

VOLUME 13 • NUMBER 2 • SPRING 2011

FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly

Detecting Fetal Heartbeat Abnormalities

INTEGRATIVE CASES IN THE CURRICULUM p. 10

PROFILE: ELIZABETH PETTY, MD '86 p. 14

WINTER EVENT AT MILLER PARK p. 26

 **There's More Online!**
Visit med.wisc.edu/quarterly



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

QUARTERLY

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

EDITOR
Dian Land

ART DIRECTOR
Christine Klann

PRINCIPAL PHOTOGRAPHER
John Maniaci

PRODUCTION
Michael Lemberger

WISCONSIN MEDICAL
ALUMNI ASSOCIATION

EXECUTIVE DIRECTOR
Karen Peterson

EDITORIAL BOARD
Christopher Larson, MD '75, chair
Kathryn S. Budzak, MD '69
Maureen Mullins, MD '79
Sandra L. Osborn, MD '70
Patrick Remington, MD '81, MPH
Wade Woelfle, MD '95

EX OFFICIO MEMBERS
Robert N. Golden, MD
Dian Land
Luke Lopas
Karen Peterson

BOARD OF DIRECTORS 2010-2011

James Binder, MD '78
Renee Coulter, MD '79
Philip Farrell, MD, PhD
Donn Fuhrmann, MD '76
Kay Gruling, MD '88
Charles V. Ihle, MD '65
Susan Isensee, MD '83
Daniel Jackson, MD '03
Thomas Jackson, MD '67
John Kryger, MD '92
Christopher L. Larson, MD '75
Anne Liebeskind, MD '98
Thomas Mahn, MD '80
Johan A. Mathison, MD '61
Patrick McBride, MD '80, MPH
Steven Merkow, MD '80
William C. Nietert, MD '78
Sandra L. Osborn, MD '70
Steven Pizer, MD '85
Ann Ruscher, MD '91
Ann Schierl, MD '57
Sally Schlise, MD '76
Wade Woelfle, MD '95

QUARTERLY is published four times a year by the
Wisconsin Medical Alumni Association (WMAA)
and the University of Wisconsin
School of Medicine and Public Health (SMPH)
For editorial information, call (608) 261-1034

For address corrections and to reach
the WMAA, call (608) 263-4915

E-mail us at quarterly@med.wisc.edu

Visit us on the Web at med.wisc.edu/quarterly

CALENDAR

JUNE 2011

THURSDAY, JUNE 2 • MAX FOX PRECEPTOR AWARD BANQUET

Viroqua, Wisconsin

Recipient: Jeffrey Menn, MD '74

SEPTEMBER 2011

FRIDAY, SEPTEMBER 16 • MIDDLETON SOCIETY EVENT

Monona Terrace Convention Center

SUNDAY, SEPTEMBER 18 • WHITE COAT CEREMONY

Union South

OCTOBER 2011

OCTOBER 14 AND 15 • HOMECOMING WEEKEND

Reunions for classes of '71, '81, '86, '91, '96, '01 and '06

Friday, October 14

Fall WMAA Board Meeting

Fall *Quarterly* Editorial Board Meeting

Saturday, October 15

Tailgate Party, Union South

UW vs. Indiana Football Game

NOVEMBER 2011

FRIDAY, NOVEMBER 18 • AOA NATIONAL HONOR SOCIETY BANQUET

NOVEMBER 27 – DECEMBER 4 • WMAA-WAA WELLNESS CRUISE

APRIL 2012

APRIL 26, 27, 28 • ALUMNI WEEKEND

Reunions for the classes of (tentatively) '47, '52, '57, '62 and '67



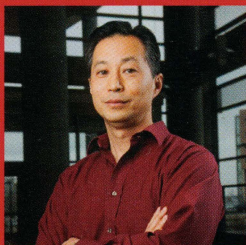
School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON

CONTENTS

QUARTERLY • SPRING 2011 • VOLUME 13 • NUMBER 2

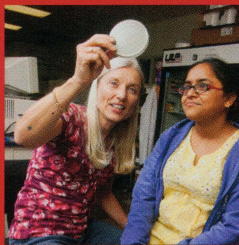
4



Fetal Biomagnetism

A Wisconsin team develops a new field of clinical care to detect fetal heartbeat abnormalities

16



Reorganizing Basic Sciences

Timely opportunities lead to a restructuring of basic science departments

14 Alumni Profile

16 Spotlight

20 Student Life

22 Faculty Q & A

24 Research Advances

26 Alumni Notebook

29 Healer's Journey

38 Donor News

10



Integrative Cases

A unique educational initiative exemplifies the school's transformation

Spring on Campus (above)

To the delight of most passersby, old trees and bushes on Bascom Hill begin to bloom at last.

ROBERT N. GOLDEN, MD



Spring is a wonderful time for celebrating rebirth and regeneration. In the words of the great bards (Lennon and McCartney), it is great to proclaim "Here comes the sun" after a long, cold (if not lonely) winter. In addition to the rapidly lengthening photoperiods, the rejuvenation taking place on our campus also brightens our days.

We once again welcomed the annual Match Day, one of the first steps in our students' transition to residency. Their placements in some of the very best programs in Wisconsin and across the country once again demonstrate our school's growing reputation for excellence, and, of course, our students' individual achievements. We are thrilled that so many received their top choices, and we are especially pleased that 45 percent matched in primary care residencies.

In addition to the blossoming of some truly spectacular spring flowers, we are also delighted with the arrival of several new key institutional leaders. You will read in our Alumni Profile about the "homecoming" of Dr. Liz Petty, a distinguished graduate

of our medical school and our pediatrics residency program. Following remarkable stints in New Haven and Ann Arbor, she will join us as the new senior associate dean for academic affairs, providing leadership to all of our educational programs. Liz's comprehensive background in so many important areas makes her especially well suited for this assignment. After all, how often does a widely respected basic scientist have extensive experience in designing and leading clinical curricula?

We are also extremely pleased with the recruitment of Dr. Dixon Kaufman from Northwestern University to lead the Division of Transplantation in our Department of Surgery. Dixon is a proverbial "triple threat," with an extensive and impressive background as a nationally recognized clinician, extremely productive investigator and widely sought-after teacher and mentor. We are confident that under his leadership our outstanding transplant program will move to even greater heights in all of its missions.

Another homecoming involves the return of Dr. William Clancy as the new chair of the Division of Sports Medicine

in our Department of Orthopedics and Rehabilitation. As you will read, Bill was a very successful orthopedic surgeon here at the SMPH before he moved to Alabama to develop an outstanding private practice, serving several highly visible athletes. We are especially excited that his background in academics coupled with these more recent experiences in private clinical practice will bring a unique perspective to a program that serves Badger athletes as well as patients from throughout the region.

Having now weathered my fifth winter in Madison, I can report a growing fondness for snow skiing, although it remains somewhat eclipsed by my devotion to waterskiing. I am learning to cope with the pangs of withdrawal from Badger football and basketball in this season. It is time to refocus on the other entertaining spring spectator sports, ranging from the activities of the Brewers to those of the state Legislature. I am sure that we will see a lot of excitement and, we hope, more wins than losses as we move into summer.

Robert N. Golden, MD

*Dean, University of Wisconsin
School of Medicine and Public Health
Vice Chancellor for Medical Affairs
UW-Madison*

DONN FUHRMANN, MD '76

In this message, I want to share with you my passion for preventive medicine and wellness. It was a gradual transition for me, both in my practice and in my personal life. It feels good to exercise and take care of myself. It also feels good to help patients make healthy changes in their lives and take ownership of their medical problems.

About a year ago, an obese 245-pound male presented with classic hyperglycemia, glucose 525. He was hypertensive with elevated cholesterol and triglycerides. He was making poor choices: eating badly, not exercising and not going to the doctor. After much education and counseling, he accepted responsibility for lifestyle changes. He now weighs 192 and has normal blood pressure, glucose, cholesterol and triglycerides. He is committed to his new diet and exercise program. He feels great and carries a big smile. Change really is possible for all of us.

My own transition started in the mid-1990s, when I began having a lot of musculoskeletal problems: in my neck and shoulder initially, then my knee and lumbar spine. My weight was good, my diet mediocre, but I was just too busy to exercise. (I'm sure some of you have been there!)

But then I started to go see a friend who is a physical therapist. He motivated me and really changed my life. He emphasized the importance of stretching and strengthening my muscles. He gave me specific exercises to do and over the years I developed a comprehensive exercise program.

Now I am up at 5:30 a.m. and at the swimming pool and gym by 6:10. In New London, we are blessed with an excellent exercise facility, where I love to use the elliptical machine. You just feel so much better after a workout. It improves your mood and attitude and gives you a lot more energy. I suppose I am addicted—I love to feel those endorphins flow.

My diet has also gradually improved. I try to practice what I preach in the office. I eat lots of veggies and fruits. I have eliminated most of the junk food from my diet. I try

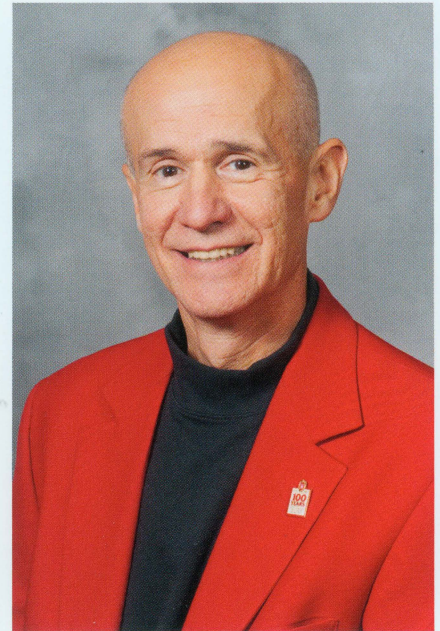
to stock my office with healthy snacks: yogurt, walnuts, almonds and fresh veggies. I try to have two cups of green tea and an apple a day. At the WMAA office, I have a reputation for eating a lot of my favorite snack—raw red peppers (try them; they are very sweet and tasty!). My favorite breakfast is Cheerios and blueberries but oatmeal is a close second. For lunch I love chili or a stuffed pepper (both are always available in our freezer) or a cabbage salad loaded with raw veggies and soybeans. For dinner we have a lot of boiled veggies, BLTs with fresh tomatoes, turkey, fish and venison. My supplements are simple: a one-a-day vitamin, calcium with vitamin D, vitamin C, fish oil and a baby aspirin. I'd be very interested to hear what you do; please e-mail me at dfuhrmann@charter.net.

I love to lecture on health and wellness. Two of my favorite talks are: "How to Live to be One Hundred" and "CT Coronary Calcium Scores! A New Screening Test." These are two of the many lectures that will be presented on our Wisconsin Medical Alumni Association "Wellness Cruise" next November 27 through December 4. We'll be exercising, relaxing and studying preventive medicine as we tour the Mexican Riviera.

There will be lots of opportunities to learn more about healthy lifestyles and exercise programs, healthy diets, cholesterol and heart disease prevention, intimacy, motivational interviewing and urological health including prostate, bladder, ED and kidney stones. You will be able to earn 12 CME credits. I hope you will join me for this wonderful cruise! For more information, go to med.wisc.edu/alumni.

Donn Fuhrmann, MD '76

President, Wisconsin Medical Alumni Association





Patients from across the country come to Ron Wakai's Fetal Biomagnetism Laboratory, now located in the Wisconsin Institutes for Medical Research.

Fetal Biomagnetism

A WISCONSIN TEAM DEVELOPS A NEW FIELD OF CLINICAL CARE TO DETECT HEARTBEAT ABNORMALITIES

Twenty years ago, Ron Wakai, PhD, then an assistant professor of medical physics at the University of Wisconsin School of Medicine and Public Health (SMPH), spent a lot of time in the dreary basement of the physics department in Sterling Hall, a rarely visited place on the UW-Madison campus. It was the only available space he could find where his ultra-sensitive magnetometer would work without picking up the electromagnetic signals that elevators and other heavy equipment normally emit, which could skew the readings.

In his small laboratory, Wakai was testing a seven-channel, super-conducting quantum interference device, or SQUID, to see how he could expand its use in human health. The first magnetic recordings of the human heart had been made in 1963, but SQUID magnetometry, previously applied to submarine detection and oil exploration, had advanced very little in clinical medicine.

A combination of physics and biology, the technology now called biomagnetism

works by measuring the extremely weak magnetic fields that are naturally generated by the electrical activity that occurs during heart contraction and brain activity. Although only a few groups in the country were doing research in biomagnetism then, the National Institutes of Health (NIH) recognized its value and provided Wakai substantial funding.

These days, thanks in part to a fortuitous collaboration with a pediatric cardiologist that began a decade ago, things have changed significantly. Wakai's Biomagnetism Laboratory is now located in the highly accessible Wisconsin Institutes for Medical Research (WIMR) adjacent to UW Hospital and Clinics. The busy lab houses a 37-channel, ceiling-mounted SQUID in a seven-ton room with foot-thick walls that block out almost all external interference.

Over the years, Wakai and colleagues have shown unequivocally that biomagnetism indeed has clinical value—specifically, for detecting heartbeat abnormalities in tiny fetuses. In fact, almost single-handedly, the team has created the emerging field of fetal

cardiac arrhythmia care. And as a result, high-risk pregnant women from across the United States are regularly referred to the lab for evaluation.

"Our lab is the only place in the country dedicated to evaluating rare and very serious fetal heart rhythm problems using biomagnetism," says Wakai, currently a full professor leading a small group of researchers focused solely on biomagnetism. "In a typical year, we see between 50 and 70 patients, most from Chicago and Milwaukee but some from as far away as Hawaii and Florida. The vast majority are around 25 weeks pregnant."

A SERIOUS SITUATION?

One typical patient, a 24-year-old woman carrying twins, went to her Chicago obstetrician for a regular prenatal check-up. With a stethoscope, the obstetrician detected an irregular heartbeat in one of the twins. The doctor referred the patient to a high-risk obstetrician and a pediatric cardiologist so that they could determine if the irregularity was anything to worry

about. The specialists ordered a Doppler ultrasound, the standard for analyzing fetal heart-rhythm abnormalities, to get more information. Reading the ultrasound, they felt that there was nothing structurally wrong with the two fetus's hearts, but they wanted to know more about the arrhythmia. Did it need to be treated? Did it portend a more serious situation? They sent the patient to the Biomagnetism Laboratory for further testing.

As the patient lay on a comfortable table, the detector was pressed against her belly. Teasing out the complexity of three signals—from mother and two fetuses—was the challenge for the team that day. But the SQUID picked up the faint magnetic signals from each and displayed the separate data on a computer monitor in an adjoining room. The non-invasive, passive scan, which receives rather than sends signals, was completely safe for the fetuses and their mother.

Wakai's longtime collaborator Janette Strasburger, MD, was there with the patient, as she is with every patient. Strasburger is usually accompanied by her obstetrical research nurse Gretchen Eckstein, RN.

