

'P4' Takes Off 12 Former Patients, Current Students 22 Grandon Retires 24

THOMAS JEFFERSON UNIVERSITY • FALL 2016

Review

BIOMEDICAL SCIENCES • HEALTH PROFESSIONS • NURSING • PHARMACY • POPULATION HEALTH

JEFFERSON NURSING TURNS 125

New Healthcare
Challenges Inspire
New Curriculum





ON THE COVER: STUDENT KIMBERLY VILLEGAS IN THE CLINIC. PHOTO BY ED CUNICELLI.



**Thomas Jefferson
University®**

Jefferson Review
Fall 2016

Executive Vice President:
Elizabeth A. Dale, EdD

**Associate Vice President,
Alumni Relations:**
Cristina A. Geso

**Senior Director,
Communications:**
Mark P. Turbiville

Editor: Karen L. Brooks

Design: SwivelStudios, Inc.

The *Review* is published by the Office of Institutional Advancement to encourage alumni interest and support for the Jefferson Colleges of Biomedical Sciences, Health Professions, Nursing, Pharmacy and Population Health.

Address correspondence to:

Editor, the Review
125 S. 9th Street, Suite 700
Philadelphia, PA 19107

Giving.Jefferson.edu
alumni@jefferson.edu
215-955-7750

The Jefferson community and supporters are welcome to receive the *Review* on a regular basis; please contact the aforementioned address. Postmaster: Send address changes to the aforementioned address.

Copyright© Thomas Jefferson University.
All Rights Reserved.

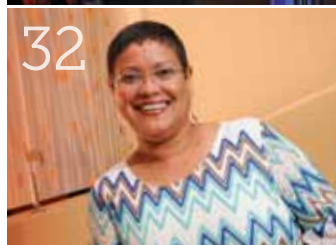
Inside

4 New BSN Curriculum Reflects How Nurses Really Work

The question sounded simple enough, but what followed would be revolutionary

12 "P4" Program Helps Students Realize Their Future in Healthcare

Jefferson's postbaccalaureate program differs from most others



3 THE PROVOST'S COLUMN

11 OPENING DOORS TO OUR NEXT 125 YEARS OF NURSING EDUCATION

A Message from Elizabeth Dale

ON CAMPUS

18 College of Biomedical Sciences

18 College of Health Professions

20 College of Nursing

21 College of Pharmacy

21 College of Population Health

22 "THEIR OWN SHADES OF GRAY"

OT Students Share Personal Health Challenges to Empower Others

24 HEALTH POLICY CHAMPION RAYMOND GRANDON, MD '45

Retires after 65-Year Career

26 "BE THE VOICE OF YOUR PATIENTS"

Gen. Peter Chiarelli Inspires Graduating Nurses

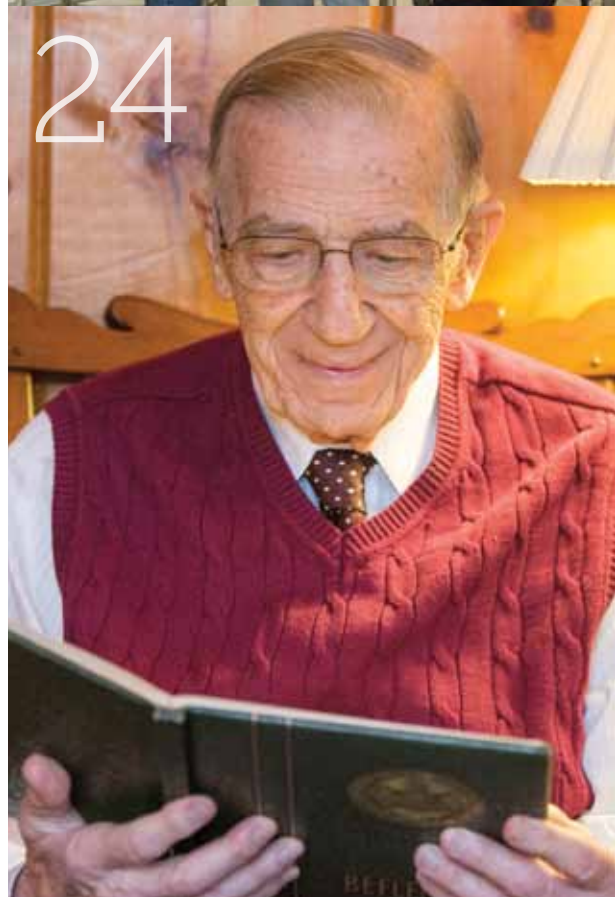
30 CLASS NOTES

31 IN MEMORIAM

32 LYDIA NAVARRO-WALKER, OTD '16, OTR/L, CBIS, CKTP

A Fresh Face: College of Health Professions

12



Legacy + Transformation

This September, Jefferson, home to one of the nation's distinguished medical colleges, signed a first-of-its-kind agreement to combine with a very different type of academic institution, one deeply rooted in the fields of business, design, health, architecture and engineering — Philadelphia University (founded in 1884 as Philadelphia Textile School).

In so doing, we are bringing together two iconic Philadelphia institutions, with storied 192- and 132-year histories, respectively. We have given birth to a comprehensive university that will continue to serve our communities and society in a richer way, from two campus hubs just a short drive apart.

To explain this most unusual combination, a few words about its origins. One of my showcase initiatives, started soon after arriving here almost eight years ago as Dean of the medical college, was the *College-within-the-College (CwiC)* program. We saw this creative co-curricular offering as part of a larger Medicine+ concept, wherein we would cultivate new ways of thinking, merging knowledge domains in our students. We initially launched *CwiC-Population Health* and *CwiC-Clinical Translational Research*, and two years ago, *CwiC-Design* was added to the mix.

Two visionary individuals emerged on the scene — both passionate advocates for linking medicine with design. First, Peter Lloyd Jones, PhD, rooted in fundamental science, joined us to give life to *MEDstudio*, a multi-faceted initiative for connecting students and faculty to human-centered design thinking, with an emphasis on spatial thinking. And then Bon Ku, MD, joined the team to launch the *CwiC-Design* track, along with

Innovation & Design Application (IDeA), a program that invites Princeton University sophomores pursuing non-traditional pre-med majors or concentrations to apply for early admission to SKMC. Suddenly the campus was abuzz with talk of design thinking — a way for our medical college to cultivate the most imaginative MDs.

Looking for a regional academic partner with a strong focus in the design space, it became apparent that Philadelphia University, under the leadership of Stephen Spinelli Jr., PhD, was the clear choice. Quickly, presidents and provosts convened, and a new kind of comprehensive university was born.

From the Jefferson perspective, leadership saw the unique opportunity to become comprehensive — no longer a graduate-predominant institution — and far more diverse — freed from traditional healthcare silos. In turn, this would allow for tailoring unique educational experiences, and for linking disciplines in unthought-of ways.

On the surface Jefferson and Philadelphia University would appear to operate in different worlds, but we share a core vision and values. We link disciplines through the *Jefferson Center for Interprofessional Education*; they do it through *Nexus Learning*. We are both intimately involved in our common community — Jefferson, through a panoply of student-run programs, like JeffHOPE and Refugee Health Partners; and Philadelphia University, through robust experiential learning opportunities that embed students on the frontlines of difference-making with some of the area's



Mark L. Tykocinski, MD
Provost, Thomas Jefferson University

premier social and commercial enterprises. We share the belief that professional education should be tailored to real world demands, where students can shape their degree programs and educational pathways. Our desire to integrate is based on our commitment to addressing and reimagining the future of work, the future of health and the future of education for the benefit of our students, alumni, employers and society.

An added “bonus” is space. Instantly, we will go from having 13 urban acres in Center City touching nine city blocks, to a dual hub configuration, including Philadelphia University’s East Falls campus, which is comprised of 105 suburban-like acres and upwards of 50 buildings. This combination will further enable unfettered experimentation pioneering educational pathways and exploring entirely new ways to bridge disciplines.

Over the years, my message to alumni has been one of *Legacy + Transformation*. Yes, we will continue to cherish Jefferson’s legacy, and all the core values embodied in our illustrious history. But at the same time, to remain relevant, we are open to transformation and bold steps. And transforming we are. Propelled by the boundless drive of our president and CEO, Stephen Klasko, MD, MBA, the clinical enterprise has been growing by leaps and bounds, making healthcare innovation a centerpiece, and assuring our success in one of the nation’s most competitive healthcare markets. And now, it’s the academic pillar’s turn — not just to grow our faculty, student and alumni base, but to do so in a most strategic way that opens limitless vistas.

PHILADELPHIA UNIVERSITY,

founded in 1884, is a private university with 3,750 students enrolled in more than 70 undergraduate and graduate programs. With nationally-ranked programs in physician assistant studies, architecture, interior design, fashion design, graphic design, strategic leadership and occupational therapy, along with opportunities for partnerships and internships with top companies, PhilaU graduates have achieved a job success and graduate school placement rate of 95 percent.

By forming a comprehensive university, students will have access to

- more state-of-the-art programs and facilities
- increased Nexus Learning, interprofessional and transdisciplinary opportunities
- more internship and experiential learning opportunities
- programs designed for emerging professions
- multiple campuses that will provide students with suburban-like and Center City experiences
- more studio, clinical and active-learning spaces
- more opportunities for undergraduate scientific and applied research
- a combined alumni base of 78,000
- a student base of more than 7,800
- nearly 4,000 combined faculty

Story Summary

In conjunction with its 125th anniversary, the Jefferson College of Nursing has introduced **a completely redesigned baccalaureate curriculum** that addresses the challenges and demands placed on the healthcare system and providers in the 21st century.

Baccalaureate and graduate faculty, students and alumni, as well as clinical and community partners, collaborated to design the curriculum, which **homes in on nurses' expanding roles as leaders** in settings outside of hospitals.



Based on Jefferson's mission, *Health Is All We Do*, the curriculum is known as H.E.R.E. for its focus on learning that is **H**umanistic, **E**vidence-based and **R**eflective, and develops **E**xcellence in clinical leaders.

