APRIL 2015
Friday, April 24
WMAA Board of Directors Spring Meeting,
Wisconsin Institutes for Discovery (WID);
WMAA Scholarship Reception, WID;
WMAA Awards Banquet, Union South

MAY 2015
Friday, May 15
SMPH Graduation, Union South

JUNE 2015
Thursday, June 4
Mini Med School: Partnering with Patients in
Health Care, Health Sciences Learning Center

JUNE 4-6 • MEDICAL ALUMNI WEEKEND
Thursday, June 4 – Saturday, June 6
Reunions for Classes of '50, '55, '60, '65 and '75
and a celebration for all classes that graduated
before 1965!

SEPTEMBER 2015
Thursday, September 17
Mini Med School: Infectious Disease–Megabugs,
Health Sciences Learning Center

OCTOBER 2015
Friday, October 16
Reunions for Classes of '70, '80, '85, '90, '95,
2000, '05 and '10
(details to be announced)

Saturday, October 17
UW vs. Purdue

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New Frontiers in Surgical Education
Inspired by science fiction, Carla Pugh, MD, PhD, FACS, improves upon simulation technology.

Operation Education
A lively game from childhood sets the stage for networking among medical students, alumni, residents and faculty.

Institute for Clinical and Translational Research
Grant program fosters career expansion for physicians interested in research.

Winter on Campus (above)
Lake Mendota—off the shore of the Wisconsin Alumni Association and Memorial Union—is the perfect place to get some exercise for UW-Madison students and their canine friend.

On the Cover
Carla Pugh, MD, PhD, FACS, bridges the gap between traditional and new methods in medical education.

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As you read this issue of Quarterly, we are eagerly awaiting the transition from what feels like a very long winter into a welcome new spring. I enjoy all seasons in Wisconsin, and I think the variety and contrast encourage us to appreciate the special characteristics that each time of year offers. Similarly, as described in these pages, we embrace the seasonal traditions (and the exciting innovations that will become traditions) at the University of Wisconsin School of Medicine and Public Health (SMPH).

Each year, Homecoming Weekend offers wonderful events and opportunities to reflect on the past and celebrate our school’s bright future. It is a pleasure to join alumni from around the state, nation and world as they gather for class reunions, share their experiences and rejuvenate longstanding friendships.

Throughout the year, our medical students and faculty relish opportunities to meet with alumni and learn from their perspectives. One such event, Operation Education, helps students plan for their futures. While the newest generation of learners is proficient at obtaining real-time information from myriad online and digital sources, nothing replaces face-to-face, human connections among alumni, residents, faculty and energetic, talented students. The lively evening offers medical trainees the chance to meet physicians who practice in a variety of medical fields and settings.

Also in this issue, we honor Dr. Bennett Vogelman’s quarter-century of contributions in shaping the future professional lives of our internal medicine residents. I know from friends and former colleagues across the nation that Dr. Vogelman enjoys a national reputation as one of the most respected residency directors. Over the past several decades, remarkable changes have occurred in the field of medical residency training, and we are most fortunate that Dr. Vogelman’s leadership, vision and values have helped shape the evolution.

In the category of relatively new traditions, our Stethoscope Program plays a pivotal role in welcoming new students each fall by providing each with a stethoscope that is sponsored by an alumnus or alumna. This two-year-old “tradition” builds bridges that span our current and future SMPH alumni. I encourage all of our graduates to consider participating in this program, which many donors have told me they find deeply satisfying.

I am not sure at what point we draw a distinction between “old” traditions and “new” innovative programs, but this issue of Quarterly focuses on the wildly successful eight-year-old Institute for Clinical and Translational Research (ICTR), led by Dr. Marc Drezner. This campuswide program, based in the SMPH, advances our school’s vision of rapid translation of discovery into clinical practice and community outreach. ICTR has catalyzed a remarkable expansion of clinical and translational science, and in the process has advanced our transformation into a school of medicine and public health. The article on page 10 features one of ICTR’s key pillars—its faculty training programs. As we advance science, we must also nurture the development of the next generation of scientists, especially in this era of constricting federal research support. This program, together with several others in the SMPH, helps our scientists weather the federal funding storm and provides help and hope for bright, talented trainees who will serve as future scientific leaders.

As I write this column, I am watching a fairly impressive snowstorm develop. As much as I love the winter and the snow in Madison, I am looking forward to spring. The new season promises not only the emergence of flowers and defrosted lakes, but also the return of our alumni to several important events, including Match Day, graduation and Medical Alumni Weekend.

Robert N. Golden, MD
Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs,
UW-Madison
Greetings medical alumni and friends of our school! As I reflect on the success of the University of Wisconsin School of Medicine and Public Health (SMPH) and Wisconsin Medical Alumni Association (WMAA) over the past year, I realize that many of our accomplishments would not have been possible without the generosity of our school’s alumni and friends. Your gifts of time, talent and money are the lifeblood of our organization, and I share a heartfelt thank you to all who have helped. These gifts help ensure that students have an excellent experience during their time at the SMPH.

On behalf of our students, who often face an overwhelming debt load to attend medical school, we thank all of you who have established scholarships.

For example, Mrs. Gunvor Sommerhaug of California—on behalf of her husband, the late Dr. Rolf Sommerhaug of the SMPH Class of ’64—generously funded scholarships for four first-year medical students this fall (see page 28). The Sommerhaugs’ gift made a huge difference for these students, who shared their gratefulness with her through letters.

During the fall semester, the WMAA hosted many exciting events and programs—including Operation Education and the Stethoscope Program, featured on pages 8 and 32, respectively—aimed at providing opportunities for medical students to connect with alumni and faculty members. These events, at which practicing physicians share their wealth of knowledge, are vital to helping medical students plan their academic, research and community service activities as they work to fulfill their dreams of becoming doctors and health-related researchers. Your participation in these activities makes an enormous impact for students.

The WMAA staff and I look to the future with enthusiasm, as we plan more opportunities for students to interact with former graduates, and for alumni to rekindle friendships with each other. During the upcoming Medical Alumni Weekend, June 4 through June 6, 2015, we will hold a special reunion celebration for our 50-year class, and we want all medical alumni who graduated more than 50 years ago to join in the festivities. Participants will enjoy a campus tour aboard the Badger Trolley, during which they will visit their “old stomping grounds” (Bardeen lecture hall and the Medical Sciences Center) and the recently renovated anatomy laboratory, as well as the Health Sciences Learning Center.

That weekend, we also will host a Mini Med School featuring Dr. Patrick McBride, a proud member of the SMPH Class of 1980 who is a professor in the SMPH Department of Medicine, associate dean of students and co-director of the UW Hospital and Clinics’ Preventive Cardiology Program. Dr. McBride will share his expertise on how to keep our hearts ticking strongly so we can live healthy, active lives. I promise that Alumni Weekend will be a treat for all.

To learn more about our upcoming programs and events, including how to share your knowledge and time with students, please visit the WMAA web site at med.wisc.edu/alumni, check out our Facebook page or call the WMAA office at (608) 263-4915. Major event dates are listed inside the front cover of each issue of Quarterly.

As always, please feel free to contact me with your ideas, issues or concerns. You can reach me via e-mail at kspeters@wisc.edu or by phone at (608) 263-4913. My mailing address is listed on the back cover.

Karen S. Peterson
Executive Director, Wisconsin Medical Alumni Association
Carla Pugh, MD, PhD, FACS, (left) and UW undergraduate student Grace Jones discuss various ways sensor data may be displayed when testing clinical breast examination skills with a simulator.
Bridging the Gap

CARLA PUGH, MD, PHD, FACS, PIONEERS THE NEXT FRONTIER OF MEDICAL EDUCATION

Carla Pugh, MD, PhD, FACS, is an iconoclast, determined to simultaneously respect the long-held traditions of medical education while revolutionizing the field. Hers is a largely unconventional approach, but one for which the time has come. And few people are as determined and dedicated as she is to get the job done.

As vice chair of education and patient safety in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Surgery, clinical director of the UW Health Simulation Center and a prolific researcher and inventor, Pugh is responsible for training the next generation of doctors and surgeons, and for wedding the previously disparate disciplines of engineering and medicine. This combination results in new, innovative ways to measure skills and improve performance of health care professionals, while ensuring better patient outcomes.

Pugh's passion was fueled by all the usual suspects: an influential family member, an insatiable curiosity and a Hollywood-inspired science fiction doctor with lots of cool gadgets.

Star Trek has no doubt motivated more than a few imaginative kids to reach for the stars. But for a young Pugh, the sci-fi technology used by the intergalactic doctor, Leonard "Bones" McCoy, as well as some inspiring tales about Pugh's grandmother (a midwife and veterinarian) brought her sights down to Earth. In many ways, she's been working to bridge the gap between the two worlds ever since.

ENTERPRISING EARLY YEARS

In kindergarten, Pugh decided to become a doctor, and in ninth grade, she decided to specialize in surgery. While such ambitious declarations are common among kids, few pursue their earliest childhood dreams with such singular dedication.

"I never really wanted to be anything else," Pugh says. "I'm aware of how rare that is, because I know many people who've struggled with career decisions well into adulthood. But for me, there was never any question."

In medical school at Howard University in Washington, D.C., Pugh discovered that all the childhood hours she spent watching Star Trek re-runs were, perhaps, more than just a way of passing idle time. Rather, she realized, they provided a glimpse into how science fiction can sometimes inspire new ways of thinking about our world without the constraints of tradition.

"I grew up wanting to have a handheld CT scanner—you know, like the one that gave Bones a patient's vital signs just by waving it over the person," Pugh says, only half-joking. "I wanted all that cool stuff and believed I was going to have it, but then got to medical school and found out that I was still supposed to learn by reading textbooks, listening to lectures and trying to piece patient information together. It was frustrating, to say the least."

Pugh made it her mission to find another way. In doing so, she realized that one of her other childhood interests—sports—offered a much better model for improving training and performance than the field of medicine.

—continued on next page
“Doctors go through many years of training to become top-notch professionals, but when you look at our training, it pales in comparison to other professionals,” Pugh recently told an audience at a TEDMED conference in San Francisco. “Athletes, for example, have access to instant replays, video reviews, and years and years of performance data and metrics that have helped them understand exactly what it is they need to master their craft. The best we have in the medical field is the tried-and-true board examination—a test of cognitive and declarative knowledge. We don’t have a test for hands-on skills, and we desperately need one.”

That missing piece in her profession inspired Pugh to pursue a doctorate degree in education after her surgical residency. Unlike her peers, who were starting careers, Pugh headed to Stanford University’s School of Education, where she soon discovered how the technological advancements that were revolutionizing sports performance, engineering and computer sciences could perhaps play a critical role in the evolution of medical training.

Her first class at Stanford covered human-computer interactions, and it confirmed her belief that technology had the potential to dramatically improve the way educators could measure and teach expertise. She gravitated toward sensor technology, which wasn’t exactly new when she used it in a college project, but it had been almost entirely ignored by the medical establishment.

“You have silos in groups of people and fields of work, and sometimes it just takes somebody to walk across the street, look under the hood and say, ‘Wow, I can use that,’” Pugh describes.

That’s exactly what she did. Using some low-tech components like plastic cling wrap, empty toilet paper rolls, Play-Doh and badminton birdies, Pugh created a crude prototype for a clinical exam model. She convinced a classmate to help develop her first sensor-guided clinical exam simulator. That project led to the first of Pugh’s two patents related to using sensor technology to measure hands-on performance during procedures and exams.

Pugh was hooked. Soon after, she started building other training simulators and became one of the profession’s leading advocates for haptics (the science of touch) and the use of tactile feedback in training.

“It’s one thing to get feedback from a faculty member,” Pugh says, “and another thing altogether to receive a detailed computer readout about your performance.”

“Doctors go through many years of training to become top-notch professionals, but when you look at our training, it pales in comparison to other professionals.”

