

Spring 2012

## Jefferson Alumni Bulletin – Volume 61, Number 2, Spring 2012

Follow this and additional works at: [https://jdc.jefferson.edu/alumni\\_bulletin](https://jdc.jefferson.edu/alumni_bulletin)



Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medical Education Commons](#)

[Let us know how access to this document benefits you](#)

---

### Recommended Citation

"Jefferson Alumni Bulletin – Volume 61, Number 2, Spring 2012" (2012). *The Bulletin (formerly the Jefferson Medical College Alumni Bulletin)*. Paper 296.  
[https://jdc.jefferson.edu/alumni\\_bulletin/296](https://jdc.jefferson.edu/alumni_bulletin/296)

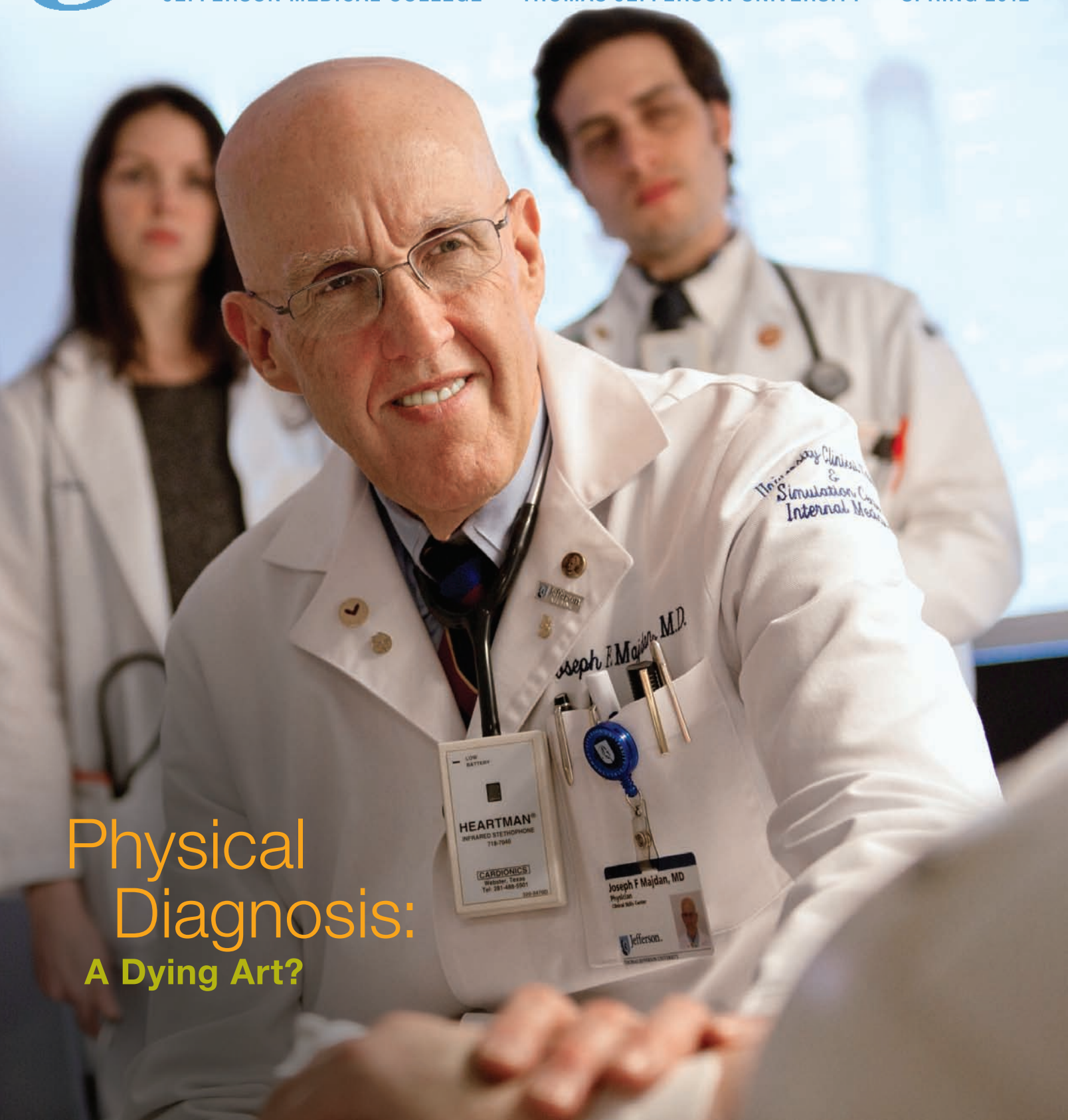
This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in The Bulletin (formerly the Jefferson Medical College Alumni Bulletin) by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

# Jefferson

ALUMNI BULLETIN

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • SPRING 2012

Physical  
Diagnosis:  
A Dying Art?





# Message from the President



Robert L. Barchi, MD, PhD

Jefferson has always been known as an innovator in healthcare education. Yet there's another aspect to Jefferson's identity that's equally important and has been part of this institution since 1824: our deep sense of family, collegiality and community.

During my eight years as Jefferson's president, I have worked to strengthen this legacy, which I am convinced will help us adapt successfully to future changes in U.S. health care.

Our campus has always been enriched by colleagues who work and study among siblings, cousins, parents, aunts and uncles, and who proudly follow in the footsteps of earlier generations in their families. When a parent or grandparent says Jefferson is the best place to work and train as a physician who really knows how to care for patients, that endorsement comes from a trusted source.

Relatedness adds warmth, connection and history to the culture of our classrooms, clinics and research laboratories. While there are many such families here at Jefferson, two readily come to mind: Anthony DiMarino Jr., MD, chief of gastroenterology, and his son, Michael DiMarino, MD, an assistant professor in the same

department; and Francis (Frank) Rosato Sr., MD, who, prior to his passing in 2006, was chair of surgery, and his son, Ernest (Gary) Rosato, MD, today's director of general surgery.

The caliber of research, treatment, invention and scholarship is extraordinarily high at Jefferson. At the same time, this University feels like home to many — even those without relatives on campus. People who train here as medical students or residents frequently choose to spend their whole careers here. Alumni who go elsewhere for training frequently return.

There is a culture of continuity and stability at Jefferson that's distinct from other academic medical centers where people are more transient in their careers. Many of our students and faculty grew up in the Philadelphia region; this has been true for nearly 200 years. Cumulatively, we have deep ties to Philadelphia's people, institutions and challenges.

We embedded this sense of connection in our 12-acre center city campus with the addition of a new campus center in 2007. Its centerpiece, the Dorrance H. Hamilton Building, nurtures a collaborative, team-based medical culture via specially designed classrooms, training rooms and gathering places. This building opens to the new Sidney and Ethal Lubert Plaza, where 1.4 acres of green space invite planned and chance gatherings among students, faculty and community members.

We created these green spaces and meeting places because meaningful education frequently occurs outside the classroom through informal interactions. Campus improvements also literally weave us into the cityscape via much-needed green space that's welcoming and accessible to patients and our urban neighbors.

As a steward of Jefferson's special qualities, I have worked to maintain the balance Jefferson has achieved so beautifully over the years — among clinical care, education

and research — so that one of these elements doesn't become a defining characteristic as has occurred at some peer elite institutions.

Sustaining the intangible aspects of Jefferson's nature in the face of rapid change has been a challenge for me and may be culturally wrenching and difficult for the University's future leaders. It's hard to feel like one big family, and at the same time wring costs out of the system, reduce employment and change the way people are used to doing business.

However, I am convinced that our culture of collegiality is precisely why Jefferson will successfully adapt to the disruptive changes transforming U.S. health care. Team medicine will thrive here, while it might not succeed elsewhere. We can bridge the interprofessional gaps thanks to the genuine respect and strong relationships among faculty and students at Jefferson's different schools.

It's clear that in the coming decades, the practice of medicine will be quite different than the last 20 or 200 years. If Jefferson does not adapt, we risk being left behind. To hold on to our past too tightly, to fight what's inevitable by trying to do things the way we always did would truly be a sad thing for Jefferson. Our challenge is to get where we need to go without damaging the soul of this great institution.

Sincerely,

Robert L. Barchi, MD, PhD  
President  
Thomas Jefferson University

# Contents

## FEATURES

- 6 Cultivating Great Physicians & the Timeless Art of Physical Diagnosis**
- 10 Waking Up to a Sleepy Specialty**
- 28 Dancing the Hygiene Hustle**

## DEPARTMENTS

- 2 DEAN'S COLUMN**
- 4 FINDINGS**  
Researchers Mirror Human Response to Bacterial Infection in Mice
- 14 FACULTY PROFILE**  
Danielle Duffy: Changing Heart Disease Outcomes
- 16 ON CAMPUS**
- 20 CLASS NOTES**
- 24 ALUMNA PROFILE**  
Cora LeEthel Christian, MD '71, MPH: Physician, Advocate and Policy-Maker in Paradise
- 26 IN MEMORIAM**
- 29 BY THE NUMBERS**



*Jefferson Alumni Bulletin*  
Spring 2012  
Volume 61, Number 2

**Senior Vice President,**  
Jefferson Foundation: Frederick Ruccius  
**Vice President for Development and COO,**  
Jefferson Foundation: Stephen T. Smith  
**Editor:** Gail Luciani

**Associate Editor:** Karen L. Brooks

**Design:** JeffGraphics

**Bulletin Committee**  
William V. Harrer, MD '62 *Chair*  
James Harrop, MD '95  
Cynthia Hill, MD '87  
Larry Kim, MD '91  
Phillip J. Marone, MD '57, MS '07  
Joseph Sokolowski, MD '62

Quarterly magazine published continuously since 1922

Address correspondence to:  
Editor, *Alumni Bulletin*  
Jefferson Medical College of  
Thomas Jefferson University  
925 Chestnut Street, Suite 110  
Philadelphia, PA 19107-4216

215-955-7920  
Fax: 215-503-5084  
connect.jefferson.edu  
Alumni Relations: 215-955-7751

The Jefferson community and supporters are welcome to receive the *Alumni Bulletin* on a regular basis; please contact the address above. Postmaster: send address changes to the address above. ISSN-0021-5821

**On the cover:** Joseph Majdan, MD, leads residents on bedside rounds.

JG 12-1780



# The Dean's Column

Most patients understand there's a vast difference between how medicine is practiced in real life and how it's depicted in television shows such as "House," "ER," "Scrubs" and "Grey's Anatomy."

Still, these same shows can contribute to off-kilter expectations among even the most sophisticated and educated of medical consumers. Some have suggested a 'House effect,' mirroring the 'CSI effect' — the notion that forensic dramas such as "CSI: Crime Scene Investigation," which showcase the use of science and technology in solving crimes, may as a by-product drive up juror expectations for forensic evidence as a precondition for conviction. Medi-dramas, like forensic dramas, blur reality and fiction and purvey exaggerated portrayals with insidious potential to condition patients and jurors alike to demand more.

On television, miracle cures routinely require only 30 to 60 minutes — minus commercial breaks. Alas, such rapid-fire diagnoses, treatments and cures rarely occur in real life. Unlike on TV, real-life physicians can't simply order tests with abandon, throwing cost to the wind, and most of us of course lack the super-human, trans-specialty know-it-all expertise of our TV counterparts. By subconsciously promoting an aggressive-with-care ethos, medi-dramas further fly in the face of a reality where over-activism and interventionism can often do more harm than good.

Then there is the more subtle medi-drama distortion of how diseases actually unfold. On TV the formula is straightforward — mysterious ailment finds explanation in one underlying disease process; all signs and symptoms are instantly and comprehensively explained in a single master-stroke; and the all-powerful doctor now cures all with therapy that is laser-precise. Yet, this type of TV time slot-dictated reductionism has deeper routes. Traditionally, medical school curricula, looking to put diagnostic elegance on a pedestal, have featured clinico-pathologic correlations and other exercises that accommodate unifying, neatly packaged solutions — part of the holy grail of Occam's

razor. While this undeniably adds puzzle-solving fun to the training and practice of medicine, such diagnostic parsimony tends to tunnel thinking and at times leads physician and patient alike in the wrong direction. The more common reality: Individual health issues are complex; symptoms and signs don't always fit neatly into tidy packages; and standard playbook treatments may not provide relief.

