

HEALTH PROFESSIONS • NURSING • PHARMACY • POPULATION HEALTH

Review

THOMAS JEFFERSON UNIVERSITY • SUMMER 2011



Inter
professional
Education

Learning Together Across Disciplines

Message from the President



Robert L. Barchi, MD, PhD

During this era of highly focused specialists, patients with multiple medical problems, complicated conditions requiring the attention of a number of providers or chronic conditions often must travel from one physician to another, isolated and lost in the maze of health care.

This fragmentation contributes to making U.S. health care the most expensive in the world and among the least efficient in our peer group of developed nations. The solution, many believe, will require us to go back a half-century to recapture the best aspect of medicine as it was practiced then – by general practitioners with intimate knowledge of their patients.

Today, “personalized medicine” generally means individualized treatments based on a patient’s genome, a strategy that promises to revolutionize medicine in the years ahead. But when I use the term, I mean the definition popular decades ago – the practice of medicine based on trust and a deep understanding of the patient as an individual, not a “customer.”

Personal knowledge gives physicians the ability to see patients’ health problems in context, allowing them to integrate and prioritize care across acute and chronic illness, prevention and mental health while always keeping the patient’s welfare foremost.

In personalized medicine, the primary care physician provides the broad picture to the specialist’s narrow focus as they act as a team.

The concept of “personalized” medicine comprises the bedrock of several new systems that many consider highly promising in containing healthcare costs: accountable care organizations, or ACOs, and medical homes. Through the healthcare act passed last year, an ACO demonstration project will create teams that bring together many facets of health care – from family physicians, specialists and hospitals to home care, pharmacies and laboratories – all sharing information, through electronic health records, almost as a single cohesive entity. A primary care physician will serve as the patient’s first contact, the medical guide and the arbiter. An ACO will often have a medical home at its core.

The three-year pilot project will begin next year, and the healthcare industry is preparing with a wave of mergers, joint ventures and alliances. In the end, the government expects the initial pilot project to involve 75 to 150 ACOs, each treating at least 5,000 Medicare patients.

If the ACOs meet a stringent list of quality standards and keep costs below benchmarks, the providers will share in the savings. If not, they will be held accountable, presumably with lower reimbursements. In the end, government officials estimate, the country could save up to \$960 million over the three years even after ACOs take their share. The savings represent just a tiny percentage of the estimated \$2.2 trillion spent on Medicare and Medicaid during that time but more than enough to demonstrate the potential contribution of ACOs to the goal of slowing the growth of healthcare costs.

As importantly, ACOs, with their emphasis on primary care, will shift the nation’s emphasis from acute episodes to a continuum of care focused on prevention. In theory, this will translate into higher quality care for individuals and a healthier population overall, the other goals of the project.

What will ACOs look like? The Centers for Medicare and Medicaid Services – the

organization overseeing the project – has purposely made the guidelines vague to allow ACOs to reflect the diversity found in health care. Regardless of the shape they take, they represent a radical departure from the way we practice medicine today. Healthcare providers will share in savings and risks and will need to determine how to apportion each. Full acceptance will come only through active participation in both the design and the operation of the ACO. Understanding this, the government recently proposed guidelines to give physicians and other healthcare providers a strong voice on the governing boards.

The emphasis on a continuum of care also puts the importance of each provider – from nurse practitioner to physician to occupational therapist – in sharp focus. Meeting the quality standards while keeping down costs will require teamwork and trust.

Several years ago, we began preparing for this day by establishing the Jefferson InterProfessional Education Center, which sponsors programs and seminars that bring together professionals from all healthcare disciplines. In the Health Mentors Program, students from throughout the University team up to focus on helping a patient with a chronic condition, and they learn to respect and value the perspective of every member of the healthcare team in the process.

Everyone knows the fragmentation of health care must end. Many believe ACOs, an emphasis on primary care and a focus on disease and wellness management will provide an important means. Interprofessionalism will play a vital role in the future of health care in the United States no matter what form it takes, and our students will be prepared.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert L. Barchi".

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

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Jefferson Review Summer 2011

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Cover: Health Mentors team members Kirstin Amundsen of pharmacy, Houman Ziai of occupational therapy, Laura Schimberg of couple and family therapy, Katherine Oser of occupational therapy and Lara Murphy of JMC.

Jefferson Today

This issue of the *Review* puts a focus on Jefferson's commitment to the strategic development of interprofessional education (IPE). Thomas Jefferson University is at the forefront of the IPE movement, which is designed to change the culture of health care and reshape the education of health professionals. In the IPE article, you will learn how Jefferson's Health Mentors Program was first conceived and how it has grown to embody the underlying principle that is fundamental to IPE: effective health care is patient centered and rendered by a collaborative team of professionals.

The Jefferson Center for Interprofessional Education (JCIPE) serves as an organizing body for faculty and students from all disciplines to create a shared educational experience. The Dorrance H. Hamilton Building, which opened in fall 2007, has become the hub for many collaborative activities. Through an integrated portfolio of teaching modalities and simulated team experiences, sophisticated teaching labs have been brought to life. Recently, construction was completed on more than 4,000 square feet of space on the sixth floor to accommodate a state-of-the-art pharmacy simulation center (pictured on page 13).

