Physical Diagnosis: A Dying Art?
Jefferson has always been known as an innovator in healthcare education. Yet there’s another aspect to Jefferson’s identity that’s equally important and has been part of this institution since 1824: our deep sense of family, collegiality and community.

During my eight years as Jefferson’s president, I have worked to strengthen this legacy, which I am convinced will help us adapt successfully to future changes in U.S. healthcare.

Our campus has always been enriched by colleagues who work and study among siblings, cousins, parents, aunts and uncles, and who proudly follow in the footsteps of earlier generations in their families. When a parent or grandparent says Jefferson is the best place to work and train as a physician, that endorsement comes from a trusted source.

Relatedness adds warmth, connection and history to the culture of our classrooms, clinics and research laboratories. While there are many such families here at Jefferson, two readily come to mind: Anthony DiMarino Jr., MD, chief of gastroenterology; and his son, Michael DiMarino, MD, an assistant professor in the same department, and Francis (Frank) Rosato Sr., MD, who, prior to his passing in 2006, was chair of surgery, and his son, Ernest (Gary) Rosato, MD, today’s director of general surgery.

The caliber of research, treatment, invention and scholarship is extraordinarily high at Jefferson. At the same time, this University feels like home to many—even those without relatives on campus. People who train here as medical students or residents frequently choose to spend their whole careers here. Alumni who go elsewhere for training frequently return.

There is a culture of continuity and stability at Jefferson that’s distinct from other academic medical centers where people are more transient in their careers. Many of our students and faculty grew up in the Philadelphia region; this has been true for nearly 200 years. Cumulatively, we have deep ties to Philadelphia’s people, institutions and challenges.

We embedded this sense of connection in our 12-acre center city campus with the addition of a new campus center in 2007. Its centerpiece, the Dorrance H. Hamilton Building, nurtures a collaborative, team-based medical culture via specially designed classrooms, training rooms and gathering places. This building opens to the new Sidney and Ethal Lubert Plaza, where 1.4 acres of green space invite planned and chance gatherings among students, faculty and community members.

We created these green spaces and meeting places because meaningful education frequently occurs outside the classroom through informal interactions. Campus improvements also literally weave us into the cityscape via much-needed green space that’s welcoming and accessible to patients and our urban neighbors.

As a steward of Jefferson’s special qualities, I have worked to maintain the balance that’s welcoming and accessible to patients and our urban neighbors.

To hold on to our past too tightly, to fight what’s inevitable by trying to do things the way we always did would truly be a sad thing for Jefferson. Our challenge is to get where we need to go without damaging the soul of this great institution.

Sincerely,

Robert L. Barchi, MD, PhD
President
Thomas Jefferson University
The Dean’s Column

Most patients understand there’s a vast difference between how medicine is practiced in real life and how it’s depicted in television shows such as “House,” “ER,” “Scrubs” and “Grey’s Anatomy.”

Still, these same shows can contribute to off-label expectations among even the most sophisticated and educated of medical consumers. Some have suggested a “House effect,” mirroring the “CSI effect” — the notion that forensic dramas such as “CSI: Crime Scene Investigation,” which showcase the use of science and technology in solving crimes, may as a by product drive up juror expectations for forensic evidence as a precondition for conviction. Medi-dramas, like forensic dramas, blur reality and fiction and purvey exaggerated portrayals with insidious potential to condition patients and jurors alike to demand more.

On television, miracle cures routinely require only 30 to 60 minutes — minus commercial breaks. Alas, such rapid-fire diagnoses, treatments and cures rarely occur in real life. Unlike on TV, real-life physicians can’t simply order tests with abandon, throwing cost to the wind, and most of us of course lack the super-human, trans-specialty know-it-all expertise of our TV counterparts. By subconsciously promoting an aggressive-with-care ethos, medi-dramas further fly in the face of a reality where over-activism and interventionism can often do more harm than good.

Then there is the more subtle medi-drama distortion of how diseases actually unfold. On TV the formula is straightforward — entertaining television. In real life, those biomedical phenomena — the underlying disease process, all signs and symptoms — are instantly and comprehensively explained in a single master stroke, and the all powerful doctor now cures all with therapy that is laser-precise. Yet, this type of TV time slot-dictated reductionism has deeper routes. Traditionally, medical school curricula, looking to put diagnostic elegance on a pedestal, have featured clinicopathologic correlations and other exercises that accommodate unifying, neatly packaged solutions — part of the holy grail of Occam’s razor. While this undeniably adds puzzle-solving fun to the training and practice of medicine, such diagnostic parsimony tends to tunnel thinking and at times leads physicians and patient alike in the wrong direction. The more common reality: Individual health issues are complex, symptoms and signs don’t always fit neatly into tidy packages, and standard playbook treatments may not provide relief.

This is where the real art of medicine comes into play, and it’s where I believe Jefferson training distinguishes itself. What I have seen close up, time and again, is how Jefferson faculty escape from the “medicine as academic exercise” straitjacket to view patients in a more holistic way and allow for a multidimensional diagnostic and therapeutic perspective. To my mind, this is part-and-parcel of what gives Jefferson physicians, along with Jefferson-trained physicians, their reputation and aura as elite clinicians. We embrace each patient’s unique complexity and understand that multifactorial conditions demand multidimensional remedies. We inculcate in our students the need to be open to clinical complexity and convergent pathogenesis. Just ask the residency program directors nationwide who seek out our graduates for just this reason.

Some have gone beyond patient expectation and implicated medi-dramas as a potential culprit vis-à-vis physician behavior. Clearly, we don’t aspire for our graduates to engage in the sort of nonprofessional behaviors with co-workers and patients that make for fascinating and entertaining television. In real life, those behaviors lead to dismissals and lawsuits. As for patient privacy and HIPAA compliance during prime time, forget about it! A 2008 Johns Hopkins survey of medical students published in the American Journal of Bioethics found that 76 percent of medical students watch “House” (OK, I’ll admit it — so have I, and my wife is addicted). While students in that survey claimed not to have drawn any significant professional lessons from the programs, the study’s authors raised the issue of whether mere exposure to them, and their borderline ethics, may still subtly affect physicians’ attitudes and mindsets.

