities Office will help you explore Philadelphia's culture, sports, and entertainment at special discount prices. You can even stay an extra day and play golf with us. Round your weekend out with Philly's great food, lively neighborhoods, and options for every taste, and this is better than your student days! See you in October.



James W. Fox IV '70
President of the Alumni Association

THURSDAY, OCTOBER 6

5:15–9:30 pm

Jefferson Awards Gala

 Honoring Dorrance H. Hamilton with the Award of Merit and Francis E. Rosato, MD with the Achievement Award in Medicine. At the Park Hyatt Philadelphia at the Bellevue, Broad and Walnut Streets. Cocktails and dinner in the Grand Ballroom. Sponsorships and individual seats available through Events Office at 215-955-9100.

FRIDAY, OCTOBER 7

11:00 am

Groundbreaking Ceremony for the Dorrance H. Hamilton Building

Jefferson's first major building in 15 years gets underway Friday morning. Join us to break ground for one of the world's first centers for interdisciplinary health instruction. Tent on the Plaza.

Noon

Lunch with the President

 Meet Jefferson's movers and shakers as President Barchi and the Deans serve a **complimentary** barbecue, right on the Plaza. Stop by the Jefferson Activities booth to pick up your activity tickets and check out what is happening locally. Visit the National Constitution Center or the Franklin Institute, or hop on The Big Bus for a Philly sightseeing tour.

1:30–4:00 pm

CME Symposium: Updates and Controversies in Medical Care

 What better way to earn your Continuing Medical Education credits than with a **free** session in the company of old friends, taught by JMC faculty? Topics have been selected to update the practicing physician on current literature and controversial issues in Jefferson's leading areas of medical care. Please visit www.jefferson.edu/jeffgiving/10_05_wknd.cfm for details. Bluemle Life Sciences Building, Room 101, 10th and Locust Streets.

6:00–9:00 pm

Alumni Banquet

 Astronaut, expert for NASA, and now a national authority on reducing medical errors, Jim Bagian '77 will be presented with the Achievement Award. Then Tom Nasca '75, Dean of the Medical College, will describe the Jefferson of the 21st century. Join us for cocktails and dinner at the Union League of Philadelphia, Broad and Sansom Streets.

SATURDAY, OCTOBER 8

8:00–10:00 am

The Women's Forum

Whether you're an alumna, student, faculty member, or spouse, share your perspective at a continental breakfast roundtable of female physicians. Bluemle Life Sciences Building, Room 101, 10th and Locust Streets.

9:30 am–5:00 pm

Spouse/Children's Program

Re-visit Philadelphia's history, shopping, and culture. Use the Philly Phlash transport that takes you to 19 key locations in Center City, or hop on and off the Big Bus, an authentic London double-decker open-top tour bus. Discounted tickets to tours and other sightseeing attractions can be purchased through our registration desk on-site at Jefferson Alumni Hall or at the Jefferson Activities booth at lunch on Friday and Saturday.

9:30–10:00 am and 11:00–11:30 am

Eakins Gallery Dialogue

Three of North America's most valuable paintings, all in a Jefferson building. A knowledgeable guide will tell you about the Jefferson faculty they depict. Eakins Gallery, Jefferson Alumni Hall, 1020 Locust Street.

10:30–11:30 am

Financial and Estate Planning

In today's world more than ever, planning your financial future is a must. Certain types of giving can benefit both you and Jefferson. Room 216, Curtis Building, 1015 Walnut Street.

9:00–Noon

Reunion Class Clinic Presentations

Each reunion class has hand-picked one of their own to describe his/her scientific challenges or life experiences since graduation. Moderated by Dr. Jim Fox '70, President of the Alumni Association. Foerderer Auditorium, College Building, 1025 Walnut Street.

Noon–1:30 pm

The Dean and His Staff

Host a Taste of Philadelphia Block Party on the Plaza

Complimentary cheesesteaks, soft pretzels, hoagies, Italian ice. Philadelphia has a culinary style all its own. Taste what's cooking in our region, and enjoy Stars & Stripes singing Dixieland favorites. Games for the children.

1:30 pm

Campus Tours

Who can give a better tour than a JMC student plus the staff of Jefferson's world-class facilities in Neuroscience and Clinical Skills Instruction?

See you in October!

Class Reunions: 6:00 pm cocktails, 7:00 pm dinner

 Don't miss a last chance to get together with classmates and friends. All reunion receptions and dinners will be hosted at the Union League of Philadelphia, except for the Class of '45 that will be hosted in Jefferson Alumni Hall and the Class of 2000 that will be hosted at the Faculty Club.

Dessert Buffet and Show: 8:30 pm

It's time to party. All classes are invited to a **complimentary open bar** and live entertainment show being hosted in the Grand Ballroom of the Union League. Enjoy "Jukebox Heroes," a rock and roll impersonation show, and dance like you did in medical college! Entertainment by the Mahoney Brothers—Las Vegas style.

Optional: after dinner lounge opens in the Union League for quiet conversation.

MONDAY, OCTOBER 10

Annual Golf Outing

 Sponsored by Jefferson University Physicians at the Philadelphia Cricket Club. Please email Joy.Graham@Jefferson.edu.

Got Questions?

215-955-9100

www.jefferson.edu/jeffgiving/10_05_wknd.cfm

Hotel guest room blocks have been set aside for the Weekend, but we advise you to reserve early.

 Family Fun

 Science/Academic

 Food & Beverage

 Registration Required

events@jefferson.edu

Rediscover your Jefferson past. Take part in the Jefferson future.

Commencements 2005

Surgeon General Richard Carmona, MD Is Honored Along with Cassel, Leffall, and David Simons '46

Vice Admiral Richard H. Carmona, MD, MPH, Surgeon General of the United States, received an honorary doctor of science degree from Thomas Jefferson University President Robert L. Barchi, MD, PhD at commencement exercises on June 2. Also honored were Christine K. Cassel, MD, President of the American Board of Internal Medicine, and surgeon and oncologist LaSalle D. Leffall Jr., MD, Charles Drew Professor of Surgery at Howard University College of Medicine, and Chairman of the Board of the Susan G. Komen Breast Cancer Foundation.