With remarkable progress being made on our new academic building at 901 Walnut St., crucial facilities required to accommodate the growth of academic programs and enrollment are expected to open this fall. The 11-story building will house administrative and faculty offices for the schools of Health Professions, Nursing and Pharmacy as well as clinical offices for neurosurgery and neurology. Sections of the Edison Building on Ninth Street are also being upgraded to create modern classrooms for our physical therapy students and better accommodations for many academic support services.

These campus improvements have followed our long-range plan to bring students of all disciplines together early in their training at Jefferson.

Also in this issue, we salute Mary Schaal, EdD, RN, who is retiring from her role as dean of the Jefferson School of Nursing. Dr. Schaal's longstanding relationship with Jefferson began when she was a student in the diploma nursing program in the 1960s. She returned first as a BSN student and later as a faculty member and administrator. Under Dr. Schaal's leadership, nursing education at Jefferson has experienced unprecedented growth in programs, enrollment and stature. Following a sabbatical, Dr. Schaal plans to return to help us continue to grow our advanced degree programs in nursing.

As we anticipate the excitement of a new academic year, we remain mindful of the continued economic pressures we as face as a University. Cuts in federal funding for research and the proposed elimination of millions of dollars in state appropriations have been challenging. Every effort is being taken to keep tuition increases at reasonable levels, as we know that our students and their families are experiencing these same pressures. Together, we continue the nearly 200-year tradition at Jefferson of training the nation's top healthcare professionals.

Sincerely,



Michael J. Vergare, MD
Senior Vice President for Academic Affairs
The Daniel Lieberman Professor of Psychiatry
and Human Behavior
Thomas Jefferson University

Jefferson University is at the forefront of the interprofessional education movement, which is designed to change the culture of health care and reshape the education of health professionals.



Inter *professional* Education

Learning Together Across Disciplines



No one health professional can care for a person with chronic illness.

This simple fact occurred to Christine Arenson, MD, and Molly Rose, PhD, FNP, in 2007 as they prepared to apply for a grant to develop a chronic illness curriculum at Thomas Jefferson University.

“We said, ‘We can’t train our medical students to provide chronic illness care unless we train them to work in a team,’” says Arenson, an associate professor of family and community medicine and co-director of the Jefferson InterProfessional Education Center (JCIPE). “We proposed having an interprofessional team of faculty develop that curriculum.”

So began Jefferson’s Health Mentors Program, a two-year curriculum that pairs interdisciplinary teams of students with patients suffering from diabetes, heart disease and other chronic conditions. The program teaches students to collaborate across the disciplines while also seeing health care from a patient’s perspective.

“What makes the program so unique is that it’s mandated for all students in medicine, traditional nursing, pharmacy, occupational therapy, physical therapy and couple and family therapy,” says Rose, a professor of nursing and co-director of JCIPE.



Members of a Health Mentors team meet with Susan Moul.

Learning Beyond Disciplines

Jefferson's program is part of a trend of interprofessional education and interprofessional practice sweeping through U.S. healthcare institutions. The movement is propelled by a confluence of conditions that include an aging population, rising health-care costs, health workforce shortages and concerns about patient safety.

"Our system has stumbled along to the point where it finally recognizes it needs cooperation, collaboration and teamwork," says DeWitt C. Baldwin Jr., MD, who helped start a pioneering interprofessional education program at the University of Nevada in 1971. "Health care has shifted from acute to chronic care where multiple specialties and skills are needed."

Recent studies at the University of Pennsylvania and University of Minnesota demonstrate that interprofessional teamwork improves patient outcomes in settings from free urban clinics to intensive care units. Interprofessional protocols developed by the Institute for Healthcare Improvement, a Boston-area organization devoted to improving health care, reduced pharmacy dispensing errors by 40 percent at Metropolitan Hospital in Grand Rapids, Mich., cut mortality rates by 21 percent at Tallahassee Memorial Hospital in Florida and decreased mortality rates by 19 percent at the Swedish Medical Center in Seattle.

Interprofessional education dates back a century but first became popular in the 1970s and early 1980s, when federal interest and funding led to a large number of programs. When funding dried up by the mid-1980s, most efforts ended outside of academic health centers and Veterans Affairs hospitals.

After decades on the fringes of education and practice, interprofessionalism again gained favor after two reports from the Institute of Medicine (IOM) – *To Err is Human*, in 1999, and *Crossing the Quality Chasm*, in 2001 – documented the human and financial cost of medical errors and raised urgent concerns about the efficiency, cost and equity of America's healthcare system.

The IOM called for a "fundamental, sweeping redesign of the entire health system," saying the nation needed health-care professionals trained to work closely



with practitioners of many disciplines to provide responsive, patient-centered care. A third report, *Health Professions Education: A Bridge to Quality*, issued in 2003, emphasized the need for interprofessional education at all levels of professional training.

In response, academic medical centers across the country began rolling out programs. Several professions, notably pharmacy, updated their licensing and accreditation standards to include interprofessional competency.

