

SPRING/SUMMER 2018
The Bulletin

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at Thomas Jefferson University**



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◀ ON THE COVER: Illustration by Mike Natter, MD '17

▲ George McClellan, II, MD 1870, was considered America's finest anatomist; he was one of many historic Jeffersonians who engaged in the creative arts in addition to the art of healing.

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Building a Community of Scholars

When I arrived at Jefferson a decade ago, the concept of a *Jefferson Humanities Forum* was already percolating in my mind. I envisioned selecting an overarching topic for a given year, then bringing in speakers from diverse fields to view that topic from different perspectives.

This past April, dream became reality as we finally launched the forum. Having expanded the scope of our enterprise in the past year, with out-of-the-box mergers, it seemed only appropriate to explore, for our inaugural series, the theme of *Fusion: Innovation Across Disciplines*.

Merriam-Webster's definition of *fusion* is "a merging of diverse, distinct, or separate elements into a unified whole." See also: **Jefferson**.

Jefferson today is Philadelphia University + Thomas Jefferson University—and that little plus sign carries a lot of weight and meaning. It represents not only the fusion of two into one, but also an *addition*; each element of our new equation brings something new to the other, adding value to our students' education and degrees, and resulting in a preeminent professional university that is far greater than the sum of its parts.

A plus sign is itself an intersection, a crossing of two lines, which quite elegantly captures what we are doing at Jefferson. Through our Medicine+ co-curriculum, we educate our students in cross-cutting disciplines alongside and complementary to their medical training. That's medicine *plus* design, medicine *plus* data sciences, medicine *plus* policy, medicine *plus* humanities. Each promotes a new way of thinking: design, computational, relational, and reflective thinking.

What are the benefits of this kind of fusion? For analysis of historical precedent, and consideration of its future significance, I refer you to Steven Johnson, the critically acclaimed and award-winning author of *Where Good Ideas Come From: The Natural History of Innovation*, a mainstay on the reading list for the *Student Leadership Forum*—a program I launched soon after coming to Jefferson.

From the get-go, *Where Good Ideas Come From* is required reading for each new cohort of Student Leadership Forum students. By asking them to present punchy chapter summaries in the form of "three-minute elevator pitches," I use this reading as a tool for cultivating their communication skills. I chose this book purposefully—in it, Johnson explores how ideas are shared and built upon over time, ultimately resulting in incredible inventions and technological marvels that wouldn't have been possible without cross-fertilization, collaboration. Leadership demands innovation. And the message? Innovation can be cultivated.



Mark L. Tykocinski, MD

Provost and EVP for Academic Affairs,
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Anthony F. and Gertrude M. DePalma Dean,
Sidney Kimmel Medical College

We were delighted to have Johnson as the very first speaker for our landmark launch of the *Jefferson Humanities Forum* on April 27. He set the stage for the rest of the day—which also featured presentations from artist Janet Echelman and author Sarah Lewis—and for our ongoing discussion in the coming year on fusion and innovation.

As Johnson walked us through the invention of modern conveniences such as computers, the internet, and vaccines, he pointed out the myth of the eureka moment. Most truly transformative ideas start as a "slow hunch" that develops over a long period of time—months, years, decades—before they finally crystallize. And there's a certain amount of serendipity involved, moments and interactions that inspire and plant seeds of ideas that develop in unexpected, incredible, even world-changing ways.

At Jefferson we're contriving an environment—engineering the "lucky breaks"—that brings together diverse people across disciplines. The fervor of activity already underway between our East Falls and Center City campuses is already validating this approach—the generative power of interfaces.

Fusion is happening on a global scale as well through creative partnerships with leading institutions beyond Center City, beyond Philadelphia—to countries and regions where Jefferson is establishing global centers: India, Italy, Israel, Japan, Latin America—and yet others, such as Ireland and Finland.

In April we welcomed our first cohort of students from Università Cattolica del Sacro Cuore di Roma and Politecnico di Milano, rotating at Jefferson as part of our new Italian exchange program. And in June, we announced the establishment of the Jefferson Israel Center, an innovation hub for the University that will tap into that country's remarkable innovation ecosystem through joint development with Israeli start-ups and collaborative ties with Israeli academic centers—including all of Israel's medical schools, its world-class institutions in the design/textiles/architecture spaces, and other leading Israeli innovation centers, such as the one at Sheba Medical Center.

Collaboration across disciplines, across cultures, across oceans.

What we're really about at Jefferson is creating and nurturing a *community of scholars* through local and global partnerships, and mind-expanding programs like the *Jefferson Humanities Forum*. As physicians, researchers, teachers, and students with busy schedules, it is still critical to carve out time for personal development, to invite in new and unexpected ideas, learn from others in wildly different professions, and seek expertise from outside our specialties—even outside medicine.

This is a lifelong pursuit; learning doesn't end when you leave Jefferson. Whether you listen to podcasts, watch TED talks, read books, take online classes, or return to campus to attend seminars or symposiums, I urge all of our alumni to continue to study, to learn—to *dream*. Welcome serendipity into your life and your work. Life-altering, world-changing ideas can come from the most surprising places, and inspiration can strike when you least expect it. 🍀

New Look at Eye's Immune Status

Paradigm shift reveals visual system's latent protective and repair mechanisms



"I love to challenge dogma," says A. Sue Menko, PhD, who has a knack for doing so.

Knowing how crucial the lens of the eye is to vision, she recently overturned the long-standing assumption that this tissue is immune-privileged. "It just didn't make sense that in evolution there wouldn't be ways for the lens to protect and repair itself," says Menko, a professor of Pathology, Anatomy and Cell Biology at Thomas Jefferson University.

Menko's interest in the eye's immune status was spurred by a 2013 conversation with her longtime collaborator, Mary Ann Stepp, PhD, a corneal wound researcher at George Washington University. "From the moment we started talking about how this dogma doesn't make sense, we thought we would be able to find a way to prove it," Menko recalls.

"Previously, people assumed that the anterior segment of the eye, including the lens, was immune privileged just because it is avascular," says Menko, noting that her refutation of this accepted wisdom was "definitive" in her *Nature Scientific Reports* paper, "Induction of Immune Surveillance of the Dysmorphogenic Lens" (epublished in November 2017).

Working with first author Caitlin M. Logan, PhD, a third-year medical student at Jefferson, and second author Caitlin J. Bowen, MS, Menko used a knockout mouse model with a lens malformation (caused by deletion of N-cadherin in the lens) to assess the eye's immune surveillance system. "Dysgenic tissues are where immune cells react, so we

thought this is the easiest way to prove our point that immune cells can get to the lens," says Menko. "Our remarkable results show a large immune surveillance in the eye and a coordinated protective response throughout the visual system of the cornea, vitreous humor, and retina to defects in lens tissue."

Recent discoveries that the brain is immune-quiescent, not immune-privileged—and that lymphatic vessels extend immune response to the brain—informed Menko's experimental methods. Her lab asked if lymph vasculature also extended to the lens via the most likely path: the ciliary zonules, the fibrillar ligaments that suspend the lens in the eye and link to the vascular-rich ciliary body. They labeled the eyes for both MAGP1, a component of the zonules, and LYVE-1, a protein expressed on vascular cells and the surface of immune cells. While the results were positive for LYVE-1, no vascular cells could be detected. "This finding showed that lots of immune cells had traversed along the ligaments to the lens and left behind their footprints," says Menko. These are virtual footprints—leftover, cleaved-off LYVE-1 proteins from immune cells. The data suggest that the ciliary zonulas serve as a vasculature-free molecular highway that's a conduit for immune response.

"We additionally showed that the immune cells can become fibrotic disease-causing myofibroblasts," says Menko. "This could totally change the way we think about

Caitlin J. Bowen, MS (right), of Jefferson's College of Health Professionals, conducts research while working toward certification to become a high school science teacher. Sue Menko, PhD (left), says of Bowen, "She has developed some amazing data on immune surveillance of the lens in response to corneal wounding, and is the best teacher in the world. I will miss her terribly when she gets her next job."

cataract-causing diseases and ways we could possibly prevent cataracts and posterior capsular opacification (a fibrosis-related complication in 20 to 40 percent of cataract surgeries). You're talking about potential causes of cataract and are there new ways we could now prevent that from happening, and new ways to improve treatment of eye wounding."

"We're interested in all aspects of understanding how the eye protects itself, and specifically the role of immune cells and their connection to fibrosis, which is a problem in almost every tissue in the eye," says Menko, who chairs Jefferson's Committee on Research and leads Jefferson's Programmatic Initiative on Fibrosis. "This aligns with the big passion and focus of my research, which is how to prevent cells that are involved in repair from tipping the balance to fibrosis."

Menko's experimental methods for the *Scientific Reports* paper were developed in tandem with her ongoing collaboration with Stepp, whom she has known since their postdoctoral years; this spring they're preparing to submit a

paper for publication that further applies these methods with important results on immune surveillance of the lens in response to corneal wounding.

The culture of Menko's seven-member research group is informed by her 2013 fellowship in Executive Leadership in Academic Medicine for women faculty (the ELAM® program at Drexel University). "I learned a huge amount from that about what becoming a leader means," Menko says, noting that the program taught her to build on her strengths in caring about all the people with whom she interacts, especially those she relies on to help achieve her scientific goals. "I tell people in this lab, 'You are all my colleagues. You may have better ideas than me. I am not the dictator of ideas, and we need to think together.'"

"I owe a lot to the people with whom I interact on a regular basis for being willing to not only share ideas, but also challenge what I'm thinking," Menko adds. "I've been really lucky to be able to interact with brilliant colleagues, who are happy to think outside the box." —BY JESSICA STEIN DIAMOND

The new Pinizzotto-Ammon Alumni Center is now open!



Marie E. Pinizzotto, MD '88, MBA (left) and Carol A. Ammon, BSN '17, MBA (right)



To learn more about the Pinizzotto-Ammon Alumni Center:

Jefferson.edu/AlumniCenterCampaign • 215-955-9302

Home At Last

One of the first things I did when I arrived at Jefferson in 2014 was ask to see the alumni center. People looked at me, scratched their heads, and then told me, “There is no alumni center.” Since alumni are the heart of any academic institution, that came as a surprise. But I was undaunted because at Jefferson, we reimagine things: We reimagine health, education, and discovery. I knew Jefferson would have to dream up a place—a home—for our alumni.

On May 31, that dream came true when we celebrated the opening of Jefferson’s very first on-campus home for alumni, the Marie E. Pinizzotto, MD '88, MBA and Carol A. Ammon, BSN '17, MBA Alumni Center. It was a joyous occasion in a dazzling new space where alumni can gather to catch up, recall the old days, learn about everything happening at Jefferson, network with colleagues, mentor students, conduct official alumni business, attend on-campus events, and access alumni services.

In her remarks to the group seated before the ceremonial ribbon draped across the entrance, Marie Pinizzotto summed up the event and the new Center best: “The first thing I want to say is *wow!*” Marie’s *wow* is about much

No matter how far you go or for how long, you’re always welcome home.

more than the beautiful physical space. It’s about a space that celebrates the past, the present, and the future.

Custom-designed, museum display cases along the back wall exhibit artifacts from Jefferson’s archives. The collection reflects the history of medicine since 1824 and Jefferson’s many contributions to that upward arc of progress.

When we started thinking about the Center, we knew it had to be in Alumni Hall because we wanted to connect students to our alumni. The interior wall of the Pinizzotto-Ammon Alumni Center is glass, so our students can see the archival displays as they walk through the corridor to Brent Auditorium. That glimpse into our past shows them the rich heritage they are preparing to enter and also tells them that they have been given much and therefore bear an obligation toward the future. As Jefferson alumni, they will be the builders of tomorrow’s legacy—for their alma mater and for the well-being of their community. Our goal is to connect students to alumni during their time at Sidney Kimmel Medical College.

Another big *wow* about the Center is that it’s fully funded by philanthropy. It was built for alumni and by alumni. Alumni donors literally made it possible, starting with the lead gift from Marie and Carol, and a generous contribution from the Diploma Nurses Alumni Association.

We’ve received broad support from alumni young and old, near and far, and across five of six Center City colleges. Our goal is to raise \$3.3 million for construction. We’re at \$2.7 million. What’s really special is an additional \$1.5 million goal for endowment, which includes \$1 million to support alumni programming and \$500,000 for scholarships—yet another way we’re connecting alumni and students. We’ve already hit our scholarship goal.

Many alumni have already made gifts and had their names inscribed in lights on our interactive Alumni Legacy Wall, prominently located at the Center’s entrance. The electronic wall has a search function and can display names of individual graduates or legacy families with multiple alumni, along with their stories, photos, and more.

“As a Jefferson alumnus, I’m extraordinarily proud and deeply grateful to be part of this institution’s remarkable history and heritage,” says Gregory Kane, MD '87, chair of Jefferson’s Department of Medicine. “Having my name on the Alumni Legacy Wall is a way of saying it out loud.”

Our past is a solid foundation on which to reimagine the future of healthcare, and Jefferson’s alumni are the best prepared to make it happen. You are the stewards of our legacy and the pioneers of our future. You are Jefferson, and the Pinizzotto-Ammon Alumni Center is your home, whether you’re on campus for a class reunion or just visiting. Jefferson’s Alumni Relations offices are now housed at the Center, so there’s always a fresh pot of coffee and a friendly face should you stop by.

No matter how far you go or for how long, you’re always welcome home.

P.S. To make a gift in support of the Pinizzotto-Ammon Alumni Center or to see your name in lights on our Alumni Legacy Wall, contact me at 215-503-5138 (office), 215-620-4482 (mobile), or elizabeth.dale@jefferson.edu.



Elizabeth A. Dale

Elizabeth A. Dale, EdD, MPA
Executive Vice President and
Chief Advancement Officer
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BY ZACH NICHOLS

Michael Weinstein, MD '94, had a plan to take his own life.

Now he is back to living it.

At first, his story trickled out in fragments given to his wife, Lara (MD '95, RES '98); therapists; and friends when things finally got too heavy to hold. These days it's different. Never one to write much beyond abstracts and lecture notes, the words come naturally, as he exercises a more authentic voice he didn't know he had.

When he tells his story, Michael Weinstein, MD '94 (RES '99, Fellow '00), often begins at a clinical distance, enumerating the struggles of an anonymous 48-year-old man. He traces his story back to his teen years and college, which held the beginnings of the depression that would come to consume him. For as long as he can remember, he figured he'd be a doctor since he was smart and strong in science.

So he went to Jefferson. He fell in love with surgery, the decisiveness, the immediate "cure," the bravado.

He continued into residency, working hard—all the time—in 36- to 48-hour shifts, where rewards were given in the form of added responsibilities in the OR. The attendings reminded him that they call it "residency" for a reason. His skills grew and grew, but he was haunted by outcomes that all physicians experience at the knife's edge of trauma surgery. He began to fall into a rabbit hole of self-criticism and doubt.

A pattern was emerging.

EXPOSTURE

The numbers are sobering: Every year 400 physicians kill themselves—a rate higher than any other profession—80 percent report being at or beyond their capacity, 49 percent report experiencing burnout often or always, and depressive symptoms tick up 15 percent between medical school and residency.

“We’re finally talking about why this is happening because we’re hurting,” says Salvatore Mangione, MD, professor of Medicine and director of SKMC’s humanities track. (See our article featuring Mangione in the Fall 2015 *Bulletin*.) Mangione sees burnout as a symptom of the pathology afflicting America’s medical establishment.

In the past, he says, people got sick or injured and recovered—or not. The physician had few options for effective intervention and typically served as a comforting, palliative figure. Then in the 19th century, science began to make huge leaps. By the turn of the century, medical science had the X-ray, the germ, the gene, and the ubiquitous white coat.