Pugh envisions a time when surgeons will receive daily computerized feedback about that day’s cases and learn about ways in which they can improve their performance—such as instrument selection, operative time and blood loss. She hopes such feedback also will be incorporated into the antiquated board exam.

“When we finally do that, instead of asking me if I’m board certified, you’re going to want to know my haptics score because that’s what matters in the operating room,” Pugh predicts.

Getting the medical profession to that level, she says, will require expanding the use of existing technologies for medical purposes; increasing the number of researchers, designers and innovators who have a passion for health care; and finding a way to address the delicate legal issues that accompany the use of video review and assessment in the hospital environment.

“When we solve those challenges, we will be able to take education and assessment to the next level,” she says. “That’s the final frontier.”

TO BOLDLY GO...

Meanwhile, since Pugh’s days at Stanford, sensor technology, simulators and other forms of high-tech training methods have come a long way. Medical and nursing schools around the United States are embracing the concepts, with many of them investing in multimillion-dollar training programs and simulation centers that employ the kinds of technologies that Pugh pioneered.

At the UW Health Simulation Center, Pugh oversees educational opportunities for students, faculty and staff from the SMPH, UW Hospital and Clinics, UW Medical Foundation and many departments across UW-Madison and the state. Capable of conducting interdisciplinary health care scenarios, the program brings together current simulation activities and ensures that UW Health takes advantage of the latest simulation techniques and technologies. It’s a program seemingly created for and by Pugh’s lifelong work.

Pugh came to UW-Madison in 2012 after spending nine years at Northwestern University, where she served as director of its simulation center. She wasn’t looking for a new job—she considers herself pathologically loyal—but a colleague in Madison recognized that her expertise and innovative approach would be enormous assets, and recruited her. It’s only fitting that Pugh became the first clinical director of the $6 million, state-of-the-art UW Health Simulation Center when it opened later in 2012.

One of the things that initially intrigued Pugh about the center was its focus on interdisciplinary collaboration—a hallmark of her professional philosophy from the start.

“One of the most important things is that the center is centrally located and governed, which is much different from other programs, which are department-owned and not always interdisciplinary,” Pugh explains. “Here, the program was designed to serve units from across the entire enterprise, from surgery and respiratory therapy to environmental services and nursing. Because few departments in a hospital work in isolation, it doesn’t make sense that people should train that way.”

George Keeler, administrative program director of the UW Health Clinical Simulation Program, says Pugh’s vision for the program...
reflects how innovative thinking can result in meaningful change.

“Dr. Pugh sees and thinks far beyond the obvious learning experience,” Keeler says. “Her initiative to push the normal limits of training in health care challenges everybody who walks through our doors to not only significantly improve the way they interact with their teams, but the way they imagine the future of their profession. The end results are improvement in the care we provide and the well-being of the patients we serve.”

Take, for example, the recent Ebola outbreak in Africa and the urgency required by many U.S. hospitals to prepare for a potential domestic outbreak. Pugh and her Simulation Center team worked tirelessly to help prepare the hospital to be one of only three facilities in Wisconsin designated to handle confirmed Ebola cases.

“We organized training and advised the hospital on how to do it right by incorporating best practices, integrating Centers for Disease Control and Prevention protocols and providing critical feedback,” Pugh says. “But our work also went beyond the technical to making sure we appreciate and are sensitive to everybody’s fears and concerns. It was an incredible team effort that included numerous disciplines and professionals.”

**PREPARING FOR RE-ENTRY**

Perhaps the best evidence of Pugh’s innovative spirit and contribution to the field can be seen in her research lab, where she and a bevy of researchers are working on several projects that are already impacting the future of medicine. Her research is supported by grants from the National Institutes of Health (NIH) and the Department of Defense (DOD).

For the DOD project, Pugh is using motion-tracking technology to model and understand skills decay among physicians who rarely perform certain procedures or who endure prolonged absences from practice—such as those who become ill or take maternity or paternity leave. The study will be particularly useful for understanding ways in which military doctors can more smoothly make the transition back into practice after deployment, especially when the mission kept them away from the

specialty-related procedures they usually conduct back home.

“Regardless of the reason, there is no formal process for re-entry into this high-level profession,” Pugh says. She knows because it happened to her. After earning her PhD, Pugh found herself back in the operating room facing some uncertainty about things that had once been second nature. For instance, she forgot names of instruments and second-guessed some of her operative choices.

Her study subjects are surgery residents, many of whom have recently taken the requisite two years off from surgical training to pursue research projects.

“This planned absence from surgery is a natural, recurring phenomenon in many surgery programs because residents typically take time off from their residencies to do research,” Pugh says.

Another project, funded by the NIH, examines surgeons’ decision-making skills during critical intra-operative moments. For example, Pugh and her team will create a generic task—such as dissecting a pelvic tumor—then use sensor technology to capture and measure surgeons’ movements, reaction times and decisions they’re making to address the problem.

In 2011, Pugh received the Presidential Early Career Award for Scientists and Engineers (PECASE) for her research on a sensor device that judges whether people are performing breast exams correctly, and thus detecting abnormalities. And in the February 19, 2015, issue of the New England Journal of Medicine, she published a research correspondence demonstrating that approximately 15 percent of doctors were not properly identifying tumors because they were using a widely taught but ultimately ineffective method.

Pugh believes her research on the efficacy of sensor technology in breast exams could influence the way some physicians look for lumps and tumors.

“I hope this study will spark a serious conversation about clinical performance standards. Once the general public understands this technology’s potential, they will begin to demand change,” Pugh says. “Because sometimes change from within this profession is more difficult than a change that everybody wants.”

**LIVE LONG AND PROSPER**

While the journey from being a precocious child to being a pioneer in her field has not been conventional, Pugh says she is more committed than ever to revolutionizing the only job she ever wanted and improving the lives of those she’s been called to serve.

She concludes, “When we are able to make assessments as comprehensive and as interactive as our everyday work experiences as clinicians, we will have finally achieved justice for our profession and our patients.”
During Operation Education, activities in the Health Sciences Learning Center may look like all fun and games. But real work is going on while University of Wisconsin School of Medicine and Public Health (SMPH) students, alumni, residents and faculty members “operate” on a fictitious patient, whose nose glows with any “mistake.”

The 10th annual gathering on January 14, 2015—co-sponsored by the Wisconsin Medical Alumni Association (WMAA) and Wisconsin Medical Society Foundation—featured dinner and a chance for participants to play the circa 1965 game. Students rotated among tables staffed by physicians from many types of medical practice.

“Students came prepared with questions about what it’s like to work in different medical fields, while alumni, residents and faculty members were happy to share their knowledge and experiences,” explains Karen Peterson, WMAA executive director. “These connections are vital to helping our students consider what fields they would like to pursue.”

With a record turnout, this year’s Operation Education drew nearly 200 participants, including 140 students and about 50 alumni.

“This event was amazing. It helped expose us to specialties that we will be asked to choose between in just a few short years,” exclaims second-year medical student Sarah MacKay.

“As medical students, we don’t get a lot of one-on-one time with physicians in various specialties to talk openly about their fields. It was great to learn about specialties that I am interested in and some that I had never heard of. The alumni were sincerely interested in helping students learn about the practice of medicine, and they shared their contact information in case we have further questions or are interested in shadowing them.”
This page: Undergraduate researchers prepare a chemical solution to preserve specimens for study. Wendy Sun (left) and Taylor Dewall (right) are members of the Cengiz lab, where they are digging into the mechanics of why neonatal brains react differently to an injury based on the baby’s gender. Pelin Cengiz, MD, (not pictured above) is a KL2 scholar, pediatric intensivist and principal investigator who is seeking out neuro-protective strategies for what truly may be one of the world’s most vulnerable populations. Her KL2 award has made this research possible.

Facing page (left to right): Sun, Cengiz and Dewall discuss research findings.
The Next Class of Translators

CLINICAL AND TRANSLATIONAL RESEARCH TRAINING BENEFITS PHYSICIANS AND PATIENTS

In 2007, University of Wisconsin-Madison received a National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA), which created an academic home for UW-Madison's interdisciplinary clinical and translational research, primarily at the Schools of Medicine and Public Health (SMPH), Nursing, Pharmacy and Veterinary Medicine; College of Engineering; and Marshfield Clinic, the site of one of the SMPH academic campuses.

Through the CTSA, UW-Madison created the UW Institute for Clinical and Translational Research (ICTR).

"There were institutional training programs and clinical research centers, but there wasn't a program to create the whole. The university created the ICTR because we needed an environment for both education and training, as well as the infrastructure to support clinical and translational research," explains Marc Drezner, MD, the institute's executive director and SMPH senior associate dean for clinical and translational research.

Recognizing UW-Madison for its great research and mentorship, the NIH provided the university, as part of the CTSA grant, funds to establish an institutional training program—ICTR's KL2 Program—which can provide deserving junior faculty with KL2 mentored training awards.

"We give these awards primarily to junior faculty members who could benefit from having two to four years of protected time to hone their research. They can make significant progress by capitalizing on mentoring opportunities," notes Drezner.

As part of the SMPH's ongoing transformation into a school of medicine and public health, ICTR supports the transition of knowledge into clinical practice, as described in its motto: "Accelerating discoveries toward better health." The KL2 Program has made impressive contributions toward this vision.

Of the KL2 Program's 60 past and current participants, 82 percent have secured federal grants. That represents those who received independent K awards, which can be tacked onto the end of KL2 awards; research project grants; cooperative research grants; and other program projects. This number is particularly impressive because Drezner is counting only grants that list KL2 participants as principal or co-principal investigators.

What's more, all but four of the 60 participants have chosen to pursue academic research careers, and about 50 have remained at UW-Madison and are doing well.

"A few pursued academic medicine elsewhere and have been very successful at places like Johns Hopkins," notes Drezner.

Thus far, 12 junior faculty members on the tenure track who completed the KL2 Program have been awarded tenure. The program has enrolled participants who hold MD and/or PhD degrees and come from all of the participating entities, illustrating the KL2 Program's depth, breadth and strength.

Participants leverage the program's extensive training, which covers topics such as grant writing, research methodologies, ethics and manuscript preparation. Some
complete master's degrees in clinical and translational research as part of their KL2 experience, and others pursue advanced degrees in clinical and translational research after they complete the KL2 Program.

Junior investigators—aiming to build foundations for productive research careers, but who have not participated in the KL2 Program—have capitalized on the research resources afforded by ICTR. These include support for clinical laboratory work, consultation with biostatistics and biomedical informatics, and introduction to the discipline of community engagement research. The productivity resulting from these ICTR-supported projects often has enabled successful application for grants from agencies such as the NIH and the National Science Foundation.

Gretchen Schwarze, MD, associate professor, SMPH Department of Surgery’s Division of Vascular Surgery, praises the ICTR KL2 Program for furthering her career.

“About seven years into my clinical career, I realized that I really liked research, and even though I was doing some health services investigation, I didn’t have any formal research training,” she explains. “I felt trapped because my research abilities were limited in scale, and the KL2 Program provided me with the time to conduct research and get the training I needed to take investigations to a higher level.”

Two and a half years into her KL2 award, Schwarze explains, “While I wanted to make sure I was proficient in certain methods, I’m never going to be an expert in something like biostatistics. But now I can talk to statisticians and think through study designs in constructive ways that I couldn’t before.”

Schwarze studies health care delivery models, specifically conflict in the intensive care unit. Largely focusing on end-of-life issues for surgical patients, she studies how surgeons and patients talk to each other before an operation and how that might have implications after surgery. With a special interest in older, frail patients who are considering surgery, she explains that surgery can be the first step in a downward spiral toward the end of life, so it’s important to really hear from each patient about what he or she believes and wants in order to help each one choose the best course of action.

She has looked at focus group data, conducted interviews and surveys, and analyzed Medicare data sets. She also created a patient and family advisory council to review her research and help think through her next project, which will be an intervention to help patients obtain different types of information when they talk to doctors.

