QUARTERLY

For Students, Faculty, Alumni and Friends of University of Wisconsin School of Medicine and Public Health

Constructing the Future

Wisconsin Institutes for Medical Research

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QUARTERLY
The Magazine for Students, Faculty, Alumni and Friends of University of Wisconsin School of Medicine and Public Health

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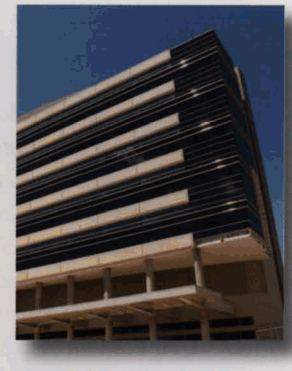

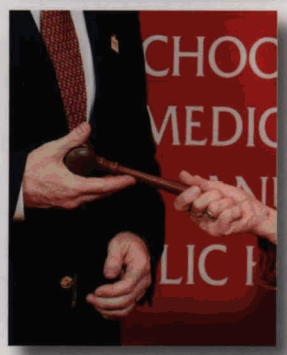

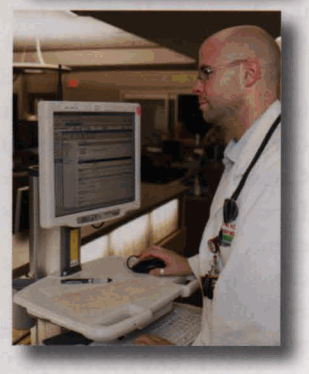

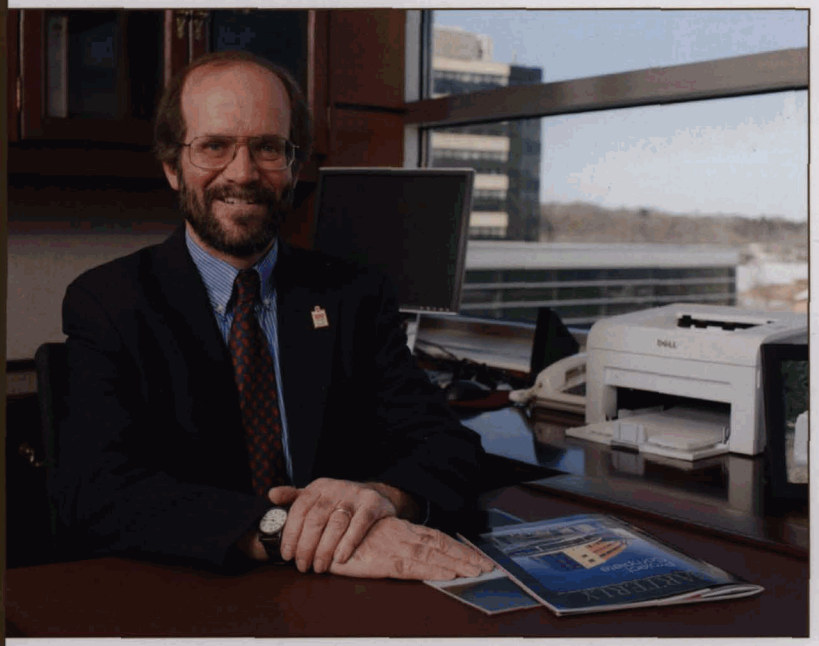

Robert Golden, MD
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison

People are the most important component of any institution, especially a school of medicine and public health. Faculty, staff, students, alumni—together they form the basis of what makes us an extended family. But even though people are the most important component, facilities also play an essential role. In fact, throughout the history of our school, the development of adequate facilities has been a rate-limiting step in our capacity to move forward.

Not until the completion of Wisconsin General Hospital in 1926 were we able to transform our school from a partial two-year program to a complete four-year program that included the essential clinical training years. The construction of the Clinical Sciences Center in 1979 allowed us to move forward with a modern up-to-date facility that dramatically affected the nature of our medical student as well as post-graduate clinical training programs. And certainly the creation of the beautiful Health Sciences Learning Center in 2004 was another landmark for the school; it has provided a technologically advanced learning environment for all of our health science students.

We now are poised to undergo another physical transformation. As the first institution to bring together the power of basic biomedical, clinical and population health sciences, we require state-of-the-art facilities for each of these elements as we combine them into a cohesive whole.

For many years our basic science research facilities have been terribly outdated. And as our educational and clinical training programs have moved to west campus, we have left behind faculty and staff of many of our basic science programs. We now must integrate them into our clinical and public health initiatives.

Thus, it will be a true pleasure to celebrate in early September the dedication of the first of the three towers that will constitute the Wisconsin Institutes for Medical Research, or WIMR.

The first tower will be home to the UW Paul P. Carbone Comprehensive Cancer Center. In early June, at a wonderful gala event, we launched a critically important and ambitious capital campaign to move forward with the construction of the second tower, which will be devoted to cardiovascular medicine, neuroscience and regenerative medicine.

Completion of this second building will allow us to welcome back the basic science faculty and staff who remain in the old University Hospital and other antiquated physical plants. The spirit of "medimorphosis" that we celebrated at the June gala truly captures the essence of what this campaign is all about. Our focus is not simply on a building *per se*, but rather an actual reunification of basic sciences with our other vital elements.

At the end of this WIMR campaign—and the completion of the construction of the buildings it will enable—we will have one of the most spectacular academic health campuses in the country. What will make it so special will be the location of outstanding basic scientists just down the hallway from doctors, nurses and other healthcare professionals—and patients they care for. All of this will occur within the same environment in which clinical training takes place. This proximity will allow us to take full advantage of the wonderful synergies that arise when discovery, education and service all come together in one location.

Greetings, medical alumni! It's hard to believe another academic year has passed. And so has another two-year term for the Wisconsin Medical Alumni Association (WMAA) president. I would like to take this opportunity to thank Sandy Osborn ('70) for her wonderful efforts as our president during the 2006-08 term. Under Sandy's excellent leadership, the WMAA has accomplished many of its goals. Sandy's well-known devotion to our organization and her commitment to our medical students have been outstanding.

The spring semester was filled with many events and activities for alumni and students. During Alumni Weekend, we honored the Class of 1958, recognized many award recipients and celebrated five class reunions. It was heartwarming to see so many alumni come together to reminisce and enjoy the weekend.

Alumni also had the opportunity to tour the Health Sciences Learning Center and the new American Family Children's Hospital. The article and photos beginning on page 36 tell the story beautifully.

The Class of 2008 enjoyed a spectacular graduation day this spring. It began with a recognition ceremony at the Memorial Union Theater and ended with a grand celebration at the Monona Terrace Convention Center for nearly 1,000 guests. The event, covered on pages 18-21, was co-sponsored by the medical school and the alumni association.

Now we look to fall with great enthusiasm and new leadership! I welcome John Kryger ('92) as the new WMAA president for the 2008-10 term. To learn more about John, I invite you to read the story on page 12. John's support of medical students is extraordinary. As chair of the WMAA student participation committee, he has helped us continue to build programs for medical students. He has an innate ability to engage alumni of all generations—and involvement of alumni and students is key to the success of our organization. John will pave the way.

The WMAA staff is busy planning many exciting gatherings for the fall. We eagerly look forward to seeing you at the following special events.

Fall Reunions

Plans are being made for reunions for the classes of 1973, 1978, 1983, 1988, 1993, 1998 and 2003. Class representatives for these classes have made the decision to celebrate in the fall in conjunction with Homecoming. The date will be either October 24 or 25; class reps will soon be sending you details.

Homecoming

The WMAA will host its annual tailgate the morning of October 25 at Union South before the Wisconsin vs. Illinois football game. Tickets for medical alumni will be available through the WMAA office. Priority will be given to WMAA and Middleton Society members and class reunion attendees.

UWHC Resident Event

The WMAA will host a tailgate party for residents on November 15 prior to the Wisconsin vs. Minnesota football game. The WMAA board of directors and I look forward to building our relationships with the UW Hospital and Clinics house staff.

Winter Event

And, do I dare mention winter here in the Midwest? Our Winter Event promises to be a fantastic remedy for the winter blues. Mark your calendars! We will gather at Lambeau Field in Green Bay on Friday evening, March 6. Stay tuned for more information....

Karen Peterson
WMAA Executive Director

As always, please feel free to contact me with your ideas, issues and even concerns. I can be reached by e-mail at kspeters@wisc.edu, phone at (608) 263-4913 or by postal service at Karen S. Peterson, Assistant Dean for Alumni/External Relations and Director, Wisconsin Medical Alumni Association, 750 Highland Avenue, Madison, WI 53705.

I look forward to hearing from you!

Wisconsin Institutes for Medical Research

Set to Find A Place in History

by Merry Anderson

If the panoramic views from the seventh floor of the Wisconsin Institutes for Medical Research (WIMR) were any kind of metaphor, the future of interdisciplinary research at the University of Wisconsin School of Medicine and Public Health (SMPH) is clear and limitless. Guests at an evening reception on Friday, June 6, 2008, were invited for a preview of the first of three planned WIMR towers, which will open formally in September.

Initially named the Interdisciplinary Research Complex, WIMR is designed to be what Dean Robert Golden, MD, described as "the key to transforming the School of Medicine and Public Health into perhaps the most advanced and integrated basic science-clinical science-population health science facility in the country."

WIMR ultimately will be home to interdisciplinary research in cancer, cardiovascular medicine, the neurosciences and regenerative medicine—areas that cover nearly every disease and condition.

The opening of WIMR, Golden added, signals "the new way of advancing, through discovery, the practice of medicine and the promotion of health. It marks a 'medimorphosis.'"

Golden explained that the word "medimorphosis" was coined to convey the idea that scientists who have the opportunity to pursue research in the laboratory, then translate their findings to the clinical setting and ultimately to populations and communities, thus have the ability to transform lives, turning hope into health. Because ours is the only school in the nation that integrates medicine and public health, Golden continued, this transformation is one of the SMPH's core missions.

Medimorphosis also is the theme of the major effort the school has launched to invite private support for the towers. With the $182 million east tower nearing completion, fundraising will now focus on the center and west towers of the $616 million complex. WIMR is funded with a combination of private gifts and state support.

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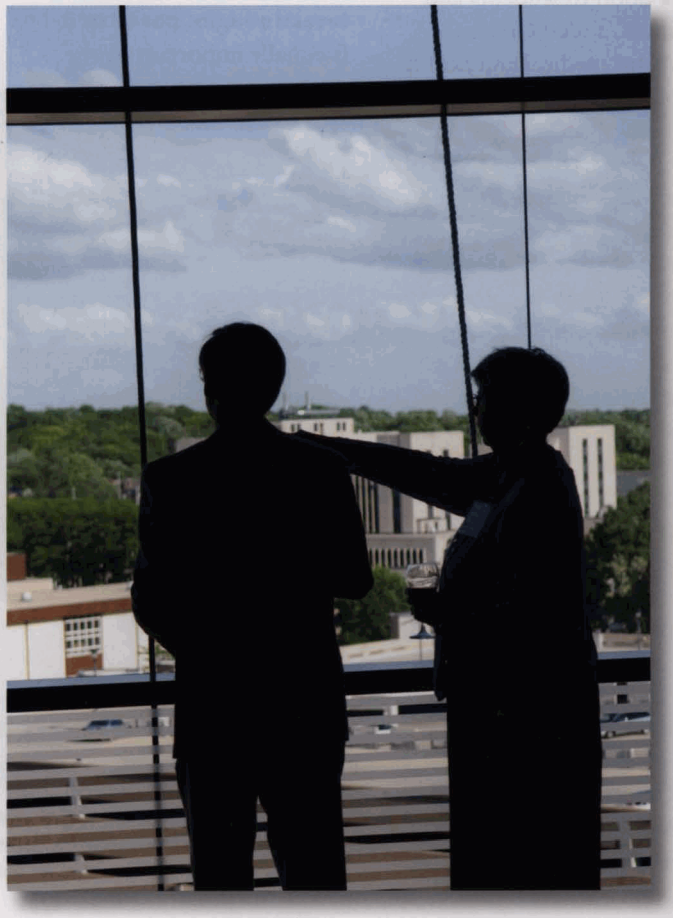


With the completion of the first WIMR tower, at left, the school has turned its attention to a capital campaign that will allow it to move forward with construction of the second tower.

The Wisconsin Institutes for Medical Research (WIMR) is an ambitious three-phase project that will be the centerpiece of interdisciplinary research at the UW School of Medicine and Public Health. Located in the midst of one of the most vibrant health sciences campuses in the country, WIMR will allow basic scientists and clinicians to collaborate in unprecedented ways as they strive to improve patient care.

Formal completion of the first phase—the eastern-most tower and the base of the middle tower—will take place on September 4, 2008. The tower will contain the headquarters of the UW Paul P. Carbone Comprehensive Cancer Center. Entire floors will be dedicated to prostate cancer and breast cancer, and hematologic and pediatric oncology. Imaging sciences will also be featured in this tower, with medical physics occupying the lower level and radiology occupying level one.

Phase two will see the completion of floors three through nine of the center tower. Here researchers will concentrate on cardiovascular medicine, neurosciences and molecular medicine. With the completion of this tower, expected in 2011, most laboratories now located at the Medical Sciences Center will move to west campus.

The final phase will be the construction of the west tower. This will unite SMPH investigators and those with similar interests who are based at other schools on campus. Translational research will be the focus in this tower, which will facilitate technology transfer in the biomedical areas.

At a gala celebration in June, Dean Robert Golden announced "Medimorphosis—Medical Research Turning Hope into Health," a $500 million campaign to fund the second and third towers of WIMR.

The emerging physical geography of the west end of UW-Madison supports both interdisciplinary learning as well as "bench to bedside to community research." This health sciences neighborhood of campus includes the Schools of Pharmacy, Nursing and Veterinary Medicine, UW Hospital and Clinics, American Family Children's Hospital, the Waisman Center, the William S. Middleton Memorial Veterans Hospital and, nearby, the Colleges of Engineering and Agriculture and Life Sciences.

Once WIMR is completed, Golden noted in his speech, it will be "a mere stone's throw from the ultimate beneficiaries of scientists' work—our patients and the clinicians who serve them."

The blossoming health sciences campus also will be a boon to students and trainees, added Golden.

"Our medical and health professions students will be embedded in the same complex, so not only will they learn the current state of the art, they will witness, first-hand, the discovery process and the future of medical care as it is unfolding."

David Maraniss, Pulitzer Prize-winning author and associate editor at *The Washington Post,* was the evening's featured speaker. Son of the late *Capital Times* editor Elliott Maraniss, he attended the UW-Madison during the turbulent 1960s. He drew on these years for his book *They Marched Into Sunlight*, which contrasts events occurring on two days in October 1967, on both the UW-Madison campus and the battlefields of Vietnam.

Maraniss won the Pulitzer Prize in 1993 for his articles produced during the 1992 presidential campaign. His reporting was the basis for the best-selling biography *First in His Class*, considered by many to be the definitive work on the pre-presidential Bill Clinton.

Maraniss sees many similarities between journalistic and medical research. In commenting on the WIMR event he said, "The foundation of my work as a nonfiction writer is deep research. Sometimes it leads to dead ends and sometimes it leads to unexpected revelations and breakthroughs, but all of it is equally important to the quality of my books.

"The advancement of medicine relies on research in much the same way, though with immensely greater consequences," he continued. "We've benefitted from that research in my own family, with the new treatments for breast cancer that my wife, Linda, received at the University of Wisconsin Hospital, so I can't think of anything more important and exciting than what's going on at the Wisconsin Institutes for Medical Research."

At the WIMR celebration, Maraniss also directed his comments to his two sports biographies. In *When Pride Still Mattered*, his 1999 book on Green Bay Packer coach Vince Lombardi, Maraniss' meticulous research

UW cardiologist Matthew Wolff (right) visited with Pulitzer Prize-winning author David Maraniss, the evening's featured guest speaker. Maraniss thanked the assembled medical professionals for exemplifying the ideals of Roberto Clemente, the subject of one of his books.

became the basis of a story that transcends sports and takes its place as one of the great studies of patience, perseverance and drive.

Clemente: The Passion and Grace of Baseball's Last Hero offers a perspective on cultural and racial discrimination in the United States during the 1950s and '60s. A gifted athlete who happened to be both Black and Latino, Roberto Clemente never lost his compassion for people, despite private anger and frustration. He was killed in a plane crash while taking supplies to earthquake victims in Nicaragua.

Maraniss prefaced his remarks by noting that in his writing he was drawn to Lombardi because of the coach's iconic status for most Wisconsinites of a certain age and to Clemente for not only the baseball stardom he admired as a young boy but also the athlete's notable commitment to helping disadvantaged people.

The connection between the future of medical teaching, research and practice and the lives of the two flawed but, in retrospect, heroic characters Maraniss wrote about lies in a combination of talent and determination to be in the right place at the right time and under the right circumstances to change history.

Maraniss concluded with this quote from Clemente: "If you have a chance to accomplish something that will make things better for people coming behind you, and you don't do that, you are wasting your time on this earth."

Maraniss thanked the medical professionals working at UW-Madison and the School of Medicine and Public Health for exemplifying the ideals of his personal hero. Q

The school will celebrate the grand opening of the first WIMR tower, at left, on September 4, 2008. Construction on the center tower, dedicated to cardiovascular medicine, neurosciences and molecular medicine, is scheduled to be completed in 2011.

When the School of Medicine and Public Health became the only medical school in the country to include "public health" in its name, the change marked the beginning of a fundamental transformation.

