

August 2007

## Jefferson Medical College Annual Report, 2007

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# State of the College

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Contained in this annual report are assessments of current performance in a wide range of areas, from applicant admission parameters, through student standardized test scores, educational network expansion, faculty research productivity, and financial performance. We at Jefferson are fortunate to benefit from the work of Joseph Gonnella, MD, and the Center for Research in Medical Education and Health Care, and are able to track many of these parameters over the past 35 years, giving us not just a recent, but also historic perspective on the quality of our graduates, the effectiveness of our educational programs, and their evolution.

First, let us examine our students' evaluation of Jefferson's performance in their educational process. In order to gain perspective on the opinions of our students regarding their experience here at Jefferson, I will provide a glimpse of the latest LCME Student Survey data collected by our students. In our students' assessment of the interest and effort of the faculty on their behalf in their educational program, over 90% of our students respond positively to the effort of the faculty on their behalf.

Such a positive response is the result of the efforts of the faculty to enhance the quality and effectiveness of their educational efforts, the deliberate decisions of the faculty and administration to create promotion tracks that reward faculty for educational efforts, enhance the requirements for educational excellence in all promotion tracks, and to create funds flow methodology to support the educational mission.

The conventional wisdom is that students in medical school do not value lectures, and that attendance is poor. That is no longer the case at Jefferson. Our students value and attend lectures. This is despite the availability of Power Point presentations on the intranet, now coupled with the audio of the actual lecture within 12 hours of the lecture itself, as well as complete lecture syllabi (both hard copy and digital). Our students are serious about their learning, and our faculty are serious about the quality of their teaching. The result of this has been a synergistic enhancement of the student/faculty relationship, and the positive feedback to the faculty has resulted in further enhancements of the quality of their efforts. This is the manifestation of the constructive collaborative educational

environment called for in the Strategic Plan of 2001-2002. The faculty and students have caused it to happen!

For many years, the number grading system was an item of contention on the campus. Some felt that the grading and ranking system in the first two years motivated students, while others felt that premature stratification merely prevented team learning and fostered unnecessary competition. Furthermore, with the advent of the computerized residency application process, USMLE Step 1 scores (National Boards, Step 1) provided prospective residency programs with a standardized assessment of basic science knowledge that could be used to compare candidates. In 2003, Jefferson joined the other 112 medical schools that moved to some variant of "Pass-Fail-Honors" systems for grading in the basic sciences. While issuing number scores on each test as performance feedback (seen by students) the final grades reported are Pass (70%), Fail (Below 70%), and Honors.

One might reasonably question the impact of such a change on numeric performance on course tests, and the pass rate and USMLE Step 1 scores. Course coordinators report that

mean scores for final grades are the same or higher for the class, that the failure rate overall is not significantly different, and that USMLE Step 1 scores improved. USMLE Step 1 scores for the first two classes to have Pass-Fail-Honors grades have risen from the past level of at or slightly below the national mean, to five to seven points higher than the national mean with first time failure rates significantly below the national mean.

Our third and fourth year students appreciate the applicability of the basic science curriculum in preparation for USMLE Step 1, as well as their clinical clerkships. There is strong agreement that the basic science curriculum as delivered is effective in preparation for USMLE Step 1 and the clinical clerkships.

The faculty and students have taken on the task of reinvigorating our community's commitment to professionalism. This has taken the form of a completely revised Jefferson Honor Code, incorporating the Shared Code of Professional Values between faculty and students into an expanded view of the Code. The faculty have recently espoused The Code, and restructured the committee responsible for fostering professionalism on the campus, energizing the community in this pivotal dimension of our core competencies.

The effectiveness of the curricular impact of these actions is reflected in the students' impressions of instruction and exposure to these core topics. Students strongly agree that these topics are appropriately interwoven in the curriculum.

Turning to the clinical phase of education, similar positive results can be seen. Jefferson's network of affiliated academic teaching hospital partners delivers a range of clinical experience that is felt to be consistent across rotations. This is the rich clinical educational environment for which Jefferson is well known.

Students view resident teaching and supervision very positively, and have responded very positively to the degree of clinical supervision and instruction from residents. This had been a challenge in the past, and "teaching residents to teach and evaluate" provided at all our clinical teaching hospital settings has enhanced our residents' capacity and commitment to teach our medical students.

Overall, students highly rate the clinical phase of education. While much progress has been made in enhancing the clinical phase of education, we must pay particular attention to faculty development and faculty involvement in direct teaching in the clinical years of training.

Over five years ago, we set out to enhance the culture of the student body, to enhance their sense of ownership and participation in the College, and to foster closer relationships among members of each class, and the school in general. We have been successful, as the vast majority of students believe there is a sense of community that extends to leadership development, and the opportunity to lead in a professional area of their choosing. Students feel that they have the opportunity for leadership at

Jefferson. This sense of involvement, of opportunity to lead, is consistent with our personal observations of students taking on self-directed challenges, fulfilling aspirations for leadership and to make positive contributions to our community, our educational programs, the patients we serve, and each other.

The most exciting outcome of this esprit d'corp is that our students are now our best recruiters! Most students say they would encourage others to attend Jefferson.

Have these positive reactions to the curriculum been translated into improved educational outcomes? Since outcomes measurement is in its infancy during the training years (there are no patient outcomes attributable to student actions), we must rely on the few standardized examinations that we have to assess the impact of curricular enhancement. USMLE Step 1 performance is one such measure.

Jefferson's mean performance was consistently at or slightly below the mean for the national cohort until the first class with the new curriculum and grading system finished their second year. In that year the USMLE performance for Jefferson crossed above the national cohort mean, and this remains the case. Furthermore, the first-time taker failure rate dropped, and remains below the national rate.

What about admission parameters? Total applicants have continued to rise. This coincides with the national nadir in applicant pool, and the gradual rise in total applicants over the past

four years. All indications thus far this year are that the pool will continue to expand. Matriculant academic preparedness parameters continue to demonstrate positive trends.

With noticeable improvements in student morale and satisfaction with the educational experience well in hand, the administration and faculty have recently begun to direct attention to policies and practices which impact academic productivity and morale of the faculty. While the faculty has faced many challenges, their hard work and increased productivity have overcome most, if not all, of them. Faculty morale, as measured by surveys of the faculty over the past several years, has improved. This trend is concurrent with the faculty, the department chairs, the committees, the professorial faculty advisory committee, and the administration taking on the tough issues affecting the faculty.

One of the important issues identified by the faculty as being of high importance to morale and retention has been the faculty advancement system, in particular for faculty involved in clinical service and education. Advancement is closely linked to the issues of tenure in the tenure tracks and faculty security in the non-tenure tracks.

The recently recommended revision of the tenure system at Jefferson has been approved by the Executive Council. Tenure eligibility is defined at the Associate Professor level, limits for time in rank were established (with extensions possible for child rear-

ing, family or personal illnesses, and other important life events), and the appropriate changes in the *JMC Bylaws* have been made to facilitate the accomplishment of these changes. A University Tenure Committee has been formed, and policies and procedures were developed and approved by Executive Council, SAAC, and the Board. A number of our faculty have gone through this process this year and are now tenured.

Faculty morale at Jefferson continues to improve, as indicated by positive response of the faculty to not only the changes in the faculty tenure and promotions systems, but also to enhancements of the physical facilities, salary growth, and the optimism intrinsic in the strategic plan. The research faculty is competing effectively in this very difficult grant environment, the college and university is investing in targeted growth in research programs, educational facilities and programs, and plans to build a new ambulatory clinical facility where the latest in technology and clinical delivery infrastructure will enhance our ability to deliver superior, innovative patient care. The upcoming implementation of the electronic health record in JUP heralds the opportunity to refine care delivery systems, enhance quality, improve efficiency, and also revise and enhance business practices. While the environment in which we practice is most challenging, positive faculty morale and stable faculty productivity are essential to the success of the strategic plan. More important, however, it is most

consistent with our institutional values to respect and value the work of the faculty. Only when the faculty are respected and valued are they free to respect, value and uplift the patients, students, residents, graduate students and colleagues whom we serve.

The financial performance of the medical college continues to improve. Once again, this year, JMC demonstrated a surplus of revenue over expenses. This has been accomplished through the introduction of mission based revenue allocation, financial discipline at both the dean's office as well as departmental levels, and transparency of information between the dean's office and the chairs.

The productivity of the clinical faculty continues to grow. Revenue produced by the clinical faculty continues to increase. This growth is due both to the productivity of the faculty, as well as dramatic enhancements in the administrative infrastructure functioning in JUP. All parameters of administrative and billing efficiency within JUP administration and the billing function are at or better than national practice plan benchmarks, and many are "best in class." This expansion of clinical service provision has permitted enhanced salary support for the clinical faculty from clinical revenue.

As can be seen, the work of the faculty, students, and administration of Jefferson Medical College has led to a very productive year. We have made great strides over the years, and we have the opportunity to continue

this momentum as we, as part of a broader university, embark on expansion and growth. It is our loyalty to Jefferson's core values and our steadfast dedication to our shared core purposes that assure not only continuing success in our current initiatives, but also the new successes of our bright future.

My words of praise for our students, physicians, faculty and staff were echoed by the LCME team when they came to Jefferson for our site visit in March of this year. I refer you to Dr. Susan Rattner's section of this *Annual Report* for details of the LCME's report. I am happy to say that we were fully accredited for the maximum eight-year term. I am very appreciative of everyone who helped make the LCME site visit a success.

**Thomas J. Nasca, MD, MACP**

*Professor of Medicine and Physiology*

*The Anthony F. and Gertrude M. DePalma Dean Senior Vice President for Academic Affairs*

*Senior Vice President, Thomas Jefferson University*

*President, Jefferson University Physicians*

# Academic Year 2006 - 2007

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## Faculty Honors

The Christian R. and Mary F. Lindback Award for Distinguished Teaching.

Dale Berg, MD, *Associate Professor of Medicine*

Dean's Award for Distinguished Teaching.

Katherine Worzala, MD, *Assistant Professor of Medicine*

Blockley-Osler/Dean's Teaching Award for Excellence in Teaching. To a faculty member of a Jefferson-Affiliated Hospital.

Jeremy Barnett, MD, *Director of Medical Education and Academic Affairs, Frankford Hospital*

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

Steven L. Sivak, MD, FACP, *Clinical Professor of Medicine, Albert Einstein Medical Center*

The Leonard Tow Humanism in Medicine Award presented by The Arnold P. Gold Foundation. To an outstanding faculty member demonstrating exemplary compassion in doctor/patient relations.

Lara C. Weinstein, MD, *Assistant Professor of Family Medicine*

## Portrait

Dale Berg, MD, *Associate Professor of Medicine*, presented by the Class of 2007 and friends and colleagues, painted by Bill Ewing.

## Medical College

The Medical College celebrated its 183rd anniversary.

## New Divisions/Departments/Centers

Division of Surgical Research in the Department of Surgery

Center for Minimally Invasive Cranial Base Surgery and Endoscopic Neurosurgery

Division of Spine and Peripheral Nerve Disorders within the Department of Neurosurgery

Division of Trauma/Surgical Critical Care name changed to the Division of Acute Care Surgery: Trauma, Surgical Critical Care and Emergency Surgery

Department of Neurosurgery name changed to the Department of Neurological Surgery

Division of Cerebrovascular Surgery and Interventional Neuroradiology name changed to the Division of Neurovascular Surgery and Endovascular Neurosurgery

Department of Physiology name changed to the Department of Molecular Physiology and Biophysics

Aortic Center in the Department of Surgery

Center for Novel Therapies in the Department of Medicine

Center for Voice and Swallowing

Center for Balance and Hearing

Center for Vascular Diseases

## **New Appointments**

### **Directors**

Thomas N. Tulenki, PhD, Director of the Division of Surgical Research in the Department of Surgery  
Erol Veznedaroglu, MD, Acting Director for the Division of Cerebrovascular Surgery and Interventional Neuroradiology  
James Harrop, MD, Acting Director of the Division of Spinal and Peripheral Nerve Disorders within the Department of Neurosurgery

### **Chairs**

Jason B. Lee, MD, Vice Chair of the Department of Dermatology and Cutaneous Biology  
Richard H. Rothman, MD, PhD, Emeritus Chair of Orthopaedic Surgery

### **Commencement**

The 183rd Commencement Exercises were held on June 1 at the Kimmell Performing Arts Center. Medicine degrees were awarded to 218 candidates, one of whom was simultaneously awarded a Doctor of Philosophy degree.

### **Honorary Degrees**

An honorary degree of Doctor of Science was bestowed upon Paul H. O'Neill, 72nd Secretary of the United States Treasury.

# Administrative Staff

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## **Jefferson Medical College**

Thomas J. Nasca, MD, MACP, *The Anthony F. and Gertrude M. DePalma Dean Senior Vice President for Academic Affairs*

Clara A. Callahan, MD, *The Lillian H. Brent Dean of Students and Admissions*

Timothy P. Brigham, PhD, *Chief of Staff and Senior Associate Dean, Organizational Development*

John Ogunkeye, MS, *Chief Operating Officer*

David L. Paskin, MD, *Senior Associate Dean, Academic Affairs/Graduate Medical Education and Affiliations*

Susan L. Rattner, MD, MS, FACP, *Senior Associate Dean, Academic Affairs/Undergraduate Medical Education*

Joseph L. Seltzer, MD, *Senior Associate Dean, Academic Affairs/Continuing Medical Education, and Faculty and Alumni Affairs*

John Caruso, MD, *Assistant Dean, Academic Affairs/Graduate Medical Education and Affiliations*

Edward B. Christian, PhD, *Associate Dean, Diversity and Minority Affairs*

Karen M. Glaser, PhD, *Associate Dean, Academic Affairs/Undergraduate Medical Education*

John Kairys, MD, *Assistant Dean, Academic Affairs/Graduate Medical Education and Affiliations*

Phillip J. Marone, MD, *Associate Dean, Alumni Relations, Executive Director of the Alumni Association*

Karen D. Novielli, MD, *Associate Dean, Faculty Affairs and Faculty Development*

Richard G. Pestell, MD, *Associate Dean, JMC Cancer Programs*

Charles A. Pohl, MD, *Associate Dean, Student Affairs and Career Counseling*

Kristen L. DeSimone, MD, *Assistant Dean, Student Affairs and Career Counseling*

Steven K. Herrine, MD, *Assistant Dean, Academic Affairs/Undergraduate Medical Education*

Bernard L. Lopez, MD, *Assistant Dean, Student Affairs and Career Counseling*

Luz Ortiz, MA, *Assistant Dean, Diversity and Minority Affairs*

John M. Spandorfer, MD, *Assistant Dean, Student Affairs and Career Counseling*

## **Administrative Staff at Affiliated Institutions**

Brajesh Agarwal, MD, *Director, Undergraduate Medical Education, Department of Veterans Affairs*

Susan Coull, MBA, *Designated Institute Official, Frankford Hospital*

Carol J. Fox, MD, *Interim Director, Undergraduate Medical Education, Latrobe Area Hospital*

James F. Burke, MD, *Assistant Dean, Director of Graduate Medical Education, Designated Institutional Official, Mainline Health*

Anthony J. DiMarino, Jr., MD, *Director, Undergraduate Medical Education, Underwood Memorial Hospital*

Douglas McGee, DO, *Chief Academic Officer, Albert Einstein Medical Center*

Linda Famiglio, MD, *Assistant Dean, Medical Education, Geisinger Medical Center*

Christopher Formal, MD, *Director, Undergraduate Medical Education, Magee Rehabilitation Hospital*

Irv Freeman, PhD, *Assistant Dean, Medical Education, Executive Director, Academic Affairs, Mercy Hospital of Pittsburgh*

David George, MD, *Director, Undergraduate Medical Education, Reading Hospital and Medical Center*

Edward Jaeger, MD, *Director, Undergraduate Medical Education, Wills Eye Hospital*

Gerard Klinzing, MD, *Director of Graduate Medical Education, Bryn Mawr Hospital*

Martin E. Koutcher, MD, *Director, Undergraduate Medical Education, Methodist Hospital*

Brian W. Little, MD, *Director of Undergraduate Medical Education, Vice President, Academic Affairs & Research, Christiana Care*

Bernard J. Clark, MD, *Senior Officer, Chief Executive of the Practice, Nemours Children's Clinic - Wilmington/A.I. duPont Hospital for Children*

Steven Selbst, MD, *Vice Chair, Pediatrics, Nemours Children's Clinic – Wilmington/A.I. duPont Hospital for Children*

Mary Willard, MD, *Director, Undergraduate Medical Education, Virtua Health*

# Department Chairs

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Anesthesiology

Biochemistry and Molecular Biology

Cancer Biology

Dermatology and Cutaneous Biology

Emergency Medicine

Family and Community Medicine

Health Policy

Medical Oncology

Medicine

Microbiology and Immunology

Neurology

Neurological Surgery

Obstetrics and Gynecology

Ophthalmology

Orthopaedic Surgery

Otolaryngology/Head and Neck Surgery

Pathology

Pediatrics

Pharmacology and Experimental Therapeutics

Molecular Physiology and Biophysics

Psychiatry and Human Behavior

Radiation Oncology

Radiology

Rehabilitation Medicine

Surgery

Urology

Zvi Grunwald, MD

Jeffrey Benovic, PhD

Richard G. Pestell, MD, PhD

Jouni J. Uitto, MD, PhD

Theodore A. Christopher, MD

Richard C. Wender, MD

David B. Nash, MD, MBA

Neal Flomenberg, MD (Acting Chair)

Arthur M. Feldman, MD

Timothy Manser, PhD

Abdolmohamad Rostami, MD, PhD

Robert H. Rosenwasser, MD

Louis Weinstein, MD

William S. Tasman, MD

Todd Albert, MD

William M. Keane, MD

Fred Gorstein, MD

Jay Greenspan, MD

Scott Waldman, MD, PhD

Marion J. Siegman, PhD

Michael J. Vergare, MD

Walter J. Curran, Jr., MD

Vijay M. Rao, MD

John L. Melvin, M.D.

Charles J. Yeo, MD

Leonard G. Gomella, MD



# Professorial Faculty

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**2006 - 2007**

## **The Advisory Committee Officers**

Chairperson	Gregory Kane, MD
Chairperson-Elect	Marc Schwartz, MD
Secretary	James Studdiford, MD
Secretary-Elect	Linda Siracusa, PhD

## **Advisory Committee Members**

2005 - 2007	Rosario Scalia, MD, PhD Timothy Manser, MD Steve Herrine, MD Michael Sperling, MD Janice Nevin, MD
2006 - 2008	David Abraham, PhD Lorraine Iacovitti, PhD John Moore, MD Alex Vaccaro, MD

Sue Menko, Ph.D. Past Chair, Advisory Committee 2006-2007

## **Representatives to the Executive Council**

Clinical Science	David Andrews, MD	2005 - 2007
Basic Science	Diane Merry, PhD	2006 - 2008

## **Representatives to the Committee on Committees**

Clinical Science	Howard Rabinowitz, MD	2005 - 2007
Basic Science	Thomas Butler, PhD	2006 - 2008

# Office of Faculty Affairs

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The Office of Faculty Affairs (OFA), established in 2001 by Dean Nasca, supports the skill development and career advancement of Jefferson faculty, promotes an academic culture where faculty collegiality, collaboration and scholarly inquiry can thrive and supports the administrative activities and programs central to faculty participation in the operations and governance of the Medical College. The Office of Faculty Affairs accomplishes its mission through its activities and programs, support of the standing committees of the Medical College and through its advisory role in the formation and revision of policies affecting the Medical College faculty.

## **OFA Programs/Activities**

### **Faculty Development**

Fifty-three faculty development sessions, representing 125 hours of instruction, were provided to Jefferson faculty in 2006-2007. The faculty development program was organized into five general topic areas: effective teaching, research skills, professional development, information management and use of instructional technology. Table 1 provides an overview of the specific sessions presented. One-hundred fifty-three individuals partici-

pated in at least one session in 2006-2007 and 857 individuals participated in the program since its inception. Table 2 provides an overview of participation in each topic area and the participants' evaluations of each topic area for the 2006-2007 academic year.

Additional Web-based, self-directed learning modules for faculty development in the program area of effective teaching were created providing a total of 12 of these models available for use by faculty. These self-directed learning modules have allowed faculty to access faculty development programs at a time that is convenient for them. For academic year 2006-2007, 132 faculty have accessed the self-directed learning modules. To date, faculty have logged 458 faculty development credit hours through the self directed learning modules. These modules can be found at the faculty development Web site, [www.jefferson.edu/jmc/faculty/fac\\_dev](http://www.jefferson.edu/jmc/faculty/fac_dev).

The individual faculty development sessions continue to be provided through the generous commitment of time and talent by Jefferson faculty and the staffs of the Scott Memorial Library and the Office of Research Administration.

### **New Faculty Orientation**

The Office of Faculty Affairs provides a two-part orientation program for new faculty that consists of 1) an individual session with the faculty member to welcome him or her, provide individualized career guidance, and familiarize the faculty member with relevant policies and resources and 2) a full day orientation of the new faculty to the Jefferson community and its resources. This full day orientation program is given twice each year by members of the Dean's staff. For academic year 2006-2007, the Office of Faculty Affairs provided individual orientation sessions to 35 of the 54 new faculty hires. Twenty-seven new faculty participated in the full-day orientation program.

### **Faculty Resignations**

The Office of Faculty Affairs invites all faculty who voluntarily resign their faculty appointments for an exit interview. Aggregate data from these confidential interviews provide the administration with feedback that is used to enhance Jefferson's ability to recruit and retain excellent faculty. Seventy-six (~10%) left Jefferson during the 2006-2007 academic year, of which, 49 resigned their appointment for reasons other than retirement. This turnover

rate is consistent with national trends of eight to 11 percent for academic medical centers in recent years.

### **Faculty Annual Performance Review**

The Office of Faculty Affairs assists the Department Chairs to provide and track the mandated annual performance reviews for faculty. Compliance with this important task has increased significantly over the past few years with 23 of 23 departments completing annual performance reviews in the past three years, and 75% of faculty reporting that they received annual performance reviews in the 2004 and 2006 faculty satisfaction survey. This is up from 50% of faculty reporting that they received annual performance reviews in the 2002 faculty satisfaction survey.

### **Faculty Mentoring**

The Office of Faculty Affairs has been working with the Department Chairs to provide support for the mentoring of junior faculty at the department level. Each Department Chair has been asked to appoint a liaison to the Office of Faculty Affairs. The liaison is responsible for developing, implementing and evaluating the department (or division) mentoring plan with assistance from the Office of Faculty Affairs. This past year, several departments have implemented mentoring programs with the goal of helping junior faculty succeed in their academic roles. In addition, an informal monthly meeting is held for women faculty to assist with mentoring and leadership development.

### **Faculty Awards**

The Dean's Citation for the Advancement of Education at Jefferson Medical College and the Dean's Citation for Faculty Mentoring were presented to 28 faculty and three faculty, respectively, at the Dean's Annual Reception for Faculty Excellence in Education and Mentoring held at the Union League of Philadelphia on June 20, 2007. The names of the 2006-2007 award recipients are listed in Table 3. Nominations for the award are made by department chairs and prior award recipients to the Educational Advisory Committee of the Office of Faculty Affairs which reviews the nominations and makes recommendations to the Dean.

### **Dispute Resolution**

The University Faculty Ombudsperson, Stephen Weinstein, PhD, and the Associate Dean for Faculty Affairs and Faculty Development, Karen Novielli, MD, are available to assist faculty with the informal resolution of disputes and conflicts. Informal assistance is provided in addition to the formal grievance process available to faculty.

### **Faculty Satisfaction Survey**

A Web-based faculty satisfaction survey was administered to faculty in January, 2006. Faculty participation in the survey process was 71%! Results of the 2006, 2004 and the 2002 faculty satisfaction surveys are available to all faculty on Pulse. (Under my organizations, choose JMC faculty.) Areas of significant improvement on the survey include: percent of faculty who received an annual performance review,

the percent who find the annual performance review valuable; and the percent of faculty who feel there is unity and collegiality among the faculty both in their department and at the college level. Results of the Faculty Satisfaction Survey will be used to inform multiple initiatives related to improving the work-life of faculty including improving mentoring of faculty, improving the feedback process for faculty and improving the processes which reward faculty for their work.

### **Faculty Policies**

#### **Faculty Appointment and Promotions Guidelines**

Upon the recommendation and approval of the Executive Council, tracks and criteria for faculty appointment and promotion were revised to better reflect and reward the work of the faculty while promoting scholarship, leadership and excellence in teaching, clinical care and research. The new tracks are the Academic Investigator Track (tenure eligible), the Research Track, the Clinical and Educational Scholarship Track and the Clinician Educator Track. On July 1, 2007, the Clinical and Educational Scholarship Track became a tenure eligible track. Educational sessions were held with each department and through the Faculty Development Program to inform the faculty about the requirements for appointment and promotion in these tracks. One important addition to the assessment of credentials for appointment and promotion is the Jefferson Teaching Portfolio which will be required of faculty in all but the research track.

## Tenure Policy

The tenure policy and the processes for awarding tenure were reviewed and revised with input from an advisory committee to the Dean composed of faculty, chairs and administration. Changes were adopted to assist the university's efforts to recruit and retain outstanding research faculty. Key areas of revision are the ability to award tenure at the Associate Professor level, expansion of the probationary period for assistant professors in a tenure track to eight years, the establishment of a tenure committee to recommend the awarding of tenure and to conduct post-tenure reviews of tenured faculty. The Tenure Committee met monthly to review applications for tenure – seven faculty were awarded tenure during FY07.

## Faculty Resources

### Faculty Handbook

The *Faculty Handbook*, which is accessible via the Web at the faculty site, [www.jefferson.edu/jmc/faculty](http://www.jefferson.edu/jmc/faculty), has been updated to be more user friendly and to contain more relevant information for faculty. It has also been converted to an interactive PDF format. The *Faculty Handbook* contains updated faculty

policies as well as information about other resources available to faculty.

### Faculty Bylaws

Updated bylaws, reflecting recent changes to the tenure policy and the formation of new departments, are accessible at the faculty Web page (see above).

### Faculty Web Site

The faculty Web site, [www.jefferson.edu/jmc/faculty](http://www.jefferson.edu/jmc/faculty), was revised to provide improved access to relevant information for faculty.

## Faculty Committee Initiatives

### Education Advisory Committee

The Education Advisory Committee serves in an advisory function to the OFA around initiatives that improve and reward the teaching mission of Jefferson faculty including the faculty development program, the evaluation of teaching and rewarding teaching. Over the years, the committee was instrumental in the development of the Jefferson Teaching Portfolio and in educating the broader community about the importance of educational scholarship and establishing criteria for its assessment and inclusion in criteria for appointment and promotion.

## Standing Committee Support

The Office of Faculty Affairs provides administrative support to the following Committees and Standing Committees of the Medical College: Committee on Committees, Professorial Faculty Advisory Committee, meetings of the Professorial and General Faculty, Committee on Faculty Affairs, Committee on Bylaws and Rules, Committee on Departmental Review, and the Nominating Committee for the Professorial Faculty. Reports of these committees can be found in the document *Summary Reports of the Standing Committees of the Medical College*.

Agenda items for the meetings of the General and Professorial Faculty meetings included Professionalism and the Honor Code, New Tenure Policy, the LCME visit, Security Updates, Faculty PCC, and updates on the construction of the Hamilton Building.

### Karen D. Novielli, MD

*Associate Dean for Faculty Affairs and Faculty Development*

### Samantha Bruno

*Administrative Assistant, Office of Faculty Affairs*

**Table 1**  
**Faculty Development Sessions for 2006 - 2007**

**Instructional Technology**

- ✧ Classroom, Online & Blended Teacher Competencies
- ✧ Digital Imaging Processing for Presentations
- ✧ Photoshop Basics
- ✧ Intermediate Photoshop
- ✧ PowerPoint 1: Getting Started with PowerPoint
- ✧ PowerPoint 2: Working Efficiently with PowerPoint and Other MS Office Products
- ✧ PowerPoint 3: Formatting Graphics and Slides in PowerPoint
- ✧ PowerPoint 4: Animating Your PowerPoint Presentation
- ✧ Pulse: System Updates & Instructor Tips

**Information Management**

- ✧ Bibliographic Management: Introduction to RefWorks
- ✧ Community of Science Funding
- ✧ Find it Fast: Scott Memorial Library Basics for Busy Jeffersonians
- ✧ Introduction to Ovid MEDLINE
- ✧ Advanced Ovid MEDLINE
- ✧ Professional PubMed Searching
- ✧ Scholarly Communication and Collaboration – Online Options
- ✧ Searching Drug Resources
- ✧ Using Scopus and Internet Search Engines Effectively

**Research Skills**

- ✧ Budgeting on Grant Proposals
- ✧ Ethical Conduct of Research Grant Writing Seminar (11 weeks)
- ✧ Introduction to Industry-Sponsored Contracts
- ✧ Introduction to the National Institutes of Health
- ✧ Introduction to Sponsored Research
- ✧ Use of Animals in Research

**Effective Teaching**

- ✧ A “How To” Guide for Constructing High Quality Multiple-Choice Questions for the Basic and Clinical Sciences
- ✧ Developing Computer Based Learning Applications
- ✧ Effective Teaching Methods for Medical School: A Workshop for Basic Science & Clinical Faculty: Part 1
- ✧ Effective Teaching Methods for Medical School: A Workshop for Basic Science & Clinical Faculty: Part 2
- ✧ Essentials of Effective Lecturing
- ✧ Feedback and Evaluation: Using Standardized Students to Facilitate Faculty Skills in Evaluating and Providing Feedback to Learners in the Clinical Setting.

- ✧ Peer Review of Lectures and Syllabi
- ✧ Rewarding contributions to education through promotion: The Educational
- ✧ Portfolio and Educational Scholarship
- ✧ Syllabus Preparation
- ✧ Teaching and Evaluating Professionalism
- ✧ Tips for Delivering an Effective Lecture

**Professional Development**

- ✧ Career Development Workshop for Junior Faculty
- ✧ Developing Your Professional Network
- ✧ Handling Problem Employees
- ✧ Hard Work and Talent Aren't Enough: Developing Political Savvy and Managing Key Relationships
- ✧ New JMC Appointment and Promotion Tracks and Guidelines: An Overview
- ✧ Meyers-Briggs Type and the Workplace
- ✧ Tooting your Horn without Blowing It: Why is Effective Self-Presentation Harder for Women? How Can You Do It More Confidently?

**Table 2**  
**2006 - 2007 Faculty Development Program Ratings**

<b>Faculty Development Program</b>	<b>Number of Participants</b>	<b>Percent of Participants Rating Content Good or Excellent</b>	<b>Percent of Participants Rating Content as Relevant to Faculty Development Needs</b>
<i>Professional Development</i>	89	99	97
<i>Information Management</i>	44	100	100
<i>Effective Teaching</i>	137	97	98
<i>Instructional Technology</i>	49	96	93
<i>Research Skills</i>	26	100	100
<i>Web-Based Modules</i>	132	89	90

**Table 3**  
**Faculty Award Recipients**

Dean's Citation for Significant Contributions to the Advancement of Education at JMC	Dean's Citation for Faculty Mentoring at Jefferson
Barry Barnoski, Ph.D., Pathology, Anatomy and Cell Biology	Patrick McManus, M.D., Family and Community Medicine
Michael Belden, M.D., Obstetrics and Gynecology – Lankenau Hospital	William McNett, M.D., Pediatrics
Kimberly Best, M.D., Psychiatry – Albert Einstein Medical Center	Thomas Tulenko, Ph.D., Surgery
Edward Buchanan, M.D., Family and Community Medicine	
Hal C. Byck, M.D., Pediatrics – A.I. duPont Hospital for Children	
Catherine E. Calkins, Ph.D., Microbiology and Immunology	
Rosemary Casey, M.D., Pediatrics - Nemours Pediatrics, Lankenau Hospital	
Faez El-Gabalawi, M.D., Psychiatry – Belmont Center for Behavioral Health	
Gerald Fendrick, M.D., Pediatrics – Our Lady of Lourdes Medical Center	
Andres Ferber, M.D., Medical Oncology	
Guy Fried, M.D., Rehabilitation Medicine – Magee Rehabilitation Hospital	
Gerald Grunwald, Ph.D., Pathology, Anatomy and Cell Biology	
Moses Hochman, M.D., Obstetrics and Gynecology, ChristianaCare Health System	
Erica Johnson, Ph.D., Biochemistry and Molecular Biology	
Gary Lindenbaum, M.D., Surgery	
David Maguire, M.D., Anesthesiology	
Stephen McGeedy, M.D., Pediatrics – A.I. duPont Hospital for Children	
Stephen McNulty, D.O., Anesthesiology	
Melvin Moses, M.D., Surgery – Methodist Hospital	
Susan Parks, M.D., Family and Community Medicine	
Rodney Pelchat, M.D., Psychiatry	
Bernadette Profeta, M.D., Surgery	
Alan Schindler, M.D., Pediatrics – Albert Einstein Medical Center	
Robert Somers, M.D., Surgery - Albert Einstein Medical Center	
Elizabeth VanBockstaele, Ph.D., Neurology	
Marilyn Woolkalis, Ph.D., Molecular Physiology and Biophysics	
Charles Yeo, M.D., Surgery	
William Young, M.D., Neurology	

# Office of Faculty Records

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The Office of Faculty Records was established in June 2003 by Dean Nasca to implement additional oversight of the faculty appointments and promotions process.

The office supports the administration of the academic faculty appointments and promotions procedures, the verification procedure for faculty appointment and/or promotion and maintenance of accurate faculty records.

Table 1 on the following page depicts the faculty appointment and promotion process. Table 2 contains the Faculty Census as of July 2006.