H.E.R.E. delivers concept-based education **structured around four themes**: practice excellence, interprofessional collaboration, population health and innovation.

New BSN Curriculum Reflects How Nurses Really Work

BY ROBIN WARSHAW

The question sounded simple enough, but what followed would be revolutionary.





When are you going to revise the BSN (baccalaureate) curriculum?" asked a faculty member at a January 2014 general faculty meeting of the Jefferson College of Nursing.

Beth Ann Swan, PhD, CRNP, dean of JCN, recalls that moment. "I responded and said, 'When are you going to revise it?'—because it's something that's really in the hands of the faculty. **That started us on our journey.**"

As it celebrates its 125th anniversary, JCN has long been distinguished for providing an exceptional education to generations of nurses. Yet, as with most nursing schools, the JCN curriculum has centered almost exclusively on hospital-based care. Today, however, nurses are increasingly working beyond hospital walls in a wide range of medical and community settings.

To ensure that JCN's graduates would continue to be prepared for high achievement and delivering excellent patient care, the BSN curriculum needed rethinking. Change would require identifying the broader knowledge and skills nurses need to learn now, deciding how best to teach approaches and competencies, and then structuring it all into three baccalaureate programs.

That was a tall order.

A plan soon developed for how to proceed with a project as large and significant as curriculum change. But it contained no curricular specifics.

"We decided to start with a blank slate," Swan says. "We weren't redesigning or revising. We were starting from scratch."

Collaborative Effort

The project would be innovative in every way. It would be faculty-led, with input from baccalaureate and graduate faculty, students and alumni, as well as clinical and community partners. Its scope would reflect the dramatic changes happening in healthcare and in nurses' expanding roles as leaders in all care settings. Designed to incorporate Jefferson's mission, vision and values, the new curriculum would also emphasize using the best evidence, fitting with JCN graduate plans of study, team teaching and fiscal responsibility.

An April 2014 kickoff meeting for faculty introduced the project's core team and discussed guiding principles. It also made everyone aware of the most daunting aspect of the endeavor: The new curriculum — whatever it would be — had to be completed in just 13 months. That tight schedule would enable it to be submitted to the Pennsylvania State Board of Nursing in time, it was hoped, to be approved and implemented starting with new Full-Time Accelerated Coursework Track (FACT) One Year students in May 2016.

The core team for the curriculum reboot included nine faculty members and a hospital nursing professional development specialist. Five advisers were recruited by the team: an adjunct faculty member who taught clinical skills, a current BSN student, a BSN alumnus, a current patient and one representative from a community organization. There was also an expert consultant, a distinguished visiting professor, who provided guidance and support.

Calling themselves "Curriculum Navigators," members of the core team saw their role as organizing and shepherding the change process, not dictating what the curriculum should contain. The new plan of study would come from those who knew JCN education and nursing best. Despite the project's time constraints, the team kept its commitment to involve all JCN faculty members for their expertise, ideas and feedback.

That resolve was reinforced when they read literature on changing curriculum. "Many places hire a consultant who develops the curriculum in a silo, by themselves," says Mary T. Bouchaud, MSN '94, PhD, RN, CNS, CRRN, assistant professor and co-chair of the Curriculum Navigators. "When the consultant is done, the curriculum is handed over with the expectation that the faculty and school will begin to implement it." Such efforts often develop problems because they don't engage those responsible for preparing students.

Instead, JCN faculty members were brought into the process early. At a workshop, they were asked what elements of the existing curriculum they wanted to keep and what new subjects, skills or latest nursing issues should be added. Faculty members were given sticky notes on which to list their ideas and the characteristics they believed were in the ideal JCN graduate. They posted the notes on a large board and moved them around to form groups of related items and themes.

"That's when the goals and the excitement started," Bouchaud says.



Faculty members were given sticky notes on which to list their ideas and the characteristics they believed were in the ideal JCN graduate.





Dana Corley and Jake Vegetabile in the Dr. Robert and Dorothy Rector Clinical Skills and Simulation Center.

Learning by Concepts

One aspect of change emerged quickly. Instead of following a traditional, diagnosis-focused, didactic method of teaching nursing, the new BSN curriculum would be organized and taught around concepts. In each semester, courses, information and experiences would interrelate.

JCN is one of only a few nursing schools using such an approach, says Kathleen Black, PhD, RNC, assistant professor and co-chair of the Curriculum Navigators. “The concept basis came out of the frustration we have in healthcare of cramming more and more content in, with more and more to learn,” she says. “You can’t teach every single illness. We keep trying, but we never succeed.”

Instead, she explains, a concept-based curriculum might look at how oxygenation relates to common conditions, such as asthma and pneumonia, and what interrelationships exist. Learning by concept

enables a greater understanding of patient needs and care across many situations, as people move from home to work to hospital or specialty office, to transitional or community settings. Concept-based education will encourage nursing students to “use more critical thinking, to do more comparing and contrasting,” Black says.

A framework for the curriculum developed: *Promoting Health and Quality of Life Along the Care Continuum*. While students would still be educated in fundamentals and nursing skills, there would be expanded learning of health across the life span, evidence-based practice, transitions of care, involving patients in their care, health equity and cultural awareness, health technology and collaborative practice.

The concept-based approach better equips students for taking leadership roles as nurses. It also prepares them to understand the whole patient experience, “rather

than learning just episodic care, as in ‘I do this for three days and then somebody else takes over,’” says Catherine Levonian, PhD, MPH, RN-BC, who was professional development specialist in nursing for Thomas Jefferson University Hospitals and practice representative on the core team (she is now nursing residency coordinator).

Was everyone on board with the idea of teaching this way? “Transcending the medical model and going to a concept-based curriculum ... it’s a huge paradigm shift for faculty,” says Angela M. Gerolamo, PhD, associate professor and co-leader of implementation. Each faculty member received a book about the approach, and a two-day workshop provided what Gerolamo calls a “deep dive” into how it would affect classroom and clinical teaching. Additional training continues and will be ongoing.

“You have to provide faculty development” to help those accustomed to traditional teaching, Gerolamo says. “It’s going to be different for everyone.”



"Transcending the medical model and going to a concept-based curriculum ... it's a huge paradigm shift for faculty."

Shaping Content

Focus groups with faculty, students and practice partners explored desired qualities for JCN graduates. The Curriculum Navigators summarized those findings and compared them with other information gathered, including at the sticky-note session.

"Themes seemed to be coming over and over again," says Swan. "Even the students noticed they needed more out-of-hospital experiences, which surprised me."

Those results guided creation of the curriculum, named **H.E.R.E.**® to reflect its focus on learning that is **H**umanistic, **E**vidence-based and **R**eflective, and develops **E**xcellence in clinical leaders. That curriculum delivers concept-based education structured around four themes: practice excellence, interprofessional collaboration, population health and innovation.

JCN faculty participated in open and informal dialogues with Curriculum Navigators about content and design. Faculty also attended meetings and workshops to discuss and review developments. Regular newsletters updated the entire faculty about progress.

"We were very fortunate because the faculty members were really receptive to it," says Black. "We kept bringing them in, saying, 'This is what we have. What do you think?'" After discussions, changes were reported back to the faculty.

Involving faculty throughout the project's 13-month stint made a big difference, Levonian says. "That takes more time, but, at the end, I think it was accepted because the faculty had been part of it the whole time."



Edith Robb Dixon Honored at Commencement

In recognition of her longtime support of nursing education, Edith Robb Dixon, LLD (Hon.), LHD (Hon.), ScD (Hon.), received an honorary doctorate from the Jefferson College of Nursing during commencement in June 2016.

Dixon has a long history of service and generosity to many organizations, including Abington Hospital and the Abington Health Foundation Women's Board. In the 1950s, she was a dedicated volunteer for the hospital. Even after stepping back from her volunteer work after her two children were born, she and her husband — the late Fitz Eugene Dixon, Jr., who passed away in 2006 — continued investing in Abington, in healthcare in general and in many other causes.

The Dixons had especially profound influence as advocates for nurses. Fitz Dixon (whose grandfather, George W. Elkins, was a founder of Abington Memorial Hospital more than a century ago) endowed Abington's nursing school, which led to it being named the Dixon School of Nursing in honor of both his mother and wife. Edith Dixon's continued philanthropic efforts after her husband's death helped Abington Hospital's nursing program receive three Magnet recognitions — the nation's highest honor for nursing excellence.

Now, as part of Jefferson Health, Abington will open a BSN program at the Abington-Dixon campus in Willow Grove, Pennsylvania. A new branch of the Jefferson College of Nursing, this program will enroll its first students in fall 2017. This branch will offer day and evening/weekend options along with an accelerated day program for those with a bachelor's degree in another field; students will apply to Jefferson and indicate if they wish to attend the Philadelphia or Abington-Dixon campus. Over time, between the Philadelphia and Abington-Dixon campuses, JCN will grow to seat 600 BSN students.

Real-Life Nursing

Andrea Rivera Rodriguez heard about the new curriculum several months after she was accepted to JCN's FACT One-Year BSN program. She's in the first class to learn under the new plan, which began in May. The curriculum was introduced to the FACT Two-Year and Traditional Track BSN programs in September.

"I like doing critical thinking and research," Rivera Rodriguez says. "It's exciting that I can be trained to do that and be more innovative with my patients."

She also looks forward to having care experiences with patients — what used to be called "clinical" but now are called "immersions." There are immersion experiences in acute care settings, but students will also spend time in areas of transition, seeing a 360-degree view of nursing. These will provide understanding about where a patient comes from, what is being done right then together with the patient and what information is needed to continue the

plan of care to the next transition area. Service learning to develop civic and social responsibility is also built into the curriculum. Before, only some students did volunteer work on their own.

"We felt that clinicals had to be radicalized," says Kathryn Shaffer, EdD, associate dean for strategic initiatives and innovation and an assistant professor, who co-led the curriculum's implementation design.