“The KL2 award has given me time to learn about all of these strategies and how to apply them,” says Schwarze. “I’m going to learn and get as much help as I can so I am able to use the methods that make the most sense in devising my research questions.”

Because a strong portion of the KL2 Program comes as mentoring, Schwarze has three mentors from varied backgrounds, which exemplifies UW-Madison’s long tradition of providing research mentor support and developing mentor training programs.

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**National Mentoring Hub**

University of Wisconsin-Madison will serve as a national hub for research mentor and mentee training for the National Research Mentoring Network (NRMN), according to a recent announcement by the National Institutes of Health (NIH) as part of a national Diversity Program Consortium.

The NIH awarded the Diversity Program Consortium nearly $31 million in fiscal year 2014 to develop approaches that engage and prepare researchers to thrive in the NIH-funded workforce.

UW-Madison has led the nation in developing, evaluating and disseminating evidence-based curricula to train research mentors and mentees in establishing effective relationships. Due to its dedication and a decade of work, it received a $2.2 million NIH grant to establish the NRMN Mentor Training Core. The award to develop and support the core is $19 million over five years.

The NRMN will enhance training and career development for individuals from diverse backgrounds who are pursuing research careers in biomedical, behavioral, clinical and social sciences. Calling upon networking and mentorship, the training core's primary goal is to address disparities in biomedical research participation by underrepresented minorities.

“While mentoring can make a huge difference, we’ve learned that it’s important to train mentors to make the relationships as effective as possible,” says Christine Pfund, PhD ’00, principal investigator of the NRMN, director of the NRMN Mentor Training Core and researcher within the UW School of Medicine and Public Health Department of Medicine, the UW Institute for Clinical and Translational Research (ICTR) and the Wisconsin Center for Education Research. “The training through the NRMN will focus on preparing culturally responsive mentors.”

As Christine Sorkness, PharmD, RPh, co-investigator for the UW-Madison site and senior associate executive director of ICTR, explains, “Our nation needs model programs of support for mentors and mentees—programs that are informed by research and built to promote the academic and career outcomes needed to maintain our international reputation as a leader in biomedical sciences.”

Pfund adds, “We’ve developed models and performed research to show that the model programs work. The NRMN is the perfect opportunity to collaborate more widely and capitalize on cross-campus initiatives.”
"When Christine Pfund (PhD '00) joined the UW-Madison faculty, she wanted to develop a faculty mentoring program that focused on how to better develop mentees," explains Drezner. "She and Christine Sorkness (PharmD, RPh) did a marvelous job establishing an agenda to develop health scientists. They established a successful 17-site collaborative study with 283 mentor-mentee pairs. Now they're developing a related training program." (See sidebar.)

One of the most difficult hurdles young investigators face is the transition from K awards to independent grants. Between 19 and 30 percent of K awardees receive R awards. The KL2 Program includes nine seminars per year to help participants learn to write R award applications.

"We call it the 'K Award to R Award Seminar,' or 'K2R,'" says Drezner. "The outcome has been reasonably successful, but perhaps most importantly, participants begin to think like reviewers about grants."

Josh Mezrich, MD—one of the first K2R Award Seminar participants who finished the KL2 Program in 2012—recalls, "Drs. Marc Drezner and Bill Busse and other major figures taught the seminar. We started with a grant we thought we were going to submit, they evaluated it, and we met weekly to go over each section. The process was humbling but necessary. I tore my grant apart and put it back together, and it ultimately got funded."

The K2R Award Seminar is busy even though the class size includes only six to eight graduates each year.

"It amazes me that people who have been successful in their own research and in leadership positions spend as much time as they do mentoring others. They read what we did and spent one or two hours during each session discussing it," describes Mezrich, an assistant professor in the SMHP Department of Surgery's Division of Transplantation.

As someone who wants to do basic science research alongside a clinical career, Mezrich's transplant immunology research focuses on how the immune system is activated and how it can be managed with regard to transplants. But, following a serendipitous discovery, he is slightly shifting his research toward how pollution and environmental exposures alter our immune system, and how those exposures affect autoimmune disease, chronic rejection of transplants and other health concerns.

This approach has interesting and unintentional parallels in research as a whole. The national research enterprise has experienced broad-scale funding shortages and state-level scrutiny. But the KL2 Program may be the right medicine to keep translational research stable. The program is positioning UW-Madison well for the future by cultivating the best and brightest.

Pelin Cengiz, MD, an assistant professor in the SMHP Department of Pediatrics, was awarded the ICTR KL2 in 2011. Her lab is looking for potential therapies for brain injuries and is exploring mechanisms to determine why males neonates have worse outcomes than females after neonatal asphyxia.

"Although exciting, it's hard to answer a mechanistic question through clinical research," she says. "I decided to start working in animal models so that we could target a specific mechanism at the bench and improve outcomes at the bedside. The KL2 training was integral in making this transition in my research career."

As a pediatric intensivist, Cengiz cares for the sickest children, from infants to young adults. Seeing different outcomes of children with comparable injuries, she started thinking about ways to predict a child's neurological outcome and direct therapies to improve recovery.

"We recently found that a nerve growth factor may function differently between males and females after neonatal asphyxia. This may account for the sex differences seen in learning impairments. A better understanding of this mechanism will help us identify new therapies and improve outcomes in children who suffer from brain injury," says Cengiz.

The support from ICTR also was crucial in retooling her lab after her primary research mentor left UW-Madison in 2011. With the support of the KL2 Program, Cengiz was able to expand her mentoring team and continue to move her research project forward without a lapse in productivity.

Mezrich reflects, "This is a special time throughout the sciences in terms of the number of young people who are excited and trying to go for it with unique research ideas. It makes me proud to be associated with this university. Also, in this era of budget cuts, it's nice to know that all these young researchers are going to sustain UW-Madison's future. It shows how committed some people—like Dr. Marc Drezner—are in helping to assure these young scientists' success."
Badger pride runs deep at the University of Wisconsin-Madison, especially during Homecoming.

From their first sight of "W" flags waving throughout campus to the UW Marching Band's famous Fifth Quarter, alumni of all ages—along with their families and friends—sported their best "red and white" as they enjoyed the sights, sounds and foods that remind them of their time at the university.

Always happy to roll out a red carpet, the Wisconsin Medical Alumni Association (WMAA) hosted several signature events to entertain and unite UW School of Medicine and Public Health (SMPH) alumni and their guests, as well as medical students.

The association kicked off the weekend with a Friday afternoon board meeting. Next, medical student ambassadors treated alumni to guided tours of the Health Sciences Learning Center and American Family Children's Hospital.

According to Karen Peterson, WMAA executive director, "Medical students enjoyed the opportunity to visit with alumni as they showed them around the impressive health sciences facilities and answered questions about student life today."

On Friday afternoon, Manuel Santiago, MEd, the new director of the SMPH Office of Multicultural Affairs, held a meeting with African American alumni and students. He and Tracy Downs, MD, the
Clockwise from upper left: Jennifer Foster, MD ’04, shows her daughter some Badger traditions; musicians from the UW School of Music entertain the crowd; (left to right) Jennifer Lechner, MD ’99, M1 Jenny Giang, M1 Stephanie Fricke, Bucky Badger, Amy Kramer and Kent Kramer, MD ’99, enjoy the WMAA reception; Steve Siewert, MD ’96, along with his son, daughter and wife, Lynda Siewert, MD ’94, flash the sign of the couple’s alma mater.

The WMAA also hosted a Friday evening alumni reception at Dejope Residence Hall along the Lake Mendota shoreline. More than 200 guests clowned around with Bucky Badger and enjoyed hors d’oeuvres as a UW School of Music quartet shared its hallmark jazz and Badger-fan favorites.

“The reception set the stage for many meaningful connections among first-year medical students and the donors who sponsored them through our Stethoscope Program,” shares Peterson (see page 32).


Saturday’s festivities were equally jubilant. The WMAA hosted more than 400 alumni, students, family members and friends at its annual tailgate brunch in Union South’s Varsity Hall. Participants then headed outside for a polka or two at the UW Marching Band’s pregame concert before they trekked to Camp Randall. Their Wisconsin pride continued to shine brightly throughout the “Jump Around” and the Badgers’ victory over Maryland.

It’s never too early to start planning for the next Homecoming Weekend. Mark your calendars for October 16 and 17, 2015, when Wisconsin will battle Purdue and more alumni will rekindle friendships.
Reunions

CLASS OF 1969
Front row (left to right): Mary Beth Metcalf, Mary Kaye Favaro, Kathe Budzak, Alex Foltz.
Back row: Steve Goff, Dick Marchiando, Harry Gries, Ivars Gallans, Dave Kasouboski.

CLASS OF 1974
Front row (left to right): David Hendrickson, Nancy Homburg, David Good, Milton McMillen.
Back row: Gary Iverson, Floyd Field, William Scheibel.
CLASS OF
1979

Left to right: Paul Korna, John Strohm, John Miller, Joe Kellner.

CLASS OF
1984

Front row (left to right): Bob Mead, John Brusky, Joyce Bauer, Wendy Hanneman, Don Nyugen, Dave Rapkin.
Back row: Ed Kinney, Justin Bubolz, Jake Andres, Mark Fenlon, Jane Dinnies-Byrd, Terry Gaynor, Frank Uhr, Vicki Olson-Gaynor.
CLASS OF

1989

Front row (left to right): Margaret Herzog-Carr, Beth Ciurlisk-Wilson, Kelly Clark, Sonya Bosser-Schroeder, Ross Lange, James Shropshire, Andy Pankow. Back row: Michael Barry, Todd Hart, Mike Deiparine, John Cherney, Dan Gutenburg, Mike Garren, John Haberlin.

CLASS OF

1994

CLASS OF 1999
Front row (left to right): Jacob Bidwell, Jennifer Lochner, Nancy Erickson, Jeffrey Mjaanes. Back row: Brian Boville, Kent Kramer.

CLASS OF 2004
Front row (left to right): Thomas Syverud, Catherine Skagen, Jessica Sosso, Tracy Capes, Molly Colque, Karolyn Davidson, Christina Hook, Jennifer Foster. Back row: John Khalil, Andrew Vanderheyden, Richard Krill, Kristen Dall-Winther, Alex Colque, Jacob Wadelich, Greg Griebentrog, Thomas Shifier.
In the fall 2014 Quarterly, we featured profiles of six of the eight alumni—along with a list of all eight—who began serving three-year terms on the Wisconsin Medical Alumni Association (WMAA) board of directors on July 1, 2014. The other two new board members share updates here.

In addition, in fall 2013, three alumni joined as new national board members; they also have profiles here.

The WMAA thanks all board members for their dedicated service to supporting the University of Wisconsin School of Medicine and Public Health’s (SMPH) missions, says Karen Peterson, the association’s executive director.

**District 3**
Alex Tucker, MD ’75, Mequon

**District 4**
John Siebert, MD ’81, Baraboo

**National Members**
Kathryn Nixdorf, MD ’06, Minnesota
Leon Rosenberg, MD ’57, New Jersey
Steven Wiesner, MD ’85, California

**ALEX TUCKER, MD ’75**

**Your current practice?**
I am practicing family medicine at Outreach Community Health in Milwaukee, Wisconsin, and love it. My special interests are community health and wellness, and hypertension, cholesterol and diabetes management. I practiced for many years at St. Mary’s Hospital in Milwaukee before moving to my current location.

**Your fondest memory of the SMPH?**
My fondest memory is our anatomy lab. Also, in junior lab, I played Dr. Vineet Chopra.

**SMPH faculty members you most remember?**
I recall Dr. David Langebartel’s anatomy lab discussions, where he reminded me of a mad professor. Also, during a third-year internal medicine rotation, we were learning how to evaluate chest X-rays. I held a film against the spotlight and Dr. Helen Dickie
looked at me funny and said, “Student doctor, you are not going to find the answer on the spotlight!”

