

2010

Jefferson Medical College Annual Report, 2010

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Annual Report

2009 - 2010



**Jefferson Medical College
of
Thomas Jefferson University**

*Annual Report
2009 - 2010*



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

Credits: Design and layout by Dorissa Bolinski, Editor, Jefferson Medical College. Photography courtesy of Dave Super and Dave Lunt, Medical Media Services, Thomas Jefferson University.

Introduction

The 2009-2010 Annual Report of the Jefferson Medical College of Thomas Jefferson University represents the general report of the College. This general report of the College's activities is distributed to the Board of Trustees and members of the faculty and student body of the Medical College. The academic departments and the institutes issue separate reports. A complete set of all annual reports can be found in the Scott Memorial Library, the President's Office, and the Dean's Office.

Compiled and Edited by

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The Anthony F. and Gertrude M. DePalma Dean;
Senior Vice President, Thomas Jefferson University;
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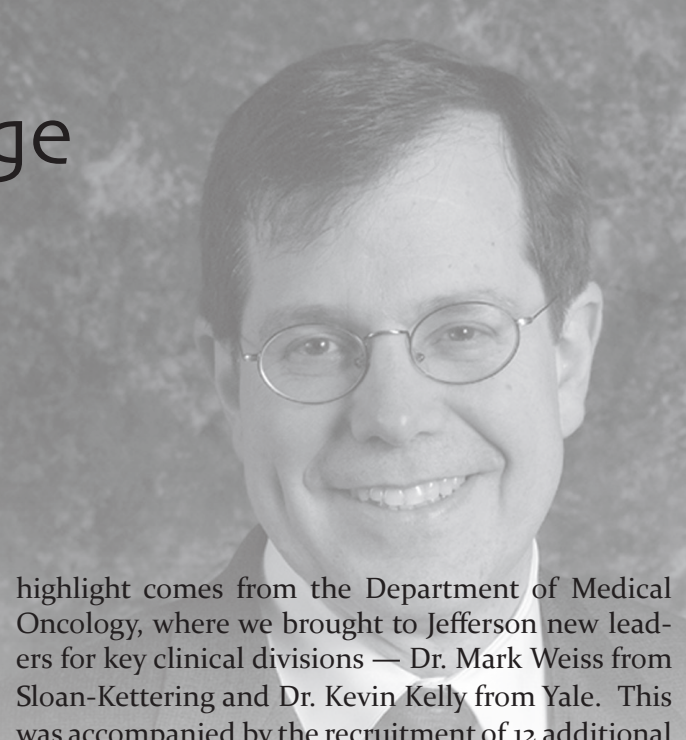
State of the College



Jefferson Medical College has maintained its solid upward trajectory over the past year, with accomplishments spanning its tripartite education, research and clinical service missions.

It is essential that the medical college demonstrate flexibility in embracing emerging fields within new departments, institutes and centers, as a means for enriching its training, investigative and clinical care environments. This year, JMC established a Department of Neuroscience, with Dr. Irwin Levitan as its founding Chair. This new basic science department nicely complements Jefferson's already impressive clinical Neurology and Neurosurgery departments, as well as the Farber Institute for Neurosciences, and will serve to solidify our recognition as a premiere academic center for the neurosciences. We also founded a second new basic science department, Stem Cell Biology and Regenerative Medicine, under the leadership of Dr. Michael Lisanti. Another significant development was the launch of a Center for Computational Medicine, with the recruitment from IBM of one of the nation's leading computational biologists, Dr. Isidore Rigoutsos. This forward-looking center, now positioned alongside Jefferson's Systems Biology-focused Daniel Baugh Institute, has instantly put Jefferson on the map in an emerging field that seeks to tackle biological complexity. One early dividend was our hosting the 10th IEEE International Conference on Bioinformatics and Bioengineering on the Jefferson campus in May 2010. Faculty recruitment into these various new entities over the next few years should have a profound impact on our medical school landscape.

At the same time, as we create new academic units on campus, the medical college must ensure that its existing departments remain robust. Our investment into faculty recruitment over the past year reflects this commitment to constant renewal and growth. One



highlight comes from the Department of Medical Oncology, where we brought to Jefferson new leaders for key clinical divisions — Dr. Mark Weiss from Sloan-Kettering and Dr. Kevin Kelly from Yale. This was accompanied by the recruitment of 12 additional Medical Oncology faculty in this single year alone. In parallel, we have also been building on our historical strengths in Radiation Oncology, spearheaded by the appointment of Dr. Adam Dicker as this department's new Chair. These developments, along with continuing expansion of our surgical oncology depth in areas such as hepatobiliary, have added substantially to the Kimmel Cancer Center's regional stature. Strategic faculty recruitment has proceeded nicely across the other departments as well, with Jefferson University Physicians (JUP) clinical faculty numbers increasing by 8.1% (to 545 physicians) in FY10. Other clinical volume indicators were also positive, with total patient visits up by 5.6%, OR cases up by 3.9%, OR hours up by 2.1%, and accrued revenue for JUP up by 11.3% (now topping \$247 million).

JUP, working alongside Thomas Jefferson University Hospitals (TJUH), has also focused on growing the clinical enterprise beyond Jefferson's walls. One landmark event was the opening in October 2010 of 'Jefferson at the Navy Yard,' as a new outreach site for our clinical practices and an important step forward as we roll out our hub-and-spoke outreach model. Another successful effort was the creation of a robotic tele-presence initiative via Neurosurgery, which embeds our impressive cadre of neurosurgeons into a growing network of regional affiliate hospitals, both virtually and physically. This initiative has already, in short order, brought a significant increase in incoming patient transfers. Yet another clinical development was the creation of a Division of Hospital Medicine in the Department of Medicine, which has helped bring hospitalist activities at TJUH to a new level. Furthermore, our clinical prowess was in evi-

dence on many fronts, from the first live-donor liver transplant at Jefferson to cutting-edge diagnostics emerging as a by-product of the Pathology department's special relationship with Roche Diagnostics.

The medical college partners with a number of regional hospitals and medical centers to train its medical students during their clinical years. Our alliances with Christiana Care Health System and Nemours/Alfred I. Dupont Hospital for Children are especially important for us, given that we have historically served as the medical school for the state of Delaware. Our ties to these Delaware institutions, as well as to the University of Delaware, were substantially deepened over the past year as we jointly submitted to NIH, in an ambitious four-way collaboration, a major clinical trials application, under its CTSA (Clinical and Translational Science Award) funding mechanism. Regardless of the outcome for this particular submission, the collective effort under the Delaware Valley Institute for Clinical Translational Science (DVICTS) banner, is already creating significant dividends in strengthening ground-level ties among our respective faculties. Another academic alliance that was bolstered is that with the Main Line Health hospitals, which reside with TJUH under the Jefferson Health System umbrella. A new 10-year academic affiliation agreement was finalized between TJU and MLH, and a number of new joint academic initiatives are now underway. During this past year, we also worked closely with our other training partners, for example, partnering with Reading and York Hospitals to enhance student rotations and initiate new joint clinical fellowships.

Looking beyond our core curriculum, the medical college is committed to creating value-added propositions for its medical students that enrich their overall experience. For the most recent incoming class, we launched a 'College-within-the College (CwC)' program, which offers to entering medical students the opportunity to have in depth exposure over their four medical school years to particular areas of concentration that cut across traditional specialties and disciplines. The first CwC offerings are in Population/Global Health and Translational Research. This initiative emerged from a strategic review of the JMC clinical curriculum that we undertook a year ago, and additional enhancements to our curriculum will be rolled out over the next few years. At the same time, we have also looked increasingly to enrich the cultural life on campus. This has included spon-

"Looking beyond our core curriculum, the medical college is committed to creating value-added propositions for its medical students that enrich their overall experience."

soring new kinds of events that bring our medical students into Philadelphia cultural venues, such as the Curtis Institute of Music, and others that bring those venues to our students, such as a new noon-time Dean's Concert Series that was launched in Fall, 2010. We have also promoted our students' initiatives that are geared toward serving the underserved in our community. We are especially proud of the new 'Give Kids Sight Day' program, which under the faculty leadership of Dr. Alex Levin at Will's Eye, has brought our medical students together with hundreds of community children for free eye exams and eyeglasses as yet another example of the truly exceptional community service outreach driven by JMC students, anchored by JeffHope.

As the uncertainties and challenges surrounding federal and state funding of research mount, we are pushing to exploit any and all revenue enhancement opportunities. The American Recovery and Reinvestment Act (ARRA) afforded a series of new research funding opportunities that Jefferson faculty pursued with considerable success. Especially impressive were the five highly competitive RC1 Challenge grants obtained by JMC scientists through the ARRA, as well as a major facilities grant that will now propel forward our long-needed renovation of research space in Jefferson Alumni Hall. We have also been encouraging faculty to aggressively pursue programmatic research funding, and an early success was an NIH U01 'Center of Excellence in Autoimmunity' grant secured by Dr. A.M. Rostami.

There is much that happens behind the scenes to improve the operational performance of the medical college and JUP. A formal Dean's departmental review process was implemented a year ago, which calls for a more systematic approach towards the assessment of departmental performance. In the first round, we reviewed three departments (Emergency Medicine; Microbiology/Immunology; Obstetrics/Gynecology), and we are now moving forward with four others (Anesthesiology; Biochemistry; Psychiatry; Urology). In a variety of additional ways, we have been building a framework behind the scenes for greater accountability and departmental entrepreneurship, which should be reflected in operational performance in the coming years. There has also been considerable attention from the Dean's office on faculty satisfaction, with JMC as a medical school participant in the AAMC Faculty Forward process, and our raising the profile of JMC awards that now

recognize faculty achievement across all three missions and showcase them at a major Awards Dinner.

Overall, the medical college has been on strong footing this past year. Student applications continue at record highs, our fourth-year students continue to do well in the residency match, our residency programs continue to fill in strong fashion, and we continue to build a community of faculty, students and staff with exceptional talents. At Jefferson, we have truly unique opportunities to advance new paradigms for inter-professional training, using simulation for

training, and engendering transformational interdisciplinary science. There is indeed the prospect for taking our magnificent medical school to yet another level.

Mark L. Tykocinski, MD

The Anthony F. and Gertrude M. DePalma Dean; Senior Vice President, Thomas Jefferson University; President, Jefferson University Physicians

Academic Year

2009 - 2010

Faculty Honors

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

Steven Herrine, MD, *Professor of Medicine*

Dean's Award for Distinguished Teaching.

Hector Lopez, MD, *Assistant Professor of Pathology, Anatomy and Cell Biology*

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

David Cohen, MD, *Clinical Associate Professor of Medicine, Lankenau Hospital*

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

J. Carlton Gartner, Jr., MD, *Professor of Pediatrics, A.I. DuPont Hospital*

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.

Edward Bechanan, MD, *Assistant Professor of Family and Community Medicine*

Thomas Jefferson University Inter-Professional Education Award is given to a faculty member who demonstrates excellence in inter-professional education and whose efforts have impacted collaboration among all colleges to the benefit of students.

Christine Jerpbak, MD, *Assistant Professor of Family and Community Medicine at Jefferson Medical College* and Eileen Adel Herge, MS, *Assistant Professor of Occupational Therapy at Jefferson School of Health Professions*

Portrait

Steven Herrine, MD, *Assistant Dean, Academic Affairs/Undergraduate Medical Education*, presented by the Class of 2010 and friends and colleagues, painted by Alexandra Tyng.

Medical College

The Medical College celebrated its 186th anniversary.

New Divisions/Departments/Centers

Division of Neurotrauma and Critical Care within the Department of Neurological Surgery

Division of Regional Cancer Care within the Department of Medical Oncology

Division of Hospital Medicine within the Department of Medicine

Division of Solid Tumor Oncology within the Department of Medical Oncology

Division of Hematologic Malignancies & Stem Cell Biology within the Department of Medical Oncology

Division of Population Science within the Department of Medical Oncology

Department of Stem Cell Biology and Regenerative Medicine
 Jefferson Cardiovascular Clinical Research Coordinating Center
 Jefferson Vascular Center
 Jefferson Coordinating Center for Clinical Research
 Jefferson Senior Adult Oncology Center at KCC
 Center for Computational Medicine at Jefferson

New Appointments

Chairs

Michael P. Lisanti, MD, PhD, Chairman, Department of Stem Cell Biology and Regenerative Medicine
 Irwin Levitan, PhD, Chairman, Department of Neuroscience
 Adam Dicker, MD, PhD, Chairman, Department of Radiation Oncology

Directors/Chiefs

Jack Jallo, MD, Director, Division of Neurotrauma and Critical Care
 Andrew Chapman, MD, Chief, Division of Regional Cancer Care
 David Whellan, MD, Director, Jefferson Cardiovascular Clinical Research Coordinating Center
 Susan Krekun, MD, Chief, Division of Hospital Medicine
 Paul DiMuzio, MD, Co-Director, Jefferson Vascular Center
 Geno Merli, MD, Co-Director, Jefferson Vascular Center
 Laurence Needleman, MD, Co-Director, Jefferson Vascular Center
 Aaron Dumont, MD, Co-Director, Jefferson Vascular Center
 Mark Weiss, MD, Director, Division of Hematologic Malignancies& Stem Cell Biology
 Ron Myers, PhD, Director, Division of Population Science
 David Whellan, MD, Jefferson Coordinating Center for Clinical Research
 Andrew Chapman, MD, Co-Director, Jefferson Senior Adult Oncology Center at KCC
 Christine Arenson, MD, Co-Director, Jefferson Senior Adult Oncology Center at KCC
 Isidore Rigoutsos, PhD, Director, Center for Computational Medicine at Jefferson

Administrative Staff

Jefferson Medical College

Mark L. Tykocinski, MD, *The Anthony F. and Gertrude M. DePalma Dean; Senior Vice President, Thomas Jefferson University; President, Jefferson University Physicians*

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

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

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

Leonard Freedman, PhD, *Vice Dean for Research*

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

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

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

William M. Keane, MD, *Senior Associate Dean, Clinical Affairs*

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

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

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

John Ogunkeye, MS, *Chief Operating Officer*

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

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

Richard G. Pestell, MD, PhD, *Associate Dean, Cancer Related Services*

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

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

Joseph L. Seltzer, MD, *Senior Associate Dean, Continuing Medical Education*

Kathryn Traves, MD, *Assistant Dean, Student Affairs and Career Counseling*

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

Theodore Taraschi, PhD, *Associate Dean of Research*

Administrative Staff at Affiliated Institutions

Donna Robino, MD, *Acting Medical Physician Leader, Department of Veterans Affairs*

Domenick Bucci, MD, *Chief Medical Officer, Frankford Hospital*

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

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

Douglas McGee, DO, *Chief Academic Officer, Associate Chair, Education and Residency Program Director, Albert Einstein Medical Center*

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

Stephen Mills, MD, *Director, Clerkship, Family Medicine, Excelsa Health Latrobe Hospital*

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

Joseph Greco, MD, *Director, Clerkship, Family Medicine, Bryn Mawr Hospital*

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

John J. Kraus, MD, MMM, *Medical Education, Bryn Mawr Rehabilitation Hospital*

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

Steven Selbst, MD, *Director, Graduate Medical Education, Vice Chair, Pediatrics, Nemours Children's Clinic -Wilmington/A.I. duPont Hospital for Children*

Mary Willard, MD, *Director of Medical Education, Vice President, Graduate Medical Education, Virtua Health*

Amy Clouse, MD, *Director, Clerkship, Family Medicine, Abington Memorial Hospital*

David Emrhein and Rachel Lins, *Medical Education, York Hospital*

Department Chairs

Anesthesiology
Biochemistry & Molecular Pharmacology
Cancer Biology
Dermatology & Cutaneous Biology
Emergency Medicine
Family and Community Medicine
Medical Oncology
Medicine
Microbiology & Immunology
Molecular Physiology and Biophysics
Neurology
Neurological Surgery
Neuroscience
Obstetrics & Gynecology
Ophthalmology
Orthopaedic Surgery
Otolaryngology/Head & Neck Surgery
Pathology
Pediatrics
Pharmacology and Experimental Therapeutics
Psychiatry & Human Behavior
Radiation Oncology
Radiology
Rehabilitation Medicine
Stem Cell Biology and Regenerative Medicine
Surgery
Urology

Institute Directors

Farber Institute for Neurosciences
Kimmel Cancer Institute

Zvi Grunwald, MD
Jeffrey Benovic, PhD
Richard G. Pestell, MD, PhD
Jouni J. Uitto, M.D., PhD
Theodore A. Christopher, MD
Richard C. Wender, MD
Neal Flomenberg, MD
Arthur M. Feldman, MD, PhD
Timothy Manser, PhD
Marion J. Siegman, PhD
Abdolmohamad Rostami, MD, PhD
Robert H. Rosenwasser, MD
Irwin Levitan, PhD
Louis Weinstein, MD
Julia A. Haller, MD
Todd Albert, MD
William M. Keane, MD
Stephen Peiper, MD
Jay Greenspan, MD
Scott Waldman, MD, PhD
Michael J. Vergare, MD
Adam Dicker, MD, PhD
Vijay M. Rao, MD
John L. Melvin, MD
Michael Lisanti, MD, PhD
Charles Yeo, MD
Leonard G. Gomella, MD

Irwin Levitan, PhD
Richard Pestell, MD, PhD

Professorial Faculty 2009 - 2010

The Advisory Committee Officers

Chairperson	George Valko, MD
Chairperson-Elect	John R. Cohn, MD
Secretary	Alan Cahill, PhD
Secretary-Elect	Karl Doghramji, MD

Advisory Committee Members

2008-2010	Marja Nevalainen, MD, PhD
	Lewis Rose, MD
	Stephen Schwartz, MD
	Irving Shapiro, PhD
2009-2011	Rani Anne, MD
	Andrea Eckhart, PhD
	Barbara Frieman, MD
	Barry Mann, MD
	Mathew Thakur, PhD

Leonard Eisenman, PhD, Past Chair, Advisory Committee 2009-2010

Representative to the Executive Council

Basic Science	Walter Koch, PhD	2008-2010
Clinical Science	Kathleen Squires, MD	2009-2011

Representatives to the Committee on Committees

Basic Science	Jan Hoek, PhD	2008-2010
Clinical Science	Joseph DeSimone, MD	2009-2011

A grayscale photograph of four men in academic regalia, likely faculty members, standing in a row. They are wearing gowns and hoods. The man on the far left has a beard and glasses. The man next to him has a mustache. The man next to him has glasses. The man on the far right is older with white hair. The background is slightly blurred.

Office of Faculty Affairs

The Office of Faculty Affairs (OFA) 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-two faculty development sessions, representing over 100 hours of instruction, were provided to Jefferson faculty in 2009-2010. 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 participated in at least one session in 2009-2010 and 1,240 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 2009-2010 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 2009-2010, 36 faculty have accessed the self-directed learning modules. To date, faculty have logged 594 faculty development credit hours through the self directed

learning modules. These modules can be found at the faculty development Web site, www.jefferson.edu/faculty_development.

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 an orientation program for new faculty that consists of a full day orientation of the new faculty to the Jefferson community and its resources. For academic year 2009-2010, the Office of Faculty Affairs provided orientation sessions to 80 of the 110 new faculty hires.

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. Fifty-one resigning faculty were interviewed. Seventy-four full-time faculty (9%) resigned their Jefferson 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 25 of 25 departments completing annual performance reviews in the past three years, and 85% of faculty reporting that they received annual performance reviews in the 2008 faculty satisfaction survey. This is up from 50% of faculty report-

ing 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.

Faculty Awards

New faculty awards were created this year to recognize the accomplishments of faculty in a variety of areas of achievement. The new awards that were created are the Career Educator Award, Community Service Award, Outstanding Clinician Award, Early Career Educator Award for Distinguished Achievement in Biomedical Research, Research Career Achievement Award and the Award for Innovation in the Biomedical Sciences. These awards were given along with the Dean's Award for Excellence in Education and the Dean's Award for Faculty Mentoring (formally The Dean's Citation for the Advancement of Education at Jefferson Medical College and the Dean's Citation for Faculty Mentoring).

All awards were presented at the JMC Faculty Awards Dinner at The Union League of Philadelphia on May 5, 2010. The names of the 2009-2010 award recipients are listed in Table 3. Nominations for the awards are made by department chairs. Course and clerkship coordinators, dean's staff and prior award recipients may nominate for the Excellence in Education Award.

Dispute Resolution

The University Faculty Ombudsperson, Stephen Weinstein, PhD, and the Senior 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 Forward Program

Jefferson Medical College has volunteered to be one of 23 academic medical centers participating

in a three-year project related to faculty satisfaction through the AAMC known as Faculty Forward. In the spring of 2009, the faculty was asked to complete a faculty satisfaction survey. Over the past year, the results were received and have been analyzed by The Faculty Forward Task Force (Table 4). The department aggregate data has been shared with the department chairs.

"JMC has volunteered to be one of 23 academic medical centers participating in a three-year project related to faculty satisfaction through the AAMC known as Faculty Forward."

The ultimate goal is to better understand environmental factors that influence faculty satisfaction and retention both at Jefferson and nationally.

University Faculty Senate

The Office of Faculty Affairs has been working with the Professorial Faculty Advisory Committee of the Medical College, the other schools and colleges of the University and

Michael Vergare, MD, Senior Vice President for Academic Affairs, to create a University Faculty Senate. The University Faculty Senate will address issues and concerns that affect faculty across the University. The first meeting of the University Faculty Senate took place on June 24, 2010.

Faculty Policies

A post-tenure review policy was adopted by the University Tenure Committee and approved by the Academic Council of Thomas Jefferson University. The TJU Tenure policy is being revised to reflect the new organizational structure of the Medical School.

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. This past year, the two tenure tracks were revised to better consider the contributions of faculty to team science and collaborative research.

Tenure

The Tenure Committee met monthly to review applications for tenure – seven faculty were awarded tenure during FY10.

Faculty Resources

Faculty Handbook

The Faculty Handbook, which is accessible via the Web at the faculty site, 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 a 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 site.

Faculty Web Site

The faculty Web site, www.jefferson.edu/jmc/faculty, was revised to provide improved access to relevant information for faculty.

Faculty Committee Initiatives

Academy of Distinguished Educators (formally the Educational Advisory Committee)

The Academy of Distinguished Educators (formally 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 included a report of the Committee on Professionalism, Results of the AAMC Faculty Forward Survey, Honor Code, JMC Programmatic Funding Portfolio, Development Efforts of the Jefferson Foundation, New JMC Faculty Awards, University Research Calendar and the TJU Industry Relationship Policy. All approved meeting minutes and agendas are available online at the Pulse website at (<https://pulse.jefferson.edu/webapps/portal/frameset.jsp>).

Karen D. Novielli, MD

Senior Associate Dean for Faculty Affairs and Professional Development

TABLE 1
2009 – 2010
JMC FACULTY DEVELOPMENT WORKSHOPS

Instructional Technology

- Photoshop Basics
- Intermediate Photoshop
- Bibliographic Management: Introduction to RefWorks
- Wimba
- Adobe Acrobat Basics
- Turning Point
- Adobe Captivate
- Adobe Acrobat: Forms

Information Management

- Bibliographic Management: Introduction to RefWorks
- Teaching Technology Update
- Twitter for Beginners
- Professional PubMed Searching
- Blogs and RSS: The Latest Tools For Keeping Up-To-Date
- Take Advantage of the Jefferson Digital Commons for Shameless Self Promotion
- Using Scopus and Internet Search Engines Effectively

Research Skills

- Mentoring Series for Junior Faculty
- DADG (Department Administrators Discussion Group)
- Electronic PTF
- IRB Submission: Alleviating the Pain

- The Consent Form: Keeping it Simple
- Research with JeffShare
- Basic Intellectual Property and Technology Commercialization Presentation
- Cash Management of Sponsored Programs

Effective Teaching

- Essentials of Effective Lecturing
- A “How To” Guide for Constructing High Quality Multiple-Choice Questions for the Basic and Clinical Sciences
- Rewarding contributions to education through promotion: The Educational Portfolio and Educational Scholarship
- Providing Effective Feedback
- Web Based Self Directed Learning Modules
- Interprofessional Education and Scholarship Series
- Bridging Generational Differences to Improve Medical Education and the Development of Faculty and Staff Talent
- How to Conduct Valid Performance Assessments Using Clinical Simulation

Professional Development

- JMC Appointment and Promotion Tracks and Guidelines: An Overview
- Understanding Medical School Finances
- Getting the Most out of a Mentor: A Workshop for Junior Faculty
- Getting Things Done in the Midst of Chaos
- Constructing and Maintaining a Teaching Portfolio

TABLE 2
2009-2010
FACULTY DEVELOPMENT PROGRAM RATINGS

Faculty Development Program	Number of Participants	Percent of Participants Rating Content Good or Excellent	Percent of Participants Rating Content as Relevant to Faculty Development Needs
<i>Professional Development</i>	110	94	95
<i>Information Management</i>	37	97	96
<i>Effective Teaching</i>	71	94	97
<i>Instructional Technology</i>	42	99	97
<i>Research Skills</i>	53	91	92
<i>Web-Based Modules</i>	36	90	91

TABLE 3

FACULTY AWARD RECIPIENTS 2009-2010

Career Educator AwardBarry B. Goldberg, MD, *Radiology***Community Service Award**James Plumb, MD, MPH, *Family and Community Medicine***Outstanding Clinician Award**Robert Perkel, MD, *Family and Community Medicine (Category Primary Care)*Anthony J. DiMarino Jr., MD, *Medicine, Gastroenterology and Hepatology (Category Subspecialty Medicine)*Edmund Pribitkin, MD, *Otolaryngology (Category Surgery and Surgical Subspecialties)*Sharon Segal, DO, *Radiology (Category Hospital-based medicine)***Early Career Investigator Award for Distinguished Achievement in Biomedical Research**Walter Kraft, MD, *Pharmacology & Experimental Therapeutics***Research Career Achievement Award**Walter Koch, PhD, *Medicine, Center for Translational Medicine***Award for Innovation in the Biomedical Sciences**Bernhard Dietzschold, DVM, *Microbiology and Immunology***Dean's Award for Excellence in Education**James W. Heitz, MD, *Anesthesiology*Christopher A. Haines, MD, *Family and Community Medicine*Arnold J. Greenspon, MD, *Medicine, Cardiology*D. Lynn Morris, MD, *Medicine, Cardiology, Albert Einstein Hospital*Behzad B. Pavri, MD, *Medicine, Cardiology*Howard H. Weitz, MD, *Medicine, Cardiology*Kevin J. Furlong, DO, *Medicine, Endocrinology*Barbara S. Knight, MD, *Medicine, Internal Medicine*Jessica Salt, MD, *Medicine, Internal Medicine*Donna M. Williams, MD, *Medicine, Internal Medicine*Chris T. Derk, MD, *Medicine, Rheumatology*Charlene J. Williams, PhD, *Medicine, Translational Medicine*Jerome C. Buescher, PhD, *Microbiology and Immunology*Christopher T. Skidmore, MD, *Neurology*Herschel P. Goldstein, PhD, *Ophthalmology*Tara A. Uhler, MD, *Ophthalmology*Hector Lopez, MD, *Pathology, Anatomy and Cell Biology*Magdy W. Attia, MD, *Pediatrics*John M. McCafferty, MD, *Psychiatry and Human Behavior*Ronald D. Serota, MD, *Psychiatry and Human Behavior*Oksana H. Baltarowich, MD, *Radiology*David P. Friedman, MD, *Radiology*Sung M. Kim, MD, *Radiology*Nethra S. Ankam, MD, *Rehabilitation Medicine*Steven Copit, MD, *Surgery*Eugene P. Kennedy, MD, *Surgery*Francis E. Rosato Jr., MD, *Surgery***Dean's Award for Faculty Mentoring**Anthony J. DiMarino Jr., MD, *Medicine, Gastroenterology and Hepatology*Xin L. Ma, MD, PhD, *Emergency Medicine*David A. Wenger, PhD, *Neurology*J. Lindsey Lane, MD, *Pediatrics*Mitchell J. Cohen, MD, *Psychiatry and Human Behavior*Gerald A. Isenberg, MD, *Surgery*Barry D. Mann, MD, *Surgery, Lankenau Hospital*

TABLE 4

FACULTY FORWARD TASK FORCE MEMBERS

Chair

Karen Novielli, MD

Senior Associate Dean of Faculty Affairs and Professional Development

Members

Rani Pramila Anne, MD

Director of Clinical Operations and Quality Assurance, Department of Radiation Oncology

Madeleine Becker, MD

Assistant Professor, Department of Psychiatry and Human Behavior

Jeffrey Benovic, PhD

Chair, Department of Biochemistry and Molecular Biology

Leonard Eisenman, PhD

Professor, Department of Pathology, Anatomy and Cell Biology

Joanne Filicko-O'Hara, MD

Director of Hematology and Medical Oncology Fellowship Training Program, Department of Medical Oncology

William Keane, MD

Chair, Department Otolaryngology

Niels Martin, MD

Assistant Professor, Department of Surgery

Rex Mathew, MD

Vice President of Clinical Operations, Department of Emergency Medicine

Marja Nevalainen, MD, PhD

Associate Professor, Department of Cancer Biology

John Ogunkeye

Executive Director and Vice President for Business Affairs, Jefferson University Physicians

Stephen Peiper, MD

Chair, Department of Pathology, Anatomy and Cell Biology

Edmund Pribitkin, MD

Professor, Otolaryngology

Vijay Rao, MD

Chair, Department of Radiology

Ernest Rosato, MD

Associate Professor, Department of Surgery

Kathleen Squires, MD

Director, Department of Medicine/Infectious Disease and Environmental Medicine

Edouard Trabulsi, MD

Associate Professor, Department of Urology

Office of Faculty Records

The Office of Faculty Records supports the administration of academic faculty appointments, promotions, the verification procedure for faculty appointments and/or promotions, and maintenance of accurate faculty records.