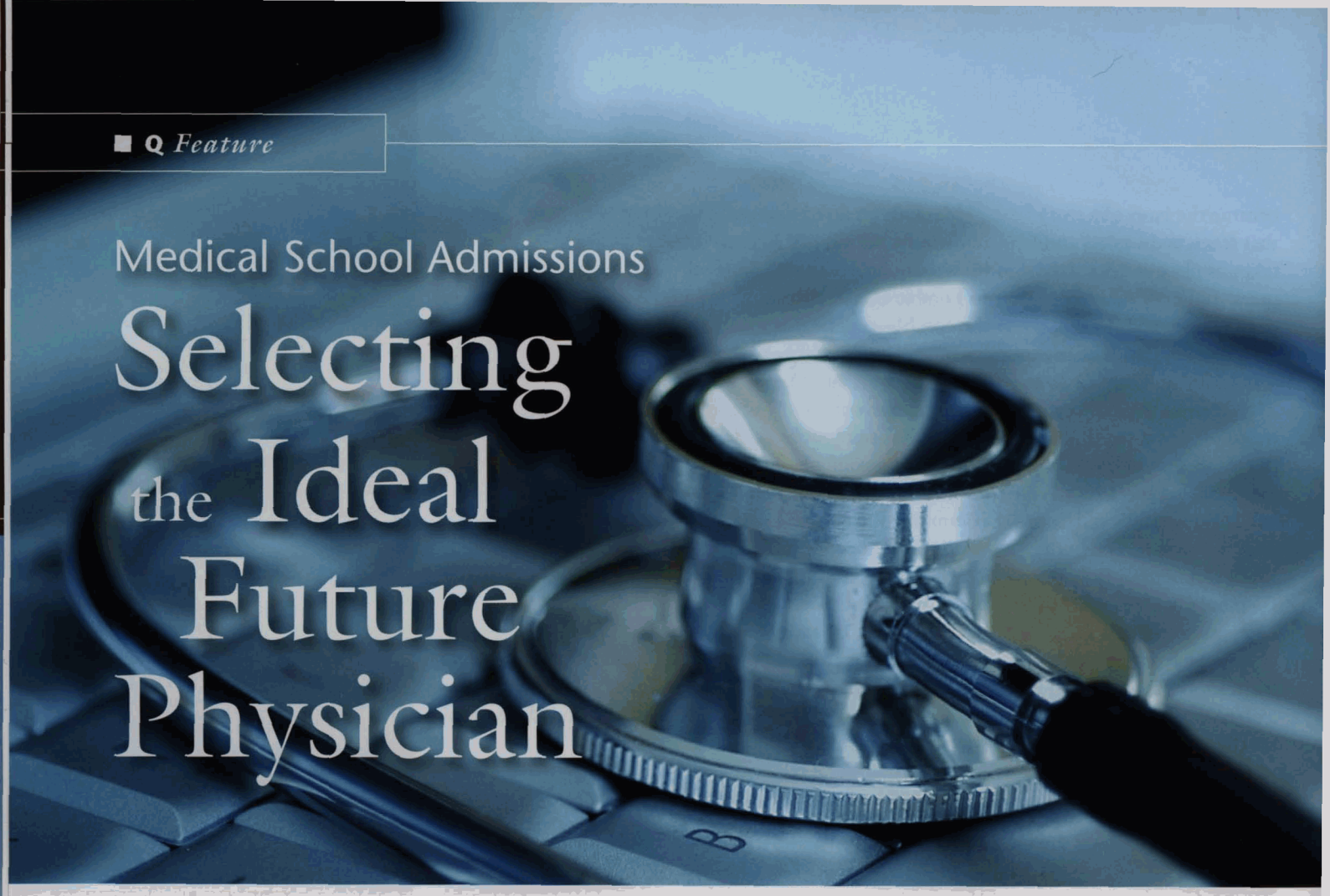
The overarching vision is to build a new and better infrastructure for both the promotion of health and the prevention, diagnosis and treatment of disease, not only for the citizens of Wisconsin, but also for the people of the world.

On June 6, 2008, at a gala celebration, the school's dean, Robert Golden, MD, announced a "Medimorphosis—Medical Research Turning Hope into Health," the $500 million major gift campaign that will result in the Wisconsin Institutes for Medical Research (WIMR). The six-year campaign will leverage private support with support from the State of Wisconsin and the federal government.

The key priority of the campaign is construction of the three research towers that collectively comprise WIMR. The towers will replace outdated facilities on central campus with an environment that greatly enhances collaboration and interdisciplinary interactions, pushing new knowledge from bench to bedside and, ultimately, on to communities.

The Oscar Rennebohm Foundation and GE Healthcare-Milwaukee each provided gifts of $15 million to support construction of the first tower. Many naming opportunities remain.

Those who may be interested in learning more about the new WIMR campaign, or in supporting it, should contact Barb McCarthy, 608-265-5891, or <barb.mccarthy@uwfoundation.wisc.edu> at the University of Wisconsin Foundation, 1848 University Avenue, Madison, Wisconsin 53726.



Medical School Admissions

Selecting the Ideal Future Physician

by Dian Land

On May 8, 2008, the American Medical College Application Service (AMCAS) computers were poised for the flurry of activity that was sure to come. It was the first day AMCAS made online applications available to college students and others seeking entrance into medical school in fall 2009. With the tap of a button, thousands of eager applicants took the first required step in the arduous, highly competitive process of getting into medical school.

If patterns continue as expected, AMCAS will hear from more than 44,000 applicants over the next five months, with each applicant applying to an average of 10 medical schools. As in years past, though, many more than half of the applicants will be denied admission in this cycle because the 129 accredited U.S. medical schools have openings for only approximately 17,000 students.

As the central collection spot for all "primary" applications, AMCAS assembles and verifies applicants' college transcripts, calculates grade point averages, attaches results from the Medical College Admission Test (MCAT) and then electronically forwards that uniform information to the designated medical schools. Each school then follows its own procedures, reviewing the applications and making final decisions.

Rising Numbers

At the University of Wisconsin School of Medicine and Public Health (SMPH), officials in the admissions office are anticipating well more than 3,300 primary applications, the amount they received last year. Compared to 2007, the SMPH's application numbers remained even in 2008, mirroring the national trend, but overall they have risen steadily in the past six years. In 2001, the school received 1,985 AMCAS applications.

Applications had dropped somewhat during the 1990s, when jobs in the high-technology industry lured away many college graduates. But once that excitement died, interest in medical careers skyrocketed. The American Association of Medical Colleges (AAMC) added an additional stimulus five years ago when it called on all medical schools to increase class sizes to address an anticipated physician workforce shortage. The

predicted national crunch is expected to occur as the first Baby Boomers reach age 70 in 2015.

"There's been a significant response by medical schools to the AAMC's request," says Lucy Wall, MA, assistant dean for admissions at the SMPH. "Ours has been to create the Wisconsin Academy for Rural Medicine, or WARM, an MD training program for students who are committed to practicing in rural and underserved Wisconsin communities."

The plan is to gradually increase WARM enrollments each year so that by 2015, 25 WARM students will graduate each year. This will increase class size from 150 to 175 students, explains Wall.

Serious Responsibility

But before selected applicants even matriculate in 2008, the SMPH admissions committee begins its work for 2009. It's a major time commitment and a responsibility that's taken very seriously, says Wall.

"Committee members work hard," she says. "They are advocates for the applicants. They respect them a great deal and want to support them in every way possible."

"Applicants are passionate about getting into medical school. They are deeply invested in this process, and so are we."

In addition to the 20-person main admissions committee—consisting of faculty members who are clinicians and basic scientists, a member of the community and two medical students—three sub-committees exist to review applications from out-of-state applicants, from those interested in the WARM program as well as applicants to the Medical Scientist Training Program, which leads to the MD/PhD. The sub-committees make recommendations to the main committee, which has the final say on all decisions.

Paul Bertics, PhD, an SMPH professor of biomolecular chemistry who has chaired the committee for the past eight years and served on it as a member for 10 years previously, embraces the opportunity.

"This is an important activity for the school, and it's an honor to serve on this committee," says Bertics, an award-winning teacher and a leader of the cancer cell biology program at the UW Paul P. Carbone Comprehensive Cancer Center. "In addition to helping make decisions about shaping the class, learning about the applicants enriches my abilities to interact with them and teach them the next year. I also learn a lot from—and about—my colleagues in our discussions over the applications."

In addition to the extensive committee work, Bertics meets weekly with small groups of prospective students to give them thumbnail descriptions of what's to come while Wall's weeks are filled with one-on-one conferences with students seeking further explanation of the process and wanting to discuss their future applications.

"Applicants are passionate about getting into medical school," Wall says. "They are deeply invested in this process, and so are we."

Thoroughly Vetted

With the AMCAS primary applications in hand, the admissions office builds "secondary" application files consisting of students' essays and

Lucy Wall, SMPH assistant dean for admissions, regularly meets one-on-one with students seeking explanations about the admissions process and wanting to discuss their applications.

letters of recommendation. The committee then takes a preliminary look at each application and decides whom to invite to campus for interviews. Last year, 450 were asked to come.

These well-groomed and suited prospective students are conspicuous on casual Fridays as they walk through the Health Sciences Learning Center to their interviews. Each meets with a faculty member for a half hour, and then groups of four of them meet with two current medical students. These interviews, with people who are not members of the admissions committee, provide additional objective information to include in each application file.

All the information is finally pulled together, viewable online in a sophisticated format for committee members to access easily and confidentially. Bertics and the other committee members then spend hours individually poring over every piece of information before they gather around a table to discuss each applicant's strengths and weaknesses.

"Our conversations are robust and enthusiastic," says Bertics of the two-and-a-half- to three-hour discussions, which occur some 30 times a year. "People are not shy. Different committee members will bring attention to distinct aspects of each application."

The SMPH is a leader when it comes to holistic review. Members of the admissions committee look at all facets of the applicant—academic as well as non-academic.

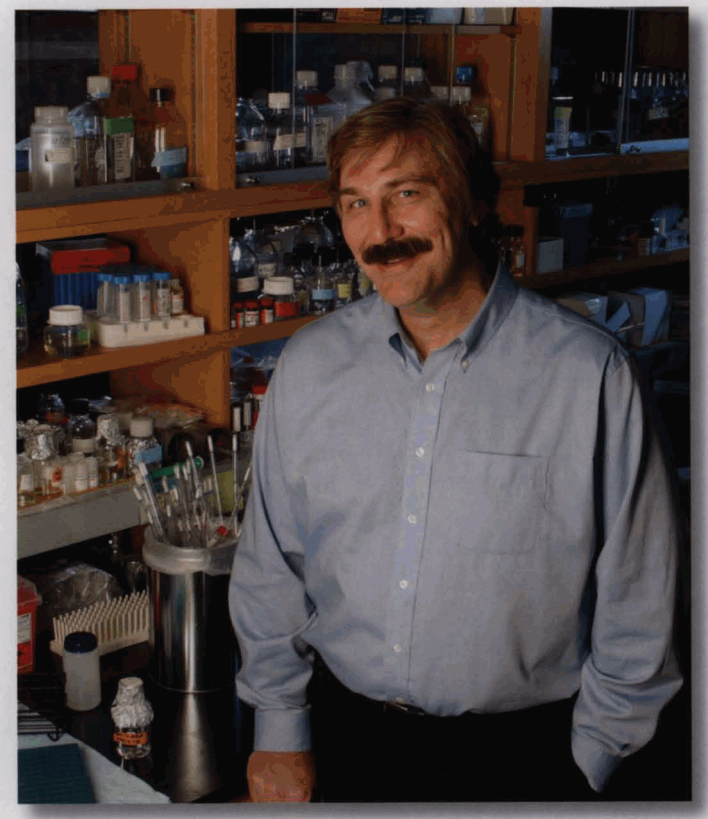
A task force convened two years ago resulted in an updated, well-articulated set of guidelines that helps reviewers be more mindful of all aspects of the applicants that may be relevant—academic as well as non-academic.

"The guidelines provide a very clear set of standards outlining the qualities necessary to be an outstanding physician," says Wall, "and that helps the committee as it strives for consistency in the selection process."

Holistic View

The SMPH stands out among medical schools for its practice of obtaining as detailed and rich an assessment of each applicant as possible.

"We are a leader when it comes to holistic review—looking at all facets of the person," Wall says. "It's been part of our selection process for a long time and recently we've put even more emphasis on it."



Paul Bertics, an award-winning teacher and researcher at the school, has chaired the admissions committee for the past eight years.

Indeed, Susan Skochelak, MD, MPH, senior associate dean for academic affairs at the school, was invited not long ago to chair an AAMC committee to develop guidelines for holistic review. Leaders from the AAMC came to the SMPH two years ago to conduct workshops, and the UW MD program has since formally embraced the concept.

Bertics has seen the shifting emphasis over the years.

"For so long, the general sentiment among applicants had been that it's a numbers game, that you had to have a great GPA and super-strong MCAT scores," he says. "And there's no denying that you need strong academic talents to complete medical school and to pass the various steps of the national board examinations. It would be a disservice to students if we didn't pay attention to the academic record."

But academics are only one component of the analysis, he says.

In every page of the electronic packet, the admissions committee also looks for evidence of applicants' personality traits, their ability to communicate

well with others, their life-enriching experiences, leadership skills, research accomplishments, community service and any adversity they may have faced.

The reviewers want to know if the applicants may be returning students turning to a new career, if they have poured themselves into some creative endeavor, how they may have demonstrated that they are interested in providing service to others and if they've gone outside their comfort zones.

Having realistic perceptions about, or insights into, medicine and patient care is also an important consideration, adds Wall.

"Career advisors tell us that students are most successful when they have a clear understanding of what lies ahead," she says. "What do they know about what they want to do? Where do their goals come from?"

To assess this, the committee looks to see if applicants have worked at healthcare facilities, have ever been a patient, or perhaps had a parent who has been employed in healthcare.

Taken together, these things reveal qualities that are vitally important in medicine today, says Wall.

"They are very strong indicators of how well students will relate to classmates, faculty members, other members of the healthcare team and patients," she says.

Broad Diversity

Looking at applicants holistically also allows the admissions committee to focus on diversity in an expansive way.

"When we think about diversity, it's more than race and ethnicity," says Bertics. "It can include socioeconomic background, education, the fact that the applicant may have been the first in the family to go to college, or that he or she may have had enriching interactions with different kinds of people."

The committee seeks individuals who can bring unique perspectives to the class as a whole, he says.

"Such individuals can enhance the learning experiences of their classmates who might not have been exposed to different perspectives through their own endeavors, or books or TV," he says. "It's a whole other thing to have someone in class who can talk directly to you about these things."

Class diversity also includes students with different desires for their future practices.

"We strive to have a class consisting of individuals who would be outstanding in a wide variety of medical areas, be it primary care medicine, research or public health," says Bertics. "People with clearly defined interests can be wonderful in increasing the overall richness of the class." And this, in turn, can influence individual class members.

Wall suggests imagining the ideal physician each of us would want.

"You want someone who is caring, who can communicate easily with you, who is knowledgeable," she says. "You would like someone who has a sense of the world, a sense of who you are, a sense of their own limitations. That's the kind of people we're looking for."

Finding them involves an elaborate, time-consuming, thoughtful and careful process, one that is ever evolving. But the work is critical. Choosing the next class of SMPH medical students is an integral component of producing the next generation of physicians and renewing the medical profession. Q

Profile of the Class Of 2010

In the class of 150 students, 52 percent were males and 48 percent females. Ages ranged from 18 to 37.

Students' undergraduate majors included biology/zoology, biochemistry, molecular biology, fine arts, psychology, engineering, philosophy, political science, religion, computer science and education.

Fifty-six percent of the class earned undergraduate degrees at UW-Madison; 6 percent at other UW system universities. Additional schools included University of California-Berkeley, Air Force Academy, University of Georgia, University of Illinois-Chicago, University of Kansas, Carleton College and Massachusetts Institute of Technology.

The class demonstrated high academic performance. The mean science GPA was 3.70 and the mean cumulative GPA was 3.74. MCAT scores averaged 31.4, with 9.9 for verbal reasoning, 10.5 for physical science and 11.0 for biological science.

Class members worked at an array of jobs: nursing assistant, teaching assistant, emergency medical technician, research assistant, pharmacy technician, physical therapy aide, lifeguard, resident assistant and office coordinator.

They have provided much service to others, as a: Big Brother/Big Sister, hospital volunteer, tutor, AIDS home volunteer, Habitat for Humanity worker, soup kitchen volunteer, infant/toddler childcare teacher, family literacy volunteer and scout leader.

Members of the class have had many hobbies: music (harp, piano, bass guitar, voice), martial arts, flying, newspaper photography, marathon running, writing, history and intercollegiate athletics (football, crew, rugby, ski team).

They have received many awards and honors: Eagle scout, Presidential Scholar, Charles Hart Award for poetry, Hilldale Undergraduate Research Award, Dean's List, Iron Cross Society (leadership and service in the community), Olympian (swimming), Multiculturalism Award.

Kryger Is New WMAA Leader

by Maggie Rossiter Peterman

One of the nation's "Top Docs" is now at the helm of the Wisconsin Medical Alumni Association (WMAA).

John V. Kryger, MD '92, director of pediatric urology at the American Family Children's Hospital and an associate professor of surgery at the University of Wisconsin School of Medicine and Public Health, is the new president of the alumni organization consisting of nearly 11,000 members.

Kryger, who is among the physicians selected for inclusion on the *Best Doctors in America* list since 2005, will serve a two-year term. He specializes in neonatal and pediatric urology.

"This medical school is reaching heights we've never seen before, and I want the WMAA to be an active part of this evolution," he says. "I want to step up to the plate and play a role in making the school a better place."

Kryger points to the new state-of-the-art $78 million American Family Children's Hospital, which opened last summer, and the Health Sciences Learning Center (HSLC), which opened in 2004, as exciting projects that are leading the way to making the medical campus a world-class place.

The progress on the new Wisconsin Institutes for Medical Research (WIMR) adjacent to UW Hospital and Clinics is another exciting development. Previously known as the Interdisciplinary Research Complex, WIMR will bring researchers and clinicians in closer proximity to each other to rapidly advance medical care.

Kryger's own research interests revolve around the effects of environmental toxins on male reproductive tract development and clinical outcomes of hypospadias repairs and urologic management of children with neurologic disorders like spina bifida, spinal cord injury, cerebral palsy and others.

"It's an important time here on our health sciences campus, with so many projects going on," he says. "It's a great opportunity for me to get alumni to be more engaged."

Well acquainted with the UW-Madison campus, Kryger earned a bachelor's degree in biochemistry, graduated in 1992 from the medical school and then completed his internship and residency at UW Hospital and Clinics. He has spent nearly a decade as an SMPH faculty member since completing a two-year fellowship at Children's Hospital of Michigan in Detroit.

Kryger estimates he averages a 65-hour workweek at the hospital with various duties that involve patient care, resident and medical student instruction, research and administration. He is also director of the urology residency program.

"I still take work home at night," he says. "Yet you can contribute in spite of a very busy academic schedule."

Living in Madison gives him direct access to students, residents and a high concentration of alumni, which he likes.

The oldest of four children, Kryger grew up in Pulaski, Wisconsin, a small town of about 3,000 residents northwest of Green Bay.

He married his wife, Lynn, a former surgical scrub nurse, in 1996. They live with a pair of black Labrador retrievers, Bear and Luke, and have season tickets to Badger football and hockey games. He enjoys time at their cottage on Lake Mendota, and still tries to water-ski on occasion.

