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The Bulletin



Sidney Kimmel Medical College
at Thomas Jefferson University

Helping
Kids
Thrive



Sidney Kimmel
Medical College
Thomas Jefferson University

ON CAMPUS

14th Annual Jefferson Gala

22



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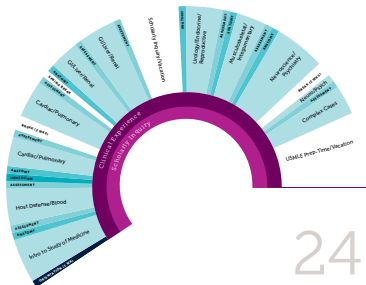
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Medicine Plus

In training the doctors of tomorrow, Sidney Kimmel Medical College educates students across three dimensions: curriculum, co-curriculum and extra-curriculum.

Dr. Deborah Ziring affirms this point in her Q&A (p.24-26), noting that the JeffMD curriculum we are rolling out is “building on the success of our *College-within-the-College* [co-curricular] program.” We are enriching the conventional curriculum with a constellation of *Medicine+* elements, co-curricular programs that are more than simply add-ons. They are integral to preparing a new generation of physicians who can differentiate themselves amongst society’s spectrum of caregivers. That’s the *plus* of *Medicine+*, and it will make our graduates stand out above the rest. Added dimensions—new ways of thinking, cross-cutting knowledge domains—will power our graduates to thrive in and lead tomorrow’s healthcare.

A core value proposition of the JeffMD curriculum is scholarly inquiry. The way physicians practice will change radically over the next decades, in ways that are unpredictable. Research projects help medical students develop the contextual, critical and creative thinking skills—my “3 C’s”—essential to clinical practice and transformation in a rapidly-changing healthcare environment.

Under JeffMD, all students will be required to do at least one scholarly inquiry project. Some will fulfill the requirement by doing research in a faculty lab or exploring medical education itself, while many others will link their project to their choice from a menu of structured opportunities—beginning with our established *College-within-the-College* (CwiC) programs and extending to a continuously expanding set of co-curricular offerings under our *Medicine+* umbrella.

Soon after I arrived at Jefferson almost nine years ago, I teamed up with Dr. Susan Rattner, the vice dean for academic affairs, to launch *CwiC*, which then encompassed two tracks: *CwiC Population Health* and *CwiC Translational Research*. We’ve since added a third option, *CwiC Design*, with a fourth, *CwiC Humanities*, soon to be launched. In short order, these *CwiC* tracks have become fixtures of our medical college, typically with upwards of 70 students per class electing to participate in this 4-year co-curricular journey.

One of my earliest recruits to Jefferson was Dr. Peter Lloyd Jones, an associate dean who founded *MEDstudio*, another co-curricular program. *MEDstudio* advocates for a system that promotes good health, well-being and dignity for all. Boldly billed as “post-disciplinary,” this first-of-its-kind program fosters creative dialogue among diverse fields via workshops, community engagement, lectures and broad collaborations. Some of its projects have already garnered international attention (see p.4). Additionally, *MEDstudio* helped establish Jefferson as the sole medical institution within the MIT-led, DOD-financed Advanced Functional Fabrics of America initiative. Continuously evolving, *MEDstudio* is now positioned for co-curricular contributions within a *Medicine + Creativity* space.

Under the leadership of Dr. Sal Mangione, *Medicine + Humanities* has given SKMC a wealth of humanities offerings unrivalled within the nation’s medical school landscape. These include programs in drama (*Lantern Theatre Company*



Mark L. Tykocinski, MD

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Workshops), film (*The Jefferson Medical Cineforum*), visual arts (*Visual Thinking Strategy program at PAFA*), drawing (*Medical Sketching at Fleisher Art Memorial*), dance (*Dance for Health*), poetry (*Jefferson Poetry Club*), a mini-course on the Holocaust, and journaling and reflective writing. And there will be more—planning is underway for *Medicine+* programming in computation and data sciences, policy, entrepreneurship, ethics and even music.

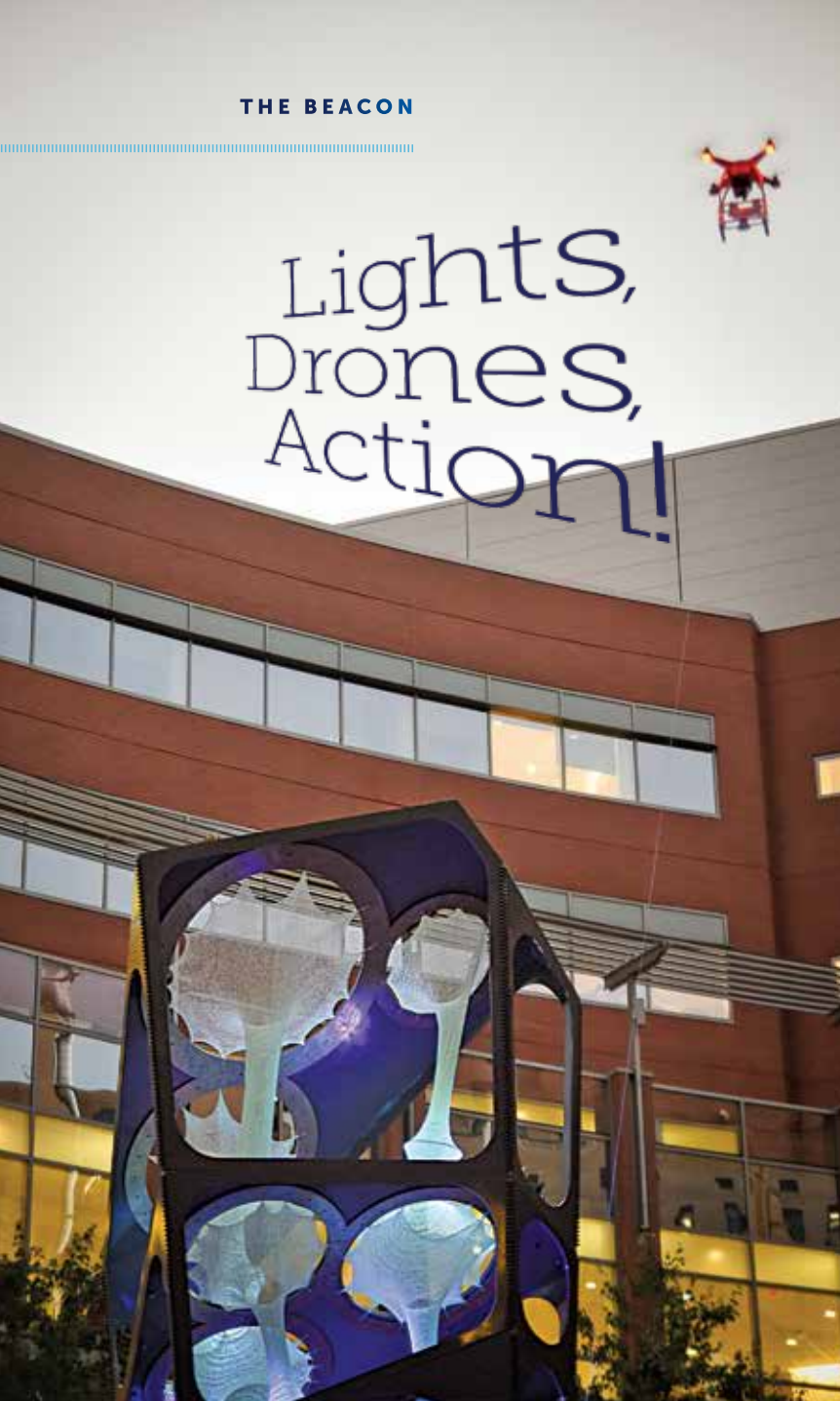
Through *Medicine+*, we see our graduates as highly adaptable and empathetic leaders who will devise innovative care pathways and reimagine health policies or healthcare business models. They'll be the resourceful MDs who invent life-altering medical devices, or design better processes and procedures. Our alumni will be the ones thinking through, contextualizing and deploying big data and artificial intelligence to enhance diagnostic and therapeutic decision-making. They'll be the frontline physicians who learned how to listen deeply, partner and communicate effectively, and be comfortable with ambiguity.

The mergers and partnerships Jefferson has been forging figure into *Medicine+*. As *MEDstudio* and *CwiC Design* unfolded, so did the idea of partnering with Philadelphia University, a storied local institution with top-10 programs in design, textiles and architecture. This partnership was the original catalyst for our pending merger. However, there was more. Taking a longitudinal view of *Medicine+* tracks, we asked why wait for students to appear at SKMC's doorstep before immersing them in a design culture. This thought prompted a partnership with Princeton University—IDeA, Innovation & Design Application—wherein we assure SKMC admission to some Princeton sophomores who commit to exposure to disciplines related to design,

broadly-defined. This initiative, orchestrated by Dr. Bon Ku, recruits a different kind of medical student to train a different kind of doctor. Reducing the pre-med workload, waiving MCATs and providing early acceptance, frees IDeA applicants to fully engage in their fields as undergraduates and then bring the distinctive outlooks they develop into medicine.

There's also extra-curriculum. Our students have access to some 30 extra-curricular programs, many of them community outreach and student run. Most are familiar with our signature community outreach clinics serving the homeless—*JeffHope*—but this is just the tip of the iceberg. *JeffHealth* works in East Africa, especially Rwanda, to improve health, one village at a time. The cover story in this issue highlights our many community initiatives to help kids thrive. I believe you'd be hard pressed to find another medical school that has our level of *bona fide* student engagement with surrounding communities. This is experiential, hands-on learning at its best.

The legacy I seek to craft at Sidney Kimmel Medical College is the elevation of co-curriculum, alongside extra-curriculum, and its hardwiring into the curricular architecture through scholarly inquiry. During our accreditation review two years ago, the Licensing Commission on Medical Education lauded Jefferson's *CwiC* programs as "an institutional strength." It was a gratifying validation of our concept. For me, an even stronger endorsement came on a Philadelphia sidewalk one day. Walking back to campus after commencement ceremonies at the Kimmel Center, I overheard one of our students telling his family about this "great program at Jefferson ... it's called College-within-the-College ... it's been around forever." Instantly I knew co-curriculum was indeed entrenching itself in Jefferson's academic culture. 🐼



What do you get when you combine innovative design, sophisticated technology and great Jefferson medical minds?