Despite a decade of sustained enthusiasm, however, the United States lags far behind Canada and Europe in funding, leadership and policy support for interprofessional education. Experts in the field say one of the greatest challenges has been achieving the cultural shift that effective interprofessional care requires.

The Changing Culture of Health Care

Baldwin attributes resistance to interprofessionalism to power and territoriality in the health professions. "The empowering, liberating, egalitarian principals behind interprofessional education and practice are basically subversive to the traditional status quo," he says.

Many would believe that physicians, who stand the most to lose in terms of power, would form the strongest resistance, but early surveys suggested doctors are as likely as other professionals to engage in interprofessional practice.

"If you look at other countries, you find other professions that seem to be reluctant

joiners," says Hugh Barr, PhD, president of the Centre for the Advancement of Interprofessional Education, a think tank based in Great Britain that promotes interprofessional education. "In Norway, it was the nurses."

Experts say some of the friction stems from the current "guild" model the professions use. Following the lead of medicine, which unified its educational system in response to the Carnegie Foundation's critical "Flexner Report" in 1910, the disciplines have evolved within separate "silos," each with its own knowledge base and educational model.

Strict separation between the disciplines is deeply ingrained in health professions education, from accreditation standards to the departmental structure of universities.

"I think that there are ways in which IPE (interprofessional education) can be seen, for real or imagined, as threats to the separate professional programs, their identities," Barr says.

While some friction may be inevitable, recent research gives reason for optimism. Practitioners across the disciplines are reporting that collaboration reduces stress and increases job satisfaction.

"Physicians are realizing they can't respond to every issue related to quality of care," says nurse-sociologist Madeline Schmitt, PhD, RN, FAAN, chair of the Interprofessional Education Collaborative. "They're realizing they're not alone, that other people do have the time and expertise to do these things and that it takes a team



approach to deal with the big healthcare issues of the day.”

The movement also creates opportunities for other professionals to assume duties traditionally performed by physicians. Removing regulatory limits to the scope of practice (for example, allowing qualified nurse practitioners to write prescriptions in all states) has been educated as a way to cut healthcare costs and increase efficiency.

“If we allow people to practice to their full scope and the roles are designed efficiently, we can take care of more people,” Schmitt says. “We already have.”

Restructuring Health Professions Education

So what does an effective interprofessional education program look like? No rigorous, longitudinal studies have yet been completed. However, the experiences of Jefferson and other organizations indicate the need for several elements, according to Schmitt, Barr, Baldwin and other leaders in the field.

As with many institutional changes, support needs to come from the top down and bottom up, according to a qualitative study of administrators who have implemented interprofessional programs in the university setting. “We need to see it as fundamental learning, that how we work together to deliver care is as important to learn about as clinical knowledge,” Schmitt says.

Administrative support also is key because interprofessional education requires significant investments of financial and human capital. Literature from related fields such as

adult education and management suggests interprofessional competency is best nurtured through small-group, experiential learning – a far more costly approach than traditional didactic teaching.

Jefferson’s Health Mentors Program, for example, requires constant coordination of more than 1,000 students, faculty and volunteers. “You’re talking hundreds of students from six different disciplines, all of whom have different schedules,” says Kevin Lyons, PhD, assistant vice president for program evaluation at Jefferson’s Office of Institutional Research. “Just pulling them together requires an awful lot of manpower.”

To successfully implement interprofessional education, schools must also train faculty to think and work beyond disciplines. The Jefferson center offers many interprofessional development opportunities, including an education and care practicum, a lecture series and a conference. Some institutions, notably Medical University of South Carolina and the University of Minnesota, include interprofessional activity in tenure and promotion decisions.

Finally, accreditation and licensing bodies need to assist schools by updating their standards to include interprofessional competency, according to Schmitt. Health professions curricula are so tightly packed

Physicians are realizing that they can’t respond to every issue related to quality of care. It takes a team approach.

with required content that no time is left to address collaboration in a meaningful way.

As a first step, the Interprofessional Education Collaborative – a panel of six national healthcare education organizations – has developed a list of core competencies for interprofessional practice. In March 2011, the organization debuted a preliminary version to a group of leaders from practice, government, schools, foundations and regulatory agencies.

“Generally, people were not only in agreement with them as broad competency statements but felt a real urgency in moving forward to get these implemented in both education and practice,” says Schmitt, who chaired the panel.

For all these challenges, few believe the trend is just a passing fad.

“I think we’ve gone through a sound barrier philosophically and politically,” Baldwin says. “We’ve been disillusioned that money will solve everything and that we’ll have all the money we need. We know we’ve got to be more efficient and effective.”

Arenson sees a powerful new force driving the movement – consumers. “I think increasingly patients are going to start demanding this,” she says.

Photos, left: Erin Berstler of couple and family therapy, Megan Betteridge of nursing, Robert McClowry and Danielle Daitch of JMC and Alex Fox of nursing meet with mentor Malcolm Drummond (center).

Right: Student Ilana Segal from occupational therapy.



Mary Schaal

STEPS DOWN AS NURSING DEAN

In July, Mary G. Schaal, EdD, RN, will step down as dean of Jefferson School of Nursing, first embarking on a yearlong sabbatical and then returning for two years to support the school's strategic plan initiatives.