Personally, notwithstanding the distortions and sensationalism, I see an upside to these medi-dramas. Consider a character like Gregory House, who in the course of his super-physician (surgeon + internist + pathologist + radiologist + every other specialist) roles, exhibits outrageous ethical breaches and personal weaknesses, such as an addiction to prescription pain medication. Yet at the same time, patients who have witnessed House’s vulnerability or watched the interns on “Scrubs” face mortifying, moving and hilarious clinical challenges may also be more aware of the stressful and sometimes grueling nature of practicing medicine. In this way, shows like these humanize physicians for patients and may paradoxically ease the path toward more meaningful two-way communication. Humanizing the physician has its dividends. And even for medical students, having them confront their all-too-human condition isn’t entirely a bad thing.

And then there are the medical students who have entered the profession because they were inspired by these shows. We are lucky to benefit from this influx of diverse and talented applicants. My daughter, Gabriella, told me that she went to medical school after she was inspired by watching “ER” (not from watching my own career)!

Today, she is a resident in pediatrics.

My hunch is that people who are inspired to apply to medical school after watching medi-dramas will find the rich tapestry of interactions in medicine just as dramatic and moving as anything on prime time. Their day-to-day lives as physicians are sure to have more heart and soul than anything on television. And the consequences, good and bad, of this entertainment medium will be with us for the long run.

Mark L. Tykocinski, MD
Anthony F. and Gertrude M. DePalma Dean
Jefferson Medical College

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Researchers Mirror Human Response to Bacterial Infection in Mice

A mouse model has been shown to mimic all of the stages of an infection in a human for the first time ever— from the initial interaction with the infectious agent, through progression of the disease, to resolution. In a study published in *Proceedings of the National Academy of Sciences*, a team of Jefferson immunologists created a specialized “human immune system” mouse model to study relapsing fever, the human response to a tick-borne infection. Clinically characterized by a fever, followed by an interval without a fever and then another episode of fever, tick-borne relapsing fever is found in the western part of the United States as well as the plateau regions of Mexico, Central and South America, the Mediterranean, Central Asia of the United States as well as the plateau regions of Mexico, Central and South America, the Mediterranean, Central Asia and much of Africa.

The response measured in the mouse model is strikingly similar to the human immune response and may lay the foundation for future research to develop more effective infectious-disease treatments and prevention strategies. “This is a susceptible mouse model that shows how the mouse responds to an infectious agent. It actually tells us how the human immune system is functionally working,” says co-author Kishore Alugupalli, PhD, assistant professor of Microbiology and Immunology at Jefferson and research member of the Kimmel Cancer Center. “That is the big difference from the previous studies.”

To create the mouse model, researchers transferred hematopoietic stem cells from human umbilical cord blood into mice lacking their own immune system. As a result, these genetically modified mice developed a human immune system. These “human immune system” mice were then infected with the bacterium Borrelia hermsii, which causes relapsing fever, to gauge immune response.

The researchers then analyzed the mice’s spleens and lymph nodes, which they found had developed a population of B1-like cells that may have fought off the infection. Conversely, when the researchers reduced the number of those B1-like cells, the infection returned, suggesting that the B1-like cells were responsible for fighting the infection.

Most surprising to the team was that human B1-like cells, which produce antibodies to fight infections by bacteria such as Salmonella and pneumococcus, were able to develop in the mouse model. “We found that in mice, the B1 cell subset is critically important for resolution of this type of bacterial infection. This would indicate that there is a functional equivalent of the subset in humans that has not been previously recognized,” says co-author Tim L. Manser, PhD, the Dr. V. Watson Pugh and Frances Flampton Pugh Professor and Chair of the Department of Microbiology and Immunology.

The mouse model with relapsing fever recapitulates many of the human clinical manifestations of the disease and builds on prior research indicating that an antibody response that is independent of T-cell immunity mechanisms is required to fight off bacterial infections. It also indicates that B1 cells may be crucial for fighting off tick-borne relapsing fever in humans as well. However, it is not clear whether the protective immune response in humans precisely matches the humoral immune response identified in the mouse model.

Human immune system mice could potentially have implications far beyond tick-borne relapsing fever. “This is an amazing platform that could be used to really study how the human B1 cells could work against a variety of bacterial and viral infections,” Alugupalli says.

**Human Hematopoietic Stem Cell (HSC)**

The specialized mice used to make human immune system mice are raised from birth with this mutation. This mutation causes γδ-targeted T-cell-targeted immunity of many immune cells to develop, including NK-cells, leading to the complete absence of the T-cell system that can produce red blood cells (erythrocytes) and platelets. The absence of T- and B-cells, as well as NK-cells, allows the human hematopoietic stem cells, or HSC (hematopoietic stem cell) which are transferred into the mouse while young, to survive without being attacked by the limited immune system already existing in these mice.
Jefferson was the fifth stop for the 18-year-old, who had stopped growing years too early and now was losing vision in one eye. Physicians at the first four hospitals treated him for a heart valve infection, but his health continued to deteriorate. At Jefferson, Joseph Majdan, MD, took his history, listened to his heart with a stethoscope and heard a tumor plop, prompting an immediate diagnosis of atrial and ventricular myxomas rarely found at this young man’s age.

Soon after life-saving surgery to remove the heart tumors, the patient grew five inches. Each of the 20 years since, he has repaid his debt of gratitude toward Jefferson, Joseph Majdan, MD, director of Jefferson’s Simulation Center, where he helps medical students develop and test out their patient interview skills.

Jefferson-trained physicians have a reputation for solving puzzling cases like this—from little with more than a stethoscope, reflex hammer, ophthalmoscope and keen intuition. Even as the medical profession has bemoaned the death of the physical exam, Jefferson has continued to refine and reinvent its nearly 200-year tradition of teaching physical diagnosis skills to integrate the latest medical findings and technologies.

As physicians face mounting pressures to speed up their patient interviews, these skills help clinicians to take a comprehensive physical exam before ordering scans or tests and minimize misdiagnosis of laboratory results, saving time and money.

> A thorough physical exam cultivates interaction between physicians and their patients, allowing physicians to express concern and caring and to develop a balanced view of the patient.

> Few health sciences institutions in the country still emphasize the importance of the bedside physical exam; Jefferson is one of them.

Jefferson and Other Great Medical Schools Continue to Emphasize the Value of Physical Diagnoses

Technicians Versus Quacks?

“Medicine is truly a combination of art and science,” says Majdan, “but we need both.” Myxomas, the tumors that Majdan removed in his first four years of practice, are rare. As Majdan’s confidence in his diagnosis was supported by more studies in the medical literature, he realized that the physical exam was still necessary to assess which studies or scans will refine their diagnosis and determine an effective course of treatment.

