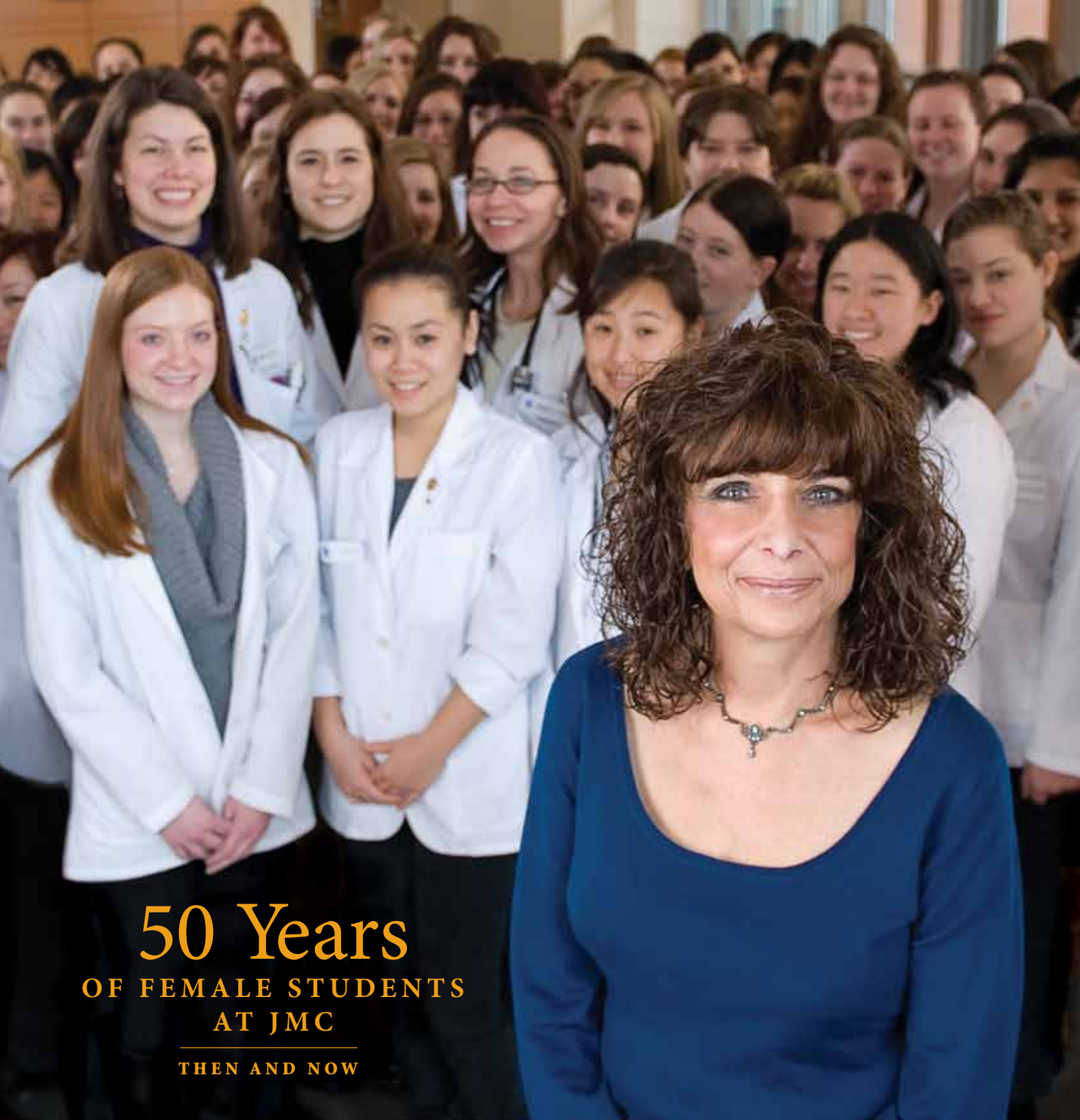


ALUMNI BULLETIN Jefferson

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • WINTER 2011



50 Years
OF FEMALE STUDENTS
AT JMC

THEN AND NOW

Message from the President



Robert L. Barchi, MD, PhD

Today, 50 years after Jefferson Medical College admitted its first female students, it seems inconceivable to deny women access to a medical education. Limiting access to any group of students based on demographics and not capability and skill only serves to harm the profession and society at large. Patients suffer.

Though women have now reached parity with men in medical education and in most residency programs, female physicians still do face challenges with the conflicting demands of family and profession. This is particularly true in academia. But here, too, advances are continuing (see Page 6).

Although we have made real progress in bringing women into the medical profession on a level footing with their male counterparts, a major disparity still exists between the proportional representation of whites and minorities in our medical schools and our physician practices. According to the Association of American Medical Colleges, the enrollment of underrepresented minorities in medical schools totaled 15.1 percent in 2008, with many of these concentrated in schools that traditionally serve minorities, and in 2007 these minorities accounted for only 6 percent of U.S. physicians working outside of the federal government. Yet the racial and ethnic

groups represented by these students comprise more than 30 percent of the U.S. population. In fact, there is a related disparity in health care that whites and minorities receive in the United States, and statistics underscore the urgent need to address it. For almost every indicator of health collected by the federal government, there are systematic differences in the quality and quantity of medical care received by minorities compared with whites, even when adjusted for income and insurance.

How can improving diversity among healthcare providers ultimately serve patients and lessen disparities in healthcare delivery? Research shows that patients' trust and satisfaction increase when their providers are of similar backgrounds. Minorities, more than whites, prefer physicians of their own racial and ethnic background, and patients are more likely to visit these physicians and comply with their treatment regimens, according to studies.

Statistics also show that black, Hispanic and Native American physicians are more likely than their white counterparts to practice in underserved communities and often choose to serve our society's most vulnerable.

The participation of minority investigators in medical research also benefits society on at least two levels: These investigators are more likely than whites to study diseases prevalent among blacks and Hispanics, and they are more likely to draw minority participants to clinical trials.

Improving student and physician diversity will not only help address disparities, it also will provide direct benefits to every single American. Diversity improves the problem-solving capacity and creativity of healthcare delivery teams, according to studies showing that differences in life experiences, perceptions and practices in diverse teams can form the seeds of innovations often missed by homogenous groups.

Academic medical centers have tried for decades to increase minority enrollment, primarily through recruitment, with little success. The underlying issues point to a societal problem: More than half of the Hispanics

and blacks in our country live below the federal poverty level compared with 26 percent of whites. Many primary and secondary schools serving our nation's poor fail to offer the rigorous science and math training needed for success in the college preparation required for medical school admission.

The low-income students with the motivation and opportunity to overcome these obstacles encounter yet another barrier, in many ways even more formidable, when they consider medicine: the price of school. The average debt of students graduating this spring from JMC will be about \$175,000 – a staggering number to anyone, but virtually inconceivable to lower-income Americans.

In a perfect example of a Catch-22, one more obstacle awaits our diversity students when they arrive at a medical school: the lack of minority mentors. Without minority role models and advisers, these students find it difficult to cope effectively with the myriad of challenges they face during their four years at JMC.

Under Dean Mark Tykocinski, Jefferson is confronting these challenges with a new aggressiveness, starting with a strong emphasis on raising scholarship funds from alumni. A committee that Dean Tykocinski oversees is exploring "pipeline programs" with undergraduate colleges as well as secondary schools in the community to encourage those adept at science to consider medicine. Attracting minority senior faculty members and advancing junior faculty has also become one of his highest priorities.

Fifty years after its slow decision to admit its first female student, JMC is working to be among the leaders in finding solutions to the equally challenging inequity facing underrepresented minorities.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert L. Barchi". The signature is fluid and cursive, written over a white background.

Robert L. Barchi, MD, PhD
President

Thomas Jefferson University

On the cover: Merle Edelstein, MD '65, a member of the first JMC class to admit women, with first- and second-year JMC students.

Contents



FEATURES

6 Women in Medicine: Bridging the Gaps

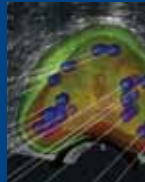
12 Time & Place

16 Jefferson Women: Leaders Through the Decades



26 Personal Stories

DEPARTMENTS



2 DEAN'S MESSAGE

4 FINDINGS

Researchers Find Case Reviews Haphazard

Researchers Create New Robotic Treatment for Prostate Cancer

28 ON CAMPUS



32 CLASS NOTES

36 IN MEMORIAM

37 BY THE NUMBERS



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The Dean's Column

Fifty years ago, Jefferson Medical College opened its doors to female students. Though JMC was relatively late to the process, those of its peers that had already included women in their classes fell far short of equality themselves – quotas, predominantly informal and mostly unspoken, kept the number of female students to about 10 percent nationally. The percentages began to inch up only in the mid-1970s, when federal law known as Title IX made sexual discrimination financially unwise.

Fortunately, today's medical students live in a different world – JMC hit the 50/50 mark in 1998, and the national average has hovered close to that for a decade (see Page 37). However, this milestone – albeit critical – has not erased gender inequity in academic medicine.

Basically, we have welcomed the nation's brightest women into an "old boys' club," changing few rules and making few accommodations for the essential difference that separates men and women – childbearing. Despite significant shifts in societal perceptions of child care as a solely female task, the reality is that the responsibility still predominantly falls on women. This is complicated by the fact that prime childbearing years coincide with medical school, 80-hour residency workweeks and grueling schedules of junior faculty competing for tenure.

As a result, women remain woefully underrepresented in fields with the longest residencies. And they still remain underrepresented in the higher levels of academia.

Academic medical centers have tried to address the need for flexibility by offering women part-time or split residencies, but these options often carry stigmas, foster resentment and can leave participants feeling overworked and underpaid. The situation requires more than a bandage; it requires systemic change.

I do not underestimate the difficulty ahead. No working model exists today, and academia, particularly medical academia, often considers radical change an anathema. But I take heart – and guidance – from looking at another field that often requires long hours and personal sacrifice – accounting.

In the 1990s, executives at the nation's big four accounting firms noticed that while many young women entered the field, they left at a far greater rate than men. In addressing this issue, executives had something far more prosaic than equality in mind – the bottom line. Hiring and training a new employee can cost up to 1.5 times the worker's salary.

So the firms started slowly by expanding maternity leave. Today, programs cover men and women and include a wide range of options, from 35-hour weeks to two months off in the summer. Team members together devise tactics to meet deadlines, while giving each other flexibility to fulfill personal obligations. And taking advantage of the programs in no way jeopardizes an employee's chance for promotions or significant raises.

Medicine presents far more complications than accounting, but we need to begin to ask ourselves hard questions: Can we add flexibility to residencies and fellowships? How might we more meaningfully exploit technical and situational simulation to deepen and diversify training experiences? Why do we put inflexible deadlines on tenure tracks?

Admittedly, this is a hot-button issue. Many women recoil from the suggestion of special accommodation, and, indeed, so many have proven remarkably capable of "doing it all" within the current framework.

Yet this is not a matter of diluting training, but, rather, of updating it. The physician of the 21st century will increasingly be someone who is a master of complex information,

a decision-maker functioning within multidisciplinary teams and a personal navigator who steers patients through an ever-growing deluge of medical information and subspecialty providers – with, I hope, more time to connect to patients' emotional needs. And a growing subset of physicians will leverage their higher degree in creative ways beyond the traditional walls of the medical world. This vision for the new physician demands new paths for undergraduate and graduate medical training and accommodates greater flexibility in modes of practice – all with profoundly positive implications for women in medicine.

I have two daughters poised to graduate medical school this May. The older of the two gave birth this summer just as she was preparing to enter her fourth year of medical school. I watch in awe as she juggles caring for my granddaughter, the rigors of rotations, the discipline of studying and a commute home to her husband on the weekends. Had she not been so resilient, she might have been forced to choose family over profession, and our society would have lost a talented and caring physician.

Estimating how many talented women we have lost in the past is impossible. But we can work to devise a system in the future that allows both men and women to pursue academic medicine without sacrificing their personal lives. I can only hope that when my granddaughter considers careers, the challenges of today will seem as foreign to her as quotas seem to us.

Sincerely,

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

“We can work to devise a system in the future that allows both men and women to pursue academic medicine without sacrificing their personal lives.”

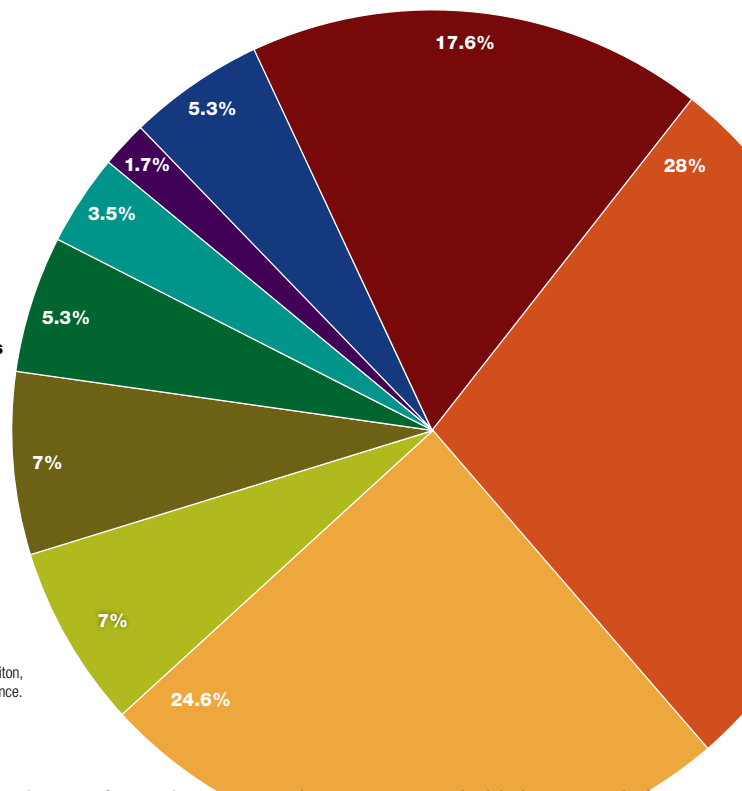


Findings

Percentage of institutions with the amount of time spent reviewing each patient's chart

- 1 min.
- 2 min.
- 3 min.
- 4 min.
- 5 min.
- 6 min.
- 8 min.
- 12 min.
- 15 min.