Schaal's relationship with Jefferson dates to 1963, when she earned her diploma in nursing from Jefferson Medical College Hospital School of Nursing. "From the start, the message was clear: 'This is just the beginning of your education and the beginning of your career. Jefferson graduates do more,'" Schaal said.

She returned to earn her BSN from Thomas Jefferson University in 1981, and then she earned a MSN from the University of Pennsylvania in 1982 and a doctorate in education from Rutgers University in 1989, all while working in clinical practice and education.

In January 1997, Schaal joined the Department of Nursing as associate professor and vice chair and director of the graduate program. "I felt like I had come back home, and that was such a good feeling," she said. She was named acting chair of the department in December 2001 and chair in August 2002. When Jefferson School of Nursing formed in July 2006, Schaal was named dean and professor.

James Erdmann, PhD, was dean of the Jefferson College of Health Professions when Schaal became chair. "It was my pleasure and great good fortune to have as the head of the nursing program a woman who demonstrated the vision and leadership that made possible the transition of nursing at Jefferson from a relatively small educational endeavor to being the undisputed best nursing program in the Delaware Valley," he said. "Such an accomplishment would not have been possible were it not for Mary's remarkable organizational and management skills."

Of her 14 years at Jefferson, Schaal can list numerous accomplishments, including increasing the student population by more than fourfold; revising the undergraduate curriculum and raising NCLEX scores; designing the master's program curriculum; and developing accelerated second-degree programs, several master's specialties and a doctor of nursing practice.

But she doesn't take all the credit: "It's a sense of accomplishment in knowing that with a really strong team of people and a really strong student body you can really make changes that have the outcomes that you anticipated," she said.

One of Schaal's team members is Beth Ann Swan, PhD, CRNP, FAAN, professor and senior associate dean of academic affairs who has worked closely with Schaal since July 2005. Swan said: "Dr. Schaal leaves a legacy of leadership and innovative

Mary "made possible the transition of nursing at Jefferson from a relatively small educational endeavor to being the undisputed best nursing program in the Delaware Valley."

— James Erdmann, PhD

programs and curriculum in nursing, as well as across the health professions. She has a place in Jefferson's rich history as a student, faculty member and founding dean of the Jefferson School of Nursing."

What's next? Schaal is considering how she will spend her sabbatical, and one option involves developing a further connection between Tianjin Medical University and JSN. Yue Zhao, PhD, dean of Tianjin School of Nursing, has been a visiting professor scholar this year. "Dr. Zhao tells us that Tianjin students are interested in pursuing graduate nursing education here at Jefferson," Schaal said. She and Swan are attending Tianjin School of Nursing's 60th anniversary celebration in June and hope to explore the relationship. "We need to get a sense of the healthcare system in China. What's the role of the advanced practice nurse there? Is it different from in the U.S.? If we proceed, we will need to do a comparative analysis of the two institutions."

An international focus is not new for Schaal. "She was a team member in missions to Romania and Africa before global health was vogue," Swan said. Schaal's interest in health care around the world is an extension of her background in community and public health nursing.

Following her sabbatical, Schaal plans to work with the new JSN leadership on implementing the long-range strategic plan that she helped to develop. "JSN will always be known as a premiere educational institution," Schaal said, "but we've now reached the point where there is an emerging research agenda within the school. We have the faculty, we have the facilities and being in a health science university positions us very well to look at the advanced area of nursing, the graduate and doctoral programs.

"We can collaborate with the hospital to create evidence for practice, working in interdisciplinary teams that take the bench research that our colleagues in Jefferson Medical College, the College of Graduate Studies and Kimmel Cancer Center are doing and ultimately translating it at the bedside to improve patient care. That will advance the research agenda within the School of Nursing."



Schaal, 1963

OnCampus



Hine



Toth-Cohen



Piersol



Herge

School of Health Professions

OTD Students Publish Capstone Projects

Two 2009 graduates of the doctor in occupational therapy programs have had articles published in *OT Practice*. **Tracey Hine**, OTD, OTR/L, wrote “Facilitating OT Leaders: A Grassroots Approach,” which was included in the Sept. 13 issue. **Lakia Easton**, OTD, OTR/L, wrote “Adult Day Care: Facilitating Meaningful and Purposeful Leisure,” which was printed in the Jan. 24 issue. A third graduate, **Kathleen Nightlinger**, OTD, OTR/L, has had her article, “Developmentally Supportive Care in the Neonatal Intensive Care Unit: An Occupational Therapist’s Role,” accepted for publication in the *Journal for Neonatal Nursing* later this summer.



OT students Katherine Oser and Adam Picarelli show prospective students the Brain Lab at the 5th Annual Discover OT Day.

OTD director **Susan Toth-Cohen**, PhD, OTR/L, said, “These innovative projects cover a wide range of occupational therapy practice through the lifespan. ... OTD graduates have designed projects based on research evidence that contribute to the profession’s knowledge base and demonstrate the power of occupation in changing lives. Their work illustrates the Jefferson OTD’s mission: Create the vision, change practice and lead the way.”

