

July 2002

Jefferson Medical College Annual Report, 2002

Thomas J. Nasca

Thomas Jefferson University, Thomas.Nasca@jefferson.edu

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**JEFFERSON MEDICAL COLLEGE
THOMAS JEFFERSON UNIVERSITY**

**ANNUAL REPORT
2001-2002**

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Thomas
Jefferson
University

**Jefferson
Medical
College**

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Thomas Jefferson University complies with all relevant local ordinances and state and federal statutes in the administration of its educational and employment policies and is an Affirmative Action Employer.

Any inquiries may be directed to the Manager of Employee Relations or to the University's Affirmative Action Officer at 238 Martin Building, (215) 503-7758.

Introduction

The 2001-2002 Annual Report of the Jefferson Medical College of Thomas Jefferson University represents the general report of the College. This general report of the College's activities is distributed to the Board of Trustees and members of the faculty and student body of the Medical College. The academic departments and the institutes issue separate reports. A complete set of all annual reports can be found in the Scott Memorial Library, the President's Office, and the Dean's Office.

Compiled and Edited by

Thomas J. Nasca, MD, FACP
Dean, Jefferson Medical College and
Senior Vice President
Thomas Jefferson University
1025 Walnut Street, Room 100
Philadelphia, PA 19107-5083
(215) 955-6980

Presented to the assembly of the General Faculty on October 10, 2002.

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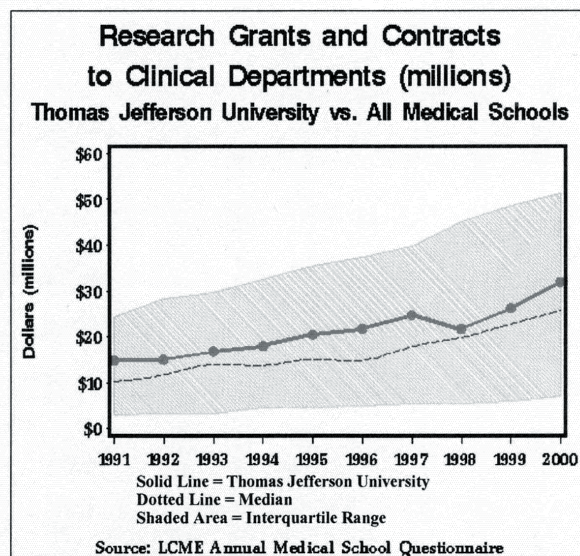
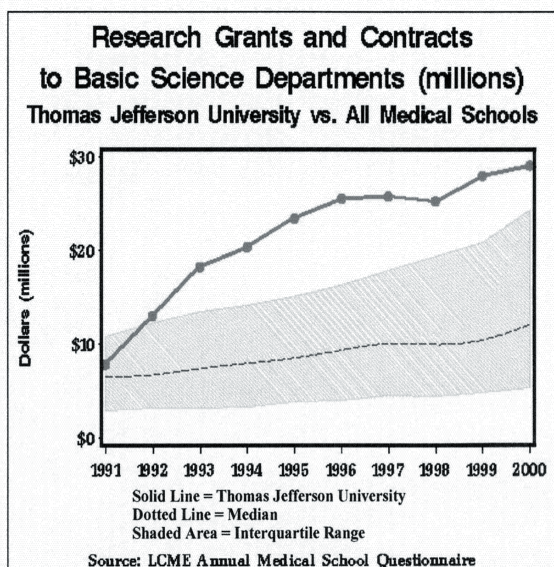
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More than a year has passed since my appointment as Dean of Jefferson Medical College. As I reflect on the past “545 days,” I am struck by the magnitude of external forces influencing medical schools and academic health centers, and the dramatic institutional changes Jefferson has undergone in the past 12 months. The chairs of each department and the deans of each administrative function have outlined the successes, challenges, and opportunities of their areas of responsibility in the pages that follow. These reports are the summation of the efforts of almost 800 full time Jefferson faculty, over 2,200 Jefferson volunteer clinical faculty from our entire affiliated teaching hospital network, nearly 900 medical students, 700 residents and fellows, and over 3,000 administrative and support staff. It also details the outcomes of

from across the nation in each respective discipline. The institutional ranking of 44th (an increase in funding and rise of two positions in the ranking) gives credence to Jefferson’s growing recognition as a research-oriented medical school. Indeed, as can be seen in the first figure, Jefferson’s basic science departments’ growth in research over the past decade moved the institution from the median of all medical schools well into the top quartile.

Clinical departments have also seen growth in research, as measured by protocols approved by the Institutional Review Boards, as well as research funding. The clinical departments have grown proportionate to the growth of the national cohort over the past decade, resulting in a stable positioning above the median for all medical schools.

I interpret these data as evidence of the success of



the educational efforts of our students, residents and fellows, and the faculty’s efforts on their behalf. In my brief report I will summarize major trends on the campus, and briefly reflect on the future.

The research efforts of the faculty continue to bear fruit of growth in size and scope. Five of our departments are ranked in the top 25 medical school departments in NIH funding: Dermatology (3rd), Microbiology (2nd), Orthopedic Surgery (13th), Pathology (4th), and Radiology (22nd). These rankings, while measuring dollars, are a reflection of the highest level of peer review rigor, and competition with scientists

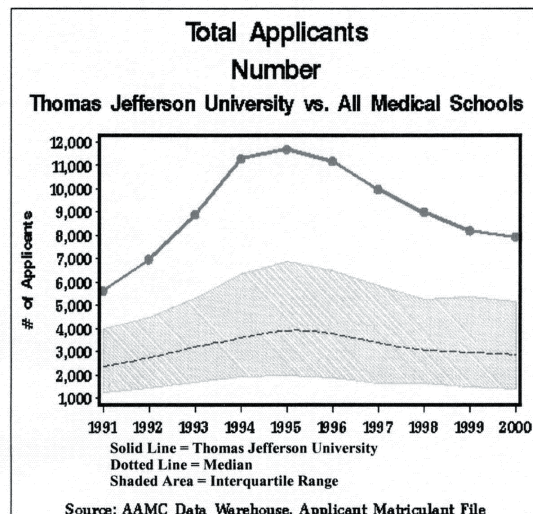
Jefferson’s investments in the late 1980s and 1990s in research facilities and faculty. The investment was largely made in basic science departments and targeted clinical departments, and has born fruit. This success, coupled with the opportunities to reconfigure programs and departments that support growth in research, caused the Ad Hoc Faculty Committee on Research Planning to recommend to the administration a strategy of investment in targeted areas for growth in translational and clinical research. These

programs are expected to build on our successful programs in the basic sciences. Further, the faculty and administration believe that clinical care will be provided increasingly through access to research driven innovations in care. This trend is already present in certain clinical areas, such as Oncology, and will accelerate with the combined impetus of the heightened national emphasis on translational and clinical research and the public's access to information. Indeed, this recognition of the core importance of research to the clinical and educational enterprise is one of the underpinnings of the strategic plan for both the medical college and our partner, Thomas Jefferson University Hospital.

The educational programs of the medical college and the graduate medical education programs of the faculty and the university hospital have dramatically evolved over the past 12 months. The Curriculum, Student Promotions, and Graduate Medical Education Committees have been the focal points of efforts by the faculty, students, residents and administration as we create the excellence we all desire in our educational programs. Considerable revision of the undergraduate curriculum is but one example of the efforts of the faculty and students. Perhaps more important has been the significant enhancement of the educational culture, moving towards the Collegial Learning Environment we envision. Dramatic change in the second year curriculum, innovations in the fourth year, and ongoing evaluation of the first and third years are evidence of these efforts.

Perhaps the most significant event, however, was the adoption, by the medical students and the faculty, of the Jefferson Shared Code of Professional Values. Faculty and students recite this Code during opening exercises, during orientation to each year in the curriculum, and at our annual curriculum retreat. The Code places front and center Jefferson's values, our commitment to professionalism, and our commitment to the public we serve. At a time when medicine and medical schools are challenged by forces that may deter the embodiment of professionalism, we are working to build a crucible of compassionate education that nurtures the values of professionalism in the next generation of physicians, while rejuvenating and invigorating these values in our faculty. I believe we, students and faculty together, have taken the first step in this journey. The full text of the Jefferson Shared Code of Professional Values follows my report.

One external measure of the effectiveness of the efforts of the faculty and students in the remolding of our educational programs is the desirability of a Jefferson education. Despite the national downward trend in applications to medical school, Jefferson received in excess of 7,100 applications, nearly one of every four students applying to medical school in the United States. When compared to other medical schools, the striking desirability of a Jefferson education is apparent. Parameters of academic preparedness continue to rise, and another outstanding class will matriculate in late August. Another measure of the effectiveness of our educational program is the result of the recent LCME Accreditation Site Visit. Jefferson received laudatory remarks for recent innovations in the curriculum, and Full Accreditation from the LCME.



The graduate medical education programs have been invigorated by the efforts of the program directors, the administration, and the faculty. Development of competency-based curricula, attention to the environment and duty responsibilities of the graduate trainees, and sharing of innovations across programs have resulted in dramatic enhancements in GME programs across the institution. An example of this enhancement was the outstanding NRMP performance of our residency programs this past Spring. With all positions filled in the match, each program was able to attract many of the most outstanding students on their list. Jefferson will receive its Institutional Accreditation Review from the ACGME this Fall. We hope to demonstrate innovation and leadership in the implementation of the Core Competencies at that visit.

Jefferson University Physicians, the full time faculty

practice plan, continues to mature as a multispecialty group practice. The faculty absorbed a doubling of their malpractice rates in this past fiscal year, and approved moving their insurance back to a self-insured vehicle. Approximately one dollar in seven in JUP now goes to pay malpractice insurance premiums. Despite this burden, the faculty has expanded innovative clinical services, and will continue to expand the patient base of the practice and the university hospital. These clinical programs serve as the foundation for a sustained effort to enhance clinical and translational research programs, as well as provide the setting for state of the art clinical education of medical students, residents, and fellows.

Throughout this past year, based on the fertile soil of the efforts of our predecessors, the seeds of transformation to a nationally recognized medical school and academic medical center have been sown. During my short tenure as dean, nine departments have seen a change in leadership. New stewards in Medicine, Surgery, Physiology, Family Medicine, Urology, Neurosurgery and Radiology, as well as acting chairs in Anesthesiology and Obstetrics and Gynecology will energize these departments and the institution. Our established chairs and the administration will provide mentorship and direction as a new generation of leaders seizes the reins. Jefferson has appointed its first two women chairs. We have chosen from both outside and within to identify Jefferson's new leaders. We have not chosen a path of complacency; we have chosen the path of continuously searching for excellence.

In March of 2002, the Board of Trustees approved the Strategic Plan for the college and university, and the associated building plan. Construction of facilities for expansion of research, and state of the art educational facilities to provide the technology required for the next generation of physicians to learn our art, are essential components of this plan. We believe that successful implementation of this strategic plan and construction effort will permit the medical college to enter the upper quartile of all medical schools in research productivity; enhance the reputation of Jefferson as a research oriented university; augment and facilitate innovation and excellence in undergraduate, graduate and continuing medical education; and ensure our patients, students, and faculty access to the latest innovations in patient-centered care.

Jefferson faces many challenges and enjoys tremendous opportunities. The challenges of our litigious

regulatory society and the barriers of inappropriately low compensation for our services are more than counterbalanced. The compelling needs of our patients, the energy and altruism of our students, the steadfastness and determination of our residents and fellows, the commitment to excellence and discovery of our faculty, and the ingenuity and commitment of our administration and trustees to our mission provide us with the momentum to succeed.

We, the faculty, students, administration, and alumni stand on the shoulders of the generations of Jeffersonians who have provided us a 178-year-old legacy of excellence in medical education and clinical service. We aspire to build on that legacy, enhancing its breadth and depth. We have, and will enhance, a sustained, successful research effort of national and international significance. We are moving to a cutting edge leadership position in medical education at all levels. We will continue to augment the reputation of excellence that Jefferson enjoys in the care of patients in the tri-state region to that of a national reputation of institutional excellence.

We must, however, accomplish this transformation to a national institutional reputation of excellence in research, education, and patient care while maintaining that which separates Jefferson from other research-oriented institutions. We are creating a culture marked by the values of professionalism: Altruism, Respect, Compassion, Integrity, Collaboration, Commitment to Excellence, and Stewardship. We will enhance our long-standing commitment to patient-centered care, that humanistic touch that lies at the core of our mission of service to the community. We will continue to value all who are part of Jefferson, as we deal with the often harsh realities of our environment. We aspire to a collaborative learning environment marked by excellence and constructive accountability for all. This is, perhaps, our greatest challenge.

And, we will succeed.

Thomas J. Nasca, MD, FACP

Senior Vice President, Dean

The Shared Code of Professional Values

In entering the profession of medicine, and in the process of crafting future physicians, as students and educators, we recognize the implicit trust that patients and society have granted us. As such, we must commit to embodying the highest standards of civility, honesty, and integrity in all aspects of our personal and professional lives. This must include our interpersonal relationships, our academic pursuits, and our medical practices. We must treat everyone compassionately, and respect and protect his or her privacy, dignity, and individuality.

As part of the trust that society has placed in us, we must advocate for outstanding patient care for all people. Accordingly, we must always recognize those attitudes and values of ours that may limit our ability to do so.

As medical professionals, we must also recognize limitations in our knowledge and skills, and accordingly, we must accept our duty to provide and receive constructive feedback with the goal of improving our ability to care for our patients. This eagerness to improve is central to our commitment to excellence, and will be the foundation upon which we build our practice of lifelong learning.

The Academic Year 2001 - 2002

Faculty Honors

The Christian R. and Mary F. Lindback Award for Distinguished Teaching in a Clinical Science:

James S. Studdiford, MD, Clinical Assistant Professor of Family Medicine

Dean's Award for Distinguished Teaching in a Basic Science:

George C. Brainard, PhD, Professor of Neurology and Professor of Biochemistry and Molecular Pharmacology

Blockley-Osler/Dean's Teaching Award for Excellence in Teaching of Clinical Medicine by a Faculty Member at a Jefferson-Affiliated Hospital:

M. Susan Burke, MD, FACP, Clinical Assistant Professor of Medicine, Lankenau Hospital

The Leon A. Peris Memorial Award to a member of the volunteer faculty for excellence in clinical teaching and superior patient care:

Stephen E. Reznak, MD, Clinical Assistant Professor of Neurology

The Healthcare Foundation of New Jersey Humanism in Medicine Award to an outstanding faculty member demonstrating exemplary compassion in doctor/patient relations:

Joseph A. DeSimone, Jr., MD, Clinical Assistant Professor of Medicine

Portrait

Philip J. Wolfson, MD, Professor of Surgery, presented by the Class of 2002 and friends and colleagues, painted by Dean Larson.

Medical College

The Medical College celebrated its 178th anniversary.

New Centers

Farber Institute for the Neurosciences

Jefferson Hospital for Neuroscience

New Divisions, Departments

Division of Medical Genetics renamed Division of Genetics and Preventive Medicine, Dept. of Medicine

Division of General Surgery, Department of Surgery

Division of Emergency Medicine became an independent Department

New Appointments

Vice Deans

Clara Callahan, MD, Vice Dean of Academic Affairs

Joseph Seltzer, MD, Vice Dean for Clinical Sciences

Department Chairs

Zvi Grunwald, MD, Acting Chair for the Department of Anesthesiology

Theodore Christopher, MD, Chair for the Department of Emergency Medicine

Richard Wender, MD, Chair for the Department of Family Medicine (July 1, 2002)

Arthur Feldman, MD, PhD, Chair for the Department of Medicine (July 1, 2002)

William Buchheit, MD, Chair for the Department of Neurosurgery

Vincenzo Berghella, MD, Acting Chair for the Department of Obstetrics and Gynecology

Marion Siegman, PhD, Chair for the Department of Physiology

Vijay Rao, MD, Chair for the Department of Radiology (July 1, 2002)

Division Directors

Bruce Boman, MD, Division Director of Genetic and Preventive Medicine, Department of Medicine

Neal Flomenberg, MD, Acting Division Director of Medical Oncology, Department of Medicine

Gregory Fossum, MD, Division Director of Reproductive Endocrinology, Dept. of Obstetrics and Gynecology

Samuel Gandy, MD, Director of the Farber Institute of Neurosciences

Jacqueline Gutmann, MD, Associate Director for the Division of Reproductive Endocrinology, Department of Obstetrics and Gynecology

John Ogunkeye, Executive Director of Jefferson University Physicians (JUP)

Stephen Peters, MD, Acting Division Director of Critical Care, Pulmonary, Allergic and Immunologic Diseases, Department of Medicine

Frank Rosato, MD, Division Director of General Surgery, Department of Surgery

Commencement

The 178th Commencement Exercises were held on June 7 in the Kimmel Performing Arts Center. Doctor of Medicine degrees were awarded to 219 candidates, three of whom were simultaneously awarded a Doctor of Philosophy degree.

Honorary Degree

An honorary degree of Doctor of Science was bestowed upon James P. Bagian, MD, Director of the VA National Center for Patient Safety. Dr. Bagian is an Adjunct Assistant Professor of Military and Emergency Medicine at the Uniformed Services University of Health Sciences at F. Edward Hebert School of Medicine and also a Clinical Assistant Professor of Preventive Medicine and Community Health at the University of Texas Medical Branch. In addition, he is a Colonel in the U.S. Air Force Reserve where he is a pararescue flight surgeon with the 920th Air Rescue Group. Dr. Bagian was also a NASA astronaut who has logged over 337 hours in space.

Administrative Staff 2001 - 2002

Thomas J. Nasca, MD, FACP

Clara A. Callahan, MD

Gerald Litwack, PhD

Joseph L. Seltzer, MD

James B. Erdmann, PhD

Geno J. Merli, MD

John A. Monnier, MBA, CPA

David L. Paskin, MD

Susan L. Rattner, MD

Timothy P. Brigham, PhD

Edward B. Christian, PhD

Karen M. Glaser, PhD

Phillip J. Marone, MD

David B. Nash, MD, MBA

Charles A. Pohl, MD

Roy Proujansky, MD
dren's
dren

Cynthia Silber, MD

Raymond L. Baraldi, Jr., MD

Kristen L. DeSimone, MD

Aileen Edwards, MS

Glenn Eiger, MD

Linda Famiglio, MD

Steven K. Herrine, MD

George F. Kalf, PhD

Brian Little, MD

Bernard L. Lopez, MD

Karen D. Novielli, MD

Luz Ortiz, MA

Joseph S. Gonnella, MD

Alan B. Kelly, Esq

John Ogunkeye, MS

Senior Vice President, Dean

Vice Dean, Academic Affairs, The Lillian H. Brent Dean of Students

Vice Dean, Research

Vice Dean, Clinical Affairs

Senior Associate Dean, Faculty Affairs and Faculty Development

Senior Associate Dean, Continuing Medical Education

Senior Associate Dean, Operations

Senior Associate Dean, Graduate Medical Education and Affiliations

Senior Associate Dean, Undergraduate Medical Education

Associate Dean, Organizational Development and Planning

Associate Dean, Diversity and Minority Affairs

Associate Dean, Undergraduate Medical Education

Associate Dean, Alumni Relations, Executive Director of the
Alumni Association

Associate Dean, Health Policy

Associate Dean, Student Affairs and Career Counseling

Associate Dean, Chief Executive of the Practice, Nemours Chil-
Clinic-Wilmington/ A.I. duPont Hospital for Chil-

Associate Dean, Graduate Medical Education

Assistant Dean, Medical Education, Main Line Health

Assistant Dean, Student Affairs and Career Counseling

Assistant Dean, Diversity and Minority Affairs

Assistant Dean, Albert Einstein Medical Center

Assistant Dean, Medical Education, Geisinger Medical Center

Assistant Dean, Undergraduate Medical Education

Assistant Dean, Scientific Affairs

Assistant Dean, Christiana Care

Assistant Dean, Student Affairs and Career Counseling

Assistant Dean, Faculty Affairs and Faculty Development

Assistant Dean, Diversity and Minority Affairs

Director, Center for Research in Medical Education and Healthcare
Counsel to the University

Executive Director, Jefferson University Physicians

Department Chairs 2001 - 2002

Anesthesiology	Zvi Grunwald, MD (Acting)
Biochemistry and Molecular Pharmacology	Gerald Litwack, PhD
Dermatology and Cutaneous Biology	Jouni Uitto, MD, PhD
Emergency Medicine	Theodore Christopher, MD
Family Medicine	John Randall, MD
Medicine	Geno Merli, MD (Acting)
Microbiology and Immunology	Carlo M. Croce, MD
Neurology	Elliott L. Mancall, MD (Interim)
Neurosurgery	William Buchheit, MD
Obstetrics and Gynecology	Vincenzo Berghella, MD (Acting)
Ophthalmology	William S. Tasman, MD
Orthopaedic Surgery	Richard H. Rothman, MD, PhD
Otolaryngology/Head and Neck Surgery	William M. Keane, MD
Pathology, Anatomy and Cell Biology	Emanuel Rubin, MD
Pediatrics	Roy Proujansky, MD
Physiology	Marion Siegman, PhD
Psychiatry and Human Behavior	Michael J. Vergare, MD
Radiation Oncology	Walter Curran, MD
Radiology	David C. Levin, MD
Rehabilitation Medicine	John L. Melvin, MD
Surgery	Donald C. Dafoe, MD
Urology	S. Grant Mulholland, MD

The Professorial Faculty 2001 - 2002

The Advisory Committee Officers

Chairman	David Zwillenberg, MD
Chairman-Elect	Jan Hoek, PhD
Secretary	Michael King, PhD
Secretary-Elect	Karen Glaser, PhD

Advisory Committee Members

2000-2002 Leonard Eisenman, PhD
 Ruth Gottlieb, MD
 Marion Siegman, PhD
 Joseph Sokolewski, MD

2001-2003 John Flynn, PhD
 Kay Huebner, PhD
 Valerie Armstead, MD
 Roger Pomerantz, MD
 Eric Hume, MD

Stephen L. Schwartz., MD, Past Chairman Advisory Committee 2000-2001

Representatives to the Executive Council

Basic Science	Ike Eisenlohr, VMD, PhD	2000-2002
Clinical Science	Elisabeth Kunkel, MD	2001-2003

Representatives to the Committee on Committees

Basic Science	James A. Spath, PhD	2000-2002
Clinical Science	Howard Rabinowitz, MD	2001-2003

Office of Faculty Affairs

The Office of Faculty Affairs was established July 1, 2001. As part of his commitment to enhancing the infrastructure supporting the educational mission of the College, Dean Nasca developed the resources necessary to make this function a reality.

Mission

The mission of the Office of Faculty Affairs is to support faculty career development, faculty educational skills development, and administrative activities/programs central to faculty interests.

Objectives/Goals

The following objectives were adopted to guide activities and the development of programs during the 2001-2002 academic year:

- Implement a system of feedback, especially for junior faculty, regarding performance expectations regarding role, and requirements for advancement.
- Sponsor workshops and other skills development programs for basic and clinical science faculty involved in the teaching/learning process.
- Provide staff support to faculty committees of the College.
- Develop orientation opportunities for new faculty regarding College and University policies, procedures, and resources.

During the past year, two advisory committees, the Career Development and Educational Development Advisory Committees, were appointed to provide guidance in meeting the objectives of the Office of Faculty Affairs.

The Career Development Advisory Committee, chaired by Dr. Donald Dafoe, met twice during the academic year. The key objectives that the committee identified were: fostering and tracking the activity of the chairs and their designees in providing feedback and career advice to their faculty; planning a system of mentoring; supporting the creation of a clinician – educator track; developing an orientation approach; creating a faculty support Web site; assisting faculty to prepare a career advancement portfolio; identifying and assisting in the creation of an effective reward system for all faculty; revising the faculty

handbook; and enhancing communication with faculty. As a result of the committee's efforts, a feedback procedure for faculty has been initiated, the mentoring program is under development, the clinician – educator track has been approved, and the revision to the Faculty Handbook has been undertaken.

The Educational Development Advisory Committee, chaired by Dr. Howard Weitz, met three times during the academic year. This committee discussed the following objectives: developing core faculty for the teaching of clinical skills; conducting a survey of teaching faculty for the first two years to determine their priorities for educational support; supporting seminars for leadership on mission-based budgeting and management; collaborating with the Center for Research in Medical Education and Health Care, especially on workshops focusing on the evaluation of student performance and test development; supporting faculty participation in external workshops; offering case-based teaching workshops; collaborating with AISR to improve utilization of media; supporting the Office of Affiliations and Graduate

The mission of the Office of Faculty Affairs is to support faculty career development, faculty educational skills development, and administra-

Medical Education in the “Teaching Residents to Teach” project; and recruiting additional professional staff. In concert with this committee's activities, core faculty for teaching clinical skills have been identified, the survey of teaching support priorities for faculty in the first two years was conducted with the Center for Research in Medical Education and Health Care, new staff were identified, assistance was provided to six faculty to attend external workshops, and assistance was provided to the Affiliations/Graduate Medical Education Office in the organization of the “Teaching Residents to Teach” project. The Office of

Faculty Affairs either sponsored or cosponsored 27 workshops with AISR, Center for Research in Medical Education and Health Care, Affiliations/Graduate Medical Education, and selected faculty.

Besides the Career Development and Educational Development Advisory Committees, the Office of Faculty Affairs has provided staff support to numerous other committees. These include the Professorial Faculty and its Advisory Committee, the Committee on Committees, the Faculty Appointments and Promotion Committee, the Faculty Affairs Committee, and the Bylaws Committee.

Two matters concerning the propriety of the behavior of individual faculty were referred to the Faculty Affairs Committee for review. Both matters were investigated in a timely and thorough fashion, and recommendations for disposition of these matters were prepared and submitted to the Dean for his action.

The Professorial Faculty Advisory Committee held three meetings during the year. The purpose of these meetings was to actively involve the faculty in setting the agenda for the Professorial Faculty meetings. Also, this forum provided a mechanism for the faculty to have a voice in the affairs of the college. In the past, staff support was not available to the committee and was handled by the individual members of the advisory committee. During the past year, the Office of Faculty Affairs has been providing staff

support and thus, continuity to the committee. There is a very definite interest on the part of the faculty to participate which is indicated by their good attendance at the meetings.

Other activities performed by the Office of Faculty Affairs include processing new appointments to the Standing Committees of the College, and assisting in the planning of the new Education and Research Center.

During the upcoming year, the Office of Faculty Affairs will see much activity as it moves forward to the next phase: improving compliance in faculty performance feedback and the advising process, implementing additional instructional support services on an individual and group basis, expanding orientation opportunities for new faculty, improving communication with faculty, completing an email messaging system, initiating the development of a faculty Web site, creating an educational program for the leadership on mission-based budgeting and management, and implementing a faculty mentoring program.

Finally, the Office is looking forward to the addition of Dr. Karen Novielli as the new Assistant Dean of Faculty Affairs.

James B. Erdmann, PhD

Senior Associate Dean and Director of Faculty Affairs

Carol A. Trent

Program Coordinator, Faculty Affairs

Blanche Ramsey

Administrative Assistant, Faculty Affairs

Faculty Census

2001-2002

	Fully Salaried	Partly Salaried	Non-Salaried	Total
Professorial	363	19	632	1014
General	394	29	1725	2148
Total	757	48	2357	3162
Administration	31	0	0	31
Basic Science	182	7	103	292
Clinical Science	544	41	2254	2839
Total	757	48	2357	3162
Professors	202	18	312	532
Associate Professors	161	1	320	482
Assistant Professors	266	20	884	1170
Instructors	128	9	841	978
Total	757	48	2357	3162
Women	199	24	443	666
Men	558	24	1914	2496
Total	757	48	2357	3162

Emeriti	Honorary	Academic Leaves	Medical Disability
43	303	0	0

	1997-98	1998-99	1999-00	2000-01	2001-02
Professorial	975	989	968	1012	1014
General	2153	2236	2211	2244	2148
Total	3128	3225	3179	3256	3162

The Office of Admissions supports the efforts of the Committee on Admissions, a group of 32 faculty and three students. The Committee interviewed 765 applicants this year, for which the student members organized and presented an informational program and conducted tours of the campus (in addition to preparing written evaluations of each applicant) prior to the faculty interviews.

Nationally, the decrease in the number of applicants to the 125 medical schools continued for the sixth consecutive year. This year's national applicant pool is approximately eight percent smaller than last year's. Jefferson received 7,045 applications (a 2.6 percent decrease compared to last year) from the total of 32,105 national applicants to medical school. More than 20 percent of all applicants to medical schools in the U.S. apply to Jefferson.

Cooperative Programs

The Physician Shortage Area Program (PSAP), the oldest program of its kind in the country, continues to recruit applicants who agree to pursue a career in Family Medicine and to practice in a medically underserved area. The annual PSAP Visiting Student Day was held May 13, 2002, to introduce students to the Jefferson Medical College campus and curriculum. Interested students from the six college linkage programs had the opportunity to meet with Family Medicine faculty, the Vice Dean for Academic Affairs, the Associate Director of Admissions and other students (particularly other PSAP students). For the entering class of 2002 we interviewed 14 PSAP applicants, accepted 12, and anticipate five PSAP students will matriculate into the incoming class.

The Penn State Accelerated Program continues to attract significant interest. This year the program received more than 400 applications from applicants across the country; 85 were selected to interview in February. The entering class of 2002 will matriculate 18 students from this program.

Post-baccalaureate agreements with Columbia University, the University of Pennsylvania, and Bryn Mawr College continue to attract highly qualified applicants with diverse backgrounds who have chosen to change careers. The office anticipates approximately six matriculants this year including a former chairman and assistant professor of psychology, a

deputy prosecuting attorney from Hawaii, a psychiatric technician, an accountant and an investment officer from Lucent Technologies.

The Medical Scholars Program with the University of Delaware, now in its ninth year, will matriculate three students into the 2002 entering class as of this date.

In conjunction with Jefferson's commitment to the medical education of Delaware residents, of the 56 applicants from the state of Delaware, 35 were interviewed and 23 offers of acceptance were made as of this date.

Of significant interest for the entering class of 2002 is the revitalization of a fully funded, including stipend, MD/PhD Program. This year, Jefferson Medical College and the Jefferson College of Graduate Studies interviewed 35 students from an applicant pool of 99 and made 14 offers of acceptance to fill five spots. Students were selected on the basis of superior academic credentials and a demonstrated interest in careers in academic medicine and research.

The Class of 2005

The current first-year class again reflects the diversity seen in matriculants over the past few years. There are approximately 89 colleges and universities represented. The first-year students come from 32 different states, Canada, Nepal and Nigeria. Their ages range from 19 to 43 years old. Forty seven percent of the class is female.

Recruitment Initiatives

The goal of attracting outstanding students to Jefferson continues to be the major thrust of the Office of Admissions. To actively pursue this goal, the Office of Admissions hosted its third recruitment social on Thursday, April 25, 2002. It was attended by 94 accepted applicants, 13 members of the Committee on Admissions, the Dean, Dr. Thomas Nasca, and members of his staff, alumni, and Jefferson students. On Friday, April 26, 2002, the "second look" program continued with informal sessions on student life at Jefferson Medical College. The morning's agenda included a welcome orientation by Clara Callahan, MD and Grace Hershman, MD; a Financial Aid presentation by Susan Batchelor; clinical case studies presented by James Studdiford, MD; a curriculum overview by Philip Wolfson, MD; and a JeffHope

presentation by James Plumb, MD. Luncheon was served in Eakins lounge and attended by members of the basic science faculty and Jefferson students. Throughout the afternoon applicants were given tours of our clinical facilities, which included the Departments of Surgery and Emergency Medicine, hosted by Drs. Pauline Park and Kris Kaulback, Sharon Griswold and Paul Kolecki. The Department of Radiology tour was conducted by Dr. David Levin, Orthopedic Surgery by Dr. Alan Hilibrand, and the Neurology Department tour by Dr. Stephen Silberstein. Dr. Maurits Boone conducted tours of Otolaryngology while Dr. John Gould hosted tours of the Pediatric Department at DuPont Hospital.

We continue to encourage applications from students who are studying in this country with student visas and plan to return to their "home" countries to practice medicine. Seven students representing three foreign countries, Canada, Nepal and Nigeria, are currently here on student visas. A number of other foreign students have indicated a desire to attend Jefferson, but have been unable to do so because of financial limitations. Foreign students are not eligible for federal- or state-subsidized loans, and usually cannot obtain loans from U.S. banks to finance their education.

Recruitment of minority students is actively being pursued, but remains a challenge in spite of the concerted efforts of students, faculty, and alumni. The cost of education at a private medical school and the small percentage of minority students currently enrolled at Jefferson seem to be two of the reasons why minority applicants select other medical schools. Under the leadership of Edward Christian, PhD, Associate Dean, the Office of Diversity and Minority Affairs has been created to increase and support recruitment of minority applicants to Jefferson Medical College.

During the 2001-2002 calendar year the Vice Dean and Associate Director participated at Health Professions Fairs and served as invited panelists at Columbia University, Bryn Mawr College, MCP-Hahnemann, Princeton University, Philadelphia College, Temple University, Villanova University, University of Maryland and the University of Pennsylvania.

On Saturday, October 13, 2001, the Vice Dean, Associate Director and two of Jefferson's third year medical students participated in the Alpha Epsilon Delta Health Professions Conference. The Conference attracted more than 200 undergraduate students, 16 pre-health advisors, and participation by the Deans

and Directors of Admissions from the area medical schools: Jefferson, Temple, MCP-Hahnemann, University of Pennsylvania, and UMDNJ-Robert Wood Johnson.

The Office of Admissions was involved in the planning and hosting of the annual meeting of the Philadelphia Local Advisors Network (LAN) on January 4, 2002. We continue to participate in sponsored programs for the Northeast Association of Advisors for the Health Professions (NEAAHP) in conjunction with local health profession advisors from colleges and universities in the tri-state area. The purpose of the NEAAHP meetings is to develop and facilitate the exchange of information to advance undergraduate and medical education. This year's meeting was held in Baltimore with the Associate Director participating on the Meet the Deans admissions panel. We maintain our involvement and relationship in the Northeast Consortium on Medical Education (NECOME), a group of premedical advisors and admissions officers from eight undergraduate institutions and eight medical schools. The 2001-2002 academic year meetings convened at Haverford College and Swarthmore College. Of special interest to NECOME members this year was providing feedback to AMCAS to improve products and services for the 2003 application cycle and beyond.