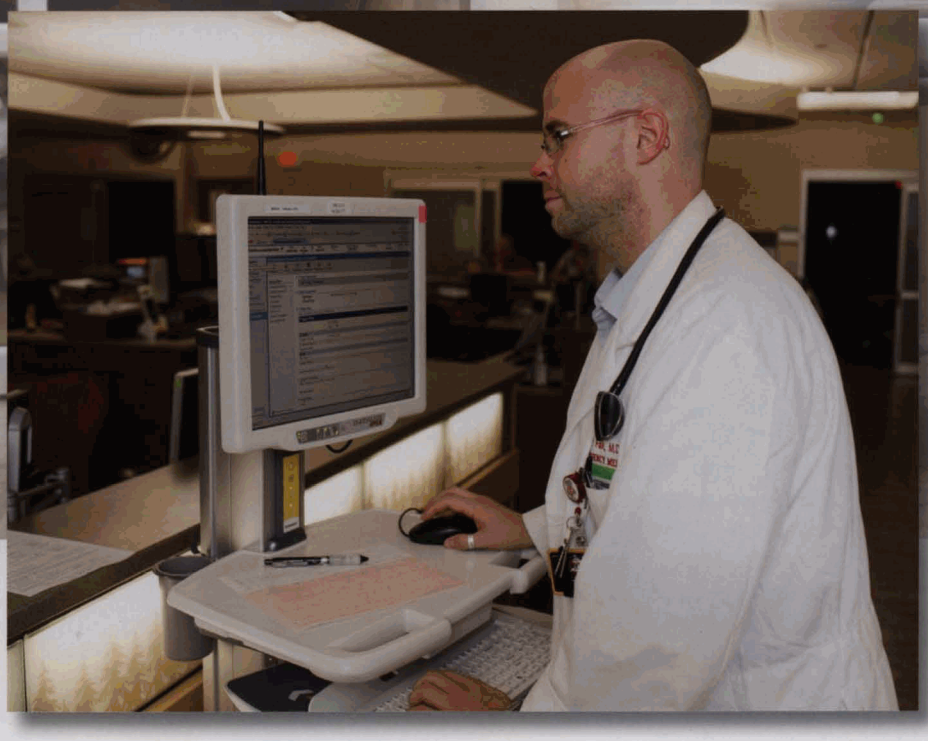
Sitting on his nightstand is the book *Truck: A Love Story* by Wisconsin native writer Michael Perry.

Kryger also recently read Perry's first book, *Population 485: Meeting Your Neighbors One Siren at a Time*, a story about the author's life as an emergency medical technician

—Continued on page 48

Electronic Health Records

Transforming the Delivery of Patient Care



Emergency physician Peter Falk entered patient orders on a mobile workstation using the new Health Link electronic health record.

by Kris Whitman

Siren blaring, an ambulance approached the Emergency Department (ED) at University of Wisconsin Hospital and Clinics (UWHC). As technicians whisked the patient indoors and quickly shared critical details, emergency physician Peter Falk, MD '04, grabbed a mobile computer and began typing the patient's information into the department's new electronic health record (EHR).

The highly secure system, called UW Health Link, replaces paper charts with one robust system that digitally captures the full patient care experience, including registration, clinical documentation and orders, as well as discharge instructions and printed prescriptions.

"Virtually all ED patient information is available immediately, whenever and wherever it is needed across UW Health," says Dina Geier, ED business operations manager and the lead clinical representative on the unit's EHR implementation team. The team configured software created by Epic Systems of Verona, Wisconsin, a national leader in the emerging EHR field that is transforming the delivery of patient care.

The ED implementation is part of an enormous five-year effort throughout UW Health to create an EHR for all patient care encompassing primary care and specialty clinic visits and hospital encounters (see sidebar on page 15).

Quicker and Safer

Incorporating multiple features that enhance patient safety and quality of care—such as automatic checks for medication interactions—the system ensures that patient information is entered once, accurately and completely, using common, consistent terminology. It eliminates the need for patients to repeat information and reduces communication errors because one patient health record is available

electronically wherever care is provided within UW Health. It also allows physicians, nurses and other providers to rapidly enter orders for laboratory tests, procedures, IV fluids and medications using a mobile computer, tablet PC or handheld device at the patient's bedside or practitioner's workstation.

"It's critical that staff be able to access the system on appropriate devices throughout the patient care setting," explains Mike Sauk, UWHC chief information officer. He notes that the project required replacement of the wired and wireless networks to accommodate more than 1,000 wireless devices by the end of 2008.

According to Falk, Health Link improves the ED's flow of events, an important factor in this fast-paced environment.

"It's 'click, click, click,' and in one to two minutes, I have everything ordered," he says. "The time savings for me to place orders for an average patient is five to ten minutes, which helps me proceed quicker with appropriate care."

He contrasts this to the former method. "We had to track down the paper chart and then find the nurse to place orders. Because the nurses and I simultaneously care for multiple patients, we can't always be in the same place at the same time," says Falk, who completed an emergency medicine residency at Chicago's Resurrection Medical Center and used a similar EHR at a training site.

Adds Adrianne Cisler, director of UWHC Emergency Services, "Health Link has many positive features that expedite care in the ED. The system provides staff with visual cues when orders are written and results are returned. It also allows us to review data over time for specific conditions, such as heart attack and stroke. From the data we're able to develop protocols that help identify these conditions quickly upon a patient's arrival," she says. "Overall, Health Link will help us continuously monitor and refine healthcare delivery in the ED and meet our top goal of improving patient care and satisfaction."

Charting is quicker also, allowing healthcare providers to spend more time in direct patient care. "Even for a complex patient, completing a chart takes no more than five minutes because of the check boxes and reminders," says Falk. "In the past, it could take up to 15 minutes to complete a detailed chart."

Falk makes sure that electronic systems do not interfere with face-to-face patient contact. "I focus directly on the patient while I take the history and perform a physical exam," he says. "Then I type my notes and place orders someplace else."

When a patient is discharged, Falk follows up with the patient's primary care physician. "The letter-writing templates and built-in FAXing capabilities make it easy to send a memo to the patient's doctor."

Major Teamwork

Implementing the system, however, was easier said than done, says Geier. "The Epic product is like a thousand-piece puzzle, and we had to work with them to decide how to put the pieces together to fit our needs," she says. "The possibilities were mind-boggling!"

To pull this off, Health Link ED team members worked for three years to take the project from inception to launch. The team included Information Technology Services (ITS) staff, administrative staff and UWHC healthcare providers, plus Epic representatives.

In addition, the team relied on Human Resource trainers, as well as numerous "super-users" and physician champions who received advanced training to support other providers during and after the launch. All of these individuals provided intensive support to ED staff for two weeks after the launch.

In 2006, the ED was the first UWHC area to launch any type of Health Link capability when it introduced bed-tracking and patient registration systems. Unlike other UW Health entities, which are implementing Health Link gradually, the ED launched all remaining Health Link functionality in one "big bang" in April 2008, becoming Madison's first Epic-enabled emergency department. By the end of 2008, all UWHC inpatient units will be live with similar functionality.

"The implementation is going very well, but change is not easy," says Susan Marks, RN, MSN, operational director of the Health Link ambulatory implementation at UWHC. "I think a lot of Health Link users would say this is the biggest change they will experience in their clinical practice."

Yet overall feedback has been positive, and practitioners credit ample training and practice with their success using the software.

The hospital immediately began seeing a cost savings of $13,000 per month in the ED alone because Health Link replaced other licensed software and documentation templates, explains Geier. Project leaders anticipate that efficiencies eventually will reduce ED patient length of stay. Q

Patient Safety Drives Switch to Electronic Health Record

Lisa Zimmerman used a handheld device to manage patient medications in Health Link.

Enhancing patient safety is the number one goal behind UW Health's push to adopt UW Health Link, the electronic health record (EHR) system it is building in collaboration with Epic Systems of Verona, Wisconsin.

"According to a landmark 2000 Institute of Medicine report, between 44,000 and 98,000 people die in the United States each year due to medical errors—a situation that has fueled a nationwide trend to adopt EHR systems," explains Todd Vogt, director of Health Link inpatient clinical applications in Information Technology Services at UW Hospital and Clinics (UWHC). In addition to the hospital, the UW Health enterprise includes the UW Medical Foundation (UWMF) and the UW School of Medicine and Public Health.

In late 2000, the UWMF began working with Epic to create a new system for registration, scheduling and billing. The organization began work with Epic in fall 2003 to install the EHR throughout its clinics, and launched the system in its first clinic in June 2004, explains Mike Rosencrance, UWMF vice president for information services.

UWHC enlarged the scope of the Epic contract over the next two years, ultimately to include all of the hospital's 489-bed inpatient units, patient care services, and primary care and specialty clinics. The initiative has grown into an intense, five-year effort that affects all of UW Health.

The project now includes more than 75 UWHC and 45 UWMF full-time employees working to configure and implement Epic applications, including registration; scheduling; medication management; bed management; clinical documentation; orders; health information management; admit, discharge and transfer procedures; billing and, eventually, patient and referrer portals. The overall UW Health project budget totals nearly $75 million. Much of the expense reflects the time technical and clinical staff, working collaboratively, have needed to configure the software to best meet UW Health's needs.

"Staff from all levels of clinical operations, from the bedside to the executive levels, have been involved in the design, planning and testing of Health Link," says Vicki Hill, operational director of the inpatient Health Link implementation. "This project has forced us to reevaluate how we provide and document care, and it is changing the way all of us do our jobs."

Vogt, who formerly assisted the EHR implementations at other health systems for Epic and joined UWHC in 2006, oversees the technical side of the project for inpatient clinical applications, along with Jackie Brost. They coordinate resources and decision making among the many project teams, and serve as liaisons with administrative and operational groups to promote project cohesiveness and make sure teams share information, so ultimately all parts of the system will function together.

"We're working in a way that we have never done before," says Vogt. "We made sure all technical team members reside on the same floor. That way, we can hear each other's planning efforts, and get to know each other and our projects on a different level than would be possible otherwise."

When all of UW Health is using the full system by the end of 2009, the organization will join a small but growing number of academic medical centers that are turning to EHRs. Nationally, as of March 2007, 17 percent of teaching hospitals and 9 percent of non-teaching hospitals had fully implemented an EHR, according to the American Medical Association.

No matter how long it may take, the shift appears inevitable—and invaluable.

"Clearly, it will take many years before healthcare organizations can measure improvements in patient safety because these systems take a long time to implement," says Vogt. "But I believe strongly that the integrated nature of Epic—in which pharmacy applications are tightly coupled in the same database with physician order entry, clinical documentation and ambulatory applications—is about the most seamless integration we can get. And the fewer hand offs of data that we can achieve, the better chance we have of avoiding patient care mistakes."

Rosencrance points to additional benefits.

"Health Link allows us to do things for our patients that we could only dream about before, such as provide better management of chronic health conditions through the use of best practice alerts," he says. "Eventually we wll be able to offer patients secure, online access to test results and medical records."

Showcasing Academic Staff

Poster Session Shines Light on Contributions

by Theresa Plenty

The atrium at the Health Sciences Learning Center was buzzing with conversation on April 23, 2008, when the work of academic staff at the University of Wisconsin School of Medicine and Public Health (SMPH) was on display at a bustling poster session—the Academic Staff Showcase.

The first-ever event was sponsored by the school's Committee on Academic Staff Issues (CASI) and the Dean's Leadership Team. The response was overwhelming, according to CASI chair Linda Baier Manwell, PhD, an epidemiologist in the Department of Medicine.

"We were thinking that our first year would attract maybe 30 or 40 posters, but the next thing we knew, the applications were flowing in," says Baier Manwell. Seventy-one posters were on view at the event.

CASI is the only SMPH committee that deals exclusively with issues of concern to the school's 2,441 academic staff. Approximately 66 percent of these professionals are involved in research and instruction, while the balance work in the areas of information technology, student services, outreach, administration, clinical-health sciences, library services, communications, instrumentation and counseling.

CASI advises the dean on the formulation and review of all policies and procedures concerning the school's academic staff members (not including Center for Health Sciences and clinician-teacher faculty, who participate in school governance with tenure-track faculty). The group meets monthly and has both elected and appointed members. In addition, it has established sub-committees to focus in-depth on issues of importance to academic staff, such as communications and professional development, and leadership opportunities and nominations.

The posters at the showcase illustrated a wide range of academic staff contributions, including:

- Public health
- Research
- Best practices
- Quality improvement
- Education
- Innovative use of technology

Some of the titles and presenters in the education category included: "A Timeline for the Development of a Master's Curriculum in the UW-Madison Physician Assistant Program," by Virginia Snyder, PA, Physician Assistant Program; "Ensuring Success in Medical School for Under-Represented Minority Students," Gloria Hawkins, PhD, Academic Affairs; "Physician Assessment Service," Cathy Means, Continuing Professional Development; and "Developing and Piloting a Protocol for Assessing the Skills of Hmong Medical Interpreters," Kristin Siemering, PhD, Area Health Education Centers (AHEC).

A sampling of research posters and presenters included: "Assessing the Effects of Obesity on Health-Related Quality of Life in U.S. Men and Women Using Two Preference-Based Measures," Nancy Cross Dunham, PhD, Population Health Sciences and Family Medicine; "The Permeable Proximal Catheter Project: A Novel Approach to Preventing Cerebral Spinal Fluid Shunt Obstruction," Joshua Medow, PhD, Neurosurgery; and "Establishing an Interdisciplinary Research Support Services Center in Eight Weeks or Less," Sarah Esmond, MS, UW Institute for Clinical and Translational Research.

"The idea for a poster session arose last summer," explains Baier Manwell. "As the idea germinated, we thought it would be a good idea to tie it to the SMPH's centennial celebrations." So CASI approached the school for funding.

At the showcase, SMPH colleagues and coworkers connected and discovered common threads of expertise.

Jackie Hank, PhD, a distinguished scientist in the Department of Human Oncology and the UW Paul P. Carbone Comprehensive Cancer Center (UWCCC), exhibited a poster called "Anti-tumor Effect of Resveratrol and Its Potential for Combination with Immunotherapy." She was pleasantly surprised when a man from her department who saw the poster introduced himself and offered his help.

"I had no idea he had that background—and he works on the floor right above me," says Hank. "This kind of opportunity is very valuable, not just for research but to have an appreciation for the wide range of expertise of academic staff."

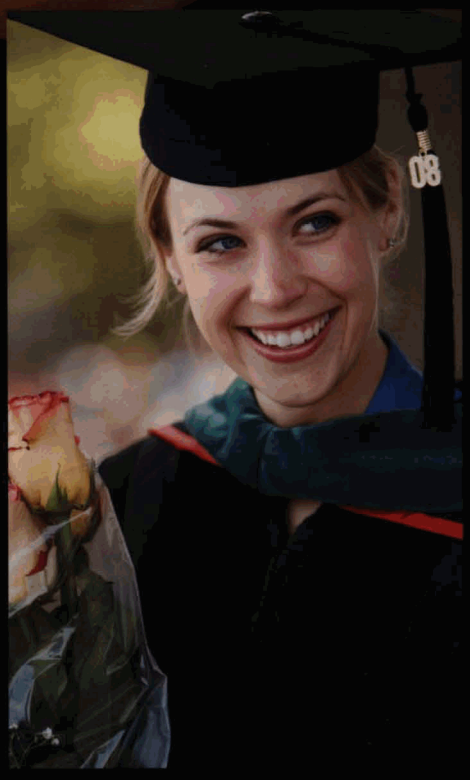
The medical school has one of the largest academic staffs on campus, Hank says, and many people don't have any concept of how much the university depends on academic staff. She was a founding member of CASI and continues to offer occasional help. She received her doctorate in microbiology and stayed on campus to work for the UWCCC. She's studied the immune response to tumors since 1980 and these days is working on methods to stimulate the immune system to reject tumors.

The Academic Staff Showcase represented only a fraction of the work of the school's academic staff.

"As far as we know, we're the first group on campus to host a poster session dedicated solely to academic staff," says Baier Manwell. "It's the first of what we hope will be an annual or maybe every two-year event." Q

The Committee on Academic Staff Issues includes (from left) Dan Marleau, Hanna Blazel, Linda Baier Manwell (chair), Kathy Schlimgen, Rosa Garner, Barb Rowin and Nancy Cross Dunham.

Graduation 2008



Congratulations to Elizabeth Olson and the rest of the Class of 2008!

DECLARATION OF GENEVA

At the time of being admitted as a member of the medical profession,

I solemnly pledge myself to consecrate my life to the service of humanity;

I will give to my teachers the respect and gratitude which is their due;

I will practice my profession with conscience and dignity;

The health of my patient will be my first consideration;

I will respect the secrets which are confided in me, even after the patient has died;

I will maintain by all means in my power, the honor and noble traditions of the medical profession;

My colleagues will be my brothers and sisters;

I will not permit consideration of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I will maintain the utmost respect for human life;

I will not use my medical knowledge to violate human rights and civil liberties, even under threat;

I make these promises solemnly, freely and upon my honor.

CLASS MEMBERS AND THEIR RESIDENCIES

Bamidele Oyebamiji Adeyemo
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Magnolia Cagang Printz
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Hood in place, Yusra Cheema beams.

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Medical Students and Educators Unite to Promote

"Healthy Classrooms"

by Shaun Yang, Med 2

It's been two years since the medical school decided to change its name and become the UW School of Medicine and Public Health (SMPH). Which means that I am part of the very first class, the Class of 2010, to experience this transition in the way we think about medicine and public health.

It turns out that changing the name of the school is the easy part. The real challenges lie in integrating public health into the curriculum and research—and, even more, in making an actual impact on public health in the community. This idea of putting "Public Health" into the school's name was the inspiration for UW medical students to organize "Healthy Classrooms: A Public Health in Education Symposium."

On Wednesday evening, April 9, 2008, more than 300 attendees filled the Health Sciences Learning

Center (HSLC) for the first "Healthy Classrooms" symposium. The student-organized event brought together teachers, parents, principals, physicians and community members to discuss the effects of public health issues on children in the classroom. The event began with introductions by Robert Tabachnick, PhD, associate dean of the UW School of Education; Robert Golden, MD, dean of the SMPH; and Patrick Remington, MD '81, MPH, director of the UW Population Health Institute. Chuck McCauley, MD, of Marshfield Clinic, presented the keynote address.