This first-of-its-kind high-tech wonder launched in Lubert Plaza on Jefferson's campus as part of Philadelphia's citywide DesignPhiladelphia festival. The revolutionary art installation showcased the collaboration of Sidney Kimmel Medical College's MEDstudio@JEFF, directed by Peter Lloyd Jones, PhD, with the award-winning Jenny Sabin Studio, which demonstrates the power of integrating medicine with architectural design to improve health and wellness.

THE BEACON was a 20-foot-tall monument made of laser-cut steel and light-emitting yarn, with an outer skin woven by a pair of drones performing a nightly 30-minute ballet, choreographed according to visitors' online responses to questions about urban regeneration.

The installation utilized data transmitted from the city's now-in-development Rail Park, which influenced THE BEACON's behaviors. Visitors would interact with it via a web app to affect the color and pulsation of light.

Each night, drones flew in a mid-air spectacle, surrounding the surface of THE BEACON with "smart fibers"—the US debut of a pioneering technology that will be used in wearables that offer healing qualities.

"There's a poetic balance in bringing architecture and design back into medicine," said Jones. "It used to be that it was one subject, and that eroded in the early 20th century and gave us this pharmaceutical and insurance-driven system we have today."

Vanquishing Banquo's Ghost

As a student (and a fan) of Jefferson's history, I'm fascinated by the formative years of the College.

Ours was a completely different approach to establishing a medical school—an exercise in vision, inventiveness, untiring industry and unwavering optimism. Our resourceful founder, Dr. George McClellan, and his determined colleagues were running the 19th-century version of a start-up.

The odds were stacked against them. They scrambled to find faculty. There were lawsuits, deft maneuvers and legislative machinations. An in-town competitor was angling to squash the upstart competitor. There were money issues too. Jefferson needed more than gumption. What especially intrigues me is the effort to raise capital.

As a new institution, Jefferson had no endowment, no alumni, no grateful patients, no base of support. In his 1939 book of Jefferson historical figures, alumnus Tom Bentley Throckmorton, MD 1909, wrote: "Youth and ambition cannot succeed without financial backing. Hence in 1827 the momentous question of how to acquire financial aid, like Banquo's ghost, arose to haunt and plague the faculty."

Smart philanthropy saved the day.

In nonprofit parlance, a legacy or "planned" gift is simply one that is more creative than an outright contribution of cash. A bequest or a gift of real estate, appreciated securities, a charitable gift annuity: these are a few examples of legacy gifts. Just such a gift, an opportunity creatively seized and generously turned, saved the young Jefferson Medical College.

One of Jefferson's first trustees, the Rev. Dr. Ezra Styles Ely, made what is, even by today's standards, an out-of-the-box gift. He offered to buy a lot on 10th and Sansom streets and finance construction of a new home for the College. In exchange, Ely would receive token rent of \$1,000 a year for five years. He would eventually turn over to the College even the rent he collected. Throckmorton called the gift a "beam of light from the morning star."

Over the years, legacy gifts have had a big impact on Jefferson, in one case literally "titanic." Charlotte Drake Martinez Cardeza, who survived the sinking of the "unsinkable" Titanic, bequeathed her family fortune of \$5.5 million to Jefferson to establish the Cardeza Foundation for blood research. In 1929, grateful patient Samuel Parsons Scott, Esq., in "acknowledgement of the inestimable service rendered by one of the Professors," bequeathed about \$3 million to establish what is now

Scott Memorial Library. More recently, a \$10 million bequest from the estate of Robert D. Rector, MD '48, and his wife, Dorothy, enabled the creation of the Clinical Skills and Simulation Center.

Legacy gifts are all about celebrating your success story by passing it on to benefit others through healing, research and teaching, which are Jefferson's success story. That story reaches all the way back to Dr. McClellan's dream and Dr. Ely's gift that kept it alive

Legacy gifts are all about celebrating your success story by passing it on to benefit others through healing, research and teaching, which are Jefferson's success story.

to see another day. Your achievements and good fortune don't have to remain in the past. They can be a beam of light from the morning star that shines tomorrow and tomorrow and far into the future.

Jefferson would not be what it is today without the legacy giving that vanquishes Banquo's ghost. Making a legacy gift is easier than you think and always rewarding and meaningful. So, what is it you want to accomplish for an infinity of tomorrows? Who do you want to help? I encourage you to reach out to me and find out how we can do it together.

Elizabeth Dale, EdD

Executive Vice President and
Chief Development Officer



**Feature
Story
Summary**

- Jefferson has a longstanding institutional commitment to children's health initiatives that strength pediatric care, education and research throughout the region.



- Jefferson offers a broad range of community services, from a special clinic for refugee children to medical students mentoring North Philadelphia children.

- In Jefferson's laboratories, researchers are tackling serious pediatric health threats and finding new directions for treatments.

MAKING A DIFFERENCE FOR CHILDREN'S HEALTH

Jefferson's
Initiatives
Aim to

Help Kids Thrive

BY ROBIN WARSHAW

PHOTOGRAPHY BY ROGER BARONE/WILLS EYE



Jamie Green and her two young sons moved to the Philadelphia area from Wisconsin to be closer to her family. Their state medical assistance ended when they moved.

Green's 9-year-old son, Maddox Green-Pethes, had difficulty seeing. The problem gave Maddy headaches and trouble with schoolwork. His vision needed attention, but the family was in health insurance limbo, waiting to qualify for Pennsylvania coverage.

Then Jamie Green heard about Give Kids Sight Day, an event held at Jefferson and Wills Eye Hospital, home of Jefferson's Department of Ophthalmology. On that special day, about 1,200 uninsured or underserved children receive free vision screenings and, when needed, free eyeglasses. Volunteers helping at the event include Jefferson and Wills Eye physicians, Sidney Kimmel Medical College students and alumni, as well as faculty and students from Jefferson's health and science colleges.

BELOW AND OPPOSITE: On October 29, 2016, Jefferson partnered with Wills Eye Hospital and Eagles Youth Partnership on Give Kids Sight Day. PHOTOS BY ROGER BARONE/WILLS EYE

The focus on children's health draws on Jefferson's foundation of excellent pediatric care and medical education through the Department of Pediatrics at the Nemours/Alfred I. DuPont Hospital for Children in Delaware.



Jefferson's involvement is part of its institutional commitment to children's health initiatives strengthening pediatric care, education and research throughout the region. That attention shows in a broad range of community services, from a special clinic for recently arrived refugee children to SKMC students mentoring North Philadelphia children in science and medicine interests. In Jefferson's laboratories, researchers are tackling serious pediatric health threats and finding new directions for treatments.

The focus on children's health draws on Jefferson's foundation of excellent pediatric care and medical education through the Department of Pediatrics at the Nemours/Alfred I. DuPont Hospital for Children in Delaware, where most SKMC students do their pediatrics rotations, as well as classes and clinics in Philadelphia.

Helping Children See

The numbers are stark: 22,000 Philadelphia children fail the state-mandated school vision screening every year. Of those, only about 5,000 are taken for follow-up with an eye doctor by their parents. That's where Give Kids Sight Day comes in, providing services to children from Philadelphia and surrounding counties. Wills Eye also has an outreach vision program that has given eye care to more than 20,000 children in the School District of Philadelphia and area Boys & Girls Clubs.

Children arrive at Give Kids Sight Day with a variety of vision conditions, from no problems to significant concerns. "We see legally blind kids who only need a pair of glasses and they'll be seeing 20/20. And we see kids who have serious eye-threatening disorders, like glaucoma, genetic eye disease, retinal detachment and cataracts, that require more sophisticated care," says Alex V. Levin, MD '82. Levin is chief of the Pediatric Ophthalmology and Ocular Genetics Service at Wills Eye.

In addition to Wills Eye and Jefferson, other sponsors of Give Kids Sight Day include Public Citizens for Children and Youth, Eagles Charitable Foundation, The School District of Philadelphia, Essilor Vision Foundation and First Hospital Foundation.

Jamie Green took both her sons to the 2015 event, making the trip to Jefferson from their home in Oxford, Chester County. Her 4-year-old, Aaron, was found to have astigmatism and was given glasses. Maddy's eyesight problem was diagnosed as exotropia, a condition in which the eye turns outward. Left untreated, it can lead to vision loss. He was scheduled to see a pediatric ophthalmologist

Understanding the Impact of Lead Poisoning on Children's Brains



he question posed by a colleague who was evaluating a lead-poisoned child in the late 1990s caught Jay S. Schneider, PhD, off guard. After years of doing research on Parkinson's disease, a neurological condition that usually affects older people, Schneider was asked if he knew about lead's effect on children's developing brains. "My initial response was that I wasn't aware that lead poisoning was still an issue," he recalls, referring to public attention around the ban of lead-based paint in 1976.

Schneider soon learned that children were still being exposed to lead, primarily through deteriorating lead-based paint in their homes, and suffering cognitive and behavioral deficits as a result. Yet at that time, there were a limited number of basic research studies on lead's developmental neurotoxicity and even fewer studies examining its effects on the brain at a molecular level. Most of the work studied only males. So Schneider, a professor in the Department of Pathology, Anatomy and Cell Biology, expanded his research to look at molecular changes that occur when a fetal or infant brain is exposed to lead, how these changes might influence behavior, and if male and female brains respond similarly or differently to lead.

This work comes at a time when, once more, the public is talking about lead poisoning. "Sadly, the debacle with lead-contaminated drinking water in Flint, Michigan, has brought the issue of childhood lead poisoning to the forefront again," Schneider says. Lead in drinking water has been a problem for decades and has been linked to elevated blood lead levels in children in numerous cities. "This is a problem that has not gone away."

Schneider's research has shown that lead can have wide-ranging effects on the brain before and after birth. It found that rats exposed to lead during prenatal or early postnatal development have significant changes in gene expression. There are also changes in the epigenome, molecular modifications of DNA that switch genes on and off. Effects were seen in the hippocampus and frontal cortex, brain regions where learning, memory, attention, and executive function processes are centered.