The admissions process at Jefferson continues to be highly regarded by both health professions advisors and applicants, according to questionnaires returned by applicants, and from the personal comments offered by health-profession advisors who have visited Jefferson. The favorable reaction is largely due to the efforts of the Admissions Office staff, the current medical students who conduct the interviews and tours, and most of all, to the enthusiasm, courtesy and friendliness of the members of the Committee on Admissions. Most of the students who choose to go to other medical schools have written or called to indicate how difficult the decision was and how impressed they were by both their visit to Jefferson and the friendliness of the students and faculty. This is one reason Jefferson continues to receive such a large number of applications.

Clara A. Callahan, MD

Vice Dean for Academic Affairs and
Chair, Committee on Admissions,
The Lillian H. Brent Dean for Students

Table 1
Jefferson Medical College Admissions

First Year Class	Number of Applications Nationally	Number of Applications to Jefferson
1974-75	42,624	6,232
1975-76	42,303	5,302
1976-77	42,155	5,401
1977-78	40,557	5,515
1978-79	36,636	5,087
1979-80	36,141	5,102
1980-81	36,100	4,855
1981-82	36,727	4,754
1982-83	35,730	4,506
1983-84	35,200	4,292
1984-85	35,944	4,567
1985-86	35,893	4,595
1986-87	31,323	4,840
1987-88	28,123	4,371
1988-89	26,721	4,381
1989-90	26,915	4,313
1990-91	29,243	4,675
1991-92	33,260	5,626
1992-93	36,638	6,978
1993-94	42,808	8,893
1994-95	45,365	11,292
1995-96	46,591	11,694
1996-97	46,968	11,189
1997-98	43,020	9,979
1998-99	41,080	9,000
1999-00	38,301	8,169
2000-01	36,863	7,946
2001-02	34,862	7,235
*2002-03	*32,105	*7,045

*As of August 2002

Office for Student Affairs and Career Counseling

The Office for Student Affairs and Career Counseling

The goal of the Office for Student Affairs and Career Counseling (OSACC) is to be available for academic and personal advising, to advocate for student needs, to foster career counseling, and to improve student access to the medical college. This year, the office developed a student-friendly Web site (<http://www.tju.edu/jmc/osacc/career/>) in order to enhance this mission.

Student Affairs Committee

The Student Affairs Committee met monthly to support Jefferson Medical College students and to promote student-faculty interaction. Dr. Charles Pohl staffed the Committee as the Dean's representative this year. The Student Examiner, the student "news-paper," is a publication sponsored by the Student Affairs Committee with financial support from the OSACC. It is primarily written by students and was published twice this past year. The newsletter has served as a means of communication between students, faculty, and administration throughout the university.

Medical Student Orientations

Freshman Orientation

This academic year, the Freshman Orientation and the Prematriculation Program were merged and extended over one week in order to provide a comprehensive introduction to all Jefferson students and to facilitate their transition into medical school. The orientation program exposed incoming students to a myriad of student life issues including personal and academic support services, the undergraduate curriculum, and student activities. It included strategies for note taking, time management, and study and test-taking skills. Students also were oriented to the facilities and resources available to them through Thomas Jefferson University. A reception was held by the Big Brother/Big Sister student organization for the first- and second-year students. This organization allowed the first-year students to meet upperclassmen informally and set the stage for what is frequently a continuing relationship between the "siblings." Also, the Freshman Assistance Committee, a group of some 20 sophomore students, was instrumental in welcoming the new students during orientation and helping them get comfortable with their new roles as medical students.

At the conclusion of the orientation week, the students and their families participated in the Jefferson Medical College Opening Exercises. This event, which was officiated by Dr. Paul Brucker and Dr. Thomas Nasca, incorporated the White Coat Ceremony and the introduction of the Shared Code of Professional Values. Dr. Nasca, the honorary speaker for the White Coat Ceremony, spoke on the importance of professionalism in the practice of medicine.

Second-, Third-, and Fourth-Year Orientation

The upper-class orientations were expanded to better prepare the students for their academic year. The programs continued to introduce the respective curriculum to the students. This year, the Chair of the Curriculum Committee, Dr. Wolfson, as well as the Course Coordinators participated in a special session during the Second-Year Orientation because of the dramatic changes in the curriculum. In order to improve the visibility of the support services of JMC, the students also received information regarding the Office for Student Affairs and Career Counseling, the Student Personal Counseling Center, the Clinical Mentoring Program, the services of the Learning Specialist, and career counseling opportunities. The newly developed Shared Code of Professional Values was shared with the students.

Support Systems

"Personal" Dean Assignment

The needs of the students vary depending on the class, the time of year, and the individual student. To allow each student to develop an in-depth relationship with someone in the OSACC, each student was assigned a "personal dean." Drs. DeSimone, Lopez, and Pohl took responsibility for a third of each of the four classes. This year, every student was required to meet with his/her assigned dean. The purpose of this meeting was to build a mentoring relationship with the student, to facilitate the student's adjustment to the physical and emotional demands of medical school, to identify and monitor students having academic and/or personal difficulty, to help the student develop strategies in career development, and to remove the punitive stigma of the Dean's Office. Drs. DeSimone, Lopez, and Pohl were available by beeper at night and on weekends in the event of an emergency.

Preclinical Counseling and Student Advisory System

The Faculty Liaison Program remained in effect for the Class of 2004. Students were assigned, when possible, to faculty advisors with similar interests. Students always have the option of changing or adding an advisor especially during the clinical curriculum. Ninety-three basic-science and clinical faculty volunteered to serve as advisors.

The Mentor Program

The Mentor Program also continued for the Class of 2004. This program was designed to provide a clinical role model to incoming medical students. First-year students were invited to dinner by a clinician, who had been recognized by the Jefferson medical community as a student advocate. Students were encouraged to utilize this person as a mentor and friend during their four years at Jefferson Medical College. Forty-one physicians participated in the program.

The Clinical Mentor Program

For the Class of 2005, the Faculty Liaison Program and the Mentor Program had been incorporated into the first-year DHI preceptorship program in order to simplify the adviser system for the students, to ensure that students and mentors meet, and to enhance the mentoring relationship. A first-year student was assigned to three half-days in a physician's office. The clinician had agreed to not only be a clinical role model to incoming medical students, but also to invite the students to lunches and/or dinners during the student's medical school career. 106 clinical faculty volunteered to serve as clinical mentors.

Alumni Association and the Women in Medicine Society

The Alumni Association as well as the Women in Medicine Society at Jefferson also had opportunities for students to develop relationships with clinical faculty. This year, the Jefferson Alumni Association had began a new program to help foster mentoring at JMC. Alumni from an array of specialties have been meeting for breakfast in small groups with first-year students.

Academic Support

The OSACC maintained a proactive stance regarding student academic performance. Drs. DeSimone, Lopez, and Pohl, along with course coordinators and the Deans for Undergraduate Medical Education, monitored the students' performance and contacted those with academic difficulty early in each block. The students were offered the opportunity to work out a plan

to rectify deficiencies. Depending on the situation, the OSACC referred students to other counseling services (e.g., learning skills specialist, the Student Personal Counseling Center, University Student Health, a tutoring service, etc.). In conjunction with the OSACC and the Office of Undergraduate Medical Education, there were regular meetings with the clinical course coordinators to monitor the curriculum and academic progress of students. A quick reference guide for students with academic issues was developed and posted on the OSACC Web site.

Transfer Students and Returning MD/PhD Students

The OSACC monitors students on medical and nonmedical leaves of absence and their subsequent re-entry to medical school. The Office coordinated a special program for these students, for students transferring into the third year from another medical school, and for students returning from the PhD phase of the MD/PhD programs. Under the direct observation of a faculty member, students review history-taking and physical examination skills.

Personal Counseling

Jefferson offered several options to students seeking counseling. In addition to the deans of the OSACC and the Jefferson faculty, the medical college implemented a new Personal Counseling Center. The counseling center, coordinated by James Youakim, MD of the Department of Psychiatry, was available for evaluation and management of student personal issues, had coordinated a Student-Faculty Group on Counseling, and had organized an internal as well as external mental healthcare network. The Personal Counseling Center along with the OSACC coordinated special sessions following the events of September 11. A member of the Department of Psychiatry was available at nights and on weekends in the event of an emergency.

This year, the AOA Chapter of Jefferson Medical College began a new initiative called the AOA Amigos program. It was designed to increase interaction between first- and fourth-year students and to provide first-year students with another resource for support.

Efforts have continued to incorporate stress management into the medical school curriculum. Students learned that stress is a normal part of daily life in "The Doctor in Health and Illness" course. Many students also participated in stress management programs sponsored by the University Activities Office.

Career Planning and Clinical Counseling

The Alumni Association coordinated Career Day held on December 5 and 6, 2001. On the first day, physicians presented brief reviews and answered questions about their specialty. On the second day, residents discussed their perspective on the match process as well as on their chosen specialty. Career Day was aimed at second-year and third-year students, but all students were invited.

Dr. Clara Callahan participated in the two sessions held by the University Office of the Registrar to assist second-year students in planning their third-year clinical schedules. The workshops, held on February 12 and 13, 2002, offered a curriculum overview and a review session on completing forms. Besides administrative input, upperclassmen met in small groups with second-year students to discuss schedule planning and electives.

Selection of rotations in the clinical curriculum involves planning the sequence of the clerkships in the third and fourth years. For purposes of career planning, as well as practical schedule supervision, all students had to have written faculty approval of their clinical curriculum choices. Graduates also made use of the career-planning resources for second career counseling.

Two booklets were updated and distributed to third-year students. One is a collection of descriptions written by each clinical department about its specialty's residencies. It also lists faculty members willing to offer career advice. The other-career planning booklet focuses more on the residency application and interview process. On February 15, 2002, Dr. Callahan held a meeting with the Class of 2003 regarding fourth-year curriculum and planning for postgraduate training.

This year the OSACC fully integrated two programs to enhance the career planning process for students. Dr. Timothy Brigham and Dr. Pohl organized the Careers in Medicine workshop for first-year medical students. The program, sponsored by the Association of American Medical Colleges (AAMC), provided students with information regarding career decisions. Dr. DeSimone facilitated three Career Pathway workshops with third-year students. In collaboration with the Learning Resource Center, Dr. Lopez organized the student research opportunities into a user-friendly Web site.

Postgraduate Training

Twenty members of the faculty comprise the Postgraduate Recommendation Committee. They interviewed the "rising" fourth-year students and wrote the "Dean's Letters" based primarily on excerpts of course evaluations. Dr. Callahan reviewed and signed all letters for the Committee. All letters included a histogram that plots each student's performance against the aggregate performance of their classmates for each of the core rotations.

Match 2002

The staff of the Learning Resources Center in Scott Memorial Library, the Office of Student Affairs and Career Counseling, and the University Office of the Registrar coordinated the 2002 Match. Students generated their rank lists for postgraduate positions online via the Web. Most residency programs used the Association of American Medical Colleges' Electronic Residency Application Service (ERAS) in their match process, which made the application process less burdensome for students. Match Day was March 21, 2002.

As seen on Table 1, of the 222 senior students (Class of 2002), 197 (89 percent) participated in the National Resident Matching Program (NRMP). Twenty-five (11 percent) students elected not to participate in the match either because of a commitment to one of the armed services, acceptance to a position outside of the match, or an acceptance to a position in the Advanced Matching Program. Of the 197 match participants, 11 students (5.6 percent) were unmatched (Table 2). Nationally, the unmatched rate was 5.9 percent. All the unmatched students were subsequently matched to good positions or attained research positions.

Beginning this year, the NRMP no longer reports the percentage of students at each medical school that gets one of their top choices in the Match. The specialties chosen most frequently by the 222 seniors going on to postgraduate training were internal medicine (25%), family medicine (10%), and emergency medicine (10%). Of this year's seniors, 100 (47 percent) entered primary care specialties including internal medicine, family medicine, pediatrics, medicine-pediatrics or obstetrics and gynecology residency. Sixty-seven percent of seniors matched at a primary university affiliate for their PG-1 year. Ninety-one students accepted PGY-1 appointments in Pennsylvania and 59 students accepted appointments in institutions that are the responsibility of Thomas

Jefferson University Hospital or its affiliated hospitals.

Special Programs

Special Programs is assigned to a group of specific medical-education areas at Jefferson Medical College (JMC). Twenty-two students were admitted through the Penn State Accelerated Program; 21 through the Delaware Institute for Medical Education and Research (DIMER) Program; eight through the Physician Shortage Area Program; 12 through the Medical Scholars Program; 12 through the Post-Baccalaureate/Pre-Health Program (University of Pennsylvania, Bryn Mawr College, Columbia University). These program areas also include under-represented medical student recruitment, retention and support

programs, diversity initiatives, and extracurricular medical education (see following).

Clara Callahan, MD

Vice Dean for Academic Affairs,
The Lillian H. Brent Dean for Students

Charles A. Pohl, MD

Associate Dean for Student Affairs and
Career Counseling

Kirstin DeSimone, MD

Assistant Dean for Student Affairs and
Career Counseling

Bernard Lopez, MD

Assistant Dean for Student Affairs and
Career Counseling

Table 1
Jefferson Medical College Match Program
Selected Data

	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992
# In Match	197	202	201	201	212	201	211	199	191	189	196
# Unmatched	11	13	13	9	12	12	17	11	12	12	8
Specialty Preferences of Unmatched Students	1 Derm 1 EM 4 Ortho 4 PreMed* 1 Rehab	1 Derm 1 FM 2 IM 2 PreMed* 1 PreSurg* 3 Ortho 2 Rad 1 Surg 1 Trans*	1 Derm 2 EM 2 FM 3 Ortho 2PreMed* 1 Surg 1 Rad 1 Trans*	2 Med 1 Ortho 1 Path 1 Peds 1 Psych 2 Rad 1 Urol	2 Derm 1 Med 1 Peds 2 Ortho 4 Surg 2 Trans	1 FM 1 Med 3 OB 4 Ortho 1 Pre-med 1 Pre-surg 1 Psych	3 EM 2 FM 1 Med 2 Ob/Gyn 1 Path 1 Peds 7 Surg	1 EM 2 FM 1 Med 1 Ob/Gyn 1 Ortho 2 Peds 3 Surg	2 FM 1 Ob/Gyn 5 Ortho 1 Rad 3 Surg	2 EM 3 Ob/Gyn 5 Ortho 1 Rad 1 Surg	1 EM 1 Med 1 Neuro 2 Ob/Gyn 3 Surg
# Match at Primary Medical School Affiliates	162**	126**	141**	158**	151**	116**	148**	121**	112**	112**	116**

* These students matched for PG-2 residency position but not for their PG-1 position.

** Includes PG I and II (if known)

Office of Student Affairs and Career Counseling July 2002

Table 2
Initially Unmatched Students

1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
6%	6%	5.5%	8%	6%	5.7%	4.4%	6.5%	5.9%	5.6%

* The unmatched rate for all graduating US Seniors was 5.6% in 2002

** 4 of the 11 students had obtained PG-2 positions

Office of Diversity and Minority Affairs

This past year the Office of Diversity and Minority Affairs (ODAMA) was established within the Office of the Dean. Before the end of the fiscal year, the Office of Diversity and Minority Affairs became fully staffed with two Assistant Deans and one Administrative Assistant. Within weeks the office team developed its mission, goals and objectives.

ODMA has as its mission a Multicultural Initiative. The initiative affirms a commitment towards maintaining a culture of understanding and mutual respect within the Jefferson community. This includes ongoing efforts to promote diversity in all ways among Jefferson faculty, students and staff.

The goals and objectives for the academic year 2002-2003 are to introduce the concept of diversity to the Jefferson community through a series of lectures and cultural events and establish a comprehensive recruitment plan.

Diversity Initiative

Concepts to be introduced consist of a series of four lectures - Dean's Lecture, Diversity/Cultural Competency Lecture, Open Forum, Community Lecture - and six cultural programs/activities - Latin Heritage Month, Hanukkah, Black Heritage Month, Expressions of Asia, Diversity Week at Jeff (Appendix One).

Minority Affairs

Minority Affairs will focus on the recruitment of under-represented medical students at Jefferson Medical College. To date, the following has been accomplished:

1. Developed an office Web site which will be partially used for recruitment purposes. Sections contain information pertinent to high school and college students.
2. Established a recruitment plan listing specific recruiting activities to be held throughout the year. (Appendix Two).
3. Scheduled targeted recruitment trips to introduce the office and medical school to the minority undergraduate student audience.

4. Created ODAMA-BUD, a buddy system to encourage more minority applications to Jefferson Medical College. ODAMA-BUD is intended to increase the racial diversity in the applicant pool. (Appendix Three).

Future Endeavors

Revise and Update ODAMA recruitment brochure.
Complete Office Web site.
Establish a community-based medical education program.
Mentor and support minority faculty.
Collaborate on grants projects.

The 2001-2002 Report

Cultural Diversity

The entire incoming freshmen class participated in the Cultural Awareness Exercise as part of orientation. As part of the Wellness Program, ODAMA sponsored weekly Tai-Chi sessions for Jefferson students and employees. A month-long celebration took place during Black History Month that included a Kwanzaa Celebration, as well as weekly ethnic dishes and nutritional information which was cosponsored with the Activities Department and the Department of Nutrition and Dietetics. In partnership with the Development Office, an exhibit depicting African-American pioneers at Jefferson Medical College was produced and displayed at the Student National Medical Association Regional Conference at Jefferson.

Minority Applicants

Approximately 1,200 prospective applicants were contacted during recruitment sessions conducted at the University of Medicine and Dentistry of New Jersey, Newark, NJ; the Association of American Medical Colleges, Annual Meeting in Washington, DC; Fairfield University, Bridgeport, CT, Regional XI SNMA Regional Conference at Virginia Commonwealth University School of Medicine, Richmond, VA; Drexel University, Philadelphia, PA; Cornell University, Ithaca NY; National Association of Minority Medical Educators, Northeast Regional Conference, Albany, NY; Student National Medical Association, National Conference, Houston, TX; the Association of American Medical Colleges, Group

on Student Affairs/Minority Affairs Section, National Meeting, Palms Springs CA; National Association of Advisors to the Health Professions, Las Vegas, NV; Biomedical Careers Program/Science Enrichment Program at Robert Wood Johnson Medical School, Piscataway, NJ; and Minority Medical Education Program at New Jersey Medical School, Newark, NJ.

Jefferson Medical College's minority students continue to be supportive in recruitment efforts by participating as recruiters at National and Regional Conferences, offering overnight accommodations to applicants, conducting phone-a-thons and "second look weekends", articulating the minority-student perspective for applicants, and providing campus tours. In cooperation with the Office of Admissions, the minority students have established meetings with all minority candidates as part of the admissions interview process and a second look weekend program.

Admissions Data

In 2001-2002 under-represented minorities accounted for 6.7% of total first-year students nationally and 5.4% of the first-year class at Jefferson Medical College. Forty-two offers of admission were tendered, resulting in 12 matriculants and one deferral. Minority and disadvantaged matriculants were drawn from all four under-represented minority groups. They came from eight different states, one foreign country and 11 different colleges.

Seminars and Presentations

"Navigating the Medical School Culture". Louisiana State University School of Medicine, New Orleans Louisiana, July 23-25, 2001.

"Cultural Diversity". Jefferson Security Department, October 31, 2001.

"Getting into Medical School". Fairfield University, Bridgeport, CT, October 12, 2001.

"Getting into Medical School". Region XI SNMA Regional Conference, Virginia Commonwealth University School of Medicine, Richmond VA, October 16, 2001.

"Cultural Diversity in Medical Education". Associated Medical Schools of New York, New York, NY, February 1, 2002.

"Redefining Under-represented Minorities". National Association of Minority Medical Educators, Northeast Regional Conference, Albany, NY, March 13-17, 2002.

"Minorities at Jefferson: A Historical Overview". Jefferson Alumni Association, Philadelphia, PA, February 28, 2002.

"Diversity and Health Care Disparities" Doctor in Health and Health and Illness course, Jefferson Medical College, Philadelphia, PA, April 11, 2002.

"Redefining Under-represented Minorities". Association of American Medical Colleges, Group on Student Affairs/Minority Affairs Section, National Meeting, Palms Springs CA, April 12-16, 2002.

"Redefining Under-represented Minorities". New York State Council on Graduate Medical Education, New York, NY, April 22, 2002.

"Cultural Diversity: A Historical Perspective". Belmont Behavioral Health, Philadelphia, PA, May 28, 2002.

"Cultural Diversity in Medical School". MAPS Program, University of North Carolina School of Medicine, Chappell Hill, NC, June 3-4, 2002.

"Getting into Medical School". Summer Intern Program, Medical Society of Eastern Pennsylvania, Philadelphia, PA, June 5, 2002.

Students

Kara Black, JMC '04, received the 2001 Medical Society of Eastern Pennsylvania Community Service Award.

Kara Black, JMC '04 was elected national president elect of Student National Medical Association.

The Jefferson Medical College Student Medical Association was recognized at SNMA National Conference as Region VIII Chapter of the Year.

The Jefferson Medical College Chapter of the Student Medical Association hosted this year's SNMA Region VIII Conference.

Appendix One

Planned Lecture Series

First Lecture-Fall

Wednesday, September 4, 2002

Dean's Lecture – This lecture will encompass research or something within the academic arena.

Second Lecture – Fall

Tuesday, October 8, 2002

Diversity/Cultural Competency Lecture – The speaker will address healthcare disparities and culturally

competent care for all ethnic groups and those groups under “multiculturalism.”

Third Lecture – Winter

Tuesday, January 7, 2003

Open Forum – The third lecture will be done in the form of an open forum. Explosive issues will be discussed and participants will have the opportunity to ask questions and give their personal comments on the subject matter.

Fourth Lecture – Winter

Tuesday, February 11, 2003

The fourth Lecture will be a Community Lecture that will address community healthcare issues. With this lecture, it is our hope to tie in the surrounding community with the Jefferson Community.

Planned Cultural Programs/Activities

Latin Heritage Month

Sept. 15 – Oct. 15, 2002

Hanukkah

December, 2002

Kwanzaa

December, 2002

Black Heritage Month

February 1-28, 2003

Expressions of Asia

January, 2003

Diversity Week

March, 2003

Appendix Two

Office of Diversity and Minority Affairs Recruitment Plan and Schedule 2002-2003

Mission

One of the primary goals of ODAMA is to diversify the student body at Jefferson Medical College. One of the objectives is to design and implement a recruitment plan that will increase the number of Under-represented minority and disadvantaged medical students, residents, faculty and administrators at Jefferson. ODAMA will target its recruitment efforts

to the four traditional Under-represented ethnic categories as per the AAMC. In addition, those students who are economically/educationally disadvantaged will be included.

College Recruitment

ODAMA is committed to recruiting and matriculating students who are Under-represented in the medical profession as well as those who have been identified as being either educationally or economically disadvantaged. All ODAMA staff members will participate in recruitment efforts. At the end of the year, ODAMA will research the most cost effective and successful recruitment opportunities.

- Establish contacts and relationships with pre-health advisors in the Northeast Region.
- Establish creative opportunities of recruitment (i.e., Interactive Web site).
- Continue traditional opportunities of recruitment (i.e., Recruitment Fairs & Brochures).
- Implement regional and national advertisement (i.e., Journals).
- Establish a tracking system.

Targets

Specified universities with large number of URM/disadvantaged students; Regional/National Conferences (i.e., AAMC, NAMME, NHMA); Graduate and Professional Recruitment Fairs; Student Organizations (i.e., SNMA, BLHO).

Web Design and Public Relations

ODAMA will work to establish linkages with minority health student and professional organizations in order to seek new opportunities to introduce ODAMA. In addition, ODAMA wishes to establish consistent communications and follow-ups in order to network among them. These relationships will afford opportunities to participate in regional/national conferences, etc.

ODAMA is currently establishing and creating its own Web site. The Web site will include ODAMA's philosophy, logo, minority recruitment information, diversity programs and multicultural initiatives.

Morris Gaines: Creation of ODAMA Web site, Brochure Update, etc.

Targets

Associations (i.e., AAMC, NAMME, NHMA); Student Organizations (i.e., SNMA, BLHO).

K – 12 Recruitment

ODAMA is exploring the interest of establishing relationships with premier high schools in the local PA area that may have either a strong science-based curriculum or program. The focus should not necessarily be on recruiting high school students to Jefferson but to encourage them to consider a career in medicine.

- Identify schools and establish contact.
- Consider one-time recruitment opportunity (i.e., Back to School Program).
- Provide information and resources to interested students (i.e., Web site).
- Provide role models and mentorship experiences to students who have been identified as having an interest in medicine (Jefferson's faculty can provide hands-on experiences).

Targets

World Communications Charter School; South of South Street Neighborhood Association.

Proposed Recruitment Schedule 2002-2003

July, 2002

BCP/SEP – RWJMS – Deans Ortiz & Edwards

MMEP – NYMED/Newark – Deans Ortiz & Edwards

September, 2002

Nat'l NAMME Mtg, 9/18 – 23/02, in Baltimore, MD
California Swing – Dean Ortiz

October, 2002

Maryland and Virginia Swing – Dean Edwards
Florida Swing – Dean Ortiz

November, 2002

Annual AAMC Mtg, 11/8 – 14/02, held in San Francisco, CA

Open House – Pre Med Advisors & Students

January, 2003

Florida Swing – Dean Ortiz

February, 2003

Day at Jefferson Open House – for pre-health students and advisors

March, 2003

Nat'l Hispanic Medical Assoc. 3/21 – 24/03

Regional NAMME Mtg

“Back To School” High School Program

April, 2003

Northeast GSA Regional Mtg, 4/24 – 28/03, in Philadelphia, PA

Nat'l Boricua Latino Health Organization

May, 2003

Nat'l Council on Race & Ethnicity Mtg, 5/28 – 6/1

Appendix Three**Office of Diversity & Minority Affairs****Rationale**

Currently, there is low minority representation in the medical student body at Jefferson. The Office of Diversity and Minority Affairs has created a “Buddy System” to encourage more minority medical school applicants to apply to Jefferson Medical College.

Description

Beginning with the Class of 2007, minority medical school applicants who apply to Jefferson Medical College will have an opportunity to participate in the “Buddy System” offered by the Office of Diversity and Minority Affairs. This system will be called ODAMA-BUD. The “Buddy System” will allow two medical student applicants to go through the admissions process simultaneously, provided that both applicants are competitive within the Jefferson applicant pool. If both buddies are deemed competitive (to be determined by Admissions) the buddies will be invited to interview on the same day. In addition, both buddies will be presented to the Admissions Committee on the same day for a decision.

ODAMA-BUD only guarantees interviews if both buddies are competitive to our medical college. Participation in ODAMA-BUD does not guarantee the acceptance of both buddies.

Eligibility

Applicants eligible to participate in ODAMA-BUD will be individuals of ethnic/racial groups that are currently identified as Under-represented in the field of medicine. These groups are: African-American, Mexican-American, mainland Puerto-Rican, and Native American (includes Alaskan Native, American Indian and Native Hawaiian).

Procedure

Interested applicants should complete an ODAMA-BUD application to be submitted to the Office of Diversity and Minority Affairs in addition to the Admissions Office. Processing will not take place until the Admissions Office has received the buddies' verified AMCAS application and the completed Jefferson secondary application.

Edward Christian, PhD

Associate Dean for Diversity and Minority Affairs

Aileen Edwards, MS

Assistant Dean for Diversity and Minority Affairs

Luz Ortiz, MA

Assistant Dean for Diversity and Minority Affairs

Appendix Four

Table 1
Admissions Data
Minority and Disadvantaged Students Entering, 2001-2002

<i>Applicants</i>	<i>Accepted</i>	<i>Withdrew</i>	<i>Deferred</i>	<i>Matriculants</i>
African Americans	24	16	1	7
Mainland Puerto Ricans	5	4	0	1
American Indians/ Alaskan/Hawaiian	6	4	0	2
Mexican Americans	7	5	0	2
Total	42	29	1	12

Table 2
Jefferson Medical College
Ethnic and Disadvantaged Students in First-Year Class*

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002**
American Indians/ Alaskan/Hawaiian Natives	0	0	1	2	1	1	1	1	2	2
Black Americans	5	4	5	2	7	6	6	6	7	6
Mainland Puerto Ricans	0	2	0	3	2	1	3	0	1	2
Mexican Americans	2	2	2	1	3	1	4	2	2	0
Total	7	8	8	8	13	9	14	9	12	10

Source: 1993-2002 Matriculants at Jefferson Medical College, Admissions Office

* Does not include repeat or transfer students

** As of July 2002

Office of Student Affairs and Special Programs

Table 3
Applicants Accepted at Jefferson Medical College
Matriculated Class 2001-2002

Resident State	College Attended
<i>Black Americans</i>	
New York	Mount Holyoke
Virginia	Prairie View A&M
Pennsylvania	Temple
Maryland	University of Maryland
Delaware	Brown University
Foreign	University of Pennsylvania
District of Columbia	Carnegie Mellon
<i>American Indians/Alaskan Natives/Native Hawaiians</i>	
Pennsylvania	University of Maryland
Virginia	Old Dominion
<i>Mainland Puerto Ricans</i>	
New York	Yale
<i>Mexican Americans</i>	
California	University of California at Davis
Tennessee	University of Tennessee

SOURCE: Jefferson Medical College's Minority Applicant File, May 2002

Table 4
Admissions Data
Nationally and at Jefferson Medical College for Ten Years

	Nationally	Jefferson				
<i>First-Year Class</i>	<i>Black Students % of Total First-Year Students AMCAS</i>	<i>Number of Individuals Filing Applications</i>	<i>Total Number of First-Year Students</i>	<i>Number of Blacks Filing Applications AMCAS*</i>	<i>Number of Black First-Year Students Matriculated</i>	<i>Black Students % of Total First-Year Students</i>
1993-94	6.8%	8,893	223	320	5(16)	2.2%
1994-95	8.3%	11,292	223	413	4(15)	1.8%
1995-96	8.1%	11,694	223	414	5(13)	2.2%
1996-97	7.7%	11,189	223	423	2(09)	0.9%
1997-98	7.0%	9,979	223	342	7(18)	3.1%
1998-99	6.4%	9,000	223	363	5(13)	2.2%
1999-00	6.9%	8,172	223	338	4(21)	1.8%
2000-01	4.6%	7,946	223	310	6(22)	2.7%
2001-02	6.7%	7,234	223	309	7(22)	3.1%

Source: AAMC Enrollment Figures for Years 1993-2002

* Jefferson Medical College started with AMCAS in 1974

Office of Student Affairs and Special Programs

The Student Council comprises elected representatives from each class at Jefferson Medical College. Responsibilities of the Council include supervision of student organizations, disbursement of university funds, and the dissemination of information on issues pertinent to student life at the Medical College. Furthermore, the Council acts as the liaison between the students, faculty and administration. Council representatives serve with faculty on standing committees in the areas of admissions, affiliations, alumni, animal resources, curriculum, student affairs and technology. As the collective voice of the student body, the Council works continuously with faculty and administration to recommend and implement changes that will positively impact students at the Medical College and within the University community. The following is a sample of the activities and organizations in which the Student Council members and many others participated during the past year.

Student Activities and Organizations

JeffHOPE

The JeffHOPE Homeless Shelter Clinic Project is a student-run health clinic that provides free medical care and education to indigenous populations in Philadelphia. This ambitious program is the most extensive of its kind in the city. The project is sponsored by the department of family medicine (James D. Plumb, MD, advisor). However, faculty from many departments pledge their time, resources and support. For first- and second-year medical students, the clinics provide invaluable early exposure to patient care. Third- and fourth-year students have the opportunity to examine and treat the homeless population as well as teach first- and second-year medical students the fundamentals of physical examinations, history taking and the pathophysiology of common diseases. Each week, 10 to 15 students and several faculty treat homeless men at the Salvation Army's Gateway Shelter in North Philadelphia and St. Columba's Shelter in West Philadelphia. JeffHOPE continues to send students to its newest clinic sites, the Women of Change shelter in Center City and Prevention Point (needle exchange site) in North Philadelphia. This year saw the third annual

JeffHOPE Ball, a formal event held at the Ben Franklin House designed to raise money and awareness of JeffHOPE's cause, as well as honor faculty who have been integral to JeffHOPE's creation and perpetuation. The ball promises to be a grand yearly event.

The JMC Student Examiner

The student-run newspaper is published under the auspices of the JMC Student Affairs Committee. The *Student Examiner* contains news, student and faculty profiles, a dean's column, editorials, an advice column, a local events column, announcements, and expanded pictorial and cultural sections. The paper has served to broaden the sense of community at Jefferson.

International Day

This one-day event is held in the spring on Scott Plaza. It celebrates human diversity at the University. Festival attendees sample ethnic foods, learn about each nation's medical contributions, and experience traditional music, costumes, dance and drama. Financial resources are procured from the University's Commons Board, the JMC Student Council and local businesses.

Freshman Assistance Committee (FAC)

The organization consists of an 11-member steering committee that includes the two student representatives from the Student Affairs Committee and nine students selected from the second-year class. The purpose of the FAC is to facilitate the integration of the JMC first-year class into the Jefferson and local communities through social activities and ice-breaking workshops. Group leaders and student advisors are available as a resource to first-year students throughout the year.

Food for the Homeless

JMC students donate food and staff to several homeless shelters in Philadelphia, as well as participate in a local meal-delivery program run by the Mercy Hospice. The American Medical Association-Medical Student Section (AMA-MSS), the American Medical Student Association (AMSA), and the JMC Student Council, form a strong core of students who routinely organize food drives.

Special Olympics

Each year, many JMC students staff tables and booths and hold organizational positions in the Delaware Valley Special Olympics.

Students Teaching AIDS to Students (STATS)

Under the auspices of the AMSA, trained JMC students travel to area high schools to educate teenagers about health issues such as sexually transmitted diseases including HIV. Discussions include methods of prevention, attitude awareness and resources available for testing and treatment.

Thanksgiving Food and Clothing Drive

This is an annual effort by the entire Jefferson community to donate food and clothing to area shelters in the spirit of the holiday. The Drive is coordinated by the American Medical Women's Association (AMWA) and the AMA-MSS.

The Medical Student Support System (MS3)

MS3 functions as an independent student support service. First- and second-year students organize a referral network, tutoring, study breaks, and course review sessions for first-year students. Formerly installed programs of MS3 include married students support network (MSSO), Aid to Impaired Medical Students (AIMS) and forums on cultural diversity.