The symposium addressed topics including the treatment of attention deficit-hyperactivity disorder, sexuality education, childhood obesity, enhancing nutrition in schools, providing health insurance for students, as well as others. Altogether, ten presenters from across UW and around the state discussed the integration of public health practices into the lives of the attendees, their students and their classrooms.

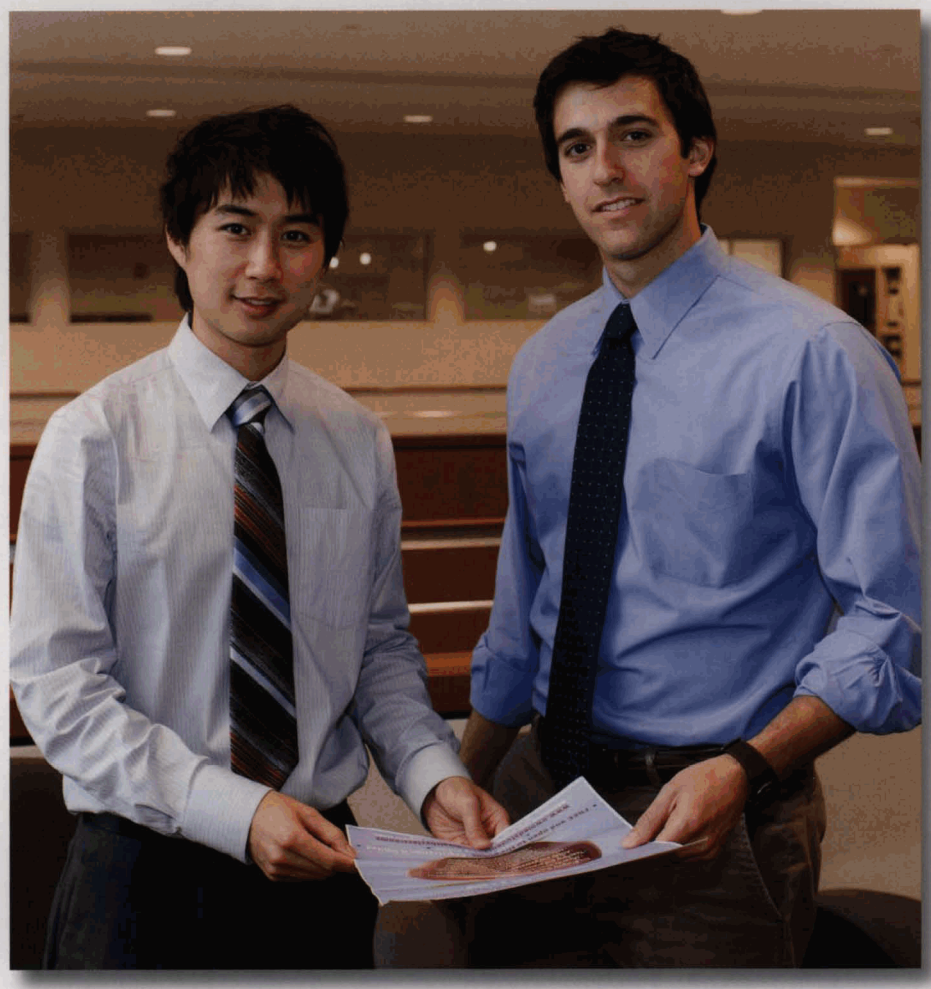
Ben Weston, an SMPH second-year medical student who is a leader of the student organization called Public Health and Medicine Interest Group (PHMIG), was the driving force behind the symposium. At the start of the school year, the interest group membership laid out several goals, one of which stated, "Bring public health to the public."

From all the classroom time studying population health, it was clear to us that we needed to focus our efforts "upstream" on preventive measures, promoting healthy lifestyle behaviors at an early age. We began to think about our own primary school experiences and the lack of attention public health issues had received. There was a gap between the K-12 curriculum and public health education, with hardly any instruction on healthy lifestyle behaviors appearing in the school curriculum. We wished there could be a better connection between teachers and physicians in the community, a link that could promote healthy practices in the lives of children and young adults.

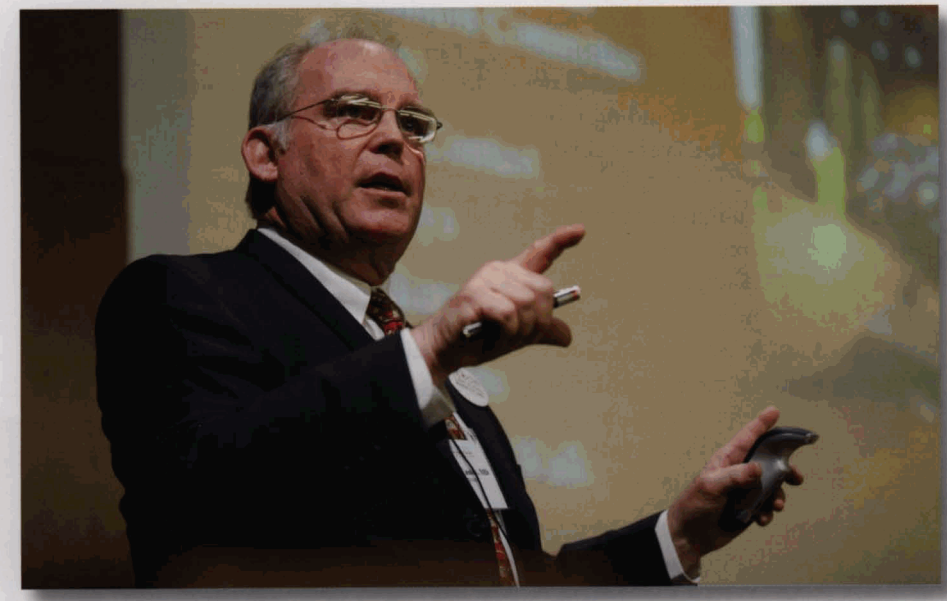
We envisioned a ripple effect. Reaching out to one teacher meant reaching out to 30 students. And if we reached out to one principal, then we could reach out to 30 teachers. Soon we connected with the entire Madison Metropolitan School District, including 40 principals, in an effort to make an impact on the 24,000 students enrolled in public schools in Madison and the surrounding area.

But we recognized that we needed more than a one-time event to create real, substantial and sustained change. We needed teachers and community members to become invested in the process of actively promoting healthy lifestyle behaviors. For UW medical students, it was important to explore the possibility of initiating a local program that promotes simple, fun and effective ways to live a healthy life.

We highlighted such a program already in existence in Marshfield,



Shaun Yang (left), Ben Weston and the other medical students who were involved in "Healthy Classrooms" made a commitment to "bring public health to the public."



Dr. Chuck McCauley, keynote speaker at the event, described "Healthy Lifestyles," a program he co-founded in Marshfield, Wisconsin.

Wisconsin, during our keynote address by Dr. McCauley. A prominent cardiologist at Marshfield Clinic, Dr. McCauley is one of the founders of "Healthy Lifestyles," a coalition of concerned citizens from local schools, businesses and healthcare institutions. Their goal is to involve the community in a joint effort to promote and partake in healthy living. This grassroots movement has made it easier for the community to choose a healthy life by communicating the importance of healthy choices, creating walking maps through the city, improving vending machine and cafeteria selections, and detailing all the healthy activities Marshfield has to offer.

The success of the program inspired us to bring together our community in an effort to spark interest in initiating a similar program in Madison. Dr. McCauley's passionate involvement in his community has convinced us that programs like "Healthy Lifestyles" are not only feasible, but may be necessary to curb escalating public health concerns such as childhood obesity. UW medical students see "Healthy Classrooms" as a crucial first step in the development of a similar local program to benefit the health of all community members.

At the conclusion of the symposium, Dean Golden said he was left speechless by what a group of students was able to accomplish. Blanche Emerick, PhD, director of UW Education Outreach, said she was thrilled to see the level of enthusiasm and genuine interest shown by the Madison schoolteachers.

We hope that "Healthy Classrooms" will be carried on by future SMPH medical students, who will continue to expand the school's reach to the surrounding community and further promote the learning and implementation of public health.

All attendees were given a "Tool Book," a resource covering all ten topics of the evening designed to help teachers implement changes. Many remarked that they were excited to bring the new ideas back to their classrooms. We hope that "Healthy Classrooms" will be carried on by future SMPH medical students, who will continue to expand the school's reach to the surrounding community and further promote the learning and implementation of public health.

Throughout medical school, my classmates never cease to amaze me. They embody the philosophy of treating every moment as a learning experience, living quite literally to the echo of Mark Twain, who said, "I never let school interfere with my education." Despite the perpetual juggling of classes, exams—and, let's face it, having a life—SMPH students put their hearts and souls into making "Healthy Classrooms" a reality.

On the evening of the event, while greeting the attendees as they walked through the doors of the HSLC, Jesse Coenen, a second-year medical student, leaned in and said to me, "It feels good to be a part of this event." I nodded in agreement.

This sentiment permeated all the students who were involved. Through the challenges and obstacles of planning and implementing "Healthy Classrooms," what made the event possible in the end was the simple fact that we believed in it. And although medical students are often viewed as idealists who want to change the world in one sweeping motion, it is this type of vision that is required to bring the community together to link medicine and public health.

Students' Words from the Navajo Nation

by Brian Hilgeman, Med 3

For the past two years, I have traveled to the Navajo Nation with a group of students from the UW School of Medicine and Public Health over spring break. Some of the people who have joined me on these trips have included Paul Anderson (Med 2), Brian Cone (Med 2), DeAnna Friedman (Med 4), Dasha Lymar (Med 2), Jill Odenthal (Med 2) and Lyndsey Ruunas (Med 3).

Each year, our group begins as an assembly of students from very different backgrounds; most of us have never even known each other before the trip. As the week moves on, I have observed group members connect and collectively grow as one, building long-lasting friendships I never would have expected.

I have met some of my most fascinating and dedicated friends on this trip. What has driven this unpredictable bonding? Could it be a week of sleeping, eating and working together as a group? Is it the incredibly warm and welcoming culture of the Navajo? Is it simply the isolation of the Southwest desert that connects us? Or does the way we dive into such a unique and different culture help us embrace differences as an asset rather than a liability? Surely, it is a combination of these things.

The trips were initiated in 2005 by Joseph Eichenseher, MD '07, when he was an SMPH medical student. Joe had been a teacher on the Navajo Nation for two years. His ambition, and his love for the Navajo, as well as his appreciation for what they have taught him, have driven him to make a future practice there his main goal.

After initial conversations with Cynthia Haq, MD, director of the UW Center for Global Health, Joe decided to organize the first trip to bring medical students to this remote area. He wanted to assist them in learning firsthand about the Navajo Nation and invite them to explore the interface

SMPH students (from left) Brian Cone, Beth Wyman, Heidi Vanyo, Jill Odenthal, Dasha Lymar, Paul Anderson, Tim Chang and Brian Hilgeman found their spring break at the Navajo Nation to be a rich learning experience.

between Western medicine and the Navajo culture and traditional healing. I share Joe's hope of inspiring future doctors to return to the Southwest to practice, which would help to alleviate the tremendous shortage of healthcare providers there.

Prior to the trip, we typically meet with a handful of tribal members who now live in Madison, as well as a few doctors who have worked on the reservation in the past, to hear their perspectives on what we will see, preparing us for the journey ahead.

Before I visited the Navajo Nation, I had no idea where it was; it isn't something we commonly study in our history classes. I learned that the reservation is the largest in the country, covering an area the size of West Virginia in the "Four Corners" region where Colorado, Utah, Arizona and New Mexico meet. The Navajo gained this land after years of struggle with the U.S. government. But despite these troubles, they have retained a strong identity and have advocated for their own self-determination.

The term Navajo Nation refers not only to the land; it also represents a means to preserve a unique culture and heritage. I find it interesting that there is no private property on the Navajo Nation; this points to the strong dedication to community over individuality that makes this culture so powerful.

The land itself was quite striking to me when I first stepped foot on the reservation. I found myself on hot and windy desert flats dotted with sagebrush and small clusters of mobile Navajo homes and hogans, with the forever ominous mesa on the horizon. Dasha described the land as a testament to survival and adaptation. The fact that people, plants and animals can thrive in the harsh and unforgiving environment is fantastic, she said.

Once we arrived in Chinle, Arizona, we spent time working with doctors, community health workers, counselors, nurses, traditional healers, physical therapists and many other providers at the Indian Health Service (IHS) unit. As student visitors, our role was to observe how the hospital staff work with Navajo patients and strive to overcome the significant barriers to healthcare access they face.

Our time at night was spent in one of the doctors' homes on the hospital compound, cooking, eating and discussing the events of the day. Often we returned to these homes amazed at what we saw or experienced earlier. Many of the lessons were ones we would not encounter in our medical school classes or clinical rotations.

The students were troubled by the healthcare disparities the Navajo face. Diabetes and alcohol and drug addiction are among the illnesses the Navajo experience in greater proportion to the general population. Part of the problem stems from the poverty that has plagued the nation for years. According to the *Health Care in the Navajo Nation Fact Sheet 2004*, the unemployment rate in 2000 was 43.4 percent, but part of the problem also stems from a simple lack of access to care.

Dasha was struck by the shortage of doctors and medical facilities as well as the great distances the Navajo must travel to get to a hospital. With the high price of gas, many of the doctors feared that some patients would choose to forgo important appointments at the clinic.

The week before we arrived, the region had had a bout of heavy rain that made the dirt roads impassable, preventing many people from getting to the hospital

when it was urgently needed. Paul found physicians to be a rare commodity, and he also learned how hard it was to contact patients on home visits or via telephone.

Many of the students gained a great deal from their time with the community health workers. Lyndsey and DeAnna embarked on a trip with one of them and found that the experience helped redefine their idea of healthcare delivery. It became clear to them that the skirt and heels that might be the right attire for "Patient, Doctor and Society" class back on campus did not suffice in the rugged "pickup truck" terrain. And caring for an elderly couple could include helping them feed their animals.

"I had not been taught how to do this in any of my courses, but at that moment I felt like a true caregiver," Lyndsey said. Dasha helped out by starting a fire for a blind man. She found that this was one of the best things she could have done for him, as he had been severely burned in the past.

Other students were inspired by the unique culture of the Navajo. I have found it to be extremely refreshing and enlightening. Each year, I seem to find myself deep in thought, pondering the life and culture of the Navajo as well as my own. I think we have much to learn from a society that embraces a strong sense of community and collective responsibility.

On one occasion, I was able to meet with a traditional healer in his hogan and exchange views on topics such as depression and how we can work together as healthcare providers. To my surprise, this healer was very willing to work with me and teach me about his practices. I hope to learn how these beliefs can improve my own life.

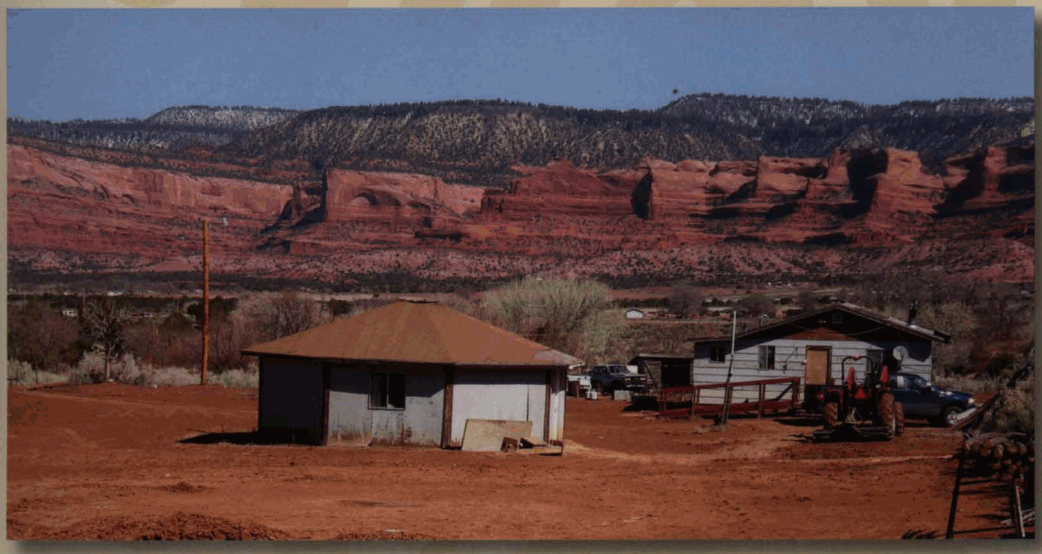
Paul was moved by how welcoming the Navajo were to other people, and how patient and trustworthy they were. He was shocked that even though the Navajo were much less fortunate than others, they still remain positive and maintain great respect for all people and their healthcare providers.

Jill was motivated while she listened to a nurse explain to a traditional Navajo that taking medications for hypertension was like feeding sheep; it is something you need to do every day, no matter how you feel. This kind of negotiation is so central to practicing medicine in another culture, she said.

Brian was able to truly experience the power of the term "culturally relevant medicine," something he had found hard to grasp from lectures or small group sessions back at school. By immersing himself in the Navajo tradition, discussing Native American values and participating in local customs, he was able to define this difficult concept for himself and find another success in "real-world learning."

We could go on and on about our experiences on the reservation, but hopefully our words here speak for themselves. The Navajo Nation is a place of beauty, a place to grow as a future physician and a great place for a group of seemingly different people to bond as one, for whatever reasons.

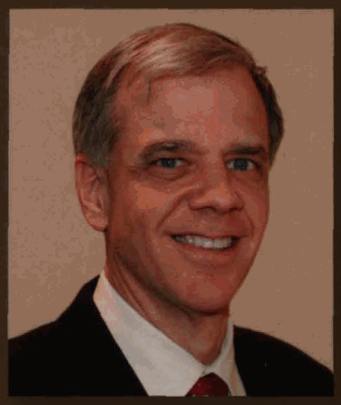
I encourage you to go sometime. Take a side trip into Canyon de Chelly with a local guide, stop by one of the IHS hospitals or hike up the Black Mesa and stare in awe over the landscape. The Navajo Nation, while quite off the beaten track, has many things to offer.



With mesas always on the horizon, Navajo homes and hogans dotted the reservation's landscape. The SMPH students spent time working with doctors, nurses, community health workers and traditional healers.

Kent Named Chair

of Department of Surgery



by Aaron R. Conklin

K. Craig Kent, MD, the Greenberg-Starr Professor of Vascular Surgery at Weill Cornell Medical College of Cornell University and professor of surgery at Columbia College of Physicians and Surgeons, has been named chair of surgery at UW School of Medicine and Public Health (SMPH).