"We found that lead exposure, even at low levels, affects the expression of a variety of different genes in areas of the brain that are important for mediating various cognitive functions and behaviors," Schneider says. "Lead can influence both the structural and functional integrity of the brain."

His team has shown that lead's effects differ by sex depending on the region of the brain. They also found that genetic background influences the biological response of an individual brain to lead, even when the amount of lead exposure is the same. This may explain why there is no single "behavioral signature" for childhood lead poisoning and how children living in the same house, with the same parents, and with similar lead exposures may have different neurobehavioral outcomes from that exposure.

Schneider may also soon be working with lead-exposed schoolchildren in Trenton, New Jersey. Because lead poisoning produces cognitive deficits, the team proposes using cognitive training exercises to see if they can help improve educational outcomes in lead-exposed children. The training is similar to that used to improve cognitive function in children with other types of acquired brain injuries.

"I view children who have been poisoned by lead as having a neurotoxicant-induced acquired brain injury. Why treat a child who has a brain injury from lead any different than a child with an acquired brain injury from some other source?" Schneider asks.



and surgeon, and the plan of care was explained.

"They had it organized so well," Green says. "You felt when you left that you had concrete answers. I came home really grateful."

Maddy had surgery on his affected eye in the summer of 2016. Now in 5th grade, he sees a Wills Eye pediatric ophthalmologist regularly, wears glasses and uses a patch for a few hours daily. His vision is improving. "So far, everything is looking really nice," his mother says.

Care for Refugee Children

For some children, Jefferson provides the first opportunity they've had in a long time—sometimes in their entire lives—to receive full pediatric examinations and care. These children are refugees whose families are being resettled locally through several organizations.

The Nemours Pediatric Refugee Clinic at Jefferson began in 2010, when most of the children in its care were ethnic Nepali Bhutanese, born and raised in refugee camps. There also were some Burmese and Iraqi children, followed later by

Congolese children. "Now we're seeing a lot more Syrian refugees and a few others—eastern Europeans, West Africans and Afghanis," says clinic director Christopher Raab, MD, who also heads the global health track for pediatrics residents at Nemours/Alfred I. DuPont Hospital for Children.

Located on Jefferson's Philadelphia campus, the clinic provides a medical home for about 600 children. Some arrive with latent tuberculosis or parasitic infections, but most are "in pretty good shape," Raab says. One family had four children with a rare condition, hypohidrotic ectodermal dysplasia, which affected their ability to sweat. The clinic worked with the family and school to help regulate the children's body temperatures.

On one clinic day, third- and fourth-year SKMC students pepper Raab with questions about the patients they're seeing, asking about everything from immunization catch-up schedules to bladder problems and diagnostic challenges. He talks with one student about the underweight child she just examined. Children may arrive from abroad

For some children, Jefferson provides the first opportunity they've had in a long time—sometimes in their entire lives—to receive full pediatric examinations and care.



significantly underweight, Raab says. As their nutrition improves, their weight and height increase quickly. "Which means they were stunted," or short because of malnutrition, he explains.

Some families receive nutrition education from volunteers who are first- and second-year SKMC students. Because some refugee children are nutritionally healthy when they arrive here but become overweight after a year or so, the nutrition program aims to avoid that by offering information on healthy eating and answering families' food questions. "They can't find the fruits and vegetables they're used to, in the form they're used to," says Naomi Newman, a second-year student. She notes that some families have to learn how to use a can opener. "It can mean the difference between a diet with vegetables in it and one without them."

The student educators individualize sessions for cultural needs, giving advice that works with fasting during Ramadan or finding gelatin-free gummy vitamins to fit a halal diet. Newman and Kaitlyn Petrucci, a third-year

CONTINUED ON PAGE 36



OPPOSITE: Dr. Raab performs a check up at the Refugee Clinic. PHOTO BY JEFFERSON MEDICAL MEDIA

ABOVE: Give Kids Sight Day. PHOTOS BY ROGER BARONE/WILLS EYE

Finding Better Treatment for Newborns with Opioid Withdrawal

as opioid use has risen sharply in recent years, so has the number of infants with neonatal abstinence syndrome or NAS, a condition that begins shortly after birth and is caused by drug withdrawal. According to the Centers for Disease Control and Prevention, NAS incidence increased 300 percent from 1999 to 2013.

Symptoms include tremors, high-pitched crying, sleep problems and difficulties feeding. About half of NAS babies need pharmacological therapy, which in the US is typically morphine, says Walter Kraft, MD, professor in the Department of Pharmacology and Experimental Therapeutics and director of the Clinical Research Unit. In recent years, Kraft and a team of Jefferson researchers have been studying the treatment of NAS with buprenorphine, a partial opioid agonist, as an alternative to morphine.

Nothing was known about buprenorphine's effects on newborns when the researchers began their work. The drug acts like morphine in the brain but has a pharmacologic profile that has shown success in treating adult opioid withdrawal. The team thought it could be a better choice than morphine for infants and might shorten their length of treatment and hospitalization.

To conduct the research, the group collaborated with Jefferson's Maternal Addiction Treatment Education and Research (MATER) program. MATER provides multidisciplinary and supportive services to women in addiction treatment and their children. The collaboration was key for the research. Women agreed to have their babies participate, Kraft believes, because they trust the staff and mission of MATER.

The researchers published a phase 1 study in 2011 that found buprenorphine was safe and effective. It was delivered under the tongue with a pacifier, a method that had never been described in newborns before. "We were not sure it was going to work," Kraft says. Yet it did. Infants who received buprenorphine needed only 23 days of treatment compared to 38 days for those given morphine. Length of hospital stay also was lower: 32 days compared to 42 days.

Further work refined the research methods, leading to a phase 3, double-blind, double-dummy study [NCT01452789], which was recently completed and is now under peer review. While results are currently embargoed, "we are looking forward to sharing our results with the neonatology community," says Kraft.

Kraft is also exploring possible genetic influences in NAS. These could show why some newborns develop the condition and some do not. In parallel, the group is using blood levels of morphine or buprenorphine in NAS infants to develop a simulation model for predicting symptom control at different doses.

Discerning variability of response, Kraft says, is "the holy grail for clinical pharmacology. The more we know about the sources of variability in drug levels in the blood and response between babies, the better we can tailor therapies."



WHO WAS THE FIRST?

Previously Unknown African-American Graduates of Jefferson's Medical College

The story of African-American physicians begins in 18th-century Philadelphia with James Derham, who is recognized as the first black allopathic medical doctor. The first medical school in the U.S. to admit an African-American was Rush Medical College in Chicago, which awarded David J. Peck his degree in 1847. That same year, Peck came to Philadelphia to set up his practice.

In the 19th century, Jefferson had a reputation for the most progressive and highest standard in medical education; however, we can't say the same for its admissions policies. In fact, Jefferson had no written admissions policy at all regarding race or gender. The faculty regularly rejected applicants of color until a brief period in the first decade of the 20th century, when a modest percentage of African-Americans were admitted.

BY F. MICHAEL ANGELO,
UNIVERSITY ARCHIVIST

• *From the Archive* •



• **ALGERNON BRASHEAR JACKSON, JMC 1901** •

That first generation of “Old Jeff” African-American graduates laid down foundations and created original strategies to overcome barriers to not only succeed, but to excel, as they served their neglected community.

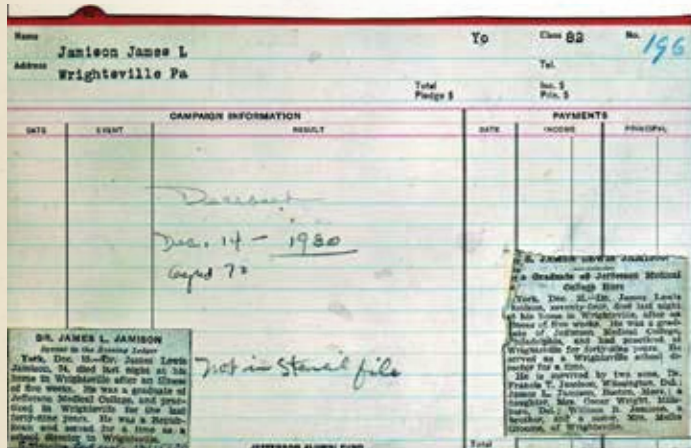
Long celebrated as Jefferson’s first African-American graduate, Algernon Brashear Jackson, JMC 1901, remains a highly accomplished and remarkable product of his alma mater. Among his many achievements, Jackson was identified in 1903 as “the only negro physician in the U.S.” to serve as assistant surgeon in an all-white hospital, at the Philadelphia Polyclinic. He was co-founder of the Mercy Douglass Hospital; founder of the nation’s first

African-American Greek letter fraternity, Sigma Pi Phi (aka the Boulé); and the first African-American to be elected to the American College of Physicians in 1917. One hundred years later, Jackson’s star quality is undiminished.

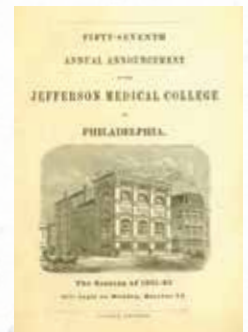
But ongoing research in our University Archives and Special Collections—where information on over 30,000 graduates and faculty is collected and organized—has revealed some pre-Jackson surprises.

We have no record to know if Jefferson faculty and the Board of Trustees in the 1800s knew that the following students were African-American or if they “passed,” as there was no applicant requirement to identify one’s race.

• JAMES LEWIS JAMISON (JMC 1882) •



For 49 years James Lewis Jamison practiced medicine in his hometown of Wrightsville, Pa., located on the Susquehanna River. *The York Daily Public Record* printed an obituary for an African-American physician in 1951 and noted: “At least one other black doctor...practiced in the county in the early years of the 20th century...James L. Jamison.”



He had Jefferson associations early in his training. He was born in 1855, and from the age of 14 to 17 he lived in Philadelphia under the employ of Dr. Frank H. Getchell, JMC 1871, who would become a prominent obstetrician and author.