Stroke Community Intervention Project

Previously known as the Jefferson Student Stroke Council, this student-organized and student-run project continues to provide Jefferson students with the opportunity to learn valuable clinical skills while they interact with the community through citywide stroke screening, providing free blood pressure readings and other health-related advice.

American Medical Women's Association (AMWA)

In addition to promoting female role models and providing a support network for women in medicine, AMWA is also active in community service. AMWA is a permanent participant in the Jefferson Faculty Women's Task Force. Members volunteer at women's shelters, Planned Parenthood activities and events concerning women's issues. This group has served as an excellent resource for women in medicine.

Student National Medical Association (SNMA)

SNMA sponsors a Health Professions Exposure/Recruitment Program to promote health-care careers among minorities. Jefferson's chapter targeted the city's 10th- and 11th-grade students who are interested in the sciences to help promote interest in the health professions, provide exposure to the Medical College and TJU Hospital, and to provide information about steps necessary to become a healthcare professional. SNMA students are also active in the recruitment and matriculation of minority students.

Responsibilities of the Student Council include supervision of student organizations, disbursement of university funds, and the dissemination of information on issues pertinent to student life at the Medical College.

Organization of Student Representatives to the AAMC

This organization is made up of student representatives from every medical school in the country. Representatives discuss important issues facing medical students both nationally and regionally, such as social responsibility, community service, minority recruitment, loan deferment, financial aid, the need for primary-care physicians, and the mistreatment of medical students and house staff. JMC students shared ideas and projects with other medical students and returned with ideas for solutions to problems faced here.

Ars Medica

Ars Medica sponsors seminars and talks on alternative medicine (e.g., acupuncture, yoga and folk healing), and on topics such as the influence of literature and music on medicine and healing.

Society for Tomorrow's Physicians

Dedicated to educating students on the extended roles of physicians in the community, as well improving self-awareness to the evolving medical environment, Society for Tomorrow's Physician has provided lectures including computers in medicine, politics in health care, and topics in managed care.

International Medicine Society (IMS)

The IMS investigates opportunities for student electives abroad and has developed exchange programs with international medical schools. It hosts numerous workshops throughout the year to familiarize students with possible research opportunities abroad and how to raise money for travel and expenses. In addition, the steering committee educated students about the process involved to obtain faculty support and credit for international electives.

JMC boasts more than 60 student organizations. In addition to chapters of national organizations and honor societies, numerous career, religious, cultural, athletic and special-interest organizations exist. A complete summary of all organizations, events accomplished, and expectations for the upcoming year can be found in the *Student Organization Annual Report Handbook*.

The JMC Student Council has been extremely active and vocal in attending to the various needs of the student body and greatly appreciates the support given to it by the administration, University Departments, and the Office of Student Affairs and Career Counseling.

Student Council Officers

The following students served as Student Council Executive Officers for the Spring and Fall of 2001:

President	Brad Klein, '03
Vice-President	Andrew Burchard, '03
Secretary	Luke Austin, '04
Treasurer	Lisa Colle, '03

The following students currently serve and will continue to serve as Student Council Executive Officers for the Spring and Fall of 2002:

President	Anita Mehrotra, '04
Vice-President	Seth Hollander, '04
Secretary	Paul Johnson, '05
Treasurer	Sheila Barbarino, '04

Anita Mehrotra, '04

President, JMC Student Council, 2001-2002

Table 1

Student Council Budgetary Allocations for Student Clubs

Group Name	Amount Approved (2001-2002)	Amount Requested (2002-2003)	Amount Approved (2002-2003)
AMA	\$500	\$700	\$550
AOA	\$900	\$900	\$900
Asian Professional Society	\$300	\$300	\$300
Black & Blue Ball	\$400	\$450	\$450
Christian Fellowship	\$250	\$300	\$275
Class of '03			\$500
Class of '04			\$500
Class of '05			\$500
Class of '06			\$500
Clowns for Medicine	\$550	\$1500	\$550
Conference Fund	\$1500		\$1600
Dermatology Society	\$125	\$185	\$185
Emergency Medicine Society	\$500	\$555	\$500
Executive Student Council	\$2,000		\$2700
F.A.C.	\$900	\$900	\$900
Family Medicine Society	\$425	\$450	\$400
Gibbon Surgical Society	\$250	\$300	\$300
Hare Medical Honor Society	\$200	\$450	\$250
Histones	\$0	\$400	\$200
IFMSA	\$75	\$250	\$200
International Medicine Society	\$360	\$350	\$350
Islamic Medical Association	\$400		\$400
Jeff Mentors	\$200	\$250	\$250
JeffELECT	\$700	\$900	\$750
Jefferson Association of Indians	\$375	\$2610	\$400
Jefferson Latino Health Organization	\$130	\$178	\$175
JeffHELP	\$125	\$200	\$150
JeffHOPE	\$800	\$1000	\$1000
JeffYES	\$300	\$200	\$250
Jewish Students Association	\$175	\$200	\$200
Ken-Do Club	\$75	\$350	\$100
Louis Pasteur Society	\$330	\$300	\$300
Medical Students for Choice	\$300	\$150	\$150
Military Medical Students Association	\$150	\$200	\$200
OB-GYN Society	\$150	\$200	\$200
Opthomology Society	\$100	\$200	\$150
Otolaryngology Society	\$150	\$150	\$150
Pediatric Society	\$150	\$400	\$200
Persian Society	\$200	\$200	\$150
Physicians for Social Responsibility	\$250	\$260	\$250
Professional Conduct Committee	\$0	\$80	\$80
Public Health Society	\$150	\$225	\$175
Rugby Club	\$0	\$250	\$250
Senior Week	\$1000		\$1000
Soccer Club	\$550	\$700	\$600
Society for Tomorrow's Physicians	\$200	\$585	\$225
Squash Club	\$0	\$150	\$75
Student Council Future Projects Fund			\$2480
Student Examiner	\$250	\$0	\$200
Student Interest Group in Neurology	\$150	\$200	\$175
Student National Medical Association	\$550		\$650
Yearbook	\$10,000		\$10,000
TOTALS:	\$27145	\$18128	\$33945

March 2002

Table 2

**Jefferson Medical College Student Organizations,
by Category**

Career Oriented	Faculty Advisor	Student Contact
Amadio Family Medicine Soc.	Dr. F. Markham	Sibyl Irwin '05, Michael Kumin '05
Amer. Medical Women's Assoc. (AMWA)	Dr. K. Novicelli	Miriam Post '03
Ars Medica	Dr. G. Brainard	Justin Mager '04
Duane Ophthalmology Society	Dr. M. Pyfer	
Emergency Medicine Society	Dr. P. Kolecki	David Harris '04
Gibbon Surgical Society	Dr. D. Dafoe	Nicholas Tarola '03
Internal Medicine Society	Dr. K. Epstein	
International Medicine Society	Dr. J. Plumb	Khanh-Ha Nguyen '04
Jefferson Geriatrics Society	Dr. K. Novielli	Kathleen Settle '03
Jefferson Biotechnology Club	Dr. G. Romano	Jeffrey Datto '05
Jefferson Problem Based Learning Organization	Dr. G. Isenberg	David Sugerman
Jefferson Psychiatry Society	Patrick Herron	Tiffany Otto '04
Jefferson Public Health Society	Dr. J. Plumb	Sunny Park '04
Jefferson Student Dermatology Society	Dr. M. Del Monaco	Amanda Durigg '03
Jefferson Orthopaedics Society	Dr. P. Sharkey	Chris Henderson '03
Jeff H.E.L.P.	Dr. J. Plumb	Brittany Cady '04
Jeff Neurology Society (SIGN)	Dr. G. Brainard, Dr. E. Mancall	Titlayo Alabi '05
Military Medical Students Association	Dr. E. Jaeger	Amanda Durigg '03
Pediatrics Society	Dr. C. Pohl	Tara Dever '05, Adam Evans '05
Plastic Surgery Society of Jefferson Medical College	Dr. J. Fox, IV, Dr. J. Moore, Dr. S. Copit	
Physicians for Social Responsibility (PSR)	Dr. G. Spaeth	Tara Kennedy '04
Physical Medicine & Rehab Student Society	Dr. M. Saulino	
Sims OB/GYN Society	Dr. R. Librizzi	

Special Interest	Faculty Advisor	Student Contact
Commons Board	Dr. R. Cooter	Nafeesa Hunt Owens JCGS '04
Committee of Student Advisors (CSA)	Dr. R. Cooter	
Jefferson Arts Organization	Dr. M. Cohen, Dr. S. Akhtar	Anne Marie Chomat '03
Jefferson Lambda Alliance	Patrick Herron, Dr. P. McManus	
Jeff Recycles	Dr. G. Brainard	
Histones	Dr. R. Schmidt	Tony Tsai '04
Married Students/Significant Others Society	Grace Hershman	Hannah Mude- Nochumson '05, Bridget Bialas '05
Medical Students for Choice	Dr. C. Sultana	Elka Cloke '04
Professional Code of Conduct Comm.	Dr. J. Studdiford, Dr. E. Bradley	
TJU Choir	Dr. R. Sataloff	

Athletics	Faculty Advisor	Student Contact
Intramural Sports and Tournaments	Amy Wagner	
Jefferson Karate Club	Dr. R. Lipman	
Jefferson Kendo Club	Dr. H. Kaji	Arthur Nam '04
Jefferson Rugby Football Club	Dr. T. Nasca	
Jefferson Soccer Club	Dr. M. DeCaro	Duane Duke '03
Squash Club	Dr. J. Farber	Leah Bernstein '04

Cultural/Religious	Faculty Advisor	Student Contact
Jefferson African-American Student Society	Dr. E. Christian Jessie Pervall	Nafeesa Hunt Owens
Jefferson Asian Diversity Enrichment (JADE)	Dr. H. Hann	Alice Li, '05
Jefferson Association of Indians	Dr. S. Akhtar	Rachna Trivedi '04
Jefferson Christian Fellowship	Dr. G. Merli	
Jefferson Jewish Student Assoc.	Dr. A. Zeiger	Michael Cygler '05
Jefferson Latino Health Org.	Dr. J. Martinez	
Jefferson Persian Society	Dr. M. Hojat	Reza Alavi '04
International Day Steering Committee	Janice M. Bogen	Amber Stonehouse '05, Anand Srinivasan '05
Islamic Medical Assoc.	Dr. E. Christian	Bilal Shafi '03
Louis Pasteur Catholic Society	Dr. J. Youakim	Julie O'Connor '03
Student National Medical Assoc. (SNMA)	Dr. E. Christian, Aileen Edwards	Akil Gordon, Vonetta Sylvestre

National Honor Societies	Faculty Advisor	Student Contact
Amer. Med. Assoc. / PA Medical Society (AMA)	Dr. S. Schwartz	Christopher Mikson '05
Amer. Medical Student Assoc.	Dr. C. Pohl	Jennifer Jung '03
Alpha Omega Alpha (AOA)	Dr. B. Sanford, Dr. T. Thompson	Andrew Meltzer '03
Hobart Amory Hare Honor Med. Society	Dr. G. Kane	Joe Carabetta '03

JMC Related	Faculty Advisor	Student Contact
Big Sibs Program	Dr. C. Pohl	Valerie Johnson '04 Elan Rosenthal '04
Black and Blue Ball Committee	Dr. C. Pohl	Jinn Liu '04
<i>The Clinic</i> (Yearbook)	Dr. C. Callahan	Lisa Collea '03, Miriam Post '03
Freshman Assistance Committee	Dr. C. Pohl	Amber Stonehouse '05
JMC Student Admissions Coordinators	Dr. C. Callahan	Frank Grisafi '05
JMC <i>Student Examiner</i>	Georganne Buescher	Marc Munk '03
JMC Student Council	Dr. C. Pohl	Anita Mehrotra '04
Sophomore Sequelae	Dr. M. Siegman	Matthew Sincock '05, Jonathan Fenkel '04

Community Service	Faculty Advisor	Student Contact
Bridging the Gaps	Maria Hervada-Page, Aliza Mansolino	
Clowns for Medicine	Dr. R. Horn	Kenneth Remy '04
Jeff HOPE	Dr. J. Plumb	Jamie robinson '03
Operation Smile	Dr. W. Buchheit	Richard Yoon
Jeff YES: Adolescent Outreach	Dr. P. McManus	Adam Glasofer '05, Heather Kelly '05
Jeff Elect	Dr. G. Datto	Audrey Iacobucci '05
Students Educating & Advocating for Literacy (S.E.A.L.)	Dr., J.L. Lane	Melissa Moncavage '05

Overview/Student Demographics

During the 2001-2002 Academic Year, the University Office of the Registrar enrolled 2,253 students in the combined three academic divisions of the University: 899 in Jefferson Medical College (40 percent), 776 in the Jefferson College of Health Professions (34 percent), and 578 in the Jefferson College of Graduate Studies (26 percent).

Of the 485 men and 414 women comprising total enrollment in Jefferson Medical College, geographic origination was diverse, with 38 states, the District of Columbia, Puerto Rico, and two foreign countries represented. Consistent with previous years, just under 79 percent of the enrollment came from five states. Pennsylvania residents accounted for 46 percent (414) of the total enrollment, followed by New Jersey (12 percent, 111); Delaware (9 percent, 80); New York (6 percent, 58); and California (5 percent, 46). International students originated from Malaysia, with four enrolled as part of our affiliation with the International Medical University, located in Kuala Lumpur, and from Canada, with three students in attendance.

Special academic programs remained attractive to students with 81 enrolled under the Jefferson/Delaware Medical Education Program, 85 in the Pennsylvania State University Accelerated Program, 38 in the Jefferson Physician Shortage Area Program, and 36 in the Delaware Scholars Program. Combined MD/PhD programs in conjunction with the Jefferson College of Graduate Studies accounted for 14 students in either of the two colleges during 2001-2002. Eight students were enrolled in the joint Jefferson/Widener MD/MBA program.

Commencement exercises were conducted at the Kimmel Performing Arts Center on June 7, 2002 under the direction of Ms. Lyn Sobolewski. The Doctor of Medicine degree was awarded to 219 candidates in the Class of 2002.

BANNER/Technology and Web Enhancements

Advancement of information technologies focusing on enhanced service and an expanded, yet secure, access to information was once more a major priority during the Academic Year 2001-2002. In conjunction with Jefferson Information Technologies staff and in collaboration with other major student administrative service offices and the three colleges, BANNER Web for Students was further enhanced and marketed to students.

As students have become familiar with the BANNER Web features, the office has begun to reduce the need for labor intensive paper processing and has largely eliminated the need for students to complete routine updates via the "Personal Data Form" and address change forms. We continue to investigate other areas in which paper processing can be reduced or eliminated.

Individual feedback from students has remained extremely positive, and the office has noticed a reduction in student visits solely for the purpose of address changes or grade inquiries.

The faculty Web component of BANNER was introduced during the Fall Semester of Academic Year 2001-2002 in the Jefferson College of Graduate Studies and the Jefferson College of Health Professions. Professional staff within the Office of Student Affairs now has access to pertinent information relative to advising functions. These features are available via secure Internet connection providing off-campus access, greater convenience and efficiency, and an immediate information turnaround.

Students in the Colleges of Graduate Studies and Health Professions began to register for courses via the World Wide Web, effective with the Summer and Fall Terms, 2002. We have found a high degree of student satisfaction with the online registration capability. Faculty advisors can review submitted registrations online and signify acceptance without the need of a signature on a paper form. An email notification system between the advisor/advisee was developed by JeffIT Services to further streamline the process.

Due to the nature of the Medical College curriculum, a separate implementation plan and process has been initiated, with the targeted goal of online Clinical Curriculum registration via the Web for Spring, 2003.

Implementation of an office presence on the University Web site was completed with its introduction in Fall, 2001. The Frequently Asked Questions (FAQ) information contained within the Web site

Of the 485 men and 414 women comprising total enrollment in Jefferson Medical College, geographic origination was diverse, with 38 states, the District of Columbia, Puerto Rico, and two foreign countries represented.

has reduced the number of routine inquiries received concerning our services and policies, and will provide information to students and graduates in a more efficient and desired manner.

In conjunction with other administrative offices, a university-wide student-oriented calendar is in the early developmental stages. When fully implemented, information concerning academic and student social and organizational events will be easily accessible on the university Web site. A long-range goal is to investigate the ability to download this information to individual Personal Data Assistants (PDA).

Additional Major Services

The office produced and mailed approximately 300 Dean's Letter packets to residency programs for the JMC Class of 2002, as well as nearly 350 addendum letters to include later evaluations and election to the AOA Honor Society. This previously paper-intensive effort has been greatly streamlined over the past several years with the implementation of the AAMC Electronic Residency Application Service (ERAS). As more residency areas have been added to ERAS, the required paper application support has significantly decreased. Office responsibilities in this process remain critical even with the electronic process. This past year, approximately 250 students' and graduates' information was transmitted to residency programs, comprising an estimated 5,000 documents. ERAS served nearly 95 percent of the Class of 2002.

Professional Affiliations

The Associate University Registrar continued in a leadership role in the American Association of Collegiate Registrars and Admissions Officers (AACROA). He currently serves as the Local Arrangements Co-Chair for the 2003 Annual Meeting to be held in Washington, D.C. Additionally, he is a member of the AACRAO State and Regional Relations Committee serving as a liaison to the national organization for the Middle States, Eastern Canada and Puerto Rico AACRAO regional organizations.

Raelynn Cooter, PhD

Associate Dean for Administration, JCHP and University Registrar

David R. Clawson

Associate University Registrar and University Director of Student Records

Lyn Sobolewski

Managing Director, University Office of Academic Records

University Office of Student Financial Aid

The University Office of Financial Aid is responsible for providing educational-financing services to students in all three colleges of Thomas Jefferson University, as well as debt-management counseling for TJU students and Jefferson Health System (JHS) house staff.

Sources of Financing

Table 1 and Figure 1 show the total aid awarded to Jefferson Medical College students during the 2001-2002 academic year. In reviewing this data, it is important to note additional characteristics regarding the composition of total funding.

Of the \$22,458,511 borrowed during 2001-2002, \$13,722,151 was from unsubsidized sources (Federal Unsubsidized Stafford and private alternative loan programs). The amount shown indicates only the principal borrowed; however, interest accrues to the student's account from the date funds are disbursed.

Of the \$5,638,838 awarded in grant and scholarship funding, \$2,513,344 was from service-obligation programs (National Health Service Corps, Armed Forces Health Professions Scholarship, and Federal Work Study). Receipt of these funds requires an "in-school" or post-graduation employment obligation.

Federal Work Study

Federal Work Study (FWS) is a program by which students may defray a portion of their educational expenses through employment, either on campus or in the surrounding community. JMC students are employed in research-assistant and community-service positions. The total amount earned during 2001-2002 is shown in Table 1.

As part of this program's community-service efforts, Federal Work Study remains the primary funding source for summer employment through the Bridging the Gaps (BTG) program. During the summer of 2001, Federal Work Study funds sponsored 16 Jefferson Medical College students and 17 Jefferson College of Health Professions students in the BTG

program, thus providing support for 63 percent of the BTG payroll.

Starting with the 1999-2000 academic year, the Federal Work Study Program regulations expanded the community service requirement to include at least one literacy program. This requirement has necessitated that at least one FWS student be employed in a "reading tutor/family literacy project." As an initial step in fulfilling this regulatory requirement, the University Office of Financial Aid provided FWS funding for the Department of Pediatrics' "Students Educating and Advocating for Literacy" Program.

During 2000-2001, the literacy portion of the Federal Work Study Program was further expanded through the development of a reading program with the children at a Jeff HOPE homeless shelter and through placement of FWS students in ARAMARK Day Care centers. Expansion continued during 2001-2002 with eight JCHP students in the ARAMARK Day Care centers and eight JMC students and one JCHP student in the Jeff HOPE for Literacy program. Expansion of both programs will continue during the 2002-2003 academic year.

Student Indebtedness

Table 2 shows the average debt for Jefferson Medical College's graduating class of 2002, with comparative data for the four preceding years (1998-2001). Although institutional scholarships increased this year, borrowing also increased. This increase in borrowing can be attributed to historically low interest rates, as noted below, and the influence this has had on personal choices related to the cost of borrowing. Based on the further decline in rates effective July 1, 2002 (see below), increased borrowing is expected to continue in the coming year. With this in mind, Financial Aid's debt management curriculum continues to focus on the importance of 'wise-borrowing' and effective debt management practices.

Debt Management Programs for JMC Students and JHS Residents

The Financial Aid Office's long-standing debt-management program for students and JHS residents provides services in the form of seminars, individual counseling and informational publications. In the

past, the Financial Aid Office has held a seminar series in the fall for JCHP and JCGS students, and a seminar series in the spring for JMC and JHS residents. For 2002-2003, efforts have been made to hold one seminar series in the spring for all students and residents.

The seminar series (which includes segments on debt management, insurance planning, investment basics and considerations of signing a hospital, practice or employment contract) for students and JHS residents continued to receive high praise and requests for continuation on an annual basis.

The number of JHS residents accessing the individual debt-management counseling services provided by this department continues to increase. The same three factors noted in prior years (increase in the client pool as publication and word-of-mouth efforts have increased awareness of the available service, rising levels of medical-graduate debt, and expanded and somewhat more complex loan repayment options) may still be highlighted as the catalysts prompting this increase.

While requests for individual counseling from house staff has been on a steady incline, a significant change in the economic benefits of federal consolidation prompted an even more significant increase in the number of requests from JHS residents and JMC alumni during the 2001-2002 year.

Interest rates on Federal Stafford Loans, which are established each July 1 for a twelve-month period, are calculated as the 52 week t-bill plus 1.7% while in school, grace or deferment and 2.3% while in repayment or forbearance for loans disbursed after July 1, 1998. A similar formula exists for loans disbursed between July 1, 1995 and June 30, 1998 with the corresponding rates of t-bill plus 2.5% while in school, grace or deferment and t-bill plus 3.1% while in repayment or forbearance. Based on the current rate of the t-bill for the second straight year, Federal Stafford Loan rates and related federal consolidation rates, dropped to an all time low as of July 1, 2002. The interest rate has dropped to 3.46% and 4.26% for periods of in school, grace and deferment. For those in repayment and/or forbearance, the interest rate has been calculated at 4.06% and 4.86%.

As discussed above, the actual interest rate charged to a borrower is determined by the date on which the outstanding loan was disbursed. News of this decrease in rates prompted many borrowers to consider

consolidation as a means of locking in to a lower rate for the life of the loan. Concerns about the process, who to consolidate with, what questions to ask consolidation lenders, pitfalls to watch out for, how the weighted average is calculated, etc., prompted a high volume of phone calls, personal appointments and email inquiries from house staff and alumni. It is expected the inquiries will continue at comparable volume during the upcoming year.

The complicated nature of developing an effective repayment strategy, as well as periodic changes in the educational debt market (such as the interest rate drop noted above) will result in the continued reliance of JMC alumni and JHS house staff on the Financial Aid Office's counseling services. Tracking of utilization patterns, which were initiated this past year, will continue to determine whether alterations are necessary to insure continued provision of high-quality debt-management services.

BANNER Enhancement

Having successfully completed the implementation of a uniform financial aid system, along with the partner implementation of the Accounts Receivable system in 1999-2000, efforts during the 2001-2002 focused on further enhancement of the BANNER system's functionality, primarily the use of BANNER WEB and the ability for students to file financial aid application material "online".

This purpose of the online application is twofold: 1) To automate the application process for our students so that they may access and submit application material electronically, and 2) to virtually eliminate the data entry of application materials by the Financial Aid Office. As the student completes and submits the application online, certain elements in the financial aid module of BANNER are updated automatically which has helped alleviate the amount of data input by the financial aid staff. This has been a significant time saving measure and has ensured continued timeliness in the distribution of award notices to students.

To assist the Financial Aid Office, students from all three colleges were invited to view the early stages of the new application system and were asked for their comments and suggestions. Many of their suggestions were very helpful and were incorporated in the final production version. Student feedback has been very positive.

This enhancement was effectively implemented for the upcoming 2002-2003 academic year. Thomas Jef-

erson University is the first Pennsylvania BANNER school to successfully enhance the BANNER WEB component to allow students to access and submit financial aid application material online.

Committee of Student Advisors

The members of the Committee of Student Advisors (CSA) continued their important role as advisors in the delivery of high-quality services to students in all three colleges. During 2001-2002, this committee was comprised of the Director, Associate Director and Assistant Director of the Financial Aid Office, University Registrar, Managing Director of the University Registrar's Office and the Associate University Registrar, Manager of the Tuition/Cashier's Office and 24 student representatives. At many monthly meetings, guest speakers were invited to discuss current campus issues, such as the student email system and the new wireless system.

Committee activities included student participation in numerous BANNER WEB focus groups for both the online financial aid application and the online registration process, continued assistance in the development of the FWS literacy program, and revision of the publication *Financing Your Medical Education* which is given to interviewing medical students. The members also created a Mission Statement for this group.

This committee continues to prove beneficial to both students and the administration by promoting ongoing communication and enhancing important student services. Our goal is to further enhance the effectiveness of this committee for all three administrative areas that serve essential roles in students' academic careers.

Legislative Issues

In addition to the interest rate change discussed previously, the tax legislation signed into law in the spring of last year continues to have important and positive benefits for our students, alumni and house staff.

NHSC Taxation

Effective with the 2002 tax year, taxation of National Health Service Corps scholarships have returned to taxing only the stipend and reimbursement portion of the award. This means that NHSC recipients will no longer be taxed on the tuition portion of their award, resulting in a significant reduction in their tax liability.

Deductibility of Student Loan Interest

Prior to passage of this legislation, medical graduates were impeded in their ability to access the deductibility of the student loan interest provision that was contained in the Tax Relief Act of 1997. This is because deductibility was restricted to interest payments made on loans in active repayment status and the (maximum) income levels were lower than starting salaries for all specialties. Consequently the only time medical graduates met the income eligibility cutoff was during residency or fellowship when they were financially ill-equipped to maintain "active repayment status". They, therefore, were limited to making voluntary interest payments on unsubsidized debt that was in deferment or forbearance status. These voluntary payments did not qualify for inclusion in the deductibility calculation.

Starting with the 2002 tax year the deductibility provisions have been expanded to include voluntary payments on loans in deferment or forbearance. This provision, coupled with the increase in maximum income levels, should allow more medical graduates to take advantage of this tax benefit.

Notice of these new provisions was distributed to all of the Class of 2002 during the required small group exit interviews and to new house staff at the TJUH orientation and the fall *Resident Debt Management Newsletter*.

As has been the pattern regarding other legislative issues of importance to JMC students and JHS residents, information about these tax provisions will remain a standard segment of publication materials and seminar topics.

Personnel Changes

This year has been one of many changes in regard to the Financial Aid Office staff. Most notably, Dr. Raelynn Cooter was promoted from University Director of Financial Aid to Interim Associate Dean for Administration, JCHP, and University Registrar as of January 1, 2002. At the same time, Susan Batchelor was promoted from Associate University Director to her current position of University Director. The University Office of Student Financial Aid will continue to report to Dr. Cooter.

Table 1
Summary of Student Financial Aid, 2001-2002

Type of Award	Amount
Institutional Scholarships	\$2,173,209
Institutional Loans	\$1,638,995
Other Scholarships	\$3,465,629
Other Loans	\$20,819,516
Federal Work Study	\$90,556
Total	\$28,187,905

Table 2
Average Indebtedness* of Graduating Seniors**

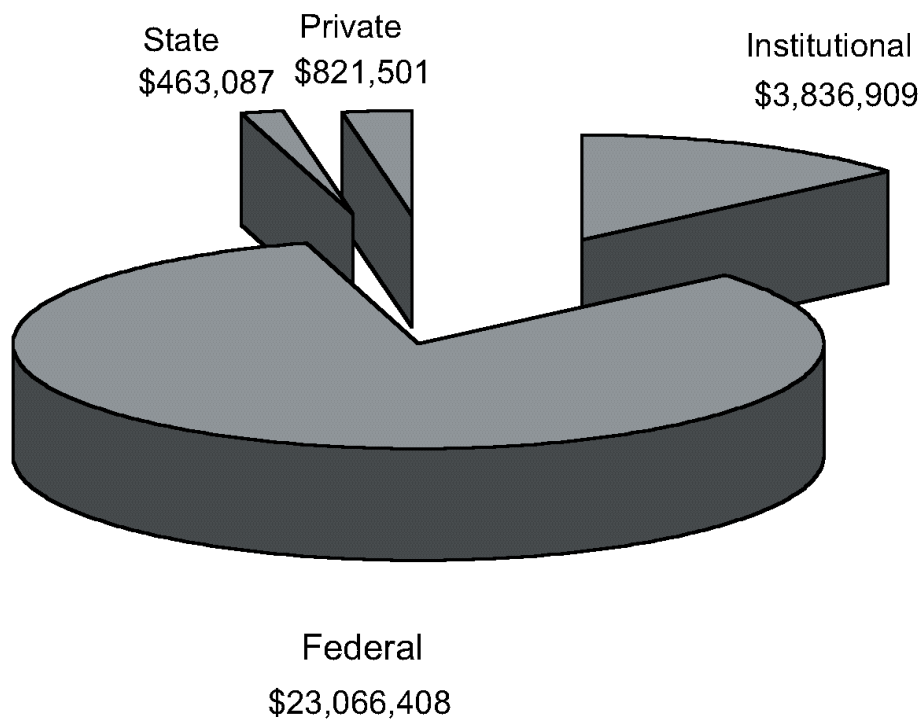
Graduating Class	Average Debt
2002	\$121,819
2001	\$111,176
2000	\$102,616
1999	\$108,259
1998	\$99,478

* Includes funds borrowed prior to the student entering Jefferson Medical College.

** In calculating the average, the population included only those students with cumulative debt level greater than zero.

Figure 1
Sources of Financial Aid, 2001-2002

**Total Financial Aid
Academic Year 2001-2002
Distribution By Source**



Total Aid: \$28,187,905

Office of Academic Affairs

The Clinical Encounter Project

It has been a very exciting time for this project, which is now finishing eight years of data collection. Beginning with the third year family medicine clerkship in 1994, and expanding to sequentially to include third year clerkships in pediatrics, internal medicine, obstetrics/gynecology and surgery, there are now 272,184 records of patient-care and educational experiences in database.

A report on this project, *A New System for Documenting and Comparing Medical Students' Clinical Experiences*, by Susan Rattner, MD, MS in collaborations with Dan Louis, MS; Carol Rabinowitz, Thomas Nasca, MD; Jonathan Gottlieb, MD; Fred Markham, MD; Ruth Gottlieb, MD; John Caruso, MD; J. Lindsey Lane, MD; Jon Veloski; Mohammedresa Hojat, PhD; and Joseph Gonnella, MD was published in the medical education edition of the *Journal of the American Medical Association* in September 2001.

Through collaboration with JeffIT, data collection will move from Scantron cards to palmtop computers for these clerkships in the 2002-2003 academic year. This change in platform will not only facilitate and streamline data collection, but will also enable Jefferson students to take advantage of formulary and medical information software during their core clerkships.

Committee on Curriculum

The Committee on Curriculum has had another very busy and successful year. Chaired by Philip J. Wolfson, MD (Department of Surgery), the Committee includes representation from basic science course directors and clinical clerkship directors, faculty-at-large, the Office of Continuing Medical Education, TJUH house staff, the Dean's office and from the second-, third- and fourth-year JMC classes. The focus of this year's work has been the continuation of a comprehensive review of the entire four-year educational program, oversight and evaluation of both new and continuing courses and review of educational outcomes (USMLE Step 1 and Step 2 scores, data from the Longitudinal Study).

Two new Task Forces, Year 1 (chaired by Michael Rosenthal, MD and David Abraham, PhD) and Year 3 (chaired by Philip Wolfson, MD), were convened to review courses and clerkships and to make recommendations for enhancements in the areas of content, integration and evaluation. The Year 4 Task Force (chaired by Christine Arenson, MD and Gerald Isenberg, MD) recommended the following changes which will be implemented in July 2002: a new four-week combined Neurology/Rehabilitation Medicine Clerkship, a six-week Surgical Subspecialties Selective, and an increase to four four-week electives. Planning continues for revised requirements for Advanced Basic Science and Advanced Clinical Skills.

Recommendations of the Clinical Skills Task Force were realized this year with the presentation of the first Advanced Physical Diagnosis Faculty Development Program in December 2001 and the opening of a temporary Clinical Skills Center (see below) in January 2002. Recommendations of the Faculty Development Task Force were recognized with the creation and organization of the Office of Faculty Affairs, under the direction of James Erdmann, PhD. This office sponsored and cosponsored more than 27 faculty development programs linked to enhancement of teaching skills this year. The Professionalism Task Force has continued its work in dissemination of the Shared Code of Professional Values and development of curriculum and evaluation strategies.

To facilitate faculty-student communication as the new second-year curriculum was introduced this year, the Year 2 Steering Committee (chaired by Dr. Rattner) was created. The second year started with Foundations in Pathology and Pharmacology (course directors Carol Beck, PhD, Bruce Fenderson, PhD and George Murphy, MD). The next course, Infection, Immunity and Disease (course director Dr. Abraham), was presented as an integrated curriculum inclusive of topics in microbiology, immunology, pharmacology and clinical medicine. The remainder of the year was presented with temporal alignment of topics in pathology, clinical medicine and pharmacology. A new course, Doctor in Society, was introduced to provide a small group experience for

integration of content across organ systems and to highlight psychosocial issues pertinent to this systems-based curriculum (course directors: John Span-dorfer, MD; co-directors Mitchell Cohen, MD; James Youakim, MD; and James Plumb, MD).

The Committee hosted a day and a half long curriculum review retreat off-campus in May. More than 100 students and faculty met to review the progress of curriculum reform, for faculty development sessions, to discuss issues related to the evaluation of professionalism and to guide the direction of next year's efforts.

The Committee on Curriculum has had another very busy and successful year....The focus of this year's work has been the continuation of a comprehensive review of the entire four-year educational program....

The Committee approved three new fourth-year electives (Pediatric Surgery at Geisinger, Orthopedic Surgery at Einstein, Advanced Physical Diagnosis at Jefferson) and conducted 10 course and clerkship reviews (Gross Anatomy, Microscopic Anatomy, Physiology, Doctor in Society, JanPlan, Fundamentals of Pathology and Pharmacology; Infection, Immunity and Disease; DecPlan, Psychiatry (third year), Pediatrics (third year).