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hormone levels sometimes referred to as ‘Queen Anne’s sign. He points to a bounding neck vein diagnostic of a leaky tricuspid valve. And when he presses gently on her stomach over her liver, a vein in her neck swells — a sign of heart failure.

Majdan uses a stethoscope connected to infrared headphones that allow residents to listen simultaneously as he listens to her heart. He points out to residents the precocar heart sounds, a holosystolic murmur with Carvallo’s sign, that correlates with her condition, a leaky tricuspid valve. Each physical finding matches extensive studies he obtains in minutes at the bedside. The patient says a long “E” sound repeatedly. With the diaphragm of the stethoscope over the affected region of her lungs, residents hear a shift to a long, goat-like “X” sound called egophony. The patient tells Majdan she can barely breathe. Majdan gently holds her hand and shows residents her nearly flat nail beds, her loss of Lovibond’s angle, or clubbing, is an indicator of pulmonary disease. Just before leaving the room, he asks where she is from — South Philadelphia. He asks her what her favorite bakery is. She mentions a bakery by name, her favorite bakery is.

Majdan recently submitted research for publication that demonstrates improved teaching outcomes with use of infrared headphones, which look like a stethoscope in which the chest piece is connected to an infrared transmitter the size of a Band-Aid box. Sherr Patel, MD, a Jefferson resident for those rounds, appreciates how the device refines detection of a remarkable range of pathologic sounds in the gastrointestinal, endocrine, vascular, neurological, cardiac and pulmonary systems.

Majdan thanks the patient for her understanding and remembers the patient’s favorite bakery.

“Medical diagnosis techniques restore a sense of fun to the practice of medicine and give you the ability to use your wits and senses, while also reducing costs. Besides, treating someone like a person can make a real difference in the healing process.”

According to Majdan, whose open-door office hours sometimes attract 100 or more medical students seeking guidance on complex cases, “Teaching is like throwing a pebble into a pond; the ripples go on and on. You never know how what you said will affect someone, how a moment of compassion will inspire others to become more compassionate. Here at Jefferson, we’re training the future generation of physicians to do just that.”

“Diagnosis Secrets” was mortified by his severe case of rhinophyma,” says Mangione, author of Physical Diagnosis Secrets, a compendium of physical exams tips used by medical schools worldwide. “My inspiration has been Plutarch, who famously said that the mind is not a vessel to fill but a fire to ignite. Hence, we’re trying to teach students a different and effective way of practicing medicine that they can maintain after they go out in the world.”

Retirements among medical school faculty trained prior to the era of CT scans and MRIs mean fewer clinicians able to pass forward the art of physical diagnosis. Shorter hospital stays for patients and 80-hour workweek limits for residents also compress the time medical students and residents have to confer with more senior clinicians on complex cases. In addition, a longer physical exam is not reimbursable, while insurance payments flow from volume of patients seen and from studies and scans ordered.

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News that former NFL great Reggie White died in 2004 of sleep apnea and a cardiac condition may have saved Edward Gans’ life. At the time, Gans was barely able to stay awake while driving. He often dozed off while putting on his shoes in the morning.

His sleep challenges affected his wife, Joyce, as well. She lay awake each night listening. When his breathing halted, she nudged him to resume. After White’s death, Joyce Gans insisted her husband get evaluated by the Jefferson Sleep Disorders Center. During his sleep assessment, Gans stopped breathing 74 times during a single hour. He was diagnosed with severe obstructive sleep apnea, a dangerous narrowing of the upper airway caused when muscles relax during sleep. The condition had also triggered an enlargement of his heart.

“Without the care I received at Jefferson, I would have fallen asleep at the wheel, killing myself or someone else. Or I would have had a heart attack in bed and stopped breathing for good,” says Gans, 57, a telecommunications administrator. Once diagnosed, he obtained near-immediate relief with a device that maintains his breathing during sleep, which also subsequently resolved his heart condition.

Acute exhaustion is often overlooked by physicians as a medical condition that merits referral to a specialist. After all, fatigue is practically a badge of honor in today’s culture of 24/7 electronic media, work and sociability. However, the medical risks are real and present, especially during surgery that requires anesthesia.

“Sleep disorders are unbelievably common, affecting an estimated one-fifth of the general adult population and one-third of patients admitted for hospitalization,” says Karl Doghramji, MD ’80, medical director of the Jefferson Sleep Disorders Center. “However, the majority remain undiagnosed because patients haven’t been identified and referred for evaluations and treatment.”

Physicians should know that untreated sleep apnea patients are at greater risk for coronary artery disease, heart rhythm disturbances, hypertension and stroke, depression, gastroesophageal reflux disease, diminished insulin sensitivity, cognitive impairment that increases risks for auto and industrial accidents and a shorter life span, says Doghramji. “Individuals with sleep apnea also have a much greater chance of dying in their sleep, possibly when their heart rhythm disturbances become aggravated. Fortunately, effective sleep apnea treatment yields across-the-board improvements in many of these areas.”

Surgical Hazards

Research conducted at Jefferson points especially toward the need to evaluate and treat all patients identified as at risk for apnea prior to surgery. “One of the important things anesthesiologists do is manage airways,” says Michael Sateia, MD, past president of the American Academy of Sleep Medicine and professor of psychiatry at Dartmouth Medical School. “When patients with obstructive sleep apnea are supine and not conscious, their airways are significantly compromised and at risk of collapsing.”

A Jefferson study published in 2010 revealed higher rates of post-surgical complications among patients at risk for sleep apnea (20 percent compared to 3 percent) and longer hospital stays (3.6 days versus 2.1 days). These findings document

Karl Doghramji, MD ’80, medical director of the Jefferson Sleep Disorders Center
We are enormously successful. More human behavior neurology and medicine, Doghramji, professor of psychiatry and treatable when properly diagnosed,” says physical exams and blood lab studies. The study’s broader implications for the costs and logistics of caring for afflicted patients remain a front-burner issue in the medical community. "This challenge is at the forefront of collaborative efforts at Jefferson,” says Doghramji. "How to diagnose and manage these patients before and after surgery is a huge problem that healthcare providers in this country are wrestling with.”

With support, says Doghramji, "Our goal is to establish a clinical and research program at Jefferson to identify folks at risk, provide rapid treatment prior to surgery and manage their risks postoperatively at a whole new level. There is nothing like this at any hospital in the country. We could conduct definitive studies to confirm the prevalence of apnea in the inpatient population and quantify an unexamined trade-off in health care: how the cost of uniformly administered apnea assessments and treatments would compare to already-documented costs when at-risk patients aren’t treated.”