Representing Jefferson at AOTA Conference

Members of the Department of Occupational Therapy played a large role in this year’s American Occupational Therapy Association’s Annual Conference and Expo, held at the Pennsylvania Convention Center, just a few blocks from campus.

Cathy Piersol, MS, OTR/L, director of Jefferson Elder Care, served as the chair of the local AOTA conference committee, and **E. Adel Herge**, OTD, OTR/L, was the accessibility chair. Ten faculty members presented at a pre-conference institute and seminars the day before the conference.

During the conference, the department joined forces with Jefferson Elder Care to showcase their collaborations. Susan Toth-Cohen, PhD, OTR/L, director of Jefferson’s OTD program, and Piersol

organized a booth focused primarily on the doctorate in occupational therapy program, certificate programs for advanced practice (older adults, teaching, autism and neuroscience) and the training and clinical programs offered by Jefferson Elder Care.

Sixty percent of the OT faculty and some students presented posters and short courses, and three faculty members participated in special interest section annual programs.

Roseanne Schaaf, PhD, OTR/L, FAOTA, and her colleagues presented “Evidence-Based Sensory Strategies and Assistive Technology Interventions for Addressing Occupational Participation Needs of People with Autism” for the Developmental Disabilities Special Interest Section. Herge and **Arlene Lorch**, OTD, OTR/L, CHES, gave a presentation, “Fieldwork Models That Work in Theory and Practice,” for the Educational Special Interest Section Annual Program.

Kitasato Students Visit Jefferson During Earthquake

Japanese students involved in the annual exchange program between Thomas Jefferson and Kitasato universities arrived in the United States just hours after earthquakes and a tsunami devastated their country on March 11.

Susan Toth-Cohen, PhD, OTR/L, program director of the occupational



DIRECTOR NAMED FOR NEW PHYSICIAN ASSISTANT PROGRAM LAUNCHING IN 2014

Kathryn T. Beishline, MSPAS, PA-C, has been named director of the physician assistant studies program at the Jefferson School of Health Professions. Jefferson expects to enroll the first class of students in the new master of science program in summer 2014.

Beishline came to Jefferson from Salus University in Elkins Park, Pa., where she was an assistant professor and course director. Before joining Salus, she served as academic coordinator and an instructor in Drexel University's physician assistant program. Her clinical experience is centered on women's health and primary care.

"The addition of the physician assistant program is a natural complement to Jefferson's interprofessional education and training initiative. We are excited to build a program and produce graduates who will fill a vital workforce need," said Janice Burke, PhD, OTR/L, FAOTA, dean of Jefferson School of Health Professions.

Beishline sees the Jefferson PA program as a perfect fit. "Philadelphia's rich culture of medical education coupled with Jefferson's long-established history of educating outstanding healthcare providers makes the University an ideal location for this new program," she said.

Beishline also noted that the federal government has listed physician assisting as the fourth fastest growing profession in the country with an expected 39 percent increase in jobs by 2018. "These are exciting and encouraging numbers," she said.

The PA master's degree program requires students to spend 24 months at Jefferson. Jefferson and the University of Delaware will establish an articulated agreement that will enable UD students to progress to Jefferson after three years of undergraduate study.

"The most important goal of the program is to produce competent, well-rounded physician assistants to serve their communities," said Beishline.



Schaaf



Lorch

therapy doctoral program, immediately contacted authorities at Kitasato University, who told her that students, faculty and families of students were safe.

"The students live in an area that was not severely affected," Toth-Cohen said. "Their main concern was that they might not be able to return to Japan."

The students, who were studying OT, physical therapy and radiologic sciences, participated in classes and OT Day, visited clinical sites and toured New York and Philadelphia. They returned home as scheduled March 20.

In a note to Toth-Cohen, Miki Sakamoto, PhD, RPT, the exchange coordinator at Kitasato University, said: "[The students] told me that they had a wonderful experience at Jefferson. ... Moreover, thank you for your concern about the earthquake. It continues to be a terrible situation in northern Japan."



Students from Kitasato University in Japan visited Jefferson School of Health Professions in March.



Wash Your Hands! team members.



Smith



Tilley

School of Nursing

DNP Students' Video Teaches Children about Hand Hygiene

DNP students **Juanita Kaness**, RN, WHNP-BC, and **Anne Markham**, RN, MSN, ANP-BC, AOCN, developed Wash Your Hands!, a video for children, as part of an online healthcare quality and patient safety course. DVDs of the video were distributed to elementary schools and day care centers in the region through a hand hygiene community outreach campaign by the Association for Professionals in Infection Control and Epidemiology, Philadelphia/Delaware Valley Chapter.

Gibbons Phalen Serves on Awards Committee

Ann Gibbons Phalen, PhD, APRN, NNP-BC, assistant professor, served on

the poster review and awards committee for the Delaware Health Sciences Alliance, Women's/Children's Health Research Conference at the University of Delaware's Clayton Hall Dec. 10. The conference drew more than 300 attendees and included more than 60 poster presentations.