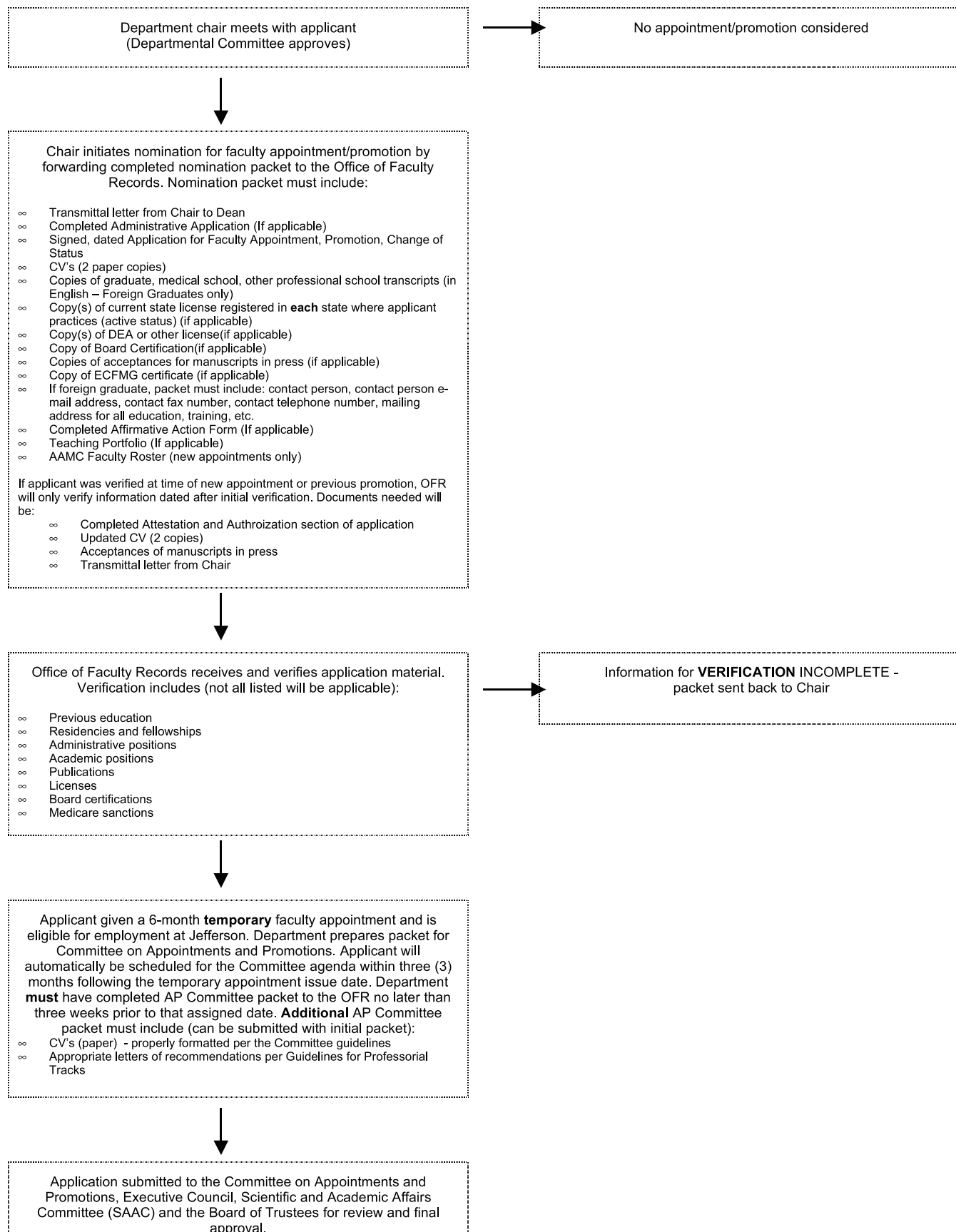
**Denise Fontana**

*Supervisor  
Office of Faculty Records*

# Table 1

## New Appointment and Promotion

### Jefferson Medical College / Thomas Jefferson University Office of Faculty Records Flow Chart for New Appointment/Promotion



**Table 2**  
**Faculty Census**

	Fully Salaried	Partly Salaried	Non-Salaried	Total
Professorial	312	10	524	846
General	402	28	1360	1790
<b>Total</b>	<b>714</b>	<b>38</b>	<b>1884</b>	<b>2636</b>
Administration	37		6	43
Basic Science	165	1	51	217
Clinical Science	539	37	1829	2405
Other	10		4	14
<b>Total</b>	<b>751</b>		<b>1890</b>	<b>2679</b>
Professor	171	5	259	435
Associate Professor	141	5	265	411
Assistant Professor	275	16	678	969
Instructor	127	12	682	821
<b>Total</b>	<b>714</b>	<b>38</b>	<b>1884</b>	<b>2636</b>
Women	199	19	396	614
Men	515	19	1488	2022
<b>Total</b>	<b>714</b>	<b>38</b>	<b>1884</b>	<b>2636</b>
Emeritii	Honorary			
5	359			



# Office of Admissions

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The Office of Admissions supports the efforts of the Committee on Admissions, consisting of 34 faculty and three student members. The dedicated Committee members and first- and second-year students interviewed approximately 800 applicants this year. The Student Admissions Coordinators present an informational program, and first- and second-year students conduct tours of the campus (in addition to submitting written evaluations of each applicant) prior to the faculty interviews. Agreeing to serve on the Committee on Admissions represents an extraordinary commitment of time and effort unequalled by any other committee in this institution. The dedication of the members of this committee to the selection and recruitment of the best and the brightest students deserves the highest praise and the gratitude of the entire Jefferson community.

The number of applicants to medical school continued its upward trend for the third consecutive year. Nationally, 40,942 applications have been certified and submitted to AMCAS vs. 37,645 for the same time last year, an 8.8% increase. To date, Jefferson has received 8,997 applications compared to the 7,789 last year (a 15.5% increase).

Our “special programs” continue to attract significant interest. The Penn State Accelerated Program received 389 applications. This highly competitive program requires minimum SAT scores of 1440 (excluding the writing sample at this time) and rank in the top 10th percentile of their high school class for consideration. For the first time since the program’s inception, a winter storm necessitated that we interview these applicants on two days. On February 14 and 23, 2007, we interviewed 89 highly accomplished candidates from 17 different states, Canada and Bahrain. Ninety-four percent of the applicants interviewed had SAT scores above 1500, and seven had perfect SAT scores of 1600. Thirty-one students will join the entering class of 2007 this July after completing two or three years at Penn State.

The Physician Shortage Area Program (PSAP) attempts to identify, recruit, and matriculate applicants who agree to pursue a career in family medicine and to practice in a medically underserved area. This year we accepted 11 PSAP applicants who applied through AMCAS and anticipate that five will matriculate with the entering Class of 2007.

The Delaware Institute for Medical Education and Research (DIMER) Program continues to flourish at Jefferson. Of the 92 applicants in the National Pool from the state of Delaware, 67 applied to Jefferson (54 from New Castle County, six from Sussex County and seven from Kent County). We interviewed 38 applicants, accepted 29, and anticipate 21 matriculants (19 from New Castle, two from Sussex counties).

Our links with the Post Baccalaureate Pre-Health Programs at the University of Pennsylvania, Bryn Mawr College and Columbia University continue to attract highly qualified applicants who have chosen to change careers. This year’s matriculants include a political aide, a nurse, and a marketing consultant.

The Medical Scholars Program with the University of Delaware, now in its fourteenth consecutive year, will matriculate eight students for the 2007 entering class. This early linkage program has, to date, graduated 99 students from Jefferson Medical College.

For the entering class of 2007, the combined MD/PhD degree program between Jefferson Medical College and the Jefferson

College of Graduate Studies received 156 AMCAS applications for our five fully funded MD/PhD spots. From the 104 completed applications, 36 candidates were selected to interview at both the graduate and medical schools, and ten offers of acceptance were made; we expect that four will matriculate with the entering class.

### **Class of 2011**

The current first-year class will matriculate 259 students who reflect the diversity seen in matriculants over the past few years. At this date there are 109 colleges and universities represented. The first-year students are from 26 different states, Canada, Ghana, Nigeria, and the Philippines. Ten percent of the class is from groups identified as under-represented in medicine, and 38% represent nonwhite ethnic groups. Forty-six percent of the class is female. The average age is 23 with a range from 18 to 36 years. The diversity in the class is evidenced by the number of students 25 years of age and older, 16.6%. We continue to encourage applications from students who are studying in this country with student visas who plan to return to their “home” countries to practice medicine.

### **International Students**

At the current time, we have a total of 25 students at Jefferson with student visas, (seven from Canada, eight from Malaysia, and two each from Kenya and the United Kingdom, and one each from the Bahamas, Hong Kong, Myanmar, Nigeria, the Philippines, and South Korea.) A number of foreign students have

indicated a desire to attend Jefferson, but have been unable to do so because of the financial limitations imposed. 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 Efforts**

Attracting outstanding students continues to be the major thrust of the Office of Admissions. The Office hosted its sixth annual “Second Look” recruitment event on April 26 and 27, 2007. Members of the Committee on Admissions, administrative staff, alumni, and current students attended the reception on the evening of April 26. The next morning’s agenda included a welcome by Drs. Clara Callahan and Elizabeth Brooks and an overview of Financial Aid and Student Records by Susan Batchelor and David Clawson. Drs. George Brainard, William McNett, and Richard Schmidt were on hand to demonstrate the many learning resources and educational tools used at Jefferson in teaching the basic sciences and clinical skills, along with Martha Ankeny and Dr. Tony Frisby. Dr. Phil Wolfson gave an overview of our curriculum, and several Jefferson students described some of the many community outreach opportunities available to Jefferson students. After lunch, at which the prospective students were welcomed by the Dean, they attended mini-workshops: surgical procedures, hosted by Dr. Philip Wolfson; emergency medicine patient care, demonstrated by Theodore Corbin; a tour of the Department of Orthopedics con-

ducted by Drs. Sidney Jacoby and Mara Karamitopoulos, MD; cardiac diagnostics demonstrated by Drs. Nicholas Ruggerio and Gregory Marhefka; a tour of the neurological surgery area by Dr. Stavi Tjoumakaris; radiologic innovations were demonstrated by Adam Flanders; and pediatric case studies presented by Charles Pohl, MD. The event concluded with information on international opportunities presented by Janice Bogen and cultural diversity was highlighted by Dr. Ed Christian. Of the 92 accepted applicants in attendance, 63 are expected to matriculate on August 6, 2007.

Recruitment of students from groups underrepresented in medicine remains a challenge for all medical institutions. This year we interviewed 92 under-represented in medicine students, accepted 75 and anticipate 26 matriculants, 10% of the incoming class. Efforts to provide additional educational and financial support and increased efforts at recruitment by our faculty and students, as well as the efforts of the Office of Diversity and Minority Affairs, have led to an increase in interest in Jefferson.

This year was marked by the arrival of Dr. Elizabeth Brooks as the new Associate Director of Admissions in early January. Dr. Brooks was previously the prehealth advisor at Rowan University and brings extensive experience in counseling students about the application process for medical school. She has been very helpful in recruitment efforts and has begun transforming the processes for receipt and

screening of applications to be “paperless.”

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. Our involvement with the Northeast Consortium on Medical Education (NECOME), a group consisting of the premedical advisors from Amherst, Bowdoin, Hamilton, Haverford, Holy Cross, Middlebury, Swarthmore, Wesleyan and medical school admissions officers from Albany, Dartmouth, Harvard, Jefferson, Mt. Sinai, Rochester, University of Connecticut, University of Pennsylvania and the University of Vermont, continues. The spring

meeting this year was at the University of Rochester.

The admissions process at Jefferson continues to be highly regarded by both applicants and advisors (according to questionnaires returned by accepted applicants who have withdrawn and according to the personal comments offered by the health professions advisors who have visited Jefferson). This almost universally 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 who make the interview a conversation rather than a confrontation. 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 their visit to Jefferson and by the friendliness of the students and faculty.

The students who matriculate at Jefferson are intelligent, concerned, and dedicated individuals who have chosen medicine, in many cases, in spite of being advised to select another career by family, friends and physicians. I am confident that our students and graduates will continue to provide competent, compassionate medical care to the sick and injured and will be a credit to the profession and to Jefferson Medical College.

**Clara A. Callahan, MD**

*The Lillian H. Brent Dean of  
Students and Admissions*

# Office of Student Affairs and Career Counseling

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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. The office's Web site (<http://www.jefferson.edu/jmc/osacc/>) serves as a vehicle to enhance this mission.

## **Student Affairs Committee and Student Bulletin**

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. Representatives from pertinent university offices and college departments attended in order to provide more comprehensive and cohesive student programming and services. Three editions of the *JMC Student Bulletin* were published to foster communication between students, faculty, and administration of JMC.

## **Medical Student Orientations** **First Year Orientation**

The First Year Orientation provided a comprehensive introduction to all Jefferson students and facilitated 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. Students were also familiarized with the facilities and resources available to them through Thomas Jefferson University. In addition, the core values of professionalism, the patient-physician relationship, and Hippocratic Oath were emphasized. The Freshman Assistance Committee, a group of 25 second-year students, was instrumental in welcoming the new students during orientation and helping them get comfortable in their new roles as medical students. The Big Sib Program, which pairs first-year students with upperclassmen, was continued to improve peer mentorship and to strengthen relationships between the "siblings."

At the conclusion of the orientation week, the students and their families participated in the Jefferson Medical College Opening Exercises. This event, which was conducted by Dr. Thomas Nasca, incorporated the White Coat Ceremony and the Shared Code of Professional Values. Dr. LaSalle D. Leffall, the Charles R. Drew Professor of Surgery

at Howard University College of Medicine, was the honorary speaker for the White Coat Ceremony and spoke on the importance of professionalism and humanism in the practice of medicine.

## **Second-, Third-, and Fourth-Year Orientation**

The upper-class orientations prepared the students for their academic year. The programs continued to introduce the respective curriculum to the students as well as the required OSHA regulations. A required HIPAA training was also incorporated into the orientation. In order to improve the visibility of support services at JMC, the students also received information regarding the Office of Student Affairs and Career Counseling, the Student Personal Counseling Center, the services of the learning specialist, and career counseling opportunities. The Shared Code of Professional Values was also recited. Additionally, information about career counseling and the residency application process was included this year in order to better guide the students through this important process.

## **Student Clinician's Ceremony**

The Student Clinician's Ceremony, which was supported and

partially funded by The Arnold P. Gold Foundation, was continued this year. Its goal is to enhance the students' transition into clinical medicine. The program was incorporated into the third-year orientation and included a keynote speech by a Jefferson clinician, Dr. Clara Callahan, who has been recognized by the students and faculty as a humanistic role model. As part of the ceremony, six outstanding residents who had been chosen by the outgoing third-year class were recognized and honored with the Gold Foundation's Humanism and Excellence in Teaching Award.

### **JMC Learning Societies**

Eight separate learning societies, named after esteemed Jeffersonians, were created this academic year to promote communities of students and faculty that are committed to the core values of Jefferson Medical College and to nurture professional and personal development. The goals were to: 1) enhance a sense of community within Jefferson; 2) promote exchange of ideas, companionship, and mentorship; 3) highlight importance of community service; 4) develop skills in leadership, communication, doctoring, and professionalism; and 5) create an opportunity for longitudinal education. Approximately 32 students from both the first and second year classes formed each learning society. As a major goal of the Societies was to highlight the importance of community service, Maria Hervada-Page, a social worker with many years of experience working with community agencies, has been hired to play a promi-

nent role in coordinating this effort.

### **Support Systems**

#### **"Personal" Dean Assignment**

Needs of students vary depending on the class, the time of year, and individual students. To allow each student to develop an in-depth relationship with someone in the OSACC, each student is assigned a "personal dean." Drs. DeSimone, Lopez, Pohl, and Spandorfer took responsibility for a fourth of each of the four classes. 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, Pohl, and Spandorfer were available by beeper at night and on weekends in the event of an emergency.

#### **Clinical Mentor Program**

The Clinical Mentor Program, which pairs first-year students to clinicians, continued this year under the direction of Dr. Spandorfer. Designed to provide a clinical role model to incoming medical students, students were encouraged to utilize this person as a mentor and friend during their four years at Jefferson medical College. This year, 195 clinical faculty participated in the program. Students always have the option of changing or

adding a mentor, especially during the clinical curriculum.

### **Alumni Association and the Women in Medicine Society**

The Alumni Association as well as the Women in Medicine Society also had opportunities for students to develop relationships with clinical faculty. The Jefferson Alumni Association continued a program to help foster mentoring at JMC by having Alumni from an array of specialties meet in small groups for lunch with first-year students. The Women in Medicine Society in conjunction with the University Activities Office sponsored an event highlighting women in medicine.

### **Academic Support**

The Deans for the OSACC maintained a proactive stance regarding student academic performance by having annual meetings with their assigned students. In addition, Drs. DeSimone, Lopez, Pohl, and Spandorfer, along with course directors and the Deans for Undergraduate Medical Education, regularly 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.). A quick reference guide for students with academic issues has been printed in the *JMC Student Handbook* and posted on the OSACC Web site.

## **Transfer Students and Returning MD/PhD Students**

The OSACC along with the Undergraduate Medical Education and University Registrar Offices monitored students on medical and nonmedical leaves of absence and their subsequent re-entry to medical school. In collaboration with Dr. Joseph Majdan of the Clinical Skills Center, a program to better transition upcoming third-year students who had an interruption of their medical training or who were new to Jefferson (e.g., Malaysian transfer students) was enhanced. This experience included the development of approaches to clinical problems, the review of history-taking and physical diagnostic skills, discussion of the patient-physician interactions, and exposure of students to standardized patients and clinical settings.

## **Personal Counseling**

Jefferson offered several options to students seeking counseling. In addition to the deans of the OSACC and the Jefferson faculty, the students utilized the JMC Student Personal Counseling Center. The counseling center, coordinated by Dr. Robert McFadden of the Department of Psychiatry, was available for confidential evaluation and management of students' personal issues, had organized an internal as well as external mental healthcare network, and developed a Wellness seminar series. A member of the Department of Psychiatry was available at nights and on weekends in the event of an emergency. The student health insurance carrier, Chickering Group / an Aetna Company, was continued this year to better meet the needs

of the students and to help reduce growing barriers to mental health services.

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 Introduction to Clinical Medicine I and II courses. Many students also participated in stress management programs sponsored by the University Activities Office and Center for Integrative Medicine.

## **Wellness Initiative**

A Wellness Initiative, supported by the Dean for JMC and coordinated by Dr. DeSimone, met on a regular basis and was staffed by key university and college departments, including the JMC Dean's office, the Personal Counseling Center, Office for Diversity, medical students, and the University Activities Office. It designed a wellness curriculum as well as updated the JMC Wellness Web site.

## **Career Planning and Clinical Counseling**

In order to improve career planning and clinical counseling, a new career planning Web site has been created within Pulse (under the organization "JMC Student Affairs"). While much of the information contained in the pages has been presented to students in both formal didactic sessions as well as individually through meetings with student affairs deans, the Web site provided students with a convenient and accessible reference source. The site has received over 10,000 visits since it was introduced in January of this year. Two student

town meetings were also held to identify better ways to improve this counseling process.

The Alumni Association coordinated Career Day held on December 6, 2006. Physicians presented brief reviews and answered questions about their specialties. In addition, Dr. Pohl discussed the residency application process. Career Day was aimed at second-year and third-year students, but all students were invited.

Deans for the Office of Student Affairs and Career Counseling participated in the two sessions held by the University Office of the Registrar to assist second-year and third-year students in planning their upcoming clinical schedules. The workshops offered a curriculum overview and a review session on completing forms. Besides administrative input, upperclassmen also provided information regarding schedule planning and electives. Graduates also made use of the career-planning resources for career counseling.

Two booklets were updated and distributed to third-year students as well as posted on the JMC Student Affairs Pulse site. One is a collection of descriptions written by each clinical department about its specialty. It also lists faculty members willing to offer career advice. The other career planning booklet focuses more on the residency application, the interview, and the match process. In order to improve clinical counseling about specialties and the residency application process, Dr. Pohl held three meetings with the Class of

2008 regarding fourth-year curriculum and planning for postgraduate training. In addition, Drs. Lopez and Spandorfer met with each Jefferson residency director from each of the specialties to conduct a career counseling survey about their specialty. This information was collated and will be available on the Pulse site as well as during individual sessions in the OSACC this year.

Drs. Timothy Brigham and DeSimone once again held the Careers in Medicine workshop during second year orientation in order to enhance the career planning process for students. The program, which is sponsored by the Association of American Medical Colleges (AAMC), provided students with information regarding career decisions. Drs. DeSimone and Lopez also facilitated four career workshops for second-year and third-year students. In collaboration with the Learning Resource Center, Dr. Lopez also maintained the student research opportunities in a user-friendly Web site.

### **Postgraduate Application Process**

Twenty-four members of the faculty comprised the Postgraduate Recommendation Committee. They interviewed the “rising” fourth-year students and wrote the Medical Student Performance Evaluations (formerly known as the “Dean’s Letters”) based primarily on excerpts of course evaluations. Dr. Pohl 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, as well as third-year class rank.

### **Match 2007**

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 2007 Match. Most 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 application process, which made the process less burdensome for students. Match Day was March 15, 2007. On October 25, 2006, the Associate Dean, along with 12 different Program Directors of Thomas Jefferson University, met with the Class of 2007 to provide information regarding residency selection and the interviewing process. Dr. Pohl reviewed the ranking procedure of the NRMP with the senior class on January 31, 2007.

As seen on Table 1, of the 218 senior students (Class of 2007), 204 (94%) participated in the National Resident Matching Program (NRMP). Of the match participants, 12 students (6%) were unmatched for PG-1 (Table 2). One of the 12 unmatched students, though, had secured a PG-Y 2 position. Nationally, the unmatched rate was seven percent. Eleven of the unmatched students were subsequently matched to good positions or attained a research position. Fourteen (6%) students elected not to participate in the match either

because of a commitment to one of the armed services, an acceptance of a position outside of the match, or deferment of their training.

The specialties chosen most frequently by the 213 seniors going on to postgraduate training were Internal Medicine (22%), Family Medicine (8%), Pediatrics (8%), and Emergency Medicine (7%). Of this year’s seniors going onto residency training, 87 (41%) entered primary care specialties including internal medicine, family medicine, pediatrics, medicine-pediatrics or obstetrics and gynecology residency. Sixty-seven percent of seniors participating in the NRMP matched at a university program for their PG-1 year. Eighty-four (44%) students accepted PGY-1 appointments in Pennsylvania, and 69 (36%) students accepted appointments in institutions that are the responsibility of Thomas Jefferson University Hospital or its affiliated hospitals. The NRMP no longer reports the percentage of students at each medical school that gets one of their top choices in the Match.

### **Applied Arts Program**

Twenty first- and second-year Jefferson Medical College students participated in a new joint initiative by Jefferson Medical College of Thomas Jefferson University and The Pennsylvania Academy of the Fine Arts, entitled the Applied Arts Program, that integrated the principles and sensibilities of the fine arts into medical training. The inaugural workshop, which was held on March 16, 2007 and co-facilitated by Dr. Pohl and Mr.

Al Gury, Chair of the Academy's Painting Department, featured creative lessons such as Visual Rounds using artwork and models in the hopes to prepare more well-rounded doctors through the study of art and its application to medicine.

### JMC Student Emergency Preparedness

OSACC participated in the University Student Emergency Preparedness Committee, chaired by Dr. Pohl, which had been charged with the development

of a comprehensive plan for personal and University emergencies that affect students. Individual guidelines and policies as well as a centralized Pulse site were updated for University administrators. Dr. Pohl also represented the University students during a week long Pandemic Flu exercise conducted by hospitals in the state of Pennsylvania.

**Charles A. Pohl, MD**  
Associate Dean for Student Affairs and Career Counseling

**Kristin DeSimone, MD**  
Assistant Dean for Student Affairs and Career Counseling

**Bernard Lopez, MD**  
Assistant Dean for Student Affairs and Career Counseling

**John Spandorfer, MD**  
Assistant Dean for Student Affairs and Career Counseling

**Table 1**  
**JMC Match Program Selected Data**

	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
# In Match	204	213	214	217	184	197	202	201	201	212
# Unmatched	12	11	16	21	11	11	13	13	9	12
Specialty Preferences of Unmatched Students	2 EM 1 Ent 5 Ortho 1 Ped 1 Rad 1 Surg 1 Trans*	1 Derm 1 Ent 1 OB 2 PreMed* 3 Surg 1 Trans* 1 Plast 1 PreSurg*	2 Anesth 1 Derm 1 EM 1 FM 2 Med 1 OB 1 Ped 5 PreMed* 2 Surg	3 Derm 1 FM 1 Med 4 Ortho 2 Path 1 Plast 2 PreMed 1 Rad 1 Rehab 5 Surg	1 Med 1 No List* 3 Ortho 1 Ped 1 Psych 2 Rad 1 RadOnc 1 Trans*	1 Derm 1 EM 4 Ortho 4 PreMed 1 Rehab	1 Derm 1 FM 1 IM 2 PreMed* 1 PreSurg* 3 Ortho 2 Rad 1 Surg 1 Trans*	1 Derm 2 EM 2 FM 3 Ortho 2 PreMed 1 Rad 1 Surg 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
# Match at Primary Medical School Affiliates**	156	156	159	163	140	162	126	141	158	151

\* This student matched for a PG-2 residency position, but not for PG-1 position.

\*\* Includes PG-1 and 2 (if known).

Office of Student Affairs and Career Counseling July 2007

**Table 2**  
**Initially Unmatched Students in the NRMP**

1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
6.0%	5.7%	4.4%	6.5%	5.9%	5.6%	6.0%	9.6%	7%	5%	6%

The unmatched rate for all graduating U.S. seniors was 7% in 2007.



# Office of Diversity and Minority Affairs

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**T**he Office of Diversity and Minority Affairs (ODAMA) began with the mission of promoting multicultural initiatives that would affirm Jefferson's commitment in maintaining a culture of understanding and mutual respect within the Jefferson Community. These initiatives would serve to reduce bias amongst the TJU community while helping to open the lines of communication and cooperation. Ongoing efforts to promote diversity and cross-cultural competent healthcare continue to be a focal point for this office.

The diversity initiatives continued during the 2006-2007 year. The programs have been expanded and enhanced to strengthen their educational impact and ensure continued student participation. ODAMA sponsored a series of lectures, cultural events, and educational programs. We were able to reach out to many more students from Jefferson Medical College, the College of Health Professions, and the College of Graduate Studies, in addition to faculty and staff. These members of the Jefferson community supported all multicultural initiatives, and many helped in the planning, coordination, and promoting of these programs. Overall attendance was excellent and students have fully enjoyed the programs.

## **Diversity/Multicultural Initiatives**

### **Lecture Series**

Through our lecture series, we continue to bring in distinguished guest speakers from the medical profession and health policy arena. The lecture series is broken into four categories: Dean's Lecture, Diversity/Cultural Competency Lecture, Open Forum/Hot Topics Lecture, and a Community/Healthcare Disparities Lecture. The lectures focus on the underlying issues concerning the categories under diversity, healthcare issues, health policy and disparities in healthcare amongst certain ethnic groups, in addition to addressing the need for culturally competent care for all patients. Most lectures are held at noon.

ODAMA will continue the lecture series each year focusing on one of the categories under diversity. As previously projected, these lectures were integrated into the existing curriculum of the MP21 course for first-year students in 2005-2006. The lectures were offered several times within the same day. It served as a "grand rounds" lecture for the Department of Pediatrics and the Department of Family and Community Medicine and as a noontime lecture for second-year students, the Department

of Nursing, and the TJU community at large. It was then offered to first years through the MP21 course. However, with the new curriculum and the many changes that were made, the lectures were not offered in this way for 2006-2007. They were only offered at noon for the entire TJU community. Overall, the lecture series has been highly successful.

### **Celebratory Events/Activities**

Included in ODAMA's multicultural initiatives were cultural/ethnic events and activities. While the lectures took place at noon, the celebratory events/activities and socials took place during the evening. They served as a way of further promoting diversity and cultural competency.

All lectures and events were free and open to the entire TJU community. The TJU Activities Office, the Office of International Exchange Services and the Department of Nutrition and Dietetics collaborated with ODAMA in cosponsoring events during the month-long celebrations. In addition, the Diversity Council, the Student National

Medical Association (SNMA), the Jefferson Boricua Latino Health Organization (JBLHO), the Jefferson African American Student Society (JAASS), the Jef-

person Association of Indians (JAI), the Jefferson Asian Diversity Enrichment (JADE), the Asian Pacific American Medical Student Association and the International Medicine Society (IMS) cosponsored events and lectures throughout each month. The student groups took the lead in helping to plan activities for each month. Actively seeking student input in the planning and coordination of the activities ensured active participation of all students at TJU.

This year, the following cultural/ethnic events and activities took place:

#### *Latin Heritage Month*

Nationally, Latin Heritage Month begins September 15 and ends October 15. In recognition of Latin Heritage Month, ODAMA sponsored three lectures focusing on the following topics: Latino Healthcare, Latin American History, and the Latino Community in Philadelphia.

The TJU Activities Office offered a movie night, a Capoeira Demonstration, Afro-Cuban Jazz dance lessons in addition to Salsa, Merengue and Tango lessons during this month. The Department of Nutrition and Dietetics offered weekly ethnic dishes in all campus cafeterias. In addition, ODAMA, the Office of International Exchange Services and the International Medicine Society cosponsored the Foerderer Lecture Series presentations on summer Global Health internships in Latin American countries. Three afternoons were scheduled for these presentations.

The month ended with an evening social sponsored by ODAMA. The Latin Heritage Month Cultural Dinner Dance included Latin cuisine, professional entertainment and a disc jockey. Nearly 200 people were in attendance.

#### *LGBT History Month*

October is also Lesbian, Gay, Bisexual, Transgender History Month. This year, the Activities Office, ODAMA and the Office of International Exchange Services sponsored a special film presentation in recognition of LGBT Month.

#### *International Education Week*

November is host to two different celebrations: International Education Week and Native American Heritage Month. The three offices sponsored activities that took place during this month for both celebrations.

In recognition of International Education Week, a guest lecturer was brought in to speak on world-wide issues of food insecurity. The Foerderer Lecture Series continued with Jefferson Physical Therapy students presenting on their experiences in the Netherlands. These students worked with physiotherapists at Radboud University during their summer global health internship.

#### *Native American Heritage Month*

During Native American Heritage Month in November, the three offices sponsored a group called Native Nations Dance Theater which came in to present a Dreamcatcher Workshop. This same group later performed Native American dance rituals,

sang, and played native instruments for the TJU community and for ODAMA's Annual Open House participants. Each year, nearly 200 premed students and their advisors attend ODAMA's Annual Open House.

#### *World AIDs Day*

The three offices sponsored the Foerderer Lecture Series on the AIDs crisis in Rwanda and Uganda. An information and action booth/table sponsored by STAND UP! (a medical student group that helps to bring focus and recognition on the health crisis of AIDs sufferers around the world) was placed in the JAH hallway.

#### *Expressions of Asia*

In January, the three offices again collaborated with the following student groups to cosponsor the activities for "Expressions of Asia:" Jefferson Asian Diversity Enrichment, Jefferson Association of Indians and the Diversity Council.

Three guest lecturers were brought in. The topics were: "Bridging the Gaps: Some Thoughts on Treating Immigrant Patients;" "Fighting Infectious Diseases in Asia: A Report from the Front Lines;" and "Reflections on Immigrants."

Indian Dance Classes were offered throughout the month of January. In addition, tickets to see the Chinese New Year Spectacular were made available to students. Asian Cuisine was served in the campus cafeterias each Wednesday. The culminating event for the month was the "Expressions of Asia Cultural Evening Extravaganza." The eve-

ning began with an ethnic buffet of Asian Cuisine followed by a fashion show, entertainment by multiple performers and professional musicians. In addition, a Korean drum ensemble and Chinese Dragon dancers performed that evening. Nearly 250 people were in attendance.

#### *Martin Luther King, Jr. Day*

The three offices sponsored the showing of a television documentary on the American Civil Rights Movement called, "Eyes on the Prize." In addition, JAASS and ODAMA sponsored the Dr. Martin Luther King, Jr. Scholarship Banquet.

#### *Black Heritage Month*

In February, Black Heritage Month began with the three offices sponsoring activities that included two lectures, African dance classes, performances by Interact Theater Company, a book signing and dessert reception, Foerderer Lecture Series presentation on the Crisis in Darfur, Taste of Africa Fundraising Food Gala, African American Marketplace, and performances by students from the Philadelphia High School for Creative and Performing Arts. In addition, Caribbean, African and Southern cuisines were available each Wednesday in the campus cafeterias. Tickets to the African American Museum in Philadelphia were made available on a continuous basis throughout the month.

The month ended with a Black Heritage Month Cultural Dinner. Southern, Caribbean and African cuisine, music and professional musicians and entertainers were part of the evening's festivities.

#### *Women's History Month*

A committee of faculty members and student leaders joined the three offices in sponsoring Women's Health Month. The month began with a T-shirt fundraiser, women in science seminar, lecture and networking evening and reception, and an art exhibit. A guest lecturer spoke on, "How Business can Serve the Community." The culminating event was a cultural "Women's" evening that included performances by talented Jefferson students and a display of paintings, photography, and jewelry.

#### *Diversity Week*

ODAMA, the Diversity Council, Student Leader Committee and Student Representatives worked diligently to plan and coordinate events for this week. This year, Diversity Week was celebrated from Monday, April 9 thru Friday, April 13, 2007.

The week began with signs being posted reminding the TJU community that it was Diversity Week. Two maps, a U.S. and world map, were placed on bulletin boards in the entrance/hall area of Jefferson Alumni Hall. The TJU community was invited to place a flagged pin on their country of origin. The maps were displayed throughout the entire week. The Department of Nutrition and Dietetics provided International Cuisine on Monday, Wednesday and Friday during Diversity Week.

We continued Diversity Week by sponsoring four lectures: "Is that Safe? Why Some Women Choose Homebirth," "Lost in Translation," "Caduceus

and Hippocrates: A Holistic Perspective," and "The Sociology of Caring in the Doctor/ Patient Relationship."

The culminating events for the week were "Desserts from Around the World" and the Multicultural Evening/International Day. Entertainment and an ethnic buffet were part of the festivities. Students exhibited posters on specific countries they traveled to addressing the healthcare needs of the communities they served. The exhibit documented their experiences abroad. There were well over 200 people in attendance.

#### **Jefferson Medical Language Immersion Program (JEFF MED-LIP)**

The Jefferson Medical Language Immersion Program (JEFF MED-LIP) was designed to address the need of today's diverse patient population who often times have either limited English speaking skills or non-English proficient. The program enables our students to learn medical terminology, social-cultural norms and nuances, in addition to prevalent diseases within the sub-groups. It includes visits to nearby community clinics where students have the opportunity to see patients and get some hands-on experience. Community outreach is done on a weekly basis by conducting educational health promotions workshops putting into practice the language skills and competencies acquired.

The course is divided into three levels: Basic, Intermediate and Advance. It is offered for two hours once a week for 15 weeks.

Students interested in taking the course are given a placement test on the first day of class.

Medical Spanish is the first course to be offered. JEFF MED-LIP will include other languages such as Mandarin and Vietnamese. A summer “immersion” experience in a foreign country, where that specific language is spoken, is offered as part of the program. Students will be able to travel abroad for six to eight weeks to experience first hand that country’s healthcare delivery system. Students must pay their own expenses for the summer “immersion” experience. However, students are able to apply for a Foerderer Scholarship, which enables them to pay for travel, room and board through the Office of International Exchange Services.