Immersion educators (no longer called adjuncts or clinical instructors) will provide concept-based learning at sites. Those include TJU Hospitals and practice partners, but many immersions will be beyond the hospital — in continuing care facilities, outpatient rehabilitation centers, pediatric offices or homeless shelters. There even will be experiential learning with an ACO, an accountable care organization, to understand how healthcare data is analyzed and applied to keep populations and communities well.

"We have to prepare a different professional registered nurse today," Bouchaud says. 🧠



Heide Morinvil practices drawing up insulin.



Juan Lopez leads a study group.

Opening Doors to Our Next 125 Years of Nursing Education

Much has changed since the Jefferson College of Nursing opened its doors in 1891, welcoming a mere 13 students in its inaugural class. But much has stayed the same. As we celebrate JCN's 125th anniversary, today's Jefferson Nursing leaders remain just as committed to elevating nursing education to new heights as those who founded the "Jefferson Hospital Training School for Nurses" so many years ago.

This enduring commitment shines through in many ways, from JCN's recent designation as a National League for Nursing Center of Excellence to our pending expansion to the Abington-Dixon campus in Willow Grove to the unveiling of the brand-new baccalaureate curriculum you can read about on page 4 of this issue of the *Review*. Jefferson now has nearly 1,000 nursing students spread among 20 different programs that are producing the finest caregivers in the world.

If you are a Jefferson Nursing graduate, you are part of our distinguished 125-year history, and I invite you to help us commemorate this milestone. One of the ways you can participate is by joining us for our 125th Anniversary Alumni Gala on Saturday, November 5, on Jefferson's campus. The event will recognize our nursing achievements decade by decade while giving alumni the chance to remember, reconnect and relive their Jefferson experiences. To learn more, contact the Office of Alumni Relations at 215-955-7750 or alumni@jefferson.edu.

Even if you are unable to make it to Philadelphia for the gala, we would love for you to share your personal and professional story through our ongoing oral history project, through which we are capturing the breadth of expertise our nursing graduates have developed and the wide variety of paths they have taken. To access oral histories that have already been submitted, visit jdc.jefferson.edu/nursing_oral_histories. Then, to submit your own, contact Kelsey Duinkerken at 215-503-3123 or kelsey.duinkerken@jefferson.edu.

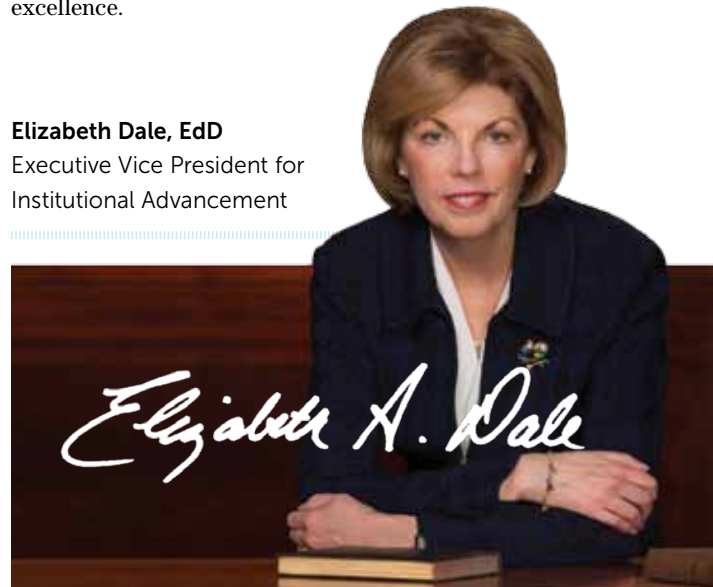
And last — but certainly not least — I hope you will consider supporting the Jefferson College of Nursing 125th Anniversary of Nursing Education Scholarship Fund. Alumni contributions of any size will collectively change the lives of aspiring nurses, making it possible for them to enroll at Jefferson and receive the same world-class education you did. And better yet, a special matching opportunity will make your gift

Share your personal and professional story through our ongoing oral history project.

go even further. Contributions to the Anniversary Fund will be matched dollar for dollar, doubling your impact, until we reach \$125,000 in donations for a total scholarship of \$250,000. This opportunity makes now the right time to give. To do so, please contact Amanda Craig at 215-955-9291 or amanda.craig@jefferson.edu.

There are countless reasons I am proud to be a member of the Jefferson community — and our extraordinary history of nursing leadership stands out among them. Thank you for being a part of the Jefferson College of Nursing's distinct legacy and for helping us celebrate 125 years of nursing excellence.

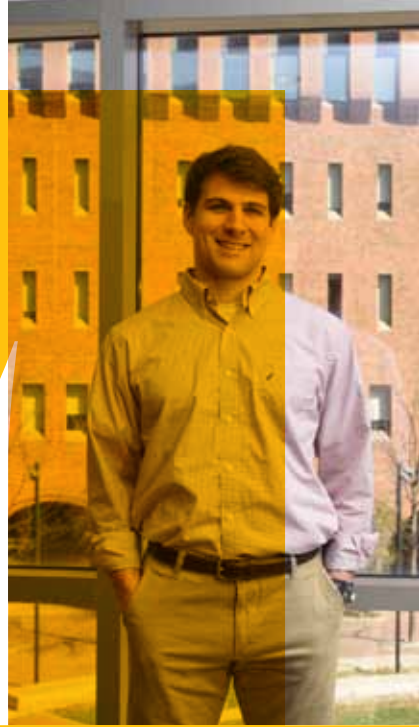
Elizabeth Dale, EdD
Executive Vice President for
Institutional Advancement



"P4" Program Helps Students

Story Summary

- Housed in the Jefferson College of Biomedical Sciences, the **Postbaccalaureate Pre-Professional Program**, or P4, helps students with non-science undergraduate degrees pursue a future in medical school, dental school or other health-related fields.
- P4 differs from many other postbac programs in that Jefferson is a **graduate-level institution focusing exclusively on health** — meaning smaller courses for students who are wary of large undergraduate-style lectures, as well as opportunities to participate in the same organizations and volunteer activities as Sidney Kimmel Medical College students.
- **Nearly 100 students have completed P4** since its inception in 2012; the experiences of four P4 graduates illustrate the diversity of participants and the breadth of the program.



JJ Newland was already halfway through college when he realized that he wanted to become a doctor — was meant to be one, really.

He was a sophomore at the University of Vermont at the time, a civil engineering major, and he had a quiz the next day.

Newland remembers lying in bed, reading an article about how improperly recycled electronics were creating pollutants in India. He was supposed to see it from an environmental engineer's perspective: How could engineers design smokestacks that caught the pollution and kept it from spreading?

But when he got to a paragraph about how the toxins were tearing up people's lungs from the inside out, "I must have read that part a thousand and a half times," he says. "I called my dad and said, 'I think I should do medicine.' And he said, 'Yeah, I know.'"

Newland was more interested in the chemistry and biology behind that lung damage than he was in retooling smokestacks to prevent it from happening. Shadowing a doctor after his junior year confirmed it: Medicine

Realize Their Future in Healthcare

was his calling. But by then it was too late to change majors and fulfill the course requirements for medical school.

Today Newland is a second-year student at Jefferson's Sidney Kimmel Medical College, and he says he wouldn't be there without the Jefferson College of Biomedical Sciences' postbaccalaureate program, which launched him from engineer to pre-med in a single year.

The P4 program (that stands for Postbaccalaureate Pre-Professional Program) at Jefferson has only been around since 2012, but it's already helped Newland and nearly 100 other students pivot from non-science undergraduate degrees like finance, history and English to medical school, dental school and other health-related fields.

"There are many postbac programs, but there are not many like this one," says Gerald Grunwald, PhD, dean of JCBS and P4's director for its first four years. From close-knit cohorts to specialized courses and linkage agreements, he says P4 has become exactly what he'd hoped it could — and its alumni are the proof.

WHERE IT BEGAN

By 2009, after 20-plus years at Jefferson, Grunwald had taught and mentored hundreds of medical students, many of whom sprang from postbac programs. "But in all those years, we never had our own program," he says. "And we began to think, why not?"

The planning started in 2010, led by Grunwald and a handful of other administrators and faculty members. He says it took a few years to "really put the pieces together," partly because Jefferson had no undergraduate classes it could repurpose for postbac students, and partly because "we wanted it to be a special program."

To make sure it was, the P4 architects talked to current medical students who had completed postbacs at other schools. They found out what those students had liked about their programs and what they hadn't.

"They wanted a small cohort," says Dolores Byrne, PhD, who recently succeeded Grunwald as P4's director. "They wanted classes dedicated

BY MOLLY PETRILLA

to them. And they wanted to be in a mecca of medicine. That's what Jefferson offers."

Grunwald and a few others sculpted the P4 program using that intel. The first class of 10 students arrived in 2012, and today there are 64 P4 students at Jefferson, spread across a one-year accelerated option and a two-year version.

The program is designed for people who need to complete their basic science requirements, including chemistry, biology, physics and biochemistry classes. By the end of the one- or two-year program, students are prepared to take the MCATS and to apply for medical school, dental school or other health-related education.

Grunwald says P4 students have access to everything that Jefferson's medical students do: clubs and organizations, volunteer opportunities, expert professors.

"Yesterday, some of the P4 students were telling me how good a time they had with this week's lab, which was neuroanatomy," he adds. "We took them out of their normal bio lab room and went to the gross anatomy dissecting facility, where we teach medical students. We spent our time studying, handling and learning the anatomy of real human brains. You can't do that just any old place. We have access to things here that you don't get everywhere else."

SHIFTING GEARS

David Schultz went to college for psychology and then immediately moved to Knoxville, Tennessee, to work in a homeless shelter.

For two years, he counseled people who struggled with drug and alcohol addictions, but he watched his clients wrestle with many other issues, too: schizophrenia, bipolar disorder, HIV, sickle-cell anemia, amputated limbs.

"A lot of these issues were going untreated, and it was frustrating to see," he says.