Source: *Chart Rounds in the Digital Age: A Survey of North American Institutions*; Whiton, Dicker, Wuthrick, Doyle, Harrison and Lawrence.



Researchers Find Case Reviews Haphazard

“The quality of peer review has not kept up with advances in technology.”

– Yaacov Lawrence, MRCP

A team of radiation oncologists from the Kimmel Cancer Center at Jefferson has determined many hospitals allocate insufficient time to radiotherapy chart rounds, potentially exposing patients to serious injuries and even death.

The group’s study, sparked by reports of radiation therapy mistakes across North America, revealed that radiation oncologists spend an average of just more than three minutes and sometimes as few as one reviewing individual patient cases, too little time to assess the full range of data available for complex procedures.

“The quality of peer review has not kept up with advances in technology,” said the study’s senior investigator, Yaacov Lawrence, MRCP.

Physicians from many specialties use peer review to ensure top-quality treatment plans; the process is especially important in radiation oncology to guard against technical errors.

“We have an opportunity in academic radiation oncology to have each individual treatment plan evaluated by multiple peers,” said Michal Whiton, MD, the study’s first author; she was a resident at Jefferson when the study began. “This can and should ultimately lead to a better solution for the overall care of the patient, if done adequately.”

The researchers anonymously surveyed all hospitals in North America that train radiation oncologists and received replies from 59 centers. They found that the median number of patients receiving treatment at any one time was 100 to 125 and that 58 percent of

responding institutions hold chart rounds for less than two hours per week. The median amount of time spent per patient was 3.4 minutes, which the researchers described as “unsettling.”

“It seemed to us that the finer details of treatment are not always reviewed,” Lawrence said. “Compared to 15 years ago, there is a lot more to review, such as details involving how much ionizing radiation is going to different organs and how it is being delivered. Radiation oncology these days involves a lot of number crunching – but you cannot critically assess all the available data in such a short time.”

The team described chart round procedures across the United States and Canada as “haphazard,” with patient history, chart documentation and dose prescription receiving close review in 79 percent of the institutions while many critical aspects of treatment plans, such as normal tissue constraints used during planning, not being thoroughly reviewed.

The researchers also found no correlation between the complexity of techniques used and the time spent per patient for quality assurance purposes. However, chart rounds still led to both minor and major treatment changes.

“The unanswered question is: If a more in-depth review of charts was performed, would more changes be made?” said Lawrence, who presented the team’s findings at the American Society of Radiation Oncology annual meeting in San Diego in November.

Researchers Create New Robotic Treatment for Prostate Cancer

Scientists at Thomas Jefferson University have designed a robotic system to help urologists and radiation oncologists place radioactive seeds precisely into prostate tumors, and the National Cancer Institute has approved a clinical trial to test the new system.

Prostate brachytherapy requires accurate insertion of 60 to 120 radioactive seeds one at a time in very specific sites in the prostate, leaving substantial room for human error – a problem researchers hope the new robot, called Euclidian, will overcome.

Physicians now use a plastic or metal template with holes to guide needles containing the radioactive seeds. Because this grid is thin, physicians often experience

difficulty pushing smoothly and straightly through glandular tissue.

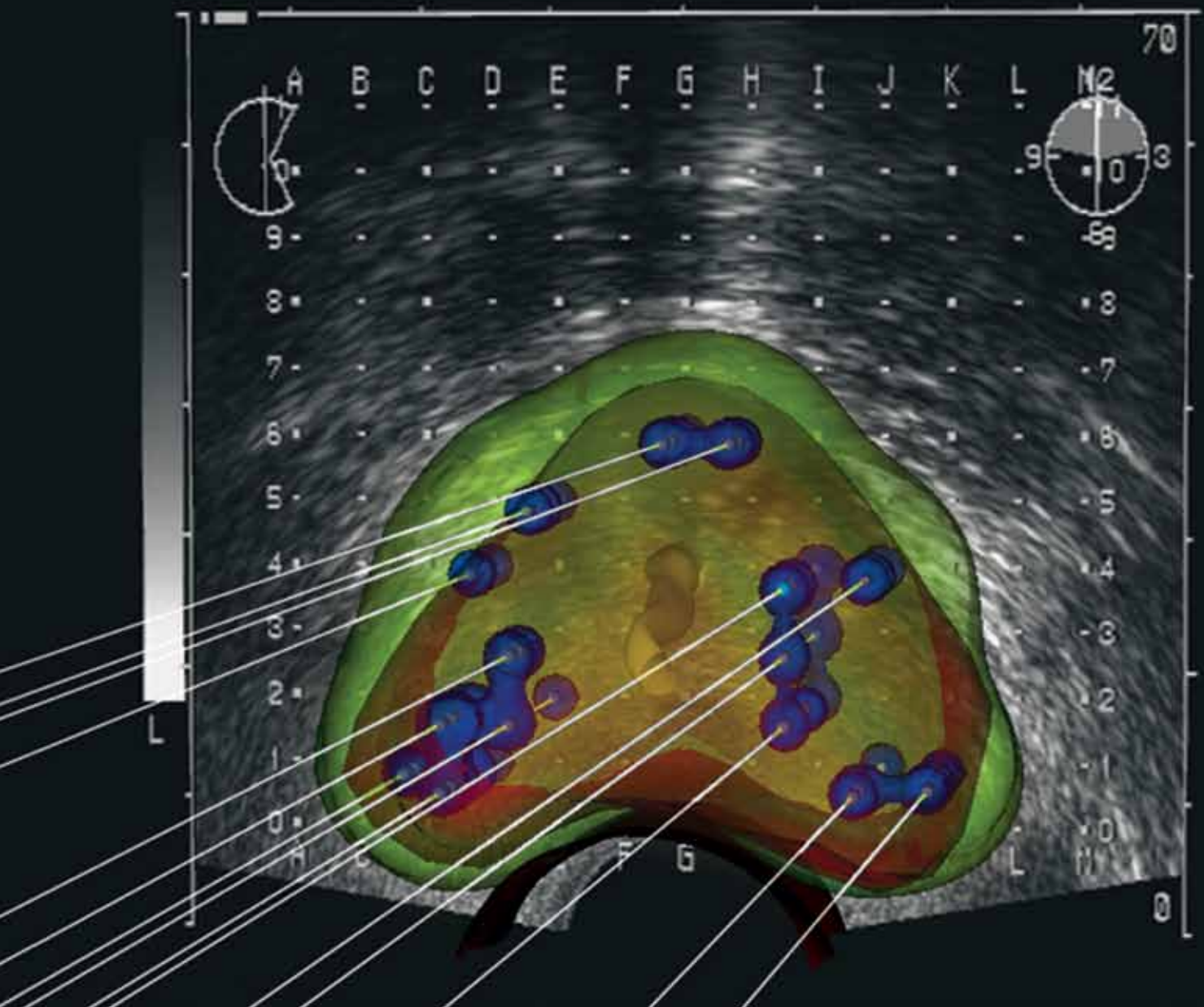
“The template forms a pivot point of sort, so the needles, which are unsupported, can twist ever so slightly,” said Adam Dicker, MD, PhD, professor and chairman of the Department of Radiation Oncology. “Getting the seeds to the right place is very important because of the side effects that can occur from the radiation they emit.”

The robot, controlled by a physician via a handheld controller and a computer interface, provides a steady and precise method to implant the radioactive seeds.

“With its motorized controls and imaging feedback, the robot can systemically place

the seeds in a way we believe is more consistently accurate than a human can be,” said Yan Yu, PhD, professor and director of the Medical Physics Division in the Department of Radiation Oncology and leader of the team that developed the system. He said the software that operates the robot took more than 15 years to develop.

The Euclidian system incorporates high-resolution ultrasound image processing; dose planning using genetic algorithms; 3D visualization; “smart needle” rotation for reducing tissue deformation and prostate displacement; and force feedback from nano-sensors installed at various points on the robot. Needle insertion and seed delivery are fully automatic.



WOMEN IN MEDICINE:

Bridging the Gaps

Fifty years after JMC began admitting women, they represent half of all medical students – but does that mean women have completely caught up with men in medicine?

The experiences of female physicians reveal enduring differences in specialty choices, leadership opportunities and salary.

Fourth-year JMC student Cara Doherty came to medical school prepared to make sacrifices. With her parents' help, she and her fiancé have devised a plan to cover all bases at home when they start having children, an event likely to occur during a residency requiring her to work 80 hours a week.

"Someday, I would like to be a hands-on mom," Doherty said. "But I also want to be a doctor. Medical students give up their freedom the moment they enroll, even when it comes to family. You're either willing to meet the demands, or you're not."

Women have been showing their will since Elizabeth Blackwell became the first woman accepted to a U.S. medical school more than 160 years ago. Despite a flood of early protests, the gender gap has since narrowed in virtually every profession, and in the half-century that Jefferson has been admitting women, almost every U.S. medical school has shown remarkable growth in the number of female students. Last year, the Association of American

Medical Colleges reported that women comprised 48 percent of accepted applicants and 49 percent of graduates; in 1965, women comprised just 9 percent of accepted applicants and 7 percent of graduates.

Today, nearly 40 percent of U.S. physicians are women, a milestone reached with difficulty in many cases. Female physicians who earned their degrees when men still greatly outnumbered them often recall blatant discrimination and harassment.

"Some professors considered our acceptance of women a mistake, even 20 years after the decision. They saw our lateness as a point of pride," said Bonni S. Field, MD '85. "Women's dedication was always in question. Attendings on rotation would say to us, 'You took the place of a man, so you better live up to expectations and not just quit to have kids.'"

That stance has largely evaporated, but female students and physicians still encounter challenges, including striking a balance between work and family and enduring judgmental peers and acquaintances, according to Marianne T. Ritchie, MD '80.

"As a woman and a physician, if you're single, you're rigid. If you're married without kids, you're selfish. If you're married with kids, you're a lousy mother. And if you work part time, you're not dedicated," said Ritchie, assistant professor of gastroenterology and hepatology at Jefferson. "You choose the label you can live with."

Specialty Trends

Although the number of female physicians continues to increase, the specialties most commonly selected by women remain the same. The American Medical Association reports that two-thirds of female physicians are clustered in six specialties, five of which rank among the lowest-paying in medicine: obstetrics and gynecology, pediatrics, family practice, internal medicine and psychiatry with the sixth being anesthesiology. Nearly 80 percent of ob-gyn residents and 70 percent of pediatrics residents today are women.

Many hypotheses for the skew exist, the most popular being it reflects a desire for shorter residencies and flexible schedules that allow more time for family. Although residencies



TOP SPECIALITIES WITHIN EACH GENDER

Women

Internal Medicine: 20%
 Pediatrics: 16%
 Family Medicine: 11%
 OB/GYN: 8%

Men

Internal Medicine: 21%
 Internal Subspecialties: 11%
 Surgery: 9%
 Family Medicine: 7%

Source: 2008–09 Women in U.S. Academic Medicine: Statistics and Benchmarking Report (AAMC)

in the female-dominated fields do run shorter than residencies in the more lucrative surgical and sub-surgical specialties, Marjorie Bowman, MD '76, MPA, questions the reasoning.

“Pediatricians and obstetricians make an awful lot of night calls. Their work affects their lifestyles just as much as any other physician’s,” said Bowman, chair of the Department of Family Medicine and Community Health at the Hospital of the University of Pennsylvania. She attributes the skew to the fact that female physicians are more likely than their male counterparts to marry other professionals; a second income reduces pressure to pursue a more profitable field.

Ob-gyn, pediatrics, psychiatry and family medicine practices also foster long-term relationships with patients, an element Carolyn E. Bekes, MD '72, believes women actively seek.

“Women are more sensitive to the humanistic side of medicine. They understand patient emotions and prefer to evaluate a whole person as opposed to just an illness or injury,” said Bekes, chief medical officer and senior vice president for academic and medical affairs at Cooper University Hospital in New Jersey.

Female medical students often seek female mentors, providing additional rationale for the enduring popularity of female-dominated specialties. Fourth-year JMC student Victoria Mui, who falls among the more than 3,000 applicants for fewer than 1,300 ob-gyn residencies in the United States this year, cites the appeal of working with other women.

“Ob-gyn lacks the machoism and old boys’ club feel that can come with areas like surgery. Being a woman in surgery can be daunting, because most of the attendings are men. I seek out and look up to women as mentors,” Mui said.

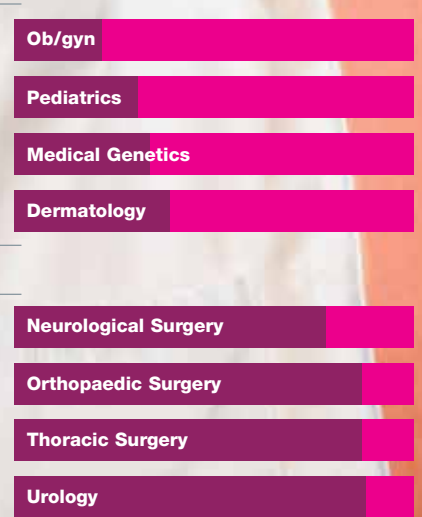
Women’s interests are slowly spreading, though. According to the AAMC, the areas with the largest increase in female residents over the past decade are thoracic surgery, now 13 percent women; urology, now 22 percent women; and orthopaedic surgery, now 13 percent women.



Top Female-Dominated Specialities

GENDER PROPORTION OF RESIDENTS BY SPECIALITY

● Men ● Women



Top Male-Dominated Specialities

Source: 2008–09 Women in U.S. Academic Medicine: Statistics and Benchmarking Report (AAMC)



Marion J. Siegman, PhD, of physiology, the first woman appointed chair of a basic sciences department at Jefferson, and second-year student Gwendolyne A. Jack

Academic Leadership

While women have caught up with their male peers in terms of medical school admission, they still fall far behind in the upper echelons of academia. The number of female full and associate professors in U.S. medical schools has almost doubled since 2000, but the percentage of women in these ranks has changed very little. Just 12 percent of female faculty members nationwide have attained the rank of full professor, compared with 30 percent of men. Last year, the percentage of men holding tenure was more than twice the percentage of women.