This is where the real art of medicine comes into play, and it's where I believe Jefferson training distinguishes itself. What I have seen close up, time and again, is how Jefferson faculty escape from the "medicine as academic exercise" straitjacket to view patients in a more holistic way and allow for a multidimensional diagnostic and therapeutic perspective. To my mind, this is part-and-parcel of what gives Jefferson physicians, along with Jefferson-trained physicians, their reputation and aura as elite clinicians. We embrace each patient's unique complexity and understand that multifactorial conditions demand multidimensional remedies. We inculcate in our students the need to be open to clinical complexity and convergent pathogenesis. Just ask the residency program directors nationwide who seek out our graduates for just this reason.

Some have gone beyond patient expectation and implicated medi-dramas as a potential culprit vis-à-vis physician behavior. Clearly, we don't aspire for our graduates to engage in the sort of nonprofessional behaviors with co-workers and patients that make for fascinating and entertaining television. In real life, those behaviors lead to dismissals and lawsuits. As for patient privacy and HIPAA compliance during prime time, forget about it! A 2008 Johns Hopkins survey of medical students published in the *American Journal of Bioethics* found that 76 percent of medical students watch "House" (OK, I'll admit it — so have I, and my wife is addicted). While students in that survey claimed not to have drawn any significant professional lessons from the programs, the study's authors raised the issue of

whether mere exposure to them, and their borderline ethics, may still subtly affect physicians' attitudes and mindsets.

Personally, notwithstanding the distortions and sensationalism, I see an upside to these medi-dramas. Consider a character like Gregory House, who in the course of his super-physician (surgeon + internist + pathologist + radiologist + every other specialist) roles, exhibits outrageous ethical breaches and personal weaknesses, such as an addiction to prescription pain medication. Yet at the same time, patients who have witnessed House's vulnerability or watched the interns on "Scrubs" face mortifying, moving and hilarious clinical challenges may also be more aware of the stressful and sometimes grueling nature of practicing medicine. In this way, shows like these humanize physicians for patients and may paradoxically ease the path toward more meaningful two-way communication. Humanizing the physician has its dividends. And even for medical students, having them confront their all-too-human condition isn't entirely a bad thing.

And then there are the medical students who have entered the profession because they were inspired by these shows. We are lucky to benefit from this influx of diverse and talented applicants. My daughter, Gabriella, told me that she went to medical school after she was inspired by watching "ER" (not from watching my own career)! Today, she is a resident in pediatrics.

My hunch is that people who are inspired to apply to medical school after watching medi-dramas will find the rich tapestry of interactions in medicine just as dramatic and moving as anything on prime time. Their day-to-day lives as physicians are sure to have more heart and soul than anything on television. And the consequences, good and bad, of this entertainment medium will be with us for the long run.

*Mark L. Tykocinski*

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

What I have seen close up, time and again, is how Jefferson faculty escape from the "medicine as academic exercise" straitjacket to view patients in a more holistic way and allow for a multidimensional diagnostic and therapeutic perspective.





# Findings

## Researchers Mirror Human Response to Bacterial Infection in Mice

A mouse model has been shown to mimic all of the stages of an infection in a human for the first time ever — from the initial interaction with the infectious agent, through progression of the disease, to resolution. In a study published in *Proceedings of the National Academy of Sciences*, a team of Jefferson immunologists created a specialized “human immune system” mouse model to study relapsing fever, the human response to a tick-borne infection. Clinically characterized by a fever, followed by an interval without a fever and then another episode of fever, tick-borne relapsing fever is found in the western part of the United States as well as the plateau regions of Mexico, Central and South America, the Mediterranean, Central Asia and much of Africa.

The response measured in the mouse model is strikingly similar to the human immune response and may lay the foundation for future research to develop more effective infectious-disease treatments and prevention strategies. “This is a susceptible model that shows how the mouse responds to an infectious agent. It actually tells us how the human immune system is functionally working,” says co-author Kishore R. Alugupalli, PhD, assistant professor of

microbiology and immunology at Jefferson and research member of the Kimmel Cancer Center. “That is the big difference from the previous studies.”

To create the mouse model, researchers transferred hematopoietic stem cells from human umbilical cord blood into mice lacking their own immune system. As a result, these genetically modified mice developed a human immune system. These “human immune system” mice were then infected with the bacterium *Borrelia hermsii*, which causes relapsing fever, to gauge immune response.

The researchers then analyzed the mice’s spleens and lymph nodes, which they found had developed a population of B1b-like cells that may have fought off the infection. Conversely, when the researchers reduced the number of those B1b-like cells, the infection returned, suggesting that the B1b-like cells were responsible for fighting the infection.

Most surprising to the team was that human-B1b-like cells, which produce antibodies to fight infections by bacteria such as *Salmonella* and pneumococcus, were able to develop in the mouse model. “We found that in mice, the B1b cell subset is critically important for resolution

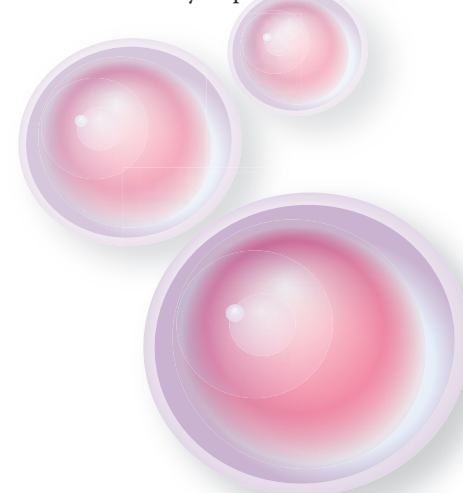
of this type of bacterial infection. This would indicate that there is a functional equivalent of the subset in humans that has not been previously recognized,” says co-author Tim L. Manser, PhD, the Dr. V. Watson Pugh and Frances Plimpton Pugh Professor and Chair of the Department of Microbiology and Immunology.

The mouse model with relapsing fever recapitulates many of the human clinical manifestations of the disease and builds on prior research indicating that an antibody response that is independent of T-cell immunity mechanisms is required to fight off bacterial infections. It also indicates that B1b cells may be crucial for fighting off tick-borne relapsing fevers in humans as well. However, it is not clear whether the protective immune response in humans precisely matches the humoral immune response identified in the mouse model.

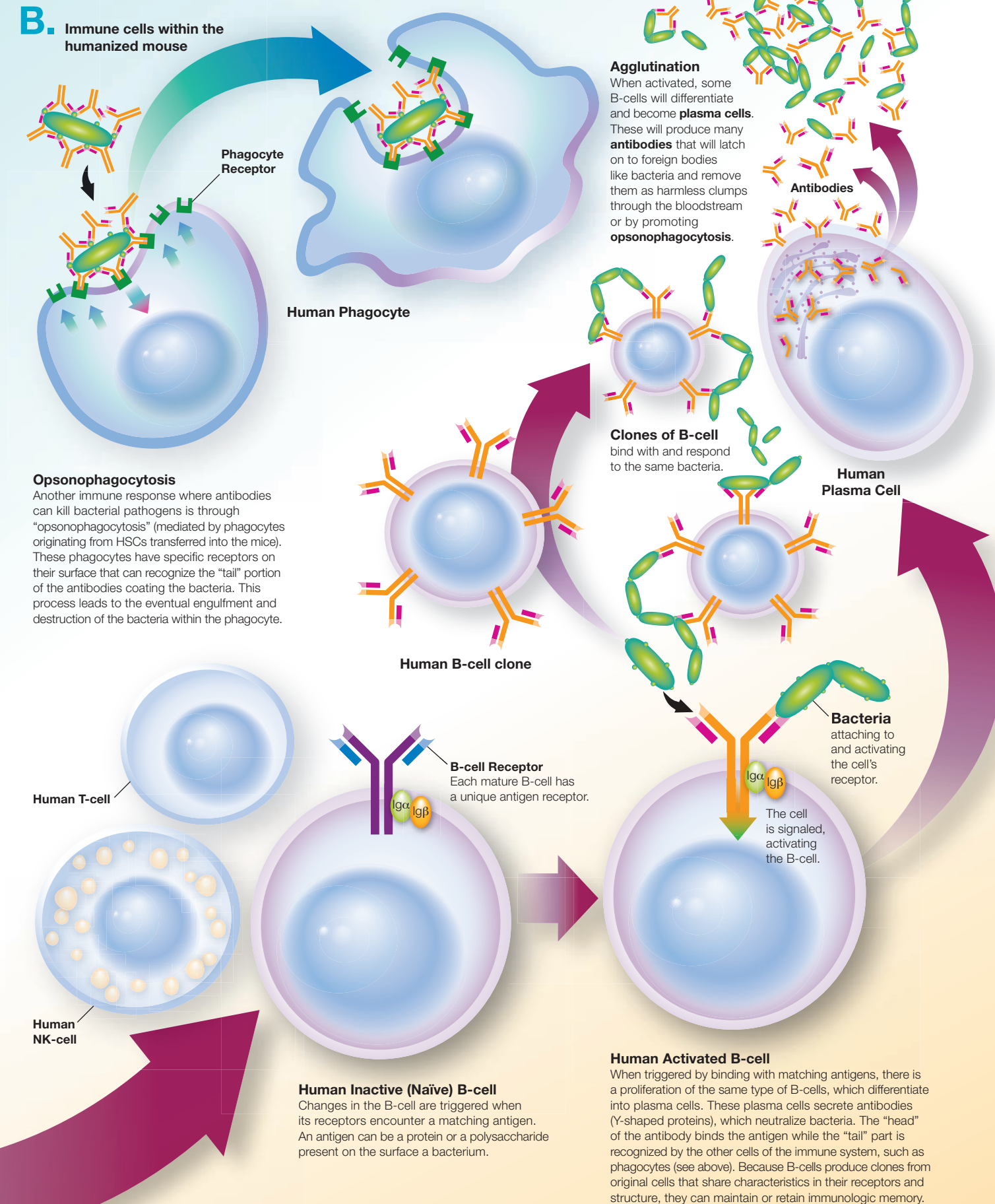
Human immune system mice could potentially have implications far beyond tick-borne relapsing fever. “This is an amazing platform that could be used to really study how the human B1 cells could work against a variety of bacterial and viral infections,” Alugupalli says.

As the mouse matures the transferred HSC, which are self-renewing, eventually develop into a variety of human immune cells, such as B, T and NK cells. These cells specialize in fighting off viral and bacterial infections like *Borrelia hermsii*.

**A.** The specialized mice used to make human immune system mice are raised from birth to be immunologically “empty.” A critical component creating them is the *scid* mutation, which stands for “severe combined immunodeficiency.” Mice with this mutation have a complete absence of mature T- and B-cells. Another vital factor involves the *IL2rg*-targeted mutation. This mutation causes the absence of the *IL-2R γ-chain*, leading to the inability of many immune cells to develop, including NK-cells (i.e., Natural Killer cells). These mutations, among others, combine to create a mouse whose system can only produce red blood cells (erythrocytes) and platelets. The absence of T- and B-cells, as well as NK-cells, allows the human hematopoietic stem cells, or **HSC** (hematopoietic stem cells) which are transferred into the mouse while young, to survive without being attacked by the limited immune system already existing in these mice.



Human Hematopoietic Stem Cell (HSC)





# Cultivating Great Physicians

## and the Timeless Art of Physical Diagnosis

### Story Highlights

- Technological advances in modern medicine have pushed traditional physical diagnostic skills to the back burner.
- Conducting a comprehensive physical exam before ordering scans or tests minimizes the ordering of unnecessary procedures and the misdiagnosis of laboratory results, saving time and money.
- A thorough physical exam cultivates interaction between physicians and their patients, allowing physicians to express concern and caring and to develop a balanced view of the patient.
- Few health sciences institutions in the country still emphasize the importance of the bedside physical exam; Jefferson is one of them.