**Your hobbies and interests?**
My current passion is bicycling on most weekends on road endurance and dirt bikes. I have retired as an avid fisherman after 20 years with that sport.

**Family update?**
I have four grown children, but no grandchildren. My youngest son got married in January 2014, and he and his wife live in Rio de Janeiro, Brazil. We recently enjoyed visiting them there.

**Your goals for the WMAA?**
My goals are to work with the dean of students at the SMPH and facilitate having medical students and primary care resident doctors complete clerkships at urban community health centers. My ultimate goal is to help foster community partnerships among SMPH alumni and urban health clinics to eventually interest some of our top-notch medical students and physicians to formulate specialty practices within community health centers.

**JOHN SIEBERT, MD '81**

**Your current practice?**
I am a plastic surgeon at UW Health in Madison, and am on the SMPH faculty. My special interests include aesthetic and reconstructive plastic surgery, breast surgery and facial microsurgical reconstruction.

**Your fondest memory of the SMPH?**
I made a fantastic group of lifelong friends!

**SMPH faculty members you most remember?**
Drs. John Harting and James Pettersen were tremendous teachers and student advocates.

**Your hobbies and interests?**
I enjoy spending time with my family and golfing.

**Family update?**
My childhood sweetheart, Kimberly, and I celebrated 40 years of marriage in summer 2014. We have a 32-year-old daughter, Ashley, and a 24-year-old son, Chris.

**Other news?**
It is great to be back in Madison and working at the SMPH and UW Health. Life is good.

**Your goals for the WMAA?**
I am eager to help wherever I can.

**KATHRYN NIXDORF, MD '06**

**Your current practice?**
I practice as a pain management specialist at Fairview Pain Management in Minneapolis. In my current position, I enjoy teaching fellows, residents and occasionally second-year medical students at the University of Minnesota Medical School.

**Your fondest memory of the SMPH?**
While our first and second years of medical school were demanding and intense, it was an amazing collective experience to share with classmates. Some of my fondest memories are the times we shared together by celebrating and supporting each other through some grueling times.

**SMPH faculty member you most remember?**
Dr. John Harting was a favorite among my class. He brought fun and excitement to learning.

**Your hobbies and interests?**
I enjoy entertaining, cooking and boating.

**Your goals for the WMAA?**
As a representative in the Twin Cities, I hope to further involve classmates who have moved to Minnesota—Wisconsin’s neighbor—and make sure they stay connected to the SMPH.

**LEON ROSENBERG, MD '57**

**Your current practice?**
I am board certified in internal medicine and have spent much of my career in research, teaching and administration. I also teach genetics to high school seniors.

**Your fondest memory of the SMPH?**
My favorite memories from medical school include the month I spent at the Chicago Maternity Center and when I played Dr. Joe Lalich in the third-year show.

**SMPH faculty members you most remember?**
My most memorable faculty members are Dr. Philip Cohen, who made biology exciting, and Dr. Robert Schilling, who became a role model.

**Your hobbies and interests?**
I enjoy walking, hiking and skiing.

**Family update?**
I have four grown children and six grandchildren.

**Your goals for the WMAA?**
My goals are to support medical students, support the medical school and facilitate meetings of alumni.

**STEVEN WIESNER, MD '85**

**Your current practice?**
I specialize in physical medicine and rehabilitation in a large, multi-specialty group practice in the San Francisco area. I focus on physician leadership development, as well as educating physicians on disability management.

**Your fondest memory of the SMPH?**
The lifelong friendships I made caused my four years in medical school to be special.

**SMPH faculty member you most remember?**
I remember Dr. Enid Gilbert for her kind heart and excellent teaching skills.

**Your hobbies and interests?**
I enjoy biking, skiing, traveling and anything to do with art.

**Your goals for the WMAA?**
I am honored to be on the WMAA board and thrilled to be working with such amazing people. I hope to encourage SMPH medical students and residents to get involved with the WMAA early and maintain active, ongoing memberships.
"On Call"

Three oncologists tell Quarterly what they've been up to

RYAN D. CASSADAY, MD '07

I worked in two cancer research laboratories before I entered medical school, so I had a relatively early interest in oncology. My first exposure to hematologic malignancies was during the second-year hematology course. Learning about the pathophysiology of blood disorders and the way those conditions impacted patients hooked me into this field.

Following medical school, I moved to Seattle for a hematology/oncology fellowship. I am now a member of the Hematologic Malignancy group at the Seattle Cancer Care Alliance on the campus of the Fred Hutchinson Cancer Research Center. Our inpatient service is at the University of Washington Medical Center.

I primarily see adults with acute lymphoblastic leukemia and aggressive B-cell lymphomas.

There are few disciplines in medicine that can rival the kind of close relationships that oncologists develop with patients and their families. For hematologic malignancies in particular, we see some of the most medically complex patients, with aggressive cancers literally coursing through their veins. While many are curable, some are not.

This means we experience the joys of giving a person his or her life back, as well as the solemn pride that comes from providing comfort and dignity to those for whom the disease will ultimately take their lives.

I see quite a few young adults, so to see these people through their illness is particularly rewarding.

I am a member of the National Comprehensive Cancer Network Guidelines Panel for Acute Lymphoblastic Leukemia and a member of the Leukemia Committee of the Southwest Oncology Group.
Randy Hurley, MD '87

I am the medical director of HealthPartners and Regions Hospital Cancer Care Centers in St. Paul, Minnesota, and am part of the Division of Hematology, Oncology and Transplantation, and also the global health faculty at the University of Minnesota.

About 12 years ago, I developed an interest in global health and became board certified in tropical medicine. I coordinate a six-week annual elective for University of Minnesota medical and pharmacy students in Tanzania. I do both general oncology and benign and malignant hematology and coagulation. Because of my global health interest, I see a significant number of foreign-born and immigrant patients who have cancers and blood disorders.

Many of my patients have had a great influence on how I live and practice. One of the most memorable was a 26-year-old woman who died of metastatic synovial sarcoma. Until her death, she lived a life of service to others. She started a sarcoma patient advocacy group that continues to thrive 12 years after her death.

Before medical school, I earned my undergraduate degree in pharmacy at UW-Madison and worked as an inpatient hematology/oncology pharmacist at UW Hospital before and during medical school. This provided me with excellent background and outstanding mentorship. I completed my internal medicine residency and a chief resident year at UW Hospital and Clinics in 1991.

I recall many professors, including Dr. Don Harkness, Dr. Deane Mosher, Dr. Elliot Williams and Dr. Archie McKinney who helped solidify my interest in hematology.

I subsequently completed a hematology/oncology fellowship and research year at the University of Minnesota. Hematology/oncology combines the perfect blend of the fascinating science of cancer and blood disorders, and the art of bedside practice.

Peter Emanuel, MD '85

After being raised in Marshfield, Wisconsin, graduating from Ripon College and earning my medical degree at the SMPH, I grew weary of the snow and cold, so I moved to the University of Alabama at Birmingham for my internal medicine residency. Unexpectedly, I ended up there for 22 years until I was recruited in 2007 to be the director of the Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences in Little Rock. I now split my time between administrative work, translational leukemia research and patient care.

I see only patients with hematological malignancies and specialize in myeloproliferative neoplasms (MPN) and myelodysplastic syndromes (MDS). I have participated in many clinical trials that led to approved treatments. I have been active with the American Society of Hematology, including serving as editor of The Hematologist, chairman of the communications committee and member of the executive committee.

During medical school, I did hematology research in Dr. Marek Bozdech’s lab, which was next to that of the late, great Dr. Robert Schilling. My father, Dr. Dean Emanuel (SMPH Class of ’47, who was honored by the WMAA in 2012) worked with Dr. Schilling during his medical school and residency. These experiences and research during my residency led me into hematology/oncology.

For more than 20 years, my research has focused on a pediatric leukemia, juvenile myelomonocytic leukemia (JMML). With collaborators, we renamed the disease to JMML and identified causative genetic mutations in 85 percent of cases.

Many of my patients become parents after being cured of their cancer, and that is very gratifying. These patients and the advances in genomics and targeted therapy make this an exciting time to be an oncologist in an academic medical setting.
We want to hear from you!
med.wisc.edu/shareyournews

CLASS OF 2009

Agnes Kresch, an infectious disease physician, joined Prevea St. Mary’s Health Center in Green Bay, Wisconsin. After graduating from the SMPH, she completed a residency at The George Washington University Hospital Department of Internal Medicine and a fellowship at The George Washington University Hospital and Veterans Affairs Medical Center in Washington, D.C. Kresch is certified in internal medicine.

CLASS OF 2007

Michael Puskarich was recently awarded a K23 grant from the National Institutes of Health to study platelet activation in septic shock. He is the director of research in the Department of Emergency Medicine at the University of Mississippi Medical Center in Jackson, Mississippi.

CLASS OF 1976

Richard Heuser's sixth textbook—Renal Denervation: A New Approach to Treatment of Resistant Hypertension, published by Springer—is the first comprehensive textbook that describes this new, exciting therapy for difficult-to-control hypertension. Written by world-renowned leaders in the field, the book will help cardiologists, nephrologists, urologists, allied health professionals and device companies.

CLASS OF 1989

Gerard Adler completed his residency at Grand Rapids Orthopedic Surgery Residency Program in Michigan. He is board certified in orthopedic surgery and sports medicine with expertise in arthroscopic reconstruction of the knee and shoulder. He served as the chief of surgery at Oconomowoc (Wisconsin) Memorial Hospital from 1997 to 1999. Adler is the medical director of the Aurora Sports Medicine Institute in Oconomowoc. He also is serving a two-year term as vice president of the Wisconsin Orthopaedic Society, and as the chair of the Orthopaedic Department, director of the Aurora Cartilage Center at Summit Medical, leader of the Aurora Sports Medicine Institute, summit member of Aurora Orthopaedic Leadership, and council member of the American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and International Cartilage Research Society. Adler and his wife, Carol, have three children: Alex, who attends UW-Madison; Audrey, who attends the University of Denver; and Genevieve, who attends Oconomowoc High School. Adler enjoys skiing, playing tennis, biking, sailing and fly fishing. He recently traveled to Italy and Spain.

CLASS OF 1959

Charles Eckstein retired from practicing anesthesiology at Grossmont Hospital in La Mesa, California, in 1984, and began medical consulting the following year. He is a member of many organizations, including the Boy Scouts of America-Eagle Alumnus, Veterans of Foreign Wars-USA, American Medical Association-Life and the Wisconsin Medical Alumni Association. Eckstein and his wife, Anna Mae, reside on the Monterey Peninsula. They enjoy hiking and spending time with their grown children and seven high school- and college-age grandchildren.

age 23. Falk is a pianist and enjoys back-country horseback trail riding. He is certified in advanced wilderness life support.

Kenneth Johnson, of Superior, Wisconsin, received a Lifetime Achievement Award from the Arizona Chapter of the American College of Surgeons in November 2014. The award honored his many years of membership and service as an officer in the organization. A former president of the Tucson Surgical Society, Johnson also has held leadership positions in the Southwest Surgical Congress and the Pima County Medical Society. After he earned his medical degree from the SMPH, he completed surgical residencies at the University of California, Los Angeles, and in Tucson, Arizona. In addition to his many years of surgical practice in Tucson, for the past 35 years he served as assistant clinical professor of surgery for the University of Arizona, where he trained medical students and surgery residents. Johnson has written and lectured extensively on the topic of the health of the U.S. presidents and on local medical history. A father of four, he is retired from practice and lives with his wife of 35 years, Cathy, in Tucson. They attended his 50th high school reunion and visited family members in Superior in summer 2014.
CLASS OF 1958

Arlan Rosenbloom received the University of Florida (UF) Distinguished Achievement Award, the highest UF award after the Honorary Degree, in December 2014. It honors him for his "varied and outstanding career beginning as a physician and surgeon in Cambodia and Malaysia; as epidemiologist-consultant in the CDC/WHO Smallpox Eradication and Measles Control Program in West Africa; since 1968 at the University of Florida, as the founder of the first in the southeast and highly acclaimed comprehensive program in pediatric endocrinology and diabetes, including Florida's Diabetes Camp; and for internationally renowned and wide-ranging original research, visionary leadership, inspired mentoring and exceptional service to children and their families..." Rosenbloom is an adjunct distinguished professor emeritus. He conducts clinical research, mentors fellows, teaches in a weekly clinic, consults and edits. He received the 1995 Wisconsin Medical Alumni Association Distinguished Medical Alumni Citation Award.