Kent is no stranger to administrative and academic leadership. He directed the merger of two major academic vascular surgery programs when New York's Presbyterian Hospital merged the divisions of vascular surgery at Weill Medical College and Columbia University Medical Center in 2001.

"We're extremely fortunate to be able to turn the stewardship of one of our most important departments to a clinician, academician and administrator of Dr. Kent's caliber," says Robert Golden, MD, dean of the SMPH. "His outstanding leadership qualities, coupled with his experience and dedication, will serve the ongoing advancement of both the Department of Surgery and the School of Medicine and Public Health."

Kent succeeds Layton "Bing" Rikkers, MD, who will retire later this year after chairing the department for the last 12 years.

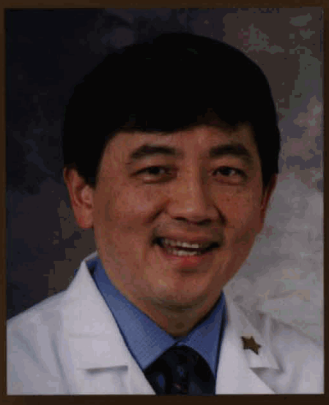
A nationally renowned clinician and educator, Kent holds an MD degree from the University of California, San Francisco, where he also completed his surgical internship and residency. He completed a research fellowship and a vascular surgery fellowship at Harvard Brigham and Women's Hospital.

Kent currently directs one of the largest academic vascular divisions in the country. He is the past president of the national Society for Vascular Surgery. For the past 15 years, he has directed a National Institutes of Health-funded basic science laboratory that is exploring the mechanisms of failure for bypass grafts and angioplasty following vascular intervention. He also is involved in multiple research grants and ongoing clinical trials regarding the use of stents and grafts to treat patients with serious cardiovascular disease.

He has published more than 250 manuscripts and chapters on vascular disease, and has served as editor of four different medical journals and on the editorial boards of six others.

From Division to Department:

Urology at the SMPH Evolves



by Aaron R. Conklin

The Division of Urology at the UW School of Medicine and Public Health recently became the Department of Urology.

Stephen Y. Nakada, MD, the David T. Uehling Professor of Urology who has headed the division since 2001, has been appointed chair of the new department. He will preside over a program that features 16 physicians, three endowed chairs and more than $3.1 million in research funding from the National Institutes of Health.

The change in status from a division of the surgery department to a distinct department, however, represents much more than mere semantics. Under Nakada's leadership, the number of faculty has doubled and the division has become one of the most active clinical programs in the Midwest. *U.S. News and World Report* ranked it in the top one percent of urology programs nationwide in the 2007 edition of its annual America's Top Hospitals issue.

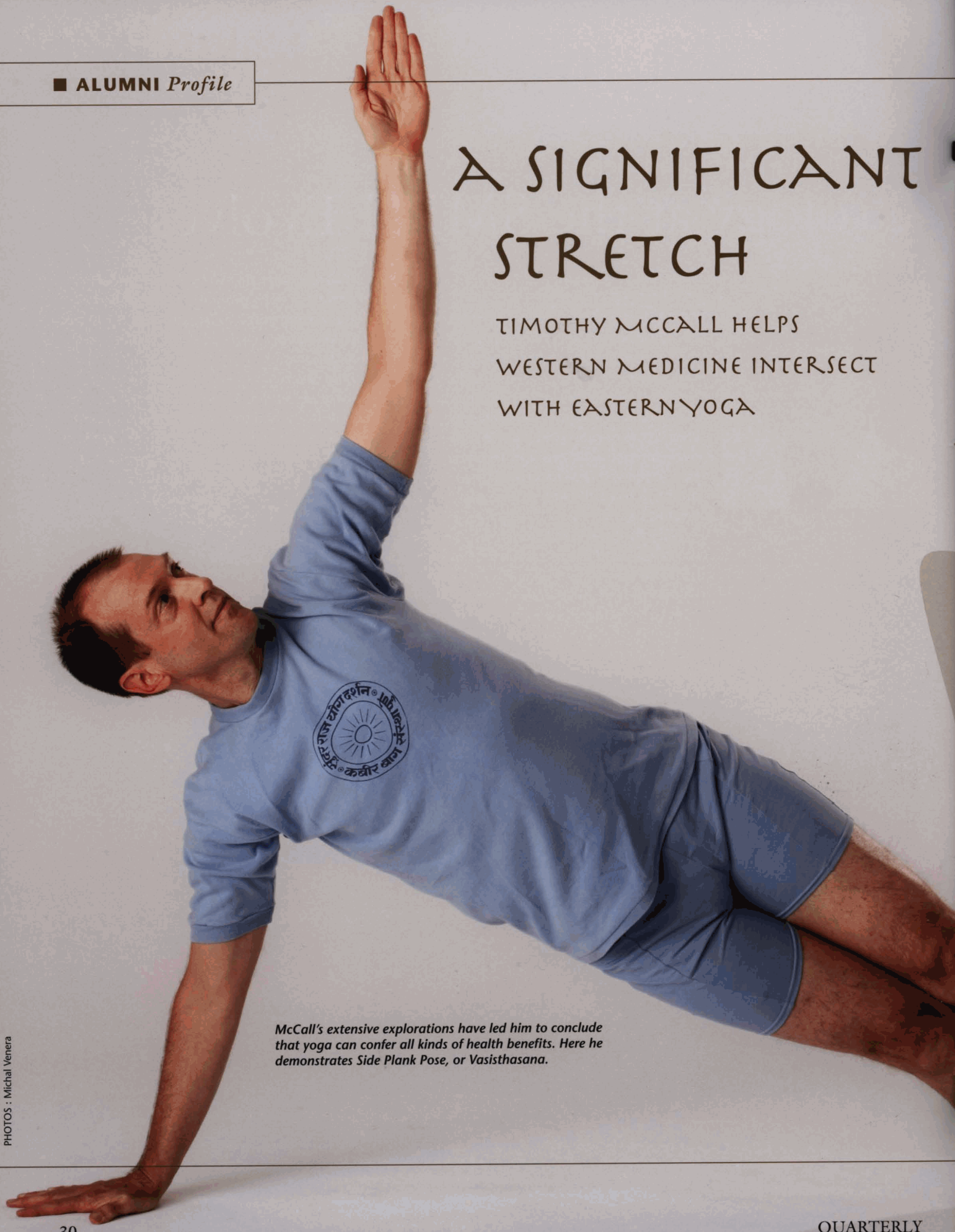
"What becoming a department does is to give us a direct line, as a distinct service and discipline, to the School of Medicine and Public Health, to UW Hospital and Clinics and to the UW Medical Foundation," says Nakada. "In terms of achieving national recognition, this is critical for us, whether we're discussing the recruitment and retention of top-flight faculty or competing for research dollars."

Nakada notes that while 70 percent of academic urology programs in the United States are organized as departments, 18 of the top 20 urology programs in the country have that designation.

The new department's research priorities will include studies in prostate cancer development and treatments, clinical trials in bladder cancer prevention and quality of life studies in patients who form recurrent kidney stones. The change was effective July 1.

A SIGNIFICANT STRETCH

TIMOTHY MCCALL HELPS WESTERN MEDICINE INTERSECT WITH EASTERN YOGA



McCall's extensive explorations have led him to conclude that yoga can confer all kinds of health benefits. Here he demonstrates Side Plank Pose, or Vasisthasana.

PHOTOS : Michal Venera

by Scott Hainzinger

Spending a dozen years studying yoga techniques and outcomes has given Timothy McCall, MD '83, the flexibility to keep one foot planted in conventional Western medicine while embracing this ancient Eastern tradition. McCall currently commits the bulk of his energy—including his talents as a physician, author, teacher and researcher—to yoga. In the process, he's helping to solidify yoga as an activity that's appreciated by more and more people each year, physicians included.

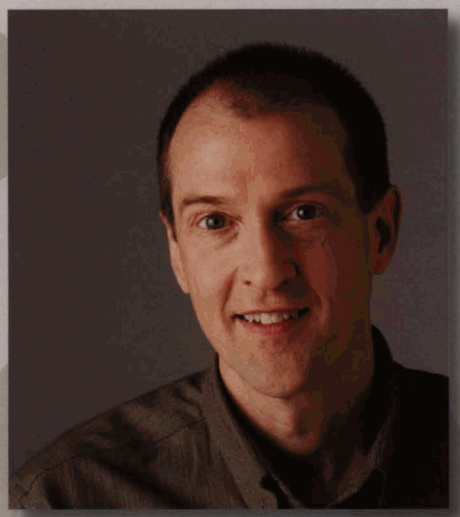
Since 2002, McCall has been the medical editor of *Yoga Journal*, a popular magazine for yoga students and teachers that currently enjoys a readership of more than one million. In 2007, he published the book *Yoga as Medicine: The Yogic Prescription for Health and Healing*, which one reviewer calls "the current bible of therapeutic yoga." In it, McCall presents a science-based overview of the benefits of yoga, describes the various schools of practice and then devotes 20 chapters to specific conditions that can benefit from yoga, including asthma, insomnia, depression, carpal tunnel, heart disease and gastro-intestinal problems.

McCall is also a frequent presenter at national yoga conferences. Last spring he spoke to scientists, clinicians and others who attended "Yoga Week," sponsored by three institutes that make up the National Institutes of Health (NIH) in Bethesda, Maryland. This first-ever NIH event was clear evidence that, following public interest, the medical community has begun to take note of yoga's therapeutic potential. In the fall, McCall will conduct workshops on "Yoga as Medicine" for students and teachers as well as physicians in California, Florida, Massachusetts and New York before making a fifth pilgrimage to India to followup on his yoga research.

This full-tilt foray down a less-traveled road is unlikely to surprise those who know McCall from his days in the independent study program (ISP) at UW medical school, which he attended after graduating as a member of Phi Beta Kappa from University of Wisconsin-Madison. Yoga was never mentioned in course work, says McCall, but students in the alternative ISP program, which the school instituted in the 1970s, generally had the freedom to pursue their studies in their own ways. After earning his medical degree, McCall headed to Boston for a 10-year stint.

He spent half his time there working as an independent internist on contract to several area primary care facilities, and the other half on health-related writing. A book called *Examining Your Doctor: A Patient's Guide to Avoiding Harmful Medical Care*, published in 1994, was one result, as were articles on topics ranging from resident physicians' long hours to corporate interests in healthcare, for publications such *New England Journal of Medicine*, *Journal of the American Medical Association*, *American Health*, *Redbook*, the *Boston Globe*, the *Philadelphia Inquirer* and the *Los Angeles Times*. He also produced regular columns for the newsletter *Bottom Line Health* and National Public Radio's "Marketplace."

McCall's fascination with yoga began in 1995, when a friend urged him to take an introductory class. He later learned that his instructor, Patricia Walden, was one of America's foremost yoga practitioners and teachers.



McCall conducts "Yoga as Medicine" workshops for students, teachers and physicians.

"I liked it from the beginning," he says. "But as someone who was basically a jock—and not a very flexible one, either—I'm about as far from being 'a natural' at yoga as you'll find. I was what you might call a remedial yoga student."

McCall wasn't used to being challenged so deeply; he was someone for whom success had come easy—as well as often.

"Yoga was one of the first things that I really put my heart and soul into, that I really wasn't getting stroked for being good at," he says. "In fact, I've been told that after seeing how much I struggled in my first yoga class, my instructor said, 'That guy will never come back.'"

But McCall says he learned something new about himself during those initial classes. Walden pointed out that his chest had a pronounced asymmetry, which was later linked to an undiagnosed spinal condition. No conventionally trained physicians had ever noticed the abnormality.

"Good yoga teachers 'see' anatomy in a way that goes beyond what we learn as physicians," McCall says. "I

came to realize that what we learn in medical school is static anatomy, while what we learn in yoga is more of a kinetic anatomy. This is especially true of Iyengar yoga, which is the type that Patricia teaches."

McCall describes the Iyengar style as the least "new-agey," the most conceptual form of yoga, one that is largely tied to the precise observation of anatomical details.

"To a rather skeptical physician, this was a great way to start," he says.

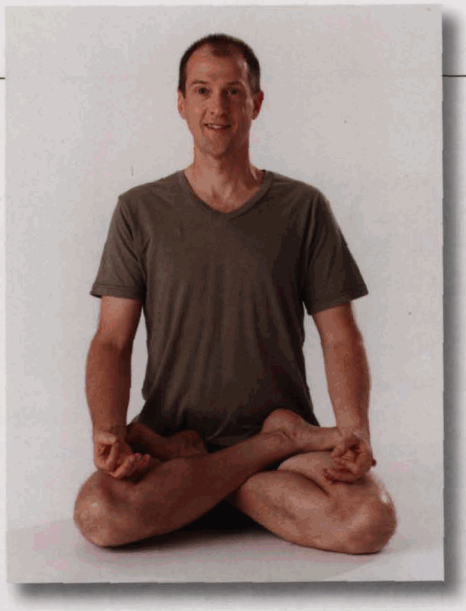
So despite a very busy schedule, McCall made time for yoga classes and a daily home practice, which he considers essential to yoga's therapeutic efficacy. And as he invested more energy in learning and practicing the asana, or yoga poses, he began to feel more attuned to the messages his body was sending. He slept better, felt better and was generally more relaxed. To deepen his practice, he learned to supplement the asana with breathing techniques and meditation.

As McCall increased his focus on yoga, he heard classmates talk about finding relief from incapacitating back pain, or instructors say that a certain pose was useful for sinus problems.

"I learned that when someone made a statement or claim, I needed to try to get them to differentiate their sources," he says. "Which things are from science? Which are from personal experience? Which are from observation?"

When he tried to do his own literature review to examine research into yoga's medical benefits, he found that most of it was published in India and was difficult to access in the U.S.

His search took him to India for the first time in 2002. During that trip, and the three others that were to follow, he interviewed experts, studied under yogis and visited major research institutions.



McCall has made four trips to India to interview yoga experts and visit research centers.

The India trips ended up broadening his perspective in a number of ways.

"In Iyengar yoga," he says, "we pay a lot of attention to anatomical alignment, but I visited yoga centers where the asana were much less precise. Yet with multi-faceted programs that included meditation, chanting and yogic breathing, they were getting impressive therapeutic results."

McCall says the experiences led him to think that the world is more complicated than we are usually led to believe.

"I came to understand that the various tools in the yoga toolbox, even ones that seemed strange to me, were not some nutty stuff that Easterners invented. Yoga is a body of knowledge we Westerners just don't think about much, which takes advantage of features that are hard-wired into our bodies and nervous systems."

McCall's explorations have led him to conclude that yoga confers all kinds of benefits, from boosting immunity by reducing levels of cortisol and increasing the circulation of lymph to strengthening bones and joints and nourishing spinal discs by improving range of motion and helping deliver nutrients to cartilage.

Based on his experience and a review of the literature, McCall also is convinced that yoga can condition the heart and circulatory system, lower elevated blood sugars and artery-damaging hypertension and improve levels of cholesterol and triglycerides.

It can relieve pain due to arthritis, back problems, fibromyalgia and carpal tunnel syndrome by reducing muscle spasms, improving the alignment of bones in joints, and teaching people to separate actual pain from their emotional response to it. And yoga can help brain function by changing levels of various neurotransmitters and activating the left prefrontal cortex, a finding that has been correlated with greater happiness and resilience to stress.

McCall stresses that yoga should complement Western medicine, not replace it. And some yoga practices are not recommended for people with certain medical conditions, such as those with diabetic retinopathy, who should avoid inverted positions that may increase pressure on ocular blood vessels.

The physician is actively involved in spreading the word on yoga to other practitioners and in bringing greater scientific rigor to the yoga world.

"Yoga has increased my awareness of myself and of others," he says. "I've seen how subtle differences in anatomical alignment can make a big difference in symptoms. And I've learned to see a lot of little things that potentially have therapeutic value for many common ailments."

McCall maintains a very personal interest in yoga. "Everything I know about yoga really comes out of my practice, which currently amounts to four hours a day," he says. "I still have limited movement due to the spinal issue, so any improvement I've seen has come as a result of an improved awareness of my body."

FIORE AND KOOP: Alliance Against Tobacco Dependence

by Moira Harrington

C. Everett Koop, MD, is, quite simply, a legend. Still vital and effective at age 91, he has a special personal and professional relationship with Michael Fiore, MD, MPH, director of the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) and professor of medicine at the UW School of Medicine and Public Health (SMPH).

Fiore and Koop also share a common goal: eliminating tobacco dependence in this country, thereby reducing the harm caused by an addictive and often deadly product.

At Fiore's invitation, Koop recently spoke at a national event announcing a new set of federal clinical practice guidelines. There, Koop referred to his seminal 1982 Surgeon General Report.

"If I were releasing that report today, I'd rewrite it," he said. "At the time, I said tobacco was as addictive as heroin or cocaine. Now, I'd say it is more addictive."

Koop brought a public-health audience of more than 110 to its feet more than once during his early-May remarks at the Chicago headquarters of the American Medical Association (AMA). The occasion was the release of the U.S. Public Health Service 2008 Clinical Practice Guideline Update: Treating Tobacco Use and Dependence.

More than 50 organizations reviewed and endorsed the guideline update—including the AMA, Society of General Internal Medicine, American College of Cardiology and American College of Preventive Medicine.

The event also featured speakers such as AMA CEO Michael Maves, MD; AMA president Ron Davis, MD; and Tom Freiden, MD, New York's health commissioner.

Of the central document of the day, Freiden said, "What you have here is the best of the best in the release of a clinical practice guideline. In the process, content, practicality and the rigor of its work, I really salute all the people who worked on the program, for what really should be a model for any clinic or medical practice."

–Continued on next page

Fiore chaired the 24-member panel that created the guideline update after nearly two years of work. Also serving on the panel was Timothy Baker, PhD, SMPH professor of medicine; Bruce Christiansen, PhD, and Megan Piper, PhD, were project director and project scientist, respectively.

Guideline recommendations were based on evidence published in almost 9,000 peer-reviewed journal articles. More than 90 independent reviewers offered feedback on guideline drafts, as did members of the public.

Here's a taste of what's new or different from the previous guideline.

New Recommendations

- Quit-line counseling is effective with diverse populations and has broad reach. Callers on average are four times more likely to quit tobacco use than those who attempt to quit without treatment. Anyone who calls 1-800-QUIT-NOW can get free counseling services.
- The combination of counseling and medication is significantly more effective than either alone. When at all practical, both should be provided. However, medications should not be used when contraindicated—and are not recommended for pregnant women, light smokers, adolescent smokers or smokeless tobacco users.
- The guideline includes information on two medications approved by the U.S. Food and Drug Administration since the last guideline—the nicotine lozenge and varenicline.