Committee on Student Promotion

The Committee is chaired by Richard R. Schmidt, PhD (Department of Pathology, Anatomy and Cell Biology). The Committee on Student Promotion (COSP) reviewed and took action on more than 268 student issues this year in addition to hearing appeals and administrative review of USMLE results and grade changes.

A subcommittee, chaired by Dr. Rattner and comprised of members of the Curriculum Committee and Committee on Student Promotion, reviewed alternatives to the numerical grading system in the first two

years of medical school. Both Committees have voted to change the grading system to Honors-Pass-Fail for the first two years starting with the Class of 2006 (incoming in 2002).

The Committee on Student Promotion expanded its use of subcommittees to address issues of remediation and special programs. These committees are formed on an ad-hoc basis to meet with students individually to assess the nature of the academic problem and to develop individual remedial or curriculum plans. Each subcommittee is comprised of two to three members of the Committee and Dr. Karen Glaser. Eleven subcommittees were convened to discuss academic deficiencies. Two were convened jointly by the COSP and the Curriculum Committee to create a curriculum for dentists accepted to the medical school from the Oral-Maxillofacial Surgery residency.

The Office of Academic Affairs/UME is completing work on a computer database which can be used for tracking and reporting of COSP cases and issues. This tool, called COSPTool, has been in development for the past year and a half. Dr. Rattner initiated the project, and this past year Dr. Glaser worked with Dr. Herschel Goldstein and Ms. Deneen Young to pilot and finalize the design in the finalization of the COSPTool. It is expected that the database will be functional and put into use during the upcoming academic year.

Curriculum Highlights Clinical Skills Center

In January 2002, a temporary Clinical Skills Center (CSC) was opened on the fifth floor of the Sheridan Building, across the hall from the Simulation Center. This center houses eight "offices" for teaching and evaluation of patients and standardized patients (SPs), including four with digital video recording capability. It also has two demonstration/classrooms, a control room and administrative space for the SP program. In November 2001, we welcomed to campus Katherine Worzala, MD and Dale Berg, MD, who will join Salvatore Mangione, MD (all Department of Medicine) in developing the clinical skills education and evaluation programs for students, house staff and faculty.

Since its opening mid-year, the CSC has been used for teaching blood pressure measurement (first year students), “physical diagnosis rounds” (second year students), cardiac evaluation (third year students), Advanced Physical Diagnosis and a pilot geriatrics and musculoskeletal OSCEs (fourth year students). Plans for 2002-2003 include increased use for teaching physical diagnosis in the second year, end-of-year evaluation of clinical skills for second and third year students and clinical skills orientation for third year students on pediatrics.

With the support of a very generous gift, the cardiovascular simulator “Harvey” was purchased and delivered to the Simulation Center. Harvey-related curriculum is being developed for first-, second- and third-year students.

The Hartford-AAMC Enhancing Geriatrics in Undergraduate Medical Education

Jefferson Medical College was one of 20 schools selected in 2001 for this curriculum development award. Drs. Rattner and Arenson are serving as principle investigators on this two-year project focused on the development of a longitudinal undergraduate medical curriculum and evaluation of changes in student knowledge and attitudes in this domain. Highlights of this year’s efforts include the addition of new lectures in pharmacology, the organization of JeffGRANDPARENTS, piloting a fourth-year geriatrics OSCE and a faculty development program in May 2002. A knowledge and attitude survey of first- and fourth-year students was conducted as a first step in program evaluation.

The Longitudinal Primary Care Clerkship (LPCC)

This project has just completed its second year. It is a collaborative effort between the Dean’s Office, the Departments of Medicine, Pediatrics and Family Medicine, and our affiliated programs in Delaware: duPont Hospital for Children, the Wilmington Veterans Affairs Hospital and Christiana Care. Third-year students are selected to participate in a community-based continuity of care experience.

The LPCC places students in primary care practices for a half-day per week for 24 weeks. Emphasis is on enabling students to see patients in follow-up, as well as on learning about clinical problems and management. This clerkship runs concurrently with the block

clerkships in medicine, pediatrics and family medicine; the students will do these rotations consecutively at Delaware affiliates. Twenty-six students and 17 preceptors have participated over the past two years. It has been highly rated by all participants. Nine students have enrolled in this program for 2002-2003.

The Pennsylvania Area Health Education Center (PA AHEC)

JMC is now completing its fourth year as a member of the PA AHEC. This initiative is funded by HRSA through Penn State University. Other academic partners include the University of Pittsburgh, Temple and the Philadelphia College of Osteopathic Medicine.

The northeastern Pennsylvania (NEPA) office on the campus of Keystone College in LaPlume, PA continues to grow under the able direction of executive director, Ms. Patricia Lawless. Drs. Michael Rosenthal (Department of Family Medicine) and Susan Rattner continue to serve on the Board of Directors. Christine Jerpak, MD (Department of Family Medicine) has administrative responsibilities for development of educational programs. William Dewar, MD (Department of Medicine) continues to serve as Clinical Director with local responsibility for educational program development. An interdepartmental Steering Committee, chaired by Drs. Rosenthal and Jerpak, has been formed at Jefferson to support curriculum development. Members include Mark Graham, MD and John Caruso, MD (Department of Medicine); Drs. Wolfson, J. Lindsey Lane and Charles Pohl, MD (Department of Pediatrics); Abigail Wolf, MD (Department of Obstetrics and Gynecology); Fred Markham, MD (Department of Family Medicine) and Mitchell Cohen, MD and Edward Silberman, MD (Department of Psychiatry).

Projects this year included two CME programs. In October, a full day entitled “Teens at Risk” was conducted at Marywood University in Scranton. Jefferson faculty included Drs. Jerpak and Rosenthal; Patrick McManus, MD and Jennifer Naticchia, MD (Department of Family Medicine) and Bradley Meier, PhD (Department of Psychiatry and Human Behavior). Approximately 150 health care professionals from northeast Pennsylvania, representing social work, nursing, psychology, medicine, rehabilitation, and other fields attended this highly successful program.

In June, a continuing medical education program on cardiovascular risks was presented to approximately 25 regional physicians. Drs. Rosenthal and Jerpak coordinated this program with the Office of Continuing Medical Education and the AHEC; faculty were Masahito Jimbo, MD, PhD, MPH and Cynthia Cheng, MD, PhD (Department of Family Medicine).

The first new clinical training site for medical students was established by creating an affiliation with the Guthrie Clinic/Robert Packer Hospital in Sayre, PA. Eight students completed the third-year family medicine clerkship; it was an excellent experience and more students will rotate at this site next year. Plans for the upcoming year include the possibility of expanding student rotations at this site to include third-year clerkships in Internal Medicine and Surgery.

JeffMOMS (Maternity Opportunities for Medical Students) and JeffKIDS

These programs continue to offer first-year students special opportunities to partner with a patient and families during the first year. In the JeffMOMS program, which has now completed its eighth year, students are matched to a pregnant woman from the JOGA clinic and support her through prenatal visits, labor/delivery and often during the postpartum maternal/newborn period. Students gain clinical experience not only about medical issues, but about economic, ethnic and cultural circumstances that influence care for this urban population. Patient advocacy is an important role learned during this six- to nine- month experience. This program is coordinated by Marie McClay, MS, CRNP (Women's Health) and had 29 students participate this year. Student evaluations continue to be excellent.

JeffKIDS is under the direction of Christian Stanley CRNP and J. Lindsey Lane, MD (Department of Pediatrics). Three students, in addition to those continuing from JeffMOMS, were selected for this program and matched with mothers and their infants for well-baby and episodic care. Students kept logs of each visit, attended educational sessions and wrote a final report on their experience. Topics addressed were aspects of infant growth and development, anticipatory guidance, preventive medicine, safety issues and social concerns.

Bridging the Gaps (BTG)

This summer internship program under the direction of Maria Hervada-Page, MSS continues to be a popular summer option for JMC and College of Health Professions students. BTG is recognized regionally and nationally as a model of inter-institutional statewide collaboration in the area of interdisciplinary community health education and service learning. In 2001/2002, Jefferson was awarded approximately \$49,000 from public and private sponsors, as well as \$62,625 in Federal Work Study funds for the support of 39 students and the tracking of this program.

Faculty from family medicine, nursing, physical therapy and occupational therapy teamed with community preceptors and supervised 14 community health projects. The summer 2001 projects included organization of academic and life skills enrichment for teens, promotion of stroke awareness as a medical emergency among senior citizens, promotion of literacy among children and outreach to the local Native American community. This work was presented at the fall 2000 Bridging the Gaps symposium. Thirty-two students have been selected to participate in the summer 2002 program.

Susan L. Rattner, MD, MS

Senior Associate Dean for Academic Affairs/
Undergraduate Medical Education

Karen Glaser, PhD

Associate Dean for Academic Affairs/
Undergraduate Medical Education

Graduate Medical Education, Residency, Affiliates & JHS

During this academic year, the Division of Graduate Medical Education continued in its mission to provide oversight, guidance, and support to all Graduate Medical Education programs at Thomas Jefferson University Hospital and the affiliates for which the Hospital is the sponsoring institution. The Division, consisting of David L. Paskin, MD, Senior Associate Dean for Affiliations and GME and Cynthia G. Silber, MD, Associate Dean for GME, continued to work together with the Office of House Staff Affairs headed by Debra Cifelli. The working relationship between the Hospital and the Medical School continues to grow, with the goal of achieving excellence in Graduate Medical Education. The GME division has worked, and will continue to work, closely with both the division of Undergraduate Medical Education and with the Office of Faculty Affairs to support a unified educational effort in the continuum of medical education.

The Division continues to serve both evaluative and consultative functions. Over the past academic year, internal site visits of all 56 GME programs were completed. The assessments resulting from these visits have been reported to the Graduate Medical Education Committee (GMEC). The GMEC has grown into a vital and highly dynamic body, involving itself in all aspects of residency education in the hospital. Its recommendations, following review of the internal site visit reports, have been a great aid to the individual graduate medical education programs, allowing program directors to set distinct goals and objectives, develop methods of evaluation and feedback for their residents, identify needed resources to improve upon existing program structure, and balance the service vs. education components of their programs.

Regular retreats continue to be held off-campus for residency directors. The first off-campus retreat for core residency program directors was held in May 2001. It was followed by two half-day on-campus sessions for specialty residency directors. A second off-campus retreat was held in January 2002. It focused on medical errors and the problem resident, and was highly successful. A third off-campus retreat is scheduled for September 2002 and will center on

the ACGME Outcomes Project, and the implementation of competency-based education in our residency programs.

The ACGME Outcomes Project and the implementation of competency-based education in all of our GME programs presents an exciting challenge to the Division and to all GME programs within the institution. A Task Force for the ACGME Outcomes Project was formed this year as a subcommittee of the GMEC. It has developed several initiatives to assist residency programs in the implementation of competency-based training. These initiatives include institution-wide educational forums, assistance in outcomes-based curriculum development, pilot programs for the development of new resident evaluation instruments, a revision of the annual Dean's Office Resident Evaluation to include the six general competencies, and the upcoming Program Director

Medical students continue to have excellent educational experiences at our affiliated teaching institutions, as indicated by review of clerkship evaluations.

retreat in September. In addition, we hope to take advantage of the opening of the new Clinical Skills Center to begin assessing resident clinical skills.

A new challenge to the Division and the GME programs is represented by the recently released ACGME Common Requirements for Resident Work Hours. Many of our programs are already in compliance. We are currently surveying resident work hour schedules in all of our programs, and are in the process of setting up a cross-institutional committee to address the new requirements, and their impact on the educational programming, the faculty, the residents, and the hospital.

In order to keep up with new information technologies in GME, and to facilitate the scheduling of residents, the evaluation of residents and faculty, and

the maintenance of procedural logs, we have been assessing several Web-based software products for implementation in all of our GME programs. We are currently in the final stages of a pilot project with one of these products, and anticipate that all of our GME programs will be online in the coming year. This will allow all scheduling and evaluation to be performed online, and will allow us to collect important data about our residents and faculty while enhancing compliance. We anticipate that this data, and its feedback to residents and faculty, will result in enhanced teaching and education in all areas of the GME programs.

In February the Affiliations Committee met as part of the Affiliations Day program. All of the affiliates were represented. Great appreciation was expressed to the representatives of all the affiliates for their very much-appreciated role in providing excellent clinical exposure for our third and fourth year medical students. A certificate has been developed for distribution to all faculty members of all of our affiliates documenting their faculty appointment at Jefferson Medical College.

Medical students continue to have excellent educational experiences at our affiliated teaching institutions, as indicated by review of clerkship evaluations. The contributions of the faculty and residents throughout our affiliated network remain superior, and are greatly appreciated by the students and the College. A strong indicator of medical student satisfaction at our affiliates is the fact that 31 percent (2/3 of those staying in the state) of our graduating seniors this year chose Jefferson or one of our affiliate teaching hospitals for their residency training.

The longitudinal study of residents continues, providing evaluations of programs by residents and fellows at each level of training, in addition to annual program director evaluations of each resident and fellow. These evaluation tools are currently being used at all Jefferson Health System institutions that sponsor GME programs. It is hoped that this data will provide new insights into the process of graduate medical education, and provide material for new research in this area.

The mission of the division of Graduate Medical Education is to link undergraduate and graduate medical education at Thomas Jefferson University Hospital and the affiliates in order to promote faculty development, excellence in resident education, and excellence in teaching. This, in turn, will provide the Jefferson Medical College student with a consistently excellent cadre of teachers, and will supply outstanding clinical faculty to Thomas Jefferson University Hospital and affiliates.

David L. Paskin, MD

Senior Associate Dean for Graduate Medical Education
Associate Dean for Affiliations

Cynthia G. Silber, MD

Associate Dean for Graduate Medical Education

Office of Continuing Medical Education

The Office of Continuing Medical Education (OCME) at Jefferson Medical College (JMC) provides practicing physicians with the knowledge and skills necessary to maintain and improve their professional practice. During the 2002 academic year, the OCME, the Committee on CME and the JMC chairs and faculty worked closely together to create effective learning experiences that significantly contributed to the growth and development of physician knowledge, skill and expertise in a number of medical specialties.

Administration

The OCME participates in the Consortium for Academic Continuing Medical Education (CACME), a unique, nationally recognized initiative to develop new accreditation models specific to the medical school environment of CME. Four medical schools in Pennsylvania are accredited as members of this consortium: Jefferson Medical College, Temple University School of Medicine, University of Pittsburgh School of Medicine, and Penn State University School of Medicine. The Consortium is in the second year of a six-year accreditation period, and submitted a Progress (Interim) Report to the Accreditation Council for Continuing Medical Education (ACCME) in late June.

The Committee on CME, a standing committee of the medical school, continues its crucial role in the development and review of appropriate activities certified for Category 1 credit. Building on its retreat held in August 2000, the Committee concentrated on defining the place of CME within the continuum of medical education and at JMC. This effort will continue into the next fiscal year, with the convening of a Task Force in Fall 2002 to solicit input from all clinical departments. Leadership of the Committee on CME transitioned from Barry Goldberg, MD to Richard C. Wender, MD, Clinical Professor, Family Medicine.

Committee Members

Dr. Richard C. Wender (Family Medicine), Chair
Karl Doghramji, MD, Psych/Human Behavior
Alvin Goldfarb, MD, OB/GYN
Harold Koller, MD, Ophthalmology
Elliott L. Mancall, MD, Neurology
Geno M. Merli, MD, Medicine

David B. Nash, MD, MBA, Health Policy
Henry Rosenberg, MD, Anesthesia
Steven M. Selbst, MD, Pediatrics
Rachel Sorokin, MD, Internal Medicine
Stuart Weiner, MD, OB/GYN
Richar Wender, MD, Family Medicine
Jay Williams, MD, PhD, Anesthesia
Timothy P. Brigham, PhD, Dean's Liaison
Peter Chodoff, MD, MPH, CME

The OCME also experienced transitions in several areas. Changes at the Dean's Office resulted in Dr. Timothy P. Brigham, who had served as the dean for CME since 1994, being appointed as Associate Dean for Organizational Development and Acting Dean for Continuing Medical Education. By Spring 2002, Dr. Geno M. Merli, Ludwig Kind Professor of Medicine, was named Senior Associate Dean for CME, effective July 1, 2002. In addition, our two professional staff members left for other opportunities and gave us the chance to restructure positions within the Office to better organize our varied responsibilities. The OCME was fortunate to recruit two seasoned individuals into the professional positions, and to acquire two competent individuals to train in coordinator positions. The addition of an administrative assistant position to coordinate budget and other administrative details was also accomplished at this time. This fiscal year for the Office was one of team rebuilding and training, as well as becoming orientated to the administration of CME programs at Jefferson.

Another significant transition occurred in May 2002 when the OCME moved into new office space in the Martin Building. The Office, which was outgrowing its old space, secured additional square footage for both offices and small group instruction.

Overview

The OCME manages a large variety of CME activities certified for Category 1 credit, including typical medical school activities like grand rounds and local/regional symposia. Additionally, Jefferson maintains a national CME presence through the certification of enduring materials, national symposia, journal-based CME, and national lecture series (see Table 1). FY02 also saw significant forays into the area of Internet CME.

The OCME continually strives to improve its customer service to the departments of JMC, especially in the areas of grand rounds and responding to new requests. We continue to work on facilitating new educational projects to enhance Jefferson's reputation regionally and nationally, as well as provide new revenue sources to Jefferson's OCME and sponsoring departments through grants funding the educational activities.

Certified CME Activities

American Medical Association (AMA) Category 1 credits are awarded through the OCME for directly and jointly sponsored activities, regularly scheduled series, and enduring materials. During the 2002 academic year the OCME certified 163 activities totaling over 3,300 Category 1 credit hours. There were more than 18,000 participants in these activities.

Sponsored Activities

Directly sponsored activities are those continuing educational experiences that originate and are produced solely by JMC and directed by JMC faculty. In FY02, JMC sponsored 86 live CME activities. Table 1 shows the number of sponsored activities, the total number of certified hours associated with those activities, and the number of participants in those activities.

Jointly Sponsored Activities

Jointly sponsored activities are educational experiences produced by JMC and unaccredited partner organizations/institutions. JMC jointly sponsored 18 such live activities in FY02. Table 1 shows the number of jointly sponsored activities, the total number of certified hours associated with those activities, and the number of participants in those activities.

Regularly Scheduled Series

Regularly scheduled series are recurring educational events such as grand rounds, held at Jefferson or at its various affiliated institutions. FY02 saw 40 series certified, which reflects 25 percent of the total CME program. Table 1 shows the number of regularly scheduled activities, the total number of certified hours associated with those activities, and the number of participants in those activities.

Enduring Materials

Enduring materials are educational activities characterized by the use of asynchronous media as the primary method of educational delivery. They allow physicians the opportunity to learn at their

own time and pace. Examples of enduring materials include printed monographs, audio/video tapes and computer-assisted instruction. As the economics of medical practice continue to change, these types of educational activities will become an increasingly important component of a physician's educational portfolio.

Table 1 shows the number of enduring materials currently certified, the total number of certified hours associated with those activities, and the number of participants in those activities. There is a significant increase in these numbers, due in part to the collaborative efforts with the Department of Neurology's Headache Center. This number also reflects a major Internet CME initiative in partnership with MedCases Inc.

Journal-based CME is a special subset of enduring materials. In FY02 Jefferson provided CME credit in four different journals (40 issues/articles), with a combined circulation to over 200,000 health care professionals.

Highlights

The OCME has identified the following accomplishments as examples of "best practices" either in an educational product or an administrative process. These showcase the expertise of JMC's faculty and research and put the OCME on the cutting edge within the profession of continuing medical education administration.

CME Activities

The Jefferson HealthCare College (JHCC), a primary-care education initiative, jointly developed by Dr. Geno Merli, Acting Chair of Medicine, Dr. Richard Wender, Vice Chairman of Family Medicine, and the OCME, continues to develop activities focused on primary care continuing education. Currently, collaboration is underway between industry, an HMO and JHCC to develop and implement an outcomes-based project in diabetes education. The OCME is integrally involved in course development, fund raising and administration for the JHCC.

Partnership opportunities have been explored in conjunction with the many departments within JMC, including Neurology, Medicine (Gastroenterology, Internal Medicine), Health Policy, and Radiology (Ultrasound). Our services to these departments include conference planning and implementation, certification for CME and other credit, registration

services, budget development and fundraising. In addition, the OCME assists interested industry funders in connecting with Jefferson departments and physicians, and helps coordinate resulting activities, bringing new revenue streams to both the Office and the collaborating departments.

Our journal-based CME efforts in partnership with Medical Economics and other publishers continued throughout the academic year. This includes monthly publication of CME activity in four different journals, with a combined circulation over 200,000. These relationships showcase Jefferson's name on a national level.

Administration

As part of CACME, the OCME continues a leadership role in the development of the CACME Performance Monitoring System. This unique process is a Microsoft Excel-based electronic reporting system that permits ongoing monitoring of the accreditation and compliance status of all sponsored activities offered by CACME member institutions. The Performance Monitoring System categorizes and tracks the various components of the certification of each activity in a central database. Review and analysis of the data improves Jefferson's ability as a medical school to efficiently manage its complex CME program and enables the development of statistical and graphical models to aid in evaluating the effectiveness of the overall program. It also helps Jefferson identify areas of strength and weakness for future strategic planning purposes, both of which are requirements of the ACCME.

In October 2001, the OCME Web site [[http://jeffline.](http://jeffline.tju.edu/jeffcme/)

[tju.edu/jeffcme/](http://jeffline.tju.edu/jeffcme/)] debuted. The site provides access to a calendar of events, general information on the Office of CME and its staff, the Committee on CME Roster, and a variety of online CME activities. The services expanded in February 2002 to include secured online registration capability. Future plans for the Web site include developing the ability to submit CME activity applications online, an electronic newsletter, and additional live and enduring Internet-based activities.

Academic Publication/Presentation/Research

- Dr. Peter Chodoff, Professor of Anesthesiology and a member of the OCME, presented a paper on behalf of Dr. Brigham, Acting Associate Dean for GME/CME at the Alliance for CME (ACME) in January 2002.
- Ms. Cole authored an article on the CME and disclosure in the ACME newsletter, *The Almanac*.
- The OCME developed research study on the use of an audience response system on participants in CME activities. An abstract submitted to the ACME was accepted for presentation at the national ACME meeting to be held in Dallas in January 2003.

Timothy P. Brigham, PhD

Associate Dean for Organizational Development and Planning

Jeanne G. Cole, MS

Managing Director

Table 1
Overview of JMC CME Activities for FY 02

	# Activities	# Hours	# Participants
Live Meetings - Direct	86	2108	4686
Live Meetings - Joint	18	135.75	1654
Series	40	813	1720
Enduring Materials - Direct	3	215.5	244
Enduring Materials - Joint	12	17.25	1864
Journal CME - Joint	4	40	8092
TOTALS	163	3329.50	18021

History and Strategy for Developing a Program in Health Policy

Jefferson's involvement in health policy is part of a long-term strategy for ensuring that the students, graduates, faculty and staff of the Medical College are able to adapt to the rapidly changing environment of health care delivery. More than a dozen years ago, Jefferson Medical College (JMC) provided support for the creation of the Office of Health Policy (OHP). Since that time, the mission and staff of the Office and its health policy programs have continued to evolve providing research, education and consulting services to support JMC and, to some degree, the Jefferson Health System (JHS).

The Director of the Office, David B. Nash, MD, MBA, supports the Chief Executive Officer of Thomas Jefferson University Hospital (TJUH) and the medical staff leadership of the JHS on areas including quality improvement, evidence-based medicine, benchmarking, and performance assessment. Through his additional role as Associate Dean for Health Policy at JMC, the Director facilitates the integration of policy development with medical student and resident education.

The Director began his second year on the Dr. Raymond C. and Doris N. Grandon Chair of Health Policy at JMC during this past academic year. Jefferson is one of a handful of medical schools in the United States with such an endowed chair in this field.

Five years ago, the OHP clarified its mission to promote quality cost-effective care across the health care delivery continuum through the development of three main strategies: education, research and consulting services. A description of the achievements and accomplishments of the Office within these three areas follows.

Education

The Office fulfills the education aspect of its mission through the development and implementation of programs promoting medical education across the entire JHS, graduate education for Jefferson and non-Jefferson students, and cutting-edge training programs for both academia and industry. These programs are developed and implemented by the Division of Scientific Training and Education under the directorship of Barbara Bozarth, MEd. These programs often are designed to confer Continuing Medical Education (CME) Category 1 credit as well as continuing nursing and pharmacy contact hours.

During this past year, training programs were planned and implemented with the support of such firms as Aventis Pharmaceuticals, Pfizer Pharmaceuticals, and GlaxoSmithKline. Both internal JMC faculty and external guest faculty are utilized for these innovative regional and national programs. For example, this academic year saw the completion of the LIFE Program – The Learning Initiative for the Frail Elderly (an in-depth review of the special medical issues faced by the elderly), supported by GlaxoSmithKline. In September 2001, a regional multi-cultural forum describing the challenges of medical education in a culturally diverse workforce was supported by Pfizer Pharmaceuticals. In May 2002, we completed several national advisory boards focused on the global E-Commerce strategy for GlaxoSmithKline, called GSK.net.

During the past year, the Office also launched a series of regional programs titled C.R.E.S.T., "Chief Resident Education for Success Training." These three programs, drawing chief residents from more than 100 regional hospitals, featured interactive sessions on leadership training, conflict resolution, and contract negotiation. The C.R.E.S.T. programs are one answer to the growing number and scope of AC-GME requirements for residency certification. Local leaders from the Center for Medicare and Medicaid Services (CMS) participated as faculty.

The Office completed its third full year as editor of *P&T*, a nationally recognized peer-reviewed journal concerned with all aspects of pharmaceutical use and care. *P&T* has a national monthly circulation of nearly 65,000. The Editorial Board of the journal was continuously updated, bringing in persons from the pharmacoeconomic research world as well as from disease management firms. The Director writes a monthly editorial for *P&T*. The Office, as an approved provider of Continuing Pharmaceutical Education (CPE) confers CPE credit for appropriate articles. The Director is also on the Board of the P & T Society, an organization dedicated to the pursuit of global quality in pharmaceutical care. The Society held its second annual meeting in May 2002 in Philadelphia, drawing nearly 150 attendees from the eastern seaboard of the United States. The Society now boasts a membership in excess of 2,000.

During this past year, training programs were planned and implemented with the support of such firms as Aventis Pharmaceuticals, Pfizer Pharmaceuticals, and GlaxoSmith-Kline.

The Office continued its editorial directorship for *Disease Management*, the only peer-reviewed journal in the field published in the United States by Mary Ann Liebert, Inc. in Larchmont, New York. The Editorial Board now consists of more than 60 persons from throughout the United States in such fields as managed care, the pharmaceutical industry, the disease management industry, epidemiology, and public health. *Disease Management* is published quarterly and reaches a paid national circulation of over 1,000. *Disease Management* is the official journal of the National Managed Health Care Congress (NMHCC) and Annual Disease Management Congress. Also, this

past year, *Disease Management* became the official journal for the Disease Management Association of American (DMAA). *Disease Management* is the gold standard for research in this burgeoning field.

Other hallmarks of the Office education program during this academic year included the successful completion of three pharmacoeconomic fellowships sponsored by Janssen Pharmaceutica, GlaxoSmith-Kline, and Abbott Pharmaceuticals. This collaboration resulted in numerous published studies and posters for presentation at national meetings. The Office hosted the second meeting of the National Fellowship Advisory Council of former fellows, now numbering more than 18, who met in Washington, D.C. in May 2002. The National Fellowship Advisory Council provides overall strategic direction for the fellowship program. Alumni of the fellowship program are often a source of research support for the Office.

The Office also sponsors graduate education courses leading to a Master's degree open to all Jefferson post-baccalaureate students as well as non-matriculated students. For the sixth consecutive year, the Office offered the course titled, "Pharmacoeconomics, GC-650," through the TJU College of Graduate Studies. This course, coordinated by Jennifer Lofland, PharmD, was extremely well received according to student surveys, and it has become an integral part of the University's Master's degree program in pharmacology and the graduate certificate in public health.

This year, the Office expanded its graduate studies offerings with the initiation of "GC-515, Quality Measurement and Outcomes Analysis," jointly taught by the Office and other JMC faculty and coordinated by the Director and Mr. Neil Goldfarb, Director of Research. GC-515 is unique in that it is jointly sponsored by the University of the Sciences of Philadelphia, where the course coordinators recently received adjunct faculty appointments. The Office also introduced "NU-602, Health Policy Legal and Ethical Dimensions of Advanced Practice," for the graduate nursing program at TJU. This course was taught by Peter Chodoff, MD, MPH. Finally, the Director serves on the steering committee for the core faculty representing the new TJU-MPH program.

The Jefferson Health System – JMC Health Policy Newsletter is now in its eleventh year of publication. This newsletter serves as an important part of the TJU commitment to disseminate information on health policy. The newsletter is sent on a complimentary basis to all physicians and senior administrators throughout the JHS and is delivered quarterly with the Jefferson Alumni Bulletin from the Alumni Office. In addition, the newsletter has more than 15,000 subscribers throughout the world and has been distributed at dozens of national medical meetings. Editorials from the newsletter are often reprinted in other publications. “Letters to the Editor” indicate widespread readership of the newsletter especially among JMC alumni. Once again, the Office would like to gratefully acknowledge the support of Max Koppel, MD, MBA, MPH, JMC ’57, who has continued to generously provide additional resources to help defray the cost of the newspaper’s publication.

The multi-authored, edited text from the Office titled, “Connecting with the New Healthcare Consumer: Defining Your Strategy,” (Aspen Publishers 2000) continues to be a best seller in the field. The book has broad appeal to many sectors of the healthcare economy as well as individual consumers.

The Director continues to serve as a member of the Robert Wood Johnson (RWJ)-sponsored Partnerships for Quality Education National Advisory Committee. This committee with members from the AAHP, the NCQA, and other national bodies continues to provide oversight to the three-year, \$12 million RWJ-funded program. The Director also serves as a principal advisor to the Tufts Managed Care Institute (TMCI) in Boston, Massachusetts and helped to plan the annual users’ conference sponsored by TMCI.

The Office continued to conduct the Health Policy Forum, now in its twelfth year. The Forum has become a fixture in the scholarly life of the University. It meets on the second Wednesday morning of every month (except August) and provides an opportunity for all Jeffersonians interested in health policy to congregate and share their research experiences. This past year, the Office sponsored such guests as the Dean of the School of Public Health at

MCP Hahnemann University and the Director of the Health Law Institute at Widener University School of Law. The Office received a prestigious Pfizer, Inc. Mini-Medical School grant for further support of the Health Policy Forum. Regular attendees of the Forum include faculty, residents, policy analysts, JMC alumni, and senior officers of TJU. Each year JMC students at all levels are increasingly exposed to the Forum. The Forum is certified to confer CME and ACPE credits.

It is widely acknowledged that physician training in management skills must improve. Indeed, a growing body of literature specific to the physician manager is available and is actively tracked and contributed to by the Office. Currently eight JMC students are enrolled in the unique five-year MD/MBA training program with Widener University in Chester, Pennsylvania. This academic year saw the graduation of the fourth cohort of students from the combined degree program. Not surprisingly, the JMC MD/MBA students have proven to be academic standouts within both the undergraduate medical and graduate business curricula. The students, faculty, and administrators responsible for directing this program meet twice during the academic year to review progress and make plans for future enrollees. The program was featured in a review article in *Academic Medicine*.

In addition to the MD/MBA training program, the Office sponsors several international scholars. This past academic year, due to global interest in the work of the Office, international scholars from Italy, France and Saudi Arabia spent varying amounts of time working on projects with Office personnel on-site in Philadelphia.

The Office continued to offer innovative curricular material including core courses and electives for JMC students. For the eighth consecutive year, “An Introduction to the Health Care System” was taught to freshmen as part of the JMC January Plan by Daniel Z. Louis, MS, Managing Director of the Center for Research in Medical Education and Health Care (CRMEHC), and the Director of Health Policy. Based on course evaluations, these 15 contact hours proved to be extremely successful. Topics, as in pre-

vious years, included health care financing, organization of health services, and the varying structures of managed care systems. Outside support was garnered to fund a comprehensive syllabus. A text edited by the Director titled *The Managed Care Manual* was required reading for each freshman.

In March of the JMC senior year, the Director also conducts a graduate-style elective in health policy. This year students read *The Bleeding Edge* by J. D. Kleinke and *Managing Quality of Care in a Cost Fo-*

The Office of Health Policy & Clinical Outcomes is widely recognized as one of the few national academically-based outcomes research centers, achieving a reputation for excellence in the breadth and depth of the research it conducts.

cused Environment co-edited by the Director. These two books were critically reviewed over a month's time with the Director. The Director continues to serve as the faculty advisor for the JMC student club "Physicians of Tomorrow."

Other innovative curricular material included the further refinement of the American College of Physician Executives-sponsored Web-based course titled, "Interact." The Director produced and filmed a two-CD course titled, "The Three Faces of Quality," for physician executives throughout the United States. It debuted online in February 2001 is now offered eight times per year through a secure Web site with streaming video and simultaneous full-printed text of the lectures. The online classroom experience is facilitated by the Director and two additional nationally prominent faculty members. Comprehensive surveys indicate that this course is very well received.

The Office continued to have an outstanding re-

lationship with the Department of Continuing Medical Education. Once again, partners such as the NMHCC, and the National Disease Management Congress were important national vehicles exposing literally thousands of physician leaders across the nation to JMC. The Office continues to provide the second highest grossing CME activity within the JHS. The Director has served as a voting member of the JMC-CME Committee for the last six years. The Office continued to work closely with the Department of Nursing and the College of the Health Professions to jointly sponsor programs conferring CME, and the Office was successfully re-accredited to provide CPE credits through the American Council on Pharmaceutical Education. Finally, the Director continues to serve on the Advisory Board of Medical Education Systems in Philadelphia. This consultancy strengthens the ability of the Office to provide needs assessment and to identify clinical experts for pending CME programs.