Sleep-Deprivation Central
One wing of the Jefferson Sleep Disorders Center looks a bit like a hotel, with 10 comfortable bedrooms, private bathrooms and cable TV. When it’s time for the patients to sleep, the real action begins. In a nearby control room, five technicians monitor a steady stream of data from the bedrooms, logging input from video cameras and sensors for heart rate, breathing, eye movement, muscle-cell signaling, electrical activity in the brain and oxygen saturation.

"Sleep disorders are eminently treatable when properly diagnosed,” says Doghramji, professor of psychiatry and human behavior neurology and medicine, who has directed the Center since 1984. "We are enormously successful. More than 90 percent of our patients benefit from coming here. Even our most complicated ‘train-wreck’ patients, who have suffered from poor sleep for decades, obtain relief.” Jefferson is especially effective at helping patients with multiple disorders because the sleep disorders program integrates additional disciplines, such as pulmonology, gastroenterology, anesthesiology, ENT, dental medicine, psychology, psychiatry, cardiology, pediatrics and integrative medicine.

Jefferson’s sleep disorders program is among the nation’s most comprehensive. The Center’s three full-time clinicians, seven affiliated physicians and two fellows address a much wider range of sleep disorders than many more recently established programs, which tend to focus more exclusively on sleep-related breathing disorders. Of the nearly 5,000 patients seen at Jefferson’s Sleep Disorders Center each year, 60 percent have a primary diagnosis of sleep apnea. The rest have other primary disorders that include insomnia, circadian rhythm disorders, restless legs syndrome, narcolepsy, medication or substance abuse issues or even sleepwalking. Most patients have a combination of sleep issues. The Center has a growing cohort of pediatric patients, 400 in 2011, for whom the proverbial monsters in the closet, bedwetting, throat-blockng tonsils or teen sleep patterns have become disruptive.

Research in sleep medicine has had a major impact on other medical specialties over the past decade. In response to growing concern about the surgical risks associated with apnea, in 2011 the American Board of Anesthesiology began subspecialty certification in sleep medicine — an expertise that is especially important as the nation’s epidemic of obesity puts more patients at risk for sleep apnea.

Misery Relief
Many sleep-specialists believe the list of vital signs taken during routine medical assessments should expand, with pain as the fifth vital sign and sleep as the sixth vital sign. "Physicians are spending a great deal of time monitoring blood pressure, diabetes and other chronic health problems,” says Sateia. "If they spent a minute or two assessing sleep issues, making referrals when merited, this would have a significant beneficial effect on other conditions that consume so much medical attention.”

Case in point: Bruce Boyce, 77, of Haddonfield, N.J., visited Jefferson’s clinic in June 2011 after a miserable two years in which he simply couldn’t fall asleep until four in the morning. "It affected me physically and emotionally,” he recalls. "I felt miserable. My internist of 25 years didn’t take my problem seriously and sent me to a neurologist who thought I just had sleep anxiety.”

At Jefferson, Boyce was diagnosed with delayed sleep phase disorder and guided through a difficult regimen that involved advancing his sleep schedule daily by two hours until he reached a bedtime of 11 p.m. The intervention restored his energy, mood and ability to enjoy time with his wife, Lois. "They gave me my quality of life back,” he says. "Mentally, I’m a lot healthier.”
Danielle Duffy, MD
Changing Heart Disease Outcomes

Danielle Duffy, MD, is just beginning a career devoted to changing outcomes for heart disease.

As director of cardiovascular risk reduction at the Jefferson Heart Institute, Duffy works to improve diagnosis, prevention and therapeutics for heart disease, particularly among women and individuals with inherited risk factors.

“Helping other people transition to a healthier lifestyle is part of my passion for this profession,” says Duffy, who practices what she preaches as she balances career with motherhood and plays field hockey year-round.

Duffy joined the Jefferson faculty in 2009 as an assistant professor after completing a fellowship at Jefferson in cardiovascular diseases. She recently discussed her experiences and aspirations as a clinician and medical researcher at Jefferson.

Q. What prompted your interest in preventive cardiology and in women’s cardiovascular disease prevention in particular?

A. Initially I was attracted to internal medicine by the challenge of solving diagnostic dilemmas, putting together disparate pieces to come up with a diagnosis that makes sense. During my internal medicine residency at the University of Pennsylvania, two faculty mentors sparked my fascination with cardiovascular disease prevention and therapeutics.

The collegiality here at Jefferson moved me further down this path. During my first year on the Jefferson faculty, I became a mentor for Susan Shirato, DNP, RN, CCRN, on her doctoral project, a screening intervention to improve the identification of heart disease in women. Her passion for the subject inspired me to delve into the literature more deeply. Today she’s an assistant professor at the Jefferson School of Nursing, and we work on these issues together as peers.

Q. Why should cardiovascular health research and clinical care differentiate between men and women?

A. Everyone perceives heart health as more of a men’s issue than a women’s issue. However, the actual incidence of mortality from cardiovascular disease is higher among women. It is the leading cause of death among women, ahead of cancer and stroke. Women are typically very good about going to their gynecologist and getting a yearly mammogram. But they’re not always as tuned in to their risks for heart disease.

Q. What do you hope will be your contribution to this field?

A. At 35, I still have a long way ahead, so all I can say is that I hope to be a clinical leader in cardiovascular risk detection, therapeutics and research.

We began recruiting patients in January 2012 for a pilot study that Dr. Shirato and I are co-leading to evaluate the effect of early-stage breast cancer treatment on future cardiovascular risk. The goal is to improve outcomes for this population, whose incidence of heart disease has been under-recognized because the primary focus has been on their breast cancer.

I am also active in national organizations, with the hope that over time I can move up and have more of a voice on a national level. I currently serve on the board of the Northeast Lipid Association and on the education committee for the Pennsylvania chapter of the American College of Cardiology.

Q. What attracted you to Jefferson?

A. I’ve lived in Philadelphia all my life, so when I finished my residency I knew I wanted to stay in the region. I felt fortunate to be chosen by Jefferson, a top-notch institution, for my fellowship. Then, I was really lucky that our division needed someone with my expertise in women’s heart health and cholesterol disorders so that I could stay here and work with all the people I grew to love during my fellowship.