"The lab is the closest thing there is to a cardiac intensive care unit for fetuses, with continuous monitoring while the mother and fetus are with us," says Strasburger, a professor of pediatrics at the Medical College of Wisconsin and pediatric cardiologist at Children's Hospital of Wisconsin—Fox Valley. She and Eckstein drive the two hours from their base every two weeks or so for scheduled procedures. Sometimes they race to meet a patient who has been sent for an emergency evaluation.

The hearts of the referred fetuses may skip beats, beat prematurely, or race or beat too slowly. Conditions such as premature atrial contractions are relatively common; others, such as supraventricular tachycardia and atrioventricular block, are rare and dangerous, Strasburger says.

"Some of these conditions can be completely unrecognized with standard imaging," she says.

Doctors must know exactly what's happening with the fetal hearts so they can treat accordingly, sometimes very quickly.

The recordings, in conjunction with data obtained from ultrasound, allow physicians to offer patients appropriate treatment options—from cautiously waiting and seeing, to prescribing medications, to delivering the fetus as soon as possible.

"We may determine that the fetus has a potentially fatal arrhythmia that must be treated immediately," says Strasburger. "While this condition is rare, the treatment might include medications that the mother takes, or direct shots of medication given by a pregnancy specialist, similar to an immunization injection."

In the case of the twins, the scan showed that the arrhythmia had disappeared, so no treatment was needed.

FETUS FOCUSED

If they could, physicians would order an electrocardiogram (ECG) to analyze abnormal heartbeats in a fetus, as they do with adult patients. But an ECG doesn't work on a fetus.

"A slimy protective layer on the fetal skin, called the vernix, inhibits electrical signals from being conducted to the surface of the expectant mother's body, where they could be measured," Wakai says. "Magnetic signals, which don't require electrical conductivity, aren't affected by the vernix."

Until now, ultrasound of the heart, or echocardiography, has been the next best, and most commonly used, option for monitoring fetal cardiac arrhythmias.

"Ultrasound is great, but it can't do everything," Wakai says. "SQUID is the only detector sensitive enough to measure those barely detectable signals."

Another big advantage of the SQUID detector is that it makes hour-long, continuous recordings, while ultrasound captures only a small window of activity and often misses intermittent arrhythmias.

"Ultrasound measures the pumping action of the heart, but the SQUID measures the rhythm signals that cause the heart to pump," Wakai says.

Using the technology to help high-risk patients with baffling arrhythmias is exciting, Strasburger says.

"It's also a lot of responsibility," she says. "The women who come to us are vulnerable,

their fetuses are vulnerable and infants who are born with cardiac arrhythmias are vulnerable."

PHYSICIST AND PHYSICIAN

Wakai and Strasburger met 10 years ago, when Strasburger was working at Children's Memorial Hospital in Chicago.

"It has been an extremely synergistic collaboration," says Wakai.

With a longtime interest in electrophysiology, Strasburger saw early on that biomagnetism had great potential in her world of pediatric cardiac arrhythmias.

"I knew I had to work more with Ron to move the field along," she says.

Their first papers were written at an Internet-enabled book store in Rockford, Illinois, halfway between their two bases.

"When young scientists ask me how to develop professional mentorships, I often tell them, 'Don't be afraid to step out of your box (by that, I mean hospital), and don't be afraid to work on your day off,'" laughs Strasburger.

The two were soon joined by Bettina Cuneo, MD, a pediatric cardiologist at Hope Children's Hospital who also specializes in fetal medicine.

With continuous funding from the NIH and a steady stream of subjects for their studies, the collaborators collected recordings in a sizable population of patients with serious arrhythmias. Nobody had ever made such recordings before or accumulated such revealing data.

A series of important papers followed, as well as presentations at national meetings, laying the foundation for the solid scientific grounding that now underlies fetal cardiac arrhythmia care. Word has spread nationally and internationally, with clinicians in places such as Germany, Canada and Japan eager to hear of the latest developments.

Interest is high at home in Wisconsin as well, says Kathleen Maginot, MD '89, director of pediatric electrophysiology and pacing at UW's American Family Children's Hospital. Her particular interest is inherited arrhythmias.

"We know that at least 10 percent of all cases of sudden infant death syndrome (SIDS) are due to inherited arrhythmias,"



Dr. Janette Strasburger explains to a patient that the non-invasive, passive SQUID detector will pick up the faintest magnetic signals coming from her fetus' slow heartbeat.

says Maginot, associate professor in the cardiology section of the SMPH Department of Pediatrics. "Biomagnetism, which gives us the earliest opportunity to accurately record signals from the fetal heart, can help us identify and control arrhythmias that may lead to SIDS."

A prenatal diagnosis of an inherited arrhythmia in a fetus may also help identify other family members at risk for life-threatening arrhythmias, says Maginot, who also is co-director of the UW Inherited Arrhythmias Clinic at UW Hospital that provides family-based care.

For the majority of inherited arrhythmias, undiagnosed children will appear healthy, she explains. But the child can suddenly develop a life-threatening arrhythmia, often during athletic activities.

"Once a fetus is determined to have this type of disorder, siblings and parents can be screened," she says. "Hopefully, research in the Biomagnetism Lab will allow us to prevent such disasters before they strike."

Wakai and Strasburger have used biomagnetism to analyze cardiac abnormalities in more than 300 patients so

far, but they see it as merely the tip of the proverbial iceberg.

"So many miscarriages and stillbirths are unexplained," says Strasburger, "and we think inherited arrhythmias and other cardiac conditions often may be the explanation."

There is hope for those fetuses, she adds. "Many of the diseases fetuses are dying of in utero are preventable and treatable," she says.

TRANSPORT, TRANSITION, TRANSLATION

Right now, the testing is confined to patients who come to the Biomagnetism Lab in Madison. But the long-distance travel can be an additional stressor for pregnant patients. So Wakai and Strasburger are providing scientific and technical support for a project that will take the show on the road—with a mobile unit currently under construction.

"This is a big project involving many players, including Shared Medical Technologies, a company based in rural Wisconsin," Wakai says.

A \$3 million grant is helping them build a smaller SQUID sensor, a special shield

that blocks magnetic interference from the environment and a truck large enough to carry it all. The mobile unit, expected to be ready for testing this year, will go first to Minneapolis, Chicago and Milwaukee and then, ideally, much farther later on.

In the meantime, Wakai and Strasburger have taken their message on the road, describing their work to medical physicists, pediatric cardiologists, obstetricians and specialists in maternal-fetal medicine.

"This is a transition period. Integration of the knowledge into clinical practice takes a lot of time and focus," says Strasburger, praising colleagues who help cover her practice when she is away.

Translation also stands out as a theme, Wakai says.

"Our work is a great example of translational research, which moves relatively quickly from a basic science stage to a clinical usage stage."

He rarely thinks back to the days when he worked in a dreary basement.

Match Day

2011 IS A GOOD YEAR FOR PRIMARY CARE

As expected, emotions ran high at the annual Match Day this year, with most members of the soon-to-graduate Class of 2011 at the School of Medicine and Public Health freely expressing themselves as they learned where they would be spending the next years in specialty training programs. Classmates, families and friends shared in the suspense, and then relief, at finally knowing what the future held. A recent-year record number of students—66, or 44.3 percent of the 144 in the class—chose residencies in the primary care specialties of internal medicine, family medicine and pediatrics. It was an 8 percent jump from last year. School leaders are gratified that their efforts to address Wisconsin's primary care shortages through their rural and urban medicine programs, WARM and TRIUMPH, are paying off in such a positive way. Just over 10 percent of the class chose anesthesiology residencies, 6.9 percent chose diagnostic radiology, 5.5 percent chose psychiatry and 4.9 percent chose general surgery.



Clockwise from above: Ariela Karasov, Moltu Guy and family, Briana Petersen, Helena Chang, Matthew Lee and Noah Grams are elated to learn where they will be spending the next years in their residency training.





There's More Online!

For an audio slideshow and interactive map showing the students' residency locations visit: med.wisc.edu/30887



Med 1 Jasmine Wiley reviews students' comments summarizing the impact of a drunk-driving incident.

Integrative Cases

A UNIQUE EDUCATIONAL INITIATIVE
EXEMPLIFIES THE SCHOOL'S TRANSFORMATION

If you walked into the Health Sciences Learning Center at the University of Wisconsin School of Medicine and Public Health (SMPH) on a Tuesday in late February, you might have thought there was chaos in the atrium.

Second-year medical students elbowed each other to reach the front of a line under a sign that read "Social Services Agency" or argued with a sleazy-looking man at the pawnbroker table to get the most for their television sets. Nearby, other students learned that they had been fired for missing work due to a medical appointment, or evicted because they were late with the rent. And through the mayhem, a "cop" chased a medical student who had turned to petty thievery to support his "family."

Upstairs, the scene was less chaotic, but still unusual for a day at medical school.

In one classroom, an ethicist and the attorney who argued before the Wisconsin Supreme Court that a patient with infectious tuberculosis (TB) should be quarantined against his will were discussing when public health trumps individual rights in trying to prevent the spread of disease.

In another room, students were learning from a local public health official about funds that were available to help breadwinners with infectious TB pay for rent and groceries so they would not go to work.

In a third room, an SMPH infectious disease specialist and his patient with multiple-drug-resistant TB were explaining why the medicine is sometimes worse than the illness, giving students an appreciation for why some patients don't comply with onerous treatments.

Welcome to an "integrative case." It's a new educational initiative for first- and second-year students that is quickly becoming a cornerstone of the medical student curriculum—one that exemplifies the SMPH's transformation into a school of medicine and public health.

The "poverty simulation," which introduces students to the stress of poverty as part of the TB integrative case, is new this year. But it is one example of many integrative cases presented over three years that have expanded upon the basic science and clinical perspective students get in their coursework. The cases encourage students

to examine the public health, social, ethical, economic and legal issues that affect health and healthcare.

Through community experiences and small group discussions, students have explored topics such as pre-term birth, binge drinking and drunk driving, healthcare financing, obesity and the factors that land patients in the emergency room. Students have gone to the state Capitol to testify on both sides of topics ranging from gun control to unpasteurized milk, they have accompanied public health nurses on home visits to high-risk pregnant women, and they have visited the State Laboratory of Hygiene to see where TB is cultured and identified.

"Our goal is to help shape physicians who understand the world beyond the examination room, to show them how that world shapes the health of their patients," says Christine Seibert, MD, associate dean of medical education at the school. "Students are remarkably engaged in the integrative cases, and the feedback we're getting from their third-year clerkship directors is that they are more knowledgeable about the public

health factors that influence healthcare than students who came before them."

Seibert credits Renie Schapiro, MPH, a former Washington, DC, health policy expert and public health columnist for the *Milwaukee Journal Sentinel* who is now a member of the SMPH curriculum development team, with being the "heart and soul" behind the creation of the cases.

Schapiro points to the enthusiastic participation of faculty members across many departments at the SMPH and elsewhere on campus, and especially the community public health leaders and patients who all come together to make the cases work.

"We are tapping such incredible, often overlooked, resources who have so much to teach our students," Schapiro says. "Everyone seems to love the opportunity to interact with our students in this way."

The cases are also possible because of seed money in the form of a \$2.5 million, three-year grant from the Wisconsin Partnership Program, which supports educational initiatives that integrate public health into the curriculum.

While many medical schools are beginning to incorporate public health issues into their curricula, Wisconsin's integrative cases are unique, says Rika Maeshiro, MD, director of Public Health and Prevention

Projects for the American Association of Medical Colleges.

"I think it's a very creative, relevant and holistic perspective on these issues," says Maeshiro, who heard Seibert give a presentation on integrative cases at a conference last year. "In fact, I'm a little jealous because I'd like to sit in on one of these cases."

Schapiro says that the idea of introducing cases incorporating public health grew out of a public health task force created by the Dean's Office at the outset of the process to transform the SMPH into the nation's first school that truly combines medicine and public health.

She also recalls a meeting at which Dean Robert Golden, MD, unveiled a draft of his vision for integrating public health as a time when a light went off for her. An infectious disease specialist at that meeting commented that in doing a consult on a potential heart transplant patient, he encountered a host of scientific, ethical and public health issues.

"It clicked then that we could show how interrelated basic science, clinical science and public health really are through these cases," she says. "We could also help students understand the 'gray' areas of medicine beyond the black-and-white facts they learn in their early years."

Each year Schapiro and colleagues Amy Becker, MA, Stephen Bagwell, MA, and a few faculty advisors develop three or four integrative cases, typically presented on the two days following exams. On day one, students get an overview of the case and then divide into five groups, each focusing on a different aspect of the problem.

That afternoon, students meet in small groups with basic scientists, clinicians, patients, policy makers, public health workers and others. Schapiro lines up at least 20 of these experts for each case. On the second day, students share with each other what they learned, guided by a faculty member facilitator.

For example, in the two-part driving under the influence (DUI) case, students followed

a young college-age driver from an episode of weekend binge drinking through her car crash, trauma treatment and long-term rehabilitative care needs.

In the first part of the case, students looked at acute care and the emergency response teams, but also at how the crash might have been prevented. Students visited a community hospital and a level-one trauma center and met with law enforcement, state transportation officials and political leaders about reducing drunk driving.

The second part of the case, several weeks later, examined the driver's chronic care issues, including alcohol and mental health treatment, physical and cognitive rehabilitation, treatment costs and family care-giving challenges. It concluded with students documenting dozens of significant impacts that one person's decision to drive drunk had on the individual, her family, the healthcare system and public health.

Students complete evaluations after each case and Schapiro says their ratings and comments have helped mold the cases over the three years since they were first introduced.

"The cases can nudge students out of their comfort zone, so we didn't expect everyone to embrace them," she says. "But we are heartened by what students are taking away from the cases, and the many positive comments."

Wrote one student: "These have been some of the most energizing and interesting experiences of my first year."

Others wrote: "These cases have been crucial in helping me understand what types of public health issues are affecting Wisconsin, where I intend to practice in the future. They also helped inform me as to how to be an active participant in the initiatives to reduce and eliminate the various issues we discussed this year."

And: "I believe the integrative cases are a great place to challenge perceptions and encourage students to look within, examine their own biases and become conscious of how their biases may have a detrimental effect on an individual's healthcare. Thank you for taking the time to put these together and enriching our learning experience."



Med 2 Holly Caretta-Weyer is distressed to find herself in jail during the poverty simulation.



Students practice testifying at a mock hearing on health policy issues at the state Capitol.

Med 2 Monica Woll says she has especially appreciated the health-policy-making aspects of the cases, which taught her skills she expects to use in her future clinical practice.

"When we went to the state Capitol and testified about legislation, we learned a skill that likely is not taught at any other medical school in the world," Woll says. "That (public health focus) is one of the reasons I came to this school."

The public-health-infused curriculum, currently presented in years one and two, will continue through all four years once Seibert and her colleagues complete their planning. Third-year students are already learning about patient safety in some new offerings in their medicine and surgery clerkships, and they are completing community projects as part of their primary care clerkship experiences. And fourth-year students are doing community assessments during their six-week preceptorships all across the state.

