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Credits: Design and layout by Dorissa Bolinski, Editor, Jefferson Medical College. Photography courtesy of Karen Kirchhoff, Dave Super and Dave Lunt, Medical Media Services, Thomas Jefferson University.
Introduction

The 2012-2013 Annual Report of the Jefferson Medical College of Thomas Jefferson University represents the general report of the College. This general report of the College’s activities is distributed to the Board of Trustees and members of the faculty and student body of the Medical College. The academic departments and the institutes issue separate reports. A complete set of all annual reports can be found in the Scott Memorial Library, the President’s Office, and the Dean’s Office.

Compiled and Edited by

Mark L. Tykocinski, MD
The Anthony F. and Gertrude M. DePalma Dean;
Senior Vice President, Thomas Jefferson University;
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Jefferson Medical College has maintained its solid upward trajectory over the past year, with accomplishments spanning its tripartite education, research and clinical service missions.

In 2013, the medical college continued to execute on a tactical plan for restructuring its research enterprise and building upon various transformational steps it has already taken. The goal is to more fully leverage the exceptional scientific talent already on campus, and position the institution to optimally navigate an ever more challenging NIH funding environment. The tactical plan is built upon four pillars: Diversify, Coordinate, Enable, and Invest. Diversify looks to create distributed faculty strengths across multiple departments, institutes and centers on campus; expand the grant portfolio to embrace more programmatic funding build around collaborative science; increase the scope of research on campus to more actively nurture clinical and health services research; diversify funding sources; and develop more inter-institutional partnerships, regionally and internationally. Coordinate looks to bridge administrative silos across campus to deal more effectively with key support areas such as grants management, research space utilization, and commercialization, as well as to allow for more top-down orchestration of research themes and programs. Enable looks to optimize faculty research productivity by innovating a ‘concierge, experimental pathways-based’ model for shared resources, and continuing to build cross-cutting knowledge domains, such as computational biology, that empower faculty research. Invest looks to optimize the institution’s investment of its own discretionary dollars into its research mission, including development of a predictable stream of pilot, bridge and proof-of-concept funding that sustains and advances faculty research agendas.

While this tactical plan for “reengineering JMC’s research enterprise” will continue to unfold in 2014, there has already been progress in giving life to some of its key elements. A series of programmatic research themes’ have been delineated over the past few years, which are being driven forward by programmatic working groups. Examples include the ‘MitoCare’ initiative, which has brought together outstanding Jefferson scientists across campus who share an interest in mitochondrial pathogenesis; the Prostate Cancer Working Group, which encompasses broad constituencies of basic and clinical scientists focused on advancing prostate cancer diagnostics and therapeutics; and the Wills Vision Research Center at Jefferson, which leverages the world-class talents within Wills Eye, the entity that doubles as Jefferson’s Department of Ophthalmology, along with strong vision science in other Jefferson departments. Other programmatic research themes include pioneering advanced ultrasound, neurodegeneration, pathogenesis of degenerative joint and disc disease, fibrotic diseases, natural immu-
It is essential that the medical college demonstrate flexibility in embracing emerging fields, reimagining its departments, institutes and centers when called for, as a means for enriching its training, investigative and clinical care environments. The medical college is on a path to develop innovative cross-disciplinary institutes that bridge the basic and clinical sciences and have direct links to patient care. The Jefferson Institute for Individualized Medicine, under the leadership of Dr. Scott Waldman, is bringing together an impressive array of talent from diverse departments to ensure that Jefferson is at the forefront of this emerging field. This frontier institute is looking to mobilize Jefferson’s particular strengths in fields such as applied genomics, high-dimensional biology, and health services research to garner a unique Jefferson contribution to the personalized medicine arena. Other cross-disciplinary institutes are envisioned, touching on areas such as surgical innovation and regenerative medicine.

Jefferson’s Center for Computational Medicine, launched in 2010 in conjunction with the recruitment to JMC of one of the nation’s leading computational biologists, Dr. Isidore Rigoutsos, has continued to build momentum. A web of collaborative interactions, both on-campus and beyond, have already emerged, which are now enriching diverse Jefferson research programs, ranging from cancer and platelet biology to the neurosciences. Alongside the Daniel Baugh Institute for Systems Biology, this has put Jefferson on the map in emerging biomedical fields that seek to tackle biological complexity.

The significance of Jefferson’s investment into computational and systems biology became vividly apparent this year, as it became the focus of the newly developed Jefferson-Weizmann Collaborative. A team of Jefferson scientists held a joint symposium with collaborators at the Weizmann Institute in January 2013, and nine funded collaborative pairs have now emerged, primarily focused on computational and systems biology.

Other newly founded academic units within JMC also continued to unfold according to plan. This included our new Department of Neuroscience, which under the leadership of its founding Chair, Dr. Irwin Levitan, has continued to build Jefferson’s research base in the neurosciences. When this new department and the Farber Institute for Neurosciences are viewed alongside the dramatic expansion of Neurosurgery and the ever stronger clinical and research programs in Neurology, a picture of Jefferson as a premiere academic center for the neurosciences emerges. Continued faculty recruitment into these and various other academic units over the next few years should have a profound impact on our medical school research landscape.

At the same time, as we nurture new academic units on campus, the medical college must ensure that its existing departments remain robust. Our ongoing investment into faculty recruitment over the past year reflects this commitment to constant renewal and growth. Significant program building has continued apace in both Medical Oncology and Radiation Oncology, and along with further expansion of our surgical oncology depth and basic cancer biology research, have added substantially to the Kimmel Cancer Center’s regional and national stature. Another significant commitment is in the area of Women’s Health. This is being catalyzed by one of our newest Chairs, Dr. William Schlaff, whose robust faculty recruitment into his Department of Obstetrics and Gynecology has been creating exciting new clinical program opportunities. Our other clinical service lines – Heart and Vascular, Oncology, Neuroscience, GI and Transplant, Musculoskeletal – continue to mature and develop. Moreover, progress extends well beyond these service lines. The surgical departments at Jefferson continue to distinguish themselves, with an ever-expanding repertoire of operations and procedures. This is serving to sustain Jefferson’s historic distinction in surgical fields, whether it be in GI, ENT, orthopedic, neurologic, cardiac, transplant, ophthalmic, gynecologic or urologic surgery, among others. Medical and hospital-based specialties have also been distinguishing themselves.

The advances of our clinical service lines, along with our strong results in driving quality and outcomes, catapulted us this year to Honor Roll status in the U.S. News and World Report hospital ranking this year. This put us in the top 18 hospitals among the close to 5,000 hospitals evaluated in the ranking process. Similarly strong recognition came from rankings by Thomson Reuters and the University Hospitals Consortium. Beyond these rankings,
what is emerging for is a wide range of ‘clinical programs of distinction’, where Jefferson’s offerings are of the highest caliber and in some cases unique in the region. Overall, strategic clinical faculty recruitment proceeded apace across Jefferson University Physicians (JUP), with clinical faculty numbers increasing and various clinical volume indicators significantly positive.

JUP, working alongside TJUH, has also focused on growing the clinical enterprise beyond Jefferson’s walls. ‘Jefferson at the Navy Yard,’ which was launched in October 2010 as a new outreach site for JUP’s clinical practices, represents an important step forward as Jefferson rolls out its hub-and-spoke outreach model. Clinical activity there has been ramping up according to plan. Jefferson’s robotic telepresence initiative via Neurosurgery has also progressed well, as Jefferson continues to embed its impressive cadre of neurosurgeons into a growing network of regional affiliate hospitals, both virtually and physically. Furthermore, an aggressive plan for ambulatory growth has begun to unfold, spanning southeastern Pennsylvania and New Jersey.

The medical college partners with a number of regional hospitals and medical centers to train its medical students during their clinical years. Its alliances with Christiana Care Health System and Nemours/Alfred I. Dupont Hospital for Children are especially important, given that JMC has historically served as the medical school for the state of Delaware. JMC’s ties to these Delaware institutions continue to grow through a variety of joint initiatives, serving to strengthen ground-level ties among our respective faculties. Another academic alliance that was bolstered is that with the Main Line Health hospitals, which reside with TJUH under the JHS umbrella. A growing number of new joint academic and clinical initiatives are now underway, as JUP supports trauma, cardiovascular, neurosurgical, cancer and other programs across the health system. During the past three years, JMC has also worked closely with our other training partners, for example, partnering with Reading and York Hospitals to enhance student rotations and initiate new joint clinical fellowships.

Looking beyond its core curriculum, the medical college is committed to creating value-added propositions for its medical students that enrich their overall experience. The ‘College-within-the-College (CwC)’ program, now in its fourth year, offers to entering medical students the opportunity to have in depth exposure over their four medical school years to particular areas of concentration that cut across traditional specialties and disciplines. The first CwC offerings have been in Population/Global Health and Translational Research, and they have continued to attract strong interest from students, with indications that it is even factoring into decisions of applicants to matriculate at JMC. Planning is now underway for a fourth CwC offering in the area of ‘Humanities and Medicine’. Other elements of JMC’s clinical curriculum reform have also been implemented, including moving Neurology and elective time into third year.

Just as JMC has been redefining its research mission, it is also looking to continue to position itself as an innovator of medical education on the national scene. The Flexner Report framed medical education reform for the 20th century, by emphasizing the central importance of basic science in physician training. For the 21st century, medical education will have to continue to evolve. JMC has used its annual fall Medical Education retreat to focus on key elements that will go into a new medical education paradigm. One retreat focused on critical thinking skills, within the framework of cognition and meta-cognition, and this has already spawned a special track for students that is geared towards cultivating critical thinking. Another retreat dealt with the ‘medical knowledge cloud’ and the explosive growth of medical information. Active working groups are now in place dealing with these important subjects, which will dovetail with other elements to be incorporated into a new framework for educating the physician of the future, for example, clinical simulation, telemedicine, inter-professional training, professionalism, and leadership skills. With respect to the latter, the Dean’s Student Leadership Forum has been bringing the Dean and other administrative leaders together with student leaders in a small group format, with continuity for each class over their four medical school years.

Beyond enhanced curricular and co-curricular offerings, JMC has also sought to enrich the cultural life on campus. This has included sponsoring new kinds of events that bring our medical students into Philadelphia cultural venues, such as the Philadelphia Academy of Fine Arts and the Curtis Institute of Music, and others that bring those venues to our students, such as a noon-time Dean’s Concert Series that was first launched in Fall 2010 and is now in its fourth year. These events are now popular and well-attended. JMC has also promoted student initiatives that are geared toward serving the underserved in our community. Indeed, at this stage it is fair to say that the outreach activities of JMC students, bringing good into our community and to our patients, is second to none in the nation. This is reflected in both the broad range of initiatives and their true substance – Refugee Health Partners, JeffHope, JeffMOMS, JeffCAT, JeffYES, Jefferson Ambassadors, Jefferson Clowns for Medicine, Jeff Cares for Kids, Give Kids Sight Day, JeffEarth, JeffHEALTH, JeffHELP, JeffSOAR, JeffSEAL, JeffMentors – the list goes on and on.
There is much that happens behind the scenes to improve the operational performance of the medical college and JUP. A formal Dean’s departmental review process was implemented in 2009, which calls for a more systematic approach toward the assessment of departmental performance. The departmental reviews are now completing the fifth year of a six-year cycle, and there is much to show for this process, with clearly articulated action plans and deliverables. In a variety of additional ways, we have been building a framework behind the scenes for greater accountability and departmental entrepreneurship, which should be reflected in operational performance in the coming years. There has also been considerable attention from the Dean’s office on faculty satisfaction, with JMC as a medical school participant in the AAMC Faculty Forward process, and our raising the profile of JMC awards that now recognize faculty achievement across all three missions and showcase them at a major Awards Dinner. For the third year running, we held a research symposium that featured Jefferson research award recipients, and on the education side, our newly established Jefferson Academy of Distinguished Educators moved forward with its sponsorship of special high-profile lectures dealing with medical education. In these and other ways, the ongoing physical transformation of the Jefferson campus is being accompanied by significant faculty development and enrichment of the intellectual and cultural life of the campus.

Overall, the medical college has been on strong footing this past year. Student applications continue at record highs (again breaking the 10,000 applications mark this past year, translating into almost one in four U.S.-trained applicants to medical school in the country applying to JMC), our fourth-year students continue to do well in the residency match, our residency programs continue to fill in strong fashion, and we continue to build a community of faculty, students and staff with exceptional talents. At Jefferson, we have truly unique opportunities to advance new paradigms for inter-professional and simulation training, engender transformational interdisciplinary science, and foster the most cutting-edge and compassionate care. There is indeed the prospect for taking our magnificent medical school to yet another level.

Mark L. Tykocinski, MD
Dean, Jefferson Medical College
Faculty Honors

*The Christian R. and Mary F. Lindback Award for Distinguished Teaching.*
Abigail Wolf, MD, Assistant Professor, Department of Obstetrics and Gynecology, Jefferson Medical College

*Dean’s Award for Distinguished Teaching.*
Peter Ronner, PhD, Professor, Department of Biochemistry and Molecular Biology, Jefferson Medical College

*Blockley-Osler/Dean’s Teaching Award for Excellence in Teaching.* To a faculty member of a Jefferson-Affiliated Hospital.
Trang Minh Bui, MD, MPH, Clinical Instructor of Medicine, Methodist Hospital

*The Leon A. Peris Memorial Award.* To a member of the volunteer faculty for excellence in clinical teaching and superior patient care.
Matthew Burday, DO, FACP, Clinical Assistant Professor of Medicine and Associate Program Director, Internal Medicine Residency Program, Christiana Care Health Services

*The Leonard Tow Humanism in Medicine Award presented by The Arnold P. Gold Foundation.* To an outstanding faculty member demonstrating exemplary compassion in doctor/patient relations.
Michael Weinstein, MD, FACS, Associate Professor of Surgery, Jefferson Medical College

*The James B. Erdmann Award for Excellence in Interprofessional Practice* is given to a faculty or staff member of Thomas Jefferson University or Thomas Jefferson University Hospital. Jefferson Interprofessional Practice Award is given to a practitioner/clinician who demonstrates excellence in interprofessional practice and whose leadership efforts have promoted interprofessional practice among colleagues, staff, students and patients.
Ralph Marino, MD, Professor, Department of Rehabilitation Medicine, Jefferson Medical College

*The James B. Erdmann Award for Excellence in Interprofessional Education* is given to a Jefferson Medical College Faculty Member. Thomas Jefferson University Interprofessional Education Award is given to a faculty member who demonstrates excellence in interprofessional education and whose efforts have impacted collaboration among all colleges to the benefit of students.
Rickie Orr Brawer, PhD, MPH, MCHES, Assistant Professor, Department of Family and Community Medicine, Jefferson Medical College
Portrait
Bruce Fenderson, PhD, Professor of Pathology, Anatomy, and Cell Biology, presented by the Class of 2013 and friends and colleagues, painted by Alexandra Tyng.

Medical College
The Medical College celebrated its 189th anniversary.

New Divisions/Departments/Centers
Division of Weight Management, Department of Pediatrics
Division of Palliative and Supportive Care, Department of Pediatrics
Jefferson Center for Diagnostic and Interventional Musculoskeletal Ultrasound
Jefferson Foregut Center

New Appointments
Directors/Chiefs
George Datto III, MD, Division Chief, Division of Weight Management
Elissa Miller, MD, Division Chief, Division of Palliative and Supportive Care
Jefferson Medical College
Mark L. Tykocinski, MD, The Anthony F. and Gertrude M. DePalma Dean, Senior Vice President, Thomas Jefferson University, President, Jefferson University Physicians
Clara A. Callahan, MD, The Lillian H. Brent Dean of Students and Admissions
John W. Caruso, MD, Associate Dean, Graduate Medical Education and Affiliations
Jeanne G. Cole, EdD, Assistant Dean for Continuing Medical Education
Kristen L. DeSimone, MD, Associate Dean, Student Affairs and Career Counseling
Karen M. Glaser, PhD, Associate Dean, Academic Affairs/Undergraduate Medical Education
Steven K. Herrine, MD, Vice Dean, Academic Affairs/Undergraduate Medical Education
John C. Kairys, MD, Associate Dean, Graduate Medical Education and Affiliations
William M. Keane, MD, Senior Associate Dean, Clinical Affairs
Bernard L. Lopez, MD, MS, FACEP, FAAEM, Professor and Vice Chair, Director of Clinical Research, Department of Emergency Medicine and Associate Dean, Diversity and Community Engagement
Phillip J. Marone, MD, Associate Dean, Alumni Relations, Executive Director of the Alumni Association
Karen D. Novielli, MD, Vice Dean, Faculty Affairs and Professional Development
David L. Paskin, MD, Vice Dean, Graduate Medical Education and Affiliations
Richard Pestell, MD, PhD, Associate Dean, Cancer Related Services
Charles A. Pohl, MD, Senior Associate Dean, Student Affairs and Career Counseling
Susan Rosenthal, MD, Associate Dean, Student Affairs and Career Counseling
John Spandorfer, MD, The Roger B. Daniels Associate Dean of Professionalism in Medicine
Brian Squilla, MBA, Chief of Staff
Theodore Taraschi, PhD, Vice President for Research, Associate Dean for Research
Kathryn P. Trayes, MD, Assistant Dean, Student Affairs and Career Counseling
David Whellan, MD, MHS, Assistant Dean for Clinical Research

Administrative Staff 2012-2013
Administrative Staff at Affiliated Institutions

Donna Robino, MD, Medical Physician Leader, Department of Veterans Affairs
James F. Burke, MD, Director of Graduate Medical Education, Designated Institute Official, Mainline Health
Anthony J. DiMarino, Jr., MD, Director of Undergraduate Medical Education, Director Medical Education, Underwood Memorial Hospital
Douglas McGee, DO, Chief Academic Officer, Associate Chair, Education and Residency Program Director, Albert Einstein Medical Center
Ralph Marino, MD, Medical Education, Magee Rehabilitation Hospital
John Horne, MD, Director, Clerkship, Family Medicine and Carol J. Fox, MD, Director of Undergraduate Medical Education, Excela Health Latrobe Hospital
David George, MD, Director of Undergraduate Medical Education, Reading Hospital and Medical Center
Joseph Greco, MD, Director, Clerkship, Family Medicine, Bryn Mawr Hospital
Martin E. Koutcher, MD, Medical Education, Methodist Hospital
John J. Kraus, MD, MMM, Medical Education, Bryn Mawr Rehabilitation Hospital
Neil Jasani, MD, Director Medical Education, Christiana Care
Steven Selbst, MD, Director, Graduate Medical Education, Vice Chair, Pediatrics, Nemours Children's Clinic-Wilmington/A.I. duPont Hospital for Children
Warren Brandwine, DO, Third Year Clerkship Director/OB/GYN, Director of Undergraduate Medical Education, Virtua Health
Adam T. Chrusch, MD, Director, Clerkship, Family Medicine, Abington Memorial Hospital
David Emrhein, MEd and Rachel Lins, Medical Education, York Hospital
Department Chairs

Anesthesiology
Biochemistry and Molecular Biology
Cancer Biology
Dermatology and Cutaneous Biology
Emergency Medicine
Family and Community Medicine
Medical Oncology
Medicine
Microbiology and Immunology
Molecular Physiology and Biophysics
Neurology
Neurological Surgery
Neurosciences
Obstetrics and Gynecology
Ophthalmology
Orthopaedic Surgery
Otolaryngology/Head and Neck Surgery
Pathology, Anatomy and Cell Biology
Pediatrics
Pharmacology and Experimental Therapeutics
Psychiatry and Human Behavior
Radiation Oncology
Radiology
Rehabilitation Medicine
Surgery
Urology

Institute Directors

Farber Institute for Neurosciences
Kimmel Cancer Institute

Anesthesiology  Zvi Grunwald, MD
Biochemistry and Molecular Biology  Jeffrey Benovic, PhD
Cancer Biology  Richard G. Pestell, MD, PhD
Dermatology and Cutaneous Biology  Jouni J. Uitto, MD, PhD
Emergency Medicine  Theodore A. Christopher, MD
Family and Community Medicine  Richard C. Wender, MD
Medical Oncology  Neal Flomenberg, MD
Medicine  Gregory C. Kane, MD, Interim Chairman
Microbiology and Immunology  Timothy Manser, PhD
Molecular Physiology and Biophysics  Marion J. Siegman, PhD
Neurology  Abdolmohamad Rostami, MD, PhD
Neurological Surgery  Robert H. Rosenwasser, MD
Neurosciences  Irwin Levitan, PhD
Obstetrics and Gynecology  William Schlaff, MD
Ophthalmology  Julia A. Haller, MD
Orthopaedic Surgery  Todd Albert, MD
Otolaryngology/Head and Neck Surgery  William M. Keane, MD
Pathology, Anatomy and Cell Biology  Stephen Peiper, MD
Pediatrics  Jay Greenspan, MD
Pharmacology and Experimental Therapeutics  Scott Waldman, MD, PhD
Psychiatry and Human Behavior  Michael J. Vergare, MD
Radiation Oncology  Adam Dicker, MD, PhD
Radiology  Vijay M. Rao, MD
Rehabilitation Medicine  John L. Melvin, MD
Surgery  Charles Yeo, MD
Urology  Leonard G. Gomella, MD

Institute Directors

Farber Institute for Neurosciences  Irwin Levitan, PhD
Kimmel Cancer Institute  Richard Pestell, MD, PhD
# Professorial Faculty

## The Advisory Committee Officers

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Chairperson</td>
<td>Edmund Pribitkin, MD</td>
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<td>Chairperson-Elect</td>
<td>Roger Daniels, MD</td>
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<tr>
<td>Secretary</td>
<td>Edouard Trabulsi, MD</td>
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<tr>
<td>Secretary-Elect</td>
<td>Xin Ma, MD, PhD</td>
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## Advisory Committee Members

<table>
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<tr>
<th>Year</th>
<th>Name</th>
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<tbody>
<tr>
<td>2011-2013</td>
<td>Esther Chung, MD</td>
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<td></td>
<td>Constantine Daskalakis, PhD</td>
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<td>Craig Hooper, PhD</td>
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<td>Anthony Infantolino, MD</td>
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<td>Laurence Needleman, MD</td>
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<td>2012-2014</td>
<td>Leonard Eisenman, PhD</td>
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<td>Flemming Forsberg, PhD</td>
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<td>Janet Larson, MD</td>
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<td>James Purtill, MD</td>
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<td>Elisabeth van Bockstaele, PhD, Past Chair, Advisory Committee 2012-2013</td>
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## Representative to the Executive Council

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<tr>
<th>Science</th>
<th>Name</th>
<th>Year</th>
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<tr>
<td>Clinical</td>
<td>Serge Jabbour, MD</td>
<td>2011-2013</td>
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<tr>
<td>Basic</td>
<td>Irving Shapiro, PhD</td>
<td>2012-2014</td>
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## Representatives to the Committee on Committees

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<tr>
<th>Science</th>
<th>Name</th>
<th>Year</th>
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<tbody>
<tr>
<td>Clinical</td>
<td>Matthew DeCaro, MD</td>
<td>2011-2013</td>
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<tr>
<td>Basic</td>
<td>Mathew Thakur, PhD</td>
<td>2012-2014</td>
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The Office of Faculty Affairs (OFA) supports the skill development and career advancement of Jefferson faculty, promotes an academic culture where faculty collegiality, collaboration and scholarly inquiry can thrive and supports the administrative activities and programs central to faculty participation in the operations and governance of the Medical College. The Office of Faculty Affairs accomplishes its mission through its activities and programs, support of the standing committees of the Medical College and through its advisory role in the formation and revision of policies affecting the Medical College faculty.