Jefferson is the perfect fit for me because everyone rallies around our patient-care mission and works together really well. I appreciate how Jefferson has provided me with great infrastructure and institutional support and has promoted me as a provider, which helped build my outpatient practice. People here understand work-life balance. This helps me bring extra energy to my career.

 Daniella Duffy, MD
Changing Heart Disease Outcomes
**Bar-Ad Named “Educator of the Year”**

Voschta Bar-Ad, MD, an associate professor in Radiation Oncology, was one of 24 people honored as a Young Investigator by the Prostate Cancer Foundation in 2011. The award provided funding to Bar-Ad for his ongoing investigation of the benefits of adjuvant radiation therapy following radical prostatectomy. In 2012, Bar-Ad received the Association of Residents in Radiation Oncology’s Educator of the Year award. Bar-Ad is a board-certified radiation oncologist who treats primarily head-and-neck and gastrointestinal cancer cases. Her research focuses on treatment-related side effects and toxicities, patient quality of life and symptom management.

**Showalter Receives Young Investigator Award**

Timothy Showalter, MD, the Department of Radiation Oncology, was one of 24 people honored as a Young Investigator by the Prostate Cancer Foundation in 2011. The award provided funding to Showalter for his ongoing investigation of the benefits of adjuvant radiation therapy following radical prostatectomy. His findings show improvement of post-surgical management of high-risk prostate cancer and a reduction in complications after treatment among lower-risk patients with the use of adjuvant radiation therapy.

**Jefferson Urologist Advising International Medical Tourism Conference**

Max Koppel, MD, a urologist at Jefferson, will serve as medical advisor to a medical tourism conference, “Hotels Bridging Healthcare: A Conference on Hotel, Wellness and Medical Tourism Entrepreneurship,” to take place in Switzerland June 16 to 19, 2012. Sponsored by the University of Delaware, the conference will examine how hotels and hospitals can strategically connect and provide quality services to international patients and their families.

**Jefferson Researchers Receive Award for Pancreatic Cancer Research**

Hwyda Arafat, MD, PhD, associate professor of surgery and co-director of the Pancreatic, Biliary and Related Cancer Center, and Mon-Li Chu, PhD, professor of surgery and co-director of the Pancreatic, Biliary and Related Cancer Center, will focus on research and teaching at both Methodist and the Center City campus.

**Fenkel Named Director of Hepatitis C Center**

Jonathan M. Fenkel, MD, recently joined the Division of Gastroenterology and Hepatology and was named assistant professor of medicine. Fenkel specializes in liver disease, including viral hepatitis and liver transplantation, and will serve as director of Jefferson’s new Hepatitis C Treatment Center.

**JMC Expands with Delaware Branch Campus**

Jefferson Medical College is expanding with the creation of its Delaware Branch Campus, which includes three participating hospitals: Christiana Care Health System, Nemours/Alfred I. duPont Hospital for Children and the Wilmington Veterans Affairs Hospital. The expansion recently was approved by the Liaison Committee on Medical Education, the national accrediting authority for MD degree programs in U.S. and Canadian medical schools.

In fall 2011, 11 medical students from the third-year class began two years of clinical rotations, mostly with Jefferson’s Delaware partners.

**Travel Enthusiasts: Did You Know?**

Jefferson’s Travel Medicine Services office assists people traveling abroad by providing one-on-one counseling and immunizations prior to their trips. The office serves students, alumni, faculty and staff as well as the general public.

A counselor reviews your personalized travel information and assesses your needs for medications and immunizations, which are administered at the office. The office also offers post-travel consulta- tion for individuals who experience medical problems after their excursions.

Open Tuesdays through Thursdays, Travel Medicine Services is located at 833 Chestnut St., Suite 205, in Philadelphia. To obtain more information or schedule an appointment, call 215-955-0860.

For more information, please visit connect.jefferson.edu.
This year, two JMC students have served as Schweitzer Fellows:

Gordon Crabtree
A first-year student, Crabtree aims to alleviate the challenge of cooking healthy meals for cancer patients who do not have access to home-cooked meals. His program, MedPact (Meals Delivered to Patients in Cancer Treatment) provides meals to patients and their families at the Kimmel Cancer Center at Jefferson.

Sarah Nguyen
Nguyen, a third-year student, is partnering with a student from the Jefferson School of Pharmacy to improve health literacy among local refugees. Her goal is to empower through health education, and she is working with the Nationalities Services Center in this effort.

Medical Frontiers

Regional Spinal Cord Injury Center Receives More Than 2 Million Dollars
The Regional Spinal Cord Injury Center of the Delaware Valley, a partnership between the Department of Rehabilitation Medicine at Jefferson and Magee Rehabilitation Hospital, received a five-year, $2.4 million grant renewal for the Model Spinal Cord Injury System, funded by the National Institute on Disability and Rehabilitation Research, a division of the U.S. Department of Education.

Over the next five years, the Center will enroll more than 50 patients annually into the longitudinal National Spinal Cord Injury Database, provide services to patients whose injuries are not traumatic in nature and collaborate on research projects with 13 other funded centers.

Jefferson Offers New Test for Melanoma Patients
Jefferson is the first academic medical center in the United States to offer the recently approved U.S. Food and Drug Administration diagnostic tool that tests melanoma patients for the BRAF V600E mutation. Occurring in about half of all cases, the BRAF mutation ultimately determines whether patients will benefit from a new, potentially life-saving drug. The drug, vemurafenib, was shown to significantly extend survival in metastatic melanoma patients with the BRAF V600E mutation.

Genetic Marker for Breast Cancer Linked to Favorable Clinical Outcome
Researchers at Jefferson and the Kimmel Cancer Center have shown that loss of the retinoblas- toma-senescence gene in triple negative breast cancer patients is associated with better clinical outcomes. This is a new marker to identify the subset of these patients who may respond positively to chemotherapy. Today, no such marker is used to predict optimal care for patients with triple negative breast cancer, and as a result, patient outcomes vary. The findings were presented at the 2011 CTRC-AACR San Antonio Breast Cancer Symposium.

“Triple negative breast cancer is the most deadly of breast cancers with fast-growing tumors that affect younger women,” says Agnieszka Witkowicz, MD, associate professor of pathology, anatomy and cellular biology. “This work allowed us to identify a marker that could lead to better treatment for patients. It’s about female personalized medicine.”

Minimizing Healthcare-Associated Infections Improves Patient Care
Healthcare-associated infections, such as catheter-related acute bloodstream infections and ventilator-associated pneumonia, significantly affect hospital morbidity and mortality. However, by developing evidence-based best practices, these occurrences can be minimized, according to research from Jefferson surgeons.