The discrepancies generally are attributed to family responsibilities.

“Even if they’re doctors, women are usually the primary caregivers for their children. Succeeding in academic medicine means working 60 hours a week at the very least, which doesn’t mesh with raising a family,” Bowman said. “Women must make a choice: Is it OK to trade income and promotion for time at home?”

Tenure guidelines at many institutions limit the amount of time faculty may remain at one rank, making staying in academic medicine difficult with even a temporary reduction in work hours. Publication requirements vary by institution, but research in prominent journals shows women write fewer articles across all ranks, especially early in their careers while they have young children at home – delaying their chance for promotion.

Because they work fewer hours and publish less, women in academic medicine earn less than men do, even when their professional activities and qualifications are comparable. A study published in *Academic Medicine* last April found that female researchers earn \$6,000 to \$13,000 less than men per year, with the gap widening to \$15,000 per year for faculty in departments of medicine.

Men also lead women in executive leadership. As of 2008, more than three times more men than women filled division chief, associate chair and vice chair positions, and more than six times as many male department chairs existed than female.

However, women have begun assuming executive roles more frequently. The AAMC reports that from 2003 to 2008, the number of female division chiefs more than doubled, and the number of female associate and vice chairs rose 73 percent. Currently, women serve as deans at 16 U.S. medical schools, or 12 percent. The count, which includes one acting dean and two interims, shows significant growth from a decade ago, when only 5 percent of schools had female deans.

JMC graduate Barbara F. Atkinson, MD '74, is the first woman to serve as both executive vice chancellor and executive dean at an academic medical center, holding those

posts at Kansas University Medical Center and the University of Kansas School of Medicine. She credits determination, family support and an effort to nurture professional relationships for her success.

"It takes a long time for someone to get to the top in academic medicine, and women didn't begin earning medical degrees all that long ago. You

A Need for More Support?

Since the most opportune time for a woman to have children coincides with medical school, residency and fellowship training, should academic medical centers do more to promote balance between career and family? Half of all women undergoing medical training who become pregnant have their children during residency, according to the American Medical Women's Association – yet the majority of institutions lack maternity leave policies.

And parenthood does not grow easier after training. The conventional career track follows a linear path, and women with children often experience interruptions. In most medical schools, the level of productivity required for promotion leaves little time for family.

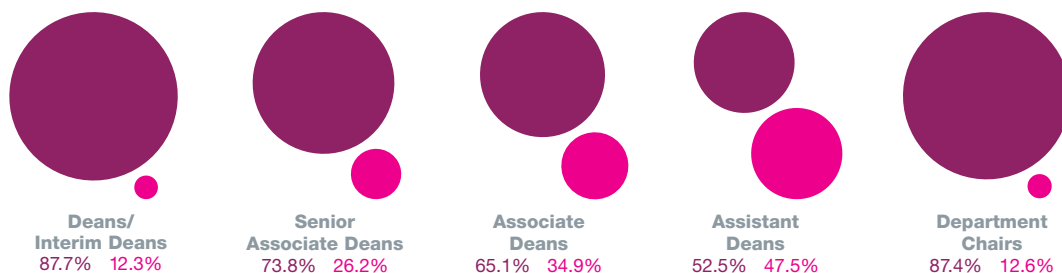
The American College of Physicians recently recommended that academic health institutions offer more flexibility

each fulfill half of one training position and stay in the program twice as long – prove rare, and women who take time off often say they feel resentment from peers covering their shifts. Prestigious roles such as chief resident are awarded based on early performance, meaning new mothers often lose out on promotions.

"Residency job sharing has a stigma attached to it and rarely works," Atkinson said. "When most residents are giving 110 percent all the time, split residents can't keep the pace. And while many institutions have begun offering part-time schedules, all too often part-time work turns into full-time work with part-time pay.

LEADERSHIP AT U.S. MEDICAL SCHOOLS BY GENDER, 2008

● Men ● Women



Source: 2008–09 Women in U.S. Academic Medicine: Statistics and Benchmarking Report (AAMC)

need to pay your dues before climbing the ranks – a process that unfortunately can be held back if you take time out for family," Atkinson said.

in tenure timetables and promotion requirements to draw more women. Some medical schools have begun extending residencies or granting faculty with children a one-year extension on tenure and promotion deadlines; others have introduced tracks that do not require funded research for promotion.

But part-time and split residencies – where two residents

"These options appear to make sense at first glance, but they're usually better on paper than in practice."

Karen Novielli, MD '87, vice dean for faculty affairs and professional development at Jefferson, said a shortage of

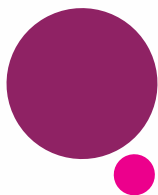
female mentors in high-paying specialties discourages some students from pursuing those fields.

“Medical schools should be conscious to have women represented in all specialties – all departments need to have diverse mentors throughout all faculty ranks. And we need to consciously play a better role in advising women students about career choices,” she said.

But no matter what efforts schools make to benefit women, the pull between work and family demands seems likely to persist.

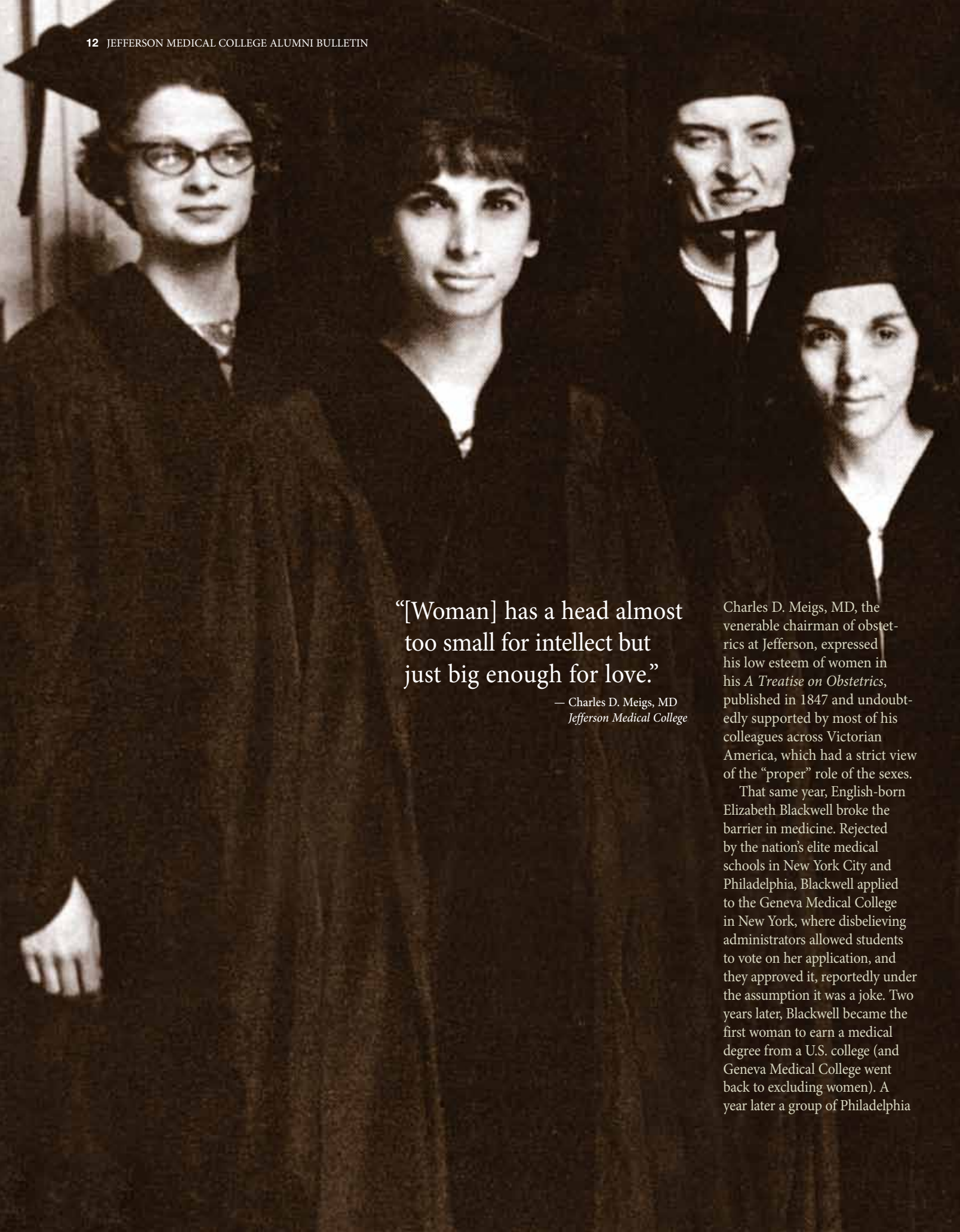
“There are steps in medical training that must be taken, and you just have to make it work. It’s no secret that the responsibilities that come with being a physician are overwhelming,” student Cara Doherty said. “Sometimes, your career just has to come first.” ■

Karen Novielli, MD '87



**Division/
Section Chiefs**
78.6% 21.4%





“[Woman] has a head almost too small for intellect but just big enough for love.”

— Charles D. Meigs, MD
Jefferson Medical College

Charles D. Meigs, MD, the venerable chairman of obstetrics at Jefferson, expressed his low esteem of women in his *A Treatise on Obstetrics*, published in 1847 and undoubtedly supported by most of his colleagues across Victorian America, which had a strict view of the “proper” role of the sexes.

That same year, English-born Elizabeth Blackwell broke the barrier in medicine. Rejected by the nation’s elite medical schools in New York City and Philadelphia, Blackwell applied to the Geneva Medical College in New York, where disbelieving administrators allowed students to vote on her application, and they approved it, reportedly under the assumption it was a joke. Two years later, Blackwell became the first woman to earn a medical degree from a U.S. college (and Geneva Medical College went back to excluding women). A year later a group of Philadelphia



Time & Place

WOMEN IN MEDICINE:

By Michael Angelo
Thomas Jefferson University Archivist

Quakers founded the Female Medical College of Pennsylvania, the first institution for women to grant medical degrees – and the last to admit men.

Blackwell visited Philadelphia in winter 1849 with the hope of auditing medical clinics at the University of Pennsylvania. One professor turned her away and another, in the words of JMC Dean Robert M. Huston, let her attend but assailed her with “sundry witticisms, (sic) that must have tried the nerves of his fair guest.” JMC gave Blackwell access but, according to Huston, “the veteran professor to whom she listened deemed it prudent that she should not appear before the class, but placed her in a small room adjoining, where she could hear the lecture without being observed.”

Sarah R. Adamson Dolley, who would become the first American female allopath to receive a medical degree,

applied to JMC in 1850. In her rejection letter, Huston wrote, “I think it would be impossible in this country for a lady to mingle with five hundred young men, gentlemen though they may be, in the same lecture-room, without experiencing many annoyances.”

Nearly a dozen “hen med schools” formed in the following years to meet a growing demand from women interested in medicine. By the end of the 19th century, many older medical colleges began admitting women, albeit under low quotas and often after hostile takeovers of local women’s schools, a process that continued through World War II.

By 1960, only two single-sex schools remained: JMC and Woman’s Medical College of Pennsylvania, or WMCP, formerly the Female Medical College of Pennsylvania.

Instead of becoming the last to admit women, Jefferson had

considered becoming one of the first to go co-ed in the 20th century among the nation’s most prestigious medical schools.

In 1910, the Flexner Report, a study sponsored by the Carnegie Institute, recommended opening medical schools to women. Jefferson’s Executive Faculty Committee passed a resolution in 1916 to approve admission of women and made a merger overture to WMCP. Although most of its sister schools were being forced to close, WMCP declined and the JMC Board of Trustees never approved the resolution. Thirty years later, after women made significant professional advances during World War II, a second merger attempt failed in the face of intense opposition from WMCP’s alumnae.

Finally, without argument or fanfare, the JMC Board of Trustees voted June 6, 1960, to admit women.

The chief proponent was William Goodner, MD, chair of microbiology, who had introduced the proposal for several years running. What had changed by 1960? Perhaps, like the Flexner Report a half-century earlier, it was the Bane Report (officially the Surgeon General’s Consultant Group on Medical Education), which a year earlier had criticized “unreasonable restrictive” admission policies. But, perhaps, the time had just come for change at Jefferson and few wanted to resist any further.

The first woman accepted was 21-year-old Nancy Szwec, who also won a scholarship. She and eight other women attended their first class at Jefferson on Sept. 11, 1961. Szwec married in her junior year and took her husband’s name, Czarnecki, moving toward the front of the alphabet to also become, in 1965, the first woman to accept a JMC diploma. ■



First Female Dean

Though last to admit female students, JMC was the first co-educational medical school to appoint a woman as dean. Leah Lowenstein, MD, came from Boston, where she built a reputation as a gifted teacher, clinician and researcher in renal and metabolic diseases. She arrived at JMC in July 1982 but resigned for health reasons 18 months later. She died from cancer within a year. In 2008, JMC unveiled her portrait, and it hangs in the Office of the Dean today.

The Single-Sex Holdouts

In 1904, 61 percent of the 160 medical schools in the United States admitted women. By 1920, the number of schools had been whittled to 85 and the percent admitting women had increased to 75.

By New Year's Day 1941, only six all-male schools remained:

- **Hahnemann Medical College**, admitted women in 1941.
- **Georgetown**, admitted women in 1945.
- **Harvard Medical College**, admitted women in 1945.
- **St. Louis University School of Medicine**, admitted women in 1948.
- **Dartmouth Medical School**, admitted women in 1948.
- **Jefferson Medical College**, admitted women in 1961.

The first U.S. medical school to admit women, **Female Medical College of Pennsylvania**, founded in 1850, was the last to become co-educational. Known as Medical College of Pennsylvania at the time and now as Drexel University College of Medicine, the school welcomed its first male students in 1970.