### **Medical Spanish**

The Medical Spanish course offers students the opportunity to learn medical terminology in addition to prevalent diseases and healthcare disparities of each Latino sub-group. Social-cultural issues are highlighted and students have the opportunity to volunteer 15 hours in a local community clinic that predominantly serves a Latino patient base.

In this world of technology, no course would be complete without the use of educational online services. Pulse, which is offered through Jefferson’s Library Services, serves to enhance and broaden the teaching tools used for the Medical Spanish course. Information is provided to students enrolled in the course on this site with external links to journals and articles. It is also

used as a means of communicating with students and posting assignments.

There was an overwhelming response in terms of students interested in taking Medical Spanish. Approximately, one hundred students signed up for the course this year. After the placement test was given, we ran one level of Basic, one level of Intermediate, and one level of Advanced. ODAMA hired a physician and a Spanish Instructor (who is certified in teaching Medical Spanish). Hector Lopez, MD, from the Department of Anatomy taught the Advance level course and Ms. Katherine Schoengold taught the Basic and Intermediate levels.

The following are components of the Medical Spanish program:

#### *Standardized Patients*

In collaboration with the Clinical Skills Center, standardized Latino patients are used in the classroom. Students practice their newly acquired skills and competencies while examining patients and taking patient histories.

#### *Community Outreach/Health Promotions Workshops*

Through a collaborative effort with Congreso Latino, students have the opportunity to volunteer some of their time doing community outreach by conducting health promotions workshops in Spanish. The workshops are given on Mondays, Wednesdays, or Fridays, from 12:00 noon-1:30 p.m. Students conducting these workshops promote preventive care by addressing Latino patients through a series of educational health programs. Topics

discussed in these workshops include HIV/AIDs, Diabetes, Heart Disease, Cancer, and High Blood Pressure/Hypertension.

However, this year, due to time constraints, our students were not able to conduct these workshops. We hope to be able to do so in the incoming year.

#### *Clinical Exposure/Volunteer*

As part of the collaborative effort with Congreso Latino, students continue to do screenings under the direction of Patrick McManus, MD from the Department of Family Medicine, Family Medicine Residents and Hector Lopez, MD, Assistant Professor of Anatomy and Medical Spanish. The screenings are required for admittance into a summer enrichment program geared for Latino and African American youth between the ages of six-18 who are from low-income families. These screenings are done annually.

#### *Global Health Initiative: Clinical “Immersion” Experience Abroad*

The “immersion” experience component came to fruition nearly five years ago. This is part of our Global Health Initiative for TJU students but particularly for Jefferson Medical College students.

The Dominican Republic continues to serve as a primary site for this program. It was chosen as a site for JEFF MED-LIP since it is a third world country where healthcare differs substantially from that of developed countries like the United States. In addition, the relatively low cost of travel, room and board were significant factors in selecting this country as well.

This component was designed to give the Intermediate and Advance level students a unique opportunity of visiting a Latin American country whose patient population spoke Spanish. It enables them to put into practice their acquired language skills and competencies. It also provides them with the opportunity to experience healthcare delivery in a foreign country while rotating through clinical facilities that might differ from those in the United States.

The main facilities include UNIBE, Plaza de la Salud General Hospital (main teaching hospital) and the Dominican Institute of Dermatology (community clinic).

In January, a Family Medicine Resident participated in a two week "immersion" experience through JEFF MED LIP. The resident did clinical rotations at UNIBE's main teaching hospital, Plaza de La Salud and the Dominican Institute of Dermatology. ODAMA will facilitate the process for any resident interested in participating in JEFF MED LIP.

On June 6, 2006, students were sent to Santo Domingo, DR. They included five students from Jefferson Medical College and one student from UMDNJ-New Jersey Medical School.

UNIBE has been very flexible in accepting our fourth-year students and residents to do clinical clerkships there throughout the year even though our collaborative agreement was to send them to complete the "immersion" experience during the months of June thru early August. Thus far,

the program has been highly successful.

Three years ago, a new site was added. After many months of communication between Assistant Dean Luz Ortiz and officials of the Universidad Autonoma de Guadalajara School of Medicine (UAG) in Guadalajara, Mexico, a collaborative agreement was reached. Ricardo Leon Borquez, MD, Dean of the Universidad Autonoma de Guadalajara School of Medicine agreed on having UAG serve as a "host institution" for our immersion program. An invitation was made to us for a site visit of the medical school, main teaching hospitals and the community clinics. Assistant Dean Ortiz and Dr. Ed Christian met with Dr. Leon-Borquez, his clinical faculty and staff. A presentation of their existing programs was made followed by an extensive tour of the facilities.

This year, 2007-2008, we will be expanding the number of sites. Currently, site visits are scheduled for this fall to Argentina and Chile. Site visits to Ghana and Nigeria will Take place in the Spring; the site visit to Vietnam will take place in the Fall of '08. The collaborative agreements in Africa will be with the two medical schools in Nigeria and the medical school in Ghana.

The programs in Argentina and Chile are a collaborative agreement with ECELA (Escuelas y Centros de Espanol en Latino-america). ECELA is a member of the International Association of Language Centers in Argentina and Chile. Through this specific agreement, students will have

the opportunity to pick the specific site they would like to visit (Argentina or Chile), and they will even be able to choose from their partner schools in Colombia, Costa Rica, Mexico or Panama. Students will take the Medical Spanish course and then shadow a physician in a private practice or at the local hospital and/or community clinics. The site visit for Argentina and Chile is scheduled for October 2007. However, until site visits are made of the partner schools (Colombia, Costa Rica and Panama) students will be encouraged to participate only in Argentina or Chile.

It is our hope to send 20-25 students to each site annually. We hope to expand JEFF MED LIP to include other languages and countries in the future.

### **Diversity Council**

The Diversity Council has been very active in helping to plan and promote programs that are run by the Office of Diversity and Minority Affairs. Originally, the Diversity Council was divided into several categories or committees: Education/Curriculum (Diversity Affairs), Events/Activities (Diversity Affairs), Recruitment/Retention/Pipeline Programs (Minority Affairs), Community Affairs (Diversity Affairs), and Research/Grants (Diversity and Minority Affairs). The majority of the members belonged to multiple committees. Therefore, the committees were abolished and members were encouraged to participate in those areas that interest them the most.

This year, 15 students were members of the Diversity Council. Since most of the members

were also student leaders, they became known as the “ODAMA Student Leaders.” It was interesting to find that the majority of the students were involved in nearly all programs at one point or another. Their active participation in promoting these programs ensured a large turnout in all initiatives and a highly successful year for ODAMA.

### **SAT Prep Program**

Two years ago, students who were under the Education/Curriculum and the Research/Grant committees on the Diversity Council worked on an SAT Prep Program for low-income, inner-city high school students in the greater Philadelphia area. The aim was to provide test preparation to the lower-income communities of Philadelphia while empowering the youth to reach their full potential. The hope was to “level the playing field” by providing free testing services to aspiring students who were not able to pay for test preparation courses at their current exorbitant fees. Rhanvir Dhillon, MS III brought together a group of students from Jefferson, UPENN, and Temple to do the primary teaching on a volunteer basis. Through his dedication and perseverance, the group was formed and the program was called, “Roses from the Concrete: On the Rise SAT Prep Program.” All instructors were screened to meet specific requirements. Assistant Dean Ortiz oversaw all aspects of this program. They met regularly with her to assure continuity and successful implementation. Rhanvir Dhillon has served as the Director of the Pro-

gram. Coordinators for each specific site were chosen in addition to coordinators in each subject area. A thorough schedule was put together for training sessions for all instructors. The program began in September, 2004 and ran through June 2005 and was highly successful.

This year, the Roses from the Concrete: On the Rise SAT Prep Program was held in both Fall and Spring semesters at six sites with over 100 students attending sessions. The Fall Semester sites included University City High School (20 students), Temple Young Scholars (10 students), Strawberry Mansion (10 students) and Kensington (10 Students).

The Spring Semester sites included JMC-Jefferson Future Docs High School Program (20 students), Strawberry Mansion (10 students), Temple Upward Bound (15 students), and the Temple Math and Science Scholars (20 students). Many of these students have successfully completed high school and are currently beginning college this Fall.

### **New Americans Program**

This program was started this year in an effort to address the issues affecting high school immigrants and refugees. This multifaceted human development program was started this Spring by Ranvir Dhillon, MS III in collaboration with the South Philadelphia High School Newcomer Center. Mentors were placed with students, speaking with them weekly and meeting biweekly. Activities included

one-on-one tutoring (homework assignments, English, reading, writing, etc.) and teaching them proper communication skills, resume writing and interviewing skills. Several of the older students were taken to a job fair in Center City. Career Development was included in the sessions. The year concluded with a historical walking tour of Philadelphia.

### **Orientation**

The Office of Diversity and Minority Affairs was once again part of the orientation program for incoming first years at Jefferson. Assistant Dean Ortiz was given the opportunity to promote all of the programs, both multicultural/diversity initiatives and recruitment/retention programs to the entering class.

### **Minority Affairs**

One of the goals for the Office of Diversity and Minority Affairs is to implement a plan of recruitment to address the lack of diversity within the Jefferson Medical School student body. During its first year, a strategic recruitment plan was put into effect. Extensive recruitment took place to introduce Jefferson Medical College, the new office, and its staff. The initiative targets undergraduate schools nationally that have a significant number of underrepresented minority students enrolled which include the Hispanic-serving (HSCUs) and Historically Black (HBCUs) Colleges and Universities. ODAMA’s mission is to increase the pool with well-informed, well-educated and qualified underrepresented and economically and/or educationally disadvantaged students.

## Undergraduate Recruitment/Retention

Effective recruitment at this level is critical since most of these students are at the nearest point of becoming applicants. Following the initial strategic recruitment plan, active recruitment has taken place throughout the country targeting the Hispanic-Serving and Historically Black Colleges and Universities. Networking and strong bonds with pre-health advisors throughout the nation has been established. Table 2 depicts a summary of all recruitment trips made by Associate Dean Christian and Assistant Dean Ortiz for 2006-2007.

The following details this year's recruitment efforts:

### *Open House*

For the past three years, ODAMA has hosted a joint Open House with the University of Pennsylvania School of Medicine. TJU and Penn each offered students a half-day program. At Jefferson, the program included representatives from Jefferson Medical College, Office of Admissions, the College of Graduate Studies, Financial Aid, and concurrent sessions for medical students and their pre-health advisors. Students attending the Open House had a session with our current medical students. Some of the topics discussed included their initial interest in a career in medicine, admission into medical school and experiences as a student at Jefferson.

The concurrent session aimed for pre-health advisors focused on the new definition of "Underrepresented in Medicine" as per the Association of

American Medical Colleges. The culminating session gave students and their advisors a look at what physicians do on a daily basis. Dale Berg, MD from our Clinical Skills Center spoke on "Diagnosing Patients Correctly." There were approximately 175 individuals in attendance.

### *Professional Conferences*

Each year, the national and regional conferences for the National Association of Medical Minority Educators, Inc., (NAMME) and the Association of American Medical Colleges (GSA/MAS) serve as primary recruitment sites for recruiters. In addition, annual conferences for the National Hispanic Medical Association (NHMA) and the Society for Advancement of Chicanos and Native Americans in the Sciences (SACNAS) provide us with the unique opportunities of recruiting hundreds of students attending their conference as well. These professional organizations are interested in increasing the number of underrepresented students in medicine. The conference attracts mass numbers of students from either the tri-state, extended tri-state, or national areas. Each year the conference is held in a different state providing recruiters the opportunity to see students from all parts of the country. It is a highly successful recruitment opportunity.

### *National and Regional Conferences-Medical Student Organizations*

ODAMA also recruits at national and regional conferences sponsored by the medical minority student organizations. The Student National Medical Association

and the National Boricua Latino Health Organization sponsors these conferences. Their main mission is to increase the number of underrepresented students in medicine. Assistant Dean Ortiz and Dr. Christian are invited to serve as panelists for workshops at these conferences. Recruitment fairs also offer a way to speak individually to students.

### *Graduate and Professional Recruitment Fairs*

Recruitment fairs held by undergraduate colleges and universities provide us with the opportunity to see mass numbers of students. ODAMA representatives travel extensively throughout the nation to participate in these fairs.

### *Summer Enrichment Programs – Recruitment Fairs*

Throughout the country, many medical schools have established "pipeline" programs for underrepresented undergraduates and high school students. These programs are offered during the summer as an enrichment program and incorporate a recruitment fair. Prior to the recruitment session, ODAMA representatives have the opportunity to promote Jefferson to the entire audience by serving as panelists for workshops.

## **Admissions Data**

ODAMA has made a concerted effort to recruit in all venues that will attract students to Jefferson Medical College. It is our hope that through this recruitment effort, a large number of underrepresented applicants are admitted on an annual basis. Although ODAMA hasn't had the opportu-

nity to form a collaborative effort of recruitment with the Office of Admissions, there have been many opportunities where Admissions has helped ODAMA recruit students at conferences both offices attended.

Table 1 provides data on the steady progress being made in increasing the URM applicant pool, the number interviewed and accepted, and ultimately, those who matriculated to Jefferson Medical College.

### High School Recruitment

Recruitment efforts at the high school level are imperative since we need to create a “pipeline” of qualified students for JMC. ODAMA is effectively playing a role in this effort. Since students begin to make career decisions early in their educational life, they need to be exposed to the medical profession at this point. Enrichment opportunities are provided to encourage students to pursue a career in medicine while offering effective guidance and counseling for successful preparation.

The following details ODAMA’s high school recruitment efforts:

#### *Future Docs Program*

To begin a pipeline into the medical school, ODAMA had implemented this one-month pilot program. The program is geared towards high school students who have an interest in the sciences. Students came to Jefferson once a week, for an hour and a half, for four consecutive weeks. Students had the opportunity to meet with ODAMA representatives, current medical

students, and physicians. Informational sessions included preparation for undergraduate and medical school admissions. Skills and competencies were enforced through educational seminars.

The Future Docs High School Program ran for ten weeks, once a week, for three hours. Forty-one students were accepted into the program. Twelve schools from the greater Philadelphia area were represented. Students came from high schools in the greater Philadelphia area including: Kensington, Edison, JR Masterman Laboratory and Demonstration School, Central, and Franklin Learning Center.

In addition, new sessions were added to the schedule. The program itself was changed to include sessions from careers in graduate biomedical research and the health professions. The writing skills sessions were enhanced and expanded upon focusing primarily on writing personal statements and essays. Anatomy Lab, the Clinical Skills Center, and the Fish Lab served to provide the students with hands-on experiences.

The Roses From the Concrete: On the Rise SAT Prep Program was also incorporated into the Future Docs program. Students were given one hour of SAT Prep within the Future Docs Program.

The Future Docs Middle School Program was started In 2004-2005 as a pilot program. A select group of students participated in the program. The 14 students represented eight schools (seven from the Phila-

delphia area and one from the South Jersey area). Parents were invited to attend the sessions with their children. The program was scheduled for three Saturdays (June 11, 18, and 25), from 9:00 a.m. – 1:30 p.m.

Students participated in informational sessions on health careers, medical school requirements and admissions and computer skills sessions, in addition to some hands-on experiences in the Anatomy and Clinical Skills Center labs. The students were assigned a specific “health career” for a poster presentation. First, second and third place winners were awarded gift certificates to Borders book store.

The Future Docs Primary School Program was started in 2004-2005 as a pilot program. ODAMA assembled a group of JMC students to visit a school once a week from 3:00 p.m. to 6:00 p.m. for 10 weeks to conduct science experiments with students. The primary school targeted was the Thomas May Peirce Elementary School in Philadelphia. A total of 41 students participated in the program. The program targeted fourth, fifth and sixth grade students.

Each year enrollment has gone up. This year we served 45 students. It is our hope to continue the program while seeking ways of expanding it further in the future.

#### *“Grow Into Your Future” Medical Poster*

Nearly five years ago, a poster was designed to encourage our youth to consider a career in

medicine and to introduce the high school enrichment program at Jefferson. The poster gives readers the ODAMA Web site which contains information for high school students. This year, the poster will be revised since it continues to be distributed to all middle schools and high schools in Philadelphia and the tri-state area.

### **Recruitment Materials**

ODAMA is currently updating existing recruitment materials.

#### *Brochure*

This year, the brochure was revised to reflect changes that have occurred within the past two years at JMC and ODAMA. We are currently looking into using a CD containing the information in the brochure as a means of distributing communication to potential applicants.

#### *Recruitment Souvenirs*

Souvenirs containing the Jefferson Medical College logo continue to be a selling point during recruitment fairs. There is no doubt that the souvenirs attract a great number of students to the table.

#### *Banner*

The banner continues to visually attract prospective students to our recruitment table.

#### *Advertisement*

ODAMA continues to place ads in places that will reach the greatest number of pre-meds who are considered underrepresented in medicine. One such source is the *Journal for Minority Medical Students*. Throughout the academic year, our ad will appear in the Fall, Winter, Spring, Summer, and “keepsake” issues. The Department of Family and Community Medicine advertises their residency program in two of those issues which are geared toward medical students in search of residency programs.

Each year, we advertise in the *Winds of Change* Magazine which targets all Native American pre-med students throughout the country. The magazine is distributed to all tribal colleges and universities in addition to all national conferences that are sponsored for Native American students in the sciences.

#### *Web Site*

The Web site provides viewers with information about ODAMA, its mission and programs. It is also used for recruitment purposes. The site is useful to its full spectrum of viewers: prospective students, pre-health advisors, current Jefferson medical students, faculty, and staff. The ODAMA Web site will soon be under construction once more to remove outdated information and update existing data. There continues to be a dramatic increase in the number of visitors to the Web site.

#### *Resource Library*

The ODAMA resource library serves to offer students and others materials that enable them to do well in their academic pursuits. In addition, the Student Affairs Office has been able to conduct Board Review sessions with the use of our USMLE Board Preparation videos and materials for the past two years.

### **Edward Christian, PhD**

*Associate Dean for Diversity and Minority Affairs*

### **Luz Ortiz, MA**

*Assistant Dean for Diversity and Minority Affairs*

**Table 1**  
**Admissions Data**

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Total JMC Applicants	7499	7617	7701	7789	8997
Total JMC URM Applicants	306	470	Not collected via AMCAS	Not collected via AMCAS	Not collected via AMCAS
Total URM App. Interviewed	45	81	101	95	92
Total URM App. Accepted	40	58	74	79	75
Total URM Matriculants	8	16	25	**23 **two students deferred admission to 2007	**26 **three students deferred admission to 2008
	*as of 7/30/03	*as of 7/30/04	*as of 7/30/05	*as of 7/30/06	*as of 7/30/07

**Table 2**  
**Recruitment Visits and Professional Development Conferences 2006 - 2007**

DATE	PLACE	EVENT	APPROXIMATE # OF STUDENTS
June 23-24, 2006	Durham ,NC	Duke/UNC Medical School Recruitment Fair	500 Students
June 27, 2006	New Haven, CT	Yale University Medical School Recruitment Fair	500 Students
July 12, 2006	Piscataway, NJ	UMDNJ-Robert Wood Johnson Medical School Recruitment Fair	300 students
July 13, 2006	Washington. DC	Howard University Health Career Admissions Workshop	100 Students
Sept. 18 – 25, 2006	Las Vegas, Nevada	NAMME – National Annual Conference** Recruitment Fair	150+ students Prof. Dev./Networking
Sept. 29, 2006	New Haven, CT	New England Health Professions Career Fair	700 Students
Oct. 12, 2006	Lake wood, NJ	Georgian Court College Recruitment Fair	50 Students
Oct. 18, 2006	College Park, MD	University of Maryland Recruitment Fair	300 Students
Oct. 20-22, 2006	Gainesville, Florida	AMSA Pre-Medical Annual Conference Recruitment Fair	400+ students
October 22-25, 2006	Miami, Florida Florida Swing	University of Miami Florida International Univ. Recruitment	300+ students
October 26, 2006	Tampa, Florida Florida Swing	Univ. of South Florida Recruitment	100+ students
October 27 -28, 2006	Tampa, Florida	SACNAS Annual Conference Recruitment Fair	500+ students
October 28-November 1, 2006	Seattle, Washington	AAMC Annual Conference** Recruitment Fair	200 students Prof. Dev./Networking
November 3-4, 2006	Dayton, OH	Wright State University, SNMA Region V Medical Conference	250 Students
November 10, 2006	Princeton, NJ	Princeton University Recruitment	150+ students
November 10-11, 2006	Pittsburgh, PA	University of Pittsburgh Recruitment Fair	350 Students
November 17, 2006	Philadelphia, PA	Jefferson Medical College ODAMA Open House Recruitment	200 students
November 17-19, 2006	Blacksburg, VA	Virginia Tech University, SNMA Region IV Medical Education Conference	400 students

Table continued on next page.

December 1, 2006	Piscataway, NJ	Rutgers University Rutgers College ODASIS Annual Conference Recruitment Fair	250+ students
December 1-2, 2006	Tuscaloosa, AL	University of Alabama SNMA Region VI Medical Education Conference	300 Students
January 12, 2007	Washington, DC	Georgetown University Recruitment Fair	200 Students
January 25-29, 2007	Las Vegas, NV	UNLV Recruitment Fair	250 Students
February 2-5, 2007	Ithaca, NY	Cornell University BBMTA Annual Conference Recruitment Fair	200+ Students
February 3, 2007	Baltimore, Maryland	NBLHO Annual Conference*** Johns Hopkins School of Medicine Recruitment	250+ Students
February 17, 2007	Baltimore, MD	Johns Hopkins University 9 <sup>th</sup> Annual Prehealth Conference	350 Students
February 22, 2007	Tallahassee, FL	Florida A&M University Annual Prehealth Recruitment Fair	200 Students
March 22-26, 2007*	San Antonio, Texas	NHMA Annual Conference** Recruitment	300+ students Prof. Dev./Networking
April 4, 2007	Dayton, OH	Wright State University Minority Association of Prehealth Students (MAPS)	300 Students
April 5-8, 2007	San Francisco, CA	SMNA National Conference Annual Medical Education Conference	1000 Students
April 8, 2007*	California	LMSA Annual Conference Recruitment	400+ students
April 16-22, 2007*	San Juan, Puerto Rico	NAMME-NE Regional Annual Conference** Recruitment	500 + students Prof. Dev./Networking
May 27-June 1, 2007*	San Francisco, CA	NCORE Annual Conference**	Continuing Education Prof. Dev./Networking
June 22-23, 2007	Chapel Hill, NC	University of North Carolina North Carolina Health Professions Recruitment Fair	500 Students

\*Please note that these trips are already scheduled and these are approximate number of students that will be seen at the recruitment fairs.

\*\*These conferences also served as Professional Development/Continuing Education

\*\*\*This recruitment fair was for pre-med undergrads as well as medical students and residents



# Student Council

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**T**he Student Council is comprised of elected representatives from each class at Jefferson Medical College. The JMC Student Council is an advocate for the student body and strives to maintain the autonomy and creativity of our student organizations. 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, research, 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**

### **JMC Student Noteservice**

Continuing on the developments of last year, the Council has “ironed out the kinks” in the note service so that it can be easily maintained and continue for years to come. Through the efforts of the Student Council Executive Board, past and present (Deana Mikhalkova, Franklin Lee, Daniel Ikeda, Renee Tholey), a system has been created to ensure efficient note taking by the students and easy access for the students. The students write a check for \$25 to the Student Council that is destroyed at the end of the school year when the students complete the two to three lectures they are assigned to scribe throughout the school year. Each scribed lecture is posted by the Class Representatives to the Pulse Web site where everybody can access the notes. The Pulse Web site also has notes from previous years, as well as old exams that can be used for practice questions. This is a change from prior years when a for-profit organization used a similar system involving printed notes, but charged participants several hundred dollars every semester to have notes printed. Our relatively new service allows

for quick access to a valuable study resource utilized by many first- and second-year students.

### **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. 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, under the supervision of volunteer Jefferson faculty, more than 30 students treat homeless men, women and children at various shelters including the Eliza Shirley House, Ridge Shelter, ACTS Shelter and Our Brother's Place. In

addition, on Saturday mornings, JeffHOPE conducts a medical clinic which is associated with a needle exchange program called Prevention Point. JeffHOPE is sponsored by the University, private and public grants and donations from many individuals. The annual JeffHOPE Ball, held at the Ben Franklin House, is JeffHOPE's largest fundraising event. It is designed to raise money and awareness for JeffHOPE, as well as to honor faculty, students and others who have been integral to the success of the organization.

### **Freshman Assistance Committee (FAC)**

This organization consists of the two student representatives from the Student Affairs Committee and a select group of students from the second-year class. The purpose of the FAC is to facilitate the integration of JMC first-year students into the Jefferson and local communities through various engaging social activities and informational workshops. The Big-Sib program is under the direct supervision of the FAC, and this program links first-year students with a second-year student who serves as a student mentor. Group leaders and student advisors are available as a resource to first-year students throughout the year.

### **JeffMentors**

JeffMentors is an organization comprised of 30 Jefferson medical students dedicated to a one-on-one mentoring program for disadvantaged kids from North Philadelphia. Students commit to spending at least four hours

a month with their "mentee" for a minimum of two years. Since many of these children do not have strong adult figures in their lives, the students in the program are essential role models to these kids during a pivotal time in their development. Through JeffMentors many of the kids are exposed to activities and places they would not otherwise have access to. In the past, mentors have taken their "mentees" swimming, ice skating, to the park, and to sporting events. We also hold several group activities around the Jefferson campus each year. In March we hosted the third annual JeffMentors WingBowl, a very successful buffalo-wing eating contest to raise money for the organization. The event was attended by over 200 members of the Jefferson community and was a huge success. JeffMentors continues to be a very fulfilling and rewarding organization on the Jefferson campus.

### **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 such as the Eliza Shirley House. In addition, this year the organization ran a lecture on breast cancer along with fundraisers for domestic violence victims and the Linda Creed Breast Cancer Foundation. This group has served as an excellent resource for women in medicine.

### **American Medical Association (AMA)**

One of the larger medical organizations on the national level, the AMA also has a strong presence in the Jefferson community with the Jefferson chapter. With over 65% of first-year students enrolled, and similar enrollment throughout JMC, the Jefferson chapter commands a strong presence in the Jefferson community, and successfully utilized their strengths through their various activities. This year, they successfully raised nearly \$2000 for Project H.O.M.E. through a well-attended fun-filled date auction. Prizes included basketball tickets and golf outings and were donated by various students and doctors. In addition, a clothing drive was run in the winter months to provide residents of the JeffHOPE homeless shelters with clothing. On the regional and national levels, our chapter is well represented with many Jefferson students holding offices.

### **American Medical Student Association (AMSA)**

AMSA is the largest student organization in JMC and annually sponsors a number of lectures and other events. This year the Jefferson chapter organized lectures ranging from "Cases in Medical Ethics" to "Herbalism in Medicine: Herbal Treatments for Heart Disease and Cancer" and "Pharmaceutical companies and YOU." AMSA also held events including a trivia competition; a book drive to provide resources for underexposed international areas; and Jeff Arts Café, a student open-mic/battle-of-the-bands/tal-

ent show. In addition, AMSA also sponsored dozens of students to attend conferences, meetings, and seminars across the country. Lastly, the Jefferson chapter is looking forward to hosting the AMSA Philadelphia Residency Fair in September 2007.

### **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.

### **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 educates students about the process involved to obtain faculty support and credit for international electives.

JMC boasts more than 80 student organizations. (See Table 1 following this report.) 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 2006-2007:

#### **Renee Tholéy**

*President, JMC Student Council, Class of 2009*

#### **Daniel Ikeda**

*Vice-President, Class of 2009*

#### **Deana Mikhalkova**

*Secretary, Class of 2010*

#### **Franklin Lee**

*Treasurer, Class of 2010*

**Table 1**  
**JMC Student Organizations by Category**

<b>Career Oriented</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
American Medical Association – Medical Student Selection	Stephen Schwartz, MD	Abhik Roy
American Medical Student Association	Charles Pohl, MD	Isabella Chen
American Medical Women’s Association	Karen Novielli, MD	Khanh Do
Anesthesiology Society	Zvi Grunwald, MD	Bahar Fazeli
Ars Medica	George Brainard, PhD	Alison Walsh
Dermatology Society	Franziska Ringpfeil, MD	David Chiang
Emergency Medicine Society	Paul Kolecki, MD	Timothy Murphey
Family Medicine Society, The Peter Amadio Jr.	Fred Markham, MD	Raymond Morris
Geriatrics Society, The Edward McGehee	Christine Arenson, MD	Daniel Wood
Gibbon Surgical Society	Joseph Lombardi, MD	Steven Mock
International Federation of Medical Students’ Associations	Janice Bogen	Jordan Goldhammer
International Medicine Society	Janice Bogen	Patricia Loftus
Jeff YES	Patrick McManus, MD	Deborah Kim
Kathryn MacFarland Ob/Gyn Society	Abigail Wolf, MD	Jolene Okaneku
Medical Innovation Forum	Howard Greenberg, MD, MBA	Gregg Goldstein
Medical Oncology Society	Bruce Boman, MD, PhD	Aditi Kamdar
Orthopaedic Surgery Society	Alan Hilibrand, MD	Jeremie Axe
Otolaryngology Society	David Rosen, MD	Michael Fishman
Pediatrics Society	Charles Pohl, MD	Phoebe Holmes
Philadelphia Med-Peds Society	Allen Friedland, MD	Miriam Saad
Plastic Surgery Society	James Fox IV, MD	Paul Benedetto
Psychiatry Society, Jefferson	Mitchell Cohen, MD	Margot O’Donnell
Radiology Society, TJU	Levon Nazarian, MD	Vincent Dam
Sports Medicine Society, Jefferson	Marc Harwood, MD	Brian Barbas
Student Interest Group in Neurology (SIGN)	George Brainard, PhD	Lee Rabinowitz
Student National Medical Association (SNMA)	Edward Christian, PhD	Amber Johnson
Thomas Duane Ophthalmology Society	Mark Pyfer, MDf	Adam Thode
Urology Society, Jefferson	Leonard Gomella, MD	Christopher Pagnani

<b>National Honor Societies</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
Alpha Omega Alpha Honor Medical Society	Clara Callahan, MD	Chancellor Gray
Hobart Amory Hare Honor Medical Society	Gregory Kane, MD	Katie Hawthorne
Internal Medicine Society	David Axelrod, MD, JD	Aparna Goel

<b>Special Interest</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
Arrhythmias	Richard Horn, PhD	Heather Cohen
Arts Organization	Mitchell Cohen, MD	Justin Belin
Choir	Robert Sataloff, MD, DMA	Margaret Baroody
Dance Troupe	James Plumb, MD	Tania Mucci
Freshman Follies & Sophomore Sequelae	John Spandorfer, MD	Robert Olszewski, Jr.
Histones	Richard Schmidt, PhD	Corey Tabit
History of Medicine Society	Salvatore Mangione, MD	Corey Daignault
Jefferson Chamber Orchestra		Marylee Dilling
Jeff Recycles	George Brainard, PhD	Rashe Sood
Lambda Alliance	William McNett, MD	Michelle Sperry
Married Student/Significant Other Society	Grace Hershman, MSED	Doriann Lavery
Medical Students for Choice	Carmen Sultana, MD	Steve Merrill
Military Medical Students Association	Edward Jaeger, MD	Joseph Petfield
Move4Health	Patrick McManus, MD	Thenu Chandrasekar
Outing Club	Richard Schmidt, PhD	Jessica Hamilton
Physicians for Social Responsibility- Student Chapter	James Plumb, MD	Leann Marcotrygiano
STAND UP!	James Plumb, MD	Jennifer Zagursky
Student Blood Drive Team, Jefferson	Samir Ballas, MD	Trish Henwood
Students for Life, Jefferson	Geno Merli, MD	Kelly Casey
Unite for Sight	Tara Uhler, MD	Carrie Zaslow

<b>JMC Related</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
Ambassadors	Clara Callahan, MD	Kendra Klein
Big Sibs Program	Charles Pohl, MD	Emily Abramson
Black & Blue Ball Committee	Charles Pohl, MD	Jessica Stirpe
The Clinic	Charles Pohl, MD	Peter Moffett
Freshman Assistance Committee	Charles Pohl, MD	Emily Abramson
Jeff Mentors	Patrick McManus, MD	Jared Duncan
Jeff SOAR	Ralph Riviello, MD	Theresa Nguyen
Professional Conduct Committee	Charles Pohl, MD	Isaac Whitman
Student Admissions Coordinators	Clara Callahan, MD	Whitney Jackson
Student Council	Charles Pohl, MD	Reneé Tholey

<b>Cultural/Religious</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
African American Student Society	Jessie Pervall	Bubu Banini
Asian Diversity Enrichment (JADE)	Cynthia Cheng, MD, PhD	Xin Pang
Association of Indians	Salmak Akhtar, MD	Aparna Goel
Boricua Latino Health Organization	Luz Ortiz, MA	Deirde Smith
Christian Fellowship	Susan Adeniyi-Jones, MD	Nithya Mani
Hawaii Club		Deana Mikhalkova
Islamic Medical Association	Edward Christian, PhD	Feraz Rahman
Jewish Student Association	Allen Zeiger, PhD	Jascha Rubin
Louis Pasteur Roman Catholic Society	Janine Kyrillos, MD	Steve Schaefer

<b>Community Service</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
Clowns for Medicine	Richard Horn, PhD	Joshua Peck
Healthcare Leaders of Tomorrow		Jeffrey Clough
Jeff HEALTH	James Plumb, MD	Jessica Hamilton
Jeff HELP	James Plumb, MD	Patricia Loftus
Jeff HOPE	James Plumb, MD	Zarana Boghara
Jeff Hope for Kids	Charles Pohl, MD	Moses Mathur
Jeff Outreach	Charles Pohl, MD	Amira Bass
Students Education & Advocating for Literacy (SEAL)	Angela Allevi, MD	Alison Witkin
Ways & Means	Stephen Kern, MS	Stephen Kern, MS

<b>Athletics</b>	<b>Faculty Advisor</b>	<b>Student Contact</b>
Football League	Hector Lopez, MD	Daniel McKinley
Karate Club	Hideko Kaji, PhD	Vincent Casiano
Running Club	Timothy Brigham, PhD	Christopher Martin
Soccer Club	Matthew DeCaro, MD	Patrick Haley
Ultimate Frisbee Club	Fred Markham, MD	Howard Teng
Volleyball Club	Jonathan Powell, MD	Peter McIntyre
Water Polo Club	Mark Curtis, MD, PhD	Franklin Lee



# University Office of the Registrar

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**D**uring the 2006-2007 academic year, the University Office of the Registrar reported an opening Fall enrollment of 2,832 students in the combined three academic divisions of the University: 966 in Jefferson Medical College (35 percent), 1,541 in the Jefferson College of Health Professions (54 percent), and 325 in the Jefferson College of Graduate Studies (11 percent).