Research

The Office of Health Policy & Clinical Outcomes is widely recognized as one of the few national academically-based outcomes research centers, achieving a reputation for excellence in the breadth and depth of the research it conducts. Under the direction of Mr. Neil Goldfarb, the Office surpassed the \$7 million mark in total research grant funding since its inception in 1990. Thus far, income from grants has amounted to more than a quarter of a million dollars in this academic year. In addition, this year saw the publication of dozens of reviews, articles and editorials, and presentations at multiple national scientific meetings by members of the staff of the Office.

The Office has worked collaboratively with many departments and divisions within JMC on recent projects including Neurology, Psychiatry, Gastroenterology, Cardiology, Orthopaedics, Rehabilitation Medicine, Infectious Disease, Emergency Medicine and Family Medicine.

In general terms, the research agenda of the Office is characterized by clinically driven pharmacoeconomic research, outcomes research, and traditional health services research. Below are some examples from across these program areas. Additional information,

as well as copies of publications, are available and may be requested by calling the office at 215-955-6969.

Clinically Driven Pharmacoeconomics

Diabetes

- Development and evaluation of a program to conduct community-based diabetes screenings for minority populations (collaborative project with Albert Einstein Healthcare Network)
- Development of a diabetes self-management program for minority populations (NIH grant proposal in collaboration with the Department of Family Medicine and Health Promotion Council)
- Continued development of the Diabetes Management Evaluation Tool (DMET), a patient satisfaction questionnaire for people with diabetes who have attended an educational disease management program
- Development of a white paper summarizing the literature on timing of insulin therapy in treating diabetes
- Evaluation of diabetes disease management program impact on costs and outcomes (projects supported by American Healthways and Coordinated Care Solutions)

Gastrointestinal Health

- Economic evaluation of wireless capsule endoscopy, a new noninvasive diagnostic technology for identifying the source of obscure GI bleeding (supported by Given Imaging)
- Investigation of the impact of co-morbidities on health outcomes for inflammatory bowel disease (collaborative project with the Division of Gastroenterology)

Cardiovascular Health

- Assessment of alternative methods for improving patient compliance with anti-hyperlipidemic therapy (collaborative project with Aetna US Healthcare)
- Examination of the use of point-of-care BNP testing in identifying early stage heart failure in a high risk primary care population (collaborative project with the Department of Family Medicine)

- Evaluation of the outcomes and economics of point-of-care testing for acute myocardial infarction and congestive heart failure (supported by Biosite)

Pain Management

- Examination of the impact of chronic nonmalignant pain on workplace productivity
- Survey of managed care organizations regarding pain management activities
- Review of literature on the role of disease management activities in improving care for a population with chronic non-malignant pain
- Evaluation of the New Jersey Palliative Care Education Program (supported by the NJ Office of the Ombudsman for the Institutionalized Elderly)

Development of Outcomes Measures

- Development of a Foundation for Accountability (FACCT) consumer-oriented questionnaire regarding quality of and satisfaction with migraine care
- Examination of alternative conceptual models and methods for measuring lost workplace productivity
- Examination of methodologic issues in measuring lost productivity associated with migraine (conducted in collaboration with the American College of Occupational and Environmental Medicine)

Health Services and Health Policy Research

- Study of the role of value-based purchasing in improving quality, "How Does Quality Enter into Purchasing Decisions?" (supported by the Commonwealth Fund)
- Policy analysis of the Business Case for Disease Management programs (conducted for the Washington Business Group on Health)
- Review and synthesis of literature on the volume outcome hypothesis for cardiovascular surgery (conducted for a consortium of hospitals in Maryland)
- Examination of the impact of changes in hospital market characteristics on costs, quality and outcomes of care (conducted in collaboration

with, and supported by, the Pennsylvania Health Care Cost Containment Council (PHC4)

- Examination of access to care for consumers with disabilities enrolled in the Medical Assistance Program (subcontract from ADA Consulting for work performed for the Department of Public Welfare, Commonwealth of Pennsylvania)

Technology Assessment and Pharmacoeconomic Analysis

- Measurement of the costs of allogeneic blood transfusion in the United States (supported by Hemosol, Inc.)
- Profiling of atypical antipsychotic use in a Medicaid managed care plan
- Examination of the interests of pharmacy decision makers in using information technology to support operations (supported by Cardinal Information systems)
- Review of literature examining the economics of catheter-related blood infection (Ethicon)
- Technology Assessment and Pharmacoeconomic Services Center (TAPES), consulting service for Ben Franklin Technology Partners.

Evaluation of Educational Programs

- Pharmacist survey regarding impact of, and preferences for, continuing professional education
- Analysis of FDA consumer survey data to better understand which populations are most susceptible to direct-to-consumer advertising
- National survey of pharmacoeconomics fellowship programs and their graduates to describe fellowship program characteristics and impact on participants (conducted in collaboration with, and funded by, the International Society for Pharmacoeconomics and Outcomes Research (ISPOR))

The Office continued to enjoy an outstanding scientific relationship with ISPOR. The Office was again the only medical school-based research center to exhibit at the ISPOR national meeting for the seventh consecutive year, displaying all of its research studies and analyses. The ISPOR meeting serves as the

backdrop for an annual dinner meeting of the aforementioned National Fellowship Advisory Council. This year more than 35 persons attended the celebration. Six poster and podium presentations were conducted by current Office fellows and faculty at the ISPOR meeting.

The Office continues to maintain its library on health policy and management. This has been upgraded regularly and is available to all members of the Jefferson community.

Consulting Services

Through service as a data, analytic, and education resource, the Office provides value-added health care consulting to JMC and TJUH and, to some extent, the JHS. The Director serves as a founding member of the Quality Council chaired by Stanton N. Smulens, MD, the CMO of JHS. Under the auspices of the Quality Council, the Office published the results of its project Developing a Quality Measurement and Reporting Tool for Long Term Care (*Joint Commission Journal on Quality Improvement*, April 2002).

Other aspects of the consulting mission are expressed through the Director's service on the hospital's Pharmacy and Therapeutics Committee (a position he has held for 12 years as well as the JHS Pharmacy Task Force). In addition, he chairs the Quality Medication Subcommittee of the P & T Committee. The Director has also been appointed to the Jefferson Faculty Foundation Clinical Care Committee. This committee is charged with creating a quality improvement plan for the multi-specialty faculty group practice known as Jefferson University Physicians (JUP). The Director also serves on the TJUH Clinical Performance Improvement Committee. The Office presented an update on the tools used for performance improvement to the entire Performance Improvement Committee on December 17, 2001.

The Director also sits on the JHS Senior Health Institute Research Steering Committee. This group helps to set the agenda for research in geriatrics, gerontology, and long term care.

On a statewide level, The Director continues as the Chairman of the Technical Advisory Group (TAG) of the PHC4. The PHC4 has continued to publish

statewide outcomes reports on coronary artery bypass graft surgery, the care of persons with diabetes mellitus, and the quality of care in HMOs throughout Pennsylvania. Several front-page Philadelphia Inquirer and Business Journal stories have resulted from the efforts of PHC4 and the TAG. Once again, the Director was featured in the 2001 annual report of the PHC4.

National Health Policy Issues

The Office has greatly increased its participation in the debate surrounding quality measurement and management at the national level. This was achieved, in part, by the Director's personal involvement with numerous professional societies in the following capacities:

- Continued membership on the Advisory Council on Performance Measurement (ACOPM) of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), which oversees the national ORYX measurement initiative.
- Sixth year of membership on the Board of Trustees of FACCT. FACCT has continued its mission to bring consumer-focused measurement tools to bear on the health care system and has broadened its appeal via the Internet. The Director was appointed as the Vice-Chairman of the Board for the academic year 2001-2002.
- Continued eighth year as Chairman of the IMS-sponsored National Disease Therapeutic Index (NDTI). This is an internationally regarded, physician-specific, pharmacy-tracking program.
- Conclusion of his service on the Disease Management Advisory Council (DMAC) of the National Committee on Quality Assurance (NCQA) in Washington, D.C. This resulted in the debut of national accreditation and certification regulations for the disease management industry in January 2002.
- Membership in the National Quality Forum (NQF) and the Council on Research and Quality Improvement.
- Twelfth year chairing the Physicians' Tract of the National Managed Health Care Congress and Chairman of the National Disease Management

Congress. These two meetings together attract more than 8,000 persons from across the nation. The Director also served as Chairman of the HERA Awards Committee – a prestigious national award given to the managed care organization with the most outstanding women's health program.

- Continued membership on the Board of Trustees of Catholic Health Care Partners (CHP), the tenth largest non-profit integrated delivery system in the country, headquartered in Cincinnati, Ohio. The Director continued as the Chairman of the CHP Board Committee on Quality. He is regularly invited to address quality-related issues for many of the constituent institutions of the CHP.
- The Director was newly appointed to the Expert Advisory Group of the Washington Business Group on Health (WBGH) Institute on healthcare Costs and Solutions. He was asked to prepare a national white paper on the return on investment for disease management programs from an employer perspective.
- Membership on the University of Oregon RWJ-sponsored project on improving the Consumer Assessment of Health Plan Survey Tools (CAHPS).
- The Director was named the sixteenth Annual TeKolste Scholar of the Indiana Health and Hospitals Association for academic year 2001-2002. As the TeK scholar, the Director made numerous appearances at various Indiana locales.

Through membership in activities sponsored by such groups as the JCAHO, FACCT, NCQA, NQF, CHP, and WBGH, the Office is at the center of major national programs involved in measuring and improving health care quality.

Agenda of Office Advisory Board

The Office Advisory Board was initially created in 1997. The Board consists of the current Dean of JMC, the CEO of TJUH, the JHS President, the President of the Medical Staff of TJUH, the CMO of JHS, the Chairman of the Department of Medicine at JMC, the President of the Albert Einstein Health Network, the Medical Director of the Frankford Health System, the CMO of Siemens Medical Solutions, the

Vice-President of Process Excellence and Strategic Planning at Orthobiotech, the former President of Medical Educations Systems, and Drs. Raymond C. Grandon and Joseph S. Gonnella.

The Advisory Board, which met on December 4, 2001, provided important ongoing advice and consultation to the Director. The Office Advisory Board endorsed the budget, which continues to show 9% support from TJUH and 9% support from JMC. The remaining 82% of support has been successfully obtained from external funding sources outlined in the education and research sections of this report.

Finally, the annual Office Summer Retreat was held on July 12, 2002, with a special focus on cloning and the human genome project. The retreat attracted nearly 200 persons representing more than 90 different regional organizations. The Summer Retreat is offered as a complimentary service to the scores of research clients and professional colleagues in the Delaware Valley.

Other Aspects of Program Content

Administering Endowed Activities

The Office administers the lecture titled, "The Raymond C. Grandon Health Policy Lectureship." Dr. Ken Kizer, the President and Chief Executive Officer of the NQF in Washington, D.C., delivered the eleventh lectureship this year. The Office also initiated and has awarded the twelfth annual Leon Peris Memorial Medical Records Prize for two graduating Jefferson senior residents with the most outstanding performance for their timely and accurate completion of medical records. This year, the Office also presented the fourth annual OHP "Best Student Award" to Ms. Rebecca Seidel, JMC Class of '04.

Private Sector Activities

The Director maintained a large number of consultancies with firms in the private sector; especially those concerned with E-Health and E-Commerce. For example, the Office completed the second year of a strategic planning project with the MedicaLogic Corporation. The Director also chairs the GE-MedicaLogic Quality Improvement Consortium (MQIC), a national group of 400 physician electronic medical record users.

In addition, the Director consulted with firms such as Cybear, Coordinated Care Solutions, MedCases, GetWell Network and World Doc. The Director also continued for the third year on the Board of Directors of DoctorQuality, which was recently featured in a cover story in *Modern Healthcare* magazine. These private sector initiatives provide important additional sources of external support as well as relevant databases for the research mission of the Office. The Office became the key content provider for Physicians Online (POL), one of two major national portals exclusively for physicians. Each month, 25,000 unique physician visitors read the POL newsletter, which the Office provides. Finally, the Office became part of the American Healthways (AMHWS) National Outcomes Verification program. AMHWS is the largest publicly held disease management company in the country. All relevant conflict of interest forms and confidentiality statements are on file with the Office of the University Counsel.

Recent Publications

The Office's publications have appeared in numerous peer-reviewed journals, newspapers, magazines, videotapes, audiotapes, and CDs. These are all available for review in the Office. The Director continued to serve on the editorial boards of nine peer-reviewed publications and as the Editor-in-Chief of *P&T Magazine* and *Disease Management*, and the *POL Monthly Newsletter*.

In addition, papers were delivered at more than 10 scientific meetings, and presentations were made at more than 40 national forums including many of the hospitals in the Philadelphia region. The work of the staff has continued to garner national press attention with more than three dozen stories and interviews appearing in such publications as *Modern Healthcare*, *The Philadelphia Inquirer*, *Modern Physician*, *The Boston Globe*, *The Hartford Courrant, Inc. Magazine*, *Health Leaders*, *The Wall Street Journal*, and *The Employee Benefit Plan Review*. Finally, the director was a featured guest on "Newsnight," the BBC equivalent of 60 minutes.

In summary, the entire team in the OHP has had an exciting and productive thirteenth anniversary year.

As the education, research, and consulting missions of the Office continue to grow, it is hoped that the Office will increase its supporting role in the planning and implementation of the clinical outcomes and quality improvement agendas of the JMC and the TJUH. The OHP looks forward to that continued challenge.

David B. Nash, MD, MBA

The Dr. Raymond C. and Doris N. Grandon Professor of Health Policy

Associate Dean, Health Policy, Jefferson Medical College

Director, Office of Health Policy and Clinical Outcomes

Office of Scientific Affairs

Division of Human Subjects Protection, Institutional Review Boards

Thomas Jefferson University has four Institutional Review Boards (IRBs) approved under its Federal Wide Assurance from the Department of Health and Human Services. Three of the IRBs are on-campus and the fourth is at Methodist Hospital. The third on-campus IRB was established in April of this year under the chairmanship of J. Bruce Smith, MD, and has only recently become active. The IRBs and the on-campus administrative staff are organized under a Division of Human Subjects Protection (DHSP) in the Office of Scientific Affairs. The Methodist IRB has its own administrative staff.

The IRBs have as their primary responsibility the protection of the welfare of human subjects involved in biomedical and behavioral research. The major work of the IRBs consists of the review and approval of clinical research studies and, in particular, the ethics of the proposed study, the assessment of research-related risks and benefits, and the appropriateness of the informed consent document and process. In addition to the subjects in clinical research studies, the IRBs have a responsibility to society and the Jefferson community.

The IRBs review newly submitted studies, continuing reviews (CR) of approved studies, and amendments to approved studies, adverse events, advertisements for recruiting subjects and other matters pertaining to the conduct of research involving human subjects. A central purpose of the IRBs is to sustain a collaborative and supportive balance among the interests of the researchers at TJU and its affiliations and the requirements of the federal regulations.

During the period July 1, 2001 through March 30, 2002, the two on-campus IRBs reviewed a total of 650 new study submissions; 400 required full Board review. Implementation of the third on-campus IRB spread out the submissions so that on average an IRB is now reviewing four to five studies requiring full Board review. Thus, one of the major goals of establishing a third IRB has been accomplished. During this year, the procedure for review of continuing reviews and amendments was changed as required by OHRP so that they are now reviewed by a convened

IRB. With the availability of the third IRB this has not resulted in a major burden during the meeting. In addition, 949 full and expedited continuing reviews, 210 final reports and 1,051 amendments were reviewed by the IRBs and processed by the administrative staff. Thirty-one studies were reviewed by the Director, DHSP, and the Executive Secretary, IRBs and were determined to meet the federal regulation for a study exempt from IRB review. The on-campus IRBs and the administrative staff in the DHSP handled a total of 3151 transactions. The Boards did not approve a total of 204 submitted studies at initial review necessitating a second review by the Board after the investigator submitted a revised study that addressed the concerns of the IRB.

During the year, a significant number of new investigators and clinical coordinators conducting human subject research, as well as new IRB members, took human subjects training mandated by federal regulations and the University. To date, a total of 1,902 individuals have taken the DHSP online training program and passed the certifying examination. A web-based video program was developed to provide for annual human subjects training. This program will be implemented in July 2002.

The Policy of Non-Compliance with Federal Human Subjects Regulations was revised to provide an administrative procedure to handle non-serious, minor issues of non-compliance in a simpler and more equitable manner.

During the year the FDA conducted a "not for cause" audit of IRB records for five studies conducted by two investigators. Other than a requirement to provide the FDA with some information, the audit was satisfactory to the FDA.

Subsequent to an investigation several years ago by the Office for Human Research Protection (OHRP) of the Department of Health and Human Services concerning non-compliance with federal regulations on the part of several of our investigators, TJU was required to satisfy several conditions imposed by OHRP. Among the conditions were changes in our procedures for the review of full amendments and continuing reviews so that they are reviewed and approved by the convened IRBs rather than by

subcommittees of the Boards that was not deemed substantive by OHRP. The IRBs were also required to suspend any study that had a continuing review between October 2000 and October 2001 that in OHRP's estimation did not have a substantive review by a convened IRB. The IRBs re-reviewed and approved all but 20 of the 268 continuing reviews allowing the suspensions of the approved studies to be lifted. All of the issues of concern to OHRP were ultimately resolved to the satisfaction of both OHRP and the University. In all, three separate non-compliance issues brought by OHRP were successfully resolved during the year. The DHSP/IRB Web site at www.jeffline.tju.edu/irb was updated with new versions of the internal forms, the education program, and revised policies.

Integral to a strong human subjects protection program is placing greater value on IRB service and having everyone in the institution embrace the idea that federal regulations are not only in place to effect compliance, but most importantly there must be a buy-in by all parties to compliance; if we follow the rules it will be safer for patients who trust their care to us. The responsibility that each IRB member shoulders is enormous. To quote Curtis Meinert, Director of the Center for Clinical Studies at Hopkins' Bloomberg School of Public Health, "If the music stops and you're in the chair, you're roasted". IRB membership has to be seen as a scholarly activity of peer review, and not only as service. It requires a knowledge base, and considerable commitment of time and thought. It should be considered as a scholarly activity at the time of yearly evaluation and during consideration for promotion.

Institutional Biosafety Committee (IBC)

Under the NIH Guidelines for Research Involving Recombinant DNA Molecules, each institution conducting or sponsoring recombinant DNA research covered by these Guidelines is responsible for ensuring that the research is carried out in full conformity with the provisions of the Guidelines. The institution must establish and implement policies that provide for the safe conduct of recombinant DNA research and ensure compliance with the Guidelines. The institution must also establish an Institutional Biosafety Committee (IBC) whose responsibilities need not be restricted to recombinant DNA. If the institution is engaged in recombinant DNA research requiring biosafety level-3 (BL-3) containment, it must appoint a Biological Safety Officer (BSO) who shall be a member of the IBC.

Under the Occupational Safety and Health Agency (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030), the University is obliged to ensure that employees whose work requires them to come in contact with human blood or other potentially infectious material shall be adequately protected.

The IBC is also responsible for working with the Institutional Animal Care and Use Committee (IACUC) to ensure that animal experiments in which biohazardous agents are used are conducted in a manner commensurate with the above guidelines and/or regulations.

The IBC is also responsible for interacting with the University Health Services to ensure that investigators conducting research involving biohazardous agents receive proper immunization where immunizations are available.

The Thomas Jefferson University IBC comprises 18 members selected because they collectively have experience and expertise in recombinant DNA (RCDA) technology and/or pathogenic organisms, biological safety and physical containment and the capability to assess the safety of experiments utilizing recombinant DNA and/or pathogens and any risk to public health and to the environment. Two of the members are not affiliated with the Institution and represent the interests of the surrounding community with respect to health and protection of the environment. The Institution Biosafety Officer (BSO) is a member.

Until January 1, 2002, two Committees had carried out the day-by-day work of the IBC, and the parent IBC comprised of members of the two committees held quarterly meetings and received reports from the committees. The Recombinant DNA Committee (RCDA) handled all aspects of research involving recombinant molecules and plasmid vectors, and the Traditional Pathogens Committee was concerned with the use of pathogenic organisms and with human blood, cells and blood products, which fall under the OSHA Bloodborne Pathogens Standard. Both Committees review animal protocols for biosafety issues for the IACUC. In addition, a combined IRB/IBC Joint Committee on Gene Therapy reviews biosafety issues of gene therapy protocols. It was determined by the committees that it would be advantageous to merge into the parent IBC so as to avoid duplication of review of studies that involve both recombinant DNA and a pathogen, and to get the external lay members of the IBC more involved in the activities.

This merger has worked very well since January.

The IBC and its Committees were very active during this period. Prior to the merger of the committees, the parent IBC held two quarterly meetings. The RCDA and Pathogens Committees held meetings for classification of research protocols and inspection and approval of facilities for work at various biosafety levels. The IBC reviewed and classified a total of 50 research proposals. The RCDA Committee at three meetings reviewed 17 of these proposals. The Pathogens Committee at four meetings reviewed 15 studies involving either viruses and/or bloodborne pathogens. Subsequent to the merger of the committees, the IBC held 5 meetings and reviewed an additional 18 studies.

The review of the above protocols resulted in 38 laboratory inspections by the Biosafety Officer to certify laboratories for work at the BL-2 level or higher. Laboratories functioning at the BL-2/BL-3 level or higher are re-inspected annually.

A gene therapy study concerning a “Multi-Center Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of AD5FGF-4 in Patients with Stable Angina” submitted by Dr. Savage was reviewed and approved by an ad hoc IRB/IBC Committee and subsequently by the IBC. The study was given an IND from the FDA and was funded by Berlex Laboratories. The study is on going.

The IBC continues to have concerns about the apparent increase in the number of research and laboratory animal service personnel receiving potential exposure to Herpes B virus from bites, scratches and exposure to body fluids while handling the macaque monkeys used in Parkinson’s research. While exposures thus far have been rather superficial, there is a potential for a serious bite with possible drastic consequences. After an exposure in which the individual was improperly triaged in the Emergency Department, Dr. Kalf, on behalf of the IBC, met with the Chair of the department to review the importance of proper triage. The discussion resulted in a change in the standard operating procedure by which monkey exposures are triaged.

The Institution filed a renewal of its Select Agents Registration with the Centers for Disease Control for receiving, transferring and conducting research with select agents that might be used by terrorists. Prior to reapproval, the CDC conducted an inspec-

tion of our Select Agents Program in August of 2001. The inspection went very well and we were required to only provide information for four questions. It is anticipated that our Select Agent Registration will be renewed for three years after the current registration expires August 30, 2002.

A revision of the TJU policy for vaccination for individuals using vaccinia virus as a vector for gene transfer was discussed and approved by the IBC.

Scientific Misconduct

After an allegation of scientific misconduct, the University’s policy is implemented. An Inquiry Committee is convened consisting of the Chair of the Committee on Research and three to four other members of the Committee on Research representing a specific area of expertise involved in the Inquiry plus University Counsel and the Vice Dean for Research, both *ex officio*. The Inquiry may proceed to a full Investigation if it is decided that scientific misconduct *may* have been committed. An Investigation Committee is appointed by the Dean consisting of two faculty and one person outside the Institution. These committees carry out their work under strict confidentiality. A full report is generated, usually within 120 days, which can conclude that scientific misconduct has occurred, that there is no scientific misconduct but administrative remedies are recommended, or that the case against the accused has no merit. In the year under review, there were two Inquiries and two Investigations, one of which was completed. Completed reports are distributed to the Dean (potentially for his action), to the parties involved and to the Office of Research Integrity, HHS. The ORI may accept the report or turn it over to the Office of the Inspector General if some aspects are to be further investigated. So far, our experience at Jefferson indicates that no investigations, thus far, have concluded scientific misconduct to have occurred. In 2002, One Investigation was completed with findings that scientific misconduct did not occur but that administrative remedies were to be undertaken by the Dean.

High Risk Conflicts of Interest in Research

Within this reporting year, the Office of Scientific Affairs was charged with the responsibility for managing high-risk conflicts of interest identified by University Counsel through the annual reports by the faculty. However, a subcommittee of the Scientific and Academic Affairs (SAAC) subcommittee of the Board of Trustees has been given the authority to oversee this potential problem. It is expected

that this subcommittee will interact with the OSA, however, members of the SAAC subcommittee have yet to be appointed. During the current year under review the outlines of the committee to handle these issues were introduced by the University Counsel with participation from this Office.

Material Transfer Agreements

The OSA has been charged with this responsibility and the Vice Dean for Research signs these documents for the Institution. All documents are cleared through the University Counsel to insure compliance with University policy. Technology Transfer is often involved in these interactions. A large number of such agreements has been processed in the reporting year. During this year the Vice Dean for Research led a committee to formulate the philosophy and procedures in the handling of MTAs. In this document, the financial interests of the University are protected.

Special Programs

A Director of Special Programs who is a faculty member in the Medical College devotes 20 percent effort to this activity. Essentially, the responsibility of the Director is to oversee summer medical student research activities in the first two years of medical school and to allocate the research positions made available through training grants from the National Institutes of Health and from the Dean's Office. During the year, there have been 35 such positions made available and all of these have been filled by first- and second-year medical students. Various members of the faculty serve as Principal Investigators on the NIH training grants and they are expected to assist the Director in the preparation of new training grants and competing renewal applications. In future years, the OSA is considering the possibility of developing new training grants in the areas of clinical research, bioinformatics and possibly in pharmaceutical medicine. Two grants are currently active: cancer related training and translational cancer research training. A third grant needs to be resubmitted to the NIH in the area of cardiovascular research training. In order to make this program more accessible to medical students, the OSA is currently working with the Office of Student Affairs to develop a procedure of introducing the program to medical students through Student Affairs. A new Director of Special Programs has been appointed, Karen Novielli, M.D. Dr. Novielli is taking the lead in developing new training grant proposals along the lines outlined above.

Jefferson Center for Biomedical Research at Delaware Valley College

This Center reports to the University through the OSA. The Center has been very active, and has completely filled its space with faculty, most of whom have been appointed to the Department of Biochemistry and Molecular Pharmacology. The Center has developed an MS program in pharmacology with a track in experimental therapeutics and the lead courses in this track are presented at the Center. Considerable interest has developed in the Center in the State legislature, and a substantial annual grant has been received from the state. In addition the Center is selected as one of three potential "greenhouses" in the State that may qualify for further funding through tobacco settlement funds.

Research Committee

This is a standing committee of the University that deals with matters of research in the University and dispenses internal research grants to faculty members for development of new data to make NIH proposals more attractive at the NIH and also to fund pilot studies. OSA together with ORA, the Dean's Office and the College of Graduate Studies are components of this activity. The new Chair of this committee is Lorraine Iacovitti, PhD of the Department of Neurology.

During FY 2001, the Office of Scientific Affairs separated from the Office of Research Administration, into a distinct office. While the Office of Scientific Affairs will continue to oversee the protection of human subjects and manage the scientific aspects of Jefferson Medical College's (JMC) research enterprise, ORA has responsibility for overseeing its business and administrative aspects. This includes coordinating the multiple review processes required to assure that research activities comply with all federal, state and local laws, the Bylaws of JMC, and the established policies and procedures of Thomas Jefferson University (TJU). All applications for grants or proposals for contracts involving funding from external sources are processed through the ORA.

Gerald Litwack, PhD

Vice Dean for Research

Center for Research in Medical Education & Health

The Center for Research in Medical Education and Health Care provides the Jefferson community with a broad spectrum of medical education and health services research projects and studies. The Center supports Jefferson's educational and health services missions through projects such as the longitudinal tracking and outcomes assessment system, the student clinical experiences project, the affiliations database, the Jefferson University Physicians clinical profile project, and a variety of testing and evaluation services related to education and health care. The Center was especially pleased that an article entitled "A New System for Documenting and Comparing Medical Students' Clinical Experiences," was published this academic year in the medical education issue of the *Journal of the American Medical Association*. The article presents some of the most important findings of Jefferson's student clinical experiences project.

One of the major contributions of the Center is faculty development. Center faculty and staff frequently collaborate with other JMC faculty in research and publication in a variety of medical education and health services research projects taking advantage of Center databases such as the longitudinal study and the student clinical experiences data. In addition to the *JAMA* paper cited above, Center staff collaborated on 13 papers and two presentations over the past year. These collaborative studies cover a broad spectrum of research areas including comparative analyses of medical students' and physicians' performance by specialty plans, minority status, economic diversity, appraisal of stressful personal and academic events, clinical experiences, gender, physicians' attitudes toward unionization, physicians' discontent, and physician empathy. Center faculty and staff were involved in six international research projects with scholars from Argentina, China, Israel, Italy, and Mexico on cross-cultural studies of medical students' personality and performance, physician-nurse collaborative relationship, physician empathy, and collaborative studies of research and statistical methodology.

Government and private grants support many Center studies. The Center serves as the national evaluator for the federally funded Undergraduate Medical

Education for the 21st Century Program (UME-21). The Center began a project in collaboration with the Regione Emilia-Romagna in Italy designed to assist with refinements to the health care financing system within the Region. The AsthmaBus©, a public service education project, in collaboration with the Philadelphia Health Department, Philadelphia School District and the Philadelphia Asthma Task Force was launched in September 2000 and continues to provide asthma screening and education to Philadelphia schoolchildren in a red double-decker London-style bus. Highlights of Center projects follow.

One of the major contributions of the Center is faculty development. Center faculty and staff frequently collaborate with other JMC faculty in research and publication in a variety of medical education and health services research projects....

Medical Education

The Center's medical education projects in the current academic year are organized in the general categories of Outcomes Assessment, Program Evaluation, and Tests and Surveys.

Longitudinal Tracking System

At the end of the academic year Jefferson's Longitudinal Tracking System included academic and long-term career outcome data on 15,777 individuals. Recognized as one of the most comprehensive databases of its kind, it spans all medical school classes since 1964, all house staff at the university hospital since the first intern entered in 1909, and recent house staff at clinical sites throughout the Jefferson Health System. Core data for each physician include demographics, ratings of clinical performance in training and board scores. Follow-up data include career data from the Physicians' Professional Data

files of the American Medical Association and board certification from the American Board of Medical Specialties. The database is also used periodically as a tool for academic management relating to the outcomes requirements of accrediting bodies such as the LCME and ACGME.

Undergraduate Medical Education

Extensive data for 8,336 Jefferson medical students since 1964 comprise the backbone of the Longitudinal Tracking System. In addition to the core demographic and professional data outlined above, data for students include responses to questionnaires at matriculation and graduation, detailed records of academic performance in medical school, and periodic follow-up surveys throughout their professional career. This component supports the Dean's Office, academic committees, internal faculty development efforts and has yielded 110 peer-reviewed publications since 1976.

Graduate Medical Education

In addition to the longitudinal tracking data, Center staff members collect and manage other GME data on behalf of the Senior Associate Dean for Graduate Medical Education. Since 1998 program directors at the university hospital and affiliated sites have submitted annual performance evaluations for their residents and fellows. This annual performance evaluation summary, which is standard across programs, was redesigned in 2001 to address the newly-defined six ACGME competencies. Residents and fellows also submit annual evaluations of the quality of their GME programs on standard forms that cover the university hospital and all affiliated sites. These data are used by the Senior Associate Dean for internal review and for reporting to the ACGME. Near the end of the academic year a new, periodic survey of residents' working hours was being pretested for routine administration in the future.

Study of USMLE Step 1 Test Dates

Center researchers worked with the Offices of Student Affairs and Academic Affairs to determine whether the elapsed time between completion of the second-year curriculum and test date alters a student's score on USMLE Step 1. Total scores for 601 students who completed Step 1 in 1999-2001 were classified into one-week time periods between June 1 and mid-July, depending on test date. Mean weekly scores decreased from a high of 221 in early June to a low of 208 in July. However, analysis revealed that the differences across time, which were statistically

significant, could be explained by predicted performance based on MCAT science, medical school test scores and gender. Students' performance on Step 1 was not affected by the time that passed between completing the pre-clinical curriculum and taking the examination. This study, which provides valuable information that will be used to counsel students about test scheduling, will be presented by Dr. Pohl at the Research in Medical Education Conference during the AAMC annual meeting in November, 2002.

Jefferson Scale of Physician Empathy

Despite the mediating role of empathy in improving clinical outcomes and patient satisfaction, a dearth of empirical research on the topic exists in medical literature. The lack of an operational measure specific to the patient-physician situation is a reason for such research scarcity. Therefore, the Center developed the Jefferson Scale of Physician Empathy, which includes 20 Likert-type items. Psychometric data provided support for construct validity, criterion-related validity, and internal consistency reliability of the scale. Another questionnaire (10 items) has been developed for further validity studies to measure patients' perception of their physician's empathy. The Center is studying the development, stability or changes of empathy during the course of professional education. Several studies on physician empathy have either been published or have been accepted for publication. In these studies in addition to further psychometric analyses, the correlations between scores of the empathy Scale, and ratings of clinical competence, performance on objective examinations in medical school, gender and age have been examined. Also, differences on the empathy scores among physicians in different specialty areas have been studied and changes in empathy scores during undergraduate and graduate medical education have been addressed. A cross-cultural study of empathy among health professionals in the United States, Mexico, Italy, China, and Israel is also being conducted. This project is supported in part by a grant from the Medical Humanities Initiative of Pfizer Inc.

Measurement of Life-long Learning

Medical education is a life-long learning process that must continue throughout a physician's career. Despite the emphasis of the AAMC in encouraging medical schools to ensure that students develop skills and motivation to engage in life-long learning, no operational measure is available to evaluate the extent to which such objectives have been achieved.

With a group of faculty, Center staff developed a tool to measure life-long learning among physicians. Based on a review of relevant literature, and employing a variation of the Delphi technique, the Center developed a preliminary version of a questionnaire (40 Likert-type items) intended to measure attitudes, skills, and activities that are assumed to be indicators of life-long learning. Subsequent to a pilot study with 20 faculty members, a revised version of the questionnaire was mailed to 373 physicians to investigate its psychometric properties. After completing preliminary psychometric analyses, we administered the final version of the *Jefferson Scale of Life-Long Learning* (19 Likert-type items) to over 700 physicians for further validity and reliability studies and for constructing a norm table. Data collection was still underway at the end of the academic year.

Several studies on physician empathy have either been published or have been accepted for publication.