"One person can make a difference, and I charge each of you to be that person," the surgeon general told the Class of '05 during the ceremony at Philadelphia's Kimmel Center for the Performing Arts. "Think big. Think outside the box. Set your goals

which is also a responsibility of every physician: to promote health literacy, meaning the ability of an individual to access, understand, and use information and services to make appropriate health decisions. As the nation's chief educator on medical issues, the surgeon general is charged with changing the low health literacy that adds as much as \$58 billion per year to America's healthcare costs. More than 90 million US citizens cannot adequately understand basic health information. "People of all ages, races, incomes, and education levels are challenged," Dr. Carmona said. "Even the seemingly simple things that we can all do to stay safe, such as getting regular medical checkups and eating the right foods, can be struggles for many people because sticking to these choices requires a lot of understanding of why they are good for us."

County Sheriff's Department. At Jefferson's commencement he described his round-about path to Washington: born and raised in New York City, he dropped out of high school and enlisted in the army in 1967. He received his Army General Equivalency Diploma and joined the Special Forces, ultimately becoming a combat-decorated Vietnam veteran, and inspired by good role models at particular points in his career, he entered medicine.

Dr. Christine Cassel, also honored at commencement with a Doctor of Science degree, is President and CEO of the American Board of Internal Medicine and its accompanying foundation, which are located in Philadelphia. Prior to taking up those posts in 2003, she was Dean of the School of Medicine at Oregon Health and Science University in Portland. She is a

of the American Federation for Aging Research, and past member of the Advisory Committee to the Director of the National Institutes of Health.

Dr. Leffall, who in May 2002 was appointed by President George W. Bush as Chair of the President's Cancer Panel, has served as visiting professor and guest lecturer at more than 200 institutions around the world. In 1979, as national President of the American Cancer Society, he launched a program on the challenge of cancer among African-Americans, paying special attention to the increasing incidence and mortality of cancer within this population group, and the implications for similar studies in other racial and ethnic minorities. It was the first program of its type in the US. In 1970 Dr. Leffall became

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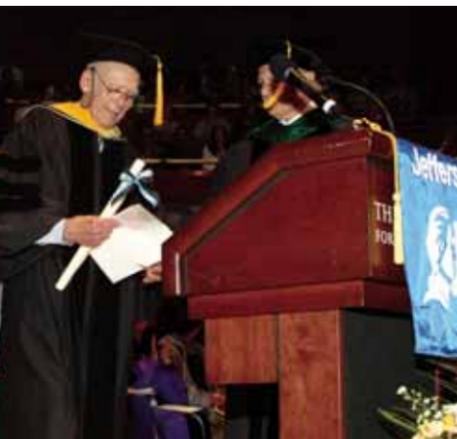


beyond your apparent reach – make a commitment to change the world. You can make a difference in the lives of your patients and their loved ones, and in the future of our nation."

Dr. Carmona told the graduates about one of his office's integral responsibilities,

Before being appointed Surgeon General of the US Public Health Service in August 2002, Carmona had been Chair of the Arizona Southern Regional Emergency Medical System, a Professor of Surgery and Public Health at the University of Arizona, and deputy sheriff and surgeon of the Pima

leading expert on geriatric medicine and quality of clinical care. Among her many leadership positions, Dr. Cassel was named the first woman President of the American College of Physicians in 1996. She is a past Chair of the Greenwall Foundation, which supports work in bioethics, past President



Left: We did it!

Center: Drs. Leffall, Carmona, Cassel, and Barchi

Above: Dr. Simons approaches the podium.



Listening In The Presidential Lecture

A new annual event, the Presidential Lecture, is being spearheaded by Dean of the College of Graduate Studies James H. Keen, PhD. For this past May's inaugural event, a renowned expert was drawn from the on-campus faculty: the President himself, Robert L. Barchi, MD, PhD, who pursued a distinguished career as a research-oriented neurologist at the University of Pennsylvania before becoming Penn's Provost and then Jefferson's President. Dr. Barchi found time within his administrative schedule to present "Musings on Ion Channels, Mutations, and Disease," summing up his experience of how biomedical knowledge is generated through a constant back-and-forth between the clinic and the lab. His own work, viewed through the perspective of three decades, has been an example of that.

"Academic medical centers work best through a constant cross-fertilization of ideas between the research laboratory and the clinical practice environment. As an example, my own research operated on two separate but interacting levels. On one hand, we studied the molecular mechanisms through which ion channels controlled electrical activity in nerve and muscle cells. This required very basic investigations in biochemistry, genetics, and physiology. On the other hand, we were curious about the causes of a group of human neuromuscular diseases in which this electrical activity was abnormal. As is often the case, animal models for several of these diseases provided a bridge between our basic research and our clinical experience.

"The animal models suggested that defective ion channels might be the culprit in these diseases, but animals could not provide the direct insight needed. At the same time, however, we were developing new molecular techniques back in our basic research lab; these techniques provided important new information on ion channel structure, and created the tools we needed to look again at the human diseases. After many years of parallel effort, these two lines of work suddenly intersected, leading to real breakthroughs in our understanding of the human diseases in a remarkably short period of time. Within 18 months, our lab and others were able to identify and characterize specific mutations in ion channel genes that caused the human diseases we were studying. Some 70 years after the initial clinical description of these diseases, the path to better diagnosis and future treatment was open.

"Our basic research intersected at the right point with what was going on in the patient clinic and the animal clinic. It's this kind of intersection that is the lifeblood of an academic medical center like Jefferson. We are uniquely well situated to pursue translational studies that bridge the gap between molecular information in the lab, and the care we can give to patients.

"We have to maintain an overlap and a communication between the two sides, or we will lose the chance for synergy. You can't predict when the two will cross-fertilize. Society's well-being depends on Jefferson filling this role."

In Memoriam

Oliver E. Turner '36 died May 16, 2005. Board certified in internal medicine, he practiced in Pittsburgh, PA. He held a Master of Public Health degree from the University of Pennsylvania. He is survived by his wife, Dorothy.

Alexander W. Frediani '36 died June 5, 2005. He practiced military medicine as an Air Force flight surgeon with the rank of colonel. His stations included Langley Air Force Base, VA, McGuire Air Force Base, NJ, and Beirut, Lebanon. After retirement he lived in Hampton, VA.

Albert Schiowitz '39 died April 10, 2005. A general surgeon, he practiced in Wilkes-Barre, PA with his son. He was a general surgeon at the Wilkes-Barre General Hospital, Wilkes-Barre, PA, and practiced with his son Mark F. Schiowitz '78. In addition to son Mark, he is survived by his wife, Jean, and son **Robert F. Schiowitz '82**.

George H. Taft '41 died June 5, 2005. A Fellow of the American Academy of Pediatrics, he practiced in Cranston, RI and was on the staff of six area hospitals. He started the area's first clinic for mentally retarded children in 1956. He is survived by seven daughters and a son.