Jamison attended the prep school run at Lincoln University (America’s second black university) and continued his studies there until he attained an AB in 1879. He briefly apprenticed under Dr. D. Alfred Stubbs, JMC 1874, in Chester County, Pa., until his enrollment at Jefferson, where he graduated in 1882. At the time Jefferson, like most medical schools, had a standard two-year program. But Jamison chose to take the newly created, optional third-year post-graduate course. He submitted a graduate thesis, “Report of Dr. Levis’s Surgical Clinics at the Pennsylvania Hospital.” Commencement ceremonies were held at the American Academy of Music on Broad Street in Philadelphia on March 30, 1882, for 247 graduates.

In 1884, Jamison married Francenia Baldwin, whom he met in Chester County. She joined him in Wrightsville where he quickly established “a large practice.” He served as the civic school director and later as city health director. Our alumni association identity card states he died in 1930 at the age of 74.

ABOVE: JMC Alumni Association charitable giving card for Dr. Jamison. RIGHT: JMC Annual Announcement, 1881–82. BELOW: Detail, View of Wrightsville, York County, Pa., 1894, published by T. M. Fowler & James B. Moyer.



• CORNELIUS THADDEUS SHAFFER (JMC 1888) •

PORTRAIT IMAGE COURTESY FROM MOTHER BETHEL AME



Like many educated Victorian-era gentlemen, Cornelius Thaddeus Shaffer seems to have attained a medical degree primarily for its prestige and never expected to practice or teach medicine. Prior to enrolling at Jefferson, he had committed himself to a ministry in the African Methodist Episcopal church in 1870.

Born in Troy, Ohio, on January 3, 1847, he attended public schools and at the age of 17 enlisted in the Federal infantry during the US Civil War as a non-commissioned combatant in the medical department. After his muster out, he continued his education at Berea College in Kentucky and ultimately matriculated at Jefferson Medical College in 1886. A quick scan of his fellow med students at Jeff shows that he was in a richly diverse environment that included four Brazilians, two Russians, a Nicaraguan, a Bavarian, a Cuban, a Spaniard, a Mexican and a Chinese student—possibly the first Chinese American to receive an MD in the US! The same year he received his medical degree (1888), he received his first (of two) Doctor of Divinity degrees from Allen University in Columbia, SC.

As an AME official, Shaffer served in churches in Ohio, Brooklyn, Philadelphia and Baltimore. Like many Methodists, he was an active Mason and served the Grand Lodge as an international delegate of the Good Templars of the World at the 1879 meeting in England. He is widely recognized for planning, purchasing the land and building the “Mother” Bethel AME Church in Philadelphia in 1889–91. By the turn of the century he was made a bishop and in 1902 traveled to Africa, where he established the first AME school building on the continent.

In 1912, Shaffer was assigned to the Fourth Episcopal District, comprising Ontario, Michigan, Indiana, Iowa, Illinois and Kentucky. He died in Lansing, Michigan, in 1919. His son Carl Wilberforce Shaffer was also a physician who obtained his MD from the medical college at the University of Virginia in 1915.

Were there other or earlier African-American graduates or matriculates at Jefferson? Perhaps time will tell. 🇵🇸



ABOVE: Dr. Shaffer about the time of his Jefferson graduation.
LEFT: Architect's rendering of Philadelphia's Bethel AME Church, ca. 1889.

Alumni returned to campus to reconnect with each other and the institution during Alumni Weekend Oct. 24 and 25, 2016. Events included a guided trolley tour of Philadelphia; the 50-year Society Induction Ceremony; the annual luncheon with Dean Mark Tykocinski, MD; class dinners for all '1s and '6s; and much more.

Alumni Weekend

Save the Dates!
Alumni Weekend 2017
October 27–28



- 1 Bob Maro, MD '56 and John Gostigian, MD '56
- 2 Dr. Tykocinski and alumni at the 50-Year Society Induction Ceremony
- 3 Alumni enjoy a trolley tour of Jefferson and historic Philadelphia
- 4 Janice Lambright, Carol Manashil, Gordon Manashil, MD '66, Fran Pincus-Freed, MD '66, Arnold Freed
- 5 Yi Kao, MD '76, Richard DeAndino, MD '76, Bob Krall, MD '76, Nancy Krall
- 6 Salam Beah, SKMC '18, Dr. Tykocinski, Matthew Keller, MD '05, President, SKMC Alumni Association, Jay Skyler, MD '69, 2016 Alumni Achievement Award recipient, and Mercedes Bach
- 7 George Tai, MD '66, Paul Pupi, MD '66, Tom Muhlfelder, MD '66, at 50-Year Society Induction
- 8 Members from the Class of 1966 gather for a photo
- 9 Frances Pincus-Freed, MD '66 and her husband cheer the weekend

1



ALUMNI WEEKEND



10



11



12



13



14



15

- 10 Class of 1961
- 11 Class of 1966
- 12 Class of 1971
- 13 Class of 1976
- 14 Class of 1986
- 15 Class of 1991

- 16 Arnold Freed, Qinglan Huang, SKMC '19, and Frances Pincus-Freed, MD '66
- 17 Guests enjoy the Welcome Reception
- 18 Donald Booth, MD '66, Tracy Booth, Martha Love, and Harry Love, MD '66
- 19 Dr. Tykocinski's remarks during the Dean's Luncheon

- 20 Aaron Bennett, MD '46 receives his 50-Year Society pin
- 21 Merrill Cohen, MD '66, William Collini, MD '66, and Charles Cohen, MD '66 sign the Alumni Book
- 22 Nancy Weinschenk, MD '91, Susan McFalls, MD '91, Elizabeth Cook, MD '91

- 23 Alumni recite the Hippocratic Oath during the 50-Year Society Induction Ceremony
- 24 Gary Leach, Mrs. Leach, Janice Lambright, Warren Lambright
- 25 Mary Jo Williams, Barbara Pupi, Scott Williams, MD '66, Timothy Michals, MD '66, and Anne Michals
- 26 Dr. Callahan's Legacy Admissions Workshop

Alumni Weekend



16



17



18



19



20



21



22



23



24



25



26

2016 Alumni Achievement Award Winners



GERARD T. BERRY, MD '76

Gerard T. Berry, MD '76, is the Harvey Levy Chair in Metabolism and director of the Metabolism Program at Boston Children's Hospital and a professor of pediatrics at Harvard Medical School. He is a renowned expert on rare hereditary diseases, and the proud father of a Jefferson alumnus.



JAY S. SKYLER, MD '69

Jay S. Skyler, MD '69, is a professor of medicine, pediatrics and psychology in the Division of Endocrinology, Diabetes and Metabolism at the University of Miami Leonard M. Miller School of Medicine. He has studied diabetes, in particular clinical aspects of Type 1 diabetes, for five decades, making significant contributions to the field.

WHAT HAS OCCUPIED YOU DURING YOUR CAREER?

I've devoted my entire career toward the care of children and adults who have so-called "orphan diseases." There are a lot of resources and funding for cancer and heart disease, but there's usually very little support for individuals with rare genetic diseases. Sometimes as few as two or three people in a city the size of Philly, but together there are thousands of people with these problems. They're individuals who have nowhere to turn, so I've dedicated my career to treating them.

WHAT WAS THE MOST IMPORTANT THING YOU LEARNED AT JEFFERSON AND HOW HAS THAT STAYED WITH YOU?

It's an honor to be able to care for people. They invite us into their inner workings and tell us things they don't tell others and we have to respect that. When you're sick, you need someone who you can depend on and even if they don't have the answer, you know they'll find out how to get it for you.

DO YOU EVER THINK ABOUT RETIRING?

I've been involved with one disease in particular for a long time—hereditary galactosemia. I've probably seen more galactosemia patients than anyone in the U.S. One of the reasons I can't retire is because we are still looking for a cure for the disease. Stem cells have really presented a lot of opportunities, so now is a really exciting time for me. But I've been working hard to bring on younger people who can take over this research, so it can continue after I've retired.



WHAT MOTIVATED YOU TO BECOME A DOCTOR?

During 11th grade, there was an announcement about a health careers program at Lankenau. I said, "I'd like to try that, and see what that's all about." So, I went to the health careers program, which was three consecutive Saturdays, and I liked the concept. And then one of the opportunities afterward was to continue pursuing by taking an emergency room position in the summer. I did that, too, and stayed from then on.

HOW HAS YOUR JEFFERSON EDUCATIONAL EXPERIENCE IMPACTED YOUR CAREER PATH?

I think Jefferson gave me the stimulus to follow the career direction that I took and helped shape my interest in studying diabetes. I had the opportunity to work with terrific mentors like Nick Zervas and Richard Field, who really shaped my interest in the field. Everything helped stem from there. It was a formative time.

WHAT HAVE BEEN YOUR GUIDING PRINCIPLES FOR TEACHING?

The key to teaching is to ask the questions and let students get the answers, and if it doesn't sound right, you question them. You encourage them to have self-monitoring by asking questions and posing challenges. You encourage them to try to answer questions and move the work forward. And to me, that's the way you have to focus to get things done.





L to R:
Stephen K. Klasko,
Jon Bon Jovi,
Bill McDermott,
Rick Hevner

▲ 14TH ANNUAL JEFFERSON GALA

Nearly 1,000 alumni, donors, clinicians, families and friends gathered on December 6, 2016, at the Philadelphia Marriott Downtown for the Jefferson Gala. The Gala honored Bill McDermott, CEO of business software company SAP, with the Award of Merit for his civic and philanthropic leadership and Edmund Pribitkin, MD, MBA, professor and academic vice chairman, Department of Otolaryngology-Head & Neck Surgery, with the Achievement Award in Medicine for his contributions to medical science and compassionate care. Rock legend Jon Bon Jovi was on hand to present the Award of Merit to McDermott. The event raised \$1.3 million.

The Jefferson community is grateful to all who helped to make this year's gala a resounding success. For more information and photos from the event, visit Jefferson.edu/Gala

NEW KIDNEY TRANSPLANT CENTER

Jefferson Health announced a \$2.5 million gift from the Robert V. Nicoletti Family Trust to establish a new kidney transplant center with a special focus on living donor transplantation. "The Center will serve as the hub of operations both for seamless clinical care and, equally as important, education about living donation," said Cataldo Doria, MD, PhD, MBA, the Nicoletti Family Professor of Transplant Surgery and director of Jefferson's Transplant Institute.