Jefferson was the fifth stop for the 18-year-old, who had stopped growing years too early and now was losing vision in one eye. Physicians at the first four hospitals treated him for a heart valve infection, but his health continued to deteriorate. At Jefferson, Joseph Majdan, MD, took his history, listened to his heart with a stethoscope and heard a tumor plop, prompting an immediate diagnosis of atrial and ventricular myxomas rarely found at this young man's age.

Soon after life-saving surgery to remove the heart tumors, the patient grew five inches. Each of the 20 years since, he has repaid his debt of gratitude toward Jefferson as a volunteer at the University Clinical Skills and Simulation Center, where he helps medical students develop and test out their patient interview skills.

Jefferson-trained physicians have a reputation for solving puzzling cases like this — often with little more than a stethoscope, reflex hammer, ophthalmoscope and keen intuition. Even as the medical profession has bemoaned the death of the physical exam, Jefferson has continued to refine and reinvent its nearly 200-year tradition of teaching physical diagnosis skills to integrate the latest medical findings and technologies.

As physicians face mounting pressures to speed up their exams, these skills help clinicians work quickly to formulate a hypothesis based on the patient history. They know what to look for in the physical exam, and then use physical findings to assess which studies or scans will refine their diagnosis and determine an effective course of treatment.

### Technician Versus Quack?

“Medicine is truly a combination of art and science. Like conjoined twins, you can't separate them, or you will kill them both,” says Salvatore Mangione, MD, director of Jefferson's physical diagnosis course and associate director of Jefferson's internal medicine residency program. “When the art goes, you have only a technician. And when only the art remains, you have a quack. You need both.”

Unlike some medical schools, where the physical exam is taught by junior faculty, Jefferson deploys seasoned faculty with distinguished publication records and teaching awards to lead intensive training. “We're passionate about the physical exam. We promote it as something that will help you make diagnoses, and we make it fun,” says Mangione. At the University

Clinical Skills and Simulation Center, one of the nation's largest medical school simulation centers, students refine their history-taking and diagnostic skills with guidance and feedback from faculty, former patients, people trained to act as patients and patient symptoms.

Beside instruction is at the heart of Jefferson's approach. “What we do on rounds is an eclectic, cross-sectional experience that demonstrates physical diagnosis as well as interpersonal skills,” says Majdan (pronounced “MIE-den”), the Simulation Center's director of professional development and an assistant professor of medicine. “That is our legacy at Jefferson. Students see clinicians talk to each patient as an individual whose humanity has to be touched first and foremost. We demonstrate how taking a

good history and conducting a skilled physical exam will ultimately reduce use of extraneous tests and minimize misdiagnosis of laboratory results and misinterpretation of studies.”

Majdan leads weekly diagnosis rounds for all third-year students during their medicine clerkship, fourth year medicine sub-internship and also for residents and MD/PhD students. As he leads a group of residents on hospital rounds, he models the kindness, attention to detail and respect for each patient's individuality that elevates history-taking and the physical exam to the caliber of great medicine.

After warmly greeting the first patient, an elderly woman hospitalized for congestive heart failure, Majdan notes to residents that she is missing the outer third of her eyebrows, an indicator of low thyroid

While leading weekly diagnosis rounds, Joseph Majdan, MD, teaches students and residents not only how to conduct a comprehensive physical exam but also how to establish a meaningful connection with every patient.

“When you touch the humanity in each patient, they respond to that.”

Joseph Majdan, MD





hormone levels sometimes referred to as Queen Anne's sign. He points to a bounding neck vein diagnostic of a leaky tricuspid valve. And when he presses gently on her stomach over her liver, a vein in her neck swells — a sign of heart failure.

Majdan uses a stethoscope connected to infrared headphones that allow residents to listen simultaneously as he listens to her heart. He points out to residents the precise heart sounds, a holosystolic murmur with Carvallo's sign, that correlates with her condition, a leaky tricuspid valve. Each physical finding matches extensive studies and labs in her chart. Then, he thanks her: "We can read about these symptoms a lot. But seeing it with kind people like you helps us remember these things. I wish you a short stay and that you should feel better soon."

### Most Important Person

At the second patient's bedside, Majdan notes her asymmetric pupils, droopy right eyelid and lack of sweat on that side of the face — three signs of Horner's syndrome, an interruption of sympathetic nerve signaling to the eye. While this is sometimes congenital, he urges the residents always to look for other causes. Majdan asks the patient if she is a smoker (she was). This history, along with her swollen right supraclavicular lymph nodes, suggests a Pancoast tumor (named for a Jefferson physician in the 1930s), typically found at the top of the lung. Again, diagnoses obtained in minutes at the

bedside match data in her chart. Majdan thanks the patient for the privilege of her time, invites her to ask questions and tells her: "You're the most important person in this room. We're here for you."

With the final patient, a 64-year-old woman, he again uses a stethoscope — this time to listen for fluid in the lungs. As the residents listen simultaneously on their infrared headphones, the patient says a long "E" sound repeatedly. With the diaphragm of the stethoscope over the affected region of her lungs, residents hear a shift to a long, goat-like "A" sound called egophony. The patient tells Majdan she can barely breathe. Majdan gently holds her hand and shows residents her nearly flat nail beds: her loss of Lovibond's angle, or clubbing, is an indicator of pulmonary disease. Just before leaving the room, he asks where she is from — South Philadelphia. He asks her what her favorite bakery is. She mentions a bakery by name, then smiles and proudly says, "It's nowhere near as good as I can make."

Out of earshot in the hallway, Majdan asks residents: "Did you notice the feeling that hit you as you walked in that room? Overt depression, right? That's appropriate. She has metastatic breast cancer. As the physician, you should always rise to the occasion. When you touch the humanity in each patient, they respond to that. She was smiling at the end." Majdan reminds the residents to address the needs



Salvatore Mangione, MD, uses art and history in his diagnostic lessons. Here, he displays Rembrandt's portrait of painter Gerard de Lairesse, whose "saddle nose" indicated congenital syphilis.

of the whole patient; for this patient perhaps a psychiatric consultation might be of benefit.

### Where Rubber Hits the Road

Moments like these are illuminating. "During rounds you revisit what you learned as a student and refine your diagnostic skills," says Rajan Singla, MD '11, a first-year resident. "This is where the rubber hits the road. These experiences help me synthesize knowledge and remember things the way I naturally learn — not alphabetically or by looking it up in a book, but literally with the face of an actual person."

Majdan recently submitted research for publication that demonstrates improved teaching outcomes with use of infrared headphones, which look like a stethoscope in which the chest piece is connected to an infrared transmitter the size of a Band-Aid box. Sheel Patel, MD, a Jefferson resident present for those rounds, appreciates how the device refines her clinical skills: "Listening to the same thing as the attending helps me know specifically what to listen for, where you'll hear it and what you should always think of as a diagnosis."

Majdan believes that infrared headphones linked to a stetho-

scope should be standard tools for teaching physical findings to all medical students and residents nationally. Majdan developed the use of this device to teach students and residents the use of a stethoscope and to develop their confidence in detecting a remarkable range of pathologic sounds in the gastrointestinal, endocrine, vascular, neurological, cardiac and pulmonary systems.

Jefferson students learn to make a blink-of-the-eye diagnosis by tuning their sensibilities with memorable images in a course on the history of medicine taught by Mangione. A lively raconteur, Mangione illustrates physical findings with vivid examples of diagnostic symptoms from art and history.

"For every disease, I go to great lengths to identify information that can get students excited and allow them to recognize findings at first sight, such as the saddle nose in Rembrandt's portrait of Dutch painter Gerard de Lairesse that is diagnostic of congenital syphilis, or the potato nose in a

rare photo of J.P. Morgan, who was mortified by his severe case of rhinophyma," says Mangione, author of *Physical Diagnosis Secrets*, a compendium of physical exam tips used by medical schools worldwide. "My inspiration has been Plutarch, who famously said that the mind is not a vessel to fill but a fire to ignite. Hence, we're trying to teach students a different and effective way of practicing medicine that they can maintain after they go out in the world."

Retirements among medical school faculty trained prior to the era of CT scans and MRIs mean fewer clinicians able to pass forward the art of physical diagnosis. Shorter hospital stays for patients and 80-hour workweek limits for residents also compress the time medical students and residents have to confer with more senior clinicians on complex cases. In addition, a longer physical exam is not reimbursable, while insurance payments flow from volume of patients seen and from studies and scans ordered.

"Medicine is truly a combination of art and science. Like conjoined twins, you can't separate them, or you will kill them both."

Salvatore Mangione, MD

### Tail Wagging the Dog

Without training in the art of physical diagnosis, says Mangione, "The tail wags the dog. The physician who doesn't have time for a thorough history and a skillful physical exam embarks on a path full of blind tests, where tests beget more tests, and where at the end there is often a surgeon and sometimes even a lawyer. Moreover, when the physical exam is overlooked, patients feel abandoned and typically resent it. Lack of laying on of hands only adds to their discomfort with high-tech but cold and detached modern medicine."

Jefferson's emphasis on physical diagnostics pushes back against this dispiriting tide and provides a useful model for medical education as the nation's healthcare system begins a shift toward rewarding medical outcomes and quality of care. "When you put your life in a physician's hands, you want someone who knows what he or she is doing, but you also want to connect," says Mangione. "Physical

diagnosis techniques restore a sense of fun to the practice of medicine and give you the ability to use your wits and senses, while also reducing costs. Besides, treating someone like a person can make a real difference in the healing process."

According to Majdan, whose open-door office hours sometimes attract 100 or more medical students seeking guidance on complex cases, "Teaching is like throwing a pebble into a pond: the ripples go on and on. You never know how what you said will affect someone, how a moment of compassion will inspire others to become more compassionate. Here at Jefferson, we're training the future generation how to teach the practice of great medicine." ■





# Waking Up to a Sleepy Specialty

## Story Highlights

- Physicians should know that untreated sleep apnea patients are at greater risk for coronary artery disease, heart rhythm disturbances, hypertension and stroke, depression and other conditions.
- Research conducted at Jefferson points especially toward the need to evaluate and treat all patients identified as at risk for apnea prior to surgery.
- Research in sleep medicine has had a major impact on other medical specialties over the past decade.
- Many sleep specialists believe the list of vital signs taken during routine medical assessments should expand, with pain as the fifth vital sign and sleep as the sixth vital sign.

News that former NFL great Reggie White died in 2004 of sleep apnea and a cardiac condition may have saved Edward Gans' life. At the time, Gans was barely able to stay awake while driving. He often dozed off while putting on his shoes in the morning.

His sleep challenges affected his wife, Joyce, as well. She lay awake each night listening. When his breathing halted, she nudged him to resume. After White's death, Joyce Gans insisted her husband get evaluated by the Jefferson Sleep Disorders Center. During his sleep assessment, Gans stopped breathing 74 times during a single hour. He was diagnosed with severe obstructive sleep apnea, a dangerous narrowing of the upper airway caused when muscles relax during sleep. The condition had also triggered an enlargement of his heart.

"Without the care I received at Jefferson, I would have fallen asleep at the wheel, killing myself or someone else. Or I would have had a heart attack in bed and stopped breathing for good," says Gans, 57, a telecommunications administrator. Once diagnosed, he obtained near-immediate relief with a device that maintains his breathing during sleep, which also subsequently resolved his heart condition.

Acute exhaustion is often overlooked by physicians as a medical condition that merits referral to a specialist. After all, fatigue is practically a badge of honor in today's culture of 24/7 electronic media, work and sociability. However, the medical risks are real and prevalent, especially during surgery that requires anesthesia.

"Sleep disorders are unbelievably common, affecting an estimated one-fifth of the general adult population and one-third of patients admitted for hospi-

talization," says Karl Doghramji, MD '80, medical director of the Jefferson Sleep Disorders Center. "However, the majority remain undiagnosed because patients haven't been identified and referred for evaluations and treatment."

Physicians should know that untreated sleep apnea patients are at greater risk for coronary artery disease, heart rhythm disturbances, hypertension and stroke, depression, gastroesophageal reflux disease, diminished insulin sensitivity, cognitive impairment that increases risks for auto and industrial accidents and a shorter life span, says Doghramji. "Individuals with sleep apnea also have a much greater chance of dying in their sleep, possibly when their heart rhythm disturbances become aggravated. Fortunately, effective sleep apnea treatment yields across-the-board improvements in many of these areas."