Of the 470 men and 496 women comprising total enrollment in Jefferson Medical College, geographic origination was diverse, with 40 states, Puerto Rico, and 10 foreign countries represented. Consistent with previous years, just over two-thirds of the enrollment came from five states. Pennsylvania residents accounted for 51 percent (491) of the total enrollment, followed by New Jersey (9 percent, 85); Delaware (7 percent, 72); New York (5.5 percent, 54); and California (5 percent, 45). Eight International students originated from Malaysia as part of our affiliation with the International Medical University, located in Kuala Lumpur. In addition, Canada had seven students in attendance, two students each were from Kenya and the United Kingdom, and one student each

was from the Bahamas, Hong Kong, Myanmar, Nigeria, the Philippines, and South Korea.

Special academic programs remained attractive to students with 64 enrolled under the Jefferson/Delaware Medical Education Program, 80 in the Pennsylvania State University Accelerated Program, and 20 in the Jefferson Physician Shortage Area Program. Combined MD/PhD programs in conjunction with the Jefferson College of Graduate Studies accounted for 22 students in either of the two colleges during 2006-2007. Eleven students were enrolled in the joint Jefferson/Widener MD/MBA program.

At Commencement exercises on June 1, 2007, the Doctor of Medicine degree was awarded to 221 candidates in the Class of 2007.

## **BANNER/Technology and Web Enhancements**

With support from Jeff-IT, the Vice Dean for Academic Affairs, Associate Dean for Student Affairs and Career Counseling, and Senior Associate Dean for Academic Affairs/Undergraduate Medical Education, the Registrar's Office continued to focus on technology enhancements this year.

The major technological focus this past year continued to be the consolidation effort to merge the three separate college Banner student record systems into a single database. The effort, coordinated by Jeff-IT, was an 18-month project culminating with a successful merger of the three college databases in late November/early December. Jeff-IT and the user working group met at least weekly throughout most of the year to work through the final details prior to consolidation, and then afterward to test, review and address items needing further attention. The university offices now operate under a single database, which has greatly enhanced, and made more efficient, administrative processes. As a result of the consolidation, students in programs that span two of the colleges, such as those in the combined MD/PhD Program, no longer must view their student records in separate areas in Banner Web. All academic records appear in a logical sequence, on a single Web page.

Student reaction remains uniformly, and overwhelmingly, positive concerning the ease and convenience of Banner Web-based student processes. This online ability to complete administrative tasks continues to

eliminate the need for students to visit our office for routine procedural matters. One extremely popular feature continues to be the ability for third and fourth year students to review clinical evaluations online. In addition to the convenience factor, we are able to provide students this critical feedback in a timelier manner.

The office was again invited to attend the Admissions Office "Second Look" program held for students accepted to the incoming Fall class. An overview of the online capabilities and services available to students via Banner Web were demonstrated, and allowed students to ask questions related to office services.

We continue to review and adjust the Medical Student Performance Evaluation (MSPE) process, as experience is gained in the electronic processes enabled in the past several years. Each letter writer was provided with electronic copies of the initial baseline letter with specific biographical information completed, as well as clinical evaluations for each of their students in Adobe .pdf format. Letter writers without Jefferson network access are routinely provided the same service via email attachments. The office produced and mailed approximately 120 Medical Student Performance Evaluation (MSPE) packets to residency programs outside of the AAMC Electronic Residency Application Service (ERAS) for the JMC Class of 2007. Nearly 70 addendum letters were created to include evaluations received

after the original MSPE letter was produced. As more residency areas have been added to ERAS, the required paper application support continues to decrease. Office responsibilities in this process remain critical even with the electronic process. This past year, approximately 250 students' and past graduates' information was electronically scanned and transmitted to residency programs, comprising an estimated 6,000 document pages.

EMS Professional (EMS Pro), a robust room reservation scheduling system was installed at the beginning of the academic year and transition of existing room reservation data out of the University OpenTime calendar system into EMS Pro was completed in early September. As part of a second-stage implementation, select focus groups were introduced to Virtual EMS, a Web-based application that allows an individual to view the availability of, and request, academic room space via the Web. EMS Pro has provided the capability to better report how academic space under Registrar Office control is utilized.

A multi-faceted university project is currently in process that will further enhance not only the areas of room reservation and usage reporting, but also that of Campus-wide communication. A more user friendly and accessible Web-based events calendaring system, including academic, hospital and social and cultural events is scheduled for the upcoming year. In addition, plans are in place to install LCD

video screens in campus buildings, proving up-to-the-minute time and location information for campus events.

As always, we continue to look for ways to "fine tune" our processes to take advantage of available technology and increase our service efficiencies.

## **Personnel Changes**

Through much of the past year the office administrative staff remained stable. However, as the academic year concluded, the Associate Registrar, Health Professions and Assistant Registrar, Graduate Studies, as well as the Academic Events Coordinator departed for excellent career advancement opportunities. Additionally, one support staff member resigned in order to enter a doctoral program.

## **Professional Affiliations**

The Senior Associate University Registrar continued in a leadership role in the American Association of Collegiate Registrars and Admissions Officers (AACRAO). He served as Chair of the AACRAO State and Regional Relations Committee, serving as a liaison to the national organization for the Middle States, New York/New Jersey, and other AACRAO regional organizations.

### **Raelynn Cooter, PhD**

*Associate Dean for Administration, JCHP and University Registrar*

### **David R. Clawson**

*Senior Associate University Registrar and University Director of Student Records*



# University Office of Student Financial Aid

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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. A total of \$63,043,633 was administered to 1,912 students enrolled in the University during the 2006-2007 academic year. The data in this report focuses specifically on Jefferson Medical College.

## Sources of Financing

Table 1 and Figure 1 show the total aid awarded to Jefferson Medical College students during the 2006-2007 academic year. In reviewing this data, it is important to note additional characteristics regarding the composition of total funding.

Of the \$31,938,948 borrowed during 2006-2007, \$23,008,565 was from unsubsidized sources (Federal Unsubsidized Stafford, Federal Graduate PLUS, 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. Unsubsidized borrowing has increased from the prior year largely in part

by the decreased cost of borrowing due to historically low interest rates. This issue is discussed further in this report.

Of the \$5,944,497 awarded in grant and scholarship funding, \$1,569,369 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. For the third year, total scholarship funds has decreased. This is directly due to a decrease in the number of students participating in the National Health Service Corps and Armed Forces Health Professions Scholarship Programs. Students are not choosing National Health Service Corps due to the primary care service commitment, and the current military conflicts overseas may be deterring students from choosing the Armed Forces Health Professions Scholarship. This trend will continue to be reviewed in the coming year.

## 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. The total amount earned during 2006-2007 is shown in Table 1.

As part of this program's community-service efforts, Federal Work Study remains a primary funding source for summer employment through the Bridging the Gaps (BTG) program. During the summer of 2006, Federal Work Study funds sponsored 22 Jefferson Medical College students and 10 Jefferson College of Health Professions students in the BTG program, thus providing support for 66% of the BTG payroll.

In total, 69 students from all three colleges earned \$123,944 in community service, and as a component of community service, 24 University students working in literacy projects earned \$39,105. Federal Work Study Program regulations require that at least 10% of Federal Work Study funds be earned in community service and include at least one literacy program. As in previous years, the Financial Aid Office continues to meet these federal requirements and an effort to increase community service projects will continue in the 2007-2008 academic year.

## Student Indebtedness

Table 2 shows the average debt for Jefferson Medical College's graduating class of 2007, with comparative data for the five preceding years (2002-2006). As shown in Table 2, the average debt for the Class of 2007 had a slight decrease from the previous year. Even though there were more borrowers in the Class of 2007 as compared to the Class of 2006, this decrease may be attributable to students borrowing less as demonstrated by the median debt. The Class of 2007 had a median debt of \$172,757 as compared to \$175,723 the previous year. However, student borrowing continues to outpace increases in tuition rates, and increases in the consumer price index. This has occurred even though the level of scholarships awarded by JMC has increased, and the family (parental) financial strength has remained relatively consistent among classes. Another factor that may add to increasing future debt averages is a change in the Federal Stafford Loan program annual borrowing limits. Effective in the 2007-2008 academic year, annual unsubsidized loan limits increase \$2000 a year. Students who borrow only the Federal Stafford Loan may perhaps unnecessarily increase their annual borrowing due to the simple fact that more is available to access.

Consistent with trends in recent years, the escalating borrowing patterns of our students can be attributed, at least in part, to lower interest rates, and the influence this has had on personal choices related to the cost

of borrowing. Focusing on the interest rates that were in place during the medical school career periods of the Classes of 2005 through 2007, there is strong evidence to support the idea that borrowing decisions are being made based on the lower cost of debt. For the Class of 2007, Federal Stafford Loan rates ranged from a low of 2.77% to a high of 6.54% during their four-year enrollment. Comparable rates for the Class of 2006 were a low of 2.77% and a high of 4.7%, and a low of 2.77% and a high of 5.39% for the Class of 2005. This demonstrates that while the overall cost of borrowing was relatively low for all three classes, the cost remained consistently low for the Class of 2006 and the Class of 2007.

Due to the current economic environment, beginning with July 2006, the interest rates for Federal Stafford and related private "alternative" loans have now begun to increase. Even with this increase in interest rates, it is expected that our increasing debt patterns will continue in the near future largely due to the increasing cost of education. 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

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. The seminar series continues to be widely attended

by all students, JHS residents, and the JCGS Post-Doctoral population. The positive evaluations demonstrate that the seminar series will meet the future needs of the TJU student/resident population.

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

The number of JHS residents accessing the individual debt-management counseling services provided by this department remains steady. This is due to the 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.

As approved by Congress in 2002, a 6.8% fixed interest rate for all Federal Stafford Loans disbursed on or after July 1, 2006 took effect this academic year. While all loans issued to students in previous years were at a variable rate, most opted to "consolidate" these loans while eligible and "fix" the interest rates at the lower applicable rates. This process therefore provided students with a favorable debt portfolio with a positive mix of lower and higher interest rate fixed loans. Federal Stafford Loan interest rates of 6.8% are still lower than

most educational loans available and are not expected to be much of a deterrent in student borrowing.

The complicated nature of developing an effective repayment strategy, as well as periodic changes in the educational debt market (such as the interest rate increase noted above), will result in the continued reliance of TJU students, alumni, and JHS house staff on the Financial Aid Office's counseling services.

### **BANNER and Other Technological Advancements**

The Financial Aid Office continues to assess and expand online services for students. Efforts during the 2006-2007 year mainly focused on the difficult task of moving from three student databases to one. Working closely with Jeff-IT, the 18-month Banner Reimplementation project was successfully completed in November 2006. This process simplifies office processes and greatly enhances customer service as well as student self-service through Banner Web.

For the 2006-2007 academic year, approximately 93% of JMC students took advantage of filing their Jefferson Financial Aid Application materials online. This is a decrease of 2% from the previous year. This decrease may well be attributed to a brief problem in the Jeff-IT campus key activation process early in the application cycle. We expect this percentage to increase next academic year as students' comfort with online processes increases and with the continuation of earlier notification of the necessary campus key. The online ap-

plication continues to be refined to improve specifically the user friendliness of the process.

As technological capabilities are constantly improving, the University Office of Financial Aid intends to take full advantage of more online processes to improve the ease of applying for financial aid and our services to the students we accommodate.

### **Legislative Issues**

Effective July 1, 2006, the Federal PLUS loan was expanded to allow graduate students to access this traditional "parent loan for undergraduate students." The Federal GRAD PLUS is a credit based loan with an unsubsidized 8.5% fixed interest rate. A total of \$2,984,661 was borrowed by 236 TJU students. Of this, 111 Jefferson Medical College students borrowed \$1,196,529.

This past year, New York Attorney General Andrew Cuomo launched a full investigation of relationships between student loan lenders and schools. These relationships have been labeled a "conflict of interest" as many schools have participated in revenue sharing and other financial arrangements with lenders. Lenders have paid financial kickbacks to schools based on a percentage of the loans that are directed to the lenders and have set up call centers for schools. At times, the alliance between banks and institutions may not be in the best interest of students. A few schools in the Philadelphia area were investigated and found to have received financial or other benefits in exchange for exclusively "steering" students to their loan product. These schools

have paid large penalties. Legislation to create a national Code of Conduct has just passed in the U.S. Senate. This Code of Conduct would bar colleges from sharing in loan companies' revenue, and prohibit college employees from having consulting arrangements with lenders or accepting anything more than "reasonable expenses" for serving on lender's advisory boards.

Thomas Jefferson University does not receive any compensation from loan companies on behalf of either the school or the student and therefore was never investigated. The University Office of Financial Aid does suggest three lenders for students, and disclosure through the office Web site and in all publications is made as to how these lenders were selected. Additionally, no student has ever been denied the right to choose a lender. While the University Office of Financial Aid works largely with three suggested reputable lenders, the Financial Aid Office certified loans with over 25 lenders during the 2006-2007 school year as requested by our students. No member of the staff receives gifts for working with a lender and the staff have signed Conflict of Interest Statements with the University's Compliance Officer.

### **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 2006-2007, this committee was comprised of the University Registrar, Director

and Associate Director of Financial Aid, Senior Associate University Registrar, Associate Registrar, Manager of the Tuition/Cashier's Office, senior member of the Jefferson Information Technology (Jeff-IT) team and over 60 student representatives. Patti Haas, Director, Activities Office and Bookstore, was added as a permanent member of the committee. At monthly meetings, current campus issues, such as the new campus email system were widely discussed. Additionally, CSA student members initiated the first "Jeff Spirit Week" in Spring as a way to foster intra-University relations. Working

with Dr. Cooter and the Activities Office, "Spirit Week" consisted of multiple sport and group activities as well as a TJU outing at a Phillies game. Students, faculty, and administration participated in the week's events.

Committee activities also included student participation in a holiday toy drive for local homeless shelters, participation in numerous advisory committees and continued assistance in the development of the FWS literacy program. 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.

### **Personnel Changes**

Again, this year has been one of change regarding the Financial Aid Office staff. Most notably, Melissa Cadet was hired as Financial Aid Coordinator, replacing Joshua Young.

**Susan McFadden, BS**  
*Director*

**Table 1**  
**Summary of Student Financial Aid, 2006 - 2007**

<b>Type of Award</b>	<b>Amount</b>
Institutional Scholarships	\$3,127,341
Institutional Loans	\$1,079,400
Other Scholarships	\$2,817,156
Other Loans	\$30,859,548
Federal Work Study	\$135,644
<b>Total</b>	<b>\$38,019,089</b>

**Table 2**  
**Average Indebtedness\* of Graduating Seniors\*\***

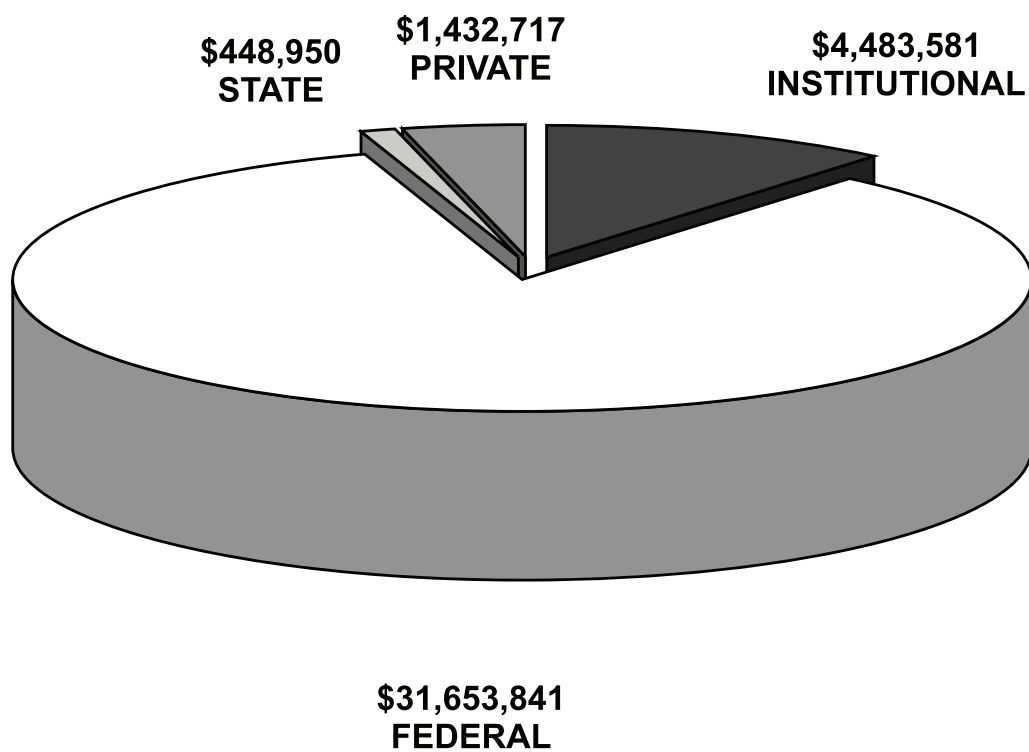
<b>Graduating Class</b>	<b># of Borrowers</b>	<b>Average Debt</b>
2007	185	\$159,887
2006	184	\$161,029
2005	195	\$145,472
2004	198	\$140,916
2003	151	\$136,439
2002	171	\$121,819

\* 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

**Total Financial Aid  
Jefferson Medical College  
Academic Year 2006-2007  
Distribution By Source**



**TOTAL AID     \$38,019,089**



# Office of Undergraduate Medical Education

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## **The Patient Encounter Log System**

The Patient Encounter Log System (PELS) is a PDA-based data collection system that has been in place for five years in Surgery, Family Medicine, Pediatrics, Internal Medicine, Obstetrics/Gynecology, Psychiatry and Emergency Medicine. In addition to adding new modules for Neurology and Rehabilitation Medicine, major revisions were made to all modules for July 2006 to assure that targets for numbers/types of patients each student should evaluate, and physical exams and procedures that each student should perform, are appropriate to meet clerkship learning objectives. A total of 123,616 patient encounters were reported this year.

A critical step was taken by Surgery this year with the introduction of a "sign-off" feature for correct performance of core clinical skills. These skills include the abdominal, breast, male inguinal, peripheral vascular, and rectal examinations as well as the following procedures: insertion of a Foley catheter, insertion of a nasogastric tube, administration or observation of local anesthesia, suturing/gluing of simple lacerations and knot tying (hand or instrument).

At the October 20th Curriculum Retreat, PELS was noted to be an excellent tool for tracking clinical encounters. The recommendation was made to add a screen for mid-rotation feedback, which has been added for Surgery for July 2007. Critical issues for the 2007-08 academic year include 1) using PELS data to assure that all students meet all targets in their patient care activities and if this is not possible, via simulation and 2) shifting development of PELS away from Palm-OS-based PDAs toward a more sustainable platform able to operate on convergent devices running Windows Mobile OS.

This project is an ongoing collaboration between Jeff-IT (Richard Cowan, Michael Mei) and Jefferson Medical College (Susan Rattner, MD; Dan Louis; Carol Rabinowitz; Philip Wolfson, MD; Sherry Weitz; J. Lindsey Lane, MD; Sybil Fullard; Fred Markham, MD; Christine Jerpbak MD; Carolyn Little; Abigail Wolf, MD; Deborah Cini; John Caruso, MD; Tonya Holloman, Joanne Gotto; Mitchell Cohen, MD; Florence Spencer; Paul Kolecki, MD; Daniel Kremens, MD and Stanley Jacobs, MD).

## **The Dr. and Mrs. Robert D. Rector Clinical Skills and Simulation Center**

The Dr. and Mrs. Robert D. Rector Clinical Skills and Simulation Center (CSC) is located at 833 Chestnut Street. This 9,000-plus square foot facility houses a 14-room standardized patient suite, classrooms for the high-tech simulators (Harvey and Sim-Man), two large multipurpose classrooms and support space for mannequins and models, standardized patients (SPs), staff and faculty. Susan Rattner, MD, MSCE (Professor of Medicine, Senior Associate Dean for Academic Affairs/UME); Katherine Worzala, MD MPH (Director, Dr. and Mrs. Robert D. Rector Clinical Skills and Simulation Center); and Ms. Carol Trent (Administrator, Dr. and Mrs. Robert D. Rector Clinical Skills and Simulation Center) share administrative responsibilities for the Center. Core faculty and staff include Dale Berg, MD, Salvatore Mangione, MD, Joseph Majdan, MD, Ms. Judy Veloski, Mr. Samuel Duncan and Ms. Melanie Fields. Support for testing is provided by Mr. Jon Veloski, Ms. Mary Robeson and Mr. Edward Nicks from the Center for Research in Medical Education.

This location will be the home for the clinical skills and simulation program until the opening of the Dorrance H. Hamilton Building in October 2007. A University Simulation Steering Committee has been formed to launch TJU as a national leader in health professions simulation education. Dr. Worzala and Joseph L. Seltzer, MD (Department of Anesthesiology and Senior Associate Dean for Continuing Medical Education, Faculty and Alumni Affairs) are leading the logistical planning for the new facility. Members of the Steering Committee include: Tim Brigham, PhD (JMC, Sr. Associate Dean, Organizational Development); Trish Hushen, MS, BS, RN (TJUH, Vice President, Nursing Administration); Ed Jasper, MD (Department of Emergency Medicine, Director for Center of Bioterrorism); John Kairys, MD (Department of Surgery); Tom Loveless, MSN, CRNP (JCHP, Jefferson School of Nursing, Clinical Laboratory Coordinator); Dr. Rattner; Terri Schwartz, RN, MSN, MS (JUH, Clinical Nurse Specialist); Edward Tawyea, MSLS (Director of AISR, University Librarian); Carol A. Trent and Elena Umland, PharmD (JCHP, Jefferson School of Pharmacy, Associate Dean, Academic Affairs).

Our clinical skills teaching and evaluation initiatives for the medical students continue to grow. CD-recorded SP histories were done again this year for first- and second-year medical students and were used to review communication skills during discussions in ICM I and II. A very popular introduction to physical diagnosis is taught

“off site” near the anatomy labs during dissection sessions for the first-year students. The core physical diagnosis course in the CSC for second-year students runs parallel to the organ systems in Foundations of Clinical Medicine and includes sessions with SPs, patients with real physical findings and simulations.

Third-year clinical skills sessions have been incorporated into the curriculum in multiple clerkships. Students in Internal Medicine learn smoking cessation counseling skills with standardized patients and cardiovascular physical diagnosis with Harvey. The obstetrics/gynecology skills session includes use of models/mannequins for instruction on the breast and pelvic exam, cervical dilatation, vaginal delivery, female Foley catheter insertion and suturing/knot tying as well as a pelvic examination of a SP. The third year pediatrics sessions include physical diagnosis training with models and children, an asthma treatment module and practice of technical skills (immunizations, blood drawing with mannequins). The third-year surgery clinical skills sessions include sessions on suturing, knot tying, male Foley placement, nasogastric tube and intravenous catheter insertion. The family medicine clinical skills sessions focus on the musculoskeletal physical examination. The psychiatry clinical skills session focuses on history taking and communication skills. This includes role playing and reviewing CDs of patients with mental health disorders.

SP exams on interviewing and physical diagnosis SP exam were conducted with the first- and second-year students, respectively. Surgery, Obstetrics/Gynecology and Neurology/Rehabilitation Medicine clerkships were introduced a required end-of-clerkship “mini-OSCE.” Students with substandard performance were required to remediate their clinical deficiencies. It is anticipated that with relocation to the Hamilton Building, “mini-OSCEs” will be incorporated into other third-year clerkships.

All third-year students again participated in an 11-station end-of-year Objective Structured Clinical Examination (OSCE) in April and May 2007. Students must achieve a passing score as a requirement for graduation. This examination has been implemented to assure minimum competence in basic clinical skills as well as for preparation for the USMLE Step 2CS examination. The exam evaluates data gathering, communication, and interpersonal skills. The OSCE cases and grading structure were developed by Katherine Worzala, MD; Dale Berg, MD; Salvatore Mangione, MD; Jon Veloski and Mary Robeson in collaboration with Drs. Rattner, Caruso, Cohen, Markham, Lane, Wolf and Wolfson.

Procedures and patient management using SimMan are the focus of sessions with fourth-year students, taught by Paul Kolecki, MD (Department of Emergency Medicine) during their Emergency Medicine clerkship. Dr. Berg teaches an Advanced Physical Diagnosis

elective for fourth-year students that includes a geriatrics OSCE. In addition, fourth-year medical students who participate in the Internal Medicine sub-internship do clinical skills rounds weekly with clinical skills faculty.

Teaching and evaluation activities have also expanded for both residents and other health professionals programs. Internal Medicine conducts weekly mock codes with SimMan for interns/residents. In addition the Clinical Skills Center faculty have expanded teaching in Internal Medicine to include weekly bedside teaching rounds for interns and residents. The Department of Emergency Medicine interns/residents perform weekly activities to evaluate management of emergent patient problems using SimMan.

Faculty from the Department of Family Medicine joined the CSC faculty four times during the year to train residents in core procedures such as lumbar puncture and deliveries. The CSC also hosted Family Medicine residents from Lankenau for a clinical skills training workshop, which included central line placement, lumbar puncture and thoracentesis. The Department of Obstetrics and Gynecology interns use the CSC quarterly for simulations using SimMan modified to become "SimWoman."

Mid-term and final exam OSCEs for the Jefferson Graduate Nursing Department were again conducted at the CSC this year. SimMan was used by the Jefferson Graduate Nursing program for teaching advanced lifesaving techniques. Philadelphia

University's physician assistant students and Christiana's Family Medicine and Osteopathic Family Medicine interns and residents used the CSC for OSCEs.

### **Committee on Curriculum**

The Committee on Curriculum has had another busy and productive year. Chaired by Philip J. Wolfson, MD, the Committee includes representation from course and clerkship directors, faculty-at-large, the Dean's office and from second-, third- and fourth-year JMC classes. This year's efforts focused on review of existing courses and clerkships and planning for the March 2007 LCME Site Visit (see below).

The Committee formally reviews new courses and clerkships annually and others every one to two years. The following courses/clerkships were reviewed in 2006-07: the third year clerkships in Obstetrics/Gynecology, Pediatrics, Surgery, Family Medicine, Psychiatry and Internal Medicine; Applications of Clinical Medicine (now Introduction to Clinical Medicine II); Systems I: Physiology and Microscopic Anatomy; Foundations of Clinical Medicine and Molecular and Cellular Basis of Medicine. The Foundations of Pathology and Pharmacology and Infection, Immunity and Disease were reviewed in a new "off cycle" process during which the course liaisons, course directors, the Chair of the Curriculum Committee and Senior Associate Dean conduct the course reviews with minutes submitted to the full Committee for review and approval.

The Class of 2007 completed the Jefferson Medical College Learning Objectives survey in March. This 35-question survey that includes questions about mastery of knowledge, attitudes and skills (available on request) was first administered in 2004. Our graduating students again ranked JMC highly in all areas with notable self reported improvements this year in 1) understanding of the roles of other health care professionals, and the need to collaborate, 2) the capacity to recognize limitations in one's own knowledge and skills and to seek advice and use constructive feedback, 3) ability to care for patients with common conditions taking benefits, risks and patient preferences into consideration, 4) ability to recognize patients with immediately life-threatening conditions and to institute appropriate initial therapy, 5) ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians interact in the professional setting and 6) ability to effectively teach patients and colleagues. ( $p < .001$  for all items)

### **Curriculum Highlights**

#### **Liaison Committee on Medical Education (LCME) Outcomes**

The ad-hoc team from the LCME visited Jefferson from March 25-28, 2007. This marked the culmination of seven years dedicated to revitalization of our educational environment and over 18 months of LCME preparation. Approximately 180 faculty, residents, students and administrators participated in preparation

of the database and self-study documents, the mock site visit and the site visit. At its June meeting, the LCME voted to continue accreditation of the educational program for the maximum eight year term. The next site visit will be during the 2014-2015 academic year. This is a very impressive outcome and all who have contributed are to be congratulated!

The following institutional strengths were emphasized:

1. Dean Thomas J. Nasca has synergized a fundamental change in institutional culture, and has taken actions that demonstrate a substantial commitment to organizational excellence.

2. The Jefferson Longitudinal Project continues to be a unique, nationally recognized information resource for evaluation of educational program effectiveness.

3. The University Office of Student Financial Aid provides exemplary financial aid services and assistance to medical students, who greatly value the advice and assistance they receive to help them manage their debt.

4. Numerous programs and activities demonstrate that the administration and faculty are responsive to student input and supportive of their education and growth, including the creation of Learning Societies and the Student Liaison program, adoption of an honors/pass/fail grading system to reduce competition, and the designation of personal deans for each student.

5. Students exhibit genuine appreciation for the college and its

educational program, as well as commitment to the college's high professional values. This is visibly demonstrated by very high ratings of their education in ethics and professionalism, their appreciation of institutional efforts to foster class unity, and involvement in community service.

6. The college has developed rigorous systems for fiscal accountability that allow it to prudently manage its fiscal resources in one of the most challenging health care environments in the country.

7. The Associate Dean for Faculty Affairs & Faculty Development has been pivotal in expanding faculty development programs, developing and implementing new faculty employment tracks complementary to the college's missions, and modernizing the tenure system.

8. The college's extensive, ongoing scholarly contributions to medical education research greatly enhance its reputation among medical schools.

9. The college maintains strong collaborative ties to, and effective management of, an extensive network of clinical affiliates whose contributions are essential to success in the educational mission.

The three areas of noncompliance with standards were recognized during the self-study process and steps have already been taken to address them. These areas are:

1. ED-2: The technology for documenting clinical encounters has needed substantial refinement to function effectively, and data de-

rived from it are not consistently reviewed early enough to determine if adjustments need to be made in student clinical experiences.

2. ED-30/31: The self-study notes that providing mid-clerkship feedback to students and timely delivery of final grades has been challenging, and listed these issues as foremost among problems to be addressed. Fewer than half of the respondents to the student survey felt that feedback during clinical rotations was timely and adequate. A very small percentage of respondents to the survey agreed that they received final grades within four to six weeks of completing a rotation. Notwithstanding a mandate from the dean about these issues, subsequent to the self-study, variability in the outcomes remains.

3. MS-24: The average debt of indebted students rose sharply in 2006 and is now well above the national mean for private medical schools. Scholarship support has not grown commensurately with tuition increases or expanded enrollments, leading the authors of the self-study to characterized the student debt issue as "sobering."

Curriculum in years three and four, career counseling, faculty diversity and information technology improvements were noted to be in transition. A progress report on the areas of non-compliance and transition items is due to the LCME in January 2009.

### **Inter-clerkship Sessions**

Two very successful Inter-clerkship Sessions were presented this

year on the first days of Blocks 5 and 7. These sessions emphasize interdisciplinary topics with major public health impact. The topics were Improving Patient Safety, moderated by David Nash, MD (Department of Health Policy) and Professionalism, facilitated by Gerald Isenberg, MD; Mitchell Cohen, MD; John Spandorfer, MD; Phil Wolfson, MD; Katherine Worzala, MD; Sherry Weitz and Timothy Brigham, PhD (Office of the Dean).

### **National Board of Medical Examiners (NBME) Clinical Subject Examinations**

NBME Clinical Subject Examinations are administered as end-of-clerkship assessments in Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry and Internal Medicine. This program is coordinated by Dr. Glaser, Deborah Tolson (Academic Affairs/UME) and Mr. Jon Veloski (Center for Research in Medical Education and Health Care) in collaboration with the clerkship coordinators (Ms. Sherry Weitz, Deborah Cini, Florence Spencer, Tonya Holloman, Joanne Gotto and Sybil Fullard).

### **Philadelphia College of Physicians Humanism in Medicine Project**

Drs. Rattner and Glaser served out their term on the Advisory Board to the College of Physicians Initiative on Humanism in Medicine. JMC participated in five Visiting Scholar programs. This year, Rita Charon, MD, PhD presented a session on patient narratives to the first-year class in ICM I and Rafael Campo, MD spoke at Grand Rounds in the Department of Psychiatry and

Human Behavior. Jefferson students were invited, as they were last year, to a Visiting Scholars Open House in early September.

### **Professionalism and the Honor Code**

This was another busy year for the student and faculty groups working on professionalism initiatives. The Professionalism II Task Force, co-chaired by Dr. Glaser and this year by Anna Filip (JMC '08), met regularly to develop plans to further highlight our efforts regarding professionalism within the culture of Jefferson Medical College. Strategies are being planned that encourage students and faculty to "live" the values in the Honor Code. Anna Filip and the student representatives on the Task Force continued the tradition of awarding peer-reviewed awards for professionalism. Several members of the first-, second- and third-year classes were awarded plaques for their demonstration of professionalism and professional values. These awards will be ongoing and awarded to several students each year.

The Committee on Professionalism, now chaired by Stanton Smullens, MD, has a new complement of members and an expanded charge that includes facilitating and encouraging initiatives on professionalism in all academic departments. This year the Committee on Professionalism facilitated the coordination of a new Faculty Professional Conduct Committee (PCC) modeled after the Student PCC. The Committee on Professionalism also worked closely with William Thygeson, PhD, Associate Dean

of the Jefferson College of Health Professions (JCHP) to help generate a code of conduct and aspirational statement that is expected to be adopted by JCHP and then as a University-wide document.

The Professionalism Curriculum Development Task Force was charged in 2006 to review the current curriculum and make recommendations for teaching professionalism through all four years of the curriculum with attention to the third and fourth years. Gerald Isenberg, MD (Department of Surgery) chaired this task force; a final report was presented to the Curriculum Committee in May. Recommendations include emphasis on a specific domain of professionalism each year. The Committee will continue discussion of this topic in July.

Dr. Glaser, with Drs. Berg and Worzala, participated in several faculty and resident workshops on teaching professionalism including a workshop for faculty from our clinical affiliates as part of Affiliations Day program.