Smith Awarded Scholarship

ASN student **Jamie Smith** received a scholarship to attend the Pennsylvania chapter of the PeriAnesthesia Nurses Conference last October. The annual scholarship is awarded to nurse externs who have worked in the perianesthesia field, including pre- and post-anesthesia care, ambulatory surgery and pain management. She completed an externship at In & Out Surgery, Geisinger Medical Center.

School of Pharmacy

Tilley Wins NIH Grant to Study Mechanisms Related to Cardiac Function

Assistant professor **Douglas G. Tilley**, PhD, won a five-year National Institutes of Health research grant for nearly \$2 million to study molecular mechanisms that may preserve cardiac function and survival during heart failure. "We want to understand if the interaction between two receptors produces beneficial effects during heart failure or detrimental signaling events," he said. His research findings could enable peers to develop new therapeutic strategies to help people with heart failure.

Students Attend Government Relations Advocacy Program

Students **Thuy Le**, **Erick Moyer**, **Saranyu Ravi**, **Ayalew Tassew** and **Vladislav Tsimbler** attended the Pennsylvania Pharmacists Association's Government Relations Advocacy for Student Pharmacists program in Harrisburg, Pa., in February. During the three-day conference, students listened to speakers from a variety of practice settings and collaborated on issues facing the profession.



Laura Hallisey, a first-year JSP student, is a member of the U.S. Women's National Curling Team. Her goal is to represent the United States in the 2014 Olympics.



PHARMACY SIMULATION CENTER OPENS

Students in the Jefferson School of Pharmacy now have a simulation center on the sixth floor of the Dorrance H. Hamilton Building complete with an informatics center, model pharmacy, sterile prep area and command center.

“This is state-of-the-art both in layout and technology,” said Mary Hess, PharmD, FCCM, associate dean of Jefferson School of Pharmacy and associate professor in the Department of Pharmacy.

The informatics center, used for lectures and labs, features four-seat pods, providing each student with a high-tech workstation near team members. Three projection screens around the room make viewing information shared by professors easy.

Down the hall stands a replica of a retail pharmacy, where students practice processing scripts, counting and cross-checking skills and confidential consultation techniques.

In the ante room, students suit up in gowns, masks, gloves and booties before entering the adja-

cent clean room. A double-faced pass-through allows them to practice maintaining clean standards when transferring products to sterile space.

The walls of the sterile prep area are lined with an array of containment hoods, allowing students to work safely with compounding materials. Each station is outfitted with a camera that allows professors to view students’ techniques.

A multi-media command center provides a hub for the simulation center. A bank of monitors lines the walls and microphones reach out like tentacles to each station amid switches, buttons and colored lights. Here, faculty use cameras, sound systems and one-way mirrors to assess students’ decision-making skills and interactions.

“I think one of the nicest features of this space is that our student-pharmacists get to manage work flow, activities and interaction with patients as if they were on the job,” said Hess. “Here they can train as if they are really in the work environment.”





Abatemarco



Pracilio



Klaiman



Lieberthal

School of Population Health

Jefferson in Washington

The School of Population Health sent 17 students and three faculty members to join more than 210 others from across the country in the 14th Annual Health Education Summit in Washington, D.C., March 5-7. The summit, which focused on advocacy, culminated with the students meeting with congressional aides specializing in health.

Program Features Camden Coalition

The School of Population Health hosted a program featuring Jeffrey Brenner, MD, executive director/medical director of the Camden Coalition of Healthcare Providers, to celebrate National Public Health Week, April 4-10.

The program, “Reinventing Health in One of America’s Poorest Communities: Camden, N.J.,” was co-sponsored by the Department of Family and Community Medicine at Jefferson Medical College and the Jefferson InterProfessional Education Center.

Using teams that include a social worker, a health outreach worker/medical assistant and a nurse practitioner, the coalition helps emergency room “super users” find primary caregivers, improving the patients’ health while decreasing medical costs. The team also helps patients apply for government assistance benefits, secure

temporary shelter and enroll in medical day programs.

Appointments

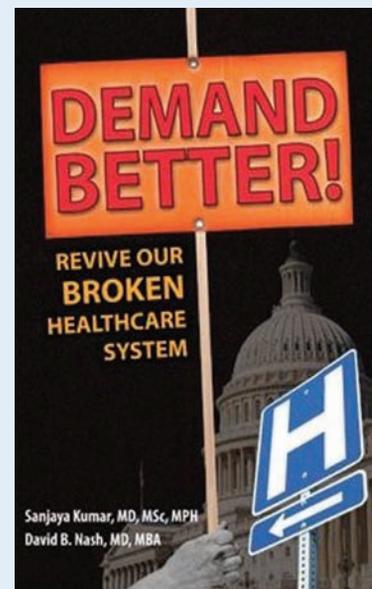
Diane J. Abatemarco, PhD, MSW, associate professor and director of doctoral studies, has been appointed to the Board of the American Academy of Health Behavior. Abatemarco will chair the Marketing and Communication Council from 2011 through 2014.

Valerie Pracilio, MPH, project manager for quality improvement, was appointed to the National Patient Safety Foundation Certified Professional in Patient Safety Committee, where she will help develop a certification exam and credential for healthcare patient safety professionals.