Follow-up Study of African-American Physicians

The purpose of this project is to compare African-American and Caucasian graduates to investigate factors that could contribute to recruiting more minority students. The Center designed a follow-up study of all African-American graduates of Jefferson Medical College (between 1960 and 1995) who were professionally active (n=148). A group of Caucasian graduates, matched by year of graduation, gender and performance in medical school was selected to serve as a control group. A 20-item questionnaire was developed that included items about pattern of practice, professional activities, extent of satisfaction with academic experiences, environment, student-faculty interactions, and financial aid at Jefferson. Respondents were asked if they recommend Jefferson to other minority and non-minority groups, and they were also asked to describe their professional activities that had a positive effect on their community. Results indicate that African-American physicians were comparable with their White counterparts as to their medical careers, professional activities and achievements. Their practice patterns reflected a

greater sense of community need and involvement than did their White counterparts. The African-Americans' sense of dissatisfaction with the social environment of medical school seems to persist during their medical career. The study will be published in *Teaching and Learning in Medicine*.

Assessment of Students' Clinical Experiences

Since 1993 third-year students have been using computer-readable cards in conjunction with a uniform list of ICD-9-CM diagnosis codes to record the clinical features of every patient they encounter. Data have been accumulated on more than 272,000 of these student-patient encounters, including nine years for family medicine, eight years for pediatrics, five years for internal medicine, and two years for surgery and obstetrics/gynecology. These data are analyzed to produce departmental summaries and site-specific reports for annual review with clerkship coordinators, faculty, the curriculum committee and the Dean's Office. A report on this project entitled "A New System for Documenting and Comparing Medical Students' Clinical Experiences," by Susan Rattner, MD; Daniel Louis, MS; Carol Rabinowitz; Thomas Nasca, MD; Fred Markham, MD; Ruth Gottlieb, MD; John Caruso, MD; J. Lindsey Lane, MD; Jon Veloski, MS; Mohammadreza Hojat, PhD; and Joseph Gonnella, MD was published in the medical education issue of the *Journal of the American Medical Association* (September 5, 2001). Beginning with the 2002-2003 academic year data collection will move from paper to hand-held computers. The new system will be introduced first in surgery, with rolling implementation in the other core clerkships. This will reduce the data entry burden on the students, while allowing for expanded data collection and improved feedback to students.

Core Clinical Clerkships

Center staff collect systematic evaluation data from the majority of third-year students to monitor the core clinical clerkships at the University and other affiliated hospitals. Established in 1982, the clerkship database includes students' self-reports of their educational experiences at each site, scores on written examinations, faculty ratings of the students' clinical performance, and student reports of the clerkship's impact on their career plans. Center staff provide periodic reports to supplement the interactive computer graphic system that has been used in small-group sessions to enable the faculty to assess the quality of the educational program across sites.

National Study of HRSA's UME-21 Initiative

The Center continues to serve as the national external evaluator for the federal Undergraduate Medical Education for the 21st Century initiative (UME-21). The four-year evaluation study draws upon the Center's experience in longitudinal tracking, outcomes assessment and multi-institutional data analysis. The UME-21 provided financial support to 18 medical schools that have been modifying their curriculum to better prepare students for careers in competitive health care markets. These changes involve important new topics such as the use of evidence-based medicine, quality improvement and cost-effectiveness. The comprehensive outcomes evaluation plan developed at the Center involves site visits to a sample of schools, analysis of data from the AAMC Graduation Questionnaire and interpretation of other data collected by the schools themselves.

Computer-administered Uncued Tests

A report in the August 2001 issue of *Academic Medicine* entitled "Administration of Open-ended Test Questions by Computer in a Clerkship Final Examination" presented the findings of a five-year study of computerized testing. Development in this area has been a result of close cooperation with the Department of Surgery, where uncued test items have been used for over a decade, and Family Medicine, Medicine and Obstetrics/Gynecology which now use similar systems. The tests are scored immediately after the testing sessions in Surgery and Family Medicine so that the clerkship directors can use computer projectors to discuss the results of the test with students.

Test Scoring, Item Analysis and Surveys

Center staff scanned, key-validated, scored and analyzed 525 written examinations and evaluation questionnaires during the academic year. Faculty use a variety of testing approaches, such as multiple-choice, extended matching and uncued tests, depending on the content being assessed.

The Center conducts a variety of periodic surveys using its expertise in optical character recognition (OCR), a scanning technology that recognizes handwritten letters and numerals, and optical mark recognition (OMR), the familiar "bubble" marks used for multiple choice examinations. Special projects during 2001-2002 included the annual satisfaction survey (Snapshot Survey) of the student body and three separate surveys of the faculty related to

research activities, professional career development and a needs assessment for faculty development in support of teaching.

Health Care Projects

The Center's projects in the current academic year are organized in the general categories of Health Care Financing, Quality and Outcomes of Care, and Asthma Education.

Hospital Financing in Italy

A per-case DRG-based hospital financing system modeled after the U.S. Prospective Payment System for Medicare was implemented in Italy in 1995. Recent legislation provides for the refinement of the DRG-based financing system to identify potentially inappropriate admissions to acute care hospitals. The Center is collaborating with the Regione Emilia-Romagna, a region with a population of approximately 4 million, to develop models of potential changes in the DRG system using Disease Staging to account for differences in the severity of illness with incentives for more appropriate use of acute inpatient and outpatient facilities. In addition, the potential impact of the alternative financing systems on the Region and individual hospitals will be assessed.

Clinical Benchmarking

Center staff are collaborating with physicians and management staff of "A. Gemelli" Hospital, the teaching hospital of Università Cattolica del Sacro Cuore in Rome, Italy in the design, analysis and presentation of clinically relevant hospital benchmarking reports. Disease Staging is used in reports that take into account patient severity of illness while measuring quality and resource use outcomes. Four surgical and five medical diseases were selected that were treated in multiple departments, occurred with high frequency, and had high resource use. Initial analysis has shown that, while controlling for stage of disease and principal procedure, there is a significant inter-departmental variation in mean length of stay for specific diseases. Preliminary results were presented to the management and medical staff of Gemelli in Rome. Future work will explore how internal organizational features affect departmental performance and patient outcomes and how patterns of care have changed over time.

Risk Adjustment and Population Based Fi-

Financing of Health Care

In the Italian health care system, funds are allocated from the 21 regions to geographically defined local health units and health districts which have the responsibility of providing health care services to the residents of the district. Using demographic data, hospital discharge abstract data (both inpatient and outpatient), and pharmaceutical data from the Regione Emilia-Romagna along with the Disease Staging system, the Center is developing a "risk adjustment" system that can better predict future health care needs of a population based on historical use of services. In addition to refining the financing systems, Italian regions and local health authorities can use these models for planning an appropriate mix of services for the populations served.

We developed the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration. This scale (15 Likert-type items completed by health professionals) is supported by psychometric evidence and can be used as a research tool.

Jefferson University Physicians: Clinical Profiles

This project is developing and implementing a quality evaluation and feedback system for the physician participants in Jefferson University Physicians (JUP) using evidence based clinical practice guidelines. Diagnoses to be analyzed were selected based on frequency of occurrence in the JUP patient population. Physician profiles are designed to assess clinical responsibilities (assessment of risk factors, accuracy, specificity and timeliness of the diagnosis, appropriateness and timeliness of treatment provided, and management of co-morbid conditions); educational responsibilities (information provided to patients and their families is appropriate, accurate and understood); and economic responsibilities (resources used). Data for these profiles come from a variety of sources. Patient data are drawn from the TJUH Clinical/Financial Management System

and the LASTWORD lab system supplemented by chart review data. TJUH data have been compared to regional norms from the University Health System Consortium and internal comparisons have been made among JUP and non-JUP faculty and among clinical departments/divisions treating similar types of patients.

Relationships between Primary-Care Physicians and Mental-Health Specialists

The Center is collaborating with researchers at Geisinger Medical Center in a study funded by the Geisinger Research Foundation on the collaborative relationships between primary care physicians (PCPs) and mental-health (MH) specialists. This relationship is hypothesized to have a major impact on mental health care delivery, quality and cost. A survey of more than 300 PCPs regarding their collaborative and referral relationships with MH specialists found three statistically independent factors: quality of collaborative relationship (PCP satisfaction, perceived access, use of different MH/PCP consult modes); PCP attributes and attitudes (PCPs' personal preference and training to treat MH patients; and frequency of relationship (frequency of MH referral and consultation). The research team is now investigating whether there is a relationship between these three collaboration factors and costs of outpatient, inpatient, and emergency room care.

Studies of Physician-Nurse Collaboration

Inter-professional collaboration is important for improving clinical outcomes, increasing patients' satisfaction, and containing the cost of health care. Current emphases in education on teamwork and inter-disciplinary approaches, and efforts to promote a strong inter-professional alliances, call for an operational measure of attitudes toward physician-nurse collaboration with satisfactory psychometrics. We developed the *Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration*. This scale (15 Likert-type items completed by health professionals) is supported by psychometric evidence and can be used as a research tool. Several studies in which this scale was used have been published. The scale has received positive attention, indicated by the number of requests to use it in the United States and abroad. The scale, which has been translated into Chinese, Hebrew, Italian, Spanish, and Turkish, is currently being used in studies on inter-professional collaboration by international researchers. In a multi-national study prepared for publication, we compared 2,522

American, Israeli, Italian, and Mexican physicians and nurses on their scores on the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration. Also these groups were compared on four underlying factors of the Scale (shared education and team-work, caring as opposed to curing, nurses' autonomy, and physicians' dominance). The two "hierarchical" and "complementary" professional roles models were addressed in this study based on cultural similarities and differences.

Outcomes Assessment at Jefferson's Center for Integrative Medicine

Since the opening of Jefferson's Center for Integrative Medicine in September 1998, the Center has collaborated in the development of a research database for studying the general health outcomes of patients, and for the evaluation of complementary therapies. Patient responses to initial and follow-up health status forms (SF-36) are linked with clinical data and used to assess changes over time and provide information for future analysis of specific therapies.

Multidisciplinary Team Approach to the Management of Sickle Cell Disease

The Center is working with clinicians in the Department of Internal Medicine at Thomas Jefferson University Hospital and Albert Einstein Medical Center to develop a multidisciplinary approach to caring for sickle cell patients in Philadelphia. This program will improve the clinical management of the patients in the home, office, emergency room and hospital settings. It will also improve the ability to evaluate the psychosocial needs of patients, increase the capacity to provide services to address those needs, develop the capacity to assess the vocational skills of patients, and develop a program to address skill deficiencies.

Diabetes in the Continuum of Care

Center researchers are working with physicians and other providers at the Virgin Island Medical Institute to develop, refine, and test a case management educational intervention for adults with diabetes in the Virgin Islands. The study design includes case management alone, as well as case management within a home care program with the goal of improving a patients' knowledge about their condition and motivating them to adhere to providers' instructions, which in turn will improve overall patient health. The project examined whether a six-month case management intervention had an impact on patient knowledge, hospital re-admission, and patients' clinical

indicators. Improvements were seen between baseline and follow-up measures for regular care practices, general health and social activity, and diabetes control. Patient education, self-reported understanding, and factual knowledge about diabetes all increased along a number of dimensions through these programs. In both groups, mean overall knowledge scores improved significantly, by over 100%.

Mental Health of Korean Immigrants

This is a study of the well being of middle-aged Korean immigrant women who have the responsibility of care giving, as well as the burden of acculturation problems. Studies of Asian American parental caregivers are rare. In addition, there are no empirical studies that deal with the interaction of stress in adult Korean American children associated with the immigrant experience and acculturation and its impact on parental caregiving. Interview instruments that measure dimensions of physical and mental health, acculturation stress, coping skills and social support, have been developed for use in this ethnic Korean population. This pilot project will test sampling, recruitment, and interviewing procedures in a Korean population; determine the adequacy and clarity of the instrument; and measure the psychometric properties of the instruments. This project has received pilot funding through a Geriatric Leadership Award to Jefferson's Senior Health Institute from the National Institute on Aging.

Asthma Prevalence in Philadelphia Minorities

The prevalence of asthma and the psychosocial factors related to its severity are being studied as part of a two-year grant from Integrated Therapeutics. Initial screening of 3,300 children from nine Philadelphia schools serving poor minority communities has been completed. This part of the project revealed self-reported prevalence as high as 23 percent. But the presence of asthma symptoms in as many as one-third of all children was also uncovered, and only half were aware of having the disease. The second stage implements a multi-layered series of educational interventions to reduce school absenteeism and improve academic performance. Presentations were given at the international meetings of the American Thoracic Society and the American College of Chest Physicians.

The AsthmaBus©

This public service education project is being conducted in collaboration with the Philadelphia Health Department, the Philadelphia School District, and the Philadelphia Asthma Task Force. Its aim is to increase asthma awareness among Philadelphia schoolchildren, and to provide screening for this disease. The project is supported by a grant from Glaxo-Wellcome, and relies on a double-decker London-style bus remodeled as a moving asthma exhibit. The exhibit features a set of cartoon characters, the AsthmaBusters©, created by Joe DiDomenico of the Jefferson Marketing and University Graphics Department. The bus had its official inauguration on September 11, 2000 and commenced operations immediately afterwards. TJU has received support from the Center for Disease Control and Prevention to use

the bus for mapping asthma prevalence in Philadelphia public middle schools, and for carrying out the evaluation component of the AsthmaBusters educational program. This CDC grant, one of four awarded nationwide, will be carried out in collaboration with the Philadelphia School District. The Bus has so far screened a total of 70 middle school, in addition to have so far been surveyed, in addition to participating in 32 Health Fairs.

Teaching Activities

Center faculty and staff continued to teach in the Biostatistics and Health Policy courses for medical students, and were also involved in the training of residents and fellows throughout the academic year.

Joseph S. Gonnella, MD

Director

Daniel Z. Louis, MS

Managing Director

J. Jon Veloski, MS

Director, Medical Education Research

Mohammadreza Hojat, PhD

Director, Longitudinal Study

Office of Animal Resources

The Office of Animal Resources provides professional oversight and management of the University's laboratory animal care and use program, including all research and educational activities using laboratory animals.

Guidelines for Humane Care

Animals used in research must be provided with humane care and an environment conducive to their welfare for both ethical and scientific reasons. The Office oversees a comprehensive animal care and use program designed to provide this in support of the research mission of the University. It is responsible for management and operation of centralized animal-research facilities of 39,000 square feet located at four campus sites. Daily care of laboratory animals is provided by a staff of animal caretakers and technical personnel. The veterinary-care program is overseen by two veterinarians with special training and credentials in laboratory animal medicine.

The Office provides professional guidance and administrative support to the Institutional Animal Care and Use Committee (IACUC), which is charged with reviewing all research protocols involving laboratory animals. The Office's goal and legal obligation are to ensure that all activities involving laboratory animals are carefully reviewed and conducted in accordance with the highest standards of humane care for the animals used by its scientists in pursuit of medical advances. Currently, 503 protocols have an "Approved" status, with 166 Principal Investigators associated with these protocols.

Occupancy

Approximately 99 percent of the animals used in research are rodents, a percentage that reflects the national trend for species used in biomedical research and education. Our occupancy has grown 13.4 percent over the past fiscal year. Our average occupancy for the 12-month period ending 6/30/2001 was 7,689 cages. Our average occupancy for the 12-month period ending 6/30/2002 was 8,725 cages.

Accreditation

The animal care and use program and facilities at Jefferson are accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC International). Accreditation is recognition of the high standards maintained by Jefferson. Jefferson received notification of continued Full Accreditation on July 8, 2002 following a comprehensive site visit in February. We also receive periodic unannounced inspections by the United States Department of Agriculture to enforce the provisions of the Animal Welfare Act.

Preparing for the Future

The increase in animal census and research volume poses challenges for the future. Plans are under way to accommodate the anticipated growth in the numbers of transgenic animals and to meet the growing research programs at Jefferson. Jefferson has committed significant capital resources that are necessary to allow for this growth in research. These are targeted to facility improvements and renovations, purchase of a new industrial autoclave for the transgenic barrier in the Bluemle Life Science Building and modern ventilated housing units for valuable transgenic rodents. This commitment of resources will allow us to continue to expand and meet the needs of scientists for the next few years. Increased costs for animal research and maintaining adequate funding through grants for important projects are significant issues for the scientific community. The Office continues to find ways to operate efficiently, reduce costs and maintain high animal care standards as mandated by federal law and accreditation requirements.

Peter L. Jepsen, DVM

Director and University Veterinarian

Academic Information Services & Research

Introduction

The functional units of AISR include: Scott Memorial Library, Learning Resources, Medical Media Services, and Education Services. The last year was very active for all of these units, but the most change was experienced in Learning Resources. This division, which is responsible for managing the university's public computer labs and learning resources centers, experienced growth in its areas of responsibility. These included the absorption of the College of Health Professions Learning Center, the integration of the Clinical Simulation Center into the unit, expanded responsibility for multiple study areas across the campus, and significant support for the new Clinical Skills Assessment Center.

The most pressing issue confronting the Scott Library is the need for space. A study by an outside consultant has concluded that the Library has made the best use of the space it was assigned in 1970. The Library has now reached 95% of its total shelf capacity. The recommended maximum is 85%. Print materials still constitute an important part of the Library's collections, even with the continuous increase in electronic access. During 2002 the Library's collection will exceed 200,000 volumes occupying a space designed for 125,000 volumes. In addition, there is a clear need for increased space to house technologies, anatomical models, software, etc. that are needed by all three colleges' students and faculty. Fiscal year 2002-2003, with the review the University will conduct in preparation for Middle States accreditation, is an ideal time to commit to a resolution of this persistent problem.

Learning Resources/Learning Infrastructure

During the early part of the year the Learning Resources department was created to manage the broad resources available for teaching and learning. The position of Director of Learning Resources was created and Martha Ankeny was recruited to fill that position.

A number of new and important projects were initiated. Based on concerns about the overall study environment on campus, new study spaces were created around the atria within Jefferson Alumni Hall. Tables, study chairs, whiteboards and lounge

seating was selected and installed on multiple floors. Additionally, a total renovation of the Siegman Study Lounge on the first floor of Jefferson Alumni Hall was accomplished and new furnishings were added there as well. Computers were installed in the new Medical Student Lounge. AISR initiates daily rounds to visit all of these sites and ensures that furniture and the facilities are clean and in order.

AISR staff spent considerable time in creating the new Clinical Skills Assessment Center in the Sheridan Building. It donated ten computers to the facility for the use of the standardized patients in the exam rooms. Staff also worked closely with an outside vendor on the selection and installation of hardware for videorecording, including a central recording facility/control room. Ten laptop computers were imaged for use by students. Staff spent considerable time in support of the initial phases of using the Center for student training and testing.

AISR has assumed responsibility for the Medical Simulation Center in the Sheridan Building. The newest addition to the resources there now includes 'Harvey' a cardiovascular simulator from the University of Miami. An Advisory Committee on Simulation is being formed and will include representatives from the Dean's Office, GME, CME and several clinical departments. Staff is working closely with the faculty and staff of the Clinical Skills Center to capitalize on the synergy between the two units. In support of clinical education AISR has significantly increased its collection of clinical and anatomical models for use by both faculty and students.

In an effort to reduce the University's overall costs the Jefferson College of Health Professions' Learning Resources Center has been merged into AISR. This facility, on the thirteenth floor of Edison, includes a computer lab and audiovisual software/hardware. Now named the AISR Edison Learning Resources Center, it will be marketed more widely to the entire university, and its policies and operations will be consistent with the other AISR public facilities. The addition of this lab brings the total number of publicly available computers to nearly two hundred.

Education Services

AISR staff conducted 48 workshops and nearly all of these had waiting lists. Working with the Office of Faculty Affairs, Education Services designed workshops around the topic most requested by faculty: Power Point. Specialized workshops focused on the broad aspects of this software as well issues relating to the quality of images, graphics, etc. Faculty have also responded well to the call for creating more dynamic lectures and learning experiences using other technologies, including the new audience response system and how to use the Blackboard CourseInfo system.

AISR completed development of a comprehensive multimedia review of cardiovascular medicine in accordance with the guidelines of the American Academy of Family Medicine. This project was completely supported by Bristol Myers Squibb. Jefferson faculty and national experts participated in providing the content, AISR staff managed the product and produced all of the software. TJU/JMC is identified as the author on the packaging. Forty thousand copies were made and were distributed nationally. BMS has expressed strong interest in producing an update to this product in the next year.

Lippincott-Williams and Wilkins reviewed the AISR-produced program: *The Patient Encounter: Infant History and Exam*. Their Board has now agreed to market this program and to advance funds for the development on the next part of the series: *Adolescent History and Exam*. It is anticipated that other parts of the series will be produced during the next several years.

Education Services staff developed a number of other software products during the year. These included *Essential Histimages*. This program includes a core image set used during the microscopic anatomy course. It has been made freely available via a Web download. The European publisher Hodder is also marketing a version of this. A Palm version of the *Pathology Q and A* was designed and released by a third party for download/sale over the Web. Also, Education Services staff produced a database for tracking standardized patient encounters in the Clinical Skills Assessment Center.

Scott Library: The Print Collections and Electronic Resources

The Library continued to invest in resources in an electronic format. This allows for the greatest access:

in offices, at home, in the hospital/ambulatory sites, etc. A brief inventory of these changes include:

- The addition of the *Web of Science*, providing a massive compilation from several parts of the Science Citation Index
- Full text version of *Hurst's The Heart Online*
- *Annals of the New York Academy of Medicine*: A five year file of this major journal
- *Wiley Online*: full text electronic access to twenty-nine electronic journals
- *Current Opinion*: full text access to twenty-four journal titles from Lippincott
- *Annual Reviews*: full text to nineteen biomedical titles
- *Ovid Open Links*: this provides links from the bibliographic citations to the full text of e-journals to which Scott Library subscribes

With these new additions and previous acquisitions the Scott Library now offers over one-thousand titles in electronic format. Not only are these titles available via the interface of individual publishers, but also through the Ovid search system as well as the National Library of Medicine's PubMed services.

Overall, the number of journal subscriptions decreased slightly to 2,023. Included in this number are 47 titles which the Library receives in exchange for providing access and some services to local publishers: Lippincott, Hanley and Belfus, and Saunders. The value of these donated subscriptions is \$32,000.

The number of books added was 2,076. This, combined with the addition of bound serial volumes leaves the current collection at 197,816, a 2% overall increase over the previous year. Although the Library continues to add electronic resources, for a variety of reasons print still plays an important role in providing support for education, research and patient care.

JEFFLINE

During the year, ten monthly issues of the JEFFLINE Forum were made available. This resource features short articles on new and interesting services, databases, etc. which are available through AISR.

A key approach for JEFFLINE is to use 'communities' as entry points. These allow users to select a perspective from which to view the

wide variety of available resources and services. During the year several new communities were created. Staff worked very closely with nursing staff in TJUH to create a unique perspective for floor nurses. The group continues to meet to add and edit this resource. A committee of physicians was also formed to refine the 'clinicians' community. This group not only considers databases, e-books and e-journals, but is also reviewing software that assists in making diagnoses and suggesting treatments. Other communities that have recently been created include: Einstein @ JEFFLINE and Methodist @ JEFFLINE. During the new year a new community will also be created for the duPont Hospital for Children. All three of these hospitals subscribe to JEFFLINE electronic resources.

Classroom Support/Media Services

A number of new classroom technologies were installed and implemented during the year. These included the audience response system. A number of transceivers and over 200 handheld devices were acquired for use in any location. Faculty demonstration sessions were held and AISR staff provided support through training and data entry. During the year 25 sessions utilizing this technology were conducted, and it is quickly becoming very popular with both students and faculty to achieve more interactive classroom teaching. Similarly, a new system was acquired and installed which allows faculty to transmit heart and lung sounds through a wireless transceiver that students listen to through individual receivers.

Medical Media Services (MMS) provided direction and oversight for the design and installation of a new digital recording system in the Clinical Skills Center. This system employs both digital/CD recording as well as an analog tape back up. MMS staff will continue to be engaged in the recording sessions that will take place during student and resident interactions with patients in both the Clinical Skills and the Simulation centers.

A total of 51 videoconferences took place during the year. These included the bimonthly conferences for the department of Pediatrics with the duPont Hospital for Children, monthly conferences for the Neonatology Department with Christiana, two Jefferson Health System multipoint conferences for the Surgery Department, and a regional multipoint conference for Southeastern Pennsylvania AHEC.

Special Projects for AISR

AISR staff began a follow-up to its previous study of faculty publications and citations. Data has been acquired for all TJU publications from 1981-2001, all citations by other authors of these papers, and comparable data for the leading 100 universities in the country. This data is being analyzed for trends, and a detailed report will be produced during the next fiscal year. This will be the third edition of this study that was originally undertaken in 1995.

AISR staff continue to provide leadership for the Community of Science project for the University. This national database provides information on the research interests of faculty and their key biographical data. It also 'pushes' information about funding opportunities to faculty based on their research profiles.

Goals

A few of the major goals that AISR will approach in the coming year include:

- Work in collaboration with the faculty to acquire appropriate simulation technology that will support the clinical training needs of the University and Hospital.
- Integrate the Learning Resources Center in the Edison building into the academic activities of the University. This includes better use of the facility for post-clerkship testing of medical students, and developing a synergistic relationship with the Clinical Skills Center across the street in the Sheridan Building.
- Work on the planning for the new Research and Education Building and assure that the further development of facilities in the Scott Building complement it.
- Continue work with the physicians involved in the JEFFLINE 'Clinician's Community' to assure that resources are relevant to the clinical care needs of the Hospital and Jefferson University Physicians.
- Continue to investigate student needs for study space and find short and long term solutions that address these.
- Continue work with the Office of Faculty Affairs to develop and offer training programs that improve the presentation and teaching skills of all TJU faculty.

Edward W. Tawyea

Director, AISR and University Librarian

Alumni Association

Seven regional receptions and/or dinners were held for alumni in 2001 and 2002. On September eighth a cocktail reception was held at the home of Dr. and Mrs. Morton Schwimmer '51 in New York City for alumni, postgraduates, and faculty. Special guests were James M. Delaplane '64, President, JMC Alumni Association and Phillip J. Marone '57, Executive Director of the Alumni Association and Associate Dean for Alumni Relations. A reception and dinner were held on September 21 at the Fox Hill Country Club in Exeter, Pennsylvania for alumni, postgraduates and faculty in the Wilkes-Barre/Scranton area. Special guests honored at this event were Paul C. Brucker, MD, President, Thomas Jefferson University; Clara A. Callahan, PD '82, then Senior Associate Dean, Admissions and Student Life; Dr. Marone and Dr. Delaplane. The hosts for this event were Stephen E. Pascucci, Sr. '48 and Nicholas J. Ruggiero '66. On October 19, Jefferson alumni, postgraduates, faculty and students from the Lehigh Valley area were invited to a cocktail reception in Bethlehem, Pennsylvania. Special guests were Thomas J. Nasca '75, Dean of Jefferson Medical College; President Delaplane, and Dr. Marone. Craig T. Haytmanek '72 was the host for this event.

Dr. and Mrs. Jay M. Grodin '65, Potomac, Maryland, hosted a reception for alumni, postgraduates, faculty and students from the area in their home on October 27. Special guests were Dr. Callahan and President Delaplane.

The JMC Alumni Association and Dr. Marone hosted a cocktail reception for alumni, postgraduates, faculty and area students and their parents at Tavistock Country Club, Haddonfield, New Jersey on November 30. President Brucker and Dean Nasca were invited as special guests.

A cocktail reception and dinner at the Wilmington Country Club, Wilmington, Delaware hosted by Joseph F. Kestner, Jr. '68 was held on April 5, 2002. Special guests were Dean Nasca, Dean Callahan and President Delaplane.

On April 20 alumni, postgraduates, faculty and area students from Harrisburg, Pennsylvania were invited to a cocktail reception and dinner held at the National Civil War Museum. Special guests were Dean

Callahan; President Delaplane; and James W. Fox IV '70, Chairman, Annual Giving Fund Committee. Raymond C. Grandon '45 was the host.

The Alumni Association sponsored the following student programs this year: Freshman Family Welcome, Freshman Reception (Beef, Brew & Tofu), First and Second-year Student Mentor Program, Senior Host Program and Senior Reception for graduating students.

At the Opening Exercises in August, the Alumni Association presented the incoming freshmen with their white coats. Fifteen members of the first-year class were invited each week to a breakfast held in Eakins Lounge. The students met with Dr. Marone and members of the Executive Committee of the Alumni Association. The Alumni Association provided bagels to the first- and second-year medical students when they took final exams.

The fifty-fourth Annual Giving campaign raised \$1,942,381.54 for Jefferson Medical College.

The Career Day Program for the second- and third-year students was held on two days. On the first day, alumni spoke to the students, giving them an overview of medical specialties, an introduction to the match procedure and an insight into 35 medical specialties. On the second day, residents and fellows from TJUH spoke with the students, giving them an inside view of life as a house officer in various specialties.

The Parents' Day Program was held for the second years with class-style presentations by JMC faculty, featuring a welcome by the President of the Alumni Association and a talk by the President of the Medical Staff. At the luncheon, President Brucker and Dean Nasca presented reports on developments of the University, and the program concluded with a tour of the Jefferson campus.

At the Annual Business Meeting on April 25, President Delaplane passed the gavel to incoming president, Wilfreta G. Baugh '79. The slate of officers elected was: president-elect, Pauline K. Park '82; vice presidents, James W. Fox IV '70, Barbara G. Frieman '80 Joseph A. Riggs OBG '64 and Walter F. Wrenn '74; secretary, Lorraine C. King REN '77; and treasurer, John R. Patterson '54.

Newly elected members are: James T. Fitzpatrick '91 (Cardiovas.Dis.), Andrew C. Goldstone '85 (OTO), Farid I. Haurani IM '56, HEM '58 (IM,HEM), Malcolm Kates '59 (IM), John H. Marks '89 (Colo/Rect.Surg), Janice E. Nevin '87 (FP), Pamela Atkinson Polise '93 (ANES), and Martha Lynn White '96 (FP). Honorary Membership in the Alumni Association was given to Murray Jay Cohen, MD (SURG), Carlo M. Croce, MD (Micro-Immun), Richard N. Edie, MD (SURG), Gerald Litwack, PhD (PHARM), and George L. Spaeth, MD (OPHTH).

In June, Dr. Baugh welcomed the first-year postgraduates to Jefferson at their orientation, and a Jefferson mug was given to each new resident as a gift from the Alumni Association. All house staff members now receive the quarterly *Alumni Bulletin*.

During the American Medical Association annual meetings in 2001-2002, receptions for alumni were held in San Francisco, CA on December 1 and in Chicago on June 15. Jay A. Nadel '53, Professor of Medicine and Physiology, UCSF and Senior Investigator for UCSF Cardiovascular Research Institute was a special guest at the December 1 reception. Dr. Callahan and Dr. Marone were honored guests at the June 15 reception. William V. Harrer '62 and Joseph W. Sokolowski, Jr. '62, past-presidents of the Alumni Association, were hosts of these receptions. Joseph A. Riggs OBG '64, AMA Trustee, was also a host at the December 1 reception.

The Alumni Association opened its Reunion Week-end with the Alumni Banquet, which was held on the evening of June 7 in Jefferson Alumni Hall. President Baugh presided over the ceremonies. President Brucker reported on the State of the College and University. The fifty-fifth and fiftieth reunion classes were recognized. John J. Gartland S '44 presented the Alumni Achievement Award to Charles K. Francis

'65.

On Saturday, June 8, programs included the Women's Forum Breakfast, Retirement and Estate Planning for Physicians, and an Eakins Gallery presentation. Twelve reunion clinic presentations were given, including one by Lorraine C. King REN '77 who spoke for the postgraduate alumni. The Joe Henry Coley '34 lecture and twenty-fifth Reunion Clinic presentation was given by Cynthia L. Sears '77 who presented "Snapshots of What's Hot in Infectious Diseases."

The Saturday afternoon program began with the Dean's Luncheon. President Brucker offered a few words of welcome. Dean Nasca welcomed alumni and guests and introduced the program. He presented slides to the alumni and guests showing his plans for the proposed educational and research building, hoping to accomplish his plans with help from the alumni. Following the luncheon, the medical students conducted campus tours. Class reunion dinners were held in Jefferson Alumni Hall and at various sites around the city during the evening. For the first time, a reunion dinner was held for the postgraduate alumni.

The Jefferson Medical College *Alumni Bulletin* is published four times per year and mailed to alumni, postgraduate alumni, faculty, house staff, students, parents, widows and widowers of alumni, the Board of Trustees, the Women's Board and friends of the University. It is also available in electronic format on the World Wide Web. Numerous university departments use extra copies for promotional purposes.

A ballot for Alumni Trustee was included in the March issue of the *Alumni Bulletin*, which was sent to all alumni. Charles J. Stahl, III '56 was elected Alumni Trustee to serve a three-year term on the Board of Trustees. John J. Gartland S '44 completed a second three-year term as Alumni Trustee.

The fifty-fourth Annual Giving campaign raised \$1,942,381.54 for Jefferson Medical College. This was a wonderful display of generosity and loyalty by our alumni, faculty and friends.

Phillip J. Marone, MD

Associate Dean for Alumni Relations

Management Efforts

This year Jefferson University Physicians (JUP) recruited a new Executive Director, John Ogunkeye. Mr. Ogunkeye came to Jefferson from Morehouse College in Atlanta, Ga. where he was the Executive Director of the practice plan for five years. Prior to that Mr. Ogunkeye worked at several of the top academic medical centers throughout the United States in key administrative positions.

During this past year, the Advisory Committee was reintroduced as a mechanism to communicate with the faculty on key issues and initiatives within Jefferson University Physicians. These meetings were held on a quarterly basis with physician representatives from each department.

Business Initiatives

In response to a need to expand patient access for radiology services, a new joint venture LLC was formulated with Outpatient Imaging Affiliates (OIA), a management firm from Kentucky. This venture will provide a new full-service ambulatory radiology facility on the ground floor of Walnut Towers. This initiative is a collaborative effort of TJU, JUP, TJUH and OIA, and the first patient is expected to be seen in November 2002.

A contract was signed with Allscripts to implement utilization of hand held PDA devices for charge capture, dictation/transcription, e-prescribing and order/results. The first component involves a pilot for charge capture in the inpatient environment with subsequent deployment of the remaining features through FY'03.

The Second Annual JUP Golf Classic was once again a resounding success with 213 golfers playing on two courses at the Philmont Country Club in Huntingdon Valley, PA. This year's event was held again at the Philmont Country Club on Monday, August 12th.