### **Foundations of Clinical Medicine**

Foundations of Clinical Medicine (FCM) is a multidisciplinary course designed to prepare second-year students for the third-year immersion in clinical medicine. It has been developed in response to curriculum objectives to teach a unified, interdisciplinary, organ system-based alternative to the traditional discipline-based curriculum. This course includes content from what was formerly taught in discipline-based courses in pathology, pharmacology, physi-

cal diagnosis and Introduction to Clinical Medicine. Interactive teaching, large and small group teaching sessions in Application of Clinical Medicine and hands-on instruction in the Clinical Skills Center are used to amplify and clarify the didactic content of this course. Several of the organ-based review sessions continue to incorporate Team-Based Learning as an interactive and faculty-efficient teaching strategy. This effort will be expanded in the coming years in order to serve the small-group teaching needs of our larger class size.

Students are required to achieve a passing grade on each organ-system examination in order to successfully complete the FCM course. Remediation, in the form of individual counseling and re-examination, is offered to those students who fail to achieve passing grades in the initial examination. A growing database of examination items has been developed to improve the quality of examination items as well as the ability to track the performance of the students from year to year.

A very effective student-faculty interface has been developed for this course via the Student Liaison Committee. Class representatives meet with course directors and Drs. Wolfson and Ratner monthly to review student and faculty suggestions and concerns in “real time” as the course is in progress. Student feedback about this course continues to be very positive. It is of note the NBME Step 1 scores have also improved. Plans for next year include enhanced involvement

of the section leaders, expansion of the FCM database in CurrMIT to include lecture keywords, and expanded use of the audience response system.

### **Committee on Student Promotion**

Thomas Klein, MD (Department of Obstetrics and Gynecology) serves in the key role of Chairman of the Committee on Student Promotion (COSP). COSP reviewed and took action on more than 200 student issues this year in addition to hearing appeals and administrative review of USMLE results and grade changes. There were over a dozen subcommittee meetings for the purpose of planning appropriate individual student remediation. The recommendations made at these meetings have allowed for students with deficiencies to receive the appropriate support (treatment and/or academic remediation) and, in the majority of cases, move ahead in the curriculum.

This year, in consultation with Joseph Majdan, MD, Director of Remediation at the Clinical Skills Center, we developed a mechanism for tracking and assisting students who have some difficulty with the curriculum. The mechanism involves the development of an individualized educational plan (IEP) with the student, faculty in basic science or clinical courses, Dr. Majdan, Dr. Glaser and a Student Affairs Dean. We have used this system informally over the year for several students and the IEP tracking system was formally approved in February by the Committee on Student Promotions and then

presented as for information to the Committee on Curriculum. With this mechanism formally in place, we will now evaluate the outcomes of these efforts.

Dr. Glaser, an adult learning specialist, also met individually with approximately 58 students for individualized consultation and development of study and test-taking plans.

Ms. Myeshai Brooks, Educational Coordinator for the Office of Undergraduate Medical Education, provides staff support to the Committee. In addition to preparing the meeting agenda and minutes, she has the responsibility of monitoring and maintaining the computer database, COSPTool.

### **Resident and Faculty Development Activities**

This office is pleased to lend its clinical expertise to resident and faculty development efforts of the College. In 2006-2007, Dr. Glaser initiated a Balint group for the fourth-year residents in the Department of Psychiatry and Human Behavior. She was invited to continue her work in facilitation of group discussions for interns and residents in the Department of Obstetrics and Gynecology and worked with Dr. Brigham in the planning and facilitation of their end-of-the-year faculty and resident retreats.

### **The Longitudinal Primary Care Clerkship (LPCC)**

This educational initiative has now completed its seventh year. It is a collaborative effort among the Dean's Office, the Departments of Medicine, Pediatrics and Family Medicine, and our

affiliated programs at DuPont Hospital for Children and Christiana.

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. Eighty students and 21 preceptors have participated to date. It has been highly rated by all participants. Due to complexities of clinical scheduling this year, the program will be on hiatus for 2007-08.

### **The Pennsylvania Area Health Education Center (PA AHEC)**

JMC has now completed its eighth year as medical school liaison to the Northeast Pennsylvania AHEC (NEPA AHEC), a member of the Pennsylvania-Delaware AHEC system. This initiative initially received core funding from HRSA through Penn State University. It is now supported with a combination of state, federal "model" and foundation funds.

The NEPA AHEC office is located on the campus of Keystone College in LaPlume, PA. Ms. Vera Walline serves as Executive Director. Dr. Michael Rosenthal (Department of Family Medicine) and Dr. Rattner continue

to serve on the Board of Directors. Dr. Christine Jerpbak (Department of Family Medicine) serves as Medical Director.

The AHEC is involved in many local health and health education initiatives. Third-year clerkships in Family Medicine, Internal Medicine and Surgery are in place at the Guthrie Clinic/Robert Packer Hospital in Sayre, PA. A family medicine elective was also offered this year.

### **Susan Rattner, MD, MSCE**

*Senior Associate Dean for Academic Affairs/Undergraduate Medical Education*

### **Karen Glaser, PhD**

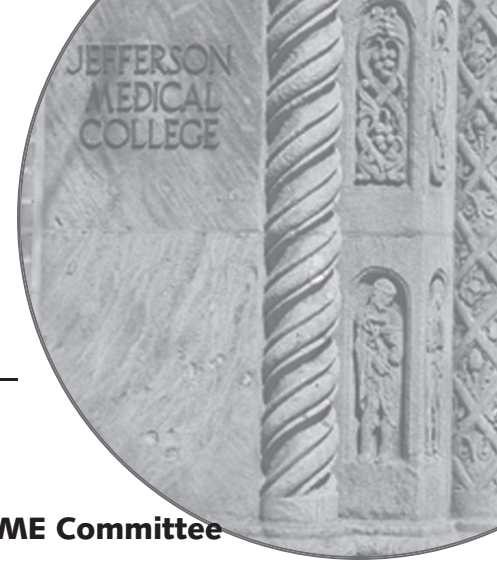
*Associate Dean for Academic Affairs/Undergraduate Medical Education*

### **Steven Herrine, MD**

*Assistant Dean for Academic Affairs/Undergraduate Medical Education*

# Division of Graduate Medical Education

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The Division of Graduate Medical Education provides 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; John A. Thomas, GME Database Manager; and Connie Baker, Administrative Assistant, work in concert with the Office of House Staff Affairs headed by Debra Cifelli. The Hospital and the Medical School have a common goal of achieving excellence in Graduate Medical Education. The GME division works 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. Because of the expanding role of education and oversight in GME, and because of JMC's new role as sponsoring institution of Christiana Care's Internal Medicine residency, Cardiology Fellowship and its Med/Peds residency, two additional assistant Deans have been recruited to carry out our mission.

## **New GME Programs**

TJUH completed its first year of sponsorship of the Ophthalmology residency from Wills Eye Hospital and the Pediatric Anesthesiology and Pediatric Orthopedic fellowships from A.I. DuPont. The Division continues to serve both evaluative and consultative functions. The internal site visits performed at midcycle are a highly productive tool for ongoing quality improvement in our GME programs. The Division continues to refine its internal review process to serve our GME programs. We have expanded our services to include intensive consultation and intervention, in cooperation with Program Directors, for programs that require major revisions in order to come into compliance with new RRC regulations. We continue our RRC site visit preparation process which includes careful review and editing of all Program Information Forms (accreditation visit applications), and departmental preparation sessions prior to the site visit. These have been extremely well received by the Departments. With the increasing role of simulation in training, evaluation and credentialing, the division of GME will expand its oversight in this arena.

## **GME Committee**

The GME Committee continues to increase its involvement in, and oversight of, all aspects of residency education in the hospital. Over the past six years under the leadership of Dr. Michael Vergare, the Committee has further developed its role as a major resource for the ongoing development and implementation of GME efforts at Jefferson. As we move into the new academic year, the GME Committee anticipates devoting significant effort to two major initiatives: the development of an institutional curriculum in GME that focuses on topics common to all residency programs, and defining and developing the role of the residency coordinator. As we move "from compliance to excellence" in GME, it is anticipated that the GME Committee will be deeply involved in all aspects of GME, and will oversee GME strategic planning for the institution.

## **ACGME Outcome Project**

The ACGME Outcome Project and the implementation of competency-based education have been initiated in all of our GME programs, and continue to be monitored by the Division. The ACGME has moved into the third phase of the Outcome Project:

full integration of the Competencies, and of their assessment, with learning and clinical care. The focus of the third phase is the use of resident performance data and external measures (such as patient satisfaction surveys and clinical quality indicators) to make data-driven improvements in residency education programs. The Division is assisting programs in the identification and development of assessment tools towards this purpose, and in the development of processes within the programs to ensure that resident and program performance levels are accurately assessed, with the goal of making targeted and effective program changes to improve education.

### **GME Toolkit**

In 2005, the Division selected and purchased a software product for management of GME data. The GME Toolkit, a Web-based product, allows all scheduling, evaluation, and duty hours monitoring to be performed online, and allows us to collect important data about our residents and faculty while enhancing compliance. Through the leadership of John A. Thomas, GME Data Manager, all of our programs are using the GME Toolkit for its evaluative functions as of this writing; a number of these programs are using other modules as well, including the duty hours monitoring and the procedure tracking modules. The software has been extremely well received.

The implementation of the GME Toolkit throughout the institution has allowed us to address a previous requirement

that was difficult to manage: the evaluation of faculty teaching. In conjunction with the Center for Research in Medical Education, a faculty evaluation form for residents to use in evaluating faculty teaching skills, was developed and validated. This form was approved by the Dean and the GME Committee for universal use throughout the university, and is providing valuable and much-needed data on faculty teaching. This universal faculty evaluation form allows faculty to compare their teaching skills with those of the entire university faculty, as opposed to only within their individual departments, and will provide valuable information to the Appointments and Promotions Committee for those faculty seeking advancement in the Educational and Scholarship track. The other IT initiative planned for the upcoming year is the development of an institutional GME Web site, with the purpose of continuing to build a sense of community among the GME programs at TJUH, and improve communication throughout the GME programs.

The Division continues to maintain an interest in research. A paper based on the development and pilot use of the aforementioned faculty evaluation form has just been published in *Medical Education*. Other papers are in development with the extensive data on faculty teaching skills now available from the Toolkit. At the Program Director Retreat last September an institutional curriculum on professionalism for GME Programs, developed by the faculty of the Clinical Skills Center using standardized

patients was introduced. In addition, an update of the Program Directors Manual is planned.

### **Affiliations Committee**

The Affiliations Committee met as part of the Affiliations Day program, and the Office of Faculty Affairs presented a day and a half symposium on Professionalism. 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. Faculty appointments and promotions of affiliated faculty, now managed by the Affiliations Division in the Deans Office and the office of Faculty Affairs, has been efficient and very effective. This has been a great addition for our very much appreciated affiliated faculty.

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. The role of Reading Hospital has been expanded and York has been added as a key member of our affiliated educational network.

The longitudinal study of residents continues, which provides program evaluations by residents and fellows at each level of training, in addition to annual program director evaluations of each resident and fel-

low. 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 supply material for new research in this area.

The mission of the division of Graduate Medical Education and Affiliations is to link undergraduate and graduate medical education at Thomas Jefferson University Hospital and the affiliates in order to promote faculty development, as well as excellence in resident education and teaching. This, in turn, will

provide the Jefferson Medical College student with a consistently excellent cadre of teachers at Thomas Jefferson University Hospital and the affiliates.

**David L. Paskin, MD**

*Senior Associate Dean for Graduate Medical Education and Affiliations*



# Office of Continuing Medical Education

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**T**he Office of Continuing Medical Education (OCME) at Jefferson Medical College is part of the Dean's Office and is responsible for Jefferson Medical College's ability to offer continuing medical education credits in pursuit of its overall mission of education, research and patient care. The Office of CME at Jefferson Medical College is nationally accredited as a provider of continuing education for physicians by the Accreditation Council for Continuing Medical Education (ACCME) in the coveted category of "accreditation with commendation."

## Leadership

In FY 2006 Joseph L. Seltzer, MD, Professor of Anesthesiology since 1980, was appointed Senior Associate Dean for Continuing Medical Education. Dr. Seltzer provides a focus on clinically relevant continuing education and research in continuing medical education, and stresses the importance of service to the University community.

Jefferson Medical College's Committee on CME, a standing committee of the medical school, is integrally involved in the review and development of appropriate activities certified for AMA Category 1 credit. During

FY 07, the Committee was chaired by Dr. Karl Doghramji, Professor of Psychiatry, and Director of the Sleep Disorders Center. The Committee on CME is responsible for the review and approval of all Jefferson-sponsored CME activities. The Committee also sets policy and direction for the overall CME program at Jefferson. There are 17 members of the Committee on CME, representing 11 departments/divisions of the Medical College.

Daily operations of the OCME are supervised by the Director, Jeanne G. Cole, MS. She is responsible for JMC's compliance with national accreditation standards, developing educational designs, overseeing and improving logistical operations, fund raising, and identifying and securing new opportunities. The combined efforts of the OCME staff secures the required outside funding for many of JMC's CME activities, which provides funds for the OCME operating budget. In conjunction with the Director, the Assistant Director, Pauline Sylvester, MBA, and six other staff members ably support the work products of the OCME.

Over the past years the Committee focused its efforts on 1) advancing the role of CME within

JMC, 2) developing collaborative relationships with other organizations to identify and fund mutually beneficial educational activities for physicians and other healthcare professionals, and 3) reviewing and understanding ACCME's New Criteria for Accreditation, which were announced in September 2006. In pursuit of these goals, the OCME and the Committee continue to work together on behalf of Jefferson.

## Accreditation

Jefferson's CME program was most recently reviewed by the Accreditation Council for Continuing Medical Education (ACCME) in July 2006 and was designated as "Accredited with Commendation." This is the second time that Jefferson's CME program has been recognized as Exemplary by the ACCME, a ranking achieved by fewer than 15% of all ACCME accredited providers.

"Accreditation with Commendation" is the highest level of accreditation given for CME providers, and is reserved for select programs that demonstrate Exemplary Compliance in multiple areas. To be considered Exemplary, a program must go well beyond simply meeting the basic requirements by showing

“innovation and creativity” in addressing the components that make up the ACCME’s Essential Areas and Standards.

The ACCME awarded TJU a six-year accreditation, the highest possible designation. The ACCME further recognized Jefferson with commendations in the following areas of the ACCME Essential Areas and Standards:

- ✧ Mission
- ✧ Planning
- ✧ Needs Assessment
- ✧ Overall Program Evaluation
- ✧ Administration
- ✧ Standards for Commercial Support / Scientific Integrity

### **Jefferson’s CME Mission**

#### **Purpose**

Jefferson Medical College CME considers the lifelong professional development of physicians to be a dynamic, ongoing process. The Jefferson Medical College Office of CME is dedicated to developing, delivering, and evaluating quality educational experiences/opportunities that stimulate, educate, and empower physicians to provide the highest standard of care throughout a lifetime of professional practice. Drawing upon its combined strengths in educational, research, and clinical expertise, Jefferson Medical College’s Office of CME endeavors to equip physicians with the knowledge, skills and attitudes necessary to remediate, maintain, and/or enhance their ability to deliver world class medical service across the continuum of care to patients, their families, the public, and the profession.

Jefferson Medical College CME is an academic enterprise guided by the principles and goals of academic medicine. Jefferson Medical College CME is committed to drawing on its experiences as well as the body of CME theory and research to elevate the effectiveness of its CME Program and to advance the field of academic continuing education. The CME mission maintains congruence with the overall educational mission of Jefferson Medical College of Thomas Jefferson University, maintaining its place along the continuum of medical education.

#### **Content**

The subject matter appropriate to Jefferson Medical College’s overall CME educational program reflects the broad scope of education, research and clinical practice at Jefferson, and therefore may encompass the entire breadth and depth of the art and science of medicine. Activity content may be organized around medical knowledge and patient care (specific medical specialties or subspecialties, disease states and processes), practice or systems based processes, public health topics, research findings, professionalism, and/or interpersonal and communication skills. In addition, topics that improve the practice of medical education itself may be included. The choice of content is dependent on the strategic interests of the institution, the availability of financial resources from either internal or external sources, and the consistency of the potential activities with Jefferson’s mission.

### **Target Audience**

Jefferson’s target audiences are representative of all customers of CME, including full-time and volunteer faculty, members of medical staffs in teaching and health system affiliates, regional health professionals, and national and international attendees. The intent of an activity is the determining factor in the appropriate selection of the target audience. Depending upon the intent, learners may be drawn from regional, national and/or international populations of physicians across all specialties and at all levels of training. Interdisciplinary audiences are sought when appropriate.

### **Types of Activities Provided**

Jefferson Medical College CME uses a wide variety of educational formats, from traditional to experiential and innovative, to best meet learner needs and to give the learner opportunities to match their preferred learning style to a spectrum of educational delivery systems. Formats can include but are not limited to, live offerings including lecture-driven conferences, small group work, experiential learning opportunities and one-on-one educational experiences; regularly scheduled conferences; distance learning through telephone, television and Internet technologies; and asynchronous enduring material formats including print, audio, video, computer-based and journal-based instruction. Jefferson Medical College CME also has demonstrated success in partnering with other accredited and non-accredited institutions/organizations when appropriate and congruent with the overall mission of the College.

## Expected Results

Evaluation stands at the center of this process as the essential driving force necessary to maintain and/or improve educational quality. Each activity will be evaluated based on the identified intent of the educational offering. Information derived from the evaluation of individual activities is used as formative and summative feedback in the quality assessment of the individual activity and contributes to the quality improvement and enhancement of the overall Jefferson Medical College CME educational program.

It is expected that individual continuing medical education activities will be rated well by participants in meeting stated objectives, providing balanced and rigorous information, and stimulating positive responses from participants in terms of impact of the activity on knowledge, skills, attitudes, patient care and/or future actions. Quality improvement efforts in CME are based on reviewing these data through the Performance Monitoring System, which enables us to analyze and benchmark both individual and overall results. This information is the foundation of our continuing improvement efforts and the basis of quality education research.

## Certified CME Activities

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 as well as the newly emerging area of Internet CME (<http://jeffline.jefferson.edu/jeffcme/>).

American Medical Association (AMA) Category 1 credits are awarded through the Office of CME for sponsored and jointly sponsored activities, regularly scheduled series, and enduring materials.

During the 2006-2007 academic year, the Office of CME certified 124 activities totaling over 2,089 Category 1 credits, serving more than 20,000 participants.

## Focus on Educational Effectiveness

During the past year, the Office of CME utilized a wide variety of educational formats from traditional to innovative to best meet learners' needs and give them opportunities to match their preferred learning style to a spectrum of educational delivery systems. These included "face-to-face" conferences offering lecture-driven meetings, case-based learning groups, experiential learning opportunities and one-on-one educational experiences. In addition, distance learning opportunities through the Internet and other technologies, instructional materials including print, audio, video, and journals are provided. The OCME successfully partners with other accredited and nonaccredited organizations when appropriate to expand the reach of Jefferson's CME programming. These partnerships provide revenue streams that enable the OCME to contribute to the College's "bottom line" and bring new revenues to those

departments and divisions that produce CME activities.

While it is necessary to develop systems and documentation processes to assure our continued status as a nationally accredited CME institution, the Office of CME strives to focus on the educational effectiveness of JMC's CME programming. Evaluation stands at the center of this process as the essential driving force necessary to maintain and/or improve educational quality. Over the past year, evaluation tools and methods were refined in order to enable the OCME to provide timely and worthwhile evaluation data on activities it develops and certifies. As data are gathered from these evaluation activities, we will be able to expand research efforts on the impact of JMC CME activities on participant behavior, and to study what activities are most effective. These research efforts, which distinguish JMC's OCME from many other academic CME providers, contribute to quality improvement and enhance the overall Jefferson Medical College CME educational program.

## Highlighted Educational Activities

In addition to providing certification services for departmentally sponsored CME, OCME is integrally involved with JMC departments and divisions in developing and implementing cutting edge educational activities for practicing health care professionals.

The OCME continues its collaboration with the Department of Anesthesiology and the JUP Clinical Care Committee to develop performance-improvement projects designed to meet the

criteria for CME credits. These activities are unique in the nation. Several national presentations have been made relating to these activities, as outlined below. We anticipate continuing to develop these special projects to improve clinical practice at Jefferson. The current projects are:

*Inpatient: Anesthesia EHR Project*

1. Timely Administration of Antibiotics in Surgical Patient

*Outpatient: JUP Clinical Care Committee*

2. Psychiatry: Physician Self Assessment of Clinical Documentation
3. Neurosurgery: Smoking Cessation Documentation

OCME continues strong partnerships with the Headache Center of the Department of Neurology, the Gastroenterology and Hepatology Division of the Department of Medicine, the Department of Health Policy, Department of Family and Community Medicine, the Division of Ultrasound of the Department of Radiology, and AISR of the Scott Library. Many of these have resulted in growth in long-established CME offerings. For example, the GI Division's 27th Annual Advances in GI program held in June 2007 helped the division maintain its position as the premiere GI educational event in the region; the Department of Family and Community Medicine's 30th annual Eastern Shore Medical Symposium provides a valuable review and update to a full house. The success of these activities not only advances Jefferson's reputation as a resource for physicians who

must update their knowledge and skills to provide the best care, they also add to the financial viability of their sponsoring departments by generating revenue.

A unique collaboration between TJUH and OCME continues to bring live surgeries performed at TJUH to a national audience in the form of live and archived Webcasts through the OCME Web site. Webcast topics expanded this year to include Minimally Invasive Treatment Alternatives for Varicose Veins and Computer-Assisted Partial Knee Replacement, bringing the active archive library to eight topics.

In response to new physician licensing requirements, the OCME worked with Thomas Jefferson University Hospital and others at Jefferson to develop and certify CME activities in the area of patient safety, and has developed standard methods for identifying patient safety-related activities that occur as part of grand rounds or other regularly scheduled series. Given that Pennsylvania now requires a specific number of certified hours in patient safety to maintain licensing, the OCME adapted its online CME transcript retrieval system (JeffETC) to include reports of these activities as a service to our physician community. The OCME also provided assistance in identifying and documenting patient safety related CME credit to those physicians who received audit letters from the Pennsylvania State Medical Board.

The OCME also works in partnership with other JMC departments to facilitate training and educational programs for

employees of several pharmaceutical manufacturers. By applying OCME's expertise in program development and management to this area, revenue is generated for the OCME and other departments in support of JMC's educational mission.

## **Academic and Research Activities**

As an educational unit within a leading academic institution, the OCME seeks out opportunities to present its work in CME to a larger audience. Research activities include working collaboratively with three other medical schools in Pennsylvania (University of Pittsburgh, Penn State University, Temple University) to examine the validity and reliability of a prospective measure of the impact of commercial support on CME activity management, and continuing a joint project with the National Board of Medical Examiners that provides CME credits to participants in their item writing process.

The following Jefferson CME Research and Accreditation activities were presented nationally throughout fiscal year 2007:

1. *The Computerized Anesthesia Record As A Self Assessment And Performance Improvement Tool.*

Zvi Grunwald, MD; Richard H. Epstein, MD; Jeanne G. Cole, MS; Joseph L. Seltzer, MD.

*Presented at the 54th Annual Association of University Anesthesiologists Meeting, (Chicago, IL). April 2007.*

2. *A Pilot Study in Performance Improvement CME: Using an Elec-*

*tronic Health Record for Guided Self Assessment and Learning.*

Joseph L. Seltzer, MD; Jeanne G. Cole, MS.

*Presented at the Council of Medical Specialty Societies Fall 2006 Meeting.*

*3. Test Item Writing and Continuing Professional Development.*

Luanne E. Thorndyke, MD; Jeanne G. Cole, MS.

*Presented at the Association of American Medical Colleges Fall 2006 Meeting.*

*4. Internet-based Patient Safety and Risk Management in a University Setting.*

Jeanne G. Cole, MS; Andrea C. Weinstein, PhD, Esq.

*Presented at the Canadian Association of Continuing Health Education Fall 2006 Meeting.*

*5. The Purpose Driven Tool: Performance Monitoring to Critically Analyze Your CME Program.*

Tracy Allgier-Baker; Jeanne G. Cole, MS; Catherine Thomas-King, CMP.

*Presented at the 32nd Annual 2007 ACME Meeting, (Scottsdale AZ). January 2007.*

*6. Applying the Principles of Risk Stratification to Effectively Manage Commercial Support.*

Luanne Thorndyke, MD; Jeanne G. Cole, MS; Catherine Thomas-King, CMP; Barbara Barnes, MD.

*Presented at the 32nd Annual 2007 ACME Meeting, (Scottsdale AZ). January 2007.*

*7. Web-based RSC: Managing RSC and Related Conflict of Interest Issues Using a Unique Tracking System.*

Jeanne G. Cole, MS; Derek L. Warnick, MSPT; Pauline Sylvester, MBA.

*Presented at the 32nd Annual 2007 ACME Meeting, (Scottsdale, AZ). January 2007.*

## **Technological Activities**

OCME services enhance the design, delivery and evaluation of educational activities sponsored by JMC and its clinical departments. Technological advances are incorporated into the daily practice of the OCME. In the past year, the OCME improved its use of Web-based testing and evaluation, scanning technology, and ARS. Specialized sections of the Web site were developed to address changing ACCME and AMA national requirements in the areas of managing regularly scheduled conferences (series), Conflict of Interest documentation and resolution, and the Standards for Commercial Support.

The OCME Web site at <http://jeffline.tju.edu/jeffcme> continues to be recognized by its listing on Bernard Sklar's Online CME Sites, an Annotated List of Online CME. The Web site continues to grow in depth and scope, and incorporates a calendar of events, online registration capabilities, links to relevant CME sites, and postings of a variety of internet-specific CME activities. The OCME strives to continually improve its administrative processes. Im-

provements to the OCME Web site included continued development of an online application system for CME activities, creating a library of resources for those involved with the development of regularly scheduled conferences (grand rounds), and creation of a "Committee Only" section of the Web site to improve communication pathways between the OCME and Committee on CME Committee members. The goals of improving OCME communications with its clients and users, and of realizing cost savings in the delivery of those services are being achieved.

## **Administrative Activities**

Advances in technology serve to improve access and communications between the OCME and various individuals and groups. For example, OCME administers JMC's Visiting Professor programs in Delaware, Pennsylvania and New Jersey. OCME maintains the "JEFF-ETC" service. Jefferson Electronic Transcripts and Certificates (JEFF-ETC) provides participants in JMC-sponsored CME activities online access to the documentation of their participation in CME activities. Healthcare professionals can quickly obtain their records on demand in a customer friendly and cost effective manner.

### **Joseph L. Seltzer, MD**

*Senior Associate Dean, Continuing Medical Education, and Faculty and Alumni Affairs*

### **Jeanne G. Cole**

*Director, Continuing Medical Education*

# Office of Human Research



The OHR, located in Suite 1100, 1015 Chestnut St., provides administrative infrastructure and support for the following research programs and Committees:

- ✧ Division of Human Subjects Protection (Institutional Review Boards)
- ✧ Division of Clinical Trials Support
- ✧ Research Biosafety Program including the select agents program
- ✧ Institutional Biosafety Committee
- ✧ Volunteer Program

## **Division of Human Subjects Protection (DHSP)**

Thomas Jefferson University has four IRBs approved under its Federalwide Assurance (FWA) from the Office of Human Research Protections of DHHS. Three of the IRBs are on campus and the fourth is at the Methodist Hospital Division of Thomas Jefferson University Hospital. The IRBs and their administrative support staffs are organized under the Division of Human Subjects Protection (DHSP) within the Office of Human Research (OHR). The primary responsibility of the IRBs is the protection of human subjects involved in biomedical and

behavioral research. The major work of the IRB consists of the assessment of research related benefit-risk ratios, and assuring that informed consent is properly obtained and documented for research subjects. IRBs have a responsibility to society and to the Jefferson community in particular, to review and approve worthwhile studies in a timely fashion.

The IRBs review research protocols, consent forms, adverse events, amendments/revisions to protocols, advertisements for recruiting research subjects, and any other matters pertaining to the conduct of research on human subjects. Protocols extending beyond one-year require a continuing review. A central purpose of the IRBs is to sustain a collaborative and supportive balance among the interests of patient/subject safety, researchers at Thomas Jefferson University, Thomas Jefferson University Hospital and Methodist Hospital and the requirements of federal regulations. Maintaining this balance demands significant effort and time from the faculty, Hospital and University employees and outside members who constitute the IRBs, the Chairs of the Boards, the Director, and the administrative staff in the DHSP.

The Director and Associate Director of the DHSP, and the IRB Chairs, wish to express sincere thanks for the tremendous effort of over 120 conscientious IRB members and the administrative staff of the DHSP. The contributions of these highly motivated and dedicated individuals help make our human subjects protection program one that is highly regarded both locally and nationally.

## **IRB Transactions**

The IRBs review and oversee Phase I-IV clinical trials, epidemiological and behavioral research, basic research involving use of human tissues, and translational and gene transfer research. This report encompasses the time period from January 1, 2006 through December 31, 2006. During this reporting period, the on-campus IRBs reviewed a total of 558 new submissions. The convened Boards reviewed 180 of the studies (32.5%). Two-hundred-seventy-four (274) studies were reviewed using the expedited process (49.5%), and 99 studies qualified for classification as exempt (17.9%). The DHSP conducted a total of 2,836 IRB transactions. The TJU DHSP participates with the National Cancer Institute (NCI) Central IRB (CIRB) that reviews studies

sponsored by the NCI. During this reporting year we reviewed, in conjunction with the CIRB, nine protocols requiring administrative review and 27 amendments or continuing reviews.

The Methodist Hospital convened IRB reviewed 11 Phase I studies for Wyeth Pharmaceuticals and two other commercially-sponsored studies. Four oncology studies approved by TJU on-campus IRBs were conducted at Methodist Hospital. The Methodist Board completed 18 continuing reviews, approved 24 amendments to protocols, received and reviewed 13 final reports, and two reports of adverse events. The Methodist IRB completed 74 transactions during the reporting period.

There were approximately 1,000 active studies in the TJU Clinical Trials database. Of these, approximately 60% were externally funded, and 40% were investigator initiated internally funded studies. The cumulative number of Principal Investigators and co-investigators/sub-investigators at Jefferson is approximately 927. Funding sources include NIH, Departments of Defense and Education, State of PA, City of Philadelphia, American Cancer Society, American Heart Association, private foundations, the pharmaceutical industry and device manufacturers and investigator-initiated, departmentally-funded studies.

The following table provides a breakdown of IRB activities for calendar year 2006.

Protocol Items	Number Reviewed
New Submissions – Full Board Review	180
New Submissions – Expedited Review	274
Continuing (annual) Reviews	690
Amendments	1156
Studies Qualifying as Exempt	99
Adverse Event Reports	132
Final Reports	236
Disapproved Studies	5

### National Accreditation for TJU's Human Subjects Protection Program

The DHSP is seeking accreditation by the Association for Accreditation of Human Research Protection Programs (AAHRPP). The initial effort regarding this was a rigorous self examination process that resulted in many changes and updates in policies and operating procedures. During the year, Dr. Kalf, former director of the (then) Office of Scientific Affairs, who was working part-time in the OHR as Director of Special Projects, helped complete the preliminary application. He subsequently assisted with addressing AAHRPP-requested changes and clarifications in order to finalize the application for submission. The final application was submitted on May 1, 2007, and a site visit by AAHRPP is scheduled for September 2007.

### Personnel Changes - IRB Administrative Staff and Boards

There were no DHSP administrative staff changes during calendar year 2006. Dr. Kalf stepped down as chair of an on-campus IRB and Chris Chambers, MD, an

IRB member since 1993, became chair of that Board in March 2006.

The following individuals were appointed to IRBs in 2006:

*Brock Board:* Steven Benowitz, BS, MA (Public Relations, non-scientist); Nancy Brisbon, MD (Family Medicine); Robin Casten, PhD (Psychiatry & Human Behavior); Glenn Ellis (Health Educator/Advocate-Community member, non-scientist); Andrea Frangos, (Radiology, non-scientist); Aileen Garipey, MD (OB/GYN); Francine Hanley, MS, MBA (Department of Surgery, non-scientist); Susan Lanza-Jacoby, PhD (Surgery); Scott Mintzer, MD (Neurology); Mary Powell, PhD, CRNP (Nursing); Rania Sadaka, PharmD (Hospital Pharmacy); Kathleen Squires, MD (Infectious Diseases); Jacqueline Sullivan, PhD, RN (Nursing); and Robert Winn, MD (Family Medicine).

*Chambers Board:* Kristin Brill, MD (Surgery); Colleen Horan, MD (OB/GYN); Zahida Parveen, MD (Infectious Diseases).

*Weinstein Board:* Carlo Ramirez, MD, 2006 (Surgery/Transplant); Priya Singh, MD (Hematology/

Medical Oncology); Thomas Force, MD (Cardiology); Adam Frank, MD (Surgery/Transplant).

### **Regulatory Issues**

During the reporting period the Division of Human Subjects Protection performed one “for cause” audit. A non-compliance hearing ensued and the investigator completed all remedial requirements of the Board. During 2006, seven non-compliance hearings were convened, four by DHSP administrative staff (Director and Assistant Director) and three by IRB sub-committee. The seven hearings involved five faculty members. None of the infractions resulted in compromise to research subject welfare, and all were reported to the appropriate TJU and external authorities. A few separate instances of minor violations were also found but these required only minor corrective action by the Principal Investigators.

### **Quality Improvement/Education Program**

The mission of the DHSP Quality Improvement/Education Program is to augment and facilitate continuing review of on-going clinical trials, enhance protection for research subjects, and ensure compliance with regulations and ethical guidelines. The program’s goals are to: 1) develop a collegial relationship with clinical investigators and study coordinators and, 2) to assist them in developing effective procedures to conduct and monitor all aspects of their human subjects research. In this way DHSP hopes to encourage a culture of compliance within the institution and a partnership be-

tween the research community and the DHSP.

### **Education and Other Activities**

The federal government mandates formal training regarding the ethics and regulations that govern human subject research for all those engaging in research involving humans. The number of investigators and key personnel who have completed the certification program in order to be eligible to conduct human subject research continues to expand. Since 2000, 5,180 individuals have been certified thorough our education program. In the past year, 758 individuals completed the self-study training program and passed the certifying examination, and 619 individuals completed the required annual training. Mandatory HIPAA training was completed by 652 individuals.

The mandatory course for clinical research coordinators has been in existence for three years. One-hundred-seventy-seven(177) individuals have now completed the course, and 134 certificates of completion have been issued. Thirty-three people have audited the course. Responses from attendees have been uniformly positive.

The Director and Associate Director of the DHSP participate in numerous educational activities for TJU faculty and staff regarding protection of human subjects in research. These include participation in on-going faculty improvement seminars, the new faculty orientation program, presentations to coordinator groups and presentations to Departments and Divisions. They

also participate in the mandatory Research Coordinator Course (see below). Dr. Smith coordinates a 12-week summer course in the College of Graduate Studies entitled “Regulatory Issues in Human Subjects Research.” Mr. Conner also participates as a lecturer in that course.