U.S. Medicin

1824

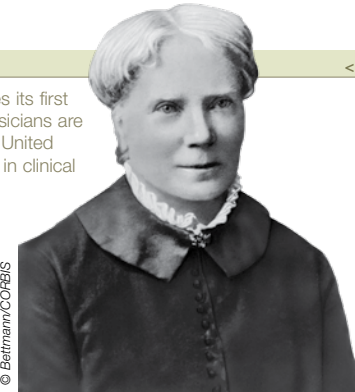
JMC is founded; Philadelphia becomes the only city in world with two medical schools. (University of Pennsylvania's medical department was established in 1765.)

1826

JMC graduates its first class; the physicians are the first in the United States trained in clinical care practice.

< 1847

Geneva Medical College in New York admits British-born Elizabeth Blackwell, the first woman to receive a medical degree in the United States. When Blackwell graduates, Geneva ends the "experiment" and returns to admitting only men.



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1869

Woman's Medical College of Pennsylvania receives permission for its students to attend a clinic at Philadelphia's Pennsylvania Hospital. Hundreds of male medical students from

JMC and Penn protest the "mixed" class. The faculties of the male schools publish a joint "remonstrance" against female students in clinics.

1870

"JMC Catalog" publishes a repudiation of "a mean and malicious falsehood" of an item in southern newspapers, saying, "Jefferson ... will make no distinction of sex or color, among applicants for admission."

1873

JMC Dean John Biddle, during his speech to students at the opening of the fall semester, says he recently denied a woman admission because of her "inferiority of a feebler and more delicate physical organization."

1946

An attempt to merge JMC with WMCP is rejected by WMCP Alumnae Association.

1950

The first non-medical graduate degree granted to a woman from Jefferson College of Graduate Studies, a master's in science in bacteriology, goes to Sonia Schorr.

1952

Jefferson Medical College Hospital welcomes its first female resident, Elizabeth M. Bogardus, MD, radiology, in July. She was a 1949 graduate of Long Island College of Medicine. She went on sick leave in February 1953 and never returned.

1953

JMC Hospital welcomes two women who will go on to finish a year of training: Vera (Easling) Dettweiler, MD, pediatrics, graduate of Woman's Medical College of Pennsylvania, 1951; and Evelyn D. Schmidt, MD, pediatrics, graduate of Duke University Medical School, 1951.

1968

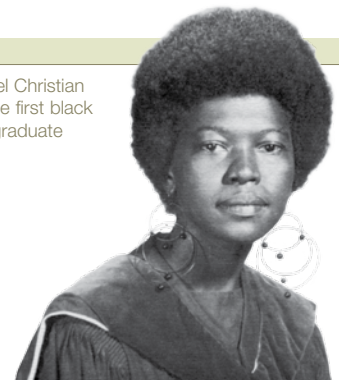
Martha Southard of the Radiation Therapy Department, Clinical Division, becomes the first woman to attain a full professorship.

1970

The Women's Equity Action League brings a class action suit against every U.S. medical school to address discrimination under quota systems most employ.

1971 >

Cora LeEthel Christian becomes the first black woman to graduate from JMC.



1978

Gaylynn G.L. Li-Ma becomes the first Asian woman to graduate from JMC.

1980s

A rumor with no basis in fact begins to circulate that JMC was under a court order to accept female students in 1961. No order was ever issued.

1982

Leah M. Lowenstein becomes the first female dean of JMC and first of any U.S. medical school open to men and women; Dean Lowenstein served only 18 months before becoming ill with cancer and resigning.

1989

The JMC Alumni Association elects its first female president, Nancy Szwec Czarnecki, MD '65.

e, Women & JMC

1849

Sarah R. Adamson's application to JMC is rejected; she quoted Dean Robert Huston as writing, "it would be impossible in this country for a lady to mingle with five hundred young men ... in the same lecture room, without experiencing many

annoyances." In the future, JMC forwards all applications by women to the Female Medical College of Pennsylvania. In 1851, Dr. Adamson (Dolley) became the first American-born woman to earn a medical degree.

1850 >

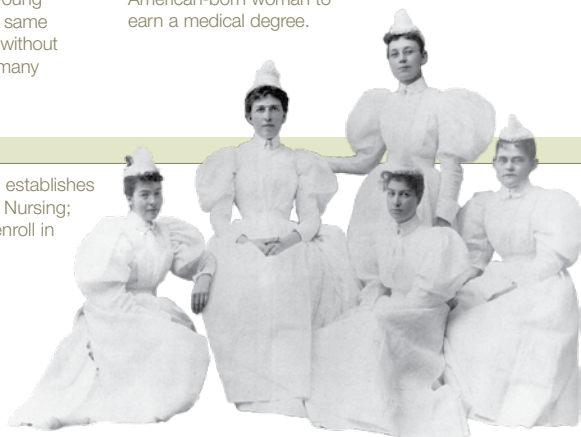
The first school to grant women medical degrees, Female Medical College of Pennsylvania, is founded. Renamed Woman's Medical College 17 years later,

it was the last medical school to open enrollment to both genders, becoming Medical College of Pennsylvania with the change in 1970. It has been the Drexel University College of Medicine since 2002.



1891 >

JMC Hospital establishes the School of Nursing; 13 students enroll in first class.



1894

JMC Hospital's Board of Lady Managers is established. Its first project raises funds for a maternity clinic. The organization's name changes to The Women's Board in 1921.

1910

Flexner Report reviews all U.S. medical schools and gives JMC an A- rating. Many schools that accept women and minorities have closed, and Flexner advises surviving schools to merge.

1918

JMC faculty approves a resolution to open the school to women. Discussion between Jefferson and WMCP results in 1919 report proposing to share teachers and facilities in an affiliation "without the loss of identity." No further action takes place.

1959

Jefferson Medical College Hospital welcomes its first female intern, Ann M. Dimitroff, MD, a graduate of the Medical School of University of Louisville, 1959.

1959

A federal self-assessment review is distributed to all U.S. medical schools. "The Surgeon General's Consultant Group on Medical Education," known as the Bane report, cites Jefferson as the last medical college to deny women entry.

1959

Through the 1950s, during Faculty Executive Committee meetings, the chair of microbiology, William Goodner, MD, moves to admit women to JMC every year and is rejected annually until a unanimous vote passes Sept. 28, 1959. The Board of Trustees approves the recommendation on May 23, 1960.

> 1961

Nine female JMC students arrive on campus in September. The faculty approves for two female "freshmen" to receive assistance in loans and scholarships.

1965

Eight of the first female students graduate in June at the Academy of Music (the ninth student transferred). Nancy Szwec Czarnecki was the first woman to receive her diploma.

Front Row: Joyce E. Price, RN, Amilu S. Martin, Nancy S. Swec, Carloyn E. Parry, Bette-Lee Jarvis

Second Row: Merle P. Gross, Carol A. Miller, Mary E. Knepp, Margaret Libonati

1974

A group of female students forms The 1961 Society to foster communication among female med students at various stages of their careers and between doctors and nurses for

the better treatment of patients. The group, open to women and men from all health professions, also hoped to increase the enrollment of Pennsylvania women at JMC.



1998

Women comprise 50 percent of the entering class for the first time. (See chart on Page 37.)


2002

Marion J. Siegman, PhD, of physiology becomes JMC's first female chair in basic sciences.

2002

Vijay M. Rao, MD, PG '79, of radiology becomes the first female chair in a clinical department.

"Women and JMC: Timeline" assembled from various sources by TJU Archives, 2010. Photos courtesy of Thomas Jefferson University Archives except where noted.



JEFFERSON WOMEN:

Leaders Through the Decades

Jefferson alumnae have become academic leaders, renowned surgeons and dedicated humanitarians, caring for the underserved not only in their communities but around the world. The four physicians profiled here plus a fourth-year medical student exemplify the standards taught at JMC. All five talk about being a woman in a field dominated for centuries by men.

Barbara F. Atkinson, MD '74

In the middle of her JMC admissions interview in 1970, Barbara Atkinson told the director of clinical laboratories that she had two children. He abruptly ended their meeting, insisting she belonged at home raising her family, not at a medical school.

Despite her inauspicious introduction to JMC, Atkinson, MD '74, gained acceptance to the College, where she laid the foundation for a career as one of the highest ranking women in academic medicine. She now serves as executive vice chancellor of Kansas University Medical Center and executive dean of the KU School of Medicine – the first woman to hold both positions at an academic medical center.

As a young mother, Atkinson didn't plan on attending medical school, but she also knew she didn't want to stay home.

Encouragement from her father, a biochemistry and pathology professor, spurred her to pursue a medical degree. She liked his point that medicine presented a variety of job options, from research and teaching to patient care and administration.

Atkinson's early research as director of the University of Pennsylvania's cytopathology lab centered on identifying tumor antigens and developing ways to differentiate tumors. She stayed at

Penn for nearly a decade before moving to the Medical College of Pennsylvania, where she served as chair of the Department of Pathology and Laboratory Medicine and earned widespread respect for her leadership skills. In 1996, two years after MCP merged with Hahnemann University, she was named Annenberg Dean of the MCP Hahnemann School of Medicine, becoming only the second female medical school dean in the United States. Jefferson presented her with its Alumni Achievement Award that same year.

Atkinson relocated to the Midwest in 2000 to lead the Department of Pathology and Laboratory Medicine at the University of Kansas School of Medicine. Five years later, she was named executive dean.

Atkinson has edited several books on cytopathology and gynecologic pathology, including the Atlas of Cytopathology and Atlas of Difficult Diagnosis in Cytopathology. President Obama recently appointed her to his new Commission for the Study of Bioethical Issues, a 13-member committee examining ethics in science and medicine. The group's first assignment involves evaluating promises and risks associated with the development of synthetic cells.

Q: What was the climate like for women when you were at JMC?

A: Even though women had begun enrolling nearly 10 years before I did, many faculty members still hadn't accepted the situation. The environment wasn't hostile, but it was

strained. Some professors would make off-hand remarks disparaging women during lectures. The fact that my class had only 13 percent female students illustrates the general attitude toward women in medicine at that time.

Q: What advantages have you found in being a woman in medicine?

A: Women often exhibit qualities that make them effective leaders. My leadership style is collaborative, collegial and less directive than that of a typical male administrator. In the past, my style might have been considered soft, but it is more widely accepted now and has served me well.

Q: What about disadvantages?

A: In my day-to-day life now, I don't feel disadvantaged, but as a young researcher, I certainly did. I was virtually interrogated when pursuing a residency slot, with the interviewer asking questions that he would never ask a man, such as who cared for my children and how far I had to commute. I once was passed over for a promotion because a male colleague with a lower rank and no grant threatened to leave if a woman was promoted before he was. I had to keep going, though; failure was not an option.

Q: Has your choice of medicine played a role in your personal life?

A: Some women might feel they have to choose between work and family, but I never experienced that pressure. To begin medical school at 28 with a husband, a kindergartener and a pre-schooler was unusual, but luckily I had a supportive spouse who handled many household responsibilities.

By the time I finished my residency, my children were fairly independent, whereas many of my peers had infants. Careers really blossom at the junior faculty level, and I was able to excel then since my children were older. People criticized me for entering medical school when I had young children, but it's just as difficult to start a family during and after training. So, while my medical career, along with my family, is my life, it has not dictated my personal choices.

Q: Do you think academic medical centers could do more to support female students and residents?

A: I haven't seen many successful attempts to accommodate students and residents with children. With physicians' workloads, part-time schedules always seem to grow until they look just like full-time schedules. If there's a way to make life easier for young physicians starting families, I haven't encountered it yet and don't know what it is.

Monica Morrow, MD '76

Monica Morrow refused to be deterred.

At JMC, her faculty adviser told her women in surgery training should be required to wear chastity belts. She had no female mentors or role models as she became the first woman to finish the surgical training program at the University of Vermont and only the second woman to finish the surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center in New York.

Morrow now leads the breast service division in Memorial Sloan-Kettering's Department of Surgery. At the Fox Chase Cancer Center in Philadelphia, before she moved to New York, she held the chair of surgical oncology, one of the few women in the country to chair a surgical department, and in Chicago, the directorship of the Lynn Sage Comprehensive Breast Center at Northwestern University.

Morrow, who earned JMC's Alumni Achievement Award in 2006, served as the surgical editor of the standard textbook for professionals, *Diseases of the Breast*, and wrote *Breast Cancer for Dummies*. She also was the first surgeon to serve on the National Cancer Policy Board.

From the start, Morrow has been active in research: She was a principal investigator for the first national breast cancer prevention trial, at the University of Chicago, and also led major studies

comparing the performance of Tamoxifen and Raloxifene in breast cancer prevention. Her current research focuses on how women with breast cancer make treatment choices.

Q: What was the climate like for women when you were at JMC?

A: Women students were still a relatively small minority then, and there were not a large number of female senior faculty role models or a lot of consideration given to any kind of women's issues. I also have the memory that in one of our medicine and society classes, one of the gynecologists was talking about sexuality. He brought his secretary to bring the female point of view. So that's sort of what it was like back then.

Q: What advantages or disadvantages have you found to being a woman in medicine?

A: Being promoted more slowly, being paid less are disadvantages for women. On the plus side, in some fields, surgery being one of them, you tend to stand out in a crowd. So if you do a good job, people remember you more easily.

And I think when the world changed, primarily in the late '80s and early '90s, and people began to recognize that they needed to increase diversity in medicine, that since most people were men, that meant opportunities opened up for women that hadn't been there before.

Q: Your field focuses on women. Do you believe female doctors relate better to female patients?

A: Maybe that's true now. Since all of my teachers in the area of breast surgery were men, and women related quite well to them, I think that women relate well to people who are interested in their problem and are good at what they do. So a woman who wants to be a trauma doctor, and who is told she should be a breast doctor because she is a woman, is going to be a bad breast doctor.

Q: Has your choice of medicine played a role in your personal life?

A: Well, yes, certainly, during surgical residency training and fellowship training, getting the activities of day-to-day life done and getting myself to work were about all I could manage. I couldn't quite envision needing to take care of someone else. I would have been delighted during that time period to have a traditional "wife" to do my laundry and take care of me! But over time you gain more control of your own schedule, and, happily, you make enough income that you can hire people to do things that you don't have the time or the desire to do for yourself.