Table 1 on the following page depicts the faculty appointment and promotion process. Table 2 contains the current Faculty Census.

Christine McGonigal-Glaser

Supervisor Office of Faculty Records

TABLE 1

FACULTY APPOINTMENT AND PROMOTION PROCESS

FLOW CHART

Department Chair meets with applicant
(Departmental Committee approves)

No appointment/promotion considered

Chair initiates verification for faculty
appointment/promotion by forwarding completed
Nomination Form to the Office of Faculty Records

**Completed application packet is then submitted to
the Office of Faculty Records. Packet must include:**

- Transmittal letter from Chair to Dean
- Completed application with contact information
- Signed, dated Application for Faculty Appointment, Promotion, Change of Status
- CV's (2 paper copies)
- Copies of graduate, medical school, other professional transcripts (in English – Foreign Graduates only)
- Copy(s) of current state license registered in **each** state where applicant practices (active status) (if applicable)
- Copy(s) of DEA or other license (if applicable)
- Copy of Board Certification (if applicable)
- Copies of acceptances for manuscripts in press (if applicable)
- Copy of ECFMG certificate (if applicable)
- If foreign graduate, packet must include: contact person, contact e-mail address, contact fax number, contact telephone number, mailing address for all education, training, etc.
- Teaching Portfolio (if applicable)
- Teaching Evaluations (if applicable)
- DD214 Military Discharge Papers (if applicable)

**If applicant was verified at time of new
appointment or previous promotion, the Office of
Faculty Records will only verify information dated
AFTER initial verification. Documents needed
include:**

- Nomination form from Chair
- Transmittal letter from Chair
- Attestation Certificate (Sec. M, page 27 of Application)
- Updated CV (2 paper copies)
- Appropriate letters of recommendation
- Teaching Portfolio (if applicable)
- Teaching Evaluations (if applicable)
- Acceptances of manuscripts in press (if applicable)

(Continued on next page.)

Office of Faculty Records receives and verifies application material.

Verification includes (not all listed will be applicable):

- Previous education
- Residencies and fellowships
- Administrative positions
- Academic positions
- Publications
- Licenses
- Board certifications
- Medicare sanctions

Information for **VERIFICATION**
INCOMPLETE – packet sent back to Chair

Applicant is given a 6-month **temporary** faculty appointment and is eligible for employment at Jefferson.

Department prepares packet for Committee on Appointments and Promotions. Applicant will automatically be scheduled for the Committee agenda within three (3) months following the temporary appointment issue date. Department **must** have completed packet to the Office of Faculty Records **no later than 3 weeks prior** to that assigned meeting date. Items needed in order for the packet to go to the Committee meeting include:

- Transmittal letter from the Chair
- Updated CV – properly formatted per the Committee guidelines
- Teaching portfolio (if applicable)
- Teaching Evaluations (if applicable)
- Appropriate letters of recommendation

Completed packet materials must be returned to the Office of Faculty Records three (3) weeks prior to the meeting or applicant is rescheduled to the following month's meeting of the Committee on Appointments and Promotions.

Completed application packet is submitted to the Committee on Appointments and Promotions, the Executive Council Jefferson Medical College, the Scientific and Academic Affairs Committee (SAAC), and the TJU Board of Trustees for review and final approval.

TABLE 2**FACULTY CENSUS**

	Fully Salaried	Partly Salaried	Non-Salaried	Total
Professorial	352	10	525	887
General	415	36	1308	1759
Total	767	46	1833	2646
Administration	30		7	37
Basic Science	187	1	55	243
Clinical Science	580	45	1778	2403
Total	797		1840	2683
Professor	188	4	259	451
Associate Professor	164	6	266	436
Assistant Professor	291	22	690	1003
Instructor	124	14	618	756
Total	767	46	1833	2646
Women	224	23	460	707
Men	543	23	1373	1939
Total	767	46	1833	2646
Emeritii		Honorary		
51		358		

June 30, 2010



Office of Admissions

The Office of Admissions supports the efforts of the Committee on Admissions, consisting of 47 faculty and three student members. The dedicated Committee members and first- and second-year students interviewed 826 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 Jefferson Medical College continued its upward trend. Although nationally there were 42,629 applications submitted to AMCAS vs. 42,160 for the same time last year (a one percent increase), we received 9,761 applications compared to the 9,713 last year (a 0.5% increase).

Our “special programs” continue to attract significant interest. The Penn State Accelerated Program received 484 applications. To be considered, this highly competitive program requires a total minimum score of 2100 on the SAT or a composite score of 32 on the ACT from a single test date, as well as a rank in the top 10th percentile of their high school class. On February 10 and 15, 2010, we interviewed 96 highly accomplished candidates from 25 different states, Canada and Singapore. Ninety percent of the applicants interviewed had SAT scores of at least 2200; two had perfect SAT scores of 2400. Twenty-six students joined the entering class of 2010 on August 2 after completing at least two years at Penn State.

Historically the Physician Shortage Area Program (PSAP) has attempted to identify, recruit, and ma-

triculate applicants who agree to pursue a career in family medicine and to practice in a medically underserved area. Although the program gave priority to applicants planning to practice family medicine this year, beginning last year it was open to anyone who intended to practice in a rural area or small town. This year we accepted 15 PSAP applicants who applied through AMCAS, and expect that 10 will matriculate. The opening of the program to other rural specialty choices continues to be a resounding success.

The Delaware Institute for Medical Education and Research (DIMER) Program continues to flourish at Jefferson, although the number of applicants from Delaware was down significantly compared to last year. Of the 68 (vs.99) applicants in the national pool from Delaware, 59 (83 last year) applied to Jefferson (52 from New Castle County, three from Sussex County and four from Kent County). We interviewed 33 applicants, accepted 29, and expect 19 matriculants (all from New Castle County), for the entering class of 2010.

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. Eight of this year’s matriculants come from these linkage programs.

The Medical Scholars Program with the University of Delaware, now in its seventeenth consecutive year, will matriculate two students for the 2010 entering class. This early linkage program has, to date, graduated 112 students from Jefferson Medical College.

For the entering class of 2010, the combined MD/PhD degree program between Jefferson Medical College and the Jefferson College of Graduate Studies received 166 completed applications for our five fully funded MD/PhD spots. From the 152 completed applications, 29 candidates interviewed at both the

graduate and medical schools, and 12 offers of acceptance were made; five are expected to matriculate with the entering class.

Class of 2014

The current first-year class will matriculate 260 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 27 different states, Canada, Ghana and India.

Twenty (7.5%) members of the class are from groups identified as under-represented in medicine, and 32% identify themselves as belonging to a nonwhite ethnic group. Fifty percent of the class is female. The average age is 23 with a range from 19 to 34 years. The diversity in the class is evidenced by the number of students 25 years of age and older, 12% this year.

International Students

At the current time, we have a total of 55 students at Jefferson with student visas: 21 from Canada, six from Malaysia, five from Nigeria, four from India, three from the Philippines, two from South Korea and one each from Albania, Anguilla, Belgium, China, Cyprus, Iran, Jamaica, Myanmar, Pakistan, Poland, Singapore, Somalia, the UK, and Venezuela. 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, a problem that was more difficult this year than in the recent past. Foreign students are not eligible for federal- or state-subsidized loans and often 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 seventh annual "Second Look" recruitment event. This two-day event began with a reception on the evening of April 29 and included a full day program on April 30, 2010 highlighting Financial Aid and Student Records services, a description of the curriculum, demonstrations of various learning resources and simulators, tours of clinical departments, presentations on international and cultural diversity programs, an overview of a typical day in the life of a medical student and community outreach activities available to them. Of the 120 accepted applicants in attendance, we expected that 93 (78%) would matriculate on August 2, 2010.

Recruitment of students from groups underrepresented in medicine remains a priority. This year we interviewed 108 under-represented in medicine stu-

dents, accepted 78 and anticipate 20 matriculants - 7.5% of the incoming class. Despite 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, the financial packages offered at many other medical schools lured away more of our accepted applicants compared to recent years.

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 Williams and medical school admissions officers from Albany, Albert Einstein, Dartmouth, Harvard, Jefferson, Tufts, University of Connecticut, University of Pennsylvania, and the University of Rochester, continues. Jefferson Medical College hosted the spring meeting this year.

The admissions process at Jefferson continues to be highly regarded by both applicants and advisors. 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. Of note, 29 fewer offers of acceptance were tendered this year compared to last year and in 2008; we made 30 fewer offers of acceptance than we did in the previous year.

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 & Career Counseling

The goal of the Office for Student Affairs and Career Counseling (OSACC) is to be available for academic and personal advising, to advocate for student needs, to foster career counseling, and to improve student access to the medical college. The office's intranet Pulse site (https://pulse.jefferson.edu/webapps/portal/frameset.jsp?tab=community&url=%2Fbin%2Fcommon%2Fcourse.pl%3Fcourse_id%3D_5301_1) serves as a vehicle to enhance this mission. With Dr. John Spandorfer's departure to become Associated Dean for Medical Education, Dr. Kathryn Traves, MD was hired to the position of Assistant Dean for Student Affairs and Career Counseling this year.

Student Affairs Committee and Student Bulletin

The Committee on Student Affairs meets 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. Two editions of the JMC Student Bulletin were published to foster communication between students, faculty, and administration of JMC. Under the direction of Drs. Kristin DeSimone, Bernard Lopez and Kathryn Traves, the student information and resources displayed on the Jefferson Medical College Web page and the OSACC's intranet Pulse site were reorganized to be more accessible and user-friendly.

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 (FAC), a group of 30 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 FAC organized teambuilding sessions for each learning society in order to assist in their mission. 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 Dean Mark Tykocinski, incorporated the White Coat Ceremony and the Shared Professional Values. Dr. Richard Wender, Alumni Professor and Chair of the Department of Family and Community 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. The Shared Professional Values were 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. The inaugural Award for Excellence in Promoting the Welfare of JMC Students, sponsored by the OSACC, was

presented to Carolyn Little from the Department of Family and Community Medicine.

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 Dr. Tykocinski, who encompasses the core values of professionalism that JMC was founded on. As part of the ceremony, six outstanding residents who had been chosen by the rising fourth-year class were recognized and honored with the Gold Foundation's Humanism and Excellence in Teaching Award.

JMC Learning Societies

The eight separate learning societies, which were designed 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, flourished this year. The goals were to: 1) enhance a sense of community within Jefferson; 2) promote exchange of ideas, companionship, and mentorship; 3) highlight the 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 each medical school class 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, continued to play a prominent role in coordinating this effort. Each of the societies was active in promoting service to their designated community as well as participating in a myriad of social events, fundraisers, and clinical learning activities. This year, the students continued to take more ownership of this initiative, which resulted in more activities within and between the learning societies. They also strengthened each group's relationship with its community site. The Annual Learning Society Main Event was held in May, which provided a social venue for all of the students.

Gold Humanism Honor Society

With a grant from the Arnold P. Gold Foundation, JMC established The Gold Humanism Honor Society (GHHS) chapter to highlight the importance of altruism, respect, compassion and trust when interacting with others and in forming healing relationships. It also enables the medical college to identify and recognize individuals with exemplary humanistic quali-

ties and demonstrate to others the importance that JMC places on these qualities. Presided over by Deans Mark Tykocinski and Charles Pohl, an induction ceremony was held for 26 third-year students and their families on March 26, 2010 in the lobby of the Dorrance H. Hamilton Building. The honorary speaker for the ceremony was Drs. Arnold and Sandra Gold who spoke on the importance of humanism in the practice of medicine. The group elected an executive board to plan and oversee the society's events and programming.

Curtis Institute of Music Initiative

At the request of the Dean, JMC collaborated with the Curtis Institute of Music to provide a venue for students from each of these institutions to socialize and enjoy an evening of classical music. The two evenings, which included more than 80 medical students, were hugely successful.

Support Systems

"Personal" Dean Assignment

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 Trayer 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 Trayer 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. Trayer. 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, 177 clinical faculty participated in the program.

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 Traves, 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 devise 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.). Dr. Joseph Majdan, Director of Professional Development for the University Clinical Skills and Simulation Center, formalized the student remediation program for Jefferson medical students by developing individualized education programs (IEP) and conducting individual evaluations to address specific student problems and/or needs identified by the course and clerkship directors. A reference guide for students with academic issues is printed in the *JMC Student Handbook* and posted on the OSACC Pulse.

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, an expanded 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 continued. 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, initially coordinated by Dr. Kenneth Certa and then by Dr. Deanna Nobleza 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 JMC Student Affairs Health Insurance Focus Group under the leadership of Dr. DeSimone reviewed and monitored the components of health insurance coverage and made necessary recommendations for the upcoming academic year. United Health Care continued as the student health insurance carrier.

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. It designed a wellness curriculum as well as maintained the JMC Wellness Web site. The JMC Student Affairs Wellness Subcommittee continued to promote student wellness and improve student participation.

Career Planning and Clinical Counseling

In order to improve career planning and clinical counseling, the career planning Web site has been expanded 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 provides students with a convenient and accessible reference source.

The Alumni Association coordinated Career Day held on December 9, 2009. 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.

In order to improve counseling about specialties and the residency application process, Dr. Pohl held three meetings with the Class of 2011 regarding fourth-year curriculum and planning for postgraduate training. In addition, videos were produced and incorporated into these sessions to highlight ways to improve performance during clinical rotations and to provide tips on the residency application and the interviewing process. JeffShadows, where first-year and second-year students shadowed upper level students who were from their learning society in a hospital setting, was continued in order to increase clinical exposure and aid in career exploration. Drs. DeSimone, Lopez and Trayes also facilitated four career workshops for first- and second-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-eight 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 of the letters which 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 2010

Match Day was March 18, 2010. Of the 245 senior students (Class of 2010), 231 (94%) participated in the National Resident Matching Program (NRMP). Of the match participants, 13 students (5.6%) were unmatched for PG-1 (Table 2). Two of the thirteen unmatched students, though, had secured a PG-Y 2 position. Nationally, the unmatched rate was 6.3 percent. Thirteen 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, the participation in the Canadian match program, an acceptance of a research position outside of the match, or deferment of their training.

The specialties chosen most frequently by the 234 seniors going on to postgraduate training were internal medicine (20%), family medicine (9%), emergency medicine (7%), and pediatrics (7%). Of this year’s seniors going onto residency training, 96 (41%) entered primary care specialties including internal medicine, family medicine, pediatrics, medicine-pediatrics or obstetrics and gynecology residency. Seventy-one percent of seniors participating in the NRMP matched at a university program for their PG-1 year. Ninety-two (42%) students accepted PGY-1 appointments in Pennsylvania, and 66 (30%) 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.

JMC Student Emergency Preparedness

OSACC participated in the University Emergency Preparedness Committee, co-chaired by Dr. Pohl, which had been charged with the development of a comprehensive plan for personal and University emergencies that affect University students and employees. The emergency notification system, JeffALERT, to be used to notify members of the campus when a threat has occurred or may occur, was launched and tested.

Charles A. Pohl, MD

Senior Associate Dean for Student Affairs and Career Counseling

Kristin L. DeSimone, MD

Associate Dean for Student Affairs and Career Counseling

Bernard L. Lopez, MD

Associate Dean for Student Affairs and Career Counseling

Kathryn P. Trayes, MD

Assistant Dean for Student Affairs and Career Counseling

“The specialties chosen most frequently by the 234 seniors going on to postgraduate training were internal medicine, family medicine, emergency medicine, and pediatrics.”

TABLE 1**JMC NRMP MATCH PROGRAM SELECTED DATA**

	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001
# In Match	231	249	206	204	213	214	217	184	197	202
# Unmatched	13	15	6	12	11	16	21	11	11	13
Specialty Preferences of Unmatched Students	2 EM 2Ent 1 OB 4 Ortho 2 PreMed 1 Ped 1 Rad	1 EM 1 Ent 1 OB 3 Ortho 1 Plast 5 PreMed 1 Psych 2 Rad	2 EM 2 Ent 1 Ortho 1 PreMed*	2 EM 1 Ent 5 Ortho 1 Ped 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*
# Match at Primary Medical School Affiliates**	155	159	130	156	156	159	163	140	162	126

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

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

TABLE 2**INITIALLY UNMATCHED STUDENTS IN THE NRMP**

2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000
5.6%	6%	3%	6%	5%	7%	9.6%	6.0%	5.6%	5.9%	6.5%

The unmatched rate for all graduating U.S. seniors was 6.3% in 2010.

A grayscale photograph of three people, two men and one woman, smiling and looking towards the camera. They are positioned in the background, with the text overlaid on the image.

Office of Diversity and Minority Affairs

The Office of Diversity and Minority Affairs' (ODAMA) mission is to promote multicultural initiatives that affirm Jefferson's commitment in maintaining a culture of understanding, sensitivity and mutual respect within the Jefferson Community. Efforts to promote diversity and educate students in the provision of cross-cultural competent healthcare continue to be a focal point for this office.

For 2009-2010, ODAMA sponsored a series of lectures, cultural events and educational programs. We were able to reach out to students from Jefferson Medical College, the College of Health Professions, the School of Nursing, the College of Pharmacy and the College of Graduate Studies, in addition to faculty and staff. Students fully supported all of our office's multicultural initiatives, and many of the student groups helped in coordinating, planning, and promoting the programs throughout the campus.

Diversity and Multicultural Initiatives

Lecture Series

The lecture series is divided 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 underlying issues concerning the categories of diversity, healthcare issues, health policy, disparities in healthcare amongst certain ethnic groups in addition to addressing the need of culturally competent care for all patients.

Celebratory Events/Activities

Included in ODAMA's multicultural initiatives were cultural/ethnic events and activities. For the past four years, the following offices have collaborated with ODAMA in co-sponsoring events during the month-long celebrations: The TJU Activities Office, the Office of International Exchange Services and the Department of Nutrition and Dietetics. In addition, the following student organizations have been

actively involved with and funded by ODAMA: the Diversity Council (DC), the Student National Medical Association (SNMA), the Jefferson Latino Medical Student Association (JLMSA) which was formerly named the Jefferson Boricua Latino Health Organization (JBLHO), the Jefferson Southeast Asian Medical Student Association (JSAMOSA), the Jefferson Medical Interpreters (JMI), the Asian Pacific Medical Student Association (APAMSA), the Hawaii and Native American Society (HNAMSS), the Islamic Medical Association at Jefferson and the International Medicine Society (IMS).

The following cultural/ethnic events and activities took place:

Latin Heritage Month

In recognition of Latin Heritage Month, ODAMA sponsored a brown bag lecture by Dr. Jack Ludmir, Chair, Department of Obstetrics and Gynecology, Pennsylvania Hospital. In collaboration with JEFF LMSA, ODAMA funded a mixer and cultural dinner, salsa lessons and a Health Fair at Esperanza Health Clinic.

National Disabilities Awareness Month

The Activities Office, ODAMA and the Office of International Exchange Services co-sponsored a guest speaker: Nethra Ankam, MD (Psychiatrist) and Mary Patrick, RN (paraplegic, Project Coordinator of the Spinal Cord Injury Center, National Institute on Disability and Rehabilitation Research).

LGBT History Month

This year, the Activities Office, ODAMA and the Office of International Exchange Services sponsored two activities: an open discussion by attorneys Benjamin Jerner, JD and Tiffany Palmer, JD focusing on nontraditional family law, legal services on adoptions, reproduction law, transgender legal issues, advance directives and other issues that impact the LGBT community. sponsored.

International Education Week

A presentation on the Save a Child's Heart Program was given by Dr. John Cohan, Division of Pulmonary & Critical Care Medicine, TJUH. Faculty and medical students discussed their work in Rwanda through the Rwanda Health and Healing Project. In addition, the Foerderer Lecture Series continued with Jefferson College of Health Professions' Physical Therapy students presenting on their experiences in the Netherlands.

Native American Heritage Month

Shannon Keel, MD, Director of Internal Medicine and Director of Obstetrics at Crozer-Keystone Family Medicine Residency spoke on "Practicing Traditional Medicine in a Non-traditional Setting: Service Opportunities through the Indian Health Service." ODAMA also co-sponsored a lecture with the Activities Office and the Office of International Exchange Services. Howard Rabinowitz, MD, The Ellen M. and Dale W. Garber Professor of Family Medicine, Professor of Pediatrics, Director of Physician Shortage Area Program, Department of Family and Community Medicine spoke on "Family Medicine on a Native American Reservation and in Congress."

World AIDS Day

An interactive presentation on the transmission of HIV and AIDS was given by Dr. Kathleen Squires, Director, Division of Infectious Disease and Environmental medicine. Faculty and students discussed their work over the past two years in the Rwanda Health and Healing Project and presented a photo exhibit, "The Spark of Hope," celebrating children from the Rugerero District who were genocide survivors.

Expressions of Asia

Guest lecturers were brought in to discuss a variety of topics related to Asian health.

ODAMA sponsored a lecture by Clement Au, Department of Family and Community Medicine, Jefferson Healthcare Chinatown. He spoke on "Common Diseases and Cultural Differences Observed in Working with Philadelphia's Immigrant Chinese Population."

Martin Luther King, Jr. Day

The three offices sponsored the showing of the film "Something the Lord Has Made."

Black Heritage Month

This month began with a keynote address by author and medical ethicist, Ms. Harriet Washington, author of *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colo-*

nial Times to the Present. A book signing followed the lecture.

Women's History Month

The month activities included: a Women in Medicine Talk; Jefferson Medical College Women's Forum; Celebration of Women (open mic poetry slam featuring spoken word); A Celebration of Jefferson Women; Women in Science: Suzanne Gagnon, MD, FACP; Women in Science: A Panel Discussion; and, a lecture on Helen Taussig, MD by Salvatore Mangione, MD.

Diversity Week

Diversity Week was celebrated in April. Events and Activities included a Hawaiian and Native American sushi making demonstration, a "Women's Talk" henna tattooing, a spring roll making demonstration, a "barrio fiesta", Tai Chi demonstration and an open mic event. ODAMA funded and sponsored the culminating events: "Desserts from Around the World" and the Multicultural Evening/International Day.

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 are either limited in their English 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 witness some hands-on experiences. Community outreach is done on a weekly basis by conducting educational health promotions workshops while putting into practice the language skills and competencies acquired.

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.

A summer "immersion" experience in a foreign country, where that specific language is spoken, is offered as part of the program. Students are able to travel abroad for six to eight weeks and experience firsthand that country's healthcare delivery system.

Global Health Initiative: Clinical Shadowing and Language “Immersion” Experience Abroad

The Dominican Republic (UNIBE – Universidad Iberoamericana School of Medicine) and Mexico (UAG – Universidad Autonoma de Guadalajara School of Medicine) continue to serve as primary sites for this program. In 2007-2008, the sites were expanded to include Argentina, Peru and Chile. The programs in Argentina, Peru and Chile are in collaboration with ECELA (Escuelas y Centros de Espanol en Latinoamerica), a member of the International Association of Language Centers in those three countries. This past year approximately 30 students expressed interest in participating in the program; two medical students and one nursing student participated in the program and were funded by the Foerderer Scholarship through the Office of International Exchange Services.

Diversity Council

The Diversity Council has been very active in helping to plan and promote programs that run out of the Office of Diversity and Minority Affairs. This year, 25 students were members of the Diversity Council. Most of the members are student leaders and members of the various ethnic organizations on campus. 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 providing a highly successful year for ODAMA.

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. Extensive recruitment took place at professional conferences, national and regional conferences-medical student organizations, graduate and professional recruitment fairs and summer enrichment programs to introduce Jefferson Medical College, ODAMA and its staff.

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 have been established. Following this report, you will find a summary of all recruitment trips made by Dr. Edward B. Chris-

tian (now retired) and Assistant Dean Luz Ortiz for 2009-2010.

Open House

For the past eight years, Jefferson Medical College's Office of Diversity and Minority Affairs has hosted an annual Open House. Students are offered a full-day program. The program this past year included hearing from representatives from Jefferson Medical College's Office of Admissions, the College of Graduate Studies, and Financial Aid. They were also given a tour of the TJU campus.

In the afternoon, students and their pre-health advisors attended concurrent sessions. Participants had a session with our current medical, graduate, and health professions students. The discussion included information on their initial interest in a career in medicine or the health professions, admissions into medical or health professions schools, and their experiences as students at Jefferson.

The concurrent session, for pre-health advisors focused on the new definition of “Underrepresented in Medicine” as per the Association of American Medical Colleges. In addition, advisors had the opportunity to meet the Deans from JMC, JCGS, and JSHP. The culminating session was on giving 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”, and students were then given a tour of the Clinical Skills Center.