The shelter didn't have its own doctors, and when EMTs arrived for an emergency, Schultz says he didn't always see the shelter residents treated



Photo by Karen Kirchhoff

David Schultz



Photo courtesy of PCOM

with compassion. "It often seemed like this was 'just another homeless guy' to them," he adds.

As more months passed at the shelter, Schultz wondered how else he could help his patients. He thought about how complex the human body and mind are — how interconnected and deep-seated issues with each can be.

"Medicine incorporated the counseling as well as the tools necessary to treat some of these issues on a more long-term basis," he says. "I felt like I could help more people that way."

Of course, to practice medicine, he first needed a medical degree. He'd taken very few science courses as a psychology major, but a friend at Jefferson told him about the P4 program, and Schultz decided to apply.

Grunwald says Jefferson designed P4 for career-changers like Schultz rather than as a grade-enhancer program. (Psychology also happens to be the most popular major among P4 graduates — including Schultz, 21 out of the 92 students who've gone through the program studied it as undergrads.)

"These career-changers used to be the nontraditional medical school students," Byrne adds. "But now they've become the norm."

She says that rather than jumping directly from college to a medical program, most students are pit-stopping in the work world for several years first. For some, that also means completing a postbac.

"Our P4 students are people who are more settled in life," she says. "They have that drive, and they know what they want."

In the P4 program, "you meet a lot of folks who've had previous careers, previous work experience — they're a little more mature," Schultz says. "I appreciated being around that." He says his 20-person cohort included a marine who had served in Iraq, a pharmaceutical sales rep, a teacher and a financial analyst.

The youngest P4 students come straight from college like Newland did, but the program has served people in their mid- to late 30s as well. The average age for a P4 student is 25.

Schultz says he applied to another postbac program along with Jefferson's, but decided against it because he would have been thrown into large undergraduate intro courses.

"I'd already gone through that," he says. "It didn't feel proper. It didn't appeal to me."

Just over three years after entering the P4 program, Schultz is in his third year at Philadelphia College of Osteopathic Medicine. He's waiting on rotations to pinpoint the area of medicine he'd like to pursue, but he's already planning to "give back in any way I can," possibly through volunteer medical organizations that provide services for the homeless.

His 20-person cohort included a marine who had served in Iraq, a pharmaceutical sales rep, a teacher and a financial analyst.

Sharmi Elamin



Photo by Karen Kirchhoff

Medical schools want applicants to have a rich portfolio of experiences — shadowing physicians, volunteering in clinics and hospitals — so we built that in for our P4 students, too.

MORE THAN SCIENCE CLASSES

Sharmi Elamin hadn't heard of podiatry — a branch of medicine that deals with the foot, ankle and leg structures — before representatives from the Temple School of Podiatric Medicine came and talked to her P4 class one day.

"I didn't even know podiatry existed — that you had a separate position just for feet," she says. But as a result of that classroom experience, Elamin applied for an internship with the Temple podiatry group. She shadowed multiple clinics and watched everything from surgeries to routine diabetic foot care.

Now Elamin, a criminal justice major in college, has enrolled at Cooper Medical School of Rowan University.

She says the Art and Science of Healthcare class, where she first met those podiatry school reps, was one of her favorite P4 courses. Grunwald says it's also a class that makes Jefferson's postbac unique.

The Art and Science of Healthcare fills in the background and context that the basic science courses don't teach. Experienced physicians stop by to talk about their work and life experiences. Admissions officers from health-science professional schools reveal what they're looking for in applicants. The P4 students read research papers, give reports on medically related topics and brush up on their interview skills.

"Medical schools want applicants to have a rich portfolio of experiences — shadowing physicians, volunteering in clinics and hospitals — so we built that in for our P4 students, too," Grunwald says.

As a P4 student, Elamin volunteered at JeffHOPE, the free clinic that Jefferson medical students run in homeless shelters throughout Philadelphia. She worked shoulder-to-shoulder with Sidney Kimmel Medical College students there, gathering patient histories and asking about symptoms.

"I was able to collect all of the patient information, analyze it, come up with a possible diagnosis and present all that to the attending physician, just like the medical students and residents do," she says. "That was by far the best healthcare experience I'd had, because it wasn't just shadowing."

THE NEXT STEP

After Invisalign braces boosted her confidence in college, **Alia Khan** knew she wanted to become a dentist, not a doctor — but she still needed to take all the same science prerequisites.

She started the Jefferson program just two weeks after graduating from the University of Pennsylvania with a bachelor's degree in health and societies, and now she's a student at Columbia University's College of Dental Medicine.

An oral surgeon came into Khan's class recently to talk about craniofacial deformities, including cleft lip and palate. As the surgeon explained how those anomalies can cut into kids' self-esteem and even happiness, Khan decided to help.

"I can't think of a more powerful way to make an impact than to operate on a very young person for whom the surgery could be truly life-changing," she says.

This summer, she launched a project in Columbia's oral surgery department with a focus on using stem cells to regenerate bone, which then can be used in oral surgeries — and she plans to pursue a career in oral and maxillofacial surgery now.

Grunwald emphasizes that the P4 program isn't only for those pursuing medical school. It also prepares students to study dentistry (as Khan is), podiatry, optometry, physical therapy, occupational therapy or to become physician assistants.

"It's for people who want to redirect their career into healthcare," he adds. "That means going to medical school for most, but our program is not explicitly pre-med."

For the P4 students who *are* aiming for medical school, there's a special MCAT preparation class and linkage agreements with Sidney Kimmel Medical College and the Philadelphia College of Osteopathic Medicine.

Linking means that a P4 student may skip the traditional gap year between a postbac program and medical school and instead head straight into the white coat. Students must meet certain academic requirements to apply for linkage, and they still go through the interview process and take the MCAT.

Schultz linked into PCOM directly from the P4 program, and "it's ridiculous when I look back on where I came from and where I am now," he says. "It wasn't long ago that I first had the idea of pursuing medical school, and now here I am, more than halfway through it."

Because of their small cohort, the P4s become a close-knit community — and they never know when they'll run into each other again in the classroom, as Schultz found out firsthand.

"I'm in a class at PCOM with another person from my Jefferson cohort and there are two other [P4 alumni] in the class below me," he says. "Whenever I see them, it's nice to check in, see how things are going, exchange any advice. To start medical school already knowing one person — having that core — makes it a lot easier." 🐼



Photo by Michael Paras

**Alia
Khan**

College of Biomedical Sciences



BECK ELECTED COUNCILOR

Carol Beck, PhD, has been elected councilor for the American Society for Pharmacology and Experimental Therapeutics, a 5,000-member scientific society whose members conduct basic and clinical pharmacological research. She is associate dean for the Jefferson College of Biomedical Sciences and program director for the MS program in pharmacology.

POSTDOC WINS AACR-OCULAR MELANOMA FOUNDATION FELLOWSHIP GRANT

Postdoctoral fellow Jessica Teh, PhD, was awarded the 2016 American Association for Cancer Research-Ocular Melanoma Foundation Fellowship for her submission, "Utility of CDK4/6 inhibitors in uveal melanoma." Deborah Crabtree of the AACR's Scientific Review and Grants Administration Department stated that "funding was awarded based on the relevance of Teh's application to the mission of both the organizations, a belief that the project will have significant impact and in recognition of her potential as a future leader in the ocular/uveal melanoma field." Teh was recognized in April at the annual AACR meeting in New Orleans.

STUDENT AWARDED NIH GRANT

Michael Vido, an MD/PhD student in the lab of Andrew Aplin, PhD, in the Department of Cancer Biology, was recently awarded a National Institutes of Health F30 Grant for his project, "BRAF splice variants in RAF inhibitor-resistant melanoma." Vido aims to better understand mechanisms of resistance to treatments for metastatic melanoma.

PHD CANDIDATE CO-AUTHORS KEY PANCREATIC CANCER PAPER

Pancreatic cancer's resistance to most targeted cancer therapies has confounded clinician-scientists for years. Jefferson researchers have found a mechanism that could be responsible for the cancer's resistance to at least one targeted approach, which could aid in the development of more effective therapies. In results published online in April in the journal *Molecular Cancer Research*, scientists in the laboratory of Jonathan Brody, PhD, showed that a protein called HuR (Hu antigen R) is a hub for cancer cell survival and drug resistance, especially when pancreatic cancer cells are treated with a synthetic mimic of a naturally occurring compound called Tumor necrosis factor-Related Apoptosis Inducing Ligand (TRAIL). JCBS PhD candidate Carmella Romeo was first author on this important paper.

College of Health Professions

OT, PT PROGRAMS RANKED NATIONALLY

U.S. News & World Report has ranked Jefferson's Department of Occupational Therapy sixth in the United States for the second consecutive year and has increased its Department of Physical Therapy ranking to 46th. Congratulations to all hard-working OT and PT faculty and staff members for their continued excellence!

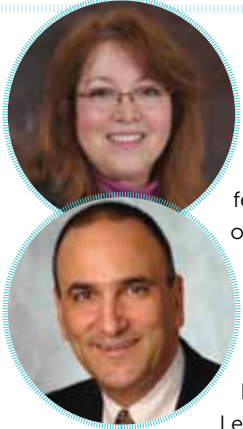


OT DEPARTMENT REPRESENTS AT AOTA CONFERENCE

JCHP occupational therapy faculty, alumni and students presented more than 100 papers, posters, panels and invited sessions at the American Occupational Therapy Association's 2016 Annual Conference and Expo in April. The following individuals were honored during the event:

- Roseann Schaaf, PhD, OTR/L, FAOTA, professor and chair of the Department of Occupational Therapy, was inducted into the American Occupational Therapy Foundation Academy of Research.
- Robert W. Walsh, MS '11, OTR/L, received the Gary Kielhofner Emerging Leader Award.
- Sandra Shefkind, MS, OTR/L, who is currently pursuing her Occupational Therapy Doctorate, received a Roster of Fellows Award.

Students Stephanie Nagy (front) and Samantha Nixon assist a young patient.