## Surgical Hazards

Research conducted at Jefferson points especially toward the need to evaluate and treat all patients identified as at risk for apnea prior to surgery. "One of the important things anesthesiologists do is manage airways," says Michael Sateia, MD, past president of the American Academy of Sleep Medicine and professor of psychiatry at Dartmouth Medical School. "When patients with obstructive sleep apnea are supine and not conscious, their airways are significantly compromised and at risk of collapsing."

A Jefferson study published in 2010 revealed higher rates of post-surgical complications among patients at risk for sleep apnea (20 percent compared to 1 percent) and longer hospital stays (3.6 days versus 2.1 days). These findings document

Karl Doghramji, MD '80,  
medical director of the Jefferson  
Sleep Disorders Center



the value of using the easily administered, 10-second “STOP-BANG” questionnaire (named for a list of diagnostic symptoms that include Snoring, Tiredness during daytime, Observed apnea, high blood Pressure, Body mass index, Age, Neck circumference and Gender).

The study’s broader implications for the costs and logistics of caring for afflicted patients remain a front-burner issue in the medical community. “This challenge is at the forefront of collaborative efforts at Jefferson,” says Doghramji. “How to diagnose and manage these patients before and after surgery is a huge problem that healthcare providers in this country are wrestling with.”

With support, says Doghramji, “Our goal is to establish a clinical and research program at Jefferson to identify folks at risk, provide rapid treatment prior to surgery and manage their risks postoperatively at a whole new level. There is nothing like this at any hospital in the country. We could conduct definitive studies to confirm the prevalence of apnea in the inpatient population and quantify an unexamined trade-off in health care: how the cost of uniformly administered apnea assessments and treatments would compare to already-documented costs when at-risk patients aren’t treated.”

### Sleep-Deprivation Central

One wing of the Jefferson Sleep Disorders Center looks a bit like a hotel, with 10 comfortable bedrooms, private bathrooms and cable TV. When it’s time for the patients to sleep, the real action begins. In a nearby control room, five technicians monitor a steady stream of data from the bedrooms, logging input from video cameras and sensors for heart rate, breathing, eye movement, muscle-cell signaling, electrical activity in the brain and oxygen saturation. Clinical assessments integrate this sleep study data with feedback from patients and with the results of physical exams and blood lab studies.

“Sleep disorders are eminently treatable when properly diagnosed,” says Doghramji, professor of psychiatry and human behavior neurology and medicine, who has directed the Center since 1984. “We are enormously successful. More



than 90 percent of our patients benefit from coming here. Even our most complicated ‘train-wreck’ patients, who have suffered from poor sleep for decades, obtain relief.” Jefferson is especially effective at helping patients with multiple disorders because the sleep disorders program integrates additional disciplines, such as pulmonology, gastroenterology, anesthesiology, ENT, dental medicine, psychology, psychiatry, cardiology, pediatrics and integrative medicine.

Jefferson’s sleep disorders program is among the nation’s most comprehensive. The Center’s three full-time clinicians, seven affiliated physicians and two fellows

address a much wider range of sleep disorders than many more recently established programs, which tend to focus more exclusively on sleep-related breathing disorders.

Of the nearly 5,000 patients seen at Jefferson’s Sleep Disorders Center each year, 60 percent have a primary diagnosis of sleep apnea. The rest have other primary disorders that include insomnia, circadian rhythm disorders, restless legs syndrome, narcolepsy, medication or substance abuse issues or even sleepwalking. Most patients have a combination of sleep issues. The Center has a growing cohort of pediatric patients, 400 in 2011, for whom the proverbial monsters in the closet, bedwet-

ting, throat-blocking tonsils or teen sleep patterns have become disruptive.

Research in sleep medicine has had a major impact on other medical specialties over the past decade. In response to growing concern about the surgical risks associated with apnea, in 2011 the American Board of Anesthesiology began subspecialty certification in sleep medicine — an expertise that is especially important as the nation’s epidemic of obesity puts more patients at risk for sleep apnea.

### Misery Relief

Many sleep specialists believe the list of vital signs taken during routine medical



When it’s time for the patients to sleep, the real action begins. In a nearby control room, five technicians monitor a steady stream of data from the bedrooms, logging input from video cameras and sensors for heart rate, breathing, eye movement, muscle-cell signaling, electrical activity in the brain and oxygen saturation.

assessments should expand, with pain as the fifth vital sign and sleep as the sixth vital sign. “Physicians are spending a great deal of time monitoring blood pressure, diabetes and other chronic health problems,” says Sateia. “If they spent a minute or two assessing sleep issues, making referrals when merited, this would have a significant beneficial effect on other conditions that consume so much medical attention.”

Case in point: Bruce Boyce, 77, of Haddonfield, N.J., visited Jefferson’s clinic in June 2011 after a miserable two years during which he simply couldn’t fall asleep until four in the morning. “It affected me physically and emotionally,” he recalls.

“I felt miserable. My internist of 25 years didn’t take my problem seriously and sent me to a neurologist who thought I just had sleep anxiety.”

At Jefferson, Boyce was diagnosed with delayed sleep phase disorder and guided through a difficult regimen that involved advancing his sleep schedule daily by two hours until he reached a bedtime of 11 p.m. The intervention restored his energy, mood and ability to enjoy time with his wife, Lois. “They gave me my quality of life back,” he says. “Mentally, I’m a lot healthier.” ■



# Jefferson Faculty

## Danielle Duffy, MD Changing Heart Disease Outcomes

Danielle Duffy, MD, is just beginning a career devoted to changing outcomes for heart disease.

As director of cardiovascular risk reduction at the Jefferson Heart Institute, Duffy works to improve diagnosis, prevention and therapeutics for heart disease, particularly among women and individuals with inherited risk factors.

“Helping other people transition to a healthier lifestyle is part of my passion for this profession,” says Duffy, who practices what she preaches as she balances career with motherhood and plays field hockey year-round.

Duffy joined the Jefferson faculty in 2009 as an assistant professor after completing a fellowship at Jefferson in cardiovascular diseases. She recently discussed her experiences and aspirations as a clinician and medical researcher at Jefferson.

### **Q. What prompted your interest in preventive cardiology and in women’s cardiovascular disease prevention in particular?**

**A.** Initially I was attracted to internal medicine by the challenge of solving diagnostic dilemmas, putting together disparate pieces to come up with a diagnosis that makes sense. During my internal medicine residency at the University of Pennsylvania, two faculty mentors sparked my fascination with cardiovascular disease prevention and therapeutics.

The collegiality here at Jefferson moved me further down this path. During my first year on the Jefferson faculty, I became a mentor for Susan Shirato, DNP, RN, CCRN, on her doctoral project, a screening intervention to improve the identification of heart disease in women. Her passion for the subject inspired me to delve into the literature more deeply. Today she’s an assistant professor at the Jefferson School of Nursing, and we work on these issues together as peers.

### **Q. Why should cardiovascular health research and clinical care differentiate between men and women?**

**A.** Everyone perceives heart health as more of a men’s issue than a women’s issue. However, the actual incidence of mortality from

cardiovascular disease is higher among women. It is the leading cause of death among women, ahead of cancer and stroke. Women are typically very good about going to their gynecologist and getting a yearly mammogram. But they’re not always as tuned in to their risks for heart disease.

### **Q. What do you hope will be your contribution to this field?**

**A.** At 35, I still have a long way ahead, so all I can say is that I hope to be a clinical leader in cardiovascular risk detection, therapeutics and research.

We began recruiting patients in January 2012 for a pilot study that Dr. Shirato and I are co-leading to evaluate the effect of early-stage breast cancer treatment on future cardiovascular risk. The goal is to improve outcomes for this population, whose incidence of heart disease has been under-recognized because the primary focus has been on their breast cancer.

I am also active in national organizations, with the hope that over time I can move up and have more of a voice on a national level. I currently serve on the board of the Northeast Lipid Association and on the education committee for the Pennsylvania chapter of the American College of Cardiology.

### **Q. What attracted you to Jefferson?**

**A.** I’ve lived in Philadelphia all my life, so when I finished my residency I knew I wanted to stay in the region. I felt fortunate to be chosen by Jefferson, a top-notch institution, for my fellowship. Then, I was really lucky that our division needed someone with my expertise in women’s heart health and cholesterol disorders so that I could stay here and work with all the people I grew to love during my fellowship.

Jefferson is the perfect fit for me because everyone rallies around our patient-care mission and works together really well. I appreciate how Jefferson has provided me with great infrastructure and institutional support and has promoted me as a provider, which helped build my outpatient practice. People here understand work-life balance. This helps me bring extra energy to my career. ■





# OnCampus

## People

### Bar-Ad Named “Educator of the Year”

Voichita Bar-Ad, MD, an associate professor in the Department of Radiation Oncology, is one of a select few named as an Educator of the Year by the Association of Residents in Radiation Oncology. Bar-Ad is a board-certified radiation oncologist who treats primarily head-and-neck and gastrointestinal cancer cases. Her research focuses on treatment-related side effects and toxicities, patient quality of life and symptom management.

### Showalter Receives Young Investigator Award

Timothy Showalter, MD, of the Department of Radiation Oncology, was one of 24 people honored as a Young Investigator by the Prostate Cancer Foundation in 2011. The awards are designed to encourage promising clinicians to conduct research on prostate cancer. Awardees receive \$225,000 over a three-year period; this funding is matched by each recipient’s

research institution, making the total award worth \$450,000.

Showalter received this award for his ongoing investigation of the benefits of adjuvant radiation therapy following radical prostatectomy. His findings show improvement of post-surgical management of high-risk prostate cancer and a reduction in complications after treatment among lower-risk patients with the use of adjuvant radiation therapy.

### Jefferson Urologist Advising International Medical Tourism Conference

Max Koppel, MD, a urologist at Jefferson, will serve as medical advisor to a medical tourism conference, “Hotels Bridging Healthcare: A Conference on Hotel, Wellness and Medical Tourism Entrepreneurship,” to take place in Switzerland June 16 to 19, 2012.

Sponsored by the University of Delaware, the conference will examine how hotels and hospitals can strategically connect and provide quality services to international patients and their families.

To learn more, visit [www.udel.edu/udaily/2012/oct/hotels-health-care-101411.html](http://www.udel.edu/udaily/2012/oct/hotels-health-care-101411.html).

### Koniaris Named Vice Chair of Surgery

Leonidas Koniaris, MD, has been appointed professor of surgery at Jefferson and vice chair of surgery at Methodist Hospital. A specialist in hepato-pancreatico-biliary cancer, Koniaris was previously with the department of surgery at the University of Miami’s Miller School of Medicine. He will provide clinical services primarily at Methodist Hospital and

will focus on research and teaching at both Methodist and the Center City campus.

### Schilder Named Director of Gynecologic Medical Oncology

Russell J. Schilder, MD, has joined the Kimmel Cancer Center as director of the Gynecologic Medical Oncology Program and professor of medical oncology and gynecology in the Department of Medical Oncology.

Schilder previously was a professor of medical oncology and chief of gynecologic medical oncology at Fox Chase Cancer Center. His research interests include evaluating new treatments for gynecologic malignancies and conducting Phase I trials for new drug development.

### Fenkel Named Director of Hepatitis C Center

Jonathan M. Fenkel, MD, recently joined the Division of Gastroenterology and Hepatology and was named assistant professor of medicine. Fenkel specializes in liver disease, including viral hepatitis and liver transplantation, and will serve as director of Jefferson’s new Hepatitis C Treatment Center.

### Jefferson Researchers Receive Award for Pancreatic Cancer Research

Hwyda Arafat, MD, PhD, associate professor of surgery and co-director of the Pancreatic, Biliary and Related Cancer Center, and Mon-Li Chu, PhD, professor

and vice chair of the Department of Dermatology and Cutaneous Biology, were awarded \$200,000 from the University City Science Center’s QED Proof-of-Concept Program for their breakthrough work on a diagnostic test for pancreatic cancer.