New Emphasis

- Tobacco dependence is a chronic condition that often requires repeated intervention to achieve long-term abstinence. Clinicians should intervene using the recommended treatments, regardless of the smoker's past success.
- Recommendation for tobacco dependence counseling is strengthened for pregnant smokers, adolescents, spit tobacco users and light smokers.
- For smokers with a history of depression, bupropion SR and nortriptyline are significantly more effective than placebo.
- Tobacco dependence counseling and medication are effective with diverse populations.
- Healthcare policies and systems changes can significantly reduce barriers to treatment:
  - Tobacco-dependence treatment as a covered health-insurance benefit results in significantly more quit attempts and higher quit rates.
  - Clinician training combined with a charting/documentation system significantly increases rates of clinician intervention, and also dramatically improves patient quit rates.
  - Documentation and reimbursement issues must be addressed by the healthcare system or these become a hindrance to provision of treatment.
- New motivational strategies increase interest in quitting among patients not willing to quit at the present time. Clinician counseling can lead to increased future quit attempts among these smokers.

While the guideline release event was heavy on figures, Fiore brought it home. He spoke about his uncle Anthony, who died from lung cancer last year, a direct result of smoking.

"There's an old saying that goes something like this: When 1,000 people die, it's a statistic. When one person dies, it's a tragedy," he said.

Fiore issued a clinician call-to-arms to deal with our national tragedy—the loss of more than 1,000 people a day due to tobacco-related illness.

Koop and Fiore's alliance, though, is predicated on an optimistic trend. During the past 40 years, the rate of quitting has so outstripped the rate of new smokers that there are now more former smokers than current ones.

For further information, including a Webcast featuring Koop, visit www.ctri.wisc.edu.

What Is UW-CTRI?

The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) was founded in 1992 as a research center focused on understanding tobacco dependence—and translating that understanding into clinical practices that help smokers quit.

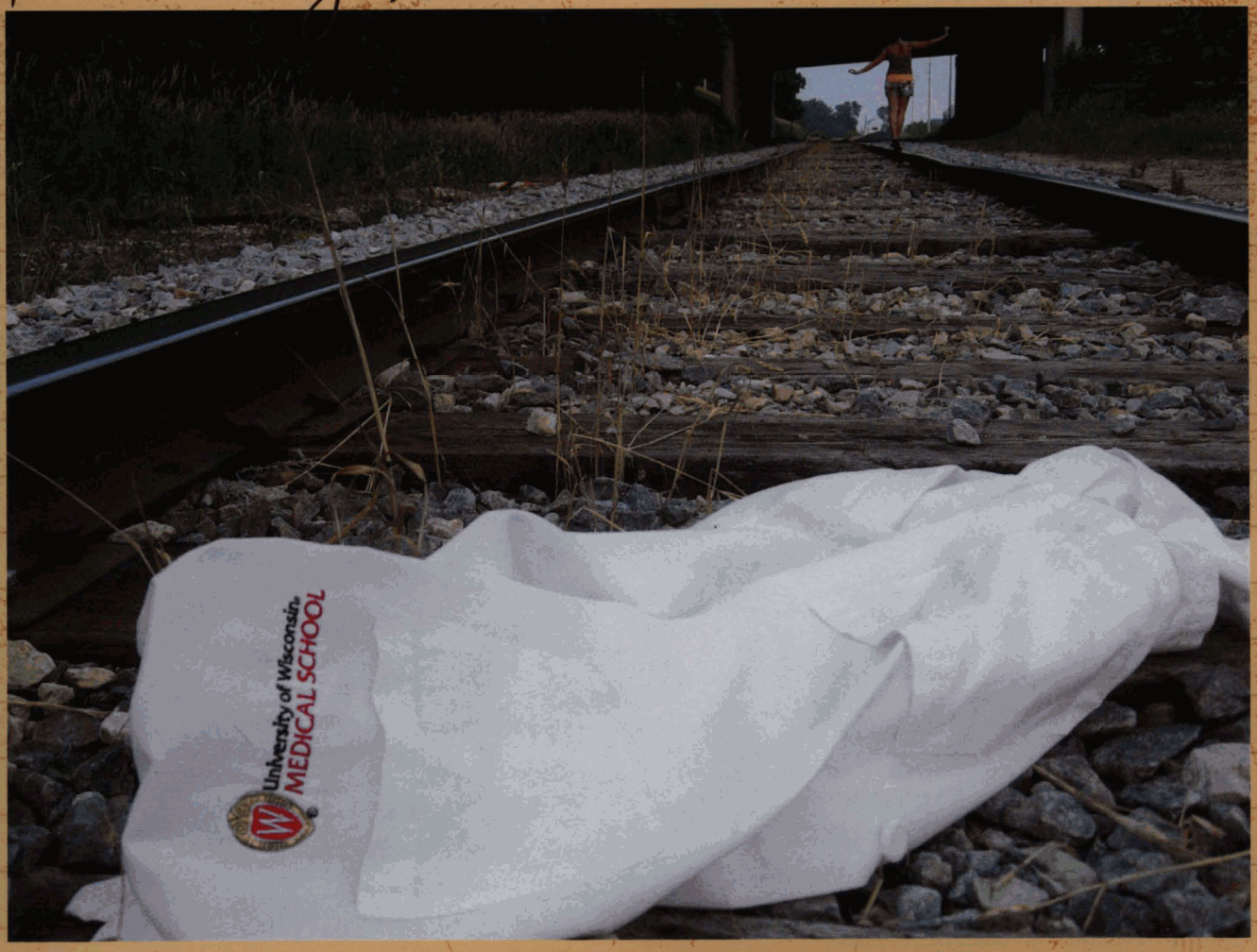
Through federal and foundation grants, and clinical trials, the center has brought more than $42.5 million into Wisconsin.

Michael Fiore, MD, serves as director. He has three times chaired a U.S. Public Health Service-convened panel to write tobacco clinical practice guidelines.

UW-CTRI has received two National Institutes of Health "Transdisciplinary Tobacco Use Research Center" grants combining expertise in medicine, psychology, epidemiology and public health. Such an approach will result in greater understanding of the nature of tobacco dependence; provide insight into the physical, mental and lifestyle effects of tobacco use; and increase treatment effectiveness.

In 2001, a UW-CTRI-initiated statewide outreach program was added to focus on integrating tobacco treatment into the provision of healthcare services. That year, UW-CTRI also began managing the Wisconsin Tobacco Quit Line for the state.

Balancing Act



Outside of medicine and public health, my passion for art and creativity has been an important part of my life, serving as an escape to the common medical school stressors. I enjoy sketching and throwing pottery on the wheel to unwind. Photography, however, is my way of keeping things in perspective. I usually try to take at least one photo a week of random things that happen to catch my interest. The pursuit of a medical career brings the challenge of juggling time dedicated to medical training with that spent with loved ones and devoted to varied interests outside of medicine. I set up this photo to represent my search for balance between Allie the future physician and Allie the free spirit.

Allison Derrick
University of Wisconsin School of Medicine and Public Health, MD/MPH Candidate 2009

Seeking Submissions

The Healer's Journey showcases creativity originating from members of the UW School of Medicine and Public Health family reflecting personal experiences in our world of healing. Originally focused on prose and poetry, we have opened the door to the visual arts as well. We seek submissions that are moving, humorous or unusual.

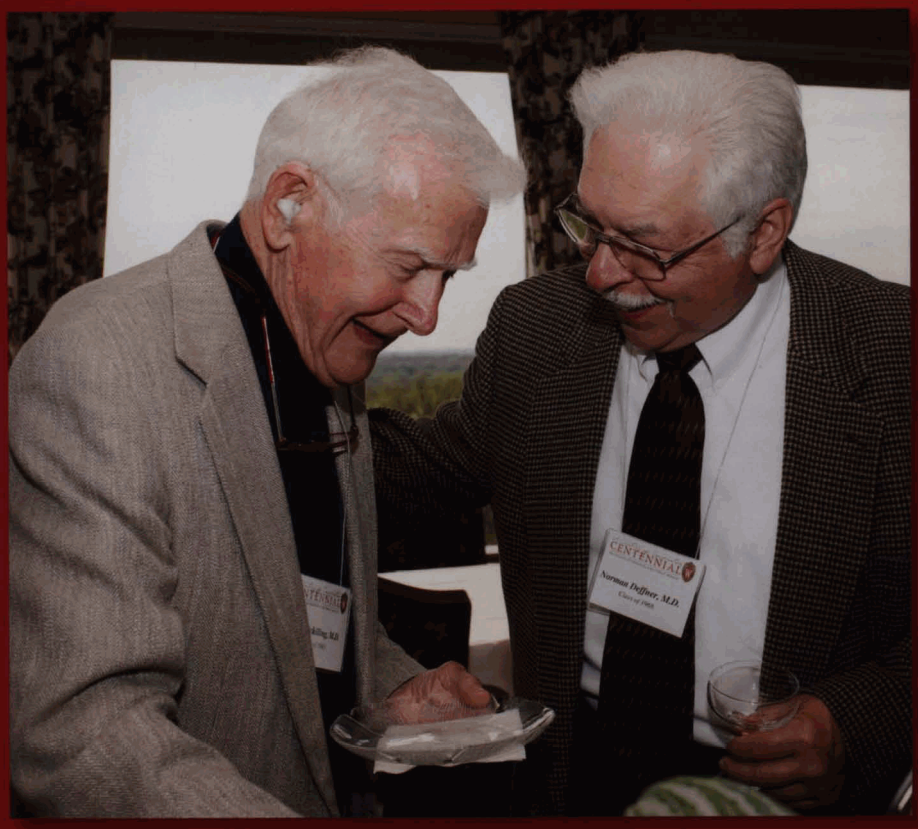
Our guidelines are as follows:

Manuscripts, subject to editing, can be no longer than 1,200 words. Photos must be high resolution. Subject matter should relate to any aspect of working or studying at the SMPH or in the medical field generally.

Send submissions to: Quarterly, Health Sciences Learning Center, Room 4293, Madison, WI 53705. Or e-mail dj.land@hosp.wisc.edu.

Alumni Weekend MAY 8-11, 2008

WHAT'S A CELEBRATION WITHOUT SOME MUSIC?



At left, the Class of '58 barbershop quartet—consisting of (from left) Lowell Froker, Bill Cotanch, Bry Wyman and John Mielke—sang a music medley. Above left, Bob Schilling ('43) shared a laugh with Norm Deffner ('68). Top right, guests showed off pictures of their grandchildren. Above right, with Dean Golden at his side, Tim Kamp (left) displayed his Schuster Prize plaque, created by cardiology pioneer Benjamin Schuster ('52).

by Maggie Rossiter Peterman

It's a weekend when the most loyal members of the Wisconsin Medical Alumni Association (WMAA) gather from all corners of the country to celebrate, reflect, reconnect and learn about the latest developments at their alma mater.

The three-day event began this year with the Dean's Reception at Blackhawk Country Club on Thursday, May 8, and ended on Saturday with tours of the newest UW health sciences buildings.

In between, nearly 150 physicians and their guests hugged former classmates and shook hands with new acquaintances, all with one common thread: They cherish the friendships and the education they got during their years walking hospital corridors and studying into the early morning hours.

Members of five classes—1943, '53, '58, '63 and '68—celebrated reunions. Some 40 members of the 1958 class renewed old friendships at Tripp Commons in the Memorial Union on Friday, while Robert Schilling, MD '43, hosted a special brunch at his home for his eight classmates.

John Kryger, MD '92, director of pediatric urology at American Family Children's Hospital and associate professor of surgery at the UW School of Medicine and Public Health, was elected to serve a two-year term as president of the WMAA.

"It's a chance to see alumni from every level of a medical career," Kryger says. "It was fun to listen to their perspectives and inspirational to hear about their commitments and the rewards they achieved from all that throughout their careers."

The Awards Banquet at Monona Terrace was a highlight of the activities. The crowd enthusiastically applauded Benjamin Schuster, MD '52, a cardiology pioneer, for creating the "Schuster Prize," an award honoring a doctor who is advancing cardiovascular medicine.

Timothy Kamp, MD, PhD, SMPH professor of medicine and physiology and a member of the Cardiovascular Research Center, was the first recipient for his research on the heart's electrical system and malfunctions that cause arrhythmias and heart failure. Co-director

Clockwise from right: Alums and guests took a tour through the new American Family Children's Hospital. The Medical Student Association was well represented by Joseph Ebinger, Sarah Amend, Seth Bodden, John Tackett and Lisa Shen. Gloria Sarto, Joan Hebeler, Nola Moore and Dorothy Barbo of the Class of '58 "reunited."

arrhythmias and heart failure. Co-director of the UW Stem Cell and Regenerative Medicine Center, Kamp has pioneered the use of stem cells as a model system to generate human heart cells.

Many others were honored with awards at the banquet (see stories beginning on page 39).

"This is an opportunity to recognize some of the people who made some of the biggest contributions in medicine," Kryger points out.

Donn Fuhrmann, MD '76, a family practice physician in New London, Wisconsin, will serve as president-elect of the WMAA. Preventive care is his platform; developing a healthy lifestyle is a talk he walks.

"I'm going to make a lot of noise about alumni taking care of their own health," he says. "Most physicians don't take care of themselves."

Fuhrmann makes a splash at 6 a.m. in the local pool at least four days a week. He also regularly practices a stretching routine, uses elliptical equipment and walks his dogs.

"You have to find something you like to do, even if you are busy," he says. "If doctors focus on taking care of themselves, they will be healthier and better suited to take care of patients."

What's a celebration without some music, noted Karen Peterson, WMAA executive director.

A quartet of physicians from the Class of '58 sang a music medley including a new version of the theme song from the opera "Rigoletto." While in medical school, Lowell D. Froker, a retired radiologist in Lafayette, California, William W. Cotanch, a neurological surgeon in Rochester, New York, John Mielke, a retired cardiologist in Appleton, Wisconsin, and Bry Wyman, a retired gastroenterologist in Madison, sang musical selections a capella. This time they invited an accompanist.

"It was fun and unusual for a barbershop quartet to perform," says Peterson.

A "dress rehearsal" five years ago at the 45th class reunion convinced the four they should consider an encore.

"We had a great time singing as students," Froker says. "It's one of my fondest memories of medical school."

The quartet grew out of the "Medichoir," a group of 40 medical students who sang at Madision events in the mid-1950s. Cotanch, a piano player, served as director of both groups.

Before the celebrations wound down on Saturday, many alumni elected to tour the beautiful new American Family Children's Hospital, which opened last summer. And, gathered in the Health Sciences Learning Center, they listened intently as John Harting, PhD, chair of the SMPH anatomy department, presented a colorful history of anatomy at the medical school. He also described the school's plans to move the gross anatomy labs from their current longtime location in the Medical Sciences Center into completely renovated space in UW Hospital. The WMAA is taking on fund-raising for the project.

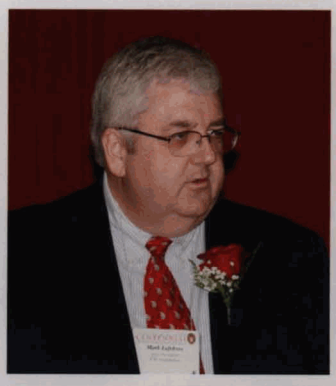
Alumni Weekend is always a wonderful opportunity for alums to hear about and see how the school is growing and changing, says Peterson.

"Many exciting things are happening at the school," she says. "Our alumni are proud of it all."

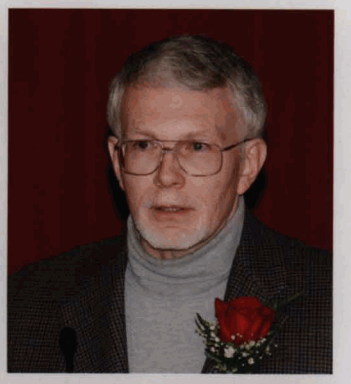
Awards A Highlight of Alumni Weekend

HENRY C. RAHR

CHRISTOPHER L. LARSON



MARK E. LEFEBVRE



DAVID MANKE

The annul presentation of awards is always the centerpiece of Alumni Weekend. And this year was no exception.

Henry C. Rahr, MD '58, was presented the *Ralph Hawley Distinguished Service Award*, which honors an alumnus who has made outstanding contributions to the local community.

Rahr, a family practice physician at the Luxemburg Clinic in Luxemburg, Wisconsin, from 1959 to 2003, has been recognized extensively for his commitment to his community. The Chamber of Commerce singled him out in 1994 for "Outstanding Business Leadership and Community Service," and again in 2003, for 44 years of service to the community. The Northwest Wisconsin Technical College also recognized him for 21 years of "outstanding service" on the Medical Assistant Advisory Committee.

Christopher L. Larson, MD '75, was given the *WMAA Service Award*, which honors an alumnus who has exhibited exceptional commitment to the WMAA over the years.

Larson, who has practiced comprehensive ophthalmology in Sheboygan, Wisconsin, for more than two decades, has been a dedicated member of the WMAA for many years. He has served as a board member, executive committee member, president elect and, from 2002-04, as president. He has been on the editorial board of the *Quarterly* since 2001, has served as chair of the editorial board since 2002 and alumni editor since 2004.

Mark E. Lefebvre was presented a *WMAA Honorary Life Membership.*

Lefebvre is vice president for health sciences and life sciences at the University of Wisconsin Foundation. During his tenure, the SMPH endowment has grown from $35 million to more than $700 million, including the landmark $300 million gift from Blue Cross & Blue Shield United of Wisconsin. Annual giving on behalf of the school has increased from an average of $4 million to more than $50 million on Lefebvre's watch.

David Manke, MD, was honored with the *Sigurd Sivertson Medical Education Award*, which recognizes the contributions made by the hundreds of preceptors who provide quality healthcare while offering medical students rich educational opportunities in small communities.

Manke, a vascular surgeon at Prevea Clinic in Green Bay, Wisconsin, has worked with UW medical students since 1985. For more than 20 years, he has provided opportunities for educational, professional and personal development to countless fourth-year medical students. His students consistently praise him for being accessible and an excellent role model

David T. Uehling, MD, and **David A. Kindig, MD, PhD,** were both given *Emeritus Faculty Awards.*

Uehling is the public health clinical liaison for the

DAVID T. UEHLING

DAVID A. KINDIG

(L TO R): PAUL J. BERTICS, DANIEL W. KNOCH, CARLO M. CONTRERAS, KYLA LEE, JEFFREY P. JORDAN, GREGORY TYLER

South Carolina Department of Health and Environmental Control. He is an emeritus surgery professor in the SMPH Department of Surgery and was chairman of the UW urology division, which recently became a department in the school, from 1983 to 2001.