Back in the Health Sciences Learning Center atrium, the 50 students taking part in the poverty simulation moved into a lecture

hall for a debriefing led by David Deci, MD, associate professor of family medicine. Some students shared that the poverty simulation experience made them feel isolated, aggressive and angry. A few who fared the best were those who took up a life of crime to support their "families."

Med 2 Max Michaelski, one of the "criminals," says that being arrested was actually a relief.

"Being in jail was less stressful," he says, than trying to keep things together for his family that day.

Of course, two hours of role-playing being poor isn't the same as the real thing, but some students say they were shocked at how stressed they felt by the end of the poverty simulation exercise.

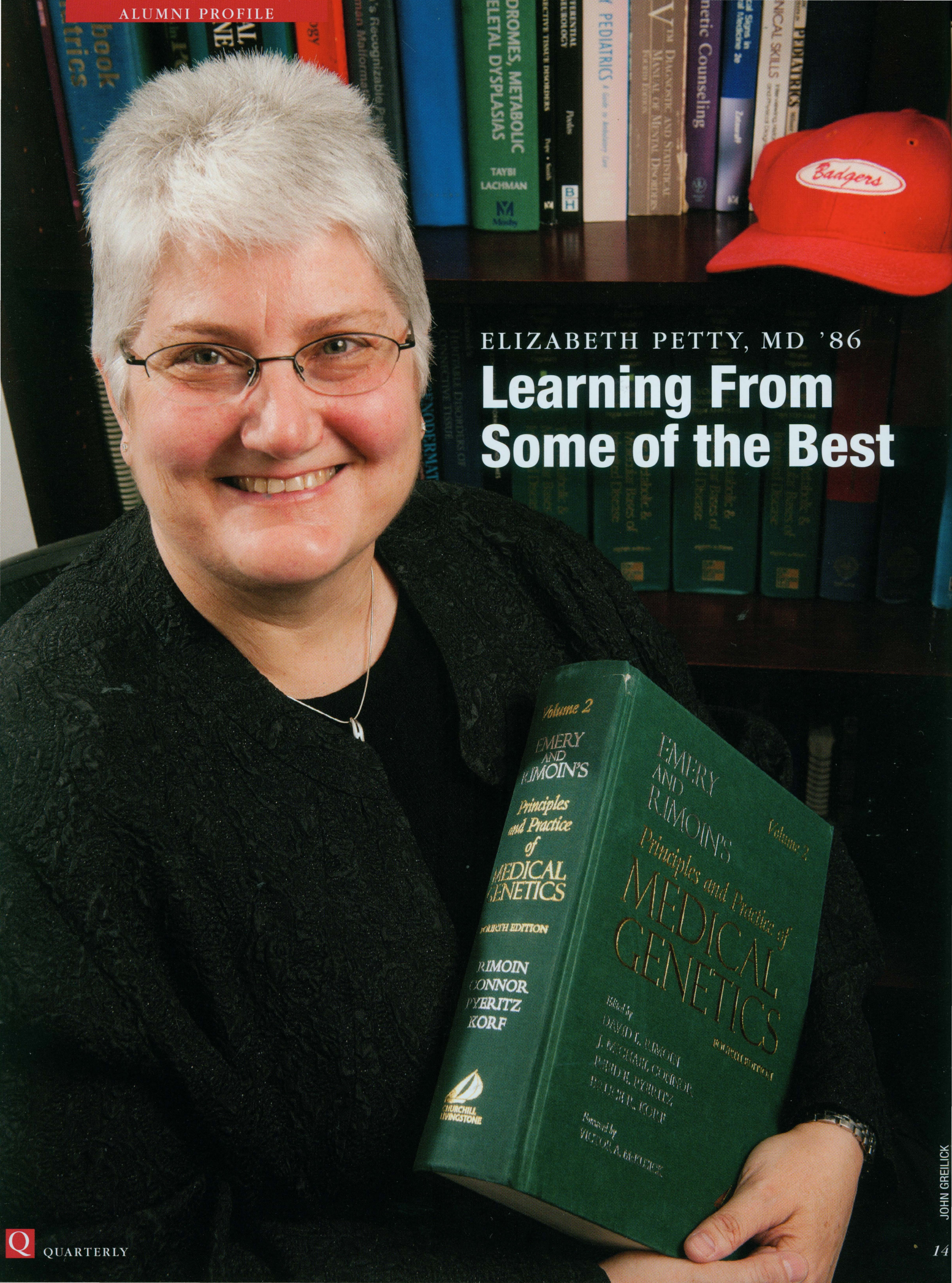
Looking back on it later, Med 2 Andrew Redmann observed: "I don't usually get stressed out, but I felt it. The poverty simulation forces you to move out of your own viewpoint and shows you that the stresses medical students face are really quite minor. It helps build empathy and gives

us a way to see people as people and not 'the next patient.'"

While the simulation was pretend, Deci told the students that they must always remember that patients have lives outside the medical setting that affect their health.

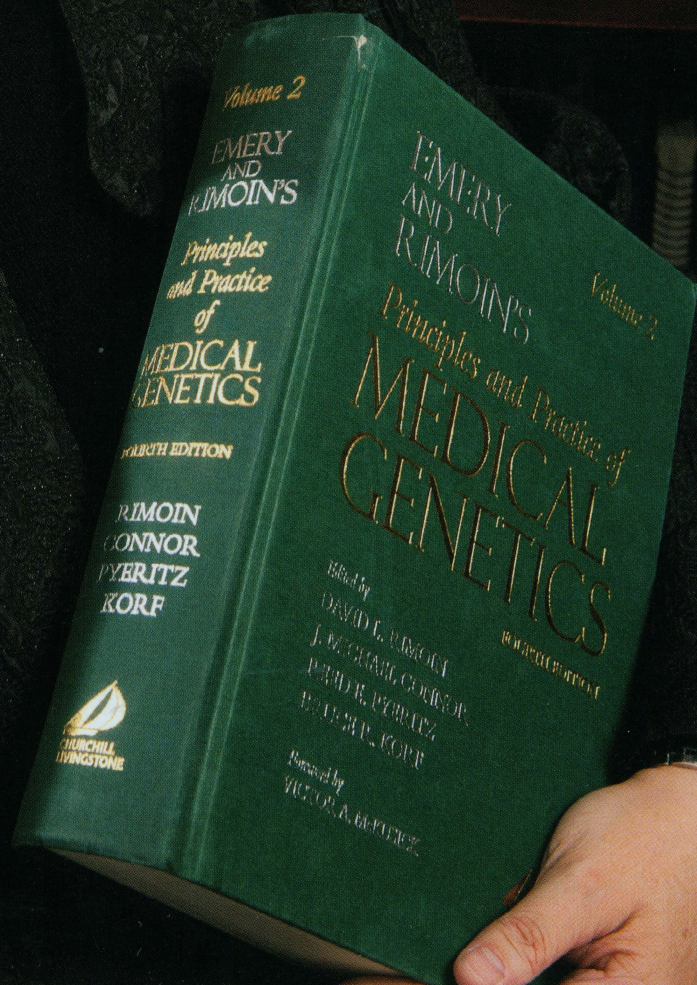
"Life stresses play a role in what you see in the clinic," Deci told them. "Is it any wonder that people come to the doctor with stress-related illnesses? This is why you should always ask patients, 'What's going on in your life?'"

Spending just a bit of time reenacting the stresses of being poor in America can open future physicians' eyes to their patients' experiences. It is one of the ways the integrative cases teach students that understanding the social, ethical, legal and public health components of illness will help them have a real impact on the health of their patients and communities.



ELIZABETH PETTY, MD '86

Learning From Some of the Best



Elizabeth M. Petty, MD '86, has developed a career as an award-winning clinician, physician-scientist and medical educator over 25 years. Returning to Wisconsin as the SMPH senior associate dean for academic affairs, she says, "Lessons learned from medical school stay with you, especially when you learn from the best. And some of the best teachers I've had were in Wisconsin."

by Sharyn Alden

When Elizabeth Petty, MD '86, starts packing personal items in her office at the University of Michigan Medical School in preparation for her move to UW-Madison this summer, she'll bring along some things that undoubtedly will come in handy.

"I have a Badgers cap, a Wisconsin cheese head and red shoes ready to put on anytime UW-Madison is playing," she says. "When I left Wisconsin, I always hoped I'd come back, but I never thought it would take so long. I am very excited to be returning to Madison."

At Michigan, Petty has served as associate dean of student programs and medical student education. All the while, she has maintained an active basic science research program investigating the functional roles of novel genes important in cell cycle regulation and cell division in breast cancer cells. In addition, she has cared for individuals with, and families at risk for, a wide variety of genetic conditions at Michigan's Medical Genetics Clinic, which she oversaw as medical director for many years. It's all given her an invaluable opportunity to nurture relationships and work closely with others.

"The experiences I have had at Michigan have helped prepare me for the next step—a step I am very much looking forward to in Madison," she says.

Petty has come a long way from her childhood years attending middle school and high school in Shawano, Wisconsin. Her future seemed to be foretold when as an inquisitive girl she shadowed her father, a general physician.

"I was really intrigued when I went with Dad to the clinic, hospital or on house calls,

and saw many patients, including people with disabilities," she says. "It was fascinating watching my father help his patients."

Petty found living in a small town, where many people knew her father and looked up to him for advice, a stimulating experience. It was one of the things that sparked her interest in medicine.

But another impetus occurred when she was in eighth grade.

"That's where my father asked me if I would like to meet Dr. Renata Laxova, a pediatric geneticist he admired," she says.

Petty later attended a clinical conference where Laxova, now professor emerita in the SMPH Departments of Pediatrics and Medical Genetics and the Waisman Center, was speaking.

"What I really enjoyed was being able to shadow her for a day," she says. "I remember being awed by her—she was so kind, wise and gracious."

Over the years, Petty has had more than one opportunity to tell Laxova what that meeting meant to her and how it played such an important part in her own medical journey. That enriching day helped hone Petty's curious nature and her interest in ongoing learning, traits that would prove beneficial later in her life as a physician, scientist and educator.

In college at Clarke University in Dubuque, Iowa, she explored interests she shared with both her parents: her mother's as an artist in addition to her father's as a physician. Petty made her own way by majoring in art history and human biology.

When it came time for medical school, she boldly applied to only one—Wisconsin.

"When I was accepted, I was thrilled that they set me up as a student fellow in a lab in the Department of Oncology, where I did

research the summer before school began," she notes.

Medical school fueled her drive and curiosity. She thrived in the competitive environment, where she was encouraged to ask questions and test ideas. In Petty's fourth year, during a rotation in pediatric genetics, Laxova made another appearance in her life.

"It was exciting to see patients with her, write a manuscript with her and work with her in outreach clinics," Petty says.

By then, Petty had embraced genetics. After her UW pediatrics residency, she spent five years at Yale University, working on fellowships in medical genetics and clinical molecular genetics.

But she attributes her strong clinical skills and solid scientific foundation to her medical school days in Wisconsin.

"Memories from Wisconsin will come at me during the strangest times—when I'm teaching or in a clinical setting—and I'll think about my training in Madison," she says. "It was where I learned how to do a good clinical evaluation, practice good genetic counseling skills and understand concepts. My approach to using the medical literature effectively was learned in Madison."

Medical school at UW also inspired her to pursue a career in academic medicine.

In her new leadership role at the SMPH, Petty will see some patients and continue to be involved in scientific inquiry, but her primary focus will be on medical education. She will oversee all educational programs at the school, including medical student education, curriculum development, the Student Services Office, the Office of Rural Health, the Area Health Education Centers and the Office of Continuing Professional Development. The physical therapy, physician assistant, genetics counseling and master of

—Continued on page 39

Reorganizing the Basic Sciences

School leaders take advantage of several timely opportunities to restructure basic science research and training at the SMPH

by Dian Land

When the chairs of the departments of anatomy and pharmacology indicated a few years ago that they would like to step down, and at the same time the chair of physiology was promoted to a senior associate dean position, SMPH leaders recognized an unprecedented opportunity for possibly reorganizing the basic sciences.

People had already been thinking about consolidating the neurosciences at the school, particularly since the field is so strong across the entire UW-Madison campus. In addition, many anatomy departments nationally were redefining their scope to include exciting new areas such as developmental and regenerative biology.

Furthermore, it was clear that UW-Madison, like all other research-intensive campuses around the country, was entering a phase of flat or declining federal funding.

"In that context, it made sense to take whatever resources we had and invest them in actual science rather than infrastructure or redundant overhead," says Robert N. Golden, MD, dean of the school.

The result: following a deliberative, year-and-a-half-long process, the school has realigned the former Departments of Anatomy, Physiology and Pharmacology to form the Department of Neuroscience and the Department of Cell and Regenerative Biology. Faculty, research and teaching staff, and resources from those three departments will be folded into the two new units.

The reorganization reflects the school's current strengths and its goal of future distinction in areas that are among the most promising in science today.

"We hope that unifying several foci of excellence within our school in this way will provide synergistic opportunities for

continued growth, even in the face of limited resources," Golden says.

The change will solidify and expand the school's national leadership position in cell biology and regenerative medicine, which includes exploring the potential use of stem cells for repairing organs, tissues and cells damaged by disease or age. The SMPH's historic strength in the neurosciences within the physiology and anatomy departments will be enhanced as those components are unified in a single department.

Richard Moss, PhD, senior associate dean for basic research, biotechnology and graduate studies at the school, spearheaded the formal reorganization process. The new departments started operating in early February 2011; the formal switchover of budgets occurs July 1.

"Dr. Moss's outstanding leadership helped coalesce what is always a complicated and, at times, challenging process of bringing about institutional change," Golden says. "He did this the UW-Madison way, thoughtfully listening to all concerns, developing a procedure for addressing those concerns and ultimately building consensus."

Moss sought wide input from affected faculty members and the larger SMPH community, holding numerous group and individual meetings internally. He asked campus leaders in other university divisions focused on the neurosciences and cell biology to evaluate the proposal. Marsha Seltzer, PhD, director of the Waisman Center, William Bement, PhD, chair of the UW Cell and Molecular Biology Graduate Program, and Timothy Kamp, MD, PhD, director of the UW Stem Cell and Regenerative Medicine Center, all endorsed the plan, as did others.

The school has a long tradition of meshing multidisciplinary resources focused on single important topics, says Golden, pointing to the McArdle Laboratory for Cancer Research.

"McArdle was one of the first departments of basic cancer research," he says. "In the early days, the McArdle style of integrated research was very innovative, and the lab remains an extremely productive program of excellence."

The school also has created several new clinical departments in the past decade—dermatology, orthopedics and rehabilitation, and urology. Now it is similarly reorganizing the basic sciences in a way that legitimizes resource investments that have been made.

The reorganization supports the school's long-held strategic goal of integrating the neurosciences and regenerative medicine and cell biology in the second tower of the Wisconsin Institutes for Medical Research (WIMR), which is scheduled to open in fall 2013. Both new departments will be housed in WIMR II, designed specifically to facilitate interdisciplinary science.

"We expect to see new programs of collaborative research in WIMR II resulting from the close proximity and interactions among scientists with a range of complementary interests," Moss says.