The QED Program is designed to facilitate commercial investment in early-stage life science technologies with high potential in the healthcare industry. This is the first time Jefferson has received a QED award. Arafat and Chu’s project was one of three to be selected for funding by an independent group of industry and investment professionals who assessed finalists’ 10 competing projects.



Bar-Ad



Showalter



Koppel



Koniaris



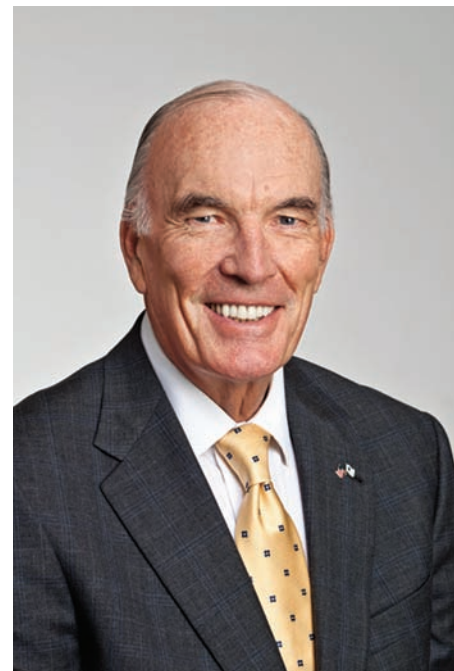
Schilder



Fenkel



Arafat



Richard C. Gozon

### Interim President Announced

Richard C. Gozon has been appointed interim president of Thomas Jefferson University for a term beginning July 1, 2012, and ending June 30, 2013.

TJU Board of Trustees Chairman David R. Binswanger announced Gozon’s appointment in April. A University trustee since 2003, Gozon has served on the board’s Executive Committee and Audit and Compliance Committee as well as serving as chair of the Finance Committee. He most recently served as an executive vice president of Weyerhaeuser Company and is currently chairman of the board of AmerisourceBergen Corp. and lead director for the Triumph Group Inc.

For more information, please visit [connect.jefferson.edu](http://connect.jefferson.edu).

### JMC Expands with Delaware Branch Campus

Jefferson Medical College is expanding with the creation of its Delaware Branch Campus, which includes three participating hospitals: Christiana Care Health System, Nemours/Alfred I. duPont Hospital for Children and the Wilmington Veterans Affairs Hospital.

The expansion recently was approved by the Liaison Committee on Medical Education, the national accrediting authority for MD degree programs in U.S. and Canadian medical schools.

In fall 2011, 11 medical students from the third-year class began two years of clinical rotations, mostly with Jefferson’s Delaware partners.

### Travel Enthusiasts: Did You Know?

Jefferson’s Travel Medicine Services office assists people traveling abroad by providing one-on-one counseling and immunizations prior to their trips. The office serves students, alumni, faculty and staff as well as the general public.

A counselor reviews your personalized travel information and assesses your needs for medications and immunizations, which are administered at the office. The office also offers post-travel consultation for individuals who experience medical problems after their excursions.

Open Tuesdays through Thursdays, Travel Medicine Services is located at 833 Chestnut St., Suite 205, in Philadelphia. To obtain more information or schedule an appointment, call 215-955-0860.





## JMC Schweitzer Fellows Serve Community

As one of 13 Albert Schweitzer Fellowship sites across the United States, the Greater Philadelphia Schweitzer Fellows Program supports students in the health sciences devote their time and skills to helping underserved communities. Named for German medical missionary Albert Schweitzer, the fellowship requires students to develop and implement yearlong service projects in collaboration with nonprofit organizations.

Local Schweitzer Fellows — chosen from a competitive pool of health-focused graduate student applicants in a variety of fields — work to reduce health disparities in Delaware, Southeastern Pennsylvania and South Jersey.

This year, two JMC students have served as Schweitzer Fellows:



### Gordon Crabtree

A first-year student, Crabtree aims to alleviate the challenge of cooking healthy meals for cancer patients who do not have access to home-cooked meals. His program, MedPact (Meals Delivered to

Patients in Cancer Treatment) provides meals to patients and their families at the Kimmel Cancer Center at Jefferson.



### Sarah Nguyen

Nguyen, a third-year student, is partnering with a student from the Jefferson School of Pharmacy to improve health literacy among local refugees. Her goal is to empower through health education, and

she is working with the Nationalities Services Center in this effort.

## Headlines

### Surgeons Reduce Whipple Infection Rates

Jefferson surgeons found that a surgical care checklist of 12 measures reduced Whipple procedure wound infections by nearly 50 percent. Also known as a pancreaticoduodenectomy, the Whipple procedure generally removes the gallbladder, common bile duct, all or part of the duodenum and the head of the pancreas. Smoking cessation at least two weeks prior to surgery, gown and glove change prior to skin closure and using clippers rather than razors to shave the surgical area are some of the measures that helped reduce infection rates, according to the study published in the Oct. 26, 2011, online issue of the *Journal of Surgical Research*.

### Rothman Clinicians Develop Criteria to Reduce Prosthetic Joint Infections

The orthopedic community has developed its first-ever agreed-upon definition of diagnostic criteria for periprosthetic joint infection (PJI).

“It’s important to get to the root of the cause of PJI so that we can begin to get ahead of it, at Jefferson and across the industry, and turn the tide,” says Javad Parvizi, MD, professor of orthopaedic surgery at Jefferson and director of research at the Rothman Institute. “We will now be more confident in our diagnoses and be able to provide appropriate treatment for patients.”

The new criteria, created to help reduce joint replacement surgery infection rates, were published in the November 2011 issue of *Clinical Orthopaedics and Related Research* and were developed by a Musculoskeletal Infection Society working group led by Parvizi.



Parvizi



Lisanti

### Preoperative Aspirin Therapy Benefits Cardiac Surgery Patients

Aspirin taken within five days prior to cardiac surgery is associated with significant decreases in major postoperative complications, including renal failure; fewer postoperative days in intensive care units; and a reduction in 30-day mortality rates. These findings were reported in an observational cohort study by researchers at Jefferson and the University of California’s UC Davis Medical Center, published in the *Annals of Surgery*.

The study also noted that the number of major complications from cardiac surgery remains high despite remarkable overall progress in cardiac surgery.

### KCC Pinpoints New ‘Achilles’ Heel’ in Breast Cancer

Michael P. Lisanti, MD, PhD, and other researchers at the Kimmel Cancer Center at Jefferson have identified cancer cell mitochondria as an “Achilles’ heel” that both fuels tumor growth and provides a potential new target for breast cancer therapeutics. Reporting in an online issue of *Cell Cycle*, Lisanti, professor and chair of stem cell biology & regenerative medicine, and colleagues provide the first in vivo evidence that breast cancer cells perform enhanced mitochondrial oxidative phosphorylation to produce high amounts of energy.

The research points toward a new use for a mitochondrial inhibitor such as metformin, an off-patent generic drug used for diabetes treatment, in reversing tumor growth and preventing chemotherapy



Andrews



Witekiewicz

resistance. This new approach could radically change treatment for cancer patients and stimulate new metabolic strategies for cancer prevention and therapy. “This is the first time we’ve shown in human breast tissue that cancer cell mitochondria are calling the shots and could ultimately be manipulated in our favor,” says Lisanti.

### Jefferson Receives Three-Year Suicide Prevention Grants

The Department of Psychiatry and Human Behavior was recently awarded a three-year subcontract to serve as the training center for a suicide prevention project through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Commonwealth of Pennsylvania.

Concurrent to this nearly \$70,000 in annual funding, Jefferson received a three-year grant for \$102,000 annually from SAMHSA. This will help Jefferson fulfill its goal to develop key components of its JeffHELP Campus Suicide Prevention Project. The University will match this second award, which was provided through the Affordable Care Act Prevention Funds for youth suicide prevention programs, with \$102,000 annually to support JeffHELP.

## Medical Frontiers

### Regional Spinal Cord Injury Center Receives More Than 2 Million Dollars

The Regional Spinal Cord Injury Center of the Delaware Valley, a partnership between the Department of Rehabilitation Medicine at Jefferson and Magee Rehabilitation Hospital, received a five-year, \$2.4 million grant renewal for the Model Spinal Cord Injury System, funded by the National Institute on Disability and Rehabilitation Research, a division of the U.S. Department of Education.

Over the next five years, the Center will enroll more than 50 patients annually into the longitudinal National Spinal Cord Injury Database, provide services to patients whose injuries are not traumatic in nature and collaborate on research projects with 13 other funded centers.

### Jefferson to Offer Innovative Immunotherapy for Brain Tumor Patients

Physicians at Jefferson Hospital for Neuroscience are tackling malignant astrocytoma — a particularly aggressive brain cancer that even surgery, chemotherapy and radiation often fail to treat — with a promising new immunotherapy to attack a patient’s tumor with his or her own cancer cells.

For the immunotherapy clinical trial, the patient’s cancer cells are removed via surgery and then treated with a type of therapy that turns off a growth factor receptor, which plays a critical role in cell survival. Without it, cancer cells cannot survive. These tumor cells are later re-implanted into the brain, where they send signals that cause the remaining cancer cells to die or to be destroyed by the patient’s immune system.

Unlike other such therapies, Jefferson’s treatment protocol has the re-implanted cells delivered slowly over time; the attack on the tumor cells can then happen in waves for greater effect. “This novel treatment could have a significant impact on these cancer patients who don’t have many options,” says David W. Andrews, MD, co-director of the Brain Tumor Center of the Kimmel Cancer Center.

### Jefferson Offers New Test for Melanoma Patients

Jefferson is the first academic medical center in the United States to offer the recently approved U.S. Food and Drug Administration diagnostic tool that tests melanoma patients for the BRAF V600E mutation. Occurring in about half of all cases, a BRAF mutation ultimately determines whether patients will benefit from a new, potentially life-saving drug. The drug, vemurafenib, was shown to significantly extend survival in metastatic melanoma patients with the BRAF V600E mutation.

### Genetic Marker for Breast Cancer Linked To Favorable Clinical Outcome

Researchers at Jefferson and the Kimmel Cancer Center have shown that loss of the retinoblastoma tumor-suppressor gene in triple negative breast cancer patients is associated with better clinical outcomes. This is a new marker to identify the subset of these patients who may respond positively to chemotherapy. Today, no such marker is used to predict optimal care for patients with triple negative breast cancer, and as a result, patients are all treated the same. The findings were presented at the 2011 CTRC-AACR San Antonio Breast Cancer Symposium.

“Triple negative breast cancer is the most deadly of breast cancers, with fast-growing tumors that affect younger women,” says Agnieszka Witkiewicz, MD, associate professor of pathology, anatomy and cell biology. “This work allowed us to identify a marker that could lead to better treatment for patients. It’s about female personalized medicine.”

### Minimizing Healthcare-Associated Infections Improves Patient Care

Healthcare-associated infections, such as catheter-related acute bloodstream infections and ventilator-associated pneumonia, significantly affect hospital morbidity and mortality. However, by developing evidenced-based best practices, these occurrences can be minimized, according to research from Jefferson surgeons.

The data on healthcare-associated infections were presented at the 2011 Clinical Congress of the American College of Surgeons. The evidenced-based best practices resulted in improved patient care and a significant healthcare cost savings. ■



# ClassNotes

'37

**Maurice Abramson** recently celebrated his 100th birthday and is curious how many of his classmates are still living. Abramson retired at age 75 in 1987. He lives in Plantation, Fla.

'49

**Sheldon Rudansky** retired in January 2012 after 38 years of private urologic practice in Garden City, N.Y., and 17 years as a physician advisor to case management. He lives in Cedarhurst, N.Y., and has seven great-grandchildren and an eighth on the way.

'50

**Robert E. Karns**, of Beachwood, Ohio, reports that classmate **Robert Bair** hosted a reunion for six members of the Class of 1950 at his home in Wellsboro, Pa., in October 2011. Also in attendance were **Robert E. Colcher**, **John C. Lychak**, **Paul Layden** and **Donald I. Meyers**. Karns reports that the beautiful weather and scenery were exceeded only by the generous hospitality of the host and his daughter.