Three DHSP staff members, the four IRB chairs, the Associate Director and the Director attended the annual IRB national meetings organized by Public Responsibility in Medicine and Research (PRIM&R) in Washington, DC. These meetings provide education and insight regarding historical and current issues in the realm of protection of research subjects.

In collaboration with Dr. Jack London and his colleagues in the KCC computer facility, the DHSP developed an online Adverse Event (AE) reporting system – the “eSAEy” system. This system provides for electronic reporting and IRB subcommittee review of AEs and Serious Adverse Events (SAEs). The system allows completion of the SAE report by a PI or coordinator, modification of the report by the PI, and communication between the IRB subcommittee reviewer and the PI or person filing the report. All transactions are time stamped and kept as a permanent record. The final report automatically populates the IRB SAE database. The eSAEy system was presented at the national meetings of PRIM&R as a poster and workshop session. (London, J.W., Marshall, A., Talarico R., Miller, C., Conner, K., Smalley, K., Smith, J.B.: The Design and Implementation of a Fully Auto-

mated Adverse Event Reporting System. PRIM&R, Washington DC, November 2006).

The Director and Associate Director, in collaboration with members of the Department of Orthopaedic Surgery, published a paper on IRB issues. The reference is as follows: Parvizi, J., Tarity, D., Conner, K., Smith, J.B.: *Institutional Review Board Approval: Why It Matters*. J Bone & Joint Surgery America, 89: 418-426, 2007.

### **DHSP Web Site**

The DHSP Web site is updated on a regular basis. The IRB Training Manual, certifying examination, and annual update requirements can all be reviewed and completed online. The DHSP Web site has a link "view IRB training data" that gives details of training completed for all investigators and key personnel.

### **Division of Clinical Trials Support**

The Clinical Trials Support Office was established to foster clinical research and to hold such research to the highest standards. The Associate Director of the Division of Clinical Trials Support is Roseann Talarico. The Office of Clinical Trials Support has three main missions. These are 1) supporting faculty members involved in clinical trials research by providing administrative infrastructure support services, 2) framing policy and operating issues surrounding clinical trials, and 3) providing education and training to the research community at TJU. The Clinical Trials Support Office hosts the Jefferson Clinical Research Forum (JCRF), a very

well attended monthly meeting of research coordinators and research administrators at which timely topics in clinical research are presented and discussed. The office also supports the Liaison Committee of Clinical Coordinators (LCCC), a group of senior research coordinators who meet on a monthly basis with Ms. Talarico and the Director, DHSP, to discuss and plan implementation of programs that will improve the clinical research effort at TJU. A TJU *Manual of Standard Operating Procedures for Clinical Trials* is one major project of this group.

In November 2006, TJU participated in a clinical research outreach program held at the University of the Sciences that was organized by the Center for Information and Study on Clinical Research Participation (CISCRP). The day long meeting, "AWARE for All Philadelphia" included informative workshops and panel discussions. Drs. Barry Goldstein, Kathleen Squires, and Edith Mitchell along with L'Shay Cobb conducted workshops on Diabetes, HIV/AIDS and Colon Cancer, and Dr. Bruce Smith participated in a panel discussion about participant experiences in clinical research trials.

### **Research Biosafety Program**

The Research Biosafety program involves the inspection and certification of laboratories and investigators conducting research with risk group 2 or higher agents that require biosafety level 2 or higher laboratory physical containment conditions. All proposals for research using the above listed agents are reviewed

and approved by the Institutional Biosafety Committee (IBC) prior to the start of the research.

The Institutional Biosafety Officer (BSO), Sue Gotta, MS, is also a member of the IBC. She conducts laboratory inspections, certifies investigators for work in the biosafety level 3 (BL-3) laboratories, conducts biosafety training, reviews protocol submissions and acts as a resource person for investigators.

All individuals conducting research involving an agent that potentially causes disease and for which there is an immunization, must register with OHR and obtain a permission slip for the specific immunization required to be administered by University Health Services.

### **Institutional Biosafety Committee**

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 IBC whose responsibilities need not be restricted to recombinant DNA. If the institution is engaged in recombinant DNA research requiring BL-3 containment, it must appoint a Biological Safety Officer (BSO) who shall be a member of the IBC.

The IBC functions as a critical component of TJU's Research Biosafety Program. The Committee's actions are detailed in an annual report filed with the Office of Biotechnology Activities of the National Institutes of Health. The following paragraphs summarize the major responsibilities and actions of the IBC during the past year.

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 inspects and monitors, through the BSO, those research laboratories conducting research using human blood and tissues and body fluid contaminated with human blood.

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 are offered immunization against the agent being studied, in so far as immunization is available.

On behalf of the Institution, the IBC is responsible for:

- ✧ Reviewing recombinant and pathogens research for compliance with the NIH Guidelines for Research Involving Recombinant DNA Molecules and the NIH/CDC Guidelines for Biosafety in Microbiological and Biomedical Laboratories and approving those research projects that are in conformity.
- ✧ Reviewing research and inspecting laboratories using human blood, cells or tissues for conformity with the provisions of the OSHA Bloodborne Pathogens Standard.
- ✧ Keeping abreast of mandated guidelines and other sources of good safety practice (GSP).
- ✧ Establishing laboratory compliance and inspection guidelines that facilitate documentation that the IBC has met GSP requirements.
- ✧ Making an independent assessment of the containment levels required for the proposed research and of the facilities, procedures and practices of the investigator proposing to carry out the research.
- ✧ Setting containment level.
- ✧ Initially, and periodically, inspecting and certifying the laboratories conducting research which requires containment and practice at the BL-2 level or higher.
- ✧ Adopting emergency plans covering accidental spills and personnel contamination resulting from such research.
- ✧ Reporting to the appropriate institutional official and to the NIH Office of Biotechnology

Activities any significant problems with, or violations of, the Guidelines and any significant research-related accidents or illnesses.

- ✧ Review of animal protocols submitted to IACUC for biosafety issues.
- ✧ Review of protocols submitted to the Institutional Review Board involving gene transfer for biosafety-issues.
- ✧ Serving as a resource and guidance source for investigators who are designing their biosafety plans.

The IBC comprises 16 members, so selected that 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 Biological Safety Officer (BSO) is a member and Vice Chair of the IBC.

This past year, the IBC reviewed and classified a total of 26 new and revised research proposals. The review of the above protocols resulted in 15 inspections by the Biosafety Officer to certify laboratories for work at the BL-2 containment level or higher. Laboratories functioning at the BL-2 are reinspected every

two years, BL-2/3 are inspected annually, and those at the BL-3 level are reinspected bi-annually.

The IBC continued to improve the comprehensive OSA-11 University internal form for submission of studies to the IBC. Submission of the OSA-11 may now be done electronically.

### **Volunteers in Research Laboratories**

Individuals such as high school and college students volunteering to work in the research laboratories of the Medical College and any individual (such as a post doctoral fellow or other researcher) whose salary is not paid by the University, must register with the Office of Human Research and have their project reviewed by the IBC if their research involves biohazardous agents. This is required for risk management. During the year, the IBC and OHR processed 60 volunteers.

In conjunction with the TJUH volunteer services director, a new screening form was developed to better assist volunteer office personnel in redirecting volunteers as needed to the Office of Human Research/Biosafety Division.

### **Select Agent Program**

The "Public Health Security and Bioterrorism Preparedness Response Act of 2002" requires that the United States improve its ability to prevent, prepare for, and respond to bioterrorism and other public health emergencies. Congress designated the CDC as the responsible agency to oversee 42 CFR Part 73, Possession, Use and Transfer of Select Agents and Toxins. This document builds on and greatly strengthens the earlier Select Agents Regulations presented in 42 CFR 72 for the possession, use and transfer of select biological agents.

Implementation of these new regulations required that TJU be registered once again to hold, use and transfer select agents. This new regulation requires registration of the institution, a security risk assessment, safety and emergency response plans, training, transfers, record keeping, inspections and fingerprinting and vetting by the FBI of all investigators involved with select agents as well as the Responsible University Official (RO; Associate VP for Research) and the Alternate ROs (University Biosafety Officer, Sue Gotta, and Donald

Junkind, PhD, Department of Pathology, Anatomy and Cell Biology). An ad hoc committee of IBC members developed safety and emergency response. A special physical security plan involving new construction to implement double key card access to, and video monitoring of, the areas with laboratories where work with select agents occurs was implemented in the Division of Infectious Diseases. The CDC conducted a site visit to the facility on April 21, 2004. After minor changes in policies and standard operating procedures, Jefferson is now in complete compliance with the Final Rule, which became effective in April.

### **J. Bruce Smith, MD, CIP**

*Professor of Medicine Director,  
Office of Scientific Affairs  
Director, Division of Human  
Subjects Protection*

### **Gerald B. Grunwald, PhD**

*Professor of Pathology, Anatomy  
and Cell Biology, JMC  
Senior Associate Dean, JCGS-  
Chair, IBC*

# Center for Research in Medical Education and Healthcare

The Center for Research in Medical Education and Health Care is involved in a wide range of medical education, health services, and policy research projects serving the Jefferson community, as well as national and international organizations.

The Jefferson Longitudinal Study is one of the most comprehensive databases of its kind supplying important information to JMC administration and faculty, as well as supporting research projects addressing key issues in medical education. According to the LCME:

“The Jefferson Longitudinal Study continues to represent a unique information resource that serves as an invaluable tool for evaluation of educational program effectiveness.”

A compendium of 155 summaries of research studies entitled *Abstracts: Jefferson Longitudinal Study of Medical Education* is available at <http://jdc.jefferson.edu/jlsme> or from the Center.

The Jefferson Scale of Physician Empathy (JSPE), the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration, and the Jefferson Scale of Physician Lifelong Learning (JSPLL)

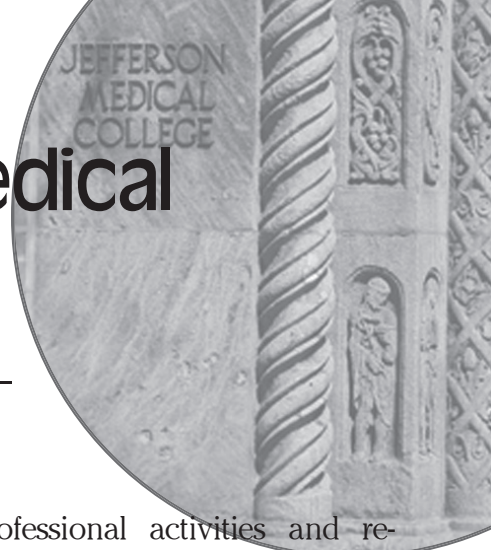
have been widely used at Jefferson and by medical educators and researchers in the U.S. and internationally. The Jefferson Scale of Physician Empathy has been translated into 18 languages. Dr. Mohammadreza Hojat's book, *Empathy in Patient Care: Antecedents, Development, Measurement, and Outcomes*, was released by Springer in 2007. With support from the National Board of Medical Examiners Edward J. Stemmler, MD Medical Education Research Fund. The Center continued its research on predictors and outcomes of physician lifelong learning including a survey of Jefferson Medical College graduates from 1975-2000.

In a recent follow-up study of JMC graduates performed by the Center in 2006-2007, a survey was mailed to 5,349 graduates of JMC between 1975 and 2000; 60% of those with deliverable mailing addresses responded (n=3,195). Jefferson graduates gave a very positive rating to their medical education (mean of 8.1 on a 10-point scale), and they also expressed a high degree of satisfaction with their career in medicine (mean of 7.7 on a 10-point scale). In addition to patient care responsibilities, many Jefferson graduates reported involvement with other

professional activities and research. Selected highlights of the findings are presented in Tables 1, 2, and 3.

Additional ongoing medical education activities include:

- ✧ Center staff collect and manage GME data used for internal review, and for reports to the ACGME and Residency Review Committees on behalf of the Senior Associate Dean for Graduate Medical Education.
- ✧ In collaboration with the Dean's Office, Jeff-IT, and the clinical clerkship directors, the Center has been instrumental in the design, operation, and continuing improvement of Jefferson's Patient Encounter Log System (PELS) a PDA-based data collection system that enables JMC students to record important information about their patient encounters during clinical clerkships.
- ✧ Center faculty worked with faculty in the Department of Family and Community Medicine with support from the AAMC and the Josiah Macy, Jr., Foundation to enhance teaching related to chronic illness.
- ✧ The Center began working with faculty from the Department of Health Policy to develop a national registry of students in 50 MD/MBA programs.



✧ Center faculty continued work with the Clinical Skills Center to analyze the ratings provided by standardized patients for student assessments in preclinical courses, certain clinical clerkships and the comprehensive Objective Structured Clinical Examination at the end of the third year.

✧ Center staff provide periodic reports to the Curriculum Committee, Dean's Office, and individual departments and hospitals to assess the quality of the educational program at the University and affiliated hospitals.

✧ Center staff provide support services for the testing and examination needs of medical school faculty including the development and maintenance of test item databases, prepare tests, track the performance of items, and provide periodic reports to faculty members.

✧ Center staff provide support to faculty and administration for conducting a variety of surveys using optical character recognition (OCR), optical mark recognition (OMR), and Web-based surveys.

✧ Center staff provide support to the Office of Faculty Records for the development and maintenance of the medical college's Faculty Records Database.

In addition to its medical education projects, the Center continues to receive external funding to support its health services and policy related research.

With a new three year agreement, the Center continued its work on a series of projects being performed in collaboration

with the Regional Health Care Agency of the Emilia-Romagna Region of Italy. These projects address a wide range of issues in health care organization, financing, and quality improvement activities. Ongoing activities include:

✧ Development of a longitudinal, population-based, health care utilization database including hospital data, outpatient prescription pharmacy records, specialty care information, home health data and information about primary care physicians for the four million residents of the region.

✧ Refinement and validation of a method for assessing the timeliness and appropriateness of hospitalization.

✧ Analyses of patterns and quality of cancer care in the region.

✧ Population-based analyses of sex-related differences in health care use and quality.

✧ Risk adjustment models to assist in health care planning and financing at the local level

✧ Assessment of beta-blocker use and associated outcomes of patients who survived an acute myocardial infarction.

Funding has been received from the Commonwealth of Pennsylvania for a project that will study medical problems where the provision of ambulatory care could affect the need for and timeliness of hospitalization. This project will describe factors and quantify costs that may be associated with these ambulatory care sensitive conditions in Pennsylvania and assess the implications of these findings in

planning and public health contexts.

Additional health services research projects include:

✧ For the Local Health Unit of Parma, Italy, the Center is collaborating with the Department of Health Policy on a project designed to profile variations in patient panels, patterns of utilization, and costs of health care resources of teams of primary care physicians.

✧ In collaboration with the JMC Department of Medicine, Center staff have created a Jefferson cardiac care research database that links information from existing administrative data (e.g., hospital discharge abstract data and physician billing data) and clinical information (e.g., laboratory results).

✧ With support from the American Board of Internal Medicine Foundation, Center researchers completed a systematic review of the scientific literature on the impact of feedback on physicians' performance.

✧ Center faculty collaborated with faculty in the Department of Health Policy in the evaluation of a one-day workshop on medical errors and patient safety held for third-year JMC students.

A summary of more than 30 years of research entitled "Disease Staging Abstracts" has been compiled and is available from the Center. Center faculty and staff continue to publish and present Center projects in both U.S. and international journals and at scientific and professional meetings and contribute

to faculty development through multiple joint publications with JMC faculty. According to the LCME:

“The college’s extensive, ongoing contributions to the field of medical education research greatly enhance its reputation among medical schools.”

Center faculty taught Health Policy and Evidence Based Medicine in the Introduction to Clinical

Medicine Course for first-year medical students and led research seminars for the Departments of Family and Community Medicine and Health Policy. A new course for Jefferson’s Master’s in Public Health entitled “Health Policy: An International Perspective” was offered for the first time in 2007 in conjunction with colleagues from the Department of Health Policy.

More details of Center projects are available in the annual

report of the Center for Research in Medical Education and Health Care or at our Web site: [www.tju.edu/jmc/crmehc](http://www.tju.edu/jmc/crmehc).

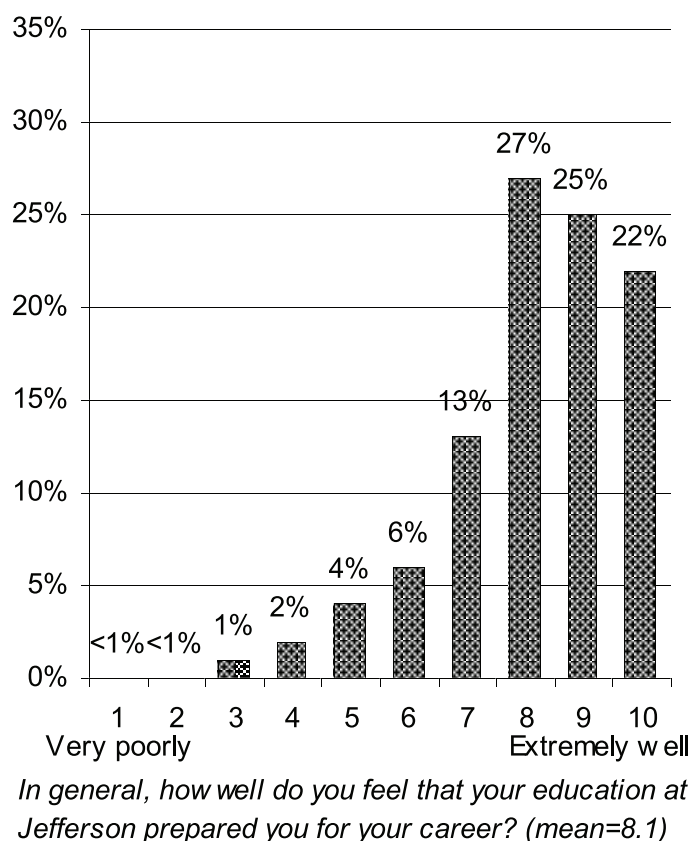
**Joseph S. Gonnella, MD**  
*Director*

**Daniel Z. Louis, MS**  
*Managing Director*

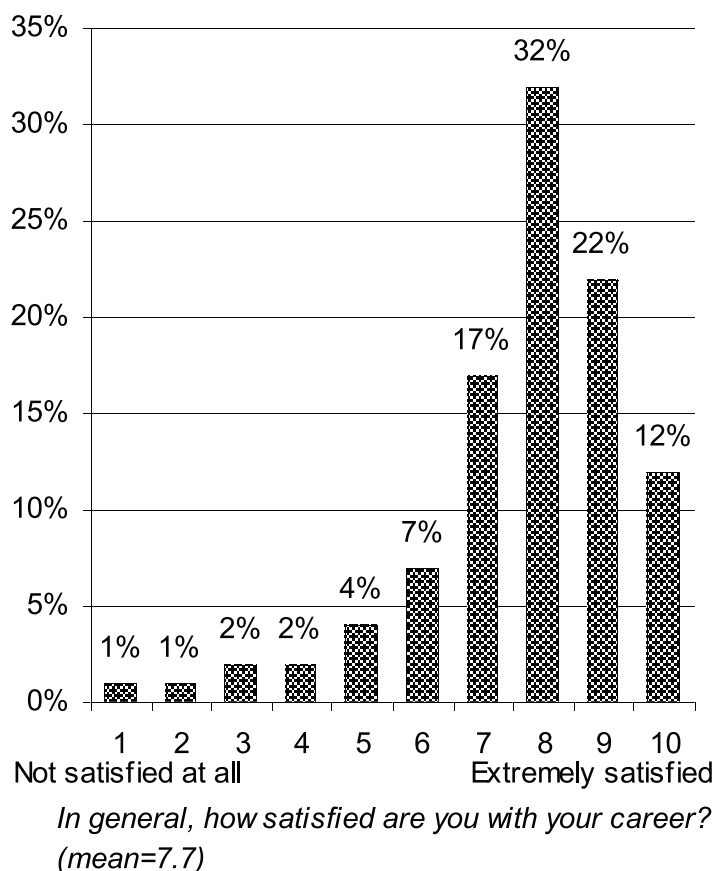
**J. Jon Veloski, MS**  
*Director, Medical Education Research*

**Mohammadreza Hojat, PhD**  
*Director, Longitudinal Study*

**Table 1**  
**Satisfaction with Medical Education Received at Jefferson\***



**Table 2**  
**Satisfaction with Medical Career\***



**Table 3**  
**Professional Activities and Research Productivity in the Past Five Years\***

Activity	% Affirmative Response	Mean # of Times
Served on a professional committee (hospital, professional society)	67%	5.1
Presented patient education/research findings on radio, on TV, in a newspaper, or before a community group	43%	5.8
Conducted research, including clinical trials	36%	5.9
Published an article in professional journals	35%	6.6
Received a professional award or honor	32%	2.0
Presented a paper before national professional groups	25%	6.3
Served as a reviewer for a professional journal	18%	8.9
Received a grant for research or training	14%	2.9
Shared in developing medical/surgical procedures, instrument drug or technique that was described in the literature	11%	2.2
Held office in a national professional organization	8%	2.3
Served as an editor, or on the editorial board of a professional journal	7%	2.4

\* Reported by 3,195 physicians who graduated from JMC between 1975 and 2000

# 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. A staff of animal caretakers and technical personnel provides daily care of laboratory animals. Veterinarians with special training and credentials in laboratory animal medicine oversee the veterinary-care program.

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 goals and legal obligations 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, 473 protocols have an "Approved" status, with 145 principal investigators associated with these protocols.

## Occupancy

Approximately 99% of the animals used in research are rodents, a percentage that reflects the national trend for species used in biomedical research and education. There has been a 27.9% increase in occupancy over the past fiscal year. Our average occupancy for the 12-month period ending June 30, 2006 was 7,263 cages. Our average occupancy for the 12-month period ending June 30, 2007 was 9,289 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. We also receive periodic unannounced inspections by the United States Department of Agriculture to enforce Preparing for the Future.

Animal research continues to be an integral part of Jefferson University, as evidenced by the increase of over 25% in occupancy. In order to better serve the faculty, several improvements have been instituted during the past fiscal year. The Institutional Animal Care and Use Committee (IACUC) has been divested from the Office of Animal Resources to assist the faculty and assure compliance with mandatory regulations. The IACUC staff has been expanded to include: Britannia Robinson, BS, IACUC Coordinator and Janice Jones, IACUC Secretary, and Troy Wilkins, IACUC Regulatory Monitor. Also, a new Associate Director of Animal Resources, Cynthia Lang, DVM, has joined Jefferson. Both of these improvements provide faculty with increased resources to assist them in successfully conducting animal research projects. With the approval of capitol funds, the automatic watering system in all animal facilities was upgraded to include state of the art monitoring systems. Long-term growth will continue to be a significant issue. The Office of Animal Resources will continue to work with central administration to consider options which will meet the increasing needs.

**Judith S. Daviau, DVM**  
*Director, Office of Animal Resources*



# Academic Support and Instructional Resources

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This report reflects the activities of the operational units of Academic and Instructional Support and Resources: Scott Memorial Library, AISR Education Services, Learning Resources, and Medical Media Services. Details of the accomplishments of the staff of these departments are reflected in the sections below. Two major activities are worthy of separate note:

A new methodology to centrally fund classroom technology maintenance and support services was agreed upon by the Academic Council, comprised of the deans of the three colleges. Under this arrangement all regularly scheduled courses during weekdays will have the technical support of Medical Media Services, including access to permanently mounted projection systems or setup of required hardware by technicians. This approach will assure a consistently high level classroom experience for all Jefferson faculty and students regardless of the College or program in which they may be enrolled.

As has been the case for the last several years, staff devoted much time to finalizing plans for the Hamilton Building, fine tun-

ing details on the educational technology which will be installed. At the same time, a new committee structure was initiated for the Hamilton Building to determine the scope of services and operations for clinical skills education in that facility once it opens in October 2007. AISR staff are chairing or serving on several of these advisory committees.

## Expanding our Scholarly Resources

Subscriptions to print journals experienced an intentional decrease of 45 titles. And there was a 60% increase in electronic serials subscriptions, which now total 4,055. This large increase is partially the result of publishers bundling many of their science, technology and medicine titles into packages. Additionally, the Library elected to add some important new titles:

- ✧ *PsychArticles*, which include 50 new American Psychological Association titles.
- ✧ *Blackwell STM Collection*, which includes over 200 new journals.
- ✧ *Science Online Classic* which provides the entire back-file of *Science* from 1880.

✧ *Adis Journals*, which include 15 new titles in pharmacology.

✧ *Protein Lounge*, a unique database of protein sequencing information.

✧ *AccessSurgery*, requested by the Department of Surgery, includes electronic books, a search engine and a customizable curriculum suitable for undergraduate and post-graduate education.

✧ *GIDEON* (Global Infectious Disease and Epidemiology Network), providing evidence-based resources for the diagnosis, treatment and teaching of infectious diseases, including a bio-terror module.

In addition to several conglomerated products such as StatRef, the Library began to acquire electronic books under a new system, R2, which provides a search engine, structured display, and content from a variety of publishers. Twenty-six new clinical books were added from the R2 library during the year. The addition of so many new resources to the Library's offerings, especially the increase in electronic journals by 60%, helped tremendously in addressing some

unmet need by students and faculty. The best evidence of this is a 14% decrease in the number of requests made by our users to borrow books or receive copies of journal articles from other libraries via interlibrary loan.

The University Library Committee (ULC), with representatives from the three Colleges and the University Hospital, continued its discussion of the transitioning from print to electronic resources in fulfillment of the mission of the Scott Library. The preference for digital resources has been reflected in the revised Library Collection Development Policy which it approved several years ago. During the past year the ULC began exploring the role of the library in acquiring licenses for electronic resources which might preclude student purchases of print ones. Such an approach might be logical and cost effective should students be required to purchase a mobile computing device such as a laptop computer or PDA.

### **JEFFLINE and the Jefferson Digital Commons**

JEFFLINE is the knowledge-based online system of the University, networking users to a Web of journal subscriptions, bibliographic and statistical databases, electronic books, and scores of other resources. Providing methods to transparently navigate between these resources presents a major challenge for the Library. And, because JEFFLINE is a complex web of locally- and externally-hosted resources it has become increasingly difficult to actually compare statistics from year to year. The Library continues to analyze as much data

as is available to understand its users' behavior and to craft the JEFFLINE interface in response. These networked resources exist in very fluid global milieu of social computing and information-seeking behavior. In addition to the online resources of JEFFLINE the Library has instituted several new services to accommodate this. It offers online chat in real time with reference librarians, instant messaging, and news blogs with news channels. It also now has a presence in Facebook and MySpace, and is experimenting with the virtual reality world of SecondLife. In response to a specific request it has developed a JEFFLINE 'toolbar' for the Surgery Department. This software device can be downloaded and then sits on the desktop of users to allow them to quickly access Library resources without navigating through the JEFFLINE homepage.

The Jefferson Digital Commons (JDC) serves as both a digital archive of the papers published by faculty in scholarly journals and a technology for publishing new, original content on the Web. Taking advantage of the latter function, a peer-reviewed journal was added to the JDC during the year: the *Jefferson Journal of Psychiatry*, with content provided by residents and faculty of that department. Other unique Jefferson titles now in the JDC are: *Center for Applied Research on Aging and Health (CARAH) Newsletter*, the *Health Policy Newsletter*, *Jefferson Surgical Solutions* and *Value Based Purchasing*. There are now over 1,000 unique documents in the JDC, including many journal

articles originally published by commercial publishers. Downloads of content from the JDC by Internet users increased by 100% to about 40,000, primarily from the non-TJU community.

### **The University Learning Environment and Support for Teaching**

Planning for major improvements in the teaching spaces on campus progressed. Staff from Medical Media Services (MMS) continued to lead the effort to define the engineering specifications with architects and external audiovisual consultants for several projects. While construction was underway for the Hamilton building, MMS staff conducted detailed reviews of the installation and wiring plans, equipment lists, programming and functionality. And they made several onsite inspections throughout the various construction phases. During the year JMC administration made a decision to keep the 833 Chestnut Clinical Skills Center open after the Hamilton Building is completed. Staff worked to calculate the necessary changes and equipment additions which this would require. An administrative decision was made during the year to divide the renovation of Herbut Auditorium into two phases and planning for Phase I was completed by the winter. Construction will begin in July.

At the request of the Dean of the Jefferson College of Health Professions a review of the technology in all classrooms in the Edison building was completed by year's end. Plans are underway for the upgrade of several

rooms in that building, including information technology infrastructure improvements and the provision of wireless networking in some areas. These upgrades will be completed in the first quarter of the new year.

In addition to planning for renovations of classrooms and auditorium spaces, MMS had a very busy year of supporting learning with equipment and projection services. The department completed 3,482 audio-visual equipment setups and staffed activities. Among these were:

- ✧ 36 video conferences (71% increase)
- ✧ 15,647 hours of equipment use (19% increase)
- ✧ 81 sessions involving the audience response system (16% increase)

During the summer of 2006 AISR Education Services staff sought faculty participation in evaluating a lecture recording system. Drs. Richard Schmidt and Hector Lopez volunteered to evaluate a new product, Apreso, and also planned on evaluating a competing product from Tegrity. Due mainly to cost limitations, only the Apreso system was installed for testing. By late December a survey was conducted of students and faculty who participated in this experiment and the feedback was overwhelmingly positive. AISR will work with the JMC Curriculum Committee to improve faculty awareness of this option and to develop policies for its use. At the same time, this technology will now be offered to the four schools on campus.

Several other new products were tested with faculty during the year:

A new audience response system was implemented. This is significantly easier to use than its predecessor and integrates fully into PowerPoint presentations. It also holds the possibility of allowing students to use their PDA's or cell phones in the future as responding devices.

Faculty interest in Webcasting has grown during the past year. AISR tested a new product under a license for 25 simultaneous users. Currently the heaviest use for this is with the College of Health Professions.

Working with Jeff-IT, a suite of new tools was added to the course management system on Pulse: Blog (journaling) and Wiki (collaborative authoring) software are now available as well as the ability to search through course materials by keyword.

The Jefferson Clinical Images database continued to grow with the addition of new entries by Dr. James Suddiford. There are now nearly 1,000 items available and these are beginning to be used by faculty for teaching first- and second-year students. An updated user interface including a graphical body region search feature is under development.

The 2006 Computer Fellowship program focused on the building of additional modules of the anatomy dissection program with Drs. Schmidt and Lopez. The three fellows worked on filming the dissection process in several body regions and then editing and adding post-produc-

tion titles and highlighting features. This series, which has been under development for several years is well used by first-year students.

The Learning Resources division of AISR manages two Learning Resources Centers and three computer labs as well as providing technical support for the use of simulation models in clinical skills areas. During the year staff deployed six mobile computing carts in the Jefferson Alumni Hall Gross Anatomy labs for student use. Seventy-two public access computers were replaced with newer models in the Learning Resources Center labs, and color printing was made available. The staff also provided more than 200 setups and technical support of simulation technology for Emergency Medicine, Obstetrics and Gynecology, Surgery, and Pediatrics.

Finally, Learning Resources acquired a number of important new educational software products upon the recommendations of faculty:

- ✧ 3-D stereoscopic workstations for use with the Visible Human Dissector program. This is the first such application of this technology nationally.
- ✧ Primal Pictures virtual anatomy software was selected for use by both JMC and the College of Health Professions.

## **Preserving and Promoting our Historical Heritage**

One of the major goals for AISR is the preservation of the University's history and the rich histori-

cal record which the Library has acquired over 110 years. Toward this end it has embarked on a conversion of print documents to digital copies with full-text searchability. The first work to undergo this transformation is Dr. Fred Wagner's history of the University. It has now been fully digitized and will be loaded into the Jefferson Digital Commons next year. Other works slated for this treatment include the more than one-hundred year series of student yearbooks of the Medical School.

A significant donation was made to the University Archives/Special Collections during the year. The Rude family, descendants of Dr. Frank Sebring Slifer (JMC 1888) transferred his collection of medical instruments, equipment and office furniture dating from the 1880s-1890s. At some future date the Library hopes to reassemble this Victorian doctor's office on campus as an educational exhibit.

As they have for the last several years, Dr. and Mrs. Serge Duckett very generously donated to the Library's Special Collections. The gift included 26 rare medical books in French and English spanning the 17th and 18th centuries.

Several exhibits were curated by the University Archivist/Special Collections Librarian:

- ✧ A History of Nursing Education at Jefferson
- ✧ African Americans at Jefferson
- ✧ John Gibbon and the Heart Lung Machine
- ✧ The Centennial of the Jefferson Women's Board
- ✧ The 170th Celebration of the Department of Physiology: Robley Dunglison and Thomas Jefferson

### Goals for 2007-2008

AISR's goals are derived from its mission statement and are developed by its senior staff and with the collaboration of the University's faculty. The following are some of the major goals which will be pursued in the new year:

Two AISR staff members will be serving on the Curriculum Committee for the Jefferson School of Pharmacy. They will be working aggressively to build a print and electronic book and journal collection as well as educational software to serve the needs of the faculty and students of this new program. Additionally, they will be working to integrate informatics education into the curriculum of the School.

Digitization and addition to the JDC of archival materials such as yearbooks, a history of JMC written in 1924, and origi-

nal documents such as letters and class notes.

Staff will be chairing and working on four or five of the sub-committees of the University Simulation Committee, and the Director of AISR/University Librarian will continue to serve on its Steering Committee.

Medical Media Services and Learning Resources staff will do their part in bringing the Hamilton Building into operational condition. This will include being trained in the use of the significant amount of new classroom technology that is being installed, moving required equipment from the 833 Chestnut facility to Hamilton and implementing the operational plans and policies which will be developed by the Simulation Committee.

Eight new 'premium classrooms' will be created during the year. In addition to permanently base equipment for projection of electronic presentation data, these rooms will have advanced capabilities such as the option to automatically record lectures via the Apreso system mentioned earlier in this report.

Plans will be competed for a Phase II of the Herbut Auditorium renovation and funds will be requested for this purpose.

**Edward W. Tawyea**

*Director of AISR and University Librarian*



# Alumni Association

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The major goals of the Alumni Association are as follows:

- ✧ Strengthening ties with the alumni, graduate and postgraduate alumni to foster greater involvement with Jefferson.
- ✧ Introducing the students and residents to the work of the Alumni Association through programs and events to encourage them to become active alumni after they leave.
- ✧ Increasing both the participation rate and the dollar amount contributed to Annual Giving in support of the College by graduate and postgraduate alumni.

