

2009

## Overview-Charles J Yeo, MD

Follow this and additional works at: <http://jdc.jefferson.edu/jss>

 Part of the [Surgery Commons](#)

[Let us know how access to this document benefits you](#)

---

### Recommended Citation

(2009) "Overview-Charles J Yeo, MD," *Jefferson Surgical Solutions*: Vol. 4 : Iss. 2 , Article 4.

Available at: <http://jdc.jefferson.edu/jss/vol4/iss2/4>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *Jefferson Surgical Solutions* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

---

## Overview-Charles J Yeo, MD

Charles J. Yeo, MD Samuel D. Gross Professor and Chair, Department of Surgery

A new, civil day!

Recently the news has been filled with examples of incivility and lack of professionalism. In Congress the representative from South Carolina shouted, “You lie!” to President Obama. The final matches of this year’s U.S. Open tennis tournament were marred by inappropriate behavior, both on the women’s and men’s side. At a recent national awards telecast, Kanye West interrupted the presentation to the winner, Taylor Swift. Is civility dead? Surveys of health care workers have pointed out that incivility, and disruptive physician behaviors, occur commonly. The resulting hostile environment erodes cooperation and commitment to high quality care. The Joint Commission has asked hospitals to develop formal and consistent ways of addressing disruptive behavior. There are articles in recent medical professional journals encouraging us to be intolerant of disruptive physician behavior.

Recently, Dr. John Moore brought to my attention the fact that the Thomas Jefferson University (TJU) Code of Conduct, and its accompanying Honor Code, had not been put in place for our faculty, but was in effect for our medical students. I am pleased to report that the Department of Surgery unanimously approved the TJU Code of Conduct and Honor Code and implemented it as a departmental policy.

We feel strongly that disruptive behavior, incivility, and unprofessional behavior, should not be tolerated. We recognize that faculty behaviors influence others, and we wish to serve as positive role models. We condone neither horizontal violence nor vertical violence, and recognize the impact of such behaviors on physical aspects of living, self-esteem, and self-confidence. My thanks go to Dr. Moore and the faculty, residents, fellows, and staff of our department. We have embarked upon a new day. A new civil day!

## Overview



## Charles J. Yeo, MD

Samuel D. Gross Professor and  
Chair, Department of Surgery

### A new, civil day!

Recently the news has been filled with examples of incivility and lack of professionalism. In Congress the representative from South Carolina shouted, "You lie!" to President Obama. The final matches of this year's U.S. Open tennis tournament were marred by inappropriate behavior, both on the women's and men's side. At a recent national awards telecast, Kanye West interrupted the presentation to the winner, Taylor Swift. Is civility dead?

Surveys of health care workers have pointed out that incivility, and disruptive physician behaviors, occur commonly. The resulting hostile environment erodes cooperation and commitment to high quality care. The Joint Commission has asked hospitals to develop formal and consistent ways of addressing disruptive behavior. There are articles in recent medical professional journals encouraging us to be intolerant of disruptive physician behavior.

Recently, Dr. John Moore brought to my attention the fact that the Thomas Jefferson University (TJU) Code of Conduct, and its accompanying Honor Code, had not been put in place for our faculty, but was in effect for our medical students. I am pleased to report that the Department of Surgery unanimously approved the TJU Code of Conduct and Honor Code and implemented it as a departmental policy.

We feel strongly that disruptive behavior, incivility, and unprofessional behavior, should not be tolerated. We recognize that faculty behaviors influence others, and we wish to serve as positive role models. We condone neither horizontal violence nor vertical violence, and recognize the impact of such behaviors on physical aspects of living, self-esteem, and self-confidence.

My thanks go to Dr. Moore and the faculty, residents, fellows, and staff of our department. We have embarked upon a new day. A new civil day!

## Clinical Integration



**Program Director, Scott Silvestry, MD, along with Drs. Linda Bogar, Hitoshe Hirose, and Michel Haddad (not shown) comprise the surgical component of Jefferson's Mechanical Circulatory Support Program.**

# Ventricular Assist Device Program Gains Prestigious Accreditation

A mandate in spring of 2009 by the Centers for Medicare & Medicaid Services (CMS) ruled that only CMS-certified centers would be eligible for reimbursement under Medicare for Ventricular Assist Device (VAD) implantation. The CMS visited in July, and Jefferson was accredited as of August 11, 2009.

"This ensures that we are able to offer our first-rate care to the widest possible patient population," says Director of the Mechanical Circulatory Support Program Scott Silvestry, MD, "which is critical to our mission as an academic medical center."

During the CMS two-day visit, the auditor had what Dr. Silvestry describes as "an extremely favorable impression of the multidisciplinary and collaborative spirit between the surgical and medical teams." VAD Coordinator Barbara Ebert, CRNP, is instrumental in managing care and assuring consistency across the entire process. "These patients are extremely labor-intensive for caregivers—even more so after the LVAD implant," Dr. Silvestry notes. "They require constant monitoring and evaluation. Multidisciplinary collaborative care is essential to good outcomes for all of our patients." He adds that the Departments of Pharmacy, Physical and Occupational Therapy, and Nursing, as well as students and fellows, have been active collaborators, from the organ harvest process, to

echocardiograms, to post-operative care in the Intensive Care Unit (ICU) and Heart Failure Unit (at 5 West in the Gibbon Building).

VAD technology shows a significant and sustainable benefit for patients with heart failure who are not candidates for a heart

transplant. "The reality is that few patients are eligible for transplants," Dr. Silvestry says. For some patients who are candidates, the wait time may exceed 200 days. "VADs, including experimental therapies such as the Jarvik Heart, can get them through this potentially long wait to transplant.

Under the leadership of James Diehl, MD, Director of the Cardiothoracic Surgery Division, the Cardiac Surgery Program as a whole has expanded greatly over the last six years and recruited several excellent surgeons. Linda Bogar, MD, who was recruited five years ago, has now taken on a more senior role, which includes mentoring the more junior surgeons as well as performing a number of heart transplants and VAD procedures on her own. Benjamin Youdelman, MD, has now been on staff for two years. His practice, based primarily at Einstein Hospital, specializes in endovascular and thoracic aortic surgery, valve repair and replacement. Michel Haddad, MD, who joined Jefferson in 2008, is acting Director of the Surgical Cardiac Care Unit. With a wealth of experience in intensive care of cardiac surgery patients, Dr. Haddad splits his time between the operating room and the ICU. Finally, Hitoshi Hirose, MD, who recently completed fellowships at Hahnemann and Jefferson, joined the faculty last August which further increases the program's capacity to care for complex cardiac patients.

## Please Welcome

### MEET OUR SURGICAL INTERNS

Jefferson surgeons are currently assisted by an exceptional group of categorical interns, half of them Jefferson Medical College graduates. These doctors, who recently matched with Jefferson, started on June 20, 2009 (l to r):

**Katrina Harper, MD**  
Georgetown University

**Kathleen Lamb, MD**  
Jefferson Medical College

**Carrie Houssock, MD**  
Jefferson Medical College

**Jose Munoz, MD**  
UMDNJ/New Jersey Medical School

**Renee Tholey, MD**  
Jefferson Medical College

**Konrad Sarosiek, MD**  
Drexel University



Dr. Houssock, who was a preliminary intern last year, is now joining the PGY2 class. We are also pleased to welcome back another Jefferson Medical College graduate, Erika Davis, MD, as a preliminary intern in General Surgery.