'52

**Kenneth Dollinger** is retired but volunteers one day a week at a women's clinic for immigrant workers. He lives in Boca Raton, Fla.

**Robert A. Ebersole** and his wife celebrated their 60th wedding anniversary in June 2011. They live in Archbold, Ohio.

**Louis G. Graff III** lives with his wife in Unionville, Conn. He reports that New England is beautiful and he has a great garden.

**Joseph H. Sloss** is looking forward to his 60th JMC reunion in September. He lives in Bradenton, Fla.

'53

**Harold A. Allen** is recovering from surgery for spinal stenosis, so he walks a bit slowly these days. He lives in Lancaster, Pa.

'54

**Robert A. Hinrichs** reports that he is in general good health, although routine doctor visits are more numerous. His tournament bridge has improved, but his golf drive is off (according to Hinrichs,

the tees are shorter). He lives in Corona Del Mar, Calif.

**Alfred G. Scottolini** and his wife have relocated to Aiken, S.C. He has retired from medicine at 86 years old, "reluctantly, since this is a fascinating, wonderfully challenging era in the history of medicine." He says he regrets being born 50 years too soon!

'56

**John W. Holdcraft** is proud to report his granddaughter, Emily Sherrard, daughter of **Suzanne Holdcraft, MD '83**, is now a student at JMC. Holdcraft lives in Mickleton, N.J.

**Wallace T. Miller** will be recognized with a portrait in honor of his impact as an outstanding clinical radiologist and charismatic teacher. The painting will be displayed in an auditorium at the University of Pennsylvania that was named for him. Miller, 79, still reads X-rays at home. He is connected to the hospital by a high-speed cable that allows him to read films in real time and report into a voice recognition system. Miller lives in East Falls, Pa.

'57

**Robert K. Brotman** reports that he is amazed that it has been 55 years since graduation and remains happy to practice psychiatry three to four days per week. He enjoys the weather in Port Charlotte, in southwest Florida.

**William D. Inglis** continues to enjoy his work as medical director at Stein Hospice and lives in Marblehead, Ohio, on Lake Erie.

**C. Theodore Rotz, Jr.** is retired and enjoys the weather and golfing in Myrtle Beach, S.C.

'58

**Richard E. Eshbach** and his wife, Lillian, are still primarily living in Greece and working on the draw-down process. Eshbach is hoping for a positive change in the economy and to see classmates at reunion weekend in September 2012.

**Bertram D. Hurowitz** continues to practice and teach rheumatology at the Maricopa Medical Center and at the University of Arizona College of Medicine in Phoenix. Hurowitz lives in Scottsdale, Ariz.

**Jay A. Kern** continues to volunteer at a medical clinic for uninsured patients. He lives in Allenhurst, N.J., and has been auditing undergraduate courses at Princeton University for the past decade. His most recent adventure was serving on a federal grand jury.

'59

**David M. Harnish** reports being retired and has a 15-acre farm where he raises goats and grows fruit. Harnish lives in Ephrata, Pa., and serves on a committee that offers community feedback to the Ephrata Community Hospital.

'60

**Harold J. Kobb** is enjoying his new life living in Center City Philadelphia. He reports that the city has changed and is now very cosmopolitan. He especially enjoys being able to view Thomas Eakins' "The Gross Clinic," which brings back many happy Jefferson memories.

'61

**Joseph J. Cirotti** owns a pediatric practice in North Willow Grove, Pa., where he works part time. He and his wife, Ethel, have

downsized and moved to an adult community in Warrington, Pa.

'62

**Robert J. Neviaser** stepped down in 2008 after 12 years as editor-in-chief of the *Journal of Shoulder and Elbow Surgery*. He received a distinguished alumnus award from New York Orthopedic Hospital of Columbia and Presbyterian Medical Center in New York in 2009. He lives in Germantown, Md.

'65

**Nathan B. Hirsch** practices obstetrics and gynecology in Miami with a seven-person partnership. He has a daughter working in entertainment law in Los Angeles and another daughter teaching high-school mathematics in Ashville, N.C. He has been married to his wife, Kathleen, for 37 years.

**William B. Wood** continues to practice anesthesiology part time, largely at surgi-centers. His son, **William Jonathan Wood, MD '03**, is an anesthesiologist in Eau Claire, Wis. The elder Wood lives in Wayzata, Minn. "Thanks to the

## What's New?

Send us your personal and professional updates for the *Bulletin's* Class Notes!

Contact Toni Agnes at 215-955-7751 or [antoINETte.agnes@jefferson.edu](mailto:antoINETte.agnes@jefferson.edu).

Mail to: Toni Agnes  
The Jefferson Foundation  
925 Chestnut St., Suite 110  
Philadelphia, PA 19107

in both Poland and the United States. He lives in Johns Island, S.C.

**Jonathon Warren** retired from private practice in December 2011 after 38 years in Easton, Pa.

'68

**John D. Frost** was a member of the first Penn State/Jefferson BS/MD program and is practicing orthopaedic surgery in Anchorage, Alaska.

'69

**Benjamin P. Seltzer** has left Boston and Harvard for the second time in his career to move to Phoenix, where he is director of the division of cognitive and behavioral neurology at Barrow Neurological Institute and a clinical professor of neurology at the University of Arizona College of Medicine.

**Jesse H. Wright** and his daughter, **Laura Wright McCray, MD '02**, have authored a book, *Breaking Free from Depression: Pathways to Wellness*. Wright is vice chair and professor in the department of psychiatry and director of the Depression Center at the University of Louisville in Louisville, Ky.

good Lord and Jefferson for getting me launched," he writes.

'66

**Louis J. Centrella** is retiring after 42 years practicing family medicine in Wilmington, Del. He has had great pleasure caring for so many families over the years and expresses gratitude for his Jefferson education, which he says gave him the ability to give excellent medical attention to all his patients.

**Robert G. Timmons** works part time in an outpatient clinic and is on the volunteer faculty at the University of New Mexico Medical School. He lives in Portales, N.M.

'67

**Barry C. Dorn** reports that he is still teaching leadership and conflict resolution at the Harvard School of Public Health. He lives in Lexington, Mass.

**Michael B. Kodroff** is retired and lives in the Outer Banks of North Carolina. He spends as much time as possible in his boat, fishing.

**Stanton I. Moldovan** reports that he is busy in his neurology practice in Houston. He spends his weekends golfing and saltwater fishing.

**Carl L. Stanitski** has been named an honorable member of the Polish Orthopaedic and Traumatology Society for work he has done with the organization's members over the past 15 years

'70

**Thomas R. Kay** is the founder, board chair and chief medical officer of Regional Women's Health Group LLC, which consists of 85 ob/gyn physicians and 40 mid-level providers. Kay is on the Board of Trustees at Virtua Health and serves as medical director of Virtua's "women's health program of excellence." He lives in Medford, N.J.

'71

**Phillip Glass** is medical director at Horizon New Jersey Health and lives in Cherry Hill, N.J.

**Ervin S. Fleishman** lives in Boca Raton, Fla., and three of his four children live nearby. He travels to Philadelphia twice a year and enjoys visiting Jefferson's campus.



SEPTEMBER 21 & 22 CALLING ALL JMC GRADUATION YEARS '2s & '7s!

### HIGHLIGHTS THIS YEAR:

- Friday CME program (details to follow)
- Friday reception at the Mask and Wig Club – site of JMC dissecting rooms in the 1800's and listed on the National Register of Historic Places
- Saturday "Taste of Philadelphia" luncheon hosted by Dean Mark L. Tykocinski, MD
- Saturday AM and PM tours of the clinical skills center and the "NEW" anatomy lab
- Saturday reunion class receptions and dinners at the Union League of Philadelphia
- Discounted overnight hotel rates at two area locations:
  - The Ritz Carlton 1-800-241-3333
  - Union League 215-587-5570

For information, call 215-955-9100 or email [events@jefferson.edu](mailto:events@jefferson.edu)  
Visit our website for detailed information

**CONNECT.JEFFERSON.EDU**



## '72

**Anthony J. Calabrese** practices gastroenterology part time in Annapolis, Md., and has been voted a “top doc” in the region. He says he is enjoying being a grandfather.

**Anna Marie D’Amico** retired in July 2011 from the position of medical director of Planned Parenthood of Delaware. She is now working at home in Wilmington, Del., doing maternal mortality reviews and doubts she will ever retire completely.

**Cynthia L. David** has moved to Seattle and is enjoying retirement. She writes that her two teenage daughters keep her busy.

**James T. Hay** was inducted as president of the California Medical Association in October 2011. Hay lives in Del Mar, Calif.

**Lawrence R. Schiller** has been elected president of the American College of Gastroenterology, a national society representing more than 12,000 clinical gastroenterologists and other digestive-disease specialists. In this role, he will direct ACG’s programs, which include continuing medical education in the clinical, scientific and patient-related skills of gastroenterology; policies involving national and state medical affairs; managed care issues; and clinical investigation. Schiller and his wife, Ann, live in Dallas.

## '74

**John J. Brooks Jr.** has been appointed director of anatomic pathology at the Hospital of the University Pennsylvania. He splits his time between there and Pennsylvania Hospital, where he is chair of pathology. He lives in Media, Pa.

**William A. DiCuccio** is retired from private practice and has started a foundation in the

Dominican Republic that has built a church, a school and a water purification plant and recently opened an outpatient surgery center. More than 400 children attend the school. DiCuccio is now working with peers to bring health care to a village of 45,000 residents who have never had access to medical care before. He lives in Gibsonia, Pa.

## '75

**Joseph J. Korey** is still delivering babies. He and his wife, Linda, are devoting their spare time to their grandbabies, Gia and Karam. He says they are “better than Prozac.” Korey lives in Reading, Pa.

**Laurence R. Plumb** has retired from the U.S. Army with the rank of colonel after 24 years of service and four combat tours. Plumb works part time caring for veterans through a Springville, N.Y., satellite clinic of the VA Western New York Healthcare System and lives in Hamburg, N.Y.

## '76

**Carol F. Boerner** has been out of the operating room for two years, since she broke her right wrist. She has left ophthalmology and started Vermont Facial Aesthetics, a practice devoted to Botox, fillers and anti-aging medicine. Boerner reports that a new career is the best anti-aging medicine she can find. She lives in Reading, Vt.

**Ira Brenner** reports that his most recent book, *Injured Men: Trauma, Healing and the Masculine Self*, won the Grady Award from the National Association for Advancement of Psychoanalysis for the best clinical book of 2010. Brenner lives in Penn Valley, Pa.

## '77

**Richard A. Wolitz** retired in January 2012 from Kaiser Permanente after 30 years in San Francisco.

## '79

**Thelma W. Comissiong** has been chief medical officer at Schneider Regional Medical Center in St. Thomas, Virgin Islands, since 1999.

## '80

**Shahab S. Minassian** sends heart-felt greetings to all of his classmates. His son, Haig Minassian, will begin his studies at JMC in September 2012. His other son, Vahan, graduated from Villanova Law School in 2011 and has begun a career in healthcare systems law. Minassian lives in Newtown Square, Pa.

## '81

**Charles L. Bryner** has left private practice and returned to caring for military troops at Naval Air Station Jacksonville. “I find it very rewarding, although we remain undermanned,” he says. He is the only full-time physician on duty most of the time, along with three physician assistants. “Together, we render our troops the best care we can,” says Bryner, a resident of Orange Park, Fla.

**Scott M. Kennedy** has returned to practice medicine in the United States after 21 years working for the U.S. Air Force and the U.S. State Department in Turkey, the Middle East and Africa. Kennedy lives in Culpeper, Va.

## '83

**Joseph A. Habig** states that Jefferson gave him a great education, and he is glad to give back. He reports of his recent observation of a first-year anatomy lecture, “Talk about déjà-vu.” Habig lives in Allentown, Pa.

## '85

**Marlon T. Maus** is finishing his doctorate in public health. He lives in Berkeley, Calif., and has chickens in his backyard.

## '86

**Andrew R. Bradbury** has returned from active duty in Afghanistan. He lives in Blackfoot, Idaho, where he is serving as Idaho Army National Guard state surgeon and is health center medical director at Brigham Young University-Idaho, serving the student-managed health center program.