IN MEMORIAM

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<th>Herman Tuchman '51</th>
<th>William G. Fritschel '64</th>
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GOODBYE DEAR FRIEND: HERMAN TUCHMAN, MD '51

by Robyn Perrin

The University of Wisconsin School of Medicine and Public Health (SMPH) honors the life of Herman Tuchman, MD '51, FACIM, FACC, an alumnus and well-known Internist and cardiologist. He died on December 31, 2014, at age 87.

Tuchman was born and raised in Milwaukee. After service in the U.S. Navy during 1945 and '46, he earned his undergraduate degree at UW-Madison and his medical degree at the SMFH. He completed an internship at Los Angeles County Hospital in 1952 and returned to UW Hospital and Clinics for residency training with William Middleton, MD, and Ovid Meyer, MD, followed by a U.S. Public Health Service Fellowship in cardiology with Charles Crumpton, MD, and George Rowe, MD '45.

Tuchman engaged in private practice in his hometown for nearly five decades until 2002. He served as chief of medicine and cardiology at St. Michael Hospital in Milwaukee (which closed in 2006). After retiring from private practice in his mid-70s, Tuchman volunteered as a cardiology consultant for nearly 10 years at Aurora Walker's Point Community Clinic.

Richard Page, MD, the George R. and Elaine Love Professor and chair of the SMFH Department of Medicine, shares, "Dr. Tuchman—or Diney, as he liked to be called—was a loyal alumnus to the UW. After a successful career as a cardiologist in Milwaukee, he chose to generously repay our school by endowing the chair in cardiology that bears his name."

The Herman and Ailene Tuchman Chair in Clinical Cardiology is now held by Mohamed Hamdan, MD, MBA, professor and head of the Division of Cardiovascular Medicine in the Department of Medicine.

Marje Murray, MBA, director of geriatric services for UW Health and a former development director for the Department of Medicine, and Page have visited Tuchman in Milwaukee. They recall his love of travel, including many visits to Israel; his love of family and devotion to his wife, Allene; and his ongoing love of learning.
Know Your Class Representatives

Each University of Wisconsin School of Medicine and Public Health (SMPH) graduating class has one or more class representatives who play an integral role in working with the Wisconsin Medical Alumni Association (WMAA) to plan class reunions. Those featured here hope their classmates will join them at their reunions in spring 2015.

FRANK MURRAY, MD ’60
What type of practice are you in now, and where?
I have retired from my internal medicine practice. I was the medical director and chair of the board of Kaiser Permanente of Southern California.

What’s your fondest memory of medical school?
Those were the best years of my life.

What SMPH faculty do you remember the most, and why?
Dr. Gabrielle ZuRhein was my research mentor and is a good friend. Dr. Robert Schilling was a superb teacher and good friend.

What are your hobbies/interests?
I enjoy astronomy, astrophotography and particle physics, as well as growing orchids.

Family update?
I have been married to the same wonderful woman for 59 years. We have six children and six grandchildren.

What are your plans for your reunion?
We are planning a dinner with classmates and any professors who are able to attend. Dinner will include an open discussion of what each of us is doing these days.

Message to your classmates?
This will be our 55th class reunion, and I don’t believe we will have many more opportunities to get together. I encourage all classmates to contribute to the WMAA. The citizens of Wisconsin supported our education, and I believe we should give back to the SMPH to help students with financial challenges.

HARVEY WICHMAN, MD ’65
What type of practice are you in now, and where?
I retired in October 2014 after 39 years of private orthopedic surgery practice and five years of practicing at Aurora Health System in Milwaukee, Wisconsin.

What’s your fondest memory of medical school?
I recall the excitement of meeting my medical school classmates and also seeing my anatomy lab cadaver for the first time.

What SMPH faculty do you remember the most, and why?
Dr. Otto Mortonson was soft spoken and a good listener. I also admire Dr. Harry Walsman. I worked in his research laboratory.

Family update?
My wife, Donna, and I have five children and 12 grandchildren. Two of our sons are orthopedic surgeons, and I worked with them at Aurora Health System.

What are your plans for your reunion?
I’m looking forward to rekindling friendships. We have an exciting two days of events planned, including dinner at the new Edgewater Hotel.

Message to your classmates?
Let’s pledge our continuing support for the SMPH.

ALEX TUCKER, MD ’75
What are your plans for your reunion?
Our 40th class reunion will be a great time to visit Mad Town! Most class members said they preferred a reunion in the spring rather than the fall.

NOTE: More of Tucker’s answers appear in his WMAA board member profile on page 20. Additionally, answers for other class representatives are available online at www.med.wisc.edu/45333.

Class Representatives who are Planning Reunions

These classes will hold reunions on Friday and Saturday, June 4 through 6, 2015, during Medical Alumni Weekend.

1950: Robert Starr
1955: Eugene Weston
1960: Frank Murray
1965: Harvey Wichman
1975: Connie Smith Barr and Alex Tucker
SMITH HONORED WITH AAMC AWARD

Maureen Smith, MD, PhD, MPH, earned the prestigious Association of American Medical Colleges (AAMC) Learning Health System Champion Research Award in February 2015. The award recognizes innovations in medical education, care delivery, research, diversity and inclusion, and it honors institutions that have implemented or wish to enhance capacity of innovative, systemwide processes that improve the opportunity for research.

A professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Departments of Population Health Sciences, Family Medicine and Surgery, Smith was honored for her research titled, “Connecting the Dots: Creating a Learning System Linking Clinical Quality Improvement, Maintenance of Certification, and Research.”

The project addresses overlapping interests and collaboration gaps among continuing education, quality improvement and health services research, notes Smith, who directs the SMPH Health Innovation Program (HIP), where investigators focus on health services research aimed at translating research findings into practice.

The team built the infrastructure to align three UW Health entities: HIP, Office of Continuing Professional Development and Department of Quality, Safety and Innovation.

Smith explains that in 2014, HIP launched a web-based quality improvement publishing site that demonstrates successful alignment among the entities. It supports preparation of manuscripts for submission to peer-reviewed journals and represents an evolution from quality improvement projects to generalizable knowledge.

For this project, the team built on its status, acquired in 2013, as one of the original Maintenance of Certification (MOC) Multi-specialty Portfolio Program Sponsors. This allowed UW Health faculty and staff to “multi-task” by improving quality, receiving MOC credit for their projects and publishing their work for use by broad audiences.

SMPH Dean Robert Golden, MD, credits Smith for her “outstanding leadership and productivity in the activities and programs that form the platform for the award.”

BRODT EARNs BOARD OF REGENTS DIVERSITY AWARD

The relatively young Native American Center for Health Professions (NACHP) is worth celebrating, according to the University of Wisconsin System Board of Regents.

Erik Brodt, MD, received the 2015 Board of Regents Diversity Award for his service to Native American communities in Wisconsin as an advocate, scholar and leader.

An assistant professor of family medicine at the UW School of Medicine and Public Health (SMPH), Brodt established the center in 2012 and became its first director. He collaborates with programs and leaders around campus and among Wisconsin’s Native communities.

“NACHP believes that it will improve Native health and wellness by increasing Native voices across all elements of health professions,” he says. “If you’re an educator, involved in policy, in a leadership position, if you have a clinical practice—if we have more Native voices in all the health professional realms, it’s going to improve Native health and wellness.”

One highlight noted by the Regents was the recent Indians Into Medicine grant obtained by the Native American Center for Health Professions. It is a five-year, $975,000 grant to recruit, train and nurture Native American students along the educational continuum to increase the number of Native Americans in health professions.

The program reaches students in middle and high school and college. Through the grant, the NACHP is partnering with five of Wisconsin’s tribal communities. It also is collaborating with current UW enrichment programs. These types of partnerships have made the NACHP what it is today, says Brodt.

“We’ve been able to make extremely efficient use of resources because we collaborate with people,” he notes. “We recognize that we don’t have all the resources and best ideas to accomplish what we want, but if we’re able to team up with other people … we’re able to come together to make some pretty awesome stuff happen.”

The NACHP also is increasing opportunities at the SMPH through Native-focused curriculum and outreach opportunities in tribal communities, including distance learning and a new preceptorship.

Brodt credited many individuals and groups that made the award possible.

“I’m receiving the Regents’ award, but I see myself as an ambassador of the NACHP, UW-Madison and the UW School of Medicine and Public Health,” he shares.
Hearts of Gold
GUNVOR SOMMERHAUG AND ROLF SOMMERHAUG, MD ’64

by Sharyn Aidan

Rolf G. Sommerhaug, MD ’64, who was born and raised in Narvik, Norway, passed away at age 69 on May 2, 2008, at his home in Alamo, California.

Cardiac surgery was his passion. After earning his medical degree from the University of Wisconsin School of Medicine and Public Health (SMPH), he completed residencies in general surgery at Virginia Mason Hospital in Seattle and cardiothoracic surgery at the University of Michigan in Ann Arbor. He performed his first cardiac surgery in 1974 and helped establish a cardiovascular medicine program at Mt. Diablo Hospital in California.

To fund his medical education and make his career possible, Rolf Sommerhaug received a UW-Madison Manchester Loan that carried a 1 percent interest rate.

“Rolf never forgot what that loan meant to him,” shares his wife, Gunvor Sommerhaug. “His gratitude played a significant part in his motivation to give back to medical students later in his life.”

Tennis great Arthur Ashe once said, “From what we get, we can make a living, what we give, however, makes a life.”

Rolf Sommerhaug made a life going the extra mile for patients. The skilled surgeon authored numerous papers on coronary bypass surgery and presented guest lectures throughout the world, but some say he was best known for going out of his way to help patients who needed him.
For instance, when California’s Mt. Diablo Hospital (now called John Muir Health) didn’t have a cardiovascular program, Rolf Sommerhaug and his colleagues started one. Their contributions led the hospital to become one of the top 100 hospitals in the U.S. for cardiac surgery and cardiology in 1999. Because of their outstanding contributions to heart health, John Muir Health decided to build the Heart Hospital in Concord, which was under construction when Rolf Sommerhaug died, shortly after being diagnosed with pancreatic cancer.

"Rolf never forgot what that loan meant to him. His gratitude played a significant part in his motivation to give back to medical students later in his life."

In 2003, he came up with the idea to form the Sommerhaug Foundation, with the goal of eventually dispersing the funds to help others. When the couple founded it, he made Gunvor Sommerhaug the president.

Ten years later, she decided it was time to disperse the foundation’s funds, and she created the Great People Scholarship at the SMPH through the UW Foundation.

Gunvor Sommerhaug explains, “Rolf told me he gave his life to working at the hospital, and now he wanted to give back to medical students. I just carried out his wishes.”

In fall 2014, the UW Foundation and Wisconsin Medical Alumni Association awarded the scholarship for the first time to four medical students.

Since then, Gunvor Sommerhaug has received handwritten letters from all four students who received scholarships. She says the letters warmed her heart, and she appreciated each of them. The excerpt below eloquently represents why she feels it is so important to give back.

Dear Mrs. Sommerhaug,

I am writing to you with my sincerest gratitude of the "Dr. Rolf G. Sommerhaug Great People Scholarship." To be awarded this scholarship is beyond humbling, as I know my classmates are some of the brightest and most genuine people I have met. The fact that you and your husband would donate such a large sum of money to an unknown medical student thousands of miles away speaks immensely to the generosity you must possess. I imagine this generosity and deep love for others was evident in Dr. Sommerhaug’s entire medical career.” —Andrew Beine

The Sommerhaug’s Early Years

Rolf Sommerhaug grew up in Narvik, Norway, and he loved to slalom ski. When he was 12 years old, his family moved to Bodo, Norway, where he met a hometown girl, Gunvor. They started dating in high school.

He was influential in building Bodo’s first and only slalom ski hill. As a teenager, he broke his ankle in a skiing accident, but the situation proved serendipitous. Having his ankle set introduced him to the fascinating world of medicine.

In 1957, he moved to Seattle with his parents and attended the University of Washington as an undergraduate. Gunvor Sommerhaug established a career as a physical therapist in Norway.

Despite the distance between them, the young couple stayed in touch through letters and visits. They got engaged in 1959, and two years later, they wed in their home country.

Following his interest in becoming a doctor, he applied to medical schools. When his offer from the SMPH (then called UW Medical School) arrived, he “jumped at the chance” to attend medical school in Madison.

During the ensuing years, his residencies took them from Madison back to Seattle—where Gunvor Sommerhaug worked as a physical therapist, and the couple welcomed three babies—and then to Michigan.

“Our youngest son was just a few weeks old when we packed up a trailer and moved to Ann Arbor,” recalls Gunvor Sommerhaug.

In 1971, after Rolf Sommerhaug completed his residencies, the family moved to Alamo, California, in the East Bay area. Gunvor Sommerhaug still lives in their first house, where they raised three sons, who all continue to live in the Golden State.

A Life Well Lived

Gunvor Sommerhaug describes her husband as a remarkable cardiac surgeon. She often sees people who express gratitude for the excellent care he provided.

Even though he was a busy surgeon, Rolf Sommerhaug had another passion in which his wife equally participated.

“He loved to sail,” she reflects. “He absolutely loved getting out on the water, filling the sails in the wind and gliding to wherever his heart desired.”

His love of sailing began when a fellow medical student from the SMPH introduced him to sailing on Lake Superior off the Bayfield shore in Northeast Wisconsin. That diversion became a lifelong hobby.

She recalls that they sailed “all over”—mostly in Norway and San Francisco, and also around Seattle, the Caribbean and the Mediterranean—during their 46 years together. When Rolf Sommerhaug became ill with cancer, the couple continued sailing on their beloved “Swan,” side by side.

Her husband would be happy knowing his connection to the SMPH continues, she says.

“He really would be proud,” shares Gunvor Sommerhaug. “He gave his life for his patients, including missing many family dinners and holidays—including Thanksgiving and Christmas—while he was in the operating room. That typified his exceptionally kind and caring nature. To know that the scholarship program is benefiting medical students is a wonderful legacy.”
Multicultural Affairs: Changing the World of Health Care

Manuel Santiago, ME, (left) and Tracy M. Downs, MD, know the students and residents they serve want to make a difference in the world of health care.
Reflecting on her move from the East Coast to the University of Wisconsin School of Medicine and Public Health (SMPH), where she knew nobody, Sean Fling says the Office of Multicultural Affairs helped ease her transition. She values the way the office supports students from underrepresented minority groups and its goal to foster a diverse workforce that, in turn, will help reduce health care disparities.

"Faculty and staff encouraged me to engage my love of community service and meet other students with civic mentalities," recalls Fling, now a third-year medical student in the Training in Urban Medicine and Public Health Program, which builds physician leaders who will promote health equity in disadvantaged communities.

Tracy M. Downs, MD, and Manuel Santiago, MEd, who lead the Office of Multicultural Affairs, echo Fling's values. They work with trainees from groups that are underrepresented in medical fields to help them fulfill their dreams—to enter health care and make a difference in the world.

They focus on recruiting students into SMPH degree programs—including MD, MD/PhD, physician assistant, physical therapy and genetics counseling—and helping students and residents succeed.

"Our school has a profound commitment to diversity, both as an end in itself and as a valuable means for eliminating health disparities," says SMPH Dean Robert Golden, MD, whose vision is for the faculty, staff, and students to reflect the rich diversity of society and serve all citizens of our country.

All agree that diverse role models help prepare trainees for careers in which they will care for patients from myriad backgrounds. Diversity includes culture, race, gender, age, sexual orientation, disabilities and more.

In August 2014, Santiago and Downs joined the Office of Multicultural Affairs as its full-time director and assistant dean for multicultural and diversity affairs, respectively. Longtime staff member Heidi Hakseth—who won the SMPH Equity and Diversity Award in 2013—helps coordinate outreach programs and guide students.

This trio is expanding the program shaped by Gloria Hawkins, PhD '90, a highly respected, long-time SMPH assistant dean for multicultural affairs who is now an assistant vice provost at UW-Madison.

As an associate professor in the SMPH Department of Urology, Downs also sees patients, teaches residents and conducts research. In his new role, he builds and supports programs for students, residents and faculty to help ensure that the SMPH nurtures its diverse school community.

Downs reflects, "I remember how I felt when I wanted to get into medical school, a residency and a faculty position. Now, I can 'pass it forward' by helping people reach their goals, like others helped me."

Santiago's role includes working with high school and undergraduate students in pipeline programs—such as UW-Madison's PEOPLE Program—as well as current SMPH students throughout their time at the school. Having worked in educational administration for more than 20 years, he brings considerable experience to this role.

All of his life, Santiago has followed in the footsteps of family members who have overcome challenges. In 1960, his grandfather moved his family from Puerto Rico to the United States in search of "better opportunities." Santiago was born and lived in Milwaukee until 1970, when his parents moved to Puerto Rico to raise their children.

Upon earning his undergraduate degree in public communication from the University of Puerto Rico en Rio Piedras, Santiago realized there were few opportunities there for people with degrees. He returned to Milwaukee to join relatives.

His first jobs in Milwaukee eventually led to a long career at Marquette University, where he earned his master of education, educational policy and leadership, and became the university's associate director of the Health Careers Opportunity Program. He established relationships with public schools, colleges and many community organizations.

"In all of my positions, the most important part was to build bridges within and outside the institutions," says Santiago, noting that his new role feels like a "perfect match."

Downs recalls how important role models have been throughout his journey. He earned his medical degree in his hometown at the University of California-San Diego (UCSD) and completed his residency at Harvard Medical School's Brigham and Women's Hospital in Boston, and his urologic oncology fellowship at the University of California-San Francisco.

When Downs started his first tenure-track role at the UCSD, he was one of two African-American faculty members in the Department of Surgery. Upon interviewing at the SMPH, he was pleased to learn about this school's strong dedication to diversity.

Downs joined the SMPH faculty in April 2010. Through its Centennial Scholars Program—which provides new faculty from underrepresented groups with protected time for their academic development—he established his laboratory and secured federal grants (see winter 2013 Quarterly). He now serves on the program's advisory board and has a passion for connecting students and faculty who share cultural backgrounds and/or professional interests.

"Our Office of Multicultural Affairs holds events for current SMPH students from various cultural and ethnic groups. These students chose UW-Madison for important reasons, and even if they build a small network of colleagues here, it can be really effective," says Downs, adding that they have established a sizable, cohesive community.

Downs describes a recent keynote speaker, Kevin Thao, MD '10, MPH '11 (PG '14), as "the type of student we wish to attract and nurture."

A Hmong immigrant who completed his undergraduate degree at UW-Madison and his medical and master of public health degrees and family medicine residency at the SMPH, Thao practices and conducts public health research in Wausau, Wisconsin, which has a sizable Hmong population. His career track exemplifies Santiago and Downs' goal to diversify the health care workforce.

"Many intertwined factors influence health disparities, and no single group can tackle them all," says Downs. "But it makes a big difference to have trained individuals who communicate effectively with the populations most affected by disparities."
Grateful-Grams:
First-Year Students Share “Selfies” to Thank Donors for their Stethoscopes

Matthew VandeHei to Jennifer Foster, MD ’04 This gift is so much more than financial; it means a great deal to know that an alumna of the University of Wisconsin School of Medicine and Public Health believes in my ability to become a good doctor.

Jillian Gorski to Elizabeth Petty, MD ’86, and Karen Milner, MD Thank you from the bottom of my heart for your generous gift of a stethoscope. As a first-year medical student, the support of those who have come before me has an incredible impact on my spirit.

Zachary Meyer to Thomas Lingen, MD ’76 and Jorene Lingen It means a lot that there are wonderful people like you who are willing to encourage the next generation of physicians to do great things. I cannot express my thanks enough. One day soon, I hope to be practicing family medicine in a rural setting. The stethoscope that you generously gave me will help me learn and serve the rural citizens in this great state.

Preshita Date to Randy Kalish, MD ’79, and Elizabeth Kalish It means a lot to me that the UW School of Medicine and Public Health has a network of such generous alumni, and that you, in particular, have personally invested in my future. Also, being from Upstate New York myself, it feels comforting to be connected via my stethoscope to someone near home.

Chris Laylan to Dean Emanuel, MD ’47 Thank you so much for the gift of this stethoscope in memory of Dr. Richard Anderson. I am very grateful and will put it to good use. I find it inspiring how much the alumni of the UW School of Medicine and Public Health care about the current medical students.

Barbara Ha to Gregory Smith, MD ’79, and Kristie Smith This gift shows me the meaning and significance of giving back and supporting students, and it inspires me to be joining such an amazing community. As I pursue a career in medicine and public health, I will always remember and cherish your act of generosity.
55 Profound Words that Heal

Since I was a little girl, I have always liked to make crafts. I made dresses for my dolls and became a seamstress when I grew up. I even took my whole wedding dress apart just to sew it back together. Now cancer is taking my life apart, but I can't sew that back together.

—Peter Yanke, fourth-year medical student

No one teaches you how to let go. They teach you to be nice, share and love the ones around you. Friends and family cherish the time they have left, rarely looking back and cherishing memories. Parents secretly replace pets, shielding children from loss instead of teaching them how to say goodbye and let go.

—Benjamin Wiseley, fourth-year medical student

I am Natasha. I ran the largest music conservatory in Russia, met famous composers and adore classical music and dance. But that was before. Now I am in this hospital, and I don’t know what’s happening all the time. Russian notes read “Are you in pain?” I shake my head, no, thank you very much.

—Rachel Weigert, MD ’14

I allowed the silence to sit between us. After the tears passed, calmness settled in. The agenda was determined by them, not us. I wanted to say, “It will be ok,” but recalled how little that comforted me when my father was dying of pancreatic cancer. The art of medicine is evident in palliative care.

—Peter Polewski, MD ’14

Stupid ice. Was doing great until I slipped. My wife visits me. She says she’s my daughter. I’m not sure that’s right but she’s really nice. The family fighting next door is a tragedy. I’m blessed—good people surround me. Thought I’d be scared but I’m ok. Beautiful marriage, good kids. I did all right.

—Molly Andreason, MD ’14

PALLIATIVE CARE ELECTIVE

University of Wisconsin School of Medicine and Public Health (SMPH) students seek out the fourth-year palliative care elective for many reasons. Some who are drawn to it have lost loved ones, while others have no experience with the end of life. All want to better understand death and dying.

Whatever the reason, the elective usually has a waiting list beyond the two students who can participate in each two-week session, explains Ann Curtis, MD, who directs the Palliative Care Medical Student Education Program.

“Our elective is intense. Paired with faculty members, students see patients on UW Hospital’s inpatient palliative care unit for a week and consult throughout the hospital the next week. They also spend a day at Agrace Hospice and participate in at least one home visit,” explains Curtis, a clinical assistant professor in the SMPH Section of Palliative Care in the Department of Medicine’s Division of Hematology/Oncology.

“We see adult patients who have many types of life-threatening illnesses and are close to the end of life. Together, we focus on quality of life, setting goals and maximizing whatever time a patient has left,” she shares, adding that all medical students get brief exposure to palliative care in their third year.

Medical students say the rotation is exhausting because it often includes long sessions with a single patient and his or her family members. The intensity ramps up the need for providers to focus on self-care.

To this end, among other writing assignments, each student in the elective must craft a story of exactly 55 words from the perspective of a patient or family member with whom the student interacted. Such writings, shown at left, help students build empathy and process their emotions.
Asthma May Boost Sleep Apnea Risk

According to a study published in the Journal of the American Medical Association (JAMA), previously diagnosed asthma may lead to obstructive sleep apnea (OSA). Earlier studies had suggested a reciprocal relationship between the two conditions, but researchers weren’t sure which one started the vicious interplay.

This study called upon the Wisconsin Sleep Cohort Study to examine the prospective relationship between asthma and OSA. The primary finding is that participants with pre-existing asthma were 40 percent more likely to develop OSA than those without asthma.

“We didn’t know for sure that asthma leads to OSA, but we did know that once established, OSA tends to worsen asthma, so we’re looking at this vicious cycle of relationships,” explains Mihaela Teodorescu, MD, (left photo) an associate professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Department of Medicine and the study’s lead author. “We now understand that we need to periodically screen patients with asthma for OSA and treat it.”

According to the paper’s senior author Paul Peppard, PhD ’99, (right photo) associate professor in the Department of Population Health Sciences and principal investigator for the Wisconsin Sleep Cohort Study, sleep apnea is associated with an increased risk for cardiovascular disease, stroke, cognitive deficits, depression, lower quality of life and increased mortality rate, so identifying risk factors is important.

This study was funded by the National Institutes of Health, including the National Heart, Lung and Blood Institute and the National Institute on Aging, with additional resources from the William S. Middleton Memorial Veterans Hospital in Madison. The sleep studies were performed at the Clinical Research Unit at UW Hospital and Clinics.

Exercisers Have Less Alzheimer’s-Associated Plaque

People who say they exercised five times a week in late middle age did better on cognitive tests and showed less accumulation of the beta amyloid plaque that builds up in the brains of people with Alzheimer’s disease (AD).

A recent University of Wisconsin School of Medicine and Public Health (SMPH) study—published in Neurology—examined 317 people enrolled in the Wisconsin Registry for Alzheimer’s Prevention, a longitudinal study that is tracking 1,500 people who enrolled as middle-aged adults with no cognitive problems.

About three-quarters of participants have a family history of Alzheimer’s, which increases their risk of developing it.

The 317 participants were divided into 79 inactive and 238 active people, based on whether their total physical activity score met the American Heart Association guideline of at least 30 minutes of moderate-intensity activity at least five times a week. Their brains were imaged, and they were given cognitive tests.

Researchers found that age itself—rather than family history or an AD-associated gene—was the greatest predictor of whether people had begun developing brain and cognitive changes associated with the disease. However, active people of all ages did better on immediate memory and visual-spatial tests and had less amyloid plaque, better brain glucose metabolism and higher hippocampus volume compared to inactive people. The inactive group also had more mild depression, higher body weight, lower high-density lipoprotein levels and more glucose intolerance.

Researchers controlled for these potentially confounding factors in the analyses.

“This is the first time we’ve shown, in this type of group, that exercise can hold off age-related changes associated with the disease pathology,” says Ozioma Okonkwo, PhD, assistant professor in the Department of Medicine.

“It would be great to follow this observational study with a controlled trial. If that showed the same results, it would be compelling evidence for exercise as a way to hold off Alzheimer’s disease,” he notes.
Returning to Hospital More Likely for Certain Patients

A new University of Wisconsin School of Medicine and Public Health study shows that the risk of living in a disadvantaged neighborhood is similar to that of having a chronic lung disease and worse than that of health conditions such as diabetes when it comes to putting people back in the hospital, regardless of a patient's treating hospital.

"The social context of where you live is incredibly important to keeping you healthy. Some neighborhoods can support people who are ill better than others," says lead author Amy Kind, MD '01, PhD '11, assistant professor in the Department of Medicine's Division of Geriatrics and Gerontology.

The study, published in the Annals of Internal Medicine, looked at more than 250,000 Medicare patients hospitalized between 2004 and 2009 for a diagnosis of pneumonia, heart attack or congestive heart failure. It found that subjects living in the most disadvantaged 15 percent of neighborhoods faced a 30-day readmission rate of 22 to 27 percent, compared to 21 percent for the other 85 percent of neighborhoods.

Even small differences may affect hospitals, which face Medicare fines if they have too many readmissions. Kind says that as people age, they often rely more on a network of community and family members to support their living at home, especially after a hospitalization. If family and neighbors also are under stress due to poverty and other struggles, they are less able to help.

The UW-Madison Health Innovation Program's online calculator lets health providers check to see which patients are being discharged to high-risk neighborhoods (see www.HIPxChange.org).

"This could be used to inform policy and create programs to help patients from at-risk neighborhoods, such as calling patients at home," says Kind, who had many collaborators and funding sources for this research.

Too Many "Unnecessary" Repeat Breast Surgeries

A large review of data from the National Cancer Database from hospitals which are accredited by the Commission on Cancer shows that about a quarter of women who opt for lumpectomies to preserve their breasts wind up having further surgery to reduce the risk of the cancer returning. Many factors drive repeat surgery rates, and some patients may needlessly have a second surgery.

"Past studies were too small and regional to know the true national statistics," says lead author Lee Wilke, MD, (photo at right) who directs the UW Health Breast Center at the University of Wisconsin Carbone Cancer Center. "Now we have a baseline, and while it declined slightly during the study period (from 25.4 to 23.7 percent), it is still too high. We'll never get to zero, but 10 percent is likely a reasonable goal."

The study was published online in the American Medical Association's JAMA Surgery; a related editorial urged surgeons to adopt new guidelines.

The study, which looked at women who had lumpectomies in the U.S. from 2004 through 2010, found that those who were younger, had larger tumors or lived in the Northeast faced higher odds of a second surgery.

The biggest driver is suspected to be a lack of agreement over adequate tissue margins, Wilke says. In early 2015, three national cancer organizations cited study data and said the standard should be a margin without cancer at the edge for early-stage invasive cancer.

"Repeat surgeries take a financial, emotional and physical toll on patients," Wilke notes, adding that all surgeons and institutions should know their repeat-surgery rate and identify processes to reduce it.

A professor in the UW School of Medicine and Public Health Department of Surgery, Wilke is leading a quality improvement effort at UW Hospital and Clinics to reduce repeat surgeries; the rate is currently lower than 20 percent with a future goal of 10 percent or less.

Wilke co-authored the study with Katharine Yao, MD, of NorthShore University Health System in the Chicago area.
One of a Kind: 
BENNETT VOGELMAN, MD, LOVES TEACHING AND LEARNING

by Emily Kuumlen

As you step into the corner office of Bennett Vogelman, MD (PG '84)—in the University of Wisconsin Medical Foundation Centennial Building nestled behind UW Hospital and Clinics—the room’s decorations take center stage. They tell a story of his passion for teaching and the learners who love him.

"Most of the things in my office are gifts from residents over the years," explains the longtime director of the Internal Medicine Residency Program at UW Hospital and Clinics and professor in the UW School of Medicine and Public Health (SMPH) Department of Medicine.

Thank-you cards, family photos, knickknacks and other memorabilia create a visual of his life’s work. There’s even a puppet propped up on the top shelf overlooking the office.

"A former resident made this puppet as a caricature of me. Another resident then stuck the puppet from my office and made a calendar with photos of the puppet in different places around Madison," says Vogelman, smiling as he points to a picture of the puppet sitting on the iconic Memorial Union chairs.

The memories, in the form of gifts, tell the story of a man who has dedicated more than a quarter-century to teaching young doctors.

After he earned his medical degree at the State University of New York at Buffalo, Vogelman came to Madison in 1978 for his internal medicine residency at UW Hospital and Clinics. He stayed on to be a chief resident at the William S. Middleton Memorial Veterans Hospital in Madison followed by an infectious diseases fellowship at UW Hospital and Clinics under the mentorship of William Craig, MD (PG ’73), and Dennis Maki, MD ’67. In 1986, Vogelman joined the SMPH faculty and has never left.

In 1989, he became the director of the Internal Medicine Residency Program—and he is now among the longest serving residency directors in the United States.

While the UW Internal Medicine Residency Program has strong residents, ranking in the top five university programs in the nation for board scores, Vogelman stresses, "No patient will ask about a physician’s board score. People want to know that their physicians are there for them. Compassion and empathy can be hard to teach, so we’ve tried to create an environment and culture that promotes those attributes."
Vogelman continues, "Our education team wants our trainees to leave with a sense of caring, concern and professionalism. Nobody will have all the answers, but professionals who care will go the extra mile."

According to a former resident and chief resident—Becky MacAllister, MD (PG '12), who now practices internal medicine at the University of Michigan in Ann Arbor—his methods emphasize case-based teaching, active learning and personal coaching to help residents become excellent clinicians.

"I first met Dr. Vogelman at my residency interview, during which I was struck by his compassion and dedication to the education and personal fulfillment of his residents," MacAllister says.

She describes Vogelman’s Intern Morning Report as an invaluable way to learn and says the skills she acquired there have made her a better physician.

"The didactic sessions teach new physicians to look at each case differently than they would have on their own. Dr. Vogelman helps young doctors cultivate a way of thinking through a seemingly haphazard list of symptoms, exam findings, lab values, etc., and focus on recognizing patterns and returning to the basics that we learned early in our medical education," MacAllister describes, adding that her year as chief resident helped her realize a passion for medical education.

"My experiences continue to open doors in my career as an academic physician," she shares.

Vogelman believes that it’s important to coach residents toward finding the career path they will enjoy and helping them integrate personal and professional choices.

"They come here in their late 20s or early 30s, at a critical point in their academic and personal lives. I have the privilege of working with a wonderful education team. We feel it is our job to create a culture in which the learners can develop their professional identities and take control of their futures," describes Vogelman.

Another former resident and chief resident says this goal served her well.

"Dr. Vogelman taught me one of the most important lessons in life—to believe in myself. I distinctly remember sitting across from him during my residency interview on a snowy winter day. The thick beard, the long braid—I wasn’t sure what to expect," says Janice Jou, MD (PG ’08), who is now an assistant professor and director of the Gastroenterology Fellowship Program at Oregon Health Sciences University.

"He looked square in the eye and said, ‘I have no doubt that you will be an excellent physician.’ There was a sincerity and certainty in his statement that I had never heard before and that I surely didn’t believe. I now look back and recognize that moment as the encouragement I needed to find my voice and my sense of self as a physician. It is a gift that I cannot repay to Dr. Vogelman, but I have dedicated myself to striving to inspire and encourage others in the same manner," Jou adds.

Vogelman understands that it’s rare to see the same residency director in a program for so many years. He even calls this a “lightening rod job” because of its demands. His “love of learners and love of learning” sustain his passion for his work. He also speaks admirably of his wife and most important advisor—Molly Carnes, MD, MS ’01 (PG ’83), a professor in the SMPH Department of Medicine, director of the UW-Madison Center for Women’s Health Research and a national expert in scientific workforce diversity. Together, they have raised two children and nurtured the careers of dozens of current UW-Madison faculty members and physicians who serve the people of Wisconsin.

"This great university and the VA Hospital have fostered both of our careers. We were allowed to innovate and were given latitude to create programs that expressed our core values. I am not sure this would have happened anywhere else," Vogelman exclaims.

Richard Page, MD, who became the chair of the SMPH Department of Medicine in 2009, understands how special it is to have people like Vogelman on the team.

"If you do a job for 10, 15 or even 20 years, two things can happen: you can either give up or evolve, Dr. Vogelman has evolved. He has lived and breathed this program and faced changes head on. He leads with traditional values and a patient-centered, professional approach," notes Page.

He adds with a grin, "I can sleep at night knowing our residency program is in great hands."

Vogelman has seen many changes during his four decades in medicine. For instance, compared to previous eras, he feels physicians today have greater authenticity with patients, and there is a stronger focus on measuring the quality of patient care. He also embraces interprofessional practice, describing how nurses, pharmacists and other colleagues are essential to improving patient experiences and outcomes.

Vogelman notes that working with HIV patients in the 1980s brought perspective to his clinical work and teaching.

"At that time, we lost virtually all of our HIV patients. It was a sad time, and I carry with me the lessons I learned from my patients, in caring, humility and compassion, that they would want me to teach others," he says. "My mom and dad taught me the importance of helping others in difficult times and learning from those experiences."

At age 61, Vogelman has no plans to slow down.

"I learn a lot from younger people, and I love to learn. I enjoy helping the next generation of physicians in any way I can," he says with a smile.

Having Vogelman share his insights for years to come likely will bring smiles to many future doctors’ faces.
SMPH NAMES THREE NEW LEADERS

John Doebley, PhD '80, (left photo) is the new chair of medical genetics and the Laboratory of Genetics, which includes the University of Wisconsin School of Medicine and Public Health’s (SMPH) Department of Medical Genetics and the College of Agricultural and Life Sciences’ Genetics Department.

He holds a doctorate in botany from UW-Madison and completed a fellowship at North Carolina State. He taught at Texas A&M and the University of Minnesota before becoming a UW-Madison professor of genetics in 1999. His research focuses on the inheritance of complex traits.

Donata Oertel, PhD, (center) became the founding chair of the Department of Neuroscience, which was created through the integration of the neuroanatomy, neurophysiology and neuropharmacology components of three departments.

A nationally renowned researcher in the neurobiology of hearing, she earned a doctorate from the University of California-Santa Barbara and completed postdoctoral training at UW-Madison and Harvard. Oertel joined UW-Madison as an assistant professor in 1981; she became a professor in the Department of Neurophysiology in 1992 and its chair in 1996. She served as interim chair of the Department of Physiology before the SMPH reorganized the basic sciences.

Ruth O’Regan, MD, was named chief of the Department of Medicine’s Division of Hematology and Oncology in February 2015. A Dublin, Ireland, native, she is an internationally known physician-researcher in therapy-resistant breast cancer.

O’Regan completed postgraduate training at University College, Dublin; Medical College of Wisconsin; and Northwestern University, where she joined the faculty. At Emory University, she held leadership roles in the Department of Hematology and Oncology and the Glenn Family Breast Center. She also directed the Winship Cancer Institute Breast Cancer Translational Research Program and served as hematology and medical oncology chief at the Georgia Cancer Center for Excellence.

SMPH’S LARGEST GRANT WILL CONTINUE INNER-CITY ASTHMA RESEARCH

The National Institute of Allergy and Infectious Diseases of the National Institutes of Health (NIH) awarded the University of Wisconsin School of Medicine and Public Health (SMPH) a seven-year, $70 million grant for continuing work in a nationwide clinical research network to evaluate and develop promising immune-based treatments for asthma.

The grant, given to the Inner-City Asthma Consortium (ICAC), is the largest ever received by the SMPH, bringing the consortium’s total NIH funding since 2002 to just over $190 million. The ICAC aims to reduce the severity of asthma in inner-city children and lead research into preventing it.

"Allergic sensitization to environmental factors contributes significantly to asthma in all children, but it is especially important for those living in U.S. inner cities, where staggering health disparities exist," says William Busse, MD ‘66, (photo at right) professor in the SMPH Department of Medicine and ICAC principal investigator.

"Our ongoing efforts to more effectively treat those affected by the urban asthma epidemic are critical to the well-being and future quality of life for millions of children who suffer with this disease around the globe. The NIH’s level of investment underscores the enormity of the public health challenge that asthma presents and is a testimony to what our consortium has accomplished and plans to do," explains Busse.

Since its inception, the ICAC has made significant advances to improve the control of asthma by identifying disease risk factors and developing effective clinical management strategies. The consortium is made of 10 clinical sites in major U.S. cities and three basic science laboratories that complement the clinical studies to gain insight into basic mechanisms of disease and novel treatment.

“We are honored to serve as the academic home for this important work, and we look forward to collaborating with partners around the United States to improve the lives of children and families living with asthma, and to prevent it from affecting others,” says SMPH Dean Robert Golden, MD.
NIH BACKS "BIG DATA" RESEARCH, DEVELOPMENT AT UW

Researchers nationwide may soon have better tools to unearth treasures buried under mountains of complex data.

The National Institutes of Health (NIH) is kicking off its Big Data to Knowledge initiative with a grant to the University of Wisconsin-Madison worth more than $11 million over five years. To make better use of large, diverse data sets being generated in biomedical studies, the NIH is looking to develop new information technologies.

"This wealth of information, often called Big Data, could substantially advance our understanding of human biology and ability to improve human health through smarter methods of risk assessment, diagnosis, prognosis and treatment," notes Mark Craven, PhD ’96, (photo at right) professor of biostatistics and medical informatics at the UW School of Medicine and Public Health (SMPH).

“This information has been significantly underexploited due to formidable challenges involved in transforming data into actionable knowledge.”

Craven is leading a team to establish one of 11 NIH Centers of Excellence for Big Data Computing in the Biomedical Sciences. The UW Center for Predictive Computational Phenotyping will develop computational and statistical methods and software for transforming large, heterogeneous, high-dimensional data sources into predictive models for biomedicine.

“Our center is focused on developing predictive modeling techniques that can be used to elicit phenotypes from complex data sources and predict phenotypes before they manifest,” says Craven.

The center—which includes faculty from many UW-Madison departments—is a partnership with the Morgridge Institute for Research and the Marshfield (Wisconsin) Clinical Research Foundation. The center also will provide training in biomedical data analysis for scientists from around the nation.

DERMATOLOGY DEPARTMENT EARNS NIH RESEARCH CENTER GRANT

The Department of Dermatology at the University of Wisconsin School of Medicine and Public Health (SMPH) has been awarded a competitive, five-year $2.57 million Skin Diseases Research Center Grant by the National Institutes of Health (NIH). There are six centers in the U.S., and UW-Madison is one of two public universities to receive the grant.

Gary Wood, MD, chair, and Hasan Mukhtar, PhD, Helfaer Professor of Cancer Research, director and vice chair for research, Department of Dermatology, are heading the project. Wood is the principal investigator.

The grant’s goal is to fund new, innovative skin research with pilot programs to investigate skin disease and advance biology research, as well as enrich education by expanding the visiting professor program.

“Although dermatology has been a department for only 12 years, we have developed briskly. Since 2002, our residency program has doubled, and our faculty has tripled. Our growth in clinical activity, research and education puts us among the nation’s top programs. This grant is an exciting next step in our growth,” says Wood. “We are indebted to faculty from dermatology and other departments who worked hard to create the infrastructure required for this grant.”

The UW Institute for Clinical and Translational Research will be partnering with the Skin Diseases Research Center to increase funding for pilot projects. The SMPH and UW Hospital and Clinics also have contributed key resources. The grant will benefit many disciplines across campus.

“We have partnered with the NIH to focus on basic and translational research to understand, diagnose and treat skin disease. Participation of UW faculty from multiple schools across campus helps to ensure success,” notes Wood.
A MUCH APPRECIATED GIFT

For me, a visible assurance of positive mentoring relationships between alumni and medical students is the Stethoscope Program. Now in its second year, it is remarkably successful. In fall 2014, donations from alumni allowed the Wisconsin Medical Alumni Association (WMAA) to provide each first-year medical student at the University of Wisconsin School of Medicine and Public Health (SMPH) with a new stethoscope. The program also aligns each recipient with an alumnus or alumna from his or her community or nearby area. Each student hand-writes a thank-you note to the donor and includes a "selfie" photograph to illustrate his or her gratefulness (see page 32).

This program’s success can be measured in the deep emotions the alumni feel when they see that they are making a difference for students who are just beginning their medical school training. It also can be measured by the students’ delight, indicating that they appreciate our empathy and have tangible proof that we care for them.

During Homecoming Weekend, I connected with a student—Julia McPherson—for whom I sponsored a stethoscope. She and many other stethoscope recipients attended the WMAA Homecoming reception at Dejope Hall. Julia and I discussed the Stethoscope Program as an alumni gesture to welcome M1 students. In a follow-up e-mail to me, she said the program provided “an incredibly warming experience to know that alumni support my education. It really fueled my motivation to excel…. I cannot express how appreciative I am of this gift, and I am looking forward to the opportunity where I may, one day, do the same.”

Julia described what it was like to move to Madison and transition from an undergraduate student to a medical student. Our conversation reminded me of a series of essays by Dr. Dan Albert, emeritus chair of the SMPH Department of Ophthalmology and Visual Sciences, which I have since shared with Julia. Written as a science career blog and archived between November 9, 2009, and January 14, 2013, the essays appear in the journal Science. They illustrate Dr. Albert’s delicate understanding and deep wisdom regarding science and medicine as a career choice.

Noting that she read the essay “Making the Undergraduate-to-Medical-School Transition,” published on September 28, 2012, Julia said she tries to stick to the “suggestions for success.”

In that article, Dr. Albert addresses concerns relevant to new first-year medical students and their fears. He recommends that students find “team members, allies and friends, people who will help in the process of learning.” He adds that friendship “builds professional relationships into…knowledge [and] trust,” and the “components of friendship are many and hard to define…they involve elements of equality, unselfishness and concern.”

Our role as alumni mentors for medical students is a subject that continues to interest me. In “Optimizing Your Mentored Experience,” published on June 8, 2010, Dr. Albert helps define the role of a mentor and addresses the important relationships among alumni as mentors and students as prodigies in the context of coaching and mentoring.

The Stethoscope Program allowed me and other alumni donors to connect with students in a way that I don’t believe has happened before on such a grand scale. In the company of an alumnus, Julia was comfortable talking about her first months of medical school, her McPherson House learning community, the changing SMPH curriculum and how grateful she is to the WMAA for supporting students.

The association provides a visible presence for our students, particularly those in their first year. Alumni continue to help identify the needs of all students and pursue opportunities to contribute as friends, role models and mentors to help the SMPH continue to be the great place that it is today.

Christopher Larson, MD ’75  
Quarterly Editorial Board Chair
SUBJECT: RESEARCH WITH "ANIMATS"
Neuroscientists in the University of Wisconsin School of Medicine and Public Health (SMPH) lab of Giulio Tononi, MD, PhD, and collaborators at Michigan State University, have programmed animated critters, called "animats." The critters have a rudimentary neural system that is showing researchers how the brain evolves when faced with difficult tasks. For example, animats have learned how to play a game in which they catch falling blocks, like an old video game. See video at med.wisc.edu/45035.

SUBJECT: PRECISION MEDICINE
You've probably heard about President Barack Obama's new Precision Medicine Initiative, which calls for research and treatments to be tailored to a patient's individual characteristics. This philosophy is nothing new at the SMPH, particularly in cystic fibrosis (CF) research. The school has been a pioneer in this field for decades, and Obama mentioned CF research as an example of precision medicine. Learn more at med.wisc.edu/44952.

SUBJECT: E-NEWSLETTER
Now you can have the latest news from the SMPH delivered straight to your inbox. The SMPH e-newsletter will keep you connected to the latest news about education, research, alumni and more. It also will include highlights and photo galleries from events such as Match Day, graduation and Homecoming. Haven't seen the e-newsletter? Catch up on back issues at med.wisc.edu/1362. You can subscribe at med.wisc.edu/eenews.
We Want to
Hear From You

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

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Medical Alumni WEEKEND
JUNE 4-6, 2015


and the annual reunion of the
HALF-CENTURY SOCIETY for ALL CLASSES WHO GRADUATED BEFORE 1965