The Alumni Association's programs, events and publications are designed to accomplish these goals.

Alumni Reunion Weekend was held in the fall on September 29-30, 2006. The Alumni Banquet was held on Friday evening at the Union League during which the Alumni Achievement Award was presented to Monica Morrow, MD '76. The Saturday morning program included the Women's Forum Breakfast, and 12 clinic presentations. The Dean's luncheon followed. On Saturday evening, 10 reunion dinners were held at the Loews Hotel.

During the year, the Alumni Association has receptions for our alumni bringing them together in a social setting to hear the latest news about Jefferson from members of the administration or faculty. Alumni receptions were held during the annual meeting of the American Medical Association in Chicago on June 23 and during the annual meeting of the Association of American Medical Colleges in Seattle, Washington on October 29. In addition, the Alumni Association helped to arrange several alumni receptions at specialty meetings in various cities across the country.

The Alumni Association sponsors many events for our medical students throughout the year. Incoming freshmen and their parents were welcomed with coffee and danish on August 4 during Orientation Week. At Opening Exercises, the freshmen received their white coats, a symbol of the physician, as a gift from the Alumni Association.

Career Day for sophomore and junior students was held on December 6. After an explanation of the match process, students had the opportunity to choose five presentations from among various specialties offered. Later, students and alum-

ni enjoyed a light supper in the cafeteria, giving students an additional opportunity to discuss career alternatives with alumni.

A Beef and Brew reception for the freshmen, held on January 17, gave them the opportunity to meet Jefferson alumni in an informal setting. The freshmen also had a chance to talk with our alumni during small luncheons in the Faculty Club hosted throughout the year by Dr. Marone. The Mentor Program links freshmen and sophomores with local alumni who offer practical career advice.

The Parents' Day Program allows second-year students to share a bit of their medical school experience with parents and spouses. On March 9, four faculty members gave presentations, followed by lunch in the cafeteria. President Robert Barchi, MD, PhD, and Dean Thomas J. Nasca, MD '75 were present to welcome the students and their guests.

For senior students who are traveling across the country for postgraduate program interviews, the Host Program arranges overnight accommodations in the homes of local alumni. During Class Day on the eve of graduation, the senior with the highest cumulative record is awarded

the Alumni Prize. This year the recipient was Gary Shienbaum. Later that day, seniors and their guests were feted at a reception hosted by the Alumni Association.

The Alumni Association was one of the sponsors of the AOA spring banquet, the Jeff HOPE charity ball, the 2006 *Clinic* and the Black and Blue Ball.

Alumni can stay in touch with Jefferson and each other through the articles and class notes section of the *Alumni Bulletin*. The *Bulletin*, which is published and mailed to all constituents four times a year, is also available in electronic format on the Internet. The Alumni Association's home page on the Internet is

another way for alumni to stay in touch with Jefferson. In addition to learning about ongoing programs and upcoming events, alumni can register for our new password-protected online community, where alumni can contact former classmates, search geographic areas for Jefferson alumni, change their address, send in class notes and make online contributions to Annual Giving.

At the Annual Business Meeting on April 25, president Lorraine C. King, MD OBG '75, REN '77 began her second year as president and the current officers: president-elect John H. Moore, MD GS '85; vice presidents Barbara G. Frieman, MD '80; Debra Copit, MD '85; George

Valko, MD '86; and secretary James J. Purtill, MD '93 were also voted in to serve a second year with the Executive Committee.

The 59th Annual Giving campaign concluded on June 30, 2007. We thank the 2,957 alumni and postgraduate alumni, as well as non-graduate faculty, widows, and friends who contributed \$1,549,841 to advance the mission of the Medical College.

**Phillip J. Marone, MD '57, MsPH**

*Associate Dean for Alumni Relations  
Executive Director of the Alumni Association*



# Jefferson University Physicians

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Jefferson University Physicians' (JUP) record of accomplishments remains strong, as financial performance continues to track with set objectives. Notably, in FY 2007, we hit a key milestone that further signals the transcendence of our organization into a solid mid size business. With now over \$500 million (one half billion dollars) of services rendered to patients, we are well ensconced among top faculty practice plans and physician groups, in general, as far as volume of activity. The significance of this milestone rests not solely on the financial opportunity it presents, but more so in the strong confidence of our patients who continue to entrust their care to our providers. Our strategic emphasis this year focused on ensuring that we continue to earn our patients' trust through the provision of high quality, safe, predictable and timely service.

To that end, the successful launching of the electronic medical record (EMR) initiative this fiscal year marked the hallmark of our organizational performance. The EMR project governance structure and staff are fully in place and actively engaged in implementation. The all important clinical transforma-

tion process is well under way with a critical appraisal of our current practice state and practical recommendations around the "ideal" future state for the JUP ambulatory environment based on "best" practice. The technical aspects of the project are developing accordingly with progress made on key decisions around interface specifications, and adherence to the technical work plan. Importantly, Thomas Jefferson University (TJU) and Thomas Jefferson University Hospital (TJUH) provided significant financial support of the EMR project expenses, thus absolving the faculty of financial support for this initiative in FY07. The JUP EMR project remains on track as far as timeline, milestones and budget.

Other evidence of organizational progress in FY 07 includes the following:

## Strategic Highlights

- ✧ Established a multidisciplinary (Psychiatry and Medicine) Sleep Center partnership with TJUH/Methodist Hospital housed in a new facility in the Walnut Towers. The partnership provides an innovative funds flow model that aligns the incentives of JUP with TJUH/Methodist.

- ✧ Entered into clinical program partnership with Frankford Health System to establish Jefferson University Physician presence in the Bucks County area.

- ✧ Launched a five-year business planning initiative to draw the blueprint for JUP's future strategy and to provide supporting data for the planned ambulatory care building.

## Financial Highlights

- ✧ Charges were \$16.2 million or 3.26% ahead of budget and \$19.8 million or 4.02% ahead of FY06.

- ✧ Receipts were \$9.6 million or 5.01% ahead of budget and \$7.9 million or 4.09% ahead of FY06.

- ✧ Financial bottom-line performance was better than budget with 10 departments setting aside reserves for future investments.

## Health Plan Services Highlights

- ✧ Completed successful negotiation of our first pay-for-performance contract with Independence Blue Cross. Will result in a bonus payment for achieving specific goals.

- ✧ Initiated Center for Medicare and Medicaid Services' PQRI (Physician Quality Reporting Initiative) program for JUP's largest primary care practices and

many subspecialties, with bonus payments anticipated for individual physician achieving reporting thresholds

✧ Capitalized on delegated credentialing resulting in \$1.3 millions savings for FY07 alone from current delegated contracts, additional delegated contracts in progress.

### **Practice Operations Highlights**

✧ *Operational Dashboard Reports* – developed reporting matrix on key practice operational performance indicators including appointment availability, room utilization, and telephone workload.

✧ *JUP Practice Uniforms* – instituted JUP standardized practice uniform for presentation of a professional image to our patients.

✧ *Clinical Transformation* – efforts began on the business process redesign. Initial emphasis is the evaluation of current clinical workflows coupled with the future state best practice design incorporating the Allscripts EMR.

### **Business Services Highlights**

✧ Continued reduction in days in accounts receivable in FY07

to a low of 50 as compared to 53 at prior year end. This trend has been a positive downward trajectory over the course of the past five years with 70 days in FY01 to the current low of 50 days.

✧ Focus on front end processes, once again, with the development of reports to monitor reconciliation of claim edits.

✧ Work group established to review and design a new patient billing statement to provide a more concise presentation of charges and payments associated with services. The new statement is scheduled for production in the upcoming FY08 year.

### **FY08 Outlook**

Arguably, we are at the nexus of a new beginning for JUP, one in which our ability to maintain our competitive edge rests squarely on how well we respond to the marketplace's heightened demand for accountability. To that end, in this coming year, our agenda is simply to rededicate ourselves to the fundamentals of who we are (a highly reputed clinical enterprise) and what we do (provide exemplary health-care services) by returning "back

to basics" of superior service excellence. In FY08, we will continue to focus on the fundamentals of health care delivery with the goal of patient, physician and staff satisfaction. As such, we will continue to emphasize improvements in our practice infrastructure, specifically focusing on patient centered services. Employee development and training to emphasize organizational attentiveness and commitment to the highest level of customer service will also be a major focus. We will also continue to work on those elements critical (i.e. transparency, communication) to faculty and staff retention and, by extension, makes JUP an employer of choice. We look forward to continue building upon the successes of the past years and to maximizing JUP's potential as the leading provider of health care services in the region.

### **John Ogunkeye, MS**

*Executive Director,  
Jefferson University Physicians*

### **William Keane, MD**

*Medical Director,  
Jefferson University Physicians*

## Statistical Abstract

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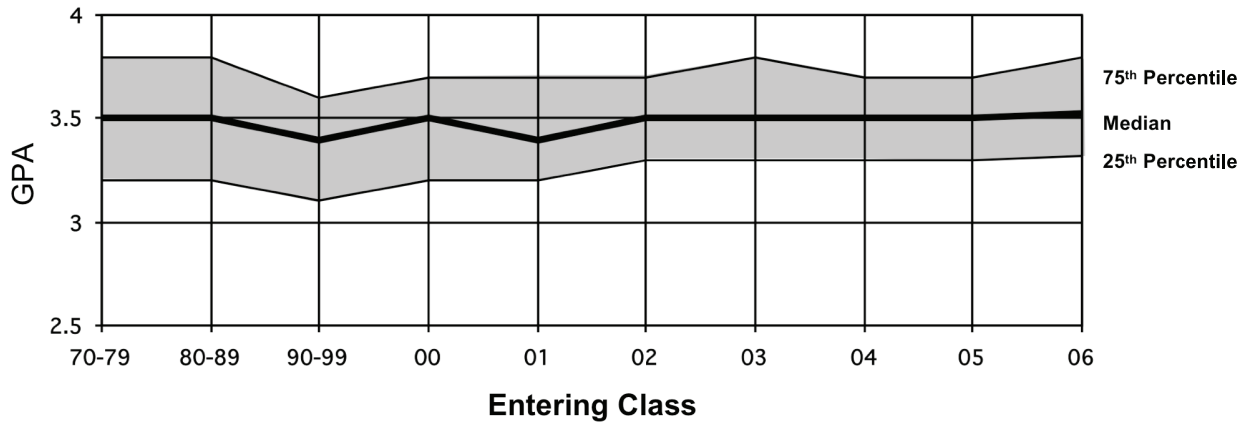
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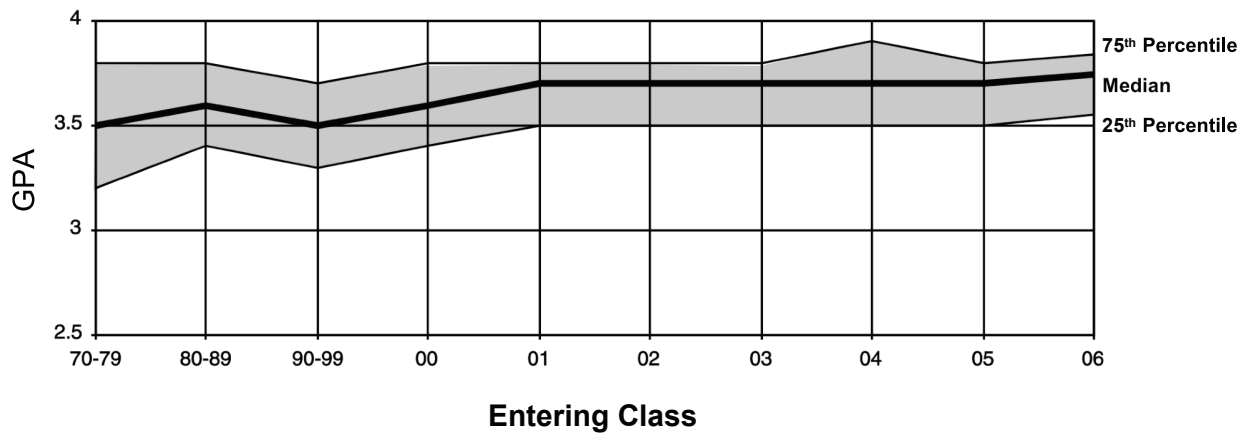
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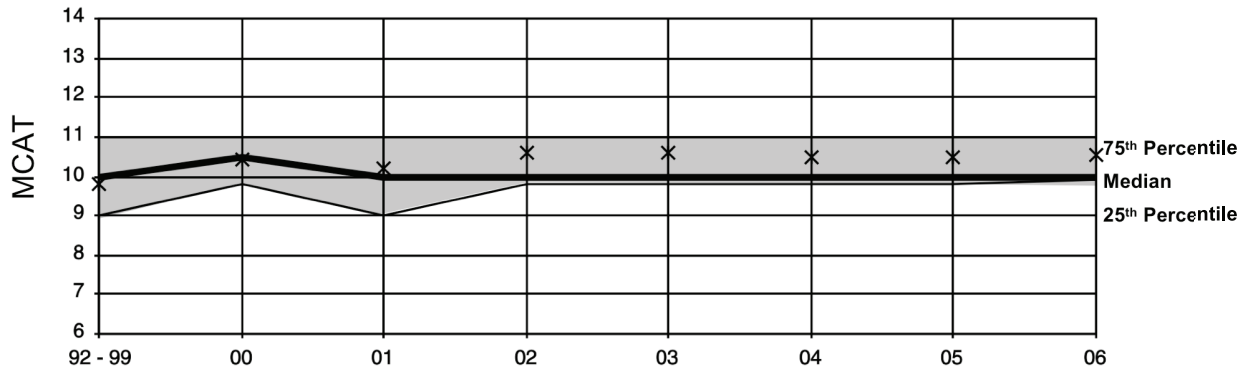
**Figure 1**  
**Undergraduate Science GPA**



**Figure 2**  
**Undergraduate Non-Science GPA**



**Figure 3**  
**MCAT Biological Sciences<sup>1</sup>**

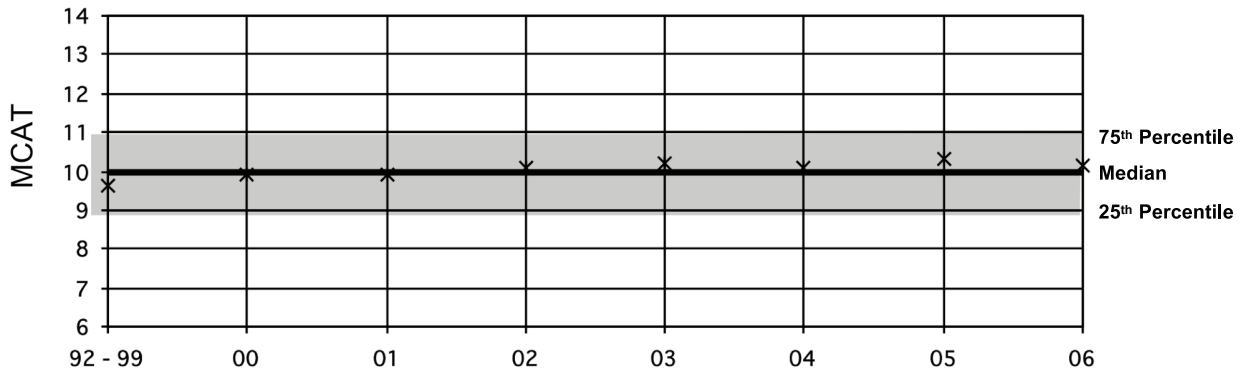


**Entering Class**

X = Mean

<sup>1</sup> Highest score was used for students with more than one set of scores.

**Figure 4**  
**MCAT Verbal Reasoning<sup>1</sup>**



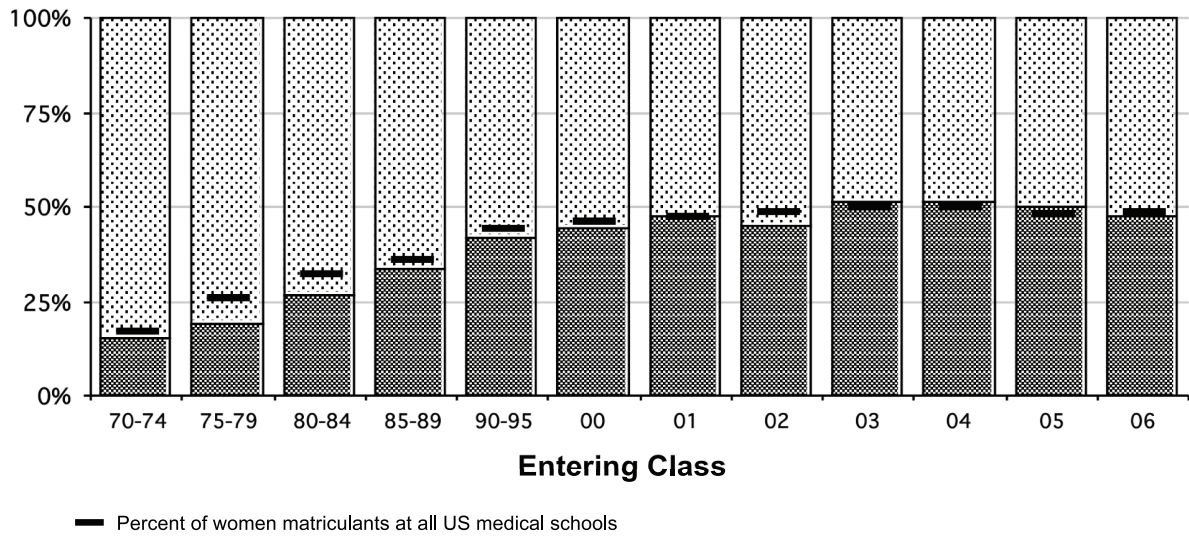
**Entering Class**

X = Mean

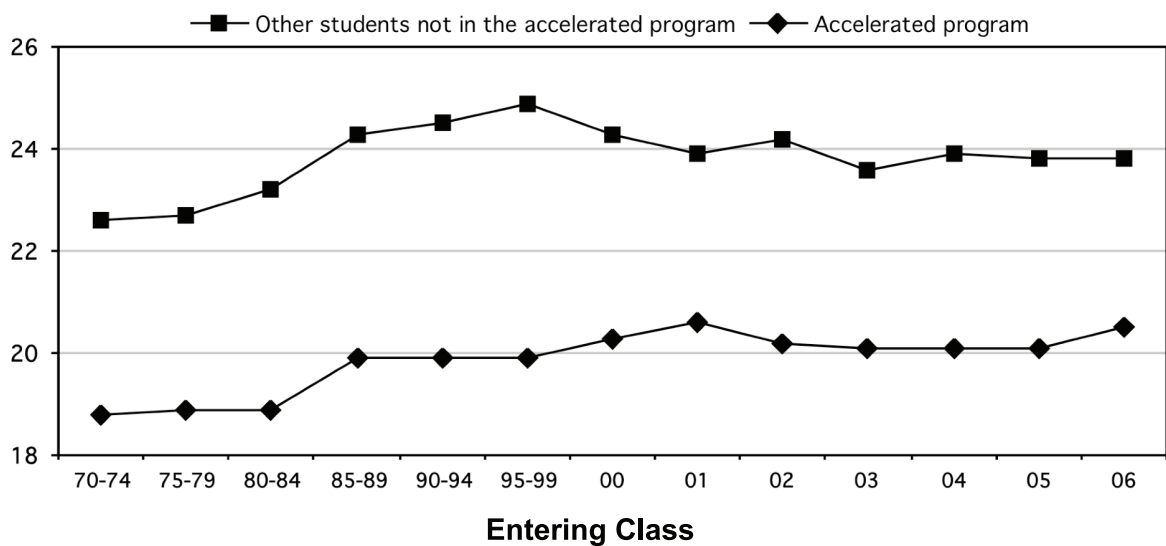
<sup>1</sup> Highest score was used for students with more than one set of scores.

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**Figure 5**  
**Percent of Women Matriculants**



**Figure 6**  
**Mean Age at Matriculation**



<sup>1</sup> The accelerated program had been a 5-year combined BS-MD program before 1984. During the transition year 1984, no students were admitted to the program. Thereafter, it became a 6-year program.

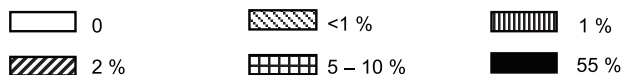
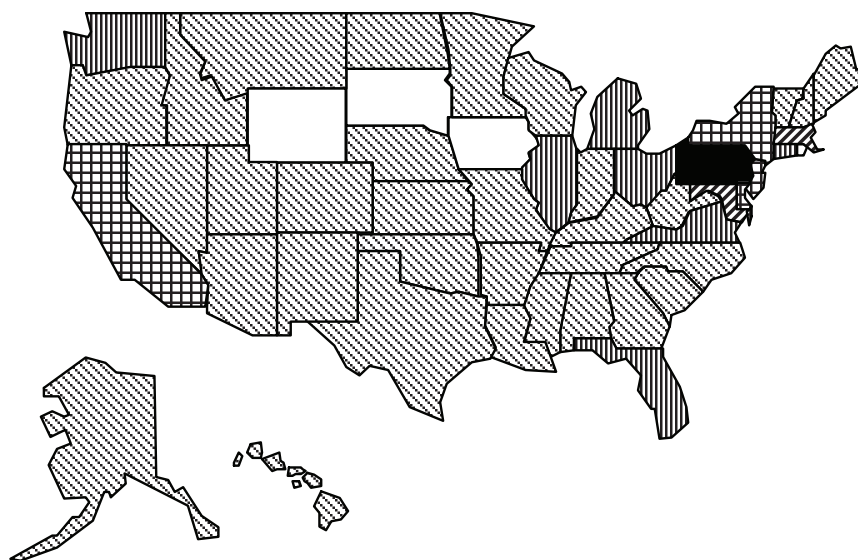
**Table 1**  
**Graduation, Transfers, and Attrition**  
**Entering Classes of 1970 - 2003**

Entering Class		Graduated			Transfer	Did Not Graduate		
		On-time	Late			Withdrawn		Dismissed
Year	Size		Academic	Other*		Not Failing	Failing	
70	210	181	11	10	1	6	1	0
71	212	199	2	2	2	3	2	2
72	223	207	3	7	0	2	1	3
73	223	202	7	4	1	4	2	3
74	223	209	4	3	3	1	1	2
75	223	209	6	3	2	2	0	1
76	223	202	8	8	2	3	2	1
77	223	204	9	3	2	1	1	3
78	223	208	4	1	4	2	0	4
79	223	201	8	4	3	2	0	5
80	223	200	11	4	1	1	0	6
81	223	195	13	3	4	0	0	8
82	223	204	6	5	2	0	0	6
83	223	195	12	7	3	4	0	2
84	223	200	9	4	5	3	0	2
85	223	205	4	4	2	4	2	2
86	223	191	13	5	4	2	2	6
87	222	190	10	9	6	2	1	4
88	225	199	11	9	3	1	1	1
89	225	191	10	15	3	4	0	2
90	223	187	10	11	2	2	0	11
91	223	192	10	8	3	4	1	5
92	245	217	9	13	2	2	0	2
93	226	198	9	11	1	0	2	5
94	224	207	3	10	2	1	1	0
95	224	199	7	12	4	0	0	2
96	223	195	6	16	5	0	0	1
97	223	194	7	19	0	2	0	1
98	223	199	7	14	1	0	1	1
99	223	181	21	20	0	1	0	0
00	223	198	11	13	0	0	0	1
01	223	199	8	11	0	3	1	1
02	227	196	13	16	0	1	0	1
03	229	198	6	22	1	0	0	2

\* Includes special programs (MD-PhD, MD-MBA) and delayed graduation for non-academic reasons.

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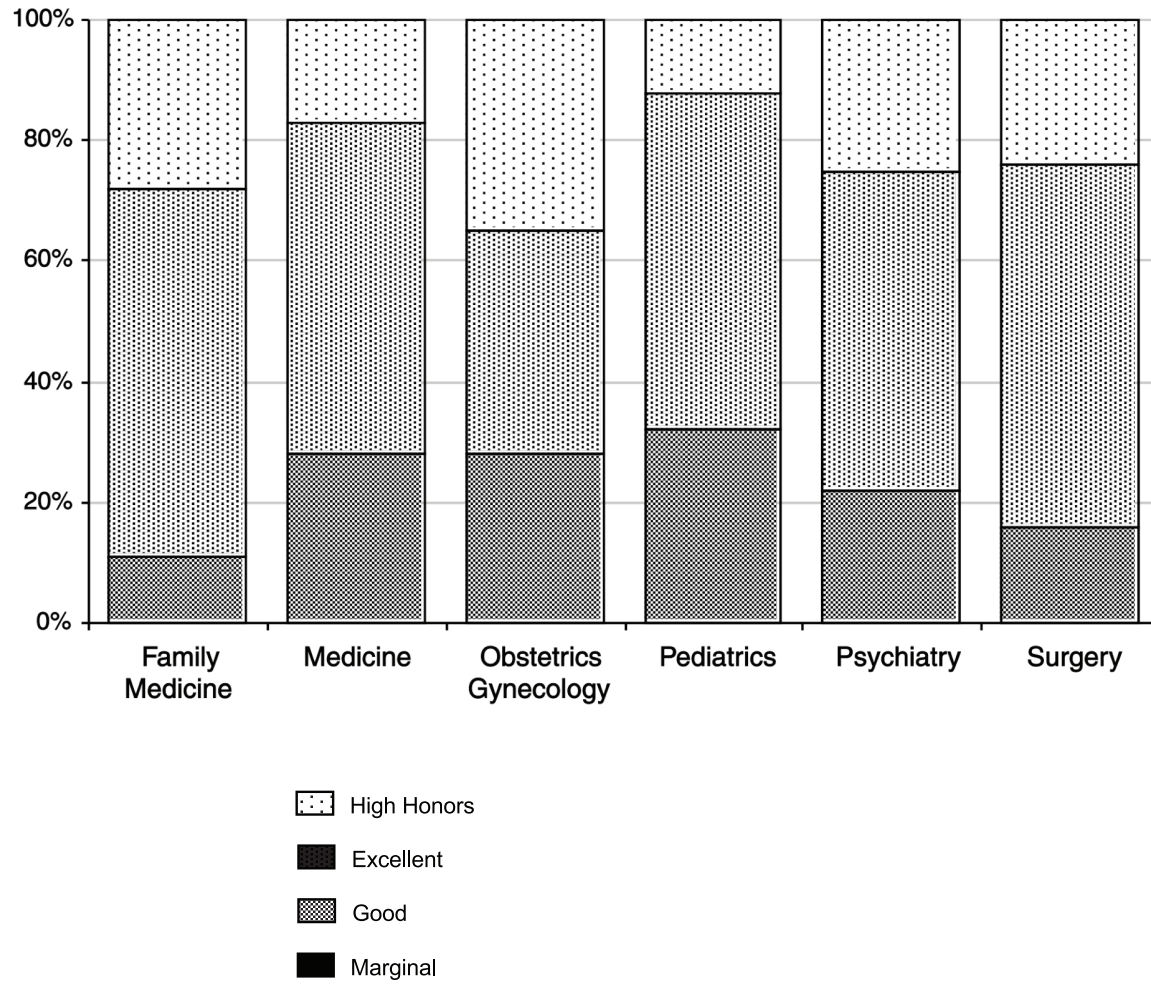
**Figure 7**  
**Home State of Matriculants**  
**Entering Classes of 1970 - 2006**



Frequency Distribution <sup>1</sup>	
State	n
Pennsylvania	4,587
New Jersey	855
Delaware	692
California	443
New York	429
Maryland	158
Massachusetts	138
Connecticut	91
Florida	88
Virginia	75
Michigan	66
Ohio	54
Illinois	50
Washington	44
Colorado	37
Texas	36
Hawaii	34
North Carolina	33
Arizona	25
Georgia	23
Rhode Island	22
New Hampshire	21
Minnesota	19
Wisconsin	17
Oregon	15
Alabama	14
District of Columbia	14
Indiana	14
Utah	13
West Virginia	12
Maine	11
Tennessee	11
Louisiana	10
Missouri	10
Kentucky	8
Nevada	8
Kansas	8
Vermont	7
Idaho	5
Oklahoma	5
South Carolina	5
Mississippi	4
New Mexico	4
Arkansas	3
Nebraska	3
Montana	2
North Dakota	2
Alaska	2
<b>Total</b>	<b>8,227</b>

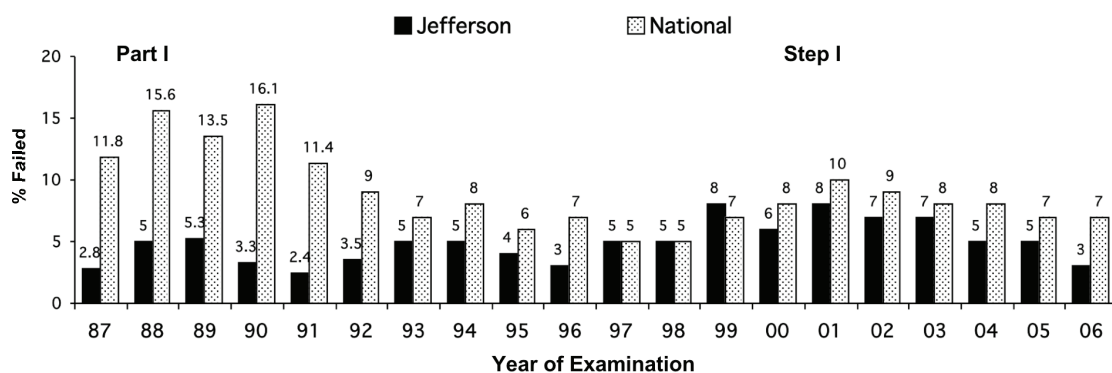
<sup>1</sup> Total of 47 students from foreign countries, 8 students from Puerto Rico, 3 students from Canada and 5 student from the US Virgin Islands are not listed.

**Figure 8**  
**Clinical Ratings of Students in Six Core Clerkships\***  
**Graduating Class of 2007**

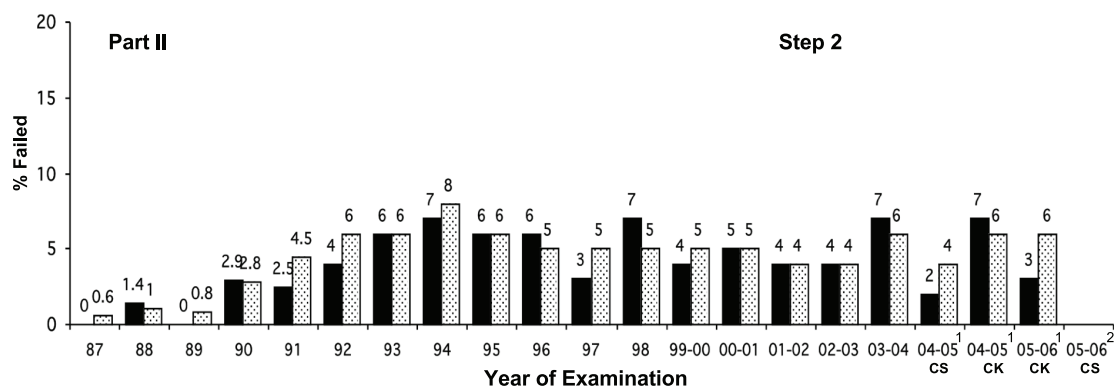


\* Faculty's global rating of students' clinical competence. All core clerkships are 6 weeks, except Medicine which is 12 weeks in duration.

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

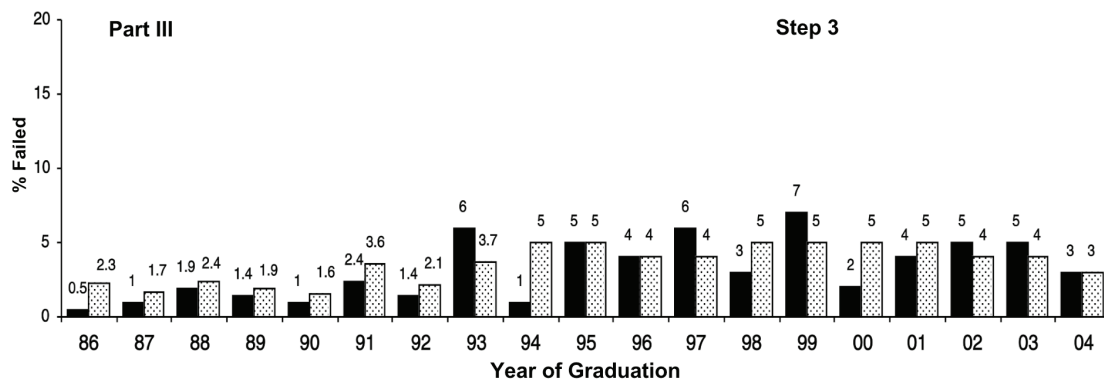


\* Data on Part I are presented for the candidate reference group who took the examination for the first time each year and who were two years from expected graduation. The USMLE Step 1 replaced Part I in June 1991.



\* 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.