**Robert L. Robles** and his wife, **Donna DiCenzo, MD '85**, are now empty nesters; their youngest child left for college in fall 2011. Robert works in private practice in hematology/oncology in Pleasant Hill, Calif., and Donna is working at Kaiser Permanente as a hospitalist for the ob/gyn department.

## '90

**Toby Soble** practices primary care in Voorhees, N.J. Her daughter, **Marisa Gefen, MD '07**, and son-in-law, **Jonathan Gefen, MD '97**, live in Wynnewood, Pa., with their children, Sam and Violet.

## '91

**Steven P. Woratyla** is a vascular surgeon in Lancaster, Pa.

## '92

**John M. MacKnight** was promoted to professor of internal medicine and orthopaedic surgery in the University of Virginia Health System in July 2011. He also serves as medical director and primary care team physician for UVA Sports Medicine. He lives in Charlottesville, Va.

## '93

**Michael F. Harrer** joined the Rothman Institute as a joint surgeon in October 2011. He sees patients at Rothman’s Voorhees, N.J., office and performs surgery at Virtua hospitals in South Jersey. Harrer lives in Haddonfield, N.J.

## Dean Visits Alumnus on his 90th Birthday

As he celebrated his 90th birthday in February 2012, Franz Goldstein, MD '53, welcomed a special visitor to his home: Dean Mark Tykocinski, MD.

Marianne Ritchie, MD '80, assistant professor of gastroenterology at Jefferson and Goldstein’s former student and practice partner, orchestrated the visit because she knew the men shared a link: Both suffered losses in World War II.

Goldstein left war-torn Germany in 1947 and found a job working for John Gibbon, MD. He attended medical school, graduating first in his class. His career includes 143 publications and service as the president of the American College of Gastroenterology.

He lives with his wife, Bea, in Bryn Mawr, Pa. They have two daughters and their son Richard Goldstein, MD, PhD '82, practices academic medicine and surgery at the University of Louisville in Kentucky.

*Left to right: Stuart Gordon, MD '81, Dean Tykocinski, Franz Goldstein, MD '53, and Marianne Ritchie, MD '80.*



## '96

**Jeffrey A. Morrison** has written a book, *Cleanse your Body, Clear your Mind*, which was published by Hudson Street Press in 2011. Morrison lives in New York.

## '97

**Carlo “Rob” Bernardino** recently published his first book, *The Yale Guide to Ophthalmic Surgery*, on which he collaborated with colleagues at Yale University. Bernardino was an associate professor of ophthalmology and residency program director at Yale until late 2010, when he left formal academics to join a private practice in Monterey, Calif. He now is the only full-time oculo-plastic surgeon in California’s central coast and works closely with **Stuart Paul, MD '76**, as well as several post-graduate alumni from Wills Eye Hospital. Bernardino lives in Carmel, Calif.

## '98

**Matthew Torrington** was honored as one of the 2011 Community Heroes of the City of Santa Monica for his work as an addiction medicine doctor

volunteering his time at an outpatient facility called Common Ground. He lives in Culver City, Calif.

## '00

**DeVry C. Anderson** is married to an attorney, Keiko Anderson. They have three children and live in Austin, Texas. DeVry practices family and aviation medicine in the military and was recently promoted to lieutenant colonel.

**Michael A. Baumholtz** welcomed his daughter, Audry, on April 20, 2011. He also has a son, Myles. This is Baumholtz’s third year working in Temple University School of Medicine’s division of plastic surgery.

## '01

**Steven C. Wing** practices emergency medicine in the Toledo, Ohio. He and his wife, Rebekah, welcomed their seventh child in February 2012.

## '03

**John C. Dalfino** and **Thea Dalfino** are celebrating the birth of their third son, Athen Vincent. Thea was awarded the *Business Review’s* “40 and Under Forty Award” for her business strategies as chief of hospital medicine at St. Peter’s Hospital in Albany, N.Y.

## '05

**Anthony M. Flynn** completed a cardiology fellowship at St. Louis University Hospital in Missouri and has returned to southern New Jersey. Flynn joined Atlantic Cardiology Associates to practice noninvasive cardiology. He lives in Moorestown, N.J.

## '06

**Solmaz Amirnazmi** practices internal medicine with a focus on nutrition, women’s health and preventive medicine. She maintains a blog, [www.alliswellthateatswell.com](http://www.alliswellthateatswell.com), which features a variety of recipes as well as health and wellness advice, primarily focusing on nutrition’s role in preventing disease. Amirnazmi lives in Pittsburgh.

**Erik I. Kochert** is a core faculty member in York Hospital’s emergency medicine residency program. He also serves as research director for the emergency medicine department. Kochert lives in York, Pa.

## '07

**Nicholas A. Perchiniak** practices emergency medicine in Lewes, Del. He and his wife recently celebrated the birth of their third child.

## Post Graduate

**Stephen E. Strup, MD, PGY '94**, celebrated his 50th birthday in November 2011. One of his patients coordinated a reception and presented Strup with a painting by artist Jeffrey Vaughn. The painting will be hung in Strup’s honor in a new pavilion at the University of Kentucky’s Albert B. Chandler Hospital. Strup is the James F. Glenn Chair, professor and chief of the division of urologic surgery at the University of Kentucky.



# Alumna Profile

## Cora LeEthel Christian, MD '71, MPH Physician, Advocate and Policy-Maker in Paradise

As a high-school student, Cora Christian was certain she should follow in the footsteps of her father, an attorney and judge. But her father was convinced that his daughter, the youngest of six children, was destined for a career in science. “He knew I was too sensitive for law,” she says. “Back then, part of the black experience was that the father made the decisions for the family.”

Graduating first in her high-school class on Saint Thomas in the U.S. Virgin Islands, Christian entered college when she was 15 years old. She majored in chemistry to please her father and minored in speech to keep her options open for a career in law. After struggling in chemistry, she became a biology major and soon realized what her father knew all along: a career in science, specifically medicine, would allow her to combine her love of people with her newfound fascination with biology. Christian became the first woman from the U.S. Virgin Islands to become a physician. Soon, her aspiration for a career in law became a distant memory.

When Christian entered Jefferson at age 19, she was the second-youngest student in her class, one of eight women in her year and the only African-American enrolled at the time as a medical student. Prompted by her experience as a target of bigotry by a few small-minded classmates, Christian asked the administration to consider her idea for a program to attract more black medical student applicants.

“It was more about cultural competency and connecting with patients than it was about race,” she says. “I wanted to see others get the educational opportunities I had; and I knew that they would make first-class clinicians.” In her fourth year, thanks in part to her persistence and that astute suggestion, there were 12 black students in the first-year class.

Throughout her medical training, Christian made sure that whatever direction her education took, she would always be able to use her skills back home in the U.S. Virgin Islands, where she had friends and family, the benefits of being part of the

United States and, of course, beautiful weather. Yet, with all of their advantages, the Virgin Islands were and still are rife with inefficiencies and population health issues like HIV, diabetes and heart disease. Armed with her Jefferson education, residency training in family medicine from Howard University and a Master of Public Health from Johns Hopkins, Christian returned to the Virgin Islands to help improve the health and health care of her people.

In addition to practicing family medicine and serving as the medical director for HOVENSA, an oil company, Christian is the medical director of the Virgin Islands Medical Institute Inc., which she founded in 1977 to provide advocacy and technical assistance and to help Medicare beneficiaries receive quality care. “I started it to help improve the quality of care for all residents, and it has done just that,” she says.

Over the course of her career, Christian served as the assistant commissioner of the U.S. Virgin Islands Department of Health and as a member of the national AARP Board of Directors, which she counts among her proudest career accomplishments. Yet she has still found time to see patients. She credits Jefferson for her skills as a physician. “At Jefferson, I developed a fundamental understanding of how to make the right diagnosis,” she says. “Treatments and technology are always changing. So knowing the right diagnosis is key, because illnesses will always remain the same.”

Christian and her husband, an economist and professor at the University of the Virgin Islands, have a son and daughter, both of whom live on the Virgins Islands. Her son is following a career in business and banking. Fittingly, the course of her daughter’s life has circled back to Christian’s original ambition. Her daughter, who considered becoming a physician, is now an attorney. “I feel good about her career decision,” says Christian. “She’ll make a much better attorney than I ever would have.” ■



# InMemoriam

**'44J**

**Paul L. Gorsuch**, 91, of San Antonio, Texas, died Oct. 11, 2011. While he had planned to participate in naval aviation during World War II, his mother insisted instead that he honor his acceptance to Jefferson Medical College. After graduation in 1944, he served as a U.S. Navy surgeon. His troop transport ship arrived at Iwo Jima the night before the U.S. invasion of this Japanese island; over the next 19 days, his ship's medical team operated on more than 600 Marines and lost only six. Through his binoculars, he witnessed the historic moment when U.S. Marines raised the flag on Mt. Suribachi. Gorsuch is survived by daughters, Elizabeth Gorsuch and Ellen Amundson; his son, **Paul L. Gorsuch Jr., MD '80**; and 11 grandchildren.

**'44S**

**Charles L. Liggett**, 93, of Houston, died Dec. 1, 2011. He followed in the footsteps of his father; uncle; and older brother, **John Liggett, MD '42**, when he enrolled at JMC. Liggett served an ob-gyn residency at Baylor Medical College, where he later taught pathology. He was the mayor of Baytown, Texas, in 1963. He is survived by his daughter, Judy King, and sons **Charles Liggett Jr., MD '73**, and **Scott Liggett, MD '77**.

**'50**

**George W. "Bill" O'Brien**, of Sacramento, Calif., died Jan. 12, 2010. He served his residency in psychiatry at Langley Porter Psychiatric Institute and internship at San Joaquin General Hospital in French Camp, Calif. In addition to practicing psychiatry, O'Brien also worked as an engineer and helped design the 1964 Ford Mustang.

**'59**

**Charles K. Gorby**, 83, of Havertown, Pa., died March 4, 2011. He was a member of the Rho Chi Honor Society and the Alpha Omega Alpha Honor Medical Society; a fellow in the Academy of Psychosomatic Medicine; a member of the Legion of Honor of the Chapel of the Four Chaplains; and an assistant professor of clinical medicine at JMC. He served as a delegate to the Pennsylvania Medical Society and was president of the Delaware County Medical Society in 1986. He is survived by his wife, Louise; three children; and seven grandchildren.

**'64**

**Cyrus G. Houser**, 79, of Willingboro, N.J., died Nov. 5, 2011. Houser was a pediatrician who served on the Board of Education of Burlington County Special Services, a school district for children with special needs. He is survived by his wife of 58 years, DeLores; one brother; one son; one daughter; and six grandchildren.

**'68**

**John A. Jefferies**, 68, of Rochester, Minn., died Nov. 23, 2011. Jefferies was a distinguished consultant obstetrician and gynecologist at the Mayo Clinic in Rochester from 1976 until his retirement in 2008. He returned to the division of gynecology on a part-time basis until his death. He is survived by his wife, Lan Bui Jefferies, and five children.