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 great number of underrepresented applicants are admitted on an annual basis. Throughout the past eight years, ODAMA has had the opportunity to join recruitment efforts with the Office of Admissions at JMC. Steady progress is being made in increasing the URM applicant pool. In the past five years, 2004-2009, URM acceptances increased by 43.9% (40 in 2004, 91 in 2009); matriculated URM increased from 6.3% in 2005 to 14.5% in 2009. This year, 2010, URM matriculants decreased from 14.5% to 7.8% (20 URM matriculants in 2010; 37 matriculants in 2009). Some possible reasons for the dramatic impact made to the URM matriculant pool at Jefferson are that several new medical schools opened their doors, tuition at Jefferson is high and there are many more medical schools offering “full” or partial scholarships to their matriculated URMS.

High School Recruitment

Recruitment efforts at this level are also imperative since we need to create a “pipeline” of qualified students for the medical school. ODAMA is effectively playing a role in this effort. Since students begin to make career decisions early in their educational life, they will 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 efforts by ODAMA.

Future Docs Program

Future Docs is a program for elementary, middle and high school students who have an interest in the sciences. In the Future Docs Primary School Program, JMC students visit a primary school once a week for 10 weeks to conduct science experiments with fourth, fifth, and sixth grade students. The primary school that has been targeted is the Thomas May Peirce Elementary School in Philadelphia. This program has run successfully; approximately 60-70 students participate in the program annually. In the Future Docs Middle School Program, select students from middle schools in Philadelphia and New Jersey

“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.”

and their parents are invited to attend three Saturday sessions from 9:00 a.m. to 1:30 p.m. Approximately 30 students and their parent/s, participated in the program. Students participate in informational sessions on health careers, medical school requirements and admissions, computer skills sessions, in addition to some hands-on experiences in the Anatomy and Clinical Skills Center labs. The Future Docs High

School Program runs for ten weeks, once a week, for three hours. The program includes sessions on careers in graduate biomedical research and the health professions, writing skills, focusing primarily on writing personal statements and essays. The Anatomy Lab and the Clinical Skills Center provide the students with hands-on experiences.

Both the primary and middle school programs did not run this year due to lack of funding. However, the Future Docs High School program ran successfully with thirty schools from the greater Philadelphia area being represented. This year 105 students participated and completed the program.

Luz M. Ortiz, MA

Assistant Dean for the Office of Diversity and Minority Affairs

TABLE 1

**RECRUITMENT VISITS AND
PROFESSIONAL DEVELOPMENT CONFERENCES
2009 - 2010**

Date	Place	Event	Approx. # of Students
June 25, 2009	Chapel Hill, NC	NC Area Health Professions Recruitment Fair	
July 9, 2010	New Haven, CT	Yale University (SMDEP)	
Sept. 16-21, 2009	Chicago, IL	*NAMME Conference Recruitment Fair	Professional Dev. 225 students
Sept. 25, 2009	Boston, MA	National Leadership Inst. Conference	
Oct. 2, 2009	Sacramento, CA	AMSA ARC Conference	
Oct. 16, 2009	Princeton, NJ	Princeton Univ. Recruitment Fair	100 students
Oct. 21, 2009	Ewing, NJ	TCNJ MAC program	50 students
Nov. 6-11, 2009	Boston, MA	*AAMC Recruitment Fair	Professional Dev. 225 students
Nov. 12-17, 2009	Gainesville, FL	MAC/AMSA Premedical Forum	250 students
Nov. 14, 2009	Philadelphia, PA	**SNMA Region VIII Conference – Temple University	
Nov. 20, 2009	Pittsburgh, PA	Pre-professional Health Conference Univ. of Pittsburgh	
Dec. 4, 2009	Piscataway, NJ	Rutgers Univ. Motivational Pre-Med Pre Health Prof. Conf.	300 students
Dec. 5, 2009	Charlottesville, VA	**SNMA Region VI Conf. University of Virginia	
Feb. 5, 2010	New York, NY	Columbia Univ. Medical School Fair	
Feb. 5-8, 2010	Ithaca, NY	BBMTA Conference Cornell University	200 students
Feb. 13, 2010	Philadelphia, PA	Founders Day Career Expo	
Feb. 23, 2010	Philadelphia, PA	**SNMA Conference Temple University	
Feb. 26, 2010	Philadelphia, PA	Esperanza Academy College/Career Day	
March 2-7, 2010	Chicago, IL	**LMSA National Conference	175 students
March 24-28, 2010	Washington, DC	* **NHMA Conf. Recruitment Fair	Professional Dev. 150 students
March 31, 2010	Chicago, IL	**SNMA Med. Educ. Conference	
April 8-12, 2010	San Francisco, CA	**LMSA Western Region Conference	200 students
April 10, 2010	Bethesda, MD	*AACOM's Annual Meeting	Professional Dev.
June 1-5, 2010	National Harbor, MD	*NCORE Annual Conference	Professional Dev.
June 15-20, 2010	Atlanta, GA	*NAAHP Bi-Annual National Conference - Recruitment Fair	Professional Dev. 300 students

*These conferences served as Professional Development/Continuing Education

**Recruitment and Residency fair for pre-meds and medical students

Student Council

Student Council is comprised of both elected and chosen representatives from each class at Jefferson Medical College. Each year, the first through fourth years vote to elect two co-Presidents, a Secretary of External Affairs, a Secretary of Communications and a Treasurer, as well as six class representatives from each year. Additionally, select students are chosen to sit on University administrative committees, including Admissions, Student Affairs, Athletics and Research. A peer-review process organized by the Student Council Administrative President and current students serving on the committees is used to select new representatives from the first-year medical class approximately halfway through the academic year.

Major responsibilities of Student Council include supervision of student organizations, disbursement of university funds, and the dissemination of information on issues pertinent to student life. Most importantly, Student Council serves as a liaison between the students, faculty, and administration. This allows student issues such as safety, housing, and Internet access to be brought to the attention of the proper department, facilitating a quick and adequate resolution. Student Council works closely with the Office of Student Affairs and Career Counseling to address student concerns and improve student life.

The Student Council Executive Board oversees the Student Council budget. Along with providing funds for JMC's student organizations, Student Council helps support JeffHOPE, Jefferson's student-run clinic, the Yearbook and dedicates yearly funds towards improvements in the medical student lounge. Another significant portion of the budget is set aside to assist students attending conferences for a presentation or as a primary author of a journal article with their travel and registration expenses. Finally, a portion of the budget is reserved for events promoting student interaction and relaxation, such as a barbeque in the quadrangle or a movie showing in the lounge.

This past year, Student Council made some significant changes and improvements to its structure and mission implementation. The Constitution was reviewed and amended for the first time in ten years. A new Executive board position- the Secretary of External Affairs- was created with the goal of building relationships with the other Jefferson schools and other Philadelphia area medical schools. The Executive Board also collaborated with Jeff IT staff to construct a new Web site, which will serve as a valuable resource to the student body. Student Council renewed its commitment to promoting community service, compiling a report of all student organization-led community service activities and organizing a campus-wide Haiti relief effort. Lastly, Student Council planned and hosted a number of social events, including an inter-med school mixer at Ladder 15, multiple Coffee for Concerns and the first- and second-year End of the Year parties.

Student Activities and Organizations

Announcements Emails

The Student Council Secretary of Communications sends out tri-weekly announcements to the entire student body listing upcoming student events. Emails are organized chronologically, to facilitate ease of reading. A Google Calendar of events to which all students can subscribe, is also maintained and updated regularly by the Secretary of Communications.

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. The project is supervised by the Department of Family Medicine (James D. Plumb, MD, advisor), but faculty from many departments pledge their time, resources and support.

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. On Saturday mornings, JeffHOPE conducts a clinic in association with Prevention Point, a needle exchange program in North Philadelphia. 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.

JeffHOPE receives funding from Student Council, private and public grants, and individual donations. The annual JeffHOPE Ball, held at the Crystal Tea Room, also raises money and awareness for the project. More than 600 faculty and students attend each year, making it JeffHOPE's largest fundraising event and providing the chance to honor faculty, students and others who have been integral to the success of the organization.

Specialty Dependent Organizations

Student Council supports over 15 different specialty dependent organizations, such as the Internal Medicine Society, the Gibbon Surgical Society, the Orthopedic Society, and the Family Medicine Interest Group. These groups organize lunchtime lectures, panel discussions, and clinical skills practice sessions, focusing on topics such as residency applications and skills such as how to place an IV.

Cultural Student Organizations

Student Council encompasses over ten different cultural and ethnic clubs ranging from JeffSAMOSA, to APAMSA, to the Hawaii Club. Cultural celebrations such as an Asian diversity night, an Indian cultural show, and a Hawaiian Luau are organized yearly by students in each group and feature dances, authentic food, and a discussion of pertinent cultural issues.

National Medical Associations

Many of the prominent national medical organizations boast a strong presence in the Jefferson community. With over 65% of the JMC student body enrolled, the Jefferson AMA chapter is very active on the national and regional level. The Jefferson AMSA chapter started an innovative, student-run HIV-testing program and trained more than 75 students to perform rapid-response HIV tests in the Methodist Emergency Room. AMWA held more than ten events this year, including a Mentors Tea and a lecture/book signing with Dr. Lisa Sanders, renowned physician, *NY Times* writer and consultant for the TV show, "House."

Addendum

The activities and organizations presented above are a small sample of the many noteworthy Jefferson student organizations. For each organization highlighted, there are a dozen others also actively educating Jeffersonians and serving the campus. The diversity and breadth of JMC's student organizations is one of the most unique facets of Jefferson, and Student Council is proud to represent such an engaged and dynamic student body.

Student Council Officers

The following students served as the Student Council Executive Board for 209-2011:

Neha Sachdev

President, Administrative Affairs, Class of 2012

Mohit Gupta

President, Legislative Affairs, Class of 2012

Jacob Ruiter

Secretary of External Affairs, Class of 2012

Laura Dean

Secretary of Communication, Class of 2013

Andrew Pridjian

Treasurer, Class of 2013

TABLE 1

JMC STUDENT ORGANIZATIONS

JMC Related	Faculty Advisor	Student Contact
Ambassadors	Elizabeth Brooks, DPM	Patrick.Gomella@jefferson.edu
Black & Blue Ball Committee	Kristin DeSimone, MD	None- Club Inactive
Professional Conduct Committee	Charles Pohl, MD	Grace.Fried@jefferson.edu
Student Admissions Coordinators	Elizabeth Brooks, DPM	Desmond.Wilson@jefferson.edu
Student Council	Charles Pohl, MD	Neha.Sachdev@jefferson.edu

Career Oriented	Faculty Advisor	Student Contact
American Medical Association – Medical Student Selection	Stephen Schwartz, MD	Schweta.Arakali@jefferson.edu
American Medical Student Association	Charles Pohl, MD	Katherine.Zarroli@jefferson.edu
American Medical Women’s Association	Karen Novielli, MD	Sophia.Termini@jefferson.edu
Ars Medica	George Brainard, PhD	Miriam.Davis @jefferson.edu
Dermatology Society	Franziska Ringpfeil, MD	Shayna.Ravindran@jefferson.edu
Emergency Medicine Society	Paul Kolecki, MD	Daniel.Herzberg@jefferson.edu
Family Medicine Society, The Peter Amadio Jr.	Fred Markham, MD	Neeraja.Pen@jefferson.edu
Geriatrics Society, The Edward McGehee	Christine Arenson, MD	Michael.Downes@jefferson.edu
Gibbon Surgical Society	Joseph Lombardi, MD	Jennifer.Adams@jefferson.edu
International Medicine Society	Janice Bogen	Alison.Grant@jefferson.edu
Kathryn MacFarland Ob/Gyn Society	Abigail Wolf, MD	Samata.Kamireddy@gmail.com
Medical Innovation Forum	Howard Greenberg, MD	None – club inactive
Medical Oncology Society	Bruce Boman, MD	Isaac.Matthias@jefferson.edu
Nutmeg Society	Moiria Wood	Peter.Olivieri@jefferson.edu
Orthopedic Surgery Society	Alan Hilibrand, MD	Emily.Levy@jefferson.edu
Otolaryngology Society	David Rosen, MD	maramodest@gmail.com
Pediatrics Society	Charles Pohl, MD	Joel.Warsh@jefferson.edu
Philadelphia Med-Peds Society	Allen Friedland, MD	Giovanna.Uzelac@jefferson.edu
Plastic Surgery Society	James Fox IV, MD	None – Club inactive
Psychiatry Society, Jefferson	Mitchell Cohen, MD	Jessica.Lahrmann@jefferson.edu
Radiology Society, TJU	Levon Nazarian, MD	Peachy.Piana@jefferson.edu
Sports Medicine Society, Jefferson	Marc Harwood, MD	Erinn.Kim@jefferson.edu
Student Interest Group in Neurology (SIGN)	George Brainard, PhD	Duc.Vu@jefferson.edu
Student National Medical Association (SNMA)	Deborah Witt, MD	Joanelle.Bailey@jefferson.edu
Thomas Duane Ophthalmology Society	Mark Pyfer, MDf	Chantel.Park@jefferson.edu
Urology Society, Jefferson	Leonard Gomella, MD	Matthew.Ferroni@jefferson.edu

Special Interest	Faculty Advisor	Student Contact
Arrhythmias	Richard Horn, PhD	chelain.goodman@jefferson.edu
Arts Organization	Mitchell Cohen, MD	jennifer.k.lewis@jefferson.edu
Choir	Robert Sataloff, MD, DMA	None – Club inactive
Dance Troupe	James Plumb, MD	None – Club inactive
Freshman Follies & Sophomore Sequelae	John Spandorfer, MD	None – Club inactive
Histones	Richard Schmidt, PhD	None – Club inactive
History of Medicine Society	Salvatore Mangione, MD	carey.meyers@jefferson.edu
Jefferson Chamber Orchestra		christopher.hwang@jefferson.edu
Jeff Recycles (JeffEarth)	George Brainard, PhD	stephen.peeke@jefferson.edu
Lambda Alliance	William McNett, MD	None
Married Student/Significant Other Society	Kristin DeSimone, MD	kerry.kraus@jefferson.edu
Medical Students for Choice	Carmen Sultana, MD	grace.fried@jefferson.edu , blythe.vacarro@jefferson.edu
Military Medical Students Association	Edward Jaeger, MD	None
Move4Health	Patrick McManus, MD	Victoria.Rose@jefferson.edu
Outing Club	Richard Schmidt, PhD	Amanda.Deming@jefferson.edu
Physicians for Social Responsibility- Student Chapter	James Plumb, MD	None
STAND UP!	James Plumb, MD	None – club inactive
Student Blood Drive Team, Jefferson	Samir Ballas, MD	schweta.arakali@jefferson.edu
Students for Life, Jefferson	Geno Merli, MD	Patrick.Seo@jefferson.edu
Unite for Sight (JeffSees)	Tara Uhler, MD	jinali.patel@jefferson.edu
Wilderness and Disaster Medicine Society	Edward Jaeger, MD	David.Leventhal@jefferson.edu

National Honor Societies	Faculty Advisor	Student Contact
Alpha Omega Alpha Honor Medical Society	Clara Callahan, MD	txzoo4@jefferson.edu
Hobart Amory Hare Honor Medical Society	Gregory Kane, MD	trisha.juliano@jefferson.edu
Gold Foundation for Humanism in Medicine	James Plumb, MD	Aimee.Lee@jefferson.edu

Community Service	Faculty Advisor	Student Contact
Clowns for Medicine	Richard Horn, PhD	Amar.Patel@jefferson.edu; Michael.Quinn@jefferson.edu
Jeff HEALTH	James Plumb, MD	Eva.Cantor@jefferson.edu
Jeff Reads	Tara Berman, MD	Kathleen.Wang@jefferson.edu
Jeff YES	Patrick McManus, MD	Noa.Holtzman@jefferson.edu
Jeff Mentors	Patrick McManus, MD	Ketki.Soin@jefferson.edu
Jeff HOPE	James Plumb, MD	Apra.Mattoo@gmail.com
Students Education & Advocating for Literacy (SEAL)	Angela Allevi, MD	Kaycie.Corburn@jefferson.edu

Cultural/Religious	Faculty Advisor	Student Contact
APAMSA	Cynthia Cheng, MD	David.Dang@jefferson.edu
Association of Indians	Salmak Akhtar, MD	Amar.Patel@jefferson.edu
Christian Fellowship	Susan Adeniyi-Jones, MD	George.Kaliyadan@jefferson.edu
Islamic Medical Association	Edward Christian, PhD	None – club inactive
Jewish Student Association	Allen Zeiger, PhD	Michelle.Farber@jefferson.edu
Louis Pasteur Roman Catholic Society	Janine Kyrillos, MD	Jonathan.Rajkumar@jefferson.edu

Athletics	Faculty Advisor	Student Contact
Football League	Hector Lopez, MD	None – Club inactive
Karate Club	Hideko Kaji, PhD	Amit.Bhandutia@jefferson.edu
Cycling Club		Joanelle.Bailey@jefferson.edu
Floor Hockey Club		Justin.Abraham@jefferson.edu
Soccer Club	Matthew DeCaro, MD	Anthony.Nguyen@jefferson.edu
Ultimate Frisbee Club	Fred Markham, MD	None – Club inactive
Volleyball Club	Jonathan Powell, MD	None – Club inactive
Water Polo Club	Mark Curtis, MD, PhD	None – Club inactive

University Office of the Registrar

During the 2009-2010 academic year, the University Office of the Registrar reported an opening Fall enrollment of 3,329 students in the combined six academic divisions of the University: 1018 in Jefferson Medical College (31%), 255 in the Jefferson College of Graduate Studies (7%), 852 in the Jefferson School of Health Professions (26%), 982 in the Jefferson School of Nursing (29%), 127 in the Jefferson School of Pharmacy (4%) and 95 in the Jefferson School of Population Health (3%).

Of the 512 women and 506 men comprising total enrollment in Jefferson Medical College, geographic origination was diverse, with 38 states and 20 foreign countries represented. Consistent with previous years, 81% of the enrollment came from five states. Pennsylvania residents accounted for 49% (498) of the total enrollment, followed by New Jersey (10%, 102); Delaware (9%, 87); California (7%, 74); and New York (6%, 65).

Our 55 international students originated from 20 locales, including six students from Malaysia as part of our affiliation with the International Medical University, located in Kuala Lumpur. In addition, there were 21 students from Canada, five students from Nigeria, four from India, three from the Philippines, two from South Korea, and one student each from Albania, Anguilla, Belgium, China, Cyprus, Iran, Jamaica, Myanmar, Pakistan, Poland, Singapore, Somalia, the United Kingdom and Venezuela.

Special academic programs remained attractive to students with 73 enrolled under the Jefferson/Delaware Medical Education Program, 94 in the Pennsylvania State University Accelerated Program, and 17 in the Jefferson Physician Shortage Area Program. Combined MD/PhD programs in conjunction with the Jefferson College of Graduate Studies accounted for 32 students in either of the two colleges during 2009-2010. Twelve students were enrolled in the joint Jefferson/Widener MD/MBA program.

At Commencement exercises on May 24, 2010, the Doctor of Medicine degree was awarded to 258 candidates in the Class of 2010.

BANNER/Technology and Web Enhancements

With support from Jeff-IT, the Lillian H. Brent Dean of Students and Admissions, and Senior Associate Dean for Academic Affairs/Undergraduate Medical Education, the Registrar's Office continued our ongoing focus on technology enhancements this year.

A continuing technological focus this past year was the continuing expansion of use of both the University Master Calendar system and the EMS Campus Suite room reservation scheduling system. The capabilities and visibility of each system and their linkage to the VISIX LCD video screens in campus buildings brought additional inquiries from other university areas wishing to make use of the technology in order to better manage and announce their activities. The Registrar's Office configured the software, created user accounts, and trained designated administrators and users in each of the systems. New users include the Security Department, Custodial Services, Nutrition and Dietetics, and the Jefferson Foundation. Security Officers stationed in most buildings now have the capability to easily view activities scheduled within their immediate area, as well as responding to inquiries concerning events scheduled on campus. Custodial Services utilizes the EMS system to quickly identify when classrooms are in use and periods of open time to allow for more efficient servicing of the areas. Nutrition and Dietetics and the Jefferson Foundation can also review room use and schedule set-up and delivery for events in order to minimize noise disruption of existing classes and aid in event planning.

The Office of Faculty Affairs implemented a Research Seminar calendar on the University Calendar system to announce activities and events of note to the academic community. Plans for the upcoming year in-

clude the creation of individual school-specific calendars for each of the Jefferson Schools in addition to the existing calendars for the Medical College and Jefferson College of Graduate Studies.

The Senior Associate University Registrar maintains operational oversight of the EMS Campus Suite and University Master Calendar systems and in the training of the individual room reservation users and Calendar Managers that are responsible for content displayed on the 15 calendars currently in operation.

The EMS product suite continues to provide the university with an important reporting tool that has been used to capture room utilization information that has been used in developing campus space planning, academic space renovation planning and in identifying academic scheduling patterns and usage. These features became even more critical as classes and events were required to be relocated in support of the classroom renovation project, allowing for more “what if” scenario responses than previously available. Plans for the upcoming year include significant version upgrades of all features of the EMS product suite.

Additionally, Virtual EMS, a Web-based application that allows individuals to view the availability of, and request, academic room space via the Web, has proven to be extremely useful to university staff who are frequent requestors of meeting space. This feature allows real time determination of the availability of desired space without need to contact the Office of the Registrar.

As part of the Academic Affairs/Undergraduate Medical Education led initiative to provide more timely reporting of student clinical evaluations, the office has worked closely with the Dean’s Office liaisons and Jeff-IT to coordinate the evaluation submission process between New Innovations and the Banner student system. When fully operational, the linkage of the two systems will provide students with a quicker time frame to view their clinical evaluations as well as reducing the effort within this office of manually entering evaluation narratives into Banner.

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. Popular features con-

tinue to be the ability for third- and fourth-year students to review clinical evaluations online, and for fourth-year students to easily review which letters of recommendation have been received in support of their residency applications. In addition to the convenience factor, we are able to provide students this critical feedback in a more timely manner.

With on-campus study space an important issue with our students, a more structured classroom study space policy and procedure was developed and implemented with the guidance of the Lillian H. Brent Dean of Students and Admissions and the Office of Student Affairs and Career Services. The policy provides adequate group study space availability while maintaining efficient late-night personal security and proper and efficient classroom usage.

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 dictates each year and as the AAMC Electronic Residency Application Service (ERAS) evolves. Each letter writer is 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. While most residency programs are included in the AAMC ERAS service, there are programs that remain paper-based. The office also produced and mailed Medical Student Performance Evaluation (MSPE) packets to residency programs outside of ERAS for the JMC Class of 2010. Addendum letters were created to include evaluations received after the original MSPE letter was produced for those students requesting an updated version after the initial MSPE was released. 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, nearly 320 students’ and past graduates’ information was electronically scanned and transmitted to residency programs, comprising an estimated 7,100 document pages.

“As always, we continue to look for ways to “fine tune” our processes to make use of available technology and increase our service efficiencies.”

The office extended its service products to our constituents by adding the Degree Verify service offered by the National Student Clearinghouse (NSC). NCS has long provided the University's student loan deferment and enrollment certification services. The Degree Verify service allows outside degree verification/certification agencies to quickly verify the degrees awarded to our graduates with out the need to submit paperwork to our office. While this service has been active for just over six months, Degree Verify has completed nearly 1,000 degree verification requests on our behalf eliminating the need for manual processing within the office.

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

Personnel Changes

As noted in last year's report, the Registrar's Office functioned with one less position this past year. This situation will be partly alleviated in the coming year by the creation of a new position that will be jointly shared with Financial Aid as well as Gradua-

tion/Commencement and Academic Space management. This shared position will focus on improving/enhancing the technology services offered by all of these student support service divisions.

Professional Affiliations and Contacts

The Senior Associate University Registrar continued to be active in the American Association of Collegiate Registrars and Admissions Officers (AACRAO) as well as the Middle State Association of Collegiate Registrars and Officers of Admission (MSACROA). Additionally, in conjunction with Jeff-IT technical staff, the Senior Associate University Registrar continues to support other institutions implementing the Banner student system. This led to campus site visits from Temple University School of Medicine this past year.

Raelynn Cooter, PhD

Associate Vice President for Student Services and University Registrar

David R. Clawson

Senior Associate University Registrar and University, Director of Student Records



University Office of Student Financial Aid

The University Office of Financial Aid is responsible for providing educational-financing services to students in all three colleges of Thomas Jefferson University, as well as debt-management counseling for TJU students and Jefferson Health System (JHS) house staff. More than \$84,000,000 was administered to 2,355 students enrolled in the University during the 2009-2010 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 2009-2010 academic year. In reviewing this data, it is important to note additional characteristics regarding the composition of total funding.

Of the \$36,448,796 borrowed during 2009-2010, \$27,694,238 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.

Of the \$6,601,296 awarded in grant and scholarship funding, \$1,418,901 was from service-obligation programs (National Health Service Corps, Armed Forces Health Professions Scholarship, and Federal Work Study). Receipt of these funds requires an "in-school" or post-graduation employment obligation.

Federal Work Study

Federal Work Study (FWS) is a program by which students may defray a portion of their educational expenses through employment, either on campus or in the surrounding community. The total amount earned during 2009-2010 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 Bridg-

ing the Gaps (BTG) program. During the 2009-2010 year, \$99,680 in Federal Work Study community service funding was earned by 45 university students; \$35,977 community service funds earned by 19 JMC students. Seventeen University students working in literacy projects earned \$31,450. Federal Work Study Program regulations require that at least 7% 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 2010-2011 academic year.

Federal Work Study earnings have consistently increased over the last three years. More students are utilizing this program to assist in meeting educational expenses while gaining valuable employment experience. As employing departments pay no more than 25% of the student's wage, this program continues to be very competitive among University departmental employers. Since the 2006-2007 academic year, earnings for Jefferson Medical College students has doubled from \$136,146 to \$266,693 in 2009-10. Fifty-five percent of Jefferson Medical College student earnings were attributed to the Deans Summer Research Program while other students worked in other research and lab positions.

Student Indebtedness

Table 2 shows the average debt for Jefferson Medical College's graduating class of 2010, with comparative data for the six preceding years (2003-2009). As shown in Table 2, the average debt for the Class of 2010 had a slight increase from the previous year. 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. One factor that

has added to increasing 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 increased \$2000 a year. In addition, effective in the 2006-2007 academic year, the federal PLUS loan program was opened to all graduate students. More students have accessed this loan program due to its less strict credit requirement. Students may perhaps be unnecessarily increasing their annual borrowing due to accessibility. This trend will continue to be reviewed in the 2010-2011 academic year.

Due to the current economic environment, the interest rates for private “alternative” loans have increased. The stress in the credit market has resulted in lenders becoming extremely cautious in providing educational loan funds. Many lenders discontinued private loans and offered only federal loans. Those lenders who offer private loans now require a credit score of 720 as compared to 675 which was the industry norm 18 months ago. With this increase in interest rates and the increasing cost of education, it is expected that there will be a corresponding increase in debt in the future. 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 for continuation for the populations we serve. In 2009-10, a new segment on Mortgage Basics was added to provide information to residents, graduating students, and current students who were interested in knowing how the mortgage process works or who were interested in taking advantage of the low mortgage interest rates while managing student loan debt. This session was very well attended and will be offered in the future.

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.

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.