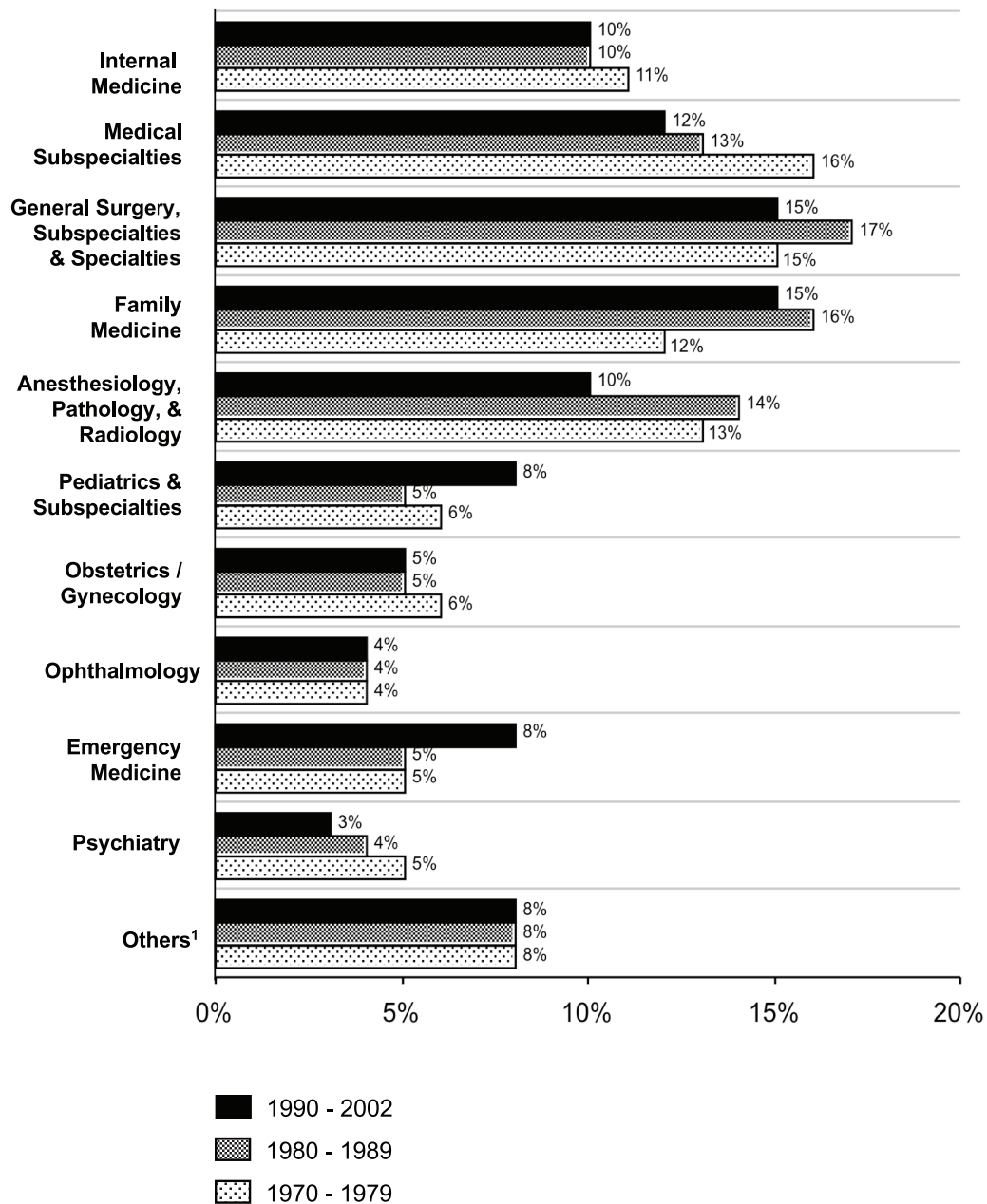
<sup>1</sup> Starting from July 2004, Step 2 reports 2 scores, one for Clinical Skills (CS) and another for Clinical Knowledge (CK). <sup>2</sup> CS scores were not available.



\* 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.

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**Figure 10**  
**Specialties of Alumni\***  
**Graduating Classes of 1970 - 2002**

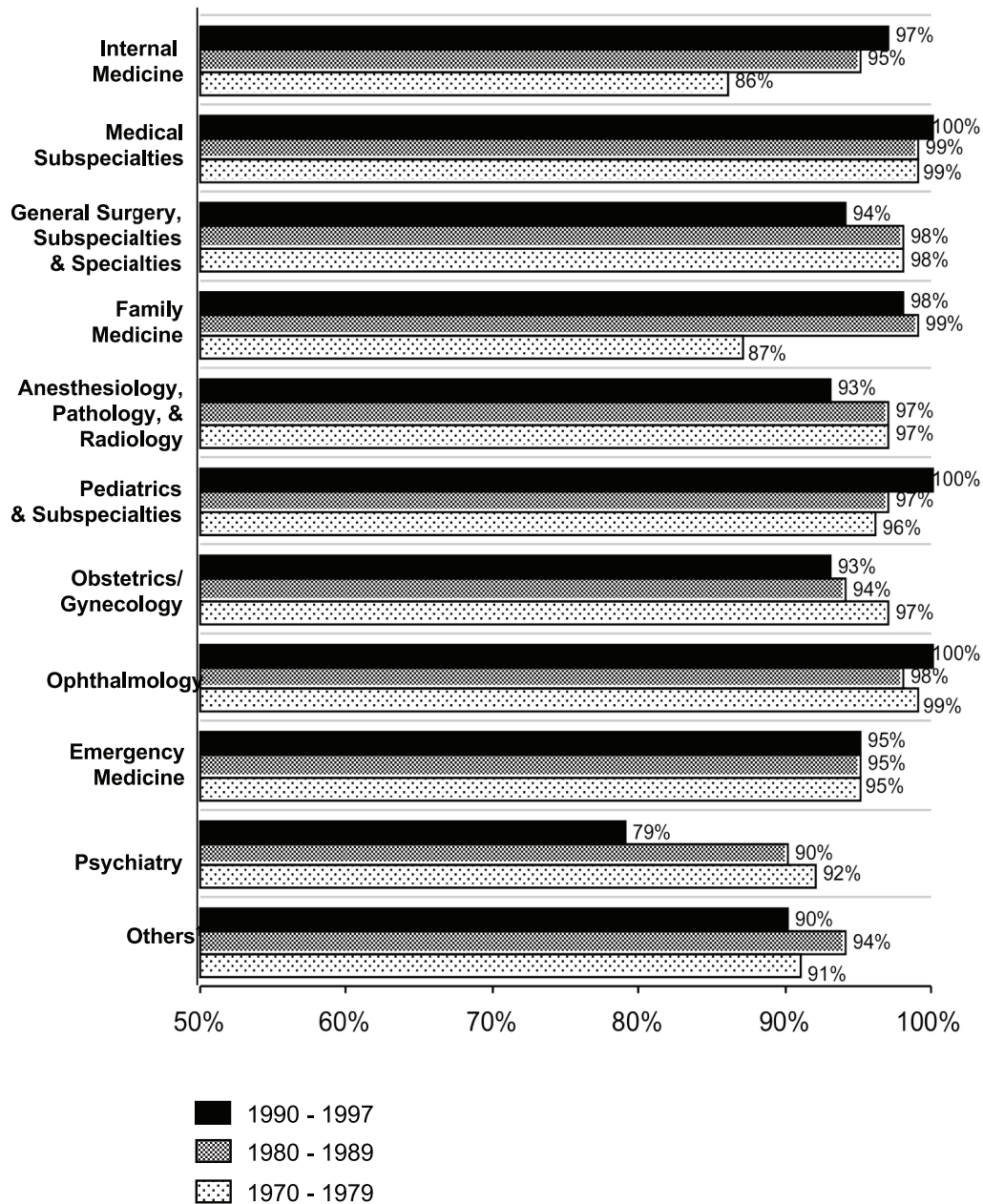


\* Source: American Medical Association, American Board of Medical Specialties,

¹ "Other" includes 26 specialties and subspecialties, each representing less than 1% of the total alumni.

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**Figure 11**  
**Board Certification Rates of Alumni by Specialty\***  
**Graduating Classes of 1970 - 1997**



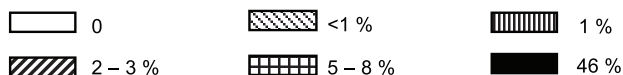
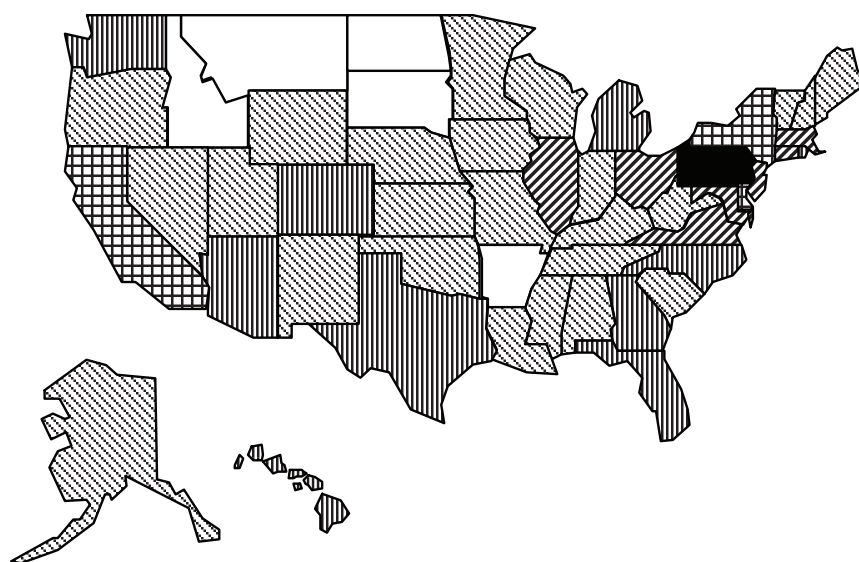
\* Percentages are based on the total graduates in each specialty.

<sup>1</sup> "Other" includes 24 specialties and subspecialties, each representing less than 1.7 percent of total alumni.

Sources: American Medical Association and American Board of Medical Specialty.

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**Figure 12**  
**Location of First Year Postgraduate Education**  
**Classes of 1970 - 2007\***



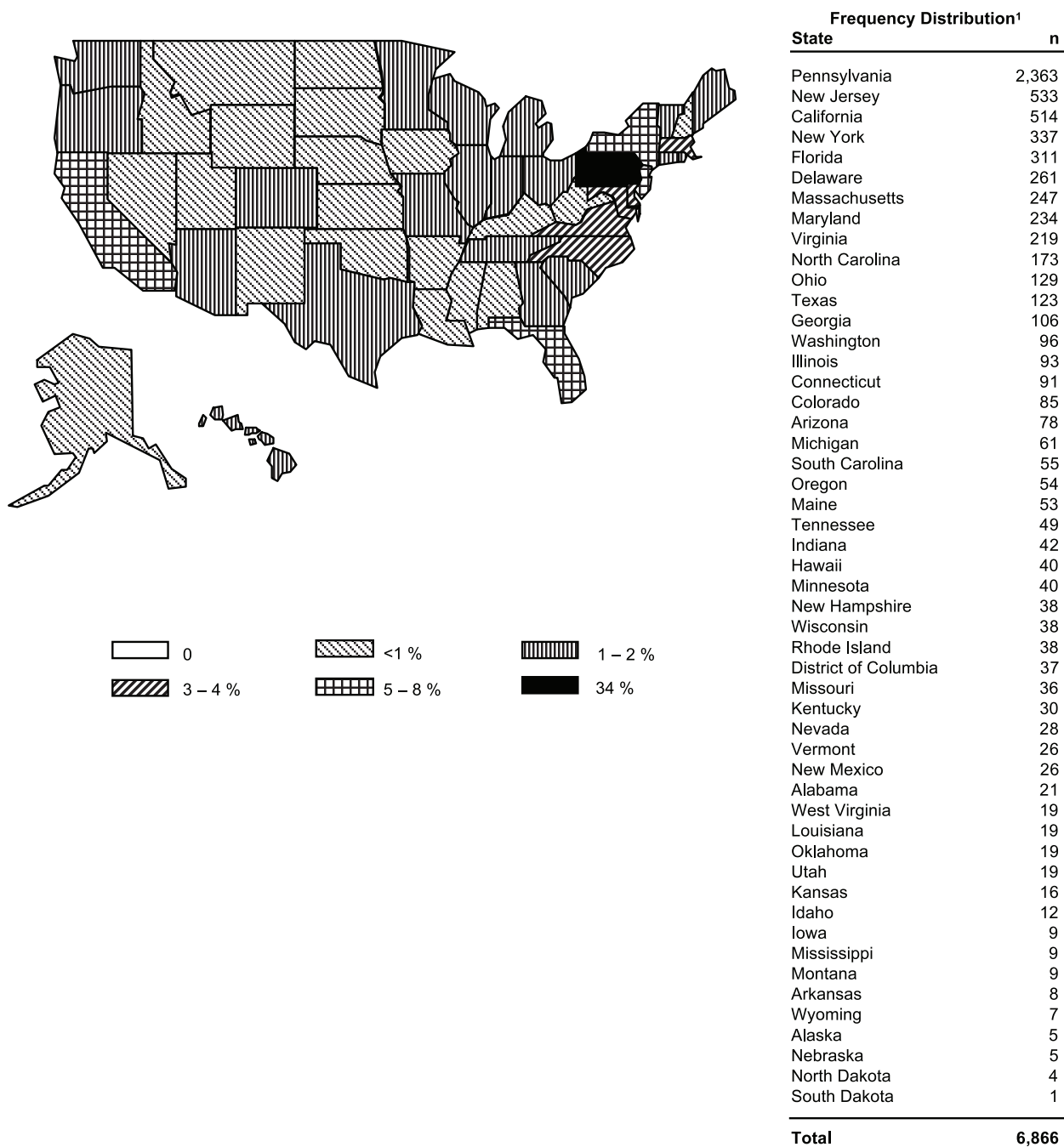
Frequency Distribution <sup>1</sup>	
State	n
Pennsylvania	3,749
New York	620
California	477
Delaware	435
New Jersey	259
Massachusetts	245
Virginia	211
District of Columbia	207
Ohio	192
Maryland	182
Connecticut	164
Illinois	126
Florida	108
Texas	100
North Carolina	99
Michigan	97
Georgia	67
Rhode Island	62
Washington	56
Hawaii	50
Arizona	45
Colorado	45
Missouri	37
Minnesota	37
Oregon	35
New Hampshire	33
Maine	32
Wisconsin	29
South Carolina	28
Vermont	23
Louisiana	22
West Virginia	20
Tennessee	17
New Mexico	15
Indiana	10
Utah	10
Iowa	10
Kentucky	9
Mississippi	7
Alabama	6
Nevada	5
Kansas	5
Oklahoma	3
Nebraska	2
Idaho	1
Wyoming	1
<b>Total</b>	<b>7,993</b>

\* Sources: National Residency Match and Jefferson Alumni Office.

<sup>1</sup> There were 86 graduates who pursued their residency in Canada or other countries, or pursued research or deferred their residency in this time period.

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**Figure 13**  
**Current State of Residence of Living Alumni\***  
**Graduating Classes of 1970 - 2002**

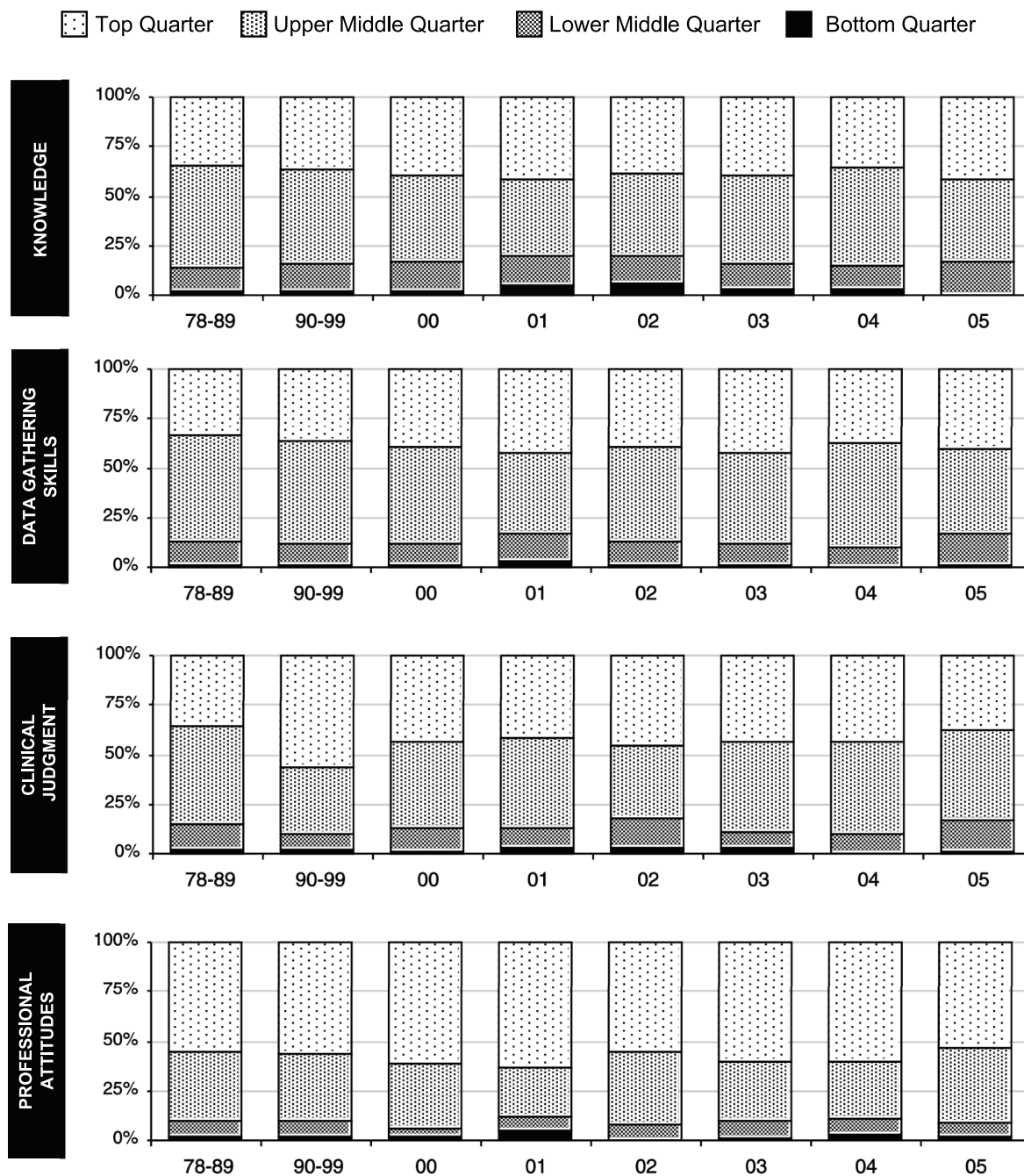


\* Sources: American Medical Association.

<sup>1</sup> A total of 9 alumni residing in foreign countries, 4 in Puerto Rico, and 4 in U.S. territories are not included.

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**Figure 14**  
**Program Directors' Ratings in the First Postgraduate Year\***  
**Graduating Classes of 1978 - 2005**



- Approximately 75% of the graduates are represented in the figures. Data collection is not yet completed for the class of 2005. Program directors rated the graduates on a 4-point Likert scale comparing them with all graduates they ever supervised.

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**Table 2**  
**Full-Time Salaried Medical School Faculty Appointments of Alumni**  
**Graduating Classes of 1970 - 2003 (n = 7,086)\***

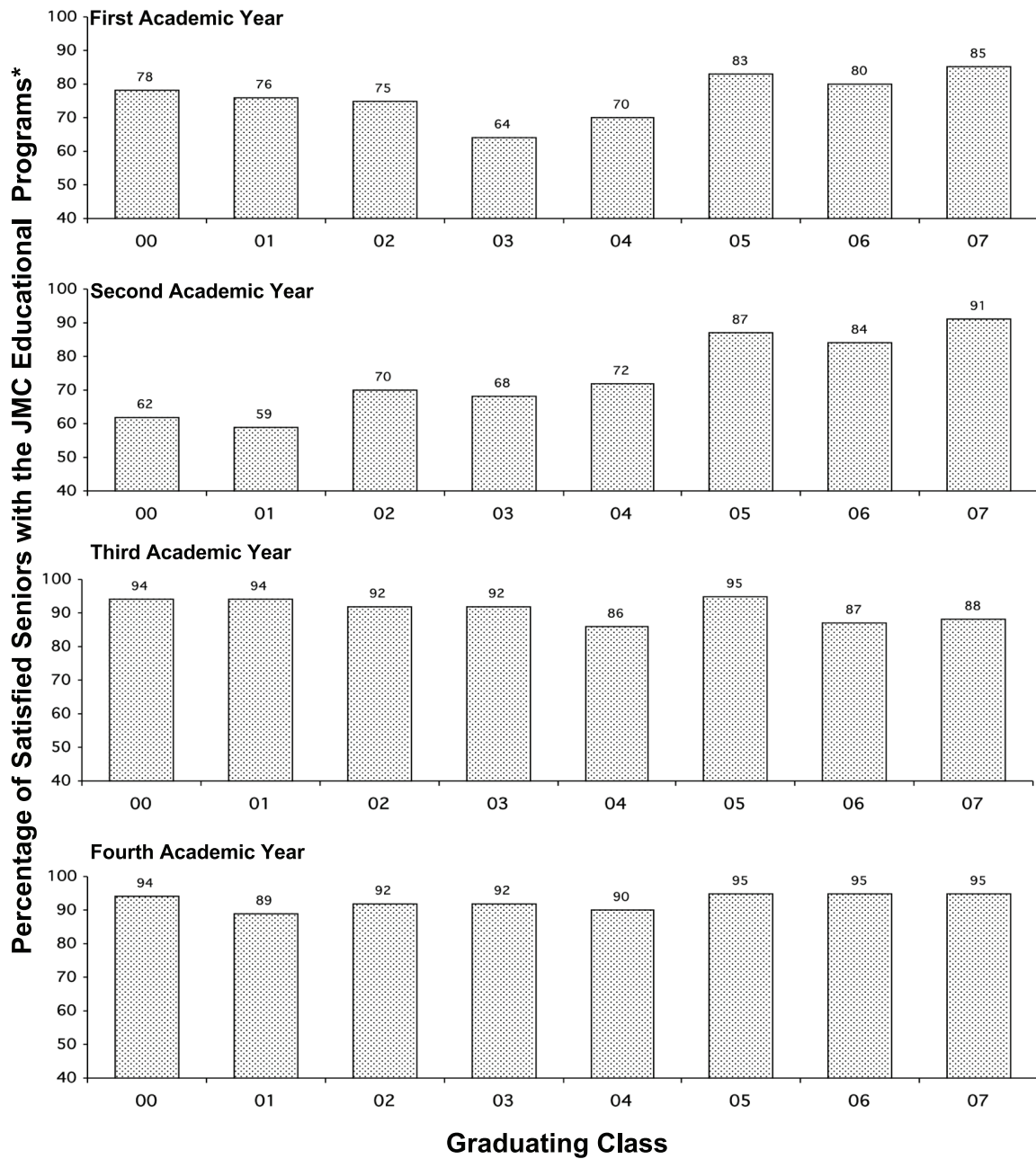
Medical School	N <sup>1</sup>	Medical School	N <sup>1</sup>
Jefferson Medical College	268	University of Tennessee	6
University of Pennsylvania	77	George Washington	6
Drexel University	42	University of Cincinnati	6
Harvard Medical School	41	University of Illinois	6
UMDNJ-Piscataway	36	University of Miami	6
Pennsylvania State University	33	University of Utah	6
University of Pittsburgh	32	Virginia Commonwealth University	6
Albert Einstein University	24	University of Southern California	5
Mayo Medical School	23	Albany Medical College	5
Temple University	21	Bowman Gray School of Medicine	5
Cornell University	21	East Carolina University	5
Uniformed Services	19	Oregon Health Services University	5
University of Maryland	18	SUNY - Stony Brook	5
Johns Hopkins	18	University of California - Irvine	5
Columbia University	17	University of Chicago	5
Case Western Reserve University	17	University of Connecticut	5
University of Colorado	17	University of Georgia	5
University of Washington	17	Vanderbilt University	5
Tufts University	16	Eastern Virginia	5
University of Massachusetts	14	Texas at Galveston	5
University of Wisconsin	14	University of Indiana	5
Georgetown University	14	Loma Linda University	4
University of California - Los Angeles	13	Southern Illinois University	4
University of California - San Francisco	12	University of Vermont	4
Dartmouth Medical School	11	University of Alabama	4
Emory University	11	Northeastern Ohio Universities	3
Yale University	11	University of Hawaii	3
University of Florida	10	University of Minnesota / Minneapolis	3
Baylor College of Medicine	10	University North Carolina - Chapel Hill	3
Ohio State University	10	University of South Carolina - Columbia	3
University of California - Davis	10	Washington University - St. Louis	3
Brown University	9	Wayne State	3
New York Medical College	9	Wright State University	3
University of Virginia	9	Loyola	3
Northwestern University	8	SUNY - Upstate - Syracuse	3
SUNY/Buffalo	8	Stanford University	3
New York University	8	University of California - San Diego	2
Boston University	7	University of South Florida	2
Duke University	7	Medical University of South Carolina	2
University of Rochester	7	Rush Medical College	2
Kentucky University College of Medicine	7	University of Arkansas	2
Mt. Sinai Medical School	7	University of Iowa	2
University of Arizona	7	West Virginia University	2
University of Michigan	7	Saint Louis University	2
University of Texas - Dallas	7	University of Louisville School of Medicine	2
UMDNJ - Newark	6	University of Missouri - Columbia	2
Medical College of Wisconsin	6	University of Nevada	2
Tulane University	6	University of Puerto Rico	2
University of New Mexico	6	Schools with one Jefferson graduate	13
University of Oklahoma	6		
<b>Total</b>			<b>1,232</b>

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

<sup>1</sup> Approximately 17% of the graduates had a full-time salaried faculty appointment at some point during the past five years.

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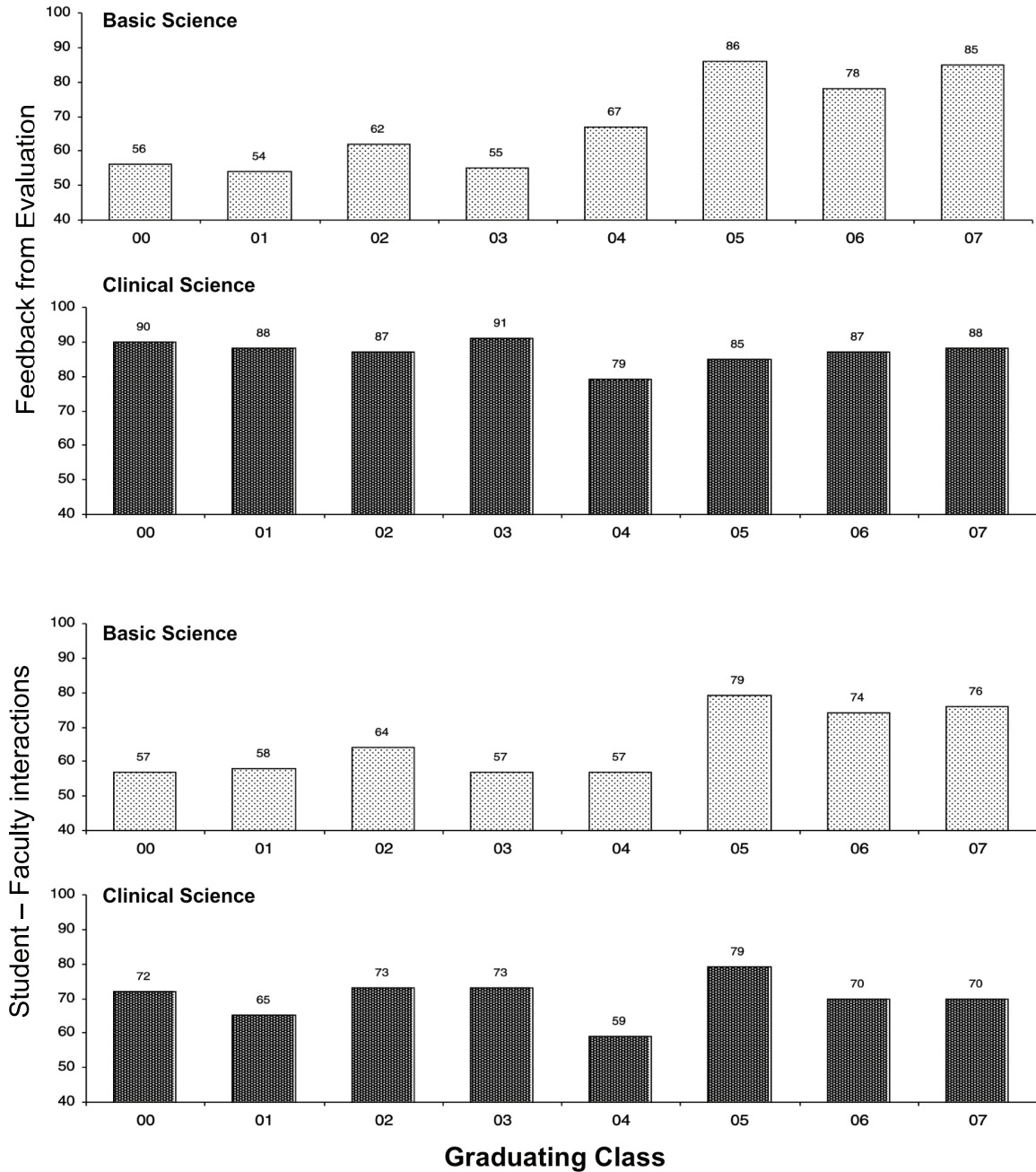
**Figure 15**  
**Percentage of Seniors who were Satisfied or Very Satisfied**  
**with the Jefferson Medical College Educational Programs\***



\* 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). Response rates ranged from 83% to 94%.

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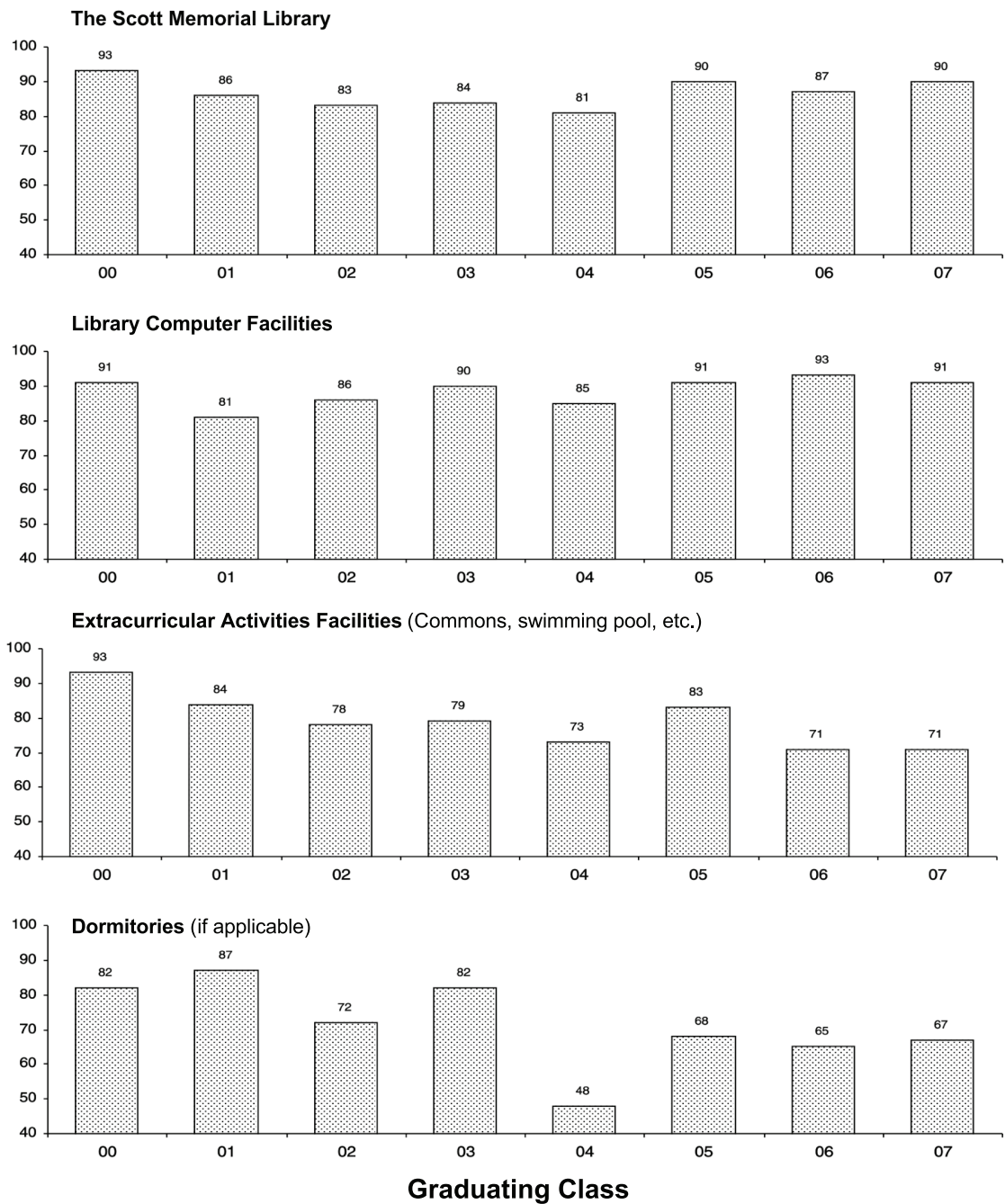
**Figure 16**  
**Percentage of Seniors who were Satisfied or Very Satisfied**  
**with Evaluation Feedback, and Student - Faculty Interaction\***



\*Response rates ranged from 82% to 94%.

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**Figure 17**  
**Percentage of Seniors who were Satisfied or Very Satisfied**  
**with Aspects of University-Based Services\***



\* Response rates ranged from 82% to 94%.

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**Table 3**  
**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?"<sup>1</sup>*

Graduating Class	Scale Points										Mean Score
	1 very poorly	2	3	4	5	6	7	8	9	10 extremely well	
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
2003	0	0	1	4	5	7	29	36	15	3	7.44
2004	0	0	2	4	11	6	21	32	20	4	7.35
2005	0	1	0	1	2	6	17	42	21	10	7.98
2006	0	0	0	1	1	3	19	43	25	9	8.11
2007	0	0	0	1	2	4	21	39	27	6	8.00

<sup>1</sup> From the graduation questionnaire of the Jefferson Longitudinal Study.  
Response rates ranged from 82% to 94%.

**Table 4**  
**Percentage of Seniors who were Satisfied or Very Satisfied**  
**with Selected Topics in the Curriculum**

Educational Topics	Graduating Class							
	00	01	02	03	04	05	06	07
Psychosocial Factors in Health/illness	88	83	90	83	88	94	93	95
Cultural Factors in Disease Development	78	70	71	72	74	88	83	92
Medical Ethics	85	81	84	84	80	91	89	92
Interpersonal Skills Development	89	83	90	91	85	95	90	97
Geriatric Medicine	75	71	77	77	76	90	75	76
Computer Technology	65	60	69	70	64	83	79	76
Economics of Healthcare	68	69	66	70	55	78	62	57
Practice Management	47	57	52	55	42	69	44	46
Health Promotion/ Disease Prevention	90	80	84	87	87	96	94	96
Nutrition Education	61	59	60	66	73	77	69	77
HIV/AIDs	78	81	84	84	88	86	93	94
Research Methodology/Statistics	65	70	63	63	69	80	77	76
Opportunities for Lifelong Learning <sup>1</sup>	—	—	74	77	84	90	85	91
Humanistic Aspect of Medicine <sup>2</sup>	—	—	—	89	88	96	96	98

<sup>1</sup> Question included in 2002.

<sup>2</sup> Question included in 2003.

Response rates ranged from 82% to 94%.

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