James A. Heckman '42 died May 28, 2005. Board certified in orthopaedic surgery, he was a Fellow of the American Academy of Orthopaedic Surgeons and practiced in Huntington, WV. He was Chief of Staff at both St. Mary's and Cabell-Huntington Hospitals, Huntington, WV, and he served a term as President of the Cabell County Medical Society. He is survived by a daughter and by son **James D.** who is Jefferson '69.

Alvin P. Wenger Jr. '43 died June 11, 2005. He was a founder of the combined hospitals that opened in 1965 as the Greater Baltimore Medical Center, and he served there as Chief of Otolaryngology. Frequently published, he was a popular guest lecturer in his areas of his expertise. He is survived by his wife, Virginia, a son, and a daughter.

John A. Martin J'44 died May 26, 2005. He practiced in Roanoke, VA where he served as President of the Roanoke Academy of Medicine. He also represented Virginia physicians in the AMA House of Delegates for 12 years. Active in teaching, he was a Clinical Professor of Radiology at the University of Virginia School of Medicine. He is survived by his wife, Joan, a daughter, and son **John A. Jr.** who is Jefferson '85.

John M. Pulliam Jr. S'44 died June 11, 2005. A member of the Alpha Omega Alpha Honor Medical Society, he was Chief of Urology at Cooper Hospital, Camden, NJ, and held an appointment as an Associate Professor of Urology at the Robert Wood Johnson College of Medicine. He also held staff appointments at nearby Garden State and Zurbrugg Memorial Hospitals. He is survived by his wife, Phyllis, two daughters, and two sons.

Paul H. Wannemacher S'44 died February 14, 2005. He practiced family medicine and emergency medicine and served as Director of the Obstetrical Department and President of the Medical Staff at Montclair Community Hospital, Montclair, NJ. He is survived by his wife, Ruth, four daughters, and a son.

C. Glen Clements '45 died January 6, 2005. He specialized in child and adolescent psychiatry and was on staff at the Seattle Children's Home, Seattle, WA. He is survived by his wife, Doris, two daughters, and a son.

Thomas J. Kennedy '46 died May 21, 2005. After practicing family medicine for 20 years, he obtained board certification in obstetrics-gynecology and began the practice of this specialty. He was on staff at Abington, Holy Redeemer, Nazareth, and Rolling Hill Hospitals in the Philadelphia area. He is survived by three daughters and three sons.

Kenneth R. Knox '46 died January 22, 2005. He practiced in Hartford, CT and was on staff at Hartford Hospital. He also served as an Assistant Professor of Medicine, University of Connecticut School of Medicine. He is survived by his wife, Marcella, two sons, and a daughter.

Duncan D. Walker Jr. '46 died November 19, 2004. Board certified in otolaryngology, he was a fellow of the American College of Surgeons and practiced in Macon, GA. He is survived by his wife, Kitty, two sons, and a daughter.

John S. Walker '46 died November 19, 2005. He practiced general pediatrics in Winston-Salem, NC. He is survived by his wife, Chieko, three daughters, and three sons.

Jeremiah F. Lee '47 died May 11, 2005. He was a family physician who practiced in Center City Philadelphia. He also served as the physician for several sport teams at Villanova University. He is survived by his wife, Marina, and three stepdaughters.

Walter W. Moore '47 died April 26, 2005. A Fellow of the American College of Surgeons, he practiced at the Wilmington Medical Center. He is credited with performing the first successful vascular transplant in Delaware in 1956. He is survived by his wife, Jane, two sons, and a daughter.

George J. Haupt '48 died May 20, 2005. Board certified in thoracic surgery, he served as a Professor of Surgery at Jefferson Medical College and was the inventor of the Jefferson Ventilator, a device used to rid an anesthetized patient's lungs of carbon dioxide. A skilled surgeon, he also served as Chief of Thoracic and Cardiovascular Surgery at Lankenau Hospital, Philadelphia, from 1971 to 1978, and was an active investigator in the Lankenau Research Center. Stricken with multiple sclerosis in 1977, he ultimately had to stop performing surgery. Undaunted, he started a medical company and operated it from home until he sold it a decade later. He is survived by his wife, Mary Patricia, five daughters, and a son. Son **Hans** is Jefferson '86.

Ellis L. Silberman '48 died March 20, 2005. Board certified in radiology, he practiced diagnostic radiology at Cedars of Lebanon Hospital, Los Angeles, CA. He later established his own private practice. He is survived by his wife, Annette.

Edwin I. Cleveland '50 died March 11, 2005. Certified by the American Board of Otolaryngology, he became Director of Otolaryngology at Lawrence Hospital, Bronxville, NY. He is survived by his wife, Dorothy, and four sons.

Louis T. Kermon '50 died January 30, 2005. He practiced at Rex Hospital and Wake Forest Medical Center, Raleigh, NC, and served as a Clinical Associate Professor of Medicine, University of North Carolina School of Medicine. He is survived by his wife, Mary Francis, and two sons.

William L. Kanenson '55 died February 6, 2005. Board certified in internal medicine, and a Fellow of the American College of Physicians, he practiced in Harrisburg, PA. He held staff appointments at Harrisburg Hospital and Holy Spirit Hospital, Camp Hill, PA. He was a Clinical Associate Professor of Medicine at Penn State/Hershey. He is survived by his wife, Marcy, a son, and a daughter.

Robert J. Senior '55 died April 14, 2005. He practiced pediatric and adolescent medicine in Chapel Hill, NC. He served as a Clinical Associate Professor of Pediatrics at the University of North Carolina School of Medicine and also at Duke University School of Medicine. Dr. Senior was instrumental in founding the National Society for Adolescent Medicine. He is survived by three daughters and two sons.

John T. Steele '55 died February 4, 2005. He was Chief Pathologist at the Texas Medical Center, Denison, TX, and was a Fellow of the American Society of Clinical Pathologists and the College of American Pathologists. He is survived by his wife, Martha, three sons, and a daughter.

Elmo J. Lilli '58 died April 20, 2005. A Fellow of the American College of Physicians, he practiced in East Stroudsburg, PA and served as Chief of Staff at the Pocono Medical Center. He is survived by his wife, Madeline, two sons, and a daughter.

Carl P. Mulveny '67 died June 7, 2005. Board certified in gastroenterology, he practiced in Wilmington, DE. He was on staff at the Wilmington Medical Center and St. Francis Hospitals. He is survived by his wife, Tracy, and three sons.