Publications

Tamar Klaiman, PhD, MPH, assistant professor, published “Variability in school closure decisions in response to 2009 H1N1: a qualitative systems improvement analysis” in the Feb. 1 *BMC Public Health*. Klaiman also published “Pandemic Influenza: Non-pharmaceutical interventions and behavioral changes that may save lives,” in the *International Journal of Health Management and Information*.

Rob Lieberthal published “Getting actuaries more engaged in population health” in the January issue of *Health Watch*, the newsletter for the Society of Actuaries.



NASH PUBLISHES HEALTHCARE SAFETY AND QUALITY BOOK

David B. Nash, MD, MBA, dean of the Jefferson School of Population Health and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy and Medicine, and a co-author have published a new book designed to help health providers identify safety gaps by debunking “healthcare myths” commonly accepted by consumers.

In writing *Demand Better! Revive Our Broken Healthcare System*, Nash was joined by Sanjaya Kumar, MD, MSc, MPH. Kumar is founder, chief medical officer and chief technical officer of Quantros Inc., which provides software and services to the healthcare industry with safety and risk management and quality and performance improvement.

“This book has no axe to grind, no lobbyists, no politicians and no D.C. policy wonks,” Nash said. “It is from two experts outside of the Beltway who have teamed up to really tell it like it is and to offer some key solutions.”

Demand Better, published in March by Second River Healthcare Press, examines common myths such as “more health care means better health care” and “our health care is safe” through the lens of quality. The book addresses the definition of quality, why it is lacking and how to reclaim it.



Maio



Jacoby

He also gave a presentation during the Robert A. Hedges Research Seminar Series at the Fox School of Business at Temple University.

The European Journal of Cardiovascular Prevention & Rehabilitation on Feb. 11 published a paper by **Vittorio Maio**, PharmD, MS, MPH, about “Beta-blocker initiation and adherence after hospitalization for acute myocardial infarction.” Maio also published “Appropriate medication prescribing in elderly patients: how knowledgeable are primary care physicians? A survey study in Parma, Italy” in the April issue of *Journal of Clinical Pharmacy and Therapeutics*; “Prevalence and risk of polypharmacy amongst elderly primary care patients in Regione Emilia-Romagna, Italy, in the Dec. 1 issue of *Drugs Aging*; and “Potentially inappropriate prescribing in elderly: assessing doctor knowledge, confidence and barriers,” in the April issue of *Journal of Evaluation in Clinical Practice*.

Kellie Dudash published “Alzheimer’s Disease: New Therapies and the Role of Biomarkers” in the spring 2011 edition of *Biotechnology Healthcare*.

Richard Jacoby, MD; Albert Crawford, PhD, MBA, MSIS and Neil Goldfarb published “Quality of care for 2 common pediatric conditions treated by convenient care providers,” in the January/February issue of *American Journal of Medical Quality*.



GRANDON LECTURE FOCUSES ON CHANGING BEHAVIOR

Mike McCallister did not mince words as he addressed the capacity crowd gathered May 12 in Connelly Auditorium for the 20th Annual Dr. Raymond C. Grandon Lecture.

“We have an absolute disaster on our hands if we don’t address population health,” the Humana Inc. chairman and CEO said. “If we don’t get ahead of this, we’re toast.”

McCallister’s presentation, “A Roadmap to Creating a Real Healthcare System,” touched on the unintended consequences of health reform; how real problems persist and are getting worse in the wake of reform; and how changing behavior – one person at a time – can help fix the broken system. He also pointed a finger at America’s midsection, saying obesity lies at the root of diabetes and other chronic illnesses besetting our nation.

McCallister outlined pilot programs put into place by Humana to help employees “achieve lifelong well-being.” McCallister said the numbers show the programs are working.

The “Well-Being Pilots” introduced to Humana associates include:

Personal Health Score

Purpose: Provide objective clinical data coupled with actionable information to drive health improvement.
Results: More than half of associates improved their individual score.

Personal Well-Being

Purpose: Improve participants’ sense of their own overall well-being.
Results: After five months, associates’ “thriving” self-assessment increased from 26 percent to 41 percent and “suffering” decreased from 10 percent to 6 percent.

The BiggestLoserClub.com

Purpose: Deliver a social, mobile and virtual weight loss pilot for participants who have a BMI ≥ 28 and want to adopt healthy behaviors.
Results: All members of the club lost 3,474.40 pounds.

Win, Place, Show Me The Money

Purpose: To understand the efficacy of financial incentives in facilitating behavior change and healthy weight maintenance relative to weight loss over time
Results: All program participants lost 8,657.81 pounds.

McCallister’s talk – and the pilots he outlined – received praise from a panel commenting after the presentation: Janice Burke, PhD, OTR/L, FAOTA, dean of the School of Health Professions; Rebecca Finley, PharmD, MS, dean of the school of pharmacy; and Mary Schaal, EdD, RN, dean of nursing. They liked the focus of “making healthy things fun and fun things healthy.”