Q: Do you think academic medical centers could do more to support female students and residents?

A: I think that many institutions, and certainly the one I work in now, have a specific program for women and recognize the challenges of motherhood, for example, and two-career families, addressing some of the fundamental differences in the expectations of the behaviors of women and men. I also think opportunities for women starting out to get together with women further along in their careers, who have had to deal with some of these challenges, are helpful.

But I do think it's important to recognize that just because our medical schools are about 50 percent female, the problems have not been solved. And the problems probably shouldn't be considered solved until the leadership of medicine is 50 percent female.



*Julia Morris
Chief Breast*



After my training, I thought I had punched all the tickets I needed to punch and that any of the issues about being female should be over. Although in reality they, of course, weren't."

Nina Solenski, MD '89

Nina Solenski did not set out to become a doctor, but the physicians she met at JMC changed her mind.

Growing up in a lower-middle-class community in a small Connecticut town, she was one of the first in her family to go to college. While at Southern Connecticut State University in New Haven, she volunteered in a biomedical lab at Yale University. The lead researcher, Stuart Williams, invited her to join him when he moved to Jefferson Medical College. While working at Jefferson, Solenski was inspired to attend medical school.

The work she did with Williams, in vascular research, began a career-long interest in stroke, particularly in the areas of acute care and prevention. Solenski is now an associate professor in neurology, with a subspecialty in cerebrovascular disease, at the University of Virginia in Charlottesville. After graduating from JMC, she did residencies in internal medicine at Dartmouth Mary-Hitchcock and in neurology at the University of Virginia as well as a fellowship in cerebrovascular disease at UVA.

Solenski has participated in more than 30 clinical research stroke trials and is active in a number of national organizations, including the American Academy of Neurology and

the Stroke Therapy Academic Industry Roundtable. She also co-chairs the Virginia Stroke Systems Task Force, which is part of the Virginia Joint Commission on Healthcare.

Solenski has not forgotten her roots. Having known hardship, she has a strong empathy for those without access to basic health care, leading her to help develop a stroke telemedicine program to provide stroke care to rural regions of the state.

Q: What was the climate like for women when you were at JMC in the 1980s?

A: I honestly did not feel that there was any particular issue in terms of any kind of prejudice or bias. I really didn't feel that it came up as a subject.

Q: What advantages have you found in being a woman in medicine?

A: In general, I think that women bring to the table very different skill sets. That of course is a generalization, but there's the ability to negotiate or try to find a common goal, which comes out to communication skills with patients, with other staff and colleagues. Not that men aren't empathetic. This goes beyond just nurturing – we do bring nurturing. But I think women tend not to have that ego foremost – not all, of course – and they tend to be unselfish because they can look toward the needs of others. I think any department or medical school really needs that balance. And it's wonderful when you get that at the administrative level.

Q: What about disadvantages?

A: I think what happens is that – I'll speak about myself – there is a sense of being naïve and not understanding the differences in communications skills. It takes time to learn. "I don't get why I say the same thing at that meeting that Joe Blow just said, yet no one even recognized I said it. But as soon as he said it, it became the mantra." Things like that, where we don't learn how to say things, how to take care of ourselves in those kind of situations. The reality is that will hurt you if you don't understand what the differences are and master them.

Q: Has your choice of medicine played a role in your personal life?

A: I think I suffer from what most women do, feeling like you're never doing everything well, which is not a good feeling. You always feel like you're playing catch-up. I don't know how you do it – I think it's very, very difficult. And I would love to see a different model come up, which would include working from home. I've been very involved in the telemedicine program here, and I understand what a powerful tool that really is. Our society is maybe quite backward in terms of not allowing us to do more work at home, where you could be multitasking. It really can work; I have done it.

Q: Do you think academic medical centers could do more to support female students and residents?

A: There are resources, and ways of increasing your efficiency, that take time to find. And if you could consolidate them all in one place, that could make your life a lot easier.

But this is a societal dialogue. I feel so bad when I see these young women. We have three or four residents now who are pregnant, in their eighth and ninth months, and they're still going strong, and I remember those days. But they're given such a short amount of time to be with their kids. It's way too important. And our society, and certainly the medical society, is all about performance and productivity.

Humanizing the medical system is really, really important. I don't know how to do that. It's a very difficult dialogue – it's got to be fair to everyone. I think that men equally should be fathers and enjoy that precious time. Maybe it means having more staff, to be able to have that flex-time. Or maybe it means some other models that we're just not thinking about. The younger generations, they have reflected on my generation and said, "I'm not going to be working 12 or 15 hours a day and not having quality of life." They are rejecting that, and that might be a very good thing. But also we need to have concrete solutions to make it happen. The system really is in a lot of flux.



In general, I think that women bring to the table very different skill sets. That of course is a generalization, but there's the ability to negotiate or try to find a common goal."

Nina J. Solenski
Neurology





I really feel that any sex can go into any subspecialty; you just have to work it out and prioritize.”



Swati Patel, MD '93

For most, serving as chief of pediatric anesthesiology at Mattel Children's Hospital and as associate clinical professor at the David Geffen School of Medicine at the University of California-Los Angeles would prove challenge enough.

Swati Patel is different.

Instead of relaxing on a beach during four weeks of vacation each year, Patel volunteers on medical missions, working in unfamiliar and sometimes difficult surroundings to help children with serious medical conditions. In the last 10 years, Patel has

traveled to Guatemala, Romania, China, Argentina, the Dominican Republic and Peru.

Her path to overseas work began with a joke. In the operating room, she teased the surgeon that he should take his anesthesiology team on his next medical mission abroad. After Patel and the surgeon worked side by side on a six-month project to separate conjoined twins, he asked her to travel with him to Guatemala to treat children with brain and spine tumors.

"On my very first trip, it was instantaneously clear that this was something I was meant to do," Patel said. "It's such a wonderful, wonderful way of sharing your skills with people who don't have the resources and helping kids who wouldn't otherwise get help."

Q: What was the climate like for women when you were at JMC?

A: I was a woman in medicine and a medical student, but I don't recall ever feeling like a woman in medical school, if that makes sense. I was never made to feel different from the guys in the class. The only time I felt like I stood out was when they couldn't tell by my first name whether I was a girl or a guy, and I was given a locker in the men's locker room.

Q: What advantages have you found in being a woman in medicine?

A: I think, maybe, there are advantages when you're talking to families, especially in the field that I'm in. They immediately assume that you're going to be more caring. I'm not sure that is necessarily a good assumption to have, but it's the whole maternal thing.

Q: What about disadvantages?

A: To be honest with you, I've never really felt a disadvantage per se. Maybe when I was a resident, some of the older male attendings – not in anesthesia, I've never felt it in anesthesia, but in surgical areas and some other subspecialties – they had that "boys' club" way about them. I don't think they were necessarily derogatory toward me; they were just not inclusive

of me, in conversation perhaps. It was subtle. But I never felt that in anesthesia.

Q: Has your choice of medicine played a role in your personal life?

A: I really feel that any sex can go into any subspecialty; you just have to work it out and prioritize. I know some amazing women who are surgeons and who manage to have it all. I don't have any kids, I'm not married and I can barely keep my life in order, and I'm a pediatric anesthesiologist. I think as a woman, you can do anything you want and make it work – it's just a matter of having the passion to do it.

I wasn't drawn to being a surgeon. I really wanted to do something in pediatrics. I've always wanted to work with kids, since I was very young. But pediatrics didn't seem like a good fit. This for me is really sort of the best of all the possible worlds. I'm in the operating room, I'm with the kids, I get to travel and take care of kids in other countries.



Raya Terry

Fourth-Year Student

Raya Terry knows how to juggle responsibilities.

Terry graduated cum laude from Harvard. In the three years between college and medical school, she completed the post-baccalaureate pre-med program at Columbia and worked in a succession of research settings that included the Harvard School of Public Health. She has co-written more than a dozen research papers covering topics from migraine and obesity to coronary artery disease.

She has garnered numerous academic honors at Jefferson, all while working part time as a tutor and religious-school teacher. She also co-founded and helps run a Chinese martial arts club and volunteers, offering free medical help at a shelter through

JeffHope, speaking about diabetes for a community program and mentoring minority students about careers in the health professions.

Terry was first exposed to professional medicine as a child through her father's stories about his work as a physician's assistant at St. Luke's-Roosevelt Hospital Center in New York City. Her view of the medical world was stamped by a long struggle with breast cancer by her mother, who died while Terry was in college. Though she majored in psychology,

her desire to become a doctor awakened during her year of research work in the Department of Environmental Health at Harvard's School of Public Health. She is now applying for residencies in internal medicine.

The medical school environment that Terry knows differs widely from the experiences of older generations: Half the students are women and many female professors and associate professors are available as role models and mentors. Like many of her peers, she is also negotiating issues of balancing professional and family life. When she spoke with us, she was nine months pregnant. A few weeks later, she and her husband, Nicholas, an attorney, welcomed a healthy baby boy into their family.

Q: What is the climate like for women at JMC now?

A: Probably more than half of my attendings and two of my residents have been women, and depending on where you are and what you're doing, it's a pretty woman-friendly atmosphere. In general, I feel that in the disciplines that are more balanced, you can find a mentor who has similar academic interests. I guess urology and orthopaedic surgery are the more male-dominated disciplines. And then in pediatrics and obstetrics and gynecology, almost all the residents are going to be female.

Q: What advantages have you found in being a woman in medicine?

A: Maybe you can connect better with certain female patients. Other than that I'm not really sure. ... I also don't necessarily feel like you have to experience the problem or have the problem in order to have empathy for a patient. Although I definitely have a sympathy for pregnant women that I probably didn't before!

Part of my persona as a doctor, part of my medical presence, is that I'm a female. People tend to find me empathetic. I'm not sure if that's because I'm a female or because my voice is relatively soft. It could be a contributor. But I also happen to be African-American. And I walk into the room and there are certain things I notice about the patient, and the patient notices about me, and I'm sure that influences our relationship. But in the end it's the effort we put out toward one another and my basic competency as a physician that matters.

Q: Has your choice of medicine played a role in your personal life?

A: Absolutely. It goes both ways. In some ways medicine becomes your personal life. Just because you spend so many hours at it, and it's hard to stay in touch with people who are outside of medicine; your colleagues become your friends. You're with them for 14- or 16-hour days. You've got to trust them; you come to respect them.

Q: Do you think academic medical centers could do more to support female students and residents?

A: In the sense that where I am now, in Lankenau Hospital, they found a way for me to manage my requirements – I have to get through 18 days of the rotation, and I'm going to do them all in a row so if I have to break a little early it won't be a big deal, and then I'm going to take the two-month vacation that all fourth-year students get. Certain programs are certainly accommodating to me, and the registrar's office at Jefferson has been very helpful in helping me schedule my vacation time. They do understand that certain dates can't be changed.

Right now, though, I have a vested interest in good, long-hour child care. There are situations where you have to get in at 5:30 a.m., and child care doesn't open till 6 a.m. So it's not really designed for residents and house staff – I guess nothing really is. And inexpensive child care would be fantastic, because it costs a lot, and you don't get much of a salary as a resident. ■

JEFFERSON WOMEN:

Personal Stories

Though JMC alumnae share gender, their experiences at JMC differed, as four women illustrate in offering their personal stories.

Nancy Czarnecki, MD '65

My mother actually informed me that Jefferson Medical College would be accepting women students for September 1961. I called a Jeff freshman medical student I knew as a Temple University undergrad. He said he would arrange a visit to the anatomy lab for me.

I arrived on a warm sunny afternoon and stood on the uneven floor of DBI. The cavernous room appeared as a sea of men in white coats, four to a dissecting table, engrossed in identifying anatomy as portrayed in their anatomy books. The aroma of formaldehyde was strong in the air. Thankfully my friend came to the door to rescue me and took me to his table.

By then the previously silent room was filled with the roar of jokes, laughter and noise. Before long I felt this heavy “paw” on my shoulder. I turned to see the prosecutor, later identified as Dr. (Nicholas “Bull”) Michels, saying: “Lady, do you know you are causing pandemonium in here?” At first I was frightened, but then I saw the twinkle in his eyes, and knew I was in friendly territory.

Dr. Michels, I would later get to know, was an exceptional teacher. He would bring in his box of hoses, tools and paraphernalia during his embryology lectures to illustrate the evolution of the fetus. He was one of Jefferson’s finest and he treated us female students with respect and caring.

Elizabeth H. Thilo, MD '76

I remember being in histology class and having the lecture on the skin begin with a picture of a nude woman (some comment was made and met with appreciative sounds by the men in the audience). Members of my class were involved in starting The 1961 Society, a club that commemorated the first year that women were admitted to Jefferson.

My, how things have changed, not only at Jefferson, but at all medical schools! Now approximately 50 percent of students are women, and, in my particular specialty (pediatrics), that number is closer to 75 percent. I think Jefferson, and medicine in general, are much the better for this change, and now I look forward to seeing all the other disparities – racial and ethnic – remedied over the next several years!

Marianne T. Ritchie, MD '80

Please don’t call me a female doctor. It makes me feel like a specimen. The identity I prefer is that of a Jefferson doctor.

I entered JMC in 1976. It was the largest medical school class in the country and included only 21 percent women. It was the dawn of the growing presence of women in medicine.

While at Jefferson, I can honestly say that I was judged by my work, not my gender. I then entered the male-dominated field of gastroenterology. I was the first female GI fellow at Memorial Sloan-Kettering Cancer Center in New York.

The thrill of practicing medicine was surpassed only by the joy of motherhood. After a few years as the only woman in GI on the Main Line of Philadelphia, I adjusted my hours to a part-time schedule. Family has always been my first priority.

When my father developed dementia, I left practice for a few years to help with his care. Later I returned to a teaching position at Temple University Hospital. My circle was completed when I returned to practice at Jefferson. I felt as though I had come home.

In 1987, my classmate Barbara Frieman, MD '80, and I began a “coffee clatch” for women students. We wanted to share our experiences and alert them to the juggle they would face between private life and practice. The event grew into the annual Women’s Forum with a panel of women from various fields, full and part time, single and married, with and without children.