Physician Business Services

The Physician Business Services (PBS) area saw the successful recruitment of key management positions in the past year. With the new leadership, there has been a concentrated focus on the improvement of communication between the departments and business services to facilitate the revenue cycle. In addition, performance standards were established, bench-

marking both staff performance and revenue cycle statistics against industry norms with positive trends realized throughout the fiscal year. These efforts can largely be attributed to the management team as well as software to assist with tracking and monitoring accounts receivable activity.

Additional initiatives are underway for FY'03 which will further enhance collection efforts including the implementation of Claims Manager, an IDX software module. This software analyzes claim data prior to submission to the payor. With this initiative, PBS management will work with department representatives to define claim edit criteria for each of their specialties, with the expectation of reducing third party denials associated with coding and, therefore, enhancing the revenue flow.

Finance

JUP faced a significant challenge in FY'02 in that the cost of insuring its physicians for malpractice rose by nearly 85 percent. The physicians took on the challenge by increasing clinical efforts, resulting in increased in-patient services revenue of nearly \$8 million. The sharp rise in the cost of professional liability insurance was felt by the entire faculty, but had a more significant impact on several departments who struggled financially throughout the year, requiring additional support from the College to break even from operations. The JUP Management team worked closely with those departments during the year, assisting in the implementation of physician productivity strategies as well as cost reduction plans where necessary.

Throughout the year, the JUP Management team focused on the task of developing key management reports to all levels of management including the Board of Directors, chairmen and departmental administrators. Specific focus was placed on the developing reports that would be useful to department chairs in understanding the financial picture of JUP as an entity as well as this department and the other departments within JUP. Specifically, calculation of the clinical FTE and RVU productivity was reported for each physician and presented to all Chairs. Bottomline information was shared for the first time across the entity.

Financial policies were put in place to insure that JUP departments would be responsible for all practice-related expenses. Reports were developed that showed the budgets of the administrative cost centers and the funding of those expenses.

In preparation for mission-based management, both TJUH and JMC developed formula-driven funds flow allocations to the departments. Allocation of support was calculated based on each department's relative effort for teaching, administration and medical leadership.

Health Plan Services

Through improved communication with the major payors in the Philadelphia market, JUP has begun to differentiate itself as the premier physician group at Jefferson, providing quality health care. This communication has opened the way to potential opportunities for partnership strategies and renegotiation with these payors.

JUP's Clinical Care Committee has embraced the utilization profiles completed by Jefferson's Center for Research in Medical Education and Healthcare. At the recommendation of the Committee, the first two reports, which compare practice patterns in the treatment of Asthma and COPD (Chronic Obstructive Pulmonary Disease), have been used as feedback mechanisms to the JUP Departments identifying best practice patterns. Several reports on additional diagnoses are in process for the upcoming year.

The Managed Care Subcommittee has been successful in setting the contracting strategy. A new contract was signed with Keystone Mercy Health Plan; this completes JUP's participation with all of the Medicaid plans in this market. With TPA (Third Party Administrator) plans, the strategy to renegotiation at standardized rates has maximized the reimbursement for JUP when the client companies access JUP through the various contracted TPA plans. There were several decisions to terminate contracts where contract terms that JUP considered critical would not be negotiated by the payor.

The physician enrollment/credentialing process continues to be improved by increased communication with payors regarding data requests and feedback on timelines. Expanded access internally through database technology has decreased the work effort of staff in accessing time sensitive data.

The JUP Web site has a fresh new look featuring a JUP physician search, an overview of our Jefferson Corporate Health program as well as general information about JUP. The JUP Intranet Web site provides internal access to provider profiles and plan participation. Plans are underway in building a

Central Payor Bulletin Library for reference by our internal office staff.

Practice Operations

Several initiatives were implemented this year to facilitate training and ongoing education for practice personnel. In addition, the development of online training courses, including an insurance in-service and training on the IDX Web version, are available on the University Jeff Pulse Web site. This enables staff to participate in a course through a virtual classroom at their own schedule and at any location. Additional courses are under development for deployment in FY'03. These include a Practice Management course for office manager and supervisors, which will provide general information about Jefferson University Physicians and provide information on the features of the IDX system to assist with monitoring and enhancing practice operations. Materials from all current and future courses will be maintained on the Web site for staff to reference.

Another new initiative this year was the development of a newsletter to communicate information to practice staff. Information on the IDX system, insurance updates including the status of new or cancelled contracts, and news on HIPAA regulations are several of the features that are included in this bimonthly newsletter. Employee response has been very positive.

In addition, new software modules were deployed this year including an upgrade to the latest version of the IDX system as well as the rollout of the Web version of IDX. The enhancements with the upgrade and the user-friendly design of the Web version are both expected to add to the value of the system.

Finally, operational reviews were conducted in several departments to assist management with analyzing workflows, staff assignments and opportunities for optimizing revenue.

Planned initiatives for FY'03 include the formation of a Registration Steering Committee, a joint initiative with representatives from JUP and TJUH. The group's focus will be on the quality and standard elements of demographic and financial information collected by both entities. It is anticipated that this effort will insure accurate data collection and communication between the entities.

Joseph L. Seltzer, MD

Vice Dean for Clinical Affairs

Planning and Financial Operations

The financial operations of Jefferson Medical College for fiscal year 2001-2002 were \$100,000 better than budget. College operations reflect the net outcome of the Jefferson University Physicians' (JUP) activities, which have a separate annual report as a complement to this.

Excluding the JUP results, the College was \$745,000 better than budget. This outcome was accomplished in spite of significant financial issues in the department of Obstetrics and Gynecology, restructuring of the Department of Urology practice and new activities in the Department of Surgery. In addition, the Medical College embarked upon a program of early retirements, the cost of which were reflected in the 2001-2002 fiscal year. They were reflected in the 2001-2002 fiscal year.

The College was successful in constraining expenditures throughout the year by \$1 million excluding grants and contracts and JUP underwriting. These savings represent the efforts of many departments. Research expenditures were approximately \$16.4 million above last year and \$4 million above budget.

The proposed Operating Budget for fiscal year 2003 reflects a significant change in the budget process. A coordinated planning process was developed with Thomas Jefferson University Hospital with program decisions and resource allocations being made on a joint institutional basis. In addition, both the Medical College and Hospital began implementation of mission-based budgeting philosophies for 2003. These mission-based activities will be further developed over the next two years.

The proposed operating budget for fiscal year 2003 reflects a 7% increase in operating expenditures for fiscal 2002 budget. This increase incorporates an overall 3% merit pool (deferred until November 1, 2002) increase for faculty and employees, continued support for developmental costs in Surgery and commitments to the new chair of the Department of Medicine.

Budgeted revenues are increasing approximately 8.6%, for a budgeted operating loss of \$1.9 million next year. This budgeted loss is \$3.4 million less than the budgeted loss for fiscal year 2002.

In addition to achieving this significant bottom line improvement, the Medical College and JUP have absorbed substantial increases from professional liability as well as increases from University corporate service activities.

Coordinated efforts with Thomas Jefferson University Hospital resulted in an agreed amount of support in three categories: graduate medical education, medical leadership functions performed by College faculty, and specific program developmental and transition funds.

Tuition for medical students continues to be in the mid-level of private medical schools in the United States.

Space Management

In fiscal year 2002, the major space planning was a continuation of efforts to prepare for construction of the new academic building. Plans for this building were approved by the University Board of Trustees, as well as the process to hire an architectural firm. Current design concepts include large auditoria, clinical skills educational facilities, additional research laboratories, and a new research animal facility. The building will be constructed on the site of the current Jefferson garage with underground parking beneath the structure. Anticipated construction start will be Autumn of 2003.

Capital expenditures for fiscal year 2002 were \$8,889,000 of which \$4,544,000 were funded from grants and contracts. Funds available leave a significant shortage of capital for replacement of existing equipment as well as acquisition of state of the art research and educational facilities. Funds expended for fiscal year 2002 were spent on small equipment and minor renovation projects.

The Capital Budget for fiscal year 2003 made significant commitments to new programs including the Chair of Medicine, the construction of facilities for the Farber Institute for the Neurosciences (in the Jefferson Hospital for the Neurosciences – Wills Eye Hospital Building) and replacement of the sterilizer in the animal quarters in the Bluemle building. Total Capital available in 2003 to the Medical College is \$19,021,000.

Note: Data based on preliminary financial reports available at the time of the JMC Annual Report's printing.

John Monnier

Senior Associate Dean for Operations

Statistical Abstract

**From the Database of the
*Jefferson Longitudinal Study of Medical Education***

Center for Research in Medical Education and Health Care

July 2002

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Figure 1
Undergraduate Science GPA

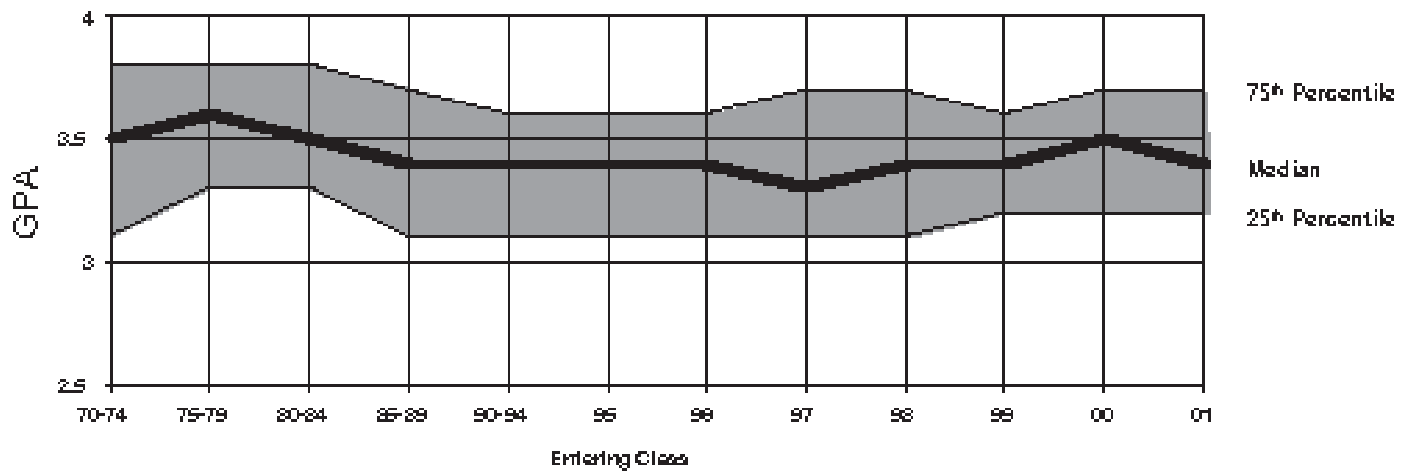


Figure 2
Undergraduate Non-Science GPA

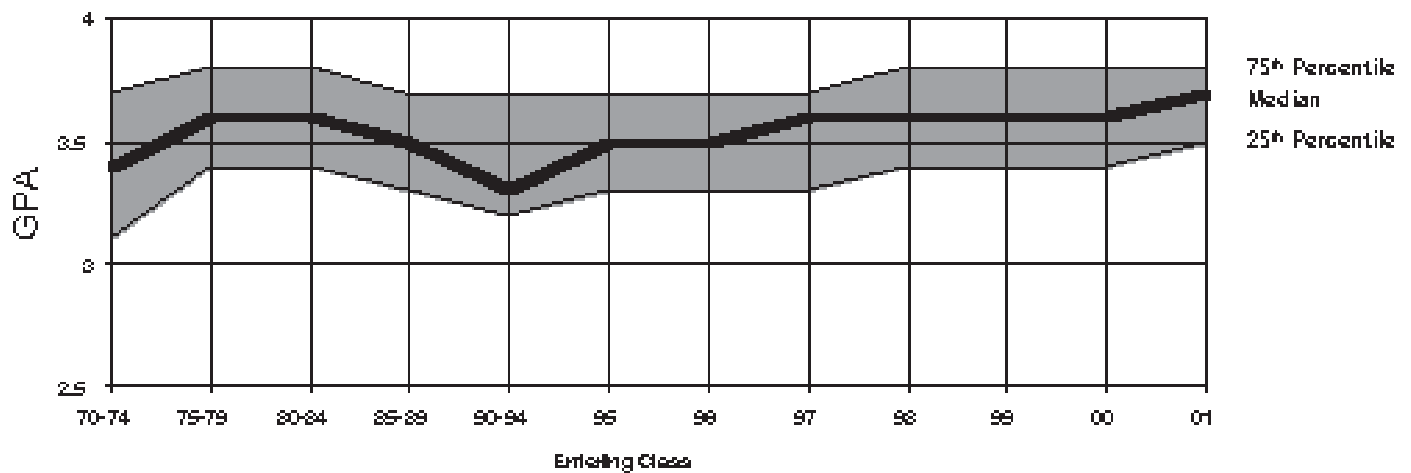
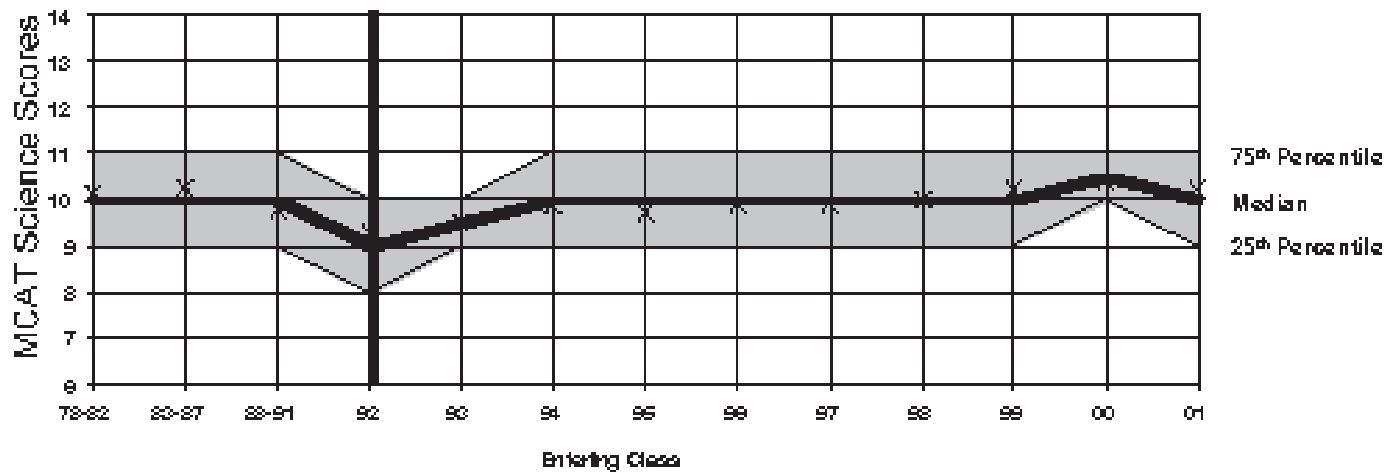


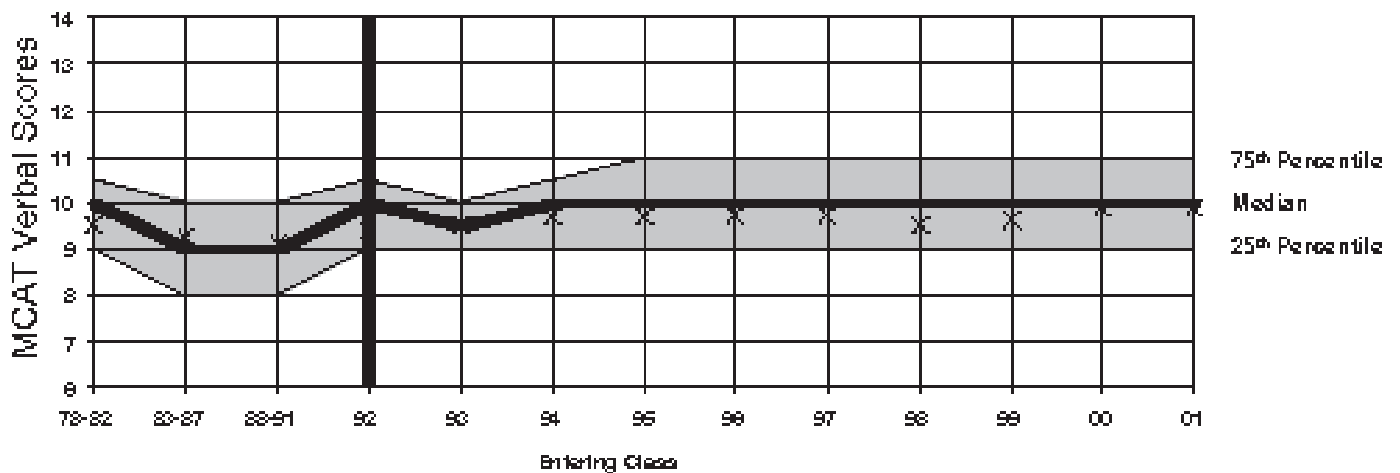
Figure 3
MCAT Science¹



X Means.

¹ Scores on the MCAT Science Problems are reported before 1992.
The Biological Sciences scores are reported thereafter.
Maximum score was used for repeaters.

Figure 4
MCAT Verbal¹



X Means.

¹ Scores on the MCAT Verbal Skills are reported before 1992.
The Verbal Reasoning scores are reported thereafter.
Maximum score was used for repeaters.

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Figure 5
Percent of Women Matriculants

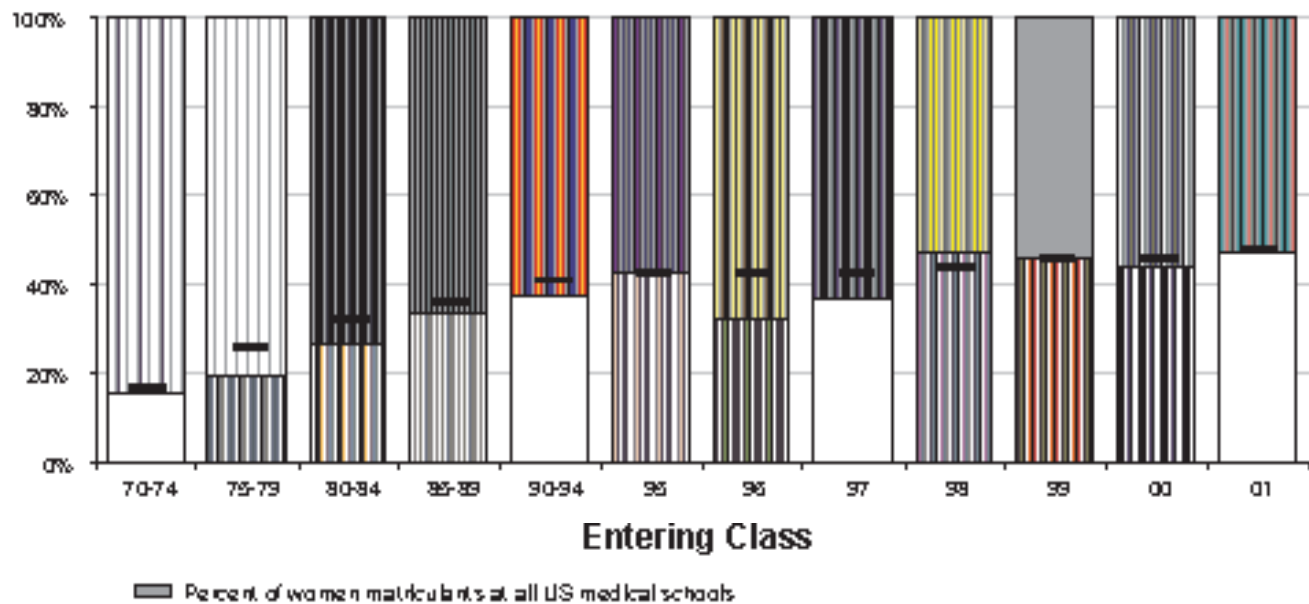
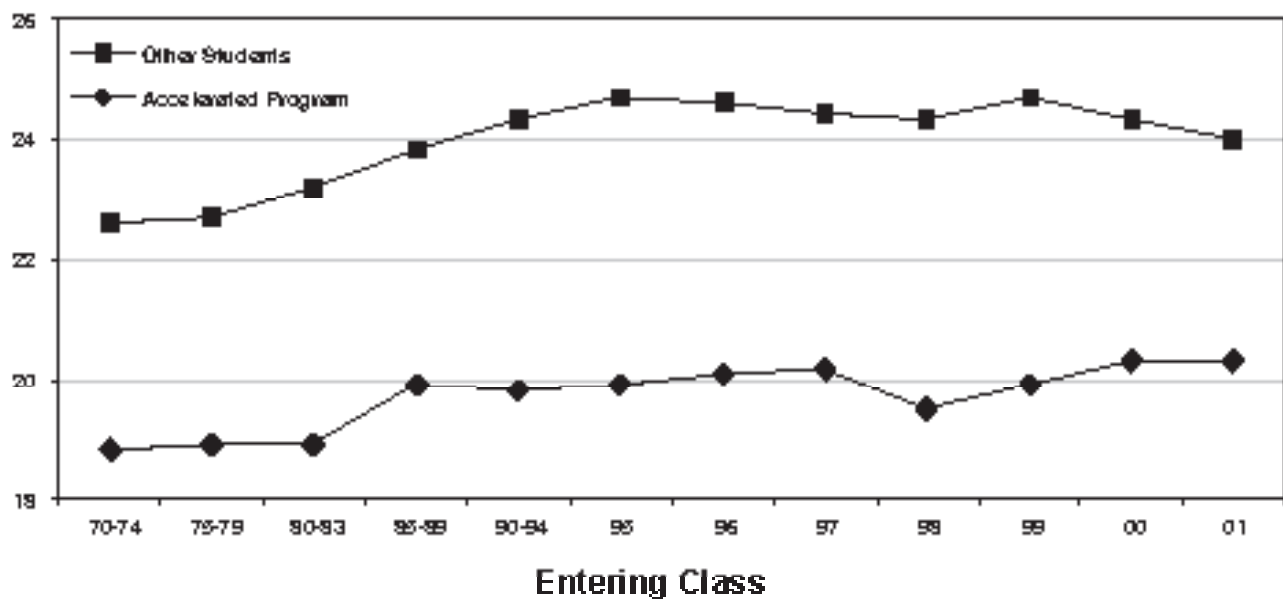


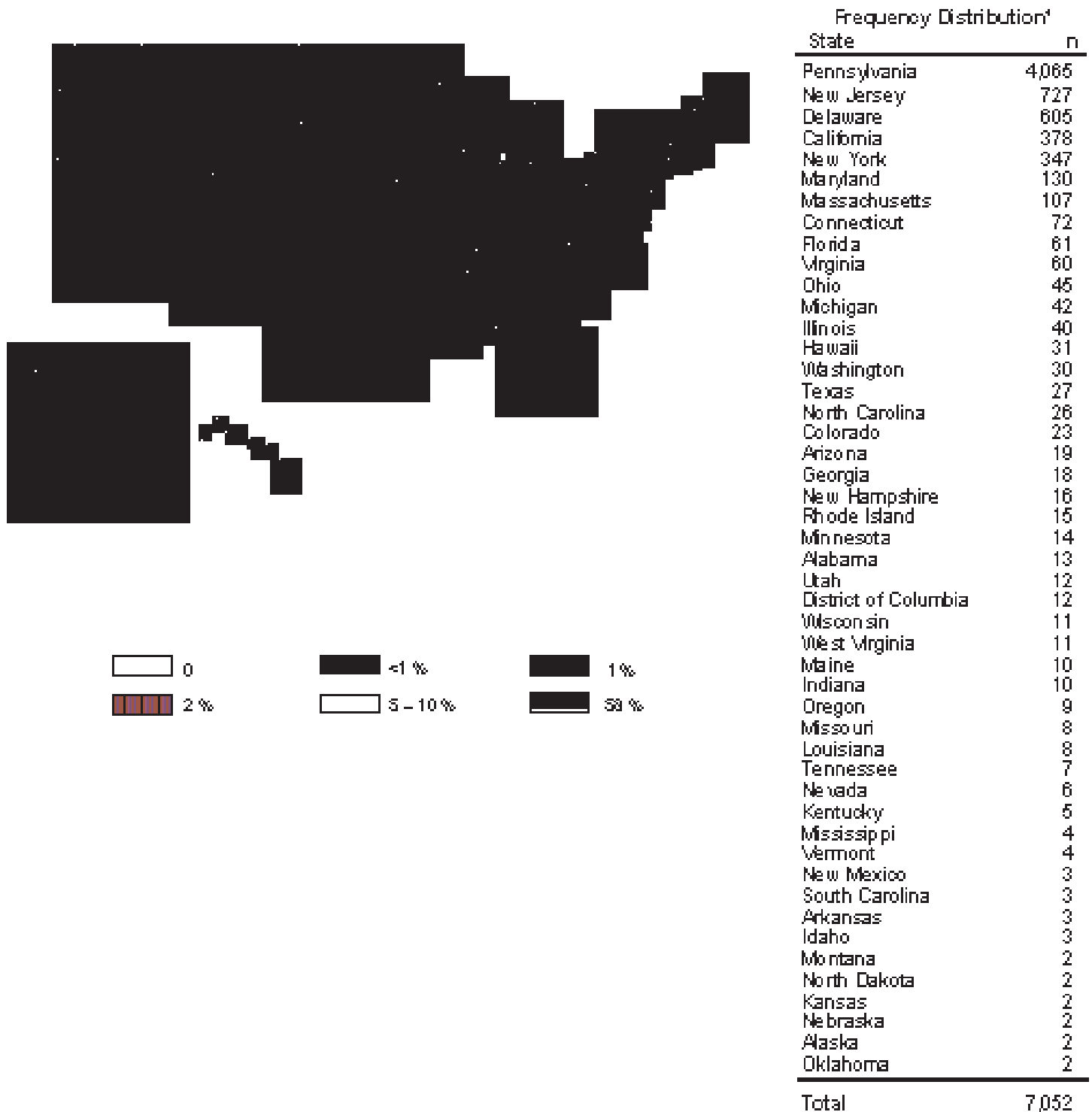
Figure 6
Mean Age at Matriculation



¹ The accelerated program had been a 5-year combined BS-MD program before 1994. During the transition year 1994, no students were admitted to the program. Thereafter, it became a 6-year program.

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Figure 7
Home State for Matriculants
 Entering Classes of 1970 - 2001



¹ A total of 45 students from foreign countries, 7 students from Puerto Rico, 9 students from Canada, and 5 student from the US Territory Virgin Islands are excluded.

Table 1
Percentage[†] of Matriculants by State of Residence
at Time of Matriculation

Home State Matriculation	Year of Matriculation			
	1970 - 1979 (n = 2,184)	1980 - 1989 (n = 2,228)	1990 - 1999 (n = 2,255)	2000 - 2001 (n = 445)
Pennsylvania	70%	59%	45%	44%
New Jersey	7%	11%	12%	12%
Delaware	9%	8%	9%	9%
California	2%	6%	8%	6%
New York	4%	5%	6%	6%
Maryland	1%	2%	3%	2%
Massachusetts	1%	2%	2%	2%
Connecticut	1%	≤1%	2%	1%
Virginia	≤1%	1%	1%	2%
Florida	≤1%	1%	1%	1%
Ohio	1%	1%	1%	1%
Illinois	≤1%	≤1%	1%	1%
Michigan	≤1%	≤1%	1%	2%
Hawaii	≤1%	1%	≤1%	≤1%
Washington	≤1%	≤1%	1%	1%
North Carolina	≤1%	≤1%	1%	≤1%
Colorado	≤1%	≤1%	1%	≤1%
Texas	≤1%	≤1%	≤1%	2%
Others[‡]	3%	2%	3%	5%
Total %	100%	100%	100%	100%

† Percentages are based on total matriculants in each time period.

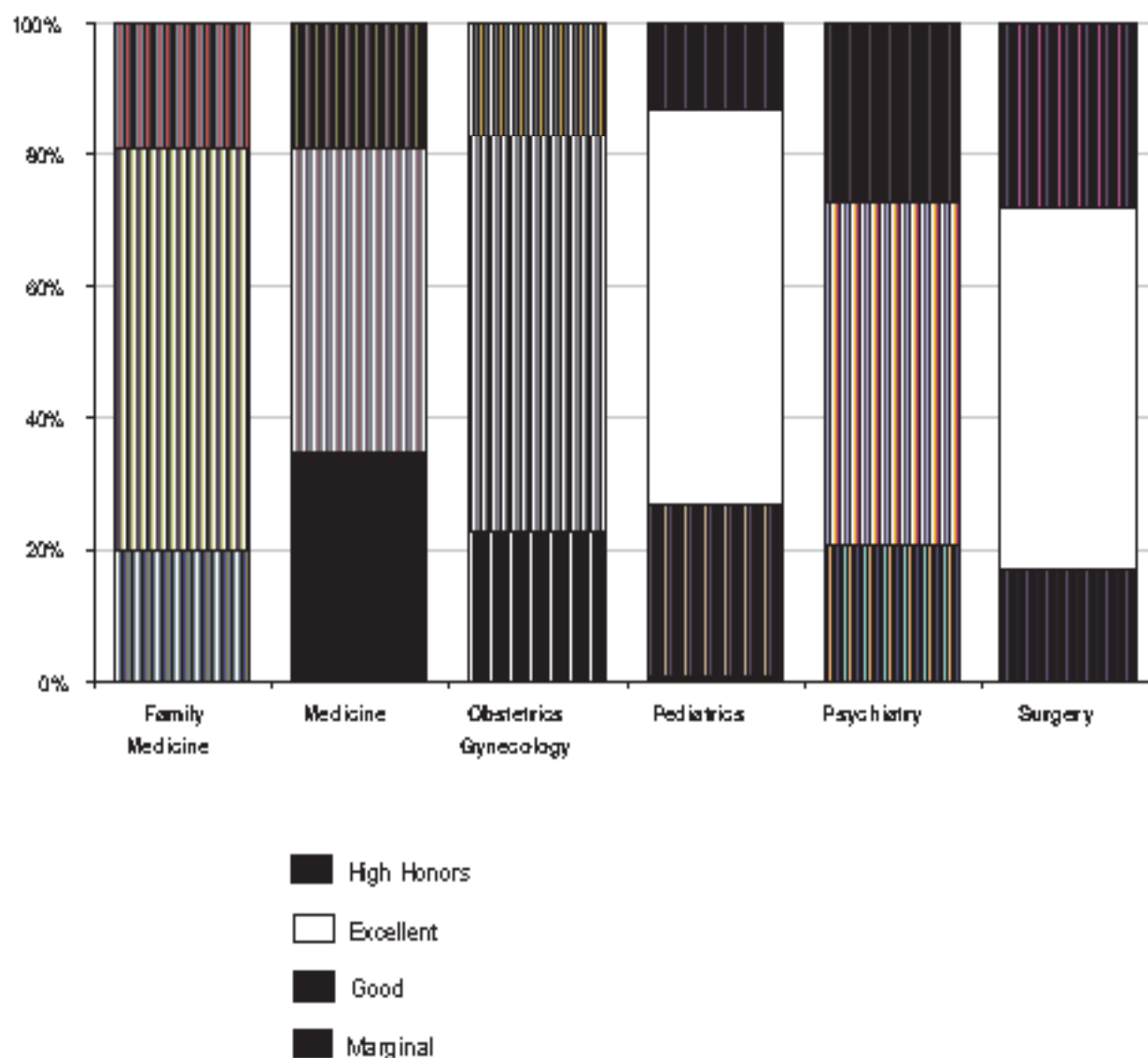
‡ States with fewer than 1% of matriculants in all time periods.