INNOVATIVE COURSE IN LOW VISION PRACTICE INTRODUCED

JCHP is partnering with Wills Eye Hospital to offer an innovative, interprofessional course in low vision practice for occupational therapy students, believed to be the first of its kind in the country for this emerging area in the occupational therapy profession. Arlene Lorch, OTD, OTR/L, assistant professor at Jefferson, has coordinated the course with Alex Levin, MD, MHSc, FRCSC, chief of pediatric ophthalmology and ocular genetics at Wills Eye.

Students who elect to take the course attend classes at Jefferson and are taught by occupational therapists with expertise in low vision, low vision optometrists, low vision social workers and low vision rehabilitation specialists. They also attend Wills Eye Hospital pediatric ophthalmology and ocular genetics clinics to observe ophthalmology evaluations and treatment of children and adults. During these sessions, the physicians teach OT students about the clinical impact of medical conditions leading to visual impairment and low vision, and students are expected to offer insight into the role of the occupational therapist with the patients seen in clinic. The physicians encourage students to engage with the patients and discuss occupational therapy recommendations for interventions and compensatory methods to improve patients' participation and performance.

PA STUDENT FEATURED IN PHILADELPHIA INQUIRER

Zach Hertz, a student in the physician assistant program, was featured in the Philadelphia Inquirer in February 2016 for his involvement with WeTrain, a company that offers personal trainers on call throughout Philadelphia. Hertz co-founded the company, which receives requests for at-home personal training sessions via a mobile app. Dozens of trainers are available daily from 4:30 a.m. through late evening. For more information, visit wetrainphilly.com.

RADIOGRAPHY STUDENT INVITED TO ASRT DEVELOPMENT ACADEMY

Gina Hostetler, a radiography/MRI student in the Department of Radiologic Sciences, was selected to attend the American Society of Radiologic Technologists (ASRT) Student Leadership Development Academy that was held in conjunction with the National Meeting of the ASRT in Las Vegas at the end of June. Frances Gilman, DHSc, RT, R, CT, MR, CV, attended as chair for the ASRT's education chapter.

PT STUDENTS SERVE GUATEMALAN COMMUNITIES

Late last February, 11 Jefferson physical therapy students and three of their professors traveled to Guatemala for a service-learning trip sponsored by Hearts in Motion, an organization that provides medical care for underserved individuals and families throughout the United States and Central and South America. Jefferson's team delivered physical therapy services in outpatient centers, pop-up clinics, a senior center, a pediatric nutrition center and orphanage, and a development center. The team also made some home visits.

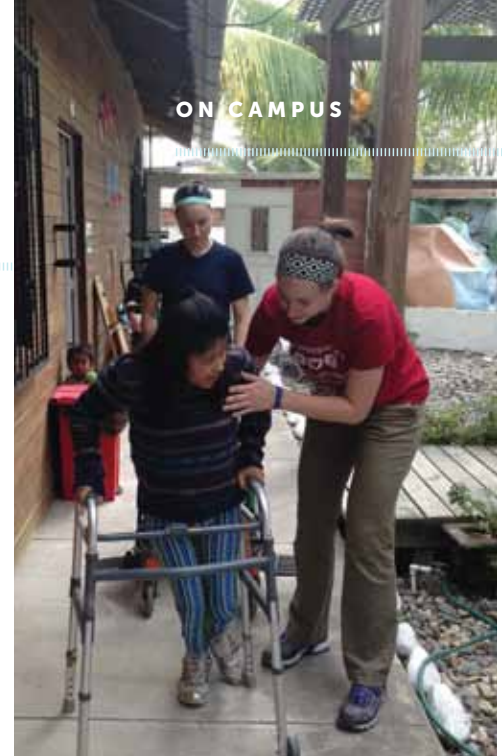
"We've been looking to teach students more explicitly what global health means," says Susan Wainwright, PT, PhD, chair of the Department of Physical Therapy and one of the attending faculty members (she was joined by Kim Nixon-Cave, PT, PhD, PCS, program director for the Doctor of Physical Therapy program and post-professional experiential learning, and Louis Hunter, PT, DPT, director of clinical education, chair of the department's Global Health Task Force and co-chair of Jefferson's Global Health Initiatives Committee). "Our students have long been engaged in local services, but we wanted to teach them about healthcare challenges in a broader context. The breadth of experience they were able to obtain in Guatemala made it a perfect place to build something complementary to our existing curriculum, and we now plan to do a trip annually."

Over nine days, Jefferson students and professors treated more than 200 patients with conditions including cerebral palsy, amputations, stroke and various musculoskeletal issues. They also conducted a continuing education session with local physical therapists, focusing on contemporary approaches to stroke treatment.

Participant Andrea Barberio, who graduated a few months after returning from the mission, had volunteered internationally before, building houses, painting and teaching English. But she says the Guatemala trip made her feel she was effecting even greater change in people's lives.

"With the help of translators, I was able to work with patients with many different types of diagnoses. Some days we were limited with time and resources, which challenged us to work creatively and efficiently," Barberio recalls. "These demands forced me to think quickly and outside of the box. The program structure also allowed us to work alongside our professors — it was enlightening to watch them working as clinicians, so we could learn from their modes of practicing PT."

Barberio says she immediately began encouraging other DPT students to participate in future trips abroad. "It's one thing to learn about global health concerns in the classroom, but seeing them come to life in Guatemala enabled us to begin to truly understand the depth and meaning of these challenges."



College of Nursing



**HELP US CELEBRATE
125 Years of Nursing
Education at Jefferson**

Join us for the Jefferson College of Nursing's 125th Anniversary Alumni Gala

Saturday,
November 5, 2016
Jefferson Alumni Hall
1020 Locust Street
Philadelphia

For more information,
contact the Office of
Alumni Relations at
215-955-7750 or
alumni@jefferson.edu.



JCN GROUP PRESENTS AT CONCEPT-BASED CURRICULUM WORKSHOP

In February 2016, representatives from JCN presented their abstract for "Lessons Learned During Early Implementation of a Concept-Based Curriculum in Nursing Education" as a plenary session at the Concept-Based Learning Institute in Orlando, Florida. The content also was presented as a poster that was ultimately voted as the best of the event based on creativity, visual appeal and contribution to the profession. The authors were

Angela Gerolamo, PhD, APRN, BCPS; Kathy Shaffer, EdD, MSN, RN, CNE; Susan Egger, RN, MSN; and Denise Brown, MSN, RNC-OB.



SPEAKMAN NAMED AMERICAN ACADEMY OF NURSING FELLOW

Elizabeth Speakman, EdD, RN, CDE, ANEF, has been selected as a fellow of the American Academy of Nursing, an organization of nursing leaders recognized for their contributions to the profession and to healthcare.

Speakman is an associate professor at Jefferson School of Nursing and co-director of the Jefferson Center for InterProfessional Education.



Nicole Irick (second from right) and members of the Jefferson team in Haiti.

▲ IRICK JOINS HAITI MISSION TRIP

As she prepared to graduate last spring, senior nurse anesthesia student Nicole Irick accompanied a Jefferson-led team on a medical mission trip to Haiti. Irick was the only student participant in the group, which provided anesthesia and surgical care to patients at Hospital Lumiere in the mountains of southern Haiti through a program called Complex Head and Neck Care and Education (CHANCE).

"Several nurse anesthetists I have worked with at Jefferson have attended mission trips in the past and have always told me about their experiences — I jumped at the opportunity to go," Irick says. "Our group did nine surgeries for which anesthesia was required, and the youngest patient was 6 months old. The trip was very rewarding — the educational experience was invaluable and a highlight of my anesthesia career thus far." For more information on CHANCE, visit Jefferson.edu/ProjectCHANCE.

WANG WINS EXCELLENCE AWARD

Doctor of Nursing Practice student Mary Wang, MSN, CRNP, received the 2016 Ralston Center Award for Gerontology Nursing Excellence, which recognizes outstanding graduate-level nursing students who are nominated by faculty at their institutions for their academic and clinical accomplishments in the area of gerontology.

College of Pharmacy



NIGHTINGALE RECEIVES HOPA AWARD

Ginah Nightingale, PharmD, assistant professor of pharmacy practice, received the 2016 Oncology Pharmacy Practice Literature Award at the Hematology/Oncology Pharmacy Association's annual conference in March 2016. This award recognizes a non-scientific article that contributes to the betterment of the hematology/oncology pharmacy profession and describes related pharmacy practice innovations in a community, hospital or healthcare system. Nightingale was honored for her piece, "Evaluation of a pharmacist-led medication assessment used to identify prevalence of and associations with polypharmacy and potentially inappropriate medication use among ambulatory senior adults with cancer," published in the *Journal of Clinical Oncology* in May 2015.

STUDENT LEADER RECOGNIZED

Dena Lehmann, a member of the JCP Class of 2018, received a 2016 American Society of Health-System Pharmacist (ASHP) Student Leadership Award. This year, ASHP recognized 11 students for their achievements in campus and pharmacy practice leadership. Winners received a plaque, a cash award and an ASHP drug information reference library.

College of Population Health



BRAWER WINS NOURISH AWARD

Rickie Brawer, PhD, MPH, MCHES, associate director of the Jefferson Center for Urban Health and assistant professor in the Department of Family and Community Medicine, received MANNA's 2016 Nourish Award in recognition of her work in public health over the past two decades. Brawer's research interests include obesity and its relationship to food access and the built environment; medical-legal partnerships; community-based participatory research; and chronic disease prevention and management.

Brawer is responsible for developing and conducting the Community Health Needs Assessment for Thomas Jefferson University Hospitals and has taught multiple courses in the JCPH's Master of Public Health program and served on more than 40 Capstone committees. She sits on the boards of Physicians for Social Responsibility, Southeastern PA Area Health Education Center and the Society for Public Health Education, as well as the advisory committees of Get HYPE Philly! and the Healthy Rowhouse Project.