OFA Programs/Activities

Faculty Development

Twenty-four faculty development sessions, representing over 55 hours of instruction, were provided to Jefferson faculty in 2012-2013. The faculty development program was organized into three general topic areas: Curriculum for Educators, Professional and Leadership Development, and Researchers and Scholars. Three-hundred-two individuals participated in at least one session in 2012-2013 and 1,899 individuals have participated in the program since its inception.

Additional Web-based, self-directed learning modules for faculty development in the program area of effective teaching were created providing a total of 14 of these models available for use by faculty. These self-directed learning modules have allowed faculty to access faculty development programs at a time that is convenient for them. For academic year 2012-2013, 33 faculty have accessed the self-directed learning modules. To date, faculty have logged 688 faculty development credit hours through the self-directed learning modules. These modules can be found at the faculty development Web site, http://jeffline.jefferson.edu/Education/programs/faculty_development/sdl-modules.cfm.

The individual faculty development sessions continue to be provided through the generous commitment of time and talent of the Thomas Jefferson University faculty and Administration, and the staffs of the Scott Memorial Library, Academic Information Services and Research and the Office of Research Administration.

New Faculty Orientation

The Office of Faculty Affairs provides an orientation program for new faculty that consists of a full day orientation of the new faculty to the Jefferson community and its resources. For academic year 2012-2013, the Office of Faculty Affairs provided orientation sessions to 81 of the 94 new faculty hires.

Faculty Resignations

The Office of Faculty Affairs invites all faculty who voluntarily resign their faculty appointments for an exit in-
terview. Aggregate data from these confidential interviews provide the administration with feedback that is used to enhance Jefferson’s ability to recruit and retain excellent faculty. Of the salaried faculty who resigned their Jefferson appointment for reasons other than retirement and who were invited for an interview, 53% were interviewed.

**Faculty Annual Performance Review**

The Office of Faculty Affairs assists the Department Chairs to provide and track the mandated annual performance reviews for faculty. Compliance with this important task has increased significantly over the past few years with 24 of 26 departments completing annual performance reviews in the past four years.

**Faculty Mentoring**

The Office of Faculty Affairs has been working with the Department Chairs to provide support for the mentoring of junior faculty at the department level. According to the 2012 Faculty Forward Engagement Survey, 37% of Jefferson faculty report having a faculty mentor.

**Faculty Awards**

The following awards were presented at the JMC Faculty Awards Dinner: The Marjorie A. Bowman, M.D.’76, Early Career Investigator Award for Primary Care Research, Career Educator Award, Community Service Award, Outstanding Clinician Award, Early Career Investigator Award for Distinguished Achievement in Biomedical Research, Research Career Achievement Award, Michael and Melina Pellini Award for Innovation in the Biomedical Sciences, Dean’s Award for Excellence in Education and the Dean’s Award for Faculty Mentoring and Faculty Team Achievement Award.

All awards were presented at the JMC Faculty Awards Dinner at The Union League of Philadelphia on April 30, 2013. Nominations for the awards are made by department chairs. Course and clerkship coordinators, dean’s staff and prior award recipients may nominate for the Excellence in Education Award.

**Dispute Resolution**

The University Faculty Ombudsperson, Stephen Weinstein, PhD, and the Vice Dean for Faculty Affairs and Professional Development, Karen Novielli, MD, are available to assist faculty with the informal resolution of disputes and conflicts. Informal assistance is provided in addition to the formal grievance process available to faculty.

**University Faculty Senate**

The University Faculty Senate has been meeting monthly to discuss issues related to all University faculty members.

**Tenure**

The Tenure Committee met to review applications for tenure – two faculty were awarded tenure during FY13. The Committee also did a five-year periodic evaluation for seven faculty members. These five-year periodic evaluations follow the award of tenure as outlined in the Thomas Jefferson University Post-Tenure Review Policy.

**Faculty Resources**

**Faculty Handbook**

The Faculty Handbook, which is accessible via the web at the faculty site, www.jefferson.edu/jmc/faculty, has been updated to be more user friendly and to contain more relevant information for faculty. It has also been converted to a PDF format. The Faculty Handbook contains updated faculty policies as well as information about other resources available to faculty.

**Faculty Bylaws**

Updated bylaws, reflecting recent changes to the tenure policy and the formation of new departments, are accessible at the faculty web page (see above).

**Faculty Committee Initiatives**

**Council on Diversity and Inclusion**

The JMC Council on Diversity and Inclusion continues to meet to address issues related to diversity on campus. The council consists of JMC administration, faculty, residents, students and a TJU Board Member. The council is addressing issues relating to diversifying the faculty, resident and student population. The committee met one time during the 2012-2013 academic year.

**Jefferson Academy of Distinguished Educators**

The Jefferson Academy of Distinguished Educators (JADE) met two times during 2012 - 2013.

**Standing Committee Support**

The Office of Faculty Affairs provides administrative support to the following Committees and Standing Committees of the Medical College: Committee on Committees, Professorial Faculty Advisory Committee, meetings of the Professorial and General Faculty, Committee on Faculty Affairs, Committee on Bylaws and Rules, Committee on Departmental Review, and the Nominating Committee for the Professorial Faculty. Reports of these committees can be found in the document Summary Reports of the Standing Committees of the Medical College.

Agenda items for the meetings of the General and Professorial Faculty included Mistreatment of Medical Students, Faculty Forward Results from 2012, Restructuring of Jefferson’s Research Enterprise and an Update on Research Administration. All approved meeting minutes and agendas are available online at the Pulse website at (https://pulse.jefferson.edu/webapps/portal/frameset.jsp).

Karen D. Novielli, MD

Vice Dean for Faculty Affairs and Professional Development
**Table 1**

**2012 – 2013 JMC Faculty Development Workshops**

**Curriculum for Educators**
- Active Learning: Building Your Toolkit
- Effective Assessment of Learning Outcomes and Institutional Effectiveness:
  - Purposes, Pathways and Pitfalls
- Feedback and Remediation: A Case-Based Approach
- So You Want to Use Simulation in Your Classes…

**Curriculum for Leadership and Professional Development**
- Academic Medicine and Industry: Managing Conflicts While Developing Relationships
- Behavioral Interviewing
- Conducting an Effective Performance Appraisal
- Constructing your Promotion Portfolio: Tips and Strategies
- Getting the Most out of a Mentor: A Workshop for Junior Faculty
- How does unconscious bias impact your work and workplace?
- JMC Appointment and Promotion Tracks and Guidelines: An Overview for Faculty in the Academic Investigator Track and the Non – Tenure Research Track
- JMC Appointment and Promotion Tracks and Guidelines: An Overview for Faculty in the Clinical and Educational Scholarship Track and the Clinician Educator Track
- Leading Change: Putting the Elephant in the Room
- “That was time well-spent”: Leading Effective Meetings (and Improving your Participation when you are not in Charge)
- Time management and organizational strategies
- “Why do they act so entitled?”: Bridging Age Differences to Improve Medical Education
- How to get promoted as an Educator

**Curriculum for Researchers and Scholars**
- Academic/Industry Collaborations: Another passing fad, or here to stay? And how can I get into the game?
- Manuscript Development and the Journal Publication Process
- NIH Grant Proposal Seminar Series

**Table 2**

**2012-2013 Faculty Development Program Ratings**

<table>
<thead>
<tr>
<th>Faculty Development Program</th>
<th>Number of Participants</th>
<th>Percent of Participants Rating Content Good or Excellent</th>
<th>Percent of Participants Rating Content as Relevant to Faculty Development Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum for Professional and Leadership Development</strong></td>
<td>321</td>
<td>87</td>
<td>81</td>
</tr>
<tr>
<td><strong>Curriculum for Educators</strong></td>
<td>56</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td><strong>Curriculum for Researchers and Scholars</strong></td>
<td>32</td>
<td>94</td>
<td>94</td>
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<tr>
<td><strong>Web-Based Modules</strong></td>
<td>33</td>
<td>95</td>
<td>94</td>
</tr>
</tbody>
</table>
**Table 3**  
**Faculty Award Recipients 2012-2013**

**JMC Career Educator Award**  
Thomas A. Klein, MD: Obstetrics and Gynecology

**JMC Community Service Award**  
Ronald Patrick McManus, Jr, MD: Family and Community Medicine

**JMC Early Career Investigator Award for Distinguished Achievement in Biomedical Research**  
Gino Cingolani, PhD: Biochemistry and Molecular Biology

**JMC Faculty Team Achievement Award**  
Takami Sato, MD, PhD: Medical Oncology  
Pramila Rani Anne, MD: Radiation Oncology  
David J. Eschelman, MD: Radiology  
Carin F. Gonsalves, MD: Radiology

**JMC Research Career Achievement Award**  
Renato V. Iozzo, MD: Pathology, Anatomy and Cell Biology

**JMC Outstanding Clinician Award**  
Hospital Based Medicine  
Levon Nazarian, MD: Radiology

**Primary Care**  
James Studdiford, MD: Family and Community Medicine

**Subspecialty Medicine**  
Michael Mastrangelo, MD: Medical Oncology

**Surgery and Surgical Subspecialties**  
Karen A. Chojnacki, MD: Surgery

**JMC Dean’s Award for Excellence in Education**  
Michael Root, MD, PHD: Biochemistry and Molecular Biology  
Edward Winter, PhD: Biochemistry and Molecular Biology  
Nara Shin, MD: Emergency Medicine  
Brian J. Levine, MD: Emergency Medicine/Christiana Care  
Edward M. Buchanan, MD: Family and Community Medicine  
Fred W. Markham, Jr, MD: Family and Community Medicine  
Joanne E. Fillicko - O’Hara, MD: Medical Oncology  
Monika Shirodkar, MD: Medicine/Endocrinology  
Anthony J. DiMarino, Jr, MD: Medicine/Gastroenterology and Hepatology  
Benjamin Lloyd, MD: Medicine/Internal Medicine/Reading Hospital  
Daniel Kremens, MD, JD: Neurology  
Dennis L. Lorell, MD: Obstetrics and Gynecology  
David Cognerti, MD: Otolaryngology  
Robert O’Reilly, MD: Otolaryngology  
Ashlie Burkart, MD: Pathology, Anatomy and Cell Biology  
Sue Menko, PhD: Pathology, Anatomy and Cell Biology  
David S. Strayer, MD, PHD: Pathology, Anatomy and Cell Biology  
Gary G. Carpenter, MD: Pediatrics  
Gary Emmett, MD: Pediatrics
Alisa LoSasso, MD: Pediatrics
Chalanda Jones, MD: Pediatrics/A I duPont Hospital for Children
Cindy DeLago, MD: Pediatrics/Albert Einstein Medical Center
Maureen McMahon, MD: Pediatrics/Lankenau Hospital
Renee Riddle, MD: Pediatrics/Reading Hospital
Carol L. Beck, PharmD, PhD: Pharmacology and Experimental Therapeutics
Abigail Kay, MD: Psychiatry and Human Behavior
Rajnish Mago, MD: Psychiatry and Human Behavior
Elizabeth Hsu, MD: Radiology
Mitchell Freedman, DO: Rehabilitation Medicine
Hwyda Arafat, MD, PhD: Surgery
Alec Beekley, MD: Surgery
Scott Cowan, MD: Surgery
Hitoshi Hirose, MD, PhD: Surgery
Harish Lavu, MD: Surgery
Dolores Shupp - Byrne, PhD: Urology

**JMC Dean's Award for Faculty Mentoring**

Eugene Viscusi, MD: Anesthesiology
Ronald V. Hall, MD: Emergency Medicine
Susan M. Parks, MD: Family and Community Medicine
James Reilly, MD: Otolaryngology
Nicholas Cavarocchi, MD: Surgery

**The Marjorie A Bowman, M.D.'76, Early Career Investigator Award for Primary Care Research**

Kevin Charles Scott, MD: Family and Community Medicine

**Michael and Melina Pellini Award for Innovation in the Biomedical Sciences**

Jianke Zhang, PhD: Microbiology and Immunology

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**Table 4**

**COUNCIL ON DIVERSITY AND INCLUSION MEMBERS**

**Chair**
Mark Tykocinski, MD: Dean, Jefferson Medical College

**Members**
Robert Bai: Medical Student
Joanelle Bailey-Chandler: Medical Student
Kenneth Boone: TJU Board Member
Clara Callahan, MD: Lillian H. Brent Dean of Students
Theodore Christopher, MD: Emergency Medicine
John Caruso, MD: Associate Dean for Graduate Medical Education
Stephanie Deloach, MD: Medicine/Nephrology
Carlos Fernandez-Ortega: Medical Student
Anique Forrester, MD: Resident, Psychiatry
Leonard Freedman, PhD: Vice Dean for Research
Karen Glaser, PhD: Associate Dean for Undergraduate Medical Education
Jay Greenspan, MD, MBA: Pediatrics

Julia Haller, MD: Ophthalmology
William Keane, MD: Otolaryngology
Elisabeth Kunkel, MD: Psychiatry and Human Behavior
Karen Novielli, MD: Vice Dean for Faculty Affairs and Professional Development
Charles Pohl, MD: Senior Associate Dean for Student Affairs and Career Counseling
Edmund Pribitkin, MD: Otolaryngology
Susan Rattner, MD: Vice Dean for Undergraduate Medical Education
Natalia Riobo, PhD: Biochemistry and Molecular Biology
Bruce Smith, MD: Director of the Office of Human Research for TJU
Robert Taylor, Esquire: Senior Counsel for Employment and Commercial Litigation for TJU
Scott Waldman, MD, PhD: Pharmacology and Experimental Therapeutics
Robert Winn, MD: Family and Community Medicine
## Table 5
### JADE Executive Committee and Members 2012-2013

**Executive Committee**

**Chair**
Howard Weitz, MD: Medicine/Cardiology

**Members**
David Abraham, PhD: Microbiology and Immunology
Matthew DeCaro, MD: Medicine/Cardiology
Karen Novielli, MD: Faculty Affairs and Professional Development
David Paskin, MD: Graduate Medical Education
Susan Rattner, MD: Undergraduate Medical Education
Ernest Rosato, MD: Surgery
Richard Schmidt, PhD: Pathology, Anatomy and Cell Biology
Marion Siegman, PhD: Molecular Physiology and Biophysics

**JADE Members**

James W. Heitz, MD, FACP: Anesthesiology
Stephen McNulty, DO: Anesthesiology
Diane Merry, PhD: Biochemistry and Molecular Biology
Peter Ronner, PhD: Biochemistry and Molecular Biology
Fred W. Markham Jr., MD: Family & Community Medicine
Michael P. Rosenthal, MD: Family & Community Medicine, Christiana Care
Steven K. Herrine, MD, FACP: Medicine/Gastroenterology and Hepatology
Matthew J. Burday, DO, FACP: Medicine/Internal Medicine, Christiana Care
Virginia Collier, MD: Medicine, Christiana Care
Gretchen Diemer, MD, FACP: Medicine/ Internal Medicine
Anthony D. Donato, MD, FACP: Medicine/Internal Medicine, Reading Hospital
Gregory Kane, MD: Medicine/Pulmonary and Critical Care, Interim Chair
Geno J. Merli, MD: Medicine/Internal Medicine, Senior Vice President and Chief Medical Officer, Thomas Jefferson University Hospital
Thomas Butler, PhD: Molecular Physiology and Biophysics
Moses Hochman, MD, FACOG: Obstetrics and Gynecology, Christiana Care
Edward A. Jaeger, MD: Ophthalmology
J. Raymond Shea, PhD: Pathology, Anatomy and Cell Biology
Carol Beck, PhD: Pharmacology and Experimental Therapeutics
Nethra Ankam, MD: Rehabilitation Medicine
Karen Chojnacki, MD, FACS: Surgery
Herbert E. Cohn, MD: Surgery
Gerald A. Isenberg, MD: Surgery
Gary Lindenbaum, MD, FACS, FCCP: Surgery
Michael S. Weinstein, MD FACS: Surgery
Dale Berg, MD: University Clinical Skills and Simulation Center
Katherine Berg, MD: University Clinical Skills and Simulation Center
Joseph F. Majdan, MD, FACP: University Clinical Skills and Simulation Center
The Office of Faculty Records supports the administration of academic faculty appointments, promotions, the verification procedure for faculty appointments and/or promotions, and maintenance of accurate faculty records.

During the 2012-2013 fiscal year, the Office of Faculty Records processed 189 appointments and 93 promotions. Table 1 contains the current Faculty Census.

Christine McGonigal  
Supervisor, Office of Faculty Records

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Faculty Census</th>
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<tr>
<td></td>
<td>Full Time</td>
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<td>Professorial</td>
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<tr>
<td>General</td>
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<tr>
<td>Total</td>
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<td>Administration</td>
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<td>Basic Science</td>
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<tr>
<td>Clinical Science</td>
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<tr>
<td>Total</td>
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<tr>
<td>Professor</td>
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<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<td>Instructor</td>
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<tr>
<td>Total</td>
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<td>Women</td>
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<tr>
<td>Men</td>
<td>722</td>
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<tr>
<td>Total</td>
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<td>50</td>
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<td>Honorary</td>
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</table>

2012 - 2013 Annual Report
Office of Admissions

The Office of Admissions supports the efforts of the Committee on Admissions, made up of 43 faculty and three student members. The dedicated Committee members and first- and second-year students interviewed 847 applicants this year. The Student Admissions Coordinators present an informational program, and first- and second-year students conducted tours of the campus (in addition to submitting written evaluations of each applicant) prior to the faculty interviews. Agreeing to serve on the Committee on Admissions represents an extraordinary commitment of time and effort. The dedication of this Committee to the selection and recruitment of the best and the brightest students deserves the highest praise and the gratitude of the entire Jefferson community.

The number of applicants to Jefferson Medical College continued its upward trend. Nationally there were 47,855 applications submitted to AMCAS vs. 45,367 for the same time last year (+5.4%). We received 10,118 applications compared to the 10,102 last year (+1.1%). Specifically, our “special programs” continue to attract significant interest. The Penn State Accelerated Program received 510 applicants. To be considered for this highly competitive program requires a total minimum score of 2100 on the SAT or a composite score of 32 on the ACT, as well as a rank in the top 10th percentile of their high school class. On February 13, 2013, we interviewed 99 candidates from 19 different states, as well as one student each from Canada, Saudi Arabia and Switzerland and two from Korea. The average SAT of those selected for interview was 2311. Thirty students joined the entering class of 2013 on July 29 after completing at least two years at Penn State.