Richard G. Traiman '67 died May 17, 2005. He was a Fellow of the American Academy of Orthopaedic Surgeons. He practiced in West Chester, PA and was on staff at Chester County and Jennersville Hospitals. He is survived by his wife, Stella, three sons, and a daughter.

Stephen M. Woodruff '70 died May 1, 2005. He was a Fellow of the American College of Obstetricians and Gynecologists. He was on staff at Chestnut Hill Hospital in Philadelphia. He is survived by his wife, Carol, two daughters, and a son.

Joseph A. Jacobs '73 died February 26, 2005. He practiced urology at Graduate Hospital in Philadelphia until 1995, then took up the challenge of switching careers to become an actuary at Vanguard. Dr. Jacobs coached youngsters at the Penn Valley Basketball League and served on the board of the Coaches vs. Cancer program of the American Cancer Society. He also was a jazz pianist of considerable talent. He is survived by his wife, Linda, 2 sons, and a daughter.

Richard A. Nesbitt '82 died June 20, 2005. Board certified in internal medicine, he practiced in Bloomsburg, PA, the city of his birth. He was on staff at Bloomsburg Hospital and was its Chief of Staff from 1995 to 2000. He is survived by his wife, Susan.

continued from page 15

Chairman of the Department of Surgery at Howard University, a position he held for a quarter-century. In 1987, the Biennial Leffall Award was established by the M.D. Anderson Hospital and Tumor Institute and Intercultural Cancer Council in Houston, in recognition of Dr. Leffall's contributions to cancer prevention and education in minority and economically disadvantaged communities.

The week before JMC commencement, the Kimmel Center was the scene of commencement exercises for Jefferson College of Health Professions and Jefferson College of Graduate Studies. There the university awarded an honorary degree of Doctor of Science to David G. Simons '46, who has had an unusual career in two very different fields of research. After finishing his MD in 1946 and a year of internship, he entered the air force, which at that time was abuzz with space-oriented medical research. Dr. Simons worked at the Aeromedical Laboratory and studied weightlessness and the hazard of cosmic radiation to manned space flight, conducting 60 high altitude balloon flights to collect data. One was a 36-hour solo flight at 102,000 feet, which set the world altitude record for a manned balloon flight, a record which stood for six years. He was featured on the cover of Life magazine.

In 1965, Dr. Simons retired from the Air Force to work for the Veterans Administration. In 1983, he and Janet Travell, MD published *The Trigger Point Manual*. Now in its second edition, this was the first definitive textbook on the diagnosis and management of myofascial pain written for clinicians. His physical therapist wife, Lois Statham Simons, contributed research support and clinical insights. In 2001, *Muscle Pain: Understanding Its Nature, Diagnosis, and Treatment* was published. Integrating basic science neurophysiology principles with practice, it resulted from Dr. Simons's 10-year collaboration with Professor Siegfried Mense of Heidelberg University. Simons has received numerous honors, including the Tuttle Award of the Aerospace Medical Association, the Air Force Distinguished Flying Cross, the Boynton Award of the American Astronautical Society, the Research Achievement Award of the National Rehabilitation Training Institute, and the Alexander Humboldt Foundation Distinguished U.S. Scientist Award.

Dr. Simons is a Clinical Professor in the Rehabilitation Medicine Department at Emory University in Atlanta, and is currently involved in a study conducted by astronaut Duane Graveline on mouse exposure to cyclotron bombardment to simulate cosmic radiation exposure.

Submissions

Send your Class Notes to:

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Philadelphia, PA 19107-4216

215-955-7920
Fax: 215-503-5084

or via our website at:
www.jefferson.edu/jmc/alumni/bulletin.cfm

ClassNotes

'41

Vincent S. Palmisano and his wife Charlotte quietly celebrated their 64th wedding anniversary and her 89th birthday in February 2005. "Needless to say, I am grateful to modern medicine."

'45

Leonard Apt, Professor of Ophthalmology and founding Director of the Division of Pediatric Ophthalmology at the Jules Stein Eye Institute at UCLA, was recently honored at the annual meeting of the American Association for Pediatric Ophthalmology and Strabismus in Orlando, FL. Edwin M. Stone, MD, Professor of Ophthalmology at the University of Iowa, delivered the Apt Honorary Lecture, which he entitled "Practical Aspects of Genetic Testing for Inherited Eye Disease." The American Academy of Pediatrics Ophthalmology Section sponsors the annual Apt Lecture. Dr. Apt has also been awarded the S. Rodman Irvine Prize at the Clinical Research Seminar at the Jules Stein Eye Institute at UCLA. The award was established to recognize a faculty member "whose career activities illustrate the finest in doctor-patient or doctor-student relationships, represent the highest traditions of the medical profession, and exemplify the individual's dedication to the transmission of knowledge to future generations."

'49

W. Bernard Kinlaw retired 12 years ago as Chairman of the Department of Medicine at Abington Memorial Hospital near Philadelphia. Since then he has enjoyed golf, travel, and restoring antique airplanes on a part time basis.

'52

Joseph Raymond and his wife Alyce are celebrating 55 years of marriage. Dr. Raymond is now retired from UCLA as Associate Director of the Medical Center and Associate Dean of the Medical School.

George Wolff has been promoted to Emeritus Professor of Family Medicine at the School of Medicine UNC-CH. He also works part time at the Family Practice Residency at Moses Cone Hospital in Greensboro, NC.

'53

Jay A. Nadel continues full time as Professor at the University of California, San Francisco, spending more time than ever in the laboratory doing molecular biology research. He has recently had the good fortune to publish two articles in Proceedings of the National Academy of Sciences.

Richard O. Stader of Williamsburg, VA is now retired, but volunteers at the local county indigent clinic once a month.

'54

Philip Woolcott has retired to Harbor Springs, MI, but returns once a month for two to three days to consult and teach at the University of Illinois, where he was Professor of Psychiatry until July 2004.

'56

Joseph Bering Sr. retired in July 2004, but is still mentoring at the Good Samaritan Family and Community Residency Program in Lebanon, PA. Son **Joe Bering Jr. '88** is practicing with Susquehanna Cardiology Associates in Williamsport, PA.

'57

C. Theodore Rotz Jr. is enjoying retirement on the beach in Myrtle Beach, SC.

'61

William B. Pratt works five days a month in orthopaedic surgery at Northern Navaho Medical Center in Shiprock, NM. He and his wife Sally enjoy their garden – "two acres keeps us busy, but there is still time for travel."