The data on healthcare-associated infections were presented at the 2011 Clinical Congress of the American College of Surgeons. The evidence-based best practices resulted in improved patient care and a significant healthcare cost savings.
Robert A. Ebersole and his wife celebrated their 60th wedding anniversary in June 2011. They live in Archbold, Ohio.

Joseph H. Suss is looking forward to his 60th reunion in September. He lives in Bradenton, Fla.

Bertram D. Hurowitz continues to practice and teach rheumatology at the Maricopa Medical Center and at the University of Arizona College of Medicine. He reports that the city has changed so he walks a bit slowly these days.

Robert G. Timmons was a member of the first Penn State/ Jefferson BS/MED program and is practicing orthopaedic surgery in Anchorage, Alaska.

Robert J. Neviaser has retired from practice in December 2011 after 38 years in Easton, Pa.

Louis J. Centrella is retiring after 42 years practicing family medicine in Wilmington, Del. He has had great pleasure caring for so many families over the years and expresses gratitude for his Jefferson education, which he says gave him the ability to give excellent medical attention to all his patients.

Barry C. Dova reports that he is still teaching leadership and conflict resolution at the Harvard School of Public Health. He lives in Lexington, Mass.

Michael B. Kodros is retired and lives in the Outer Banks of North Carolina. He spends as much time as possible in his boat, fishing.

Carl L. Stanitski has been named an honorary member of the Polish Orthopaedic and Traumatology Society for work he has done with the organization’s members over the past 15 years in both Poland and the Unites States. He lives in John Island, S.C.

John D. Frost was a member of the first Penn State/ Jefferson BS/MED program and is practicing orthopaedic surgery in Anchorage, Alaska.

Benjamin P. Seltzer has left Boston and Harvard for the second time in his career to move to Phoenix, where he is director of the division of cognitive and behavioral neuroscience at Barrow Neurological Institute and a clinical professor of neurology at the University of Arizona College of Medicine.

Jesse H. Wright and his daughter, Laura Wright McCray, MD ‘02, have authored a book, Breaking Free from Hypnosis: Pathways to Wellness. Wright is vice chair and professor in the department of psychiatry and director of the Depression Center at the University of Louisville in Louisville, Ky.

Phillip Glass is medical director at Harris New Jersey Health and lives in Cherry Hill, N.J.

Ervin S. Fleishman lives in Boca Raton, Fla., and three of his four children live nearby. He travels to Philadelphia twice a year and enjoys visiting Jefferson’s campus.
Annapolis, Md., and has been Anthony J. Calabrese will ever retire completely. 2011. Hay lives in Del Mar, Calif. Medical Association in October. He says he is enjoying being a mortality reviews and doubts she will ever retire completely. Anthony M. Flynn are celebrating the birth of their third son, Athen Vincent. Thea was awarded the Business Review’s “40 and Under Forty Award” for her business strategies as chief of hospital medicine at St. Peter’s Hospital in Albany, N.Y.

Dean Visits Alumnus on his 90th Birthday

As he celebrated his 90th birthday in February 2012, Franz Goldstein, MD ’53, welcomed a special visitor to his home: Dean Mark Tykocinski, MD.

Marlaine Ritchie, 80, assistant professor of gastroenterology at Jefferson and Goldstein’s former student and practice partner, concentrated the visit because she knew the men shared a Ww II. Both suffered losses in World War II.

Goldstein left war torn Germany in 1947 and founded a job working for John Gibbon, MD. He attended medical school, graduating first in his class. His career includes 143 publications and service as the president of the American College of Gastroenterology. He lives with his wife, Bea, in Bryn Mawr, Pa. They have two daughters and their son Richard Goldstein, MD, PhD ’82, practices academic medicine and surgery at the University of Louisville in Kentucky.

Jeffrey A. Morrison has written a book, Cleanse your Body, Clear your Mind, which was published by Hudson Street Press in 2011. Morrison lives in New York.

DeVy C. Anderson is married to an attorney, Keiko Anderson. They have three children and live in Austin, Texas. DeVy practices family and aviation medicine in the military and was recently promoted to lieutenant colonel.

Michael A. Baumboltz welcomed his daughter, Aundy, on April 26, 2011. He also has a son, Mykes. This is Baumboltz’s third year working in Temple University School of Medicine’s division of plastic surgery.

They have three children and live in Austin, Texas. DeVy practices family and aviation medicine in the military and was recently promoted to lieutenant colonel. Michael A. Baumboltz welcomed his daughter, Aundy, on April 26, 2011. He also has a son, Mykes. This is Baumboltz’s third year working in Temple University School of Medicine’s division of plastic surgery.

John M. MacKnight was promoted to professor of internal medicine and orthopaedic surgery in the University of Virginia. Health System in July 2011. He also serves as medical director and primary care team physician at UVa Sports Medicine. He lives in Charlottesville, Va.


Edward A. Busch was a captain in the U.S. Air Force and the U.S. Army veteran through a Springville, N.Y., satellite clinic of the VA Regional Medical Center in St. Thomas Regional Medical Center in St. Thomas, Virgin Islands, since 1999.

Shahab S. Minasian sends heartfelt greetings to all of his classmates. His son, Haig Minassian, will begin his studies at JMC in September 2012. His other son, Vahan, graduated from Villanova Law School in 2011 and has begun a career in healthcare systems law. Minasian lives in Newtown Square, Pa.

Charles L. Brayman has left private practice and returned to caring for military troops at Naval Air Station Jacksonville. “I find it very rewarding, although we remain undermanned,” he says. He is the only full-time physician on duty most of the time, along with three physician assistants. “Together, we tend to our troops the best care we can,” says Brayman, a resident of Orange Park, Fla.

Scott M. Kennedy has returned to practice medicine in the United States after 23 years working for the U.S. Air Force and the U.S. State Department in Turkey, the Middle East and Africa. Kennedy lives in Culpeper, Va.


Mary F. Harter joined the Rothman Institute as a joint surgeon in October 2011. She sees patients at Rothman’s Voorhees, N.J., office and performs surgery at Virtua hospitals in South Jersey. Harter lives in Haddonfield, N.J.

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Nicholas A. Perchikian practices emergency medicine in Lewes, Del. He and his wife recently celebrated the birth of their third child.