The reorganization will have a substantial effect on the school's graduate student training programs. The Graduate Program in Physiology, for example, will emerge as an interdepartmental program, and the cross-campus Neuroscience Training Program will be administered through the Department of Neuroscience. The Molecular and Cellular Pharmacology Program, a successful interdisciplinary program for years, will continue to serve as a campus model for graduate training and will be administered through the Department of Cell and Regenerative Biology.

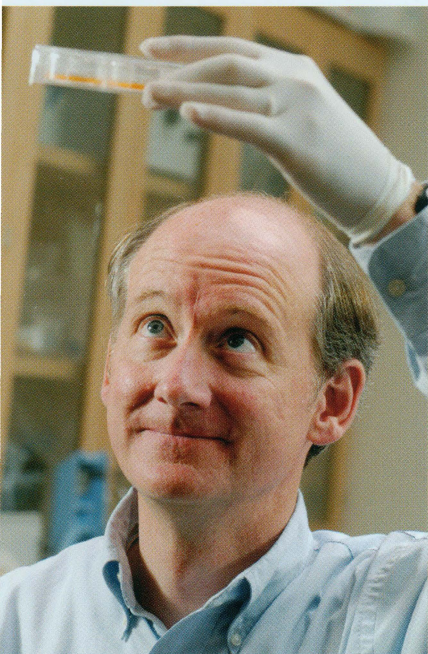
The stellar medical student and undergraduate student teaching for which the former departments have long been recognized will continue, but with a new organization.

—Continued on page 39



Cynthia Czajkowski, now a professor of neuroscience, and graduate student Borna Ghosh check an agar plate with bacterial colonies expressing an ion channel they are studying.

THOMSON HONORED WITH ALBANY AWARD



James Thomson, PhD, the first to isolate and grow human embryonic stem cells in culture, has been named a recipient of the nation's largest award in medicine and science.

Thomson, a professor of cell and regenerative biology at SMPH, is one of three recipients of the 11th annual Albany Medical Center Prize in Medicine and Biomedical Research. The prize comes with \$500,000.

"Dr. Thomson's stem-cell research, dating back nearly 20 years, has been characterized by one significant breakthrough after another," says Robert N. Golden, MD, dean of the school.

"Hundreds of researchers around the world are able to use these cells to advance both understanding and progress towards cures and treatments. We are extremely proud of our colleague's distinction."

Thomson joined the SMPH faculty in 1990 after serving as an assistant scientist at the Wisconsin Regional Primate Center. After first deriving embryonic stem cells from primates, he then isolated and grew such cells from human tissue, a milestone finding that was published in 1998.

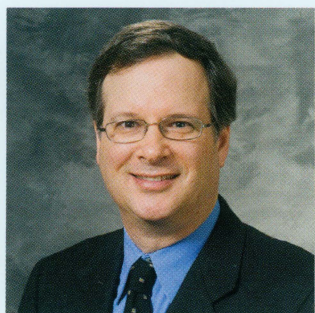
Later, he and Shinya Yamanaka, MD (also a recipient

of this year's Albany Prize), demonstrated independently that adult skin cells could be "reprogrammed" to an embryonic state.

Thomson is also director of regenerative biology at the Morgridge Institute for Research in Madison and the recipient of numerous international honors for his work.

The Albany Prize honors scientists whose work has demonstrated "significant outcomes that offer medical value of national or international importance." Thomson received the prize May 13, 2011.

KAUFMAN IS NEW TRANSPLANTATION DIVISION CHIEF



Dixon B. Kaufman, MD, PhD, has been appointed the new chief of the Division of Transplantation in the SMPH Department of Surgery.

Named four times to the "Best Doctors in America" list, Kaufman comes to UW-Madison from Northwestern University's Feinberg School of Medicine, where he held a named professorship and was vice chair of research for the Department of Surgery and deputy director of the Comprehensive Transplant Program at Northwestern Memorial Hospital.

He also served as director of the pancreas and islet-cell transplant program there.

Kaufman received his bachelor's, medical and doctoral

degrees from the University of Minnesota in Minneapolis. He completed his internship and surgical residency at Minnesota as well.

He joined the Northwestern surgery department faculty in 1992 and in 2004 was promoted to full professor.

"Dr. Kaufman brings an impressive combination of clinical skill, research expertise and educational leadership to our transplant program," says Craig Kent, MD, chair of the SMPH Department of Surgery. "He is joining an outstanding team of transplant physicians and surgeons, and I am confident he will continue our long-standing national leadership in transplant medicine."

Kaufman serves on the editorial boards of four medical journals on transplantation. He also conducts both basic research in immuno-suppression and clinical research in islet-cell transplantation. He will hold the Ray D. Owen Professorship at UW-Madison.

Kaufman took over his new responsibilities March 1, 2011.

CLANCY REJOINS FACULTY AS SPORTS MEDICINE CHAIR



William Clancy, MD, who developed numerous surgical knee reconstruction techniques now used by nearly all orthopedic surgeons around the world, has rejoined the SMPH faculty as chair of the sports medicine division in the Department of Orthopedics and Rehabilitation.

He founded the UW-Madison sports medicine program in 1974. He returns to Madison from private practice in Birmingham, Alabama, where he also provided sports medicine coverage for the University of Alabama and Jacksonville State University.

Clancy helped develop the anterior cruciate ligament and posterior cruciate ligament reconstruction techniques used so widely today. His surgical patients have won more than 20 medals in the Olympic Games and the world championships. He has treated athletes in the NFL, NBA, NHL, MLB, LPGA and PGA.

Clancy is a past president of the American Orthopedic Society for Sports Medicine (AOSSM), was named Mr. Sports Medicine in 2009 by the AOSSM, and has been inducted into its hall of fame. He has been a team orthopedic physician for the U.S.

hockey and ski teams and has been a U.S. team physician at three Olympic Games, including coverage of the 1980 gold medal hockey team.

"Our department is pleased to welcome Dr. Clancy back to UW," says Thomas Zdeblick, MD, orthopedics and rehabilitation department chair. "Our patients, our students and our staff will continue to benefit from all the rich experience and expertise Dr. Clancy and the UW Health Sports Medicine team provide."

HANSEN APPOINTED ADMISSIONS DEAN



Kurt Hansen, MD '92, takes medical school admissions very seriously. He was a member of the admissions committee when he was a medical student at the SMPH, he rejoined the committee as a faculty member in 1998 and now he has been named the school's assistant dean for admissions.

In the newly created faculty position, Hansen works closely with Jane Shepard, MA, the director of admissions, and Paul Bertics, PhD, professor of biomolecular chemistry, who serves as chair of the admissions committee.

Hansen says the committee makes some of the most important decisions in the medical education process,

determining who the doctors of the future will be. He may feel a special sense of responsibility about this since he comes from a medical family. Both his father, Raymond ('52), and his brother, Mark ('78), are physicians and graduates of the SMPH.

This year, 3,901 students applied to the school. The admissions committee, consisting of faculty, students and community members, decides which 175 make the cut.

"We are thrilled with the number of highly qualified applications we receive every year," Hansen says.

The committee does a holistic review of each applicant, looking at life experiences and personal

qualities as well as academic preparation.

As the new faculty head of admissions, Hansen, an associate professor of medicine at the SMPH, looks forward to recruiting and advising applicants and making sure the admissions process continues to run smoothly.

In his clinical world, Hansen is a UW Health geriatrician who spends most of his time caring for hospitalized patients.

dancing

FOR YOUNG PATIENTS

A medical student turns his talents into a successful fund-raiser for American Family Children's Hospital

by Dian Land

Med 4 Johnny Tackett loves to dance. He's also deeply committed to leadership, philanthropy and musical theatre.

In the past three years, Tackett has funneled those interests into the Wisconsin Dance Marathon, a student-run philanthropy group on the UW-Madison campus he helped create. The group raises money for American Family Children's Hospital (AFCH) through its annual dance marathon.

The Dance Marathon is a high-energy, 15-hour event that runs from sundown to sunup. During this year's marathon, more than 125 participants danced to modern hits, old-time classics and country music; they enjoyed live entertainment by local performers and took in some lessons in ballroom dancing.

Above all, the dancers remembered the kids—the young AFCH patients they pledged to support. The students stayed on their feet all night after each of them had raised at least \$125 for the “For Bucky's Kids!” marathon. The 2011 event brought in just under \$65,375.

The idea of a dance marathon on the UW-Madison campus came from Donna Katen-Bahensky, president and chief executive officer of UW Hospital and Clinics.

During the first year, Tackett volunteered to be involved in selecting and interviewing the leadership team, and he served as a mentor to that team. That initial year, the

marathon raised more than \$56,000 for the children's hospital.

Tackett also led service activities for Dance Marathon, including organizing a dinner at AFCH so family members could share a meal with their hospitalized patients the night of the marathon. He made sure to help serve the meals that evening.

“These actions capture an extraordinary commitment at a very personal level, and from my perspective are as important as any lesson learned during an academic medical career,” says Katen-Bahensky of Tackett's contributions.

In each of the three years of Wisconsin Dance Marathon, Tackett has served on the “Battery Pack” leadership team. It's a group of students who during the event work to motivate dancers to stay on the dance floor and keep the energy up all night.

But Tackett always saves enough energy to dance up a storm on his own. And he excels as a fund-raiser—he topped the list in 2011, raising more than \$2,000 for “For Bucky's Kids!” by himself.

Tackett's contributions have helped to bring the three-year fund-raising total to just over \$202,000. The money is used to support patients and their families through meals, gas cards and care packages. Eventually, Wisconsin Dance Marathon hopes to raise funds to help open the sixth floor of the children's hospital.

In addition to the dance marathon, Tackett has served as co-president of his SMPH Class of 2011. Before that, he was



JOE KOSHOLLEK

an executive director of Humorology, a local musical theatre philanthropy that raises money for children infected with or affected by HIV/AIDS.

Tackett has performed in musicals and operas during his eight years at UW-Madison. He was most recently onstage singing and dancing in the Four Seasons



Theater's *Thoroughly Modern Millie* at the Memorial Union Theater.

"Musical theatre has always been a way for me to relax outside of my academic work," says Tackett. "In fact, I hunted down the theaters in each of the cities I interviewed in for surgical residency before making my ranking list."

Tackett, who is interested in pediatric surgery, will begin his general surgery residency at Yale in June.

His contributions have not gone unnoticed by the university community, including Dean of Students Lori Berquam.

"Students who go on to live the Wisconsin Idea are those who excel both in and out of the classroom," says Berquam.

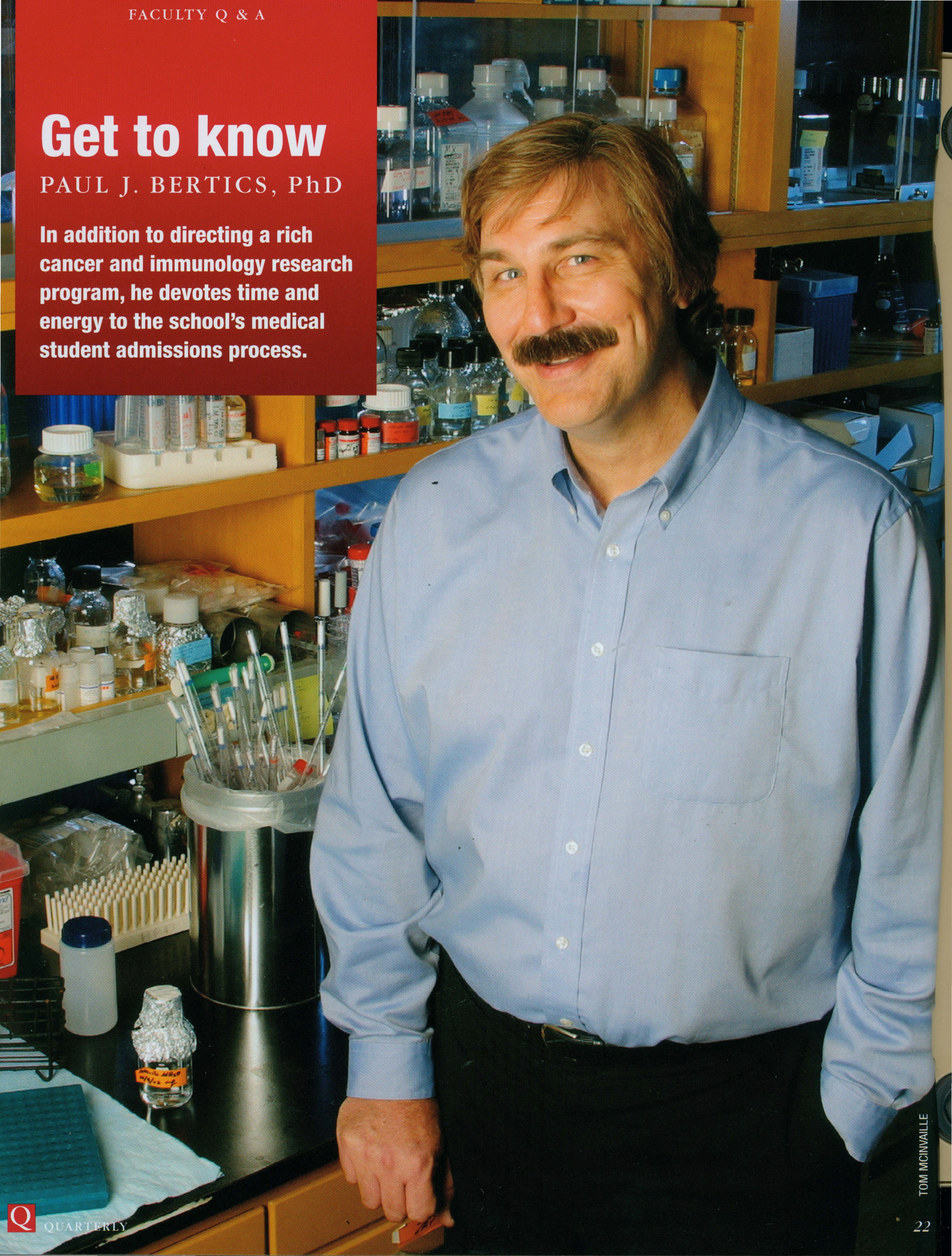
"Johnny has proven, through his leadership involvement, that he will go on making a positive impact in whatever he chooses to do. He is a student who makes goals, follows his passions and achieves great outcomes."

Johnny Tackett, above, and others in the "Battery Pack" motivate dancers to keep the energy up.

Get to know

PAUL J. BERTICS, PhD

In addition to directing a rich cancer and immunology research program, he devotes time and energy to the school's medical student admissions process.



You did your undergraduate studies at UCLA. How did you end up here?

My undergraduate research advisor strongly recommended I consider UW-Madison, and many of my teaching assistants had been undergrads here and spoke of it in glowing terms. I felt I should leave UCLA to get different perspectives and experience different teaching styles. There were also lots of outdoor activities in the Midwest I had never tried. Plus, I had never seen snow!