**'73**

**Christopher M. Clark**, 65, of Philadelphia, a leading researcher on Alzheimer's disease and associate professor of neurology at the University of Pennsylvania, died Jan. 12, 2012, at Wissahickon Hospice in Philadelphia. Clark retired in January 2008 as director of the Penn Memory Center but remained director of the Center of Excellence for Research on Neurodegenerative Diseases. He

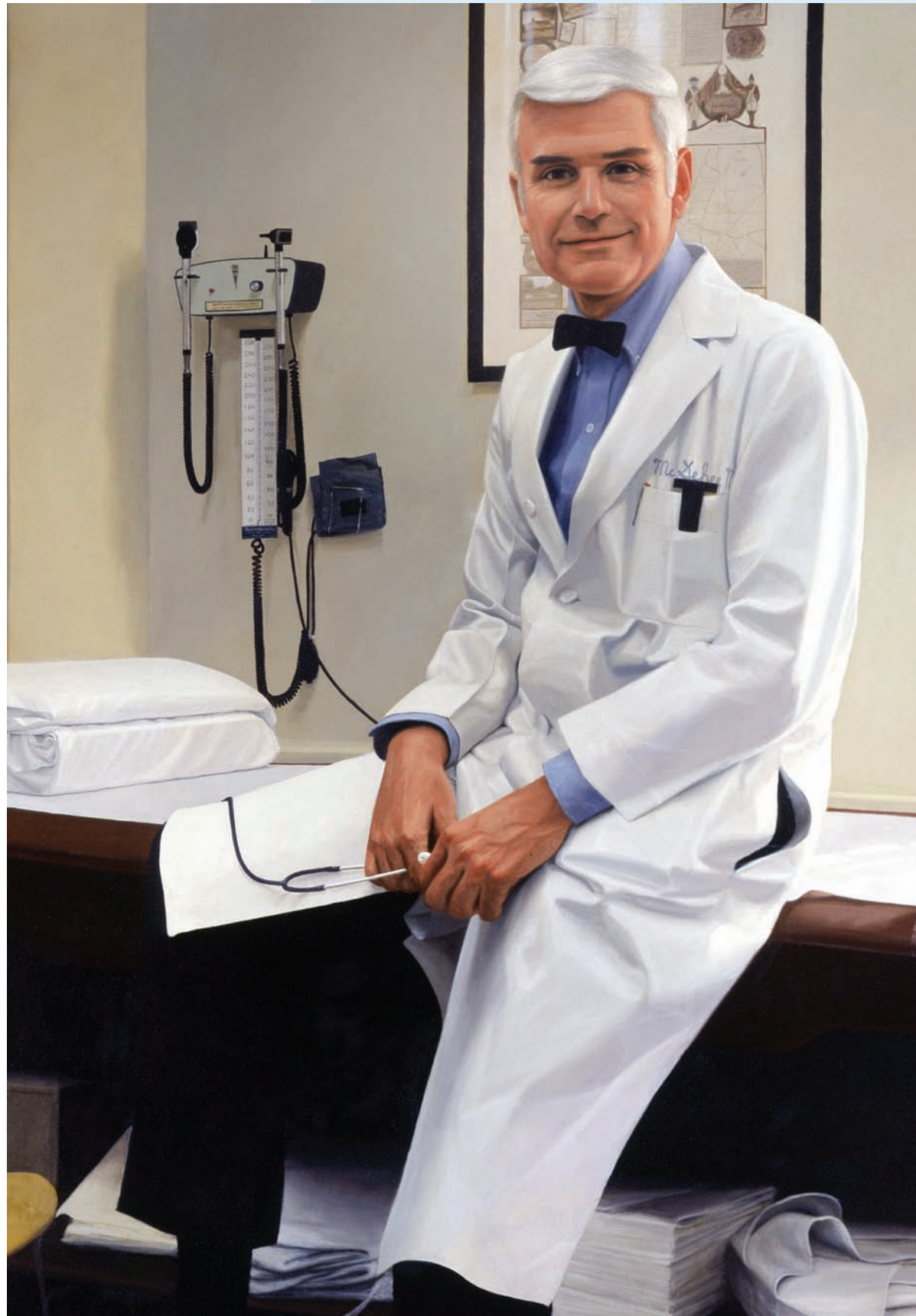
focused much of his research on developing methods for early diagnosis of Alzheimer's disease that could be readily adopted into routine primary-care clinical practice. After retiring from Penn, Clark was medical director for Avid Radiopharmaceuticals, a subsidiary of Eli Lilly & Co. He is survived by his wife, Anne; stepsons David and Matthew Emrich; a brother; and a sister.

**'77**

**Joseph J. Evans**, 60, of Emerald Hill Farm in Crozier, Va., died Sept. 22, 2011. Evans worked at Virginia Cardiovascular Specialists in Richmond. He is survived by his wife of 37 years, Gail, and three daughters.

**Post Graduate**

**David M. Goodner**, 68, formerly of Chestnut Hill, Pa., an obstetrician and gynecologist for more than 30 years, died Jan. 25, 2011, of Alzheimer's disease in Cherry Hill, N.J. Goodner practiced with Professional Health Care for Women in Philadelphia and was on the staff at Jefferson and at Pennsylvania Hospital. During his career, he delivered 5,000 babies and also treated older women, including one patient who visited him for 20 years until she was 95. In 2001, Goodner received a special award from the University of Pennsylvania School of Medicine for mentoring students and residents. He was past president of the Obstetrics Society of Philadelphia and wrote numerous articles published in medical journals. He retired in 2006 and is survived by his daughter, Alyson; his son, Blake; two brothers; and three grandchildren. His wife of 44 years, Susan, died in 2008.



## Edward H. McGehee, MD '45: Founding Faculty Member, Department of Family and Community Medicine

Edward Henderson McGehee, MD '45, 90, died Jan. 29, 2012, at his residence in Cathedral Village's Bishop White Lodge in Philadelphia.

Along with his two brothers, McGehee followed his father into medicine. After graduating from Jefferson, he served as an intern with the U.S. Navy and the Veterans Health Administration. He later completed a fellowship in pathology at Jefferson and a research fellowship in hematology at Pennsylvania Hospital. He also completed a prestigious Thomas McCrae fellowship at Guy's Hospital in Southwark, London.

McGehee established a private practice at his home in the Chestnut Hill area of Philadelphia in 1953 and worked as an attending physician at Chestnut Hill Hospital from 1954 to 1973 and a hematologist at Pennsylvania Hospital from 1966 to 1970.

In 1974, he became the first full-time faculty member of Jefferson's new family medicine department. The JMC Class of 1976 selected him for a portrait that they presented to the University. He received a Lindback Award for Distinguished Teaching and, in 1989, was named director of the Jefferson/Kendal Crosslands fellowship in geriatrics. In 1996, longtime patients honored him by creating the McGehee Loan Fund to support third- and fourth-year students of family or internal medicine.

McGehee often shared personal insights while training new physicians. "Patients will not really understand the certificates on your walls beyond your Jefferson diploma or your state license," he was known to say. "Mostly they approach the trivia of wall decor appropriately. What they will know with remarkable accuracy is whether you care."

"For Ed, patient care came first, a love of teaching came second and administrative paperwork came in a distant third. As many of his patients knew, a house call on his bike or in his Volkswagen Beetle was not an unusual occurrence," said Paul C. Brucker, MD, president emeritus of Thomas Jefferson University and founding chair of the Department of Family and Community Medicine, at a memorial service in February.

Brucker recruited McGehee to leave his private practice and come to work at Jefferson and calls himself "the number one enemy of many of his patients in Chestnut Hill for taking him away from the community." Brucker believed that in addition to caring for patients, McGehee belonged in a teaching position.

"Ed loved to teach, and interns and residents flocked to him. He also had the wonderful ability to educate his patients to accept medical students and residents as participants in their care," said Brucker, who recalled that every year, McGehee would test senior residents' knowledge by asking them to do a complete physical exam on him — "an experience they never forgot."

McGehee is survived by a son, Edward Jr.; two daughters, Virginia and Sarah; five grandchildren; one niece; and five nephews. His wife, Carolyn, and a son, James, preceded him in death. He was also predeceased by his two brothers.





## Dancing<sup>the</sup> Hygiene Hustle

The footbridge that crosses over 10th Street on Jefferson's campus usually doesn't draw attention from people below. However, on a particular night in December 2010, traffic stopped while drivers watched what appeared to be a dance party on the bridge. In fact, those choreographed dancers were Jefferson faculty and staff being filmed for a scene for the award-winning "Wash 'Em" video.

The video, set to the tune of Michael Jackson's "Beat It," stars Roy Henry, an acquisition specialist in Jefferson's supply chain management office. Henry, a former hip-hop dance instructor, went to the "Wash 'Em" audition hoping for a role as an extra in the video. When the marketing staff saw him teaching moves he had just learned to others at the audition, they cast him as the lead in Jefferson's hygiene-themed tribute to germ-fighting (and Michael Jackson). "Ninety-five percent of the moves are drawn straight from the 'Beat It' video," says Henry. "I simplified a few moves for some of the non-dancers in the group."

Winner of a Platinum Award in the 2011 MarCom Awards, which honor excellence in marketing and communications,

"Wash 'Em" features a cast of Jefferson doctors, nurses, faculty and staff employed at all levels, including Thomas Lewis, president and CEO of Thomas Jefferson University Hospitals.

Inspiration for the video came from the Jefferson hand-washing task force, a group of Jefferson employees who develop and promote infection-control initiatives. Hand hygiene is especially important at hospitals, where patients' weakened immune systems leave them susceptible to infection. The ultimate goal is to persuade every staff member to take this simple infection-control precaution.

Filmed by an outside production company over two and a half days, the video features a soundtrack with Jefferson staff singing lyrics about hand-washing. Group dance scenes are interspersed with demonstrations of effective washing techniques. The sheer entertainment value of the video, which conveys a sense of the fun Jefferson staff had making it, has helped the hygiene message reach its intended audiences and beyond.

Since January 2011, when the video went up on YouTube, it has been viewed more than 54,000 times. Hospitals and schools

from around the world have requested copies, and the video is shown at every new-employee orientation. Henry also appeared with Geno Merli, MD '75, chief medical officer at Jefferson, on CBS 3's "Eyewitness News This Morning" with Ukee Washington to talk about the video and the importance of hand hygiene.

In addition to raising awareness about hand-washing, the video brought Jefferson staff together. "Everyone was really excited to participate," says Susan Montalbano, marketing project manager for the Department of Nursing. "There's been overwhelming enthusiasm about the video. It's created a lot of camaraderie, and it was a lot of fun seeing how talented Jefferson employees are even outside of their jobs."

As for the video's effect on hand-washing, it's already making a difference. "Of course it's changed my hand-washing habits," says Henry. "I'm always telling people at my house — wash your hands!" ■

Watch the video here:

<http://www.youtube.com/watch?v=tmMGwO4N0Vc>

# By<sup>THE</sup>Numbers

## Allergy Season

Spring has sprung. Flowers are in bloom. Trees have their leaves again. Birds are chirping. And pollen is causing sneezing, sniffing and coughing for millions of people. Yes, it's allergy season. And most likely thanks to climate change, the season for tree pollen has lengthened by two weeks over the last 20 years. Grab a tissue and get the facts about allergies.

Percentage of people in the United States who have asthma, a chronic disease that can be triggered by airborne allergens: **7.7**



Percentage of the U.S. population that suffers from allergy or asthma symptoms: **20**



Percentage of the U.S. population that tests positive for reactions to one or more allergens: **55**



Proportion of the U.S. population with nonallergic rhinitis — chronic allergy-like symptoms such as runny nose, congestion and cough: **One in three**



Number of Americans per year who experience seasonal allergic rhinitis, commonly known as hay fever: **35 million**

Number of lost workdays as a result of hay fever: **4 million**

Maximum recommended number of consecutive days of nasal decongestant use: **3**



The worst U.S. city for spring allergies in 2010 and 2011: Knoxville, Tenn.

Maximum distance out to sea at which ragweed pollen can be found: **400 miles**

The measure for pollen count: **number of allergen grains per cubic meter of air**

*Figures from WebMD and USA Today.*







925 Chestnut Street, Suite 110  
Philadelphia, PA 19107-4216

*Change Service Requested*

Non-Profit Org.  
US Postage  
**PAID**  
Permit #276  
Philadelphia, PA



Printed on FSC® (Forest Stewardship Council™) certified paper, which supports the growth of responsible forest management worldwide through its international standards.

Join JMC alumni for a  
reception and buffet supper  
down at the shore!

**Saturday, July 28, 2012**

**5:30 – 8:30 p.m.**

Women's Civic Club of Stone Harbor  
96th Street and the Beach, Stone Harbor, NJ 08247

**Special Guest**

Clara Callahan, MD  
Lillian H. Brent Dean of Students and Admissions  
Jefferson Medical College

\$20 per person

RSVP by July 20 to Selina Poiesz at 215.955.8730  
or email [selina.poiesz@jefferson.edu](mailto:selina.poiesz@jefferson.edu)

To register online, visit [connect.jefferson.edu](http://connect.jefferson.edu)

*Casual attire, flip-flops OK*