'62

Albert Tawil has been selected as Physician of the Year by the Florida Academy of Family Practice. Dr. Tawil teaches family medicine to medical students from the University of South Florida who rotate through his office.

'67

Anthony A. Chiurco is Chairman of Surgery for Capital Health System in Trenton, NJ. He is also the Chief of Neurosurgery at University Medical Center of Princeton. In September 2004, he won the North American Championship in the International Twelve Meter Class (America's Cup yachts) in Newport, RI.

Vincent Varano enjoys his two grandchildren, Rocco (named after the original **Rocco Block '67**) and Emma Rae. He has cut back to working part time, giving him some "time to smell the salt air."

'68

Joseph P. Glaser has left his private practice in Coronado, CA after 25 years, and has moved to Salem, OR. He is working for Kaiser and "loving it."

'69

Alan Bricklin of Calabasas, CA has cut his workload down to three days a week, and is devoting the extra time to finishing a novel.

'71

Cora L. E. Christian was elected to the National Board of AARP (formally known as the American Association of Retired Persons), which has over 36 million members. She is a member of the Health Insurance Trust and the Audit and Finance committee of the AARP National Board.

Barbara Tenney now serves on the Schuylkill County Drug and Alcohol Executive Commission, and is the on site director of the Geisinger Medical Center community practice office in Orwigsburg, PA. She recently had the pleasure of seeing **Scott Duffy '71** for the first time in more than 30 years. He is "retired" but still working as a hospitalist part time.

'76

Ira Brenner recently received the Bruno Lima Award from the American Psychiatric Association for his work in disaster psychiatry. His third book, *Psychic Trauma: Dynamics, Symptoms, and Treatment*, was released last fall. He is currently the Director of the Psychotherapy Training Program at the Psychoanalytic Center of Philadelphia, and maintains his private practice in Bala Cynwyd.

'77

Ed Read is currently working part time as an Assistant Clinical Professor in the Department of Emergency Medicine at Medical College of Virginia. He and his wife, Debby Read, spend the balance of their time working with



Message from the Alumni President

Dear fellow alumni,

I would like to briefly bring you up to date on our Alumni Association and Jefferson Medical College. Last fall an outside fund-raising consulting firm was engaged to review all fund-raising and alumni programs at the university and hospital. The consultants presented recommendations in January and we went to work on implementing certain changes.

The consultants found that we had been doing a good job encouraging bequests, and "mid-level" cash gifts. But we were not doing as well as we could in attracting large cash gifts, or in our annual giving program. We also needed to do a better job of attracting gifts from our grateful patients. They noted that before we could do all these things, we needed to look at what had been a decentralized structure, and reorganize, so that we could provide a unified message to our constituents within a more efficient organization.

The name of this new organization is the Jefferson Foundation and it incorporates all fund-raising for the university and hospital, as well as JMC alumni activity. The name was chosen to represent our commonality. It is not a separate entity, but rather a department within the university.

Here are some things that you should know:

- All the gifts that you send to Jefferson will be directed, in their entirety, to the program you designate (just as they always have been).
- The JMC Alumni Office continues to be located in Jeff Alumni Hall and Dr. Phil Marone '57 continues as Executive Director of the Alumni Association.
- We intend that this new organization will provide more support for our alumni programs, and will spark renewed interest in Jefferson. You may have already noticed the new format of the Jefferson Alumni Bulletin. At reunions this fall, you'll see other improvements and initiatives.

I hope you will join me in continuing to support Jefferson Medical College as we move forward in educating the next generation of physicians. Please write to me with your questions or suggestions for our Alumni Association.

Sincerely,

James W. Fox IV '70
President, JMC Alumni Association

students at MCV as the Richmond area directors for the Christian Medical and Dental Associations.

'78

Sally Herpst notes that time is speeding by as she continues to practice emergency/urgent care medicine as well as tend to her two girls, ages five and eight, and an ever changing menagerie of household pets.

M. David Lauter has moved his practice eight miles south to Portsmouth, NH, due to mal-practice insurance rates. "So far, a vast majority of my patients have followed."

'80

Tyrie Jenkins was recently honored at the 28th Annual YWCA Oahu Leader Luncheon, Hawaii's largest event honoring women's leadership. She stands out as one of the few women in ophthalmology in Hawaii, having performed more laser vision corrections than any other physician in the state.

'83

Jack Sariego lives with his wife, Lauren, and their 10-year old twins on the Mississippi Gulf Coast, where he is a partner in South Mississippi Surgeons, a large private general surgery practice. He is Chief of Surgery and Trauma Medical Director at Ocean Springs Hospital. Jack is also a Lt. Col. in the Air Force Reserves and has spent one tour of duty in Afghanistan in support of Operation Enduring Freedom, and one tour in support of Operation Iraqi Freedom. He is currently the Chief of Aerospace Medicine for the 403rd Wing at Keesler Air Force Base in Biloxi, MS.



Alumni Spotlight

Gary Fleisher '73

Gary R. Fleisher graduated from Jefferson Medical College in 1973, a recipient of the Edward J. Moore Prize in Pediatrics, and a member of the Alpha Omega Alpha Honor Medical Society. He admits to choosing pediatrics as his life's work because of the inspiration provided at Jeff by Drs. Robert

Brent and Irving J. Olshin. Dr. Fleisher completed a residency, chief residency, and fellowship in infectious diseases at the Children's Hospital of Philadelphia, and was invited to join the staff at CHOP with an appointment as an Assistant Professor of Pediatrics at the University of Pennsylvania in 1979. He tells the Alumni Bulletin that he was drawn to the acute presentations of infectious diseases and to the excitement of emergency medicine. During his ten years at CHOP he attained board certification in pediatrics, emergency medicine, pediatric emergency medicine, and pediatric infectious diseases. His clinical duties included pediatric emergency medicine and infectious disease patients. His translational research was extensive.

Fleisher was recruited to Harvard Medical School in 1986 where he became Chief of Emergency Medicine at Children's Hospital of Boston. In 1997 he was promoted to Professor on the investigator track. He became Pediatrician-in-Chief at Children's Hospital and the Thomas Morgan Rotch Professor and Chair of Pediatrics at Harvard Medical School in 2002. He has received the Clifford Barger Award for Mentoring at Harvard, and the Janeway Award for Resident Teaching at Children's Hospital. He established a course for medical students in pediatric emergency medicine, and later developed a postgraduate course in this subspecialty which is jointly sponsored by Harvard Medical School and Boston University.