As a graduate student at UW, what did you study?

I studied biochemical mechanisms used by the anterior pituitary and hypothalamus to metabolize steroid hormones, especially progesterone, which is important for female reproductive development. The work got me fascinated in endocrinology and the mechanisms by which hormones regulate cellular function.

Were there any practical applications to the work?

At the time, Merck was developing drugs for preventing hair loss in men, one of which became Propecia. Understanding steroid breakdown is an important consideration because certain steroids direct hair growth. I was studying the relevant enzymes in females, so we worked together to define the mechanisms by which Propecia and similar compounds regulate steroid breakdown.

How about your post-doctoral studies?

I went back to California, to UC-San Diego. I worked on epidermal growth factor (EGF), which is produced by and works on many cell types. This factor is a site of dysfunction in numerous cancers. Many anti-cancer drugs have been developed to target its action. I studied processes by which EGF regulates cell growth and proliferation. I began to get an understanding of how things could go wrong and lead to uncontrolled growth contributing to cancer.

But you came back to Wisconsin?

Yes, my wife and I had very much liked living in Wisconsin during graduate school, so when I heard about an opening here, I quickly

applied. It was the first and only job for which I applied. I was exceptionally lucky to get it. I started at the medical school in 1986.

What is your home department?

It's biomolecular chemistry. It's an extremely collegial and supportive department. The faculty work generally on biochemical mechanisms underlying differing cellular processes using bacteria, yeast, frogs, mice, worms and human-derived material in the process. The department is relatively small with 14 faculty members, but many of us are in fairly significant leadership positions around campus. I am the co-leader of the Tumor Micro-Environment Group at the UW Carbone Cancer Center and chair of the SMPH Research Committee.

What's your research about generally these days?

A portion of my lab's research spins off the work I did as a post-doc at UCSD, centering on the EGF receptor. First, the research focuses on the biochemistry of EGF receptor and how it functions. Second, we study how it communicates to other systems inside the cell to regulate cell adhesion, survival, division and movement. Third, we examine the mechanisms by which naturally occurring mutations alter that behavior.

Can you give us an example?

Specific EGF mutations have been found in certain types of lung cancer and brain tumors. These mutations allow for those EGF receptors to give off inappropriate growth regulatory signals that further the development of the cancers. Clarifying how the mutations alter function is important for understanding cancer development, but can also provide insight into how you could block that behavior.

What about your immunology work?

We study mechanisms by which immune surveillance cells—macrophages and eosinophils—become responsive to signals from bacteria, viruses and parasites to elicit immune responses to fight infections. We found that ATP, which is released at the site of infection and tissue damage and even by cancers, is a very important activator of immune cells. It can contribute to the

hyper-activation of the immune system that is often associated with sepsis. We're developing a model that would let ATP and other immune factors cooperate to modulate these responses.

Is there a connection to cancer?

Immunity and cancer overlap substantially—both can cause cell proliferation, and the regulation of certain macrophages to promote tissue repair can actually help tumors grow. In my own work, we found that extracellular ATP promotes macrophages to release VEGF, an agent that normally causes blood vessel development and wound repair. Because certain cancers can release ATP and other factors that control macrophage function, the production of agents such as VEGF by the macrophage may lead to blood vessel growth to the tumor and thus maintain its growth.

Do you work with many other researchers?

Yes, work with SMPH faculty William Busse, Nizar Jarjour, Jim Gern and Deane Mosher has been instrumental in our immunology research. And a 10-year collaboration with Nicholas Abbott in the School of Engineering has been key to our EGF studies. I've also collaborated with people in the School of Veterinary Medicine and the College of Agriculture and Life Sciences.

Tell us about your involvement in the admissions committee.

Two years after I began teaching at the SMPH, I was asked to join the committee. I found I really enjoyed it. I served as a committee member for four years, stepped down to conduct applicant interviews for two years, became chair of the non-resident subcommittee and then was asked to chair the full committee. I've continued to serve as chair since 1999.

What do you like about it?

It's a committee that gets a lot of tangible things done each and every week. And at the end of the year, we've admitted an entire class of outstanding individuals and future leaders. Since I end up teaching these students, I can provide some insight into

—Continued on page 39

Chance of Surviving SCA Is Best at Exercise Facilities

People who have sudden cardiac arrest (SCA) at exercise facilities have much higher survival rates than those who have SCA in other indoor public locations, according to a new study led by Richard L. Page, MD, the George R. and Elaine Love Professor and chair of the SMPH Department of Medicine.

Page attributes the higher survival rates to factors such as the physical condition of the victim and the prompt response of bystanders using CPR and

AED, or automated external defibrillators.

Each year 250,000 people die from SCA. It occurs abruptly and without warning, and can affect people of all ages and health conditions, though people who have suffered previous heart attacks are at higher risk.

"Because SCA risks can increase during exercise, if you are at a facility that has an AED, your chance of surviving, or of saving someone else, can be excellent," Page says.

The Seattle-based study found that individuals who had SCA at fitness centers and non-traditional exercise facilities such as bowling alleys and dance studios had a 50 percent rate of survival compared to those who had SCA at indoor non-exercise facilities, whose survival rate was only 36 percent.

"The results show life-saving implications for AED placement at both traditional and alternative exercise sites," Page says.

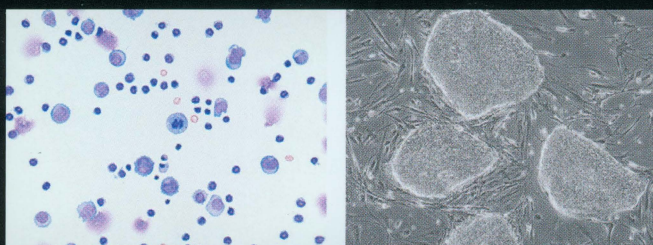
The study was presented at the Heart Rhythm Society's annual scientific meeting in San Francisco on May 5.



New Stem Cells Provide Model for Studying Leukemia

By coaxing healthy and diseased human bone marrow (seen in image with blue and purple dots at right) to become embryonic-like stem cells (larger black and white cells), Wisconsin scientists have laid the groundwork for observing the onset of leukemia in the laboratory dish.

"This is the first successful reprogramming of blood cells obtained from a patient with leukemia," says Igor Slukvin, PhD, MD, professor of pathology and laboratory medicine at the SMPH. "It provides a new model for the study of cancer cells."



Using banked healthy and diseased bone marrow and cord blood, Slukvin's group employed a reprogramming technique developed by SMPH stem cell pioneer James Thomson, PhD, which sidesteps problems posed by the genes and viral vectors used to induce mature cells to regress to a stem cell state.

Reprogramming blood cells to become induced stem cells

is many times more efficient than reprogramming skin cells, Slukvin says.

The induced stem cells from the diseased tissue retained the exact same genetic abnormalities found in the mature cancer cells. That means that when the induced cells are turned back into blood, scientists could, in theory, watch cancer develop from scratch as cells bearing

cancer mutations become cancer stem cells.

"When we differentiate induced stem cells back to blood, we can identify the stages when the abnormality that leads to cancer manifests itself," Slukvin explains. "This is very important for developing new leukemia drugs."

The study, conducted with colleagues from WiCell Research Institute and the Morgridge Institute for Research, appeared in the journal *Blood*.

Study Determines Best Gastric Surgery for Obesity

Laparoscopic gastric bypass surgery leads to better long-term results compared to “lap-band” surgery, according to a study co-authored by a surgeon at the SMPH.

The most common surgical procedure for treating severe obesity and diabetes in the U.S. is the laparoscopic Roux-en-Y gastric bypass, or laparoscopic gastric bypass. In 2001, the laparoscopic adjustable gastric band, or lap-band, was introduced and touted as a less invasive and safer alternative.

Guilherme M. Campos, MD, associate professor of surgery, and collaborators examined 100 morbidly obese patients who underwent lap-band surgery. The patients were matched by sex, race, age, body mass index and diabetes status with 100 patients who underwent laparoscopic gastric bypass surgery.

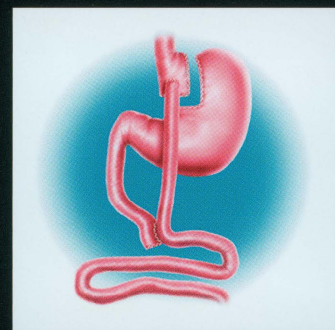
The rate of complications was similar in both groups.

Weight loss was significantly greater for patients who underwent laparoscopic gastric bypass, who averaged a 64 percent loss, versus lap-

band patients, who averaged a 36 percent loss.

Each group had 34 patients with type 2 diabetes. Resolution or improvement of the diabetes was significantly better after laparoscopic gastric bypass (76 percent) versus lap-band (50 percent). At one-year follow-up, six of eight gastric-bypass patients who were using insulin had discontinued its use, while only one patient of six in the lap-band group had.

“We conclude that, in the setting we studied, laparoscopic gastric bypass has a better risk-benefit profile



than laparoscopic gastric band,” says Campos. “This information should be provided when discussing bariatric surgery options with patients.”

The study appeared in the *Archives of Surgery*.

A New Way to Predict Breast Cancer Patient Outcomes

The arrangement of collagen fibers within the tumor bed, or stroma, can indicate how well a breast-cancer patient will do or not, researchers have determined.

In analyzing 200 biopsy samples with a special microscope, the researchers found that patients with straight collagen fibers aligned perpendicularly to tumors had a four-fold risk of relapsing or dying of breast cancer.

“This approach may become a useful addition to the tools clinicians use to determine a breast cancer patient’s prognosis,” says Patricia Keely, PhD, associate professor of cell and

regenerative biology at the SMPH and a member of the UW Carbone Cancer Center.

In previous studies in mouse breast tumors, Keely’s team showed that collagen arrangements change as cancer progresses to different stages. They created a system, called tumor-associated collagen signatures, or TACS, to rate cancer stages.

TACS-3—a straight, perpendicular arrangement of collagen jutting out from a tumor—represents the most serious stage.

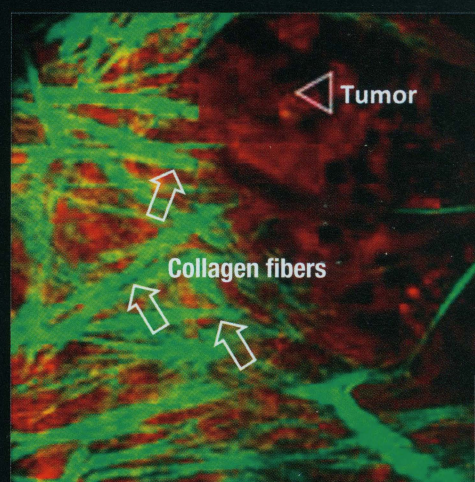
In the current study, the researchers analyzed tumor slices from patients with invasive breast cancer that

co-author Andreas Friedl, MD, SMPH professor of pathology and laboratory medicine, had used in his connective-tissue studies of the protein syndecan-1 (Sdc1).

Friedl’s research showed that Sdc1 alters collagen so that it aligns in TACS-3 fashion, and that the alterations cause breast cancer cells to move directionally and invade tissue.

Keely’s team looked at TACS-3 in 16 collagen “areas of interest” in each sample. A biostatistician then compared their findings to patient outcome information.

Both studies appeared in the *American Journal of Pathology*.



Insider Look



TODD BROWN, MEDIA SOLUTIONS (7)

Winter Event at Miller Park

by Dian Land

Spring training was still three weeks away when members of the Wisconsin Medical Alumni Association (WMAA) visited Miller Park for their annual Winter Event on February 4, 2011. The weather was cold, but the group had no trouble warming up to a special tour of the storied stadium.

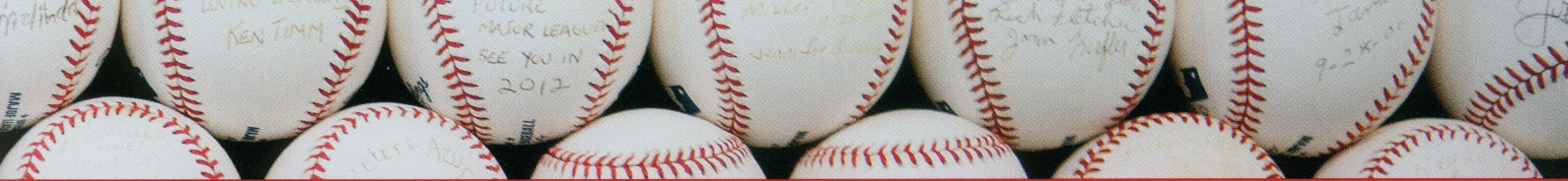
"We wanted to try a different venue for our meeting in hopes of getting new alumni

of all ages to attend," says Karen Peterson, WMAA executive director. "The setting was fabulous, the plan was successful—several new people joined us."

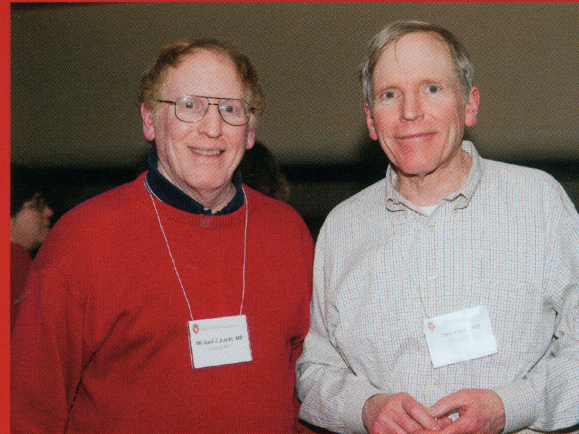
A total of around 50 alums and family members were on hand for the event, which featured a look at the Brewers' locker room, views from the playing field and a visit to the broadcasting booth where longtime announcer Bob Uecker has called each game for years.

The Layde brothers—Joseph (MD '79), Peter (MD '76) and Michael (MD '72), all of whom have worked in the Milwaukee area most of their careers—were among the newcomers. (Their sister, Margaret, also a physician, could not make it.)

"We enjoyed the opportunity to visit with some former classmates and residency colleagues," says Michael, who practiced as an emergency physician



The group got a unique perspective from the field (above). Official scorer Timothy O'Driscoll (top right, red vest) visited with Jocelyn Blake ('06) and Nathan Moore ('06), and (bottom) fans Michael ('72) and Peter Layde ('76) enjoyed all aspects of the event.



for 33 years at the Columbia St. Mary's-Milwaukee campus.

Layde has been a Milwaukee baseball fan since age seven, when in 1953 the Boston Braves moved to Milwaukee and became the Milwaukee Braves. He says he was heartbroken when the Braves moved to Atlanta after the 1965 season, but then was overjoyed when the Seattle Pilots franchise moved to Milwaukee in 1970 and became the Milwaukee Brewers.

"I've attended five or six Brewers games per year over the last 35 years or so, first at

Milwaukee County Stadium and for the last 10 years at Miller Park," he says.