POPULATION HEALTH CENTER TO FOCUS ON JOHNSTOWN, PENNSYLVANIA

The 1889 Foundation in Johnstown, Pennsylvania, which supports wellness initiatives throughout the region, has given Jefferson a five-year, \$7.5 million grant to establish the 1889 Foundation-Jefferson Center for Population Health. David Nash, MD, MBA, founding dean of the Jefferson College of Population Health and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy, appointed four national experts to staff the Center. Goals include identifying the reasons that Cambria County ranked 60th and Somerset County ranked 46th in health status among Pennsylvania's 67 counties in a recent study and developing strategies to improve the health of those citizens.

The Center's director will hold the Victor Heiser, MD, Endowed Professorship at JCPH. Heiser, orphaned in the famous 1889 Johnstown flood, left town to pursue a medical degree at Jefferson and went on to become a key figure in public health. His work is credited with saving as many as 2 million people across the globe.



David Nash, MD, MBA, dean, Jefferson College of Population Health; Jim Hargreaves, chairman of the board, 1889 Foundation; Karen Murphy, RN, PhD, secretary, Pennsylvania Department of Health; and Susan Mann, president, 1889 Foundation.

SAVE THE DATE!

17th Population Health Colloquium

Chaired by David Nash, MD, MBA

March 27-29, 2017

ON-SITE

Loews Philadelphia Hotel
1200 Market Street,
Philadelphia

WEBCAST

In your own office
or home, live online
(24/7 access for
six months)

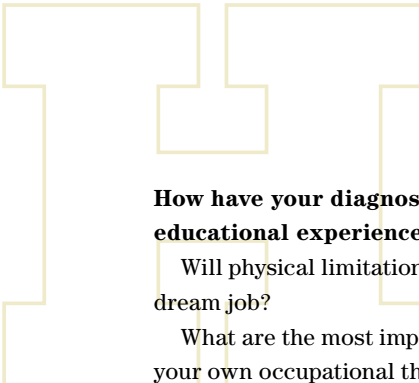
For more information,
visit populationhealthcolloquium.com.

"Their Own Shades of Gray"

OT Students Share Personal Health Challenges to Empower Others



From left: Karly Brown, Amanda Broom and Alyssa Armstrong. Photo by David Lunt.



How have your diagnoses helped or hindered your educational experience?

Will physical limitations keep you from getting your dream job?

What are the most important qualities you've found in your own occupational therapists?

These are a few of the questions audience members posed to Jefferson occupational therapy students Karly Brown, Amanda Breem and Alyssa Armstrong during a recent presentation at Temple University. The three young women have each survived a serious health event or condition that could have kept them from pursuing their personal and professional goals — but they refused to be deterred. Now, they travel to universities throughout the region, sharing their stories to give other health professions students a glimpse of what life is really like for their patients.

At 21, Brown came down with what she thought was a basic cold but turned out to be severe bronchitis. Violent coughing caused one of her internal carotid arteries to dissect, leading to an ischemic stroke that affected parts of her frontal, temporal and parietal lobes. She lost the ability to read and speak — and worried she might also have lost her chance to study occupational therapy (she had submitted her application to Jefferson a week before the stroke).

But Brown persevered through six months of occupational therapy and nine months of speech therapy and was ultimately able to begin Jefferson's combined BSOT/MSOT degree program; she is set to graduate in 2017.

"Being an OT student at Jefferson is my proudest accomplishment to date," she says. "I made the decision to decline any and all accommodations. I would much rather be put to the test, so to speak, while in school — a safe environment where I am able to explore my options for coping skills. This way, once fully submersed into the professional world, I will have an efficient toolbox of coping mechanisms."

Soon after her courses at Jefferson began, Brown grew close with classmate Amanda Breem; the two had become almost inseparable before each learned the other had overcome a dire health issue. Diagnosed with hydrocephalus, or a dangerous accumulation of excessive fluid in

the brain, when she was an infant, Breem endured 16 years of treatments before a successful surgery eliminated her symptoms. Once the women realized they both had extraordinary medical backgrounds, they were motivated to share their experiences with peers at Jefferson — and soon secured speaking engagements on other schools' campuses as well.

"Our personal experiences make us better clinicians. I feel empowered to be able to spread my story and to assist others in recognizing the beauty in client-centered practice," says Breem, who believes health professions students learn best by hearing directly from people who have been in the patient's shoes. "We also want to let people know that it's OK to have a diagnosis, and it's OK to be different. Be your own shade of gray."

Eventually, Brown and Breem teamed up with a third student, Alyssa Armstrong, who was a year ahead of them in the OT program and graduated this past May. Armstrong was paralyzed after suffering a spinal cord injury in a sledding accident during high school and welcomed the chance to tell others how her medical challenges have affected her life and education.

"Through our public speaking, Karly, Amanda and I can motivate people who are going through their own injuries, illnesses and disabilities while also educating healthcare professionals on becoming more holistic within their frames of practice," Armstrong says. "The three of us have such unique backgrounds and look forward to spreading awareness of our conditions and experiences. We are excited to see what the future has in store for us!"



*We want to let people
know that it's OK to
have a diagnosis, and
it's OK to be different.*

Be your own shade of gray.



Health Policy Champion

Raymond Grandon, MD '45

Retires after 65-Year Career

In today's harried world, both physicians and patients feel the time crunch during virtually every encounter. Primary care physicians' appointments are generally scheduled at 15-minute intervals, and some high-volume practices allow for even less time. Inevitably, these ever-shortening visits take a toll on the doctor-patient relationship.

Raymond C. Grandon, MD '45, refused to let that happen in his own practice. Grandon, an internal medicine specialist with particular expertise in heart disease, routinely spent at least half an hour with every patient he saw during his 65-year career, discussing all aspects of their lives — medical issues as well as personal.

In December 2015, at age 96, Grandon closed the Harrisburg, Pennsylvania, office in which he had treated patients since 1950. "I never wanted to retire," he says — but various health concerns and the lack of an electronic medical records system signaled the time had come.

Grandon and his wife, Doris, have shared a longtime passion for public health, health policy and education that led them to support several related initiatives at Jefferson. In 1992, they initiated Jefferson's annual Dr. Raymond C. Grandon Lecture in Health Policy, and later they established the Dr. Raymond C. and Doris N. Grandon Professorship in Health Policy, held by Jefferson College of Population Health Dean David Nash, MD, MBA. In 2008, they established the Doris N. Grandon Center for Health and Economic Outcomes.

"They just don't make people like the Grandons anymore," Nash says. "Jefferson and the Grandons have had a wonderful relationship over a long period of time."

In addition to caring for countless patients in Central Pennsylvania, Grandon has taught many physicians and nurses throughout his career, and held state and national leadership positions, including serving as president of the Pennsylvania Medical Society. In the 1950s, he was responsible for the first televised heart operation in the United States, and he was an active clinical investigator of cardioactive drugs. He also helped to coordinate the nation's first commercially successful cardiac rehabilitation program, opening numerous centers all over the country.

Grandon has stopped seeing patients, but those who know him doubt he'll ever stop working entirely. In retirement, he continues to review cases and write them up for educational purposes and is considering using them for a book. Residents of New Cumberland, Pennsylvania, he and Doris also enjoy spending time with their children — Raymond, Jr. (and wife, Nancy), Suzanne and David — as well as their grandson, Matthew.

“

They just don't make people like the Grandons anymore.

—David Nash, MD, MBA

”






"Be the Voice of Your Patients"

Gen. Peter Chiarelli Inspires Graduating Nurses

On June 1, 2016, retired U.S. Army Gen. Peter Chiarelli received an honorary degree and delivered remarks at the Jefferson College of Nursing's commencement ceremony. As the 32nd vice chief of staff for the Army, Chiarelli was responsible for the day-to-day operations of 1.1 million active and reserve soldiers — and as commander of the Multi-National Corps-Iraq, he coordinated the actions of all four military services and oversaw the combat operations of more than 147,000 U.S. and Coalition troops.

Chiarelli retired in 2012 after nearly 40 years of military service and is now chief executive officer of One Mind, a nonprofit organization that promotes open science principles and creates global public-private partnerships among healthcare providers, researchers, academics and the healthcare industry, while supporting groundbreaking research.

[Here are his remarks from commencement.](#) ➔



It is with pride I stand in front of you today, as the last hurdle you graduates have to endure before leaving here with a Bachelor of Science in Nursing, a Master of Science in Nursing or a Doctor of Nursing Practice. Generals are not known for their brevity; I will try to change that today.

On what has to be one of the most memorable days of your lives, I am sure that many of you are wondering why a retired four-star general is your commencement speaker. Moreover, I was a liberal arts major, I have “white coat syndrome” and I’m afraid of needles. So, on paper I am an unconventional choice to speak to healthcare professionals.

Let me try to provide some context. As a matter of comparison, I think you would agree that at the center of both of our professions is caring for people — for me, it was soldiers, and for nurses, it is patients. You might think it odd that I would compare the discipline that I worked to instill in my soldiers with the care you provide your patients — but at their heart, they are the same. Late in my career, I met a nurse — I will provide details later — who confirmed my assessment.

My 40 years of experience in the Army taught me that if I did not care for my soldiers, their adherence to standards and battle drills was not going to happen when I was not present to ensure they followed standard operating procedures and orders. I learned that rather than assuming I knew what was best for them, it was always best to ask them what I could do to make things better. More often than not, their answers were not obvious and surprised me.

I am sure that at Jefferson, you were taught to be disciplined in following approved procedures and standards of care because that is what is best for your patients. Doctors provide a diagnosis and prescribe treatments to relieve symptoms that they have determined are the most serious. We assume that the symptoms they treat are what the patient and family want. That is not always the case.

I would argue that listening skills can be as important as medical skills, and it is the nurse who is best positioned in the system of care to hear what the patient and family hope treatment will provide.

In retirement, I have been leading an organization, One Mind, that is committed to finding better diagnostics and treatments for those suffering from traumatic brain injury and post-traumatic stress. My interest in neurodegenerative diseases grew out of the fact that when I left the Army as vice chief of staff in 2012, 67 percent of our most seriously wounded had post-traumatic stress (50 percent) and traumatic brain injury (17 percent). In a large number of cases, these were comorbid conditions.