My message to female students is that you can have it all, maybe just not all at once. The key to success is flexibility.

Bonni Field, MD '85

My memory of my time at Jeff from 1981 to 1985? It is mostly a big blur with scattered images popping out. Finding out I was accepted at Jeff and was expecting my first child at virtually the same time. Calling the dean of admissions to tell him I was starting medical school seven months pregnant



Nancy Czarnecki, MD '65



Marianne T. Ritchie, MD '80



Elizabeth H. Thilo, MD '76



Bonni Field, MD '85

and hearing the phone hit the desk and then bounce across the floor. My husband asking if I could defer entry until next year's class. "No, she goes now or she's out." Dr. (Irving) Olshin sitting back in his chair, puffing on his pipe, asking over and over, "So you think you can go to medical school and have a baby ... you think you can do that ... you really think ..."

Commuting back and forth on the train and lectures going at the speed of light. Developing toxemia. Trying to get to exams in early November with calf spasms every 50 steps or so. Being put into the ICU that night. Realizing why my doctor was laughing as he said, "Sure, you can still study," as he put me on phenobarb. An emergency C/S a week later when

my B/P skyrocketed. Coming home with a 5-pound, 24-hour feeding machine. Returning on the first day of finals and staring at a foot of biochem notes that I hadn't read yet.

Taking the baby into class with me so the professors would know I was back. Cringing as a neuroanatomy professor yelled out "What's that?" as he saw John in the middle of the round lab table surrounded by brain slices. Then he excitedly said, "Look at him! He's only 3 weeks old and he's holding his head straight up! They can't do that yet!" Nursing 2-month-old John on one side, collecting milk on the other side and reading anatomy notes in my lap while thinking, "There must be a better way." Sleeping standing up in the elevators.

Eighteen-month-old John being spellbound by Dr. (Wolfgang) Vogel's lectures and Dr. Vogel yelling at the students that "even the baby was paying better attention" than they were that day. A surgery attending making it clear I had no place in med school with a child and writing in my evaluation that I was "encumbered by my family obligations."

Can't make it in med school with a child? Then make it two. So this is morning sickness. Why does it last all day and why do I suddenly get hit with fatigue so hard that I have to fight to keep from falling out of my chair? "If the third-year medical student in the third row is with us, I will continue my lecture." Sorry, I'm not with you. Never going on rounds without milk and graham

crackers. Giving my formal medicine rotation case presentation while so nauseated that I couldn't get a full sentence out without having to choke it back down. Med evaluation: There was definitely something wrong with that student and her case presentation was painful and halting – stuttered through the whole thing. Did anyone ask me if I were OK? Should have gone ahead and thrown up on him!

Interviewing for residency while quite pregnant and the interviewer talking to my belly the whole time. Taking both children on stage with me at graduation. John accepting my diploma for me to a standing ovation. Afterward in the courtyard, a little 80-year-old lady running from one person to another shaking their arms and yelling, "Did you see that? Did you see that? The lady with the two babies!" Her grabbing my arm, "Did you see that?" I said, "That was me!" She jumping up and down shouting, "Oh my, oh my, that's incredible!"

Now John is a fourth-year student at Jefferson getting his own diploma. He once again sat in Dr. Vogel's pharmacology class and Dr. Vogel remembered him. I had the honor of being John's first clinical professor in his third year. And I keep threatening him, that when he graduates, I'm going to go on stage and take his diploma. ■



John Field, now a fourth-year student at JMC, accepts a diploma for his mother, Bonni Field, during commencement in 1985. Dr. Field juggled the births and care of John and Amanda with school during her four years at Jefferson.

OnCampus



Koch



Kavuru



Newberg



Mitchell



Bagley



Vasu

People

Koch Honored by Research Organization

The International Society of Heart Research has bestowed the 2011 Outstanding Investigator Award on Walter J. Koch, PhD, the W.W. Smith Professor of Medicine and director of the Jefferson Center for Translational Medicine.

The award recognizes an outstanding scientist who is making major and independent contributions to the advancement of cardiovascular science and who leads a growing research program likely to play a major role in the future.

Koch will receive the award and deliver a plenary lecture during the organization's North American Section meeting in Philadelphia this spring.

Kavuru Appointed Director of Pulmonary Critical Care Medicine

Mani S. Kavuru, MD, has been named director of the Division of Pulmonary and Critical Care Medicine at Thomas Jefferson University Hospital and professor of medicine at Jefferson Medical College. Kavuru joined Jefferson after four years as service chief of pulmonary and critical care at Pitt County Memorial Hospital in Greenville, N.C.

Kavuru said he intends to promote growth in treatment of lung nodules, sarcoidosis, advanced and rare lung disease, pulmonary vascular disease and asthma.

Newberg Joins Center of Integrative Medicine

Andrew B. Newberg, MD, has been named director of research at the Jefferson-Myrna Brind Center of Integrative Medicine. Newberg

comes to Jefferson from the University of Pennsylvania School of Medicine, where he served as associate professor of psychiatry and radiology for seven years.

Newberg, a leader in the study of the brain as it relates to spirituality, meditation, yoga and prayer, will continue his research on the use of nuclear imaging of conditions that include Alzheimer's disease, Parkinson's disease, inflammatory and immune disorders and cancer.

Mitchell Named Physician of the Year

Edith P. Mitchell, MD, clinical professor in the Department of Medical Oncology and associate director of diversity programs for the Kimmel Cancer Center at Jefferson, has been named "Physician of the Year" by CancerCare, a national nonprofit organization that provides free support services to cancer patients, their families and their caregivers. Mitchell was honored for her extensive work in gastrointestinal malignancies.

Bagley Receives Lifetime Achievement Award

Demetrius H. Bagley, MD, the Nathan Lewis Hatfield Professor of Urology, recently received the Karl Storz Lifetime Achievement Award in Endourology at the World Congress of Endourology. Bagley, who has been cited in *Best Doctors in America* and *Philadelphia Magazine's* "Top Doctors" lists for stone treatment and ureteroscopy, is an expert in urologic endoscopy, laser therapy and the treatment of calculi and intrarenal neoplasms. Bagley, also a professor of radiology, joined Jefferson's faculty in 1983.

Headlines

Sleep Apnea Study IDs Patients at Risk for Surgical Complications

Researchers at the Jefferson Sleep Disorders Center at Thomas Jefferson University Hospital have developed a pre-operative questionnaire about obstructive sleep apnea syndrome that could help identify patients at risk for complications following surgery, according to a report in the October issue of *Archives of Otolaryngology-Head & Neck Surgery*.

Fellow Tajender S. Vasu, MD, lead author of the study, and his team examined 135 patients undergoing elective surgery. Before their procedures, the patients answered eight yes-or-no questions to assess their risk of obstructive sleep apnea syndrome. Patients with higher scores had increased rates of postoperative complications and longer hospital stays compared with patients who scored lower on the survey.

Drug Relieves Opioid Withdrawal Symptoms in Newborns

A semi-synthetic opioid has the potential to improve treatment of infants born with opioid withdrawal symptoms, Jefferson researchers reported in the Oct. 6 issue of the online journal *Addiction*.

Treatment for infants exposed to opioids before birth generally requires long hospital stays that interfere with maternal/infant bonding and cost hundreds of millions of dollars annually. The scientists, led by Walter Kraft, MD, associate professor in the Department of Pharmacology and Experimental Therapeutics, found that using buprenorphine, a drug often used to treat adults with opioid dependence, in a dozen addicted infants proved safe and reduced treatment time by 40 percent compared to the use of morphine in 12 other infants. The difference was 23 days of treatment versus 38.



Kraft



Doria

Medical Frontiers

Jefferson Introduces Live Donor Liver Program

Faculty in the Division of Transplantation in the Department of Surgery began a live donor liver transplant program last summer, making Jefferson only the third medical center to offer adult-to-adult living donor liver transplants in the Philadelphia area.

“The start of this program marks the beginning of a new era in transplantation surgery here at Jefferson,” said Cataldo Doria, MD, PhD, Nicoletti Family Professor of Transplant Surgery, who oversees the program.

Jefferson Among First to Treat Mild Heart Failure with Implantable Cardiac Device

Thomas Jefferson University Hospital is among the first hospitals in the United States to treat high-risk asymptomatic or mild heart failure patients with cardiac resynchronization therapy defibrillators (CRT-Ds), which have been proven to reduce death and massive heart failure. As one of 110 sites worldwide, Jefferson participated in a landmark clinical trial that led the U.S. Food and Drug Administration to approve expanded use of CRT-Ds for early-phase heart failure. CRT-Ds, which deliver small electrical impulses that help synchronize contractions of the left ventricle, previously were available only to patients in the late phases of the condition.

Radiation Oncology Clinical Trials More Toxic Than Suspected

Risks to patients enrolled in Phase I radiation oncology clinical trials are higher than previously believed, according to researchers from the Kimmel Cancer Center at Jefferson.

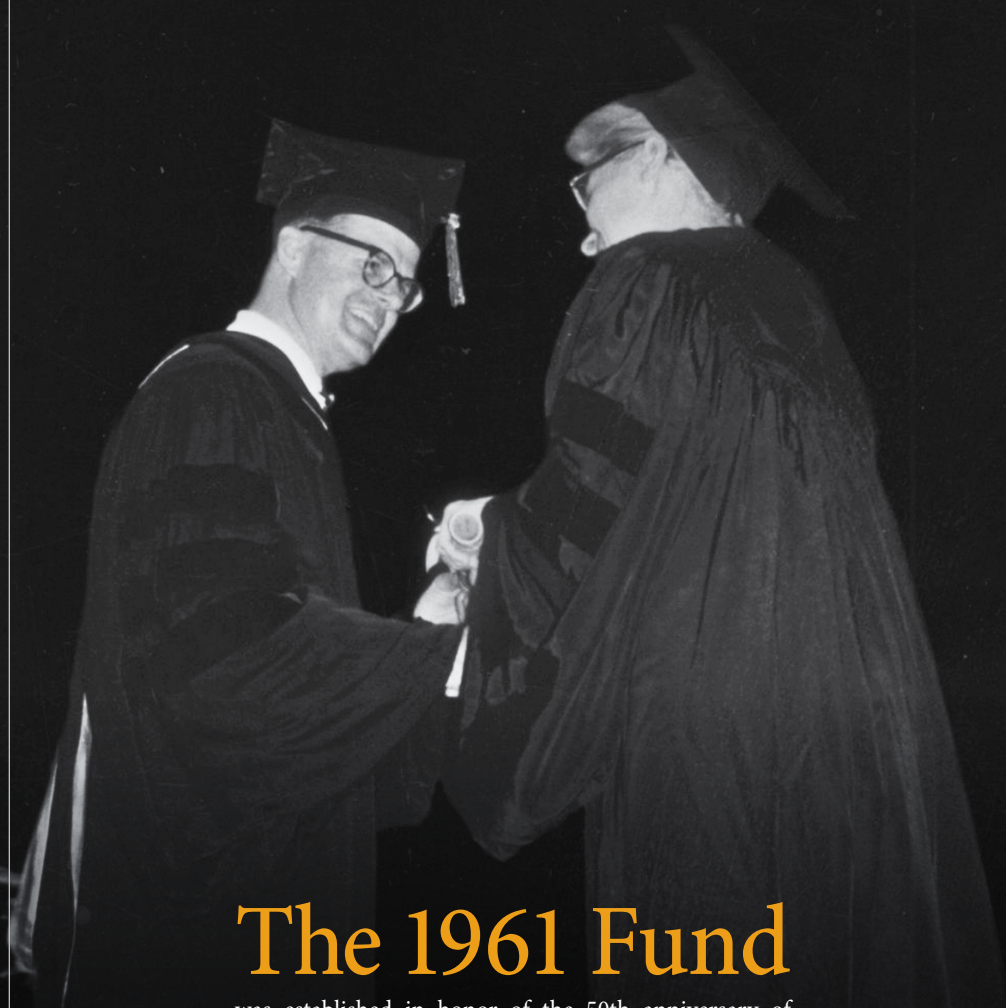
Celebrate

THE ACHIEVEMENTS OF

Women

IN MEDICINE

CONTRIBUTE TO JEFFERSON'S 1961 FUND TODAY



The 1961 Fund

was established in honor of the 50th anniversary of female students at JMC. The fund will be endowed and the income will be used at the discretion of the dean of Jefferson Medical College to provide support for research in women's health and for the professional development of female JMC faculty and students.

Honor the advances of women in medicine by giving to the 1961 Fund today!

Visit www.jefferson.edu/jeffgiving or call 215-955-6620.

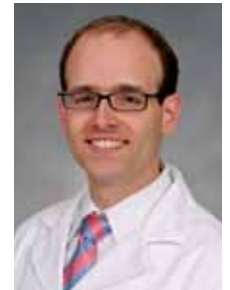


Concert Series

Renowned pianist Brian Ganz plays Chopin for faculty members and students Dec. 6 during the second performance in the new Dean's Concert Series. The series started with the Latin Fiesta on Nov. 2 and continued with jazz pianist David Cutler and dancer Cynthia Ling Lee on Feb. 7 and the Hildegard Piano Trio on Feb. 28. The Arrhythmias will end the series April 18. The program included a panel discussion Jan. 14 with Ganz; Karen Glaser, PhD, associate dean of academic affairs; and Robert Perkel, MD, of the Department of Family and Community Medicine. Dean Mark Tykocinski started the series to underscore Jefferson's goal of "educating the whole person."



Lawrence



Den

The researchers, who reviewed 102 radiation oncology phase I clinical trials conducted around the world, found four major toxic events for every 10 patients treated. Yaacov Richard Lawrence, MRCP, assistant professor in the Department of Radiation Oncology, said the team had anticipated the risk to be closer to 1 in 10.

"Although high, the risk is very similar to that patients encounter when they enter phase I trials that do not involve radiation," said Lawrence. "Before entering a trial, patients sign an informed consent that explains benefits and risks, so it is important for us and for our patients to have a truer picture of these risks."