JEFFERSON ESTABLISHES THE MARCUS INSTITUTE OF INTEGRATIVE HEALTH

The newly established Marcus Institute of Integrative Health, which was unanimously approved by the Thomas Jefferson University academic affairs committee and the Sidney Kimmel Medical College executive committee, will greatly expand the research, education and clinical care profile of the integrative medicine program. The Marcus Institute will have three core missions: infusing integrative health into the traditional medical school curriculum; focusing on prevention, health maintenance and early intervention for patients; and researching promising therapies for neurodegenerative diseases, cancer and traumatic brain injury. The Institute is named in recognition of the longstanding support of The Marcus Foundation, Inc., which has provided nearly \$25 million since 2010. The Marcus Foundation was established by Bernie Marcus, co-founder of The Home Depot.

CORRECTION

The illustration of how subharmonic microbubbles operate in the Fall 2016 issue of *The Bulletin* did not include artist attribution. The illustration was done by Sara Jarret. We regret the omission.

\$3 MILLION GIFT TO MEDICAL CANNABIS RESEARCH

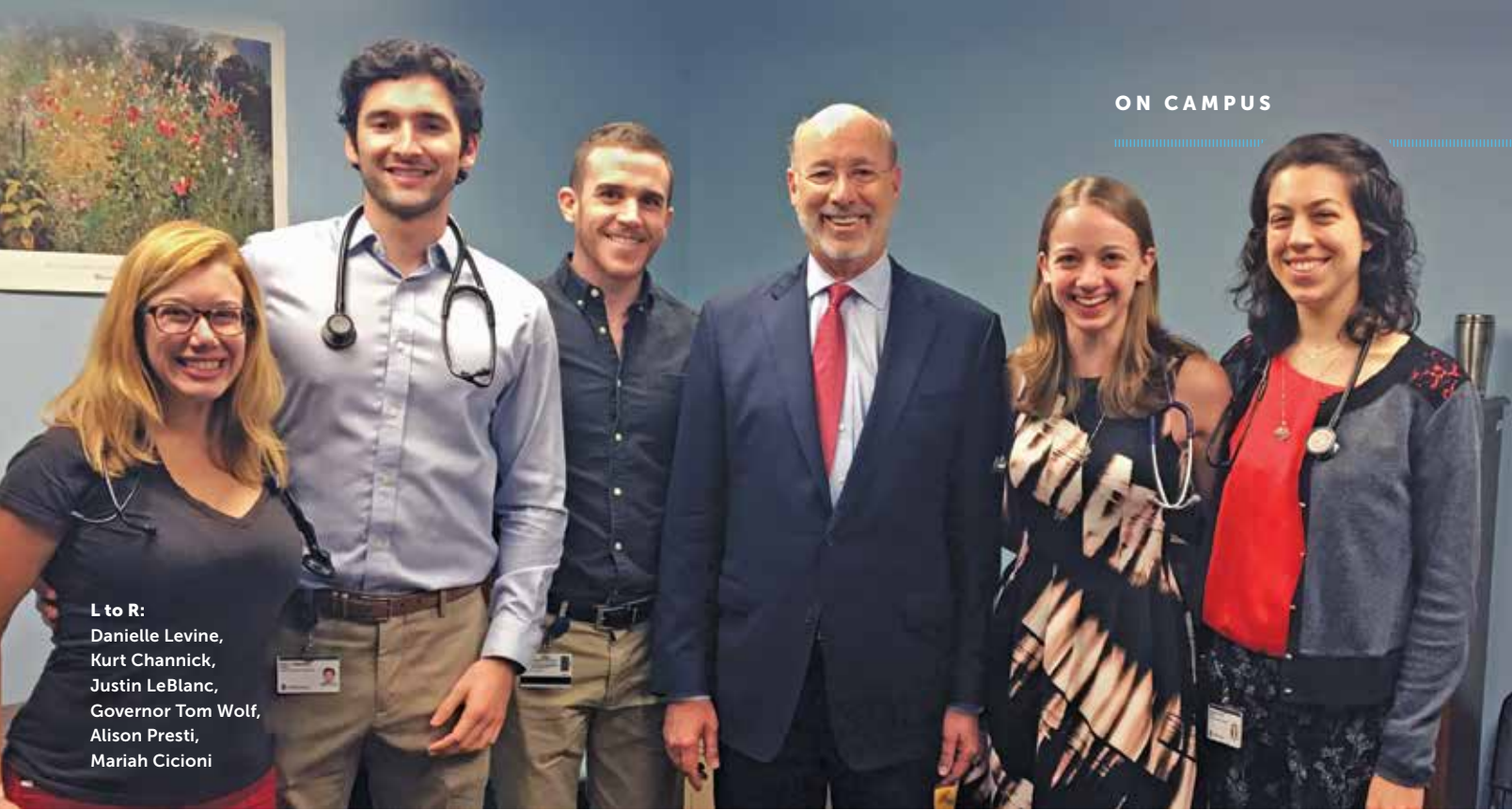
Australian philanthropists Joy and Barry Lambert donated \$3 million to establish the Lambert Center for the Study of Medicinal Cannabis and Hemp. The Center is led by Charles V. Pollack Jr., MD, who is also the director of the Institute of Emerging Health Professions. "We have great confidence that Dr. Pollack and the outstanding team at TJU will produce the research needed to deliver the changes that will ultimately improve the lives of millions of people across the world," said Barry Lambert. Jefferson is the first major health sciences university in the United States to establish such a center.



SCHNELL NEW CHAIR OF MICROBIOLOGY AND IMMUNOLOGY

Matthias Schnell, PhD, has been named the chair of the Department of Microbiology and

Immunology. He is also the director of both the Jefferson Vaccine Center and the Immunology and Microbial Pathogenesis PhD program in the Jefferson College of Biomedical Sciences. Schnell has been the recipient of the Michael and Melinda Pellini Award for Innovation in the Biomedical Sciences.



L to R:
Danielle Levine,
Kurt Channick,
Justin LeBlanc,
Governor Tom Wolf,
Alison Presti,
Mariah Cicioni

▲ **PA GOVERNOR WOLF VISITS**

On February 23, Pennsylvania Governor Tom Wolf visited Jefferson’s Narcotic Addiction Rehabilitation Program (NARP) in South Philadelphia. Gov. Wolf has made fighting Pennsylvania’s opioid crisis a priority during his first two years in office. NARP and Jefferson’s Maternal Addiction, Treatment, Education and Research (MATER) program are two of 45 state-supported Centers of Excellence, which coordinate care for people with opioid-related substance use disorder. Gov. Wolf spoke with Jefferson staff and several SKMC students.

▼ **JEFFERSON HOSTS INVESTMENT ICON JOHN C. BOGLE**

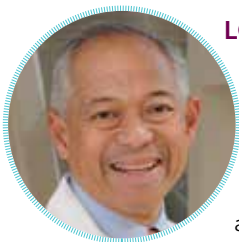
On February 21, Jefferson hosted Vanguard Group founder and investment icon John C. “Jack” Bogle for a panel discussion on the intersection of healthcare and finance, celebrating the 21st anniversary, to the day, of the heart transplant that saved his life. Bogle shared the stage with the two surgeons who performed his transplant—Jefferson’s Rohinton Morris, MD, the Anthony Narducci Professor and Chief of Cardiothoracic Surgery and Louis Samuels, MD, professor of surgery—and Stephen Klasko, MD, MBA, president and CEO. The panel was moderated by students from Jefferson and Philadelphia University.



MCMAHON NAMED CHAIR OF BIOCHEMISTRY AND MOLECULAR BIOLOGY

Steven McMahon, PhD, has been named the chair of the Department of Biochemistry and Molecular Biology. His research focuses on understanding the role of alterations in gene transcription during malignant transformation. A recipient of many awards, McMahon was recently awarded the Sidney Kimmel Cancer Center Mentorship Award and the Ralph and Marian Falk Medical Research Trust Catalyst Award.

LOPEZ APPOINTED ASSOCIATE PROVOST FOR DIVERSITY



Bernard Lopez, MD ’86, has been appointed associate provost for diversity

and inclusion. In his new role, he will help develop strategies to facilitate the recruitment and retention of students, faculty and staff with diverse backgrounds, and educate constituent groups on the importance of diversity and inclusion. Lopez is also a professor and vice chairman of the Department of Emergency Medicine.