Above: At the 20th Annual Dr. Raymond C. Grandon Lecture: Rebecca Finley, PharmD, MS, dean, Jefferson School of Pharmacy; Janice Burke, PhD, OTR/L, FAOTA, dean, Jefferson School of Health Professions; David B. Nash, MD, MBA, dean, Jefferson School of Population Health, and the Dr. Raymond C. Grandon Professor of Health Policy and Medicine; Michael B. McCallister, chairman and CEO, Humana Inc.; Michael J. Vergare, MD, senior vice president, academic affairs; and Mary Schaal, EdD, RN, dean and professor, Jefferson School of Nursing.

ClassNotes

COUPLE AND FAMILY THERAPY

Lauren Maisel, MS, MFT '10, is in private practice as a psychotherapist in Fairhope, Ala., at the Center for Relationships, an affiliate of Human Systems Consultants Inc. She is doing individual, couple and sex therapy. She is a professional member of AASECT and associate member of AAMFT.

NURSING

At the close of each semester, JSN holds an Alternative Clinical Experience Day. One featured **Dane Menkin, MSN '99**, CRNP, an adjunct faculty member. A representative of the Mazzone Center, Menkin spoke about lesbian, gay, bisexual and transgender (LGBT) health care. He addressed the social and medical aspects of gender transition and tips for medical and nursing personnel working with the LGBT community. The presentation inspired senior Wendy Dalton to intern at the center last summer.

Samantha Yucha, ASN '10, was awarded a \$2,000 Nightingale Scholarship from the nonprofit foundation Nightingale Awards of Pennsylvania. Yucha attended the 2010 Nightingale Awards Gala on Oct. 22 in Harrisburg, Pa, and she was recognized for her academic achievements, community service involvement and leadership qualities.

Thomas Kelly, CRNA, MSNA, BSN '94, is an instructor in the nurse anesthesia program at Jefferson School of Nursing. He also has clinical CRNA privileges at Thomas Jefferson University Hospital and a private practice CRNA group that provides anesthesia care for special needs children and adults requiring dental care.

PHYSICAL THERAPY

Tim Fox, PT, DPT, GCS, founder and CEO of Fox Rehabilitation, received the 2011 Clinical Excellence in Geriatrics Award for Outstanding Clinical Practice in Geriatric Physical Therapy during a conference in February.

The American Physical Therapy Association bestows the award annually on a therapist who demonstrates advanced knowledge, creativity, dedication and compassion in work with older patients.

Fox Rehabilitation, based in Cherry Hill, N.J., is the largest private practice of geriatric physical therapists, occupational therapists and speech therapists in the United States. Fox employs more than 400 clinicians who make more than 11,000 house calls each week.

Traci Fox: Two-time Alumna, Educator, Leader

When Traci Fox, MS, RT(R), RDMS, RVT, completed her bachelor of science degree in 1993, she thought she was done with Jefferson. But, she says, quoting the *Godfather*: "Just when I thought I was out, they pulled me back in." She chuckles, continuing, "But in all seriousness, you want to work for the best, and that's what Jefferson is."

Fox started her career as a clinical diagnostic medical sonographer in general and vascular sonography, eventually specializing in perinatal ultrasound. She returned to Jefferson in 2005 as technical coordinator at the Jefferson Ultrasound Research and Education Institute and as an adjunct faculty member in the Department of Radiologic Sciences.

She earned her master of science degree in radiologic and imaging sciences from Jefferson in 2007 and became an instructor and clinical coordinator for the diagnostic medical sonography program the next year. In June 2010 she was named an "emerging leader" at the Jefferson Schools awards ceremony, cited for her roles as educator, author, mentor and researcher.

Although the decision to leave the clinical arena was difficult, her love of teaching was at the forefront. Students appreciate and admire Fox for her passion. "Traci is by far one of the leading faculty members at Thomas Jefferson University," second-year student Megan White says. "She expects the very best from her students, and she constantly motivates and teaches us clever ways to better understand the material."

Fox is diving further into her role as a leader in education with her latest pursuit: She began a doctor in education program at Drexel University in April.

Fox always held an interest in medicine and technology. When her mother needed a gall bladder ultrasound, the technician showed her how her interests could merge in sonography. Jefferson's word-of-mouth reputation during an era of limited Internet use drew her to the University.

An author and researcher as well as an educator, Fox has published several articles in peer-reviewed journals. Her article "Multiple pregnancies: Determining chorionicity and amnionity," published in 2006, remains the top downloaded article at the *Journal of Diagnostic Medical Sonography*. She recently co-wrote the textbook *Examination Review for Ultrasound: Sonographic Principles & Instrumentation*, which is a resource for students and sonographers preparing for the sonography principles and instrumentation examination offered by the American Registry for Diagnostic Medical Sonography, a credentialing organization.

Fox's role as chair of the JSHP Committee on Research gives her an opportunity to interact with peers in events that bring people from across the University together to discuss research. Fellow committee member Debbie Zelnick, MS, OTR/L, JSHP associate dean, says: "Traci has done a tremendous job increasing the organization and participation on this committee, including student members. The attendance for her events has been wonderful, and the discussion has generated some exciting ideas. She takes her role seriously but uses her sense of humor to make work more fun."

Although she fulfills many roles well, teaching remains her favorite: "I love to impart my ideas on the students, so they can learn the right way to do things and affect change when they become sonographers and eventually supervisors."





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