I was surprised that the visible wounds of war — those who had lost an arm, leg or multiple limbs or had been shot — accounted for only 11 percent of our most seriously wounded. In 24 months of combat in Iraq, I had totally focused on that which was visible and ignored the invisible wounds of war. I assumed the wounds that I could see were the most serious. I did not ask about, or listen to, the wounded warriors I visited in the early years of the wars.

Often I would see a young man or woman at Walter Reed missing a leg or two above the knee and promised him and his family that their life would look much better after six months of rehabilitation and given the promise of modern prosthetics. It did not occur to me that the explosion that ripped off limbs caused a concussion and the trauma associated with PTS — neither of which we can treat with the same success.

My parents taught me that the doctor was always right. Neither my mom nor my dad went to college, and even if they had, I am sure that for their generation, the idea that doctors were infallible was close to being universal.

The concept that the doctor was always right was reinforced by a TV show that aired in the early ‘70s. And yes, I am aware that this was before most of you were even born. The show was called “Marcus Welby, MD.” Not without controversy because of the subjects they tackled in later episodes, Dr. Welby epitomized a caring doctor with an amazing bedside manner who was not held hostage to

relative value units. The unorthodox Dr. Welby, played by Robert Young, was the seasoned family practitioner teamed with the younger Dr. Kiley, who rode a motorcycle and employed more straightforward methods. For comparison, the only actor I know today that has the presence and demeanor of Robert Young would be Tom Hanks.

What made Dr. Welby so special was that he listened to his patients, always asking what he could do to make them better. His focus was treating patients as individuals and helping them feel better. And because the writers reinforced the stereotype, Dr. Welby seemed to help everyone, no matter how sick they were.

As a young man, I thought all doctors were like Dr. Welby, and that all researchers worked together to find better treatments and cures for concussions and post-traumatic stress. Surveys we have conducted revealed that — for reasons you all know better than I do — not all doctors ask their patients what symptoms they want treated (or would even listen if they were told). Forty percent of respondents to our survey, all being treated by a doctor for TBI and/or PTS, said that they were not being treated for the symptom they considered most debilitating.

Seeing all of you newly minted nurses of all types reminds me that Dr. Welby had help developing his caring and listening nature.

A constant at Dr. Welby's office was loyal nurse and friend Consuelo Lopez. While the two doctors often clashed over the appropriate treatment, it was Nurse Lopez whom I remember as the ombudsman who always focused on what was best for the patient.

Dr. Welby and Nurse Lopez are Hollywood creations. Lt. Gen. Patty Horoho, recently retired, was the first nurse appointed as the surgeon general of the U.S. Army. When Patty was chosen to lead the Army's expansive medical and research infrastructure, it was not the fact that she is a woman that caught everyone's attention. It was the fact that she is a nurse.

Patty is a real-life personal hero of mine. It was Nurse Patty who in the wake of the Walter Reed scandal took command and righted the ship. After listening to patients and families, she brought hospitality experts from Disney to Washington, D.C., to teach the Walter Reed staff how to ensure each patient and his or her family were made to feel special. I believe it was Patty's connection and focus on the needs of patients and their families — a concept that escaped many doctors — that made her such an effective surgeon general.

My request is that each and every one of you develop a leadership style that ensures that you take the time to listen to your patients. Be the voice and primary advocate for your patients. Doctors intimidate many; we bond with our nurses. In addition, I would also ask that you look out for each other.



Chiarelli with
JCN Dean
Beth Ann
Swan, PhD.

During the height of the Iraq and Afghanistan wars, I visited the Brooke Army Medical Center Burn Center in San Antonio a number of times. As you can imagine, it was always a somber experience. One journalist described it as a "place people only visit once."

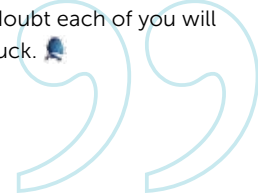
At the height of the wars, the number of serious burn patients had more than tripled, and the staff at the burn unit was stretched. It was here that I learned about provider burnout. I observed a staff that was totally committed to the patients that they cared for, yet could be oblivious to their own needs as human beings.

We were fortunate to have amazing nurse leaders who realized they had a second set of patients that they had to monitor: themselves. Provider burnout can be serious, and the first line of defense is good leaders and each of you looking out for each other.

In closing, in the afterglow of today's graduation I hope you take the time to celebrate your accomplishment with family and friends. What you have achieved is truly amazing, and before you put your newly acquired skills to work, it is important that you sit back and reflect about the critical role that nurses occupy in the healthcare system and the role that you will play.

When you return to your healthcare facility, I hope that you will always be the voice of the patients you care for and will, at the same time, care for each other. Jefferson has given you the skills to succeed; it is up to you to develop a leadership style and listening skills that allow you to excel.

Patty Horoho did, and I have no doubt each of you will do the same. Thank you, and good luck.



Invest in the Future

***Nursing Alumna Anna Kuba
Gives Back to the
Profession She Loved***



Anna Kuba, RN, learned the value of hard work during her childhood in the coal mining town of Lansford, Pennsylvania. Later, she learned the value of a good education as a student at Jefferson.

A 1945 graduate of Jefferson's Diploma Nursing Program, Kuba went on to build a career that spanned more than 40 years — many of which were spent training young nurses, including at her alma mater. Her commitment to educating the next generation of nurses also led her to collaborate on many projects with the National League for Nursing and the American Nurses Association.

"Whether you're teaching or providing direct patient care, nursing allows you to give," says Kuba, who served as president of the Jefferson Nurses' Alumni Association from 1952 to 1954. "And that is personally satisfying."

In addition to teaching and caring for patients, Kuba found another way to give — by establishing a charitable gift annuity at Jefferson. Through this generous planned gift, she supports programs in the Jefferson College of Nursing while receiving a tax deduction and a steady source of income for life.

Kuba says she made this contribution out of gratitude for her fulfilling career and with the confidence that it would help her personally while also helping future nursing leaders. "It's a win-win situation. A charitable gift annuity is a good investment for me and a benefit for Jefferson. I would recommend it to anyone."

To learn about charitable gift annuities and other planned giving opportunities, contact:

**Lisa W. Repko, JD
Senior Director,
Planned Giving
215-955-0437
lisa.repko@jefferson.edu**

Medical Dosimetry Program Alumni Shine

Alumni of the Medical Dosimetry Program in the Jefferson College of Health Professions had an impressive showing at the 2016 American Association of Medical Dosimetrists International Plan Challenge. The event challenged physicists, dosimetrists and industry leaders to develop a radiation treatment plan for prostate cancer. The plans were evaluated by an algorithm to remove bias, and statistical analysis was done on plan quality/tumor dose coverage as well as low-dose constraints on normal tissue.

Of 420 total submissions, four alumni from Jefferson had high scores. **Mihai Ene, '14**, and **Shaomin Zhang, '06**, scored in the top 10 of High Performers. Ene works at the Pacific Cancer Institute of Maui, and Zhang works at Abington Memorial Hospital. **Nellu Ju, '13**, also scored as a High Performer, and her plan was acknowledged as the Best Proton Plan using the RayStation treatment planning system. Ju works at ProCure Proton Therapy Center. And **Chavanon Apinorasetkul, '14**, was acknowledged as having the Best Proton Plan using the Eclipse treatment planning system. Apinorasetkul works at the Hospital of the University of Pennsylvania.

Couple and Family Therapy Program Alumni: What Are You Up To?

CFT will celebrate its 10th anniversary at Jefferson in 2017.

Help us recognize this milestone by letting us know what you're doing personally and professionally.

Send your updates to
alumni@jefferson.edu.

Don't forget to include your class year!

CLASS NOTES

Louise M. Baca, BSN '02, MSN, RN, has accepted the position of executive director of oncology services at Maine Medical Center (MMC) in Portland, Maine, her home state. Having lived in southern New Jersey for the past 20 years, Baca previously was administrator of the oncology service line at Kennedy Health in Sewell. In her new role at MMC, she will oversee business and clinical activities in radiation therapy, radiation physics, oncology information services, oncology administration, outpatient IV treatment services, Breast Care Center, thoracic oncology clinic, genetics clinic, neuro-oncology, surgical oncology, outpatient psychiatry and palliative care. Baca will also continue in her role as adjunct faculty in the online RN-BSN program at Drexel University.

Stephanie Beisbier, OTD '14, and **Caryn Johnson, MSOT '91**, published an article, "Impact of fieldwork educator supports on collaborative models," in the Education Special Interest Section *Quarterly* newsletter of the American Occupational Therapy Association. Beisbier is an assistant professor of occupational therapy at Mount Mary University in Milwaukee, Wisconsin, and Johnson is an associate professor in Jefferson's Department of Occupational Therapy.

Amber Bowie, MPH '15, recently accepted a position as a chronic disease research analyst with the Hawaii State Department of Health. Bowie relocated to Honolulu at the end of April to work on research projects associated with heart disease, stroke and diabetes.

Laura Schaffner, MSOT '09, published an article, "The role of OT in an interdisciplinary oncology group for hospitalized patients," in *OT Practice*. Schaffner recently completed her MBA in health sector management at Temple University's Fox School of Business and Management.

Karen Schindler, PhD '06 (biochemistry and molecular biology), published "A scrambled mess: Why do so many human eggs have the wrong number of chromosomes?" in *The Scientist* in May 2016. The article explores the mechanisms leading to aneuploidy, or the presence of an abnormal number of chromosomes in a cell. While at Jefferson, Schindler worked in the lab of Edward Winter, PhD, and became interested in reproduction and fertility issues. In 2011, she joined the faculty at Rutgers University.

Zachary Schug, PhD '08 (molecular cell biology), has been appointed assistant professor in the Wistar Institute's Molecular and Cellular Oncogenesis Program. Based in Philadelphia, the Wistar Institute is an international biomedical research leader in cancer, immunology and infectious diseases. Schug was previously with the Beatson Institute, a Cancer Research UK core-funded institute, where he started as a postdoctoral fellow and became an associate scientist in the metabolism research unit.