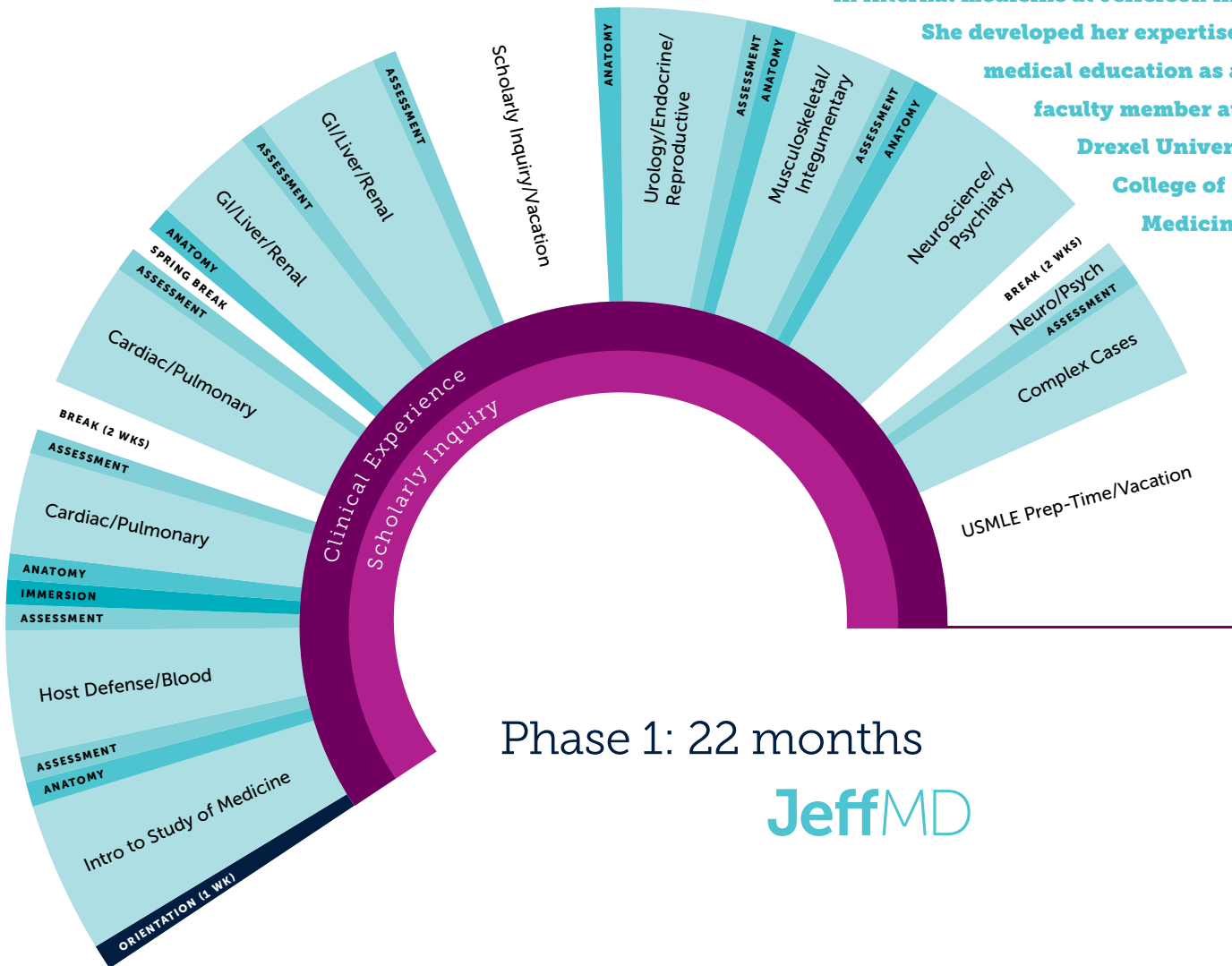
JeffMD

Change Means Continuity

A Q&A with Deborah Ziring, MD

JeffMD, SKMC's new curriculum, will roll out in July 2017 for the Class of 2021. We sat down with Deb Ziring, associate dean, academic affairs, undergraduate medical education, to learn more about JeffMD. Dr. Ziring joined the faculty just a year ago to oversee the development and launch of JeffMD, but she is not new to Jefferson. She completed her residency in internal medicine at Jefferson in 1988.

She developed her expertise in medical education as a faculty member at Drexel University College of Medicine.



JeffMD

What led SKMC to change a curriculum that has proven so successful?

JeffMD came about precisely to continue Jefferson's long tradition of excellence in medicine. Medicine is changing so dramatically. SKMC needs to change as well to remain a leader in medical education.

Can you give me an example?

It's not that doctors must learn different skills than we ever did, but they need them in a different balance. For instance, doctors today can research medical conditions on our digital devices. As a result, students need to memorize much less than my classmates and I did. Now students need even more focus on how to ask questions that will get the information they need, and then evaluate the value and relevance of what they uncover.

How does JeffMD reflect this difference?

Students will spend fewer hours in lectures and more time in small groups that work together to solve problems. Their instructor will assist them as they work through cases with presenting symptoms, much as a patient does in an office visit, to facilitate development of their clinical reasoning skills. Their progress to the next block of material will depend less exclusively on tests that show what they have memorized and more on the faculty's assessment of their problem-solving skills, both individually and in groups.

That all sounds great, but won't doctors still need to know fundamentals, like how the immune system works to fight off infection?

Absolutely! And students will still take a full course of anatomy, learn the basic organ systems, and master the other foundational material that doctors must have. However, they will spend less time learning a fact they might encounter once in a very special circumstance, because now they can look it up.

When I look at the rainbow graphic showing all four years of JeffMD, it looks like both science instruction and clinical experience continue the whole time. How does that work?

I'm glad you see that. JeffMD integrates what you learn in the classroom with what you learn from patients much

more thoroughly than happens in a traditional curriculum. We know students retain knowledge better when they have the context provided by actually meeting patients. Now students will become part of a care team soon after they start medical school.

How can Year One students contribute to clinical care when they are just starting medical school?

Don't worry! Neither patients nor students will be endangered by first-year experiences. In JeffMD, Year One students will work with patients on non-medical barriers to care. Let's say a doctor writes a

prescription for smoking cessation or nutritional counseling. A Year One student will then match this with our database of community resources, talk with patients about what else they need, and follow up to encourage action. As students learn more, their role in patient care will increase steadily.

What about the element of Scholarly Inquiry that runs straight through the curriculum?

Scholarly Inquiry is an area where SKMC is really creating a distinctive program. Like case-based learning, this element will hone critical thinking and investigative skills. Every student will complete an independent project, or series of projects, under the guidance of a paid mentor. Students will choose among six tracks: design, medical education, humanities, clinical and translational research, population health, and collaborative practice.

What makes SKMC's program so distinctive?

We are building on the success of our College within a College program, which the Licensing Commission on Medical Education recognized as an institutional



strength. SKMC is really putting its money behind its ideas – paying mentors and creating an infrastructure to support student exploration and excellence.

What else is a major change in JeffMD?

Students will be able to declare a specialty interest before the last phase of the curriculum, so they can choose electives that very specifically support their readiness for a residency.

Do these changes at SKMC represent a larger national trend?

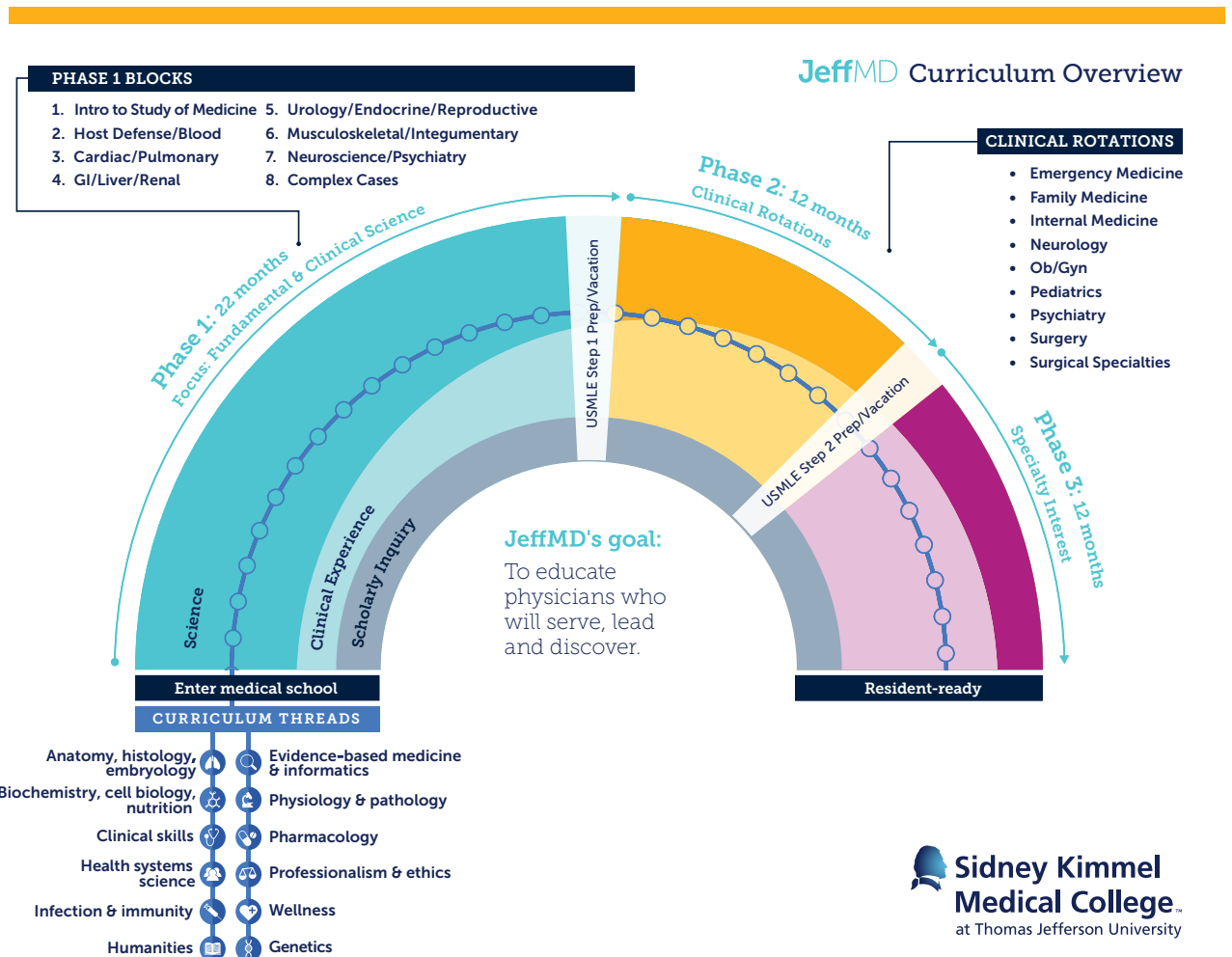
Yes, almost all medical schools are moving in this direction. We are pleased that SKMC is one of 31 medical colleges that have received grants from the American Medical Association’s Consortium for Accelerating Change in Medical Education. The grants support us in exploring various aspects of educational reform so we can learn from each other and lead the way.

How have alumni been involved?

Alumni sit on the JeffMD Steering Committee and Clinical Experience Design Team. I had a great dialogue with alumni at my presentation to the Jefferson Alumni Association on September 8. My colleague Peter Scoles, senior associate dean, curriculum research and development, and recipient of the Alumni Award of Merit last year, did the same in meetings with smaller groups of alumni throughout the region in the first year JeffMD was developed. We are very serious about retaining the best of Jefferson’s traditions.

What do prospective students want to know?

They certainly want to know what will happen to their Board scores, and we can assure them that scores have stayed the same or risen at every medical college engaged in similar reforms. Above all, they want to know they can expect the same level of excellence that led to their interest in SKMC. We can assure them that is what JeffMD is all about! 🙌





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Blue
is the
New
Pink

Colon Cancer Awareness



“I can have the best bedside manner and tools in the world, but none of that matters if I don’t get patients in the door for a colonoscopy,” says Marianne Ritchie, MD ’80, of her drive to light the Philadelphia skyline in blue from March 6 to 10 for Colon Cancer Awareness Month.

Ritchie is working to make blue the new pink because, while one in eight women will get breast cancer, one in three over 50 years old and one-half of people over 60 will get colon polyps. Colon cancers are currently the second leading cause of cancer-related death—and, though not all polyps become cancer, all colon cancers start as polyps.

Screening rates across Philadelphia are extremely low, hovering around 50 percent in some places. “Meanwhile, rates of colon cancer are rising,” says Ritchie, “and it’s because of people’s mindset surrounding colon health.”

Her solution? To light Philadelphia in blue and jump-start a city, state and even nationwide conversation on colon cancer. “If people are talking about it with each other, the idea is they’ll talk to their doctor about it the next time they come for a visit,” she says.

And momentum is already growing. This year, she got 13 buildings throughout Philadelphia to change their colors (more than any city in the country) and has had meetings with Lieutenant Governor Mike Stack, Mayor Jim Kenney and other leaders about doing more. 🗣️ —ZACHARY NICHOLS



OPPOSITE: A nighttime Market Street view from March 6 to 10

TOP (L TO R): FMC Building and Boathouse Row

BOTTOM CLOCKWISE: Jefferson’s GI Division posing together as part of Dr. Ritchie’s mission to raise awareness; the Avenue of the Arts; the Benjamin Franklin Bridge



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

UPCOMING TRIPS

Provence & the French Riviera ①

JUNE 1–11, 2017

Canadian Rockies Parks & Resorts ②

JULY 20–27, 2017

Baltic & Scandinavian Treasures

AUGUST 22–SEPTEMBER 2, 2017

Grand Danube Passage ③

AUGUST 23–SEPTEMBER 6, 2017

Flavors of Northern Italy ④

SEPTEMBER 9–17, 2017

Apulia: Undiscovered Italy ⑤

SEPTEMBER 19–27, 2017

Galapagos Islands by Small Ship ⑥

OCTOBER 18–25, 2017

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

Information on each destination is available at Jefferson.edu/AlumniTravel.

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



①



③



④



②



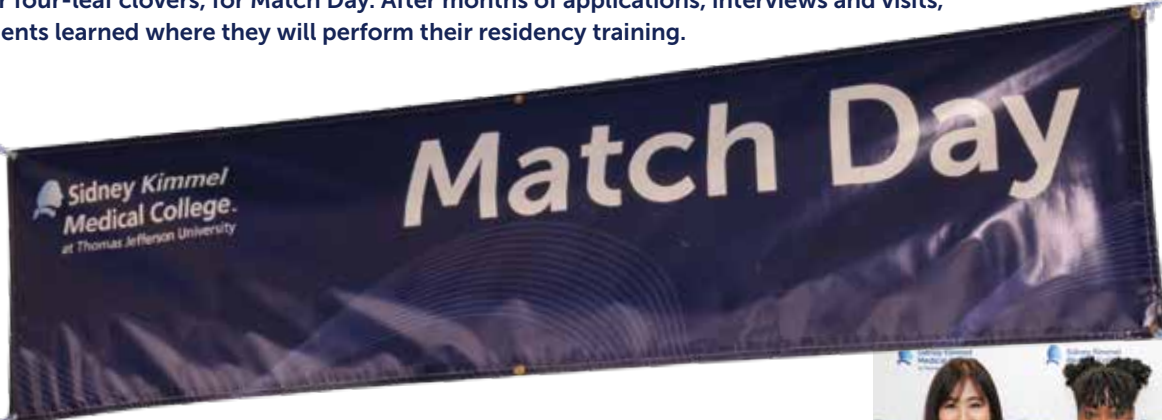
⑤



⑥

Congratulations to the Class of 2017!

On March 17—St. Patrick’s Day, match—247 graduating SKMC students gathered with friends and family, and their four-leaf clovers, for Match Day. After months of applications, interviews and visits, our students learned where they will perform their residency training.



2017 RESIDENCY PLANS FOR 247 SKMC SENIORS*

SPECIALTY	NUMBER	PERCENT
Internal Medicine (Categorical)	53	21.5
Pediatrics	28	11
Family Medicine	22	9
Surgery (Categorical)	18	7
Emergency Medicine	17	7
Orthopaedic Surgery	11	4.5
Anesthesiology	10	4
Radiology-Diagnostic	10	4
Neurology	9	3.5
Ophthalmology	8	3
Psychiatry	8	3
Obstetrics/Gynecology	7	3
Pathology	7	3
Surgery (Preliminary)	7	3
Urology	6	2.5
Otolaryngology	5	2
Neurosurgery	4	1.5
Child Neurology	3	1
Medicine/Pediatrics Combined	3	1
PM&R	3	1
Radiation / Oncology	3	1
Dermatology	1	0.5
Medicine (Preliminary)	1	0.5
Pediatric PM&R	1	0.5
Plastics	1	0.5
Transitional	1	0.5

*Number of students with known residency plans at this time.

Office of Student Affairs and Career Counseling, March 2017



Stephen Klasko @sklasko · Mar 17
 Congratulations class of 2017!
 #jeffmatch Celebrate today,
 change the world tomorrow!
 @JeffersonUniv



CLASS NOTES

'48

Francis R. Schwartz reports that he is long retired and living at Land's End in lovely Santa Cruz, California. He wonders how the class of 1948 is doing these days and encourages his classmates to send an update.

'50

Leonard Erdman, of Lauderdale by the Sea, Florida, writes that he is doing well and frequently sees **Victor Greco ('51)**, who was a member of John Gibbon's surgical team that performed the first successful open-heart surgery.

'52

Joseph H. Sloss, of Bradenton, Florida, writes that he is looking forward to the 65th reunion of the class of 1952 in the fall.

'57

Robert Brotman, of Port Charlotte, Florida, retired in 2015. He reports that he is doing well—walking, building model airplanes, reading and keeping busy.

Max Koppel proudly announces the birth of his grandson, Ezra Samuel Koppel, born November 7, 2016, to Dr. Sharon Koppel and **Dr. Alex Koppel (resident alumni '11)**. Little Ezra's great-grandfather is also a Jeff alum, **Alex Koppel '28**.

'61

Maurice Lewis, of New Cumberland, Pa., has retired after 48 years in internal medicine.

Robert B. Tesh writes that he plans to retire in 2017 as professor of pathology, microbiology and immunology at the University of Texas Medical Branch, Galveston, Texas. He has spent the past 49 years researching arthropod-borne and zoonotic diseases.

David K. Subin, of San Diego, California, reports that he is enjoying semi-retirement, working part time as a consultant for the Social Security Administration.

'63

Matthew N. Boulis, of Wyomissing, Pa., reports that he visited Vietnam recently with his son and grandchildren. He notes it was an amazing country and amazing experience.

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
alumni@jefferson.edu

BY MAIL
125 S. 9th St., Suite 600
Philadelphia, PA 19107

'67

Scott Stein has been director of anesthesia at the Rand Eye Institute in Deerfield Beach, Florida, since 1991. He co-authored the Rand-Stein analgesia protocol for cataract surgery. He resides in Palm Beach County, Florida, with his wife, Rhonda. Stein notes that his father, **Samuel H. Stein ('33)**, practiced ophthalmology until he was 78 years old, and that he served in the army during World War II as the physician to General Douglas MacArthur and his troops during the first invasion of the Philippines on Leyte Island. He sends best wishes to all and looks forward to the 50th reunion of the class of 1967.

'72

Anthony Calabrese, 70, of Arnold, Maryland, continues practicing gastroenterology. He also plays clarinet and saxophone for an 18-piece big band. He and his wife, Nancy, who graduated from the Jefferson College of Nursing in 1974, are enjoying their two grandchildren.

'73

Arnold Bayer was awarded the Outstanding Senior Research Investigator Award for 2016 by the Los Angeles Biomedical Research Institute of the Harbor-UCLA Medical Center. The award recognizes Bayer's two decades of continuous grant funding from the National Institutes of Health to study staphylococcal adaptations to cationic host defense antimicrobial peptides within mammalian platelets. Bayer is currently a distinguished professor of medicine at the Geffen School of Medicine at UCLA.

'75

Darryl M. Sexton retired after serving as the city health officer for Long Beach, Calif., for past 17 years. Prior to that he was the director of occupational medicine for Long Beach.

'76

Ira Brenner was co-sponsor of the 11th annual Akhtar-Brenner Lecture on Psychoanalysis at Jefferson. Brenner continues his private practice in psychiatry and psychoanalysis in Bala Cynwyd, Pa.

'80



Angela Lin, professor of pediatrics at Harvard Medical School, moderated a session at the 2017 ACMG Annual Clinical Genetics Meeting, where one of the speakers was fellow alum **Peter Hulick, MD, '01**, clinical assistant professor at the University of Chicago Pritzker School of Medicine and head of the Division of Medical Genetics at NorthShore University HealthSystem in Evanston, Illinois.

'83

Richard J. Greco, of Savannah, Georgia, was elected Vice President of Finance and Treasurer of the American Society of Plastic Surgeons.

'97

Edward A. Dachowski joined the department of psychiatry and behavioral medicine at Marshall University's Joan C. Edwards School of Medicine, in Huntington, West Virginia, as an assistant professor.

'09

Alexander Mericli and his wife, Lindsay, now reside in Houston, Texas. Alex is an assistant professor in the Department of Plastic Surgery at the University of Texas MD Anderson Cancer Center, where he dedicates his practice to the reconstruction of patients who have been disfigured by cancer. He completed his plastic surgery residency at the University of Virginia, followed by a fellowship in microvascular and reconstructive surgery at MD Anderson.

IN MEMORIAM

'48

Harry Zutz, 92, of Rockville, Maryland, died Oct. 8, 2016. Zutz served in the US Army during World War II, and in the Air Force during the Korean War after graduating from medical school. Upon returning, he dedicated almost half a century to practicing medicine, spending the last 30 years as an anesthesiologist at Rahway Hospital. At least once a year from 1978 to 2000, he would travel with Anesthesia Overseas (an organization he founded), providing anesthesia and health services in developing countries. He is survived by his sister, Yetta Chaikenn, and sons, Ronald, Robert and Thomas, as well as two grandchildren.

'52

DeWitt Talmage Dabback, 90, of Phoenixville, Pennsylvania, died on November 27, 2015. Adventure came early to Dabback, who, at the age of 17, enlisted in the US Army and was deployed to Europe, where he fought in Belgium, France and Germany. He began and ended his 44-year career at a small practice in Phoenixville, where he delivered nearly 1,000 babies. Dabback became a charter member of the American Academy of Physicians in 1972 and was a physician-leader at Phoenixville Hospital. He is survived by his sister, Ruth Ann, and four children, Katherine, Patricia, John and Peter; nine grandchildren; and four great-grandchildren.

'53

John J. Sampsel, 90, of Miles City, Montana, passed away peacefully with his wife and son by his side on September 3, 2016. He served in the Army in World War II, receiving the Purple Heart. He was there for the liberation of the Dachau concentration camp, which affected him deeply throughout his life. After his residency, his family moved to Tucson, Arizona, where he was chief of surgery at Pima County Hospital. In 1966, they moved to Miles City, where he practiced at Holy Rosary Hospital at the Garberson Clinic and later at the VA Hospital. John enjoyed golf, fly fishing, football, woodworking and classical music. He was involved in the infancy of NAMI in Montana, writing the state bylaws, and eventually became state president. John is survived by his wife; five children; four grandchildren; and six great-grandchildren.

'54

Charles L. Beauchamp, 87, of Davis, California, died on October 11, 2016. Following in the footsteps of his grandfather and father,



Paul C. Brucker, MD *President, Thomas Jefferson University* **1990–2004**



Longtime Jeffersonian and past president of Thomas Jefferson University Paul C. Brucker, MD, passed away March 23, 2017, at the age of 85

Clinicians, practitioners and students are forever in Dr. Brucker's debt. As the founder of Jefferson's Department of Family and Community Medicine in 1973—during an era of increasing specialization—he developed and helped raise the discipline's reputation and stature here and across the region.

Dr. Brucker's accomplishments and his leadership as department chair were so impressive that in 1990, the Board of Trustees named him president of Thomas Jefferson University. He was the first family physician in the country to lead an academic medical center. The Board's confidence was well placed. Over the next 14 years, Dr. Brucker strengthened the University academically, administratively and financially.

Nationally Dr. Brucker has received many honors and awards. He was a member of the board of directors of the American Board of Family Practice, serving as president of the board from 1987 to 1988. In 1994, Dr. Brucker was elected to the prestigious Institute of Medicine of the National Academy of Sciences.

Dr. Brucker will live on, through the annual lecture Jefferson sponsors in his name and as we continue his work to meet the challenges and opportunities of the 21st century.

IN MEMORIAM

he was the second of four sons to graduate from Jefferson. Davis served for 22 years in the Air Force, where he made major contributions to military pediatrics. Upon his military retirement as a colonel, he joined the faculty at the University of California, Davis School of Medicine. He was a frequent golfer and avid, lifelong fly fisherman. Beauchamp is survived by his wife of 55 years, Marie; their four children, Arthur, Robert, Louise and Jerome; and eight grandchildren.

'56

John B. Davis, of Alexandria, Virginia, passed away unexpectedly on November 24, 2016. He graduated from Dickinson College in 1952 and received his MD from Jefferson in 1956. He practiced general medicine in Moscow, Pennsylvania, from 1957 to 63 and psychiatry in Alexandria from 1966 to 95. He is survived by his wife of 60 years, Rebecca; and his two daughters, Emily Davies Springer and Elizabeth Davies Hood. He is also survived by three beloved grandchildren, Meredith Rees Hood, Griffin Thomas Hood and Oliver Simmons Springer. He has donated his body to science through the Anatomy Gift Registry.

'58

Robert Ellsworth Gross, 84, died on August 13, 2016. After graduating from Jefferson, Gross served briefly in the Indian Health Service and US Coast Guard before opening a medical clinic in El Cajon, California, where he was also a physician to local high school sports teams. After 22 years of general practice, he achieved additional certification in emergency medicine, which he practiced at hospitals throughout the country. He retired in 1997 and immersed himself in the study of lifestyle and holistic medicine, which he believed were highly complementary to traditional clinical science. He is survived by his sons Scott and Todd, and six grandchildren.

'63

Fred Dankmyer, 79, of Orwigsburg, Pennsylvania, and Amagansett, New York, died on November 13, 2016. He served as a flight surgeon in the US Air Force, and was based at McChord Air Force Base in Tacoma, Washington. In private life, he practiced in Pottsville, Pennsylvania, and was a regular volunteer at Wills Eye Hospital. An outdoorsman, he enjoyed fly fishing and hunting, as well as furniture restoration. He is survived by his wife of 58 years, Constance; two sisters, Nancy Casey and Janie Eacobacci; four children and nine grandchildren.



The Business Of Making Tomorrow

Remembering John J. Gartland, MD '44

A giant in the field of orthopaedic surgery, John J. Gartland, MD '44, died of heart failure on Nov. 21, 2016. He was 98 years old.

Dr. Gartland was an internationally respected orthopaedic surgeon, scholar and educator. He was also a highly valued member of the AAOS as well as the Jefferson family.

A 1944 graduate of Jefferson Medical College (now Sidney Kimmel Medical College), Dr. Gartland served for two years in the US Army before returning to complete his residency in orthopaedic surgery at Jefferson and the New York Orthopaedic Hospital, Columbia-Presbyterian Medical Center. At Jefferson he rose from instructor in orthopaedic surgery in 1952 to associate professor in 1967, and later earned the distinction of being named the James Edwards Professor of Orthopaedic Surgery in 1970 and chair of the department, a post he held until 1985. He also served as the president of the Pennsylvania and Philadelphia Orthopaedic Societies and president of the Alumni Association of the Jefferson Medical College. In 1979 he served as the president of AAOS.

After he retired as chair of orthopaedic surgery at Jefferson in 1985, Dr. Gartland spent the next 23 years as the hospital and university's medical editor, helping students and colleagues with their papers, projects and articles before finally retiring in 2008 at age 90.

The orthopaedic department at Jefferson was considerably strengthened during Dr. Gartland's tenure. He increased the number of full-time faculty to complement the volunteer faculty, and restructured the residency program. Throughout his career, he helped guide the direction of orthopaedic surgeons around the world. His work and dedication will not soon be forgotten. Those of us who had the privilege of his friendship outside of work were humbled by his kindness and compassion.

By **Alexander R. Vaccaro**,
MD, PhD, MBA
President, Rothman Institute
Richard H. Rothman
Professor and Chair
Department of
Orthopaedic Surgery

As Dr. Gartland once remarked, "We are in the business of making tomorrow – tomorrow's science, tomorrow's preventative medical care and tomorrow's doctors. That is what I hope our dedication is all about."

He will be greatly missed.

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SKMC student, presented a poster about the program's efficacy at the 2016 meeting of the American Academy of Pediatrics.

Clinic health providers and families talk to each other with help from a phone-based interpretation service. Refugees may be unfamiliar with concepts such as refilling prescriptions or taking medicine on an "as-needed" basis. "It takes a long time to explain things in layperson's terms with the use of an interpreter," Raab says.

Families often aren't comfortable talking about the stress and violence they've experienced. The clinic uses a screening tool for depression, anxiety and post-traumatic stress disorder. There's a psychologist in the clinic as well as help from the Department of Psychiatry and other specialists.

Raab recalls one teenaged Iraqi girl who had been shot and had also witnessed the killing of her best friend. She received

The clinic fits with Jefferson's commitment to serving the underserved. It's a great addition to the education of our students and residents, and a service to the kids we see.

consistent care at the clinic and was referred through the Philadelphia Refugee Health Collaborative to a therapist specializing in immigrant and refugee mental health. "That's a great example of a kid who could have been lost to follow-up, could have just been out there on her own. But because of the clinic and the collaborative, we were able to get her the proper care," he says. She's doing well now.

The clinic, Raab adds, fits with Jefferson's commitment to serving the underserved: "It's a great addition to the education of our students and residents, and a service to the kids we see."

Mentoring Healthier Futures

At the Honickman Learning Center and Comcast Technology Labs in North Philadelphia, children from the community attend after-school and enrichment programs. For years, a group of Jefferson students known as Jeff Mentors have teamed with the Center to bring the children health- and science-related activities, field trips and guidance. "One of the special

things about Jeff Mentors is that it's a partnership within the community," says group president, Qinglan Huang, a second-year SKMC student.

Jeff Mentors volunteers take middle-schoolers from the Center on an annual trip to the Franklin Institute. The children, says Huang, "are really excited to see us," and that exuberance fills the day.

Jeff Mentors recruits volunteers from all of Jefferson's schools. Last year, the group held a health fair/career day for high schoolers at the Center, with workshops run by medicine, pharmacy and nursing students. "We want to encourage and instill an interest in science and the possibility of a career in health," says Delfin Iglesia, a third-year SKMC student and Jeff Mentors past president.

During the event, the teenagers took part in hands-on activities, such as listening to heart sounds. They also watched medical care demonstrations, learned about body systems and even made diagnoses from clinical scenarios. Several Jefferson physicians participated. Faculty adviser for Jeff Mentors is R. Patrick McManus, assistant professor in the Department of Family & Community Medicine.

The student organizers would like to see Jeff Mentors stay connected with the children as they progress through school. In that way, SKMC mentors could offer advice about applying to college and, perhaps, planning for medical school.

While the mentors educate the children about health and help them envision professional careers for themselves, the children also enrich the Jefferson students' education. "Learning about their backgrounds, how to better talk to them and address their personal concerns is something that we don't get that much interaction with in medical school," Huang says. Medical students learn about standardized patients, she explains—typically "the classic middle-aged, Caucasian demographic." When they graduate, their patients are more diverse.

"Being able to understand the children's concerns and knowing what we can do as physicians...that's something we're not going to be exposed to in a lecture," says Huang. "This really brings the learning to life." 🗣️



ABOVE: Give Kids Sight Day. PHOTOS BY ROGER BARONE/WILLS EYE

The Alumni HOST Program

Launched in the 2016–17 academic year, the HOST program is designed to connect fourth-year SKMC students with alumni volunteers during residency interviews around the country. Whether it's a car ride from the airport, a welcome place to stay or insight into the region, alumni can lessen the stress associated with residency interviews.



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