Kindig is an emeritus professor of population health sciences. He co-directs Wisconsin's Robert Wood Johnson Health and Society Scholars Program and serves as co-director of the "Making Wisconsin the Healthiest State" project. Kindig was elected to the Institute of Medicine (IOM) of the National Academy of Sciences in 1996.

Paul J. Bertics, PhD, was recognized with the *Distinguished Award for Basic Science Teaching.* The Kellett Professor of Biomolecular Chemistry, Bertics teaches extensively at the undergraduate, graduate and medical school levels. He has received numerous teaching awards, including the UW Distinguished Teaching Award and the Dean's Teaching Award.

Distinguished Awards for Clinical Science Teaching were given to **Daniel W. Knoch, MD,** of Madison; **Kyla Lee, MD,** La Crosse; **Gregory Tyler, MD,** Marshfield and **Jeffrey P. Jordan, MD,** of Milwaukee

Knoch, an ophthalmology resident at UW Hospital and Clinics, was chief resident in 2006-07. He is currently the director of the ophthalmology portion of the neurosciences rotation for third- and fourth-year medical students.

Lee is an internal medicine physician at the Gundersen Lutheran Medical Center, where she is the internal medicine clerkship director on the Palliative Care and Hospice Service. Her teaching includes end-of-life care.

Tyler is a general obstetrician and gynecologist at the Marshfield Clinic and St. Joseph's Hospital in Marshfield. He also has an appointment at the Howard Young Medical Center in Woodruff, and has been affiliated with the Flambeau Hospital in Price County.

Jordan is a clinical assistant professor at Aurora University of Wisconsin Medical Group, Aurora Sinai Medical Center in Milwaukee, where he is a hospitalist. He is also the associate program director for internal medicine residencies at Aurora Sinai.

Carlo M. Contreras, MD, was named *Outstanding Resident.* A resident in the Division of General Surgery at UW Hospital and Clinics, he has also been a resident instructor for the Advanced Trauma Life Support course and the Laparoscopic Training course for junior residents.

Busse Wins Citation Award

WILLIAM BUSSE

When William Busse, MD '66, joined the faculty of the University of Wisconsin Medical School in 1974, he had clear ideas for his research but could not fully envision the eventual scope of the investigations into asthma that he and his colleagues would conduct.

"Although many factors determine the success and impact of your research effort," he says, "being at a world-class university and medical school is a tremendous advantage. You can do research at the University of Wisconsin that just can't be done elsewhere. The research environment has been so important to our overall success."

Now, 34 years later, Busse has received the 2008 Medical Alumni Citation Award, which "honors a medical school alumnus who has achieved distinction in medicine. Achievement is recognized through excellence in the practice of medicine, in academic activities and in research accomplishments."

Busse, currently the George R. and Elaine Love Professor and Chair of Medicine at the UW School of Medicine and Public Health (SMPH), says he is flattered to receive this prestigious award. However, he quickly points out that the success of the asthma research program is not due solely to his efforts. It is largely the result of a host of collaborative investigators, including his SMPH colleagues Robert Lemanske, MD '75, James Gern, MD, Nizar Jarjour, MD, and Paul Bertics, PhD.

"It's not just one person who is responsible for our success, but rather it's our ability to interact through collaborative research and, as a consequence, to achieve greater insight into basic mechanisms of asthma," Busse says.

> "The medical school was good to me and for me when I was a student, and it has continued to be most supportive of me as a faculty member."

Busse's overall research efforts over the years have been directed toward the study of asthma and mechanisms that determine disease severity. To gain new insight into these mechanisms, he and his co-workers have developed model systems in which to study patients with asthma.

"To learn about asthma, it is essential to study patients with this disease," Busse explains. "When this approach is used, your research results have direct application to the disease and the patient."

The researchers use the model systems they developed to study allergic asthma, respiratory infection-provoked asthma and, most recently, the role of stress and brain circuitry in the regulation of asthma.

Allergic reactions are known to provoke asthma attacks in many patients. Key observations from Busse's laboratory have shown how allergic reactions can cause acute inflammation in the airway, and how the principal cell in this process, the eosinophil, is recruited to the lung and can cause asthma to worsen.

The most common cause of asthma attacks leading to hospitalization is

—Continued on page 48

Reunions

1953

Back row: Glen Stuesser, Robert Arkins, Philip Brachman and Melvin Griem.
Front row: Delfin Beltran, Herbert Sandmire, Sylvia Griem, Richard Sternlieb and David Glassner.

1958

1st row: Robert Danforth, Joan Hebeler, Nola Moore, Dorothy Barbo, Gloria Sarto, John Weiss, Robert Keller and Jack Heiden.
2nd row: Robert Carlovsky, Sydney Miller, John Gray, David Westring, Theodore Eckberg, Donald Sherwood, Gerald Gant, Marvin Jumes, William Cotanch, Henry Rahr, James Wax, Gordon McComb and Anthony Kisley.
3rd row: Harry Wong, Lowell Froker, Robert Schmidt, Thomas Peterson, Dennis Barber, John Wyman, I. Ronald Shenker and Claude Burdick.

1963

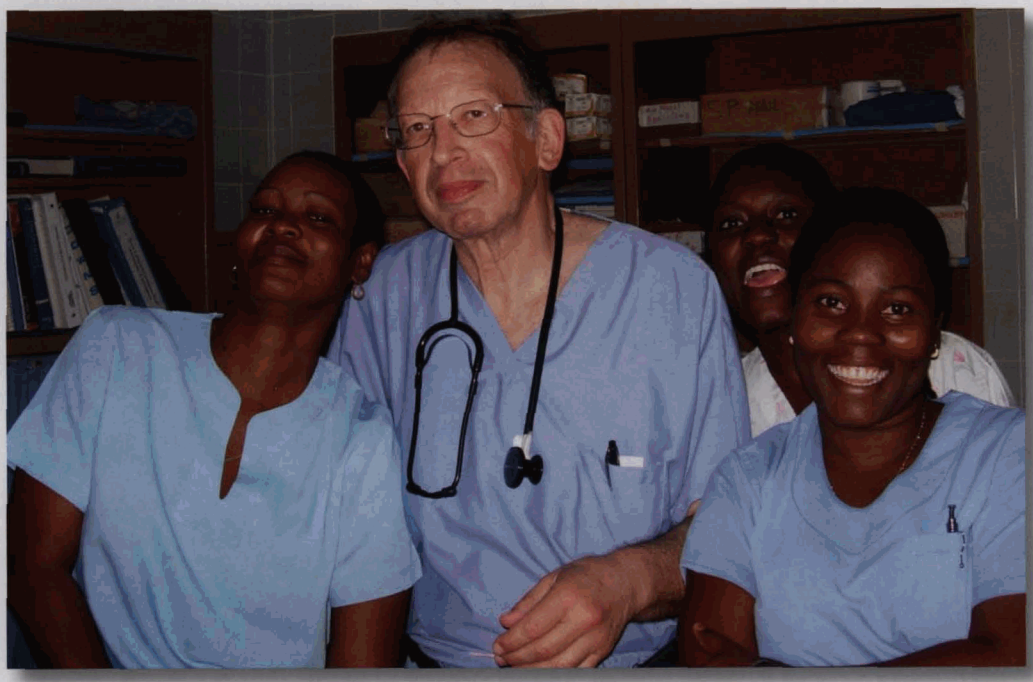
Back row: Stanley Johnsen, Fredrick Bronson, Conrad Andringa, Louis Bernhardt, Robert Wax and Ralph Froelich. Front row: James Beck, Geoffrey Moyer, Robert Bart Jr., Richard Albertini and Richard Gritzmacher.

1968

Back row: Kenneth Graupner, Jan Erlandson, Bob Grabner, Robert Horswill, Paul Wagner, George Kindschi and Stephen Stein. Front row: Lyle Wendling, Norman Deffner, Kae Walker, Mary Cowles, Michael Smullen, David Riese and Philip Farrell (guest).

Volunteers from the Class of '67

Travel the World Offering Help



Phillip Lerner took a break between cases with some of the nursing staff at the Albert Schweitzer Hospital in rural Haiti, where he volunteered as a general surgeon for three months.

Peru, Ghana, Micronesia, Mexico, India, Guatemala. These are some of the places a handful of members of the Class of 1967 have traveled to in their quests to do global medical volunteer work. They found their experiences to be stimulating, educational and extremely fulfilling.

Based in Seminole, Florida, **Phillip Lerner** spent three months in Haiti working as a general surgeon. He volunteered at the Albert Schweitzer Hospital in Deschapelles, in a rural, agricultural area of the country. With a medical staff that is half Haitian and half American and European, the hospital serves an area populated by approximately 300,000 people.

Lerner completed more than one hundred cases at the Haitian hospital and saw disease processes that are unusual in the U.S.

"Two of my patients had bowel perforation and severe peritonitis from typhoid. One lived; one died," he says. "I saw yaws, ocular anthrax, numerous cases of tuberculosis and a huge peritonsilar abscess. I performed two hemigastrectomies on patients with chronic gastric obstruction from benign chronic duodenal ulcers; both did well."

Lerner returned twice to volunteer his services at Albert Schweitzer.

"My volunteer experience has added perspective to my own life," he says. "I find it hard to complain much after I saw how many Haitians live."

Despite the hardships, though, Lerner says he will never forget the optimistic spirit he encountered in most of his patients.

In 2001, **Frederick Spiegler**, an emergency department physician in La Jolla, California, spent some two weeks in Micronesia on a trip sponsored by the Seventh-Day-Adventist Church. He and a group consisting of general physicians like himself, an ophthalmologist and several dentists traveled to Ponepei and three other remote atolls.

Spiegler and the other physicians ran clinics, performed minor procedures and presented education sessions. The ophthalmologist provided eye surgery, including cataract removal, and handed out many reading glasses, and the dentists did extractions and fillings.

"It was very rewarding," says Spiegler, "and the Micronesian people were very gracious and grateful."

Spiegler also spent about ten days in Ghana, Africa, on a medical volunteer trip through another church organization.

"Here we set up clinics each day in different areas of the countryside, and whole villages would show up," he

says. "We saw many things we couldn't do much about, but we were able to treat infections and skin problems, and we passed out hygiene supplies. Again the people were grateful and treated us very well."

Spiegler returned to Micronesia in 2004, this time with his wife. And the two of them have had opportunities to serve in occasional weekend clinics in a small village south of Ensenada in northern Baja, Mexico, over the years.

"I haven't felt like I've done anything extraordinary, and the work can be hard," he says, "but the opportunity to serve others, and the satisfaction one gets, are well worth the effort."

For **James Yahr**, volunteer work began in 1974, shortly after he finished his residency in plastic surgery. He spent three months in Taiwan, doing leprosy reconstructions and cleft lip and palate repairs.

The next 20 years he focused on the Alta Bates Burn Center and his private practice in plastic surgery in Berkeley, California, but then he hit the road seriously. His travels took him to Nablus, West Bank, where, with Operation Smile, he performed cleft work and also helped set up a burn unit.

"Having caught the missionary bug, I then went with Operation Smile to Taganrog, Russia, in 1997," he says. "We were so appreciated by the city that taxi drivers would not accept a fare. Overall it was a real bonding experience with the Russian people."

Later that year, he went with Operation Smile to Romania, where he repaired some of the most severe clefts he says he had ever seen. In 2001, he flew with a medical team to Moldova, one of the poorest ex-Russian satellite countries. Here he was mainly involved in their burn center, where he was surprised to learn that although the Romanians did not have money for expensive burn therapies, their mortality rates were not much different than those seen at sophisticated U.S. burn centers.

Fred Spiegler (in red shirt) ran clinics with other general physicians, an ophthalmologist and several dentists on remote Micronesian atolls.

In 2003, Hanoi, Vietnam, was the destination. There Yahr worked with Le The Trung, the only burn surgeon in the north during the Vietnam War. Yahr saw burns resulting from white phosphorus, a "nasty chemical" that was used by the U.S. during the war.

Next it was on to Piura, Peru, with Interplast.

"I saw a lot of burns that needed reconstruction, but we did not have the means to embark on such massive and prolonged tasks," he says. "The day we left, the city put on a parade for our group."

Several months later, in 2006, Yahr went to Guatemala City, and at the end of the year he found himself in Agra, India.

"I worked at Shanti Mangalick Hospital, the only hospital in Agra that will take care of the poor," he says, noting that very good medical care exists in India, but only for those who can afford it. "I worked with local doctors and nurses, doing a tremendous number of cleft lips and burn reconstructions. There is a huge need for free medical care in India. I barely scratched the surface."

Yahr has been invited to the Rift Valley in Kenya, but he's not sure when he will go. In any case, it appears that providing medical assistance abroad will be an activity that will continue to draw him—and the others—for some time to come.

James Yahr, in red scrub cap, worked at Shanti Mangalick Hospital, the only hospital in Agra, India, that takes care of the poor.

Class Notes

1946

Albert Liebman, a volunteer in the SMPH MEDiC program during the past year, was voted Volunteer of the Month in October 2007. He wrote the following poem, called "The Choppers," while his wife was hospitalized at UW Hospital and Clinics, where he heard the Med Flight helicopters landing and taking off.

The choppers,
In and out,
Bearing forms
Clinging to life.
And here,
In this house
Of hope and despair,
These clinging ones
Now give themselves
To strangers,
Who choose
To duel with life and death.

1964

The head of the State Bar Association of Wisconsin, Thomas Basting, recently honored forensic psychiatrist **Frederick Fosdal** (above) with the President's Award for his years of service to the legal community. The award was presented during the 2008 annual convention of the State Medical Society of Wisconsin. Fosdal has been in private practice in Madison since 1971. Following graduation from medical school, he completed his residency in general psychiatry and a forensic psychiatry fellowship at University Hospital in Madison. In 1980, he was the first psychiatrist in Wisconsin to be certified as a diplomate of the American Board of Forensic Psychiatry. He has served as a forensic consultant to the former Central State Hospital in Waupun, the Mendota Mental Health Institute in Madison, the Federal Correctional Institution in Oxford as well as the Wisconsin Department of Justice and the U.S. Department of Justice. Fosdal has contributed several articles to *Wisconsin Lawyer* and has given presentations on forensic psychiatry to numerous organizations.

1971

Mary Elizabeth Wilson served as member of the Pew National Commission on Industrial Farm Animal Production. The commission released its final report, *Putting Meat on the Table: Industrial Farm Animal Production in America*, on April 30, 2008, after more than two years of review and meetings. The report can be accessed online at www.pcifap.org.

1980

Patrick McBride (above right), associate dean for students at the SMPH, was given the Norman J. Arnold Medal at the University of South Carolina (USC) Arnold School of Public Health on May 8, 2008, during the school's hooding ceremony. The award honors an alumnus who graduated more than 10 years ago. McBride earned his MPH at USC in 1982 while completing a family practice residency there following graduation from the SMPH. In addition to serving in his medical student leadership role and being widely recognized as a stellar educator, McBride co-directs a comprehensive clinical preventive cardiology program, which includes inpatient and outpatient cardiac rehabilitation, a preventive cardiology/cholesterol clinic (one of the first in the U.S.), a diabetes prevention program and other clinical initiatives for people at risk for cardiovascular disease. He is currently an investigator on several NIH grants, including the Nutrition Academic Award, the Women's Health Initiative Trial and a study of cardiovascular disease in people with type I diabetes. McBride has served on several national advisory boards, including the National Cholesterol Education Program's Children and Adolescent Treatment Panel and its Adult Treatment Panel III expert panels.

1981

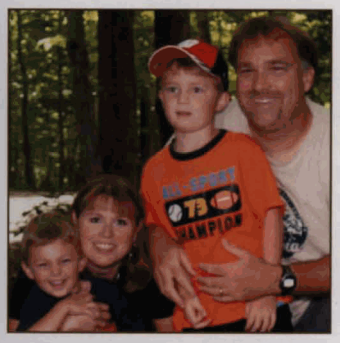
Mark Donald Luedke has been inducted as a fellow in the American College of Radiology (ACR). The induction took place during the recent 85th ACR annual meeting and chapter leadership conference in Washington, DC. Luedke is on the medical staff at Elliott Hospital and Catholic Medical Center in Manchester, NH, and Monadnock Community Hospital in Peterborough, NH. He is the recent past president of the New Hampshire Radiology Society.

1984

Linnea Smith (above) is a 2008 recipient of the Distinguished Alumni Award from the Wisconsin Alumni Association. Smith is the founder and medical director of the Yanomono Medical Clinic, located in the remote

Amazon jungle of northeastern Peru. She founded the clinic in 1990 following a vacation in the Amazon, leaving behind a successful medical practice in Wisconsin to start the clinic for indigenous people who previously had to travel 50 miles by dugout canoe to reach a doctor. She initially operated out of a thatched hut, treating patients who traveled many miles seeking her help for ailments ranging from parasites and diarrhea to malaria and machete cuts. Now supported by a nonprofit foundation, the Amazon Medical Project, the clinic offers myriad services, including prenatal care, baby delivery and even dental care. More than 2,600 patients are now seen each year, with Smith hosting visits from U.S. physicians who volunteer their services. In *La Doctora*, published in 1999, Smith chronicled the joys and challenges of life in one of the world's last frontiers.

1990



The Colorado Academy of Family Physicians (CAFP) has chosen **Laura Stein** (seen above with her family) to be the 2008 Family Physician Teacher of the Year. The award was presented on July 18, 2008, at the CAFP anniversary and annual scientific conference in Estes Park. Stein spends half her time as a faculty member in the Southern Colorado Family Medicine Residency Program and the other half practicing family medicine in the Comprehensive Family Care Center in Pueblo, Colo. She is also an adjunct faculty member of the University of Colorado Medical School.

1993

Jane E. Schauer (above) has been elected chair of the American College of Cardiology (ACC) Board of Governors. As current ACC governor for New Mexico, Schauer is constantly working to improve the quality of cardiovascular care for patients in New Mexico and across the country. In addition to an MD, she holds a PhD in exercise physiology from UW-Madison. She also completed her internal medicine residency and cardiology fellowship at UW. For the past eight years, Schauer has been a member of the Presbyterian Heart Group in Albuquerque, specializing in non-invasive cardiology. She also started the Adult Congenital Clinic in New Mexico in conjunction with Pediatric Cardiology Associates. When she takes the helm of the ACC board next year, Schauer hopes to continue her work to address the educational needs of cardiologists and ensure the voice of the entire cardiovascular community. She also plans to advocate for greater recognition of non-traditional ancient medicinal practices that address the whole patient.