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Table 2
Graduation, Transfers, and Attrition
Entering Classes of 1970 - 1998

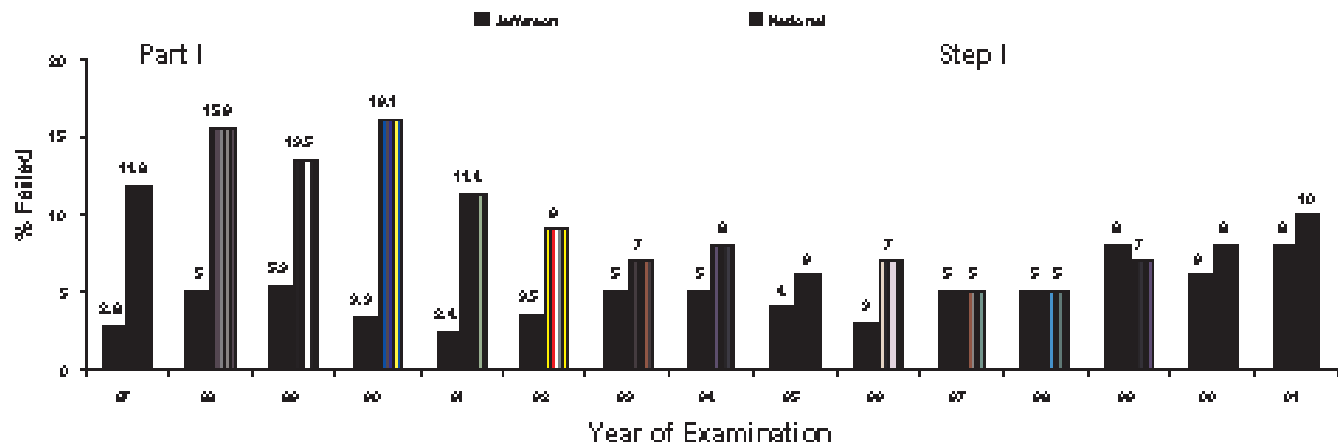
Entering Class		Graduated				Transfer	Did Not Graduate		
		On-time	Late				Withdrawn	Dismissed	
			Academic	Non-Academic	Mixed				
Year	Size						Not Failing	Failing	
70	210	181	11	6	4	1	6	1	0
71	212	199	2	1	1	2	3	2	2
72	223	207	3	4	3	0	2	1	3
73	223	202	7	4	0	1	4	2	3
74	223	209	4	2	1	3	1	1	2
75	223	209	6	1	2	2	2	0	1
76	223	202	8	4	4	2	3	2	1
77	223	204	9	2	1	2	1	1	3
78	223	208	4	0	1	4	2	0	4
79	223	201	8	3	1	3	2	0	5
80	223	200	11	0	4	1	1	0	6
81	223	195	13	2	1	4	0	0	8
82	223	204	6	5	0	2	0	0	6
83	223	195	12	3	4	3	4	0	2
84	223	200	9	2	2	5	3	0	2
85	223	205	4	4	0	2	4	2	2
86	223	191	13	4	1	4	2	2	6
87	222	190	10	8	1	6	2	1	4
88	225	199	11	8	1	3	1	1	1
89	225	191	10	12	3	3	4	0	2
90	223	187	10	11	0	2	2	0	11
91	223	192	10	6	2	3	4	1	5
92	245	217	9	11	2	2	2	0	2
93	226	198	9	11	0	1	0	2	5
94	224	206	5	6	3	2	1	1	0
95	224	198	7	11	2	4	0	0	2
96	223	192	7	17	1	5	0	0	1
97	223	193	7	13	7	0	2	0	1
98	223	198	5	14	3	1	0	1	1

Figure 8
Clinical Ratings of Students in Six Core Clerkships*
 Graduating Class of 2002

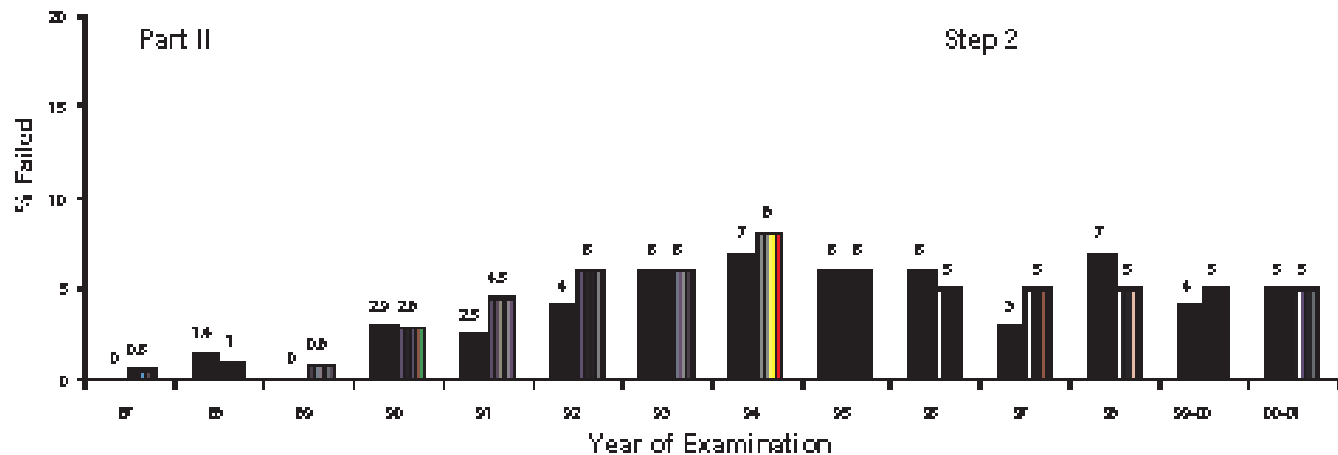


* Global rating of students' clinical competence given by the faculty.

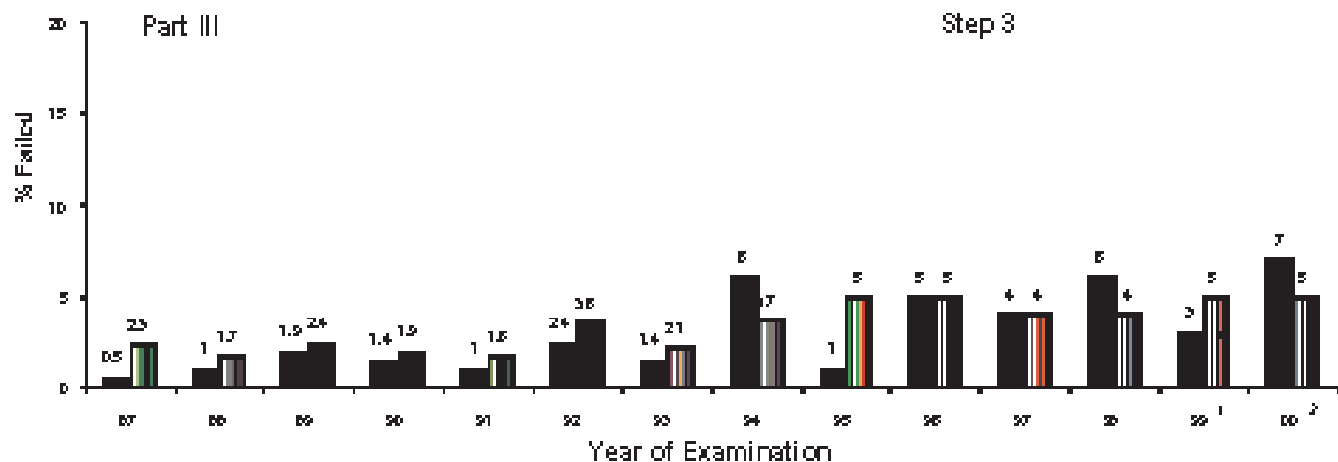
Figure 9
United States Medical Licensing Examinations (USMLE)
National Board Examinations*



* Data on Part I are presented for the candidate reference group who took the examination for the first time each year and who were two years from expected graduation. The USMLE Step 1 replaced Part I in June 1991.



* Data on Part II are presented for the candidate reference group who took the examination for the first time each year and who were one year from expected graduation. The USMLE Step 2 replaced Part II in September 1992.



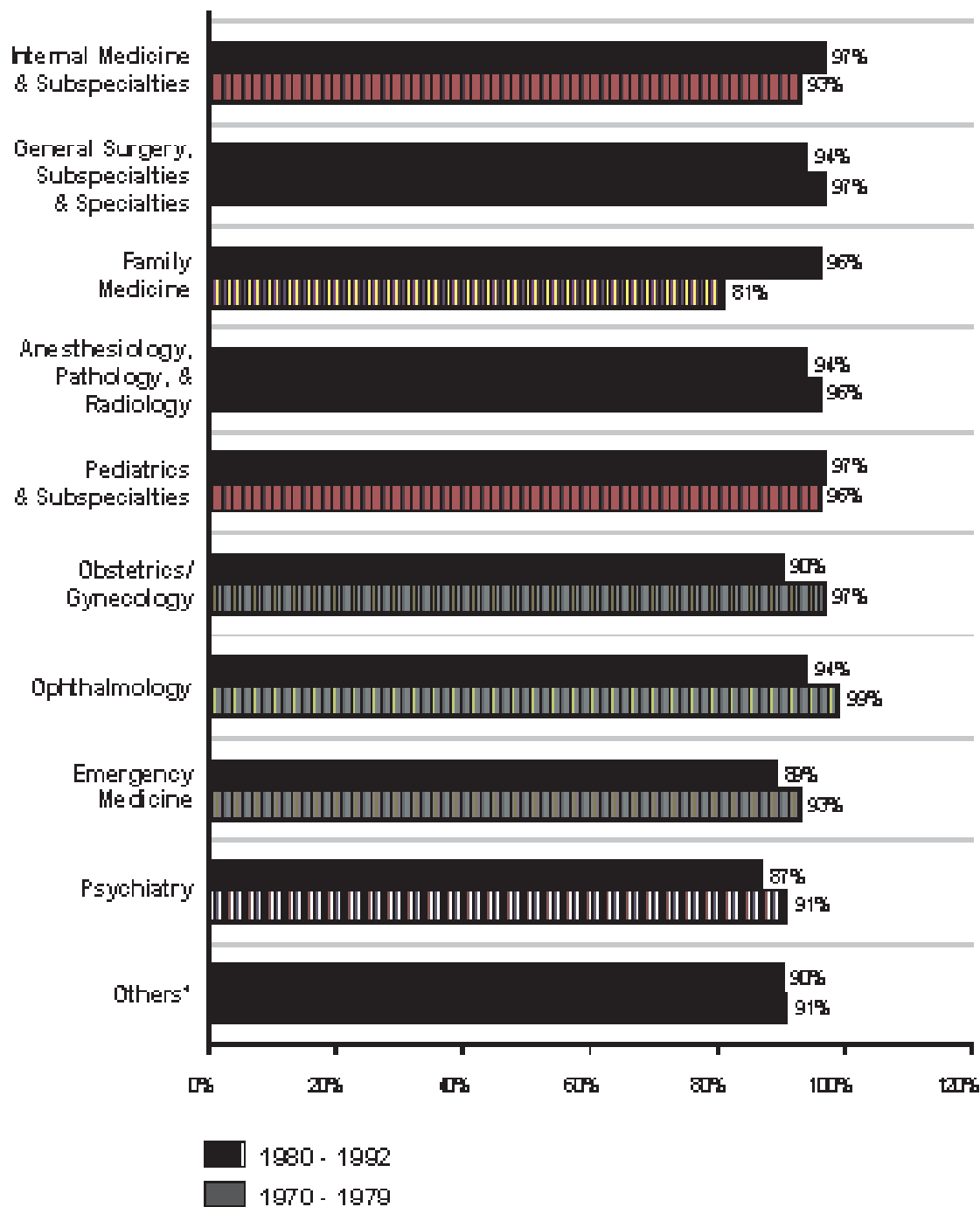
* Data on Part III are presented for graduates who took the examination for the first time in each year. The USMLE Step 3 replaced Part III in June 1994.

¹ Graduates of 1998 who took the examination between May 1998 to December 2000.

² Graduates of 1999 who took the examination between May 1999 to December 2001.

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Figure 10
Board Certification Rates of Alumni*
Graduating Classes of 1970 - 1992



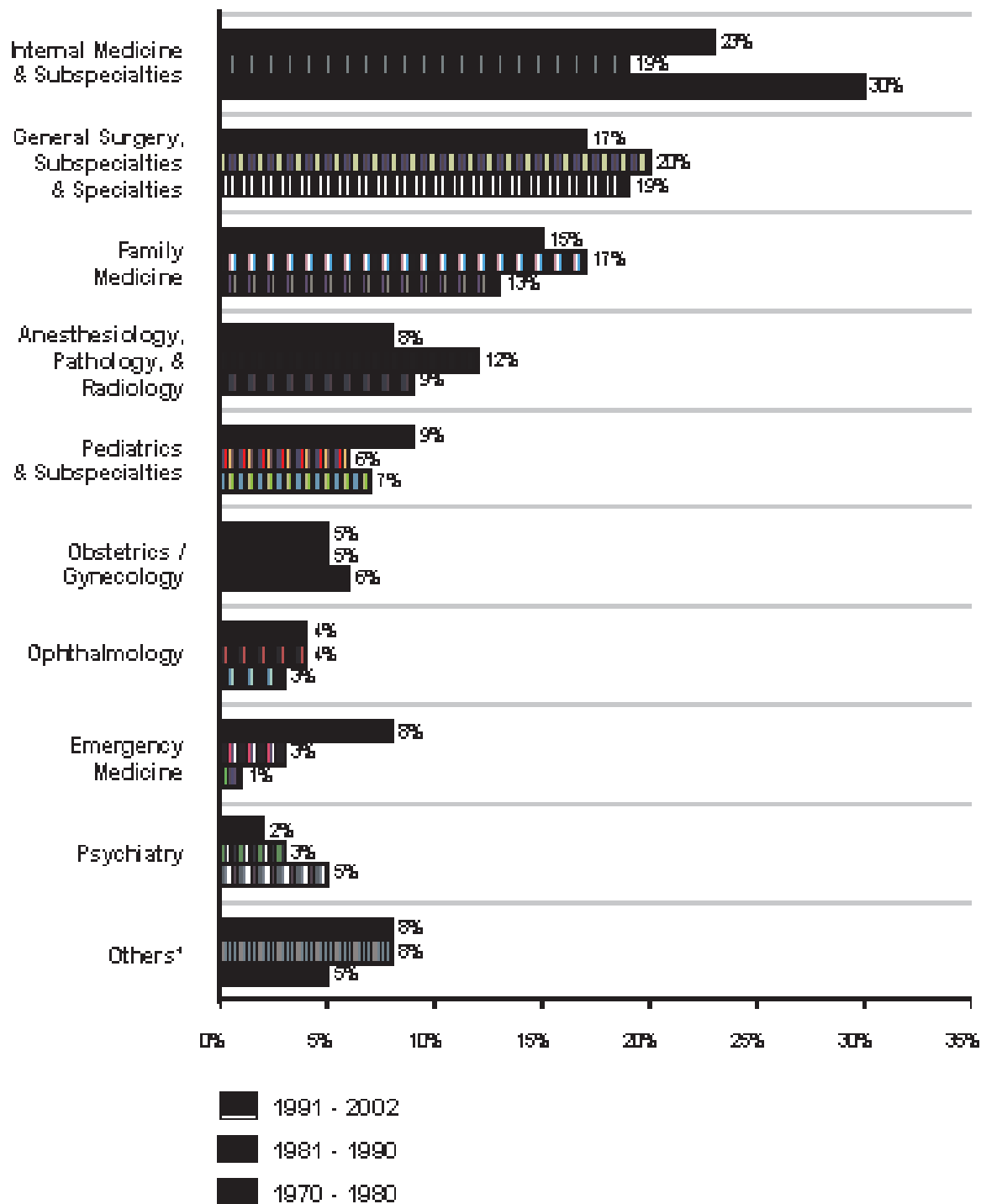
* Percentages are based on the total graduates in each specialty.

† 'Other' includes 18 specialties and subspecialties, each representing less than 1.7 percent of total alumni.

Sources: American Medical Association, and American Board of Medical Specialties.

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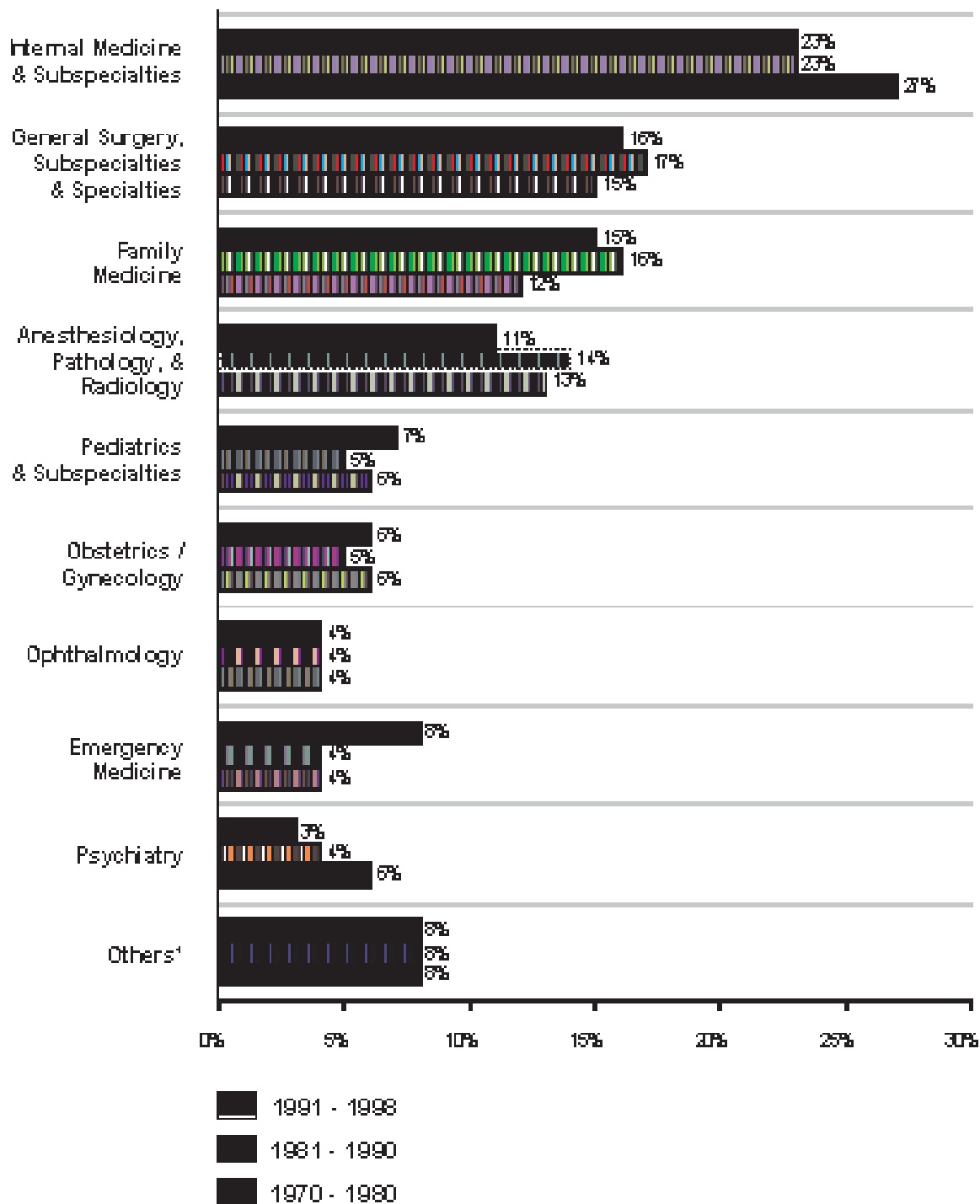
Figure 11
Specialty Preference of Seniors*
Graduating Classes of 1970 - 2002



* Data from a questionnaire given to the senior students.

† 'Other' includes 14 specialties and subspecialties, each representing less than 1% of the seniors.

Figure 12
Specialties of Alumni*
Graduating Classes of 1970 - 1998



* Sources: American Medical Association, American Board of Medical Specialties, Jefferson Alumni Office, and graduates' follow-up questionnaire.

† 'Other' includes 20 specialties and subspecialties, each representing less than 1.7% of the total alumni.

Table 3
Percentage of Graduates by State of Residency Training

State of Residency Training	Year of Graduation			
	1970 - 1979 (n = 2,011)	1980 - 1989 (n = 2,167)	1990 - 1999 (n = 2,153)	2000 - 2002 (n = 652)
Pennsylvania	47%	50%	44%	43%
California	5%	6%	8%	5%
New York	11%	6%	5%	9%
Delaware	5%	6%	5%	5%
New Jersey	2%	4%	4%	3%
Massachusetts	3%	3%	3%	4%
Maryland	1%	2%	3%	3%
Virginia	2%	3%	3%	3%
Ohio	3%	2%	3%	1%
District of Columbia	3%	2%	3%	3%
Connecticut	3%	2%	2%	1%
Illinois	2%	1%	2%	2%
North Carolina	1%	1%	2%	1%
Florida	2%	1%	1%	1%
Others [‡]	10%	11%	12%	16%
Total %	100%	100%	100%	100%

† Percentages are calculated based on total graduates in each time period.

‡ States with fewer than 2% of graduates in all time periods.

Table 4
Percentage[†] of Living Graduates by Current State of Residence

State of Residence	Year of Graduation		
	1970 - 1979 (n = 1,942)	1980 - 1989 (n = 2,149)	1990 - 1997 (n = 1,692)
Pennsylvania	41%	39%	41%
New Jersey	7%	8%	5%
California	7%	6%	8%
New York	6%	5%	6%
Maryland	3%	4%	4%
Delaware	3%	4%	4%
Massachusetts	4%	4%	3%
Florida	4%	4%	1%
Virginia	2%	3%	3%
Ohio	2%	2%	2%
Texas	2%	1%	2%
North Carolina	1%	1%	2%
Connecticut	2%	1%	2%
Illinois	1%	1%	1%
Georgia	1%	2%	1%
Others [‡]	14%	15%	15%
Total %	100%	100%	100%

Source: American Medical Association.

† Percentages are calculated based on total graduates in each time period.

‡ States with fewer than 2% of graduates in all time periods.

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Figure 13
Location of Postgraduate Education for
Graduating Classes of 1970 - 2002¹



Frequency Distribution ¹	
State	n
Pennsylvania	3,235
New York	515
California	410
Delaware	382
New Jersey	201
Massachusetts	202
Virginia	184
District of Columbia	177
Ohio	168
Maryland	157
Connecticut	137
Illinois	100
Florida	99
Texas	87
North Carolina	86
Michigan	84
Georgia	55
Washington	49
Rhode Island	49
Hawaii	44
Arizona	42
Colorado	38
Minnesota	34
Missouri	30
Oregon	29
New Hampshire	29
Maine	27
Wisconsin	26
South Carolina	25
Vermont	23
Louisiana	19
West Virginia	17
Tennessee	16
New Mexico	15
Indiana	10
Utah	10
Iowa	8
Kentucky	8
Alabama	8
Mississippi	5
Nevada	4
Oklahoma	4
Kansas	4
Nebraska	2
Wyoming	1
Total	6,907

¹ Sources: National Residency Match and Jefferson Alumni Office.

² There were 99 graduates who pursued research or deferred their residency in this time period.

Figure 14
Current State of Residence of Living Alumni*
 Graduating Classes of 1970 - 1997



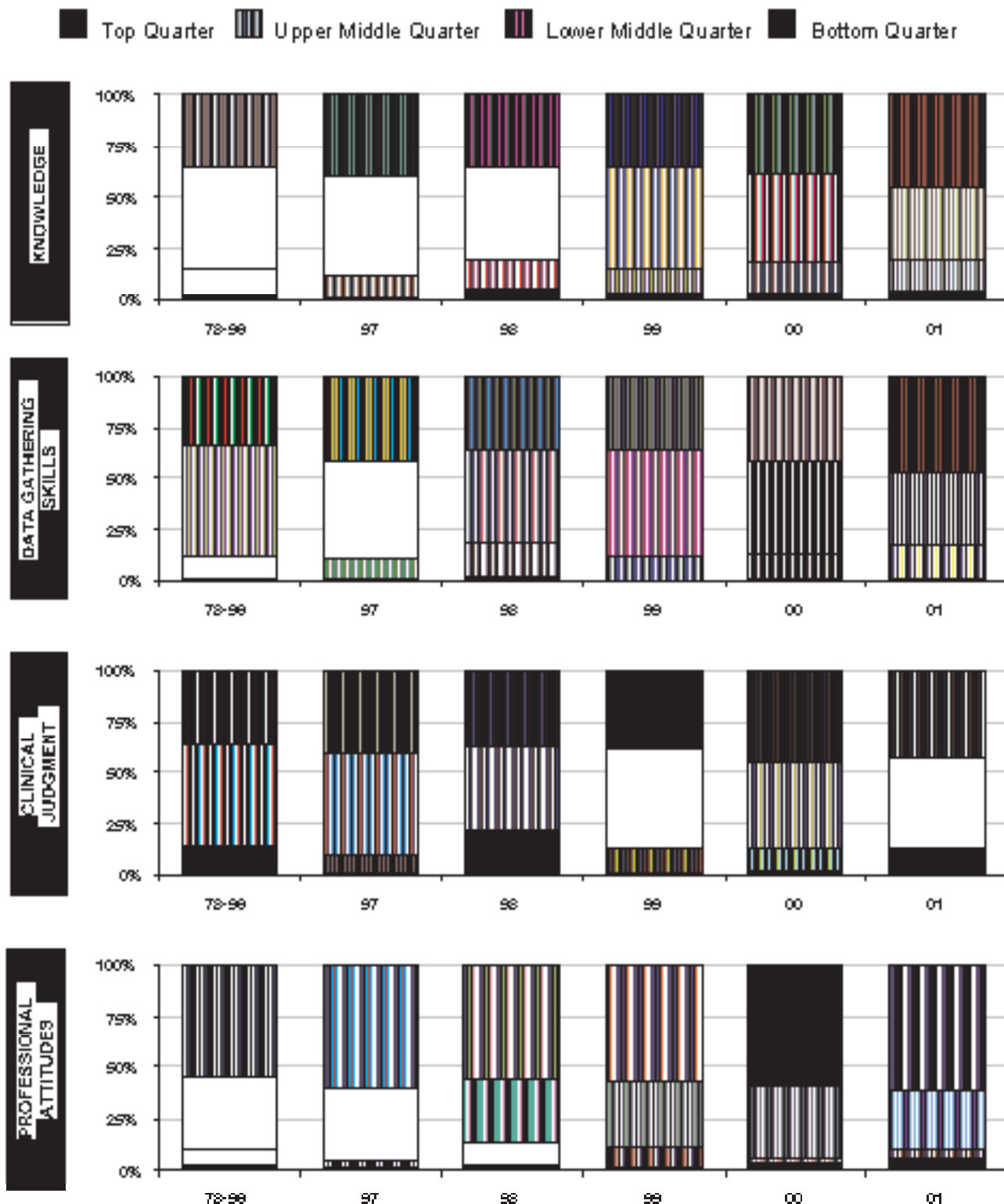
Frequency Distribution ¹	
State	n
Pennsylvania	2,002
California	399
New Jersey	386
New York	308
Maryland	220
Delaware	211
Massachusetts	199
Florida	186
Virginia	180
Ohio	125
Texas	99
North Carolina	98
Connecticut	82
Illinois	78
Georgia	70
Washington	62
Arizona	60
Colorado	50
District of Columbia	49
Michigan	46
Hawaii	39
Minnesota	36
Rhode Island	30
Oregon	28
Missouri	28
Indiana	27
Tennessee	26
New Hampshire	26
Wisconsin	24
Maine	23
Vermont	23
Louisiana	23
South Carolina	19
West Virginia	19
Kentucky	18
New Mexico	15
Alabama	13
Nevada	12
Iowa	12
Utah	11
Kansas	10
Mississippi	9
Oklahoma	7
Montana	6
Alaska	5
Arkansas	5
Nebraska	5
Wyoming	5
Idaho	3
North Dakota	3
South Dakota	1
Total	5,765

¹ Sources: American Medical Association.

² A total of 12 alumni residing in foreign countries, 3 in Puerto Rico, and 3 in U.S. territories are not included.

Figure 15

Program Directors' Ratings in the First Postgraduate Year*
Graduating Classes of 1978 - 2001



* Approximately 75% of the graduates are represented in the figures.
Program directors rated the graduates on a 4-point Likert Scale comparing them
with all graduates they ever supervised.

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Table 5
Full-Time Salaried Medical School Faculty Appointments of Alumni
Graduating Classes of 1970 - 1998 (n=6,114)*

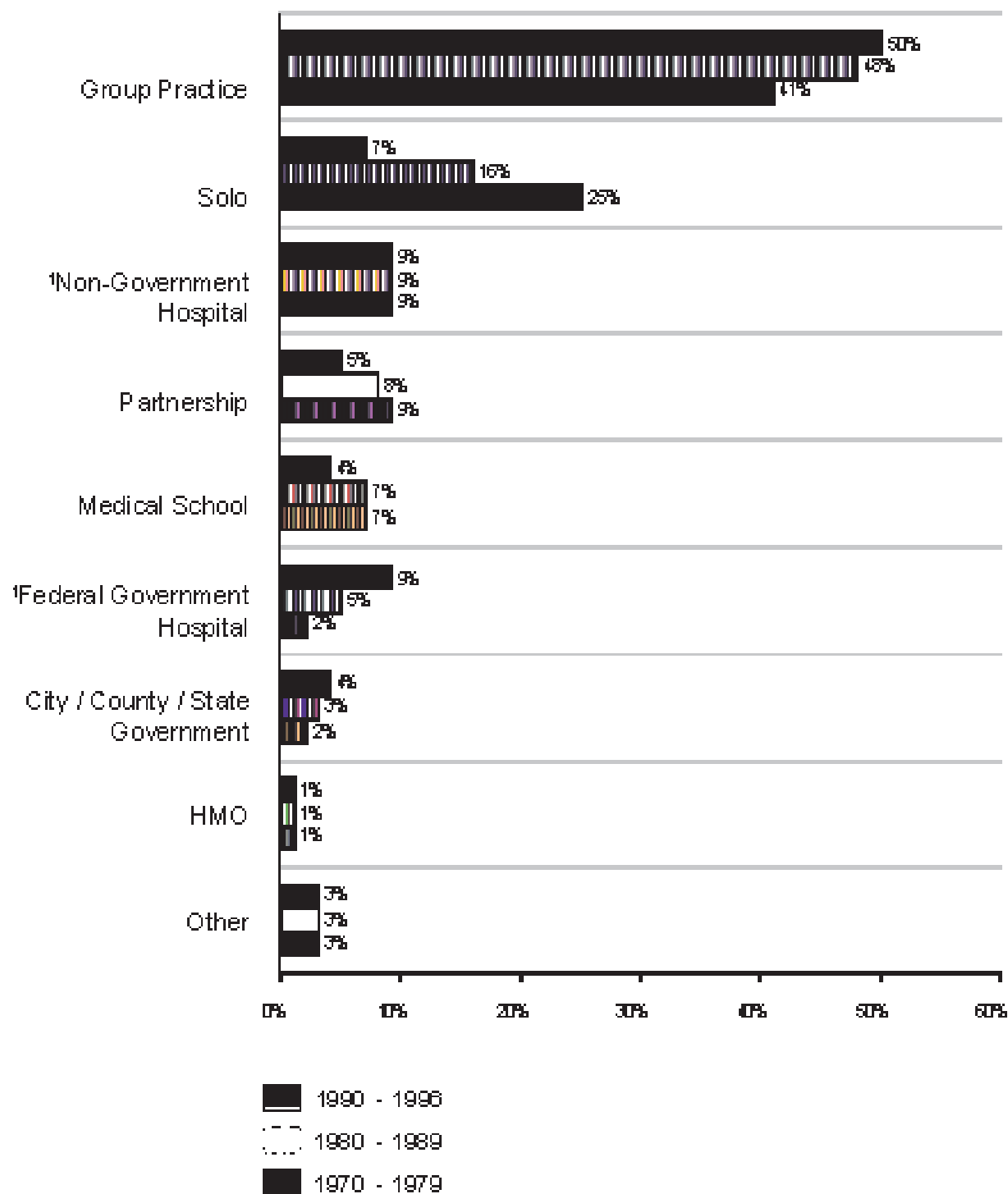
Medical School	N ¹	Medical School	N ¹
Jefferson Medical College	104	New York Medical College	5
University of Pennsylvania	44	Vanderbilt University	5
Harvard Medical School	33	New York University	4
University of Pittsburgh	31	University of Georgia	4
Drexel University	30	SUNY - Stony Brook	4
Pennsylvania State University	27	University of Alabama	4
Temple University	24	University of Indiana	4
Johns Hopkins	16	University of Southern California	4
UMDHL-Piscataway	15	University of Wisconsin	4
Mayo Medical School	15	Rush Medical College	4
Uniformed Services	14	University of Kentucky	4
Emory University	12	University of Oklahoma	4
University of Maryland	12	West Virginia University	4
University of Rochester	10	Wright State University	4
Tufts University	10	Yale University	4
Cornell University	9	University of Arkansas	4
University of Virginia	9	University of California - Davis	4
Albert Einstein University	9	University of California - Irvine	4
Columbia University	9	Merced University	4
University of Florida	9	University of South Florida	3
SUNY/Buffalo	8	UCLA	3
Virginia Commonwealth University	8	University of California - San Diego	3
University of Colorado	8	University of Minnesota / Minneapolis	3
University of Michigan	8	Southern Illinois University	3
University of Chicago	7	Medical College of Wisconsin	3
Duke University	7	Mt. Sinai Medical School	3
George Washington	7	Tulane University	3
Boston University	7	University of Miami	2
University of New Mexico	7	Texas at Galveston	2
UMDHL - Newark	7	University of Massachusetts	2
University of Connecticut	7	Eastern Virginia	2
Georgetown University	7	East Tennessee	2
University of Arizona	6	Oregon Health Sciences University	2
Northeastern Ohio Universities	6	SUNY - Upstate - Syracuse	2
Dartmouth Medical School	6	Texas Tech	2
Ohio State University	6	University of California - San Francisco	2
Brown University	6	University of Hawaii	2
Case Western Reserve University	5	University of Illinois	2
University of Tennessee	5	University of Iowa	2
East Carolina University	5	University of Missouri - Columbia	2
University of Cincinnati	5	University of North Dakota	2
University of Washington	5	University of Puerto Rico	2
Bowman Gray School of Medicine	5	Washington University - St. Louis	2
University of Texas - Dallas	5	Wayne State	2
Northwestern University	5	Albany Medical College	2
Baylor College of Medicine	5	Loma Linda University	2
University of Utah	5	University of Nevada	2
University of Vermont	5	Schools with one Jefferson graduate	15
		Total	772

* Source: Association of American Medical Colleges (AAMC) and Internal sources.

* Approximately 10% of the graduates had a full-time salaried faculty appointment at some point during the past five years.

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Figure 16
Current Practice Setting of Alumni*
Graduating Classes of 1970 - 1996



* Source: American Medical Association. Data on current practice setting were available for 71% (n=3,982) of the alumni in this time period.

† Graduates in residency programs are excluded.

Table 6
Percentage of Seniors Who Were Satisfied or Very Satisfied
With the Jefferson Medical College Educational Programs*

Graduating Classes	Academic Year			
	First	Second	Third	Fourth
1992	81	85	97	97
1993	78	79	94	95
1994	80	84	95	95
1995	85	72	87	94
1996	85	49	90	94
1997	72	43	82	89
1998	77	71	87	88
1999	79	69	90	90
2000	78	62	94	94
2001	76	59	94	89
2002	75	70	92	92

* From the graduation questionnaire of the Jefferson Longitudinal Study asking medical students the extent of their satisfaction with each medical school year on a 4-point scale (4=very satisfied, 3=satisfied, 2=dissatisfied, 1=very dissatisfied).

Table 7
Percentage of Seniors' Responses to the Following Question:
"How well do you feel that your education at Jefferson prepared you for a career in medicine?"¹

Academic Year	Scale Points										Mean Score
	1 very poorly	2	3	4	5	6	7	8	9	10 extremely well	
1992	0	0	0	1	3	4	17	36	30	9	8.04
1993	0	0	0	2	3	4	20	36	27	8	7.98
1994	0	0	0	1	2	7	19	40	20	11	7.98
1995	0	1	1	1	15	6	20	44	18	4	7.66
1996	.5	.5	0	3	4	10	25	37	12	8	7.51
1997	.5	1	2	4	8	12	26	35	7	4	7.01
1998	1	1	1	2	5	10	31	30	14	5	7.32
1999	0	0	3	1	5	10	26	36	14	5	7.44
2000	0	.5	1	.5	.5	10	24	35	17	6	7.58
2001	0	.5	4	3	5	12	24	39	10	3	7.18
2002	0	.5	1	2	5	8	28	32	17	5	7.51

¹ From the graduation questionnaire of the Jefferson Longitudinal Study