In addition to his teaching and departmental responsibilities, he continued his research on translational aspects of infectious diseases. Grants and contracts from the National Institutes of Health, the Agency for Health Research and Quality, private foundations, and industry have furthered his studies. The depth of Dr. Gary Fleisher's influence on pediatrics can be measured by noting that between 1987 and 1997 he was an invited visiting professor at six children's hospitals in this country. He is the Editor of Pediatric Emergency Care and an editorial board member of Emergindex and Pediatric Trauma and Acute Care. By 2000 he had delivered 56 invited lectures in this country and abroad. He is the author of 158 published papers and 29 reviews, book chapters, or editorials, as well as the author or coauthor of nine books. Dr. Gary Fleisher tells the Alumni Bulletin that during his residency he was fortunate enough to meet and marry a superb medical student, Jan Paradise, who also has forged a distinguished career in pediatrics. They now have three accomplished children. We congratulate Dr. Fleisher on his distinguished career and thank him for bringing honor and distinction to Jefferson Medical College.



Leonard I. Zon '83 has been appointed the Grousbeck Professor of Pediatrics at Harvard Medical School – the first incumbent of this chair. Leonard has been serving as the 2004 – 2005 President of the American Society for Clinical Investigation, as Director of the Stem Cell Program at Children's Hospital, Boston, and as Chair of the Executive Board of the Harvard Stem Cell Institute. Since 2001 he has been a full Investigator within the Howard Hughes Medical Institute.

William D. Kocher '81, Clinical Assistant Professor of Pathology, was chosen by the Class of '05 for the portrait which they presented to the university. Below, he stands next to the painting, accompanied by his wife, **Lydia Komarnicky RO'87**, and their son Alex and daughter Kristen.



Enjoying an alumni reception in Scranton, PA are three members of the Class of '55: **Ben Kline**, **Burton Benovitz**, and **Eugene Curtin**.



Richard S. Blumberg '79 was recently promoted to Professor of Medicine at Harvard Medical School. He is Chief of the Division of Gastroenterology, Hepatology, and Endoscopy at Brigham and Women's Hospital and is a Scientific Founder of Syntonix Pharmaceuticals of Waltham, MA.

'85

Mary Gibbons was on the faculty at the University of Washington in the Department of Family Medicine until 1998, and then moved from Seattle to Olympia with her husband Jim and their three children. She is now a full time parent.

'98

Philip Ovadia completed a general surgery residency at UMDNJ-Robert Wood Johnson, and is currently finishing a fellowship in cardiothoracic surgery at Tufts-New England Medical Center. He will be joining Commonwealth Cardiothoracic Surgery in Lancaster, PA, practicing cardiothoracic and vascular surgery.

Nestor Veitia has completed a general surgery residency at Pennsylvania Hospital and will begin a fellowship in plastic and reconstructive surgery at the University of Pittsburgh in the summer of 2005. He and his wife, Jennifer, have a three-year-old daughter, Maya, and were delighted to welcome their son, Evan, on February 23, 2005.

'00

Dennis Wixted and his wife Allison are proud to announce the arrival of twins, son Landon Alexander and daughter Taylor Shea, on February 25, 2005. After serving as Chief Resident in internal medicine at the Medical College of Virginia for the 2003 – 2004 academic year, Dennis has been working at MCV as a hospitalist.

'01

Peter J. Hulick is currently a fellow in medical genetics and was recently accepted into the Harvard Medical School Scholars in Clinical Science program. His research focus will be on the Von Hippel Lindau gene/pathway in renal cell cancer.

'04

Heidi Dias and husband **Alan Dias EM'98** are proud to announce that nearly one year to the day of Heidi's graduation, she gave birth to a baby girl, Cara Alyssa Dias, with only one month of her internship left at Underwood Memorial in Woodbury, NJ.

Postgraduate

Ray Chen IM'00 is currently working for the National Institutes of Health. He is stationed in Beijing, China with his wife, and is doing HIV research.

E. Louis Peak OAR'03 has been practicing at Carolina Orthopaedic Specialists, a 17-physician group, in Hickory, NC. He specializes in complex primary and revision total joint replacement surgery of the hip, knee, and shoulder.

Ray E. Sharretts P'95 is Medical Director of Inpatient Psychiatric Services at Pinnacle Health Systems in Harrisburg, PA. This state-of-the-art unit is uniquely designed to meet the needs of older adults, and is the only one of its kind in the Central Pennsylvania region.

Charitable Contribution Tip #37

Big Savings with Stock Gifts!

Giving appreciated stock has a dual benefit to the donor. First, you avoid all capital gains tax (15% if the asset is held longer than one year), and second, you get a charitable deduction equal to the total amount of your gift. To take a hypothetical example:

100 shares of XYZ stock
(\$10.00/share) purchased on 9/1/2002
value: \$1,000.00

Value of 100 shares of XYZ stock
on 9/1/2005
value: \$1,800.00

If you were to sell the shares outright, you would pay \$120.00 in capital gains taxes (15% of \$800.00 gain). Your net proceeds from the sale would be \$1,680.00. Transferring the shares to Jefferson would give you an \$1,800.00 charitable contribution and a tax deduction for the original cost of \$1,000.00. In addition, you would pay no capital gains taxes. You win on both sides.

For more information on making a stock transfer to Jefferson, please call Paul M. Hurd Jr., Executive Director of Alumni and Planned Giving, toll-free at 1-877-533-3443, or email to paul.hurd@jefferson.edu.