Co-author and radiation oncology resident Robert Den, MD, presented the findings at the American Society of Radiation Oncology annual meeting in San Diego.

KCC Opens Senior Adult Oncology Center

The Kimmel Cancer Center at Jefferson has established the Senior Adult Oncology Center to provide comprehensive consultation for older patients, who often have acute or chronic diseases that interfere with cancer treatment. The program includes a comprehensive assessment of each patient – usually during a single visit – by a team that includes a geriatrician, oncologist, nurse, pharmacist, social worker and dietician.

"Patients and their referring physicians can receive a comprehensive, individualized treatment plan, a second opinion regarding diagnosis or treatment or advice on a particular problem related to cancer and aging," said Andrew E. Chapman, DO, division director for regional cancer care and co-director of the center.



Swallow

Chevalier Jackson, MD 1886, won world renown as the founder of modern endoscopy, but the physician has largely fallen into obscurity since the American Medical Association memorialized him as "one of the greatest, if not the greatest, laryngologist of all time" at his death in 1958. A new book, *Swallow*, by Mary Cappello of the University of Rhode Island, introduces the Jefferson professor to new generations. Jackson developed safe methods during an era of crude medical techniques to extract objects from airways. He then obsessively cataloged each object – from miniature opera glasses to watches and tacks – and donated the collection to the Mütter Museum in Philadelphia. Michael Angelo, Thomas Jefferson University's archivist, helped Cappello with her research.



Chapman



Brody



Gonye



Rovner



Casten

Grants

Department of Surgery

Jonathan Brody, PhD, assistant professor in the Department of Surgery, and Gregory E. Gonye, PhD, research assistant professor and member of the Daniel Baugh Institute for Functional Genomics/Computational Biology in the Department of Pathology, Anatomy and Cell Biology, have received a one-year, \$100,000 W.W. Smith Charitable Trust grant to support their cancer research.

Their studies will address African-Americans' poor response to common chemotherapeutic

agents used to treat pancreatic cancer and the regulation of certain genes in cancer cells during stressful conditions such as chemotherapeutic treatments. This research will assist in understanding ethnic disparities that exist in the treatment of cancer and give insight into how a normal cell becomes cancerous.

Departments of Psychiatry and Neurology

Researchers in the departments of Psychiatry and Neurology have received a \$2.6 million

grant from the National Institutes of Health to study whether increasing participation in cognitive, physical and/or social activities prevents cognitive decline in older African-Americans with mild cognitive impairment, a transition state between normal aging and dementia that affects 10 to 20 percent of senior citizens.

Barry W. Rovner, MD, professor of psychiatry and neurology, and Robin Casten, PhD, associate professor of psychiatry and human behavior, will lead the two-year study of 200 seniors living in the community.



Japanese Alliance

As part of Dean Mark Tykocinski's program of "peer-to-peer" alliances, seven faculty members from Chiba University near Tokyo visited Jefferson for a week in November to study techniques for teaching clinical medicine to third- and fourth-year students. Near the end of their visit, the seven delegates posed for a picture with Michael J. Vergare (center left), senior vice president of academic affairs; the dean; and JMC faculty members.

ClassNotes

'44S

J. David McGaughey III reports that his grandson, **Jonathan David Bennett**, is enjoying his third year of clinical rotations at Jefferson and that his medical school experiences provide great fodder for conversation. McGaughey lives in Wallingford, Conn.

'50

Robert E. Karns regrets that he was unable to attend his 60th reunion in October but plans to attend his 65th in 2015. He lives in Beachwood, Ohio, and says that Jefferson remains close to his heart.

'54

Alfred G. Scottolini wishes all JMC graduates, especially his classmates, "the best of health and peaceful contentment." Scottolini works part time as a medical consultant for the State of Washington Department of Social and Health Services. He and his wife are building a home in Aiken, S.C., and hope to move there this spring. They currently live in Spokane, Wash.

'55

Herbert E. Cohn is a professor in Jefferson's Department of Surgery. He lives in Philadelphia and wishes his classmates a happy 55th reunion year.

'57

Robert K. Brotman considers himself fortunate to be able to continue practicing psychiatry four days a week. He lives in Port Charlotte, Fla.

William D. Inglis lives on Lake Erie and enjoys working as medical director of Stein Hospice in Sandusky, Ohio.

John T. Magee lives in Haverford, Pa., and is proud to report that his son, **John C. Magee, MD '88**, was promoted to professor of surgery at the University of Michigan in September.

'58

Guy J. Carnabuci is recuperating following knee replacement surgery in September. He lives in Philadelphia.

Morren J. Greenburg recently celebrated his 52nd year in family practice and works three mornings a week at a community clinic for low-income patients in Sharon Hill, Pa. Greenburg lives in Hermitage, Pa., and serves as treasurer for the Hermitage School District. He and his wife have coached track and field at Hermitage for 25 years.

'59

Ramon B. Molina has been retired since 1999 and enjoys traveling, attending church and spending time with his seven children, 12 grandchildren and two great-grandchildren. Molina lives in East Stroudsburg, Pa.

'60

Robert R. Hartley was sorry to miss his 50th reunion last fall. Hartley has been retired for 14 years from Union Memorial Hospital in Baltimore, where he also served as chief of gastroenterology and associate chief of the

Department of Medicine. He lives in Towson, Md.

Herbert D. Kleber recently received the 47th Strecker Award for excellence in psychiatry from the University of Pennsylvania, where he also presented at grand rounds. Kleber lives in New York City and continues to work full time.

'65

Nancy Czarnecki enjoyed reconnecting with classmates at her 45th reunion in October. She reports that she and her husband, Joseph, are "retired snowbirds" who live in Brigantine, N.J., but spend winters in Venice, Fla.

'66

Richard Ulrich continues to practice ophthalmology. He and his wife, Angelia, recently celebrated their 41st anniversary. They live in Bonaire, Ga., and have four sons and nine grandchildren.

'67

Barry C. Dorn recently became widowed after 47 years of marriage. He finds comfort in his two daughters and continues to teach leadership and conflict resolution full time at the Harvard School of Public Health. Dorn lives in Cambridge, Mass.

Elliot J. Rayfield recently received a Jacobi Medallion from the Mount Sinai School of Medicine Alumni Association, for which he served as president from 2007 to 2009. The award recognizes "distinguished achievement in the field of medicine or extraordinary service to the hospital, school and alumni association." Rayfield lives in New York City.

'68

Bonnie Lee Ashby lives in Villanova, Pa., and is chief of medicine at Bryn Mawr Hospital, where she serves as a member of the foundation board and chair of the community service committee.



Fundraising on the Road

Evan Y. Liu, MD '84, (front right) now a practicing attorney in Philadelphia, organized a 10-person cycling team that raised more than \$3,000 in September in the National Multiple Sclerosis Society's Bike MS: 2010 City to Shore Ride.

'70

Judith P. Schwartz reports that it was wonderful to see so many classmates at her 40th reunion. After spending 40 years in Fort Worth, Texas, she and her husband, **Burton Schwartz, MD '67**, are moving to New Jersey to be closer to family.

'71

Virginia Brodhead Clemmer specializes in breast surgery. She and her husband, **Richard Clemmer, MD '71**, live in Wilmington, Del., and have four children.

'72

Anna Marie D'Amico works as medical director for Planned Parenthood of Delaware. She is the first woman to serve as the American Congress of Obstetricians and Gynecologists' District III chair and the only gynecologist to volunteer at Claymont Family Health Services, a clinic for the uninsured. D'Amico lives in Wilmington, Del.

Rosalie Marinari-Akouka practices dermatology in Cherry Hill, N.J., and volunteers at the Sacred Heart Clinic. She reports that she maintains close friendships with her former Jefferson lab partners.

'76

Carol Boerner lives in Reading, Vt., and serves as chief of staff at Valley Regional Hospital in Claremont, N.H. Boerner founded the Medical Women's Society at Jefferson.

'78

Donald Parks recently joined the board of trustees for the Philadelphia Museum of Art. Parks has led Parkstone Medical Associates, a multidisciplinary practice in North Philadelphia, for 26 years. He also is a member of the Temple University Hospital Board of Governors and serves as assistant dean for minority affairs at the Temple University School of Medicine.

'79

Jeffrey C. Brandon recently was appointed chairman of the Department of Radiology at the University of South Alabama. Brandon previously served as vice chairman and residency program director for the department and dean of graduate and continuing medical education. He lives in Theodore, Ala.

Sandra A. Willingmyre is moving to Arizona after 20 years with CAMcare Health Corp. in Camden, N.J. She reports that although she will miss her colleagues and many patients, she will not miss the property taxes or the weather.

'80

Charles J. Dunton serves as program director for the Department of Obstetrics and Gynecology at Lankenau Medical Center in Wynnewood, Pa.

Barbara Frieman is a clinical associate professor at Jefferson and was the first female president of the Jefferson University Hospital medical staff and the Philadelphia Orthopaedic Society. She lives in Philadelphia.

Jane Mooney Longacre has practiced pediatric medicine for 27 years. She and her husband, Stephen Longacre, PhD '80, have three children and live in Plymouth Meeting, Pa.

'81

Anne Rosenberg lives in Mount Laurel, N.J., and works as a clinical professor at Jefferson.

'83

Richard B. Freeman Jr., a transplant surgeon, has been named the William N. and Bessie Allyn Professor of Surgery at Dartmouth Medical School and Dartmouth-Hitchcock Medical Center.



'65 Alumnae Earns Highest ACS Honor

The American College of Surgeons has honored Amilu Stewart, MD, a member of the first JMC class to include women, with its highest honor for her "dedicated service to the ACS and to the profession of surgery as a gifted and dedicated community surgeon and an active volunteer and leader."

Stewart, who accepted the ACS Distinguished Service Award at the organization's 2010 Annual Clinical Congress in Washington, D.C., in October, serves on the admissions committee at the University of Colorado Health Sciences Center in Colorado Springs, performs office-based surgery as a volunteer at a clinic for needy families and serves as secretary of the ACS Foundation, which she helped found.

Stewart taught surgery at the University of Colorado Health Sciences Center for 28 years, retiring as an assistant professor in 1990. She has served in numerous ACS leadership roles both nationally and locally.

'84

Mary Stoner Barber operates a private practice and specializes in skin cancer surgery. She also serves as the president of the Skin Cancer Center of Central Florida. Barber has five children and lives in Ocala, Fla.

'85

Donna DiCenzo serves as assistant clinical professor of volunteer clinical faculty at the University California, San Francisco. DiCenzo has three children. She recently attended her 25th reunion and enjoyed reconnecting with her old roommates.

Jill Jacobs recently was promoted full professor at the New York University School of Medicine. She serves as director of the school's advanced cardiovascular imaging fellowship and interim chief of cardiac imaging. Jacobs created a cardiac CT imaging division at NYU Langone Medical Center after joining the faculty in 2001 and has served as chief of the section since 2005. She lives in New York City.

'86

Virginia Graziani Lowe is an assistant professor of physical and rehabilitation medicine at Jefferson. She lives in Bryn Mawr, Pa.

Patrice Trauffer is medical director at Mercer Medical Center in Trenton, N.J. She lives in Rydal, Pa.

'88

Frances Gentile Marchant lives in Malvern, Pa., and is chief of otolaryngology at Bryn Mawr Hospital.

Lynn Ryan Williams lives in New Wilmington, Pa., and owns Dermatology Associates of Lawrence County. She has five daughters, two adopted from China.

'89

Patricia Amadio has worked for Indian Health Service in Arizona and for the Community Health Center in Mississippi but is not currently practicing. She lives in Kingsport, Tenn., where she homeschools her 9-year-old daughter, Emily.

William V. Harrer III is chief-elect at Seven Rivers Hospital in Crystal River, Fla. Harrer also is the Florida Society of Clinical Oncology representative for the Florida Medical Association.

Deborah Vinnick Tesler ran a private practice in Brookline, Mass., before relocating to Scarsdale, N.Y., six years ago. Tesler has started a business, kidsMEDPACKS, which assists camps in organizing and pre-packing camper medications. She has three sons.

'90

Theresa Meade Wheeling has served as division chief for physical and rehabilitation medicine at

Hamot Medical Center in Erie, Pa., since 1996. She is currently a solo practitioner but previously worked as an employed physician and also with a multi-specialty group. Wheeling and her husband of 20 years have three teenagers.

'91

Joan Ringham Cohen is a cardiology staff physician at Kaiser Permanente in Woodland Hills, Calif. She and her husband live in Los Angeles with their three sons. She enjoys being active in her children's schools and serving a variety of charitable agencies, including a homeless shelter.

Lynda Hodgson Szczech is an associate professor of medicine at Duke University Medical Center, where she attained tenure at age 40. She is president of the National Kidney Foundation; associate editor of *Kidney International* and *the American Heart Journal*; and a member of the public policy board of the American Society of Nephrology. Szczech and her husband, Peter Cornwell, PhD, live in Durham, N.C., and have two children, Jack and Lucy.

Steven P. Woratyla serves as chief of vascular surgery at Lancaster General Hospital and a managing partner with Surgical Specialists of Lancaster. He also enjoys his private practice and spending time

with family. He lives in Lititz, Pa., and says he is thankful for his JMC education every day.

'93

Eileen R. Conti and her husband, Vin Hoye, both practice ophthalmology. They live in Chester, N.J., with their three daughters.

Michele Marziano works as a hospice physician with Life Path Hospice in Tampa, Fla., where she volunteers with Save the Manatee Club, an organization that strives to protect endangered manatees and their habitat.

'94

Lisa Medvetz practices surgery. She and her husband, **John Duda, MD '94**, live in Malvern, Pa., with their two daughters, Maney and Johanna. Medvetz accompanied a team of healthcare workers to Haiti a year ago.

'95

Carol Anne Allen lives in Hoboken, N.J., and is a partner with Emergency Medicine Associates of Livingston, N.J.

Mary L. Schuler relocated her family to Jenkintown, Pa., in 2009, and works for Bravo Health Advanced Care Center in Philadelphia. She will soon join the staff at Albert Einstein Medical Center.