With them came a new ideal for the physician: an expert technician, trained to coolly read the signs and deduce the cause of an illness. The benefits of this way of thinking are obvious, in longer lifespans, vanquished diseases, and the ability to restore health overnight.

But in the exuberance to train medical scientists, curricula lost sight of one fundamental fact—the human condition is incurable. The episodic nature of modern, big-system healthcare often means that any one physician rarely has the whole story, and even so, life comes at you fast in the car that didn’t stop at the signal, the sudden rupture of an appendix, a fluke of genetics.

“You’re 23. You think you’re immortal,” he says of young doctors, “then all of a sudden, you realize that we come to this planet without asking, we go without asking, and then there’s pain, suffering, and death.” The most technically acute minds cannot always have a solution to the cruelty of chance and the inevitability of time and will be left, like their patients, to ask, *Where is this going? Why me?*

Mangione believes it is the discipline’s responsibility to prepare the next generation to hazard their own answers to the riddles of the clinic and life writ large.

Time went on, and Weinstein became an attending at his alma mater, where he enjoyed the warmth of the place and the camaraderie of a career on the front lines of healthcare.

He reached new levels of mastery, leading surgical teams and saving lives in the bustle of Jefferson’s Emergency Department. Meanwhile, his own successes lost their luster. The critical abilities that empowered him to see the nuances of surgical techniques, to relentlessly review past cases and prepare for future ones—began to turn on him.

He couldn’t forgive his own mistakes, lost interest in his work, and was exhausted all the time.

He was tormented by the feeling that his inability to conjure confidence and shrug off the hurt was a weakness. He avoided interactions with colleagues and patients, and crossed the street without looking in hopes that a passing car might “solve” his problem for him.

He wanted out in more ways than one, but couldn’t imagine another life, fearing that an admission might mean forced retirement and the end of decades of work. Finally, Lara took him to see his friend and family physician—and Jefferson colleague—George Valko, MD ’86 (RES ’89), who agreed that he had had enough. Weinstein was relieved.

He took medical leave and was voluntarily committed to a psychiatric hospital in January 2016. Time there was a litany of medications, psychotherapy, and



He was tormented by the feeling that his inability to conjure confidence and shrug off the hurt was a weakness.

electroconvulsive therapy sessions. It turned into the straitjacket’s embrace and the view from the small window of his padded room in the locked ward, where he was committed—this time involuntarily—after refusing to eat or leave his bed.

Escape from the locked ward became a kind of test. Could he convince the doctors, and himself, that he was well enough to leave? He returned to work in April that year, heartened, but without the tools to understand the thoughts that troubled and sidelined him. He considered the pills he had stockpiled, but again, Lara was there to keep him safe, and again he retreated from his work.

This was the darkest depression he’d ever known.

If you or someone you know is considering suicide, please don’t hesitate to call the **National Suicide Prevention Lifeline at 1-800-273-8255**.

There is no one way to heal. Medication, psychotherapy, exercise, meditation—the list of solutions is endless, but the biggest obstacle for people suffering from depression is silence. Weinstein confided in his wife, who helped him find a way to stay safe and return to a full life. If you see yourself in this story, there is hope, but recovery starts with taking the leap and talking to someone.

For more resources related to well-being and physician burnout, please visit Jefferson.edu/Bulletin.

“There are different scales for examining burnout,” says Diane Reibel, PhD ’78, director of Jefferson’s Myrna Brind Center for Mindfulness, “but they typically measure factors like depression, emotional exhaustion, and depersonalization.”

Reibel, who began her career as a cardiovascular physiologist, has taught Mindfulness-Based Stress Reduction and studied the effects of mindfulness practice at Jefferson for over 20 years.

To most people, mindfulness involves sitting in a quiet room following the breath, and this is a part of the training that Reibel offers.

Among the many practices she teaches is the “body scan,” which involves systematically bringing one’s awareness to different parts of the body. Any activity can be mindful with the right framing, a belief born out at Jefferson, which offers a mindful-eating class, as well as one geared to elderly people.

“Mindfulness is basically paying attention on purpose and with curiosity, openness, nonjudgment,” she says. The goal is not a blank mind or the absence of thought, but a form of mental hygiene designed to ensure we do not bring some pathogen into the operating theater of our minds. To explain this way of being, teachers often distinguish between pain and suffering. The former is unavoidable, bodies break and negative thoughts come to mind. The latter is everything else we load on top, the way we have trained ourselves to brace for a blow we expect to come.

Mindfulness, then, is about paying attention to what is happening moment to moment in the body and mind. And once aware, being able to make choices that allow us to respond skillfully rather than automatically.

To this day, he's not sure why the darkness lifted when it did—a change in medications or the discovery of Buddhist philosophy. All he knows is that he holds on to the love of Lara and the kids, taking each day as it comes, paying careful attention to where his thoughts go.

A student of Reibel and her colleagues in the Center for Mindfulness, Weinstein continues to deepen his own practice and to learn how to teach it to others. Slowly, he's begun to embody the truisms of mindfulness that our culture has imbibed for the past few decades.

The practices stimulate his curiosity and give his well-ordered, surgical mind a way to categorize experiences. Some days the negative thoughts return, overwhelming him like an ambulance siren in the city, but they always subside, dopplering into the distance. There is tremendous freedom in this, an opportunity to act, or not.

He still sees death and dying in his trauma surgery practice, but he is better able to abide with the patients that medicine—that he—can do nothing for. He can do this because he can sit with himself.

When he came back to work, he knew his colleagues had questions, so he told them his story. The floodgates opened, as people came to him with their own stories of self-doubt and depression, reassured by the fact that they are not alone.

He is as busy as ever. Though he has scaled back his clinical practice somewhat, his time is filled with leading and teaching. He helps to run Jefferson's ethics committee and is among the leaders of the newly formed wellness taskforces for SKMC and the Department of Surgery. Now he's looking after the healers.

This is his focus: to share the gift that gave him his life back and to pass on what he has learned through trial and error.

“As a species, we told stories,” says Mangione of our distant ancestors. “At night, at the fire, we told stories to pass on wisdom,” a kind of experience by proxy.

Stories are “enzymes that allow us to metabolize pain,” tools for picking up the pieces, and taking the raw facts of the matter and orienting them within our own narratives. In this way, a story is for the teller as much as it is for the listener searching for a way forward.

For Reibel, the act of witnessing with a compassionate presence the suffering of another can be healing. Humans have recognized this since Hippocrates, who observed that a patient may sometimes recover by “the

The floodgates opened, as people came to him with their own stories of self-doubt and depression, reassured by the fact that they are not alone.



Weinstein has been collecting tattoos since he has come back to work at Jefferson. They are creative embellishments on his body designed to serve as reminders of why he is still here.

Shoulder Tattoo

Incorporating the semicolon into the word “warrior” is a way to recognize the day-to-day struggle of living with depression. The larger, birdlike figure is a Garuda, a fearsome protector entity from Buddhist and Hindu tradition.

Abide Tattoo

Taken from Buddhist teachings, this tattoo is a shorthand for the concept of “peaceful abiding,” a form of mindfulness that calls for practitioners to rest in their natural state of ever-shifting experience.

Semicolon Tattoo

On his wrist and behind his ear (not pictured), these are symbols of suicide awareness. As a punctuation mark, the semicolon marks a pause between two thoughts in a sentence. Depression is not the end that so many see it as.

Rainbow Eye

Designed by his daughter, its meaning is twofold. On a spiritual level it is his “third eye,” another Eastern concept symbolizing transcendental knowledge. More personally, it indicates his role as the family's designated rainbow spotter—the one who notices the colors that appear after or in the midst of a storm.

goodness of the physician,” who builds trust and instills comfort.

With practice, she believes, each of us can be our own friendly audience, attending with “kindness to our own inner experience,” composing our story in real time and with an editor's eye to clarity and getting it right.

Michael Weinstein is a physician and a teacher, a member of a community that helps to keep the human drama going.

Among the many things they do, he and his team provide a service to specialty surgeons called “exposure,” which means that during a planned procedure, they will come and clear a way through a patient's body to the location of interest.

He believes all surgery is about exposure—seeing how the anatomy flows together and properly displaying the piece in need of attention. Sewing, cutting, and fixing take patience and talent, but healing first calls for creating space. 🍷



This article was inspired by a narrative essay Weinstein published as “Out of the Straitjacket” in the *New England Journal of Medicine*. Watch him tell his story in an exclusive video at Jefferson.edu/Bulletin.

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Medical School

JeffMD

A New Way to Train Physicians

When Deborah Ziring, MD, attended medical school in the 1980s, she sat in large lecture halls day in and day out while professors at the head of the class spewed information in steady streams. There was anatomy lab, microbiology lab, and a few other labs, and she paired up with fellow students to practice physical examinations, injections, and blood draws. Her first interaction with real patients didn't come until her third year.

BY CINDY LEFLER

That was then. This is now. >>

»» **It's 10 a.m. at the Sidney Kimmel Medical College's Dorrance H. Hamilton Building, room 212.**

Eight students sit around desks arranged in a U shape facing a screen. One student takes the clicker and begins a PowerPoint presentation on hepatitis; Ziring interjects a few bits of additional information, then gives the floor to another student who continues the session. A box of donuts is passed around, and the students snack as they discuss infections, treatments, and outcomes.

The next day, some of those students will interview patient actors to learn communication skills; a few will go to the anatomy lab; and others will spend the afternoon in the emergency department or outpatient clinic helping patients understand medical tests, discussing health concerns, and arranging follow-up care.

Welcome to a new age of medical education. Welcome to JeffMD, a method of instruction that replaces the traditional lecture-based courses with a curriculum that integrates hands-on medicine and basic science with interactive case-based seminars, problem-based tutorials, presentations by students, scholarly inquiry opportunities, and skills and communication training.

Specifically, it means placing future physicians into patient care settings almost immediately for early clinical exposure, optimizing learning through small groups and varied instructional formats, and encouraging students to develop special interests through individual projects. It also means putting a high priority on compassionate interaction with patients—in other words, bedside manner.

"The idea behind CBL [case-based learning] is that knowledge is really important, but knowledge is not enough to practice medicine," says Ziring, associate dean for Academic Affairs/Undergraduate Medical Education at SKMC, who is responsible for leading the design, implementation, administration, and evaluation of the revised medical curriculum.

She came to Jefferson after spending 12 years at Drexel University College of Medicine overseeing two tracks within the school—one traditional lecture track and one CBL track. "What we found was that students in the case-based track felt better prepared for their clerkships than the traditional students," she says. "They had been learning about cases and thinking about patient problems from the start;

they already integrated and built their knowledge in a way that they could easily apply to clinical practice instead of getting a siloed approach of learning where they hadn't put information into real-world patient context."

Ziring calls the "data dump" approach of the traditional lecture method a "one-way street" that isolates the student and their learning. In contrast, small-group CBL that is monitored and mentored by a facilitator allows students to investigate and learn from each other while building collaborative skills—which are just as important as academic proficiency.

"When you're sitting in a lecture hall nobody's evaluating your ability to work well with others, which is critical in clinical wards where you have to work together as a team all the time," she says.

Medical Education Past, Present, and Future

The evolution of medical education over the past century from lecture-based learning to hands-on case-based learning was inevitable, says Mark L. Tykocinski, MD, provost and executive vice president for Academic Affairs at Thomas Jefferson University, and the Anthony F. and Gertrude M. DePalma Dean of the Sidney Kimmel Medical College.

"The 1910 Flexner Report placed science front and center for the medical student," he says of the extensive study of medical education in the United States and Canada.

"The idea behind case-based learning is that knowledge is really important, but knowledge is not enough to practice medicine."



"The 2010 centennial report from the Carnegie Foundation built on it, bringing a focus on competencies, problem-solving skills, collaborative learning environments, early clinical immersion, and interprofessional education. JeffMD addresses all of them head-on, setting the stage for creative and flexible training toward a broader set of career pathways for the 21st-century physician."

The radical shift in how future doctors are educated took hold about five years ago, when technological advances and public expectations forced educational institutions to go back to the drawing board and take another look at potentially outdated methods of training physicians. Beginning in 2013, the American Medical Association (AMA) instituted the Accelerating Change in Medical Education (ACE) program to update medical school education, starting with 11 schools across the country, including University of California San Francisco and Vanderbilt. Each was awarded \$1 million to restructure and revise the medical education curriculum. In 2015, the AMA added another 21 schools, including Jefferson.

The impetus to change the delivery of healthcare education is both internally and externally driven, says Ziring. "The internal driver is the learner, who has so much information at their fingertips because of technology—the internet allows them to look up anything at any time." External drivers are the public's expectation of the healthcare provider to be more patient-centered, and the move toward outpatient care.

"Doctors not only need to have the knowledge, but also to be good at communicating and helping to navigate a complex healthcare system," she says. "Also, in the old days, it was all about acute care in the hospital. You either solved the illness or you didn't. Today, a lot of medicine is about managing complicated chronic diseases as a medical team in an outpatient setting. Now you have the focus shifting to also handling the socioeconomic and environmental aspects that need to be addressed."

Because of these changes, about 75 percent of medical schools across the nation currently are undergoing or have undergone some degree of



Deborah Ziring, MD, associate dean for Academic Affairs/Undergraduate Medical Education, is responsible for leading the design, implementation, administration, and evaluation of JeffMD.

curriculum reform. The dominant trend—and the future of medical education—is a movement toward integrated curricula with active learning modalities.

"I've felt this is a direction Jefferson should have been moving toward for many years," says Steven Herrine, MD '90, vice dean for Academic Affairs and Undergraduate Medical Education. While he is grateful for the excellent education he received, Herrine admits that he always felt there was a "better way" to train physicians.

"The emphasis was on knowledge acquisition, and medicine is so much more than being able to recall knowledge—it's clinical situations, critical thinking, reasoning, being

learning a bunch of information at once and then not getting the chance to use it until the very end of school?" He said the "learning from a holistic perspective ... the early clinical exposure ... and flexibility in the development of areas of interest" sold him on Jefferson. "I really appreciate all the critical knowledge I've gained in the first year, and also the scholarly inquiry component. Traditional programs can't offer that."

The scholarly inquiry program tracks provide students with academic and research opportunities outside of the traditional medical curriculum. The connection to other Jefferson institutions and programs gives SKMC students access to coursework not usually found in medical school. Guided by a mentor, the students work to complete independent projects appropriate for their concentration. For example, a student might work with faculty and other students at the East Falls campus to create a better football helmet or design a better clinic space; at the College of Population Health a student can research how to plan and implement solutions to the current challenges facing healthcare or focus on patient safety and quality of care; the Clinical and Translational Research track helps educate the next generation of physician scientists and researchers.

Das says he agrees with the "spirit of the program" and its holistic approach to learning, and he is not about national standardized testing. "As far as the boards are concerned, I know I will have to teach myself a lot of facts regardless of the program," he says. "The curriculum's goal is not to teach us to take the test, but how to practice medicine and be better doctors."



Somnath Das, a first-year student at SKMC, was one of the first to experience the JeffMD curriculum.

While it is too soon to assess the success of the JeffMD curriculum, the first cohort of ACE schools across the country report that board scores have remained the same or increased slightly.

A Different Path

JeffMD covers all of the traditional medical school education—fundamental science, anatomy, biochemistry, etc.—but there is a stronger focus on case studies and problem-solving. Relevant science instruction is combined with increasing clinical experience, as putting theory into practice helps to solidify the knowledge. While first-year students only interact with patients as support staff, as their knowledge increases, so do their responsibilities.

Tykocinski says the program takes education beyond competencies to the cultivation of clinical intuitions and judgment. "It develops cross-cutting ways of thinking, reengaging the Oslerian art of medicine alongside Flexner's science of medicine."