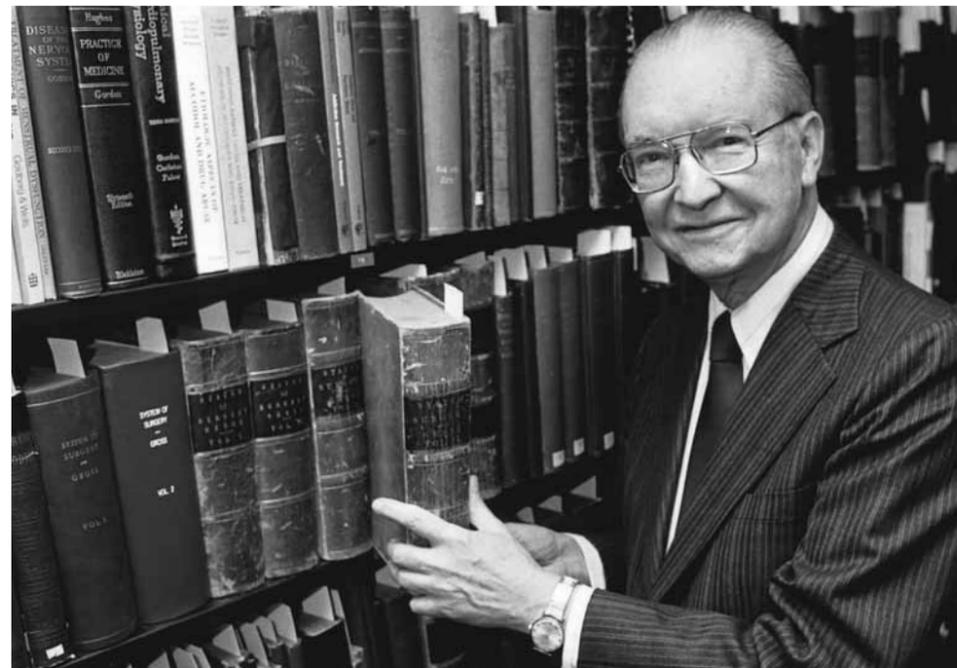
Gift of Health

Wagner Scholarship Preserves the Ideal of One of Jefferson's Most Loyal Sons

Surgeon, historian, and alumni leader, the late Frederick B. Wagner Jr. '41 epitomized the dedicated Jeffersonian. His family has now created the Frederick B. Wagner Jr., MD, LHD Endowed Scholarship Fund which will keep his ideals alive in perpetuity.

Jean Wagner, a former Jefferson nurse who was by Fred's side for many decades, has donated the funds to honor her husband, who retired in 1984 as the Grace Revere Osler Professor Emeritus of Surgery but was active on campus through the late 1990s. He died in 2004.

After graduating from the medical college in 1941 and staying at Jefferson for residency, Dr. Wagner practiced state-of-the-art vascular surgery but also retained his versatility as a general surgeon. He was a natural leader because of his determination, confidence, and moral sense. He often reminded people that he was the son of a carpenter, and that it was only because of a scholarship that he had been able to attend Jefferson Medical College. Now, with the Wagner Scholarship, his family is passing on that generosity to tomorrow's students.



Dr. Wagner himself, once he was at Jefferson, never left. He rose through the faculty ranks, and when the chairmanship became vacant in 1977, his loyalty and work ethic made him an ideal Acting Chairman for one year. He was credited with restoring morale to a staff that had been divisive. Dr. Wagner remained an energetic volunteer in the Jefferson community, becoming President of the Alumni Association, Alumni Trustee of Thomas Jefferson University, and President of the Philadelphia Academy of Surgery.

Throughout his life Dr. Wagner maintained his cultural interests: he read French and German with ease, listened to classical music, played the piano, and for many years was the organist at Jefferson Medical

College functions. His favorite topics were history and biography—especially Jefferson's place in 19th century medicine—and he contributed articles to history journals. Upon retiring from the practice of surgery, he accepted the monumental task of compiling a chronicle of Thomas Jefferson University since its founding in 1824. This was published in 1989, to be followed by 2 further volumes containing further details and lore. He also was the compiler of a volume about Grace Revere Osler, the widow of Jeffersonian Samuel W. Gross '1857 (hence daughter-in-law of Samuel D. Gross '1828) and subsequently the wife of Sir William Osler of the Philadelphia General Hospital and Johns Hopkins. Dr. Wagner himself occupied the Revere Osler professorship at Jefferson.

continued on following page



The Beach Scholarships are an example of funds currently at work at Jefferson—and they reflect the same admiration for Jefferson Medical College as Dr. Wagner felt (see article above). Edward Beach, the son of James Beach '1895, established the Edward P. Beach Charitable Trust which, through the Dr. James D. and Jennie M. Beach Memorial Scholarship Fund, supports numerous students each year. Some of this year's recipients are pictured here with Jefferson administrators. Edward Beach knew how much Jefferson had meant to both his parents; scholarships provide a memorial to them and at the same time give future generations the opportunity to attend Jefferson.

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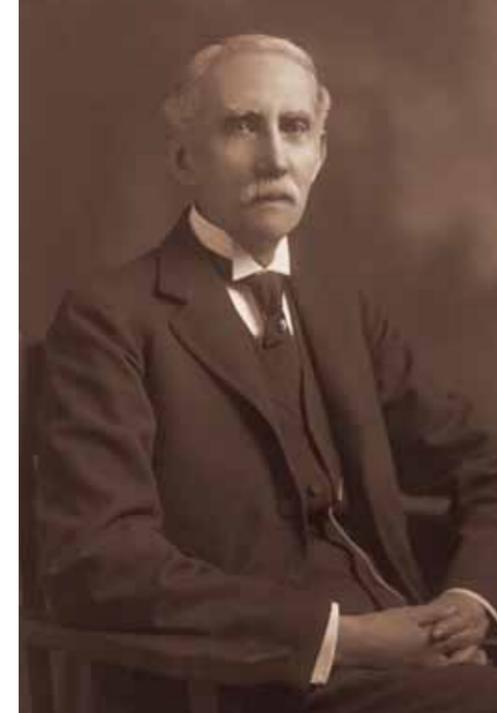
Accolades flowed to him, which by every account were richly deserved. They included the Alumni Achievement Award, the Jefferson Medical College Dean's Medal, and the honorary degree of Doctor of Humane Letters from Thomas Jefferson University.

Not only did he write several historical volumes, including one on industrialist and Jefferson trustee Percival Foerderer, but he also spearheaded preservation initiatives such as the funding of a scholarly catalog of the university's artworks. In all his undertakings, he was guided by the quotation that he chose as the postscript to his principal book. It was from a 1907 speech by one of his surgical heroes, John Chalmers DaCosta '1878, the Samuel Gross Professor at Jefferson from 1907 to 1931, and it sums up Dr. Wagner's own attitude throughout his life:

"Enthusiasm is the motive-force of progress. No really great deed was ever done in arts or arms, in literature or science, that was not the product of enthusiasm... May we be driven by this divine fire! If we are, we shall take our college through higher aims to broader destinies, and make of her what she ought to be, the morning star among all the institutions of the land."

Dr. Wagner often said that he could never repay Jefferson for all that Jefferson had done for him. By creating the Wagner Scholarship, Dr. Wagner's family has helped to accomplish one of his most cherished goals: to keep Jefferson great. Tomorrow's students, the recipients of Wagner scholarships, will pick up the challenge.