Alumnus Publishes Bioterrorism Novel

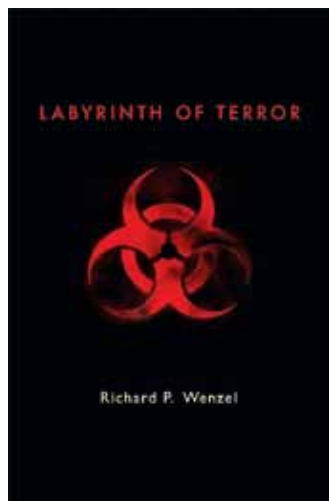
Richard P. Wenzel, MD '65, has used his expertise as one of the world's leading infectious disease epidemiologists to write a novel exploring bioterrorism.

Released by Brandylane Publishers Inc. in October, *Labyrinth of Terror* details the chaos created when political radicals engineer a drug-resistant bacteria and attempt to infect hundreds of citizens – starting with physicians and their patients – in an international terrorist plot.

A professor and former chairman in the Department of Internal Medicine at Virginia Commonwealth University in Richmond, Va.,

Wenzel previously published a collection of essays describing his experiences in microbial treatment and control. He also has written almost 500 scientific publications and is the founding editor of two journals: *Infection Control and Hospital Epidemiology* and *Clinical Performance and Quality Health Care*.

After sitting on the editorial board of *The New England Journal of Medicine* from 1992 to 2000, Wenzel was named the journal's first editor-at-large in 2001, the same year the National Institutes of Health named him one of the "10 Great Teachers" in clinical medicine service.



'96

Karyl Andolina practices obstetrics and gynecology. She lives in Carmichael, Calif., with her husband, **Tom Balsbaugh, MD '95**, and their three children: 8-year-old Andrew and 5-year-old identical twins Tricia and Deanne.

Lonnie Allen Lusavage has been practicing ophthalmology in Chadds Ford, Pa., since 2003 and reports that she is "still going strong." Lusavage and her husband of 14 years have an 11-year-old daughter.

Margaret McNichol continues to enjoy family medicine and, after a six-year break, is adding obstetrics back into her practice. McNichol serves on the clinical faculty at Oregon Health and Science University in Portland. She and her partner, Sue, recently celebrated their 26th year together.

Alumni Weekend '11

SAVE THE DATES
SEPT. 23–25

FRIDAY

- CME on women's health, free to alumni
- Reception, private viewing of newly restored *Gross Clinic*
- Presentation of the Alumni Achievement Award

SATURDAY

- Dean's luncheon, Dorrance H. Hamilton Building
- Dinner and dancing for classes ending in 1 and 6, Loews

SUNDAY

- 50 and Forward brunch, silent auction, Ritz-Carlton

Register for the CME at <http://jeffline.jefferson.edu/jeffcme>.
Look for more details soon.

'97

Nora Florian Miller is certified in reproductive endocrinology and infertility as well as obstetrics and gynecology. She started her own practice in October 2008 and is associated with Stanford and Norwalk Hospitals. Miller and her husband of 11 years live in Wilton, Conn., and have a 3-year-old son.

Steven R. Sarkisian Jr. was recently appointed clinical associate professor of ophthalmology at the University of Oklahoma. He serves as director of the glaucoma fellowship program at the Dean A. McGee Eye Institute in Oklahoma City. Sarkisian and his wife, Anne, have four children and live in Edmond, Okla.

'01

Jennifer King is a staff physician at Abington Medical Center. She lives in Horsham, Pa., with her husband, **Matthew Craig, MD '01**, and their children and two dogs. King reports many fond memories from Jefferson, including her marriage proposal in front of the fountain at the Bluemle Life Sciences building.

Melissa Rosenberg is an assistant professor in the Department of Pediatrics at Michigan State University. She lives in East Lansing, Mich., with her partner and son.

'04

Leah Jacobson is on the faculty of Yale University Medical School. She and her husband, **Michael Jacobson, MD '04**, are raising their two young children in Branford, Conn.

Shelby Margut is a partner at Fredericksburg Health Center in Fredericksburg, Pa. She and her husband, Scott, live in Lebanon, Pa., and recently welcomed their first child.

'98

Vicki H. Rapaport recently celebrated her 40th birthday with a trip to Paris and reports that her dermatology practice in Beverly Hills, Calif., keeps her busy.

Hope Pollock Seidel and her husband, **Geoffrey Seidel, MD '90**, have two children, Grace and Jared. They live in Raleigh, N.C.

'00

Deborah Alexander practices as a hospitalist at Providence Portland Medical Center in Portland, where she and new husband, Jeffrey Volk, live.

Katherine Dallow is an instructor in medicine at Harvard Medical School. She sits on the faculty of Beth Israel Deaconess Medical Center, where she advises on managed care contracts and quality/performance measurement. Dallow lives in Brookline, Mass.

'02

Aradhna Saxena is a Mohs skin cancer surgeon with a solo private practice in Fort Washington, Pa., where she and her husband, David Kasper, DO, live with their infant son.

Hanna Zafar is an assistant professor at University of Pennsylvania Hospital. She married her husband, Gregory Hudson, in 2009 and lives in Philadelphia.

'06

Joy Chen is serving a fellowship in gastroenterology at Albert Einstein Medical Center. She lives in Philadelphia and is expecting a baby in April.

'10

Kristen Sutley is serving an internship in psychiatry at the University of Minnesota. She lives in Edina, Minn., where she is enjoying life with her husband and daughter.

'99

Alynn Bosshard Alexander is a full attending obstetrician/gynecologist at Ocean Medical Center in Brick, N.J. She and her husband have three children, ages 9, 6 and 20 months.

InMemoriam

'38

Vernon W. "Doc" Taylor Jr., 95, of Elkin, N.C., died Aug. 6 at Wake Forest University Baptist Medical Center. Taylor was a past president of the North Carolina Medical Examiners and a past member of Hugh Chatham Memorial Hospital Board of Trustees. He served as a choir member and adult Sunday school teacher at First Baptist Church of Elkin for 65 years and was an active deacon. He was preceded in death by his wife and two sisters and is survived by a son, Jim; two daughters, Susan and Bobbi; a sister, Ernestine; three grandchildren, Cory, Kelsey and Paul; his closest friend, Mary Cockerham; and several nieces and nephews.

'46

John M. Keller, 88, of Naples, Fla., died Aug. 18. Keller was the son of **Frederick E. Keller, MD '17**, and grandson of **John H. Lock, MD 1883**. He served as a captain in the U.S. Army before beginning his practice in obstetrics and gynecology. Keller is survived by his wife of 63 years, Ruth; two sons; and six grandchildren.

Reginald James Raban, 91, of Cherry Hill, N.J., died Oct. 9. Raban served as a flight surgeon in Hahn, Germany, during the Korean War before studying ophthalmology at Wills Eye Institute. He was a faculty member at Our Lady of Lourdes Hospital in Camden, N.J., and maintained a private practice in Cherry Hill for 35 years. He was preceded in death by his wife, Doris, and is survived by four children, six grandchildren and three great-grandchildren.

'52

William Thomas "Tom" Brinton Jr., 89, of Denver, died Nov. 22. Brinton was a U.S. Marine pilot and served with a fighter-bomber group in the Pacific during WWII. He practiced medicine in Denver from 1953 to 1993, first as general practitioner at the Colorado Clinic and later specializing in anesthesia and geriatric care. He completed his career at the University of Denver Student Health Center. Brinton is survived by his wife of 64 years, Kate, two daughters and a son.

William R. Hill, 85, died at his home in DuBois, Pa., Nov. 30. Hill served as a tank commander in World War II. After his residency in ophthalmology in Pittsburgh, he returned to his hometown of DuBois, where he practiced for 33 years. Hill's sense of adventure took him all over the world hunting and fishing. He is survived by his wife of 60 years, Ann, two daughters, a son, nine grandchildren and three great grandchildren.

'58

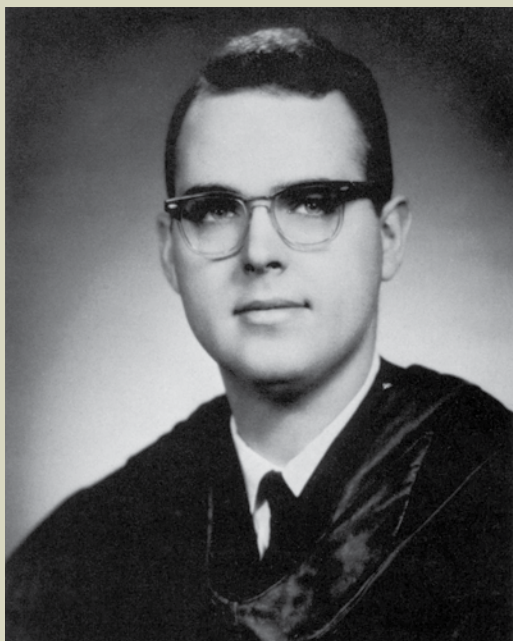
Patrick J. McKenna Jr., 81, of Woodbury, N.J., died Oct. 9. A hematologist and oncologist, McKenna practiced at Thomas Jefferson University Hospital and Nazareth Hospital in Philadelphia; St. Vincent's Hospital in New York; and Our Lady of Lourdes Hospital in Camden, N.J. He also taught at JMC and served as a consultant for the American Red Cross. He is survived by his wife, Anne; one son, Patrick; and four daughters: Eileen McGowan, Maureen Coleman, Joanne Cooper and **Kathleen Vozzelli, MD '95**.

'60

William W. Mears, 76, of Lexington, Va., died Oct. 10. Mears served 20 years in the U.S. Army, retiring as chief of ophthalmology at Fitzsimons Army Hospital in Denver. After briefly operating a private practice in Denver, he moved to Lexington, where he practiced for 23 years. He is survived by his wife, Marcella; one son, William Jr.; one daughter, Susan Hubbell; and four grandchildren.

'76

Gary F. Purdue, 65, of Carrollton, Texas, died in an automobile accident on his way to work at the University of Texas Southwestern Medical Center in Dallas, where he served as chief of the burn unit in the department of surgery. He served as co-director of the burn unit at Parkland Memorial Hospital, also in Dallas, for 22 years. Purdue is survived by his wife, Laurel; one daughter, Heather; three sons, Kyle, Keith and Frederick; and one grandson.



Willis Wardner Willard III, MD '62
Photo courtesy of Thomas Jefferson University Archives

On Nov. 27, 2009, my roommate for the last three years at Jefferson, **Bill Willard**, died quietly at home after having a great Thanksgiving day with his wife, Dina, and their family. I saw Bill for the last time about three weeks prior to his death. Over the last 15 or so years of Bill's life, I made an annual pilgrimage back East to see both my family and Bill and Dina. Bill suffered from the ravages of diabetes but continued to see patients in his family practice in Carlisle, Pa., until the last few years of his life. He lost both of his feet from peripheral vascular disease, and this caused him a great deal of pain, which he endured in quiet dignity. Bill and I would talk from time to time over the years but more frequently e-mailed each other. He sent a stream of very interesting e-mails, some raucously funny and some serious stuff.

Bill and Dina married in 1979. He had three children from his previous marriage, and Dina was widowed and had five children. Together they educated all of them, provided them with a nurturing family environment and supported them through their college educations and various marriages. Bill gave not only in economic terms, but in the richness of life's good things: love, acceptance, nurture, friendship, forgiveness and all the good stuff that gives life meaning. That's a pretty good legacy to leave. I was lucky to have him in my life and to be able to call him a friend.

Gene Morita, MD
Class of 1962

By THE Numbers

Percentage of female JMC students vs. national average



Jefferson data from the Center for Research in Medical Education and Health Care; national data from the Association of American Medical Colleges

Join the Celebration!

In 1961, JMC opened its doors to female students for the first time. Since then, JMC has increased its representation of female students, faculty members and senior leaders to be on par with national standards or better. In the coming years, we look forward to making even greater contributions to advancing the status of women in medicine. In honor of this milestone, JMC is planning a year of celebrations. Mark your calendar for these events and look for news of more to come!

Alumni Weekend

September 23 – 25

FRIDAY, SEPTEMBER 23

CME: Focus on Women's Health

Open to all alumni
8 a.m. to 4 p.m.

- Prevention and Wellness Checklist for Women; *Richard Wender, MD*
- Venous Thromboembolism: Prophylaxis and Treatment in Women; *Geno Merli, MD*
- Approaches to Healthy Aging; *Christine Arenson, MD, and Joseph Montella, MD*
- Heart Disease in Women; *Danielle Duffy, MD*
- Superfoods: Can They Really Prevent Disease?; *Cheryl Marco, RD, LDN, CDE*
- Exercise for Women: How To Do It Effectively and Safely; *Marc Harwood, MD*

- Breast Cancer in Women; *Tiffany Avery, MD*
- Alternative and Complimentary Approach to Wellness in Women; *Birgit Rakel, MD*

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide medical education for physicians.

Alumni Reception

Private showing of *The Gross Clinic* and presentation of the Alumni Achievement Award
5:30 p.m. to 7:30 p.m.

SUNDAY, SEPTEMBER 25

**"Celebration of Women"
Alumni Brunch / Silent Auction**
10 a.m. to 1 p.m.
Ritz-Carlton

50 & Forward Celebration Weekend

October 28 – 29

Presentations by notable women, including:

- Vivian Pinn, MD, director of the NIH Office of Research on Women's Health
- Christine Cassel, MD, president and CEO of the American Board of Internal Medicine and the ABIM Foundation
- Virginia Valian, author of *Why So Slow?: The Advancement of Women*

- Christine Laine, MD, first female editor of the *Annals of Internal Medicine* and a Jefferson faculty member
- Members of the 1965 class, the first to include women

SATURDAY, OCTOBER 29

Reception
6 p.m. to 8 p.m.

FOR MORE INFORMATION

Visit jeffline.jefferson.edu/jeffcme to register for the free CME program.

Visit www.jefferson.edu/jmc/women for the yearlong lineup of anniversary activities.

50 & FORWARD

Celebrating 50 Years of Women at Jefferson Medical College



Amilu S. Martin, MD '65, and Nancy S. Czarnecki, MD '65