Ira Brenner lives in Reading, Pa. They have three daughters and their son Richard Goldstein, MD, PhD ’82, practices academic medicine and surgery at the University of Louisville in Kentucky.

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Steven C. Wing practices emergency medicine in the Toledo, Ohio, area. Wing and his wife, Rebekah, welcomed their seventh child in February 2012.

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As a high-school student, Cora Christian was certain she should follow in the footsteps of her father, an attorney and judge. But her father was convinced that his daughter, the youngest of six children, was destined for a career in science. “He knew I was too sensitive for law,” she says. “Back then, part of the black experience was that the father made the decisions for the family.”

Graduating first in her high-school class on Saint Thomas in the U.S. Virgin Islands, Christian entered college when she was 15 years old. She majored in chemistry to please her father and minored in speech to keep her options open for a career in law. After struggling in chemistry, she became a biology major and soon realized what her father knew all along: a career in science, specifically medicine, would allow her to combine her love of people with her newfound fascination with biology.

Christian became the first woman from the U.S. Virgin Islands to become a physician. Soon, her aspiration for a career in law became a distant memory.

When Christian entered Jefferson at age 19, she was the second-youngest student in her class, one of eight women in her year and the only African-American enrolled at the time as a medical student. Prompted by her experience as a target of bigotry by a few small-minded classmates, Christian asked the administration to consider her idea for a program to attract more black medical student applicants. “It was more about cultural competency and connecting with patients than it was about race,” she says. “I wanted to see others get the educational opportunities I had; and I knew that they would make first-class clinicians.” In her fourth year, thanks in part to her persistence and that astute suggestion, there were 12 black students in the first-year class. Throughout her medical training, Christian made sure that whatever direction her education took, she would always be able to use her skills back home in the U.S. Virgin Islands, where she had friends and family, the benefits of being part of the United States and, of course, beautiful weather. Yet, with all of their advantages, the Virgin Islands were and still are rife with inefficiencies and population health issues like HIV, diabetes and heart disease. Armed with her Jefferson education, residency training in family medicine from Howard University and a Master of Public Health from Johns Hopkins, Christian returned to the Virgin Islands to help improve the health and health care of her people.

In addition to practicing family medicine and serving as the medical director for HOVENSA, an oil company, Christian is the medical director of the Virgin Islands Medical Institute Inc., which she founded in 1977 to provide advocacy and technical assistance and to help Medicare beneficiaries receive quality care. “I started it to help improve the quality of care for all residents, and it has done just that,” she says.

Over the course of her career, Christian served as the assistant commissioner of the U.S. Virgin Islands Department of Health and as a member of the national AARP Board of Directors, which she counts among her proudest career accomplishments. Yet she has still found time to see patients. She credits Jefferson for her skills as a physician. “At Jefferson, I developed a fundamental understanding of how to make the right diagnosis,” she says. “Treatments and technology are always changing. So knowing the right diagnosis is key, because illnesses will always remain the same.”

Christian and her husband, an economist and professor at the University of the Virgin Islands, have a son and daughter, both of whom live on the Virgins Islands. Her son is following a career in business and banking. Fittingly, the course of her daughter’s life has circled back to Christian’s original ambition. Her daughter, who considered becoming a physician, is now an attorney. “I feel good about her career decision,” says Christian. “She’ll make a much better attorney than I ever would have.”
In Memoriam

'44
Paul L. Gorsuch, 91, of San Antonio, Tex., died Oct. 11, 2011. While he planned to participate in naval aviation during World War II, his mother insisted instead that he honor her acceptance to Jefferson Medical College. After graduation in 1944, he served as a U.S. Navy surgeon. His troop transport ship arrived at Iwo Jima the night before the U.S. invasion of this Japanese island; over the next 19 days, his ship’s medical team operated on more than 600 Marines and lost only six. Through his binoculars, he witnessed the historic moment when U.S. Marines raised the flag on Mt. Suribachi. Gorsuch is survived by daughters, Elizabeth Gorsuch and Ellen Amundson, his son, Paul L. Gorsuch Jr., MD '80, and 11 grandchildren.

'45
Charles K. Gorby, 83, of Harbertown, Pa., died March 4, 2011. He was a member of the Rho Chi Honor Society and the Alpha Omega Alpha Honor Medical Society, a fellow in the Academy of Psychosomatic Medicine; a member of the Legion of Honor of the Chapel of the Four Chaplains, and an assistant professor of clinical medicine at JMC. He served as a delegate to the Pennsylvania Medical Society and was president of the Delaware County Medical Society in 1986. He is survived by his wife, Louise; three children, and seven grandchildren.

'59
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'64
Cyrus G. House, 76, of Willingshoi, N.J., died Nov. 5, 2011. House was a pediatrician who served on the Board of Education of Burlington County Special Services, a school district for children with special needs. He is survived by his wife of 58 years, Della; one brother; one son; one daughter; and six grandchildren.

'68
John A. Jeffries, 68, of Rochester, Minn., died Nov. 23, 2011. Jeffries was a distinguished consultant obstetrician and gynecologist at the Mayo Clinic in Rochester from 1976 until his retirement in 2008. He returned to the division of gynecology on a part-time basis until his death. He is survived by his wife, Lan Bui Jeffries, and five children.

'73
Christopher M. Clark, 65, of Philadelphia, a leading researcher on Alzheimer’s disease and associate professor of neurology at the University of Pennsylvania, died Jan. 12, 2012, at Wissahickon Hospice in Philadelphia. Clark retired in January 2008 as director of the Penn Memory Center but remained director of the Center of Excellence for Research on Neurodegenerative Diseases. He focused much of his research on developing methods for early diagnosis of Alzheimer’s disease that could be readily adopted into routine primary-care clinical practice. After retiring from Penn, Clark was medical director for Arid Radiopharmaceuticals, a subsidiary of Eli Lilly & Co. He is survived by his wife, Anne; step-sons David and Matthew Emrich; a brother; and a sister.

Post Graduate
David M. Goodner, 61, formerly of Chestnut Hill, Pa., an obstetrician and gynecologist for more than 30 years, died Jan. 25, 2011, of Alzheimer’s disease in Cherry Hill, N.J. Goodner practiced with Professional Health Care for Women in Philadelphia and was on the staff at Jefferson and at Pennsylvania Hospital. During his career, he delivered 5,000 babies and also treated older women, including one patient who visited him for 20 years until she was 95. In 2001, Goodner received a special award from the University of Pennsylvania School of Medicine for mentoring students and residents. He was past president of the Obstetrics Society of Philadelphia and wrote numerous articles published in medical journals. He retired in 2006 and is survived by his daughter, Alyson, his son, Blake; two brothers; and three grandchildren. His wife of 44 years, Susan, died in 2008.