Technological Advancements

For the 2009-2010 academic year, approximately 98% of JMC students filed their Jefferson Financial Aid Application materials online. This is consistent with the previous year. The 2% who did not apply for financial aid electronically are typically students who are conditionally accepted. Paper applications will continue to be provided to this small population.

Utilizing the “Self-Service” component of Banner Web, the Financial Aid Office went ‘green’ starting March 2009. Students continue to view, accept and decline their financial aid award on Banner Web. All financial aid notifications to students are made using Jefferson email. The elimination of photocopying of paper awards and US Postal mail time, continues to allow financial aid award notifications to be available to students in real time. As awards and related award information is available on-line, students have access nationally and internationally thereby providing state of the art service to students especially those on rotation or otherwise not at their mailing address. Once a week emails are sent to students who have missing application requirements when past practice has included a paper notification being mailed on a monthly basis. Students can also view the status of their application material and read student specific messages on Banner Web. Using this combination of email and online access has enhanced student service while saving university resources. The Banner Web financial aid module will continue to be reviewed for future enhancements.

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 provision of all related services to students.

Legislative Issues

Since the creation of the Federal Direct Student Loan Program in 1992 where the government lends direct-

ly to students, there has been a dual federal student loan system in the nation. In addition to the Federal Direct Student Loan Program, the private banking industry had been making federal loans to students since 1965, most recently named the Federal Family Education Loan Program (FFELP), and receiving a federal subsidy from the government since 1990. The FFEL Program had 80% of the student loan market as of 2007.

However, widespread credit market disruptions in 2008 and 2009 threatened the ability of many private lenders to make loans under the FFEL Program, and numerous private lenders discontinued participation in the program. In response, schools that previously participated in the FFEL Program, switched to the Federal Direct Loan Program, and direct loan program volume, as share of total loan volume, began to increase in 2008. Finally, President Barack Obama proposed in his fiscal year 2010 budget request to Congress a full elimination of the FFEL Program. He argued that subsidies paid to private lenders under the program were unnecessary and that cost savings could be achieved if all federal student loans were made through the Federal Direct Loan Program.

In March 2010, Congress passed and the President signed into law a bill that eliminates the FFEL Program for all new loans made as of July 1, 2010. As of that date, all federal student loans will be made under the Federal Direct Loan Program. The Congressional Budget Office estimated that the elimination of the FFEL Program under the law would generate \$68.7 billion in savings over the next ten years for which the savings will be used to increase funding for the Pell Grant program.

Due to this change in federal legislation, the Financial Aid Office spent many winter/spring months attending workshops, webinars, and other instructional sessions to ensure a smooth changeover from FFELP to Direct Lending. In May 2010, the SungardHE Banner computer system set up was tested and the first student loan files were successfully submitted to the government. On July 1, 2010, third and fourth year medical students received the first transfer of Federal Direct Student Loan funds for the year. The Federal Direct Student Loan Program has had some problems in the transition which are due to the vast increase of schools to the current system.

Additionally, the Federal Pell Grant program, used by TJU undergraduate students, went through major changes at the hand of Congress. These changes allowed many undergraduate students to receive a summer disbursement of this federal grant. This change required the Financial Aid Office to update the SungardHE Banner computer system and test for accuracy. This benefited about 60 undergraduate students.

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 2009-2010, this committee is comprised of the University Registrar, 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 more than 60 student representatives. At monthly meetings, current campus issues, such as the campus wireless system were widely discussed. Additionally, CSA student members hosted the fourth annual "Jeff Spirit" month in spring as a way to foster intra-University relations. Working with Raelynn Cooter, PhD and the Activities Office, "Spirit Month" consisted of multiple sport and group activities as well as a many TJU outings. Students, faculty, and administration participated in the events.

Committee activities also included student participation in a highly successful 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 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, Thomas Stewart has been promoted from Loan Administrator to Assistant Director of Financial Aid.

Susan McFadden

Director, University Office of Student Financial Aid

TABLE 1**SUMMARY OF STUDENT FINANCIAL AID, 2009-2010**

Type of Award	Amount
Institutional Scholarships	\$3,713,997
Institutional Loans	\$1,176,537
Other Scholarships	\$2,887,299
Other Loans	\$35,272,259
Federal Work Study	\$266,693
Total	\$43,316,785

TABLE 2**AVERAGE INDEBTEDNESS* OF GRADUATING SENIORS****

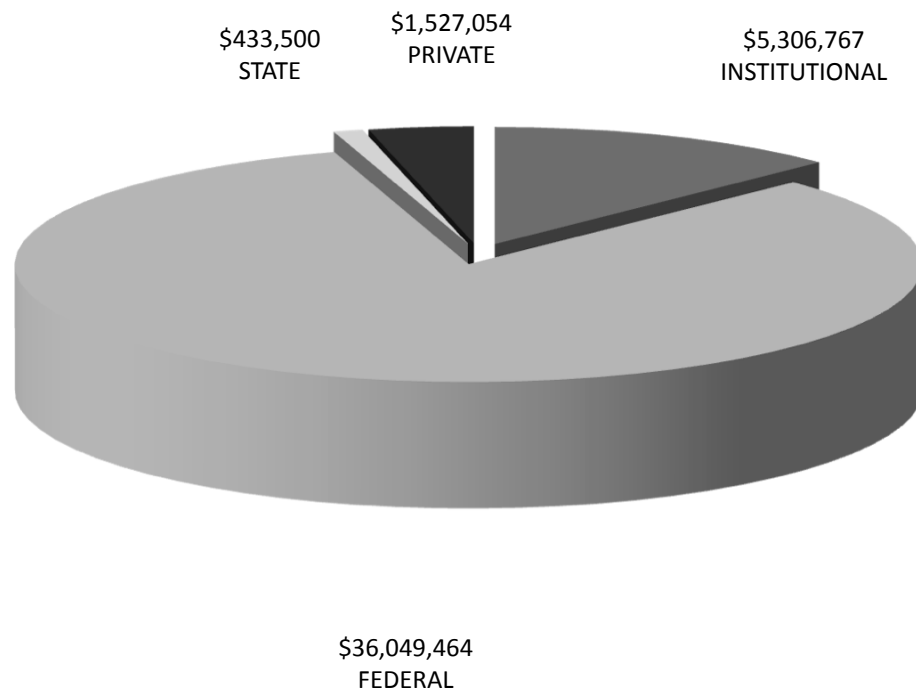
Graduating Class	# of Borrowers	Average Debt
2010	198	\$175,326
2009	215	\$174,864
2008	174	\$170,855
2007	185	\$159,887
2006	184	\$161,029
2005	195	\$145,472
2004	198	\$140,916
2003	151	\$136,439

* 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 2009-2010
DISTRIBUTION BY SOURCE**



TOTAL AID \$43,316,758

Office of Undergraduate Medical Education

John Caruso, MD (Associate Professor of Medicine, Associate Dean for GME and Affiliations) directs and oversees the PELS and New Innovations projects for the medical school.

The Patient Encounter Log System (PELS) was developed as a Palm™ PDA-based data collection system, for use in the clinical clerkships. This system has been utilized to track student-patient encounters for eight years. A Web-based, data entry system was constructed to allow students another convenient method to enter patient encounter data. This Web portal was fully implemented across all clerkships in July 2009. As of July 2010, students are exclusively using the PELS Web portal to enter all patient encounters.

PELS serves as the vehicle for assuring that all students meet core requirements (targets) for their patient care activities, and is critically important in meeting the LCME standard for monitoring clinical education. Data were collected in 2009-2010 by third-year students during each of their clerkships. A total of 135,409 encounters were recorded by third-year students this year. A total of 14,672 encounters were reported this year by fourth-year students on Emergency Medicine and Neurology/Rehabilitation Medicine.

PELS data are best reviewed at a time during each clerkship when students can be redirected to alternate clinical activities to fill in their gaps. To this end, JeffIT staff has supported the development of a more robust, Web-based reporting tool designed to provide the clerkship staff with “real-time” data on patient encounters. This will better serve our goal of allowing the student experiences to be adjusted during a clerkship to fill the “clinical gaps” identified by PELS data. These reports were piloted in 2009-2010, and will be further refined in 2010-2011. The PELS project is a collaboration with JeffIT (Michael Mei, Kathleen Foley and Ken Oeffler) and the Center for

Research in Medical Education and Health Care (Daniel Louis and Jon Veloski).

Major progress has been made this year in the transition to an online evaluation system (New Innovations™) for student rotations. New Innovations was originally designed for resident evaluation and other GME purposes. The medical school module (UME) has been newly developed to meet the specific needs of our institution and our affiliates. Internal Medicine and Obstetrics & Gynecology piloted New Innovations last academic year. For 2010-2011, all clerkships will be transitioned to the New Innovations system.

A significant effort has been undertaken by Herschel Goldstein, PhD, Director of Curriculum Informatics Projects and Assistant Professor of Ophthalmology, with staff from JeffIT to develop an automated interface between New Innovations™ and Banner™. A work group consisting of Drs. Rattner, Caruso and Goldstein (UME), Dr. Raelynn Cooter and David Clawson (Office of the Registrar), Ken Oeffler and Eric Richardson (JeffIT) has guided this process. This project includes a comprehensive evaluation of the requirements and work flow implications of this linkage, developing an automated schedule transfer from Banner™ to New Innovations™ and finally a planning process to use the shared capabilities of the software to enhance our clinical scheduling and student evaluation.

Medical Student Education in the Dorrance H. Hamilton Building

The Dorrance H. Hamilton Building provides ample, welcoming classroom and clinical skills space for medical students in each year of the curriculum. The second-year lecture and large group classes are located in the 300-seat Connelly Lecture Hall on the first floor. Small groups for medical and other health professions students meet on the second floor; clinical skills education is taught in the University Clini-

cal Skills and Simulation Center (UCSSC) on the third and fourth floors of this building. Katherine Berg, MD; Dale Berg, MD; Salvatore Mangione, MD; Ed Jasper, MD and Joseph Majdan, MD (core clinical skills faculty) and the staff of the UCSSC collaborated with department faculty in the following clinical skills curriculum in 2008-2009:

First year

- Clinical correlation modules in Human Form and Development (with Richard R. Schmidt, PhD; Vincent Armenti MD, PhD and Hector Lopez, MD, Division of Anatomy)
- Interpersonal skills and history-taking modules and OSCE in Introduction to Clinical Medicine I (with Christine Jerpbak, MD, Department of Family and Community Medicine and William McNett, MD, Department of Pediatrics)
- Neurological examination skills in Neuroscience (Drs. Stanley Jacobs, Daniel Kremens and the departments of Rehabilitation Medicine and Neurology)

Second Year

- Clinical skills/physical diagnosis teaching sessions and OSCE (with Salvatore Mangione, MD, Department of Medicine and core Clinical Skills Center faculty)
- “Physical Diagnosis Rounds,” interpersonal skills and history-taking with standardized patients in Introduction to Clinical Medicine II (with Carol Reife, MD, Department of Medicine and patients from our clinical practices)

Third Year

- Weekly physical diagnosis sessions during Internal Medicine at TJUH (with Dr. Mangione)
- Clinical procedures modules during clerkship orientations in pediatrics, obstetrics and gynecology, surgery and family medicine (with Lindsey Lane, MD, Department of Pediatrics; Abigail Wolf, MD Department of Obstetrics and Gynecology; Gerald Isenberg, MD, Department of Surgery; Fred Markham and Christine Jerpbak, MD, Department of Family and Community Medicine)
- Obstetrics and Gynecology clinical skills session: breast, pelvic and rectal exams, Leopold’s maneuver w/fetal heart rate, counseling session including delivering bad news, assessing for domestic violence and taking a sexual history. (Dr. Wolf)
- End-of-Clerkship “Mini-OSCEs” in Surgery, Obstetrics & Gynecology and Family Medicine (with Drs. Isenberg, Wolf and Jerpbak)

- End-of-Third Year OSCE (with all of the third-year clerkship directors)

Fourth Year

- Emergency Medicine/Advanced Clinical Skills (taught by Paul Kolecki, MD, Department of Emergency Medicine)
- End-of-Clerkship “Mini-OSCE” for Neurology/Rehabilitation (with Daniel Kremens, MD, Department of Neurology and Stanley Jacobs, MD, Department of Rehabilitation Medicine)
- Advanced Physical Diagnosis and Clinical Skills Electives

Remediation Programs

Medical student remediation efforts span all four years of medical education. The Individual Education Plan (IEP) system tailors support for students with academic difficulty. There is special emphasis placed on remediation of clinical skills in years three and four. Dr. Majdan, the Director of Professional Development at the Clinical Skills and Simulation Center, oversees the remediation process for students who do poorly on their end-of-third-year OSCE. He is course director for Clinical Skills, a fourth-year course, which students are required to take before taking a repeat OSCE and the USMLE Step 2CS. On an individual basis, Dr. Majdan also works with students who are referred based on problems identified by the clerkship directors. Remediation efforts focus on organization and communication skills and clinical skills including physical diagnosis. This past academic year, Dr. Majdan oversaw 14 IEPs.

Committee on Curriculum

The Curriculum Committee, under the leadership of David Abraham, PhD, Professor of Microbiology and Immunology, had a very productive year. 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.

Course directors also serve on the Years 1+2 Subcommittee, chaired by Peter Ronner, PhD (Department of Biochemistry and Molecular Biology) and the Core Clerkships Subcommittee, now chaired by Dr. Abigail Wolf. These subcommittees draft curriculum and evaluation proposals for review and action by the Curriculum Committee and other standing committees of the medical college. The Year 1 and Year 2 Steering Committees, comprised of all the student liaisons and course directors for these years, meet for lunch monthly as a forum for brainstorming, prob-

lem-solving and interim course reviews. The Clinical Liaison Committee, comprised of the student liaisons for each of the core clerkships meets every six weeks to discuss issues of general interest and concerns. Liaisons meet regularly with their clerkship directors and the Vice Dean to provide updates.

The following courses and clerkships were reviewed in 2009-2010 by the Committee on Curriculum using both faculty and student evaluations: Human Form and Development, Molecular and Cellular Basis of Medicine, Immunity, Infection and Disease, the Third Year Surgery and Surgical Specialties Clerkship and the Third Year Psychiatry Clerkship.

The Third Year Obstetrics/Gynecology Clerkship was reviewed in-depth (the "long review") by faculty, students and an outside reviewer, Nancy Hueppschen, MD from John Hopkins University School of Medicine. Dr. Hueppschen commended the clerkship director, Dr. Wolf, for implementation of innovative teaching methods and made recommendations for improvement.

The following fourth year electives proposals were reviewed and approved: Pediatric Radiology, Community Health and Pediatric Diagnostic Referral. The following third year selectives were reviewed and approved: Radiation Oncology, Rehabilitation Medicine, Geriatrics and Dermatology.

The Committee also reviewed two student-run, not-for-credit, elective courses. Nutrition and Integrative Medicine was developed by second-year students Benjamin Mati, Peter Ryg, Hannah Roggenkamp and Alexandria Lane to complement the core curriculum by exploring different philosophies, models and practices of health and healing. Topics included medical anthropology, nutrition, yoga and ayurveda, traditional Chinese medicine and acupuncture, spiritual health and the mind. The presenters are from the Thomas Jefferson Myrna Brind Center for Integrative Medicine. Students were provided with published references for their interest and to foster an evidence-based approach; 35-40 students attended each session. A thorax and abdomen surface anatomy teaching project was designed by second year students Kanani Titchen, Amanda Deming, Joshua Donohue, Karolina Paziana, Julie Shaner and Duc Vu, in collaboration with Course Co-director, Dr. Armenti. This was timed to coincide with dissections in Human Form and Development. A total of 28 second-year students participated as teaching assistants presenting 76 workshops to 161 first year student participants. Both of these initiatives were very well received by the students and the Committee; they are planned to continue in 2010-2011.

Jefferson Medical College

The Class of 2010 completed the Jefferson Medical College Learning Objectives survey in March. This 36-question survey (available on request) includes questions about mastery of knowledge, attitudes and skills and was first administered in 2004. This year, there were statistically significant improvements in 31 of 36 items. Notable was the increased level of agreement in the following areas that link to recent changes in our EBM and professionalism curriculum (see below).

"While in medical school I have acquired/sustained 1) a commitment to honesty and integrity in all aspects of professional life and 2) a commitment to advocacy for access to care, 3) an understanding of ethical theory, major ethical dilemmas and conflicts in medicine." ($p < .01$)

"While in medical school, I have acquired the skills to 1) reason deductively in solving clinical problems, 2) work within a patient care team to provide safe and effective patient care, 3) recognize ethical dilemmas and develop a framework for resolution." ($p < .001$)

Curriculum Highlights

Curriculum Retreat and Reforms

The theme for this year's retreat, held on Friday, October 16, was Curriculum Reform: Tackling the Third and Fourth Years. The day was focused on discussion of proposals for updating the curriculum of the third and fourth years with emphasis on national trends, recent curriculum innovations and future educational opportunities. Dr. Tykocinski attended for the day to share his vision for the future directions of the medical college and join the discussions about the undergraduate medical education program.

The following academic calendar changes, proposed by the Clinical Curriculum Working Group, were presented:

- Move the core Neurology Clerkship to the third year with Internal Medicine
- Reduce third year Internal Medicine to eight weeks and create four-week Senior Medicine requirement
- Continue 12-week Surgery block with six weeks of General Surgery, three weeks of surgery specialties and three weeks with choice of surgery or medical selectives
- Pair six-week core clerkships: Obstetrics & Gynecology with Psychiatry, Pediatrics with Family Medicine.
- Sequence the third year so that student begins at one of four points (Internal Medicine/Neurology, Surgery

and Selectives, Obstetrics & Gynecology and Psychiatry, Pediatrics and Family Medicine). The main purpose of sequencing is to enable the creation of longitudinal curriculum, in basic science, evidence-based medicine and professionalism, which can be designed based on the prior educational modules.

The following areas for development in the third and fourth years were identified:

- New core curriculum needs: basic science with emphasis on data interpretation skills, evidence-based medicine at the points of care, clinical and translational science, professionalism in the clinical years, systems-based care including inter-professional learning and lifelong learning skills.
- Specialty-based tracks for fourth-year students: increased selection guidance
- Four-year longitudinal areas of concentration: opportunity to earn added certification in area of concentration.
- Addition of a “capstone” rotation requirement at the end of the fourth year: goals include review management of urgent medical conditions students encountered as interns with attention to specialty choice, development intern-level communication skills, address and develop skills needed to maintain personal health and wellness during the intern year and beyond.

These changes in the calendar and proposed areas for development were approved in principal by the Curriculum Committee.

Evaluation of Faculty Teaching and Educational Administration

The Dean and Basic Science Chairs requested that the Years 1+2 Subcommittee delineate a process and develop a template for evaluation of faculty teaching in the first two years. The Professorial Advisory Committee recommended that a more formal evaluation process for course directors also be developed. The goal of this effort is to improve the evaluation of teaching and to strengthen its use as a criterion for promotion. Metrics were developed (available on request) and this process was “field tested” in several courses this year including Human Form and Development, Molecular and Cellular Basis of Disease, Foundations of Pharmacology, Immunity, Infection and Disease and the Foundations of Clinical Medicine. The impact and cost/benefit ratio of this process will be assessed over the new few years.

Online Curriculum: Evidence-Based Medicine and inTime

Jessica Salt, MD (Department of Medicine), in collaboration with Tony Frisby, PhD (AISR) has implemented an online, interactive evidence-based medicine curriculum as a requirement for third year students on their Internal Medicine clerkship. Each block, five to six students are assigned to work as a group online, guided by a faculty mentor and library liaison. Resources for students and faculty, including how to use a blog and wiki, how to develop a good EBM question in PICO format and the basics of research design and statistics, are available PULSE. Students use their own patient encounters to identify patient care questions, work together to decide which question will be used for a review of the literature and report. The final step is to explain how the results of the evidence they have found will impact the care of that patient. To date, 26 faculty have participated as mentors, including five faculty from four affiliates (Einstein, Lankana, Christiana and Reading). Student feedback indicates that after completing their assignment they feel more comfortable developing an EBM question, appraising articles and applying study results to patients they care for. Their skills level also improved as measured by pre- and post- assignment testing.

In 2009-2010, as an exciting outcome of the collaboration of Dr. Isenberg with New York University in development of online, interactive surgery case modules, called WebMD, JMC students piloted this learning alternative to traditional didactic sessions. The modules were well received. As a result of the success of this trial, for 2010-2011, JMC has obtained site licensing for use of 90 online, interactive teaching modules developed by clerkship directors in Family Medicine (fmCases), Internal Medicine (SIMPLE) and again in Surgery (WebMD). These are now available as a suite through MedU (<http://www.med-u.org/>). Based on this year's experience, student access to Pediatric cases (CLIPP) will also be considered.

National Board of Medical Examiners (NBME) Clinical Subject Examinations

NBME Clinical Subject Examinations are administered as end-of-clerkship assessments for the third-year clerkships in Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry and Internal Medicine. This initiative is coordinated by Dr. Glaser, with assistance from Ms. Myeshai Brooks-Wilkerson, Mr. Jon Veloski (Center for Research in Medical Education and Health Care) and the clerkship coordinators

(Ms. Sherry Weitz, Deborah Cini, Heather Barbash, Leanne Salvatore, and Sybil Fullard). The coordinators also serve as proctors for the examinations.

USMLE Performance

The USMLE Step 1 is not only the first step in the US licensure process but also the final comprehensive examination for the first- and second-year curriculum; the Step 2CK examination is also the final comprehensive examination for the core clinical curriculum. The most recently reported scores for Step 1 (Class of 2011) and Step 2 (Class of 2009) are shown below:

	<i>Jeff Performance</i>	<i>Natl. Performance</i>
Step 1 % Pass	92	93
Step 1 Mean Score	220	221
Step 2 CK % Pass	100	96
Step 2 CK Mean Score	231	229
Step 2 CS % Pass	100	97

Professionalism

In July 2009, a new position of Associate Dean for Education, with specific responsibilities for oversight and improvement of professionalism activities at Jefferson Medical College, was created. The Associate Dean, John Spandorfer, MD, collaborates with faculty and administration in undergraduate medical education, graduate medical education, faculty development, Jefferson University Hospital and Jefferson Center for InterProfessional Education in this effort. A major focus this year has been on the JMC curriculum with design and implementation of new small group and team-based learning sessions in Introduction to Clinical Medicine I and II, a revised day-long interactive third year “interclerkship” session and newly developed professionalism workshops during five of the core clerkships. These five workshops are led by faculty facilitators with no role in grading the students, each focus on a different area of professionalism. These areas include: managing conflicts of interests, patient autonomy, honesty with patients, patient confidentiality, and conflict resolution. These workshops spark discussion of professionalism concerns students have experienced with readings from the text *Professionalism in Medicine: A Case-based Guide for Medical Students* (Cambridge University Press, 2009). There are 12 former students and 28 faculty and from Jef-

erson who contributed to the book, including Drs. Caruso, Herrine and Glaser.

In addition, the Associate Dean for Education is integral to several committees related to professionalism, including the college Judicial Boards, Committee on Professionalism, the Faculty Advisory Committee on Professionalism, and the Student Advisory Committee on Professionalism.

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. Interactive teaching, large and small group teaching sessions in Introduction to Clinical Medicine II and hands-on instruction in the UCSSC are used to further amplify and clarify course content.

An effective and empowered Student Liaison Committee has been central to the improvements seen in this course. Class representatives meet monthly with course directors, Dr. Herrine and Dr. Rattner, 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. Planned refinements to the course include further increases in the role of the organ-based section leaders, increasing the use and effectiveness of team-based learning, incorporating faculty and course director evaluations, holding section-based pre-course planning meetings, and emphasizing the design of learning objective-derived multiple choice examination questions.

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. Ms. Myeshai Brooks-Wilkerson, Educational Coordinator for the Office of Academic Affairs/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.

Dr. Glaser, an adult learning specialist, met individually with approximately 60 students this year for individualized consultation and development of study and test-taking plans. In total Dr Glaser had 93 contact hours with individual students for guidance. Dr.

Glaser and Joseph Majdan, MD (Director of Remediation at the Clinical Skills Center) implemented a new mechanism for tracking and assisting students who have some difficulty with the curriculum. This process involves the development of an individualized educational plan (IEP) with the student and faculty in basic science or clinical courses. Dr. Majdan designed a student-specific plan for each of 14 students identified to need remediation in clinical skills this year.

Graduate Medical Education (GME) and Faculty Development

This office is pleased to lend its expertise to the GME efforts of the College. In 2009-2010, Dr. Glaser continued to lead a Professional Development Group for interns in the Department of Psychiatry and Human Behavior and the Balint group for third- and fourth-year residents.

Dr. Glaser has also continued her work in facilitation of group discussions for interns and residents in the Department of Obstetrics and Gynecology (with Sandra Dayaratna, MD, Assistant Professor of Obstetrics and Gynecology) and an intern group in the Department of Medicine (with Dr. Caruso). She also has participated with GME colleagues in the Chief Residents retreat and in facilitating retreats for UME and the Department of Psychiatry at Jefferson.

Foundation for the Advancement of International Medical Education and Research (FAIMER)

FAIMER and the FAIMER Institute were founded by the Educational Commission for Foreign Medical Graduates (ECFMG) with the mission of creating educational opportunities for health professions educators from developing regions in Africa, Asia and Latin America. In November 2007, JMC and TJU entered into an academic affiliation agreement with FAIMER for the purposes of supporting the educational needs of the FAIMER Institute faculty fellows during their two-year participation in the Institute in Philadelphia, and for the development of international experiences for Jefferson medical students and faculty.

On October 2009 and again in 2010, Dr. Rattner hosted the FAIMER faculty fellows for a day-long educational program on our campus. The day's events included 1) an introduction to the Jefferson Longitudinal Study as a vehicle for educational outcomes assessment, by Dr. Mohammedreza Hojat, 2) a hands-on information resources session in the Learning Resource Center (hosted by AISR staff including Mr. Edward Tawyea, Dr. Tony Frisby and Mr. Dan

Kipnes), 3) lunch with medical student members of the International Medicine Society (hosted by Ms. Janice Bogen, Director of the Office of International Affairs), and an afternoon session in the UCSSC (hosted by the Drs. Berg and Dr. Majdan).

The Pennsylvania Area Health Education Center (PA AHEC)

JMC has now completed its tenth year and final 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 AHEC is involved in many local health and health education initiatives. The Commonwealth Medical College will serve as the liaison to the NEPA AHEC starting in October 2010.

UME Educational Recognition and Scholarship

The Class of 2010 selected Dr. Herrine for the great honor of commissioning the painting of his portrait for presentation to the University. Dr. Herrine was also the recipient of the Christian R. and Mary F. Lindback Award for Distinguished Teaching and the Jefferson Medical College Student Award for Professionalism.

Dr. Glaser had two papers accepted for presentation at the International Balint Congress in Romania in September 2009: Gender and Other Predicaments in Balint Groups and The Creation of a Group Process Curriculum in a Psychiatry Department. She, with Drs. Majdan, Pohl, Berg and Berg also presented a workshop, "The Challenged Student: A Hands-on Primer for Developing a Remediation Program" at the AAMC Annual Meeting in Boston in November 2009. Dr. Glaser was named as the Dean's Representative to the new AAMC Group on Diversity and Inclusion and attended the first session of this group at the Spring Meeting for the Group on Student Affairs in Austin, Texas.

