2009

Overview-Charles J Yeo, MD

Follow this and additional works at: http://jdc.jefferson.edu/jss

Part of the Surgery Commons

Let us know how access to this document benefits you

Recommended Citation
Available at: http://jdc.jefferson.edu/jss/vol4/iss2/4
A new, civil day!

Recently the news has been filled with examples of incivility and lack of professionalism. In Congress the representative from South Carolina shouted, “You lie!” to President Obama. The final matches of this year’s U.S. Open tennis tournament were marred by inappropriate behavior, both on the women's and men's side. At a recent national awards telecast, Kanye West interrupted the presentation to the winner, Taylor Swift. Is civility dead? Surveys of health care workers have pointed out that incivility, and disruptive physician behaviors, occur commonly. The resulting hostile environment erodes cooperation and commitment to high quality care. The Joint Commission has asked hospitals to develop formal and consistent ways of addressing disruptive behavior. There are articles in recent medical professional journals encouraging us to be intolerant of disruptive physician behavior.

Recently, Dr. John Moore brought to my attention the fact that the Thomas Jefferson University (TJU) Code of Conduct, and its accompanying Honor Code, had not been put in place for our faculty, but was in effect for our medical students. I am pleased to report that the Department of Surgery unanimously approved the TJU Code of Conduct and Honor Code and implemented it as a departmental policy.

We feel strongly that disruptive behavior, incivility, and unprofessional behavior, should not be tolerated. We recognize that faculty behaviors influence others, and we wish to serve as positive role models. We condone neither horizontal violence nor vertical violence, and recognize the impact of such behaviors on physical aspects of living, self-esteem, and self-confidence. My thanks go to Dr. Moore and the faculty, residents, fellows, and staff of our department. We have embarked upon a new day. A new civil day!

This article is available in Jefferson Surgical Solutions: http://jdc.jefferson.edu/jss/vol4/iss2/4
My thanks go to Dr. Moore and the living, self-esteem, and self-confidence. of such behaviors on physical aspects of faculty behaviors influence others, and we should not be tolerated. We recognize that unanimously approved the TJU Code of University (TJU) Code of Conduct, and its attention the fact that the Thomas Jefferson physician behavior. Commission has asked hospitals to develop hostile environment erodes cooperation and the winner, Taylor Swift. Is civility dead? Kanye West interrupted the presentation to behavior, both on the women’s and men’s tournament were marred by inappropriate matches of this year’s U.S. Open tennis “You lie!” to President Obama. The final of professionalism. In Congress the Recently the news has been filled A new, civil day!

Charles J. Yeo, MD
Samuel D. Gross Professor and Chair, Department of Surgery

Published by Jefferson Digital Commons, 2009

New Centurial Assist Device Program Garners Prestigious Accreditation

A mandate in spring of 2009 by the Centers for Medicare & Medicaid Services (CMS) ruled that only CMS-certified centers would be eligible for reimbursement under Medicare for Ventricular Assist Device (VAD) implantation. The CMS visited in July, and Jefferson was accredited as of August 11, 2009.

“This ensures that we are able to offer our first-rate care to the waiting patient population,” says Director of the Mechanical Circulatory Support Program Joseph Moody, MD, “which is critical to our mission as an academic medical center.”

During the CMS two-day visit, the auditor had what Dr. Moody describes as “an extremely favorable impression of the multidisciplinary and collaborative spirit between the surgical and medical teams.”

VAD Coordinator Barbara Ebert, CRNP, is managing in兼顾 nursing and case management. “One of the entire process. “These patients are extremely labor-intensive for caregivers—even more so after the LVAD implant,” Dr. Moody notes. “They require constant monitoring and evaluation. Multidisciplinary collaborative care is essential to good outcome for all of our patients.”