Dr. Wagner in the operating room, early in his career



Simon Gratz was a Jefferson Trustee and benefactor in the early years of the 20th century. A Philadelphia businessman and the scion of a family that had been prominent in the city since colonial times, he led the College Committee of the Board of Trustees and his wife chaired the Children's Ward Committee of the Women's Board.

December 31 Deadline for the Simon Gratz Research Prize

The **Simon Gratz Research Prize** for Jefferson Medical College alumni will be awarded in March 2006 at the annual Potter-Wear Lecture held on the Jefferson campus. The Gratz Prize is a cash award given every 3 years to a faculty member alumnus and a nonfaculty alumnus (postgraduate alumni are not eligible). In accordance with the terms of the bequest, awards will be made to those alumni whose work is deemed to have "most furthered the advancement of medical or surgical treatment of disease or for research that has been productive of results having real practical value." This work must have been completed within the preceding 5-year period.

Applications and supporting documents must be received no later than December 31, 2005.

For additional application information please contact Aveniel de Lorenzo at 215-575-0455 or Aveniel.delorenzo@jefferson.edu.

Past Simon Gratz Research Prize Awardees

Faculty Alumnus Awardees

1997

Wade H. Berrettini '77 PhD'79
Professor of Psychiatry and
Human Behavior
Thomas Jefferson University

2000

Charles J. Dunton '80
Associate Professor of
Obstetrics and Gynecology
Thomas Jefferson University

2003

Neal Flomenberg '76
Professor of Medicine and
Microbiology/Immunology
Thomas Jefferson University

Nonfaculty Alumnus Awardees

Carol A. Miller '65
Professor of Pathology
University of Southern California

Ira Brenner '76
Psychiatry
Pennsylvania Hospital
University of Pennsylvania
School of Medicine

David Brent '74
Professor of Child Psychiatry,
Pediatrics, and Epidemiology
University of Pittsburgh
School of Medicine

Jay Skyler '69
Professor of Medicine,
Pediatrics, and Psychology
University of Miami



What Every Doctor Should Know: **A General Medical Update**

February 5 – 10, 2006
Shadow Ridge Resort
Park City, Utah

Hosted by
Thomas J. Nasca '75
Pauline K. Park '82
Joseph L. Seltzer '71
James W. Fox IV '70

The Alumni Association is pleased to announce its annual winter educational getaway. Enjoy the fun and beauty of Park City, and renew old friendships. Medical updates for various specialties aimed at a general medical audience will be presented by JMC faculty and your fellow alums.

RESERVE NOW

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians.



Registration fee: \$400.00
 The fee covers all CME costs, coffee breaks, two cocktail parties, and one buffet dinner (for the registrant and one guest). Additional guests may attend the cocktail parties and buffet dinner for an additional \$100.

Children under 18 may attend the receptions and dinner for \$25.

Shadow Ridge Hotel
1-877-754-7937

Studio suite	\$130/night
Hotel room	\$175/night
One-bedroom condo	\$248/night
Two-bedroom condo	\$368/night

Room rates guaranteed until October 4, 2005

Please contact Shadow Ridge directly for hotel reservations, and ask about airport transfers.

For questions regarding the logistics of the ski trip call the Jefferson Foundation at 1-877-533-3443.

For CME related questions, call the Office of CME at 1-888-JEFF-CME. <http://jeffline.jefferson.edu/jeffcme>

Name _____ Class Year _____

Address _____

City _____ State _____ Zip _____

Guest Name (one is included in registration fee) _____

Additional guests _____ Adult Child

_____ Adult Child

_____ Adult Child

A topic I'd be interested in hearing about is _____

Yes, I am willing to give a one-hour CME presentation. Daytime phone _____

Check payable to JMC Office of CME Visa MasterCard Card# _____

Name (as it appears on the card) _____ Signature _____

Register online at <http://jeffline.jefferson.edu/jeffcme> or mail to: JMC Office of CME
 Alumni CME Update
 1020 Locust Street M-5
 Philadelphia, PA 19107.
 Fax: 215-923-3212

Registration fee: (one guest included) **\$400**
 Each additional adult guest (18 & over): **\$100 x _____**
 Each additional child guest (under 18): **\$ 25 x _____**

Total registration fees \$ _____

Exp _____



Twice the Fun! and Benefits Several Times Over

Dr. and Mrs. James J. Kelly recently established a two-life charitable gift annuity with Jefferson Medical College being the recipient of their generosity. For their gift of nearly \$500,000 (mostly in appreciated stock), the Kellys will receive annual income for the duration of both their lives, a sizeable charitable deduction for tax purposes, savings on capital gains and other taxes, and peace of mind from knowing that they are helping to support Jefferson for many years to come.

Dr. Kelly, a 1939 graduate of Jefferson Medical College, and his wife, Carolyn, had established the James J. and Carolyn M. Kelly Charitable Remainder Trust back in 1995. Funded with more than \$1,000,000, it has provided the Kellys with a sizeable income stream for the last decade.

“It worked so well the first time, we decided to do it again,” says Carolyn, who is an ovarian cancer survivor and received her care at Jefferson. “The money helps Jefferson now more than it helps us.”

The Kellys’ desire to support Jefferson, coupled with their knowledge of planned giving, is a perfect example of how alumni and friends can guarantee their own income in their later years in addition to supporting their favorite charitable organization during their lifetime. “Too many people wait until they die to make a big gift. You can’t enjoy that as much. We wanted to be able to help Jefferson while we are living,” says Dr. Kelly, who is deeply proud of his JMC education. “I wish we could do this every year. I love Jefferson and I love my Class of 1939. Jefferson afforded me the opportunity to learn a wonderful profession and then to shape the future of healthcare through a gift. It’s an ideal way for us to give back.”

Planned giving and estate planning can work in many positive ways during your lifetime. **Just ask the Kellys.**

“It was so rewarding the first time, we decided to do it again,” say the Kellys.

For more information about wills or other estate planning opportunities

- Complete and return the postcard in this magazine
- Call Paul Hurd, Executive Director of Alumni and Planned Giving, at 1-877-JEFF GIFT (1-877-533-3443)
- Email your questions to plannedgiving@jefferson.edu
- Visit the Jefferson Foundation website at www.jefferson.edu/jeffgiving where you can also click on Jefferson’s gift calculator to calculate estimated benefits of a life income gift.

We recommend you consult your attorney or tax advisor before making financial decisions.