Edward H. McGehee, MD '45: Founding Faculty Member, Department of Family and Community Medicine


Along with his two brothers, McGehee followed his father into medicine. After graduating from Jefferson, he served as an intern with the U.S. Navy and the Veterans Health Administration. He later completed a fellowship in pathology at Jefferson and a research fellowship in hematology at Pennsylvania Hospital. He also completed a prestigious Thomas McCrae fellowship at Guy’s Hospital in Southwark, London. McGehee established a private practice at his home in the Chestnut Hill area of Philadelphia in 1953 and worked as an attending physician at Chestnut Hill Hospital from 1954 to 1973 and a hematologist at Pennsylvania Hospital from 1966 to 1970.

In 1974, he became the first full-time faculty member of Jefferson’s new family medicine department. The JMC Class of 1976 selected him for a portrait that they presented to the University. He received a Lindback Award for Distinguished Teaching and, in 1988, was named director of the Jefferson/Kendal Crosslands fellowship in geriatrics. In 1996, longtime patients honored him by creating the McGehee Loan Fund to support third- and fourth-year students of family or internal medicine.

McGehee often shared personal insights while training new physicians. “Patients will not really understand the certificates on your walls beyond your Jefferson diploma or your state license,” he was known to say, “Mostly they approach the trivia of wall decor appropriately. What they will know with remarkable accuracy is whether you care.”

“For Ed, patient care came first, a love of teaching came second and administrative paperwork came in a distant third. As many of his patients knew, a house call on his bike or in his Volkswagen Beetle was not an unusual occurrence,” said Paul C. Brucker, MD, president emeritus of Thomas Jefferson University and founding dean of the Department of Family and Community Medicine, at a memorial service in February.

Brucker recruited McGehee to leave his private practice and come to work at Jefferson and called himself “the number one enemy of many of his patients in Chestnut Hill for taking him away from the community.” Brucker believed that in addition to caring for patients, McGehee belonged in a teaching position.

“Ed loved to teach, and interns and residents flocked to him. He also had the wonderful ability to educate his patients to accept medical students and residents as participants in their care,” said Brucker, who recalled that every year, McGehee would test senior residents’ knowledge by asking them to do a complete physical exam on him—“an experience they never forgot.”

McGehee is survived by a son, Edward Jr.; two daughters, Virginia and Sarah; five grandchildren; one niece; and five nephews. His wife, Carolyn, and a son, James, preceded him in death. He was also predeceased by his two brothers.
By the Numbers

Allergy Season
Spring has sprung. Flowers are in bloom. Trees have their leaves again. Birds are chirping. And pollen is causing sneezing, sniffling and coughing for millions of people. Yes, it’s allergy season. And most likely thanks to climate change, the season for tree pollen has lengthened by two weeks over the last 20 years. Grab a tissue and get the facts about allergies.

- Percentage of people in the United States who have asthma, a chronic disease that can be triggered by airborne allergens: 7.7
- Percentage of the U.S. population that suffers from allergy or asthma symptoms: 20
- Percentage of the U.S. population that tests positive for reactions to one or more allergens: 55
- Proportion of the U.S. population with nonallergic rhinitis – chronic allergy-like symptoms such as runny nose, congestion and cough: One in three

- Number of Americans per year who experience seasonal allergic rhinitis, commonly known as hay fever: 35 million
- Number of lost workdays as a result of hay fever: 4 million
- Maximum recommended number of consecutive days of nasal decongestant use: 3
- The worst U.S. city for spring allergies in 2010 and 2011: Knoxville, Tenn.
- Maximum distance out to sea at which ragweed pollen can be found: 400 miles
- The measure for pollen count: number of allergen grains per cubic meter of air

Figures from WebMD and USA Today.

The footbridge that crosses over 10th Street on Jefferson’s campus usually doesn’t draw attention from people below. However, on a particular night in December 2010, traffic stopped while drivers watched what appeared to be a dance party on the bridge. In fact, those choreographed dancers were Jefferson faculty and staff being filmed for a scene for the award-winning “Wash ’Em” video.

The video, set to the tune of Michael Jackson’s “Beat It,” stars Roy Henry, an acquisition specialist in Jefferson’s supply chain management office. Henry, a former hip-hop dance instructor, went to the “Wash ’Em” audition hoping for a role as an extra in the video. When the marketing staff saw him teaching moves he had just learned to others at the audition, they cast him as the lead in the video.

Inspirations for the video came from the Jefferson hand-washing task force, a group of Jefferson employees who develop and promote infection-control initiatives. Hand hygiene is especially important at hospitals, where patients’ weakened immune systems leave them susceptible to infection. The ultimate goal is to persuade every staff member to take this simple infection-control precaution.

Filmed by an outside production company over two and a half days, the video features a soundtrack with Jefferson staff singing lyrics about hand-washing. Group dance scenes are interspersed with demonstrations of effective washing techniques. The sheer entertainment value of the video, which conveys a sense of the fun Jefferson staff had making it, has helped the hygiene message reach its intended audiences and beyond.

Since January 2011, when the video went up on YouTube, it has been viewed more than 54,000 times. Hospitals and schools from around the world have requested copies, and the video is shown at every new-employee orientation. Henry also appeared with Geno Merli, MD ’75, chief medical officer at Jefferson, on CBS 3’s “Eyewitness News This Morning” with Ukee Washington to talk about the video and the importance of hand hygiene.

In addition to raising awareness about hand-washing, the video brought Jefferson staff together. “Everyone was really excited to participate,” says Susan Montalbano, marketing project manager for the Department of Nursing. “There’s been overwhelming enthusiasm about the video. It’s created a lot of camaraderie, and it was a lot of fun seeing how talented Jefferson employees are even outside of their jobs.”

As for the video’s effect on hand-washing, it’s already making a difference. “Of course it’s changed my hand-washing habits,” says Henry. “I’m always telling people at my house — wash your hands!”

Watch the video here: http://www.youtube.com/watch?v=tmMGwO4N0Vc

Dancing the Hygiene Hustle
Join JMC alumni for a reception and buffet supper down at the shore!

Saturday, July 28, 2012
5:30 – 8:30 p.m.

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Casual attire, flip-flops OK