Professionalism in Medicine: A Case-based Guide for Medical Students edited by Dr. Spandorfer in collaboration with Drs. Pohl, Rattner and Nasca was published by Cambridge University Press in October 2009.

Dr. Rattner served as PI from 2006-2008 on an AAMC-sponsored educational grant entitled the "Enhancing Chronic Care Curriculum Project." This curriculum was published in 2009 as a featured peer-reviewed online module on MedEdPORTAL entitled The Health Mentors Program: A Longitu-

dinal Chronic Illness Mentorship Program (Collins, L., Arenson C., Rattner S., Wallock, S., Umland, E., Hewston L., Borden C., Antony R., Necky J.). She was also nominated by the Dean, and selected by the AAMC-AMA sponsors, to attend and serve as a facilitator at the September 2010 New Horizons in Medical Education Conference.

Susan Rattner, MD, MSCE

Vice Dean for Academic Affairs/Undergraduate Medical Education

Karen Glaser, PhD

Associate Dean for Academic Affairs/Undergraduate Medical Education

John Spandorfer, MD

Associate Dean for Education/UME

John Caruso, MD

Associate Dean for GME and Affiliations

Steven Herrine, MD

Assistant Dean for Academic Affairs/Undergraduate Medical Education

Graduate Medical Education

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. It also provides administrative and oversight support for the Internal Medicine residency, Med/Peds residency and Cardiology, Interventional Cardiology and Nephrology residencies at Christiana Care and the Pediatric Medical and subspecialty medical residency programs at A.I. duPont. The Division, consisting of David L. Paskin, MD, Senior Associate Dean for GME and Affiliations; John Caruso, MD, Assistant Dean for GME and Affiliations; John Kairys, MD, Assistant Dean for GME and Affiliations and Connie Baker, Administrative Assistant, works 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.

The Division continues to serve both evaluative and consultative functions. The internal site visits performed at the midpoint of each program's accreditation cycle are a highly productive tool for ongoing quality improvement in our GME programs. For this academic year, the Division performed 12 such internal reviews for TJUH GME programs. An additional two reviews were conducted for the programs at Christiana Care Health Services and The A.I. duPont Hospital for Children. The Division continues to refine its internal review process to serve our GME programs, notably highlighting the responses of the program directors to the ACGME concerns in the reporting process. This allows other program directors to review and learn from these responses. We have expanded our services to include intensive consulta-

tion 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. This academic year we have also added a "Best Practices" component. Specifically, the GME Division staff have selected ideal responses to ACGME questions, and have distributed these to all program directors as a learning tool. These have been extremely productive and helpful. With the increasing role of simulation in training, evaluation and credentialing, the division of GME has established its oversight in this arena and has been a major contributor and driver.

GME Committee

The GME Committee continues to increase its involvement in, and oversight of, all aspects of residency education in the hospital. The GME Committee has devoted significant effort to several major initiatives. These include: The development of standardized duty hour monitoring. The GME Division staff has worked with "New Innovations" to develop a unified method for trainees in all programs to log duty hours. This initiative has also produced improved reports for program directors to monitor their residents' hours and required time off. 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 continues in all of our GME programs, and continues to be monitored by the Division. The ACGME has moved into the third phase of the Outcome Project: full inte-

gration of the competencies and of their assessment. 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 and patient centered care. The Division continues in assisting programs in the identification and development of assessment tools toward 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 and patient care.

This academic year, the division has developed institutional evaluation forms for the faculty evaluation of the training program. Additionally, to support the need for “360 Degree” evaluation mandated by the ACGME, we have also developed a form that programs may use for their patients to evaluate the residents who served as their caregivers.

Research

This year the GME Division staff and Center for Research in Medical Education headed a group of Jefferson physicians and researchers who were awarded a competitive grant from the ACGME to study the relationship between resident duty hours and patient safety. This group performed a systematic review of the literature, and presented its findings in September of 2009 to the Duty Hours Task Force of the ACGME.

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 fellow. These evaluation tools are currently being used at all Jefferson Health System institutions that sponsor GME programs. It is hoped that this data will provide new insights into the process of graduate medical education, and supply material for new research in this area.

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 evaluation and feedback. All of the affiliates were represented. 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.

Affiliations

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 routinely praised by the students of the College. Comprehensive long term academic affiliation agreements were established with Einstein and Main Line Health. Agreements creating the Delaware Health Sciences alliance (DHSA) have been signed with University of Delaware, Christiana Care Health System and A.I. DuPont/ Nemours. This alliance enables the creation of extensive relationships in education, research and clinical matters.

The Continuum of Education

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 and the most efficient and effective patient-centered care. This, in turn, provides 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

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

Office of Continuing Medical Education

The Office of Continuing Medical Education (OCME) at Jefferson Medical College (JMC) is responsible for JMC's ability to offer continuing medical education credits in pursuit of its overall mission of education, research and patient care. The OCME at JMC 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

Joseph L. Seltzer, MD, Professor of Anesthesiology is the Senior Associate Dean for CME. He continues to provide a focus on clinically relevant continuing education and research in continuing medical education, and stresses the importance of service to the University community. Jeanne G. Cole, MS, Director, 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. In conjunction with the Director, the Assistant Director, Pauline Sylvester, MBA, and five other staff members ably support the work products of the OCME.

JMC's Committee on CME is integrally involved in the review and development of appropriate activities certified for AMA Category 1 credit. The Committee is chaired by Dr. Karl Doghramji, Professor of Psychiatry and Director of the Sleep Disorders Center. The Committee also sets policy and direction for the overall CME program at Jefferson. There are 15 members of the Committee on CME, representing 14 departments/divisions of the Medical College.

Accreditation

Jefferson's CME program continues to be recognized by the ACCME with its designation of "Accredited with Commendation." Jefferson's CME program has

been recognized as "Exemplary" by the ACCME since 2000, 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 Jefferson with commendations in the following areas of the ACCME Essential Areas and Standards: Mission, Planning, Needs Assessment, Overall Program Evaluation, Administration, and Standards for Commercial Support/Scientific Integrity.

The Environment of CME

Updated Accreditation Criteria

Within the medical education continuum, the area of continuing medical education is undergoing significant change. The ACCME's Updated Criteria focus on the impact of CME on physician competence, performance, and patient outcomes. All CME providers are expected to transition to these Updated Criteria for accreditation by 2012. Change in how CME is developed, implemented and measured is underway at Jefferson in response to the Updated Criteria. New policies and procedures are evolving as the OCME and the Committee on CME work together in analyzing and applying the Updated Criteria to Jefferson's CME programming. In 2009, CME applications and documentation requirements for all live and enduring materials were transitioned to the Updated Criteria. In 2010, the CME process for approval of regularly scheduled conferences like grand rounds underwent extensive revisions. The new online process was implemented in December 2009.

Academics, Industry, and Conflict of Interest

At the same time, issues of the relationships between academia, CME providers, and industry continue to be closely examined by the ACCME, the AMA, and the AAMC among others. The ACCME Standards for Commercial Support guide the development and implementation of CME activities to assure they are free from commercial influence in their goals, development and implementation. The landscape is rapidly changing. The AAMC Task Force Recommendations on Industry Funding of Medical Education, issued in June 2009, are in the process of being interpreted and implemented in the areas that affect academic CME Offices like Jefferson's. The OCME has worked closely with University Counsel as policies relating to AAMC requirements are evolving.

"The CME Mission is reviewed annually by the Committee on CME to assure it is in step with the changing role of CME in the continuum of medical education."

Jefferson's CME Mission

The Jefferson CME Mission was reviewed and approved at the September 2009 meeting of the Committee on CME. The CME Mission is reviewed annually by the Committee on CME to assure it is in step with the changing role of CME in the continuum of medical education. A full copy of the Jefferson CME Mission Statement can be found at <http://jeffline.jefferson.edu/jeffcme/office/introduction.html>.

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 through the presentation of online CME modules.

American Medical Association (AMA) PRA Category 1™ credits are awarded through the Office of CME for sponsored and jointly sponsored activities, regularly scheduled series, and enduring materials. During the 2009-2010 academic year, the Office of CME certified more than 110 activities totaling over 2,500 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 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 non-accredited 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.

Evaluation stands at the center of Jefferson's CME 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's CME activities on participant behavior, and to study what activities are most effective. These research efforts, which distinguish JMC's OCME from many other CME providers, contribute to quality improvement and enhance the overall JMC CME program and to the national picture for CME.

In FY10, Jefferson OCME designed and implemented an online evaluation process to assess the effectiveness of our Regularly Scheduled Conferences (RSC). We were able to increase the overall response rate for evaluations by over 20%, automate the collection and reporting of the data received, and provide real-time results to program directors and administrators. We also strengthened our compliance with the Updated Criteria as they relate to Regularly Scheduled Conferences. In the process, we received many suggestions from our participants for improvements, which will be incorporated into our FY2010 RSC evaluation methodology.

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. In keeping with our mission, we are focused on transi-

tioning our CME activities to the ACCME's Updated Criteria, and working towards developing activities with measurable impacts in the areas of physician competence, performance and patient care.

Ongoing CME

OCME continues strong partnerships with 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 30th Annual Advances in GI program held in June 2010 helped the division maintain its position as the premiere GI educational event in the region; the Department of Family and Community Medicine's 33rd Annual Eastern Shore Medical Symposium provides a valuable review and update and had another record breaking number of participants. 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 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.

Working with Dr. Geno Merli, the OCME organized a symposium on the management of VTE and orthopedic surgery presented at the Annual American Association of Orthopedic Surgeon's meeting in New Orleans in March 2010. A Web archive of the symposium is available on the Jefferson OCME site, and a supplement to the journal, *Orthopedics*, will be published in September 2010.

In conjunction with the Department of Family Medicine, the OCME successfully competed for grant funding for an initiative on rheumatology in primary care. A multi-component educational initiative, including tracking of performance changes through review of claims data, is planned.

CME for Significant National Organizations

Jefferson OCME continues to work collaboratively with the National Board of Medical Examiners (NBME) to provide CME credits to participants for their learning based on the NBME exam item writing process. In addition, Jefferson is the CME provider for the ACGME Annual Education Conference held in the Spring.

Professional and Academic 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 studying the processes and results from our pilot projects in performance improvement CME, with an eye toward presenting and publishing our experiences. Academic activities include presentations at national and international conferences relating to the Jefferson OCME experiences in CME research and/or accreditation.

As part of maintaining Jefferson's presence in the national CME environment, and to assure that Jefferson's OCME remains up to date with the rapidly changing environment of CME, the Director serves as a volunteer ACCME Site Surveyor. In this capacity, she receives regular updates from the ACCME about implementation and compliance issues, and takes part in accreditation reviews of other CME accredited providers.

Presentations

The following Jefferson CME Research and Accreditation activities were presented nationally in the past year:

Cole JG; Braster, CD; Sylvester, P; Wright, D. (Poster). How Online Evaluation Supports an Academic CME Program. Spring 2010 Society for Academic CME (SACME) Meeting, (Miami, FL). April 2010

Cole JG, Sylvester, P, Wurst VE. CME "Intake": Creating An Online Tool to Implement the ACCME Updated Criteria at a Medical School. (Poster) Presented at the ACME 35th Annual Meeting (New Orleans, LA). January 2010

Cole JG, Allgier-Baker T, Warnick DL. Applying CACME's Risk Stratification Process to Mitigate Potential Non-Compliance with Standards for Commercial Support (Workshop Session) Presented at the ACME 35th Annual Meeting (New Orleans, LA). January 2010

Technological Activities

The OCME Web site at <http://jeffline.tju.edu/jeffcme> 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. Improvements 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 sched-

uled conferences (grand rounds), and maintenance 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: The Director of OHR is J. Bruce Smith, MD, CIP, Associate VP, Research, TJU.

- 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)

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.

Thomas Jefferson University (TJU) has three IRBs approved under its Federalwide Assurance (FWA) from the Office of Human Research Protections of DHHS. Each IRB has the requisite expertise for review of biomedical and sociobehavioral human subjects research in both adults and children.

The IRBs review research protocols, consent forms, adverse events, amendments to protocols, advertisements for recruiting research subjects, and any other matters pertaining to the conduct of research on hu-

man 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 participant safety, researchers at TJU/TJUH, 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 and Vice-chairs of the Boards, the Director and Associate Director, and the DHSP administrative staff.

The Director and Associate Director of the DHSP, and the IRB Chairs and Vice-Chairs, are sincerely appreciative of the tremendous effort of the many 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.

National Accreditation for the TJU Human Subjects Protection Program

The Thomas Jefferson University Human Research Protection Program is fully accredited by the Association for Accreditation of Human Research Protection Programs (AAHRPP). Our application for renewal of accreditation was submitted to AAHRPP on September 15, 2010 for review by the AAHRPP Council in June 2011. AAHRPP was founded in 2001 and began accepting applications for accreditation in 2002. AAHRPP has accredited over 200 Human Subjects Protection Programs that provide regulatory oversight for more than 1,000 IRBs nationally and internationally.

AAHRPP accreditation provides sponsors with evidence that TJU has adopted the highest ethical and professional standards that can be applied to human subjects research. It means that Jefferson not only safeguards study participants but that our data is reliable and credible and that we are committed to con-

tinuous quality improvement. It provides sponsors, faculty, and regulatory agencies with assurance that we have an efficient operation with comprehensive protections for researchers and subjects. It is documented that Federal inspectors find fewer problems with accredited programs than with non-accredited programs. Accreditation also enhances our ability to attract high quality innovative clinical trials. Increasingly, accreditation is becoming a condition for research support. Finally, it enhances Jefferson's reputation in the community and indicates to potential research subjects that they can place their trust in Jefferson.

IRB Transactions July 1, 2009 - June 30, 2010

The TJU IRBs review and oversee Phase I-IV clinical trials, epidemiological and behavioral research, basic research involving use of human tissues, and human translational and gene transfer research. During the current reporting period, Jefferson IRBs reviewed a total of 638 new submissions. The convened Boards reviewed 173 of the studies (27%). Three-hundred-fifty-five (355) studies were reviewed using the expedited process (56%), and 110 studies met exempt criteria (17%). During the year, the DHSP conducted a total of 3,138 IRB transactions including 314 SAE reports and 156 reports of unanticipated problems. The TJU DHSP participates with the National Cancer Institute (NCI) Central IRB (CIRB) that reviews cooperative group studies sponsored by the NCI. During this reporting year we reviewed 30 new CIRB protocols.

The following table provides a breakdown of the activities of the three on-campus IRBs from July 1, 2009 to June 30, 2010.

Submissions	Number Reviewed
New Submissions-Full Board Review	173
New Submissions-Expedited Review	355
New Submissions-Meeting Exempt Criteria	110
Continuing (annual) Reviews Full Board = 235 Expedited = 463	698
Amendments Full Board = 149 Expedited = 969	1,118
Serious Adverse Event Reports	314
Unanticipated Problem Reports	156
Final Reports	208
Disapproved Studies	6

There are currently 1,200 active studies in the TJU Clinical Trials Repository. Funding sources are as follows:

- Departmental Funds 44%
- Industry Sponsored 27%
- Federally Funded (mostly cooperative group studies) 21%
- State, Foundation, and other grants 4%
- Rothman Institute 4%

Personnel Changes - IRB Administrative Staff and Boards

IRB #152: Esther Chung, MD, Associate Professor of Pediatrics, was recently appointed Chair of this IRB and Noreen Hickok, PhD, Associate Professor of Orthopaedic Surgery was appointed Vice Chair. New members of this Board are Dr. Robert Den (Radiation Oncology), Dr. Madhu Kalia (Neurosciences), and Dr. Jeffrey Revello (Podiatry, foot and ankle, unaffiliated member). No longer serving on this Board are Dr. David Brock (Neurology), who was also an outstanding Board chair for many years, Dr. Alex Mejia (Pharmacology and Experimental Therapeutics), Dr. Michal Anne Whiton (Radiation Oncology), and Dr. Nancy Brisbon (Family and Community Medicine) who was also Vice Chair of the Board.

IRB #2405: Dr. Christopher Chambers, Chair; No new members were appointed during the year. However, no longer serving on the Board are Dr. Eduardo DeSouza (Neurology) and Dr. Colleen Horan (Obstetrics and Gynecology).

IRB #153: Stephen Weinstein, PhD, Chair; Dr. Elena Gitelson (Medical Oncology) was appointed to the Board. Dr. John Wagner (Medical Oncology) left the Board after many years of excellent service.

Doreen Kornrumpf, MSN, JD of the Office of University Counsel attends all TJU IRB meetings as a voting member. She provides valuable advice regarding real or potential conflicts of interest of investigators and key personnel listed on human subjects research protocols and on relevant federal and state laws as they relate to human subjects research. She has extensive experience in health and research-related law.

We wish to extend our sincere appreciation for the hard work and dedication exhibited by our IRB members - past and present. We also welcome the new members and trust they will find IRB membership an educational and rewarding experience.

Quality Improvement 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. Danielle Pa-peika is the DHSP Quality Improvement Specialist. 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 encourages a culture of compliance within the institution and a partnership between the research community and the DHSP. The DHSP Audit Team completed 28 audits of randomly selected trials between January 1, 2009 and December 31, 2009.

"We are now using a commercially available online human research protection training program, CITI, short for Collaborative Institutional Training Initiative."

Education and Other Activities

We are now using a commercially available online human research protection training program. CITI, short for Collaborative Institutional Training Initiative, has replaced our in-house research training for all faculty, employees, and non-Jefferson personnel who conduct human subjects research at Jefferson.

CITI was co-founded in March 2000 by the University of Miami and the Fred Hutchinson Cancer Research Center and is hosted by the University of Miami. As of May 2010, the CITI Program is used by over 1,130 participating institutions and facilities from around the world. The content of the training modules is uniformly excellent and is constantly updated to stay abreast of the changing landscape of human research protection. A major difference from TJU's in-house training program is the ability in CITI to create separate training courses ("Learner Groups" in CITI parlance) for different disciplines. For Jefferson, this means having separate biomedical, sociobehavioral, and IRB member training courses.

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 organize and participate in the mandatory Research Coordinator Course. Dr. Smith coordinates a 12-week summer course in the College

of Graduate Studies (GC-690, entitled "Regulatory Issues in Human Subjects Research.") Mr. Conner also participates as a lecturer in that course.

One DHSP staff member, three IRB chairs, two vice-chairs, the Director and the Associate Director will attend the annual IRB national meetings organized by Public Responsibility in Medicine and Research (PRIM&R) in December 2010 in San Diego, CA.

These meetings provide education and insight regarding historical and current issues regarding protection of research subjects.

DHSP Web Site

The content of the DHSP Web site is updated on a regular basis. The Web site lists, among other things, DHSP personnel with their contact information, the membership of each of Jefferson's IRBs, and all cur-

rent IRB-related forms. A link to the CITI Training site is provided as are links to the DHSP Policy and Procedure Manual and important University Policies and Procedures such as those for Conflict of Interest and Noncompliance. The DHSP Policy and Procedure Manual is updated on a regular basis. It is bookmarked and searchable.

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.

The Division of Clinical Trials Support has been very active in support of educational outreach to the Philadelphia Community. Jefferson participated in

the fourth annual AWARE for All-Philadelphia Clinical Research Education Day on Saturday, March 20, 2010, held at Temple University and sponsored by the Center for Information & Study on Clinical Research Participation (CISCRP). Roseann Talarico was the prime organizer from TJU and did an excellent job as usual. Collaborating institutions in generating the program were Abington Memorial Hospital, Doylestown Hospital, Drexel University, Fox Chase Cancer Center, CHOP, Temple, and TJU/TJUH. The program hosted about 250 individuals from the local community who learned about participating in clinical research, informed consent, and clinical updates concerning research in cancer, infectious diseases, HIV/AIDS, vaccines, cardiovascular disease, diabetes and stroke, participation of children in clinical research studies, and healthy volunteers in research. Participating faculty and other personnel from TJU/TJUH included Christopher Chambers, Serge Jabbour, Gregory Mokrynski, Robert Winn, Kyle Conner, Leslie Padron-Massara, Dora Posey, Alma Villasin, Megan Mortimer, Angela Pallotto, Kelly Pulchalski, Roslynn Tate, Maureen O'Connell, and Terrance Purnell. All did a tremendous job and we are grateful to them.

Roseann Talarico, Bruce Smith, and Kyle Conner worked with IRB and regulatory personnel from CHOP, UPENN, Drexel and Temple to organize and present a one and one-half day symposium entitled "Building Bridges That Last: Fostering Productive and Ongoing Relationships Between Researchers and Communities." The symposium was held September 14 and 15 at the Bossone Center, Drexel University. Keynote speakers were Dr. Ivor Pritchard, Director of the Office of Human Research Protections at NIH, and Dr. Peter Vasilenko, VP of the Association for the Accreditation of Human Research Protection Programs (AAHRPP). The format was panel discussions with audience participation. Panel Moderators from Jefferson included Dr. Steven McKenzie and Dr. Michael Rosenthal (also Chair of Family and Community Medicine at Christiana Care Health Systems) and Jefferson panelists included Mr. Kyle Conner, Drs. Laura Gitlin and Ron Myers, and Kay Miller, RN. Two Jefferson IRB members, Mr. Glenn Ellis and Laura Greene, JD, also played prominent roles. The conference was a tremendous success with about 250 attendees.

Research Biosafety Program

The Research Biosafety program involves the inspection and certification of all laboratories and investigators conducting research. In addition, all proposals for research are reviewed and approved by the

Institutional Biosafety Committee (IBC). 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.

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 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.
- 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 to provide guidance for investigators who are designing their biosafety plans.

The IBC comprises 13 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.

We wish to thank the members of the IBC for their time and effort in support of the committee's activities, and for their dedication to maintaining a safe campus environment.

This past year, the IBC reviewed and classified a total of 36 new and revised research proposals. In addition, the Biosafety Officer performed 19 inspections to certify laboratories for work at the BL-2 or higher containment level. Laboratories functioning at the BL-2 are inspected every two years, BL-2/3 are inspected annually, and those at the BL-3 level are inspected bi-annually.

One of the protocols reviewed this year was a gene transfer protocol entitled "A Phase II study of Hyper Acute-Pancreatic Cancer Vaccine in Subjects with Surgically Resected Pancreatic Cancer" under the auspices of Dr. Eugene Kennedy, Assistant Professor of Surgery. The research involves the use of human pancreatic cancer cell lines that have been engineered to express a mouse gene that will elicit a strong immune response when injected into the patient. The goal is to determine if adding this vaccine to the post-operative standard of care for patients with surgically resected pancreatic cancer will result in either greater disease free survival and/or overall survival. The protocol was approved by both the IBC and IRB.

The IBC continued to improve the internal form for submission of studies to the IBC, partitioning the subsections of the original form into separate documents so only the pertinent sections need be submitted to the IBC for review (IBC-1 through IBC-6). Submission of the internal forms may now be done electronically.

A new and more comprehensive data base has been established for IBC protocol tracking. Thanks to Jack London, Research Associate Professor in the Kimmel Cancer Center, the database is up and running and we are working to transfer information to the new database.

Volunteers in Research Laboratories

Individuals volunteering to work in the TJU research laboratories of the Medical College must qualify for such activity according to TJU Policy 110.16, "Policy for Volunteers and External Employee Participation

in Research Laboratories.” Volunteers are processed through the OHR (scope of work), University Health Services (review of immunizations), and Department of Security (background check and ID). During the past year, 86 volunteers were approved for participation/training in the activities of on-campus laboratories.

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 act 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.

Thomas Jefferson University is registered with the CDC under 42 CFR 72 to possess, use, and transfer botulinum toxin. The institution’s certificate was renewed January 20, 2010 for two years.

J. Bruce Smith, MD, CIP

Professor of Medicine

Director, Office of Human Research

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 Health Care

The Center for Research in Medical Education and Health Care provides technical support to the faculty in evaluating the knowledge, skills, and professionalism of students throughout the MD curriculum. It provides information to the administration concerning key indicators used to evaluate the effectiveness of policies related to admissions, curriculum, and students' academic progress. The Center continues to receive external support for its health services and policy related research. Center faculty collaborate in scholarly work with other JMC faculty and publish and present medical education and health services research projects in US and international journals and at scientific meetings.

Medical Education

The Jefferson Longitudinal Study of Medical Education, developed and maintained at the Center, is the most extensive, comprehensive, uninterrupted longitudinal database of its kind, encompassing academic and career outcome data on over 10,000 Jefferson students and graduates since the entering class of 1964. The most recent LCME accreditation review observed that: *The Longitudinal Study continues to represent a unique information resource that serves as an invaluable tool for evaluation of educational program effectiveness.*

This database provides JMC with vital information about the intermediate and long-term outcomes of the curriculum summarized in the *Statistical Abstract* appended to this report. A total of 175 research studies based on the Longitudinal Study have been published in peer-reviewed journals since 1976. Many are described in a compendium entitled *Abstracts: Jefferson Longitudinal Study of Medical Education* available at <http://jdc.jefferson.edu/jlsme>.

Throughout the year the Center provides routine reports to the Curriculum Committee, Dean's Office, clinical departments, and 23 affiliated hospitals to assess the quality of education at the clinical teach-

ing sites. We provide the faculty with comprehensive student testing services, which include scoring, test item databases, preparing tests, tracking test item performance, and special reports. Center staff assist faculty and administration with a variety of Web-based and paper surveys. Additional medical education services include:

- Psychometric support to the clinical departments using the TJU Simulation Center to gauge medical students' proficiency on clinical simulations in the third-year comprehensive clinical skills assessment, and targeted clinical skills assessments in the Family Medicine, Obstetrics/Gynecology and Surgery clerkships. A three-year study of the validity of the formal assessment of students' clinical skills at the end of the surgery clerkship was accepted for publication in *The American Journal of Surgery*.
- Collecting and reporting the essential resident performance data and program evaluation data needed for internal review of residency programs and for reports to the ACGME and Residency Review Committees on behalf of the Senior Associate Dean for Graduate Medical Education.
- Collaboration with the Dean's Office, Jeff-IT, and the clinical clerkship directors in the design, operation, and continuing improvement of Jefferson's Patient Encounter Log System (PELS). PELS enables clinical clerkship directors and the Dean's Office to track student experiences compared to clerkship goals.

The Jefferson Scale of Empathy (JSE) (which has been translated into 37 languages), the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration, and the Jefferson Scale of Physician Lifelong Learning (JSPLL) are used by medical educators and researchers throughout the world. An International Workshop on Empathy in Patient Care held at Jefferson included researchers from Italy, Japan, Mexico and Portugal to discuss collaborative studies of the

neurological underpinnings and clinical outcomes of physicians' empathy toward their patients. In collaboration with JMC's Department of Family and Community Medicine we found associations between physicians' JSE scores and outcomes for patients with diabetes mellitus. Plans are underway to use the JSE to study changes in the empathy of allopathic and osteopathic medical students in collaboration with the Cleveland Clinic, and to examine the effects of medical schools' learning environments on students' empathy in the nationwide Innovative Strategies for Transforming the Education of Physicians (ISTEP) project endorsed by the AMA. A study of a new student version of the JSPLL developed in collaboration with the Virginia Commonwealth University will be published in *Academic Medicine*.

Center faculty collaborated with other JMC faculty on educational research studies. A study of the predictive validity of three versions of the MCAT over four decades was published with collaboration of the Admissions Office in *Academic Medicine*. Other collaboration involved the Student Affairs Office studying peer-nomination, personality, performance, specialty, and empathy; the Department of Medicine looking at new ways of teaching medical students about evidence-based medicine and also measuring residents' proficiency in holding end-of-life discussions with patients; the Department of Pediatrics examining students' proficiency in counseling patients about sensitive issues such as shaken-baby syndrome; and the Associate Dean for Professionalism tracking changes in students' attitudes toward certain types of unprofessional behavior in the clinical environment.

Center faculty worked with faculty in the Jefferson Center for Interprofessional Education and other University schools to study interprofessional issues. A study of the attitudes of students in medicine, nursing, occupational and physical therapy toward interprofessional education was published in the *Journal of Allied Health*. The Jefferson Scale of Attitudes toward Physician-Nurse Collaboration was used in a study of nursing students' attitudes toward physician-nurse relationships published in the *Journal of Interprofessional Care*, and a study of the interprofessional attitudes of medical students, pharmacy students, physicians and pharmacists was accepted by the same journal. Another study examining the development of empathy among nursing

students using the JSE was published in the *Journal of Nursing Measurement*.

Health Services Research

The Center continues to receive external funding to support its health services and policy related research and quality improvement initiatives.

In collaboration with the JMC Department of Medicine, Center staff have created a cardiac care database that links information from existing administrative data such as hospital discharge abstract data with physician billing data, laboratory data, and pharmacy data. These data are being used for quality improvement and research projects.

With support from the Stevens Family, the Center is collaborating with the office of the TJUH Chief Medical Officer in the analyses of data from the Jefferson Hospital for Neurosciences (JHN). Projects include the development of a JHN brain tumor registry linking data from the hospital discharge abstract system, laboratory data, and pharmacy data with additional information abstracted from medical records. We have also analyzed the switch from heparin to enoxaparin and the incidence of venous thromboembolism and have begun to work on a comparison of outcomes and processes of care for JHN patients with hyponatremia compared with normonatremic patients.

Center researchers continued work on a major series of projects being performed in collaboration with the Regional Health Care Agency of Emilia-Romagna of Italy. These projects address issues in health care organization, financing, and quality improvement activities including:

- Development of a longitudinal, population-based, health care utilization database including hospital data, outpatient prescription pharmacy records, information concerning referrals for outpatient laboratory, radiology, and specialty care, home health care data, mortality data, and information about primary care physicians for the four million residents of the Region.
- Development of risk models to identify patients who are most at risk of hospitalization and would potentially benefit from participating in case management or disease management programs.
- Refinement of a method for estimating the number of acute hospital admissions that could poten-

"The Jefferson Scale of Empathy has been translated into 37 languages."

tially be treated with safety and efficacy at a lower, less costly level of care. The approach has been used to track the impact of changes in organization and financing over time. Results over a five-year period were published in the *Journal of Health Services Research and Policy*.

- Linking the longitudinal administrative database with tumor registry data for women diagnosed with breast cancer and analyses of patterns of care including assessment of intra-regional variation in compliance with surgical, radiation therapy and chemotherapy guidelines. Additional analyses focused on the relationship between socioeconomic status, stage at diagnosis, and patterns of care.

- Profiling hospital care through a descriptive analysis of the clinical characteristics of patients treated, utilization, and cost of care and of selected patient outcomes. Analyses of outcomes include in-hospital and post discharge mortality rates, repeated admissions, and discharge location (home, other hospital, long term care, etc.). Analyses of the integration of hospital and ambulatory care which include: patient flow and the timeliness and appropriateness of hospital admissions.

The Center is collaborating with the Jefferson School of Population Health on the following projects for the Local Health Units of Parma and Reggio, and the Region of Emilia-Romagna.

- Development of a series of profiles of care for the population served by the health districts and primary care teams. These “profiles of care” are designed to assist the district managers and primary care teams in identifying areas amenable to quality improvement. In the past year, we have begun evaluating the cultural and organizational variation among the primary care teams. In addition, 224 primary care physicians in the Parma local health authority have completed the Jefferson Scale of Empathy. We are currently analyzing the relationship between physician empathy and processes and outcomes of care for the 270,000 patients treated by these physicians.

- Analyses of appropriateness of prescribing for elderly patients at the local health authority, health district, and primary care team level, with particular attention to the use of polypharmacy and drug-drug interactions, and the use of pharmaceuticals by end-of-life patients. An evaluation of the use of explicit criteria to evaluate the quality of prescribing in elderly patients was published in the *Journal of Clinical Pharmacy and Therapeutics*, and the results of a survey of primary care physicians’ knowledge of appropriate medication prescribing in elderly patients has been accepted for publication in the *Journal of Clinical Pharmacy and Therapeutics*.

Teaching

Center staff taught a module on health care organization and financing as a part of the Introduction to Clinical Medicine course for first-year medical students and HPL 500: US Healthcare Organization and Delivery in the Jefferson School of Population Health, have served as guest lecturers at Catholic University in Rome and the University of Pisa, and have led TJU faculty in developing the following workshops: Designing Quality Written Test Questions and How to Conduct Valid Performance Assessments Using Clinical Simulation.

More details of Center projects are available in the annual report of the Center for Research in Medical Education and Health Care or at 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

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 three 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 to the Institutional Animal Care and Use Committee (IACUC), which is charged with reviewing all research protocols involving laboratory animals. The IACUC'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, 975 protocols have an "Approved" status, with 149 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 decrease in occupancy over the past fiscal year. Our average occupancy for the 12-month period ending June 30, 2009 was 10,450 cages. Our average occupancy for the 12-month period ending June 30, 2010 was 9,022 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 the Preparing for the Future program.

Animal research continues to be an integral part of Jefferson University. The downturn in federal funding has resulted in a decrease in animal occupancy. However, opportunities to improve the animal facilities have resulted in the creation of several rodent housing areas which can accommodate work with murine pathogens. Other rooms have been created to meet investigators' needs for animal behavioral testing areas. These new areas will not only serve existing faculty, but will allow the University to attract new investigators with the need for these facilities. Every funding opportunity for facility improvements has been evaluated. Multiple grant applications have been submitted requesting funds to upgrade the animal facilities. This type of progressive approach to facility needs is a positive indicator of the institution's dedication to the humane care and treatment of laboratory animals and the quality research that leads to scientific gains that benefit people and animals.

Judith S. Daviau, DVM

Director



Office of Research

The Jefferson Medical College Office of Research is led by the Vice Dean for Research, Dr. Leonard Freedman, and the Associate Dean for Research, Dr. Theodore Taraschi. This Office is responsible for advancing the medical college's research mission by developing a clear, coordinated strategy that drives the effective integration of the clinical/educational expertise on campus with Jefferson's strengths in basic, translational, and clinical research. The JMC Office of Research leads the development of major collaborative initiatives, such as the establishment of Centers of Excellence within the college, and is actively initiating strategic alliances with other medical centers, universities and research entities regionally, nationally and internationally. Examples of this include TJU's partnership with Christiana Care, Nemours, and the University

of Delaware through the Delaware Health Science Alliance (www.delawarehsa.org) and the Delaware Valley Institute for Clinical and Translational Sciences (www.dvicts.org). We are also in the process of establishing new research-based collaborations with Chiba University in Japan and several Israeli research centers and hospitals. Through a new pilot funding initiative, the JMC Office of Research is creating collaborative and programmatic funding opportunities for the faculty. In addition, the Office of Research oversees working groups that address key operational issues which impact medical school investigators, with the goal of optimizing the overall faculty experience at Jefferson within the scientific discovery realm.

Leonard Freedman, PhD
Vice Dean, Research

Alumni Association

The goals of the Alumni Association are as follows:

- Strengthening ties with the alumni, graduate and postgraduate, to foster greater involvement with Jefferson.
- Introducing students and residents to the Alumni Association with programs and events which would encourage them to become active alumni.
- To increase the participation percentage and dollar amount raised from our 15,000 plus alumni each year.

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

The Alumni Association sponsors many events for our medical students throughout the year. Incoming freshmen and their parents were welcomed on August 8 during Orientation Week. At Opening Exercises, the freshmen received their white coats, a symbol of the physician, as a gift from the Alumni Association.

The Career Day Program for sophomore and junior students was held on December 3. Alumni spoke with the students, giving them an introduction to the residency match procedure, and an insight into 35 medical specialties. Later, students and alumni 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 7, 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 Jefferson 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 was held on March 6, it allows second-year students to share a bit of their medical school experience with parents and spouses. The program opened with a Welcome Reception where a presentation was given by five faculty members, followed by lunch in the cafeteria. Dean Mark L. Tykocinski M.D. was present to welcome the students and their guests.

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 Laura Heinmiller. Later that day, seniors and their guests were feted at a reception hosted by the Alumni Association.

A Women's Forum took place on March 4. This is a networking opportunity and panel discussion on issues of special interest to women medical students and house staff.

The Mentor Program links freshmen and sophomores with local alumni who offer practical career advice. 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.

The Alumni Association was one of the sponsors of the AOA spring banquet, the Jeff HOPE charity ball, the 2008 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.

During the year, the Alumni Association held 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 specialty receptions were held throughout the year at various locations. Regional receptions were also held on March 21, Clearwater, Florida; March 22 Manalapan, Florida; April 28, Wilmington, Delaware; May 6, Scranton, Pennsylvania. In addition, the Alumni Association helped to arrange several alumni receptions at specialty meetings in various cities across the country.

Alumni Reunion Weekend was held in the fall on September 26-27, 2008. The Alumni Banquet was held on Friday evening at the Dorrance H. Hamilton Building during which the Alumni Achievement Award was presented to Bruce E. Jarrell, MD '73. The Saturday morning program included 10 clinic pre-

sentations. The Dean's "Taste of Philadelphia" luncheon followed. On Saturday evening, 12 reunion dinners were held at the Loews Hotel.

At the Alumni Executive Committee Annual Business Meeting on April 22, John H. Moore, MD, GS '85 continues as president and officers: president-elect George P. Valko, MD '86; vice presidents Craig T. Haytmanek, MD '72, Clara A. Callahan, MD, PD '82, Patricia M. Curtin, MD '88 and secretary James J. Purtill, MD '93 continue to serve with the Executive Committee.

The 61st Annual Giving campaign concluded on June 30, 2009. We thank the 2,731 alumni and postgraduate alumni, as well as non-graduate faculty, widows, and friends who contributed \$1,198,676 to advance the mission of the Medical College.

Phillip J. Marone, MD '57, MsPH '07
Associate Dean for Alumni Relations
Executive Director of the Alumni Association

Jefferson University Physicians

The “weakened” state of the economy made FY 2010 a challenging year for Jefferson University Physicians (JUP.) Yet, despite this landscape, several of JUP’s key performance measures remained positive. Building on the gains of FY 2009, we sustained robust volume activity and successfully launched and/or enhanced key programmatic initiatives. Some of the year’s highlights are reflected below.

Program Highlights

We added a net of 41 physicians to JUP, bringing our total physician complement to 545 for the year. Several of these recruits were in the strategic service line areas of oncology, neurosciences, digestive diseases and cardiovascular sciences. We also assimilated two private groups from the volunteer faculty ranks, LCRCZ and RSP, into the departments of medical oncology and radiology respectively. The seamless transition of these groups into JUP confirms that the artificial line separating full-time faculty and private practice practitioners is pliable.

Our partnership with Thomas Jefferson University Hospital to develop a JUP multi-specialty group practice at the Navy Yard gained momentum in the year. Participating departments (otolaryngology, urology, anesthesiology/pain medicine and family and community health) have recruited and or/identified dedicated physicians to staff that practice. A steering committee that included TJUH/TJU/JUP representation planned the operational and financial design for the practice and worked with architects to construct what will be an ambulatory showpiece for TJUH and JUP. The practice will represent a new operating model for JUP that is responsive to market demands and that further highlights our commitment to patient-centered care. Furthermore, the Navy Yard project represents the first of our outreach strategy that will be anchored to our future growth plan.

Our focus on strengthening our practice operations through a patient-centered operating environment continued in earnest. To this end, the Electronic Health Record (EHR) project remained a key initiative once again this past year. We successfully rolled out key modules of the Allscripts application modules. The EHR implementation team is finalizing the Orders module roll out and awaiting final vendor updates for the Notes module. Our current EHR configuration and successful active participation in the Center for Medicare and Medicaid’s physician quality reporting initiative and E-prescribe programs this fiscal year position us nicely for access to the government’s stimulus package funds for meaningfully use.

Financial Highlights

Our overall financial performance was punctuated by nearly 6% ambulatory volume growth compared to FY 2009. Our new patient growth was 7.3% in the same time period. Adjusted for the addition of the two (LCRCZ and RSP) private groups, we experienced organic growth of 2.4% for all ambulatory visits and 5.7% for new patients. Our inpatient business as measured by admissions to TJUH increased by 2.6% over the prior year, as did our surgical case volume and operating hours which grew by 3.9% and by 2.1%, respectively. Our patient care charges and receipts grew by 9.86% and 8.50%, respectively, over FY 09. However, our results against budget for these two indicators were unfavorable largely due to some planned recruitments not materializing. These unfavorable variances were offset by expense savings, as recruitment expenses were not incurred.

Our overall financial position (net income) for the year was unfavorable due, in whole, to our having to fund and reserve for sizeable malpractice settlements above our insurance coverage limits. And although, the University and TJUH provided financial support to allay the financial impact of these settle-

ments, the net amount of these expenses that fell on the JUP ledger had a negative impact. Departments accommodated this impact through increased productivity and/or expense containment. The implications of JUP's malpractice exposure are, deservedly, receiving attention at the highest levels of JUP, TJU and TJUH. The trustee boards of the University and of TJUH have been in discussions about providing JUP with excess (coverage above primary layer) malpractice coverage, effective FY 2011 and beyond, to be funded by TJUH.

Operations Highlights

We continued to place significant focus on patient access. Two significant initiatives were undertaken; one was to streamline our scheduling system to facilitate the process for scheduling of patient appointments coupled with a TJUH Six Sigma initiative to improve access. A key metric for growth on the Hospital's scorecard was the monitoring of new patients to the organization. Through the Six Sigma process, a work group was charged with evaluating the centralization of patient scheduling through JeffNow utilizing prescribed and standardized appointment availability criteria. As a result of this effort, the Navy Yard has been selected as the first site to be incorporated into the new model with a planned mid-year report to Senior Leadership to determine the next steps.

On the process improvement front, we added Medical Present Value (MPV) software to our already robust General Electric's Flowcast practice management system. This software greatly enhanced the efficiency and effectiveness of our contacting and revenue cycle management processes. With this tool,

we have vastly improved our ability to audit and evaluate payers' contract performance, verify reimbursement and assess the financial implications of new and proposed contracts based on the latest payment rules and adjudication logic. Of note, the efficiency and effectiveness of our Physician Business Services (PBS) department was validated this year by the Faculty Practice Solutions Center, a subsidiary of the Association of Academic Medical Centers, ranking our PBS eighth out of over 70 faculty practice plans across the nation in revenue cycle management. The measures for this ranking include days in Accounts Receivables and staffing expenses.

FY 2011 Agenda

In the coming year, we will continue to focus on those initiatives crucial to advancing practice operations and better position us for health care reform. We'll need to look at all aspects of our organization with a new set of lenses and challenge ourselves to develop creative and out-of-the-box solutions. To this end, our FY 2011 agenda will focus on strategies to grow revenue, contain expenses, increase accountability throughout all levels of the organization, and develop department specific blueprints that tie into the broader campus-wide strategic plan. Our FY 2010 results provide a strong platform upon which to build in the coming year.

John Ogunkeye, MS

*Executive Director,
Jefferson University Physicians*

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*Medical Director,
Jefferson University Physicians*

Statistical Abstract

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Figure 1
Undergraduate Science GPA

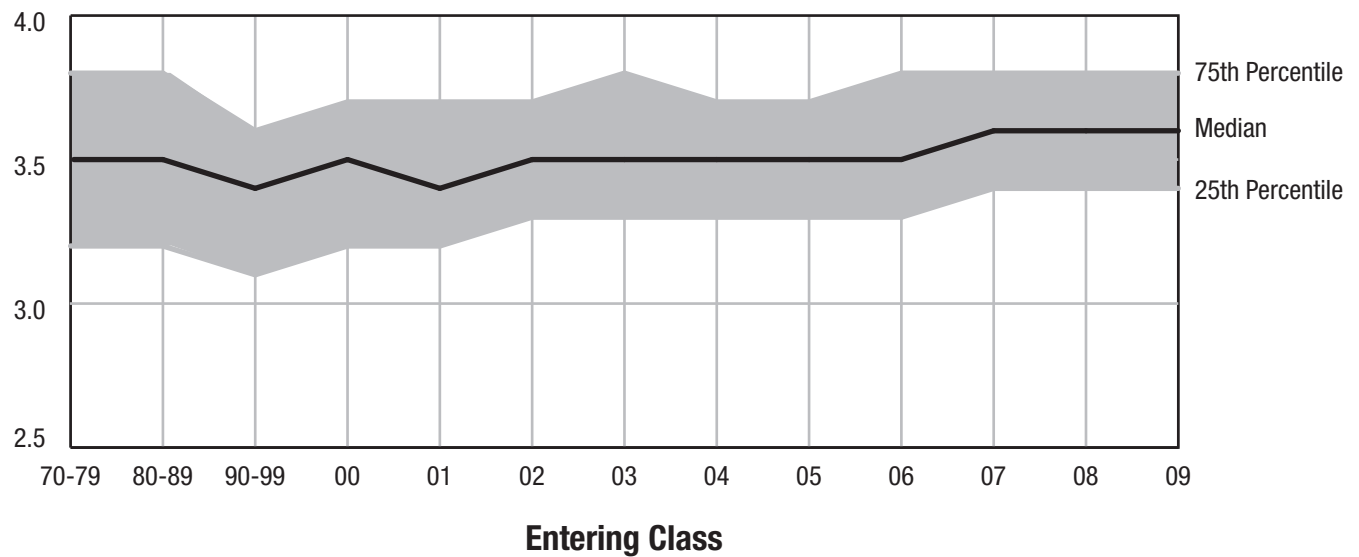


Figure 2
Undergraduate Non-Science GPA

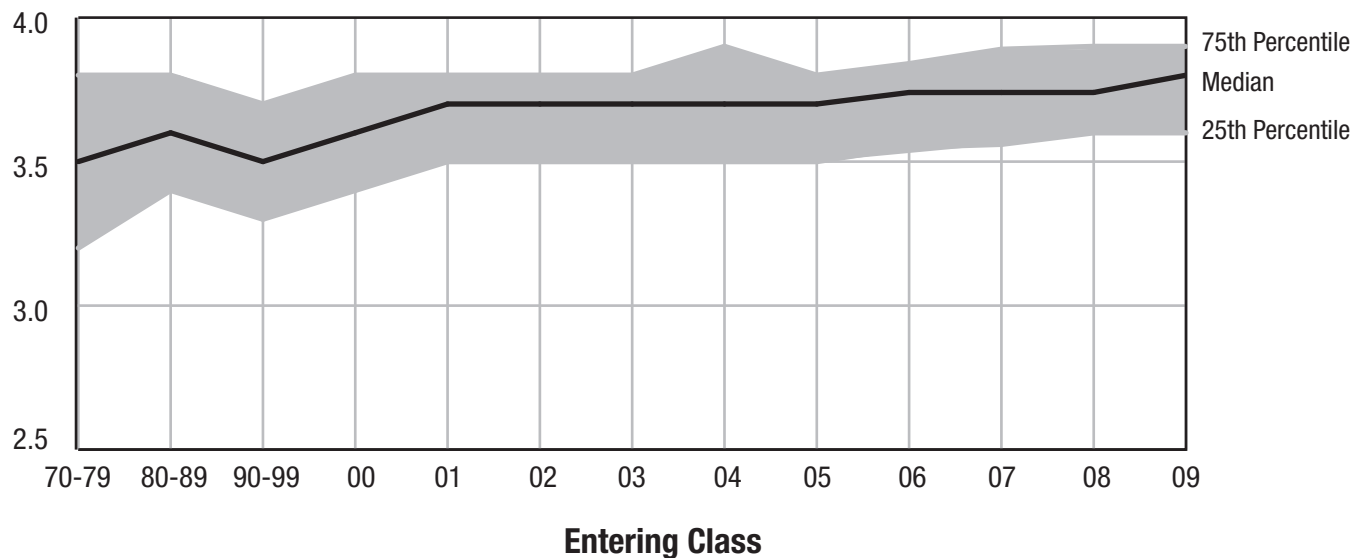
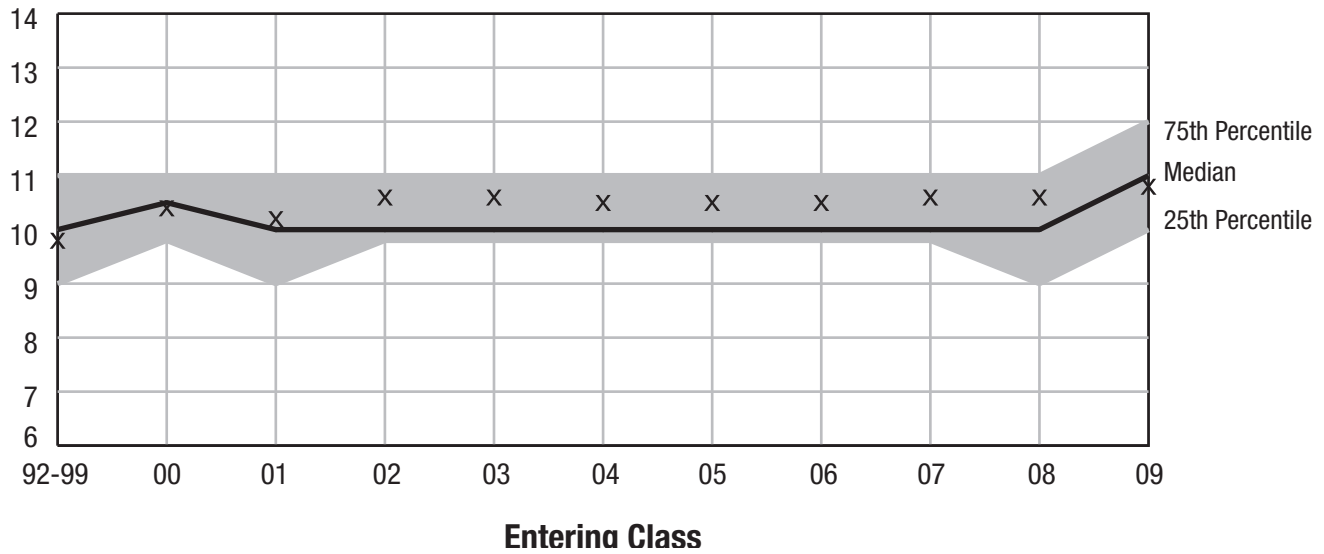


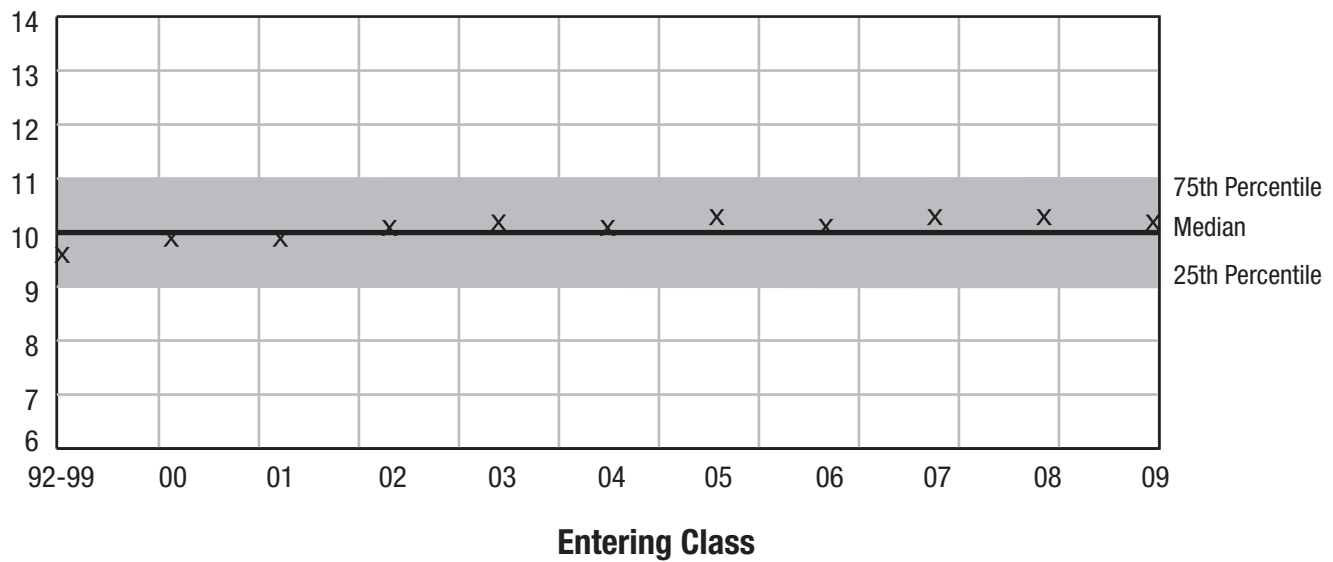
Figure 3
MCAT Biological Sciences¹



X = Mean

¹ Highest score was used for students with more than one set of scores.