1995

Thomas G. Hospel has recently been named medical advisor of the PGA Tour. He is actively involved in the administration of the tour's drug testing program.

2000

Patrick Sosnay is completing a pulmonary/critical care fellowship at Johns Hopkins Hospital and will be joining the faculty there with a joint appointment in the pulmonary division and the Institute of Genetic Medicine. His research and clinical focus is on adult cystic fibrosis (CF). He is continuing to work with Garry Cutting, MD, on a project cataloging the clinical and cellular phenotype of uncommon mutations in CFTR, the gene responsible for CF. For this project, he will also collaborate with former SMPH dean Philip Farrell. Sosnay recently enjoyed a whitewater rafting trip on the Colorado River in the Grand Canyon.

2002

Mark Flanum basked in the New Zealand sun last winter, when Madison had one of its worst winters in a long time. He is doing two fellowships this year. The first six months he was with Barry Tietjens, MD, the past president of the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine at Adidas Sports Medicine in Auckland. "We took care of some of the top athletes in New Zealand," he reports, "including members of the All Blacks Rugby team and the national Olympic Team." Currently he is doing a spine fellowship with Peter Robertson, MD, at Auckland District Health. "I am the only spine fellow in the entire country, so I see some very interesting cases."

Post-Graduate

Victor M. Elner, whose medical practice and research at the University of Michigan Kellogg Eye Center encompass the dual disciplines of ophthalmology and pathology, has been installed as the Ravitz Foundation Professor of Ophthalmology and Visual Sciences.

Richard Newton and **Vernon Ward** had an "old friends" reunion when they both recently attended the annual meeting of the American College of Cardiology in Chicago in April 2008. Both had been residents at UW in 1958. And both are life members of the WMAA.

Correction

Sarah Shock Chan is a member of the Class of 2003 not 2004, as indicated in the past Class Notes.

In Memoriam

Frederick Carpenter '53
September 26, 2007
Milwaukee, Wisconsin

Steven Lawrence '70
June 23, 2008
Madison, Wisconsin

Margaret Martin '86
June 18, 2007
Milwaukee, Wisconsin

Philipp Marty '52
March 9, 2008
New Glarus, Wisconsin

Jack McCullough '45
June 15, 2008
Fond du Lac, Wisconsin

James Wilkie '37
November 6, 2007
Spring Green, Wisconsin

New WMAA President *from page 12*

John Kryger, the new WMAA president, accepted the gavel from outgoing president Sandra Osborn during Alumni Weekend.

in a small-town volunteer fire and rescue department in New Auburn, Wisconsin.

"That was fun reading," Kryger says. "But my biggest weakness is I don't carve out enough time for fun."

He digs through his briefcase and pulls out the book *Bargaining for Advantage*.

"I've started reading books on leadership," he says. "I'm trying to become a better leader in the UW Health organization as part of the new Physician Leadership Development Program."

Classic rock and contemporary music also play a role in his life. Kryger often quizzes medical students and residents to name that tune in the operating room. If an assistant calls for music requests, they are wise to mention AC/DC, Kiss or Motley Crue.

"They're some of my favorites," Kryger says. "Students know that Dr. Kryger isn't all about medicine. They better know their music." Q

Busse Wins Top Award *from page 41*

a respiratory infection that generally involves common cold viruses, called rhinoviruses.

"We have been interested in how this common infection can lead to devastating effects in some patients with asthma," says Busse. "In this regard, we have shown how, in asthma, the common cold virus causes acute airway inflammation. Perhaps more importantly, we have found that some patients with asthma do not have a normal anti-viral response to this virus, making them particularly susceptible to these events. The next step is translating these findings into improved treatment."

Most recently, Busse has collaborated with Christopher Coe, PhD, and Richard Davidson, PhD, both UW-Madison psychology professors, to explore how stress or related events in the lives of patients with asthma can influence their disease. Early work has shown that chronic stress can enhance the allergic reaction. In addition, using MRI brain imaging during "asthma attacks," they have found areas of the brain that may be particularly important to these responses. These studies may open new approaches to treatment in areas previously not explored.

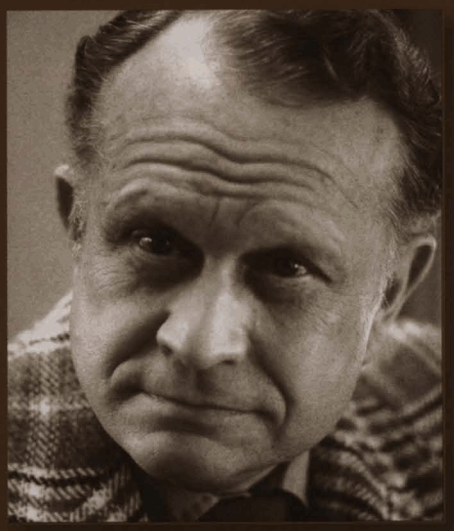
Busse has had over 30 years of continuous support for his research from the National Institutes of Health (NIH). He has been the principal investigator for many major NIH grants, including a 10-year Specialized Center of Research (SCOR) on asthma. In addition, he received a $56 million award in 2002 to direct a 10-site collaborative network for the study and treatment of inner-city asthma in the United States. This latter award is the largest in the medical school's history.

Busse has over 200 peer-reviewed publications and is editor of two major textbooks on allergy and asthma. In addition, he was president of the American Academy of Allergy, Asthma and Immunology (AAAAI) and has served on key NIH advisory panels and workshops. Finally, he has been recognized as a "top doctor" in his specialty in the United States.

As Busse states, "The medical school was good to me and for me when I was a student, and it has continued to be most supportive of me as a faculty member. I have been most fortunate to be a lifetime 'Wisconsin Badger.'"

Frank Larson and David Bradley

A UW MEDICAL SCHOOL STORY



Frank Larson, MD

David Bradley, MD

A pillar of the UW medical community died on December 25, 2007. Frank Larson, MD, served as director of University Hospital and Clinics' first consolidated clinical laboratory, a post he held for 30 years until his retirement in 1989. Revered by students, colleagues and just about anyone who knew him, he ushered in the era of computerization of clinical laboratories, far ahead of most university hospitals.

Larson advocated for the safe and effective use of radionuclides for medical diagnosis and treatment, chaired the UW-Madison Radiation Safety Committee and made numerous other contributions to the medical school and the larger university. I knew Frank during my time as an administrator of University Hospital in the 1980s.

After graduating from the University of Nebraska Medical School and completing an internship at Detroit Receiving Hospital in 1945, Frank entered the U.S. Army and was assigned to the Manhattan Project to test the effects of atomic bombs. The army detonated more than 20 nuclear devices near Bikini Atoll in the Marshall Islands.

The destructive effects of the bomb were self-evident, but little was known about the effect of intense quantities of radioactive material on humans. Larson was one of 32 physicians assigned to the Radiological Safety Section, the so-called "Geiger men," whose mission included measuring levels of airborne and marine radioactivity and determining methods for removing it from land, ships and other materials.

After atomic bombs were detonated in July 1946, the doctors monitored radiation from the air and carried their testing devices onto ships. The military's knowledge of radioactivity was so rudimentary that sailors were assigned to scrub the decks of radiation. Larson developed methods for testing radioactivity's adherence to paint, metal and wood.

At the completion of his military service, Larson needed to enroll in a residency program but had no immediate options. David Bradley, MD, who also had been assigned to the Manhattan Project and had become Frank's close friend, proved to be quite helpful in this regard.

He was the son of Harold Bradley, PhD, a longtime chair of the medical school's Department of Physiological Chemistry from 1921 to 1947. The Bradleys were well known in Madison. Their youngest daughter, Mary Cornelia Bradley, died in 1916 of measles, and the family memorialized her by donating funds for UW's first pediatric facility. Later called simply the Bradley Building, it is still in use by the university.

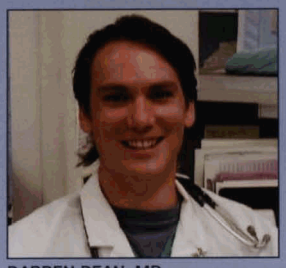
David prevailed on his father to arrange his friend's admission to the UW internal medicine residency program, launching Frank's career at Wisconsin.

Bradley began his medical education at Wisconsin but transferred to, and graduated from, Harvard Medical School. He did not practice medicine after his military service but instead settled in New Hampshire, working as a state legislator, U.S. Olympic ski jumping coach and author of books about skiing, Finland and Robert Frost. He remained an outspoken physician advocate for the elimination of nuclear weapons throughout his life. In 1948 he wrote *No Place to Hide,* in which he described the atomic bomb testing and provided the American public with its first alert that there was much to fear in the release of atomic energy.

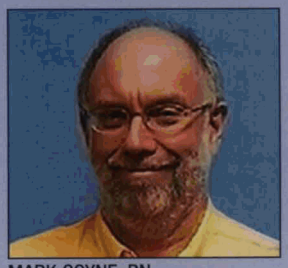
According to Larson's wife, Myrna Traver Larson, MD '62, director of the University Hospital Blood Bank and a UW faculty member from 1966 to 1990, Larson and Bradley remained friends throughout their lives, often meeting on David's visits to Madison. Bradley died on January 7, 2008, 13 days after Larson.

—by Gordon Ridley
SMPH senior associate dean for administration and finance

Hospital Mourns Tragic Loss



DARREN BEAN, MD



MARK COYNE, RN

STEVE LIPPERER, PILOT

A UW Hospital and Clinics Med Flight helicopter with a crew of three left Madison at approximately 8:30 p.m. on Saturday, May 10, 2008, to transfer a patient to Gundersen Lutheran Hospital in La Crosse, Wisconsin. After transferring the patient, the Med Flight helicopter departed the La Crosse airport at 10:30 p.m. to return to Madison. But no further communication ever came from the helicopter.

The crew consisted of Darren Bean, MD, Mark Coyne, RN, and pilot Steve Lipperer. An extensive ground search was conducted by La Crosse-area authorities. The aircraft was new, leased in the last year from Air Methods, and was an American Eurocopter EC 135.

"Our hearts and minds and prayers go out to the families and loved ones of those lost in this tragic accident," said Peg Van Bree, UW Hospital senior vice president and chief operating officer at a Sunday press conference the following morning.

"Darren, Mark and Steve represented the very best in compassionate patient care and they will be deeply missed by all members of the UW Health family who knew and respected this courageous and committed Med Flight crew," Van Bree continued.

The hospital community spent the next week supporting staff members grieving the loss of the Med Flight crew members.

"I think it goes without saying that UW Health feels very much like a family. Its staff are very connected to each other," Donna Katen-Bahensky, UW Hospital and Clinics president and chief executive officer, said later. "This is a tremendous loss to our staff, but also to the families and friends of those who died."

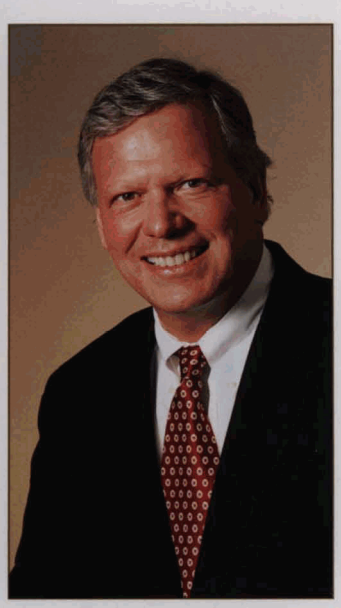
Madison mayor Dave Cieslewicz also made a statement at the press conference to express sympathies on behalf of the city and Dane County.

"I want to express our deepest condolences to the families, friends and co-workers of Dr. Bean, Mark Coyne and Steve Lipperer," Cieslewicz said.

The mayor called the accident "a tragedy for the community," noting that he knew Dr. Bean and was impressed by his passionate, well known work to increase heart attack victims' chances for survival.

Several memorial services were held for Bean, Coyne and Lipperer, and their families created memorial funds in their memory. In an emotional display of support, hundreds of people from around the state, region and country e-mailed their condolences, which were posted on the hospital Web site.

Our Students: Helping Drive Change



Christopher Larson, MD '75
Editorial Board Chair

I find it very compelling that our school's new innovative, exemplary approach of integrating public health and medicine extends to all aspects of our mission, including the admissions process and selection of medical students who become part of our family.

When I reflected on the school's readiness to undergo this integrative transformation, a few questions crossed my mind: How will our students—present and future—need to be engaged to advance our changing mission? Does this evolution pose a new challenge for the admissions committee? How will students entering this newly configured medical school differ from those in the past?

Recent issues of the *Quarterly* have featured articles about our school's ongoing efforts to teach differently. The changes include presenting information in a longitudinal manner across class years and consolidating new material from faculty in different departments. Material in the behavioral and social sciences has been incorporated and public health training is continuing to evolve across all four years of the curriculum.

The school also recentlly developed the Wisconsin Academy for Rural Medicine (WARM), the MD program designed specifically for students who are committed to working in under-served areas of the state.

We are now at a juncture where rural and urban health, population and community-based medicine, and the school's changing mission converge in what will play out as the true transformation from UW Medical School to UW School of Medicine and Public Health (SMPH). Prospective students are hearing about the changes—and they are intrigued.

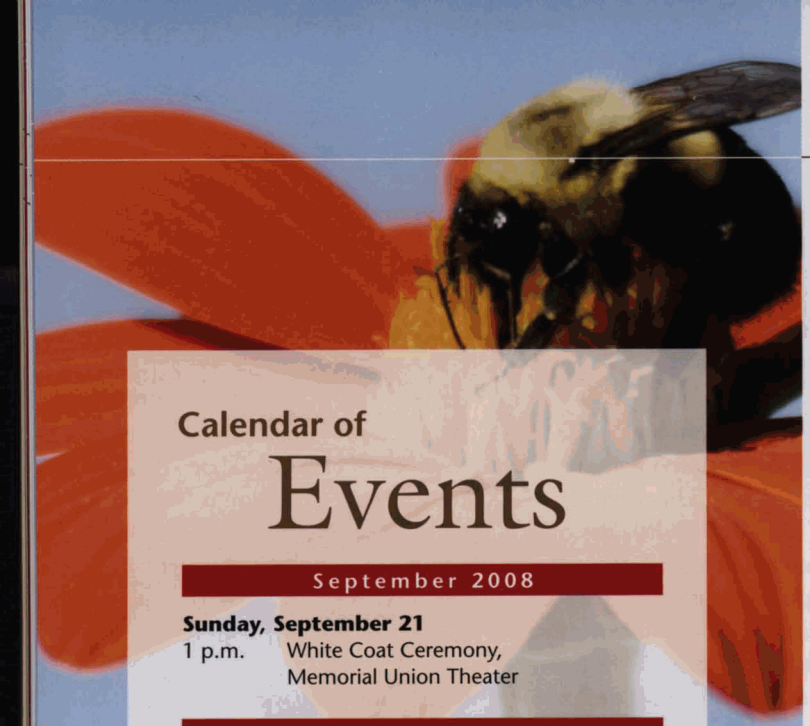
Our educational transformation is particularly timely, as the Institute of Medicine (IOM) has recommended in various reports that medical schools shift their focus so that at least 30 percent of students graduate with a Master in Public Health (MPH) degree. The IOM believes this is one of the best strategies to deal with the nation's health problems. Our students are very much a part of these dramatic changes.

It's gratifying to learn that, in 2007, the first year we had an officially integrated curriculum, the SMPH attracted nine candidates who chose the dual degree leading to a combined MD and MPH. This reflects the evolving focus of healthcare in general. It has gradually changed from one that emphasized basic science and diagnostics to one that encourages physicians—and students—to examine the complex interacting factors that include biological, genetic, behavioral, environmental and social, all of which affect human health.

From speaking with Pat McBride, MD '80, MPH, associate dean of students, it's clear that the SMPH continues to attract the brightest students who have navigated the competitive labyrinth of undergraduate study to gain admission to medical school. But they must be more than just smart students.

Lucy Wall, MA, assistant dean of admissions, told me that for years the admissions committee has sought applicants who have a broad range of interests and capabilities—those who work well together, who have a long history of altruism, and who have expressed an interest in population health or rural medicine. She added that encouraging students with these desirable qualities to come to the SMPH has been a guiding principle.

Our medical school has always attracted outstanding candidates. The admissions process continues to draw students who are ready for the changing landscape of healthcare and who embrace their role in our changing mission as a medical school. The students and our school are well positioned for what Dean Robert Golden has termed a "medimorphosis," transforming many aspects of the SMPH. What has been accomplished to date is extraordinary and complex in nature, and shows amazing foresight.



Calendar of Events

September 2008

Sunday, September 21
1 p.m. White Coat Ceremony, Memorial Union Theater

October 2008

OCTOBER 24-25
HOMECOMING WEEKEND
Reunions for the classes of 1973, 1978, 1983, 1988, 1993, 1998, 2003

Friday, October 24
2 p.m. WMAA Board of Directors meeting
4 p.m. Tours of the Health Sciences Learning Center and American Family Children's Hospital
6 p.m. Homecoming Dinner

Saturday, October 25
9 a.m. WMAA tailgate party at Union South
11 a.m. UW vs. Illinois football game

November 2008

Friday, November 14
6:00 pm Alpha Omega Alpha Banquet, HSLC atrium

Saturday, November 15
Tailgate party for UWHC residents
UW vs. Minnesota football game

PHOTO: Jeff Miller/UW-Madison University Communications

We Want to Hear From You

Please send us information about your honors received, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. ***Photographs are encouraged.***

Name _____ Year_____

Home Address_____

City _____ State_____ Zip_____

E-mail Address_____

Recent Activities _____

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Have you moved?

Please send us your new address.
Mail to: Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

Rather connect by computer?

Please send your information to us at:
www.med.wisc.edu/Alumni/stay_connected

■ Observations

PHOTO: Bryce Richter/UW-Madison University Communications

Most summer evenings, the Terrace is a popular draw no matter what's happening. Last June, visitors enjoyed a movie that was part of the Wisconsin Union Lakeside Cinema program, a summer-long event that features contemporary and classic films.

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Medical Alumni Association
Health Sciences Learning Center
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Madison, WI 53705

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