Layde and the other attendees were fascinated by the presentation given by the guest speaker, Timothy O'Driscoll. For 25 seasons, O'Driscoll has been the official scorer for the club. In that capacity, he's been able to meet and interact with many of the major league baseball players and managers who have passed through Milwaukee with their teams.

"It was interesting for me to hear some of his honest and candid observations on the personalities (both positive and negative)

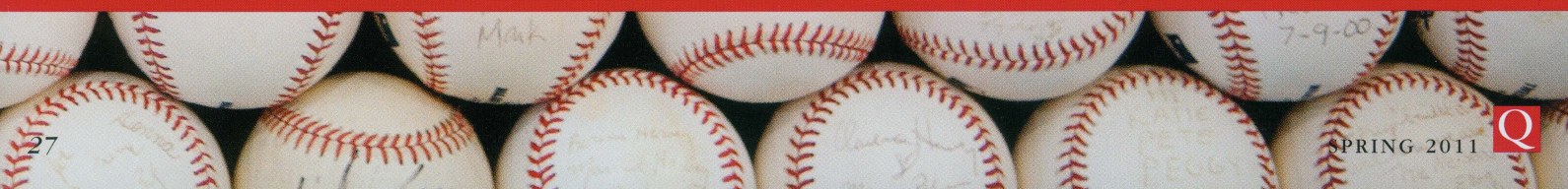
of many of these players and managers," Layde says.

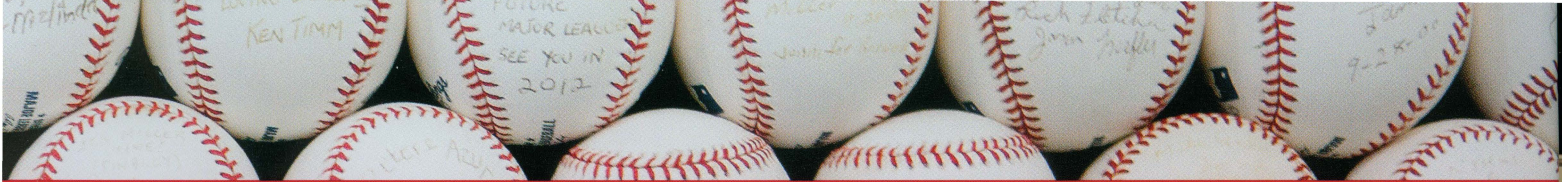
Several SMPH student leaders also attended the meeting. Eight members of the Medical Student Association—Carly Kuehn, Luke Lopas, Anita Mantha, Dominic Schomberg, Shashank Ravi, Gauthami Soma, Trista Stankowski-Drengler and Barry Wagner—made the drive to Milwaukee.

Med 1 Wagner liked being able to talk casually with alumni.

"I liked hearing about the paths previous SMPH graduates have taken in their medical careers," he says.

—Continued on page 28





Several new Winter Event attendees were on hand for the get-together and tour, which ended up (top right) in the "Stadium Club." O'Driscoll (lower right) shared stories about some of the colorful players who have passed through Milwaukee with their teams.

Wagner grew up around the Milwaukee area and has been a Brewers fan for as long as he can remember. But he had never been on a stadium tour before the Winter Event.

"I really liked being able to see some of the normally 'off-limits' areas of the park, such as the media box and the clubhouse," says Wagner, who usually makes it to 10 to 15 games a season.

Wagner was pleasantly surprised at how interesting O'Driscoll's talk was.

"His many stories involving players over the years and jokes kept everyone interested and the mood light," he says.

Before the fun began, the WMAA board of directors discussed, among other things, the Great People Scholarship Fund that supports need-based scholarships for medical students.

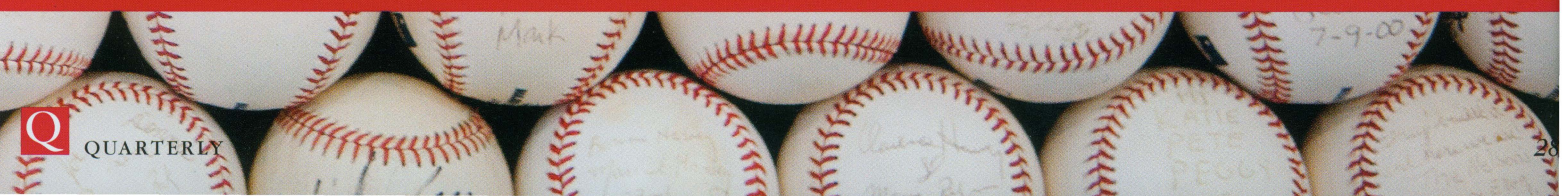
"This is a top priority for the WMAA," says Peterson. "We recently created our own fund, thanks in large part to a gift left to us by Nathan Hilrich, MD '51, who recently passed away."

With the addition of matching funds from the UW Foundation, the WMAA fund now has a market value of approximately \$100,000, Peterson says. The alumni

association hopes to begin awarding one \$5,000 scholarship a year soon.

Wagner, for one, was happy to hear about it.

"As a student with a very high level of student loans, I was glad to learn of the push that the WMAA is making to increase scholarship donations," he says. "The very generous donations alumni give to the scholarship funds make life for us current students easier, and are greatly appreciated."





It is that fog that occasionally clears when one looks back on life, after nearly eight decades, which brings clarity to one's many blessings.

My sojourn at UW took me, in need of resources, to the McArdle Laboratory for Cancer Research and Dr. Van Potter, who was both supportive in hiring a glassware washer and extremely inspirational as he taught me about, and involved me in, his research. Dr. Potter inspired me with credits on his publications during my undergraduate training.

Marriage and military service intervened, but in 1956, I began my studies at the SMPH and shared the Stovall Award for research during those memorable years. I am so proud to have graduated without outside support and without any indebtedness. Some long evenings and weekends at the Forest Products Laboratory as a chemist made it possible.

If that isn't enough good fortune for a country boy from rural Wisconsin, I have since enjoyed family practice, emergency medicine practice and medical director positions in managed care. I still work every day in this latter role. Yes, of course, I have done medical missionary work and have been involved in many charities, as have most physicians.

Why, then, do I recount this mundane career history? It is for the many of us who remain undistinguished that I chronicle these few simple events in a long life.

This photo of the Oregon coast, one of thousands I've taken in a lifetime, represents my life fading, just as our footprints also eventually disappear.

Herb Simonson, MD '48
Phoenix, Arizona

Seeking Submissions

Healer's Journey showcases creativity originating from members of the SMPH family reflecting personal experiences in our world of healing. We seek prose, poetry and photographs that are moving, humorous or unusual.

Our guidelines are as follows:

Manuscripts, subject to editing, can be no longer than 1,000 words. Photos must be high resolution. Subject matter should relate to any aspect of working or studying at the SMPH or in medicine generally.

Send submissions to:

Quarterly
HSLC, Room 4293
750 Highland Ave.
Madison, WI 53705

Or e-mail quarterly@med.wisc.edu

Mini-Reunion in Thailand

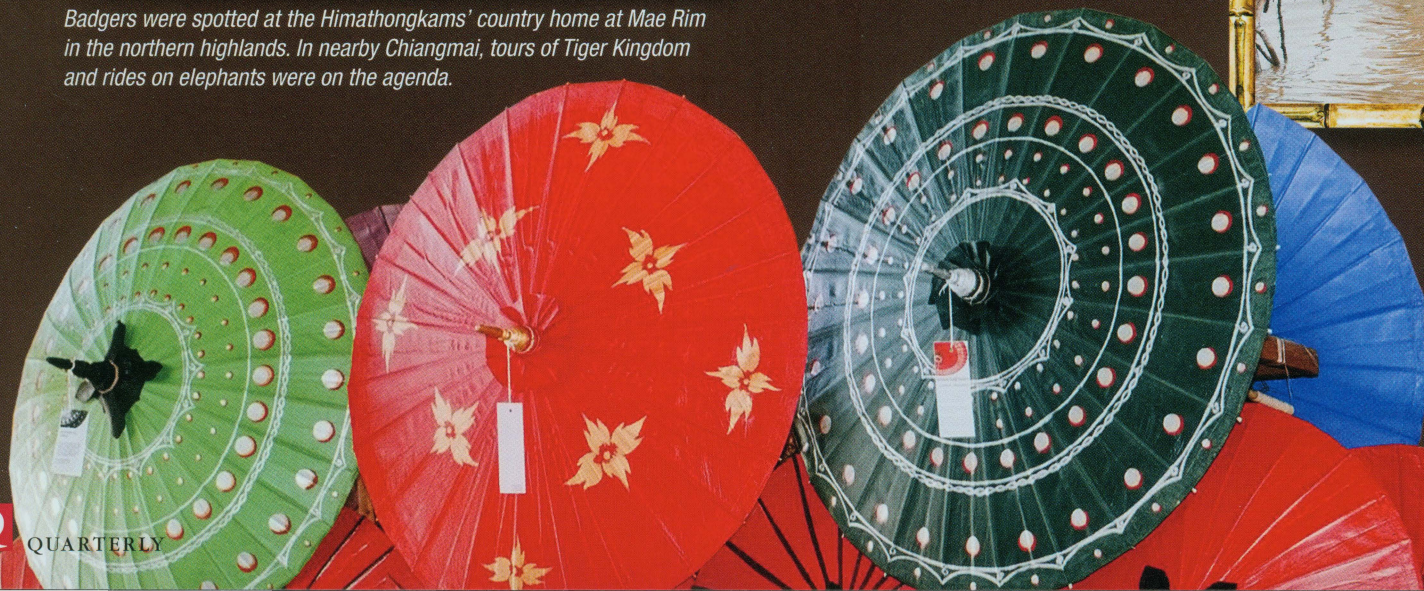
Nine classmates from the Class of 1969 and their guests traveled to Thailand in January 2011 for a "once-in-a-lifetime" mini-reunion hosted by Thep and Judy Himathongkam. The group included Kathe and Archie Budzak, Tom Gasser, Harry Gries and Pam Del Duca, John and Margo Hansen, Mary Beth Metcalf, Roy and Kathy Olson, Marshall Segal and Vivian Liese, Rick Stone, and Jack and Linda Woodford.



Badgers were spotted at the Himathongkams' country home at Mae Rim in the northern highlands. In nearby Chiangmai, tours of Tiger Kingdom and rides on elephants were on the agenda.



Gracious hosts Thep and Judy planned a unique itinerary focused on the beauty and culture of traditional and modern Thailand.





The Wisconsin group's home base was in the "hospital" rooms of Theptarin Hospital, the 18-story Bangkok facility dedicated to comprehensive diabetes care that Thep built four years ago. The Himathongkams hosted many delicious breakfasts in their apartment atop the hospital.



The group visited several fresh-air markets and took a Thai cooking class. They viewed a variety of local artisans, including some who made hand-painted umbrellas.

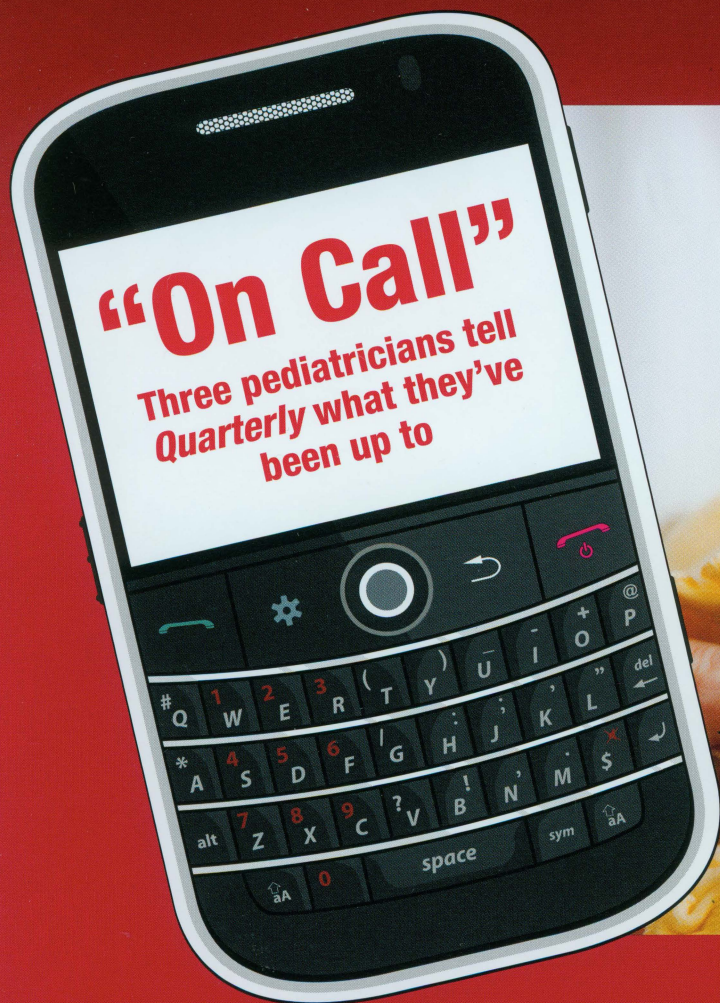


The King Rama VIII Bridge (above) over the Chao Phraya River that runs through Bangkok was a highlight on a night boat ride. A side trip to Cambodia included explorations of restored archaeological sites and, on Tonle Sap Lake, a close-up view of a floating village (left) revealing another way of life.



There's More Online!
Visit med.wisc.edu/31329





CARMEN T. GARCIA, MD '86

I work in the Pediatric Emergency Department at Jackson Memorial Hospital (JMH)/Holtz Children's Hospital in Miami. JMH is an inner-city, tertiary care, level-one trauma center. I see a wide variety of cases—primary care pediatrics, pediatric subspecialties (medical and surgical) and trauma. During a shift, I may take care of a colicky infant, a child with a multi-visceral transplant in shock and an adolescent who has been involved in a motor vehicle collision.

Miami has the advantage of being an international destination, so we frequently have patients coming from

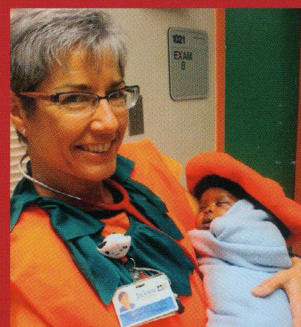
Latin America seeking medical care. We also see patients from even more remote locations, such as Africa or Europe. This affords us the opportunity to see pathology we would rarely encounter in our own patient population.

One case that really stands out was during a code. Parental presence in the resuscitation room can be controversial, but during this code, we allowed the child's mother to remain. The patient had serious chronic medical problems and had spent most of his life in and out of hospitals. He did not survive but all during the code, the mother was calmly stroking her child's foot. She later thanked

me for our efforts. I will always be thankful to her for allowing me to witness such pure love.

I knew early on in medical school that I wanted to take care of children. During residency at Baylor College of Medicine/Texas Children's Hospital, I considered different subspecialties.

I chose emergency medicine because of the uncertainty that comes with the job. When I show up for work, I never know what the day will bring. On the other hand, I do know that it will be challenging. Thinking quickly on your feet, dealing with patients and families during difficult times, being the first and sometimes last resort



are all reasons to keep coming back for more.