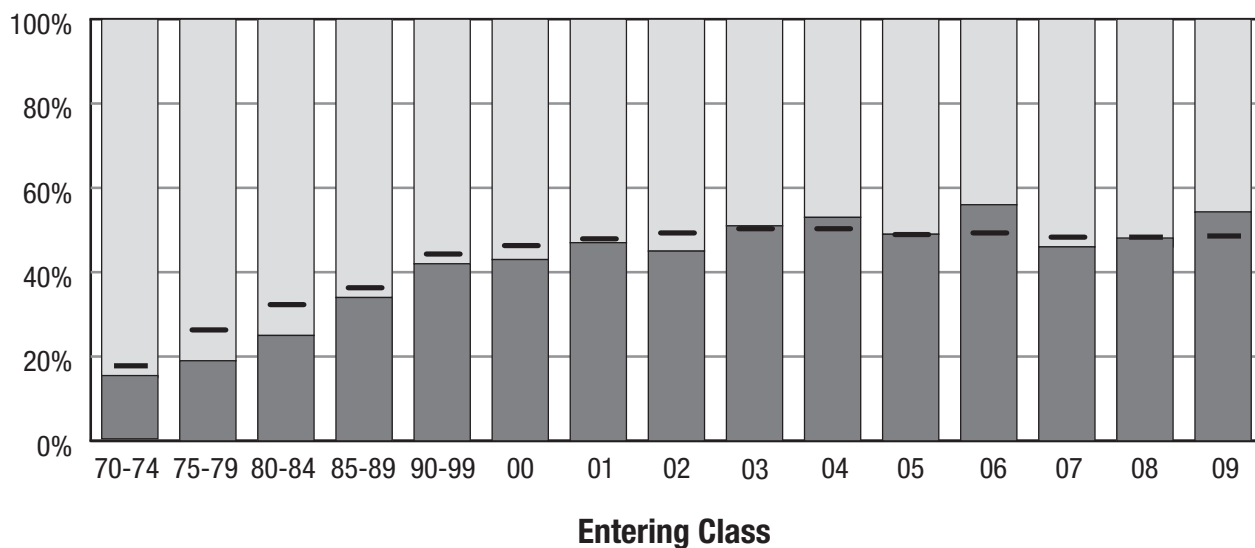
Figure 4
MCAT Verbal Reasoning¹



X = Mean

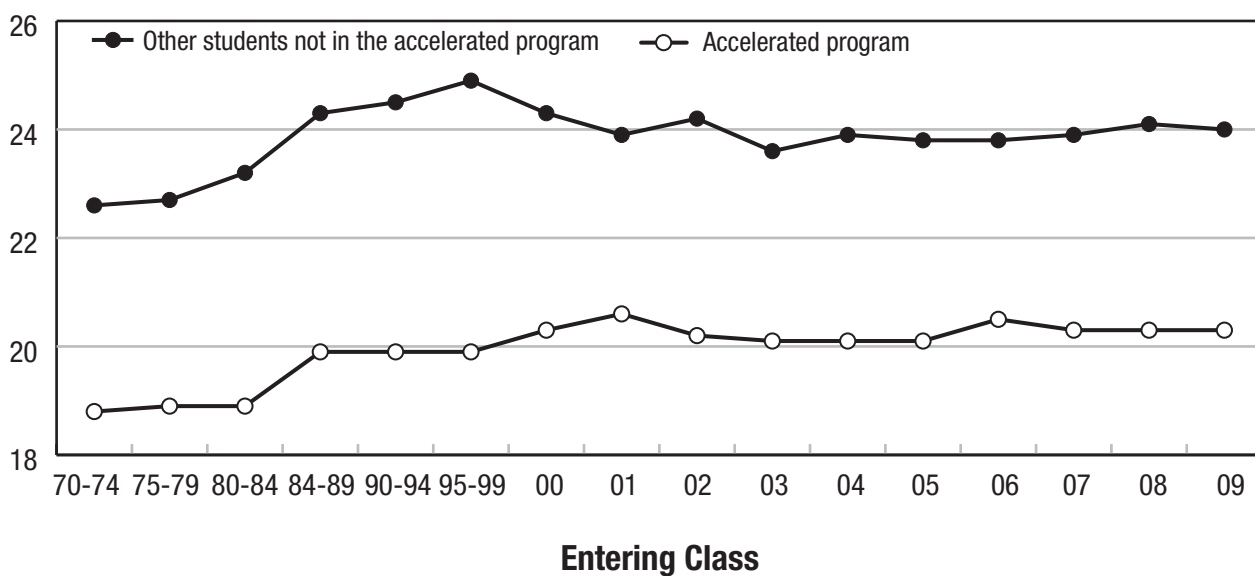
¹ Highest score was used for students with more than one set of scores.

Figure 5
Percent of Women Matriculants



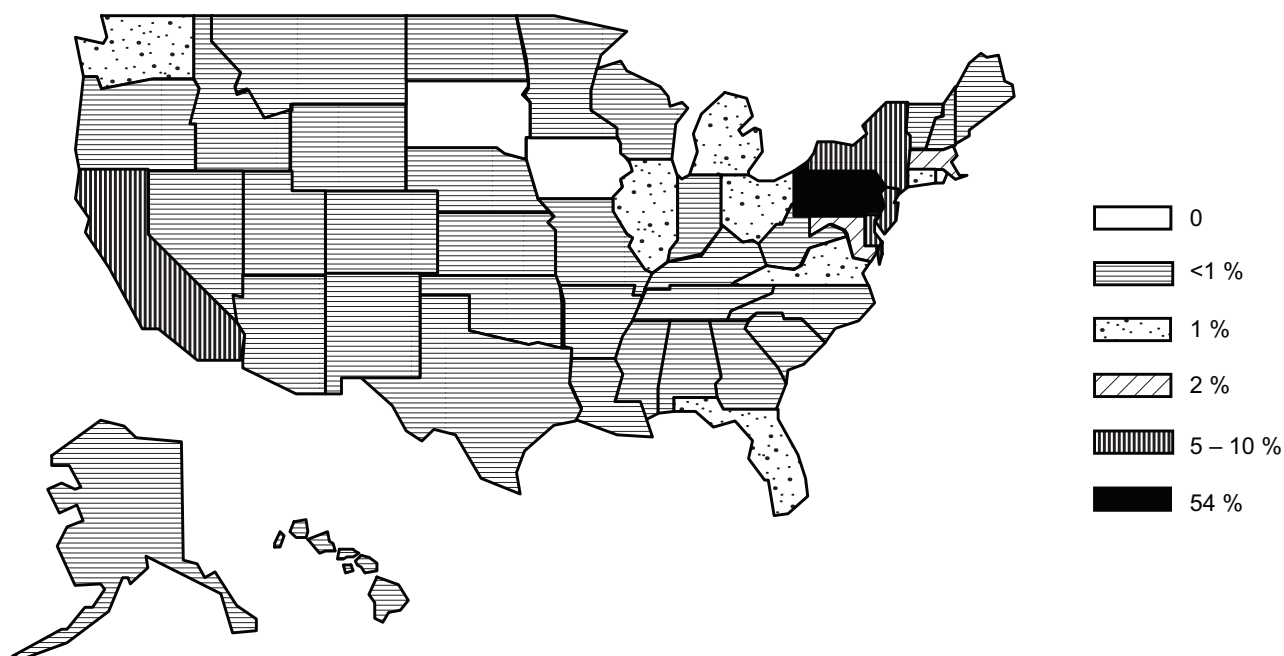
— Percent of women matriculants at all US medical schools

Figure 6
Mean Age at Matriculation



¹The 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.

Figure 7
Home State of Matriculants
Entering Classes of 1970 – 2009



Frequency Distribution¹

State	n
Pennsylvania	4,870
New Jersey	933
Delaware	763
California	523
New York	488
Maryland	176
Massachusetts	148
Florida	104
Connecticut	101
Virginia	84
Michigan	80
Illinois	63
Ohio	62
Washington	54
Colorado	45
Texas	41
North Carolina	38

State	n
Hawaii	37
Arizona	33
New Hampshire	25
Georgia	24
Rhode Island	24
Minnesota	23
Indiana	21
Wisconsin	20
Oregon	16
District of Columbia	15
Alabama	14
Utah	14
Maine	13
West Virginia	12
Tennessee	12
Louisiana	10
Missouri	10

State	n
Kentucky	9
Nevada	9
Kansas	9
Vermont	8
Idaho	6
Oklahoma	6
South Carolina	5
Mississippi	4
New Mexico	4
Nebraska	4
Arkansas	3
Montana	3
North Dakota	2
Alaska	2
Wyoming	1
Total	8,971

¹ Total of 47 students from foreign countries, 8 students from Puerto Rico, 4 students from U.S. territories and 3 students from Canada are not listed.

Table 1
Graduation, Transfers, and Attrition
Entering Classes of 1970 – 2006

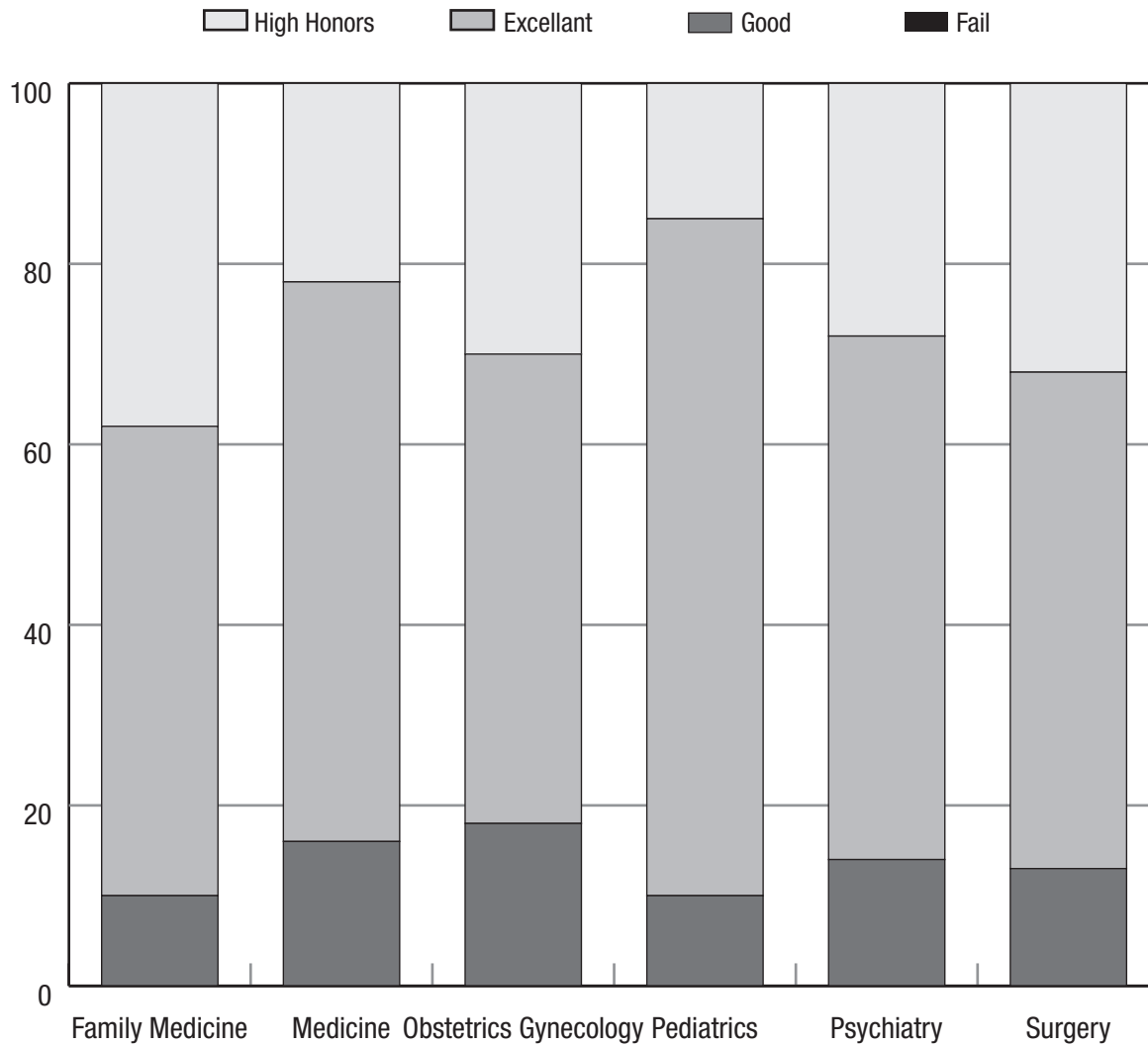
Entering Class		Graduated		Transferred	Did Not Graduate***
Year	Size	On Time*	Late**	–	–
1970	210	183	21	1	7
1971	213	200	4	2	7
1972	223	207	10	0	6
1973	223	202	11	1	9
1974	223	209	7	3	4
1975	223	209	9	2	3
1976	223	202	16	2	3
1977	223	206	10	2	5
1978	223	208	5	4	6
1979	223	201	12	3	7
1980	223	200	15	1	7
1981	223	195	16	4	8
1982	223	205	10	2	6
1983	223	195	19	3	6
1984	223	200	13	5	5
1985	223	205	8	2	8
1986	223	191	18	4	10
1987	222	190	19	6	7
1988	225	199	20	3	3
1989	225	191	25	3	6
1990	223	187	20	2	14
1991	223	192	15	3	13
1992	245	217	22	2	4
1993	226	198	19	1	8
1994	224	207	11	2	4
1995	224	199	17	4	4
1996	223	194	22	6	1
1997	223	193	25	0	5
1998	223	199	20	1	3
1999	223	181	36	0	6
2000	223	199	20	0	4
2001	223	199	19	0	5
2002	227	196	21	1	9
2003	229	198	24	2	5
2004	228	189	33	1	5
2005	253	222	27	0	4
2006	256	220	34	0	2

* Includes graduates from combined degree programs.

** Includes delayed graduation for academic and nonacademic reasons.

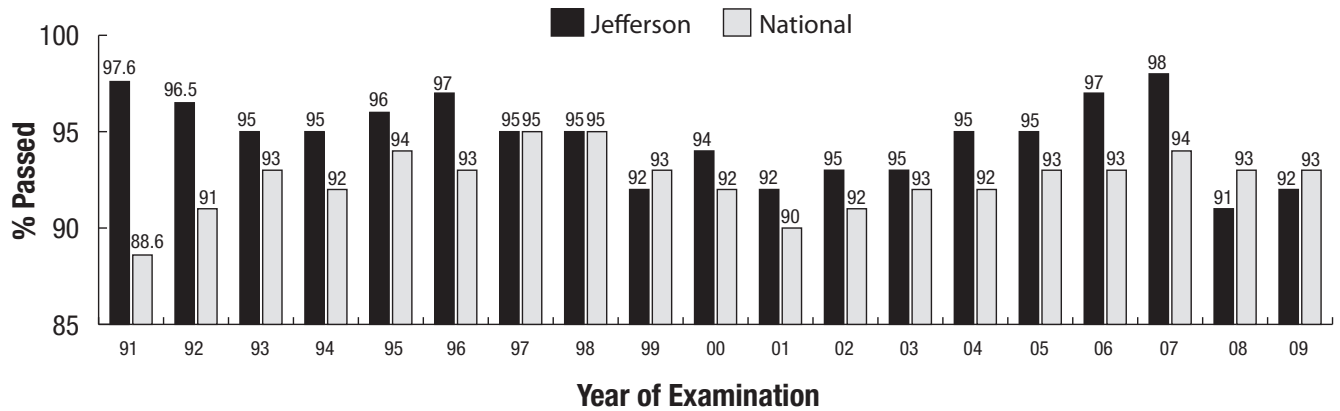
*** Includes withdraw, dismissed, and deceased students.

Figure 8
 Clinical Ratings of Students in Six Core Clerkships*
 Graduating Class of 2010

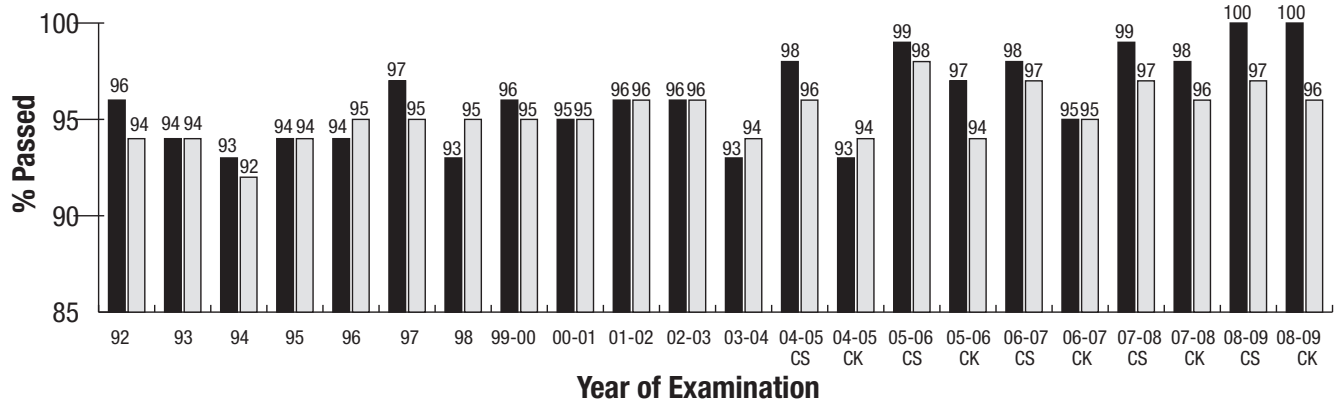


* Faculty's global rating of students' clinical competence. All core clerkships are 6 weeks, except Medicine which is 12 weeks in duration.

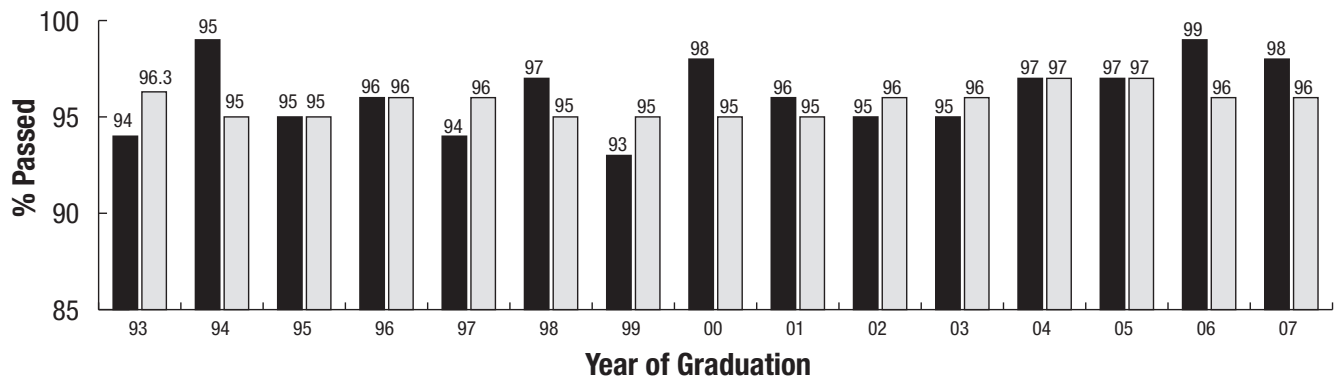
Figure 9
Pass Rates on the United States Medical
Licensing Examinations (USMLE)



* Data is 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.

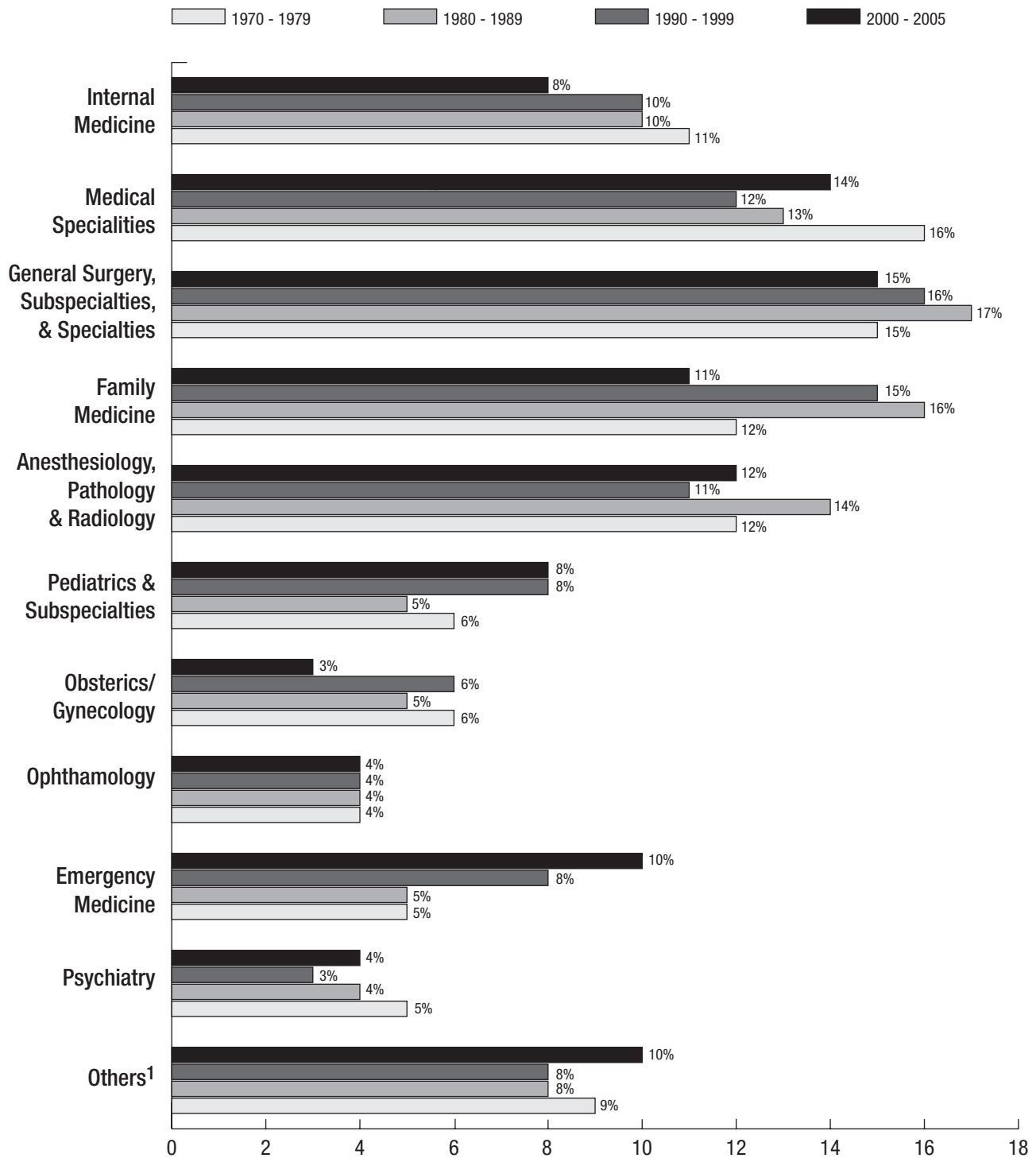


* Data is presented for the candidate reference group who took the examination for the first time each year and who were one year from expected graduation. The USMLE Step 2 replaced Part II in September 1992. Starting from July 2004, Step 2 reports 2 scores, one for clinical Skills (CS) and another for Clinical Knowledge (CK)



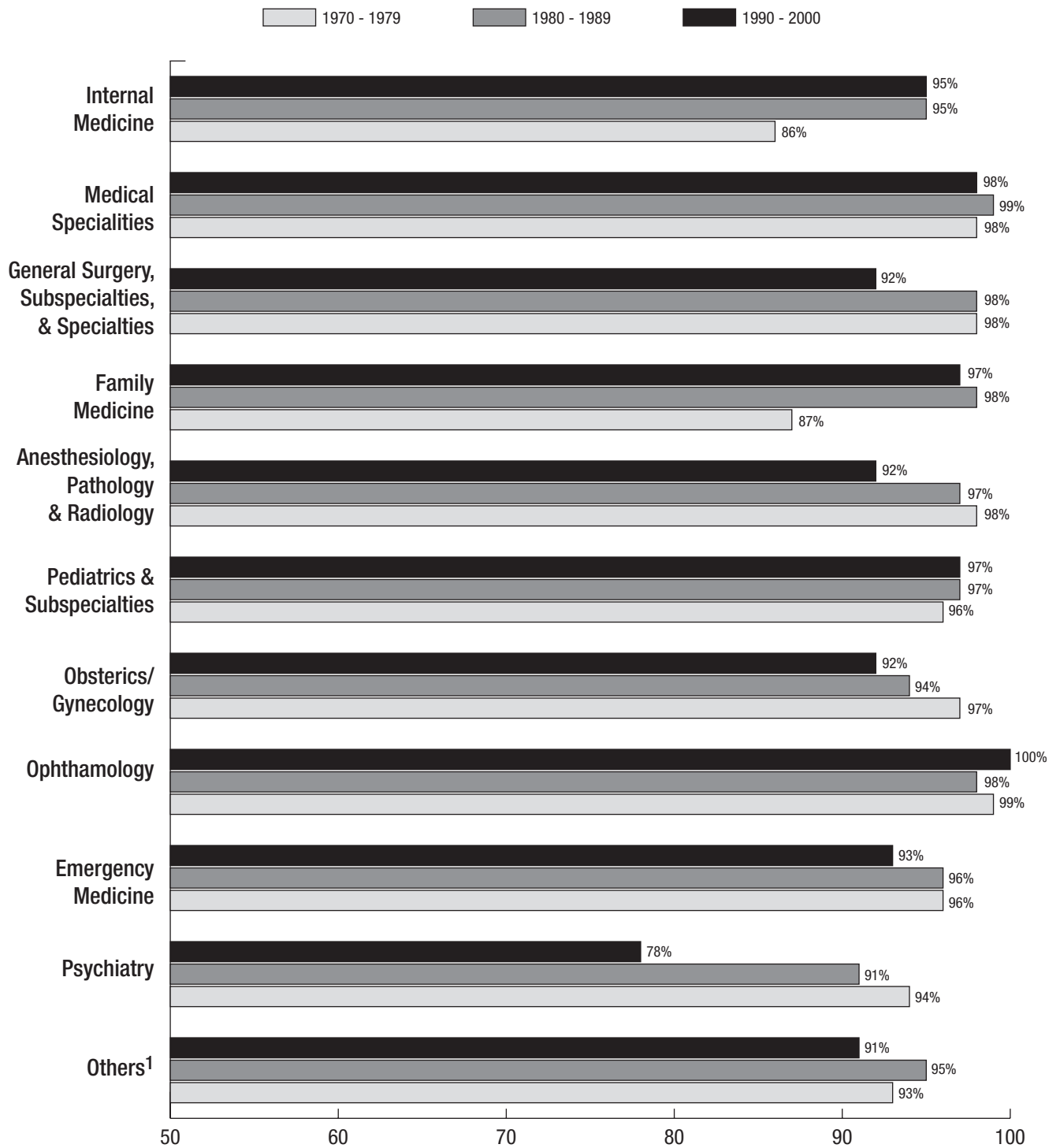
* Data is presented for graduates who took the examination for the first time in each year. The USMLE Step 3 replaced Part III in June 1994.

Figure 10
Specialties of Alumni*
Graduating Classes of 1970 – 2005



* Source: American Medical Association, American Board of Medical Specialties,
¹“Other” includes 31 specialties and subspecialties, each representing less than 2% of the total alumni.

Figure 11
Board Certification Rates of Alumni by Specialty*
Graduating Classes of 1970 – 2000

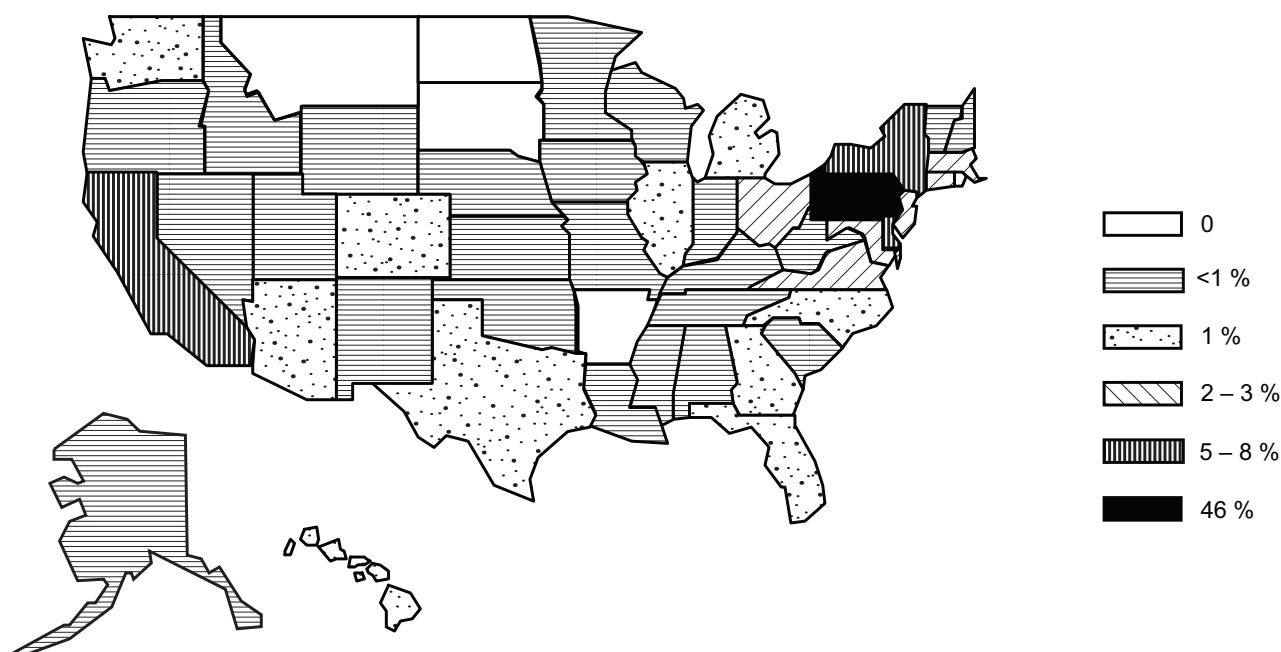


* Percentages are based on the total graduates in each specialty.

¹ "Other" includes 29 specialties and subspecialties, each representing less than 2 percent of total alumni.

Sources: American Medical Association.

Figure 12
Location of First Year Postgraduate Education
Classes of 1970 – 2010*



Frequency Distribution¹

State	n
Pennsylvania	4,032
New York	681
California	511
Delaware	468
New Jersey	278
Massachusetts	278
Virginia	222
District of Columbia	219
Maryland	204
Ohio	202
Connecticut	175
Illinois	153
Florida	119
Texas	114
Michigan	110
North Carolina	109

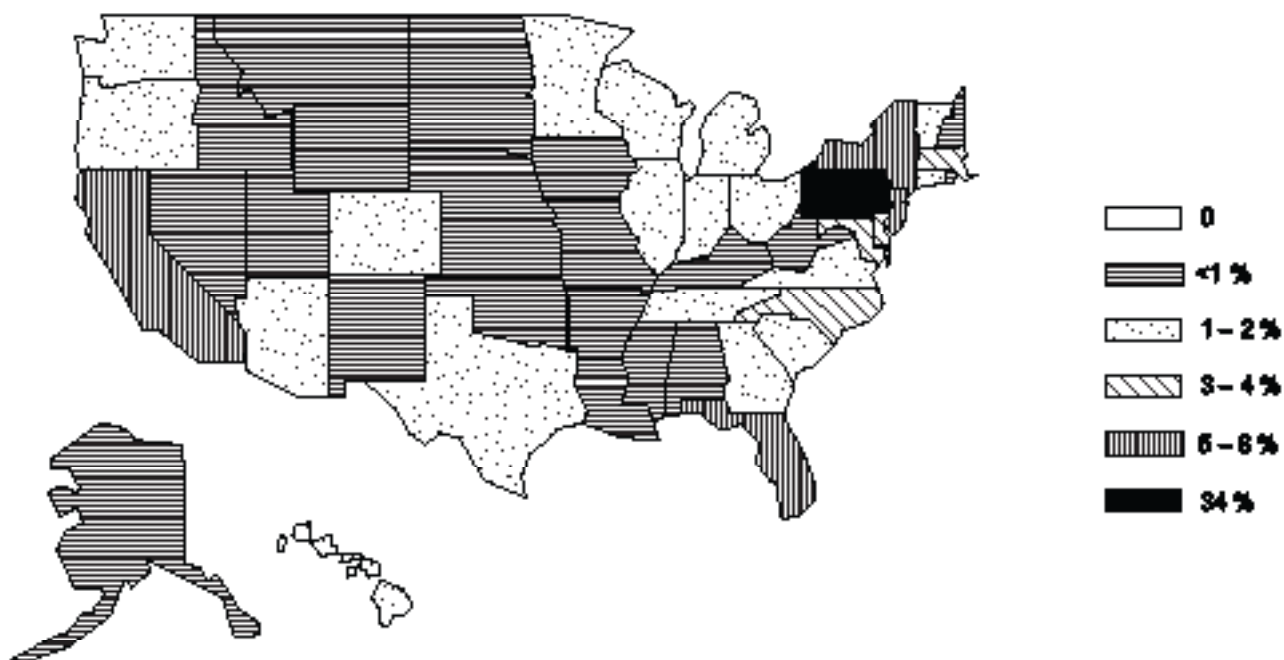
State	n
Rhode Island	76
Georgia	74
Washington	62
Hawaii	52
Arizona	52
Colorado	49
Minnesota	43
Missouri	42
Oregon	40
New Hampshire	37
Maine	33
Wisconsin	32
South Carolina	28
Louisiana	25
Vermont	24
West Virginia	24

State	n
Tennessee	18
New Mexico	16
Utah	13
Kentucky	11
Iowa	11
Indiana	10
Mississippi	7
Alabama	7
Nevada	5
Kansas	5
Oklahoma	3
Nebraska	2
Idaho	1
Wyoming	1
Total	8,678

* Sources: National Residency Match and Jefferson Alumni Office.

¹ There were 111 graduates who pursued their residency in Canada or other countries, or pursued research or deferred their residency in this time period.

Figure 13
Current State of Residence of Living Alumni*
Graduating Classes of 1970 - 2005



Frequency Distribution[†]

State	n
Pennsylvania	2,536
California	575
New Jersey	568
New York	377
Florida	344
Maryland	268
Delaware	268
Massachusetts	262
Virginia	238
North Carolina	188
Texas	142
Ohio	127
Georgia	116
Connecticut	110
Washington	109
Illinois	108
Arizona	92
Colorado	81

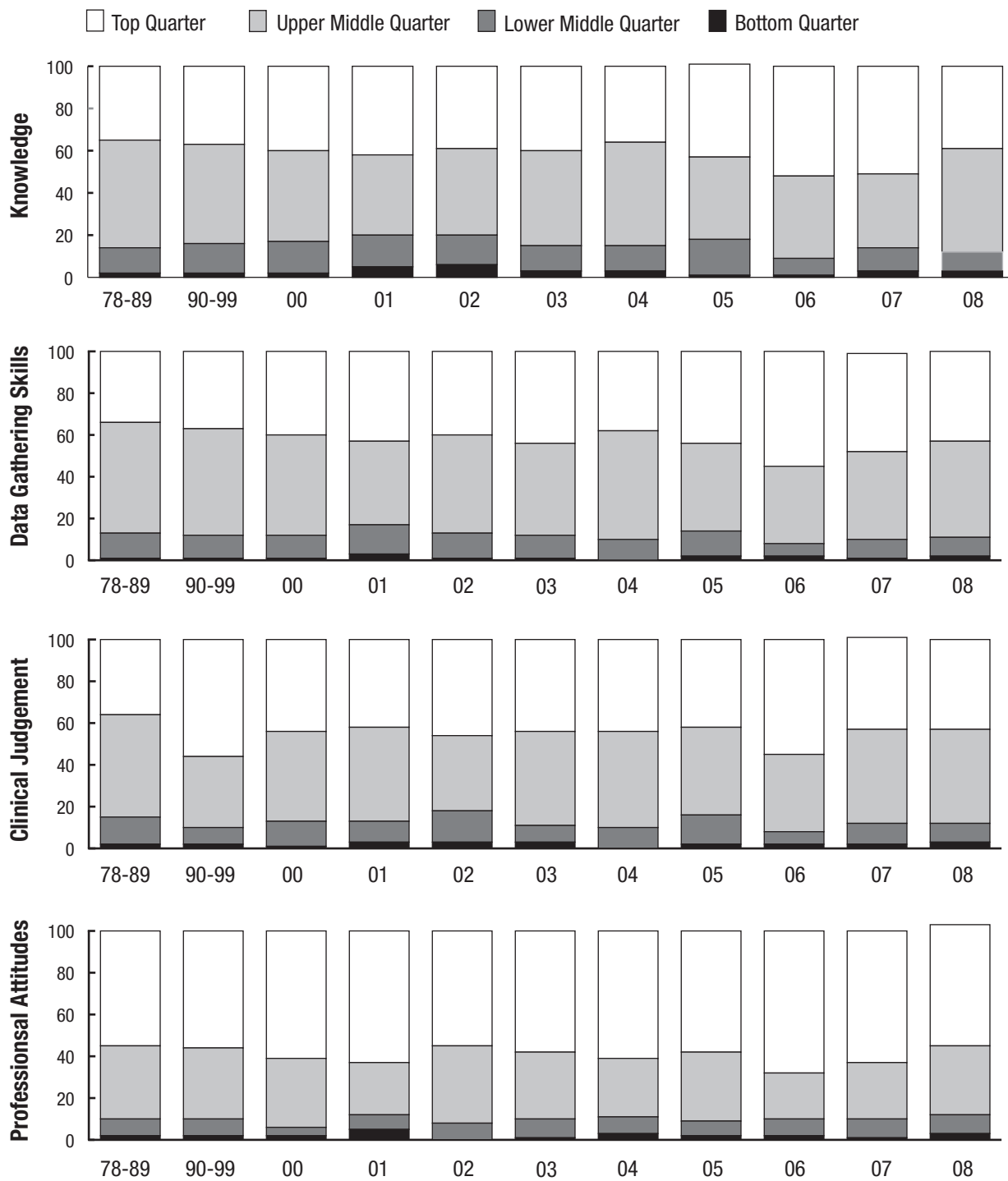
State	n
Michigan	70
Oregon	64
Tennessee	64
South Carolina	62
Maine	57
Indiana	42
Minnesota	42
New Hampshire	42
Wisconsin	40
Rhode Island	38
District of Columbia	37
Hawaii	36
Missouri	35
Kentucky	30
Nevada	30
Vermont	28
New Mexico	28
Utah	24

State	n
West Virginia	23
Alabama	21
Louisiana	21
Oklahoma	18
Kansas	15
Iowa	13
Idaho	12
Arkansas	10
Montana	9
Wyoming	8
Mississippi	8
Nebraska	6
Alaska	5
North Dakota	4
South Dakota	2
Total	7,475

* Source: American Medical Association.

† A total of 9 alumni residing in foreign countries, 1 in Canada, 4 in Puerto Rico, and 5 in U.S. territories are not included.

Figure 14
 Program Directors' Ratings in the First Postgraduate Year*
 Graduating Classes of 1978 – 2008



* Response rates vary for different classes from 45% to 75%
 Program directors rated the graduates on a 4-point Likert scale comparing them with all graduates they ever supervised.

Table 2
Full-Time Salaried Medical School Faculty Appointments of Alumni
Graduating Classes of 1970 – 2005 in the Past Five Years (n = 7,644)*

Medical School	N ¹
Jefferson Medical College	127
University of Pennsylvania	56
Harvard Medical School	46
Pennsylvania State University	36
Drexel University	33
UMDNJ-Piscataway	32
Johns Hopkins	26
Mayo Medical School	25
Temple University	25
University of Pittsburgh	24
University of Washington	19
Case Western Reserve University	16
UMDNJ - Newark	16
University of Maryland	16
Albert Einstein University	15
Tufts University	15
Georgetown University	14
University of Massachusetts	14
Boston University	13
University of Colorado	13
New York University	12
Northwestern University	12
Uniformed Services	12
Columbia University	11
Cornell University	11
University of California - Los Angeles	11
University of Rochester	11
University of Wisconsin	11
Emory University	10
University of Arizona	10
Vanderbilt University	10
Brown University	9
University of Cincinnati	9
Ohio State University	9
University of California - San Francisco	9
University of Virginia	9
Baylor College of Medicine	8
Duke University	8
Kentucky University College of Medicine	8
University of Florida	8
University of Miami	8
Yale University	8
George Washington	7
East Carolina University	7
Mt. Sinai Medical School	7
New York Medical College	7
University of California - Davis	7
University of California - Irvine	7
University of Tennessee	7
University of Utah	7
Albany Medical College	6

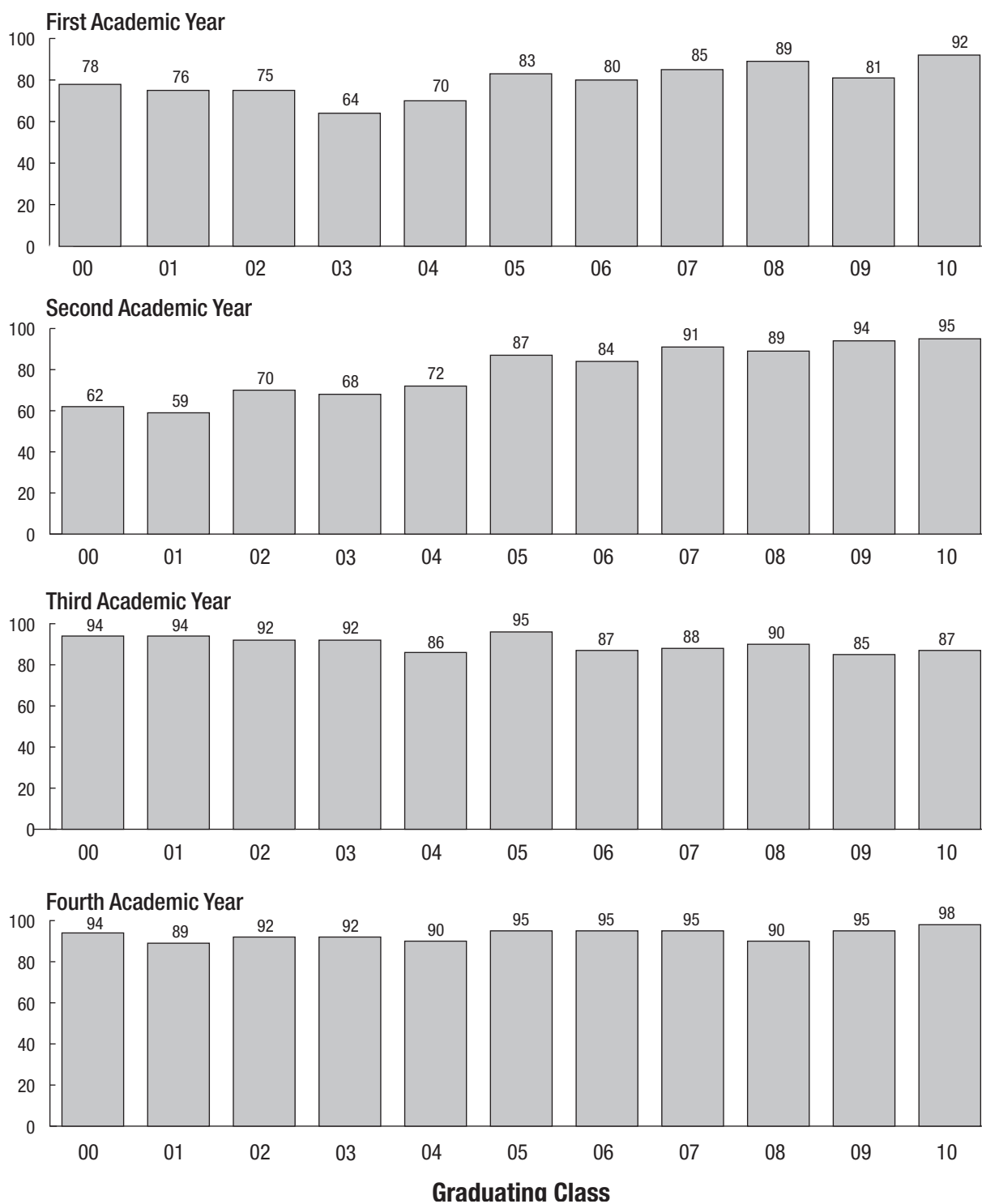
Medical School	N ¹
Dartmouth Medical School	6
University North Carolina - Chapel Hill	6
University of Michigan	6
University of New Mexico	6
University of Texas - Dallas	6
Tulane University	6
Bowman Gray School of Medicine	5
East Tennessee	5
Oregon Health Services University	5
University of Connecticut	5
University of Indiana	5
University of Vermont	5
Washington University - St. Louis	5
SUNY/Buffalo	3
Medical College of Wisconsin	4
Virginia Commonwealth University	4
Stanford University	4
Southern Illinois University	4
SUNY - Stony Brook	4
University of Illinois	4
University of Minnesota / Minneapolis	4
University of South Carolina - Columbia	4
Saint Louis University	3
SUNY - Upstate - Syracuse	3
University of Alabama	3
University of California - San Diego	3
University of Chicago	3
University of Hawaii	3
University of Missouri - Columbia	3
University of Oklahoma	3
University of Southern California	3
University of Texas - Houston	3
Wayne State	3
West Virginia University	3
Wright State University	3
Eastern Virginia	2
Loma Linda University	2
Louisiana State University	2
Loyola	2
Medical College of Ohio	2
University of Michigan	2
Michigan State University	2
Northeastern Ohio Universities	2
University of Iowa	2
Rush Medical College	2
University of Louisville School of Medicine	2
University of Georgia	2
University of Puerto Rico	2
University of South Florida	2
Schools with one Jefferson graduate	16
Total	1046

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

¹ Approximately 14% of the graduates had a full-time salaried faculty appointment at some point during the past five years.

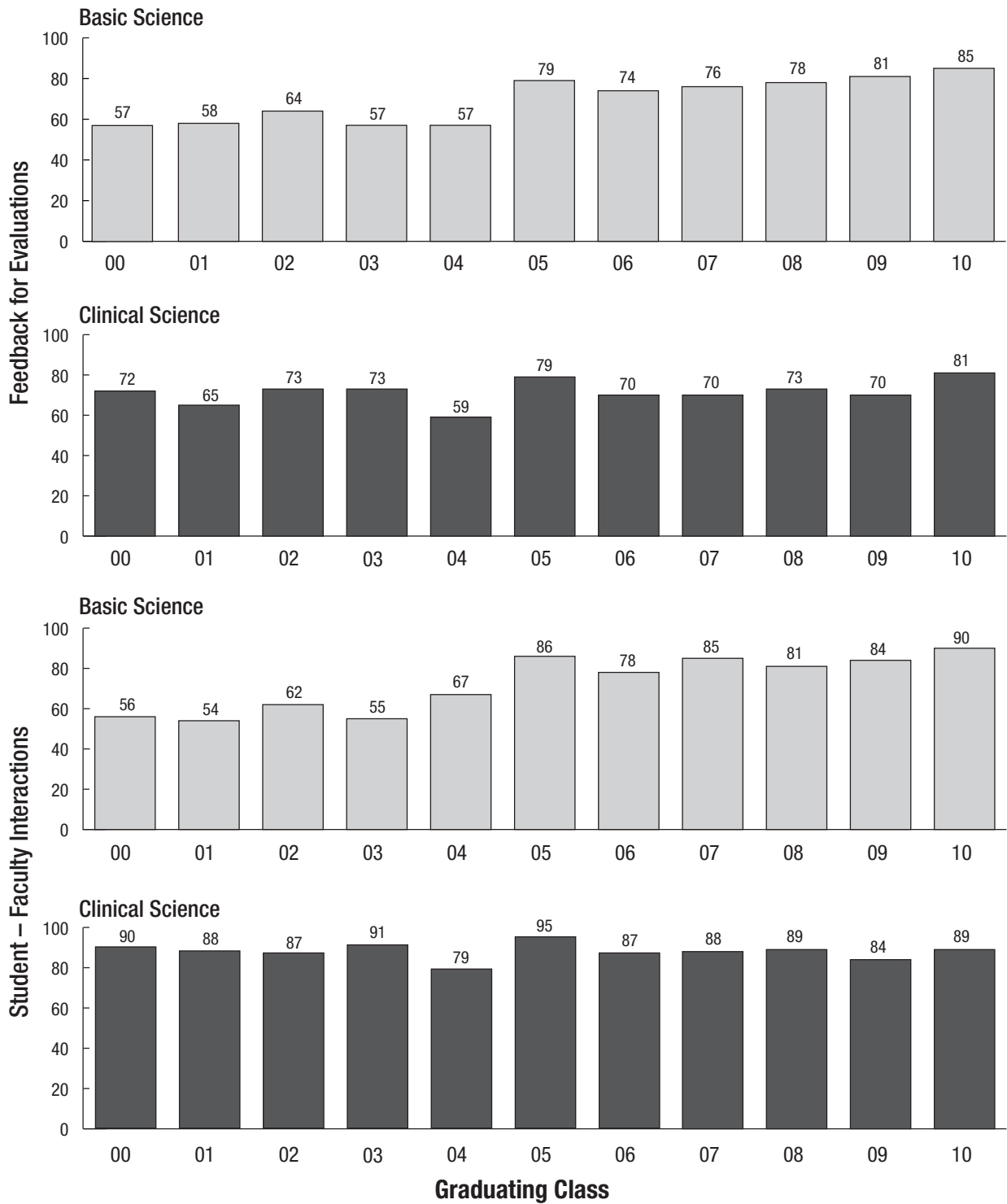
Figure 15

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



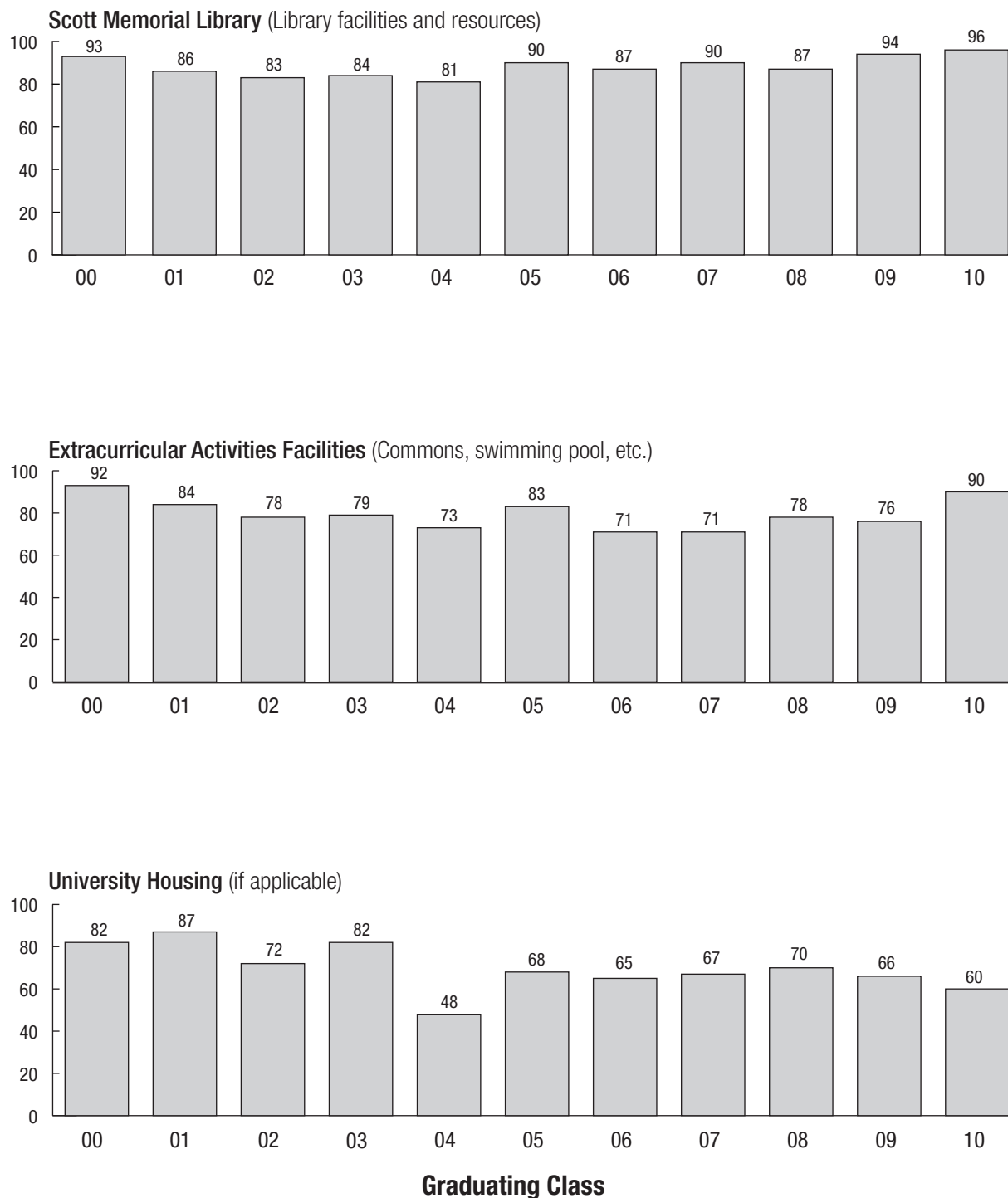
* From the graduation questionnaire of the Jefferson Longitudinal Study asking medical students the extent of their satisfaction with each medical school year on a 4-point scale (4=very satisfied, 3=satisfied, 2=dissatisfied, 1= very dissatisfied). Response rates ranged from 70% to 94%.

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



*Response rates ranged from 70% to 94%.

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



*Response rates ranged from 70% to 94%.

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?" ¹

Graduating Class	Scale Points										Mean Score
	1 very poorly	2	3	4	5	6	7	8	9	10	
2000	0	<1	1	<1	<1	10	24	35	17	6	7.58
2001	0	<1	4	3	5	12	24	39	10	3	7.18
2002	0	<1	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
2008	0	<1	0	2	1	6	12	38	29	11	8.10
2009	0	0	0	1	3	5	18	38	29	7	8.00
2010	0	0	0	0	2	4	12	39	27	16	8.33

¹ From the graduation questionnaire of the Jefferson Longitudinal Study. Response rates ranged from 70% 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	08	09	10
Psychosocial Factors in Health /Iness	88	83	90	83	88	94	93	95	92	92	94
Cultural Factors in Dis- ease Development	78	70	71	72	74	88	83	92	93	90	92
Medical Ethics Education	85	81	84	84	80	91	89	92	85	86	91
Interpersonal Skills Development	89	83	90	91	85	95	90	97	96	95	99
Geriatric Medicine	75	71	77	77	76	90	75	76	84	83	84
Computer Facilities	65	60	69	70	64	83	79	76	82	89	91
Economics of Healthcare	68	69	66	70	55	78	62	57	55	53	59
Practice Management	47	57	52	55	42	69	44	46	45	47	46
Health Promotion/ Dis- ease Prevention	90	80	84	87	87	96	94	96	90	93	94
Nutrition Education	61	59	60	66	73	77	63	77	71	74	72
HIV/AIDs	78	81	84	84	88	86	93	94	94	97	97
Research Methodology/ Statistics	65	70	63	63	69	80	77	76	72	70	81
Opportunities for Lifelong Learning ¹	—	—	74	77	84	90	85	91	87	96	98
Humanistic Aspect of Medicine ²	—	—	—	89	88	96	96	98	96	96	99

¹ Question included in 2002.

² Question included in 2003.

Response rates ranged from 70% to 94%.