Bobby Walsh, MSOT '11, received the Gary Kielhofner Award for Emerging Leadership at the American Occupational Therapy Association's Annual Awards and Recognition Ceremony in Chicago in April. The award recognizes occupational therapy practitioners who demonstrate emerging leadership and extraordinary service to their profession. Walsh recently completed the Johns Hopkins Hospital Mental Health Occupational Therapy Residency Program; he was the first occupational therapist in the country to do so.

Karie Youngdahl, MPH '16, received the 2016 Student Public Health Recognition Award from the College of Physicians' Section on Public Health and Preventive Medicine. This award is given annually to a graduate or professional student who demonstrates distinguished leadership and excellence among peers, and makes a significant contribution to public health promotion in the local community beyond the university setting. Youngdahl is director of the College of Physicians' "History of Vaccines" project.

IN MEMORIAM

Carolyn Louise Marchione, DN '49, 88, of Havertown, Pennsylvania, died March 14, 2016. She is survived by two daughters, Philomena and Louise; four grandchildren, Erin, Tony, Jacki and Rachel; and a great-grandson, Carrick. She was predeceased by her husband, Dan, and a daughter, Velma.

C. Louise Zug Souders, DN '51, 87, of Carlisle, Pennsylvania, died March 28, 2016. Souders worked for 36 years as a registered nurse and was head nurse of Carlisle Hospital's obstetrics unit. She moved from her home of 57 years in Carlisle to live with her son, John, and daughter-in-law, Jennifer, in Castle Rock, Colorado, where she enjoyed the new scenery and frequent visits from family until her passing. She is survived by her daughter, Stephanie; three sons; Paul, John and Brian; and two grandsons, John and Joshua.

Elizabeth L. Troback, DN '51, 85, formerly of Lancaster and Dillsburg, Pennsylvania, died March 12, 2016. After graduating from Jefferson, Troback worked for a prominent Philadelphia eye surgeon and later at the Calvary Fellowship Homes and Country Meadows, both in Lancaster. She is survived by two daughters, Jacquelyn and Karen; and two



◀ **Halfway through Jefferson's Master of Public Health Program, Catelyn Coyle had an epiphany:** She was destined for a career in public health. She'd enrolled in the program as a precursor to medical school, then had a change of heart.

"It suddenly seemed so obvious ... if anyone looked back at the essays I'd written for med-school application, it was clear I'd always wanted to do population-based health rather than individual health," recalls Coyle, who credits Jefferson College of Population Health

faculty member Rickie Brawer, PhD, MPH, MCHES, with guiding her through her transition. "I consider Dr. Brawer one of my life coaches!"

While an MPH student, Coyle interned at some of the five federally qualified health centers run by Philadelphia's Public Health Management Corporation (PHMC). As her internship wound down and graduation loomed, the National Nursing Centers Consortium (NNCC) — which works closely with PHMC — got a Centers for Disease Control and Prevention grant to do hepatitis C virus (HCV) testing and linkage to care in the very same

"We were among the first wave of grant funding for hepatitis C and ended up having a wildly successful program."

health centers she worked in. Coyle scored a position overseeing the program; she and her team spent their first year focusing on HCV and then folded in HIV testing, too.

"We were among the first wave of grant funding for hepatitis C and ended up having a wildly successful program," Coyle says. "While we were ahead of the curve, I wanted to capitalize on the great things we were doing, so I was determined to get our work published."

And that she did, placing an article in the CDC's *Morbidity and Mortality Weekly Report* in 2015 and two articles in *Public Health Reports* in 2016. Coyle spoke about her experience leading the NNCC's HCV/HIV research program at JCPH Class Night in May and was presented with the JCPH Emerging Alumni Award in June.

Coyle is continuing to collaborate with the NNCC to publish more data as she begins her first year as a PhD student at Johns Hopkins University's Bloomberg School of Public Health, where she's specializing in infectious disease epidemiology. "There's not a lot of funding for hepatitis C research available, but Hopkins is really doing cutting-edge work in this area," she says. "I know I can offer a lot to this community based on my knowledge and experience."

What's New?

To submit a class note or obituary for the *Review*, contact the Office of Institutional Advancement:

BY PHONE
215-955-7751


BY EMAIL
alumni@jefferson.edu

BY MAIL
125 S. 9th Street
Suite 700
Philadelphia, PA 19107

Lydia Navarro-Walker, OTD '16, OTR/L, CBIS, CKTP

Jefferson College of
Health Professions





An occupational therapist with more than three decades of experience as a clinician and 13 years as an educator, Lydia Navarro-Walker is fieldwork coordinator and doctoral residency coordinator for the Department of Occupational Therapy. Navarro-Walker received an associate of applied science degree in occupational therapy from the University of Puerto Rico and a bachelor's degree in occupational therapy from Misericordia University; she recently completed her doctorate in occupational therapy at Jefferson. An expert in the provision of occupational therapy services for clients with brain injuries, she is also a certified Kinesio taping practitioner.

What brought you to Jefferson?

The OT faculty members are experts in their fields — they are recognized locally, nationally and globally; passionate about elevating standards of practice; and dynamic and visionary leaders. The opportunity to work with and learn from this group of individuals is a privilege.

What were your first impressions?

I was struck by the leadership style of Jefferson's president and CEO, Dr. Stephen Klasko, and his commitment to educational innovation and the establishment of partnerships in the community. Also, our OT department chair, Dr. Roseann Schaaf, promotes and embraces educational inclusion.

Describe your daily work in two sentences.

I place students in the combined BS/MS OT program on their fieldwork/clinical rotations and teach fieldwork-related courses such as clinical reasoning, therapeutic use of self and role of feedback in the supervisory process. Also, our department just launched the Occupational Therapy Doctorate entry-level program, and as doctoral residency coordinator, I have spent a lot of time collaborating on the development of residency sites and crafting a unique residency program to develop the next generation of occupational therapy leaders, researchers and advocates.

What about your work excites you?

I am excited by working with the students — becoming familiar with their interests and goals in order to set up meaningful fieldwork/learning experiences. I love teaching by using real-life examples and am enjoying learning new ways to use technology in the classroom and to make teaching more interactive.

Any personal heroes?

My mother and father, Ana Luisa Rodriguez Neris and Justino Navarro Ramos, who taught me the value of education, modeled exemplary work ethic and instilled in me the importance of being reflective and taking responsibility. They taught me that faith, spirituality and a good sense of humor would see me through the toughest of times. It makes me proud that they raised our family with minimal resources, and it is a tribute to them that my siblings and I are accomplished professionals (I am the youngest of 10).

I'd be remiss if I didn't mention that my husband, Leon Bruce Walker, Jr., is also my hero. His advice is always sound, and he has made enormous sacrifices, including keeping the household running while I pursued my post-professional doctorate in occupational therapy.

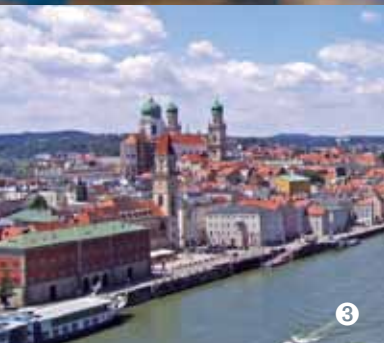
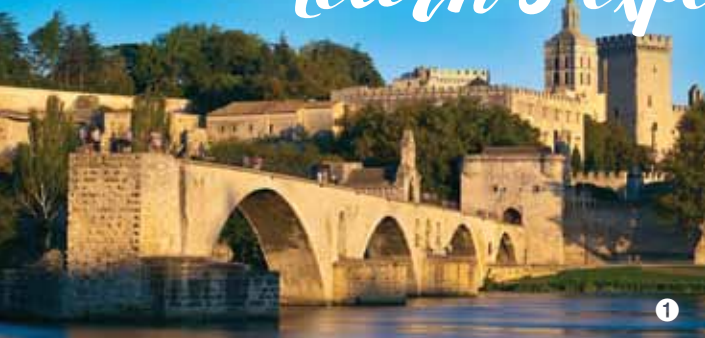
What do you like to do outside of work?

My favorite thing is to spend time with my husband and three Jack Russell terriers (Trinity, Electra and Apollo). And true to my occupational therapy roots, I am a crafter: I make my own greeting cards (handmade, not computer generated). I also enjoy knitting, and, when there is time, we go to the movies.



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

Join Jefferson alumni to explore, learn & experience the world!



UPCOMING TRIPS

Captivating Mediterranean
OCTOBER 9–18, 2016

**Machu Picchu, Cusco
& the Sacred Valley**
OCTOBER 31–NOVEMBER 5, 2016

Cuban Discovery
MARCH 4–12, 2017

Timeless Treasures: Athens to Rome
APRIL 28–MAY 6, 2017

Provence & the French Riviera ①
JUNE 1–11, 2017

Canadian Rockies Parks & Resorts ②
JULY 20–27, 2017

Baltic & Scandinavian Treasures
AUGUST 22–SEPTEMBER 2, 2017

Grand Danube Passage ③
AUGUST 23–SEPTEMBER 6, 2017

Flavors of Northern Italy
SEPTEMBER 9–17, 2017

Apulia: Undiscovered Italy ④
SEPTEMBER 19–27, 2017

Galapagos Islands by Small Ship ⑤
OCTOBER 18–25, 2017

As part of our commitment to lifelong learning, the Jefferson Office of Alumni Relations offers an exclusive Alumni Travel Program. A varied itinerary of travel destinations has been selected through 2017 to combine educational forums and excursions to places of historical and cultural interest. These trips offer the highest-quality travel experience through our partnerships with experienced travel providers.

Information on each destination is available at advancement.jefferson.edu/alumnitravel.

To sign up for our Alumni Travel Interest List or to request an individual brochure for a specific destination, please contact the Office of Alumni Relations at alumni@jefferson.edu or 215-955-7750.