I tell medical students that this is the best job you could ever have. Where else can you show up for work on Halloween dressed as a pumpkin and have a mother trust you with the life of her child?

PETER ROLOFF, MD '97

My medical practice is with Affinity Medical Group at the Children's Health Clinic in Neenah, Wisconsin. I see patients three days a week and I am the chief medical information officer two days per week. I am building and overseeing the implementation of the electronic health record for 220 providers in our system.

I am a general pediatrician seeing children from birth through college. Since we are 90 miles away from any tertiary care centers, we handle many more complicated cases with the consultation of subspecialists. I specialize in

asthma, diabetes, ADHD and well child.

Pediatric behavioral health is not always the most glamorous or enjoyable field. But I've had much satisfaction. One mom who brought her three-and-a-half-year-old son to me wanted to know how to "give him up." He had such bad ADHD that he was running away from daycare and hurting his older brother. Mom was about to lose her job because of constantly being called to get him. I asked for one month to work with the family, and was able to diagnose ADHD and start the boy on stimulant therapy. The

medication allowed him to slow down enough to be able to be in daycare, Mom to be at work and support the family and the family to remain together. Now, four years later, he is at the top of his class in reading, and his family is stable.

I did my residency at Children's Hospital of Columbus, Ohio, now called Nationwide Children's Hospital. I chose pediatrics because I have always loved working with children. There is great joy in watching them grow and explore their environments. Helping the family grow along with the child also brings immense satisfaction.



I tell students that medicine is science, and all fields within it are relatively similar. Choose your specialty based on which group of patients you truly enjoy working with, because this is what will sustain you through your career.

BRIAN REEDER, MD '99

I have a split practice in general pediatrics and sports medicine. I am currently in practice with the Dean Clinic, in Sun Prairie and at our East Madison Clinic.

I do routine well-baby and well-child care as well as pediatric illnesses, but my practice has a relatively high volume of young athletes.

The great thing about pediatrics is the continuity. I started seeing some patients when they were in middle school and are now graduating high school. I have gotten to see them on the sidelines with my sports event coverage and feel a nice connection with their families.

The case I will never forget was a high school swimmer with hip pain. Initial X-rays were negative, but his pain persisted despite physical therapy. Within three months, the pain was waking him at night. Repeat imaging finally showed a large osteosarcoma involving the hemipelvis and hip joint. He eventually had hemipelvectomy and cadaveric implant. So, not every sports injury is what it may seem.

I didn't enter medical school thinking I would go into pediatrics. I knew I really enjoyed the musculoskeletal (MSK) system, but I did not know how to put it together into a career. I struggled for quite a

while, trying to figure out what to pursue. But over the months, regardless of the specialty rotation, I found I really enjoyed the young patients.

Finally the light bulb came on! I still really enjoyed the MSK system and orthopedic care for young athletes, so I decided to do the primary care sports medicine residency at Michigan State University-Kalamazoo Center for Medical Studies after I completed my pediatric residency (and was chief resident) there.

Every specialty has an element of routine and monotony. Pediatrics is not immune to this, but there are so many areas of pediatric



medicine to explore. I would encourage everyone to practice with passion. Find something to be an expert in, even without subspecialization. Your career will be more fulfilling and you will have something to set you apart and broaden the care you and your partners can provide.

CLASS NOTES

Compiled by Joyce Jeardeau

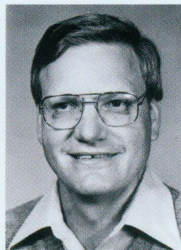
CLASS OF 1951

After 41 years in practice, **Rita Newman** retired in 1996 but would like to let everyone know she is "still alive and well." She continues to take one course per semester at Montclair State University (which is 20 minutes from her home) in Montclair, New Jersey. She still does a lot of traveling but "is running out of places to go."

CLASS OF 1953

Herbert Sandmire

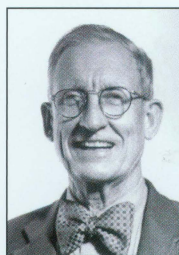
was invited to travel to Paris to present a lecture on brachial plexus injury causation at the annual meeting of the French National College of Gynecologists and Obstetricians. Dr. Claude Racinet of Grenoble said it was important for French physicians to "hear directly from the leading expert on the topic." Herbert was inducted into Le College National des Gynécologues et Obstétriciens Français (the French version of the American College of Obstetricians and Gynecologists). His contributions as a practicing physician, clinical researcher, academic professor and legal expert were cited during his induction ceremony. He was joined at the event by his wife, two daughters, two daughters-in-law and granddaughter.



Richard Stiehm

has co-edited the text *Chronic Complex Diseases of Childhood: A Practical Guide for Clinicians*, which has been published by Brown-Walker. Richard

is a distinguished professor of pediatrics at the David Geffen School of Medicine at UCLA and a visiting professor of pediatrics at the UW Children's Hospital. He was the recipient of the WMAA Citation Award in 1988.



CLASS OF 1961

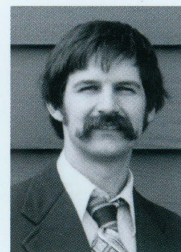
Connie Lee is still working half-time but enjoys traveling with her children and grandchildren on performing arts tours, including operas. "As each year passes, I realize what an honor and privilege it has been to write M.D. after my name," she says. "I am grateful for the education that allows me to do so."

CLASS OF 1966

Fredric Konz loves pickleball and calls it "the world's greatest racquet sport." According to the Pickleball Association's Web site, the game is played on a badminton court with the net lowered to 34 inches at the center. It involves a perforated plastic baseball (similar to a whiffle ball) and wood or composite paddles. It's easy for beginners to learn but can develop into a quick, fast-paced, competitive game for experienced players. Fredric was a neonatologist in the northwest provinces of Saudi Arabia from 1982 until 1987.

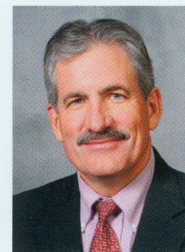
CLASS OF 1974

As the president of the American Thoracic Society (ATS), **Dean Schraufnagel** plans to help members realize opportunities they may not otherwise have. He hopes to do this through programs that increase member involvement and networking. "I believe the ATS can give members the tools to do their jobs better so they then can help carry out our common mission."



CLASS OF 1980

Patrick McBride, a graduate of Wauwatosa East High School, has been named to the school's "Wall of Inspiration." Meant to "inspire new generations of students to dedicate themselves to lives of accomplishment and good character," the Wall recognizes the most outstanding men and women who have attended the high school. Patrick shared with us that other recipients include movie stars, distinguished scientists, war heroes, world-class journalists, philanthropists, humanitarians, captains of industry and great musical composers.



CLASS OF 1995

As the 2010 winner of the Eric Baron House Call Doctor of the Year award, **Jennifer Hayashi** is described as an "inspiration to us all." She is the director of the Johns Hopkins Elder House Call Program, which provides house calls for frail homebound elderly patients. She has received praise for her outstanding clinical skills, compassion, teamwork and integrity from her colleagues, who describe her as a consummate clinician and an exceptional teacher and researcher. Former director of the program Dr. Bruce Leff says, "She set out to completely invigorate, revitalize and formalize many of the practices of the program. In her role, she has done an amazing job of taking the program to the next level with a strong focus on educating medical trainees at all levels." Jennifer has developed a house-calls curriculum that is used to teach internal medicine residents.

POST GRADUATE

Laryssa Kaufman (Nahiriak) spent her first two years at the SMPH but transferred to Thomas Jefferson University Medical School, where her husband attended medical school, for her clinical years. "I feel much stronger affiliation to UW than I do to Jefferson," she says. She completed fellowships in endocrinology and clinical medicine at UW and routinely visits family in the Madison area. Laryssa is now a faculty member in the Michigan State University internal medicine and physiology departments.



IN MEMORIAM

James Billings, MD '56
December 2, 2010
Portland, Oregon

Paul Bower, MD '51
April 17, 2009
Palos Verdes Peninsula
California

Leon DeJongh, MD '78
November 28, 2010
Janesville, Wisconsin

Richard Heilman, MD '43
February 17, 2011
Norwalk, Connecticut

Roger Laubenheimer, MD '50
March 24, 2011
Brookfield, Wisconsin

Kenneth Seifert, MD '35
January 28, 2011
Hot Springs, Arkansas

Nathan Smith, MD '45
February 2, 2011
Spokane, Washington

CORRECTION

In our summer 2010 Alumni Weekend story, we mistakenly identified Jack Perlman as the alumnus in the photo in the upper right corner of page 23. In fact, it was Glenn Meyer, MD '60. We apologize for the error.

LETTER TO THE EDITOR

I just wanted to thank you for the story on parenting during medical school. You focused nicely on both the difficulties and the rewards.

I distinctly remember walking into the Dean of Students office with my husband early in my third year saying that I wanted to start a family. I was so worried that I wouldn't find support. Most of the others in my class with kids were on the extended program. On the contrary, I wanted to take a whole year off in between my third and fourth years.

Where I thought I would find push-back, I found wisdom and warmth. After realizing that the medical school was going to be supportive of my decision, I started asking logistic questions about residency.

I remember Dean Michael Snow asking that if a residency program wasn't supportive of my family, was it really a program that I would want to go to anyhow? I loved that advice. I never hid my family during residency interviews and I could tell which programs were supportive and which were not. I am so glad that I had the chance to stay on at the UW-Madison for my obstetrics-gynecology residency.

I feel so blessed to have been able to be at home with my Ella during her first year of life. Now she is seven and I am an OB/GYN! Thank you for being such an amazing institution and thank you for this article. I hope that it may inspire others who may be worried that they might not find support.

Cara Syth, MD '05
Menomonie, Wisconsin

Goodbye, Dear Friends



RUSSELL F. LEWIS, MD '41

Russell F. Lewis, MD '41, a leader at Marshfield Clinic, pioneer in healthcare delivery and dear friend of the SMPH, died on February 4, 2011.

Lewis was an ardent Badger, as an undergraduate, medical student, resident and finally a distinguished alumnus. He remained a loyal Badgers fan—a season ticket holder for more than 60 years—and supported the University, the SMPH, the WMAA and the Wisconsin Alumni Association (WAA) his entire life. The WAA named him “Badger of the Year” in 2010.

But Marshfield Clinic was his true love. In 1946, he was the 15th physician to join its medical staff. Although he always was humble and gracious, he was also a leader. He became the clinic's first medical director and later served as clinic president.

“Russ was a very special person. He was greatly admired by everyone,” recalls George Magnin, MD '46. “He lived his life for the betterment of people, always putting the patient, and the other person, first.”

Magnin and Lewis met during their residencies at UW, and were close friends and Marshfield colleagues for decades.

Lewis was a pioneer as well, establishing the first health-maintenance organization (HMO) in Wisconsin—the Greater Marshfield Community Health Plan—in 1971. Still going strong, the HMO, now known as Security Health Plan, is one of the largest health plans in the state.

In 1980, Lewis was elected president of the Wisconsin Medical Society, and the National Rural Health Association honored him with its Louis Gorin Award. The physicians and leaders of Marshfield Clinic so revered Lewis that they named a building after him.

Despite his many years as a local and state leader, he was always a busy obstetrician. He delivered more than 7,000 babies over his career.

He was completely devoted to his family, Magnin says. In his spare time, he enjoyed golfing, ballroom dancing and reading.

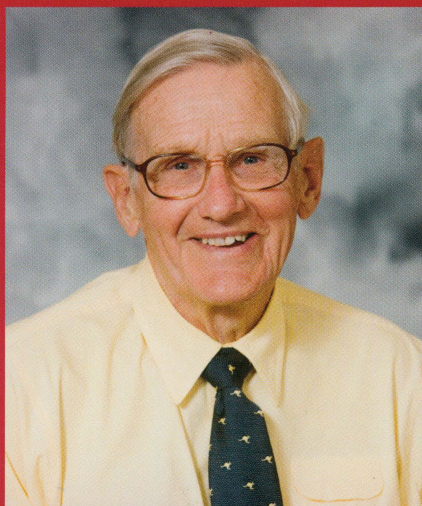
“Russ loved to go to the bookstore at Marshall Fields in Chicago,” Magnin adds.

Lewis was actively involved in the *Quarterly*. For many years, he and his second wife, former classmate Ellen S. Lewis, MD '41, served as medical editors of the magazine. Both received the Ralph Hawley Distinguished Service Award for their contributions.

Their very generous donation also helped build the *Quarterly* suite in the Alumni Offices of the Health Sciences Learning Center. Every day, students and others who pass the suite see Lewis' words, written on a plaque that hangs on the wall:

“When you're practicing medicine, putting your patients first, you're doing something worthwhile. Nothing can replace this feeling.”

PHILLIPS T. BLAND, MD '47



Phillips T. Bland, MD '47, who died on April 15, 2011, was a pillar in the SMPH Preceptor Program. Dr. William S. Middleton, dean of the school, had asked him to become a preceptor in the program in the mid-1950s, shortly after Bland had set up his practice in Westby, Wisconsin. He was the youngest preceptor for many years.

From 1954 to 2011, Bland mentored hundreds of young medical students, inspiring many to pursue careers in general medicine. The WMAA honored him twice with its Max Fox Preceptor Award.

Following medical school, Bland interned at Philadelphia General Hospital. During World War II and later during the Korean Conflict, he served in the U.S. Navy.

After practicing in Wittenberg, Wisconsin, for a few years, he moved with his family to Westby, where he continued to practice medicine until his retirement in 2006. Together with his good friends, V. A. Brenden, DDS, and Warren Otterson, MD '54, he built the Westby Clinic in 1961. He was a staff physician at Vernon Memorial Hospital for 57 years. It was said that his patients felt better as soon as he walked into the room.

"Phil was an outstanding physician. He was so good at so many things, and completely unselfish in patient care," Otterson says, adding that the years he

worked with Bland were among the most gratifying of his professional life.

Otterson says that Bland was also the "most intelligent guy I knew. But it was deceptive, because he was always such an unassuming person."

Bland served as president of the WMAA from 1963 to 1964. The association honored him in 1991 with its Ralph Hawley Distinguished Service Award. He was a sterling example of the community servant.

Among other things, he was president of the local school board, Westby City Health Officer, Vernon County Coroner, medical director of Vernon Memorial Hospital and medical director of the Hospice Committee at Vernon Memorial Hospital.

Bland also was highly regarded in the ski-jumping community, serving in several national leadership positions. As team physician to the U.S. Ski Team, he traveled with them to the Olympics several times. He designed more than 30 ski jumping hills around the world—it was a self-taught avocation that developed out of a desire to reduce injuries in the sport.

Along with his professional pursuits and dedication to ski jumping, Bland loved listening to good jazz and doing the *New York Times* crossword puzzle every day. He enriched the lives of everyone he met.



Great People Scholarship Fund

VICTOR W. GIESCHEN, MD, AND BARBARA GIESCHEN

by Ann Grauvogl

Victor Gieschen, MD '55, understood need. He was raised by his mother and grandmother, worked through high school to support his family and never lost his Depression-era conviction that one should avoid paying interest and paying for parking.