The Adds that the Departments of Pharmacy, Physical and Occupational Therapy, Nutrition, as well as students and fellows, hitches in to collaborate, even from the organ harvest process, to post-operative care in the Intensive Care Unit (ICU) and Heart Failure Unit (at 5 Street in the Gibbon Building). VAD technology shows a significant and sustainable benefits for patients with heart failure who are not candidates for a heart transplant. “The reality is that few patients are eligible for transplantation,” Dr. Silvestry notes. For some patients who are candidates, the wait time may exceed 200 days. “VADs, including experimental therapies such as the Jewk Heart, can get them through this potentially long wait to transplant.”

University’s

Ventricular Assist Device

Overview

Clinical Integration

MEET OUR SURGICAL INTERNS

Jefferson surgeons are currently assisted by an exceptional group of categorical interns, half of whom Jefferson Medical College graduates. Those doctors, who recently received their MDs from various universities, including Georgetown University, Konrad Sarosiek, MD, Renee Tholey, MD, Heather Finley, MD, and Konrad Sarosiek, MD, along with Drs. Linda Bogar, Hitoshi Hirose, and Jose Munoz, MD, started on June 20, 2009 (l to r):

Carrie Housenick, MD
Jefferson Medical College
Jose Munoz, MD
University of New Jersey Medical School
Romina Tholey, MD
Jefferson Medical College
Kornard Sarosiek, MD
University of Miami

For an appointment with a Jefferson Surgeon, call 1-800-JEFF-NEW

Sharon Metcalf, RN,
BSN, CCRN,
Clinical Research Nurse Project Manager
How long have you been at Jefferson?
“I’ve been here for a year and an a half... I started in the Research Department in the interventional room. I worked at Temple University Hospital and Shriners Hospital for Children. I was here in my current position since March 2009, but previously served as the research coordinator for the Division of Vascular and Endovascular Surgery.

What are the responsibilities of your current role?
I coordinate clinical trials for the Department of Surgery and handle the administration of institutional review board (IRB) submissions and budgets for industry trials. My primary responsibility is reviewing and coordinating the IRB for the faculty who are undertaking an increasing number of research projects. I also work closely with the faculty and the PI to develop plans to ensure that the research is being conducted in a safe and ethical manner.

What does an average day look like?
It really varies day to day. One day I might recruit patients to participate in a particular study and the next I may be reviewing new studies proposed to our surgeons to ensure they meet federal guidelines. I also review the IRB submissions and ensure that all paperwork is completed.

What does the job look like for someone working in the clinical research department?
I spend a lot of time in the OR and call the same patients that I follow in the clinical setting.

The formal Certified Clinical Research Coordinator (CCRC) certification by the Association of Clinical Research Professionals requires experience in clinical practice, knowledge of Food and Drug Administration (FDA) regulations, a comprehensive written exam, and continuing education in clinical research as well as nursing.

New Cancer Research Angle from a Surprising Source

In medical research—like in all areas of innovation—it is impossible to predict where the next great idea might come from. The Department of Surgery recently hosted a researcher who is investigating an unusual potential cancer treatment: Anthony Holland, PhD, a researcher who has conducted cancer treatment at Shriners Children’s Hospital for 27 years. Dr. Holland is now joining the PGY2 class. We are also eligible for transplants,” Dr. Silvestry says. For some patients who are candidates, the device may be the Jarvik Heart, can get them through this potentially long wait to transplant.

Jefferson has been extremely open-minded throughout this process, which is the ultimate test of a research institution,” says Dr. Holland. “I assumed that physicians and other researchers would think it was a nutty idea,” he confesses. “But to the contrary—everyone has never experienced such a wonderful reception from Jefferson.”

“Jefferson has been extremely open-minded throughout this process, which is the ultimate test of a research institution,” says Dr. Holland. “I assumed that physicians and other researchers would think it was a nutty idea,” he confesses. “But to the contrary—everyone is now joining the PGY2 class. We are also eligible for transplants,” Dr. Silvestry says. For some patients who are candidates, the device may be the Jarvik Heart, can get them through this potentially long wait to transplant.