The program employs the same methods that progressive schools are using across the country. But what sets JeffMD apart from other schools transitioning away from the traditional training curriculums is an emphasis on the humanities and bedside manner.

"We are bringing back the art of medicine," explains Ziring. "During the period when scientific knowledge exploded, emphasis in instruction was put on the memorization of information. The art of conversation, communication, and building patient trust all became secondary to that. Now, with all the technological support to help retrieve factual information, physicians are free to pursue the other aspects of a healing relationship."

Students in JeffMD are required to take humanities courses such as Healing Art, Medical Spanish, and Art Appreciation. While a class that requires medical students to visit an art museum might sound strange, Ziring explains that viewing and discussing paintings helps future doctors understand nonverbal behavior and improves their ability to process nonverbal communication.

"There is a growing recognition that no matter how much technology we have, healing really comes back to the relationship between the people receiving care and people



giving care—how fundamental a caring relationship is to healing."

And while JeffMD is very focused on the care of the patient, there is also a wellness component for the student built into the curriculum. Studies show that medical students come into school with less depression, and are better adjusted, than their age-match peers. However, by the third year they surpass their age-match peers in depression. The American Foundation for Suicide Prevention reports that medical students suffer from depression at rates 15 to 30 percent greater than the general population; in addition, a study published in the Journal of the American Medical Association in 2016 found that 1 in 10 medical school students experience suicidal thoughts.

"The small-group setting allows for a more robust support network—it helps them form close relationships with their fellow students and allows the facilitators to notice if someone is struggling so they can reach out and ask 'are you okay ... can I help you?'" Ziring says. "That kind of thing wouldn't happen in a large lecture hall setting."

Change Is Hard

While Ziring enthusiastically calls the program "shiny and new," not everyone was immediately open to the change. "There's been a lot of pushback," she says. "For some students it's the fear of the unknown, and for many faculty members, there has been the attitude 'the old way was good enough for me, so it's good enough for someone else.'"

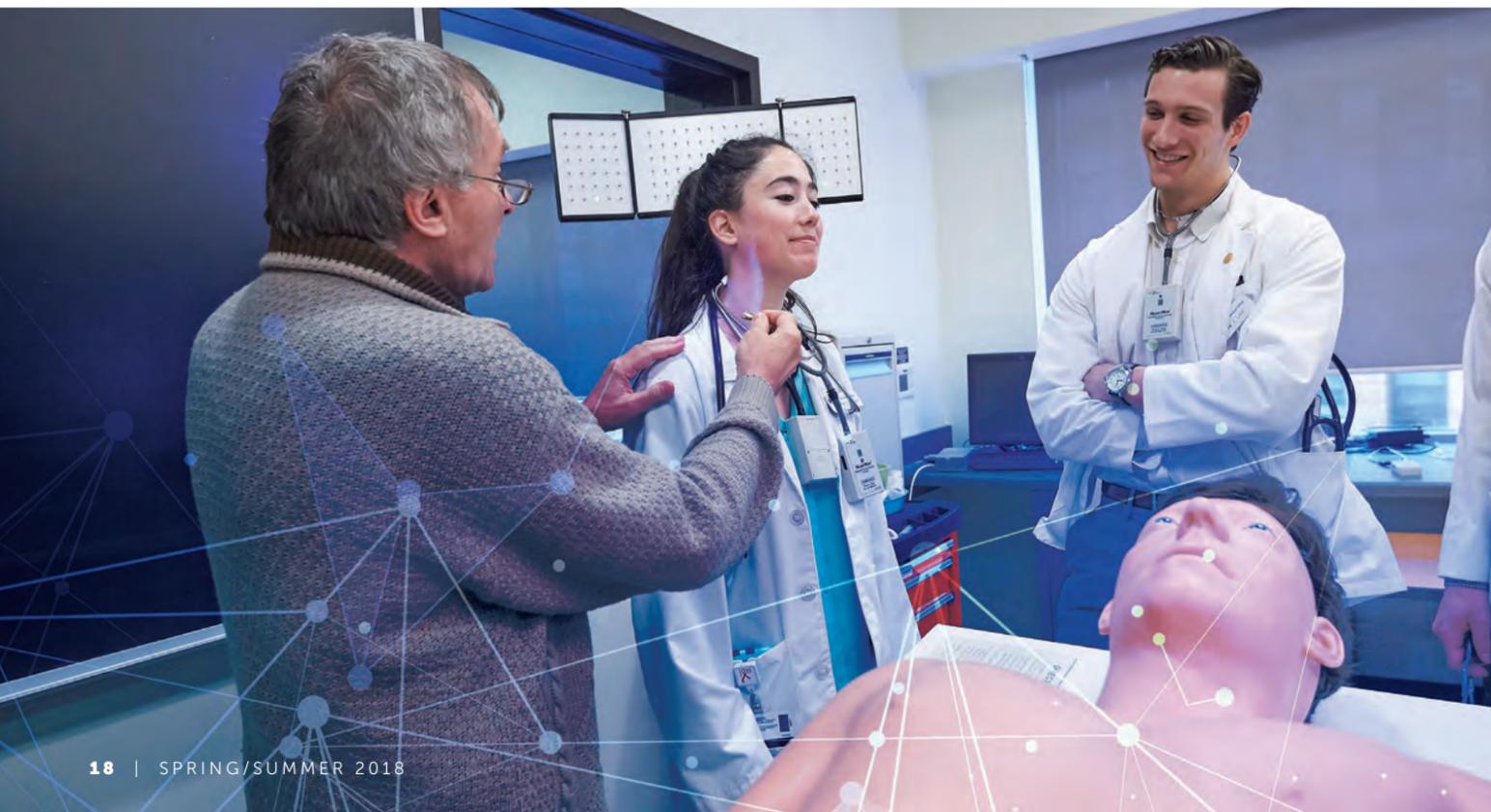
Nevertheless, as the first cohort finishes the academic year, the program is winning over both faculty and students alike. "Some people say, 'If it ain't broke don't fix it.' I say, 'Okay, it wasn't broken, but do you really think it was as good as we could make it?'" Ziring says. "This is an amazing opportunity to do better—and we are taking full advantage of that opportunity." 🍷

"I was excited to be a guinea pig."

aware that patients are from different backgrounds than your own," he says. "This change provides a more hands-on, experiential approach that accentuates humanism in medicine."

In June 2017, when Jefferson awarded white coats to the first cohort of JeffMD students, Somnath Das was "excited to be a guinea pig." Das, 23, of Warner Robins, Georgia, hadn't originally planned to attend SKMC; in fact, he had already been accepted to his state school. But when he interviewed at Jefferson, he was "blown away" by the program.

"I didn't know anything about the new Jeff curriculum, but when I heard about it my first thought was, 'Well, shouldn't medicine be taught this way rather than just



25 Years of JeffHOPE Clinics

BY KAREN BROOKS

Student Volunteers Shape Patients' Lives—and Their Own

In January 1993, a group of Jefferson medical students opened a free clinic

to serve the homeless men staying at St. Columba shelter, a shuttered West Philadelphia church that had been converted into a safe haven by the leaders of a burgeoning organization called Project HOME. Granted permission to take over the vacant choir loft, the aspiring physicians had sought equipment donations and enlisted the help of Mercy Vocational High School students, who installed drywall, a door, and a sink, and built a medication closet. With setup complete, the students were eager to see their first patients.

They waited. And waited. And waited some more.

Lara Carson Weinstein, MD '95, now an assistant professor of Family and Community Medicine at SKMC, was among that group of enthusiastic volunteers. "Nobody came upstairs," she remembers. "Nobody."

The men's disinterest in receiving free healthcare initially baffled the students, who eventually grasped the reality: These men had experienced such hardships that they no longer trusted anyone. Weeks passed without a single clinic visitor before James Plumb, MD '74, a Department of Family and Community Medicine faculty member who was advising the students, encouraged the group to go downstairs and start some conversations. So they began joining the residents for meals, listening to Phillies games on the radio, and playing cards and checkers with them.

Gradually, the men opened up.

"This turned out to be the most important thing we could have done in learning to be physicians—meeting patients on their terms, in their space, and letting them lead the way in determining what they needed," Weinstein says.

Since that first clinic opened 25 years ago, JeffHOPE

(Health, Opportunities, Prevention, Education) has bloomed to encompass six weekly clinics staffed by 500 medical students and 100 faculty members (primarily residents) who provide basic healthcare and education for up to 5,000 homeless individuals annually. Conceptualized in 1991, JeffHOPE began with Jefferson students—overseen by Plumb—consulting with local outreach experts to assess the homeless population's care needs and barriers.

"Homelessness is not an issue that physicians from an academic health center can solve," Plumb says. "I insisted that we meet with people who had devoted their entire careers to this effort to learn where there were gaps we could fill. This whole thing is about partnerships." Plumb notes that these early efforts cultivated a particularly close connection with Project HOME and its co-founders, Sister Mary Scullion and Joan Dawson McConnon, who remain involved with JeffHOPE today.

Over time, JeffHOPE's clinical focus expanded to include educational, advocacy, and laboratory work. The fully student-run group has also become more multidisciplinary, with peers from Jefferson departments such as Physical Therapy, Occupational Therapy, Couple and Family Therapy, Pharmacy, and Public Health providing services alongside their SKMC counterparts.

JeffHOPE was founded to support an underserved population whose members suffer from countless acute and chronic health conditions, but student volunteers say they get as much from the organization as their patients do.

"We're applying our clinical skills but also learning intangible things that can't be taught in a book-based or lecture-based curriculum: how to meet patients halfway,



LEFT: Jeremiah Davis, Denis Huang, and Sol Feuerwerker in the JeffHOPE office preparing for clinic at Prevention Point Philadelphia.



BELOW: Committee members and medical team volunteers preparing supplies and documenting patient encounters at Our Brothers Place.

how to put judgment aside and connect with people who are very different from us, how to recognize our own limitations as human beings," says Anna Carleen, a third-year SKMC student and one of JeffHOPE's 11 student directors.

Carleen emphasizes that rather than providing all of the care that visitors need, JeffHOPE clinics are simply a starting point. "We are constantly looking at what our role in the community should be and how we can do it better. Our mission is to be a bridge between the healthcare system and individuals experiencing homelessness," she says. "There are many socially conscious organizations in Philly, and we try to be very self-aware about the part we play among them."

Connecting patients to comprehensive care is critical because lack of access is one of the biggest problems JeffHOPE patients face. Even those staying in shelters where residents are likely to have jobs and health insurance—such as ACTS (Acts Christian Transitional Service), a facility for women and children—often do not obtain primary care services.

"There are very real barriers to getting to an appointment during the day, like not having childcare or not being able to miss work, so they just don't go," says third-year SKMC student Sara Edwards, director of JeffHOPE's ACTS clinic and formerly a patient educator who counseled women on issues including sexual health, birth control, nutrition, smoking cessation, and mental health.

Edwards recalls a time when she ran into a former ACTS resident in Jefferson's OB-GYN lobby. The patient had been pregnant while at ACTS and had hesitated to seek regular prenatal care; JeffHOPE volunteers had counseled her

SAVE THE DATE FOR A JEFFHOPE CELEBRATION

SKMC is hosting a celebration of JeffHOPE's founders, patients, and community partners on campus this fall. We hope you will join us for a panel discussion on social justice and advocacy followed by a reception.

When: **October 17, 2018**

For more information, contact the Office of Student Affairs at 215-503-6988 or skmc.student.affairs@jefferson.edu.

Continued on page 48

Caring for the Most Vulnerable a "Moral, Ethical, Medical Responsibility"

BY CINDY LEFLER

Jefferson's Latina Women's Clinic Dispenses Care and Compassion

Standing outside the exam room door, Blima Ludmir warns her husband, Jack Ludmir, MD, that the patient inside is skittish and shy.

She quickly relays the young woman's story: She arrived from Honduras just four weeks ago, somehow making it across the border into the United States with her five-year-old daughter. She speaks no English. She doesn't know exactly how far along she is in her pregnancy. She only knows she had to escape the violence in her country.

Ludmir nods, motions to the two medical students with him to follow, then throws open the door with a jovial, "Hola!"

Inside, 26-year-old Ingris sits on the examination table nervously toying with the paper pink-orange hospital gown, her daughter, Sandra, by her side. Ludmir immediately starts speaking to her in Spanish, making conversation to put her at ease. He asks her about her previous pregnancy, her family, and then he asks about leaving Honduras.

Speaking softly, she tells Ludmir why she had to leave her country. It was dangerous there for her—so much brutality. Gangs had killed her brother. They had killed many of her friends. For no reason. She feared for her life and the life of her daughter. She risked the dangerous



Jack Ludmir, MD, with a patient at the Jefferson Latina Women's Clinic



Ludmir with a midwife and two nurses in obstetric triage at a Peruvian public hospital for poor pregnant women

This could be the only time they will be treated with dignity and respect.

journey to join her husband in Philadelphia.

"And this is why we do this," says Ludmir, turning to his students.

Mother and daughter came with only the clothes they were wearing. They had no identification documents, no money, and certainly no medical records from Ingris' first pregnancy.

"Do you think we can get any medical records?" the doctor asks the students. He answers his own question with a shake of the head and weary smile, "Welcome to my world."

That world consists of the most vulnerable of humanity—pregnant, frightened, and often undocumented immigrants in need of someone to trust. These poverty-stricken members of society somehow find their way to the Jefferson Latina Women's Clinic, where the OB-GYN, his wife, and the dedicated volunteer staff offer medical care and kindness.

"This could be the only time they will be treated with dignity and respect," Ludmir says. "That is why it is so important to take time, give them some TLC. They are used to being abused by everyone in society—they will not be abused here."

The Jefferson Latina Women's Clinic, which just celebrated its first anniversary, is a comfortable space with a cheerful waiting room and four exam rooms. Here, providers deliver prenatal and postnatal

care for women with no money, no support system, and nowhere else to turn.

While the clinic is the brainchild of Ludmir, he says the "backbone" of the center is his wife, Blima, the volunteer patient navigator, translator, and 24-hour on-call advocate for the disenfranchised.

Both Jack and Blima grew up in Peru and moved to the United States to pursue their education. Throughout their lives they have shared a common belief that they were put here to do some good in the world.

After medical school, Ludmir trained at the Hospital of the University of Pennsylvania in OB-GYN with a specialty in maternal-fetal medicine. He served on Penn's faculty for several years, and then moved to Boston in 1992. After a six-year stint at Harvard, he returned to Philadelphia as chief of the Department of Obstetrics and Gynecology at Pennsylvania Hospital.

Around 2003, he started to notice an inordinate number of Hispanic women showing up on his labor and delivery floor who had never had prenatal care. "Most were from Mexico, and I was really concerned and wanted to find out what was going on," he said. What he found out was the history of Hispanic migration to the United States.

Over the years, the regions of origin of the Hispanic population in Philadelphia has shifted. In the 1940s and 1950s the majority came from Puerto

Ludmir avoids talking about the "politics of immigration," focusing instead on devoting time and energy to providing healthcare to a population under stress.

OPPOSITE, FROM TOP:

The interns and residents at the public hospital for poor pregnant women in Peru threw a party for Ludmir to thank him for his help.

Ludmir's patient at the Latina Women's Clinic

The whole team following Ludmir in patient rounds emphasizing safety quality, but primarily humanism and professionalism toward the poor women being treated at the Peruvian public hospital

Rico; in later years, immigrants from the Dominican Republic settled in the United States, and in 2000, an influx of Mexicans sought to build a life working in the restaurant industry as dishwashers and line chefs.

Wanting to learn more, Ludmir sought out Steven Larson, MD, an emergency department physician at the University of Pennsylvania, who had been working with the migrant population in Kennett Square for many years. The two spoke about undocumented immigrants and the need for low-cost or free healthcare; they came up with a plan for a patient and community-centered clinic that served the Hispanic community.

The nonprofit they created was Puentes de Salud ("Bridges of Health"), with an extra component called Latina Community Health Services that specifically catered to women. Puentes de Salud in South Philadelphia continues to serve as a multidisciplinary, community-based collaborative that promotes health and wellness through low-cost, high-quality healthcare, innovative educational programs, and community building.

In 2016, Ludmir decided it was time to take a sabbatical—a working sabbatical. He and Blima traveled to Colombia to work toward reducing maternal mortality rates. However, while they were there a new challenge in the region developed—the Zika virus. Ludmir was contacted by Colombia's Minister of Health to help write national guidelines on how to deal with Zika during pregnancy. Once

the unexpected assignment was completed, the Ludmirs turned their attention back to the United States.

"You don't have to go overseas to encounter misery and poverty—you can find it here in our own neighborhoods," Ludmir says. Although the city boasts areas of great wealth, Philadelphia is overall the poorest of the large urban cities in the United States. More than 25 percent of its residents live below the poverty line; it has some of the highest rates of obesity, smoking, HIV, low-birthweight babies, and maternal mortality of any of the country's 10 major cities; more than 20 percent of the population does not have access to inexpensive, nutritious food; and there is a serious lack of available healthcare in many of its poverty-stricken neighborhoods.

Because of these staggering statistics, Ludmir sought a new opportunity to help on a "glocal" basis—global and local. That opportunity came in a phone call from Stephen K. Klasko, MD, MBA, president and CEO of Thomas Jefferson University and Jefferson Health.

"He gave me the task of creating an initiative that will narrow the health disparities gap and improve conditions in Philadelphia. And that is where the Philadelphia Collaborative for Health Equity originates," Ludmir says.

The P-CHE is a new citywide initiative Jefferson is helping to launch that addresses the social determinants that contribute to the health disparities in so many communities within Philadelphia. The grassroots approach seeks to build trust in the communities and create an alliance of government, business, philanthropic and nonprofit organizations, and citizens to address challenging issues that contribute to the complex social problems of Philadelphia and its residents.

The Jefferson Latina Women's Clinic is part of that collaborative effort. Once a week approximately 16 to 20 women seek low-cost or no-cost prenatal and postnatal care at the clinic—women such as Ingris, who Ludmir says is an example of the latest wave of immigrants from Honduras fleeing the violence that claims one out of every 1,000 people in that country.

The lucky are able to escape to the United States, and yet, they are still afraid. The political climate in the country has all undocumented immigrants on edge, concerned they will be scooped up by Immigration and Customs Enforcement (ICE) and deported to home countries to face what amounts to a death sentence.

But to Ludmir's team, caring for pregnant women and their babies is not a matter of political right or



To see a video interview with Jack Ludmir, MD, and to find out more about the Latina Women's Clinic and P-CHE—and how to get involved—visit Jefferson.edu/Bulletin.

wrong, it is a "moral, ethical, and clinical issue; prenatal care should be a universal right," he says.

Lack of prenatal care puts both the mother and child at significant risk for health complications, including premature birth. Many complications of pregnancy are easily preventable and easily treatable, but can be serious or fatal if left untreated.

"It just makes medical sense to provide this care, it makes moral sense ... and it makes financial sense," he says, noting an extensive study in California that found it costs three times more to care for a sick baby than to provide basic prenatal care that would result in a healthy baby.

"Como esta, amiga?" Ludmir greets Berenice, a very pregnant woman, as he enters the exam room.

Berenice is from Mexico and speaks very little English. She is all smiles, and says she is grateful that she only pays \$5 or \$10 for the clinic visits that help to keep her pregnancy healthy—and that she doesn't have to pay at all if she doesn't have any money that day.

He then recruits her as his "ambassador" to the community by asking in Spanish, "Will you tell others what good care you get here?"

"Oh yes, yes," she replies emphatically in English.

Due to the political issues surrounding undocumented immigrants, the clinic relies on word of mouth to let patients know it exists. But Ludmir avoids talking about the "politics of immigration," focusing instead on devoting time and energy to providing healthcare to a population under stress. Aside from poverty, the language barrier, high rates of suicide attempts, and other challenges, his patients often face societal prejudice, even from some within the medical community—something he is trying to change by bringing more healthcare professionals into the clinic to experience its mission firsthand.

The team at the center includes Ludmir's "right hands"—Dacey Stratton, CRNP, medical director at Puentes de Salud; Annette Silva, LPN, community nurse liaison at Puentes de Salud; and Santly Helena, a medical assistant with Jefferson's OB-GYN department—as well as ultrasound sonographers and receptionists. In addition, SKMC residents and medical students rotate through, as do visiting residents from other programs. In an exchange program with Latin American countries, a recent medical school graduate from Colombia doing a year clerkship with the OB-GYN department also lends a hand.

"We went into this challenging field to care for people, and I hope we can inspire at least one person to do the same," Ludmir says. "I hope we can help them to understand what a great privilege it is to care for another human being." 🇺🇸

Jefferson.edu/Gala



16th annual Jefferson GALA

Championing our cancer patients, physicians, and researchers *until every cancer is cured*

Save the Date: Tuesday, October 30, 2018

“This is a great time to be a Jeff grad. The Alumni Center is a campus oasis for alumni to meet, refresh, and relax—think American Airlines Admirals Club but quieter, more refined, and comfortable. I hope to see more of my classmates in this unique venue, and encourage all alumni to continue to generously support it. Something very exciting is happening at Jefferson. There has never been a better time to become a part of it by honoring our alma mater.”

— JC Noreika, MD '76, 1976 Class Agent



Your Name in Lights

When you visit the Pinizzotto-Ammon Alumni Center, the first thing you'll see is our bright Alumni Legacy Wall. Using the touchscreen, you can search for Center donors, as well as see connections among classmates and legacy families with multiple alumni. You can see stories and photos too.

To find out how to add your name to Jefferson's legacy, visit Jefferson.edu/AlumniLegacyWall or call 215-955-9302.

Endowed Professorships



The first mention of endowed professorships in the annals of Jefferson's history is by **Samuel Gross, MD 1828**, one of the finest surgeons of his time, a distinguished Jefferson educator, a prodigious author of medical texts, and a founder of the **American Medical Association**.



1910

Thirty-four years later, Jefferson's first endowed chair, the Samuel D. Gross Professorship in Surgery, was established with a bequest from Dr. Gross' daughter in his memory. John Chalmers DaCosta, MD 1885—a former student of Gross' and co-chair of the Department of Surgery (1907–31)—was invested as the inaugural Samuel D. Gross Professor of Surgery on June 6, 1910, during Jefferson's 85th Commencement.

1871

Gross also was founder and first president of the **Alumni Association of Jefferson Medical College**. In an address to the Association on March 11, 1871, he said, "Measures should be adopted to endow scholarships and professorships," and called fundraising for these endowments "a praiseworthy enterprise."

Among the eight holders of the Gross Professorship is Dr. John Gibbon, Jr., MD '27, who invented the heart-lung bypass machine and performed the world's first successful open heart operation at Jefferson, revolutionizing heart surgery in the 20th century. Dr. Charles Yeo, a world-renowned surgeon, scientist, and educator, is the current holder.



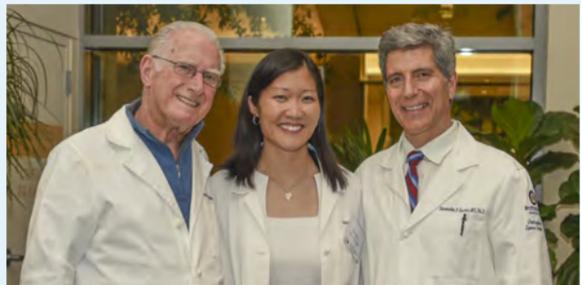
2018

Since the first Gross chair was established more than a century ago, it has been joined by excellent company. Today, **85 professorships** have been endowed at Jefferson.

Recently Established (2016–18)

- Paul F. Bray, MD Professorship in Clinical Hematology
- Anthony Alfred Chiurco, MD Professorship in Neurological Surgery
- Anthony J. DiMarino, Jr., MD Professorship
- The Green Family Foundation and John and Patricia Walsh Professorship in Emergency Medicine
- Victor Heiser, MD Professorship in Population Health
- Richard W. Hevner Professorship in Computational Medicine
- Kalbach-Newton Professorship in Cancer Research
- James J. Maguire, Jr. Professorship in Spine Research
- Navis Professorship in Population Health
- Herbert A. Rosenthal, MD '56 Professorship in Cancer Research

If you would like to learn more about supporting an endowed professorship, please contact Stephen Smith, Senior Vice President, Institutional Advancement, at 215-955-6456 or Stephen.Smith@jefferson.edu.





◀ **S. Weir Mitchell, MD**
1850, “Father of American Neurology,” was also a poet (seven volumes) and America’s most popular author of fiction (15 novels) in the 1890s.

Jeffersonians

and
the

Arts

F. Michael Angelo
 University Archivist
 and Head of Historic
 Collections

Beginning with TJU founder George McClellan, MD, one of the first supporters of Philadelphia’s music scene as a founding member of the Musical Fund Society in 1820, Jefferson students and faculty throughout the 19th and 20th centuries practiced both their clinical profession and their love of the creative arts. Here is a small sampling.

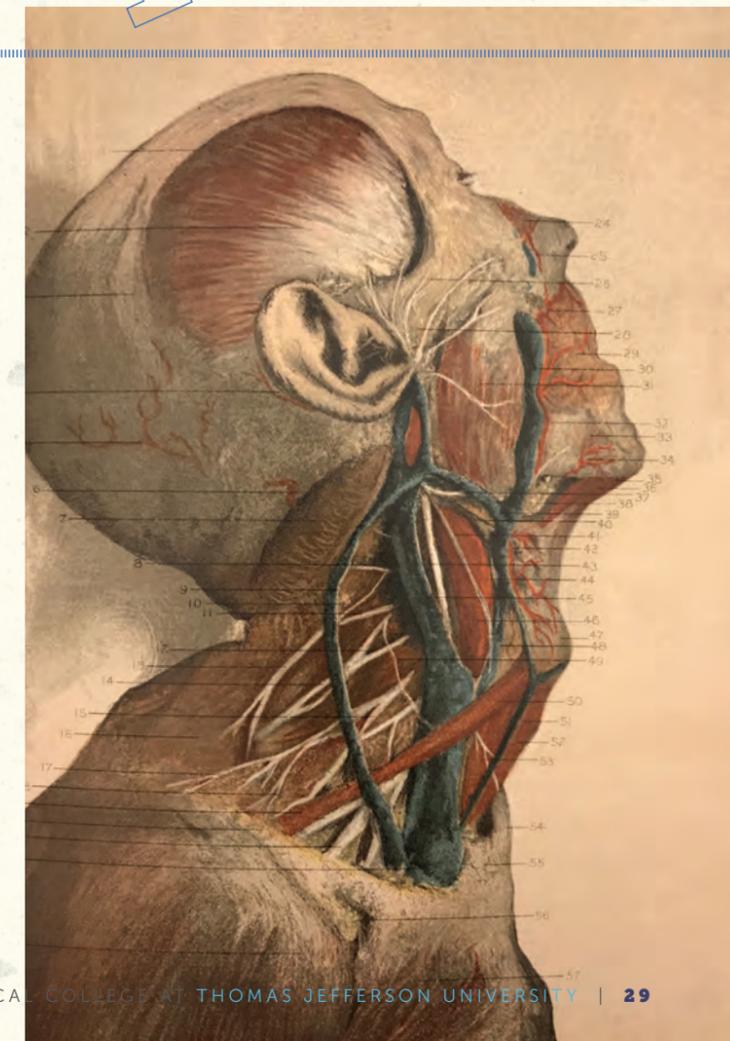
1850



▲ **John Kearsley Mitchell**
 (chair of Medicine,
1841–58) was a published
 poet and song lyricist.

Robley Dunglison (chair of Physiology and dean, 1836–58), “Father of American Physiology,” was a musician (piano and flute) and served as president of Philadelphia’s Musical Fund Society. He wrote about “musicomania” and other artists’ maladies.

1875



▶ **George McClellan, II, MD 1870 (chair of Anatomy)**, grandson of the founder of TJU, studied with Josef Hyrtl in Vienna and was considered America’s finest anatomist. His textbooks demonstrate his skill as illustrator and photographer.

TIME CAPSULE



◀ **Chevalier Q. Jackson, MD 1886 (chair of Laryngology)**, "Father of Bronchoscopy," was an innovative medical instrument-maker and a talented painter and woodworker.

Thaddeus L. Montgomery, MD '20 (chair of OB-GYN) produced numerous landscape paintings and was writing an historical fiction novel at the time of his death in 1994.

Hobart A. Reimann (chair of Medicine, 1936–51) was the acknowledged authority on pneumonias, as well as an accomplished oil painter.

Randle C. Rosenberger, MD 1894 (professor of Bacteriology), a beloved and successful teacher, was also a violinist. He owned a Stradivarius that he kept (and played) in his department office for relaxation.

John Chalmers DaCosta, MD 1885 (co-chair of Surgery) was not only a master surgeon and prolific medical writer but also made time to create poetry.

1900

1925

1950

1975

2000

Solomon Solis-Cohen, MD 1883 (professor of Clinical Medicine) was a civic leader and was instrumental in the practical application of filtration for city water and immunization drives against diphtheria. His most famous poem, "When Love Passed By" (1887), has been translated into more than 20 languages. He translated poetry from Hebrew medieval manuscripts and was also a painter.

▼ **JMC Student Orchestra, 1900**
This is the earliest image of a musical ensemble at Jefferson. The orchestra members helped fund their tuitions by playing at Philadelphia gigs. The 20th-century students also saw opportunities for singing: JMC Glee Club (all-male voices); Student Nurses Choir (all-female voices); and, after the university became coed, the University Choir, The Chamber Singers, and a cappella groups.



▲ **John Heysham Gibbon, Jr., MD '27 (chair of Surgery)**, inventor of the heart-lung bypass machine, was a painter and poet. His father, co-chair of Surgery at Jeff, forbade him to pursue his desire to be a writer, and so he learned to combine his medical profession with his art making.

"Many are the trusts I've had
With mortals here,
Their bodies offered to my trust,
To cut and sew and maybe cure."

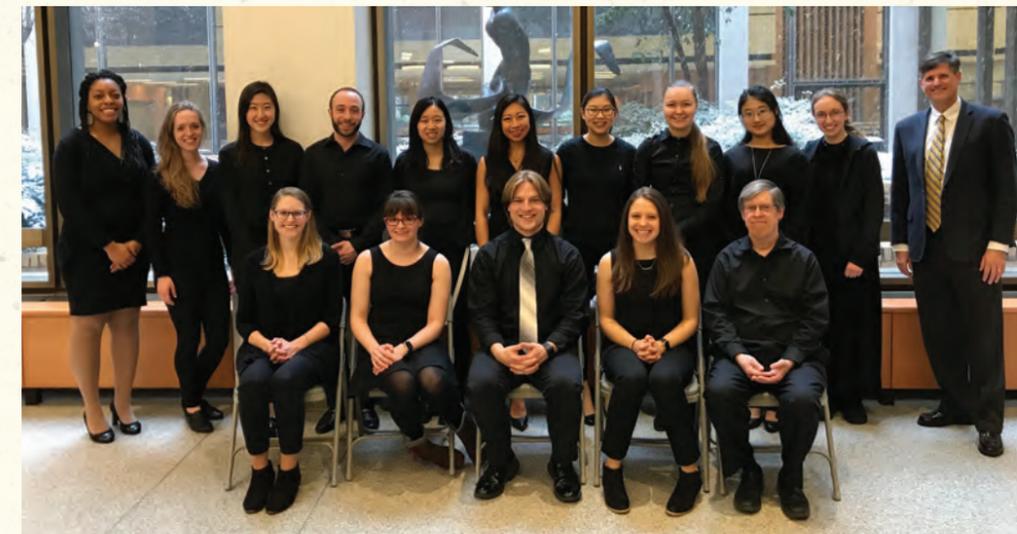
—JOHN HEYSHAM GIBBON, JR., MD,
CIRCA 1960



◀ **James M. Hunter, MD '53 (professor of Orthopaedic Surgery)**, inventor of the artificial tendon, had studied violin but learned the string bass and guitar because he loved jazz. As a medical student at Jeff he was part of a jazz band called the "Scalpel Six." He was the first hand surgeon in Philadelphia and continued to play gigs worldwide throughout his career.

"Music is a good friend to the Professions."

—JAMES M. HUNTER, MD,
CIRCA 1988



▲ **Jefferson Chamber Orchestra, 2018**

TOP ROW (FROM LEFT TO RIGHT): Gabrielle James, Rebecca Newbrander, BoHyung Yoon, Bryan Bourdeau, Carolyn Tsai, Michelle Sheng, Jenny Guo, Nataliya Bahatyrevich, Yang Hai, Tamar Wasserman, Dr. Charles Pohl.

BOTTOM ROW (FROM LEFT TO RIGHT): Chelsea Gottschalk, Catherine Anderson-Quinones, Zachary Schoepflin, Michelle Hannon, Dr. Bruce Fenderson.

NOT PICTURED: Eleni Florakis, Anna Chen, Amen Sahmoud

Jefferson Health and Magee Rehabilitation Combine, Strengthening Patients' Path to Independence



Jefferson Health and Magee Rehabilitation are embarking on the next chapter of their decades-long clinical partnership by combining their organizations. The integration will enable two of Philadelphia's nationally ranked hospitals to provide an even higher level of care to patients regaining independence from spinal cord injury, stroke, brain injury, amputation, multiple sclerosis, or orthopaedic injuries.

Under terms of the combination, Magee, the 13th-ranked rehabilitation hospital in the country, according to *U.S. News & World Report*, would apply its leading-edge, best-practice approach to rehabilitative medicine across the Jefferson Health enterprise, which now includes 14 hospitals across two states. In turn, Jefferson Health, including Thomas Jefferson University Hospitals, the 16th-ranked hospital in the country, will extend certain services to Magee patients, such as JeffConnect telemedicine, enabling them to consult with their physicians through the convenience of a laptop or other mobile device.

The merger, effective January 2018, marks Jefferson Health's fourth in as many years. Now, Jefferson Health provides care to patients at its hospitals and more than 50 outpatient locations. Operating revenue has grown from approximately \$1 billion to \$5 billion.

Jefferson's strong partnership with Magee began in 1978, when the organizations formed the Regional Spinal Cord Injury Center of the Delaware Valley. Through this affiliation, it became designated as one of the nation's 14 Model Spinal Cord Injury Centers by the National Institute on Disability, Independent Living, and Rehabilitation Research. This year marks the 40th consecutive year of the partnership, which includes research and collaboration in the areas of biomedical services, pharmacy, respiratory therapy, radiology interpretations, residency programs, and other student education.

Jefferson Receives \$2.8 Million Grant from the Bristol-Myers Squibb Foundation

The Bristol-Myers Squibb Foundation has awarded Thomas Jefferson University and Jefferson Health \$2.8 million to bring lung cancer screening, care, and prevention programs to underserved communities in Philadelphia.

Jefferson, home to the NCI-designated Sidney Kimmel Cancer Center and the Jane and Leonard Korman Respiratory Institute, will use the gift to launch a citywide campaign in low-income, high-risk communities to increase knowledge about lung cancer, promote prevention, reduce the stigma of the disease, introduce screening programs, and improve outcomes. Philadelphia ranks the highest in poverty among the nation's 10 largest U.S. cities, and also has the highest rate of smoking—the leading cause of lung cancer among adults. Despite new national lung cancer screening guidelines, rates remain very low, with less than 4 percent of eligible people getting screened. This problem is compounded in impoverished areas of Philadelphia, where the average family income can be well below the federal poverty level. Lack of effective communication about the purpose and process of screening, screening services, and treatment results in higher mortality rates for cancer patients in the city. Jefferson aims to collaborate with clinical and community partners to remove barriers and provide lung cancer programs to the city's uninsured and underinsured residents.

These efforts will be led by the Korman Respiratory Institute, a collaboration between Jefferson Health and National Jewish Health; the combined services of the Sidney Kimmel Cancer Center and its Center for Health Decisions; and the Center for Urban Health, a signature program of the Jefferson Department of Family and Community Medicine.



TJU to Establish the First Education and Training Center for Biologics Manufacturing in North America in Partnership With NIBRT

New biologic therapies are rapidly gaining momentum by turning debilitating illnesses such as rheumatoid arthritis, diabetes, and cancer into manageable illnesses, and even creating cures.

And yet because of the complex manufacturing process, and lengthier regulatory timeline compared to traditional drugs, biologics remain challenging to produce in large quantities, with only a handful of centers throughout the world dedicated to training people to synthesize these lifesaving drugs.

Jefferson (Philadelphia University + Thomas Jefferson University) intends to close that gap by creating the Jefferson Institute for Bioprocessing (JIB), the first—and only—such institute in North America, which will be established in collaboration with the National Institute for Bioprocessing

Research and Training (NIBRT). NIBRT is internationally recognized for its excellence in bioprocessing research and training and serves about 4,000 industry professionals worldwide from its headquarters in Dublin, Ireland.

Leaders from Jefferson and NIBRT announced this unprecedented global partnership on February 21 at the Biopharma Ambition Conference at Dublin Castle. When fully operational, JIB is expected to serve 2,500 people annually, including working with the pharmaceutical companies, providing workforce training through community college partnerships and bioprocessing certifications through regional university partnerships.

The Institute will facilitate enrollment of 70 additional Jefferson students in bioprocessing engineering, from undergraduate to PhD. Biologic pharmaceuticals are manufactured in a living system such as a microorganism, plant, or animal cell, often using the latest genetic manipulation technology. The development of biologic pharmaceuticals is growing rapidly and represents a major shift in the industry from traditional chemical synthesis techniques. More than 40 percent of therapeutics currently in research and development are biopharmaceuticals. Jefferson expects the first training opportunities for industry professionals to be offered in mid-2019.



Dr. Christine Eischen Is Named to New Professorship

An estate gift from Herbert Rosenthal, MD '56, has established the Herbert A. Rosenthal, MD '56 Professorship in Cancer Research and will fund the work of Christine Eischen, PhD, one of Jefferson's leading cancer researchers.

Eischen is a professor and vice chair in the Department of Cancer Biology at Thomas Jefferson University Hospital and is co-leader of the Molecular Biology and Genetics Program at the Sidney Kimmel Cancer Center of Thomas Jefferson University. She also serves as Special Advisor for Basic Science to Jefferson President and CEO Stephen K. Klasko, MD, MBA. She has spent her career studying the molecular mechanisms of tumor initiation, with the goal of identifying vulnerabilities in cancer cells that could lead to therapeutic targets.

"Dr. Eischen's work is vital to understanding cancer at its most fundamental levels in order to work toward treatments and cures," says Karen Knudsen, PhD, director, SKCC, and Hilary Koprowski Professor and Chair of the Department of Cancer Biology. "I eagerly anticipate the contributions her lab will make with the support of this professorship."

After receiving her PhD in immunology from the Mayo Clinic in Rochester, Minnesota, Eischen completed postdoctoral work in cancer biology and mouse genetics at St. Jude Children's Research Hospital in Memphis, Tennessee. She came to Thomas Jefferson University in 2016, and currently serves as advisor to Jefferson College of Biomedical

Sciences graduate students and postdoctoral fellows.

Rosenthal was a well-loved neighborhood physician who was known to his patients as "Doc." He practiced internal medicine for more than 50 years in his home office in the East Mount Airy section of Philadelphia and was revered for his kindness, compassion, and excellence as a diagnostician.

Rosenthal greatly appreciated his Jefferson medical education and felt such a strong connection to the school that he bequeathed it his entire estate. A separate portion of the bequest is being used to establish the Herbert A. Rosenthal, MD '56 Scholarship.

Please visit Jefferson.edu/Bulletin to view images from the June 12 investiture ceremony.

Six Health Systems Form Consortium to Expand Access to Clinical Trials



On April 16, six health systems announced the founding of a nonprofit clinical research consortium, Partners in Innovation, Education, and Research (PIER Consortium™), a streamlined clinical trial system that will span New Jersey and Pennsylvania. The founding members of PIER include Atlantic Health System; Drexel University; Einstein Healthcare Network; Geisinger, including AtlantiCare; Main Line Health; and Thomas Jefferson University.

Clinical trials have traditionally been offered at academic medical centers and through affiliated hospitals to ensure patients are treated safely and effectively with the best standard of care. Unfortunately for patients, this can mean traveling many miles, sometimes across the country, for novel treatment. PIER will bring clinical trial sites to larger numbers of patients, while also bringing new treatments to market faster.

The goal of having a broad network of physician-researchers is to speed up the clinical trial process and deliver effective therapies to patients sooner. "It can take decades to prove a medication or other treatment is safe and effective for a particular disease, which can be too late for many patients seeking treatment," says David Whellan, MD, senior associate provost for Clinical Research at Jefferson and chief operating officer of PIER.

An estimated 80 percent of clinical trials fail to finish on

time. Having contracts in place and physicians identified could allow trials to both start and reach participation capacity more quickly. The expertise shared across sites through PIER will allow clinical researchers to enroll patients in trials more quickly and will streamline the clinical trial process across institutions, creating a more effective process for patients, trial sponsors, and researchers.

"PIER offers turnkey solutions with one contract and a single Institutional Review Board. With physician champions at each site, start-up activities will be coordinated to help each site hit the ground running," Whellan says.

Award Helps Advance Gastroesophageal Cancer Immunotherapy



Adam Snook, PhD, and Scott Waldman, MD, professor and chair of the Department of Pharmacology and Experimental Therapeutics

The DeGregorio Family Foundation for Gastric and Esophageal Cancer Research & Education, together with the Savone Family, has awarded Adam Snook, PhD, of the Department of Pharmacology and Experimental Therapeutics at the Sidney Kimmel Cancer Center (SKCC) at Jefferson and Sidney Kimmel Medical College at Jefferson a \$175,000 grant to study the effectiveness of CAR-T therapy as a treatment for gastroesophageal cancers.

Chimeric antigen receptors (CAR) treatment is a type of immunotherapy that takes a patient's own immune cells—specifically white blood cells called T cells—and reprograms them to attack tumors. Previously, CAR-T cell therapy has not been successful in treating gastroesophageal cancers due to the absence of an antigen target—a substance that stimulates an immune response in the body. Dr. Snook's lab has recently developed an adoptive cell therapy prototype for metastatic colorectal cancer using an enzyme in the

intestine called guanylyl cyclase C (GUCY2C) as an antigen target.

With the grant, Snook, along with a team of Jefferson (Philadelphia University + Thomas Jefferson University) collaborators, all of whom are members of SKCC—surgeon Jordan Winter, MD, FACS; biostatistician Tingting Zhan, PhD; and pathologist/anatomist/cell biologist Wei Jiang, MD, PhD—will further explore the effectiveness of this treatment.

"Gastroesophageal cancers are fatal in more than 70 percent of cases, and new therapies are greatly needed," Snook says. "We've identified GUCY2C as a new target for adoptive cell therapy in colorectal cancer, and recently discovered its expression by other gastrointestinal cancers, including stomach and esophagus, creating an opportunity to treat these fatal diseases with GUCY2C CAR-T cell therapy also."

While the research is promising, further investigation is needed in order to support an FDA Investigational New Drug application for Phase I testing of GUCY2C CAR-T cell therapy in gastroesophageal cancer.



Dr. Karen Knudsen Elected to Lead 2020 ASCO-GU Symposium

The American Society of Clinical Oncology (ASCO) elected Karen Knudsen, PhD, director of the Sidney Kimmel Cancer Center at Jefferson, to serve as representative

and chair-elect of the 2019 Genitourinary Cancers Symposium (ASCO-GU) Program Committee—which will be held February 14–16, 2019, in San Francisco—and then chair of the 2020 Symposium. This annual meeting is attended by thousands of GU oncologists, urologists, and radiation oncologists from around the globe, and is where all major clinical advances report out. Knudsen has led the prostate cancer track for ASCO-GU for the past three years.



Dr. Charles Pollack Elected to FACC

Charles Pollack, Jr., MD, was elected a Fellow of the American College of Cardiology—the first emergency physician ever accorded that honor—in recognition of his long-standing commitment and contribu-

tions to cardiovascular education, research, and patient care. Pollack serves in many leadership roles at Jefferson, including associate provost for Innovation in Education at TJU; director of the Jefferson Institute of Emerging Health Professions; director of the Lambert Center for the Study of Medicinal Cannabis and Hemp; associate dean for CME and Strategic Partner Alliances; and professor and senior advisor for Interdisciplinary Research and Clinical Trials in the Department of Emergency Medicine, SKMC.



Invest in the Future

There are times that William Antognoli, MD '61, pauses to look back at his years in the medical profession, and when he does, he fondly credits the Jefferson Medical College (now Sidney Kimmel Medical College) with his success.

"Jefferson provided excellent training and gave me the foundation for my career," says the retired anatomic and clinical pathologist.

But most of the time, Antognoli, who turns 83 this year, looks ahead—to the future generations of Jefferson physicians.

The Peckville, Pennsylvania, resident began contributing to Jefferson's Alumni Fund from the moment he graduated. However, in 2014, wanting to do more—and inspired by Sidney Kimmel's matching fund program—he established the William J. Antognoli, MD '61 Scholarship Fund at SKMC. This year, he decided to add significant support to that scholarship through a planned giving arrangement.

"I don't have any children of my own and strongly believe in the importance of mentorship. It's important to help them—especially with the expense of medical school nowadays," he says, noting that tuition has significantly increased since he attended medical school.

"My generation needs to help fulfill the ambitions and goals of those entering the medical field, and I'm happy I'm able to do it," Antognoli says, adding emphatically, "I hope to inspire others to join me."

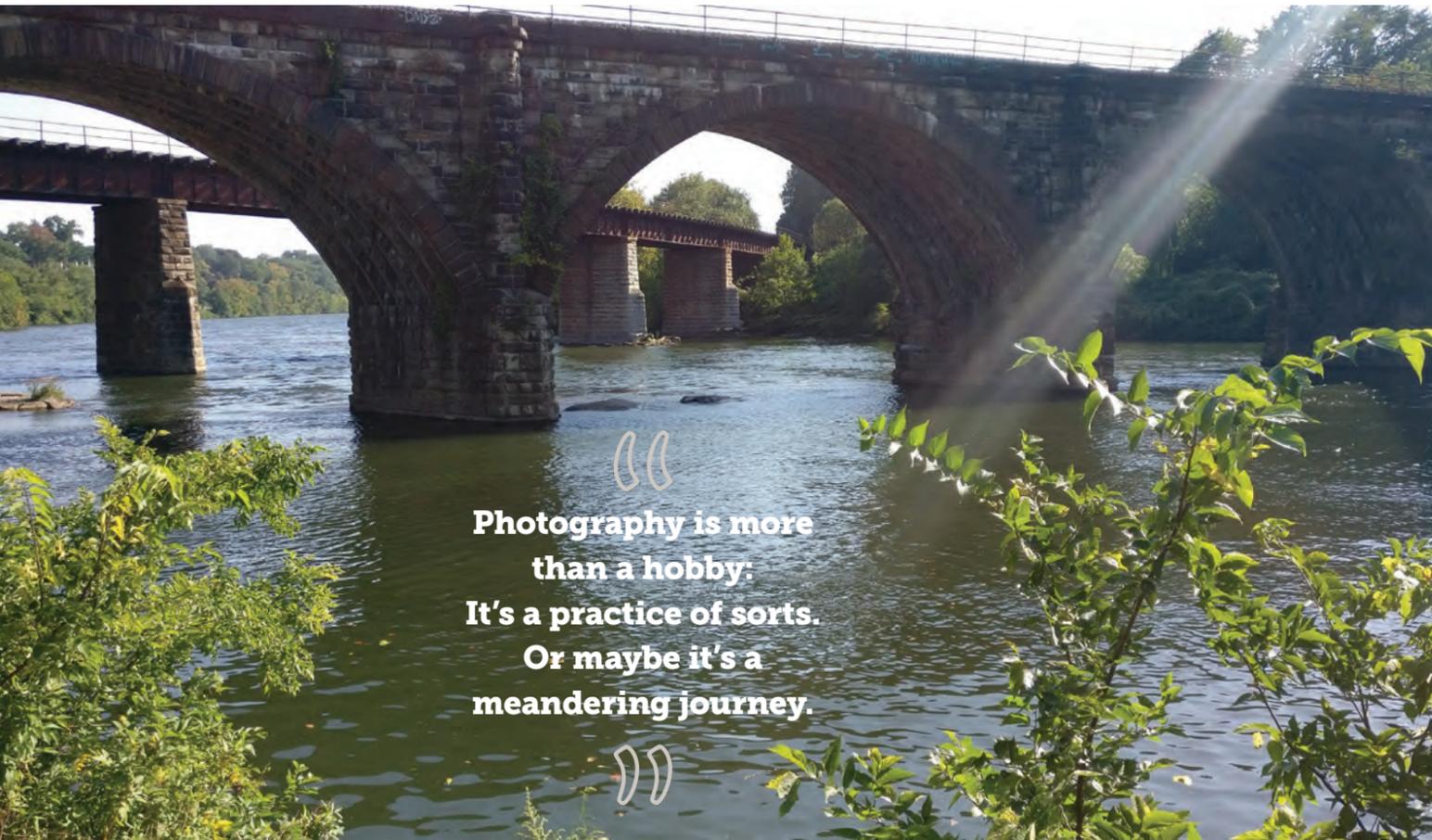
To learn about making a gift through your IRA and other planned giving opportunities, contact:

Lisa W. Repko, JD
Vice President, Planned Giving and TJU
215-955-0437
lisa.repko@jefferson.edu

1824 Society

Feeling All the Bumps

Jefferson Oncologist Looks at the World from Behind a Camera



Photography is more than a hobby: It's a practice of sorts. Or maybe it's a meandering journey.



PHOTO CREDITS: James Posey, III, MD

Sometimes James Posey, III, MD, will be biking along the Schuylkill River Trail when the scent of flowers, carried on a breeze, will catch his attention. He'll stop, scan the sides of the trail, and maybe follow his nose to take a closer look at the source of the fragrance. At other times the way light plays on water might be what turns his head, or how clouds and sky are reflected in the glass of a big building. Usually he has his camera. He'll patiently explore through the lens whatever has caught his eye, from several angles—carefully framing the colors, the textures, the shapes and edges. He might even take a picture.

The images he clicks, mostly landscapes, "tell a story," he says. They "say something meaningful," even if he can't quite recount the tale or put the meaning into words. "I don't look for anything in particular. A lot of times I'll stop, and I'll look just to see if there's something that stands out to me. I might not take any pictures, or I might look and think that I want to come back at a time when light is hitting a structure in a different way."

Posey is director of Jefferson's Gastrointestinal Oncology Program. His days are divided between caring for cancer patients, conducting studies to advance cancer treatments, and doing the paperwork and team building that come with leading an academic and clinical program.

Photography offers respite from the daily pressures and frustrations of the job, but it also develops his clinician's "eye," which to him is more than the organ of vision. "You have to listen to people," he says. "You have to be able to feel them, both emotionally and with touch. You have to be able to see what's going on. All the senses are relevant in clinical practice." The creative eye of picture-taking is also the eye of patient awareness, an openness—without preconceptions—to whatever presents itself to be seen.

Photography piqued Posey's interest when he first picked up a camera in high school. It was the mechanics of the instrument that initially drew him, the heft of it in his hand



and the neat click of loading film. He spent hours in a camera shop handling and learning about the

equipment. As his appreciation grew for how cameras worked and how they could "capture the world," he began taking photographs.

These days, "I carry cameras with me a lot," Posey says, "so I may take pictures randomly, if I'm going someplace. But I go on these major photo shoots maybe twice a month. Being on a bike allows me to stop when I see something and spend a little more time observing than if I were in a car. It's more real and intense. You see different things on a bike, and you feel all the bumps."

For Posey, photography is more than a hobby: It's a practice of sorts. Or maybe it's a meandering journey. And the point of the outing doesn't seem to be its destination. Sometimes a trip results in the creative capture of an image in pixels just as a painter might compose a portrait on canvas. More often, the photo excursion is a release into the senses. He enjoys the shifting sights, the feel of the wind and the cadence of pedaling, the sound of tires on gravel, the smell of cut grass, and the liberty of having his thoughts to himself. Or perhaps it's the absence of thought.

"A lot of times, when you see something, it goes a little deeper than the eye," he muses, trying to convey in words the beauty that others are too busy to notice. There was that line of ants carrying a dead butterfly, and those pink flowers, and that church on Broad Street illuminated by a shaft of light from the setting sun, shining between two buildings a block away. Posey sees it, admires it, and captures it before it slips away for good. He shares his favorite scenes with family members and technical details with his son, who shares his passion for visual art. Most of the pictures end up in a computer archive.

"I still haven't gotten around to shooting those smokestacks," he says. "I saw another angle that I think is compelling." Maybe one day he'll end up there on his bike and snap a photo, preserving something others don't see. —PETER NICHOLS

Drawing on Many Mikes

Intern Uses Art to Apply the Adage “Physician Heal Thyself”

There’s something whimsical about the doodles Mike Natter, MD ’17, posts on Instagram, a popular photo and video-sharing social network. It’s not that they aren’t serious. After all, he has the artistic chops to do medical illustrations for Columbia University Irving Medical Center, and some of his drawings take on grave matters like trauma, pain, death, impostor syndrome, and intern burnout. But even when the artist-physician is being sober-minded, there’s still a wry smile and friendly humor peeking through his art.

“In art school I considered myself more of a scientist than an artist,” Natter says, “because I was interested in the brain. And then in medical school, I considered myself more of an artist than a med student.” As a student at Sidney Kimmel Medical College, he made anatomy sketches and funny cartoons about life as a student doctor and shared them on social media. “Even today, I’d rather identify as an artist first and a doctor second,” he avers.

Natter is an intern at NYU Langone Health. His unlikely trajectory from nine-year-old diabetes patient to artist to Jefferson physician brings together tracks normally thought of as divergent: doctor and patient, art and science, doubt and confidence, noble calling and servile slog.

He first awoke to the allure of medical science when he was diagnosed with Type 1 diabetes and had to monitor his glucose, insulin, and diet. The body’s delicate balancing act while juggling these substances awed him, and his ability to choreograph the biochemistry of his own pancreas suggested that maybe he could help others as a doctor. “In my family, everyone revered doctors,” he says. “We saw it as a godlike profession, and yet it was something I could never aspire to because, growing up, I was an art-and-humanities kid. I was bad at math and science, and was scared of them.” But he was good at drawing and focused on studio art as an undergrad. The nagging sense that he really wanted to be a doctor never went away.

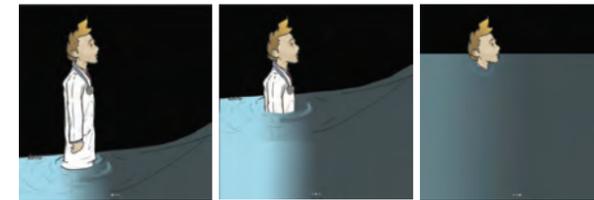
In senior year of college, Natter was surprised when he did well in neuropsychology and switched majors. “That was the first time in my life I was like, ‘Wait, I’m not as dumb as I thought!’” he says. After graduating, he took premed courses and applied to medical schools. Only Jefferson interviewed him. Admissions director Elizabeth Brooks, DPM, admitted that she pulled his application from the rejection pile because of a comic book he’d created to explain diabetes to kids through a superhero named Captain Langerhans. “I saw a spark in him,” Brooks says. “I thought this was someone I would love to be my doctor someday.”

Like most students, Natter found the demands of medical school daunting, but again it was the artist who came to the rescue. He learned medicine by illustrating his class notes. The doodles in the margins soon morphed into full-fledged drawings of organs and their functions, diagrams of biochemical pathways, and other “didactic stuff”—often with quirky glimpses of visual humor. He posted the illustrations and cartoons on social media and soon attracted a follow-

ing, which included many medical students who thanked Natter for helping them pass exams.

At Langone, he’s still drawing notes and posting them online, but he’s also chronicling the internship experience. “It’s been good, and it’s been trying,” he says. “You’re learning how to practice medicine for the first time. You’re dealing with death and codes. You’re trying to help people in their time of greatest need, and it’s exhausting.”

Natter calls these clinical experiences “microtraumas,” with the emphasis falling more on the trauma than the micro. Those existential jolts grate against the fragile



self-assurance of young doctors, which is further worn down by the physical rigors of being on call for 28-hour shifts. One Natter post has an image of a shellshocked intern being stretched cruciform by surgical clamps. It’s a self-portrait of what it feels like to be dazed by death and dying, bewildered by uncertainty, and distraught by piles of laundry he has no time to wash. In another post, he writes, “The journey to make others healthy is painfully unhealthy ... and dangerous.” The cartoon depicts Natter in scrubs, unshaven and bleary-eyed, telling a patient, “It’s important you get good sleep every night, eat healthy each day, and exercise.” The patient doesn’t seem quite sure what to make of it, but Natter’s followers get it and comment with sympathy—and more than a little snark.

Drawing is Natter’s way of venting and poking fun at what’s personally unsettling. “In medicine, there’s this weight we have to carry around where we can’t admit our shortcomings,” he says. “We have to show confidence and perfection at every turn.” Being able to lower his guard in a sketchbook and make friends with the demons and hard realities that come with medical training make it possible for him to do what he’s always wanted and most loves: “to help people” as a doctor.

After receiving his diabetes diagnosis, that nine-year-old kid became Natter’s very first patient—and in a way he still is. “What I do every day is, first and foremost, test my sugar and take my insulin before I put on my stethoscope,” he says. But these days, it’s the artist showing us the spark of vulnerability beneath the cool and in-control physician. Or maybe that’s the patient plying his expertise in fragility, uncertainty, and just being scared who’s doing the healing.

“Every kid has a box of crayons, and every kid draws,” he says. “When everyone else stopped, I continued to draw. I don’t know why that is.” Natter is still that kid with a crayon trying to draw a picture of something honest and true. ▣

—PETER NICHOLS



In art school I considered myself more of a scientist than an artist because I was interested in the brain. And then in medical school, I considered myself more of an artist than a med student.



What's New?

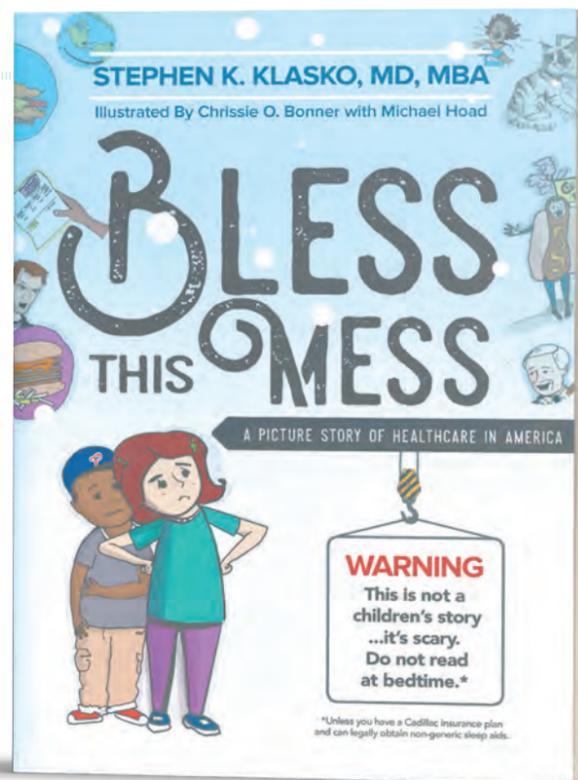
To submit a class note or obituary for the *Bulletin*, contact the Office of Institutional Advancement:

BY PHONE
215-955-7751

BY EMAIL
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BY MAIL
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NEW BOOK



Bless This Mess: A Picture Story of Healthcare in America
Stephen K. Klasko, MD, MBA
Illustrated by Chrissie O. Bonner with Michael Hoad
Published April 2018

Bless This Mess creates an illustrated and satirical history of why healthcare has managed to escape the consumer revolution and predicts that after a dramatic transformation, the United States Healthcare system was finally admitted in 2035 into the Intergalactic Healthcare Council of “cool and great” healthcare systems, with the final test being that we actually figured out how to send out a believable, understandable bill.

It predicts that 2018 was a turning point where employers and patients had their “I’m mad as hell and I’m not going to take it anymore” moment and demanded that they be able to access their healthcare in at least as convenient a manner as they can consume entertainment, food, and shopping. As one of the animated characters in the book laments, “How come I can do all my holiday shopping the day after Thanksgiving while I’m watching *Game of Thrones*, but if I have a stomachache, I have to get on the phone and listen to 11 options before I can get an appointment next Wednesday?”

In a creative “Hitchhiker’s Guide to the Healthcare Galaxy” approach, Klasko and his talented illustrator, Chrissie Bonner, tour what 10 other planets have done related to areas such as health equities, choosing doctors based on self-awareness and empathy, how we pay providers, how we judge success based on how the entire community is doing healthwise, how we ensure that our healthcare professionals are technically competent, how we defragment the provider-patient-insurer ecosystem, and even whether our advertisements on the morning cable channels are true and relevant.

SKMC alumni & faculty authors

Let us know about your new and recent books and novels by emailing a high-resolution cover image, publication information, and a brief description to editor@jefferson.edu.

CLASS NOTES

'56

John W. Holdcraft writes that his daughter Suzanne Holdcraft, MD '83, and granddaughter Emily Sherrard, MD '15, are both in family practice. “I just take things a day at a time and enjoy every day,” he says.

'61

Jerry Harrell writes, “While my very rewarding years in the Army and in medical missions are over, I thoroughly enjoy volunteering at the Medical Assistance Program preparing medications to be sent to crisis areas here and abroad.”

'70



Harvey B. Lefton remains active in the Philadelphia County Medical Society (PCMS), this year chairing its delegation to Pennsylvania Medical Society. He also organizes a yearly gastroenterology symposium for the medical community at the PCMS. He continues to serve as chief of Gastroenterology at Jefferson Health – Northeast (formerly Aria – Jefferson Health).

'72

Robert E. Steward, Jr., writes that he is practicing general surgery with Penn Highlands Healthcare in Clearfield, Pa.

'77

Timothy Debiasse is enjoying retirement flipping houses and attending car shows with his wife, Patti, who notes, “We enjoyed visiting with the grandchildren over the holidays.”

'86

Jane A. Weida writes, “I am enjoying my role as director of Clinical Affairs of Family, Internal, and Rural Medicine, and associate residency director of the University of Alabama’s Family Medicine Residency in Tuscaloosa, Alabama.”

'04



Wayne Bond Lau was promoted in February 2018 to full professor of Emergency Medicine at SKMC. The Pennsylvania Medical Society also recently awarded him the prestigious Pennsylvania’s Top 40 Doctors Under the Age of 40 Award and the Everyday Hero Award.

CLASS AGENT

“I have really enjoyed my time as our class agent. Because I care about my classmates, I want them to remember our four years as a time of hard work, struggle, lots of good times, and some enduring friendships.

As Nietzsche said, “That which does not kill us makes us stronger.”

Corny as it may be, whenever I see or talk to someone from our class, the years have not gone by.

I earned my future at school, the never-ending challenge of always learning and lifelong friends.”



Lynne E. Porter
MD, FACP,
Class of 1973

Class Agents serve as liaisons to the alumni community, working with Alumni Relations programming and reunions to enhance alumni engagement, participation, and support of Jefferson. These volunteers foster personal and meaningful connections between classmates and Jefferson.

If you are interested in becoming a Class Agent, please email alumni@jefferson.edu or call 215-955-0977.

IN MEMORIAM

'43

Edwin J. Levy, 94, of Wynnewood, Pa., died February 20, 2013. He was predeceased by his wife, Frances. He is survived by his children, Jill and Richard; grandchildren; and great-grandchildren.

'48

Chester Cullen, 93, of West Hartford, Conn., died October 4, 2017. After obtaining his MD and completing a neurology residency at Jefferson, he completed research at the Montreal Neurological Institute and a residency in psychiatry. Cullen founded the Department of Neurology at St. Francis Hospital and was involved in both medical education and medical volunteering. After his retirement, he enjoyed traveling, volunteering, gardening, and baking bread.

Cullen was predeceased by his siblings Hugh, Paul, Frederick, Linda, John, Sarah, and Howard. He is survived by his wife, Mary; sons, Michael and Joseph; and grandchildren, Conor, Daniel, Mark, and Marguerite.

'51

Frank A. Carroll, 92, of Alexandria, Va., died June 15, 2016. He was a family physician in Alexandria for 50 years. He served in the U.S. Army during World War II, earning a Purple Heart medal after being injured in the Battle of the Bulge. He was predeceased by his wives, Suzanne and Shirley. He is survived by his children, Susie, Drew, Ellen, Megan, David, and Gail; stepchildren, Cheryl, Steve, and Martha; and many grandchildren and great-grandchildren.

'53

Werner J. Hollendonner, 85, of Hamilton, N.J., died August 19, 2011. Born in Austria, he had lived in the Trenton area since age four. He served in World War II, for which he received the Bronze Star and other medals. He attained the rank of corporal before receiving an honorable discharge in August 1946. After earning degrees from Ursinus College and Jefferson, he interned at Mercer Hospital and was a medical resident at the Philadelphia VA Hospital. Hollendonner was the first full-time medical director at St. Lawrence Rehabilitation Center, was chief of the Department of Medicine at Hamilton Hospital, and worked for more than 25 years in the New Jersey State Prison system and five years at Mid-State Correctional Facility at Fort Dix. He maintained a private practice for many years out of his home in Hamilton Square, retiring in 2002.

Hollendonner was predeceased by his parents, Anton and Theresa; stepmothers,

Arthur J. Weiss, MD

Director, Division
of Medical Oncology

1961–70



Arthur J. Weiss, 92, of Portland, Maine, died February 20, 2018. A graduate of Central High School, Pennsylvania State University, and the University of Pennsylvania School of Medicine, Weiss was a hematologist and pioneering oncologist. He was the first director of the Division of Medical Oncology within the Department of Medicine at Thomas Jefferson University. His dedication to his family, patients, medical research, and healthcare was tireless, and he will be greatly missed.

Weiss is survived by his wife, Lillian; children, Stephen, Robert, and Linda; and grandchildren, Daniel, Rebecca, and Kevin.

e-Newsletter Sign-Up

Keep up with the latest and greatest goings-on at Jefferson with our monthly University e-newsletter, which features news, articles, and events you won't want to miss!

Sign up at
jefferson.edu/newsletter.

Maria and Josephine; and siblings Anton, Cecilia, and Erica. He is survived by his wife, Lee Carol; sister, Hermine; children, Ronald, Steven, Jeffrey, Carole, Diana, Laurel, Amy, and Nancy; and numerous grandchildren, great-grandchildren, and other relatives.

Guy R. Musser, 87, of Warren, Ohio, died April 14, 2013. He served as a combat infantryman in World War II in both the European and Pacific Theaters, and his Army career culminated with him single-handedly capturing the last 20 Japanese soldiers on Corregidor Island. He was a graduate of Punxsutawney High School, Harvard University, and Jefferson Medical College, continuing a long family tradition in medicine. Musser practiced obstetrics and gynecology in Warren from 1958 until his retirement in 1992. He enjoyed hunting and fishing, traveling, attending WRIPCA computer club meetings, fixing things, and finding treasures at garage sales.

Musser was preceded in death by a son, Guy, and a half-sister, Ruth Johnston. He is survived by his wife, Jean; children, Sandra, Susan, and John, and grandchildren.

'55

William A. Lista, 88, of Drexel Hill, Pa., died April 13, 2018. He served as a Lt. Cmdr. in the U.S. Naval Medical Corps, and upon discharge began private practice in internal medicine and cardiology at Roxborough Memorial Hospital. He retired in 2002 after 50 years as a physician. Lista's love of medicine was as great as his love of history and the many books that instilled that love. He was a member of St. Bernadette of Lourdes Parish.

Lista was preceded in death by his parents, Anthony and Carmella. He is survived by his wife, Margaret; children, Anthony and Leslie; grandchildren, Emma, Elizabeth, David, and Daniel; sister, Catherine; nephew, Richard; and grand-nephew, Anthony.

Donald Potts, 87, of Coshocton, Ohio, died August 31, 2017. Following his residency at Shadyside Hospital in Pittsburgh, Pa., and service as a Navy physician at Camp Lejeune in N.C., Potts practiced medicine in Pittsburgh, Pa., and Louisville, Ky. He then shared in a thriving family practice in West Lafayette, Ohio, and finished his medical career as director of emergency medicine at Coshocton Memorial Hospital. In West Lafayette and Coshocton, he also served as county coroner and as athletic team physician and school board president at Ridgewood Local Schools.

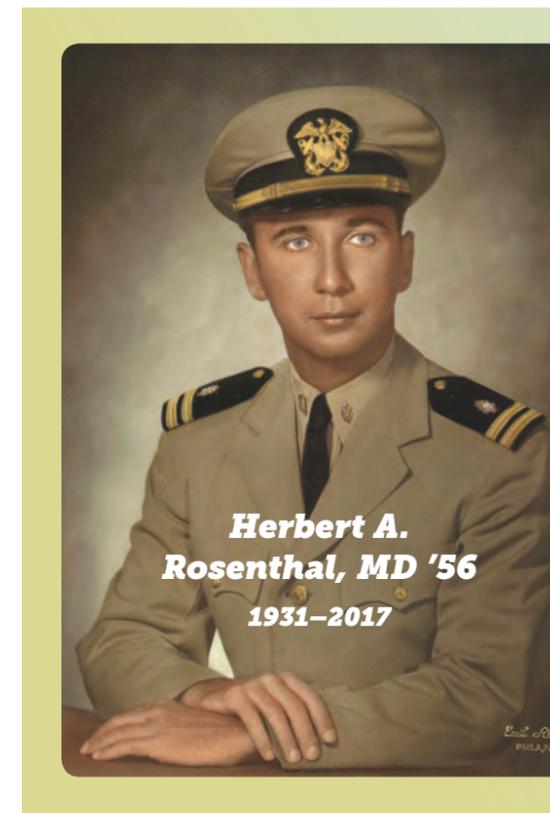
Potts was an active member at Newcomerstown United Methodist Church and Coshocton Church of the Nazarene. He loved singing, raising and showing St. Bernards, woodworking, traveling, and spending time with his family. From the gumball machines made for his young grandchildren to the

blanket chests made as wedding gifts for those same grandchildren, the wooden items he lovingly crafted for family and friends will be cherished by many for years and generations to come.

Potts was preceded in death by his wife of 55 years, Juanita; parents, Hugh and Lillian; and sisters, Naomi, Ruth, and Doris. He is survived by his children, David, Daniel, Douglas, Deric, and Joanie; 15 grandchildren; and 11 great-grandchildren.

John Newton Sourbeer, 87, of St. Petersburg, Fla., died September 26, 2016. At Washington and Jefferson College, he earned national recognition as one of the "Four Gazelles," the most feared backfield in the country in 1948–49. He declined an NFL offer from the Rams to attend Jefferson Medical College. After service in the Navy, Sourbeer practiced medicine in Belleair Bluffs, Fla., for 43 years. Morton Plant Hospital, where he served as department chair, president of the medical staff, and on the board of directors, presented him its Excellence in Medicine Award. A Charter Diplomate of the American Board of Family Medicine, he also co-founded Morton Plant Primary Care, a parent of BayCare Medical Group.

Sourbeer was predeceased by his first wife, Nelle. He is survived by his wife, Jackie; sister, Jean; children, Jeff, Janet, Jon, and Jay; stepchildren, Keith and Caryn; and many grandchildren.



Herbert A.
Rosenthal, MD '56
1931–2017

'56

Thomas D. Stine, 88, of Stow, Ohio, died October 9, 2017. He served his internship at Wilkes-Barre General Hospital in 1957 and his residency at Akron City Hospital from 1959 to 1963. He went on to start his own OB-GYN private practice in 1963 and practiced medicine until his retirement in 1997. Stine was also a veteran of the U.S. Navy, serving in the 3rd Marine Division from 1957 to 1959. He enjoyed traveling the globe with his wife and was an avid chess player, teaching and playing with his children and grandchildren. He enjoyed fly fishing and walking the streams at Rockwell Springs, his happy place. He also loved opera and classical music, taking lessons and studying the cello in his spare time.

Stine was predeceased by his parents, Frank and Frances, and two grandsons, Jason and Michael. He is survived by his wife, Muriel; children, Frank, Dale, Joanne, and Lisa; grandchildren, Max, David, Pamela, and Michelle; and great-grandsons, Serg and Ryan.

'58

John Lawrence Dunn, 86, of Hanover, N.H., died February 15, 2018. He interned and was a resident in pathology at Mary Hitchcock Memorial Hospital (now Dartmouth Hitchcock Medical Center), where he then practiced for 40 years. He eventually became chair of the

Dartmouth Hitchcock Pathology Department and retired in 1999. Throughout his life and career, Dunn continually gave of his time and talent in service to the community; he was chairman of the Norwich School Board and moderator of the Dresden School District. He also had many interests and hobbies, including classical music, photography, railroading, history, environmental protection, sustainable living, and reading.

Dunn is survived by his wife, Diane; children, John, Paul, Amy, and Andrew; 11 grandchildren; and two great-grandchildren.

'59

Thomas J. Liddy, 85, of Livingston, N.J., died February 13, 2018. He interned at University of Pennsylvania Hospital and pursued a residency and fellowship in pathology at National Institutes of Health in Bethesda, Md. He was the first director of the hyperbaric unit at St. Barnabas Medical Center in Livingston, and became director of pathology and laboratories at St. Mary Hospital, Hoboken, N.J., in 1972. In 1989, he became the director of LabCorp in Cranford, N.J., retiring in 1998.

Liddy's true passion, when away from medicine, was fly fishing. An avid collector, "Doc" spent as much time as possible chasing trout among the many rivers and streams of New York and Pennsylvania. Every account

Herbert A. Rosenthal, MD, was a well-loved neighborhood physician

whose patients simply called him "Doc." Born and raised in Mount Airy, Philadelphia, he graduated from Central High School and the University of Pennsylvania before entering Thomas Jefferson Medical College (now Sidney Kimmel Medical College).

At Jefferson, Rosenthal was a member of Phi Lambda Kappa medical fraternity, the Alpha Omega Alpha Honor Medical Society, and the Samuel D. Gross Surgical Society. He graduated in 1956 and went on to a residency and internship at Einstein Medical Center in Philadelphia.

Known for his brilliant mind and wonderful sense of humor, Rosenthal loved reading and was considered a man of great knowledge of the world. He practiced internal medicine for more than 50 years in his home office in East Mount Airy and was recognized for his kindness, compassion, and excellence as a diagnostician.

Rosenthal, who also served as a lieutenant in the United States Navy, greatly appreciated his medical education and felt a strong connection to Jefferson, attending many alumni reunions.

An only child, Rosenthal never married or had children. He was so grateful for the training he received at Jefferson, he left his entire estate to the institution. A portion of the bequest is being used to fund the Herbert A. Rosenthal, MD '56 Professorship in Cancer Research, and a portion will establish the Herbert A. Rosenthal, MD '56 Scholarship.



19th Annual GOLF CLASSIC

**Monday, October 15, 2018
PHILADELPHIA CRICKET CLUB**

For more information, please contact Joy Graham at joy.graham@jefferson.edu or 215-955-1146.



was methodically documented in his journals. He was a proud member of North Jersey Trout Unlimited; Catskill Fly Fishing; and the Theodore Gordon Fly Fishers, New York branch. When the trout were not running, he was an avid Civil War buff.

Liddy was predeceased by his parents, Thomas and Katherine; his wife Gloria; son, Richard; and brother, William. He is survived by his wife Sarah; his daughter, Diana; grandchildren Matthew, Casey, and Jack; and siblings, Patricia, Martin, and Margaret.

'60

George Robert Constable, 81, of Newtown Square, Pa., died December 22, 2016. He completed his internship at Lankenau Hospital and then served as a captain in the U.S. Army Medical Corps, where he was the medical director of Boston Army Base from 1961 to 1963. He returned to Philadelphia to complete his residency and fellowship in internal medicine at Lankenau and Jefferson Medical College. Constable spent six years as assistant medical director in the Student Health Service of the University of Pennsylvania, and three years as medical director of Saunders House. In 2002, he was appointed to the Distinguished Emeritus Medical Staff in the Department of Medicine of Main Line Health. Constable will be most remembered for the 35 years he spent as a Delaware County-based private practitioner of internal medicine. He was known as a loyal and "old-fashioned" family doctor, with a gift for diagnostics.

He is survived by his children, Kathy, Robert, Jeffrey, and Kristen; his brother, Richard; and his eight grandchildren, who knew him lovingly as Pop Pop.

Sherman W. Everlof, 87, of Delaware County, Pa., died September 8, 2016. He served in the U.S. Army from 1947 to 1951, and then graduated from La Salle University in 1956, where he majored in premedicine and lettered in crew. After graduating from Jefferson Medical College and completing his internship and residency, Everlof began his medical practice in obstetrics and gynecology. For 50 years, he maintained offices in Springfield, Pa., and was on the medical-surgical staff of Fitzgerald Mercy Hospital, serving as president in the 1980s. He was a passionate fly fisherman and tied flies for himself, his children, and his friends.

Everlof was predeceased by his wife Patricia Ann and daughter Patricia. He is survived by his wife Mary; children Sherman, Kristen, John, Peter, Matthew, James, and Francis; and grandchildren.



OCTOBER 19–20

**ALUMNI
WEEKEND**
SIDNEY KIMMEL MEDICAL COLLEGE

'68

Jay B. Berger, 75, of Shrewsbury, Mass., died October 10, 2017. He was an internal medicine physician throughout his 40-year career, caring for his patients in his office in Bethlehem and at St. Luke's Hospital since 1973. He was president of the St. Luke's Medical Staff 1984–85 and served on its board of trustees. He was also a lifelong member of Congregation Brith Sholom, serving as both a president and board member.

Berger was predeceased by his parents, Samuel and Bertha. He is survived by his wife, Ruth; daughters, Amy, Lisa, and Wendy; twin sister, Joyce; and grandchildren, Noah, Jacob, Joshua, Emily, Kayla, and Miriam.

'69

James Valentine Mackell, Jr., 74, of New Orleans, La., died January 27, 2018. His career in orthopaedic surgery spanned 40 years, and he served as chief of surgery at Nazareth Hospital. In 2012, Mackell was the recipient of the Dr. Stanley J. Skromak award. Mackell loved literature, history, and the arts, and was a member of the John Buchan Society. An avid outdoorsman, he could often be found exploring trails of all types, both in and out of cities.

Mackell was predeceased by his sister, Susan. He is survived by his daughters, Madeleine, Anne, Grace, and Sarah; grandchildren, Lila, Aurora, August, and Fay; and siblings, Thomas, Rosemary, Sally, Margaret, and Jane.

'72

Scott Jaeger, 72, of Philadelphia, Pa., died April 18, 2018. He was a graduate of the Peddie School, N.J. (1964), and Lehigh University (1968). After graduating from Jefferson medical

school with honors, he completed an orthopaedic residency at TJU in 1977, then served for two years as an orthopaedic surgeon in the U.S. Navy. He subsequently completed hand fellowships at Michigan State University (1979) and University of Louisville in Kentucky (1980).

Jaeger was one of the early pioneers in hand surgery, working at the Philadelphia Hand Center at TJU with his mentor, the legendary James Hunter, MD. He later went into solo practice and served the greater Philadelphia community for almost 40 years until his death. Internationally recognized in his field, having lectured and performed surgery in numerous countries, Jaeger was an innovator who held several patents. He also authored a number of publications on hand surgery.

Jaeger is best remembered for his brilliant and innovative mind, his sense of humor, a deep love for his family, and generosity toward all—especially to those most in need. His life can be best summed up in one word: kindness.

Jaeger is survived by his former wife, Jan; children, Lara, Andrew, and Kristin; and granddaughter, Grace.

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Gerald Zabielski, of Bozeman, Mont., died November 20, 2017. He lived a full and incredible life, delivering thousands of babies as an OB-GYN, and spending his retirement fly fishing in Arizona, Montana, Wyoming, and Idaho.

'75

Norbert Scharff, 67, of Merritt Island, Fla., died January 26, 2017. After entering the U.S. Navy and graduating from Jefferson, in 1975 he started his internship at Philadelphia Naval Hospital, where he stayed until 1978 when he started working at Bethesda National Naval Medical Hospital as an internist. Scharff began a residency in cardiology in Bethesda in 1980 before moving to Portsmouth Naval Hospital in 1982, where he would stay for four years. He retired as a commander from the Navy in 1986 and then went into private practice at Brevard Cardiology Group, where he worked until 2011.

Scharff was preceded in death by his brother Louis. He is survived by his wife, Linda; children, Jeanne and Bert III; siblings Stephen, Christine, and Diane; and grandchildren, Colin, Wyatt, and Brayden.

Nathan Wei, 68, of Laytonsville, Md., died March 27, 2018. After an internship at Blodgett Memorial Hospital, he pursued a residency in diagnostic radiology at the University of Michigan Medical Center, where he also completed his internal medicine residency. He then took up a fellowship at the National Institute of Arthritis, Metabolism, and Digestive Diseases at the National Institutes of Health in Bethesda. After completing his rheumatology training in 1981, he opened a private practice in Frederick, Md., where he worked for 37 years until his retirement in December 2017.

Wei served as a clinical assistant professor at the University of Maryland School of Medicine. He is known for his many contributions to the development of interventional rheumatology, including arthroscopy, stem cells, and platelet-rich plasma (PRP) for the treatment of osteoarthritis. He published extensively in medical and arthritis publications, lectured internationally, and produced many online videos. When he received his cancer diagnosis and found himself in the role of patient, he took it as a learning opportunity.

Wei is survived by his wife, Judy; children, Becky, Jeffrey, Benji, and Emily; siblings, Wesley, Esther, and Deborah; and a labradoodle named Mei Mei.

'77

Robert James Woodhouse, 72, of Corona Del Mar, Calif., died March 20, 2018. With a degree in medical physics from University of Wisconsin, Madison, he served at Wright-Patterson Air Force Base (1969–71) and worked at Bethesda Naval Hospital (1971–73). After earning his medical degree he completed a radiation oncology residency at UC San Francisco (1977–81). His career spanned 36 years, during which he cared for thousands of oncology patients and held many roles in various hospital committees. His dedication to patient care inspired his daughter, Kim to follow in his footsteps and also pursue a career in medicine. His other passions included camping, hiking, jogging, biking, tennis, golf, travel, and simply spending time with family and friends.

Woodhouse is survived by his wife, Toby; daughter, Kim; grandsons, Tyler and Tristan; and brother, Gary Woodhouse.

'88

William Howard Nelson, 63, of St. Simons Island, Ga., died in early March 2017. After graduating from Westfield High School in 1972, he briefly attended Lehigh University, and then spent the next decade playing electric guitar in rock bands while working for a photography book publisher and as a photographic collection archivist in New York City. Nelson graduated from Vassar College in 1984 with a major in chemistry, and from Jefferson Medical College in 1988—the same medical school from which his father had graduated in 1943.

Nelson completed his emergency medicine residency at Emory University. After serving as director of emergency medicine at hospitals in Brooklyn, N.Y.; Jesup, Ga.; and Brunswick, Ga., he opened his own medical practice, the St. Simons Island Clinic, in 1997. In recent years, he had become interested in competitive shooting and was certified in 2016 as a chief range officer.

Nelson was preceded in death by his parents and stepmother. He is survived by his daughters, Leah and Sarah; former wife, Jan Gehorsam; siblings, Francis, Nancy, and Catherine; and nieces, nephews, and great-nephews.

'98



Charles L. Dreibelbis, 49, of Milton, N.H., died December 17, 2017. He was a family physician, most recently practicing at Salmon Falls Family Healthcare in Somersworth, N.H. He was highly admired and appreciated by his patients, as evidenced by the number of heartfelt thank you notes and notes of appreciation he saved during his 19 years of practice.

Dreibelbis was a sergeant in the U.S. Army, serving as a food inspection specialist until his discharge in 1994, and was an officer in the U.S. Navy until his honorable discharge in 1999. He served in the Gulf War. He loved spending time with family and friends and had a wonderful sense of humor. He had a love for animals since childhood; was a talented athlete in high school and enjoyed sports and exercising; was a true and loyal Penn State fan; and enjoyed playing games (bingo, card games, board games), singing karaoke, and collecting antiques.

In addition to his parents, Dreibelbis is survived by his children, Christian and Leah; maternal grandmother, Lois Barto; siblings, Albert and Debra; many nephews, nieces, grandnephews and grandnieces; and his best friend/roommate/cat, Hugh.

'02



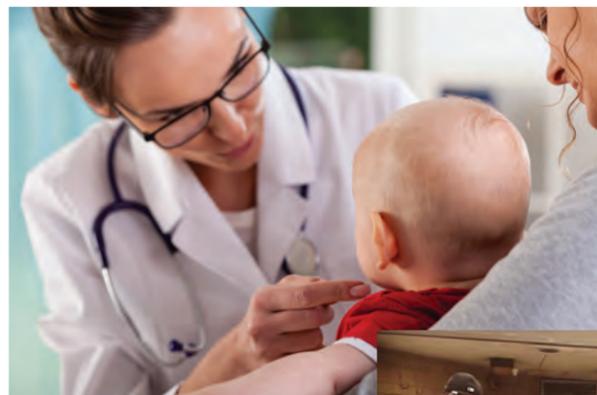
Brandon L. Bussler, 42, of Willow Grove, Pa., died December 26, 2017. He received a Bachelor of Art degree from Franklin & Marshall College in 1997, a Master of Science degree in physiology and biophysics from Georgetown University, and his medical degree

from Jefferson Medical College in family practice. Bussler completed his residency at Abington Memorial Hospital, where he was chief resident, received numerous awards and accolades, and co-authored an article in the Family Practice News titled "Hyperbilirubinemia in newborns." His employment included Abington Family Practice in Willow Grove; Chestnut Hill Health System; and, last, with Einstein Health Care Network in Conshohocken, Pa., until his departure due to health issues.

Bussler was a member of the American Academy of Family Physicians, the American Medical Association, and the Pennsylvania Medical Society. His many interests included music, dogs, history, sports, the stock market, growing jade plants, being with friends and family, and spending time outdoors—especially on the family farm in Liberty.

Bussler was predeceased by his grandparents, Chester and Mary Bussler and Wesley and Anna Spong; and his Uncle Chester and Aunt Joyce. He is survived by an uncle and aunt, George and Phyllis Mayes; Kim and Kay Bussler; and many cousins.

25 Years of JeffHOPE Clinics *Continued from page 21*



▶ LEFT TO RIGHT: Medical team volunteers Sol Feuerwerker, Denis Huang, Samuel Garrett, Elissa Cashman Dalton and Dr. Grant Turner at Prevention Point Philadelphia



▶ LEFT TO RIGHT: Clayton Ruley (Prevention Point Philadelphia employee), Denis Huang, Elissa Cashman Dalton, Sol Feuerwerker, Storm Portner, and Jeremiah Davis at Prevention Point Philadelphia



▶ Committee members and medical team volunteers preparing supplies and documenting patient encounters at Our Brothers Place.



▲ Lara Weinstein, MD '95, assistant professor Family and Community Medicine, examines a clinic patient while another JeffHOPE volunteer observes.

intermittently and had persuaded her to go to the hospital when she experienced symptoms of pre-eclampsia. The chance encounter in a physician's office thrilled Edwards, as it demonstrated not only that the woman had delivered a healthy baby but also that she was seeking regular care at a postpartum visit. "It was great to see her following up with her OB after giving birth. For someone working in patient education, this was the dream scenario."

Now director of the Center for Urban Health at Jefferson, Plumb continues to serve as JeffHOPE's faculty adviser but stays behind the scenes, empowering students to take the lead in making decisions and running clinics.

"Once we found there was a need and figured out what we could help with, we had to harness the empathy and compassion of frequently burned-out medical students—but recruitment has never been a problem," he says, noting that volunteering grounds students as well as physicians in a way that eases the weariness wrought by the grueling demands of academic medicine.

He also explains that seeds planted by JeffHOPE in the early 1990s have grown into an even broader care system for homeless and low-income Philadelphians. In 2015, the opening of the Stephen Klein Wellness Center marked the expansion of health services that Project HOME and

Jefferson had been collaborating to provide in North Philadelphia for more than two decades. Located at 22nd Street and Cecil B. Moore Avenue and named for lead donor Stephen Klein, the Center is federally qualified—meaning funding from a Health Resources and Services Administration grant enables the treatment of patients regardless of their ability to pay—and is staffed by Jefferson faculty and residents, many of whom are former JeffHOPE volunteers.

Weinstein echoes Plumb's sentiment about the importance of partnerships in carrying out JeffHOPE's mission.

"People who go to medical school tend to be pretty confident, but volunteering with JeffHOPE is really humbling," she says. "There are social workers, nurses, and outreach workers out there in the field every single day and night working with this population. The more exposure we have to those people who really know what's going on and what these folks need, the more we can check ourselves and our egos. JeffHOPE has taught us that doctors are not always the experts, and we need to work as part of a bigger team." ▽

To learn more about JeffHOPE or to make a gift, visit Jefferson.edu/Bulletin.

Sidney Kimmel Medical College Class of 2018 Residency Match Day

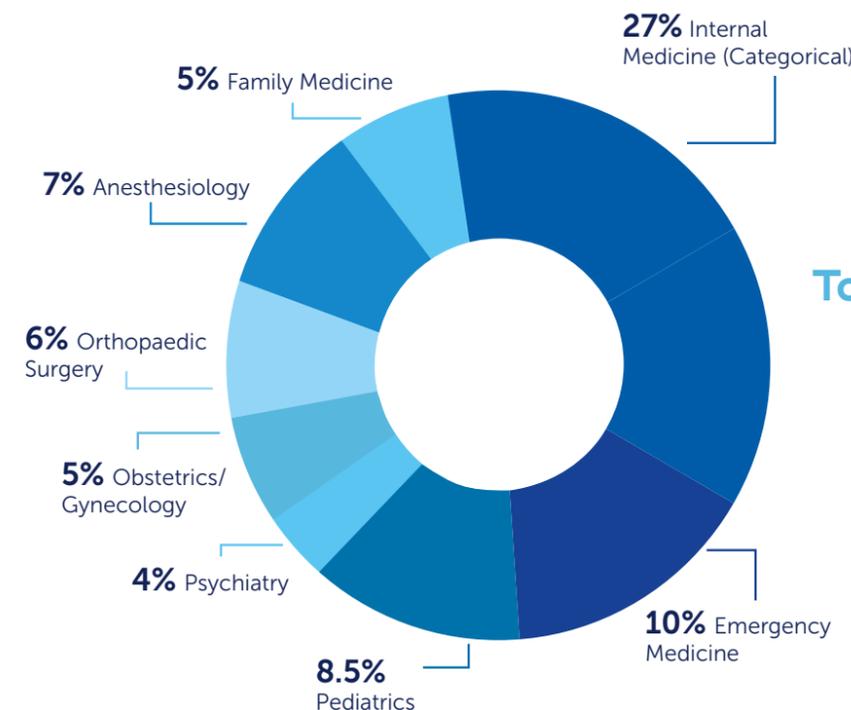
Visit Jefferson.edu/Bulletin to see photos and videos from Match Day 2018.

245
students participated in Match Day

34%
will train in Pennsylvania

Top 5 States

1. Pennsylvania
2. New York
3. Massachusetts
4. California
5. Maryland

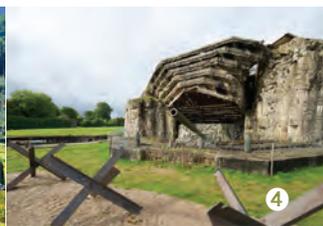


Top 5 Specialties

1. Internal Medicine (Categorical)
2. Emergency Medicine
3. Pediatrics
4. Anesthesiology
5. Orthopaedic Surgery



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1
**Panama to Paradise –
 Oceania Cruises**
 APRIL 1 – 17, 2019

5
Canadian Maritimes
 JULY 19 – 28, 2019

9
Italian Riviera
 AUGUST 31 – SEPTEMBER 8, 2019

2
**Gems of the Danube
 with Prague – River Cruise**
 APRIL 28 – MAY 9, 2019

6
Discover Southeast Alaska
 JULY 26 – AUGUST 2, 2019

10
**Wines of the Pacific
 Northwest – River Cruise,
 American Queen
 Steamboat Company**
 SEPTEMBER 15 – 23, 2019

3
Tuscany ~ Cortona, Italy
 JUNE 4 – 12, 2019

7
**Baltic & Scandinavian Bliss –
 Oceania Cruises**
 AUGUST 13 – 24, 2019

11
Galapagos Islands
 OCTOBER 30 – NOVEMBER 6, 2019

4
**Normandy ~ Honfleur:
 75th Anniversary of D-Day**
 JUNE 29 – JULY 7, 2019

8
**National Parks and
 Lodges of the Old West**
 AUGUST 28 – SEPTEMBER 6, 2019

12
**Majestic Vistas: Venice to
 Rome – Oceania Cruises**
 OCTOBER 27 – NOVEMBER 4, 2019

As part of our commitment to lifelong learning, the Office of Alumni Relations is excited to offer Jefferson alumni an opportunity to see and experience the world through group travel programs. A varied itinerary of travel destinations has been selected for 2019 that combines educational forums and excursions to places of historical and cultural interest, with the opportunity to enjoy unplanned experiences and unique adventures. These trips offer the highest-quality travel experience through our partnerships with experienced travel providers.