The Bucky Badger fan who returned often to the UW-Madison also loved learning, his daughter Bonnie Gieschen, MD, says. Boarded in internal medicine, he also earned board certification in endocrinology and then nuclear medicine. When he needed someone to perform the nuclear scans, his wife, Barbara, became a certified nuclear medicine technologist. Later in his career, as his patients aged, Gieschen earned a fourth board certification in geriatrics.

When it came time to honor their father, who died in 2009, Gieschen and her siblings were clear about their choice: the UW-Madison was at the heart of what they wanted to do. They established the Victor W. Gieschen, MD, and Barbara Gieschen Great People Scholarship.

"We wanted to help medical students with great potential but limited financial means," Bonnie Gieschen says.

The Gieschens' gift was the SMPH's first named Great People scholarship, says Karen Peterson, Wisconsin Medical Alumni Association (WMAA) executive director, noting that the school now has five named Great People scholarships. In addition, the WMAA and the school have created their own Great People funds. Both the WMAA and the University of Wisconsin Foundation match Great People gifts for scholarships within the school at 50 cents for every dollar given to double the value.

"It's a wonderful medical student recruitment tool," Peterson says. "It allows for larger scholarships to students who could not otherwise afford to attend the UW-Madison."

With more gifts to the fund, the school will be able to make additional awards to reduce students' debts at graduation, adds Peterson.

Barbara and Victor Gieschen met at UW Hospital, where she was a medical technology student and he was a medical student. They married after graduation in June 1955 and found themselves camped under a picnic table on their wedding night in Niagara Falls, seeking refuge from a storm. Barbara always said she should have known then what a unique adventure life would be with Vic.

Gieschen established his practice in Thousand Oaks, California, where in the early years he made house calls and even accepted a Collie puppy as payment, Bonnie Gieschen says. He founded the Lombard Medical Group, started a tumor board at the local hospital and returned often to Madison for medical school reunions and to walk around the lake and drink a beer on the Terrace.

Bonnie and her siblings hope students will understand that the scholarship is given in honor of an alumnus who loved his time at UW, remained a proud lifelong Badger and believed in giving back to allow students to fulfill their dreams.

To make a gift to the WMAA Great People Scholarship Fund, visit med.wisc.edu/alumni/main/79 and click "Make A Gift" or contact WMAA Development Director Jill Watson at (608) 263-3173, (800) 443-6162 or jill.watson@supportuw.org.

ALUMNI PROFILE *Continued from page 15*

public health educational programs will also fall under her purview.

What is she most proud of in her career? It's not the long list of awards she has accumulated over the years.

"I've had incredible opportunities in my life," she says, "but I'm most proud of the effective teams I've helped build and the many successes of the students, seeing them reach their full potential."

With education on her mind, she says if she could have dinner with anyone, living or deceased, she would choose her grandfather, William C. Petty. He was a superintendent of schools in Lake County, Illinois, for 40 years and was memorialized by having an elementary school named in his honor.

"I'd like to talk to him about his educational philosophy and learn what inspired him," she says.

When she's not thinking about education or research or patient care, Petty often dives into music. In fact, she is a self-taught musician who plays numerous instruments.

"I love the challenge of the steep learning curve—of getting a new instrument that I don't know how to play and then learning how to play it," she says.

If you count her achievements in terms of musical instruments, there would be plenty.

"Every year someone seems to give me a musical instrument as a gift," she says. Her collection now includes guitars, saxophones, flutes, a clarinet, violins, accordions, a French horn, a cello, a euphonium and many percussion instruments. When she moves to Wisconsin, a drum set may be added.

In Madison, she will also seek out the city's lakes.

"I love anything having to do with water—swimming, kayaking and sailing on Lake Wingra," she says. "I'm also looking forward to taking walks in the Arboretum, visiting the Museum of Contemporary Art, biking to and from UW Hospital, people watching at the Dane County Farmers' Market and going to concerts."

Petty will return to the SMPH as a highly accomplished and widely recognized clinician, physician-scientist and medical educator who also happens to be a very interesting, vibrant person. Students—and the school—will soon benefit from one of the best. Just as Petty benefited from some of the best in her days at Wisconsin.

BASIC SCIENCE RESTRUCTURING *Continued from page 16*

"We've created a structure that brings together people from different departments to plan for courses focused on the specific disciplinary areas featured in the new departments," Moss says. "We are committed to maintaining the very highest

standard of excellence in teaching in each of these areas."

Each of the new departments will be larger than any of the previous departments, and they will contain fewer redundancies and require less investment in infrastructure and overhead, Moss adds.

The change will strongly influence the way things are done at the school, says Golden.

"It will really have an impact on the way we do science, both in terms of research and in the training of the next generation of scientists," he says.

FACULTY Q&A *Continued from page 22*

what strengths would be best suited for different aspects of medical training. You really get to see the breadth and depth of individuals who are interested in medicine.

How much time do you devote to admissions work?

It's about six to eight hours a week. Each committee member reviews four to six applications a week, spending about 30 to 45 minutes on each. We meet weekly as a group to discuss the applications we've reviewed. Every Friday from September to March, I also give groups of applicants an overview of the admissions process. Then we have periodic business meetings,

admissions workshops, scholarship discussions and subcommittee activities that span the year. However, when you're doing something you really like, you don't notice it as work.

Do some applications blow you away?

Frequently! There are an amazing number of people out there who have done incredible combinations of things. I wouldn't want to have to compete with these individuals for medical school admission.

How do you stay active?

I love to go trout fishing in nearby streams. My wife and I canoe the Boundary

Waters each summer. And I like gardening and clearing wood from the two acres of trees on our property.

Any other hobbies?

I've played guitar since high school and still do. I've also remained interested in electronics. These days, I restore tube radios from the 1920s to '50s. It's very relaxing, especially in the winter when I'm not outside as frequently. I have a collection of antique radios I'm restoring to working condition, as if they were made yesterday. It's not a business, it's just for fun. If this science thing doesn't work out, I can always fall back on refurbishing old radios.

SPRING: THE SEASON OF RENEWAL

Here Bygynne the Book of the Tales of Canterbury. When the soft sweet showers of April reach the roots of all things, refreshing the parched earth, nourishing every sapling and every seedling, then human kind rises up in joy and expectation. The west wind blows away the stench of the city and the crops flourish in the fields beyond the walls. After the waste of winter, it is delightful to hear birdsong once more in the streets. The trees themselves are bathed in song. It is a time of renewal, of general restoration."

So wrote Geoffrey Chaucer in his *Canterbury Tales*. The 14th-century poem is considered one of the greatest pieces in all of English literature. It tells the story of a group of strangers who travel together on a pilgrimage, entertaining one another with colorful tales.

In the prologue to *Canterbury Tales*, spring is beautifully described as a renewal of all things. Chaucer gives us something great to look forward to. It is my favorite part of the famous poem.

Another aspect of the beauty of such writing is that it makes us realize that most of what we dutifully read in medicine is not beautiful or inspiring. Most of the medical literature we read is fairly dense, written in scientific style, dry and painfully boring.

It is difficult to find eloquence in medical literature. However, on occasion, a peer-reviewed article published decades ago is referenced in our current medical literature. A rare introduction might include voice, introduced as the author's delight in finding a subject of compelling interest.

Dr. Jona Friedenwald wrote, in 1932, "The road of science is a tortuous one that twists and turns and not infrequently crosses some of the most ancient footpaths. We were, therefore, much interested to discover when we had completed the studies that are the subject of the paper, that our ideas

had been anticipated by an ancient observer some thousands of years ago...."

In 1900, an article in the *American Journal of Ophthalmology* described a "brilliant" eye surgeon, Dr. George Critchett, who used poetry as a sedative while removing cataracts. "It was an interesting and refreshing sight to see the talented and ever-jovial Mr. Critchett recite Shakespeare or some other poetry while performing an operation; he almost invariably succeeded in diverting the patient's attention from the surgical work as if casting a charm over him by the beautiful recitation."

So, why not turn to poetry or other artforms as a diversion from our workaday reading? We as physicians benefit in so many ways from people we treat. Not just as healers, but as beneficiaries of those whose amateur works in photography, poetry and other writings broaden our lives and allow patients to share things important to them. These gifts give reason for pause, to reflect and seek out other similar diversions.

A book of poems authored by a grateful patient and presented to me after a recent surgery gave me reason to reflect and fostered the idea for this article. The conversation between the two of us had revealed a person reluctant to share her work, yet appreciative of my willingness to be part of her written self-expression.

So, this spring and summer, let's be open to witnessing and sharing the expressions of the beauty around us.

We too can look at spring as an opportunity for renewal. It's a time when we welcome, as an alumni association, our annual Alumni Weekend, graduation and the festivities that surround these events on campus. Before we know it, another season will be arriving. We should try to respond to these welcome diversions with a pilgrimage to the UW campus. I know I will.

Christopher Larson, MD '75

Quarterly editorial board chair





Inbox

▶ **SUBJECT: TRAINING IN URBAN MEDICINE**

The SMPH's Training in Urban Medicine and Public Health (TRIUMPH) program in Milwaukee is going strong. To learn about the curriculum, community sites that are involved and students' community projects, click on med.wisc.edu/triumph.

▶ **SUBJECT: CLINICAL SIMULATION CENTER**

A state-of-the-science clinical simulation center is under construction in UW Hospital. The center will consist of multidisciplinary facilities, resources and curriculum for students, faculty and staff. Learn more at med.wisc.edu/simulation.

▶ **SUBJECT: GLOBAL HEALTH BLOG**

Want to see more about the SMPH-Ethiopia connection? Or asthma through the eyes of a medical anthropologist? The new "Care Across Continents" blog showcases UW Health care providers and educators serving our global community. Go to blogs.uwhealth.org/global.

▶ **SUBJECT: REPAIR OF AORTIC ANEURYSM**

A new video series features UW Health endovascular surgeons demonstrating repairs of aortic aneurysms. To see the first, go to orlive.uwhealth.org. The second video in the series will be available for viewing in early June.

▶ **SUBJECT: BUCKY @ WISCONSIN STATE FAIR**

Celebrate UW-Madison's long history of service to the state at the Wisconsin State Fair on August 10, 2011. Join Bucky Badger, the Marching Band and alumni from around the world on Central Mall. To learn more, visit statefair.wisc.edu.



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.

Have you moved? Please send us your new address.

CONTACT INFORMATION:

Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

OR online at med.wisc.edu/alumni/share-your-news/874

OR e-mail at quarterly@med.wisc.edu

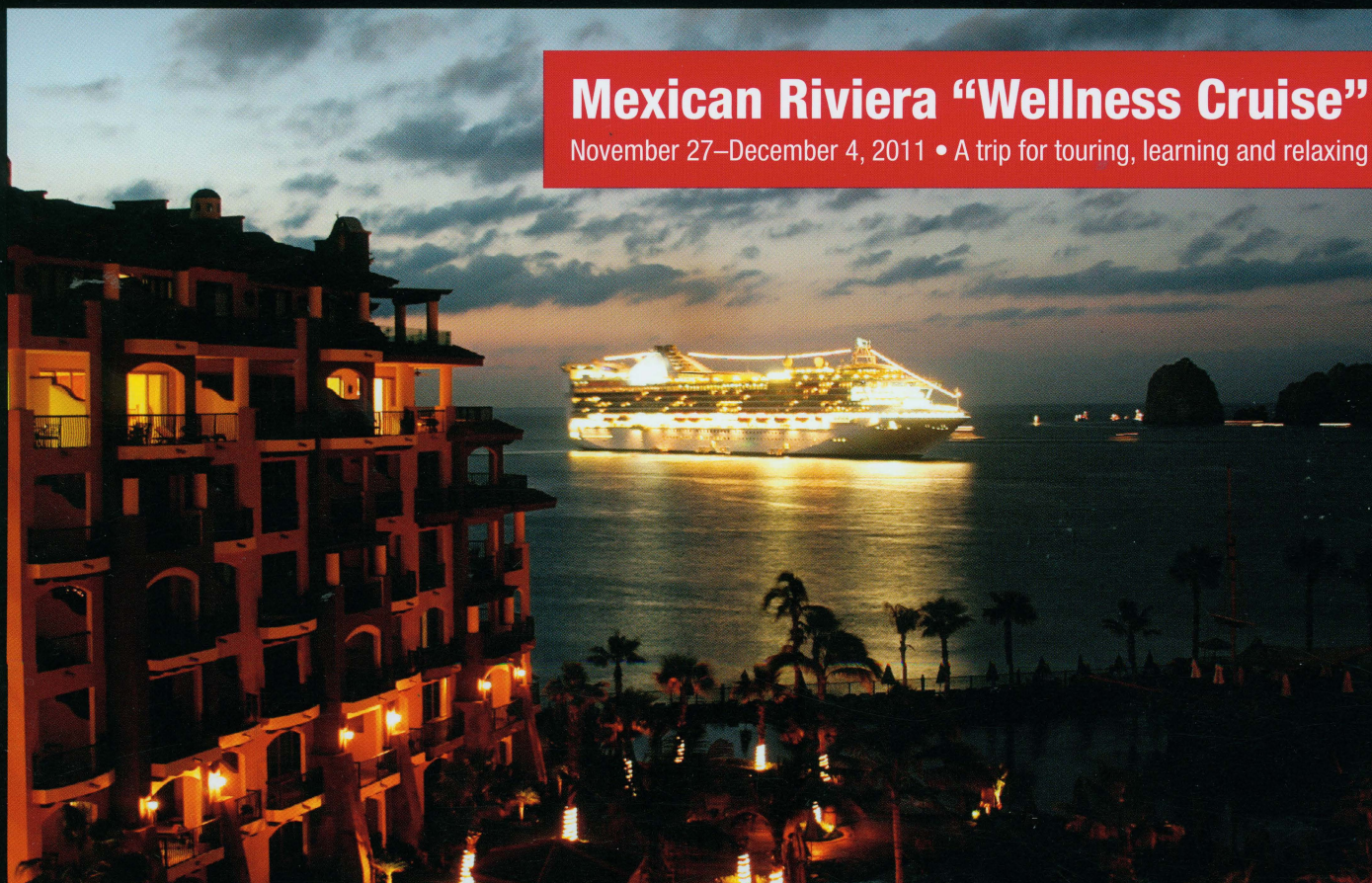
University of Wisconsin
Medical Alumni Association
Health Sciences Learning Center
750 Highland Avenue
Madison, WI 53705

Nonprofit Org.
U.S. Postage
PAID
Madison, WI
Permit No. 2117

MS-27753-11

Mexican Riviera "Wellness Cruise"

November 27–December 4, 2011 • A trip for touring, learning and relaxing



From Los Angeles to Cabo San Lucas (shown above) and Puerto Vallarta. Earn up to 12 CME credits on a variety of wellness topics. Sponsored by the WMAA and the WAA, this trip brings together SMPH and other Badger alums for a wonderful getaway. For reservations, call (888) WAA-TRAVEL (922-8728).



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON