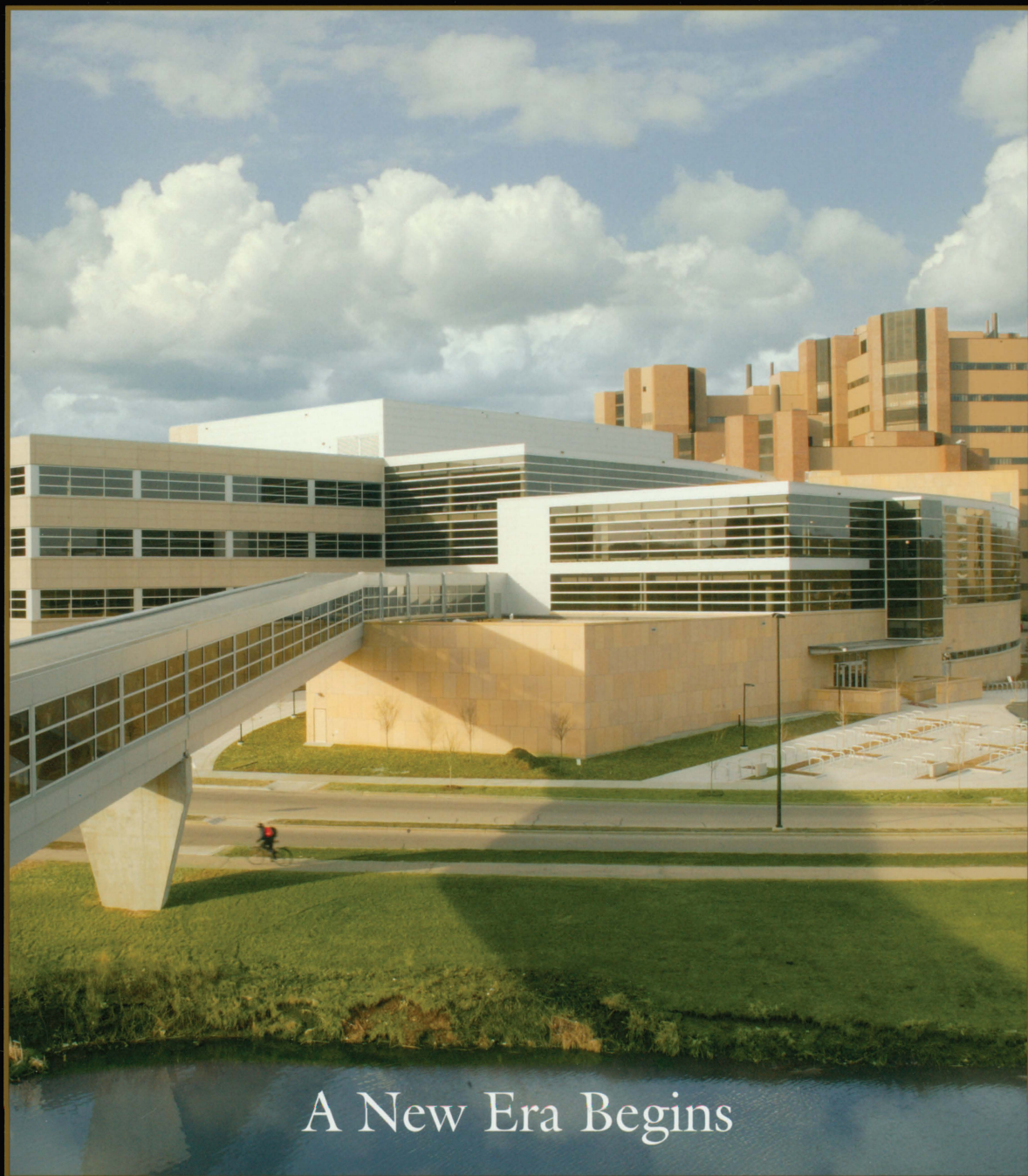


The Magazine for University of Wisconsin Medical School Alumni and Friends

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A New Era Begins

QUARTERLY

The Magazine for
University of Wisconsin Medical School
Alumni and Friends

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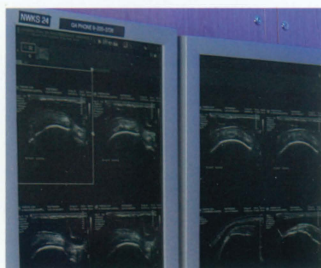
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Contents



■ Features

4

A New Era Begins

The opening of the Health Sciences Learning Center marks a milestone for UW Medical School.

9

Organizing a Massive Move

Staffers take creative approaches to consolidating three health sciences libraries into one.

11

Learning Across the Communities

Student "houses" to offer new opportunities for learning.

13

Learning Across the Continuum

Researchers examine learning styles of physicians, residents, medical students.

16

Zeroing in on a Career

Curriculum enhancements provide students more flexibility to explore their options.

Spring 2004
Volume 6 Number 2

■ Departments

2

Dean's Message

3

President's Message

19

Alumni Profile: *John Heinrich, MD Class of 1988*

21

Spotlight

26

Grand Rounds

32

Student Life

40

Development News

41

Alumni Notebook

■ Dean's Message



Philip Farrell, MD, PhD
UW Medical School Dean
UW-Madison Vice Chancellor
for Medical Affairs

This is a momentous time for University of Wisconsin Medical School. The impending opening of the Health Sciences Learning Center marks a long-awaited milestone in our rich history.

The initial milestone occurred in 1924, when Wisconsin General Hospital—the pride of the state—opened its doors in the heart of central campus. With its greatly increased numbers of patients suffering illnesses of all kinds—and the expanded supply of physicians required to care for those patients—the new hospital provided the range of clinical learning experiences educators recognized were necessary to train well-rounded

physicians. One year after the hospital opened, UW Medical School joined a handful of other innovative medical schools and lengthened its two-year curriculum, which it had begun in 1907, to four years.

It would be 55 years until the school would achieve its next major milestone: moving into the Clinical Sciences Center (CSC) on the west end of the UW-Madison campus. There were numerous obstacles along the way, but many people persisted until their vision became a reality.

The move allowed the school to transfer critical programs out of what had become unsatisfactory clinical facilities at Wisconsin General Hospital, where students, interns and residents were trained in crowded wards. I was privileged to be able to accompany the first group of pediatric patients from the old hospital to the new one in March 1979. The new medical center gave the school the clinical and academic space it needed to grow into a leader in academic medicine.

Unfortunately, a planned second construction phase calling for additional medical school facilities to be built within the ring road near the new hospital never materialized. This forced us into a far from ideal arrangement that has split our faculty and student body for too long. We have had our third- and fourth-year students at the CSC for their clinical rotations while offering first- and

second-year students instruction in woefully inadequate teaching facilities at the old hospital a mile—sometimes called the longest mile in Madison—away.

Now, 25 years since we occupied the CSC and two and one half years after we broke ground for our new Health Sciences Learning Center, we are poised to consolidate again in one location. The new building is the realization of another fabulous, yet essential, dream. It allows us to give our medical students what they truly deserve: enriching educational experiences that will serve as the foundation for the active, lifelong learning they will need to make their future practices successful.

The state-of-the-art instructional facility is the finest on campus and among the finest in the nation. It contains the most technologically advanced lecture halls, classrooms, clinical training and assessment areas, computing laboratories and distance education centers. In addition to being extremely utilitarian, the building is beautiful. The spectacular Ebling Library is an invaluable resource—not just for students and faculty, but for patients and the community at large as well.

Physically connected as a northeastern extension of the CSC, the new building is an integrated, interdisciplinary educational facility for all health professions students at UW-Madison. With the hospital as the anchor, the Health Sciences Learning

Center, the new pharmacy school—Rennebohm Hall—and the planned nursing school constitute a powerful health sciences enclave on west campus. In fact, we believe the western part of the Madison campus is emerging as the nation's best health sciences campus.

However, we cannot rest! The hard work of countless committed people ensured the completion of the Health Sciences Learning Center, but we must keep the momentum going and redirect our efforts to the HealthStar Interdisciplinary Research Complex (IRC).

The planned IRC buildings will be the future home of Medical School researchers representing a variety of disciplines. These scientists will have to continue working in less than desirable, albeit renovated, facilities in the old hospital until the IRC is built. Translational science—which moves swiftly from laboratory to clinic—will be the hallmark of their work in the new building, slated to be a northern and northwestern extension of the CSC.

Because funding will come predominantly from gifts and grants, our job will be particularly challenging. But I have every confidence that once again we can overcome obstacles to build one of the most impressive research complexes in existence. Then, finally, we indeed will be consolidated into facilities that will allow us to go places we likely have never imagined.

■ President's Message



Christopher Larson, MD '75
WMAA President

With an active board of directors, an involved, enthusiastic membership, outstanding communication within the organization and an enviable partnership between the Medical School, University of Wisconsin Foundation and the Wisconsin Medical Alumni Association (WMAA), everything else is easy. If I had to name a single factor responsible for our organization's success, I don't know if I could do it. Instead, let me give credit to the people behind the well-laid plans stated in our 2001-2005 strategic plan.

As my term as WMAA president comes to a close, it is with mixed feelings that I step aside. I reflect on what has been accomplished in a

very short time and on a vision for the future, which is now coming to fruition. I see growing involvement in the WMAA, increased learning opportunities for members, better communication among constituents, improved financial footing and a strengthened relationship with our various partners. But I also see much that needs to be done. We are only scratching the surface when it comes to the kind of dialogue necessary among alumni to further our goals as an organization.

Let me list some of our successes. Your involvement in new programs and activities is growing. Continuing medical education seminars, class reunions, Alumni Weekend and new Fall Reunion activities have all been well attended. I see renewed interest among our members in the Medical School and its students, and broader participation in social opportunities on campus as well.

In addition, we have adapted to an apparent need to make our programs more mobile. City events were expanded to three locations this winter, with gatherings—including a dinner and lecture by Dean Philip Farrell—in Wausau and Green Bay and our Winter Event in Milwaukee with a presentation by Dr. Patrick Remington. Attendance was outstanding, and I have received numerous positive comments. I personally found these events to be fun, and I look forward to more such gatherings around the state.

Your requests for improved communication have resulted in significant changes. We now have a new Web site, a newly formatted *Quarterly*, and more frequent newsletters and correspondence from class representatives and other alumni. These media are key elements in keeping alumni connected, especially those located outside the state.

Your generous financial contributions are bearing fruit. The completion of the Health Sciences Learning Center (HSLC) and the relocation of the alumni offices to a place of prominence in the new building have created an opportunity for the WMAA to better establish its identity as a vital organization. From the beginning, our plan to reserve space in the HSLC was a priority. Our new home is significantly larger, more visible, laid out better and strategically located on the fourth floor for the convenience of students, faculty and alumni.

Additionally, your donations supported a lecture hall with a very important name: Alumni Hall. This high-tech, state-of-the-art lecture space will become the main location of basic and clinical science lectures for first- and second-year medical students. It will develop into the intended cornerstone of learning for new students.

Our organization is solid. We now have an affiliation agreement, which was finalized this past year, emphasizing and further preserving the close relationship between the

Medical School, the UW Foundation and the WMAA. Though the partnership itself is not new, the document formally defines the vital role alumni play in bringing quality teaching and training to UW medical students, now and into the future.

Where we are is the result of the hard work of many people who accepted and supported our ambitious plans to better serve you. Your continued involvement is essential to ensure that these plans continue to serve your needs.

As I reflect on the two short years that I have spent as your president, I see a beginning—the first steps that serve as the groundwork for our organization. We have a structure in place and the growing involvement of members to get things done. We have a willing and committed board of directors and an active membership with a sense of purpose. With your help, these elements will continue to shape, well into the future, a vital organization that serves its members and the medical students at the University of Wisconsin.

With that said, I thank you for this opportunity to serve you and for your generous support of this great organization.



A New Era Begins

by *Dian Land*

A move viewed by many as one of the most important events in the history of University of Wisconsin Medical School will soon begin. In some cases—as with the consolidation of the three health sciences libraries into one—preparations for the move began two years ago. But now, the end of all the planning is clearly in sight. By August 1, 2004, a daunting list of assignments will have been completed, and the Health Sciences Learning Center (HSLC) finally will be occupied.

“This move represents a huge milestone for the Medical

School,” says Dean Philip Farrell, MD, PhD. “For 25 years, our student body has been split in two. Now we will be united in this fabulous new building. This marks a new era for UW Medical School.”

In 1979, when the Clinical Sciences Center that houses University of Wisconsin Hospital and Clinics opened on the west end of the UW-Madison campus, the school began teaching third- and fourth-year students there. But it continued to provide first- and second-year students instruction at the old Wisconsin General Hospital, now called the Medical Science Center, which was not designed for educational programs.

Plans for an instructional facility to be built next to the Clinical Sciences Center never materialized—until now. “The Health Sciences Learning Center will anchor us firmly as a united medical school on a vital area of this great campus, where the health sciences are thriving,” Farrell says.

The HSLC is the second structure in the state-supported HealthStar initiative begun in 1996 to build health sciences facilities on the west end of campus. Rennebohm Hall, the UW pharmacy school building that connects to the HSLC by means of a covered walkway over Highland Avenue, constituted the first project in the initiative. The Medical

School’s planned Interdisciplinary Research Complex, to be a publicly funded cluster of buildings dedicated to interdisciplinary translational research, will be the third health science facility located adjacent to the hospital. A nursing sciences building—to be the home to the UW-Madison School of Nursing—is planned for the future.

Most Medical School administrative offices and other divisions long based in the Medical Science Center will move into the new structure, including, among others, the dean’s office, academic affairs, research and graduate studies, rural and community health, fiscal services, human

Sticking to schedule

Begun two and a half years ago, construction on the Health Sciences Learning Center ended exactly on schedule, with lead contractor J. H. Findorff and Son completing its work on April 5, 2004.

"It's very rare for such a large construction project to come in on time, but many people worked hard to make this happen," says Mark Wells, assistant dean for facilities planning at the Medical School. "Key players in this huge team effort included the Wisconsin Department of State Facilities, the university's Facilities, Planning and Management Department, representatives of the medical, nursing and pharmacy schools and, most especially, J. H. Findorff."

State inspectors are expected to complete their "punch list" review of all aspects of construction and officially certify the building in early to mid-April, at which time UW-Madison officially will take possession.

In preparation for the move, Wells and his staff have divided all Medical School divisions into 12 teams, each with a leader to oversee all aspects of the move for his or her group. Heidi Dahle, associate facilities planning specialist, serves as the main coordinator for all groups.

MOVE-IN TIMELINE

April and May

- Computer network initialized
- Phone system activated
- Heating, ventilation and air-conditioning system tested
- Audio-visual system installed
- New furniture in place
- Artwork hung
- Touch-ups completed

June 1


- Medical School administrative offices begin to move
- Combined health sciences libraries begin to move

End of July

- Entire move completed

August

- Classes begin in new building



The opening of the Health Sciences Learning Center marks a milestone for UW Medical School.

resources and continuing medical education. The Wisconsin Medical Alumni Association (WMAA) will be prominently positioned on the top floor of the building in a handsome suite of offices.

But an even more important—and exciting—feature of the new building is that it will be one of the most sophisticated instructional facilities in the nation. All UW-Madison health sciences students taking classes in the building beginning in fall 2004—medical, nursing, physical therapy and physician assistant students—will benefit from the most current technologic wizardry and learning-friendly spaces in which it will be installed.

"At long last, we can now give our students what they truly

deserve: an environment providing enriching educational experiences that will serve as the foundation for the active, lifelong learning they will need to make their future practices successful," says Farrell.

Students will no longer squeeze into poorly lit, ill-equipped, uncomfortable lecture rooms built decades ago. The four lecture halls on the ground floor of the HSLC—including the 350-seat Alumni Hall, funded entirely by medical alumni—will be spacious, beautifully furnished and completely accessible.

The rooms come with full audio-video technology, including power and data connections at each seat, allowing students to take notes on their laptop computers. From the podium, a fixed



computer gives lecturers fingertip access to the Internet, DVDs, CDs and other computerized information they may wish to share with students.

The entire facility, in fact, is “wireless.” Fitted with an easily inserted chip, all computers used in the building can connect to the Internet without having to be plugged in. The goal is to greatly enhance students’ computer literacy.

“Medical students today must be confident and competent with computers. It’s absolutely essential,” says Susan Skochelak, MD, MPH, senior associate dean for academic affairs at the school. “Computers are key to the

active learning that is so central to medical education today.”

In this model of learning, which essentially is the antithesis of the passive learning of the past when students simply absorbed information presented, today’s students are actively involved in seeking information. Small groups of them gather to review material to which they have been exposed in lectures or laboratories.

“We try to present all material, even the basic sciences, within the context of potential clinical experiences,” explains Skochelak. “In their small groups, and helping each other, students start to generate questions about how things they are learning

relate to problems patients may have. Students then assume responsibility for taking the next steps, usually via computer, to find answers to the questions.”

Skochelak, also a family practice physician with UW Health, points out that this process closely mimics the situation clinicians experience every day. “For any given patient, physicians very likely know 90 percent of what they need to know, but there often are one or two questions—about a new drug or treatment, for example—that must be answered,” she says.

The HSLC computer laboratory on the second floor contains 70 computers as well as printers and scanners, and the computer training room has 25 computers. Students can use computers and study in these secure areas at all hours, taking advantage of lounge chairs with tailored arms upon which laptops can sit.

The Ebling Library (see story on page 9), which will entice learners of all abilities, also will be fully wired for computer convenience. It will offer computer-ready research workstations, a multi-media digital laboratory, electronic desktop document delivery services and the ability to call up live video references.

Furthermore, the library will contain a wealth of comfortable study spaces. Indeed, inviting places for studying and relaxing will be scattered throughout the entire HSLC, including comfortable chairs and tables in and overlooking the atrium, which is the main entranceway and large open

area that extends up through the four floors of the building.

The new learning communities (see story on page 11), to be located on the second floor, will provide an environment that is particularly welcoming and supportive. In addition to giving students a formalized group to which they can belong during their four years of medical school, each “house” will provide physical space designed to foster individual study and small-group interaction.

“The learning communities will be particularly conducive to the intense ways most medical students like to study,” Skochelak says. “They usually prefer a quiet, comfortable and resource-rich environment that gives them flexibility to study whenever they can.”

In another stark departure from the past, the HSLC will transform the way in which the school teaches and tests clinical skills. “UW Medical School has been a leader in clinical instruction and assessment for years, despite major obstacles we’ve faced in terms of physical space and technology,” says Skochelak.

Educators have been forced to perform these essential functions with dated equipment in small rooms in Bradley Hall, which is even older than the Medical Science Center, and they have had to find times after hours when outpatient clinical rooms in the Clinical Sciences Center are available.

The HSLC first-floor clinical assessment center will consist of 24 examination rooms set up as regular clinic or hospital

rooms. All will be equipped with ceiling-mounted remote control digital cameras to record student activities as they interact with standardized patients. With a password, students will be able to pull up the recorded sessions remotely from their own computers and even burn the recordings to CDs. The taping will greatly simplify the faculty's ability to assess student performances.

"With this online AV system, faculty can easily review

many student performances and provide feedback by computer within 24 hours, while in the past this process could have taken a month," notes Skochelak.

The clinical assessment center, which will be used extensively by nursing students as well, also will contain a mock intensive-care unit that will be equipped in the future with sophisticated instructional simulators.

Continued on next page.



Let the celebrations begin!

Starting this spring, a flurry of events will occur as the University of Wisconsin Medical School prepares to make its long-awaited move into the new Health Sciences Learning Center.

"This building represents a milestone in the school's history," says Dean Philip Farrell, MD, PhD. "It has been a phenomenal undertaking for us, and we want to celebrate our success with many people in many ways."

On May 7, 2004, the celebrations begin with a **CEREMONIAL DEDICATION** for academic, hospital, political and community leaders as well as donors. "Countless people have been deeply involved in advocating and planning for this new building," says Farrell. "This first celebration will acknowledge all those committed leaders."

Contractors will be adding finishing touches to the building through early April, when installation of furniture begins. Various divisions of the school

will begin moving in on June 1. The building will be fitted and ready when classes begin at the end of August.

During **GRAND OPENING WEEK, September 12 to 19, 2004**, celebrations involving the community and campus will take place. "This building is the finest educational facility on the UW-Madison campus and is among the most technologically sophisticated in the nation," says Farrell. "We want to show it off to everyone during Grand Opening Week."

The **GRAND OPENING WEEK KICK-OFF PROGRAM** will occur on **Sunday, September 12**. To be held in the atrium of the new building, the program will immediately follow the White Coat Ceremony that marks the Medical School's official welcome to the Class of 2008. The new medical students and their families and friends will be invited to join the public for the program.

Following the Grand Opening kick-off program, **GUIDED TOURS of the new building will be offered**. Public tours also will be provided Wednesday, September 15.

Celebrations will continue into the fall, when the Wisconsin Medical Alumni Association (WMAA) will host events specifically for alumni during **HOMECOMING WEEKEND, October 22 and 23**.

The traditional **"PRESIDENT'S DINNER"** will be combined with the **MIDDLETON SOCIETY DINNER** and will take place **Friday, October 22**, in the Health Sciences Learning Center atrium. Dedications will be held in various locations within the building to honor selected donors. Individual tours also will be offered.

For more information on all events, contact the WMAA at (608) 263-4915 or visit www.med.wisc.edu/Alumni.



Another important advantage of the new building is that, by virtue of being situated next to the hospital, where residents train, it will bring medical student and resident education closer together and more in line.

"These days, we view medical education as a continuum—distinct yet overlapping steps in professional development," Skochelak notes. "We hope that the HSLC will allow us to be more seamless in the way we teach medical students and residents and to integrate their learning experiences. We want to encourage more exchanges

between them. At the very least, the learning communities will be a drop-in place for third- and fourth-year students, which will stimulate more connections among students of all classes."

The influence of the new building will be felt well beyond the UW-Madison health sciences campus. "The superior technology will allow us to vastly expand our distance education programs," says Skochelak, adding that local health groups may want to use the HSLC as a place to connect to similar groups across the state. "In fact, we

want this building to be a resource for the entire community, from local groups such as emergency medical technicians—that might want to tap into our training capabilities—to patients and their families who want to use our library for their own research."

For teachers and leaders at the Medical School, the new building represents an unleashing of possibilities for medical education.

Says Farrell, "Among medical educators, UW Medical School is widely acknowledged as a leader in many areas. We have been pioneers

in providing students early exposure to generalist training, developing innovative approaches to clinical skills testing, and creating the first preceptorships with community physicians. We have managed to excel under the worst physical conditions. The Health Sciences Learning Center supports all our hopes for what we want to give our medical students. There's no telling what we can do now."

Q

Organizing a massive move

Staffers take creative approaches to consolidating three health sciences libraries into one: the Ebling Library.

by Jon Sender

All University of Wisconsin Medical School personnel moving into the new Health Sciences Learning Center face the enormous task of sorting through years of collected materials to identify what can and cannot be discarded. The staff of the health sciences libraries—Weston Clinical Sciences Center Library, the Power Pharmaceutical Library and the Middleton Health Sciences Library—face an even bigger challenge. The three units—the people as well as the collections—will merge as one unit in the new building's Ebling Library.

As reported in the Spring 2003 *Quarterly*, the Ebling Library's more than 50,000 square feet will include 16 group-study rooms, 19 research workstations and extensive wireless network capabilities. It will provide seating for more than 350 patrons.

The family of UW Medical School alumnus Paul R. Ebling, MD '55, has given the largest private gift to the Health Sciences Learning Center. The generous donation will help ensure that the library, like the rest of the building, is among the most technologically sophisticated in the country.

Ebling enjoyed reading

and found great pleasure in gaining further knowledge. A library was one of his favorite places to spend free time. The new library—situated in a beautiful, serene part of the building filled with natural light—would surely please him. Users will enjoy a spacious setting, spectacular views of Lake Mendota, consolidated collections and expanded hours of operation.

"The combined Health Sciences Library (HSL) will be the heart of the multidisciplinary educational facility," says Terrance Burton, library director. "Operating from a single location will allow the HSL staff to expand the

quantity and quality of services we can deliver to all of our patrons, regardless of their location. We expect this high-tech, high-touch library to be a magnet for students, faculty and staff from throughout the university who desire a comfortable state-of-the-art place to advance their learning and develop new knowledge."

Preparing for the move has been a massive undertaking. Sylvia Contreras, an assistant library director, notes that over 330,000 volumes have been evaluated and processed for the move. "We had to eliminate all the duplicate journals and books, make assessments on preservation



An organizational effort involving sorting, archiving, recycling and, at times, tossing has resulted in significant decluttering in the health sciences libraries. As staffers prepare to consolidate and move into the new Ebling Library in the Health Sciences Learning Center, they have learned "wonderful new skills of office organization," says Sylvia Contreras, assistant library director.

and repair of items in the collections, and reclassify and process materials," she says.

It all started in spring 2002. "The staff of the three libraries came up with an orderly and methodical work plan to meet the deadline of moving into the new space in June 2004," Contreras says. "We've had to find homes for the duplicate materials, most of which have been donated to other libraries across the United States. Staff also had to prepare their offices and work areas for the move."

In order to move the three libraries efficiently and to minimize the transfer of unnecessary material from existing spaces to the new facility, a committee was formed to create a clutter-eradication plan, assist staff in organizing their offices and consolidate the files of the existing libraries. An office organization plan was developed based on the FlyLady Home Organizational System and the Kiss It Goodbye campaign developed by the University of North Carolina, Chapel Hill.

Contreras says with a laugh, "We're librarians, and while we thrive on organization and systems many of us have a tendency to hang on to things." With that in mind, she suggested that the libraries consider a less than traditional approach to helping the staff with the move. "The FlyLady," Contreras says, "has been amazing."

The system, she explains, aims to develop routines that help people get decluttered and better organized. Marla Cilley, also known as the FlyLady, took tools drawn

from her life experiences as an educator and homemaker and created a Web site (FlyLady.net) to help people put their homes—and lives—in order.

"I'd heard about FlyLady and her system, and I use it in my personal life and thought that it would be a great model for the move," Contreras says. "I contacted Cilley to see if she had any objection to our using and adapting her system. She was very encouraging and even donated 50 of her books to help us."

The libraries' plan incorporated the FlyLady philosophy and process into a local Kiss It Goodbye campaign, including a new record and archives retention policy. The policy essentially established checklists, parameters and procedures to determine which materials were to be kept or purged. The plan broke tasks down into manageable sections, or physical zones.

"Once a day, for 15 minutes at a time, everyone concentrated on one of their zones. This could be a work area, like an office, or even a desk or drawer," Contreras says. "Like the FlyLady says, you can do almost anything for 15 minutes." Weekly library-wide decluttering missions also were established.

The daily 15-minute sessions have allowed staff to take baby steps toward achieving a clutter-free environment and to establish routines. The three libraries employ about 50 staffers working in 12 different units, all of whom are part of the moving and decluttering process. Units have been assigned a "weed-

ing representative" to assist staff with the sorting, archiving and recycling process. Progress to date includes the removal of over 2,500 pounds of material—which includes books, journals and files—as well as the identification and planned future removal of dated furniture and equipment. Says Contreras, "Wonderful new skills of office organization have been learned in the process."

Collaborative and individual efforts have been strongly encouraged and rewarded. Contreras says that the system not only works, it helps with team-building and is fun. "We have timers, and throughout the day, you can hear alarms buzzing and ringing. We give rewards when a zone is finished. Little things like scented candles and lotion help to keep everyone motivated during this process, and we have a contest at staff meetings for the most unusual things found."

It was recognized from the outset that consolidating the journal collection would take the largest amount of preparatory work, involving many of the staff in all three libraries. The biggest obstacles to preparing the journal collection for the move were the number of volumes of journals not yet bound, the number of volumes duplicated—not only among the three health sciences libraries but also between HSL and other campus libraries—and the fact that the journal collections were arranged in three different organizational schemes.

Not a small part of the moving process has been to develop a communications strategy aimed at informing all library users—students, faculty, healthcare providers and the general public, all of whom are spread across the UW System and statewide—that the move is imminent. To address this need, the three libraries created a public relations committee to develop tactics to get the word out.

The three health sciences libraries will be closed from May 29 through June 20, 2004, when they make the actual move into their new home. Burton asks that all library users make note of this closure and "take this into consideration as you plan for your research and curriculum needs."

He adds that there will be no access to the journal and book collections during this time, although access to electronic journals and databases will continue to be available throughout the entire move process.

All the work and inconvenience of the move will be well worth it, he says.

"The new Ebling Library will excite and inspire not just our faculty and students, but all lifelong learners," Burton says. "In fact, when you look at how we've used innovative methods just to prepare for the move, you could say that we're already inspired. We're fortunate to have this opportunity to transform the face of medical education and learning."

Q

Student “houses” to offer new opportunities for learning

by *Dian Land*

As reported in past issues of the *Quarterly*, learning communities will be a key feature of the new Health Sciences Learning Center. To be named in honor of special figures in University of Wisconsin Medical School history, the five learning communities will provide physical space for enhanced student interaction as well as a formalized group to which students will belong.

Every learning community—which students have termed “houses”—will consist of approximately 30 students from each of the four classes currently enrolled. Students will remain in their assigned house for the duration of their four years at UW Medical School.

A primary goal is to encourage coaching between new students and more experienced students. The structuring reflects a recent trend in medical education that sees movement away from lectures and didactic learning toward individual and small-group problem solving.

Since last October, a group of Medical School students and administrators has met to develop a mission statement that helps crystallize the role of the learning communities. The mission statement calls for each house to “foster community, leadership, professionalism, well-being and the sharing of knowledge in order to develop more intel-

lectually, socially, physically and emotionally prepared physicians.”

“Each learning community will have its own small government, which will be responsible for organizing efforts to fulfill the mission statement by focusing on four goals,” says Karin Witte, co-president of the Class of 2007 and a member of the committee.

First, the houses will provide opportunities for career guidance and peer mentoring. “We will bring in experts representing a variety of specialties to present talks for students to learn more about various career options, especially in years one and two,” says Witte.

To promote more peer mentoring, a one-on-one buddy system pairing a second-year student with a first-year student will be developed within each house. “Students were passionate, however, that learning communities not replace the small group discussions and interactions that normally occur among peers in each class,” adds Witte.

Class mentors also will continue to be an important source of support for medical students. Furthermore, connections between faculty members and students will be encouraged through the creation of faculty advisory groups.

The houses also will promote the skills and attitudes of professionalism by inviting ethicists—experts from the Medical School’s Department



A primary goal of the learning communities is to encourage individual and small-group interaction and problem solving.

of Medical History and Bioethics and others—to speak on various aspects of the topic.

A third goal will be to enhance emotional and personal support through increased recreational and social interactions. “The communities will be a new venue for recreation and wellness,” says Witte, adding that this is the area that interests her most. “Medical students need new ways, beyond the anatomy tank, to get to know classmates better and to create defining relationships.”

Finally, the houses will foster cross-discipline interactions

with other health professions students. “Medical students really want to know what their future working relationships with nurses, pharmacists and other health professionals will be like,” says Witte. “We want to be effective players on the teams that care for patients.”

Witte says that students are excited about the possibilities they see in the new learning communities. “The learning communities are going to be great,” she says. “We’re going to learn things we were never able to learn before.”

Q

Bamforth House to honor a remarkable woman



Betty J. Bamforth, MD

The learning communities' namesakes—all luminaries in UW Medical School's history—are Charles R. Bardeen, MD; William S. Middleton, MD; brothers Adolf Gundersen, MD, and Gunnar Gundersen, MD; Alice McPherson, MD; and Betty Bamforth, MD. We've introduced Bardeen, Middleton and McPherson in past issues, and introduce Bamforth here. Watch coming issues of *Quarterly* for profiles of the Gundersens.

by Kris Whitman

Betty J. Bamforth, MD, wore many hats. She was physician, teacher, mentor, historian and professor emerita of anesthesiology at University of Wisconsin Medical School until her death in 2001 at age 78.

After completing medical school at Boston University

and an internship in Cambridge, Massachusetts, Bamforth arrived at Wisconsin General Hospital to begin her residency in 1951. She was among the last residents to serve under Ralph Waters, MD, chair of the UW Department of Anesthesiology and widely considered the father of modern anesthesia. Founded in 1927, the UW anesthesiology

department was the first such academic department in the United States.

Bamforth joined UW Medical School faculty as an associate professor of anesthesiology in 1954, remaining on the faculty for 38 years. She spent 10 years as the Medical School's assistant dean for student affairs and a year as the assistant dean for academic affairs. She also was president of the Wisconsin Medical Alumni Association in 1991.

She attained national and international prominence largely for her writing and lecturing about the history of anesthesiology. She participated on numerous educational and administrative committees of the American Society of Anesthesiology. She was a founding member of the Society for Education in Anesthesiology and served as president of the History of Anesthesiology. Boston University awarded her its Distinguished Alumna award in 1988.

Following her 1992 retirement, Bamforth spent years working to preserve the history of the department and Waters' 22 years at UW. With student help, she photocopied his letters and important documents onto acid-free paper. She authored several articles about the department's history.

Bamforth achieved several firsts in her career. She was the first woman chair of the Department of Anesthesiology (she was acting chair for three

years) and the first female mentor for the Medical School, serving the Class of 1992. The next year, she was the first woman to deliver the distinguished keynote Emery A. Rovenstine Memorial Lecture for the American Society of Anesthesiologists, the most prestigious award bestowed by the society.

Once asked whether she felt she had helped to break down barriers and forge new paths for women in the medical profession, she answered modestly, "I probably did, although it didn't seem so at the time."

Q

The learning communities will fill a major portion of the south side of the second floor of the new building, adjacent to the admissions and student services offices. Mailboxes, lockers and a small lounge area with couches and tables will be located inside the entrance to each house. Next to that, students will find a room that usually will serve as an informal meeting area or study space. It will be equipped with a refrigerator and microwave oven. In addition, each house will contain two classrooms seating 16 people and one seating 30.



Marianna Shershneva, MD, George Mejicano, MD, MS, and Henry B. Slotnick, PhD, PhD.

Learning across the continuum

Researchers examine learning styles of physicians, residents, medical students.

by Dian Land

Like all continuing medical education (CME) organizations, University of Wisconsin Medical School's Office of Continuing Medical Education is in the business of educating physicians. It sponsors hundreds of conferences, courses, home study programs, online activities and other learning opportunities for physicians each year. Unlike most others, however, UW's CME office also supports a research program.

"UW-Madison is such a strong research institution," says CME director George Mejicano, MD, MS, "that we decided we should be doing research, too. We're particularly interested in examining the staged nature in which physicians and physicians-in-training learn. This is an important, but often overlooked, aspect of learning across the continuum of medical education."

Two and one-half years ago, Mejicano invited Henry B. Slotnick, PhD, PhD, a

national expert on physician learning, to head the UW research program. Then at the University of North Dakota, Slotnick agreed to postpone his retirement and come to Madison for a three-year stint as a visiting professor.

Over the course of his productive career, Slotnick has examined many facets of learning unique to physicians. "Physicians learn in response to clinical problems they encounter," he says. "They do this in ways that become routine to them, and they use

the same familiar resources over and over."

In one of his most illuminating studies, Slotnick described this routine as following four stages physicians move through as they gain the new knowledge and skills needed to solve the problems they face.

- In stage zero, doctors scan their environments for potential problems.
- In stage one, and having identified a potential problem, doctors decide whether to take it on.



Learning how to learn in medical school means that students must develop new cognitive approaches as well as different relationships with other people, especially students, the researchers say.

- In stage two, doctors learn the things they need to solve the problem.
- In stage three, they gain experience using what they've learned to address a range of problems.

"Specific learning needs differ depending on what stage physicians are at. If you try to teach something new to someone who hasn't decided yet that they want to learn it, you are wasting your time," says Slotnick. "Doctors almost never

learn solutions to problems they don't believe they have."

When Slotnick arrived at Wisconsin, both he and Mejicano agreed that the time had come for broadening the scope of investigations into physician learning to include

ways in which medical students and residents learn. This became the main focus for Slotnick and his research colleague, Marianna Shershneva, MD, a gifted adult education researcher who received her medical training in Russia.

"Knowledge of the whole medical education continuum will help CME providers understand the steps young physicians-in-training go through in their development," Mejicano reasoned. "Furthermore, the sooner medical students are exposed to learning that will benefit them most as practicing physicians, the easier it will be for them."

Slotnick and Shershneva interviewed 36 UW Medical School students, residents and local practicing physicians to understand the ways in which each group approaches learning. "We found wonderful things in our interviews," Slotnick says. "For example, we discovered that, under certain circumstances, some

Unique learning needs

In addition to his important work on stages physicians move through as they acquire new knowledge, Henry B. Slotnick, PhD, PhD, also has clarified that progression through the stages depends on the nature of the problem encountered.

- If the problem is specific—due to a particular patient, for example—doctors will move through the steps quickly, making use of familiar resources that are easily accessible, such as

journals to which they subscribe or consultants with whom they regularly talk.

- If the problem is more general—if the doctor needs to update old skills and knowledge or learn new ones, for instance—decisions are made in a more deliberate manner, and more time is required to plan use of resources. This may include attending professional meetings or locating additional library materials.

Slotnick also determined that doctors behave as if they have internal stopping rules that they use to decide when they have learned enough about a problem's solution to end reading or talking with colleagues and begin taking action. The rules vary by stage of learning and rely on the very practical idea that further learning will turn up nothing new.

In another study, Slotnick, George Mejicano, MD, MS, and Ann Bailey from the UW

CME office confirmed what educators have long suspected to be true: Primary care physicians in rural areas have learning needs that differ from those of physicians in large towns like Madison. The main difference, they found, is that the two groups of physicians generally do not see the same mix of patients.

Understanding all of these issues can help CME providers and others design instructional activities that are best suited to physician learning needs.

first-year medical students demonstrated the mature, self-directed learning strategies we usually see in practicing clinicians."

Oddly enough, the researchers observed this sophistication in students who were having difficulty with classes and exams—those who sought help from the Medical School's student academic development office. "Kids who didn't do well on their first exams had to figure out how to study at medical school," Slotnick says. On their own, the students went through the first two stages of the four-step physician learning process, while academic development staffers helped them work through the last two stages.

The researchers found that as the struggling students acquired their new learning abilities, they came to view themselves differently by reflecting on their developing abilities to overcome their problems. Through the reflective process, students gained a new awareness of themselves and also reworked their identities. In short, Slotnick notes, learning how to learn in medical school meant that students had to develop new cognitive approaches as well as different relationships with other people—especially other students with whom they engaged in cooperative activities.

"In fact, we found that many medical students realized these identity changes without having to go through what the adult education literature calls a 'disorienting dilemma'—in this case, doing poorly on exams," he says.

The reflection and self-awareness abilities students

developed to make the identity changes are very important for their future development, asserts Slotnick. "They will need to rework their identities when they become third-year students and begin working on the wards," he says. "And they will need to do the same thing when they become residents and assume responsibility for patients."

Unfortunately, most medical school curricula are not set up to foster self-reflection and reflective judgment of the kind that leads to this sort of personal development in first- and second-year students. Not doing so may short-change the students in two ways, Slotnick says.

"They don't have to figure out what's important to learn because the curriculum does that for them. So they don't have to develop rules for deciding what's important on their own in medical school. They wait until residency to develop their abilities to recognize which problems must be considered and which can either be ignored or best handled by someone else," he says, noting that interns must do this at the same time that they're learning how to care for patients.

Adds Shershneva, "The whole idea is to help physicians-in-training realize that the problems they encounter in the first year of medical school require the same kind of thinking that they'll use in dealing with ambiguous situations throughout their careers. And there are things they can do to make sense of these situations."

The UW researchers believe that the most effective learning experiences in the future will occur when stu-

dents interact one on one with others—either professors or colleagues. Such activities offer the potential for students to develop habits of thoughtful reflection on the problems they encounter and the approaches they will use to resolve them.

UW Medical School's planned learning communities, where small groups of first- and second-year students will gather into "houses" in the new Health Sciences Learning Center, will facilitate these kinds of exchanges (see related story on page 11). "First-year students will rely on second-year students in a manner that they can't rely on the experience of faculty," Slotnick says, "because students usually relate better to others who have just done what they are now doing than they do to faculty."

Slotnick and Shershneva hope that the lessons they are learning from medical students and residents can be applied, ultimately, to changing clinician behavior. Unexpectedly, they also are finding that their work is meshing with the concept of professionalism in ways that they never would have predicted.

"Clearly, medical school changes people. It prepares students—who we now call proto-professionals—so they will be able to participate eventually in satisfying the social contract doctors must honor," says Slotnick. "We are seeing indications that the skills needed to honor this social contract—reflective judgment, for example—are the same skills physicians and many physicians-in-training use as they learn."



CME Conferences

The Heart of Cardiology is (Still) Echocardiography
May 14-15, Milwaukee

Imaging Subclinical Atherosclerosis
May 18, Middleton, Wisconsin

Sports Medicine Symposium
May 20-22, Madison

Antibiotic Conference
May 21, Madison

Making the Connection: Human Health and Environmental Exposures
June 4, Madison

Emergency Care & Trauma Symposium
June 9-11, Wisconsin Dells, Wisconsin

Phonosurgery
July 9-11, Madison

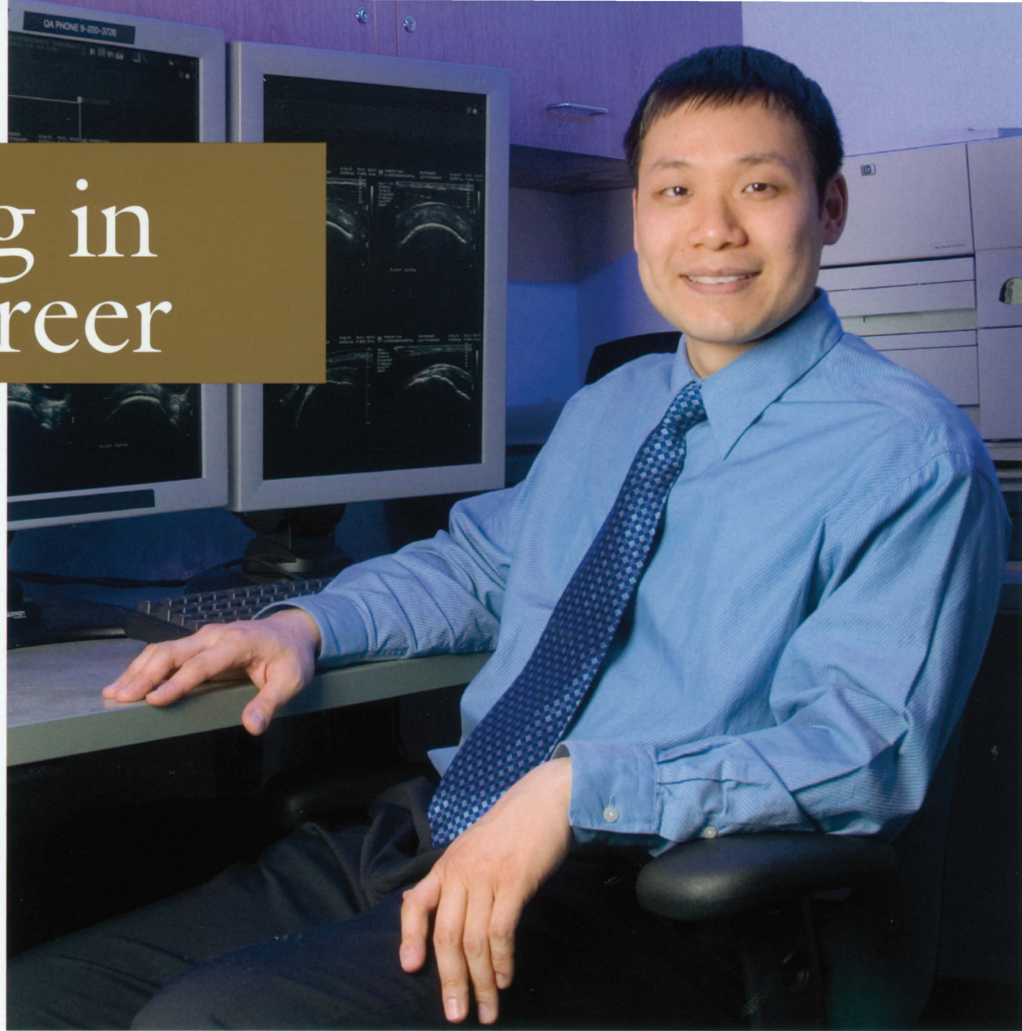
Summer Update in Otolaryngology
July 24-30, Beaver Creek, Colorado

2nd Comprehensive Pain Board Review Symposium
July 28, Madison

For more information about conferences, online courses, home study, physician-initiated CME programs, physician assessment and visiting fellowships, visit the UW CME Web site at: <http://www.cme.wisc.edu/> or call (608) 263-2850.

Zeroing in on a career

Curriculum enhancements provide students more flexibility to explore their options.



The new curriculum changes in clinical years three and four helped medical student Bill Wong settle on his chosen career path: radiology.

by Kris Whitman

University of Wisconsin Medical School recently modified its curriculum to give third- and fourth-year students more flexibility to explore career options, try different electives and participate in international rotations during either year, depending on their interests and needs. This spring's graduates are the first to fully benefit from the modifications.

If not for the curriculum changes and the personalized guidance he got from Jane McGann, clerkship years director at the Medical School, fourth-year student William Wong says he might not have

settled on his chosen career path—radiology. “I may have missed my true calling,” says Wong.

Students had been asking for less structure in the third year and more in the fourth, explains Carolyn Bell, MD, UW Medical School associate dean for curriculum. “We are in the vanguard because we have integrated the required fourth-year curriculum—an internal medicine subinternship, a preceptorship and a surgery clerkship—with elements of the former third-year curriculum,” she says, speculating that this model may gain popularity among other medical schools.

With the new system,

third-year students rotate through six required clerkships—internal medicine, primary care, pediatrics, surgery, psychiatry and obstetrics-gynecology—instead of the nine required in the past. Three additional required clerkships—anesthesiology, radiology and integrated clinical neurosciences—can be taken anytime in years three or four. The latter two clerkships are new. The remainder of the third and fourth years can be individually tailored to each student's career goals and interests, with flexibility to include electives or vacation time.

Students may choose to take two- or four-week elec-

tives in either year, while the previous schedule allowed only a two-week elective in the third year and the balance in the fourth. To coincide with this change, the fourth-year preceptorship now lasts six to eight weeks, rather than a mandatory eight weeks.

“Although the preceptorship is shorter than in the past, we make up for it by giving our students much more clinical experience in years one and two than before,” says Bell.

Students applaud the changes. “A flexible schedule allows a student to explore the many different disciplines of medicine, which can be

The recent curriculum improvements put UW Medical School in the vanguard.



Carolyn Bell, MD

crucial in deciding which specialty to pursue,” says Wong. “In addition, the latitude [of the new system] provided in our fourth-year schedule allows for some time off during the residency interview season, should a student require it.”

Because many students enter their third year without a firm career choice, the majority benefit from exposure to the full spectrum of clerkships at that time, Bell explains. By the beginning of their fourth year, when most have decided on a focus, they can take electives aligned with career choices.

However, some third-year students approach their career uncertainty by taking an elective—such as dermatology or orthopedic surgery—to try a

field. “Sometimes students come in with a preconceived idea of their future career field, but an experience along the way changes their decision,” says Bell, adding that curriculum flexibility helps.

Wong got his first real taste of radiology during the required new radiology clerkship in his third year, and found it piqued his interest. “I subsequently completed a fourth-year elective in radiology, which confirmed my belief that radiology would be a good fit for me,” he says. Next year he will head to Yale-New Haven Hospital for a diagnostic radiology residency.

The new integrated clinical neurosciences clerkship is also innovative in its interdisciplinary approach, allowing students to see patients at

various stages of illness and treatment. It combines the fields of neuroradiology, neurosurgery, neurology, ophthalmology and rehabilitation medicine, says Bell. In addition, the surgery department recently developed two unique courses—surgery for the non-surgeon and orthopedics for the non-orthoped—to fulfill the surgery requirement for fourth-year students not planning to become surgeons.

Susan Skochelak, MD, MPH, UW Medical School senior associate dean for academic affairs, explains that clerkship selection with the new online scheduling program is based on a computerized lottery and randomization process. Students have approximately 50 schedule

templates from which to choose for required and elective courses. Previously, there were only four basic formats from which to choose.

“Once students receive their assigned schedule, we encourage them to contact each other electronically to trade rotations if they’d like, which is a new option,” she says. “Students appreciate having more control over their lives. They are able to work directly on improving their schedule to maximize their satisfaction with their clinical rotation choices.”

Q

PDAs prove convenient for students on the go

by Kris Whitman

Miniature, wireless computing devices and the highly mobile lifestyle of medical students seem to go hand-in-hand. With this in mind, University of Wisconsin Medical School provided its third- and fourth-year students portable digital assistants (PDAs) last

fall and began piloting their use in the internal medicine clerkship. The pilot project focuses on two primary applications: tracking students’ clinical encounters to ensure the broadest possible education and helping students become familiar with a drug information database.

“Our students use the PDAs to enter information

about each of their patient encounters. Faculty analyze this information to make sure all students get the experiences we want them to get and that they see a variety of medical problems at the various training locations statewide,” explains Carolyn Bell, MD, UW Medical School associate dean for curriculum. Ultimately, the

school’s plan is to incorporate PDA usage into all third-year clerkships.

Students in the pilot are using Sony Clie SJ-22 PDAs with AvantGo and the UW Mobile Medical Student Workbench to track clinical patient encounters. The PDAs also feature ePocrates, a database of more than 2,800 branded and generic

drugs, which includes information on adult and pediatric dosing, interactions, adverse reactions, contraindications, off-label indications, mechanisms of action, and pricing and packaging information.

"I find the PDA extremely useful," says fourth-year medical student William Wong. "It has simplified my life immensely. Without the PDA, my pockets would be overflowing with countless Post-It Notes and medical reference materials."

In planning this purchase, the Medical School worked with ArcStream Solutions, a wireless consulting and systems integration firm in Watertown, Massachusetts, that has coordinated similar systems for several academic medical centers.

Use of any PDA for patient data must comply with the Medical School's security guidelines and the Health Insurance Portability and Accountability Act (HIPAA), stresses Bell. The school requires use of security software, and data from the PDAs must be securely uploaded, or synchronized, to the student's personal computer or to the school computer system. Wireless, infrared synchronization is available at the Medical School and in the Clinical Sciences Center's Weston Library and will be available throughout the Health Sciences Learning Center.

To track clinical work, students complete a form on the PDA that includes patient



Portable digital assistants (PDAs) simplify students' lives and familiarize them with a drug information database. Information stored on the devices also helps faculty track student clinical encounters more efficiently.

alias, age, sex, diagnosis and any procedures that the student observed or completed, such as starting an IV or placing a Foley catheter. They can record experiences such as family conferences, discharge sessions or nursing home visits. With each submission, the PDA sends data to a central database from which the student's advisor can review the material and provide immediate feedback electronically, explains Bell.

Other medical schools report that they have been able to eliminate a large paper trail, which is a big benefit, Bell says. Also, the database has the potential to significantly decrease faculty and student workload and foster quick, two-way communication.

In the past, information about student experiences

was shared by case presentation or through hand-written logs, often with significant lag time between experiences and advisor feedback, explains Susan Skochelak, MD, MPH, senior associate dean for academic affairs.

The Medical School is exploring other helpful PDA applications, such as medical nomograms and clinical reference material, says Skochelak, and some students have been adding features on their own. "The trade-off is when you load a large number of items on the PDA, it takes a lot of memory, so you don't want to get carried away," she explains.

Wong has chosen to add features to his PDA, however, and finds many advantages. He says the most helpful aspect of the PDA is its ability to provide fingertip access

to so many resources, without having to resort to carrying a separate day planner, calculator, phone book, note pad, reference books and more. "The convenience is irreplaceable," he says, adding that the majority of physicians with whom he has worked also use PDAs.

Bell echoes Wong's enthusiasm. "We're moving into a technological age of being able to use these very helpful handheld devices at the bedside," she says. "I think it's important for students to learn how to use this technology," she says, adding that something new always will be on the horizon.

Q

■ Alumni Profile

John Heinrich, MD '88

Orthopedic physician to the Milwaukee Bucks

by Aaron R. Conklin

It's a cold Saturday night in February, and the Milwaukee Bucks are locked in a heated home battle with the Sacramento Kings. As the players bang under the rim for a rebound, one of the Bucks hops away from the melee, grimacing in pain. While the trainer rushes onto the court, John Heinrich, MD '88, seated five rows behind the bench, stands up and begins moving toward the action.

This scene is both basketball and work for Heinrich, who is the Bucks' official team orthopedic physician. He has held the post for two years, but in many ways he has spent much of his life preparing himself for the job.

Heinrich, 41, hails from Waukesha, Wisconsin. He went to high school in Oconomowoc and began working toward a career in medicine as an undergraduate at the University of Wisconsin-Madison. During those four years, he also



Before each home game, Heinrich heads to the Milwaukee Bucks locker room to talk to players, such as forward Desmond Mason shown here, and re-evaluate any medical issues they may have.

immersed himself in sports as a member of the UW rowing team, winning a national championship in 1982.

At UW Medical School, Heinrich developed a deep interest in the study of human musculo-skeletal anatomy, which eventually led him to focus on orthopedic surgery. He completed an orthopedic surgery residency at UW-Madison in 1988, then moved on to an orthopedic sports medicine fellowship in California, which he completed in 1994. That summer, he joined the Milwaukee Orthopaedic Group, a group practice focused on sports medicine.

The group had provided orthopedic care for the Milwaukee Brewers baseball club for many years and Heinrich soon became an associate team physician for the "Brew crew." In 1995, he also became

a team physician for the Milwaukee Admirals hockey team, a position he held for approximately seven years. During his time with the Admirals, Heinrich fine-tuned his system of managing and treating professional athletes.

The thrill of sporting events and the dynamics of the locker room contributed to Heinrich's attraction to sports medicine. "It's fun to be part of that. It's an experience that's hard to match," he says. Basketball, he believes, offers orthopedic doctors special opportunities. "You can know each player like the back of your hand. You can provide each with great care, including individualized training and injury prevention programs. It's hard to do that for other team sports that consist of many more members," he says.

Continued on next page.



The thrill of sporting events and the dynamics of the locker room contributed to Heinrich's attraction to sports medicine.

Game day coverage begins about an hour and a half prior to the first tip. Heinrich arrives at the Bradley Center in Milwaukee and heads to the locker room to talk to the players and re-evaluate any medical issues they may have. He'll often have discussions with certain members of management. After a quick dinner, he heads to his seat in the stands. In the NBA, the home team's doctor is responsible for covering the entire event, including the visiting squad. "Yeah, when teams like the Lakers or Spurs—with their superstars—come to town, I usually feel a bit more of the pressure," Heinrich jokes.

NBA team orthopedic physicians have multifaceted jobs, Heinrich explains. The year typically begins in early June at the NBA draft in Chicago, where coaches and scouts put prospective players through their paces. Heinrich examines all players entering the draft and provides orthopedic ratings that team management takes into consideration on draft night in late June. Summer league play for rookies and young players begins in July and Heinrich takes responsibility for these players as well.

During the month of October, Heinrich stays extremely active performing pre-participation physicals before training camp and making regular visits to the practice facility. The NBA

regular season begins in early November and ends in mid-April, when playoffs begin, lasting until mid-June for the fortunate teams. Heinrich is also involved in all Bucks trades and free-agent signings—like the one that brought forward Keith Van Horn to the Bucks in February—usually providing the final OK for the transactions to occur.

"As with any patient, it's important to listen carefully to the players and provide them the best care possible," says Heinrich, adding that, overall, he has had great experiences treating professional athletes in all the sports in which he's been involved. "Each player has a very serious interest in the health of his body and every team physician needs to understand that their bodies are the basis of the players' livelihoods. If the athletes recognize that you have their best interest in mind, despite all the other pressures of the NBA, their confidence in you will grow."

Of all the pressures NBA team physicians must deal with, their first responsibility is to care for the players as patients. "You can't get wrapped up in how a team is doing," Heinrich says. "You can't get down when the team loses or get too up when the team wins."

Most people would clamor for the opportunity to rub shoulders and bump thighs with superstars like Kevin Garnett of the Minnesota



"You can't get wrapped up in how the team is doing," Heinrich says. The doctor's first responsibility is to care for the players as patients.

Timberwolves or Tim Duncan of the San Antonio Spurs. As Heinrich moves among and treats some of the world's most elite and recognizable athletes, he tries to refrain from feeling star struck. "If you treat the players like stars, they will lose confidence in you," he says.

Sometimes, however, feeling a bit in awe is unavoidable. "It's hard not to be star struck in a situation that puts you in a chair between Michael Jordan

and Patrick Ewing," chuckles Heinrich.

Even though the Bucks are enjoying unexpected success under first-year coach Terry Porter, Heinrich has had a busy season thus far. Not that he minds: he's too busy enjoying his dream job. "My goal was to be the Bucks' doctor," he says. "I couldn't have written a better story for myself."

Q

Wilding named UW cancer center director



George Wilding, MD

by Michael Felber

Following a national search, George Wilding, MD, has been named director of the University of Wisconsin Comprehensive Cancer Center (UWCCC). UW Medical School's Dean Philip Farrell, MD, PhD, announced the appointment on January 28, 2004.

Wilding, 51, was appointed acting director of the UWCCC in November 2002, upon the resignation of John Niederhuber, MD, who served as director from 1997 to 2002.

"Dr. Wilding is nationally known for his research in new drug development focusing on prostate and other cancers," says Farrell. "We are very pleased that he will be leading

our cancer center as we pursue newer and more effective cancer treatments for patients. He brings to this position vast experience in cancer center leadership roles that will help advance the organization among the nation's comprehensive cancer centers. He also has an incredible passion for all aspects of our cancer program—patient care, teaching, research and community outreach."

Wilding has served as the cancer center's associate director for clinical research programs since 1998. These programs involve more than 200 clinical research trials each year. From 1995 to 2003, he directed the UWCCC experimental therapeutics program, which seeks to identify new

anti-cancer agents in the laboratory and translate them into clinical applications for humans. The program's clinical trial of Endostatin drew international attention and was highlighted on the PBS "NOVA" special, "Cancer Warrior."

During Wilding's tenure as UWCCC acting director, annual external research and training support reached close to \$100 million, or approximately one-sixth of all UW-Madison research funding (see story in Winter 2004 *Quarterly*). Within the twelve months from fall 2002 to fall 2003, the center attained nearly \$30 million in new funding for research and construction projects.

Created in 1973, the

UWCCC is one of 38 cancer centers—and the only one in Wisconsin—designated as "comprehensive" by the National Cancer Institute (NCI), the lead federal agency for cancer research. The UWCCC was one of the first university-based cancer centers to be given the designation, which recognizes excellence in laboratory and clinical research, cancer prevention and control, multidisciplinary approaches for treatment, training and education of health professionals, community outreach programs and cancer information services.

"I look forward to working with Dr. Wilding and the cancer center faculty and staff in continuing to advance cancer care and discovery," says Donna Sollenberger, president and chief executive officer of University of Wisconsin Hospital and Clinics. "The hospital is pleased with its long-standing relationship with the UWCCC and the exceptional care our patients receive through this close association."

A renowned prostate cancer researcher, Wilding is the Donald and Marilyn Anderson Professor of Medicine and serves as head of the Medical Oncology section within the Medical School's Department of Medicine. He has been a UWCCC member since joining the UW faculty in 1988. In his clinical practice, Wilding sees patients with genitourinary cancers, including prostate,

kidney, testicular and bladder cancers. He currently is chairman of the Genitourinary Cancer Committee of the Eastern Cooperative Oncology Group, an NCI-sponsored clinical research group, and serves on numerous NCI, industry and foundation advisory and review boards.

"Cancer will directly affect one of every two men and one of every three women in their lifetime," Wilding says. "Fortunately, many of those on the front lines in the fight against cancer are conducting their research right here at the UW Comprehensive Cancer Center. I am honored by this appointment and pleased to work with an extraordinary team of faculty and staff that collectively places this organization among the nation's leading cancer research and treatment facilities."

A native of Everett, Massachusetts, Wilding graduated from the University of Massachusetts Medical School, where he also completed his internship and residency in internal medicine. He underwent training in medical oncology in the NCI's medicine branch. He has a bachelor's degree from Tufts University (chemical engineering and biology) and a master's degree (pharmacology) from Pennsylvania State University. He lives in Middleton, Wisconsin, with his wife, Helen, and their two children.

Educating the public through Mini-Medical School

by *Dian Land*

For the second year in a row, University of Wisconsin Medical School hosted "Mini-Medical School," a free educational program designed to inform the public about the latest advances in medicine. This year the program featured distinguished Medical School faculty speaking on various aspects of cardiovascular medicine.

Pharmaceutical manufacturer Pfizer, Inc., sponsors Mini-Medical School at key academic medical centers across the country through its Discovering Medical Science program. Pfizer has given UW Medical School grants to support the program both years.

"We greatly appreciate Pfizer's continuing support," says Paul DeLuca, PhD, UW Medical School vice dean and associate dean for research, adding that three years ago Pfizer gave the school an additional grant to organize a clinical research skills workshop for faculty and research associates. "These grants result from a growing partnership involving both research and education."

The Medical School's Office of Clinical Trials has organized Mini-Medical School both years. Last year, the program featured talks illustrating the role human clinical trials play in advancements relating to several diseases. This year, on four consecutive evenings

in March and April, it focused entirely on cardiovascular disease.

George Newman, MD, PhD, spoke on "Recognition and Prevention of Stroke" and Timothy Tanke, MD '93, described "The Cardiologist's Role in Stroke Prevention." Mary Johnson, MD, and other members of her team, addressed "Heart Failure Epidemic"; Elizabeth Bisinov, MD, discussed "The Cardiac Care of Women"; and Patrick McBride, MD '80, MPH, talked about "Taking Care of Your Heart."

DeLuca notes that community educational programs highlighting the importance of clinical trials are crucial. "The Medical School has a responsibility to explain to the public that biomedical research involving human subjects is the safest and most effective method of advancing knowledge about new ways to diagnose and treat disease," he says. "These studies are mandatory and, obviously, public participation is essential."

But Mini-Medical School does even more than that. "It lets us describe the scope and depth of the high-quality work under way at UW Medical School," DeLuca says. "Whether people ever participate in a clinical trial or not, they'll have a better understanding of the important research our scientists are conducting."



Last fall, representatives of Pfizer, Inc., brought Medical School administrators a check to support Mini-Medical School for a second year in a row. Seated left: Dean Philip Farrell, Anna Tallman of Pfizer and Dean Paul DeLuca. Standing: Laura Johnson, Stephanie Walker and Jim Conklin of Pfizer, and Judy Van Kirk, director of UW Office of Clinical Trials.



Wisconsin Partnership Fund approval hailed as "landmark event for Wisconsin"

by Jon Sender

A landmark event for Wisconsin is how Philip Farrell, MD, PhD, dean of University of Wisconsin Medical School, described the final approval for the Wisconsin Partnership Fund. The action announced recently by the Wisconsin United for Health Foundation (WUHF) means that the five-year plan developed by UW Medical School and the Oversight and Advisory Committee (OAC) can now be implemented.

"This is the first big step toward a shared vision of making Wisconsin the healthiest state in the nation," Farrell says.

The Wisconsin Partnership Fund, formally known as the Wisconsin Partnership Fund for a Healthy Future, is a five-year plan that provides grants for community public health projects and UW Medical School initiatives for medical education and research. Funding for the Wisconsin Partnership Fund derives from the conversion of Blue Cross & Blue Shield United of Wisconsin to a for-profit corporation.

UW-Madison Chancellor John D. Wiley says, "This extraordinary resource will enhance our capacity to partner with the people of Wisconsin now and for generations to come."

The WUHF actions make available both endowed funds and funds for immediate use by UW Medical School in accordance with the five-year plan. The school estimates that

between \$4 million and \$5 million will be available for public health initiatives, with a goal of two-thirds earmarked for community organizations to fund public health improvement programs. Funding will also support community linked public health education and training initiatives for the public health workforce as well as community population health initiatives of the Milwaukee Center for Urban Population Health and Native American health research within Wisconsin's tribal communities.

"OAC, which includes four public members, has guided us from the beginning," Farrell says. "OAC members played a critical role in developing our five-year plan and in ensuring that our plan embraces the state health plan, Healthiest Wisconsin 2010." The five-year plan also aligns closely with UW Medical School's strategic priorities, he adds.

Nancy Miller-Korth, vice chair of OAC and Great Lakes Epi Center Coordinator for the Great Lakes Inter-Tribal Council, says, "We are excited that the next step has been taken with regards to the WUHF approval of the five-year plan. We are anxious to activate the granting process and look forward to working with organizations from across the state as these funds are used to support our vision that Wisconsin become the nation's healthiest state."

Farrell says that partnerships are critical to the plan's success. "By partnering with local,

regional and statewide groups to pursue activities of common interest, we will be able to successfully address the most important health issues in Wisconsin," he says. "Our goal is to significantly advance public health through prevention of disease, injury and disability."

The five-year plan features two components. One is directed toward developing partnerships with statewide community organizations and providing community-based education and training for public health professionals. The other focuses on advancing innovative medical education and research initiatives to improve health for the greatest number of Wisconsin residents.

A key element in the first component, the Community-Academic Public Health Partnerships program, which is funded through the public health portion of the proceeds, will offer grant money to foster partnerships between public and private community health organizations and UW Medical School faculty and academic staff. These partnerships will concentrate on finding creative new answers to long-standing health problems, such as accessibility to care for the underserved in urban and rural areas and the state's Native American populations. The program also will provide public health education to practitioners around the state and stipends to graduates of Master's in public health degree programs to work in community organizations and

health departments.

"Focusing on health disparities, especially among minority groups, is particularly exciting," Farrell says. "The plan enables us to reach out to the underserved population with new programs and new ideas to facilitate access to the healthcare system."

The second component, the Medical Education and Research Fund, entails improving health through medical education, research and discovery. "I believe that in the future, all the great medical schools will become more balanced between the traditional approach to medicine—disease orientation—and this new approach, which understands the relationship between human biology and environmental and lifestyle factors," Farrell says. "These funds will transform UW Medical School into such a school: a school of medicine and public health."

"Our objective is to be good stewards of these funds by being responsible and by being responsive to the identified needs of the people of Wisconsin," Farrell says, adding that the funds will be invested as a permanent endowment to provide a steady ongoing stream of income for current and future projects aimed at improving the health of Wisconsin citizens. Funds available to the UW Medical School will be managed by the University of Wisconsin Foundation.

Otolaryngology association honors Oertel



Donata Oertel, PhD

by *Dian Land*

The Association of Research in Otolaryngology (ARO) recently presented Donata Oertel, PhD, University of Wisconsin Medical School professor of physiology, its Award of Merit. The award honors individuals who have made the most important scientific contributions to the field.

At the award ceremony, held in conjunction with the ARO's primary scientific meeting in February, Oertel was recognized as an "exceptional and dedicated scientist." More than 1,500 scientists, with 30 percent of them coming from abroad, attended the meeting.

Oertel's research has focused on the cochlear

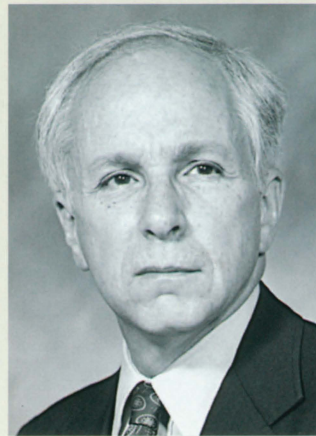
nucleus, the area of the brain where the processing of acoustic information begins. The goal of her work has been to improve the transfer of this information to other brain auditory centers with the assistance of hearing aids and cochlear implants.

Using tiny electrodes to measure electrical activity in individual cells, Oertel has examined how auditory information is sorted and how features needed to localize sounds and determine what they mean are extracted in the cochlear nucleus.

She developed techniques to keep tissue slices from this part of the brain alive. She discovered that the biophysical properties of some cells in the cochlear nuclei are specialized to encode the timing and frequency of sounds.

Oertel served as president of the ARO, associate editor of the *Journal of Neurophysiology* and editor of the text *Integrative Functions in the Mammalian Auditory Pathway*. She currently sits on the Council of the National Institute on Deafness and Other Communication Disorders.

Ethicist Fost receives national award



Norman Fost, MD, MPH

by *Lisa Brunette*

Norman Fost, MD, MPH, who founded one of the first medical school programs in medical ethics, has received one of the nation's most prestigious awards in the field.

Fost, professor of pediatrics at University of Wisconsin Medical School, was awarded the William G. Bartholome Award for Ethical Excellence. The honor is given annually to recognize a person or group with a significant impact on public discussion of ethical issues in pediatric medicine.

The Bartholome Award is given by the Bioethics Section of the American Academy of Pediatrics (AAP). Founded in 1930, the AAP has approximately 57,000

members dedicated to the health, safety and well-being of infants, children, adolescents and young adults. The bioethics section was created in 1988 and promotes the importance of compassionate, sensitive and ethical conduct in healthcare.

Fost joined the UW Medical School faculty in 1973 and established the program in medical ethics, one of the first such interdisciplinary programs in the nation. His national reputation in bioethics stems from years of work on diverse and controversial topics—from genetic testing to clinical research ethics, from "right to die" cases to the question of human cloning. A practicing pediatrician, Fost also has chaired the ethics committee at UW Hospital and Clinics for many years as well as the Institutional Review Board. He also continues to head the hospital's child protection team.

The Bartholome Award is named for the late William G. Bartholome, a Kansas City pediatrician and ethicist nationally known as an advocate for the rights of children in healthcare.

Nakada awarded prestigious Gold Cystoscope



Stephen Nakada, MD

by Dian Land

Stephen Nakada, MD, the David T. Uehling Professor of Urology at University of Wisconsin Medical School and chair of the Department of Surgery's Division of Urology, was selected to receive the 2004 Gold Cystoscope Award.

First presented in 1977, the award is given annually by the American Urological Association to a urologist who has distinguished himself or herself by making outstanding contributions to the profession within 10 years of completing residency training. The award consists of a \$2,000 honorarium and an engraved gold cystoscope.

Nakada is a nationally known expert in urinary stones and urologic laparoscopy. In 1997, he performed and reported the first hand-assisted laparoscopic nephrectomy—kidney removal—in the United States. In 1999, he created a metabolic stone clinic at UW Hospital and Clinics, which takes a cross-disciplinary team approach to reducing recurrence of kidney stones.

He is a member of the Staghorn Stone Guidelines Committee and the Distal Stones Guidelines Panel of the American Urological Association.

In 2003, Nakada became the 15th Dornier-American Foundation for Urologic Disease award winner for innovative research in urology. He currently serves as an assistant editor for the *Journal of Urology* and *Journal of Endourology*.

Ladinsky given Viet Nam's highest health honor

by Aaron R. Conklin

In 1978, representatives from the government of Viet Nam approached Judith Ladinsky, PhD, University of Wisconsin Medical School professor of population health sciences, about designing a rural health program for their country.

Twenty-five years later, Ladinsky found herself in the Ministry of Health in Hanoi, receiving a People's Health medal and certificate from the Vietnamese Minister of Health. The award, which Ladinsky received on January 15, 2004, is the highest honor Viet Nam can bestow upon people working in the health field.

"It's a great honor to be recognized by the minister for the work we've done here," says Ladinsky, who

first visited Viet Nam in 1980 as part of the U.S. Committee for Scientific Cooperation with Vietnam, a group charged with promoting joint scientific research.

Under Ladinsky's guidance, the U. S. committee began its efforts to create primary healthcare services at the village level. Ladinsky became chair of the committee in 1985, and expanded the group's mission to include developing methods to research and treat hepatitis, HIV/AIDS, Dengue Fever and Epstein-Barr virus. Thanks in part to the efforts of Ladinsky and the committee, Viet Nam today has formalized programs in hygiene and epidemiology, cancer care, pediatrics and cardiovascular surgery.



Judith Ladinsky, PhD

Fiore unveils national plan to reduce smoking, save millions of lives



Former surgeons general David Satcher, MD (left), and Julius Richmond, MD (right), joined Cheryl Heaton, DrPH, of the American Legacy Foundation, and UW Medical School's Michael Fiore, MD, in announcing the national action plan.

by Gloria K. Meyer

Representatives of top public health organizations gathered in Washington, D.C., on February 3, 2004, to announce a national action plan to address tobacco's toll in the United States, especially on minority and lower-income Americans.

Michael Fiore, MD, MPH, University of Wisconsin Medical School professor of medicine and director of the UW Center for Tobacco Research and Intervention, outlined the 10-point plan at a press conference at the National Press Club in the nation's capital. The plan also was featured in the February *American Journal of Public Health*, which included an editorial endorsement by three former U.S. surgeons general.

C. Everett Koop, MD, Julius Richmond, MD, and David Satcher, MD, joined

the American Public Health Association, the UW Center for Tobacco Research and Intervention and the American Legacy Foundation in making the announcement at the press conference.

"This action plan is grounded in decades of science, can dramatically reduce tobacco and would prevent at least three million premature deaths, if we have the will to implement it," Koop said.

The "National Action Plan for Tobacco Cessation" outlines a series of science-based steps that will reduce tobacco consumption and promote cessation across all segments of the population, but especially among Americans who are most adversely affected by tobacco use: the poor, the least educated and certain racial and ethnic minorities.

Fiore, chair of the Subcommittee on Cessation, prepared the action plan. It includes the

following six federal initiatives and four public-private partnerships. The federal initiatives include:

- A nationwide tobacco-cessation quit line.
- A national paid media campaign encouraging cessation.
- Insurance coverage for cessation for all 100 million federally covered lives, including Medicare and Medicaid recipients.
- New tobacco research designed to improve treatment of dependence and eliminate disparities.
- Training for clinicians in treating tobacco use to ensure that every smoker who visits a healthcare provider receives effective cessation treatment.
- A Smokers' Health Fund dedicated to reducing tobacco use by funding other elements of this plan through a \$2-per-pack

federal excise tax increase on cigarettes.

The public-private partnerships will:

- Mobilize health insurers and employers to foster tobacco dependence coverage for all covered lives.
- Mobilize health systems to make changes that result in effective utilization of dependence treatments.
- Mobilize national quality assurance and accreditation organizations and clinicians to establish and measure the treatment of tobacco dependence as part of standard care.
- Mobilize communities to ensure that policies and programs are in place to increase demand for services and to ensure access to such services.

Public awareness and education have reduced tobacco's toll, with the rates of tobacco use falling from 42 percent in 1965 to 23 percent today. But almost 50 million Americans continue to smoke. The action plan takes current evidence-based treatment and makes it available to the populations that need it most.

The Center for Tobacco Research and Intervention (see feature story in Summer 2002 *Quarterly*), a program of University of Wisconsin Medical School, has provided cessation and prevention services in Wisconsin since 1992 and is a nationally recognized research center.

Report outlines health of Wisconsin counties

by Aaron R. Conklin

Researchers at the Wisconsin Public Health and Health Policy Institute can tell you which Wisconsin county is the healthiest (Ozaukee) and which has the most work to do to improve the health of its citizens (Menominee). But the numbers and rankings contained in the institute's inaugural Wisconsin Counties Health Report only tell one part of the state's population health story.

"The value is in the measures of the health outcomes and determinants themselves," says Patrick Remington, MD '81, MPH, co-director of the institute and one of the report's three lead researchers. "It's been said that you can't improve what you can't measure, and this gives communities a chance to look at

opportunities for improvement." Remington presented the findings at the Wisconsin Medical Alumni Association's winter event in Milwaukee on February 26, 2004.

The report is based on the State Health Ranking, a model developed by the United Health Foundation in collaboration with the Centers for Disease Control. Institute researchers measured each county's "determinants" of health—access to healthcare, individual health behaviors, socio-economic factors (such as income and education) and the physical environment. The rankings showed that counties with low death rates also did poorly on determinants of health.

In a finding that lends hope to counties near the bottom of the rankings, the study showed that many of the counties that currently

ranked lowest in health have had the greatest improvement in determinants of healthcare in the last five years.

Menominee County, for example, currently ranked lowest (72nd) in health but second highest in change in determinants of health. Similarly, Forest County ranked 66th in current health but first in greatest improvement in health.

Conversely, some of the currently healthiest counties are improving less than other counties: Ozaukee County, currently first in health outcomes, is 69th in changes of determinants of health over the last five years.

Remington hopes that bringing the rankings "closer to home" will engage the individuals most likely to lead community health improvements, increasing the chance for overall improvement.

"One of the most important reasons to do this is that healthcare needs to go beyond taking care of sick patients to focus on making communities healthy," says Remington, who co-authored the report with David Kindig, MD, PhD, and Paul Peppard, PhD, both of the Department of Population Health Sciences. He's hoping that community leaders will focus on specific components—reducing smoking among teens, improving high school graduation rates, for example—rather than on the rankings as a whole.

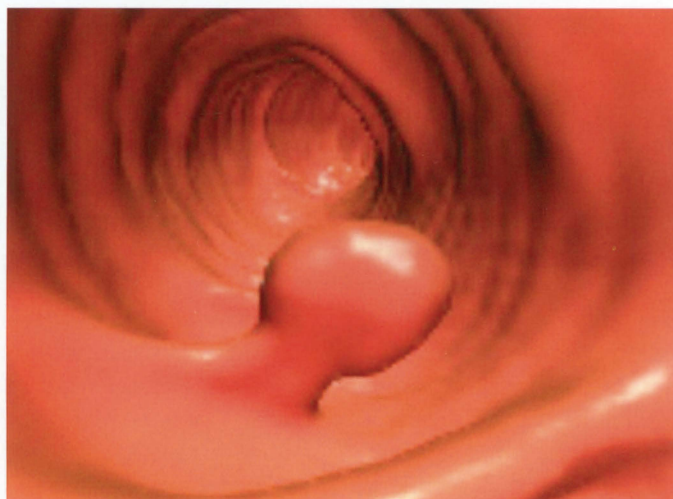
The institute plans to make the county health rankings an annual exercise. Researchers are already hard at work on the 2004 edition. To view the current rankings and the companion report, visit <http://www.pophealth.wisc.edu/wphi/>

Call for Nominations

The Wisconsin Medical Alumni Association (WMAA) executive committee invites nominations for future members of the WMAA board of directors. The board of directors is responsible for general management of the WMAA, and strives to advance the strategic plan and goals of the organization. The board consists of a balanced representation from each of the four districts of the state of Wisconsin. Each member holds a three-year term. Please submit your nominations by May 3, 2004, to:

Karen S. Peterson, Executive Director
Wisconsin Medical Alumni Association
4245 MSC, 1300 University Avenue, Madison, WI 53706

Virtual colonoscopy as sensitive as conventional procedure



Virtual colonoscopy sees the whole picture, providing precise and detailed images of the colon's interior in a minimally-invasive way.

by Teri Shore

Three-dimensional computed tomography (CT) colonography, also known as virtual colonoscopy, is just as sensitive and less invasive than conventional colonoscopy in screening average-risk patients, according to University of Wisconsin Medical School researchers. The new technology allows radiologists to obtain 3-D images from different angles, providing a "movie" of the interior of the colon without having to insert a scope.

"The findings of this study should establish virtual colonoscopy as a viable screening option," says Perry J. Pickhardt, MD, UW Medical School associate professor of radiology and lead author of the study, which was conducted at the

National Naval Medical Center in Bethesda, Maryland.

If colon cancer is caught in the early stages, it is 90 percent curable. But many people resist screening because of the long duration and invasiveness of conventional colonoscopy studies, says Pickhardt, also a radiologist at University of Wisconsin Hospital and Clinics. In recent years, radiologists have begun using two-dimensional CT colonography to screen for colonic polyps—benign growths that may develop into colon cancer if not removed.

But with the addition of 3-D "fly-through" images, virtual colonoscopy sees the whole picture, providing precise and detailed images of the colon's interior in a minimally invasive manner. The

new procedure offers several other advantages: It presents no risk of bleeding or of perforating the colon, does not require intravenous sedation and is more convenient than conventional colonoscopy, taking 15 minutes or less with no need for patients to recover from sedation. Also, virtual colonoscopy is less costly than conventional colonoscopy.

The study appeared in the *New England Journal of Medicine* (December 4, 2003), and Pickhardt presented the findings at the annual meeting of the Radiological Society of North America in Chicago.

"Three-D virtual colonoscopy results in a win for patients," says Patrick Turski, MD, chair of the Medical School's Radiology Department. "Dr. Pickhardt's findings not only make it possible for us to offer a much more pleasant, non-invasive screening to patients, but the efficiency of the technology also makes the screening process much more streamlined. Ultimately, we'll be able to screen more patients and detect colon cancer with more accuracy, resulting in many more lives saved."

UW Hospital and Clinics hopes to begin offering the service in 2004.

For the study, Pickhardt and colleagues performed both conventional and virtual colonoscopy on 1,233 asymptomatic adults, 97.4

percent of whom were at average risk of having colonic polyps. Overall, virtual colonoscopy detected more than 90 percent of significant polyps. Virtual colonoscopy also spotted two malignant polyps that were present, while conventional colonoscopy missed one.

Most polyps that are missed with virtual colonoscopy are small (5 mm or less) and of little or no clinical importance, Pickhardt notes. Virtual colonoscopy can identify polyps that are located behind folds in the colon lining that may be missed by conventional colonoscopy.

Virtual colonoscopy is best suited for average-risk individuals ages 50 to 70, but for high-risk people, conventional colonoscopy remains the best option because polyps can easily be removed at the time of the procedure.

"I believe virtual colonoscopy will eventually join conventional colonoscopy as a major component of colorectal cancer screening in the U.S.," Pickhardt says. "This less invasive screening option will likely encourage more adults to seek testing, resulting in many additional lives saved."

New role found for Epstein-Barr virus in cancer

by Dian Land

Usually associated with infectious mononucleosis, Epstein-Barr virus (EBV) has also been implicated in at least five kinds of human cancers—including Burkitt's lymphoma, lymphomas in AIDS patients and one half of all Hodgkin's disease cases.

Now University of Wisconsin Medical School researchers have found that EBV does, in fact, contribute directly to the survival of Burkitt's lymphoma, a malignancy that kills thousands of African children yearly. The finding opens the door for the development of effective, targeted therapies for all EBV-associated cancers.

Bill Sugden, PhD, a professor of oncology at the McArdle Laboratory for Cancer Research who has studied EBV for 30 years, recently led a team that examined the precise way in which EBV affects immune system B cells that evolve to be tumors. Under normal conditions, B cells may divide to mount responses to invading organisms, but they later cease to proliferate or die.

With Burkitt's lymphoma, the system breaks down. The disease is characterized by rapid cell proliferation that can be fatal within months if not treated immediately.

Sugden's team—including Greg Kennedy, MD, PhD, a surgery resident at UW Hospital and Clinics, and for-

mer post-doctoral fellow Jun Komano, PhD—focused on one protein found in all EBV-related tumors: Epstein-Barr nuclear antigen 1 (EBNA-1). Required for the virus to replicate in cells, the protein binds to specific sites on the viral DNA.

Almost 10 years ago, Sugden and his colleagues made a derivative of EBNA-1, which inhibits the real protein by taking its place on the EBV DNA. In the latest experiments, the scientists introduced the derivative into three kinds of B cells: EBV-infected Burkitt's lymphoma cells, normal EBV-infected cells and uninfected cells. As reported in the *Proceedings of the National Academy of Sciences* (November 5, 2003), they found that in all cells containing EBV, the derivative prevented the cells from proliferating—and unexpectedly induced them to die.

"This told us that EBNA-1 rescues B cells from their programmed death and allows the cells to continue to proliferate," says Sugden. "In children destined to develop Burkitt's lymphoma, multiple events must occur in addition to infection with EBV. But the continued functioning of EBNA-1 is pivotal to the survival of these tumor cells."

Sugden is working to develop drugs that prevent EBNA-1 from inhibiting programmed cell death. A small molecule could be designed

to bind EBNA-1 to keep it from functioning, without disturbing any other human proteins. "Tumor viruses that encode proteins not found in normal cells provide this unique possibility," Sugden notes.

In addition to helping patients with Burkitt's lymphoma and Hodgkin's disease, treatment could help people with suppressed immune systems, who also

are susceptible to B cell lymphomas, he adds. The latter group includes bone marrow transplant, kidney transplant and AIDS patients.

The UW researcher will apply to the Grand Challenges in Global Health, which supports research addressing major health problems prevalent in Africa, for funding to conduct further related research.



The UW Medical School research should help patients with Burkitt's lymphoma, a malignancy that kills thousands of African children yearly.

Genes link hearing in humans and flies



The fruit fly antenna (at arrow), an appendage that serves as both ear and nose for the insect, shows promise as a model for understanding human hearing disorders.

by Dian Land

University of Wisconsin Medical School researchers have found genetic evidence linking humans and fruit flies in a new way: through their hearing. The finding offers the hope that the insect auditory system may serve as a model for understanding human deafness and other hearing disorders.

The scientists found that a mutated fly gene controlling hearing, and the mutated human counterpart gene both produced similar consequences: hearing loss and other shared abnormalities. The mutated human gene is responsible for a disorder called Townes-Brocks' syndrome, which includes deafness, among other things.

"We were very surprised to learn about this specific genetic similarity," says Grace Boekhoff-Falk, PhD, associate professor of anatomy, who led the study. "Developmental biologists have known that there are remarkable parallels between fruit fly and human genetics, but the parallels have been restricted to tissues and organs known to have existed before the evolutionary divergence of vertebrates and invertebrates. This divergence occurred more than 600 million years ago."

Other sensing mechanisms that helped ancient organisms that helped ancient organisms function—such as mechanisms to detect light—were thought to exist before that split, Boekhoff-Falk explains, but not the ability to hear. Until now, the conventional wisdom

has been that hearing evolved separately in vertebrates and invertebrates. "Our data supports the novel idea that hearing already existed 600 million years ago," she says.

The discovery may be clinically beneficial in several ways. Boekhoff-Falk predicts that, in the near term, scientists could use fruit flies to identify additional genes critical to human ear development, possibly leading to tests to screen newborns for hearing disorders.

"In the longer term, it may be possible to use the knowledge to develop interventions to correct hearing disorders in children as well as hearing degeneration in adults," she says.

The research appeared in the *Proceedings of the National Academy of Sciences*, online edition (September 2, 2003).

The fruit fly has been the object of scientific study for a century, providing fundamental information on the way genes are transmitted and the effects of genetic mutations. In the past 15 years or so, it has become clear that many genes occurring in fruit flies also are found in humans.

About six years ago scientists were excited to learn that the same gene regulates eye development in flies and humans. One promising outcome has been that researchers at UW Medical School are using the genetics of fruit fly optics to learn more about retinal degeneration and other

vision disorders in humans. "We're hoping that our work can turn out to be equally useful for hearing researchers," says Boekhoff-Falk.

The current study was an outgrowth of Boekhoff-Falk's earlier research on the fruit fly antenna, an appendage that serves as both ear and nose. Her group identified the gene that regulates hearing function only, which occurs on a structure on the antenna called Johnson's organ.

The Boekhoff-Falk team is now working on several other genes it has identified that are important in building the fly auditory apparatus. Some of the genes are also required for formation of the human ear.

The Wisconsin studies are a big piece in a slowly materializing puzzle suggesting that the earliest ancestor of both humans and fruit flies possessed a structure capable of hearing.

Researchers identify Botox receptor

by Emily Carlson

As doctors tout the toxin found in Botox for its ability to remove wrinkles, calm muscle spasms and treat migraine headaches, defense agencies condemn it as a weapon that could wipe out large numbers of civilians. The toxic substance can paralyze the body's muscles, including the ones that help us to breathe, but how it infiltrates cells to do this remained a puzzle until recently.

In a paper published last fall in the *Journal of Cell Biology*, University of Wisconsin Medical School researchers and their colleagues solved the puzzle. They identified a Botox toxin receptor that could lead to improved uses of the substance in the medical field and new methods for neutralizing it in the event of biological warfare.

Botulinum neurotoxin—the toxin found in Botox—is the deadliest of all substances. Produced by different strains of a family of bacteria, it comes in seven forms, four of which are reported to cause the paralyzing and potentially fatal disease of botulism.

"Botulism is an old disease," says Edwin Chapman, PhD, a professor of physiology and senior author of the paper. "We know how the toxins block the release of neurotransmitters from neu-

rons, but we didn't know how they entered the neurons in the first place."

Via a binding receptor on the surface of these cells, the toxins are brought inside where they block the release of neurotransmitters that control muscle contraction and relaxation. Researchers have known that gangliosides—a special type of lipid—and proteins work together as a receptor, but no one until now has been able to identify the specific proteins involved.

Using a cellular model, Chapman, physiology and neuroscience graduate student Min Dong and others identified two proteins that function alongside gangliosides as the receptor for botulinum neurotoxin B—one of

the four types deadly to humans. The proteins—synaptotagmin, or syt, I and II—are found in certain types of neurons. When one of these proteins extends outside the cell during a process called exocytosis, the toxin latches on and then is internalized during the process of endocytosis.

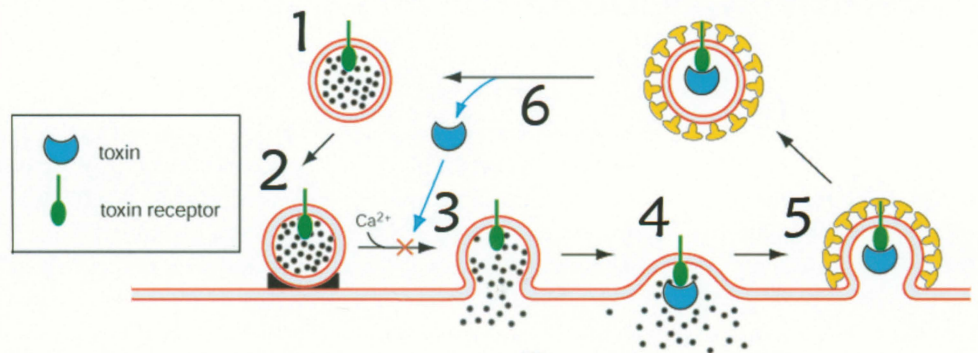
To confirm that the protein and lipid pair are the actual physiological target of the toxin once it enters the body, the Wisconsin researchers studied a live mouse model. Working with Eric Johnson and Mike Goodnough from the UW Department of Food Microbiology and Toxicology, the researchers once again found that the toxin binds to and enters the cell via these two proteins and gangliosides.

"Our study is the first to show that these proteins are physiologically relevant—that they function as the cellular receptors that mediate entry," says Chapman.

Dong has developed decoys that effectively neutralize one type of the neurotoxin. He created fragments of the syt II protein that contain the toxin's binding site. The fragments, along with gangliosides, were injected into mice recently exposed to the toxin. The researchers found that the fragments neutralized most of the toxic substance: injecting the fragments one minute prior to exposure neutralized 70 to 80 percent of the toxin.

The Wisconsin Alumni Research Foundation is patenting the fragment.

Method of toxin entry into cells



The UW Medical School researchers have described the entry of Botox into cells, and the way it causes paralysis, in the following steps:

1—The toxin receptors—two proteins called synaptotagmins I and II—reside on neurotransmitter-filled vesicles inside nerve cells.

2 and 3—When the neuron is activated, a rise in intracellular calcium causes the vesicle to fuse to the cell membrane and release a message-sending neurotransmitter. The neurotransmitter acts to trigger contraction of skeletal muscles.

4—Upon fusion of the vesicle, a portion of the receptor is exposed to the exterior of the cell, making it accessible to the toxin.

5—Toxin binds to the receptor, and when the vesicle is internalized during vesicle recycling, the toxin becomes internalized in the cell.

6—Once internalized, the toxin escapes from the vesicle, where it can disable proteins that mediate vesicle fusion, thereby preventing future release of neurotransmitter. The result of blocking the release of the neurotransmitter is paralysis.

Students honor body donors

by Dian Land

In a touching memorial ceremony that brought tears to the eyes of many family members who attended, first-year students at University of Wisconsin Medical School expressed their gratitude to the people who donated their bodies to advance students' medical education.

"As students, we were honored to have family members join us as we paused to reflect on the wonderful gift we were given by people who chose to donate their bodies to the Medical School," says Anne Marsh, who helped organize the ceremony.

Held in Alumni Hall over the noon hour on January 22, 2004, the ceremony began with a presentation by UW Medical School anatomy professor Edward Schultz, PhD, director of the UW-Madison body donor program and co-director of the gross anatomy course. John Reed—the spouse of a former donor—who has attended the ceremony for several years, also was on hand, bringing his usual sense of humor and upbeat perspective.

As part of the program, medical students Mark Morrey, Ryan Byrne and Beth Magnan described their feelings of awe and appreciation in poems and essays they had written, while Sharon Anderson and Jeff Seybold expressed their grati-

tude through a musical selection that each performed. Chantal Hasman, a physical therapy student, read a Native American prayer.

Marsh and other students involved in organizing the event had sent more than 80 invitations to family members of people who donated this past year. Many of those invited decided to come, joining the more than 100 students who were present at the memorial. Several family members were impressed enough to personally convey their thanks.

"Thank you so very much for the lovely heartfelt memo-

rial service you and your fellow students conducted yesterday for my mother, Bernadine Howard, and others who donated their bodies to University of Wisconsin Medical School," wrote Judy Howard Ahlberg in an e-mail to Marsh.

Ahlberg drove in from Turtle Lake, Wisconsin, for the ceremony. Her sisters—Mary Zieroth from Waconia, Minnesota, and Rachel Reynolds from Hollandale, Wisconsin—also made the journey. "My sisters and I were deeply touched by the sentiments conveyed, and I know Mom would have been

so proud. The memorial service beautifully expressed the importance of that 'Gift of Knowledge' I know Mom had in mind when she made that commitment many years ago."

Wrote Nancy Shook, "I want to say that I very much appreciated the presence of so many medical students—and their respect and appreciation for the donors and family members. It gave me a very good feeling about the students—that they would take time from their busy lives to organize this event, to write poems, to play music and to be there in gratitude and appreciation." Shook's mother was Barbara Bliss.

Margaret Gardner Skinner brought a photograph of her donor father, Warren Gardner, to display at the event, as did others. "Dad held the medical profession in the highest regard and was proud that one grandson was a chief resident at Dartmouth Hitchcock Hospital and another is getting a PhD in biomedical research," she said. Skinner added that the ceremony provided additional closure for her, and she was "glad for the humor provided by speaker John Reed."

To end the memorial, students lit candles and stood silently as the names of this year's body donors were projected on the board at the front of the hall.



At the memorial service, first-year students lit candles to honor and thank the people who donated their bodies to the Medical School.

American Indian Health and Science Symposium: A lesson in diversity

by Effie Siomos, Class of 2005

I approached my “year off” of medical school with a healthy enthusiasm. I had completed the academic rigors of the first two years at University of Wisconsin Medical School and decided to spend a year getting a master’s degree in the UW Department of Population Health Sciences. After all, people mostly live their daily lives outside of hospitals and routine physicals. I wanted to see what health was like in that world.

I started attending meetings held by the Native American Health Working Group, an interdisciplinary collection of researchers, students and diversity coordinators, as well as members of the Great Lakes Intertribal Council. Having grown up in a European immigrant family, I understood the importance of cultural differences.

But beyond just differences, I was starting to understand



Ho Chunk Nation physician Amy DeLong offered an honest account of how she approached her American Indian culture as a college student, medical student and healthcare provider.

the disparities that exist in minority health. In the public health classes led by Patrick Remington, MD ’81, MPH, I learned that the infant mortality rate in African-American communities is three times as high as among whites in Wisconsin, and American Indians have disproportionately high risks for diseases like diabetes and obesity.

In August, when the Native American Health Working Group asked for volunteers for the first annual American Indian Health and Science Symposium planning committee, I signed on. We worked to get a comprehensive mailing list and relied on e-mails, postal service, telephones, word of mouth and, most valuably, the efforts of Karen Goulet at the Great

Lakes Intertribal Council, who spread the word during her visits to reservations.

Two goals emerged: first, to connect American Indian students to the health and science fields; second, to inform others about issues regarding American Indian health. On November 7, 2003, over 100 participants gathered for the symposium at the UW Pyle Center near campus.

The afternoon began with representatives from the medical, nursing and pharmacy schools; the Great Lakes Intertribal Council; the American Indian Studies program; and admissions counselors. These groups set up booths to hand out information and discuss career options with American Indian students, who ranged from Hayward high school

students, to tribal college students from the College of Menominee Nations and Lac Courte Oreilles Ojibwa Community College, to UW-Stevens Point students. There were even two Alaskan Native students who coordinated their visit to UW-Madison with the symposium dates.

The event continued with a blessing by Omie Baldwin, a mental health counselor on campus, and comments by Dr. Amy Jo DeLong, physician at the Ho-Chunk Nation. She is a graduate of the University of Michigan Medical School who completed a family medicine residency. Her talk was motivating, while also frank and sincere. She recounted her own years of struggle and success as an American Indian college stu-



Effie Siomos

dent, medical student and, finally, healthcare provider. She gave an honest discussion of how she approached her own culture during each of these stages in her life.

After more networking, the afternoon ended with a student panel consisting of eight American Indian, Alaskan Native and Hawaiian Native graduate and research students. Participants were invited to ask questions, and a discussion took place on the challenges of preserving language and culture while participating in science and health careers.

There were also the usual trials and tribulations of planning an event: securing accommodations for overnight guests, not knowing how many people would show up and last-minute can-

cellations. On the day of the symposium, I spent most of the morning outside the Pyle Center handing out parking passes, filling out reimbursement forms, holding Dr. DeLong's baby and learning the hard way about penalties for parking a large van in a "construction-only" zone.

While I was at the symposium, I felt like my mind was in a million other places; I barely had time to comprehend the buzzing conversation and exchange of ideas. The long day was finally over, and, according to all who were there, the event was a success.

I feel Dr. DeLong summarized the essence of the event best. "It is important for American Indian youth, many of whom do not come from a family of college graduates or



Participants included high school students from northern Wisconsin towns and college students from tribal community colleges.

professionals, to see other American Indians going to college or in a profession," she said. "The event joined American Indian role models, college students and even high school students."

A month later, I received a package at home. It was a beautiful piece of American Indian artwork in a beaded necklace shape with a holiday card. The card read, "Effie, we want to thank you for

everything you have done to reach and serve Native American students and communities. Your time has been appreciated."

In a moment, the memories of the seedling idea that grew into a meaningful event flooded my mind. After 125 catered meals, 100 hours of planning and handing out 25 Lot 6 parking stickers, I humbly learned that, often, the most valuable gift healthcare workers have to offer is their time. Ultimately, I felt so privileged to be a small part of such an important movement.



The event provided many opportunities for networking. American Indian, Alaska Native and Hawaiian Native students discussed research and science careers.

Trip provides students a first-hand look at American Indian health disparities



The UW students made sure to provide some form of service during their trip. They socialized and cooked a meal at Youth Link, an organization that helps troubled and homeless teens.

by David N. Conrad
Class of 2007

On December 19, 2003, after a long, hard fall semester and only a few hours after the last final exam, a handful of students loaded into a couple of vans destined for Minneapolis to explore the health disparities that affect American Indian populations. Clearly, this was not the start to a typical winter break. Nevertheless, this is how 10 UW-Madison health professions students spent their first four days off in months.

The students participated in "How Health is Shaped: A Conversation through Health Disparities that Affect American Indians," a program that provided a first-hand look at the

health disparities American Indians in the upper Midwest experience. Like other ethnic minority groups, American Indians often encounter poor access to healthcare, as well as other forms of inequalities relating to health.

Activities in the program included interviews with American Indian primary care physicians at the Ho-Chunk House of Wellness, a community clinic near Baraboo, Wisconsin, and a non-American Indian primary care physician at the Native American Community Clinic in Minneapolis. The interviews gave students an opportunity to hear perspectives about American Indian healthcare from the physicians themselves.

The group also met with non-physician care providers, such as Kelby Grovender, director of Anishinabe Wakiagun, a service-supported housing complex for homeless, chronic inebriates. Community approaches to health provided by such organizations differ markedly from the traditional medical model to which most medical students are accustomed.

The program was the first alternative winter break program for UW health-oriented graduate and professional students organized by the Interdisciplinary Partnership for Healthy Communities (IPHC), a novel student group begun last year. IPHC tries to bridge the gap between the determinants of health and the class-

room medical experience while exposing students to an interdisciplinary environment.

Throughout the four-day trip, students elaborated upon their new experiences, knowledge and perspectives relating to health disparities through guided reflection, which included group discussions and personal journaling. Both activities were structured by a series of questions proposed by the trip leaders to encourage students to examine their values, beliefs and stereotypes of health disparities.

"I really enjoyed the reflection times because it gave me a chance to challenge my opinions," says Erin Henrich, a first-year UW Medical School student.

Service is a critical component of the IPHC philosophy. In the service component of this program, the UW students socialized and served a meal at Youth Link, a non-profit organization that provides a variety of services to homeless and troubled kids.

The alternative winter break trip was supported by the Associated Students of Madison (ASM), the UW Medical Student Association (MSA), and Byron Crouse, MD, UW Medical School associate dean for rural and community health. Sharon Younkin, PhD, community service learning programs manager, is IPHC's advisor.

For additional information, please visit <http://www.fammed.wisc.edu/iphc>.

Match Day 2004



Like all previous Match Days everywhere, emotions ran high on March 18, 2004. Fourth-year students at University of Wisconsin Medical School—and all other medical schools in the United States—eagerly waited to hear where they will spend the next three to seven years in residency training. The training programs will prepare them for career specialties most will remain in for the rest of their working lives.

This year, 46 percent of the 124 UW Medical School students who matched will enter primary care programs, which include internal medicine (13 percent), pediatrics (19 percent) and family medicine (14 percent). While the number is slightly lower than the percentage of UW Medical School students who have matched to primary care residencies in the past, it hovers right around the national average.

Ten percent of the UW students will go to anesthesiology programs, 10.5 percent to surgery, 7.3 percent in emergency medicine, and 4 percent to both psychiatry and obstetrics-gynecology.

More than 30 percent of the students will stay in Wisconsin for their residencies, 18 of them in programs offered through UW Hospital and Clinics.

The following lists the members of the Class of 2004 and the residency programs they will soon be entering as well as the specialty areas in which they will be training.



Nancy Aguirre
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Obstetrics and Gynecology

Beth Amspaugh
St. Vincent Hospital
Indianapolis, Indiana
Transitional Year
Indiana University School of Medicine
Indianapolis, Indiana
Ophthalmology

Adefolake Atewologun
New York Medical College-
Brooklyn/Queens
Jamaica, New York
Family Practice

Erica Barrette
Siouxland Medical Education
Foundation
Sioux City, Iowa
Family Practice

Julie Baughn
Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Pediatrics

Karin Burglund
Children's Hospital
Los Angeles, California
Pediatrics

Rohinee Beri
McGaw Medical Center of Northwestern
University
Chicago, Illinois
Internal Medicine

Cody Boyce
Gundersen Lutheran
La Crosse, Wisconsin
Transitional Year
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Diagnostic Radiology

Andrew Braun
St. Joseph's Regional Medical Center
Milwaukee, Wisconsin
Transitional Year
Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Anesthesiology

Tracy Capes
New York Presbyterian Hospital-
Columbia
New York, New York
Obstetrics and Gynecology

Christina Capperino
University of Wisconsin Medical School
Baraboo, Wisconsin
Family Practice

Andrew Cardoni
Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Emergency Medicine

Karen Carlson
The Rockefeller University
New York, New York
Research

Jason Carvalho
University of Michigan Hospitals
Ann Arbor, Michigan
Pathology

Jeremy Chaillet
University of Connecticut
Farmington, Connecticut
Pediatrics

Carrie Chapman
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Poly Chen
Swedish Covenant Hospital
Chicago, Illinois
Transitional Year
Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Anesthesiology

Grace Chiang
St. Louis Children's Hospital
St. Louis, Missouri
Pediatrics

Shanelle Clarke
Vanderbilt University Medical Center
Nashville, Tennessee
Pediatrics

Alex Colque
University of Colorado School of
Medicine
Denver, Colorado
General Surgery

Richard Crill

Wayne State University/Detroit Medical Center
Detroit, Michigan
Emergency Medicine

Vanessa Curtis

University of Wisconsin Medical School
Madison, Wisconsin
Family Practice

Karolyn Davidson

St. Luke's Medical Center
Milwaukee, Wisconsin
Transitional Year
Mayo Graduate School of Medicine
Rochester, Minnesota
Diagnostic Radiology

Patrick Dawson

Bethesda Hospital
Cincinnati, Ohio
Obstetrics and Gynecology

Joseph Dietzler

University of Wisconsin Medical School
Madison, Wisconsin
Family Practice

Andrew Dodd

University of California-Davis Medical Center
Sacramento, California
Plastic Surgery

Karl Droese

St. Luke's Medical Center
Milwaukee, Wisconsin
Family Practice

William Enright

University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Orthopedic Surgery

Carrie Erickson

Wake Forest Baptist Medical Center
Winston-Salem, North Carolina
Pediatrics

Jennifer Erickson

Rush University Medical Center
Chicago, Illinois
General Surgery

Ember Ewings

St. Louis University School of Medicine
St. Louis, Missouri
Plastic Surgery

Peter Falk

Resurrection Medical Center
Chicago, Illinois
Emergency Medicine

Suzanne Falkenberry

HealthOne Alliance
Denver, Colorado
Transitional Year
University of Colorado School of Medicine
Denver, Colorado
Ophthalmology

Nicole Fett

University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Dermatology

Timothy Feyma

Penn State Children's Hospital
Hershey, Pennsylvania
Pediatrics

James Foxhall

University of California-San Francisco
San Francisco, California
Family Practice

Miguel Gamez

St. Luke's Medical Center
Milwaukee, Wisconsin
Family Practice

Michael Gennrich

Children's Hospital
Los Angeles, California
Pediatrics

Kevin Gentile

University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Pediatrics

Julie Gerig

Williamsport Hospital
Williamsport, Pennsylvania
Family Practice

Hisam Goueli

University Hospitals of Cleveland
Cleveland, Ohio
Psychiatry and Family Practice

Gregory Griepentrog

St. Luke's Medical Center
Milwaukee, Wisconsin
Transitional Year
Mayo Graduate School of Medicine
Rochester, Minnesota
Ophthalmology

Michael Grinney

Maimonides Medical Center
Brooklyn, New York
Transitional Year
Lincoln Medical Center
Bronx, New York
Emergency Medicine

Charles Hamilton

St. Joseph's Regional Medical Center
Milwaukee, Wisconsin
Transitional Year
Ohio State University Medical Center
Columbus, Ohio
Anesthesiology

Benjamin Herdrich

Hospital of the University of Pennsylvania
Philadelphia, Pennsylvania
General Surgery

David Herszenzon

Einstein/Montefiore Medical Center
Bronx, New York
Family Practice

Paul Horvath

Michigan State University-Kalamazoo
Kalamazoo, Michigan
Emergency Medicine

Amanda Jackson

University of California-Davis Medical Center
Sacramento, California
Emergency Medicine

Ryan Johnson

Mayo Graduate School of Medicine
Rochester, Minnesota
Anesthesiology

Molly Kaiser

Exempla St. Joseph Hospital
Denver, Colorado
Internal Medicine

Dimitri Kamenshikov

University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Obstetrics and Gynecology

Andrew Kastenmeier

University of Utah Affiliated Hospitals
Salt Lake City, Utah
General Surgery

Christine Kenyon

St. Joseph's Regional Medical Center
Milwaukee, Wisconsin
Transitional Year
Mayo Graduate School of Medicine
Rochester, Minnesota
Anesthesiology

John Michael Khalil

St. Luke's Medical Center
Milwaukee, Wisconsin
Diagnostic Radiology

Corrie Klopck

Massachusetts General Hospital
Boston, Massachusetts
Pediatrics

**Stephen Klos**

Research

Heidi Kloster

Children's Hospital-Oakland
Oakland, California
Pediatrics

Justin Knapp

Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire
Psychiatry

Michelle Kolton

St. Luke's Hospital
Bethlehem, Pennsylvania
Transitional Year
Drexel University College of Medicine
Philadelphia, Pennsylvania
Radiation Oncology

Stephanie Koplin

Beth Israel Deaconess Medical Center
Boston, Massachusetts
General Surgery



Jennifer Kraschnewski

Duke University Medical Center
Durham, North Carolina
Internal Medicine

Carlo La Forgia

Evanston Northwestern Health Care
Evanston, Illinois
Internal Medicine

Rachel Lamb

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Anesthesiology

Tanner Lang

University of Kansas School of
Medicine
Wichita, Kansas
General Surgery

Tara Lang

Mayo Graduate School of Medicine
Rochester, Minnesota
Pediatrics

Bryan Laundre

St. Joseph's Regional Medical Center
Milwaukee, Wisconsin
Transitional Year
Mayo Graduate School of Medicine
Rochester, Minnesota
Diagnostic Radiology

Kristen Lerberg

University of Wisconsin Medical School
Madison, Wisconsin
Family Practice

Kevin MacDonald

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Orthopedic Surgery

Laurel Malinowski

Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Pediatrics

Bradley Manning

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Internal Medicine

Sharon Martinez

Postponing Postgraduate Training

Wanda Martinez

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Preliminary Medicine
University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Ophthalmology

Manish Maski

Boston University Medical Center
Boston, Massachusetts
Internal Medicine

Emily Mason

Regions Hospital/Health Partners for
Medical Education
St. Paul, Minnesota
Emergency Medicine

Kathleen Mattioli

Aurora Health Care/Aurora Sinai
Medical Center
Milwaukee, Wisconsin
Obstetrics and Gynecology

Patrick McDonough

Virginia Commonwealth University
Health System
Richmond, Virginia
Pathology

Donald Mehr

Hennepin County Medical Center
Minneapolis, Minnesota
Preliminary Surgery

Rosemarie Metzger

University of Virginia
Charlottesville, Virginia
General Surgery

Sonia Meyers

Postponing Postgraduate Training

Shibani Munshi

Beth Israel Medical Center
New York, New York
Family Practice

Douglas Newton

Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire
Psychiatry

Hanh Nguyen

Rush University Medical Center
Chicago, Illinois
Pediatrics

Sara Norvell

Vanderbilt University Medical Center
Nashville, Tennessee
Anesthesiology

Carl Nosek

University of California-San Francisco
San Francisco, California
Pediatrics

Andrew Olafsson

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Internal Medicine

Jeminah Pagel

University of Arizona Affiliated Hospitals
Tucson, Arizona
Pediatrics

Melinda Naomi Peck

York Hospital
York, Pennsylvania
General Surgery

Amy Peterson

Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Pediatrics



Andrew Peterson

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Pediatrics

Malian Pham

University of Southern California
Los Angeles, California
Psychiatry

Craig Pierstorff

Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Preliminary Medicine
Medical College of Wisconsin Affiliated
Hospitals
Milwaukee, Wisconsin
Anesthesiology

Kiran Prasad

New England Medical Center
Boston, Massachusetts
Pediatrics

Jodi Pritzl

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Pediatrics

Heather Quam

Einstein/Montefiore Medical Center
Bronx, New York
Psychiatry

Rachel Quinn

University of Wisconsin Medical School
Madison, Wisconsin
Family Practice

Deepthi Reddy

University of California-San Francisco
San Francisco, California
Family Practice

Karene Ricketts

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Anesthesiology

Timothy Roberts

University of Wisconsin Medical School
Appleton, Wisconsin
Family Practice

Anthony Rutowski

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Diagnostic Radiology

Raymundo Salcedo

White Memorial Medical Center-Los
Angeles
Los Angeles, California
Preliminary Medicine
University of Southern California
Los Angeles, California
Anesthesiology

Michelle Schacht

University of Wisconsin Medical School
Appleton, Wisconsin
Family Practice

Robyn Schertz

Michigan State University-Kalamazoo
Kalamazoo, Michigan
Emergency Medicine

Sanjeev Shah

Johns Hopkins Hospital
Baltimore, Maryland
Internal Medicine

Thomas Shiffler

Wisconsin Council on Children and
Families and Firearm Injury Center
Madison/Wauwatosa, Wisconsin
Research

Catherine Skagen

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Internal Medicine

Paul Slavik

University of Vermont Fletcher Allen
Health Care
Burlington, Vermont
Internal Medicine

David Sonetti

University of Texas Health Science
Center-San Antonio
San Antonio, Texas
Internal Medicine

Karen Stark

Postponing Postgraduate Training

Jonathan Stoehr

Yale-New Haven Hospital
New Haven, Connecticut
Internal Medicine

Addison Stone

University of Washington Affiliated
Hospitals
Seattle, Washington
Orthopedic Surgery

Roberta Strigel

Gundersen Lutheran
La Crosse, Wisconsin
Transitional Year
University of Washington Affiliated
Hospitals
Seattle, Washington
Diagnostic Radiology

Scott Stuempfig

University of Texas Health Science
Center-San Antonio
San Antonio, Texas
Physical Medicine and Rehabilitation

Thomas Syverud

University of Wisconsin Hospital and
Clinics
Madison, Wisconsin
Anesthesiology

John Tamkoc

University of South Florida College of
Medicine
Tampa, Florida
Emergency Medicine

Debra Thompson

Aurora Health Care/ Aurora Sinai
Medical Center
Milwaukee, Wisconsin
Internal Medicine

Peter Todd

Hospital of the University of
Pennsylvania
Philadelphia, Pennsylvania
Neurology

Monica Tranetzi

University of Chicago Hospitals
Chicago, Illinois
Pediatrics

Daniel Van Handel

University of Arizona Affiliated Hospitals
Tucson, Arizona
Internal Medicine

Andrew Vanderheyden

University of Iowa Hospitals and Clinics
Iowa City, Iowa
Pathology

Jessica Vorpahl

Oregon Health and Science University
Portland, Oregon
Family Practice

Jacob Waidelich

Medical College of Wisconsin
Milwaukee, Wisconsin
Preliminary Medicine
University of Michigan Hospitals
Ann Arbor, Michigan
Anesthesiology

Benjamin Walker

Gundersen Lutheran
La Crosse, Wisconsin
Transitional Year
Virginia Mason Hospital
Seattle, Washington
Anesthesiology

Lisa Wheeler

University of Utah Affiliated Hospitals
Salt Lake City, Utah
Psychiatry

William Wong

Oakwood Hospital
Dearborn, Michigan
Transitional Year
Yale-New Haven Hospital
New Haven, Connecticut
Diagnostic Radiology

**Changchun Wu**

University of Wisconsin Medical School
Madison, Wisconsin
Family Practice

Deborah Wu

Marshfield/St. Joseph's Hospital
Marshfield, Wisconsin
Transitional Year

William Yang

Department of Ophthalmology
University of Wisconsin Medical school
Madison, Wisconsin
Research

Michelle Yao

Gundersen Lutheran
La Crosse, Wisconsin
Preliminary Medicine
West Virginia University Hospitals
Morgantown, West Virginia
Ophthalmology

Shira Yuchtman

New England Medical Center
Boston, Massachusetts
Pediatrics

Michael Zimbric

University of California-San Diego
Medical Center
San Diego, California
Pediatrics

Anna Zisman

Evanston Northwestern Health Care
Evanston, Illinois
Internal Medicine



High school girls learn about health professions careers

For four years in a row, University of Wisconsin Medical School students have held a Saturday seminar that introduces Wisconsin high school girls to careers in the health professions. On Saturday, February 7, 2004, 70 young women from across Dane County attended the 2004 program, a few more than the previous year. Interest among both kinds of students—high schoolers as well as medical students—appears to be growing.

"Many medical students have sustained their enthusiasm for this program," says second-year medical student Katie Farwell, noting that students from other health professions also have been deeply involved in the program.

Hisam Goueli and Cara Syth, now nearing completion of their fourth-year rotations, created the program when they were UW Medical School first-year students (see Fall 2002 *Quarterly*).

The 2004 program began with a keynote address by

Molly Carnes, MD, director of the UW Center for Women's Health Research. A panel consisting of health professions students—medical, physician assistant, nursing, physical therapy, occupational therapy, pharmacy and dentistry—then described steps high school students must take to enter each profession.

Following lunch, the girls rotated through four small-group sessions led by health professionals and students representing various profes-

sions. The sessions featured hands-on activities, such as checking a person's posture on an exercise ball, ensuring proper tooth brushing and taking a close-up look at cadavers in the anatomy laboratory.

Women in Medicine sponsored the program this year, as did Southwest Area Health Education Center (AHEC).

Dian Land



Martian tribute to Columbia astronauts

The NASA exploration rover, Spirit, landed on Mars, January 3, 2004. Among the first images it transmitted from the red planet was a shot of a memorial plaque attached to the spacecraft commemorating the astronauts who died in the Columbia space shuttle disaster, February 1, 2003. UW Medical School's Laurel B. Clark, MD '87, was among those who perished.

As a further tribute, Spirit's landing site in the Martian Gusev Crater was named Columbia Memorial Station.

"To venture into space, into the unknown, is a calling heard by the bravest, most dedicated individuals," said NASA Administrator Sean O'Keefe. "Spirit carries the dream of exploration the brave astronauts of Columbia held in their hearts."

■ Development News

Planning your gifts to the Medical School

by Annie Engebretson

"Miraculous" is the word Earle Rotter, MD '42, uses when he describes his education and experiences at University of Wisconsin Medical School. His externship in Chicago and preceptorship with Dr. Max Fox in Milwaukee are experiences that readily come to mind when he talks about the exemplary medical education he received.

As did so many of our alumni in the 1940s, Dr. Rotter served in the U.S. Army Transportation Corps in World War II. One of his most vivid memories as a physician was performing surgery on a sailor at sea while the ship sailing behind them in the North Atlantic was torpedoed by a submarine. He had to complete the procedure in a blackout, using only a pen-light. This is just one example of the many amazing stories, memories and personal histories I am privileged to hear during my visits with UW Medical School alumni.

In the years following World War II, Dr. Rotter established a family practice clinic in Milwaukee, where he worked and served for 40 years before retiring to Boca Raton, Florida, in 1989. In addition to gifts he has already made to the Wisconsin Medical Alumni Association and UW Medical School, Dr. Rotter has made a deferred gift that will be used to name the Office of

Admissions in our long-awaited Health Sciences Learning Center, to open this summer.

Deferred gifts, also known as planned gifts, are one of many options for people who are considering a gift to the Medical School. Outlined below are two examples of planned gifts.

Charitable Remainder Unitrust

Dr. Rotter's planned gift is a charitable remainder unitrust (CRU). The donor who creates a CRU irrevocably transfers money, securities or other property to a trustee, in this case the University of Wisconsin Foundation. The trust then pays Dr. Rotter an income for life. Eventually, the trust assets become the sole property of the UW Foundation.

A unitrust pays the donor an amount each year determined by multiplying a fixed percentage (selected by the donor when the trust is created) times the fair-market value of the trust assets each year. The donor receives an immediate income-tax charitable deduction for a portion of the value of his or her contribution to the trust.

A donor who itemizes receives a sizable income-tax charitable deduction in the year that he or she creates the unitrust. The deduction is for the value of UW Foundation's right to receive the unitrust principle (the remainder) after the donor's life, as determined

by official U. S. Treasury Department tables.

The donor does not realize any capital gain when he or she transfers appreciated assets to fund a unitrust. The charitable deduction for a gift funded with assets held more than one year is based on the full fair-market value at the time the gift is made—not the lower cost basis.

Gift by Will

Through the University of Wisconsin Foundation, the Medical School can be designated as a beneficiary in your will. The will gift may be made as either a percentage of an estate or an explicit dollar amount for either a specific or unrestricted purpose. I recently met with an alumnus who is designating a specific dollar amount in his will for the Medical School to use where its needs are the greatest.

The diversity of options that we offer related to planned giving is meant to stimulate your creativity and ensure your convenience—and to avoid confusing or overwhelming you. If you have questions about planned gifts, we have a staff of experts in this area at the Foundation. Please call me at (608) 263-0852, and I would be happy to visit with you about your interest in planned giving.

A winter evening with friends

WMAA offers alumni new opportunities to connect



Bill Nietert ('78), Wausau event host and WMAA president elect (at right) greeted (from left) James Casanova ('74), and Mark ('84) and Julia Fenlon.



Sue and Jim Binder ('78).



Michelle Montgomery (PG '92), Kevin O'Connell ('79) and Vicky Baker ('93).

by *Dian Land*

Blustry winter weather did not stop nearly 70 alumni and friends of University of Wisconsin Medical School from gathering the evening of January 15, 2004 in Wausau, Wisconsin, for a reception, dinner and continuing medical education program hosted by the Wisconsin Medical Alumni Association (WMAA). Held at the Wausau Club, the event was part of the WMAA's new efforts to reach out to alumni across the state. The WMAA also held an evening program in Green Bay on

February 25, and its annual winter event in Milwaukee the following night.

"We were really gratified to see so many people at our Wausau program because the weather was working against us," says Karen Peterson, WMAA executive director. "The great turnout convinced us that alumni are very eager for a chance to share a fun and informative evening together."

Peterson credits Bill Nietert, MD '78, who will take over as WMAA president in May, for his role in encouraging so many people to attend the event. Nietert's letters and calls prompted alumni—who evidently weren't intimidated by the typical Northwoods winter weather—to drive in from Steven's Point, Minocqua and Marshfield, in addition to Wausau itself.

"Once we were all together in that room, we were amazed to see that there were so many of us," Nietert says, noting that old and young

alumni alike were on hand to represent an array of classes. "The event was so positive that as people left they vowed to hold a similar get-together in the summer."

Future alumnus Mathew Aschbrenner, currently a second-year student at the Medical School, addressed the crowd. A Wausau native, Aschbrenner talked about the journey he's taken to get to medical school, pointing to local family physician, Jim Binder, MD '78, as his inspiration. He thanked his parents for their sacrifices and support.

Aschbrenner, who has been active in the WMAA, also described the association's new program to pair alumni with medical students who are interested in learning about specific specialties. He urged his listeners to be on the lookout for more information. "If you get mail from the WMAA, don't throw it away," he said. "They don't only ask for money. They might be contacting you to participate in this program."

Although fewer people attended the Green Bay event, they were no less enthusiastic. A talk by Miss Wisconsin, Tina Sauerhammer, MD '03, was a highlight of the evening. Sauerhammer postponed her residency for a year to participate in last fall's Miss America competition and to fulfill her obligations as Miss Wisconsin.



Medical student Matt Aschbrenner (right) enjoyed social time with his parents, Warren and Sue Aschbrenner, and E. Lawrence Markey (PG '74).



At the Green Bay event, WMAA board member Jan Erlandson ('68) and his wife, Jackie, met Annie Engebretson, UW Foundation development director.

Sauerhammer, 22, who administrators believe is the youngest graduate of the school, expressed sincere appreciation for her alma mater and the WMAA. Her affiliation with Wisconsin will continue this summer, when she begins a pediatric surgery residency at UW Hospital and Clinics.

Manuel Falk, MD '61, the obstetrician who delivered Sauerhammer, was proud to be present for her talk, as were, no doubt, WMAA past president Henry Rahr, MD '58, and former Max Fox award winner Donald Jeffries, MD '47. Medical School dean, Philip Farrell, MD, PhD, introduced the special guests before he presented the CME program, titled "Visions and Destinations for UW Medical School and 21st Century Healthcare Transformations," which he also presented in Wausau.

Patrick Remington, MD '81, MPH, presented the CME program in Milwaukee (see story on page 27), where the event was held, as usual, at the Wisconsin Club. A crowd of approximately 75 people attended this year. "We had a wonderful mix of students and alumni," says Peterson, adding that a group of third-year students currently in Milwaukee for their obstetrics-gynecology rota-

tions attended. In addition, several members of the Medical Student Association drove from Madison.

Many class representatives were among the attendees at the Milwaukee event: Bill Semler ('49), Roger Laubenheimer ('50), Nate Nilrich ('51), Harvey Wickman ('65), Kathe Budzak ('69), Sandy Osborn ('70), Bill Nietert ('78) and Tim Richer ('98). Five past presidents of the WMAA were also asked to take a bow, including Budzak, Wichman, John Petersen ('54), Walter Schwartz ('55) and Dave Riese ('68).

By all accounts, the three winter events were a success. "It's clear that the WMAA is fulfilling a need that many Medical School alumni have to connect and catch up on an off-season evening," Peterson says. "We'll be hosting more programs in the future as we strive to involve more and more alumni."



Donald Jeffries ('47), a former Max Fox award winner (left), caught up with WMAA President Chris Larson ('75) and Green Bay event host Rolf Lulloff ('67).



Ann Liebeskind ('98) greeted Dean Philip Farrell and Alice Farrell.



Miss Wisconsin 2003 Tina Sauerhammer ('03) shared a word with Manuel Falk ('61), the Green Bay obstetrician who delivered her.



Former WMAA President Henry Rahr ('58) posed with Rolf Lulloff and Dean Farrell.



At the Milwaukee event, Nate Hilrich ('51), guest Richard Mueller and class representative Bill Semler ('49) shared a word with Kathleen O'Toole Smith, UW Foundation development director.



Sharon and David Stein ('87) chatted with Ferdinand Brutvan ('79).



Third-year students in Milwaukee for their obstetrics/gynecology rotations also attended the event. From left, Jeremy Van Buren, Bryan Fisher, Samip Kothari, Angelique Floerke, Scott Parish and Elizabeth Cardinale



Steven Wagner ('78) and WMAA President-Elect Bill Nietert ('78) had a good time.



WMAA past presidents Walter Schwartz ('55) and John Petersen ('54) reunited.



Members of the Medical Student Association got to know recent graduate and class representative Tim Richer ('98). From left: Matt Aschbrenner, Richer, John Vasudevan, Katie Nixdorf, Sarah Olson and MSA President Angela Gatzke.

Class Notes *compiled by Kathleen Freimuth*

1944

Maryhelen Chamberlin and her husband, Earl, live in Westfield, N.J. A retired ophthalmologist, she now volunteers at a local hospital, plays duplicate bridge and bakes for her bridge group. Her long-time hero being Richard Feynman—one of three recipients of the 1965 Nobel Prize in Physics—Chamberlin continues to stay informed about theories in physics and its history. She wants to let her classmates know that she will never forget their wartime commencement.

Retired otolaryngologist **Alden Fogo** and his wife, Louroe, live in San Luis Obispo, Calif. He reports that, aside from his four-way coronary by-pass and hip/joint replacement surgery, he is "otherwise in good health." He enjoys golf, gardening, working on the computer and dining.

J. Aaron Herschfus of Sharon, Mass., admits that, while he does experience the "common aches and pains of getting older," this does not derail enthusiasm for his two favorite pastimes: gardening and biking. Retiring from internal medicine approximately eight years ago, he enjoys spending time with his four married children and his six grandsons and four granddaughters.

1945

St. Joseph Regional Medical Center in Milwaukee, Wis., recently honored **Joseph Wepfer** when it renamed its radiology department the Joseph F. Wepfer, MD, Department of Medical Imaging. Wepfer joined the medical center in 1951 and assumed responsibility for the radiology residency program. He taught more than 70 residents and throughout his

career led the only radiology residency program in the nation to hold a 100 percent board certification rate.

Wepfer's UW Medical School friends Bill Russell ('46) of Sun Prairie, Tom Rice ('45) of Wausau and Jack McCullough ('45) of Fond du Lac were on hand for the dedication ceremony last fall. The four of them shared apartments when they were medical students, and following medical school, they went on a fishing trip to northern Wisconsin each June for nearly 50 years.

Wepfer remains active in the daily teaching of residents at St. Joseph's. He is highly regarded by his colleagues, who describe him as a "humanitarian, a true professional and a gentleman."

1947

In October 2003, **Dean Emanuel** was honored at the Fifth International Symposium in Saskatoon, Saskatchewan, Canada, for his lifetime achievements in agricultural medicine. Known by his colleagues as the founder of the movement for rural health and farm safety, he has dedicated his career to solving medical problems in rural populations.

Emanuel began practicing at Marshfield Clinic in central Wisconsin in 1958. The clinic, in the heart of dairy country, provided an ideal setting for research in the study, treatment and prevention of diseases that affect farmers.

A native of rural Augusta, Wis., Emanuel was one of the first cardiologists in the United States to perform coronary arteriography. He and his colleagues established the National Farm Medicine Center in 1981 to address health and safety issues associated with agricultural work and rural life. He continues to serve as the farm center's medical director emeritus.

1949

Charles Larkin, retired psychiatrist and current docent at the Wisconsin Veterans' Museum—as well as huge Badger fan—lives with his wife, Mary, in Madison, Wis. He enjoys meeting with old friends and is active in Catholic parish functions. He and Mary have seven children, eight grandchildren and six great-grandchildren.

Walter Washburn and his wife, Sally, of Madison, Wis., recently returned from a UW alumni tour of Hawaii. He exercises daily, reads a minimum of two hours daily and practices good "dog management." He and Sally have three daughters, three granddaughters and two grandsons.

1954

Leonard Heinz lives in Glen Arbor, Mich., with his wife, Dorothy. He is retired from his practice in radiology and imaging at Toledo Hospital in Ohio, where he



St. Joseph's regional Medical Center in Milwaukee recently renamed its radiology department to honor Joseph Wepfer (left). His UW Medical School friends Bill Russell, Tom Rice and Jack McCullough attended the ceremony.

served as chief of staff from 1987 to 1989. He was a member of the Eastern Radiology Society and a fellow of the American College of Radiology. In December 2003, he and Dorothy celebrated their 50th wedding anniversary in a villa in Andalucia, Spain, with their entire family (three children and three grandchildren).

Retired from psychiatric practice, **Richard Thurrell** lives in Madison, Wis., with his wife, Mary. He continues to maintain a professional interest in problems of aging veteran patients, especially WW II veterans with post-traumatic stress disorder; problems of blind children and blind adults; psychiatric residency training; and systems of healthcare delivery and related problems. He enjoys oil painting and editing a statewide psychiatric newsletter.

1964

Asaph (Van) Elston, retired from pediatric cardiology at Gundersen Lutheran in La Crosse, Wis., since 2002, has had a research student fellowship named in his honor. He admits that he is having "too much fun," in retirement ... boating, canoeing, sailing, restoring historic houses, traveling and cooking. He and his wife, Mary, have two daughters: an oceanographer and a nurse practitioner.

Although **Thomas Fung** of Hayward, Calif., and his wife, Stephanie M. Fung, MD, have planned a trip to China in the fall of 2004, he

has not overlooked his class reunion in May. He wants his classmates to know that "tickets have been purchased" for that reunion. The couple has two children: Jason, a dermatologist, and Arlene, a financial advisor.

Limiting his office hours to 40 weekly, **David Jaecks** has successfully rehabilitated from four surgeries and lets outdoor sports consume his free time and energy. His activities rotate through the seasons with skiing in the winter, river running and rock climbing in the spring, and hiking and mountain biking in the summer and fall—not to mention his travel from the equator to the Arctic.

Retired from private pediatric practice, **Gordon Tuffli** maintains emeritus status at UW Medical School, where he continues his clinical research while participating in prospective applicant interviews for medical school admission. He and his wife, Karen, live in Madison, Wis.; they have three children and three grandchildren.

1975

Ada Fisher—physician, educator, poet and community volunteer—is a Republican senatorial candidate for the seat vacated by Jesse A. Helms, a former five-term senator from North Carolina. With her campaign slogan reading "Get a Doctor in the House," she hopes to win the 12th District seat in the U.S. Congress. She resides in Salisbury, N.C., and welcomes visits to her Web site at <http://www.dradamfisher.org/AboutAda/default.asp>.



Francis Kaveggia, here with wife Julie and their three daughters, was recently elected president of the medical staff of Mercy Hospital in Janesville, Wis.

1982

Founding fellow of the American College of Medical Genetics and active on its committees, **Robert Lebel** has been given the opportunity to help delineate several new mental retardation syndromes. In 2003, he moved to Greenwood Genetic Center in South Carolina, where he currently is senior geneticist, charged with expanding the adult-onset genetic disease section and creating a formal program in medical ethics.

1983

Tamara Ehlert and her husband, **Don Arnold** (Class of '84) live in St. Louis, Mo., where she practices facial plastic surgery. The couple has three children—Alexandra, Nicholas and Nathan—and spends a lot of free time at the kids' sporting events. Being St. Louis Cardinals fans, Tamara and family love supporting their home team at Busch Stadium. She and Alexandra are involved in a mother-daughter philanthropy group and local book club.

Daniel Mueller and his wife, Debbie, along with their two boys, Bryan and Michael, live in Minnetonka, Minn. He is director of the Rheumatic and Autoimmune Diseases Division at the University of Minnesota Department of Medicine in Minneapolis and is professor and member of the Center for Immunology. His avocation is music: He plays both electric and acoustic guitar for "The Outliers," a five-member group in the Twin Cities that has played for such causes as the Minnesota Ovarian Cancer Alliance and the Open Your Heart to the Hungry and Homeless Foundation. He invites friends and classmates to visit the band's Web site at <http://www.theoutliers.net>.

When not practicing diagnostic radiology in Schofield, Wis., **Donald Nowinski, Jr.**, and his wife, Christin, can be found boating with their dogs on the Sea-Ray, golfing or doing a little bit of traveling (especially during the Wisconsin winters). Being a member of the Wisconsin Medical Alumni Association

■ Alumni Notebook

board of directors, he welcomes ideas from alumni on how to improve the WMAA Web site. He unequivocally wants to hear from you!

Timothy O'Neil and wife Trish live in Columbus, Wis., from where he begins his daily commute to his practice in urgent care at Dean Clinic in Madison. He is involved in the Madison Well Child Program, the Dean's Asthma Clinic and the Wisconsin Medical Society's Ethics and Judiciary Council. He meditates and also fiddles. After raising son Dan and daughter Colleen, he and Trish adopted two children with special needs—Dee (9) and Delo (11). As a family, they enjoy downhill and cross-country skiing, whenever possible.

1985

A board-certified urologist with Mercy Health System in Janesville, Wis., **Francis Kaveggia** was recently elected president of the medical staff of Mercy Hospital. He and his wife, Julie, live with their three children—Sarah, Beth and Samantha—in Janesville, where he enjoys tennis league in his free time.

1987

Ann Schmidt works full-time at the West Town Internal Medicine Clinic in Madison, Wis. She also is an associate professor of medicine at UW Medical School, where she is involved in teaching residents and medical students. She and husband Rick, who is a partner in the Boardman Law Firm, have three children: Russell, Abby and Kevin. As a

family, they enjoy boating and skiing.

1988

Catherine Best, husband Russell Brandl and their sons, Luke and Noah, live in Howards Grove, Wis., where she practices family medicine. She reports having found a way to make winters much more tolerable—attach an indoor swimming pool to the home. In addition to looking fondly toward taking a winter's dip in the pool, Catherine enjoys cooking and gardening.

As medical director of a very active clinical research program with Regional Allergy and Asthma Consultants, **David Cypcar** and his wife, Betsy, live in Arden, N.C., with children Andrew, Brian and Megan. His hobbies are running and working out. He is a volunteer leader for his son's Boy Scout troop and a member of various church committees. Failing to make the Class of '88 15th reunion, he hopes to see his classmates at the 20th.

1993

Don Anderson lives with his wife, Suzanne, and children Matthew and Lauren in Mahtomedi, Minn., where he practices emergency medicine at Fairview Lanes Regional Medical Center. His primary hobby (i.e., duty as a Wisconsin Cheesehead) in the land of the Vikings? ... "to spread the Packer gospel throughout the Evil Empire."

June DeSimone practices pediatrics in Portland, Ore., while her husband, **Martin**

Balish (Class of '88), practices ophthalmology. Her professional activities include membership in the North Pacific Pediatric Society and the American Academy of Pediatrics. His activities include being a board member of the Oregon Academy of Ophthalmology, the Fly Fishers Club of Oregon and the Oregon Trout. The couple and their two children—Angela and Lucy—enjoy camping and hiking as a family.

As a diagnostic radiologist in Rockford, Ill., **David Roelke** is a member of the Rockford Memorial Development Foundation Board and medical director of Strategic Initiatives for Rockford Health Systems. He and his wife, Karyn, have two children: Will and Morgan. He enjoys golf, skiing, travel and Badger athletics.

1994

David Rosenfeld recently began a solo practice in New Orleans, La., in pain management. After completing anesthesiology training at the Ochsner Clinic in New Orleans, he continued with additional training in pain management. Along with his busy pain practice, he works part-time as a staff anesthesiologist at Tulane University Medical Center in New Orleans. He and his wife, Melinda, reside there with children Jacob (10) and Emma (4) and dogs Ava, Brienzer and Baby.

1997

Carla Aamodt lives in Westwood, Kan., with children Max and Ingrid. She is medical director of the stan-

dardized patient lab and teaches the clinical skills course for second-year medical students at the University of Kansas Medical Center.

Upon leaving the U.S. Air Force in July 2004, **Kelly Ann Carothers** will begin an emergency medicine practice in Medford, Wis., where—with the help of her two little daughters, Faith and Emily—she will raise horses.

1998

Andrew Bernstein lives with wife Chelsea Woods in Evanston, Ill., where he is clinical instructor of pediatrics at Northwestern University Medical School. He and Chelsea have a one-and-one-half-year-old daughter, Maya, who is loved and protected by the family's four-legged member: a black Labrador retriever named Zoe.

Traveling to Italy and exploring the East Coast are hobbies of **Maria Fabbrocini** and her husband, Peter Nichol. She practices pediatric anesthesiology at Children's Hospital of Philadelphia.

Kristen Nadeau and her husband, Clark Kulig, live in Denver, Colo., where she practices pediatric endocrinology with a research focus on pediatric Type-2 diabetes, and obesity and exercise. Her hobbies are hiking, camping, biking, skiing, fishing and gardening. The couple had their first child in December 2003.

As a major (select) in the United States Air Force, **Lori**

Weber practices pediatrics at Minot Air Force Base in North Dakota. Off the base, she and her husband, Jason, love taking walks and trips to the zoo with children Evan and Brittany.

2001

In her third and final year of residency in emergency and trauma medicine at the University of Washington in Seattle, **Elizabeth Bahn** is chief resident, working primarily out of Madigan Army Medical Center at Fort Lewis in Tacoma. Her rotations also include Harborview Hospital and the University of Washington Medical Center. Her father, Mike, reports that she has been given the opportunity to do special rotations at other institutions, one being Yosemite National Park Medical Center.

Post-graduate training

Martin Grabois, professor and chair of the Department of Physical Medicine and Rehabilitation and professor of anesthesiology at Baylor College of Medicine in Houston, was named a recipient of the 2003 Edward W. Lowman Award of the American Congress of Rehabilitation Medicine. Established in honor of Edward Lowman, MD, the award recognizes the importance of multidisciplinary teams in rehabilitation.

In 1965, **Albert Lee Wiley, Jr.**, came to University of Wisconsin Medical School to begin postgraduate training in radiation therapy and nuclear medicine. His dedica-

tion to and enthusiasm for the radiological sciences continues today. After retiring last year from radiation oncology, he joined a homeland security group in Oak Ridge, Tenn., that responds nationally and internationally to radiological emergencies. He often returns to the Badger State to enjoy his Stoughton, Wis., farm.

In the Autumn 2003 *Quarterly*, we erroneously included **Anthony Mazarek, MD '67**, on our In Memoriam list. Dr. Mazarek reports that, in fact, he is alive and well, living in the Philadelphia area. We deeply regret the error and are happy to correct it.

IN MEMORIAM

Homer Baker '45
January 15, 2004
Woneewoc, Wisconsin

Edward Foss '34
Condon, Montana

Hugo Hunsader '45
February 9, 2004
Fort Atkinson, Wisconsin

Norman Janzer '50
October 25, 2003
Portland, Oregon

William Nicolaus '57
December 21, 2003
Seattle, Washington

Chronicling the life and impact of William S. Middleton, MD

The impact of William S. Middleton, MD, on University of Wisconsin Medical School and the people associated with it cannot be overstated. After we published a short profile of Middleton in the Autumn 2003 *Quarterly* (in a review of Medical School luminaries for whom learning communities in the new Health Sciences Learning Center will be named), we heard from several

readers. They urged us to do more on the man who had played such a profound role in their education and in the school's history. We made a note to publish a more in-depth account of Middleton's many contributions in a coming issue of the magazine.

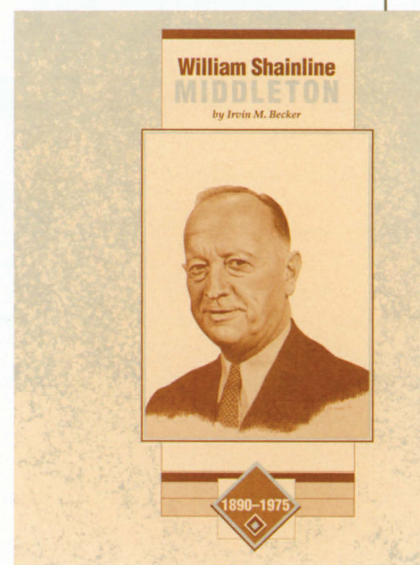
The work of Irvin M. Becker, MD '47, will certainly be one of our resources for the future story, as Becker has made his own important contribution to the literature chronicling Middleton's life. In the mid-1980s, as he began thinking about what he might like to do in his retirement, Becker started taking history classes at University of Wisconsin-Milwaukee, fitting the classes into his busy gastroenterology practice. Many courses and a few years later, he had earned a Master of Arts degree. The topic of his theses: William Shainline Middleton.

"I went to the National Library of Medicine in Bethesda, Maryland, and found 57 boxes of materials on Middleton in the archives. I buried myself there for three days," says Becker, now retired.

As fate would have it, at about the same time, the Wisconsin Medical Alumni Association (WMAA) was looking for a special way to commemorate Middleton's centennial anniversary. Becker graciously consented to allow the WMAA to publish his thesis; it appeared as a special supplement to the fall 1990 *Quarterly*.

Becker and his wife, Margery, winter in Florida but still call Milwaukee their home.

—Editor



■ Observations



PHOTO: Jeff Miller/UW-Madison University Communications

Early spring on Library Mall.

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