The Physician Shortage Area Program (PSAP) attempts to identify, recruit, and matriculate applicants who come from a rural, medically underserved area and plan to return to that setting. This year we accepted 19 PSAP applicants and had 13 students matriculate.

The Delaware Institute for Medical Education and Research (DIMER) Program continues to flourish at Jefferson. Of the 88 applicants in the national pool from Delaware, 76 applied to Jefferson (63 from New Castle County, three from Sussex County and 10 from Kent County). We interviewed 38 applicants, accepted 29, and matriculated 22 students (19 from New Castle County, one from Sussex County and two from Kent County) into the entering Class of 2013.

Our links with the Post Baccalaureate Pre-Health Programs at the University of Pennsylvania, Bryn Mawr College and Columbia University continue to attract highly qualified applicants who have chosen to change careers. Five of this year’s matriculants come from these linkage programs. The Medical Scholars Program with the Univer-
university of Delaware, now in its seventeenth consecutive year, matriculated two students in the 2013 entering class. This early assurance program has, to date, graduated 131 students from Jefferson Medical College.

For the entering class of 2013, the combined MD/PhD degree program between Jefferson Medical College and the Jefferson Graduate School of Biomedical Sciences received 169 completed applications for our five fully funded MD/PhD spots. Thirty-six candidates interviewed at both the graduate and medical schools, and nine offers of acceptance were made to fill five spots in the program.

Class of 2017

The current first-year class is made up of 260 students who reflect a diversity of backgrounds. They received their undergraduate degrees from 91 different colleges and universities. The first-year students are from 28 states and the District of Columbia, as well as Canada, Ghana, Greece, South Africa, Taiwan and Uzbekistan. Twenty-eight (11.1%) members of the class are from groups identified as under-represented in medicine, and another 24% identify themselves as belonging to a nonwhite ethnic group. Fifty percent of the class is female. The average age is 23 with a range from 18 to 38 years. Nineteen percent of the class is 25 years of age or older.

International Students

At the current time, we have a total of 50 students in JMC with student visas: 18 from Canada, 11 from Malaysia, three from India, two each from Ghana and Nigeria, and one each from Argentina, the Bahamas, Bangladesh, China, Egypt, Greece, Iran, Korea, Norway, Senegal, South Africa, Taiwan, Uzbekistan and Zimbabwe. A number of foreign students have indicated a desire to attend Jefferson, but have been unable to do so because of the financial limitations. Foreign students are not eligible for federal- or state-subsidized loans and cannot obtain loans from U.S. banks to finance their education without a US citizen as cosigner. In the past it was unheard of to offer institutional scholarships or loans to international students, but in the last several years, some medical schools (not JMC) have made their own money available to these students, increasing the competition for the best of the international applicants.

Recruitment Efforts

Attracting outstanding students continues to be a major thrust of the Office of Admissions. The Office hosted its eighth annual “Second Look” recruitment event. This two-day affair began in the afternoon of April 25 and included an evening reception, as well as a full day program on April 26. Highlighted were Financial Aid and Student Records services, a description of the curriculum, demonstrations of various learning resources and simulators, tours of clinical departments, presentations on international and cultural diversity programs, an overview of a typical day in the life of a medical student and community outreach activities available to them. Of the 129 accepted applicants in attendance, 106 matriculated on July 29, 2013.

Recruitment of students from groups underrepresented in medicine remains a priority. This year we interviewed 108 under-represented in medicine students, accepted 87 and had 28 matriculants, or 11.1% of the incoming class. Despite efforts to provide additional educational and financial support and increased efforts at recruitment by our faculty and students, as well as the efforts of the Office of Diversity and Minority Affairs, the financial packages offered at many other medical schools were more competitive than those that we were able to offer.

We continue to participate in sponsored programs for the Northeast Association of Advisors for the Health Professions (NEAAHP) in conjunction with local health profession advisors from colleges and universities in the tri-state area. Our involvement with the Northeast Consortium on Medical Education (NECOME), a group consisting of the premedical advisors from Amherst, Bowdoin, Hamilton, Haverford, Holy Cross, Middlebury, Swarthmore, Wesleyan and Williams and medical school admissions officers from Albany, Albert Einstein, Dartmouth, Harvard, Jefferson, Tufts, University of Connecticut, University of Pennsylvania, and the University of Rochester, continues.

The admissions process at Jefferson continues to be highly regarded by both applicants and advisors. This almost universally favorable reaction is largely due to the efforts of the Admissions Office staff, the current medical students who conduct the interviews and tours and, most of all, to the enthusiasm, courtesy, and friendliness of the members of the Committee on Admissions who make the interview a conversation rather than a confrontation. Most of the students who choose to go to other medical schools have written or called to indicate how difficult the decision was and how impressed they were by their visit to Jefferson and by the friendliness of the students and faculty.

The students who matriculate at Jefferson are intelligent, concerned, and dedicated individuals. I am confident that our students and graduates will continue to provide competent, compassionate medical care to the sick and injured and will be a credit to the profession and to Jefferson Medical College.

Clara A. Callahan, MD
The Lillian H. Brent Dean of Students and Admissions
The goal of the Office of Student Affairs and Career Counseling (OSACC) is to be available for academic and personal advising, to advocate for student needs, to foster career counseling, and to improve student access to the medical college. The office’s intranet Pulse site serves as a vehicle to enhance this mission. With Dr. Bernard Lopez’s departure to become Vice Chair for Emergency Medicine, Dr. Susan Rosenthal was hired to the position of Associate Dean for Student Affairs and Career Counseling this year.

Student Affairs Committee and Student Bulletin
The Committee on Student Affairs meets monthly to support Jefferson Medical College students and to promote student-faculty interaction and to provide more comprehensive and cohesive student programming and services. Two editions of the JMC Student Bulletin were published to foster communication between students, faculty, and administration of JMC. The OSACC’s intranet Pulse site with student information and resources was reformatted and redesigned this year to be more accessible and user-friendly.

Medical Student Orientations
First-Year Orientation
The First-Year Orientation provided a comprehensive introduction to all of Jefferson. The core values of professionalism, the patient-physician relationship, and the Hippocratic Oath were emphasized. The Freshman Assistance Committee (FAC), a group of 30 second-year students, welcomed new students and helped them get comfortable in their new roles as medical students. At the conclusion of the orientation week, the students and their families participated in the Jefferson Medical College Opening Exercises. This event, which was conducted by Dean Mark Tykocinski, incorporates the White Coat Ceremony and the Shared Professional Values. Dr. Howard Weitz, the Bernard L. Segal Professor of Medicine and Director of the Jefferson Heart Institute, provided the keynote address.

Second-, Third-, and Fourth-Year Orientation
The upper-class orientations prepared the students for their academic year. The programs continued to introduce the respective curriculum to the students as well as the required OSHA regulations and HIPAA training. Information about career counseling and the residency application process was also included.

Student Clinician’s Ceremony
The Student Clinician’s Ceremony, supported and partially funded by The Arnold P. Gold Foundation, has as its goal to enhance the students’ transition into clinical medicine. The program was incorporated into the third-year orientation. As part of the ceremony, six outstanding residents, who had been chosen by the rising fourth-year class, were recognized.
and honored with the Gold Foundation’s Humanism and Excellence in Teaching Award. Dr. Niels Martin, Assistant Professor of Surgery and the 2012 Leonard Tow Humanism in Medicine Award recipient, was the keynote speaker.

**JMC Learning Societies**

The eight learning societies, which were designed to promote communities of students and faculty that are committed to the core values of Jefferson Medical College and to nurture professional and personal development, flourished this year. Approximately 32 students from each medical school class formed each learning society. As a major goal of the Societies was to highlight the importance of community service, each of the societies was active in promoting service to their designated community, as well as participating in a myriad of social events, fundraisers, and clinical learning activities. The Olympiad competition where individual societies competed in academic, social and community outreach ventures was continued.

**Gold Humanism Honor Society**

Under the leadership of Desmond Wilson (JMC ’13), the Jefferson chapter of The Gold Humanism Honor Society flourished during its third year of existence by implementing meaningful initiatives to promote a culture of humanism for the Jefferson community and to recognize individuals with exemplary humanistic qualities. The members organized two service days (8/4/12, 10/20/12) where students provided social support and activities for children living in homeless shelters and assisted in gardening projects to beautify the city. The members also held six Jeff-CHATs (Compassion, Humanism, Altruism and Trust) to preserve a community of humanity, enhance empathy for patients, and explore vulnerabilities that are faced in health care. The students also launched The Golden Spotlight Initiative (highlights a campus student group that exemplifies humanism), The Golden Service Award (identify new service opportunities), The Goldenism (recognize personal qualities), The Golden Service Award (recognize new service opportunities), The Goldenism (recognize personal qualities), The Goldenism (recognize personal qualities), The Golden Spotlight Initiative (highlights a campus student group that exemplifies humanism), The Golden Service Award (identify new service opportunities). The members organized two service days (8/4/12, 10/20/12) where students provided social support and activities for children living in homeless shelters and assisted in gardening projects to beautify the city. The members also held six Jeff-CHATs (Compassion, Humanism, Altruism and Trust) to preserve a community of humanity, enhance empathy for patients, and explore vulnerabilities that are faced in health care. The students also launched The Golden Spotlight Initiative (highlights a campus student group that exemplifies humanism), The Golden Service Award (identify new service opportunities). The members organized two service days (8/4/12, 10/20/12) where students provided social support and activities for children living in homeless shelters and assisted in gardening projects to beautify the city. The members also held six Jeff-CHATs (Compassion, Humanism, Altruism and Trust) to preserve a community of humanity, enhance empathy for patients, and explore vulnerabilities that are faced in health care. The students also launched The Golden Spotlight Initiative (highlights a campus student group that exemplifies humanism), The Golden Service Award (identify new service opportunities). The members organized two service days (8/4/12, 10/20/12) where students provided social support and activities for children living in homeless shelters and assisted in gardening projects to beautify the city. The members also held six Jeff-CHATs (Compassion, Humanism, Altruism and Trust) to preserve a community of humanity, enhance empathy for patients, and explore vulnerabilities that are faced in health care. The students also launched The Golden Spotlight Initiative (highlights a campus student group that exemplifies humanism), The Golden Service Award (identify new service opportunities).

**Campus Enrichment Initiatives**

The Dean's Concert Series, “Tuesdays @ Twelve” with six musical excursions was continued this year to promote music appreciation and esprit de corps for the Jefferson medical students and Jefferson community. JMC also continued to collaborate with the Curtis Institute of Music to provide a venue for students from each of these institutions to socialize and enjoy an evening of classical music. The two evening events for students from each of these institutions to socialize and enjoy an evening of classical music. The two evening events for students from each of these institutions to socialize and enjoy an evening of classical music. The two evening events for students from each of these institutions to socialize and enjoy an evening of classical music.
Program for House Staff. The counseling center was available for confidential evaluation and management of students’ personal issues, had organized an internal as well as external mental healthcare network, and developed a wellness seminar series. A member of the Department of Psychiatry was available at nights and on weekends in the event of an emergency. To ensure a smoother transition as well as academic success, the policies on voluntary and involuntary leaves of absence were reviewed and updated by key constituents from the Medical College and University.

Efforts have continued to incorporate stress management into the medical school curriculum. Students learned that stress is a normal part of daily life in the Introduction to Clinical Medicine I and II courses. Many students also participated in stress management programs sponsored by the Student Personal Counseling Center and Emotional Health and Wellness Program for House Staff, the University Activities Office, and Center for Integrative Medicine.

Wellness Initiative

The JMC Student Affairs Wellness Committee, which was coordinated by Dr. Trayes, continued to promote student wellness on campus. The committee continues to publish the JMC Wellness Committee Newsletter three times a year. A new electronic format of these publications was introduced this year. Additionally, the committee continued the residency panel series to address topics of balancing work and life during residency.

JMC Student Leadership Forum

The JMC Student Leadership Forum, which identifies and nurtures a talented and diverse group of leaders among the student body as well as coordinates leadership opportunities for the campus at large, was continued. Fifteen third-year and 10 second-year students met with the dean and participated in leadership workshops to help develop a skill set to be an effective leader.

Medical Student Research

The OSACC assisted students in obtaining research opportunities throughout all four years. Students met individually with the Deans in OSACC to discuss their career plans and develop an individualized approach to the students’ research needs. Additionally, Dr. Lopez served as the faculty mentor for the Student Research Committee of the JMC Student Council, which conducted a variety of educational sessions on student research throughout the year. Dr. Lopez also served as an advisor to the Office of Scientific Affairs for the JMC Summer Student Research Program as well as the JMC College within a College – Research Track.

Career Planning and Clinical Counseling

The career planning Web site within Pulse (under the organization “JMC Student Affairs”) provided students with a range of material pertinent throughout all four years of medical school. While much of the information contained in the pages are presented to students in both formal didactic sessions as well as individually through meetings with student affairs deans, the Web site provides students with a convenient and accessible reference source.

The OSACC coordinated Career Day, under the direction of Dr. DeSimone, targeted second- and third-year students and was held on November 28, 2012. Faculty and alumni, representing 26 different medical specialties, held brief sessions to review and answer questions about their fields. In addition, Dr. Pohl discussed the residency application process.

Deans for the Office of Student Affairs and Career Counseling participated in the two sessions held by the University Office of the Registrar to assist second-year and third-year students in planning their upcoming clinical schedules. Dr. Pohl also held three meetings with the Class of 2014 regarding fourth-year curriculum and planning for postgraduate training. In addition, videos were produced and incorporated into these sessions to highlight ways to improve performance during clinical rotations and to provide tips on the residency application and the interviewing process. Four career workshops for first- and second-year students were held, and Dr. Lopez also maintained the student research opportunities in a user-friendly Web site in collaboration with the Learning Resource Center.

Postgraduate Application Process

Twenty-five members of the faculty comprised the Postgraduate Recommendation Committee. They interviewed the “rising” fourth-year students and wrote the Medical Student Performance Evaluations (formerly known as the “Dean’s Letters”) based primarily on excerpts of course evaluations. Dr. Pohl reviewed and signed all of the letters which included a histogram that plots each student’s performance against the aggregate performance of their classmates for each of the core rotations, as well as third-year class rank.

Match 2013

Match Day was March 15, 2013. Of the 257 senior students (Class of 2013), 247 (96%) participated in the National Resident Matching Program (NRMP). Of the match participants, 14 students (5.6%) were unmatched for PG-1. Two of the 14 unmatched students, though, had secured a PG-Y 2 position. Nationally, the unmatched rate was 6.3 percent. Twelve of the unmatched students were subsequently matched to good positions or attained a research
position. Ten (4%) students elected not to participate in the match either because of a commitment to one of the armed services, the participation in the Canadian match program, an acceptance of a position outside of the match, or deferment of their training.

The specialties chosen most frequently by the 252 seniors going on to postgraduate training were internal medicine (18%), family medicine (11%), pediatrics (9%), and emergency medicine (9%). Of this year’s seniors going onto residency training, 116 (46%) initially entered primary care specialty training programs including internal medicine, family medicine, pediatrics, medicine-pediatrics or obstetrics and gynecology residency. Seventy-four percent of seniors participating in the NRMP matched at a university program for their PG-1 year. One hundred and three (44%) students accepted PGY-1 appointments in Pennsylvania, and 62 (27%) students accepted appointments in institutions that are the responsibility of Thomas Jefferson University Hospital or its affiliated hospitals.

Charles A. Pohl, MD  
Senior Associate Dean for Student Affairs and Career Counseling

Kristin L. DeSimone, MD  
Associate Dean for Student Affairs and Career Counseling

Susan R. Rosenthal, MD  
Associate Dean for Student Affairs and Career Counseling

Kathryn P. Trayes, MD  
Assistant Dean for Student Affairs and Career Counseling

### Table 1
**JMC NRMP Match Program Selected Data**

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<td># Match at University Programs or Primary Medical School Affiliates**</td>
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*These students matched for a PG-2 residency position, but not for PG-1 position.  
**Includes PG-1 (if known)

### Table 2
**Initially Unmatched Students in the NRMP**

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<tr>
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<td>206</td>
<td>204</td>
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<tr>
<td># Unmatched</td>
<td>14</td>
<td>11</td>
<td>11</td>
<td>13</td>
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</table>

The unmatched rate for all graduating U.S. seniors was 6.3% in 2013.
Office of Diversity and Inclusion Initiatives

The mission of the Office of Diversity and Minority Affairs (ODAMA) (renamed the Office of Diversity and Inclusion Initiatives for FY14) is to promote multicultural initiatives that affirm Jefferson’s commitment to maintain a culture of understanding, sensitivity and mutual respect within the Jefferson Community. Efforts to promote diversity and educate students in the provision of cross-cultural competent healthcare continue to be a focal point for this office. For 2012-2013, ODAMA sponsored lectures, cultural events and educational programs for students, faculty and staff from Jefferson Medical College, the Jefferson School of Health Professions, the Jefferson School of Nursing, the Jefferson School of Population Health, the Jefferson School of Pharmacy and the Jefferson Graduate School of Biomedical Sciences.

Multicultural Initiatives

Lecture Series

Three lectures were sponsored by ODAMA and covered the topics of diversity and cultural competency, hot topics in diversity, and community healthcare disparities. The lectures focused on underlying issues concerning all categories of diversity, healthcare issues of ethnic minority groups, health policy, disparities in healthcare amongst ethnic minority groups, and the provision of culturally and linguistically competent care for all patients.

Celebratory Events/Activities

ODAMA provided support for a variety of cultural and ethnic events and activities that promote cultural awareness and sensitivity throughout the Jefferson community. The office worked closely with the following JMC student groups:

- Diversity Council
- Student National Medical Association
- Jefferson Latino Medical Student Association
- Jefferson Southeast Asian Medical Student Association
- Jefferson Medical Interpreters
- Asian Pacific American Medical Student Association
- Jefferson Islamic Association
- Jefferson Queer Straight Alliance
- International Medicine Society

Through support of the above student groups and in collaboration with the Thomas Jefferson University Activities Office, the Office of International Exchange Services and Department of Nutrition and Dietetics, a large number of activities promoting cultural awareness took place in the Jefferson community. In addition to individual group activities, ODAMA supported activities in Latin Heritage
Month, LGBT History Month, Disabilities Awareness Month, Black History Month, Expressions of Asia, Women’s History Month and Diversity Week.

**Diversity Council**

The mission of the Diversity Council is to seek participation and input from Jefferson students in bringing forth educational programs, events and activities to help foster cultural awareness and sensitivity. It provides students with a “safe environment” to discuss and voice concerns. The Diversity Council is composed of the following committees: Minority Affairs, Multicultural Events and Activities, Education and Curriculum, Community Service and Outreach, and Grants and Research. Students spearhead many of the events and activities by planning, promoting and participating. Each committee develops programs that are unique to the specific area and designed to meet the overall mission of the University as a whole: excellence in education, scholarship, research and patient care. The Diversity Council worked closely with ODAMA to plan and promote a variety of activities. This year, 10 students were members of the Diversity Council. These students were members of or leaders of the various ethnic organizations on campus. Their active participation in promoting these programs ensured large turnouts for the events.

**Jefferson Medical Language Immersion Program**

The Jefferson Medical Language Immersion Program was designed to address the need of today’s diverse patient population whose members are either limited or non-English proficient. The program enables our students to learn medical terminology, social-cultural norms and nuances, in addition to prevalent diseases within the Latino sub-groups. To put into practice the language skills and competencies acquired in the classroom setting, students do community outreach by volunteering at nearby community clinics that have a large percentage of Latino patients.

**Medical Language Courses**

Offered through ODAMA, the Medical Spanish course offered students the opportunity to learn medical terminology in addition to prevalent diseases and healthcare disparities of each Latino sub-group. Social and cultural issues were highlighted and students had the opportunity to volunteer in a local community clinic that predominantly served a Latino patient base. Three levels were offered: basic, intermediate and advanced. The students volunteered at Puentes de Salud and Esperanza Clinic. The courses were taught by instructors, certified to teach medical terminology, at the masters and doctoral levels.

Medical Chinese and Medical Korean were available to students and supported by ODAMA. These courses were a collaborative effort with the Asian Pacific American Medical Student Association and were taught by instructors at the doctoral level.

**Global Health Initiative - Clinical Shadowing and Language “Immersion” Experience Abroad**

A summer “immersion” experience in a foreign country, where that specific language is spoken, is offered as part of the program. Students travel abroad for six-to-eight weeks and experience first-hand that country’s healthcare delivery system. In the past, the Dominican Republic (UNIBE—Universidad IberoAmericana School of Medicine), Mexico (UAG—Universidad Autonoma de Guadalajara School of Medicine), Argentina, Peru and Chile in collaboration with ECELA (Escuelas y Centros de Espanol en Latinoamerica, a member of the International Association of Language Centers) have served as host countries for out students. This year, ODAMA funded three students to travel to China, India, and Chile as part of the Global Health Initiative.

**Student Support**

ODAMA funds students to participate in either a healthcare experience or clinical rotation abroad. This year, four students were funded to participate in a global health experience. One student traveled to Rwanda.

ODAMA funded 24 JMC students, through JEFF MED Interpreters, to be certified as interpreters by the Health Federation of Philadelphia.

To support the leadership of our various student groups, ODAMA funded students to travel to national diversity conferences. Students travelled to the following conferences:

- Latino Medical Student Association – National Conference
- Student National Medical Association – National Conference
- 17th Annual National Hispanic Medical Association Conference
- LGBT Health Workforce Conference
- SUMMA (Stanford University Minority Medical Alliance) Pre-Health Conference
- 3rd Annual Pennsylvania Black Conference on Higher Education
- 40th Annual Latino Medical Student Association – Regional Conference
Undergraduate Recruitment and Retention

One of the primary goals for the Office of Diversity and Minority Affairs is recruitment to enhance diversity within the JMC student body. Effective recruitment at the undergraduate level is critical. Active recruitment targeted underrepresented minority students. Some of the recruitment venues include: professional conferences; national and regional conferences held by medical student organizations such as the Latino Medical Student Association and the Student National Medical Association (SNMA); Historically Black Colleges and Universities (HBCUs), Hispanic-serving Institutions and Native American Tribal Colleges; graduate and professional recruitment fairs; and summer enrichment programs designed specifically for URMs. Networking with pre-health advisors throughout the nation has been established in an effort to create strong bonds.

High School Recruitment

Recruitment efforts at this level are imperative to create a “pipeline” of qualified students for the medical school. ODAMA accomplished this through our Future Docs Program. The Future Docs High School program is designed for high school juniors and seniors who have an interest in the sciences. Interested students visit Jefferson one afternoon per week for ten weeks. During this time, the students are exposed to a variety of healthcare-related educational and experiential activities designed to nurture an interest in patient care. The program includes a basic anatomy course, sessions on careers in graduate biomedical research and the health professions, and a multi-disciplinary list of guest speakers from the health professions. This enrichment program also includes guidance and counseling for successful application to health professions schools. Upon successful completion of the program, the students are awarded a certificate of participation. One-hundred-three students from 17 Philadelphia high schools participated in and completed the program.

Bernard L. Lopez, MD, MS
Associate Dean for Diversity and Community Engagement
<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>Latin Heritage Month-Guest Speaker- Puentes de Salud</td>
<td>SNMA-Graduation Celebration Dinner</td>
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<tr>
<td>Lunchtime Talk- Cultural Difference in Medicine</td>
<td>JeffMED Interpreters-Information Session</td>
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<tr>
<td>Holidays Around the World</td>
<td>Interpreter Training: Didactic 1</td>
</tr>
<tr>
<td>SUMMA Conference / Recruitment</td>
<td>Interpreter Training: Didactic 2</td>
</tr>
<tr>
<td>LMSA Regional Conference / Recruitment</td>
<td>Interpreter Training: Practice 1</td>
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<tr>
<td>NHMA Conference</td>
<td>Interpreter Training: Practice 2</td>
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<td>LGBTQ-Safe Zone Sensitivity Workshop</td>
<td>Interpreters Training: Testing 1</td>
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<tr>
<td>APAMSA Talk-Ayurveda Medicine</td>
<td>Interpreters Training: Testing 2</td>
</tr>
<tr>
<td>APAMSA Talk-Hepatitis B</td>
<td>Spanish Language Interpretation</td>
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<td>Expressions of Asia Cultural Show</td>
<td>French Language Translation</td>
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<tr>
<td>APAMSA Lecture-Guest Speaker: Margaret Briggs-Acupuncture</td>
<td>Chinese Language Translation</td>
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<td>APAMSA Lecture-Guest Speaker: Margaret Kinnevy-Acupuncture</td>
<td>New Leadership Orientation</td>
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<td>Hep B Screening</td>
<td>Diversity Week-Pledge Event</td>
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<td>APAMSA/RHP-Refuge Lecture</td>
<td>Diversity Council-Religion in Medicine Talk-Dr. Majden</td>
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<tr>
<td>SNMA Talk-Being Global: Engaging Underserved Communities both Global and Locally</td>
<td>Diversity Council-Sexuality Talk-Dr. McNett</td>
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<tr>
<td>SNMA Talk-Dr. Nick Shungu: Our Role in Addressing Healthcare Disparities and Diversity in Medicine</td>
<td>Diversity Council-Cultural Activities Day</td>
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<td>Diversity Council-Diversity Show</td>
<td>Diversity Council-Diversity Show</td>
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## Table 2
### Recruitment Visits and Professional Development Conferences
#### 2012 - 2013

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<th>EVENT</th>
<th>APPROXIMATE # OF STUDENTS</th>
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<td>Sept. 12-17, 2012</td>
<td>Baltimore, MD</td>
<td>NAMME National Conference</td>
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<td>Oct. 5-7, 2012</td>
<td>Sacramento, CA</td>
<td>UC Davis – AMSA/ARC Conference</td>
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<td>Oct. 22-29, 2012</td>
<td>Jacksonville, FL</td>
<td>Univ. of Miami Florida International Univ. Univ. of Central Florida</td>
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<td>Nov. 1-7, 2012</td>
<td>San Francisco, CA</td>
<td>AAMC – National Conference</td>
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<td>Nov. 7-12, 2012</td>
<td>Seattle, WA</td>
<td>MAPS Univ. of Washington</td>
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<td>Nov. 30, 2012</td>
<td>Piscataway, NJ</td>
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<td>Feb. 2, 2013</td>
<td>Ithaca, NY</td>
<td>BBMTA Conference Cornell University</td>
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<td>*Feb. 15-18, 2013</td>
<td>San Francisco, CA</td>
<td>SUMMA Conference</td>
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<td>Feb. 19-25, 2013</td>
<td>San Juan, PR</td>
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<td>*Feb. 20-23, 2013</td>
<td>Lafayette Hill, PA</td>
<td>PA Black Conference on Higher Education</td>
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<td>*March 14-18, 2013</td>
<td>Miami, FL</td>
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<td>March 23, 2013</td>
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<td>Medical/Dental School Fair City College of NY</td>
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<tr>
<td>*March 28, 2013</td>
<td>Louisville, Kentucky</td>
<td>SNMA National Conference</td>
<td>300</td>
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</table>

*The ODAMA works closely with a group of URM students, years 1-4, who help in ODAMA’s recruitment efforts. The asterisk represents those events they recruited at this year.*
JMC Student Council is comprised of elected representatives from each class at Jefferson Medical College. Each year, the first through fourth years vote to elect two co-Presidents, a Secretary of External Affairs, a Secretary of Communications and a Treasurer, as well as six representatives from each of the four classes. Additionally, select students are chosen to sit on University administrative committees, including Admissions, Alumni, Affiliates, Activities Office, Curriculum, Student Advisors, Student Affairs, Research, Technology and Wellness.

Major responsibilities of Student Council include supervision of student organizations, disbursement of university funds, and the dissemination of information on issues pertinent to student life. Most importantly, Student Council serves as a liaison between the students, faculty, and administration. This allows student issues such as safety, housing, and internet access to be brought to the attention of the proper department, facilitating timely and adequate resolution. Student Council works closely with the Office of Student Affairs and Career Counseling to address student concerns and improve student life.

The Student Council Executive Board oversees the Student Council budget. Along with providing funds for JMC’s student organizations, Student Council also helps support JeffHOPE, Jefferson’s student-run clinic, the Yearbook and dedicates yearly funds toward improvements in the Medical Student Lounge and the Wellness Center. Another significant portion of the budget is set aside for conference travel and registration expenses for attending students presenting their research. Finally, a portion of the budget is reserved for events promoting student interaction and relaxation, such as an ice cream social or a coffee for concerns.

This past year, Student Council worked with the administration and the student body to better the function of the council and to alleviate any concerns of JMC students. A primary concern of this past year was about the usage of the Hamilton Building’s study rooms. A collaborative effort between the Registrar, Committee of Student Advisors, Campus Security, the Student Council Executive Board, and the Deans of Student Affairs produced a compromise where a certain number of study rooms were to remain open past the usual closing time of the floor. To maintain the relationships we built in this endeavor, a new committee was established to sit in with the Student Advisors so that a line of communication is always available in the future. Our website has been redone and updated with a plethora of information relevant to students. The events that we have organized, including campus-wide study breaks, mixers with other local medical schools, ice cream socials, end-of-the-year parties and post-exam parties have all been well received and enjoyed by all attendees.
ing is a summary of activities and organizations funded by Student Council:

**Student Activities and Organizations**

**Announcements Emails**

The Student Council Secretary of Communications sends out announcements two times per week to the entire student body listing upcoming student events. Emails are organized chronologically, to facilitate ease of reading. A Google Calendar of events to which all students can subscribe, is also maintained and updated regularly by the Technology Representative.

**JeffHOPE**

The JeffHOPE Homeless Shelter Clinic Project is a student-run health clinic that provides free medical care and education to indigenous populations in Philadelphia. The project is supervised by the Department of Family Medicine (James D. Plumb, MD is advisor), but faculty from many departments pledge their time, resources and support.

Each week, under the supervision of volunteer Jefferson faculty, more than 30 students treat homeless men, women and children at various shelters including the Eliza Shirley House, Ridge Shelter, ACTS Shelter and Our Brother’s Place. On Saturday mornings, JeffHOPE conducts a clinic in association with Prevention Point, a needle exchange program in North Philadelphia. For first- and second-year medical students, the clinics provide invaluable early exposure to patient care. Third- and fourth-year students have the opportunity to examine and treat the homeless population as well as teach first- and second-year medical students the fundamentals of physical examinations, history taking and the pathophysiology of common diseases.

JeffHOPE receives funding from Student Council, private and public grants, and individual donations. The annual JeffHOPE Ball, held at the Crystal Tea Room, also raises money and awareness for the project. More than 600 faculty and students attend each year, making it JeffHOPE’s largest fundraising event and providing the chance to honor faculty, students and others who have been integral to the success of the organization.

**Specialty Dependent Organizations**

Student Council supports over 15 different specialty dependent organizations, such as the Internal Medicine Society, the Gibbon Surgical Society, the Orthopedic Society, the Emergency Medicine Society, and the Family Medicine Interest Group. These groups organize lunchtime lectures, panel discussions, and clinical skills practice sessions, focusing on topics such as residency applications and skills relevant to their specialty, such as how to place an IV or tie surgical knots.

**Cultural Student Organizations**

Student Council encompasses over 10 different cultural and ethnic clubs ranging from JeffSAMOSA to APAMSA to the Hawaii Club. Cultural celebrations such as an Asian diversity night, an Indian cultural show, and a Hawaiian Luau are organized yearly by students in each group and feature dances, authentic food, and a discussion of pertinent cultural issues.

**National Medical Associations**

Many of the prominent national medical organizations boast a strong presence in the Jefferson community. With over 65% of the JMC student body enrolled, the Jefferson AMA chapter is very active on the national and regional level. The Jefferson AMSA chapter is currently operating an innovative, student-run HIV-testing program and has trained more than 75 students to perform rapid-response HIV tests in the Methodist Emergency Room. AMWA has been organizing events on-campus with relevance to women’s health and female physicians and medical students. Events have included mentor programs, lunch seminars, an after-school tutoring program and the annual women’s forum.

**Addendum**

The activities and organizations presented above are a small sample of the many noteworthy Jefferson student organizations. For each organization highlighted, there are a dozen others also actively educating Jeffersonians and serving the campus. The diversity and breadth of JMC’s student organizations is one of the most unique facets of Jefferson. Student Council is proud to represent such an engaged and dynamic student body. A complete listing of organizations follows this report.

**Student Council Officers**

Nicole Sgromolo  
*President, Administrative Affairs, Class of 2015*

Rino Sato  
*President, Legislative Affairs, Class of 2015*

Kanika Gupta  
*Secretary of External Affairs, Class of 2015*

Elizabeth McCarthy  
*Secretary of Communication, Class of 2016*

Tejal Naik  
*Treasurer, Class of 2016*
## Table 1

### JMC Student Organizations

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<thead>
<tr>
<th>JMC Related</th>
<th>Faculty Advisor</th>
<th>Student Contact</th>
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<tr>
<td>Jefferson Medical College Ambassadors</td>
<td>Elizabeth Brooks, DPM</td>
<td>kathryn.o’<a href="mailto:rourke@jefferson.edu">rourke@jefferson.edu</a></td>
</tr>
<tr>
<td>Jefferson Medical College Student Council</td>
<td>Charles A. Pohl, MD</td>
<td><a href="mailto:rino.sato@jefferson.edu">rino.sato@jefferson.edu</a></td>
</tr>
<tr>
<td>Jefferson Medical College Student Professional Conduct Committee (Student PCC)</td>
<td>Charles A. Pohl, MD</td>
<td><a href="mailto:naomi.sell@jefferson.edu">naomi.sell@jefferson.edu</a></td>
</tr>
<tr>
<td>Student Admissions Coordinators</td>
<td>Elizabeth Brooks, DPM</td>
<td><a href="mailto:zachary.reese@jefferson.edu">zachary.reese@jefferson.edu</a></td>
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### Career Oriented

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<tr>
<td>American Medical Student Association at Jefferson Medical College (AMSA)</td>
<td>Kathryn Trayes, MD</td>
<td><a href="mailto:razleen.brar@jefferson.edu">razleen.brar@jefferson.edu</a></td>
</tr>
<tr>
<td>American Medical Women’s Association (AMWA)</td>
<td>Karen D. Novielli, MD</td>
<td><a href="mailto:kathleen.mcguinn@jefferson.edu">kathleen.mcguinn@jefferson.edu</a></td>
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<tr>
<td>Ars Medica</td>
<td>George C. Brainard, PhD</td>
<td><a href="mailto:lena.edelstein@jefferson.edu">lena.edelstein@jefferson.edu</a></td>
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<tr>
<td>International Medicine Society</td>
<td>Janice Bogen, MD</td>
<td><a href="mailto:alexander.chalphin@jefferson.edu">alexander.chalphin@jefferson.edu</a></td>
</tr>
<tr>
<td>Jefferson American Medical Association Medical Student Section (AMA)</td>
<td>Stephen L. Schwartz, MD</td>
<td><a href="mailto:hareindra.jeyamohan@jefferson.edu">hareindra.jeyamohan@jefferson.edu</a></td>
</tr>
<tr>
<td>Jefferson Anesthesia Society</td>
<td>Rehana Jan, MD</td>
<td></td>
</tr>
<tr>
<td>Jefferson Emergency Medicine Society (JEMS)</td>
<td>Elisabeth Edelstein, MD</td>
<td><a href="mailto:jenna.jarriel@jefferson.edu">jenna.jarriel@jefferson.edu</a></td>
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<tr>
<td>Jefferson Internal Medicine Society (JIMS)</td>
<td>David Axelrod, MD, JD</td>
<td><a href="mailto:kaitlyn.kennard@jefferson.edu">kaitlyn.kennard@jefferson.edu</a></td>
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<tr>
<td>Jefferson Orthopaedic Association</td>
<td>Edith Mitchell, MD</td>
<td><a href="mailto:andrew.matthews@jefferson.edu">andrew.matthews@jefferson.edu</a></td>
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<tr>
<td>Jefferson Otolaryngology Society</td>
<td>Gregory Artz, MD</td>
<td><a href="mailto:michael.fickes@jefferson.edu">michael.fickes@jefferson.edu</a></td>
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<tr>
<td>Jefferson Pediatrics Society</td>
<td>William McNett, MD</td>
<td><a href="mailto:katelyn.seither@jefferson.edu">katelyn.seither@jefferson.edu</a></td>
</tr>
<tr>
<td>Jefferson Physical Medicine &amp; Rehabilitation Society</td>
<td>Adam Schreiber, DO, MA, FAOCPMR, FAAPR</td>
<td><a href="mailto:mohammed.basith@jefferson.edu">mohammed.basith@jefferson.edu</a></td>
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<tr>
<td>Jefferson Preventive Medicine Society (JPMS)</td>
<td>James Plumb, MD</td>
<td><a href="mailto:patricia.tolu-ajayi@jefferson.edu">patricia.tolu-ajayi@jefferson.edu</a></td>
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<tr>
<td>Jefferson Psychiatry Society</td>
<td>Abigail Kay, MD</td>
<td><a href="mailto:priya.joshi@jefferson.edu">priya.joshi@jefferson.edu</a></td>
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<tr>
<td>Jefferson Public Health Society</td>
<td>James D. Plumb, MD</td>
<td><a href="mailto:alissa.werzen@jefferson.edu">alissa.werzen@jefferson.edu</a></td>
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<tr>
<td>Jefferson Radiology Society</td>
<td>Levon Nazarian, MD</td>
<td><a href="mailto:andrew.karasick@jefferson.edu">andrew.karasick@jefferson.edu</a></td>
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<tr>
<td>Jefferson Urology Society</td>
<td>Costas Lallas, MD</td>
<td><a href="mailto:joyce.jhang@jefferson.edu">joyce.jhang@jefferson.edu</a></td>
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<tr>
<td>Kathryn MacFarland Ob/Gyn Society</td>
<td>Abigail Wolf, MD</td>
<td><a href="mailto:kristina.conigliaro@jefferson.edu">kristina.conigliaro@jefferson.edu</a></td>
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<td>Med-Peds Society of Philadelphia</td>
<td>Allen R. Friedland, MD</td>
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<td>National Honor Societies</td>
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### Special Interest

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<th>Special Interest</th>
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### Athletics

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<tr>
<th>Athletics</th>
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During the 2012-2013 academic year, the University Office of the Registrar reported an opening fall enrollment of 3,666 students in the combined six academic divisions of the University: 1053 in Jefferson Medical College (28.7%), 289 in the Jefferson College of Graduate Studies (7.9%), 799 in the Jefferson School of Health Professions (21.8%), 1,025 in the Jefferson School of Nursing (28.0%), 294 in the Jefferson School of Pharmacy (8.0%) and 206 in the Jefferson School of Population Health (5.6%).

Courses and Online Course Offerings
Review of TJU’s curricula (both didactic and clinical) shows that during the 2011-2012 academic year, the University Registrar’s Office managed 2,820 course and course sections. This compares to 2011-12, with 2,815 and 2010-11 with 2,471. Only courses and sections that had a student enrollment were included and the figures do not reflect all active course sections offered during the academic year. Course/section offerings remained consistent with 2011-12. The increase in number for the 2011-2012 academic year is mainly attributable to the School of Pharmacy’s initial fourth year class and changes to the clinical course offerings in the Medical College.

Technology Enhancements
E*Value: To address the complex process of clinical rotation scheduling for JMC, the E*Value scheduling software system was contracted and implemented this past spring, replacing an outdated single PC scheduling software that required a large amount of manual actions. The E*Value scheduling software, also used by JSP for Pharmacy clinical assignments, allowed for a much more efficient web-based method of collecting student clinical preferences and proved to be highly effective in time and location placement for JMC 3rd and 4th Year rotations. Additionally, the process greatly reduced the amount of manual intervention required to ensure complete scheduling. Feedback indicates that the process was well-received by both students and the clinical departments.

New Innovations/Banner Interface: As part of the Academic Affairs/Undergraduate Medical Education-led initiative to provide timelier reporting of student clinical evaluations, the Registrar’s Office has worked closely with the JMC Dean’s Office liaisons and Jeff-IT to continue to enhance the evaluation submission process between New Innovations and the Banner student system. An enhanced reporting feature provides quick and easy identification of evaluations not received within the targeted timeframe. This in turn allows for a more timely communication between the Registrar’s Office, the Dean’s Office and the clinical departments and has improved the submission process. Third-year, and select fourth-year, clinical rotation evaluators continue to utilize New Innovations to submit written
Clinical evaluations and final grades, which are automatically entered in the Banner student system. This continues to be an efficient and effective process and provides more timely feedback to students.

Banner Access: Following last year’s initiative, student focus groups were once again held during the year to gather additional student views of various aspects of information and services provided throughout the student lifecycle from inquiry to graduation. This also served an additional valuable function in obtaining student feedback for the Middle States Accreditation Self-Study. As previously noted, an area of concern expressed related to the “look and feel” of the student Banner Web system. Efforts continue with Jeff-IT to provide a more eye-pleasing and efficient online experience, as well as investigating the role of mobile technology.

The office was again invited to attend the JMC Admissions Office “Second Look” program held for students accepted to the incoming fall class. An overview of the online capabilities and services available to students via Banner Web were demonstrated and students were encouraged to ask questions related to office services.

National Student Clearinghouse (NSC): Comparable to other universities and colleges, Thomas Jefferson University has had a long standing contract with the National Student Clearinghouse (NSC) to provide student loan deferment and enrollment certification services.

In February, 2010 NSC’s Degree Verify feature was added to our complement of services. During 2010-2011, NSC processed 2,152 degree verifications for Jefferson graduates. In 2011-2012, 2,839 degree verifications were processed. For this past year, 3,183 degree verifications were processed reflecting an increase of 12% from the prior year and 48% from 2010-11.

NSC’s on-line services were further supplemented during 2010-2011 with the addition of the Transcript Ordering Process. As of July 1, 2011 all authorization and implementation steps were completed to make this service available to Jefferson students and graduates. NSC’s Transcript Ordering allows individuals to request the mailing of their academic transcript to themselves or a third party (e.g., prospective employer) and further provides the capability of tracking the completion of this request on-line. If required, the transcript can also be sent electronically with full security measures. In the first year of operation during the 2011-2012 academic year, just under 4,300 transcript requests were received and fulfilled utilizing this added feature. For the 2012-13 academic year, 4,867 requests were fulfilled, an increase of 13%.

NSC’s student tracker report for the 2011-12 provided data on student who were accepted at Thomas Jefferson University but enrolled at different institution. The top three competition schools reported were Temple University, Drexel University and University of Maryland – Baltimore. The Registrar’s Office shares this information with admissions and academic departments and is continuing to work to fine tune this process.

**Challenges**

The increase in university enrollment continues to lead to a corresponding increase in the volume of services required from the University Office of the Registrar. These services include responding to licensure, transcript, certification and verification requests, both from currently enrolled students and graduates. While the services in place with NSC have helped to alleviate some of the transcript and verification volume, significant effort is still required to fully serve our constituents, which includes the academic departments as well as students, in a timely manner. Ongoing efforts continue to further streamline processes. These efforts include the review of specialized administrative policies, which are unique to individual academic programs, and discussion of whether these policies can be revised in the context of broader policies that apply to multiple academic programs.

The Registrar’s Office is actively involved in outcome assessment reporting for the entire University as well as individual colleges, schools and departments. The Academic Analytics project and Pyramid reporting, under the direction of JeffIT, are in the developmental stage with administrative areas. When fully functional, these tools will allow desktop dashboard reporting for academic areas and university management.

At the close of the academic year, office space had been identified to allow the Offices of the Registrar and Student Financial Aid to come together in an academic services unit in a single location. This move is expected to allow an increased level and coordination of services to our constituents. The expectation is to utilize a portion of the prior office area for file storage. To further alleviate the file storage demands, an updated university student record retention policy is under review, as well as increased use of electronic record storage for student files previously forwarded to the office from the admissions offices.

**Raelynn Cooter, PhD**
Associate Vice President for Student Services and University Registrar

**David R. Clawson**
Senior Associate University Registrar and University, Director of Student Records
The University Office of Financial Aid is responsible for providing educational-financing services to students in all six colleges/schools of Thomas Jefferson University, as well as debt-management counseling for TJU students and Jefferson Health System (JHS) house staff. During 2012-2013, more than $97,000,000 was administered to 2,411 students enrolled in the University. The data in this report focuses specifically on Jefferson Medical College.

Sources of Financing

Table 1 and Figure 1 show the total aid awarded to Jefferson Medical College students during the 2012-2013 academic year. In reviewing this data, it is important to note additional characteristics regarding the composition of total funding.

Of the $35,876,378 borrowed during 2012-2013, $33,861,753 was from unsubsidized sources (Federal Unsubsidized Stafford, Federal Graduate PLUS, and private alternative loan programs). The amount shown indicates only the principal borrowed; however, interest accrues to the student’s account from the date funds are disbursed.

Of the $8,121,632 awarded in grant and scholarship funding, $2,806,034 was from service-obligation programs (National Health Service Corps, Armed Forces Health Professions Scholarship, and Federal Work Study). Receipt of these funds requires an “in-school” or post-graduation employment obligation.

Federal Work Study

Federal Work Study (FWS) is a program by which students may defray a portion of their educational expenses through employment, either on campus or in the surrounding community. The total amount earned during 2012-2013 is shown in Table 1.

As part of this program’s community-service efforts, Federal Work Study remains a primary funding source for summer employment through the Bridging the Gaps (BTG) program. During the 2012-13 year, $79,194 in Federal Work Study community service funding was earned by 59 university students; $46,855 community service funds earned by 38 JMC students. Twelve University students working in literacy projects earned $18,863. Federal Work Study Program regulations require that at least 7% of Federal Work Study funds be earned in community service and include at least one literacy program. As in previous years, the Financial Aid Office continues to meet these federal requirements and an effort to increase community service projects will continue in the 2013-2014 academic year.

Federal Work Study earnings have remained consistent over the last three years with a drop this year due to a re-
duction of federal allocation, which occurred nationwide. Students are utilizing this program to assist in meeting educational expenses while gaining valuable employment experience. As employing departments pay 25-30% of the student’s wage, this program continues to be very competitive among University departmental employers. Since the 2006-2007 academic year, earnings for Jefferson Medical College students has increased 24% from $136,146 to $169,443 in 2012-13. Forty-eight percent of Jefferson Medical College student earnings were attributed to the Deans Summer Research Program while other students worked in other research and lab positions.

Student Indebtedness

Figure 2 shows the average debt for Jefferson Medical College’s (JMC) graduating class of 2013, with comparative data for the ten preceding years (2003-2012). The average debt for the Class of 2013 showed a decrease of 3.4% from the prior year. This decrease in debt was largely attributed to the reduction in the number of students with total debt greater than $300,000. Students in this category usually have high debt prior to enrollment at JMC, borrowed more to complete a joint degree, had to repeat medical school coursework, had extreme medical expenses, or a combination of these factors. Overall, student borrowing continues to outpace increases in the consumer price index. An annual increase of $2000 in Federal Stafford Loan limits as well as the ease of borrowing the Federal Graduate PLUS Loan, both introduced in 2006, have contributed to increased overall debt. Also, the increasing cost of the USMLE Clinical Skills Exam and the new inclusion of residency interview and travel costs in the student aid budget may continue to contribute to the increased borrowing by JMC students.

Table 2 provides a comparison of Jefferson student debt to that of students nationwide. Per the October 2013 AAMC Medical Student Education: Debt, Costs, and Loan Repayment Fact Card, Jefferson’s average 2013 graduating debt of $186,255 is over $5000 more than the National Average of Private Medical Schools and is over $23,000 more than the National Average of Public Medical Schools. While Jefferson’s percentage of graduates with Educational Debt is lower than the National Average of Private and the National Average of Public Medical Schools by 5% and 8% (respectively) and the percentage of borrowers over $300,000 are lower than the National Average of Private and the National Average of Public Medical Schools by 9% and 3% (respectively), Jefferson student debt is greater than the private and public national averages in almost every other category. This trend will continue to be reviewed in the 2013-2014 year.

Debt Management Programs

The Financial Aid Office’s long-standing debt-management program for students and JHS residents, which provides services in the form of seminars, individual counseling and informational publications, continues to grow. A major cornerstone of this educational program, the five-part Spring Seminar Series, is widely attended by all students, JHS residents, and the JGSBS post-doctoral population. Positive evaluations demonstrate that the seminar series will meet the future needs of the TJU student/resident population. This series (which includes segments on debt management, insurance planning, investment basics, and considerations of signing a hospital, practice, or employment contract, and mortgage basics) continued to receive high praise and strong requests for continuation. In addition to the Spring Seminar Series, a Tax Basics workshop was presented to students by the Financial Aid Office staff providing Federal Income Tax fundamentals to assist in filing an IRS tax return. Also, a lunchtime session was offered entitled “Taking Control of Credit – Building a Foundation.” This session was presented by Credit Plus, Inc. who delivers information and services to those in the mortgage industry. Both the Tax Basics and the credit session received high evaluations and it is hopeful that both will be repeated again in 2013-14. Suggestions for additional segments will be considered in the future based on resources and available presenters.

The complicated nature of developing an effective repayment strategy, as well as periodic changes in the educational debt market will result in the continued reliance of TJU students, alumni, and JHS house staff on the Financial Aid Office’s counseling services.

Legislative Issues

FAFSA Data Retrieval Process

The IRS Data Retrieval Tool allows students and parents to access IRS tax return information needed to complete the Free Application for Federal Student Aid (FAFSA). Students and parents may transfer the data from the IRS directly into their FAFSA. Applicants must have filed their federal income tax returns before they can use the IRS Data Retrieval Tool. This process eliminates the amount of data verification needed and the need to submit copies of Federal Income Tax Returns to the Financial Aid Office. The Department of Education has required the IRS Data Retrieval Process be used for all 2013-14 federal aid applicants and as such, the Financial Aid Office spent many months in the 2012-2013 school year preparing for this change by modifying the application and verification processes to accommodate this new requirement. The new IRS Data Retrieval Process has promoted the accuracy of student applications and has assisted the financial aid office in providing a more
streamlined application for our students and review process for the office staff.

Federal Pell Grant Duration of Eligibility
The Consolidated Appropriations Act of 2012 (Public Law 112-74) made significant changes to federal student financial assistance programs. Starting with the 2012-2013 academic year, an undergraduate student’s eligibility to receive Federal Pell Grant is reduced to 12 semesters at a full-time enrollment (or equivalent of six years, or 600%). Student eligibility includes all years of the student’s receipt of Federal Pell Grant funding. If a student’s Lifetime Eligibility Used (LEU) is greater than or equal to 600 percent, this means that the student is no longer eligible to receive Pell Grant funding, starting with this school year. This process requires staffing effort to monitor students’ LEU limits. This year, less than 15 of our students faced reductions or cancellations of their Federal Pell Grant due to reaching the LEU. As of September 2013, students who have been affected by this lifetime limit have almost doubled. As many of our undergraduate students attend other schools prior to Jefferson, we will no doubt see an increase in students meeting their limit and an increased demand for institutional grant funding. The federal Pell Grant program is for undergraduate students only.

Federal Direct Subsidized Stafford Loans Time Limitation
Under Public Law 112-141, starting July 1, 2013, new Direct Subsidized Stafford Loan borrowers will have a limit on the length of time they may receive the interest subsidy on Direct Subsidized Stafford Loans. The law established a lifetime limit on subsidized loans for “new borrowers” on or after July 1, 2013. The limit is dependent solely on the student’s current program; when a student has received Subsidized Stafford Loans for 150 percent of the published length (time) of the program the student is currently enrolled in, the student may not receive any additional subsidized loans, and the subsidized loans received from July 1, 2013 forward will lose their subsidy. While we have not yet experienced any cases of students reaching their subsidy limit due to this new legislation, we will surely see this to become a potential issue in the future. Due to the elimination of the Federal Subsidized Stafford Loan for graduate students, this will only affect our undergraduate student population. And while a student may lose the ability to borrow a subsidized Stafford Loan, the ability to borrow through the unsubsidized Stafford program is still an option. Like the Federal Pell Grant LEU, this process will require staffing effort to monitor students’ limits.

Grace Period Interest Subsidy
Public Law 112-74 amended the Higher Education Act to temporarily eliminate the interest subsidy provided on Direct Subsidized Stafford Loans during the six month grace period provided to students when they are no longer enrolled on a least a half-time basis. For most students, the grace period is used upon graduation. This change affects Federal Direct Stafford Loans for which the first disbursement is made on or after July 1, 2012 and before July 1, 2014. Due to the elimination of the Federal Direct Subsidized Stafford Loan for graduate student on July 1, 2012, this will only affect our undergraduate population.

Verification
A federally required process for verifying application materials (i.e., Free Application for Federal Student Aid application) and making corrections has been commonplace for over 25 years. This year, the Department of Education has changed the process in which applications are to be verified and the documentation needed to verify the accuracy of the data. The Central Processing System selects which applications are to be verified, and assigns the application one of five verification groups and the group determines which FAFSA information must be verified for the student and what special documentation must be collected. The completion of the IRS Data Retrieval Transfer interface is always a requirement in cases of verification. However, other verification items can range from verification of Supplemental Nutrition Assistance Program (SNAP) benefits to confirmation of high school completion to confirmation of identity. This new verification process, while customized, has added a new complexity to the financial aid process.

Technological Advancements
FWS Employer Job Description/Student Request Form
Since inception, the Federal Work Study (FWS) program has employed many students and benefited many campus employers. However, the employer application process has always been paper driven. This year, with the help of the AISR team, an online FWS Employer Job Description/Student Request Form was placed on PULSE and went live in May. Employing campus department supervisors can now access this request form using their campus key, complete the request form, and submit the application all online. This new practice adds ease to the application process, and by eliminating paper, ensures all requests are received and reviewed in a timely manner by the FWS Coordinator. When a department completes the Job Description/Student Request Form, they too have the ability to print a copy for their records. Overall, the feedback received by departments has been overwhelming and indicate a successful start toward increased use of technology in the FWS process.
**Dashboard Reporting Tool**

Technological advancements this year include the university purchase of a new dashboard reporting tool, ProClarity, early in the academic year. Training on this new tool began in December with designees from all university and admissions offices. The acquisition of an additional tool was made by the university. This tool, Pyramid, is a more robust, comprehensive reporting tool will allow for the production of multi-faceted reports, both internal and external, that can be provided in an expeditious manner.

**Accomplishments/Challenges/Future Plans**

After submitted a very strong Scholarships for Disadvantaged Students (SDS) application to the Health Resources and Services Administration (HRSA) in July 2012, the Financial Aid Office was notified that Jefferson Medical College's grant application had been approved, receiving $300,000 a year for four years. Per HRSA requirements, beginning with the 2012-2013 academic year, this allows 20 renewable awards of $15,000 to be made to qualifying disadvantaged students. The SDS program provides funds to schools who in turn make scholarships to full-time, financially needy health professions students from educational, environmental, and/or economically disadvantaged backgrounds. The infusion of funds should help reduce educational debt while assisting in the financing and recruitment of disadvantage medical students.

The challenges that continue to face the Financial Aid Office include increasing available scholarship funding and the need for space.

As enrollment and cost of attendance continue to grow, increased availability of scholarship funding is imperative. Increased scholarship funding will allow Jefferson to be more competitive with other schools and will reduce the debt burden of TJU graduates.

Adequate office space and an alternative configuration are needed to provide the most confidential, student friendly atmosphere. Requirements concerning maintenance of graduate records have resulted in a strain on filing space. A decision was made this year by TJU administration to address these challenges by approving a plan that involves a combined Student Academic Services Division which will house the Financial Aid, Registrar, Graduation/Commencement and Academic Space Management Divisions in a centrally located student accessible area. The creation of the new Student Academic Services Division and subsequent move to a new combined space is scheduled for late July 2013.

**Susan McFadden**  
Director, University Office of Student Financial Aid

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**Table 1**

**Summary of Student Financial Aid, 2012 - 2013**

<table>
<thead>
<tr>
<th>Type of Award</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Scholarships</td>
<td>$3,637,328</td>
</tr>
<tr>
<td>Institutional Loans</td>
<td>$1,125,250</td>
</tr>
<tr>
<td>Other Scholarships</td>
<td>$4,314,861</td>
</tr>
<tr>
<td>Other Loans</td>
<td>$34,751,128</td>
</tr>
<tr>
<td>Federal Work Study</td>
<td>$169,443</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$43,998,010</strong></td>
</tr>
</tbody>
</table>
**Figure 1**

**Summary of Aid by Source Type, 2012-2013**

**Total: $43,998,010**

- **Institutional**: $5,167,578 (12%)
- **Federal**: $36,515,777 (83%)
- **State**: $430,000 (1%)
- **Private**: $1,884,655 (4%)

**Figure 2**

**Average Indebtedness* of Graduating Seniors**

<table>
<thead>
<tr>
<th>Year</th>
<th>Avg Debt</th>
<th>Borrowers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>$136,439</td>
<td>151</td>
</tr>
<tr>
<td>2004</td>
<td>$140,916</td>
<td>198</td>
</tr>
<tr>
<td>2005</td>
<td>$145,472</td>
<td>195</td>
</tr>
<tr>
<td>2006</td>
<td>$161,029</td>
<td>184</td>
</tr>
<tr>
<td>2007</td>
<td>$159,887</td>
<td>185</td>
</tr>
<tr>
<td>2008</td>
<td>$170,855</td>
<td>174</td>
</tr>
<tr>
<td>2009</td>
<td>$174,864</td>
<td>215</td>
</tr>
<tr>
<td>2010</td>
<td>$175,326</td>
<td>198</td>
</tr>
<tr>
<td>2011</td>
<td>$176,706</td>
<td>198</td>
</tr>
<tr>
<td>2012</td>
<td>$193,540</td>
<td>207</td>
</tr>
<tr>
<td>2013</td>
<td>$186,255</td>
<td>205</td>
</tr>
</tbody>
</table>

*Indebtedness refers to the average amount borrowed by students. **Seniors refer to the graduating class.
### Table 2

**Debt Comparison between Jefferson and Students Nationwide**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduates with Educational Debt</td>
<td>National Public</td>
<td>National Private</td>
<td>National ALL</td>
<td>*</td>
<td>87%</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>AVG total debt</td>
<td>$162,736</td>
<td>$181,058</td>
<td>$169,901</td>
<td>$186,255</td>
<td>205</td>
<td>$192,915</td>
<td>206</td>
</tr>
<tr>
<td>Median total debt.</td>
<td>$168,000</td>
<td>$190,000</td>
<td>$175,500</td>
<td>$200,016</td>
<td>208,624</td>
<td>$196,284</td>
<td>185,000</td>
</tr>
<tr>
<td>% of indebted Grads with Ed. Debt greater than $100K</td>
<td>79%</td>
<td>79%</td>
<td>79%</td>
<td>81.5%</td>
<td>167</td>
<td>88.8%</td>
<td>183</td>
</tr>
<tr>
<td>% of indebted Grads with Ed. Debt greater than $150K</td>
<td>62%</td>
<td>66%</td>
<td>63%</td>
<td>74.6%</td>
<td>153</td>
<td>77.7%</td>
<td>160</td>
</tr>
<tr>
<td>% of indebted Grads with Ed. Debt greater than $200K</td>
<td>34%</td>
<td>48%</td>
<td>40%</td>
<td>50.2%</td>
<td>103</td>
<td>53.4%</td>
<td>110</td>
</tr>
<tr>
<td>% of indebted Grads with Ed. Debt greater than $250K</td>
<td>14%</td>
<td>27%</td>
<td>19%</td>
<td>23.9%</td>
<td>49</td>
<td>22.3%</td>
<td>46</td>
</tr>
<tr>
<td>% of indebted Grads with Ed. Debt greater than $300K</td>
<td>5%</td>
<td>11%</td>
<td>7%</td>
<td>2.0%</td>
<td>4</td>
<td>3.4%</td>
<td>7</td>
</tr>
<tr>
<td>AVG medical debt only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$178,726</td>
<td>205</td>
<td>$184,714</td>
<td>206</td>
</tr>
<tr>
<td>Median medical debt only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$189,621</td>
<td>$195,220</td>
<td>$182,337</td>
<td>$179,998</td>
</tr>
<tr>
<td>AVG pre-medical debt only</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$17,741</td>
<td>87</td>
<td>$17,410</td>
<td>96</td>
</tr>
</tbody>
</table>

* * number of students

*October 2013 AAMC Medical Student Education: Debt, Costs, and Loan Repayment Fact Card*
PELS serves as the vehicle for assuring that all students meet core requirements (targets) for their patient care activities, and is critically important in meeting the LCME standards for monitoring clinical education. The use of a Web-based, data entry portal allows students to conveniently enter patient encounter data while on rotations at all locations. Students can choose to access PELS from desktop computers, tablets and smart phones with Web access.

Jeff-IT staff has continued to refine the PELS reporting tool that provides the clerkship staff with “real-time” data on patient encounters. This allows the student experiences to be adjusted during a clerkship to fill the “clinical gaps” identified by PELS data. This software enables the clerkship staff to examine clinical encounter data for individual students, for individual affiliates or for the entire clerkship. The data can also be customized for any period of time desired. This flexibility allows clerkship directors to synthesize this data easily for monitoring and for academic projects. Refinements for this academic year included the transition of the date reporting for PELS into a “dashboard” format, so that central monitoring for all data is now facilitated for clerkship reviews.

Continued progress has been made this year in the transition to an online evaluation system (New Innovations) for student rotations. As of this academic year, all third-year rotations, including core clerkships, selectives and electives are using this software for student evaluations.

For the New Innovations-Banner interface, with the assistance of Jeff IT and the Office of the Registrar, a new monitoring system was developed to assure that all grades and comments are being transferred to Banner, the portal for student Deans’ Letters and transcripts.

Committee on Curriculum

The Curriculum Committee (CC) and its subcommittees, under the leadership of Gerald Isenberg, MD, Professor of Surgery, had a very productive year. All course/clerkship directors serve on the Years 1+2 Subcommittee (chaired by Peter Ronner, PhD) and the Core Clerkships Subcommittee (chaired by Fred Markham, MD). These subcommittees draft curriculum and evaluation proposals for review and action by the Curriculum Committee. The Year 1 and Year 2 Steering Committees, comprised of student liaisons and course directors, meet monthly as a forum for brainstorming, problem-solving, and interim course reviews. The Clinical Liaison Committee meets every six weeks to discuss issues of general interest and concerns. Student liaisons meet regularly with their clerkship directors and the Vice Dean to provide updates.

The following courses and clerkships were reviewed by the Committee in 2012-2013: the third-year Surgical Se-
lectives (Ophthalmology, Otolaryngology, Anesthesiology, Urology, Neurosurgery and Orthopedic Surgery), third-year Internal Medicine, the new Senior Medicine requirement, first-year Neuroscience and first-year Introduction to Clinical Medicine. The Advanced Basic Science requirement will continue for 2013-2014; these courses and the independent study option will be reviewed to be offered as electives in 2014-2015 and will continue to be part of the College within the College Scholarly Concentration program.

The following curriculum proposals were reviewed and approved: Gateway to Internship (approved as a new fourth year requirement to begin in March 2015; will continue as an elective in March 2014); elective in Medical Toxicology at AEMC; elective in Interprofessional Collaborative Practice/Transitions in Care at Paoli Hospital; interdepartmental outpatient subinternship in Musculoskeletal Medicine (office-based sites, designed for students who are not planning careers in orthopedic surgery; Emergency Medicine Point-of-Care Ultrasound at TJU and Methodist Hospitals.

Curriculum Highlights

Dr. Quentin Eichbaum from Vanderbilt University presented his approach to teaching critical thinking skills as keynote speaker at our curriculum retreat. He initiated and facilitated a scholarly discussion of the state of the art of critical thinking in medical education and his approach using a course entitled “The Colloquium” at Vanderbilt. Excellent small group discussions and presentations of innovative curricula in use at JMC filled the remainder of the day.

At the December CC meeting we discussed methods of enhancing critical thinking education in our curriculum. This included using more small groups and less lectures, using flipped classroom techniques when possible, the use of team based learning and the audience response system, and the need for extensive faculty development to improve small group facilitation skills.

Based on the success of the Gateway to Internship course, the committee decided to expand this course for the coming academic year, with the intention of making it a standard part of the fourth year curriculum, replacing the advanced basic science elective. Enhancements of the fourth year will include continuation of the senior medicine experience. In general, the Committee on Curriculum continues to embrace the idea of “flipping” the classroom, while carefully gauging the technical and human resources required for a successful curricular evolution.

Professionalism

Since 2009, John Spandorfer MD, the Roger B. Daniels Associate Dean of Professionalism in Medicine, has had oversight of professionalism activities at JMC. A major focus of his work is the development of a longitudinal JMC curriculum. In 2011, a new peer assessment module was incorporated into the anatomy lab component of the first-year Human Form and Development course. This curriculum emphasizes constructive feedback skills and teaches the benefits of peer feedback. In the third year, students participate in three professionalism workshops, which consist of small groups led by faculty facilitators, as well as an all-day inter-clerkship session on professionalism. Dr. Spandorfer’s work is integral to several committees related to professionalism, including the JMC Judicial Board, the JMC Committee on Professionalism, and the Student Advisory Committee on Professionalism.

“College within the College”

The development of programmatic tracks providing students with academic opportunities outside of the traditional medical curriculum represents a national trend in medical education. The College within the College Scholarly Concentrations (CwIC) Program at Jefferson began in the Fall 2010, and has now enrolled three cohorts from the Classes of 2014, 2015 and 2016 in two tracks: Population Health and Clinical-Translational Research. The Population Health curriculum, led by Drs. James Plumb and Rickie Brawer, emphasizes public health, global health and community medicine. The Clinical-Translational Research curriculum, led by Drs. Walter Kraft and Wayne Lau, emphasizes the rapid movement of discovery in the laboratory to the bedside. This curriculum is carefully woven into the academic schedule in years one to four, culminating in scholarly projects. Students participate in group seminars and longitudinal mentored relationships, creating a graduate school-like experience within a medical school program. There are currently 20 fourth-year students (Class of 2014), 31 third-year students (Class of 2015) and 43 rising second-year students (Class of 2016) in the CwIC Population Health track. There are currently 20 fourth-year, 25 third-year and 32 rising second-year students in the CwIC Clinical-Translational Research track.

National Board of Medical Examiners (NBME) Subject Examinations

The achievement of a minimum passing percentile score on the Microbiology/Immunology NBME Subject exam was continued as a course requirement for Infection, Immunity and Disease this year. Students who did not meet the minimum passing percentile were counseled and required to sit for a reexamination. This earlier experience with an NBME examination, in conjunction with the use of the Comprehensive Basic Science Examination as a “practice USMLE Step 1” has aided students in their USMLE Step 1 preparation, minimizing the overall failure rate and improving score performance. In addition, first-year students were
Jefferson Medical College
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exposed to the NBME Physiology subject examination. First-year Course Coordinators and the UME office will continue to explore how early exposure to these examinations can be helpful for student USMLE preparation.

NBME Clinical Subject Examinations were again administered as end-of-clerkship assessments for the third-year clerkships in Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry and Internal Medicine. All six major clerkships are using Web-based NBME Subject Exams in 2012-2013.

Myeshai Brooks-Wilkerson, backed up by Bernice Sykes in the Office of UME, serve as Chief Proctors for these examinations. They oversee the very dedicated group of Core Clerkship Coordinators: Sherry Weitz, Sybil Fullard-McLaurin, Stacey Lee Mullen, Danielle Stull, Natalie Nederostek, and Brenda Harkins.

USMLE Performance

The USMLE Step 1 is not only the first step in the U.S. licensure process but also the final comprehensive examination for the first- and second-year curriculum; the Step 2 CK examination is also the final comprehensive examination for the core clinical curriculum. The most recent score reports for Step 1 (Class of 2014), Step 2 CK and Step 2 CS (Class of 2013) are shown below. These scores show an increase for our students from the previous academic year and the students continue to perform above the national norms:

<table>
<thead>
<tr>
<th></th>
<th>Jefferson Performance</th>
<th>National Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 % Pass</td>
<td>98</td>
<td>95</td>
</tr>
<tr>
<td>Step 1 Mean Score</td>
<td>232</td>
<td>227</td>
</tr>
<tr>
<td>Step 2 CK % Pass</td>
<td>99</td>
<td>98</td>
</tr>
<tr>
<td>Step 2 CK Mean Score</td>
<td>239</td>
<td>238</td>
</tr>
<tr>
<td>Step 2 CS % Pass</td>
<td>99</td>
<td>98</td>
</tr>
</tbody>
</table>

Foundations of Clinical Medicine

Foundations of Clinical Medicine (FCM) is a multidisciplinary course designed to prepare second-year students for the third-year immersion in clinical medicine. Parallel large and small group teaching sessions in Introduction to Clinical Medicine II and hands-on instruction in the UCSSC amplify and clarify course content. An effective and empowered student-faculty liaison committee (the Year 2 Steering Committee) as well as the Year 1/Year 2 Course Directors Subcommittee, continue to be central to the improvements seen in this course. Student feedback about this course continues to be very positive. Key improvements this year include 1) further implementation of a new software platform for the examination item database (LXRTest), and 2) increased use of team teaching, especially in the hematology/oncology section. Planned refinements to the course include further increased emphasis on interactive learning opportunities by expanding the use of team-based learning and the in-class audience response system.

Committee on Student Promotion

Thomas Butler, PhD (Department of Physiology) serves in the key role of Chairman of the Committee on Student Promotion (COSP). COSP reviewed and took action on more than 230 student issues this year in addition to hearing appeals and administrative review of USMLE results and grade changes. Dr. Karen Glaser, an adult learning specialist, provided over 110 individual student contacts for consultation and development of study and test taking plans this year.

Remediation Programs

Medical student remediation efforts span all four years of medical education. The Individual Education Plan (IEP) system tailors support for students with academic difficulty identified by COSP. There were approximately six formal IEPs for students. Dr. Glaser and Dr. Joseph Majdan, Director of Remediation in the Clinical Skills and Simulation Center, oversee the remediation process for students. There is special emphasis placed on remediation of clinical skills in years three and four. Dr. Majdan also continues his individual work with students who are referred to him directly by the Office of Student Affairs or the Clinical Clerkship Directors. He has worked individually with numerous students referred formally by IEP and also by the Office of Student Affairs.

Graduate Medical Education Activities

Dr. Glaser continued to lead a Professional Development Group for interns in the Department of Psychiatry and Human Behavior and the Balint group for third- and fourth-year residents. She has also continued her work in facilitation of group discussions for interns and residents in the Department of Obstetrics and Gynecology and with a monthly intern group in the Department of Medicine, co-led by Dr. Caruso.

International Activities

Foundation for the Advancement of International Medical Education and Research (FAIMER) and the FAIMER Institute were founded by the Educational Commission for...
Foreign Medical Graduates (ECFMG) with the mission of creating educational opportunities for health professions educators from developing regions in Africa, Asia and Latin America.

JMC and TJU have had an academic affiliation with FAIMER since 2007. On October 5, 2012, Dr. Susan Rattner hosted the FAIMER faculty fellows for a day-long educational program on our campus. Plans are now underway for the next cohort of first-year faculty fellows to spend the day at Jefferson on October 11, 2013. The day’s events include an introduction to the Jefferson Longitudinal Study, a hands-on information resources session in the Learning Resource Center, lunch with medical students and faculty and a session in the UCSSC.

UME Educational Recognition and Activities
Dr. Glaser participated in an International Balint Federation workshop on group leadership in Charleroi, Belgium this year.

Dr. Steven Herrine is currently leading the development of a competency-based hepatology transplant fellowship pilot program under the auspices of the American Board of Internal Medicine and the American Association for the Study of Liver Diseases (AASLD). He also serves as Chairman of the AASLD Membership and Mentorship Committee.

Dr. Caruso was selected serve on the AAMC Social Media Compendium Working Group, which is looking at how social media is impacting education of students, as well as how different institutions are using novel and creative tools within social media.

Dr. Spandorfer has recently published manuscripts on topics including interdisciplinary education, medical student empathy and student peer assessment.

Drs. Glaser, Herrine, Rattner, Caruso and Spandorfer continue to teach small groups in the Introduction to Medicine 1 and Introduction to Medicine 2 courses.

**Steven Herrine, MD**
Vice Dean for Academic Affairs/Undergraduate Medical Education

**Susan Rattner, MD, MSCE**
Professor of Medicine, Professor of Family and Community Medicine and Special Advisor to the Dean

**Karen Glaser, PhD**
Associate Dean for Academic Affairs/Undergraduate Medical Education

**John Spandorfer, MD**
Roger B. Daniels Associate Dean for Professionalism in Medicine

**John Caruso, MD**
Associate Dean for GME and Affiliations
The Division of Graduate Medical Education provides oversight, guidance, and support to all Graduate Medical Education programs at Thomas Jefferson University Hospital. It also provides administrative and oversight support for the Internal Medicine residency, Medicine/Pediatrics residency and the Medical Subspecialty Fellowships at Christiana Care as well as the Pediatric Medical and subspecialty medical residency programs at A.I. duPont Hospital for Children. Both these institutions above listed programs are organized under the sponsorship of Jefferson Medical College. The Division, consisting of David L. Paskin, MD, Vice Dean for GME and Affiliations; John Caruso, MD, Associate Dean for GME and Affiliations; John Kairys, MD, Associate Dean for GME and Affiliations; and Connie Baker, Administrative Assistant, works in concert with the Office of House Staff Affairs which is directed by Debra Cifelli. Our office also works closely with Heather Barbash, who serves as house staff affairs manager and manages the New Innovations residency evaluation and monitoring system. The Hospital and the Medical School have a common goal of achieving excellence in Graduate Medical Education. The GME division works closely with both the division of Undergraduate Medical Education and with the Office of Faculty Affairs to support a unified educational effort in the continuum of medical education.

The Division continues to serve both evaluative and consultative functions. The internal review site visits performed at the midpoint of each program’s accreditation cycle are a highly productive tool for ongoing quality improvement in our GME programs. For this academic year, the Division performed ten such internal reviews for TJUH and JMC GME programs. The Division continues to refine its internal review process to serve our GME programs, notably emphasizing new accreditation guidelines to assist the program directors in implementing systems to comply with these regulations. Additionally, this year, the ACGME will transition institutional oversight from internal reviews to annual reviews and action plans. Our office has managed this transition, and will create special monitoring software tools to assist in this more intensive process. The alert system used to track duty hours continues to be refined with the assistance of the program directors and residents. We continue our RRC site visit preparation process which includes careful review and editing of all Program Information Forms (accreditation visit applications), and on site departmental preparation sessions prior to the site visit with attendance by all faculty and residents who will be part of the interview team by the RRC visitor. “Best Practices” component continues to be a very effective tool. With the increasing role of simulation in training, evaluation and credentialing, the division of GME has established its oversight in this arena and has been a major contributor and driver.
GME Committee

The GME Committee continues to increase its involvement in, and oversight of, all aspects of residency education in the hospital. The GME Committee has devoted significant effort to several major initiatives. One is the refinement of standardized duty hour monitoring, the product of which is referred to above. This initiative has also produced improved reports for program directors to intervene whenever a resident nears a duty hour violation. As we continue to transition our programs to the “Next Accreditation System,” it is anticipated that the GME Committee will be deeply involved in all aspects of GME, and will oversee GME strategic planning for the institution as well as increasing our inventory of simulation models for all incoming house staff and more advanced simulation models for the advanced years. The GMEC has formally added Rachel Sorokin, the TJUH Patient Safety Officer to the committee, and patient safety initiatives and concerns are discussed at all meetings.

ACGME Outcome Project

The ACGME Outcome Project and the implementation of competency-based education continue in all of our GME programs, and continues to be monitored by the Division. The ACGME has moved into the third phase of the Outcome Project, that being full integration of the competencies and of their assessment. The focus of the third phase is the use of resident performance data and external measures (such as patient satisfaction surveys and clinical quality indicators) to make data-driven improvements in residency education programs and patient centered care. The Division continues in assisting programs in the identification and development of assessment tools toward this purpose, and in the development of processes within the programs to ensure that resident and program performance levels are accurately assessed, with the goal of making targeted and effective program changes to improve education and patient care.

The division has developed institutional evaluation forms for the faculty evaluation of the training program. Additionally, to support the need for “360 Degree” evaluation mandated by the ACGME, we continue to use forms developed in-house that programs may use for their patients to evaluate the residents who served as their caregivers.

Research

The longitudinal study of residents continues, which provides program evaluations by residents and fellows at each level of training, in addition to annual program director evaluations of each resident and fellow. These evaluation tools are currently being used at all Jefferson Health System institutions that sponsor GME programs. This data will provide new insights into the process of graduate medical education, and supply material for new research in this area.

Affiliations Committee

The Affiliations Committee met this year on the first Thursday of February. All of the affiliates were represented. Issues important to our affiliates, including faculty appointments and promotions and resident recruitment, were discussed in depth.

Medical students continue to have excellent educational experiences at our affiliated teaching institutions, as indicated by review of clerkship evaluations. The contributions of the faculty and residents throughout our affiliated network remain superior, and are routinely praised by the students of the College. Comprehensive long term academic affiliation agreements are in place with Einstein and Main Line Health (Lankenau, Bryn Mawr, Paoli and Riddle). The Delaware Health Sciences Alliance (DHSA) with University of Delaware, Christiana Care Health System and A.I. duPont/Nemours is fully functioning, and is a great collaborative effort. This alliance enables the creation of extensive relationships in education, research and clinical matters. To the faculties at Reading, York, Latrobe, Abington, Crozier, Wilmington VA, Aria (Frankford), Wills, Magee, Underwood, Virtua, the DHSA, Main Line Health and Einstein, we extend our gratitude and congratulations. We appreciate their tremendous efforts on our learners’ behalf.

The Continuum of Education

The mission of the division of Graduate Medical Education and Affiliations is to link undergraduate and graduate medical education at Thomas Jefferson University Hospital and the affiliates in order to promote faculty development, as well as excellence in resident education and teaching and the most efficient and effective patient-centered care. This, in turn, provides the Jefferson Medical College student with a consistently excellent cadre of teachers at Thomas Jefferson University Hospital and the Affiliates.

David L. Paskin, MD
Vice Dean for Graduate Medical Education and Affiliations

John Caruso, MD
Associate Dean for Graduate Medical Education and Affiliations

John Kairys, MD
Associate Dean for Graduate Medical Education and Affiliations
Office of Continuing Medical Education

The Office of Continuing Medical Education (OCME) at Jefferson Medical College (JMC) is responsible for JMC's ability to offer continuing medical education credits in pursuit of its overall mission of education, research and patient care. The OCME at JMC is nationally accredited as a provider of continuing education for physicians by the Accreditation Council for Continuing Medical Education (ACCME) in the coveted category of “accreditation with commendation.”

Leadership

Karen D. Novielli, MD, under her office as Vice Dean for Faculty Affairs and Professional Development, provides oversight and leadership for Jefferson CME. She provides a focus on clinically relevant continuing education and research in continuing medical education, and stresses the importance of service to the University community. Jeanne G. Cole, EdD, Assistant Dean for CME, is responsible for JMC’s compliance with national accreditation standards, developing educational designs, overseeing and improving logistical operations, fund raising, and identifying and securing new opportunities. In conjunction with the Director, the Assistant Director, Pauline Sylvester, MBA, and five other staff members ably support the work products of the OCME.

JMC’s Committee on CME is integrally involved in the review and development of appropriate activities certified for AMA Category 1 credit. The Committee was chaired by Dr. David Kastenberg, Associate Professor of Medicine. The Committee also sets policy and direction for the overall CME program at Jefferson. There are 15 members of the Committee on CME, representing 14 departments/divisions of the Medical College. In FY13, the Committee began the process of examining current CME application processes with an eye towards better clarity and streamlining requirements as much as possible.

Jefferson’s CME Mission

The CME Mission is reviewed annually by the Committee on CME to assure it is in step with the changing role of CME in the continuum of medical education. In FY13, the Jefferson CME Mission was revised and consolidated, and received approval at the December 2012 meeting of the Committee on CME. The key focuses of the Office of CME mission are stated below.

- Develop and deliver high quality, effective continuing medical education (CME) and continuing professional development (CPD) activities that support physicians who have completed undergraduate and graduate training in all their professional roles.
• Partner with Jefferson faculty and component institutions to promote Jefferson’s expertise to the region, the nation, and the world.

• Develop and maintain Jefferson’s reputation as a high quality, ACCME-recognized provider of certified continuing medical education and professional development, and as a leader in the CME/CPD field.

• Contribute to the field of CME and CPD through educational research and the development of innovative administrative systems to support the CME enterprise.

Accreditation
Since 2000, Jefferson’s CME program has been recognized by the ACCME with its designation of “Accredited with Commendation,” a ranking achieved by fewer than 15% of all ACCME accredited providers. Reaccreditation cycles for providers with Commendation last six years, and in FY12-13 the ACCME reviewed Jefferson’s Self Study and Reaccreditation materials. In August 2012, the ACCME decision on Jefferson’s reaccreditation was received. Once again, Jefferson earned the prestigious status “Accredited with Commendation,” the third consecutive such designation for Jefferson’s CME Program.

JMC’s Certified CME Activities
The OCME manages a large variety of CME activities certified for AMA PRA Category 1 credit, including typical medical school activities like Grand Rounds and local/regional symposia. Additionally, Jefferson maintains a national CME presence through the certification of enduring materials, national symposia, journal-based CME, and national lecture series as well as through the presentation of online CME modules.

American Medical Association (AMA) PRA Category 1 credits™ are awarded through the Office of CME for sponsored and jointly sponsored live activities, regularly scheduled series, and enduring materials. During the 2012-2013 academic year, the Office of CME certified more than 180 activities totaling over 2,350 Category 1 credits (including over 1,000 patient safety-related credits), serving more than 20,000 participants. To place this in context, this means that on any given day of the year, JMC provides approximately 6.5 credits (hours)!

Featured Educational Activities
OCME continues strong partnerships with the Gastroenterology and Hepatology Division of the Department of Medicine, the Department of Family and Community Medicine, the Division of Ultrasound of the Department of Radiology, and AISR of the Scott Library. Many of these have resulted in growth in long-established CME offerings. For example, the GI Division’s 33rd Annual Advances in GI program held in June 2013 helped the division maintain its position as the premiere GI educational event in the region. The Department of Family and Community Medicine’s 36th Annual Eastern Shore Medical Symposium provides a valuable review and update and had another record breaking number of participants. The success of these activities not only advances Jefferson’s reputation as a resource for physicians who must update their knowledge and skills to provide the best care, they also add to the financial viability of their sponsoring departments by generating revenue.

CME for Significant National Organizations
Jefferson OCME continues to work collaboratively with the National Board of Medical Examiners (NBME) to provide CME credits to participants for their learning based on the NBME exam item writing process. In addition, Jefferson works closely with the Accreditation Council for Graduate Medical Education, providing consultive services for the evaluation of their Annual Education Conference held every spring.

Focus on Educational Effectiveness
During the past year, the Office of CME utilized a wide variety of educational formats to best meet learners’ needs and give them opportunities to match their preferred learning style to a spectrum of educational delivery systems. These included face-to-face conferences offering lecture-driven meetings, case-based learning groups, experiential learning opportunities and one-on-one educational experiences. In addition, distance learning opportunities through the Internet and other technologies, instructional materials including print, audio, video, and journals are provided. The OCME successfully partners with other accredited and non-accredited organizations when appropriate to expand the reach of Jefferson’s CME programming. These partnerships provide revenue streams that enable the OCME to contribute to the College’s bottom line and bring new revenues to those departments and divisions that produce CME activities.

Results drawn from ongoing evaluations of Jefferson’s certified CME activities document the impact of Jefferson’s CME programming, focusing on changes in participant
competence and practice. In the recently concluded accreditation cycle, change in knowledge scores averaged 4.29; practice scores averaged 4.1 (all on a Likert scale of 1-5, with 5 being highest). Results from the regularly scheduled series outcomes analysis from FY12 (the most recent year available) revealed 50% or more of responding participants (n=754) reported they made the following changes in their practices as a result of these sessions: 88% identified areas for improving their practices, 66.6% suggested changes to practice systems, 58% adopted a new clinical guideline into practice, and 86.6% reported that they incorporated information from these sessions into their practice. Additional impacts were reported in the areas of patient education activities (51.5% making changes in this area). In addition, 20% reported conducting chart audits on specific topics they wanted to improve.

**Professional and Academic Activities**

As an educational unit within a leading academic institution, the OCME seeks out opportunities to present its work in CME to a larger audience. Research activities include studying the processes and results from our pilot projects in performance improvement CME, with an eye toward presenting and publishing our experiences. Academic activities include presentations at national and international conferences relating to the Jefferson OCME experiences in CME research and/or accreditation.

As part of maintaining Jefferson’s presence in the national CME environment, and to assure that Jefferson’s OCME remains up to date with the rapidly changing environment of CME, the Assistant Dean serves as a volunteer ACCME Site Surveyor. In this capacity, she receives regular updates from the ACCME about implementation and compliance issues, and takes part in accreditation reviews of other CME accredited providers.

**Technological Activities**

The OCME website at http://jeffline.tju.edu/jeffcme, is continuously updated and provides improved information, access, and navigation to our users. It incorporates a calendar of events, online registration capabilities, access to participation records for JMC certified activities since 2003, links to relevant CME sites, information on Pennsylvania requirements for licensing vis-a-vis CME credits, and postings of a variety of Internet-specific CME activities. A new online registration and event planning system was adopted in early 2012, replacing software from the early 1990s. Transition and training for the new system has been a priority for the OCME throughout FY13, with many adaptations to processes required. The regularly scheduled series process has moved to paperless reporting, and incorporates more online processing, reducing the time/effort for everyone involved in these sessions. The goals of improving OCME communications with its clients and users, and of realizing cost savings in the delivery of those services, are being achieved.

**Administrative Activities**

Advances in technology serve to improve access and communications between the OCME and various individuals and groups. For example, OCME administers JMC’s Visiting Professor programs in Delaware, Pennsylvania and New Jersey. OCME maintains the “JEFF-ETC” service. Jefferson Electronic Transcripts and Certificates (JEFF-ETC) provides participants in JMC-sponsored CME activities online access to the documentation of their participation in CME activities. Healthcare professionals can quickly obtain their records on demand in a customer friendly and cost effective manner.

Karen D Novielli, MD  
Vice Dean, Faculty Affairs and Professional Development

Jeanne G. Cole, EdD  
Assistant Dean for Continuing Medical Education
The OHR is located in Suite 1100, 1015 Chestnut St. The office provides research support services for the six colleges/schools of Thomas Jefferson University (TJU). The OHR staff provides infrastructure support for the following research programs and Committees: the Division of Human Subjects Protection (Institutional Review Boards) and Division of Clinical Trials Support.

**Division of Human Subjects Protection (DHSP)**

The IRBs and their administrative support staffs are organized under the Division of Human Subjects Protection (DHSP) within the Office of Human Research (OHR). The primary responsibility of the IRBs is the protection of human subjects involved in biomedical and behavioral research. The major work of the IRB consists of the assessment of research related benefit-risk ratios, and assuring that informed consent is properly obtained and documented for research subjects. IRBs have a responsibility to society and to the Jefferson community in particular, to review and approve worthwhile studies in a timely fashion.

Thomas Jefferson University (TJU) has three IRBs approved under its Federalwide Assurance (FWA) from the Office of Human Research Protections of DHHS. Each IRB has the requisite expertise for review of biomedical and sociobehavioral human subjects research in both adults and children.

The IRBs review research protocols, consent forms, adverse events, amendments to protocols, reports of continuing review and study closure, advertisements for recruiting research subjects, and any other matters pertaining to the conduct of research on human subjects. A central purpose of the IRBs is to sustain a collaborative and supportive balance among the interests of participant safety, researchers at TJU/TJUH, and the requirements of federal regulations. Maintaining this balance demands significant effort and time from faculty, hospital and university employees and community representatives who serve on the IRBs, the Chairs and Vice-chairs of the Boards, the Director and Associate Director, and the DHSP administrative staff.

**National Accreditation for the TJU Human Subjects Protection Program**

The Thomas Jefferson University Human Research Protection Program (HRPP) was first fully accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) in June 2008 and, as a result of our application for re-accreditation, will remain fully accredited through June 2016. AAHRPP accreditation is a coveted designation which provides evidence for sponsors, researchers, and subjects involved in clinical research studies that TJU has adopted the highest ethical and professional standards that can be applied to human subjects research. It means that:
Jefferson safeguards study participants,
• Our data is reliable and credible,
• We are committed to continuous quality improvement, and
• Sponsors, faculty, and regulatory agencies can be assured that Jefferson has an efficient operation with comprehensive protections for researchers and subjects.


The TJU IRBs review and oversee Phase I-IV clinical trials, epidemiological and behavioral research, basic research involving use of human tissues, and human translational and gene transfer research. The following table provides a breakdown of the activities of the three on-campus IRBs from July 1, 2012 to June 30, 2013.

<table>
<thead>
<tr>
<th>Submissions</th>
<th>Number Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Submissions - Full Board Review*</td>
<td>162</td>
</tr>
<tr>
<td>New Submissions - Expedited Review**</td>
<td>430</td>
</tr>
<tr>
<td>New Submissions - Meeting Exempt Criteria</td>
<td>130</td>
</tr>
<tr>
<td>Continuing (annual) Reviews</td>
<td>791</td>
</tr>
<tr>
<td>Full Board = 230</td>
<td></td>
</tr>
<tr>
<td>Expedited = 561</td>
<td></td>
</tr>
<tr>
<td>Amendments</td>
<td>706</td>
</tr>
<tr>
<td>Full Board = 82</td>
<td></td>
</tr>
<tr>
<td>Expedited = 624</td>
<td></td>
</tr>
<tr>
<td>Serious Adverse Event Reports</td>
<td>685</td>
</tr>
<tr>
<td>Unanticipated Problem Reports</td>
<td>177</td>
</tr>
<tr>
<td>Final Reports</td>
<td>233</td>
</tr>
<tr>
<td>Disapproved Studies</td>
<td>0</td>
</tr>
</tbody>
</table>

* Usually interventional research of greater than minimal risk
** Minimal risk research such as surveys, record reviews, and certain studies only involving a blood draw or a non-invasive test

There are currently 1,525 active studies at Thomas Jefferson University and its affiliate sites. Funding sources are as follows:

- Departmental Funds 51%
- Industry Sponsored 19%
- Federally Funded 17%
- All Other (State and benevolent society grants, partially funded Investigator-Initiated studies, etc.) 13%

The DHSP is grateful to the following individuals for their thoughtful and timely review of SAE reports: Cindy Wordell, PharmD; Linda Sailor, PharmD; and Rania Sadaka, PharmD (Investigational Drug Service); Adam Frank, MD (Surgery); John Wagner, MD (Oncology); Michael Sperling, MD; and Thomas Leist, MD (Neurology); Maria Martinez-Cantarín, MD (Nephrology); Robert Sterling, PhD (Psychiatry and Human Behavior); Robin Casten, PhD (Geriatric Psychiatry); and Karen Novielli, MD (Family and Community Medicine).

DHSP personnel changes: Patrick Herbison joined the DHSP as Quality Improvement Specialist in June 2012. He joined us after serving as Associate Director in the compliance division of Wyeth Pharmaceuticals. Patrick performs both for cause and not-for-cause QI audits and has been responsible for making major improvements in our auditing process. He has performed over 30 QI audits of ongoing research plus the audits of IRB processes as required by AAHRPP.

IRB Membership Changes

- Weinstein Board: No longer on the Board are Alexandros Pappas, MD (Radiology, Ultrasound) and Chitara Channappa, MD (Radiology). New to the Board is Atrayee Basu Mallick, MD (Oncology).
- Chung Board: No longer on the Board are Marcus Besser, PhD (Physical Therapy, JSHP); Jeffrey Revello, DPM (Community Member); and Kariann Abbate, MD (Cardiology Fellow, TJU). New to the Board are Yao Oppong, MD (Clinical Pharmacology and Experimental Therapeutics) and Camilo Restrepo, MD (Rothman Institute)
- Chambers Board: No longer on the Board are Steven Cohen, MD (Rothman Institute) and Jianqing Li, MD (Cardiology Fellow).
- Christopher Hansen, MD (Cardiology), a long term Board member switched from the Chambers Board to the Weinstein Board.

The DHSP and TJU are greatly appreciative of the time, effort, and thought that past and present Board members dedicate to the very important job of protecting individuals participating in our research studies. They provide an invaluable service to TJU/TJUH and the community we serve.

New Clinical Trials Repository and Study Management System

The DHSP in collaboration with the Kimmel Cancer Center (KCC) and the Jefferson Coordinating Center for Clinical Trials (JCCCR) is in the process of implementing the OnCore® clinical trial management system. OnCore® is a system developed by Forte Research Systems, Inc. that
offers the potential to use one secure system to manage all operational and clinical data involved in the administration of clinical trials. OnCore® has been successfully utilized by other academic medical centers, research hospitals and cancer centers for over a decade. The Jefferson OnCore® system will be known as JEFFTRIAL. The JEFFTRIAL implementation team, consists of representatives from the KCC, the JCCCR, and the DHSP. Training in the use of JEFFTRIAL is being done in collaboration with the OHR Division of Clinical Trials Support.

The rollout of JEFFTRIAL is anticipated for September 2013. At this time JEFFTRIAL will be used primarily as a central data repository of all clinical trials at TJU. This will allow pertinent study personnel to view study status, IRB transaction history, and many other important data points. JEFFTRIAL also includes such features as registering and randomizing subjects. Eventually we hope to expand all JEFFTRIAL capabilities across the entire institution to deliver a more standardized and streamlined approach to clinical trial management.

Division of Clinical Trials Support

The Clinical Trials Support Office was established to foster clinical research and to hold such research to the highest standards. The Office of Clinical Trials Support has three main missions. These are 1) supporting faculty members involved in clinical trials research by providing administrative infrastructure support services, 2) framing policy and operating issues surrounding clinical trials, and 3) providing education and training to the research community at TJU.

An additional key function of this office is to monitor and support Jefferson faculty uploads to the clinicaltrials.gov Web site. The Clinical Trials Support Office hosts the Jefferson Clinical Research Forum (JCRF), a very well attended monthly meeting of research coordinators and research administrators where various topics in clinical research are presented and discussed. The office also supports the Liaison Committee of Clinical Coordinators (LCCC), a group of senior research coordinators who meet on a monthly basis with Ms. Rosann Talarico and the Director, DHSP, to discuss and plan implementation of programs that will improve the clinical research effort at TJU.

The Office of Clinical Trials Support was responsible for Jefferson’s contributions to “Aware for All-Philadelphia,” the annual research education day sponsored by CISCPR, the Center for Information and Study on Clinical Research Participation. The meeting this year was held on March 2 at the University of the Sciences. Jefferson faculty presenting workshops were Drs. Edith Mitchell, William Short and Christopher Chambers. The Diabetes Research Center of TJU participated as an exhibitor.

As noted above, the Division of Clinical Trials Support has been instrumental in the JEFFTRIAL implementation efforts.

J. Bruce Smith, MD, CIP
Associate Vice President, Research, TJU
Professor of Medicine
Director, Office of Human Research
Director, Division of Human Subjects Protection
The Center for Research in Medical Education and Health Care provides technical support to the faculty in evaluating the knowledge, skills, and professionalism of students throughout the MD curriculum. It provides information to the administration concerning the metrics used to evaluate the effectiveness of policies related to admissions, curriculum, and students’ academic progress. The Center continues to receive external support for its health services and policy related research. Center faculty collaborate in scholarly work with other TJU faculty to disseminate medical education and health services research findings in peer-reviewed journals and at scientific meetings, nationally and internationally.

Medical Education
The Jefferson Longitudinal Study of Medical Education developed and maintained at the Center, is the most extensive, comprehensive, uninterrupted physician tracking system of its kind. The database encompasses academic and career outcome data for 11,400 Jefferson students and graduates since the entering class of 1964. It provides JMC with vital information about the intermediate and long-term curricular outcomes. A total of 191 research studies based on the Jefferson Longitudinal Study have been published in peer-reviewed journals since 1976. Many are described in a compendium entitled Abstracts: Jefferson Longitudinal Study of Medical Education available at http://jdc.jefferson.edu/jlsme. Because of the international reputation of the Jefferson Longitudinal Study, we were invited to present a workshop on how to develop and maintain a longitudinal study of medical education, and to deliver a symposium on medical education outcomes at the 45th Annual Meeting of the Japan Society for Medical Education in Chiba, Japan. We were invited by the Association of Medical Education in Europe to prepare a position article on personality assessments and outcomes in medical education and the practice of medicine which was published in 2013 in Medical Teacher (web paper) and will also be published as an independent report in 2014.

Center staff prepare routine reports to the Curriculum Committee, Dean’s Office, clinical departments, and 24 affiliated hospitals to help assess the quality of education at the clinical teaching sites. We provide the faculty with comprehensive student testing services and assist faculty and administration with a variety of Web-based and paper surveys. We continue to support the use of NBME subject examinations in clerkships, and implemented a new computer system to help the preclinical course directors automate their test item databases. Center staff provide psychometric support to the clinical departments using the TJU Simulation Center to gauge students’ proficiency on clinical simulations. We collaborate with the Dean’s Office, Jeff-IT, and the clinical clerkship directors in the design, operation,
and continuing improvement of Jefferson’s Patient Encounter Log System (PELS).

The Jefferson Scale of Empathy (JSE) (which has been translated into 42 languages), the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration, and the Jefferson Scale of Physician Lifelong Learning (JSPLL) are used by medical educators and researchers worldwide. Our study of the relationship between clinical outcomes and physician empathy for patients with diabetes mellitus, conducted in collaboration with colleagues from our Department of Family and Community Medicine, was published in _Academic Medicine_. It was described by the media as a landmark study. The AMA’s _American Medical News_ described it as the first scientific analysis to link empathy with patient outcomes. An updated report of the status of Jefferson empathy research in medical students and physicians was published in the _AAMC Reporter_.

The JSE was used to examine physician empathy and metabolic complications in a large scale study including 242 primary care physicians and their 20,961 diabetic patients in Parma, Italy. Findings, published in _Academic Medicine_, confirmed that patients of more empathic physicians experienced fewer occurrences of acute metabolic complications. In collaboration with the Cleveland Clinic, the JSE is being used to study relationships between empathy and attitudes toward teamwork and changes in empathy in osteopathic medical students. We continue our collaboration with the Jefferson School of Nursing in research on nursing students’ empathy and with the Department of Emergency Medicine toward teamwork and changes in empathy in osteopathic medical students. We continue our collaboration with the Jefferson School of Nursing in research on nursing students’ empathy and with the Department of Emergency Medicine on strategies to enhance empathy among emergency medicine residents.

**Health Services Research**

Center researchers continued work on a major series of projects being performed in collaboration with the Regional Health Care System of Emilia-Romagna, Italy. We have developed models to predict risk of hospitalization for patients with chronic disease. The results of these models are being used to provide reports to primary care physicians of their high risk patients and to newly formed "medical homes" to assist in efforts towards proactive management of patients with chronic disease. A collaborative grant application submitted by the Regional Health Care Research Agency and Jefferson to refine these models has been funded by the Italian Ministry of Health.

At the request of the director general of the regional health care system, we analyzed the distribution and outcomes of major cancer surgery in the region focusing on the relationship between volume of procedures performed and patient outcomes. We continued the refinement and application of a method for assessing the timeliness and appropriateness of acute hospitalization, development of "profiles" of care provided by primary care teams, and studies of the integration of hospital and outpatient care. A study of follow-up care for breast cancer survivors was published in _Tumori_ in January 2013.

We are collaborating on an analysis of quality of care at the end of life for patients with cancer and are working with researchers at the Regional Health Care Research Agency on the development of an Atlas of health care in the Emilia-Romagna region that will highlight intra-regional variation in care practices among the 11 local health authorities in the region. Initial topics include variation in population-based rates and surgical approach to treatment of patients treated for cholecystitis or benign prostatic hypertrophy.

Working with the Emilia-Romagna Region, the Center helped to design a population-based longitudinal health care database for the nearly five million individuals who were residents of Emilia-Romagna in the period 2004 through 2012. The database is built from encounter-based records of an individual’s interaction with the health care system using administrative data. Since Italy has a National Health Service, all residents of the region are included, without limitations concerning age or insurance status. The value of the database has been increased by adding clinical classifications mapped from the hospital and pharmacy data. The Disease Staging classification has been used to classify the severity of primary diagnosis and co-morbidity for hospitalized patients and to identify individuals who may be at higher risk for utilizing more extensive or expensive health services in the future. Another set of indicators (Chronic Condition Drug Groups - CCDGs) uses outpatient pharmacy data and the Italian national formulary to identify individuals with selected chronic diseases.

The Center is collaborating with Timothy Showalter, MD from the Department of Radiation Oncology on a project which uses the Emilia-Romagna longitudinal database to identify men who have had a radical prostatectomy for prostate cancer and assess complications of post-prostatectomy radiation therapy. The goal of the project is to improve our understanding of real-world complications in...
order to provide information that can help decision making about the use of radiotherapy after prostatectomy for patients with high risk prostate cancer. With support from the American Cancer Society, we are collaborating with Scott Keith, Ph.D. in a project investigating survival benefits associated with angiotensin blockade therapies in pancreatic cancer patients.

Teaching
Center faculty taught a module on health care organization and financing as a part of the Introduction to Clinical Medicine course for first-year medical students, as well as HPL 500: US Healthcare Organization and Delivery in the Jefferson School of Population Health and have served as guest lecturers at Catholic University in Rome and the University of Pisa.

More details of Center projects are available in our annual report at http://www.jefferson.edu/jmc/crmehc.

Joseph S. Gonnella, MD
Director
Clara A. Callahan, MD
Deputy Director
Daniel Z. Louis, MS
Managing Director
J. Jon Veloski, MS
Director, Medical Education Research
Mohammadreza Hojat, PhD
Director, Longitudinal Study
The Office of Animal Resources provides professional oversight and management of the University’s laboratory animal care and use program, including all research and educational activities using laboratory animals.

Guidelines for Humane Care

Animals used in research must be provided with humane care and an environment conducive to their welfare for both ethical and scientific reasons. The Office oversees a comprehensive animal care and use program designed to provide this in support of the research mission of the University. It is responsible for management and operation of centralized animal research facilities of 39,000 square feet located at three campus sites. A staff of animal caretakers and technical personnel provides daily care of laboratory animals. Veterinarians with special training and credentials in laboratory animal medicine oversee the veterinary care program.

The Office provides professional guidance to the Institutional Animal Care and Use Committee (IACUC), which is charged with reviewing all research protocols involving laboratory animals. The IACUC’s goals and legal obligations are to ensure that all activities involving laboratory animals are carefully reviewed and conducted in accordance with the highest standards of humane care for the animals used by its scientists in pursuit of medical advances. Currently, 458 protocols have an “Approved” status, with 135 principal investigators associated with these protocols.

Occupancy

Approximately 99% of the animals used in research are rodents, a percentage that reflects the national trend for species used in biomedical research and education. There has been a decrease in occupancy over the past fiscal year. The restraint by the federal government in funding research proposals has affected many areas, including animal research. Our average occupancy for the 12-month period ending June 30, 2012 was 7,687 cages. Our average occupancy for the 12-month period ending June 30, 2013 was 6,297 cages.

Accreditation

The animal care and use program and facilities at Jefferson are accredited by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC International). Accreditation is recognition of the high standards maintained by Jefferson. We also receive periodic unannounced inspections by the United States Department of Agriculture to enforce the Preparing for the Future program. For the last five years, the USDA has found no deficiencies on their unscheduled inspections. Similarly, AAALAC inspected the animal care program in June 2011 and had no significant findings.
Animal research continues to be an integral part of Jefferson University. A decision was made to close the College/Curtis animal facility due to failing infrastructure necessary to maintain accreditation. All animals were relocated to one of the existing animal facilities on campus.

A grant application was submitted to NIH to modernize the cage wash facility in Jefferson Alumni Hall (JAH). This grant was funded in FY14 and work is ongoing to update all equipment and infrastructure in the JAH cage wash area. Additional funds from the University are being used to renovate existing animal housing areas in the sixth floor of JAH to allow for increased housing of mice. This type of progressive approach to facility needs is a positive indicator of the Institution’s dedication to the humane care and treatment of laboratory animals and the quality research that leads to scientific gains that benefit people and animals.

Judith S. Daviau, DVM
Director, Office of Animal Resources
The JMC Office of Research is led by the Associate Dean for Research, Theodore F Taraschi, PhD. He is assisted by the Assistant Dean for Clinical Research, David Whelan, MD. This Office is responsible for advancing the medical college’s research mission by developing a clear, coordinated strategy that drives the effective integration of the clinical/educational expertise on campus with Jefferson’s strengths in basic, translational, and clinical research.

Major accomplishments during the past year include the funding of three new awards by the Dean’s Programmatic Pilot Research Award Program. These pilot grants are provided to JMC faculty needing to gather the last pieces of data necessary to prepare and submit collaborative thematic grant applications.

The Office of Research is actively seeking strategic alliances to build inter-institutional collaborations with other medical centers, universities and industry regionally, nationally and internationally. The Office supported the renewal of the KCC NIH Core Grant and their cancer partnership with Drexel University. The Office recently hosted a Jefferson-Drexel NeuroHealth Workshop focusing on building a joint translational research program in the areas of spinal cord injury/rehabilitation and regeneration. The office continues to partner with the Jefferson Foundation to identify new sources of funding opportunities available to Jefferson faculty to support their laboratories.

A highly innovative initiative has led to the formation of the Jefferson Comprehensive Concussion Center. This ambulatory service at the Navy Yard is a joint venture between TJU, TJUH, the Rothman Institute, Wills Eye Institute and AI duPont/Nemours. It will provide state-of-the-art clinical care to concussion patients and the opportunity to develop a destination translational research program. It is scheduled to open in the fall of 2013. A long-term strategic initiative developed by the Office is the formation of the Jefferson Institute for Individualized Medicine (JIIM). An organizing framework has been constructed, which is designed for Jefferson to provide next-generation healthcare delivery, research and education anchored in individualized medicine.

The JMC Office of Research, through a partnership with Jeff IT and the Office of Research Administration, has completed a project to develop a comprehensive grants dashboard. This tool provides a current inventory of funded extramural grants and submitted applications and features a wide array of data analytics.

The JMC Office of Research will host the fourth annual Dean’s Research Awards Symposium in late 2013. Awards are presented to investigators for outstanding achievements in research innovation, early career successes and lifetime research accomplishments. The Office facilitates the review
of candidates for the annual JMC awards celebration, recognizing faculty for Early Career Distinguished Achievement in Biomedical Research, Innovation in the Biomedical Sciences and Research Career Achievement.

The Office of Research oversees several working groups that address key operational issues which impact JMC investigators, with the goal of optimizing the overall faculty experience at Jefferson within the scientific discovery realm. This includes the Jefferson Technology Transfer Board. Three JMC committees under the direct purview of the Office of Research are the Jefferson Shared Research Resources Committee, the Research Technologies Advisory Committee, and the Committee on Research.

The Office of Research administers the Summer Research Program for JMC students. Over 40 students participated and were mentored by faculty in 17 departments. The Office of Research also works closely with the College within the College on the Clinical Research Program.

Theodore F. Taraschi, PhD
Associate Dean for Research
The major goals of the Alumni Association are as follows:

• Strengthening ties with the alumni, graduate and postgraduate, to foster greater involvement with Jefferson.

• Introducing students and residents to the Alumni Association with programs and events that encourage them to become active alumni.

• Striving to increase both the participation percentage and dollar amount raised from our 16,000-plus alumni each year.

The Alumni Association sponsors many events for our medical students throughout the year. Incoming freshmen and their parents were welcomed on July 29 through August 2, 2013 during Orientation Week. At Opening Exercises, the freshmen received their white coats, a symbol of the physician, as a gift from the JMC Alumni Association.

The Parents Day program was held on February 22. It allows second-year students to share a bit of their medical school experience with parents and spouses. The program opened with a Welcome Reception with presentations given by four faculty members, followed by lunch in the cafeteria. Dean Mark Tykocinski, MD was present to welcome the students and their guests.

A Women’s Forum took place on March 13. This is a networking opportunity and panel discussion on issues of special interest to women medical students and house staff.

Senior students who are traveling across the country for postgraduate program interviews use our Host Program to arrange overnight accommodations in the homes of local alumni.

Alumni stay in touch with Jefferson and each other through the articles and class notes section of the Alumni Bulletin. The Bulletin, which is published and mailed to all constituents four times a year, is also available in electronic format on the Internet. The JMC Alumni Association’s home page on the Internet is another way for alumni to stay in touch with Jefferson. In addition to learning about ongoing programs and upcoming events, alumni can register for our new password-protected online community, where alumni can contact former classmates, search geographic areas for Jefferson alumni, change their address, send in class notes and make online contributions to Annual Giving.

During the year, the Alumni Association held receptions for our alumni bringing them together in a social setting to hear the latest news about Jefferson from members of the administration or faculty. Alumni receptions were
Jefferson Medical College held during the annual meetings: Association of American Medical Colleges in Denver, CO on November 6 and the American Medical Association in Chicago, IL on June 17. In addition the Alumni Association hosted a Phillies event in Clearwater, FL on March 10 and Jeff at the Beach in Stone Harbor, NJ on July 28, 2013. The Alumni Association also organizes several alumni receptions at specialty meetings in various cities across the country.

Alumni Reunion Weekend was held in the fall on October 4 & 5th. The Alumni Achievement Reception took place on Friday evening at the Mask and Wig during which the Alumni Achievement Award was presented to Peter C. Amadio, MD ’73.

The Saturday morning program included two clinic presentations, and the Dean’s Taste of Philadelphia luncheon followed. On Saturday evening, 12 reunion dinners were held at the Ritz.

The Alumni Annual Fund Giving concluded on June 30, 2013. We thank the 2,785 alumni and postgraduate alumni, as well as non-graduate faculty, and surviving spouses, who contributed $1,795,794 to advance the mission of the Medical College.

Phillip J. Marone, MD ’57, MS ’07
Associate Dean for Alumni Relations
Executive Director of the Alumni Association
FY13 was another year of significant achievements for Jefferson University Physicians (JUP). The practice plan saw additional faculty recruitment of 18 physicians, which resulted in our total physician complement of 622 for the year. The addition of this faculty, in concert with our existing complement, contributed significantly to the performance of the group. Some key highlights for the year include the following:

**Program Highlights**

**Operational Initiative**

Chartis Consulting was engaged to assist JUP with materially and substantially improving access to the ambulatory sites. Five practices were selected to be part of the first wave of the engagement. The effort incorporated detailed data analysis associated with appointment availability for both new and established patients, provider capacity through a faculty effort survey, workflow assessments and analysis of current visit cycle and staff roles in each of the practices. The analysis demonstrated that there was opportunity to enhance patient access in each of the Wave One practices. Departmental leadership was engaged to begin work on re-structuring provider scheduling templates and operational infrastructure to expand appointment availability and ensure measurable success.

**Meaningful Use/Quality Programs**

Utilizing its Electronic Medical Record has enabled JUP physicians to participate in the federally funded CMS Meaningful Use incentive program. JUP physicians have been extremely successful in meeting the criteria with participation increasing each year. In FY13, JUP received almost $2.8M in incentives from CMS related to this program and $7.1M in the two years since the program’s inception. JUP has also expanded its quality initiatives with local as well as national commercial payers and has being awarded incentives for achieving high quality clinical outcomes.

**JUP Network Initiative**

The FY12 planning effort associated with the revitalization of the Voorhees site to expand multi-specialty services and incorporate primary care presence was realized with the completion of a refurbishment of the Voorhees site. This project enabled expansion of multi-specialty services to include 11 sub-specialities along with accommodation for cardiac testing. In addition, Jefferson Associates in Primary Care relocated their practice to the site in January 2013. This site will now serve as a primary anchor for Jefferson in the South Jersey market.

**JUP IT Initiatives**

During the course of the year there were several initiatives to enhance the operational infrastructure associated with IT
including work associated with optimization of the EMR, development and deployment of a structured note to the primary care providers, coordinated effort with TJUH to design, configure and implement an enterprise master patient index.

In addition, Phase 2 of the organization’s effort to prepare for ICD10 in 2014 occurred. This phase of the initiative included a financial risk analysis for revenue accountability, development and deployment of a Web-based training program through Health Stream, educational sessions for coders, physicians and practice personnel, identification of all of the systems requiring upgrades and finally analysis and documentation of current JUP practice operational workflows associated with charge capture and potential ICD10 impact.

Key Volume Highlights

New Active Patients were 42,641, +4.0% increase in new active patients on a year-over-year comparison basis. Total Patient Visits were 905,676, +1.6% increase in active patients on a year-over-year comparison basis. Patient Services Revenue (less bad debt) was $266M, +11.7M (4.6%) from prior year.

Outlook for FY14

There will be several key focuses for FY14 including continued work associated with the Access Improvement Initiative. This effort will include the initial groups that participated and will be expanded to additional practices. In addition, due to the continued shift in third party reimbursement from the traditional fee for service model to one that places dollars at risk with associated quality metrics, JUP will be investing in both the IT and resource infrastructure to optimize our ability to obtain available quality program funds.

Mitchell Harris
Chief Administrative Officer, Jefferson University Physicians

William Keane, MD
Medical Director, Jefferson University Physicians
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Undergraduate Science GPA

Exhibit 2
Undergraduate Non-Science GPA
Exhibit 3
MCAT Biological Sciences

Exhibit 4
MCAT Verbal Reasoning

\(X = \text{Mean}\)

\(^1\) Highest score was used for students with more than one set of scores.
Exhibit 5
Percent of Women Matriculants

![Graph showing percent of women matriculants over different years and entering classes.]

- Percent of women matriculants at all US medical schools.

Exhibit 6
Mean Age at Matriculation

![Graph showing mean age at matriculation for students in the accelerated program and those not in the accelerated program over different years and entering classes.]

- Students not in the accelerated program
- Accelerated program

\(^1\)The accelerated program had been a 5-year combined BS-MD program before 1984. During the transition year 1984, no students were admitted to the program. Thereafter, it became a 6-year program.
## Exhibit 8
Graduation, Transfers, and Attrition
Entering Classes of 1970 - 2008

<table>
<thead>
<tr>
<th>Entering Class</th>
<th>Size</th>
<th>% Graduated</th>
<th>% Transferred</th>
<th>% Did Not Graduate***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>On Time*</td>
<td>Late**</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Academic***</td>
<td>Non Academic</td>
</tr>
<tr>
<td>Year</td>
<td>Size</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970 – 1974</td>
<td>1090</td>
<td>92%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>1975 – 1979</td>
<td>1114</td>
<td>92%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>1980 – 1984</td>
<td>1112</td>
<td>90%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>1985 – 1989</td>
<td>1117</td>
<td>88%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>1990 – 1994</td>
<td>1137</td>
<td>90%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>1995 – 1999</td>
<td>1116</td>
<td>88%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>2000</td>
<td>222</td>
<td>90%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>2001</td>
<td>224</td>
<td>90%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>2002</td>
<td>227</td>
<td>88%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>2003</td>
<td>229</td>
<td>89%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>2004</td>
<td>228</td>
<td>85%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>2005</td>
<td>254</td>
<td>90%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>2006</td>
<td>255</td>
<td>86%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>2007</td>
<td>259</td>
<td>85%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>2008</td>
<td>254</td>
<td>84%</td>
<td>2%</td>
<td>12%</td>
</tr>
</tbody>
</table>

* Includes graduates from combined degree programs.
** Delayed graduation for current students includes those on leave of absence.
*** Delayed graduation for not meeting academic standards.
**** Includes withdraw, dismiss, and deceased students.
Exhibit 9
Clinical Ratings of Students in Six Core Clerkships*
Graduating Class of 2013

* Faculty's global rating of students' clinical competence. All core clerkships are 6 weeks, except Medicine which is 12 weeks in duration.
Exhibit 10
Pass Rates on the United States Medical Licensing Examinations (USMLE)

Year of Graduation

* Data is presented for graduates who took the examination for the first time each year and who were one year from expected graduation.

Step 1

Year of Examination

* Data is presented for the candidate reference group who took the examination for the first time each year and who were one year from expected graduation.

Step 2

Year of Examination

* Data is presented for the candidate reference group who took the examination for the first time each year and who were two years from expected graduation. Starting from July 2004, Step 2 reports 2 scores, one for Clinical Knowledge (CK) and another for Clinical Skills (CS).

Step 3

Year of Graduation

* Data is presented for graduates who took the examination for the first time in each year.
Exhibit 11
Specialties of Alumni*
Graduating Classes of 1970 - 2008

* Source: American Medical Association, American Board of Medical Specialties,
* "Other" includes specialties and subspecialties, each representing less than 2% of the total alumni.
Exhibit 12
Board Certification Rates of Alumni by Specialty*
Graduating Classes of 1970 - 2003

- Percentages are based on the total graduates in each specialty
- "Other" includes specialties and subspecialties, each representing less than 2% of the total alumni.
- Sources: American Medical Association.

* Percentages are based on the total graduates in each specialty

1 “Other” includes specialties and subspecialties, each representing less than 2% of the total alumni.

Sources: American Medical Association.
Exhibit 13
Location of First Year Postgraduate Education

Classes of 1970 – 2013

Classes of 2003 – 2013
Exhibit 14
Current Location of Living Alumni*

Classes of 1970 – 2008

Classes of 1999 – 2008
Response rates vary for different classes from 45% to 75%.
Program directors rated the graduates on a 4-point Likert scale comparing them with all graduates they ever supervised.
# Exhibit 16
Full-Time Salaried Medical School Faculty Appointments of Alumni Graduating Classes of 1970 – 2009*

## Medical School | N¹
--- | ---
Jefferson Medical College | 133
University of Pennsylvania | 68
Harvard Medical School | 49
Pennsylvania State University | 34
Johns Hopkins | 31
University of Pittsburgh | 28
Robert Wood Johnson (Camden) | 26
Drexel University | 23
Mayo Medical School | 23
Temple University | 22
Robert Wood Johnson (Rutgers) | 22
Albert Einstein University | 18
Tufts University | 18
Cornell University | 18
University of Maryland | 18
University of Washington | 15
Boston University | 14
University of Rochester | 14
Northwestern University | 13
University of Colorado | 13
Ohio State University | 12
Georgetown University | 12
University of Massachusetts | 11
New York University | 11
Case Western Reserve University | 11
Columbia University | 11
Vanderbilt University | 11
University of California – Los Angeles | 10
USUHS (Uniformed Services) | 10
Duke University | 10
University of Utah | 10
Emory University | 10
University of Miami | 10
Yale University | 10
George Washington | 9
Mt. Sinai Medical School | 9
New York Medical college | 9
University of Wisconsin | 9
Medical College of Virginia | 9
University of Arizona | 9
University of Cincinnati | 9
Oregon Health Services University | 9
University of Michigan | 9
Dartmouth Medical School | 9
Baylor College of Medicine | 8
University of Virginia | 8
University of California - Irvine | 8
Washington University – St. Louis | 8
University of California – San Diego | 8
University of Vermont | 7
University of Kentucky | 7
University of Chicago | 7

## Medical School | N¹
--- | ---
East Carolina University | 7
University of Tennessee | 7
University of New Mexico | 7
University of Texas – South Western | 6
University of California – San Francisco | 6
University of Florida | 6
University of Illinois | 6
Oakland University – Beaumont School of Medicine | 6
University North Carolina – Chapel Hill | 6
Indiana University | 6
University of California – Davis | 5
Eastern Tennessee (James H. Quillen) | 5
University of Connecticut | 5
Medical College of Wisconsin | 5
University of Minnesota / Minneapolis | 5
Northeastern Ohio Universities | 5
Albany Medical College | 4
Eastern Virginia | 4
Bowman Gray School of Medicine | 4
Stanford University | 4
SUNY – Stony Brook | 4
Saint Louis University | 4
West Virginia University | 4
Wake Forest University | 4
UMDNJ-NJSM Brown University | 4
Wayne State University | 4
SUNY – Upstate – Syracuse | 4
Brown University | 3
Southern Illinois University | 3
University of Oklahoma | 3
University of Southern California | 3
University of Texas – Houston | 3
Wright State University | 3
Michigan State University | 3
SUNY / Buffalo | 3
University of South Florida | 3
Tulane University | 2
University of South Carolina – Columbia | 2
Loma Linda University | 2
Virginia Tech – Carilion School of Medicine | 2
University of Alabama | 2
University of Missouri – Kansas City | 2
Louisiana State University | 2
Loyola University | 2
Medical College of Ohio | 2
University of Iowa | 2
University of Louisville | 2
Morehouse School of Medicine | 2
University of Southern Alabama | 2
University of Texas – San Antonio | 2
Schools with one Jefferson graduate | 15

Total | 1008

* Source: Association of American Medical Colleges (AAMC).

¹ Approximately 13% of the graduates had a full-time salaried faculty appointment at some point during the past five years.
Exhibit 17
Percentage of Graduating Students Who Were Satisfied With the Jefferson Medical College Educational Programs*

First Academic Year

Second Academic Year

Third Academic Year

Fourth Academic Year

Graduating Class

* From the graduation questionnaire of the Jefferson Longitudinal Study asking medical students the extent of their satisfaction with each medical school year on a 4-point scale (4=very satisfied, 3=satisfied, 2=dissatisfied, 1=very dissatisfied). Response rates ranged from 70% to 94%.
Exhibit 18
Percentage of Graduating Students’ Responses to the Following Question: “How well do you feel that your education at Jefferson prepared you for a career in medicine?”

<table>
<thead>
<tr>
<th>Graduating Class</th>
<th>1 Very Poorly</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 Extremely Well</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>10</td>
<td>24</td>
<td>35</td>
<td>17</td>
<td>6</td>
<td>7.59</td>
</tr>
<tr>
<td>2001</td>
<td>0</td>
<td>&lt;1</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>12</td>
<td>24</td>
<td>39</td>
<td>10</td>
<td>3</td>
<td>7.17</td>
</tr>
<tr>
<td>2002</td>
<td>0</td>
<td>&lt;1</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>28</td>
<td>32</td>
<td>17</td>
<td>5</td>
<td>7.51</td>
</tr>
<tr>
<td>2003</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>29</td>
<td>36</td>
<td>15</td>
<td>3</td>
<td>7.44</td>
</tr>
<tr>
<td>2004</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>6</td>
<td>21</td>
<td>32</td>
<td>20</td>
<td>4</td>
<td>7.35</td>
</tr>
<tr>
<td>2005</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>17</td>
<td>42</td>
<td>21</td>
<td>10</td>
<td>7.98</td>
</tr>
<tr>
<td>2006</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>19</td>
<td>43</td>
<td>25</td>
<td>9</td>
<td>8.11</td>
</tr>
<tr>
<td>2007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>21</td>
<td>39</td>
<td>27</td>
<td>6</td>
<td>8.00</td>
</tr>
<tr>
<td>2008</td>
<td>0</td>
<td>&lt;1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>12</td>
<td>38</td>
<td>29</td>
<td>11</td>
<td>8.10</td>
</tr>
<tr>
<td>2009</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>18</td>
<td>38</td>
<td>29</td>
<td>7</td>
<td>8.00</td>
</tr>
<tr>
<td>2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>12</td>
<td>39</td>
<td>27</td>
<td>16</td>
<td>8.33</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>20</td>
<td>39</td>
<td>26</td>
<td>5</td>
<td>7.84</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>17</td>
<td>43</td>
<td>28</td>
<td>8</td>
<td>8.18</td>
</tr>
<tr>
<td>2013</td>
<td>0</td>
<td>&lt;1</td>
<td>0</td>
<td>&lt;1</td>
<td>2</td>
<td>4</td>
<td>16</td>
<td>36</td>
<td>31</td>
<td>10</td>
<td>8.18</td>
</tr>
</tbody>
</table>

1 From the graduation questionnaire of the Jefferson Longitudinal Study. Response rates ranged from 70% to 94%.