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The Research Agenda

This issue is dedicated to our Department's response to the novel coronavirus. One of many positives to arise out of this pandemic was the focus of our faculty on their research projects. This Spring, we were able to fund the highest number of Saligman Pilot Grants – six (6), the most ever!

I just read the 2008 Nobel Laureate (in Economics), Paul Krugman's latest book – *Arguing with Zombies*. I recommend it to those with an interest in basic (Keynesian) economics, public policy, and two decades of discourse regarding the U.S., Social Security, Obamacare, the Euro, the housing bubble of 2008, etc. He also discusses his perspective on research.

Krugman offers his four basic rules for research:

- 1) Listen to the Gentiles – “pay attention to what intelligent people are saying, even if they do not have your customs or speak your analytical language.”
- 2) Question the question – ask if people are working on the proper questions, and be prepared for pushback from the establishment!
- 3) Dare to be silly – embrace new assumptions, anticipate ridicule from critics, but have the courage to promote innovative and unique theses.
- 4) Simplify, simplify – strip down the concepts to a minimalist model and force yourself to clearly project the essence of your findings.

Krugman's four rules, though designed for economic theory, are very relevant to both clinical and bench science. Not all solutions need to be complicated, sophisticated and obtuse. Perhaps one of our six Saligman Pilot Grant Recipients will make a novel and innovative discovery taking these four rules to heart. It was very gratifying to read these six creative Saligman Pilot Grants submitted by our faculty.

Please Welcome



Claudia Lozano-Guzman, MD, has joined the Division of Acute Surgery. Dr. Lozano-Guzman received a Harvard Medical School and McGill University International Latin American Scholarship for clinical rotations during her senior year of medical school at Universidad El Bosque in Bogota, Columbia. She completed the General Surgery Residency Program at Beth Israel Medical Center and a Fellowship in Surgical Critical Care at Thomas Jefferson University Hospital (TJUH). She sees patients at three Trauma Centers staffed by Jefferson acute care surgeons: TJUH, Lankanau Hospital and Paoli Hospital.



Wilbur Bowne, MD, has joined the Division of General Surgery. Dr. Bowne completed his residency at the Mount Sinai School of Medicine, a Surgical Oncology Fellowship at Memorial Sloan-Kettering Cancer Center and a Laparoscopic/Minimally Invasive Fellowship at the State University of New York, Health Science Center of Brooklyn. As a surgical oncology specialist, he will be building a hyperthermic intraperitoneal chemotherapy (HIPEC) program at Jefferson. He sees patients at Thomas Jefferson University Hospital.



Konstadinos A. Plestis, MD, has joined the Division of Cardiac Surgery. A native of Greece, he completed medical school at Aristotelian University of Thessaloniki. Dr. Plestis completed the General Surgery Residency Program at Brooklyn Hospital Center and the Vascular Surgery Residency at Baylor College of Medicine. He then completed a Cardiothoracic Surgery Fellowship at Montefiore Medical Center and is triple board certified in Surgery, Vascular Surgery and Thoracic and Cardiac Surgery. Dr. Plestis is internationally known for his work on complex aortic surgery. He currently sees patients at Jefferson-Abington and is the Director of Jefferson Aorta Surgery.



The Doctor Is 'On': Telemedicine Takes Off During COVID-19

Thomas Jefferson University Hospital has offered telemedicine through the JeffConnect® service since 2015. Before the COVID-19 outbreak, the service averaged 40 to 60 scheduled daily visits. During the pandemic, it reached more than 3,000 per day system wide – giving patients and providers firsthand experience with this method of care delivery.

“Jefferson Health prepared for a worst-case scenario of a local pandemic that could leave our healthcare workers quarantined, sick or absent,” says Judd Hollander, MD, Professor of Emergency Medicine and Associate Dean for Strategic Health Initiatives, Sidney Kimmel Medical College. “By converting scheduled office visits to telemedicine visits, we enabled our clinicians to continue caring for established, nonexposed patients. We also used our telemedical services to triage patients exhibiting potential COVID-19 symptoms.”

Even before the pandemic, the Department of Surgery's use of telemedicine was already on the rise, according to Director of Clinical Operations, Andrea DelMastro. She notes that providers were easily attaining the Departmental goal of 700 visits per year. As of May 27, 2020, the year-to-date number already exceeds 2,900.

DelMastro notes that in the past, surgeons sometimes remarked that the technology was difficult to use, and making a phone call was the easier choice. “Now the technology has improved and made it much easier and more convenient for both patients and providers,” she says.

With telemedicine visits, both patients and clinicians can stay safely at home, greatly limiting travel and exposure

while enabling uninterrupted care. And unlike a traditional phone call, telemedicine enables providers to hear and see patients, which can be helpful especially when conducting post-op appointments.

Karen Chojnacki, MD, Program Director, General Surgery Residency and Vice Chair for Education, conducted telemedicine visits almost exclusively in March, April and early May. The only patients seen in the office were emergencies or those with post-operative complications.

“Now the technology has improved and made it much easier and more convenient for both patients and providers.”

“Now I am seeing about half of patients as telehealth visits. In fact, I have scheduled several patients for surgery having only met them virtually,” she says. “I meet them for the first time in person right before surgery. I find that very unusual, but patients seem very comfortable with it.”

Will this surge in adoption lead to enduring change? Dr. Hollander thinks it could: “Like every other new challenge, you have to try telemedicine to get comfortable with it. We have found it takes 12 to 15 visits for a provider to feel comfortable. Once they do 20 to 30, they will join the group of the telemedicine converted.”

For more information about using JeffConnect for on-demand or scheduled patient visits as well as remote consults and virtual rounds with family members, visit: [Jefferson.edu/JeffConnect](https://www.jefferson.edu/JeffConnect)